Prevention and Early Intervention in Children and Young People’s Services

Organisational Learning
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# Table of Contents

**Acknowledgements** .................................................................................. 3

**Executive Summary** .................................................................................. 7

**Background to the Report** ........................................................................ 13
  - Background to the Prevention & Early Intervention Initiative .................. 14
  - Summary ........................................................................................................ 14
  - Methodology/Analysis .................................................................................. 16
  - Structure of the report .................................................................................. 16

**Section 1: Identifying a Problem and a Solution** ........................................ 17
  - Introduction .................................................................................................... 18
  - Understanding the problem .......................................................................... 19
  - Identifying what the problem is .................................................................... 20
    - Using logic models ..................................................................................... 20
  - Understanding what causes or adds to these problems .............................. 22
    - Examining the evidence base ................................................................... 22
    - Understanding the need in your locality or client group ........................... 23
  - Consultation ................................................................................................... 26
  - Support structures .......................................................................................... 31
    - Individuals with expertise and expert advisory committees ..................... 31
  - Convincing others (Stakeholder engagement) ............................................. 36
  - Selecting an innovation ................................................................................ 41
  - Contextualising ............................................................................................. 44
  - Summary of key learning ............................................................................. 45

**Section 2: Setting up and implementing innovations** ................................ 46
  - Introduction .................................................................................................... 47
  - Installation ...................................................................................................... 47
    - Organisational readiness .......................................................................... 47
  - Governance structures .................................................................................. 51
  - Direct and indirect service delivery .............................................................. 51
  - Deciding where to locate the services ........................................................... 53
  - Engagement & consultation ........................................................................ 54
  - Implementation ............................................................................................... 55
  - Staffing ........................................................................................................... 56
  - Recruitment .................................................................................................... 57
  - A Manual to Guide Delivery ........................................................................ 58
  - Supervision ..................................................................................................... 61
  - Training ........................................................................................................... 61
  - Engaging with families .................................................................................. 62
  - Business planning ........................................................................................ 63
  - Summary of key learning ............................................................................. 65
Section 3: Evaluating the Work.......................................................................................... 66
   Introduction....................................................................................................................... 67
   Support structures ......................................................................................................... 67
       Individuals with expertise and expert advisory committees .................................. 67
   Undertaking evaluations ............................................................................................... 68
       Design.......................................................................................................................... 68
       Importance of planning and getting the timing right ........................................... 69
       Employing the research team ............................................................................... 70
       Tendering.................................................................................................................... 71
   Working with the research teams ............................................................................... 73
   Engaging service providers and participants with the evaluation ......................... 77
   Cost of evaluations ..................................................................................................... 78
   Summary of key learning .............................................................................................. 81

Section 4: Conclusions .................................................................................................... 82

References ....................................................................................................................... 86
Appendix 1 - Organisations who took part in Capturing the Learning interviews ........ 87
Appendix 2 – Glossary ..................................................................................................... 93
### Table of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Identifying what approach to use</td>
<td>19</td>
</tr>
<tr>
<td>Figure 2</td>
<td>A sample parenting programme logic model</td>
<td>21</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Examples of techniques used to collect information about needs in an area during initial planning</td>
<td>24</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Some of the types of data collection used in the initial planning stages to understand needs</td>
<td>25</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Undertaking consultations: who to involve, questions to ask and how to organise</td>
<td>28</td>
</tr>
<tr>
<td>Figure 6</td>
<td>A Case study of how one organisation undertook its consultation, sourced participants and accessed their perspectives on what should be done</td>
<td>29</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Expert Advisory Committees served different purposes in supporting the organisations at different stages in the project life cycle</td>
<td>33</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Draft terms of reference for setting up an Expert Advisory Committee</td>
<td>34</td>
</tr>
<tr>
<td>Figure 9</td>
<td>Strategies used to gain support from key stakeholders</td>
<td>37</td>
</tr>
<tr>
<td>Figure 10</td>
<td>Case Study on Influencing Policy and Practice</td>
<td>39</td>
</tr>
<tr>
<td>Figure 11</td>
<td>Factors associated with implementation identified by Durlak &amp; Dupre (2008) in a meta-analysis of implementation studies</td>
<td>50</td>
</tr>
<tr>
<td>Figure 12</td>
<td>Types of evaluation that can be carried out at different stages of the project life cycle</td>
<td>69</td>
</tr>
<tr>
<td>Figure 13</td>
<td>Recommendations for employing research teams</td>
<td>70</td>
</tr>
<tr>
<td>Figure 14</td>
<td>Sections to include in a tender specification</td>
<td>72</td>
</tr>
<tr>
<td>Figure 15</td>
<td>Evaluation contracts checklist (adapted from Stufflebeam &amp; Shinkfield, 2008, p547-549)</td>
<td>73</td>
</tr>
</tbody>
</table>
Executive Summary
Executive Summary

For more than a decade, The Atlantic Philanthropies, sometimes in conjunction with Government and other organisations, has invested over €96m in 20 agencies and community groups running 52 prevention and early intervention programmes throughout the island of Ireland. These include a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, Younghally and Preparing for Life in North Dublin). The Initiative supports services working in a wide range of areas such as early childhood, literacy and learning, child health and behaviour, parenting, sexual health and youth mentoring.

All services funded under the Initiative were required to rigorously evaluate the effectiveness of their services in improving outcomes for children. These highly rigorous evaluations include randomised control trials, quasi-experimental studies and qualitative work. The goal was to help the communities in which they operate, but also to share their learning so that policy makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities. This report synthesises the learning from 16 of these organisations about choosing, developing, implementing, operationalising and evaluating their evidence-informed services and programmes. It examines how they made decisions at each stage of the development of the projects and the barriers and enablers they encountered. The aim is to make this learning useable for those responsible for deciding which services will improve outcomes for children and families, the organisations who deliver them and those who evaluate their impact.

Identifying a Problem and a Solution

Understanding the need in the community

An important step in setting up a new service or programme is to understand what the needs are in the community or with the client group. This could involve examining existing service use information, audits of existing levels of provision, community consultations, epidemiological surveys, key stakeholder perspectives, and qualitative and quantitative studies of user needs and experiences. Evidence reviews of existing research can also be useful in guiding thinking and changing opinions.

Plan how to improve the problem/issue

A range of techniques can be used to develop this thinking including community consultation and examining the evidence base for strategies and programmes in the literature. One option may be to implement an existing evidence-based programme that has been shown to be effective elsewhere. It still takes time to adapt an existing programme to the local context and changes have to be negotiated with the original programme developer. The cultural appropriateness, the ‘fit’ with existing services, and evidence that it has been implemented successfully in Ireland or elsewhere needs to be reflected on. An alternative is to develop a programme from scratch and this also takes considerable time and effort. This may include integrating elements of successful practice that have been shown in other evidence-based programmes without replicating those programmes in their entirety. Evaluation of the newly developed work is critical.

Site visits

Site visits to see how programmes and service innovations are set up and run in other contexts is useful for staff and those key partners delivering the programme or service. It will give better insight into how the new programme or service needs to be implemented, the context in which it was
operating successfully and will gain important details about true costs of setting up and running a programme.

Logic modelling
A logic model is a pictorial representation that summarises the key components of an innovation in terms of what it is trying to achieve and what resources and activities are required to do this. In addition to being useful for strategic planning, it is also very useful for implementation, communication and engagement, evaluation, and sustainability and funding applications.

Community ownership
These services were all developed and operated in the ‘real world’ to meet the needs of children and families in Ireland. Working in collaboration with the community, so that they feel ownership, is vital for the success of any new programme or service. It helps organisations understand the reality of a problem for a locality, makes sure any proposed innovation would be locally appropriate and workable, ensures buy-in, and allows for unrealistic expectations to be managed. Building these relationships takes time but is an essential investment in the long run.

Engaging with stakeholders and community partners
Engaging and consulting with stakeholders and gatekeepers are important ingredients to gaining commitment. These can include parents, teachers, local health and social care professionals, policy makers, and politicians. The following strategies are useful for bringing and keeping stakeholders and community partners on board:

- Undertake a thorough mapping of existing services, not only to avoid duplication but also for partnerships to develop.
- Listen and be prepared to take on board what people are telling you.
- Give feedback demonstrating positive change that is tailored to the audience and present the evidence in an accessible way that’s meaningful to the audience. Real-life examples can be very powerful, and can be more influential than research findings.
- Be real and understand the culture and organisational contexts that others are working with.
- Engage community partners through Board membership, conferences, and site visits.
- Be positioned on relevant planning and policy forums to ensure influence.
- Develop relationships with local media outlets and use media wisely to communicate what the organisation is doing and raise awareness of the issues being tackled.
- Identify leaders within organisations and systems who are passionate about what you are trying to achieve and use them as champions for the programme or service.
- Promote the ethos of the organisation to help overcome negative perceptions and build trust.
Executive Summary

Convincing stakeholders and community partners
Some community partners and stakeholders may have negative perceptions and a sense of threat and competitiveness may be experienced. If delivering the service or programme through other partner organisations (such as delivery by teachers), there are particular challenges with respect to understanding their culture and ways of working. Ways in which to engage these individuals in the community include:
- Clearly communicate what the new approach would mean for practitioners, for the system, and ultimately for families’ and children’s lives.
- Invite stakeholders to see the local work being done by the organisation for themselves in order to correct misconceptions or erroneous assumptions and break down barriers in communication.
- Work with an independent facilitator can be helpful to resolve tension and opposition in the community.
- Allow organisations to be flexible and creative in using programmes, and avoid being too prescriptive and too demanding.
- Maintain an encouraging and inclusive approach and be prepared to take on board different perspectives.

Accessing useful expertise
No one individual or organisation can expect to have all the knowledge and answers themselves. Getting support from individuals with specific expertise in evidence, policy and practice to support the new programme or service through the development and implementation of their initiatives is worthwhile. If they have the right skills and credibility, they can be useful for: speaking at launches; site visits; giving presentations to key stakeholders to encourage buy-in; assisting with the quality control; management of evaluations; and as general sounding boards on the work that is being developed. They can also provide an important bridge between any evaluation team and the organisation delivering the programme. It is beneficial to seek advice from a number of individuals each selected to provide different elements of specific expertise and knowledge to best meet your needs, since no one expert will have all the answers either.

Setting up and Implementing Innovations
Organisational Readiness
Organisational readiness is key to success, both in terms of the organisation delivering the new programme or service but also the external organisations. The whole organisational ethos and approach to understanding and responding to social issues can be challenged. A lot of time and energy may need to be invested into getting buy-in from staff, convincing them that it is worthwhile, overcoming any resistance, and preparing them to work differently.

Staffing
Staff recruitment, training, coaching and staff support are critical features of implementation. Recruiting staff externally or transferring people to new roles can cause considerable disruption and delay. It is important to get the right staff team in place who are flexible and can adapt to changing circumstances, yet still remain focused on the outcomes of their programme or service and who understand the complex concept of fidelity and how best to deliver services consistently well. Supervision, training and support to staff to ease the transition to this changed way of working are
necessary priorities. A programme or service manual can help improve fidelity. It provides a written summary of the key elements that are required to deliver the programme consistently.

Indirect service provision
Organisations may provide services directly themselves or indirectly by training others such as teachers to deliver a programme. Being an indirect service provider that supports another organisation to deliver the programme brings specific challenges including control, accountability and visibility. Enablers include ensuring buy-in, having advocates or champions within the host organisation and fully understanding its culture and ways of working. Relationships and good communication are also important for success.

Evaluating the Work
Evaluating services or programmes
All services and programmes were evaluated using rigorous methods. Conducting an evaluation can provide evidence about its implementation and impact and helps to identify potential improvements to practice. Managing a robust randomised control trial evaluation in a real-life service is very challenging. Sufficiently bedding-down innovations and having lead-in time to an evaluation can be crucial, so that aspects of the delivery do not change after the evaluation has begun if a randomised control trial is being undertaken. When working with evaluation teams, feedback, communication, mutual understanding of each other’s perspectives and expertise, and having clear roles are important for successful, professional relationships. Having access to individuals with research expertise is an important consideration as they can help mediate the different research and practice considerations and also provide a useful governance role in ensuring evaluation relevance and rigour.
Background to the Report
Background to the Prevention & Early Intervention Initiative

For more than a decade, The Atlantic Philanthropies (AP) has been funding an initiative to promote prevention and early intervention for children and youth in Ireland and Northern Ireland. This has involved investing, sometimes jointly with Government, in a cluster of organisations that have developed and delivered services based on evidence of what works. The Atlantic Philanthropies has since invested some €96m in 20 agencies and community groups running 52 prevention and early intervention programmes in Ireland and Northern Ireland. These include a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, Youngballymun and Preparing for Life in North Dublin). The Initiative supports services working in a wide range of areas such as early childhood, literacy and learning, child health and behaviour, parenting, sexual health and youth mentoring.

A condition of funding required them to rigorously evaluate the effectiveness of their services in improving outcomes for children. The goal was to help the communities in which they operate, but also to share their learning so that policy makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

The Capturing the Learning project, led by the Centre for Effective Services, involves a process of synthesising the collective learning from many of the projects in the initiative: collating data and information from multiple sources and perspectives, and distilling out overarching messages about what works. A website for the project can be found at www.effectiveservices.org/prevention/early-intervention which gives further details on each of the innovations, planning reports, implementation reports, evaluation reports and other useful resources.

The organisational and tacit learning part of Capturing the Learning described in this report focuses on what 16 of the organisations have learnt about using evidence when designing, implementing and delivering innovations, and the barriers and enablers for successful implementation. Organisations in this initiative received a number of specific sources of support in using evidence at key decision-making points in their project life cycles. The report provides a summary of what these organisations learned from their experiences that hopefully will be useful to other organisations and decision-makers faced with the challenge of improving outcomes for children and families.

Summary

Interviews were carried out with senior staff from 16 organisations funded under the Prevention and Early Intervention Children and Disadvantaged Youth programme. Interviewees talked about a number of areas where they were able to identify barriers and enablers to using and generating evidence, developing innovations and successful implementation. They talked about the importance of relationships and the people involved from staff, people who supported and challenged them, research teams, stakeholders, model developers, communities, parents and children. They described what it was like to deliver on programmes and adapt and review them. They spoke very candidly about the pain they experienced when things went wrong but they also spoke enthusiastically about their pleasure in the work and seeing the early benefits to the first children, families and communities participating in the programmes and services.

A key theme was that development and implementation takes time, often much longer than one would expect. It necessitates concerted effort from the initial planning stages when an organisation
is deciding what approach will best meet the needs they have identified right through to evaluating the outcomes of what has been done.

It was important to understand the local context, the nature of the problem and what the evidence suggests will be the most successful approach to improving outcomes. For many of the organisations, discussion with key stakeholders and community consultation was vital to the engagement of all stakeholders and getting support for the work, in addition to ensuring that the proposed approach would be workable within that local context. These were seen as essential and the importance of this engagement and ownership continued during the set-up and implementation of the programmes. Logic modelling was seen as a useful tool for planning and communicating with key stakeholders and evaluation teams.

Getting the right sort of support from individuals with different types of expertise at different stages in the process was considered crucial by many of the organisations. Organisations were able to use individuals with specific expertise in evidence, policy and practice to support them through the development and implementation of their programmes. These were seen as an important enabler for success. Experts were used for speaking at launches, site visits, giving presentations to key stakeholders to encourage buy-in, assisting with the quality control and management of evaluations and as a general sounding board on the work that was being developed.

It was important for the organisations to also value the knowledge, expertise and experience within their own staff teams, and for this to be also valued by the experts and research teams they had contact with. Over time and as relationships grew, the organisations felt more confident about using their own expertise and responding to challenges made by the individuals who had different perspectives and expertise. Regular meetings and open, honest dialogue about support needs, limitations and concerns were seen as important.

Developing and implementing an evidence-based or evidence-informed programme was a complex task and often more time-consuming than expected. The process was not always linear and sometimes issues that were not fully dealt with in the earlier stages had to be revisited later on when problems arose. It necessitated a new way of working for many of the organisations and there were sometimes frustrations with the perceived slowness of the process. For organisations that chose to implement a programme that had been developed elsewhere it was not just a matter of simply picking a programme ‘off the shelf’ and rolling it out on the ground. Often these had to be contextualised to make them suitable for delivery in the local context and this was a time-consuming process that involved negotiation with the model developer and good understanding of how the local context differed from the original development site. Programmes had to be manualised for the evaluations and specialist input was often required for this new activity.

Organisational readiness was important, both in terms of the interviewee’s own organisation but also the organisations they were working with. Attention needed to be paid to organisational infrastructure, and staffing issues such as recruitment, training, supervision and coaching. Due to the considerable complexity of the change process, some organisations were met with resistance by staff. For some organisations, it was a new model of working, and this was sometimes perceived to be a challenge to the established organisational ethos and approach to understanding and responding to social issues. Some staff perceived that their work was not being valued, and others
were sceptical of a ‘scientific’ approach. A lot of time and energy had to be invested into getting buy-in from staff, convincing them that it was worthwhile, and preparing them to work differently.

Organisations learnt a lot from managing the evaluations and working with the research teams. Having access to someone who was knowledgeable about research (whether in the Expert Advisory committee, internal staff team or Management committee) was seen to make the process easier. It often helped bridge the difficulties in communication that were sometimes experienced between the organisations and the evaluation teams and these individuals were seen as a crucial source of support.

**Methodology/Analysis**

The projects which took part in this part of Capturing the Learning were at varying stages of development and represented a range of diverse approaches and service providers. They had been supported to use evidence at key decision-making points and the group comprised a mixture of established service providers, new organisations, continuation of existing programmes and model early intervention sites. The projects are described in Appendix 1.

A questionnaire exploring the perceived usefulness of various sources of support when using evidence, and key drivers for implementation was completed by the organisations. Detailed semi-structured interviews were also carried out with senior staff such as Chief Executives and Programme Managers of each organisation to talk about how evidence was used at each stage of the project life-cycle (e.g. from exploration, installation, implementation and evaluation), and what the barriers and enablers were at each stage. A full description of the methodology used in this study is given in the technical report which can be obtained directly from the Centre for Effective Services.

Qualitative analysis was undertaken by the team using NVivo. The emerging ideas were given back to the interviewees for discussion in a series of workshops to ensure this thematic analysis fully reflected their experiences. Direct quotations from the interviewees are presented in boxes throughout this report. In order to protect confidentiality any amendments to the original quotation are shown in brackets [XXX] within the quote.

**Structure of the report**

The report is divided into four sections. The first section describes what the organisations learnt about choosing and developing their innovations at the start of the project lifecycle. This includes their use of existing research, gathering new evidence, logic modelling, undertaking community and stakeholder consultations and contextualising programmes that had been developed elsewhere.

The second section focuses on operationalising the innovations including choosing premises, recruiting staff, providing training, supervision and implementing services on the ground. The third section describes the organisations’ learning about undertaking evaluations of their work such as tendering, strengthening their organisational research capacity, working with research teams and how they found managing the evaluations alongside the need to deliver the services. The fourth section provides some general conclusions.
Section 1: Identifying a Problem and a Solution
Introduction
The first stage in the successful implementation of any programme is exploring and assessing the feasibility of a selected approach for the best fit with the target population. This is often referred to as ‘exploration’. Activities in this phase typically focus on assessing organisational needs, innovation-organisational fit, and capacity or readiness. During this phase, steps should also be taken to foster a supportive climate for implementation, and secure buy-in from key leaders and front-line staff. This often means identifying implementation champions.

The interviewees were asked to reflect on how decisions were made about which programme was most suitable for their needs, how useful they found various activities or forms of support to be, and what needed to be considered or negotiated in the early stages. Some organisations had received specific grant funding for this exploration phase, whereas for others these decisions had been made long before their involvement with the Prevention and Early Intervention Initiative.

There was a portfolio of support within the Initiative that organisations were able to access depending on their needs and stage of development. This included input from people with expertise in specific areas, literature reviews of the evidence, support with undertaking consultations, research funding to look at needs in a particular area, training in logic modelling and manual development, and support for site visits. The barriers and enablers to using these types of support and how useful organisations found them are described in the following sections.

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1 Fixsen et al. (2005)
2 Thomlison et al. (2010)
Understanding the problem
There were many different ways of trying to understand the problems that the organisations wanted to tackle and there was an emphasis on the need to look from the research evidence as well as the pragmatic point of view. Interviewees described that they had many different factors to consider when deciding what approach to use (Figure 1).

Figure 1 - Identifying what approach to use

Taking the time to examine the evidence from different sources before deciding on what to do was a new way of working for many of the organisations.

“Generally the way we had worked was that we spotted a problem and we did something about it. In a way we hadn’t put much thought into, well, is this the best way to do it? Who else has done this? How could we find out? Are we sure that this is going to get us the best results?”

“It was very challenging because we hadn’t worked like that. You know, we hadn’t worked on, look, let’s really look at the evidence. Let’s look at it from a practical point of view as well, you know.”
Sometimes it was challenging for organisations to listen to and take account of what the evidence was actually saying rather than relying on their own preconceptions. This was particularly true if the information suggested that trying a different way of working may be beneficial.

“[The research showed] these children weren’t displaying lots of signs of unhappiness. In fact, far from it - but they weren’t reading by the time they got to ten ... So we had a very difficult process of really looking at the data and seeing what it was telling us ... Because a lot of people on the kind of working group wanted to do the kind of social work, more pathological sort of approach. And it was quite a turnaround for us as an organisation to say ‘No, this is about learning’.

**Identifying what the problem is**

The first stage for many of the organisations was to identify the issue that they wanted to deal with. In some cases, this was phrased as wanting to tackle a particular problem and sometimes it was to improve a specific outcome. Quite often it was a process of having first identified the broad area that the organisations wanted to work within (e.g. working in the early years) and then drilling down to a specific issue that could be defined and focused on (e.g. improving attitudes towards inclusivity). A range of techniques were used to develop this thinking and organisations drew on these in different orders. Sometimes the starting point for generating ideas was community consultation or internal discussions with staff members and sometimes it was through examining the evidence base around a general area first.

**Using logic models**

All the organisations in this initiative were supported to develop a logic model for their programme to support the planning process. A logic model is a pictorial representation that summarises the key components of a programme or service in terms of what it is trying to achieve and what resources and activities are required to do this. It allows the user to systematically work through the connections and components of an approach by linking resources (inputs) with activities (outputs) and the intended results (outcomes), while setting the overall intervention in context. A sample logic model showing the key elements for a parenting programme is shown in Figure 2. This hypothetical programme aims to increase the educational attainment of children from ethnic minorities by offering parents training in how to read with and encourage their child.

Overall the organisations found logic modelling a very useful tool for a variety of purposes including:
- Strategic planning (programme development, decommissioning)
- Implementation
- Communication and engagement
- Evaluation
- Sustainability and funding applications.
Although it was seen as complex to learn how to do, once organisations had developed their logic models and taken ownership of them, they were used as a reference and selling point. Many of the organisations had subsequently completed logic models for other pieces of their work and trained their staff in how to develop logic models.

“Very useful, I wouldn’t say people find it easy and we’ve had to invest a fair amount of time internally in terms of training and support but when they get it, they get it and find it a really robust way of working.”

“We use them all the time. It’s one of the pillars of how we now plan. Not only at a national level, but right down to programmes and projects. We use logic modelling everywhere.”

“So I go back to it time and time again. I actually use it as a great back up for myself when I have been challenged. I say ‘this is what you signed up to as part of the steering committee. You bought into this. So you can’t come back now and tell me I shouldn’t be doing this and I should be doing something else, because this is what we’re doing’.”
Understanding what causes or adds to these problems

Examining the evidence base

Most of the organisations commissioned a review of the existing literature relating to the area of interest or undertook one themselves. They also looked for information themselves on the internet and spoke to individuals and organisations with expertise in the area, particularly with respect to finding out whether any of the approaches under consideration had previously been used in Ireland.

These reviews examined a variety of questions depending on what the grantee needed to explore:
- What factors were associated with or influenced these problems and outcomes (risk/protective factors)?
- When do these problems most often occur and in what client group (e.g. what age, gender, ethnic group)
- What does the evidence suggest are successful approaches to improving these outcomes?
- What good practice models or existing programmes can be found that impact on areas they wanted to focus on?

The evidence or knowledge reviews were found to be useful by many of the organisations in terms of:
- Highlighting the issues facing the group of children/families the organisations wanted to work with and also their strengths
- Identifying risk and protective factors for specific problems and outcomes that could help narrow the focus as to what the organisations should try to change and strengthen
- Providing guidance on evidence-based programmes that already exist that have an impact in terms of the areas they wanted to focus on
- Providing useful information for convincing funders and other stakeholders as to how useful and successful it would be to work with a specific client group or to use a particular approach.

Sometimes the evidence reviews provided new ways of thinking around an issue and sometimes they confirmed what the organisations already knew from their own experiences of working in a particular area.

“[The evidence review] is very straightforward - they pulled bits and pieces of research together which we refer to and which has been really, really useful.”
Sometimes there was a sense of frustration that the knowledge review had not addressed what the organisations needed to know or had not been fully used in the decision-making, particularly if there were strong views that the organisation wanted to develop a new initiative they could claim ownership of rather than adapt something from elsewhere.

“How and when the information from the evidence review was presented to key stakeholders were also highlighted as important considerations so that it was not perceived as devaluing the stakeholders’ knowledge and expertise.

Understanding the need in your locality or client group
For many of the organisations, particularly those developing or implementing a new programme, an important step was to understand what the needs were in their community or with their client group. This could include gathering information about:

- Rates of problem in a specific location
- Demographic profile like age, gender, ethnicity
- Risk factors like poverty and deprivation
- How the problem is perceived, understood and experienced by those affected.

The importance and the usefulness of the needs analysis were highlighted by a number of the organisations.

“It was well worth doing. We’re still drawing on that information.”

“The consultation and the needs assessment that were undertaken helped us to prioritise what are the outcomes we’re going to try to achieve – that’s really what crystallised the strategy.”

The needs analysis often occurred in parallel with other exploration activities and organisations were able to draw on a wide variety of techniques (Figure 3). For example, they drew information from existing service use information, audits of existing levels of provision, community consultations, epidemiological surveys, key stakeholder perspectives, and qualitative and quantitative studies of user needs and experiences (Figure 4). Some examples of the reports produced during the
exploration stage can be found on the CTL website ([www.effectiveservices.org/prevention/early-intervention](http://www.effectiveservices.org/prevention/early-intervention)). These reports include useful details on how the information was gathered and analysed as well as evidence on the needs of the children and families in various areas across Ireland.

Not all organisations approached this in the same way and a programme’s stage of development and the stage of community readiness strongly influenced the extent of the needs analysis undertaken. The needs analysis carried out by an organisation running a fully operationalised programme was often different to the extensive needs analysis carried out by organisations that wanted to develop a new service.

*Figure 3 - Examples of techniques used to collect information about needs in an area during initial planning*
Figure 4 - Some of the types of data collection used in the initial planning stages to understand needs

Barnardo’s Paths
- Epidemiological study of over two thousand 7-16 year olds
- Community consultation of over 700 adults (parents and professionals) & 1500 children & young people
- Audit of services
- Review of national policies

Preparing for Life
- Review of home and early years factors influencing child outcomes
- Surveys on school readiness & associated factors completed by teachers & caregivers on over 100 children

Barnardo’s NI
- Survey of 1081 Year 4 & Year 7 pupils in 28 primary schools examining levels of deprivation, educational attainment & indicators of wellbeing
- Qualitative research with children

Step Belong
- Epidemiological survey of the needs & experiences of Black & Minority ethnic children
- Focus groups used to gain more detailed insights into some of the negative outcomes from the quantitative indicators

Tallaght CDI
- Stakeholder consultation (parents & service providers)
- Review of national policies
- Consultation with children both in & out of school settings
- Audit of services
- Community survey of needs

Young Ballymun
- Study of needs of 149 families with a child up to 17 years
- Community consultations (completion of 528 questionnaires at open days, 11 focus groups with people living & working in Ballymun & 10 workshops with children)
- Review of national policy

Mayo
- Research into children’s experiences of living with domestic violence including what their needs were, perspectives of service providers, mothers & children, & current levels of service provision

Rialto
- Research with 11-14 year olds on wellbeing, relationships & attitudes to learning
- School data on attendance, literacy & educational supports
- Stakeholders’ views on out-of-school activities (young people, parents, staff & teachers)
- Observations of staff engagement

Archways
- Workshops & discussions with key stakeholders (teachers, youth workers, family support workers, psychologists & teacher training professionals)
- Documentary analysis of policy documents & existing literature
Consultation
Community ownership has been highlighted in existing research as a key component in successful implementation\(^3\). Consultation was a key stage for helping organisations to understand the reality of a problem for a locality, to make sure any proposed innovation would be locally appropriate and workable, ensure buy-in and manage unrealistic expectations. The consultation process happened on different levels and in different ways. There was a sense for some of the organisations of constantly checking in, keeping in touch and trying to be aware of the views and reactions of those around them. Although it could be time-consuming, it was certainly perceived to be worth the effort by those who undertook it. Initial consultations often focused on identifying needs, but as time went by engaging with stakeholders became vital to keep the process moving. They helped organisations prioritise outcomes by using what the communities saw as important. It also enabled a sense of engagement and openness to what was on the table and what could take place. The interviewees reflected back on some of the elements they had found supported the consultation process and these are summarised in Figure 5.

It was important for the consultation to be a genuine attempt to actively involve people in the development and shaping of the ideas so they had ownership of them. There was also a process of managing the communities' expectations about what it would be possible to do.

“\textit{The community wanted everything. The community always do. We weren’t going to be able to deliver what the community wanted in a sense. .. So we just kept refining it down and consulting. It was setting out among that what is realistic. What can we provide? I mean, you have to take account of what parents are saying, what the community is saying. But what is in there that is common to everybody that we could support? What’s realistic? So that was just part of a vast consultant of community audit with potential as a starting block.}”

“\textit{The other thing is that there were unrealistic expectations. Like some people saying ‘Halleluia we have finally found the solution!’ and we were kind of saying ‘No, no, this isn’t the white horse coming in’ ... I suppose that was encouraging but it was also intimidating in that people were thinking that we’re going to change the world. And all we were saying to people was ‘look we’re not – all we’re going to do here is improve outcomes for children and parents. We’re not going to resolve the crime in the area, we’re not going to solve littering, we’re not going to solve all the other social problems that are happening’, but we had no objectors and I think that was important that we tried to bring everybody with us.”

\(^3\) Durlak & Dupre (2008)
Consultation was often very time-consuming but it could not be rushed. It was perceived to be worth the time and effort invested in it. A case study of how one organisation approached their consultation is given in Figure 6.

“The consultation process was about spending an awful lot of time just saying, 'We're thinking about this. We're thinking about that. What do you think?'”

“We sort of, we wanted people to feel engaged all the way through - there's a lot of just wisdom on the ground.”

“People really appreciate being consulted and being asked their opinion.”
Figure 5 - Undertaking consultations: who to involve, questions to ask and how to organise

**Who to involve?**
- Decision-makers/facilitators within the system (e.g. Councillors/local representatives, Health/Education/Social Care Board representatives).
- Service providers (internal staff, all levels of staff for indirect service providers, organisation staff, teachers, principals, health staff, social workers).
- Academics/researchers.
- Service users (partnership organisations, community groups, parents, children).

**Questions to ask and Activities?**
- What are the needs in this area or for this client group?
- What are their strengths?
- What services already exist? Where are the gaps?
- How do they think this might best operate and who to target/work with?
- How would people react to this?
- Share the ideas and materials.
- Give and get feedback and developmental input into materials.

**How to organise?**
- Be prepared to listen and take feedback on board.
- Be prepared to spend time on this.
- Get some stakeholders on board, highlight the benefits to their particular remit.
- Make consultation events as accessible as possible.
- Actively involve stakeholders if they don’t initially turn up to events.
- Set up groups for ongoing feedback on the development of ideas.
- A coordinator can reduce burden on stakeholders and increase engagement.
- Keep planning groups to a manageable size (around 10) and create sub-groups for specific tasks.

**Possible techniques**
- Focus groups, discussion groups, workshops.
- Surveys.
- Open days.
- One-to-one meetings.
- One-off feedback sessions.
- Establish a group to be involved in a series of meetings.
“We had a number of consultation meetings then with parents. We asked each of the organisations to find parents and as we were going through we were testing out our thinking with the parents.

So maybe once every 3 months we’d call in a group of parents and we’d run the programme past them and say, ‘Well, what do you think of this? Will this work? Or is that a good idea? Or how would families react to that?’ So we used, I suppose, a focus group of parents that emerged from that, as our sounding board, as we were working through it. We had about 20 parents that we would meet pretty regularly. Now, some of them were sitting on the planning group, some of them were friends of friends or just people who were active in the schools. So we got parents through the schools, we got them through crèches, we got them through the Health Board - you know, people just nominated and said ‘look, here’s somebody that’ll come along, they’ll give you an opinion’. So we sounded out as we went along and I think it’s one of the things that’s really stood to us is that any decision we made was verified before we moved on. So it was either verified with our focus group or we brought it back to our planning group and got them to fine-tune it or agree it.

We also then started a process of community information meetings so there were a whole set of other wider organisations that weren’t around the table. So for example there were a few community residents’ organisations, literacy groups, old folks’ groups....We tried to find all of the other organisations that were operating in the area. So we started meeting with them every 3 to 4 months, just telling them what we were thinking and feeling and feeding back to them, asking them for their opinion, just checking in with them that they were ok with what we were doing and we got positive feedback all the way. At no stage did we get any negativity.”
It was also important to try to actively engage any stakeholders that were reticent about the process. This could be done by active outreach, by identifying whether any perceived lack of support was an individual rather than an organisational stance and highlighting the relevance to that particular stakeholder’s remit.

“If the community didn’t turn up for a service design kind of meeting there was active outreach to community interests and inclusion.”

“Originally it was going to be education-based, maybe more family support-based or community-based. And I suppose we had to keep persuading health that this would actually promote the wellbeing of children and that had a health aspect you know... I mean otherwise why would a Health Board want to be on the Board if it didn’t have a health aspect?”

“In [the local area] I tramped the streets, I went to every partnership meeting and group that was going on, I went to the youth centre, I went to community centres, I saw people individually, I went to the Women’s Centre and the local priest, who holds a lot of sway there, appeared... and the healthy living centres.”

Often there were high levels of agreement with the importance of addressing particular problems particular those pitched at a high strategic level.

“The buy-in was there and we got widespread buy-in from every organisation and I mean to this day we’ve never had any organisation who said what you’re doing is wrong or it’s foolish or it’s stupid or you shouldn’t be doing it that way. So I think - we worked that culture of buy-in and we got acceptance from everybody right down to people who would be people that I couldn’t work within the community, who I’d have known previously so we made sure we invited all of them along and made sure they were party to it as well and they knew what was going on.”

“No one had any difficulty with a strategy that’s going to improve learning or well-being of the children.”

“Nearly all of the doors we went to were open, there were just a hell of a lot more doors than we expected.”
Others found that there could be disagreements about which specific approach to take between the various parties being consulted. This took patience, leadership, democracy and diplomacy to reconcile.

“I can remember one place where is almost fell apart. I mean, it became so divisive and so argumentative and different people wanted to go different ways. It was like trying to steer this vast ship of 20 people and keep them all going in the one direction. That was very difficult, very difficult at times. But we kept managing to get them all to agree and to keep going. And in the end, the good outweighed the bad - I mean it worked. .. No matter how democratic it is, if you have 20 people arguing over something, nothing might have happened if somebody didn’t take charge. So it was like a combination of strong leadership and a very democratic approach.”

“The manager and myself would have generated ideas and then we would have brought them to the group, the big group and then no doubt had influence there. They steered that group in a particular direction, but that group could have beat our ideas - I mean, we wouldn’t have gone ahead without them because there would have been no point. If you’ve gone ahead without the group, and the group represent the community, then there's nothing left. So we have to be constantly going back to the steering group.”

Support structures

Individuals with expertise and expert advisory committees

As part of the Initiative, organisations had access to experts at various stages of the project life cycle and this was seen as an important enabler. Experts could be either individuals that were consulted with or they could be combined into groups. Organisations were required to set up an ‘Expert Advisory Committee’ consisting of individuals who had expertise in areas such as subject specific knowledge, policy and practice. Overall these individuals and groups were seen as useful for different reasons at different stages in the project development (Figure 7). A draft terms of reference for an Expert Advisory Committee is given in Figure 8. In this initiative organisations experienced a mix of individuals who were suggested to them by the funder and those that they sourced themselves. Many of the interviewees commented that they had not previously realised these sorts of people existed and how useful they could be in supporting the development of their strategies.
There was a mixture of locally based and international expertise in these groups. At the start some interviewees felt that there was some resistance to using international expertise, but they came to value the difference in perspectives. They found the degree of separation and independent perspective on what they were doing was important and that having people outside the local equation was very enlightening.

“We’ve drawn a lot of experts and they have been really helpful... if you don’t have the answer, ask an expert. And we found that in the initial stages we didn’t ask the right people, but there are some really good people.”

“Different people brought different skills. And I think when you’re up and running and you know what you’re doing, it’s easier to work with the experts because you’re very clear of what you’re asking them for. While in the initial stages, we weren’t really sure of what the answer was. So you were asking questions and you were getting suggestions and you didn’t know whether it was right or wrong.”

“It’s something I didn’t really understand why we needed an Expert Advisory Committee when we started out. Because the first few meetings were kind of very hard because we didn’t really have a whole lot to give them. But at every meeting now there are situations or there are issues that we need their help on. And they’ve been really, really good.”
Figure 7 - Expert Advisory Committees served different purposes in supporting the organisations at different stages in the project life cycle.
Figure 8 - Draft terms of reference for setting up an Expert Advisory Committee

Expert Advisory Committees – Draft Terms of Reference

Context
*Insert Org.* plans to implement a number of services and activities over a “x” year period with strong service design, and evaluation of progress and results a central feature. This is a staged and rolling process incorporating several elements i.e. design of individual services, manual development, evaluation specification, evaluation commissioning, and review of results.

To ensure best practice standards *X* is inviting individuals with relevant expertise to provide independent advice to the process, through an Expert Advisory Committee (EAC)

Terms of Reference

The primary role of the Expert Advisory Committee is to advise and support the development, implementation and review of the research/evaluation strand of activity within the project. In this context, it will have the following role:

a) Provide advice and support in the commissioning and implementation of the evaluation strand of the programme
b) Provide commentary and perspectives on the design and coordination of the programme and services and their evaluation
c) Support oversight of the research/evaluation programme
d) Review emerging results from the research / evaluation programme
e) Support the integration of evaluation learning into practice
f) Advise on changes to, or augmentation of, the research / evaluation programme if the need arises
g) Promote adherence to agreed standards as services are implemented
h) Provide observations and advice on the overall systems / services strategy in light of emerging evaluation analysis and findings

Reports of meetings of the EAC and any reports prepared by the EAC will be transmitted to the Project Board for its consideration and action as it deems appropriate.

Membership

The EAC will comprise *Y* (number) members with combined relevant international and national expertise in research design, service design, evaluation, and children’s services provision and policy. In drawing up membership, “Org” should have particular cognisance of conflicts of interest. These will relate not only to cases where members of the Committee have a direct interest in the commissioning or review of commissioned evaluation but also where unfair competitive advantage might be gained relating to the structure and pricing of tenders etc. The Committee should draw up specific rules regarding conflicts of interest/confidentiality to deal with such matters, to be agreed with Board of Directors.

The funders (*The Atlantic Philanthropies*) will have observer status at the EAC meetings and will attend meetings as they deem appropriate. All proceedings of the Committee and Reports prepared by the Committee will be circulated routinely to the Atlantic Philanthropies.

Working Methods

The EAC will be chaired by the chairperson of the Board of Directors. The EAC will be convened by the chairperson meeting on a quarterly basis. Terms of membership should ideally span the project lifetime.
Experts were used for many purposes including speaking at launches, site visits, Expert Advisory Committees, helping with design and development work, peer review of tenders and reports, and doing presentations.

How useful the interviewees found the experience of dealing with individuals with expertise, seemed to vary according to the personal characteristics of the people they were dealing with, the level of control in the relationship and also the stage of the project life cycle as well. Positive aspects included getting access to technical support, levels of experience and specific expertise that the grantee didn’t have within the team. With respect to engaging the services of individual experts, the interviewees found the following factors to be associated with input that they found constructive and most useful:

- Being supportive, clear, respectful and actively listening
- Having the right sort of experience
- Personal credibility
- Getting the right sort of expertise at the right stage in the process.

Perceived barriers to the use of experts included:

- Tensions between evidence experts and practice experts
- Perception that experts may be ‘too removed’ from the experience on the ground or that international experts may not always fully understand the local context.

There was a lot of discussion over the limits of expertise and difficulties sometimes in how the expertise was offered. Over time the organisations came to recognise that individual ‘experts’ often did not have all the answers to every question and the knowledge that organisations were bringing to the discussion themselves was very valuable as well. Over time, organisations felt more confident in questioning what was being presented to them and to have mutually beneficial discussions. It was important also to realize that these were individuals with expertise in specific areas, rather than ‘experts’ who had the answers to everything.

“I suppose it was about expectation, in that [they] weren’t done a service by the fact they were painted as being the experts. They’d been there, done that, they’d got the t-shirt and they’re the experts. And it was only some months into the process did the penny drop with me that actually they were learning on the trot; like they were learning with us. It wasn’t that they had been there and done that, so I think even if that had been articulated at the outset we would have had greater opportunity for sharing of learning as opposed to an expert model and different expectations.”

“I would also say that [those particular experts] weren’t helpful. It’s that they would never acknowledge the limits of their expertise and they were limited. And therefore it was when you challenged them they wouldn’t accept the challenge, they tried to oversimplify.”
Many of the experts gave their time pro bono with the organisations contributing to travel costs, whereas others had a cost attached for their time and it was important to negotiate the total costs for their input in advance.

**Convincing others (Stakeholder engagement)**

Stakeholder engagement is related to consultation but the priority is less about identifying needs and more about bringing parties along to meet needs. Engaging with key stakeholders took place in a number of arenas including: the political and policy environments, prospective delivery agents, potential gatekeepers, and key individuals and groups with the expertise or credibility to add value to the initiative. Engaging stakeholders involved sense-checking, being inclusive and being prepared to take on board different perspectives. Engaging parents, politicians, policymakers and gatekeepers was felt to be an important factor in helping the various initiatives to succeed and organisations employed a number of strategies (Figure 9).
Figure 9 - Strategies used to gain support from key stakeholders

1. Develop a communication strategy for raising awareness
2. Highlight the benefits of the work according to their particular remit
3. Facilitate discussions with 'experts', model developers and other stakeholders who are supportive
4. Formalise by going to actual Boards of each organisation at an early stage
5. Arrange site visits to see innovations in operation elsewhere. Set up meetings with model developers, practitioners and the stakeholder's counterparts in that country
6. Build on existing relationships
7. Highlight the evidence base for your ideas. Use both qualitative and quantitative information
8. Face-to-face meetings
9. Show them your organisation's existing work 'on the ground' so they understand what you are doing better
10. Involve them in your steering group or sub-committees
The organisations spent significant time engaging with politicians, policymakers and statutory bodies. Part of this was driven by the requirement for some of the organisations in the initiative to obtain matched funding from Government. Organisations were very aware of the policies that related to them and many had commissioned reviews of the national policies relating to their work. They actively tried to engage with policy makers and public representatives as much as possible.

“I think that was important that we tried to bring everybody with us, we made sure we talked to our local politicians, or local counsellors so we kept them briefed on a regular basis to make sure that they were on board plus also the critical decision-makers like the city council area manager, the local health board manager, the regional officer in the VEC, all of the people who were making decisions in the area we included them as much as we could as well as we went along.”

“We were well used to doing a lot of policy work, and had a good policy provision. So we just thought, no, we’re going in humble here, and say, ‘look, we’re thinking of doing this. You know we feel it would be of advantage to you, and would really like your engagement’. And you know we never pushed the kind of, ‘oh, we’ve got all this money,’ feel to it.”

“We want to really be on your agenda, whatever they are.”

Several organisations had a focus which went beyond managing or delivering services in their geographical area or area of expertise. Most had an implicit and in some cases an explicit outcome related to influencing practice on a wider level and to influencing the development and implementation of policy. Several key elements relating to this emerged and are presented in Figure 10 as a case study on what was perceived to contribute to successful implementation of an initiative striving to influence policy and practice.
Figure 10 - Case Study on Influencing Policy and Practice

A range of specific activities were identified through the grantee interviews and through their own implementation reports on how to achieve influence in their area. These included:

- Setting up a Management Board which includes representatives from the community, voluntary and statutory sectors along with those organisations and individuals with responsibility for service planning and those special interest groups specific to the issue. The interagency nature of this group and a sense of joint ownership of the Initiative are crucial to successful implementation.

- Responding to need as it emerges, sometimes referred to as ‘organic development’.

- Being positioned on relevant planning and policy forums to ensure influence from within processes. Influencing the development of policy is crucial particularly in relation to cross-cutting policies for both departments and agencies. There is a role in ‘Child proofing ‘ policy.

- Political positioning – being able to influence national agendas/strategy.

- Undertaking a thorough mapping of existing services not only to avoid duplication but to develop partnerships and this can also be a resource for the sector.

- Developing a robust communication network.

- Establishing mechanisms for meaningful consultation with service users and others working in the area. This can help to influence policy through responses to government consultations on policy.

- Being aware of and responding to policy and legislative developments and relevant consultations.

- Forming and joining strategic alliances.

- Developing partnerships both for communication of what the organisation is doing and to raise awareness of the issues being tackled.

- Developing relationships with local media outlets and using media wisely.
In addition to using the information from the literature reviews and the needs analysis, using qualitative information from service users was seen as a powerful tool for convincing stakeholders such as managers and practitioners about the need to address a particular problem and also how it should be dealt with.

“We consulted very much with young children and had some very rich quotes in terms of what their experience was and their attitudes to others. When parents and Management Boards and practitioners heard a lot of sectarianism and racism coming out of the mouths of young children, it really rocked people back in terms of ‘this is something we really have to do something different about!’ and that was very powerful.”

Useful strategies for bringing stakeholders on board included face-to-face meetings and building relationships with them over time. Letting them see the local work being done by the organisation for themselves was also an important tool for correcting misconceptions or erroneous assumptions and this could be helpful for breaking down barriers in communication.

Bringing key stakeholders to see first-hand how programmes operated in other countries was also seen as an important way to gain their support. These site visits were used to see the programmes operating on the ground. They also used the opportunity to set up meetings with the stakeholders’ equivalents in that country, so they could get a fuller understanding of what was involved in running the programme and also the benefits at different levels within the system. Sometimes these stakeholders were willing to cover their own costs for the site visit. These ‘converted’ stakeholders also often played an important role in convincing others about the value and feasibility of the ideas once they returned home because they had been able to see it working with their own eyes. As discussed in an earlier section, the stakeholders were often able to give the organisations useful insight into whether the programme would be workable in Ireland.

“What we realised was, when we were looking at schools, we weren’t looking at them through teachers’ eyes ... we took Principals out to America with us so that they would look at the schools through their eyes rather than ours.”

“We organised for a group of those key stakeholders to go to Amsterdam and meet a group of their counterparts. We didn’t just want to meet the organisation who was delivering it - we wanted to meet The Youth Service and the Justice Service and Probation and the local authority - to talk to them about it. That was really useful. We had of course some [programme] practitioners who talked to us about what they actually did. So that was all hugely useful and would have swung the ballot for people saying “Yeah we should do this, we should find the money and we should do it.”
Many of the organisations arranged for some of their ‘expert’ advisers to meet locally with key stakeholders particularly political representatives, departmental or Board representatives, services commissioners and managers. They generally found this a useful strategy for gaining support if the ‘expert’ had the right skills and credibility. These were individuals who were seen as having particular skills in knowing the evidence around a particular topic and who were able to discuss the issues authoritatively but also in an accessible and respectful way.

Organisations also built on existing relationships and previous track record in the area of working to gain traction and support for the new ideas they were suggesting. Again it was often a time-consuming process but being persistent and having a respectful, open approach appeared to be key elements of success.

**Selecting an innovation**

Organisations used a variety of different criteria to choose a programme that already existed. By this stage many organisations had decided what client group they wanted to work with and the general approach they wanted to take, and they examined what programmes were available against the evidence base for their effectiveness. A range of factors were considered by different organisations:

- Delivery characteristics:
  - whether an approach was universal or targeted
  - what techniques were used
  - the delivery location (e.g. school, community)
  - modality of presentation (whether one-to-one or in group settings)
- Content such as activities
- Length of the programme
- Evidence base for effectiveness
- Whether the programme had been successfully implemented in a number of locations
- Resources required (costs, training, staff qualifications etc)
- Fit with the organisation’s current work and style of working
- Acceptability to stakeholders.
Transferability was a big issue that had to be considered for programmes developed elsewhere. Organisations tended to consider three areas when they looked at programmes:

- Cultural appropriateness
- Fit with existing services
- Evidence that it had been implemented successfully in Ireland or elsewhere.

To decide what needed to be adapted to the local context, interviewees used their own personal and organisational knowledge and experience, sought advice from other individuals who had expertise in the policy, practice and evidence arenas, worked with model developers, examined the programme documentation, reviewed research findings from evaluations of the programmes and undertook site visits to see the programmes operating in real life.

Site visits to see how programmes were set up and run in other contexts were undertaken by a number of the organisations and their key stakeholders. Seeing programmes first-hand reinforced for the interviewees what the process was about and what their service design could look like. It gave them better insight into how the programme needed to be operationalised, the context in which it was operating successfully and how this might differ in important ways from the context back in Ireland. These site visits also allowed an opportunity to gain important details about true costs of setting up and running a programme that were sometimes difficult to get in any other way.

“What became very clear when we were out in Chicago was there were some really basic principles - things that had worked and that we had to build in, and therefore the service design had to be fundamentally founded on that.”
The site visits also provided the organisations with an opportunity to see what did not work so well. What looked to be working on paper was not always the case in reality. Site visits were seen as very useful in correcting misperceptions and filling in important gaps that were not always described in the programme documentation.

“We liked some of the things he was doing, but we didn’t like some of the other things.”

“Some of the things we saw we were horrified by and some of the programmes there were being touted as great programmes and we were kinda saying ‘[Goodness], how could you do that’?”

As well as highlighting where there were operational and cultural differences, site visits were also useful for showing how other countries could be similar to the situation in Ireland.

“We went and visited some families as part of it and we were kinda surprised to see that the issues for the families were pretty similar.”

Although the expense of making site visits was acknowledged, the advantages in getting a true understanding of the nature of the programme was deemed to be worth the investment. These experiences support previous research\(^4\,^5\) that successful implementation of a new initiative can be facilitated by the decision-makers fully understanding all aspects of the innovations under consideration. They need to:

- Be fully aware of the innovation
- Have sufficient information about what it does and how to use it
- Be clear about how the innovation will affect their organisation personally, for example, in terms of costs
- Ideally have observed a demonstration of the innovation, for example, through site visits.

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\(^4\) Greenhalgh, 2004  
\(^5\) Backer et al., 1986
Contextualising

Contextualising programmes that had been developed elsewhere to work in Ireland took time and effort. Within the Initiative, programmes were adapted from other countries (mostly from America) and adaptations ranged from changes in language, improving presentation, adding parts onto the programme and delivering programmes in different ways (e.g. as an add-on rather than a standalone programme). Negotiating each of the changes with the model developer was a very important but time-consuming process, often taking much longer and more effort than originally anticipated. It was seen as important to have a structured process for adapting the programme and to be clear as to what needs to be done by when, by whom and how.

“It was kind of like taking a car and redesigning the car. The nuts and bolts were the same, it still had an engine, still a gearbox and so forth, but there were certain changes to the styling of that car and some to the contents of it.”

“Obviously when we got down to the detail of knowing that was the programme we wanted but we had to adapt it to suit our culture. Now that had to be negotiated because obviously [the programme developer] wasn’t very keen on their programme being written. ... Names and references and even simply things like taking about recess in school, you know, break-time and children’s names like ‘Chuck’ and ‘Buzz’ to the Northern Ireland speak. But all that had to be agreed and had to be argued and discussed and talked out.”

“The organisation had no knowledge whatsoever of how long an adaptational programme would take, how difficult it would be, copyright issues involved, licensing arrangements. There is obviously a relationship with the programme developer who was in another country and the organisation was here, so that’s not easy to maintain interest. So probably planning was the major drawback, lack of planning.”

In order to facilitate the adaptation process, some organisations found it useful to either go to meet with the model developer to discuss changes to the programme face-to-face. Alternatively, others brought the model developer over to Ireland so the grantee could ‘prove themselves’ and convince the model developer that they had the capacity to do this properly even if they were doing it differently to the original sites.

There was variation in how easy the organisations found it to negotiate and get support from the model developers. Some model developers were better able to give support in terms of replicating a programme, rather than being able to advise on how best to contextualise it or adapt it to another
context. It was often helpful if the model developer had hands-on experience of implementing their programme and adapting it in other settings. This appeared to make them more flexible and open to the idea of adapting a programme to make it work elsewhere and they had a greater focus on implementation rather than solely on replication or fidelity.

Some useful questions to negotiate when working with a model developer include:

- What support are they willing to provide?
- What is their capacity? Does it meet your needs?
- Do they have the right organisation behind them?
- What kind of contractual agreement are they willing to have with you?
- What are the real costs of setting up, running and maintaining this programme?
- Have they experience in implementing their programme in other countries? Do they appear flexible and supportive of meeting your needs?

Organisations also found it helpful to negotiate with their future plans in mind. For example, if the plan is to be delivering a programme to 50 families during the first year, and then 200 families in the second year, can the model developer provide training at the right time for your staffing needs? If they only offer training once or twice a year, would they be willing to set up a train-the-trainer agreement with you so you can take control of the training on your terms? Will they offer reduced costs for the repeat purchase of materials?

**Summary of key learning**

- Organisations took account of many considerations when deciding what approach to use including the nature of the problem, what influences it, what approaches have been shown to be effective in improving this problem, and fit with the local context.
- There was a need to balance looking at the evidence as well as pragmatic considerations and this was a new way of working for many of the organisations.
- Logic modelling was a useful tool throughout the life cycle of the projects.
- Evidence reviews could be useful in guiding thinking and changing opinions.
- The nature and extent of any needs analysis undertaken varied with stage of development.
- Consultation was a key stage in planning and engagement and although very time-consuming was perceived as critical to the success of many of the organisations.
- Engaging stakeholders such as parental, policy makers, politicians and gatekeepers was an important enabler and involved presenting information for discussion, sense checking, being inclusive and being prepared to take on board different perspectives.
- Seeing first hand how programmes operated in other countries and contexts was seen as an important enabler.
- Transferability was a major issue to be considered for programmes developed elsewhere. Considerations included cultural appropriateness, fit with existing services and evidence that it had been implemented successfully in Ireland or elsewhere. Contextualising programmes developed elsewhere to work in Ireland took time and effort.
- Accessing individuals with specific expertise in evidence, policy and practice was an important source of support throughout the development of the innovations.
Section 2: Setting up and implementing innovations
Introduction

Several stages have been identified in the process of setting up and operationalising services. Installation refers to the tasks that are required to be completed after a decision has been made by an organisation or agency to begin implementing an evidence-based practice or programme. At this stage, there should be a clear plan for implementing the innovation, and team of qualified individuals identified who will take responsibility for guiding the process. Preparatory activities begin. These may include securing funding, hiring and training staff, and arranging the necessary resources. It could be called the ‘setting up’ stage and is complex and time-consuming.

During initial implementation, the innovation is put into practice, usually on a pilot basis. Three primary activities are undertaken; providing on-going coaching and assistance to staff, monitoring ongoing implementation, and creating feedback mechanisms to inform future actions.

Full implementation is reached when the innovation is fully operational and functioning, and outcomes are ready to be evaluated. This stage provides the opportunity to reflect on the overall process and learning from the experience.

According to Fixsen et al. (2006):

‘Implementation involves complexity in every aspect. Implementation requires change. The change may be more or less dramatic for an individual or an organization. In any case, change does not occur simultaneously or evenly in all parts of a practice or an organization.’

The Interviewees were asked to reflect on the types of decisions they had to make during these implementation stages including where to locate their services, recruiting, training and supervising their personnel, getting clients and whether the delivery of the programme changed over time. The grantees comprised a mixture of newly developed and established organisations, some of whom deliver their services directly and others who are indirect providers (working for example, through schools). There is also a variation in terms of newly developed services and those that were already being run by the organisations. These aspects were explored during the interviews.

Installation

The complexity of the tasks in the installation stage became very apparent in the interviews. Whether they were implementing an evidence-based programme that had been developed elsewhere, or creating their own innovation, close attention had to be paid to the initial setting-up of the service and it was sometimes a challenging and time-consuming process.

Organisational readiness

In implementing an evidence-based programme, many of the organisations struggled with what constituted a shift in direction; an experimental stage that required a change in thinking, practice and focus. Sometimes it was assumed that the organisation was better prepared to integrate the changes into its existing modus operandi than was the case in reality. The realisation of this and the impact this had on organisations, particularly those which were already well-established and of long standing in the community, was significant.

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Fixsen et al. (2006)
Organisational readiness was not, on occasion, confined to a specific organisation but was also significant for services or agencies which were going to be delivering the programme, and many respondents emphasised the importance of getting buy-in and commitment from key stakeholders within and external to the organisation. The importance of having an internal champion to rally support for the programme and negotiate solutions to problems was highlighted. Support from management was also seen as an enabler, particularly if there was reticence or resistance elsewhere in the organisation.

“We could have gone to a kind of organisational change, development initiative, you know, to completely change the way we work. Or we could go for a programme... I decided to go for a programme. Because I thought we were well on the road to bringing about change anyway. I thought the programme would migrate ...into the organisation, and influence how we did our work. But in actual fact, we had quite an internal struggle here, I think, with regards to how things had been done traditionally... It’s quite a traditional organisation at its roots so the kind of project model that we were progressing sort of flew in the face of that.”

“I think I would have done more organisational readiness work... I think I would have done a bit more hearts and minds within the management team. I would have spent a lot more time preparing our finance people and our HR people. It’s that stuff, you know, Karen Blasé calls facilitative administration.”

“We had a very difficult six months and the barriers were the internal organisational ones.”

“Well, there were six of us... from our planning group, who decided to get involved in the service design of the logic modelling... so we supported each other and the six of us kind of stuck to our guns and I’d have to say that... the Childcare Manager was a massive influence... so it gave me great courage to have people like that with you who were saying, look stick to your guns here, this is the programme we want to run.”

“If the staff don’t buy it, it ain’t gonna happen.”

“I think what we learned was that it has to be a good idea, it has to have the right people behind it. It has to be at the right time, it has to have the right policy and political context. And it probably needs a bit of luck as well.”
A consistent theme in the interviews was the length of time the whole process took, from concept to actual implementation. This generated both strong feelings and a desire to address this aspect of implementation in the future.

“\textit{The gap between consultation and implementation needs to be bridged better... a lot gets lost in a year... people move on, they forget, they feel disheartened... it’s not just that you’re starting where things were a year ago, you’re actually starting further back because people become more entrenched each time they’re disappointed and less willing to engage... you’re not even starting at the pre-consultation phase, you’re now starting at a point where people are actually maybe not trusting you, a bit resentful, feeling let down, you know... I mean that was a really difficult period of trying to get people to buy-in and work with us. There is something about bridging those two phases.}”

“\textit{Again, it was just the length of the process. And, for the scale of what we’re doing, I’m not actually sure if it would have been very helpful if someone came up to us within six months and said “Great idea. Here’s the money – go do it.” I think it needed to have, in hindsight, it needed to have a couple of detractors and it needed to have a few question marks placed over it at different times in order for us to clarify our thinking.”}”

“\textit{Too much of a gap between the needs assessment then the launch of the strategy, then recruiting me, then recruiting the rest of the team, then another 12 months of working out programmes, writing manuals, before any child ever got any kind of service. It was just too long for people.”}”

Interviewees identified several components that they considered key to the successful implementation of their innovations, similar to those identified by Durlak & Dupre (2008) in their meta-analysis (Figure 11).
Figure 11 - Factors associated with implementation identified by Durlak & Dupre (2008) in a meta-analysis of implementation studies

- **Community level factors**
  - Prevention theory and research
  - Politics
  - Funding
  - Policy

- **Provider characteristics**
  - Perceived need for innovation (relevance to local needs)
  - Perceived benefits for innovation at local level
  - Self-efficacy (extent to which providers feel they will be able to meet expectations)
  - Proficiency in skills necessary for implementation

- **Characteristics of the innovation**
  - Compatibility (fit with the organisation's mission, priorities, and values)
  - Adaptability (extent to which the program can be modified to fit provider preferences, organisational practices, and community needs, values and cultural norms)

- **Delivery system (organisational capacity)**
  - General organisational capacity
  - Specific practices and processes (collaborative decision-making; coordination with other agencies; effective communication; formulation of tasks)

- **Specific staffing considerations**
  - Effective leadership (setting priorities, establishing consensus, offering incentives, managing overall process)
  - Program champion (internal advocate to rally support and negotiate solutions to problems)
  - Managerial/supervisory/administrative support to providers

- **Factors relating to the Prevention support system**
  - Training to ensure provider's efficiencies in delivery and increase sense of efficacy
  - Technical assistance (including retraining in certain skills, training of new staff, emotional support, and mechanisms to promote local problem-solving efforts)
**Governance structures**

A primary consideration for the grantee organisations was how they were going to be constituted, re-constituted or restructured in the context of the significant Atlantic Philanthropies investment in the new Prevention and Early Intervention Initiative. For the larger existing organisations this was not an issue, but in many instances the organisations needed to establish and set up different structures, to separate from partnerships or create new partnerships or to set up a new company entirely which would be limited by guarantee. Advice and consultancy was provided to inform the decisions finally agreed upon.

“we were making decisions about piggy-backing and initially [the funder] was asking us ‘Are you going to become a limited company? Are you going to become a charity?’ and I just looked at him and I just thought, huge amount of work - so I initially suggested that we would piggy-back on [a national charity] ... So [the national charity] were our governing body. [And when the time came to review the arrangement] I went back to them and said, ‘Look, it’s working, there’s no reason to change it’ ... So they’ve been the governing body and they would be very strong on the steering committee.”

Governance structures within the organisations most usually included a board of management (which may be the Partnership itself), a steering committee/group or an implementation support team with these structures operating outside the remit and scope of the Expert Advisory Committees allocated to each grantee. The establishment of transparent and clear lines of management and accountability required thorough and careful consideration. Organisations developed memorandums of understanding (MOUs) or operating protocols with partner agencies to guide their work.

**Direct and indirect service delivery**

Organisations delivered services in one of two ways - either they directly provided the initiatives within their communities or they managed the delivery through other partner organisations. Both these methods were commented on and had specific issues as experienced by the organisations.

Some of the organisations particularly those working in large community change initiatives and those who are an ‘umbrella’ organisation emphasised the capacity building nature of their work in relation to other organisations delivering the service.

“I would be very confident that there are some organisations that simply, fundamentally do their work differently now, they do it better because of the support they have had.”
Working through other specific service providers and, where existing organisations were now making a shift from traditional ways of working, also featured as a key area of learning. Interviewees spoke at length about this balance between the focus on managing research with the direct delivery of services.

“She’s had to find the solutions and grapple with those things. I think the fact that there’s a researcher who has managed to get over that learning curve, means that the programme has a better chance of, you know, being real-world based, and, and taking quite a lot of learning about process. Unless you had to deal with what happens in schools, even if you were a very, very, you know, real-world-based researcher, and sort of sensitive to whatever... If you’re the person who has to go and deal with a Principal who’s jumping up and down, you know, then there is learning in that.”

Working with schools produced particular challenges with respect to understanding their culture and ways of working.

“Drawbacks are really around teachers’ time, their time is under so much pressure with other curriculum priorities, literacy and numeracy take precedence by far, that is generally what is inspected on or will be high up the list of priorities. Social and emotional learning generally is not high up the list of priorities at this point.”

“So we kind of just accepted that, from schools, we have to go to them. They won’t come to us. So it was literally a matter of, you know, blocking out two or three days in the diary and just traipsing around (the area) trying to get them free for a few minutes. So knocking on doors I guess.”

Some services spoke about the ‘visibility’ of the actual organisation if service delivery was done through another body and they spoke about this in two ways - that either the organisation was invisible and the credit for success went to the one actually delivering the service with no acknowledgment of the grantee organisation role and/or the reverse of that. If things did not go well the grantee organisation could be held responsible, not the service deliverers, as they were only delivering on behalf of the grantee.

“I am the person who actually carries the responsibility for the implementation of the strategy and how it goes, so I mean it’s [our organisation’s] problem if it doesn’t work out. It’s not the [service deliverer’s problem] ...whereas if it’s an achievement, that achievement is obviously everyone’s... and it genuinely is.”
In relation to direct service provision interviewees highlighted a number of other issues such as the advantages of working from pre-existing services and having control and knowledge of staff.

“We know them inside out. It’s tried and tested. If somebody new coming in comes up with an idea that can improve the service we are all for...you can do that easy and quickly. There aren’t big bureaucratic barriers.”

Some interviewees reported how they had initially seconded staff from other organisations but felt that “the knowledge was lost whenever those people went back to their positions”, so they changed the approach to direct recruitment and from this stated that “the training and everything was provided by the organisation, ultimately for the organisation’s benefit”.

Deciding where to locate the services
Decisions relating to premises tended to centre on the programmes or services wanting to be located in the local area where the service was being delivered and which would be easily accessible for the client target group.

“We looked at where we were going to be located and I mean the one thing that kept coming back to us was that we had to be in the heart of community because from experience we knew that if we weren’t going to base ourselves in a place like... [name of town], the people wouldn’t travel. So if we weren’t located in the heart of the community the people just wouldn’t come to us.”

The sourcing of premises varied, with some organisations already having their own premises so even though they would be delivering a new programme or service this would not have impacted greatly on their location. Other organisations were fortunate enough to have premises donated or supplied, whilst many due to recession-related unoccupied buildings, secured reasonable and affordable rental options. In a time of diminished resources organisations were conscious of how they would be perceived by professionals and families alike.

‘We were conscious at the time not to get a premises that was in excess of the ordinary demands that we had, simply... What I mean by that is, the optics of what we were doing were very important. And we didn’t want to be seen as “they’ve got a grant from Atlantic, so they’re flush.”
Engagement & consultation

Consultation with all key stakeholders in the community and building on existing relationships featured during setting up and operationalising the work, similar to that described in Section 1. Enablers to community engagement included organisations identifying a need within the community, a gap in service provision and providing clarity as to what the proposed programmes or services could offer the community and subsequently promoting the programme or service widely.

“The enablers were the fact that we were already in schools. And there was a level of trust... We'd learnt to respect schools, and to understand our place in them, and not to think we had all the answers. You know, we'd learnt that. We'd learnt to sort of offer data and offer outcomes that they wanted.”

“As the programme grew, and particularly as we moved into new areas, we did a lot of marketing and promotional work. But we did road shows round the country, which was targeting, I suppose, schools and social workers and psychologists and youth projects, because we saw them as the primary source of referrals. We also did a lot of promotion internally in the organisation. So, you know, marketing and selling the programme and educating people about the programme...”

To support the implementation of their programmes, organisations stressed the importance of gaining commitment and a long-term engagement from key stakeholders who needed to be positive about the programme. Having decided in the exploration stage the services to engage with, that would be conducive to positive implementation, organisations succeeded to varying degrees and this process was equally painful and rewarding.

“...with the youth organisations, the youth work services, that was fine really. I mean they saw an opportunity in us being here. With the schools it was horrendous. So yeah, I mean the schools were just, like, they really didn’t want to work with us, they felt we were making them jump through hoops. They weren’t interested in jumping through hoops – they just wanted us to give them the money to do what they wanted to do, and ‘if only you’d asked me in the first place’ you know, all that. Really difficult. Very, very difficult.”

“We came across a little, some resistance. And those personalities weren’t in favour of the programme. Weren’t in favour of a different structure or a different way of working. But I think one of the strengths we had was the partnership. The partnership afforded us the opportunity to step outside of, for everyone, it enabled them to step outside of an individual organisation's internal politics. Because the partnership provided a protection from that... The partnership was bigger than the individual organisations. But it was the membership of the partnership that provided a degree of security from people who would not have been in favour of the programme.”
Implementation

The implementation phase of the process refers to the stage when interventions are being put into practice. Initial implementation occurs when even one practitioner and one participant are in place and full implementation occurs when programmes are fully operational and functioning as intended. Interviewees reflected that this was not always a straightforward journey and the process was not linear. The stages identified by Fixsen et al. (2001) have an impact on each other and it is usual that there will be the need to revisit stages as the process develops. Interviewees described this revisiting and several reported that the difficulties related to the earlier stages only emerged in this implementation phase. It was felt to be important to document the organisation’s learning as they went along, irrespective of whether a formal process evaluation was being undertaken.

“We have really learned from our mistakes, we have really learned about the importance of process.”

“So, what was it like for the first 12 months, it was kind of mad, to be honest. I think we all struggled hugely, it was a very, very steep learning curve.”

A consistent message emerging was that implementation takes time. This supports what is already known in the literature which suggests it can take between two and four years to arrive at ‘full implementation.’

Several interviewees spoke about the need to persevere through this process and talked about how they learned about the importance of “holding your courage”. It was crucial to get this stage right.

“You can have the best programme in the world but if it is not implemented in the right way or supported accordingly it will not provide the outcomes that you expect and that implementation is every bit as important as the programme itself.”

As already discussed in Section 1, interviewees highlighted collaborative partnership working and community ownership as key components in successful implementation.

“So we have really learned about involving people the whole way along the way in the development of the programme and then what we’ve also done is assigned someone from the service design team who is checking in with the staff and the manager at the trials aspects of the programme.”

“It would not survive without word of mouth. We knew from the very start it would not survive without community ownership.”

Fixsen, et al. (2006)
Several interviewees also referred to the development of their relationships with the ‘experts’ both in terms of those who sat on the Expert Advisory Committees and those they accessed through different routes. Interviewees described how in some instances it took some time to build their confidence to engage with the ‘experts’ but in general these were positive relationships which provided much needed guidance and support.

“And I know when we raised things with [Name of expert] for example that haven’t gone well, he loves that. He goes ‘oh that’s great, why didn’t it go well?’”

Managing relationships with other organisations or individuals who were resistant to what was being implemented was also described as a barrier to implementation by some organisations and a lot of learning was gained from these experiences (see Section 1 for a more detailed discussion of these).

“It took me a while to realise that if somebody was opposed to you, so for example if I was dealing with... (an organisation) and was getting nowhere and when I asked them to put it into writing I would get a response then. So it depended on who lifted the phone, so during the first year it was bizarre I couldn’t work it out..., it took me six months to work out that until I said ‘Could you just put that in writing to me?’ that it was an individual on the other end of the phone that was the block, not necessarily the organisation.”

“Some people welcomed you with open arms and then realised what they’d got into. You know some people were very suspicious.”

**Staffing**

Staff recruitment, training and staff support were seen as critical features of implementation and were a common challenge for organisations.

Several organisations emphasised the skills and experience of the staff/practitioners in delivering the interventions and in engaging with the children and families involved.

“I mean some of the staff would not necessarily have the highest level of qualifications, but are very good, very experienced practitioners”

“It’s about consistency of staff in working with the children. You will get more from the children; you’re more accepted by the children; you’re more accepted by their parents, which brings us back to the difficulty in actually accessing families anywhere. If those staff that are working directly with the children are kept consistent you have a better outcome.”
Recruitment

Recruiting staff externally or transferring people to new roles often caused considerable disruption and delay. Changes of key staff also resulted in delay with those in positions of seniority needing to get up to speed with where the programme was at. In the recruitment stage interviewees emphasised the importance of getting the right staff team in place.

“I don’t think we did enough preparation with our HR people. Things like the rigidity of the bureaucracy of some of our... contractual requirements, you know, of people working six hours a week and, you know, things like the police checks and all of that. We should, we should have modelled that more before we started, and then looked at where the roadblocks would come. We thought we’d prepare the HR, but to them, they hadn’t done anything like, you know, recruit seventy people before. They just thought it was seventy times one.”

It was important to have staff who could be flexible and could adapt to constantly changing circumstances, yet still remain focused on the primary outcome of their programme or service and who understood the complex concept of fidelity.

“...In our thinking we felt it would be nice to have a multi-disciplinary team and we felt that we didn’t want all of the staff to have the same skills. There were critical skills we were looking for and relationship building was our top priority, that we needed staff that could build relationships with families, particularly families where there might be resistance to building relationships or where the family had had bad experiences. We also needed people who were very resilient, who weren’t going to give up ... we needed staff that were able to tough it out and that weren’t afraid to stick with it and to stick to a plan.”

“We also were looking for staff who could show fidelity to a model so this concept of fidelity was introduced to us as well ... we had to deliver the same programme to all the families in the same way, that we couldn’t pick and choose what we were going to do. So we needed staff who could stick to the plan... our concern during this was that we’d have mavericks, that we’d have staff who’d go off and do their own thing and start inventing what needed to get done with the family and wouldn’t deliver the programme the way it was meant to be.”

“...Having the right manager... the key person in the equation has to be able, on a daily basis, to adapt and change and work with the relationships and the need on the ground but still never lose sight of what the strategic basis and outcomes of the project are supposed to be.”
A Manual to guide Delivery

A common feature of evidence-informed programmes is the use of a manual to guide delivery. Manualising a programme involves developing a written summary of the key elements that are required to deliver the programme consistently and with fidelity. It can include sections on:

- The objectives of the intervention
- The ‘theory of change’ that underlies the intervention
- Description of the client group for the programme
- Monitoring procedures and any outcomes to be observed
- Skill levels required for providers (e.g. staffing requirements, qualifications, training requirements)
- Detail on how exactly the programme should be delivered (e.g. curriculum content for each session and guidance to the practitioner on how to structure and lead sessions), resource requirements such as specialised materials.

“We were supposed to start in September, but there was a whole delay about the manual, and... we were told then we needed the manual completed or in a good draft form before we started the sessions, which we didn’t know, probably everyone else in the world knows that... we didn’t know that.”

“In the end we commissioned an organisation to do the manual, but one of the things we have said repeatedly... is that finding people who can write a manual which includes both the academic research, the evidence base, the rationale and write a curriculum, a programme for delivery, is extremely difficult... so that was a complete and utter nightmare and it took over a year longer than it should have done.”

“. . . .So then we have our complications around the evaluation process and our required tendering process.... [Because we were partly Government funded] in doing that commissioning that we had to abide by the European procurement guidelines. Now, I don’t know if you’ve ever applied under an EU procurement tender, but it’s a huge document with all kinds of regulations and rules, and none of the organisations that we work with had ever done this before.”
Delivering programmes with fidelity required an alteration to the existing and established practice of many of the professional disciplines recruited into post. These practitioners would have been accustomed to working with and supporting families using a variety of intervention methods, interventions which now fell outside the boundaries of the evidence-based programme or approach they were now being asked to deliver.

“And also, we had to deal with the staff’s previous experience, where there was a tendency to jump in and help the families with their problems. And the families would have pushed to staff in that direction, where they were deciding the agenda. So it took quite a while for the staff to realise that they had to resist that. So we would have had, initially had to kind of question staff, and stop them and say, ‘well, why are you doing that?’ And they say, ‘well, the family need this support.’ And it took a while for us to get the message across that, ‘look, we’re here to deliver a specific programme. We’re sensitive to families’ needs. We will refer the families, but we’re not going to get involved in doing anything other than what we’re supposed to do’.”

“... With changes in the organisational structure... they’re using different reporting mechanisms... you have to keep encouraging people... it’s extra work for people to actually deliver to these families so even though some of these families wouldn’t have the same kind of intensive difficulties as maybe some of the others they’re working with but it’s just it’s different systems are in use and we have to keep encouraging people and like ensure that they . . . that they’re doing things in the appropriate manner.”

Supervision, training and support to staff to ease the transition to this changed way of working became a necessary priority for organisations.

“I suppose staff development, staff training, staff support would be an area that I put huge energy into, and I would actually think that’s my priority. As a kind of a manager, I think my job is to make sure that everybody here has the confidence, the support, the space to kinda talk their work through, the encouragement to take on new things. And if they’re, if they get all of that, then they’ll be doing a good job and then therefore [the programme] will be doing a good job.”
A number of interviewees reported finding the balance between fidelity to the programme and delivering with ‘personality’ initially difficult. Not all existing staff were able to make the transition to this new way of working in their practice. Encountering and experiencing difficulties with already recruited staff, as many organisations did in the early installation stage, again whether internally or externally, could have a severe impact and set the project back months, particularly if the organisation felt the necessity to have to change the roles of people whom they deemed were not suitable to deliver the programme.

“I suppose one of the things that was very, very difficult was getting people used to balancing the sort of fidelity to a manual with not becoming regimented in how you deliver, so, you know, so still keeping your personality.”

“Once they got their heads round the fact it was about fidelity ... they didn’t have an issue with that and they were fully committed to it.....we wouldn’t have been exact in our programmes and in training prior to that . So that’s really, really important learning about trying to improve the standards throughout all the programmes.”

“It’s very hazardous recruiting people to a new programme.”

“We have to learn to screen differently and we have to learn to interview differently and I think [name of expert] was really helpful when she was doing her workshops last year because she said something that I will do in interviews from now on which is that you interview the person and then you give them feedback and then you interview them again and see had they listened to you and I think definitely the people that we had difficulties with, that would have flushed them out.”

“But we had to then really, really, really, either get people weeded out, or focus down onto, ‘this is the job,’ on the recruitment side. This took ages. I mean there was, people interviewing... As I say, by the time we got to the second year, and we were refreshing, you know, the number of staff, we were much more effective at it, much better at weeding out.”

Once services started to be delivered to families, issues in relation to staff selection and performance emerged more clearly and the impact of this on service delivery were raised by several interviewees. Problems in staffing often led to delays in service provision which had a knock-on effect on other aspects such as recruiting families for the evaluation which had to begin on a specified date because the research team were in place.
Supervision

All of the organisations referred to supervision as a critical enabler to successful implementation. There was often a distinction made between the need for supervision for staff for programme implementation and supervision for practice. Several talked about supervision being ‘built in’ the programme with the developers and this could not always be done face-to-face which was raised but in general there was felt to be a lot of value to staff in having this. Where supervision was not built into the actual programmes it was still seen as essential in supporting staff and quality assuring the work. Some interviewees talked about supervision arrangements with partner agencies and this appeared to work well when roles were clear and agreements drawn up. Supervision included direct from supervisor to practitioners, group or team supervision, coaching and mentoring with booster training sessions to support the process of service delivery.

“...a Skype call for hour with [name of programme] trainer... It’s just the facilitators and they can discuss their concerns and they get the chance to be supervised by someone from [name of programme] who’s a lot more experienced.”

“The programme developer provides ongoing mentoring and support... the programme itself and the practice itself is very closely monitored. It’s very rigorous as a process.”

A distinction was also made between the skills and experience requisite for project/people management as opposed to those required for monitoring and managing project implementation and evaluation.

Training

The growing body of literature on implementation emphasises the importance of training backed up with ongoing support or ‘coaching’ to practitioners. Organisations also raised the importance and effectiveness of coaching and ongoing communication with staff to successful implementation. Interviewees spoke at length about a range of issues related to training for staff including issues of access, cost, fidelity, duration and demands of the training on staff and organisations and issues of control over design and delivery of the training.

“It’s part of the reason we wanted a licensing agreement is it would have given us a level of control around access to training and therefore you could be more selective but now if we don’t provide training for somebody they really want it ....they’ll look to their own organisation to get a training organised.”

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8 Fixsen et al. (2006)
Some organisations made adaptations to the training programme to contextualise and respond to specific needs and resource issues of the local environment. They also stressed the need for training for practitioners to learn and develop the new skills and knowledge for effective delivery of and fidelity to new interventions and programmes.

“They had initially trained some of our staff, now the training was, I thought, quite poor... but the ideas were very good... So what we did then was thought ‘we have to make this work for us’, so we developed our own training.”

“The programme itself is supported by coaches who work with the schools and teachers to ensure the fidelity and the effectiveness of the intervention.”

“So we were getting feedback around that, so we really developed it, we scaled it back in that, you know, that there was no need for us to be in the teachers’ classrooms every week, and we brought in a mixture of support, which was, we probably formalised slightly around modelling lessons that we would do, we would model lessons, the coaches would teach lessons and teachers observe, would then do some team teaching of lessons with them and then we called the process of informal peer review, which is really, where a coach would be in a classroom that the teacher was teaching the lesson and provide a bit of informal feedback at the end.”

Engaging with families
Organisations also described some of the initial problems with engaging participants in the services and how learning emerged from this in relation to access, adaptability and the importance of the practitioner role.

“In some cases you couldn’t get started. So you were very limited in what you could do, or you were delivering but you weren’t sure what the family were taking in. We also found out fairly quickly, with some families, they had literacy difficulties. With some families there were relationship difficulties. So there was all kinds of stuff like that emerging initially. And I suppose our desire, because we were doing an RCT (Randomised Control Trial), was that we really wanted to try to deliver all the information to all the families at the right time.”

“So we made design errors, for example the biggest one we made was that we made weekly visits with families and it just doesn’t happen for a small percentage of families it happens but most families can’t tolerate weekly visits it’s just too much.”
Several interviewees reported in the interviews that there were initial difficulties in the early implementation stages in relation to the relationships with other organisations who were engaging the participants for the programmes. Managing expectations around this and being clear about roles and responsibilities emerged as a key message in overcoming these difficulties.

“We got into a terribly complicated recruitment process in [other org]... where we thought they would be the recruiters, that they would literally inform the families and they’d send the families to us but they refused to do that.”

“Initially we had a few people who were overzealous in bringing people in and that didn’t work really. So we had to quickly get word out to people that we didn’t want people press-ganged in.”

Linked to engagement and relationships interviewees cited issues with communication and dissemination of what they were doing, how and with whom as of significant importance. They employed a range of communication strategies to get families/service users to know about the services or get potential referrers on board.

“We did advertising in [that particular area], we went out to youth clubs and we tried to get some contacts in schools that we knew people in - that we could get some advertising out to. So those were the kinds of things we had to do... our service delivery is tried and tested but where and how... Where we do it once you move from central location, I think there’s definitely a question mark over.”

Interviewees also talked about the importance of what they called ‘early wins’. This was being able to show or demonstrate what they were doing to the community at an early stage even though they would not be able to demonstrate outcomes of the interventions until much later in the process.

“The things that helped us –we’ve had huge support, like the [local businesses] are giving us free TV ads... we send them [other organisations] an email with information, they send it out to all their databases. So we’ve had between twenty-five and thirty newspaper articles. They had all been published free in local newspapers... It’s just the amount of time that needs to be put into getting people the right amount of information in the right way, so they can make their choice.”

**Business planning**

In parallel to or as part of their grant applications, the grantee organisations had to begin to develop business plans/models and later what became sustainability strategies, which incorporated exploration and plans for sourcing funding for beyond what The Atlantic Philanthropies could provide. Again organisations engaged consultants to support this process and used the plans
developed as a basis to source funding through a variety of means; pooling budgets within partnership organisations, securing matched funding from government, statutory or other philanthropic organisations, or partnering with other agencies in their local delivery areas.

Despite the intensity of the requirements of the installation phase pre-implementation, the Interviewees and their teams accumulated considerable learning from this experience, most notably that they had the internal competence to build capacity and skills through providing training to others and involving them in aspects of implementation that would not result in huge financial investments and commissioning of services from supposed ‘experts’. The interviewees were very mindful of the extensive costs each incurred in sourcing external resources to assist them with various tasks, but as they continued to implement their programmes over a period of years there was a realisation of the level of expertise that the organisations and the individuals within it had developed and which could be readily utilised to generate income and build capacity.

“We were getting demands from other parts of the country for Train the Trainers type work and that seemed to us to be a more sustainable way of doing things than providing services directly, but no one was willing to pay for it.”

“The whole thinking behind training other people in other organisations, as I said, particularly in [that local area] was to try and build their capacity. So that they could deliver within their own organisation... But I deliver the training to a group of HSE social workers in, some of them working specifically in the area of child protection, and some of them working as general social workers and that. And the feedback from that has been absolutely wonderful. Because people see it as something that works. They see there's something that they can do with kids. And I think myself, my kind of plan I suppose way back when we were introduced first to the protective behaviours was that it would be a funding opportunity for [project name]. That was how I saw it, and I saw it as yes we'll deliver it in schools because it's part of prevention and early intervention. But we'll deliver it to teachers, we'll deliver it to social workers, we'll deliver it to community workers as a funding... it'll be a funding stream for us.”
Summary of key learning

- It was important to ensure the organisation was ready to implement the programme or service and that the necessary governance structures, infrastructure, policies, procedures and protocols (particularly recruitment and HR related policies) were developed.
- Pre-implementation tasks often took longer than anticipated, including consultation and engagement with key stakeholders in the community. Building these relationships was necessary for success.
- It was useful to document learning and achievements at the time, irrespective of whether there was a process evaluation being undertaken, so as to inform tools and products post-evaluation.
- Transferring learning and knowledge from the process can build capacity and skills, increase sustainability opportunities and offer the potential to generate an alternative source of income.
- Being an indirect service provider that supports another organisation to deliver the innovation offered its own challenges such as control, accountability and visibility. Enablers included ensuring buy-in, having advocates or champions within the host organisation and fully understanding its culture and ways of working.
- For both direct and indirect providers, attention has to be paid to the selection, training, supervision and coaching of staff. Implementing evidence-informed approaches may involve important changes to the organisation’s previous ways of working and this took time and effort to negotiate and implement.
- Getting buy-in from the team was crucial. Good communication and feedback loops were seen as important for facilitating change, in addition to strong management support and having visible champions within the organisation.
- Good quality, accessible and timely training were seen to be essential.
- Supervision and coaching were also important enablers. These included supervision for programmes and people at both an individual and team level.
Section 3: Evaluating the Work
Section 3: Evaluating the Work

Introduction
The Interviewees were all asked about their experiences of planning and undertaking evaluations – how the evaluation was designed, working with the evaluation teams and the Expert Advisory Committees, and the effect of the evaluation on their organisations including any findings that have emerged.

Support structures
Individuals with expertise and Expert Advisory Committees
As discussed in Section 1, organisations were required to set up an ‘Expert Advisory Committee’ consisting of individuals who had expertise in areas such as subject specific knowledge, policy and practice. These groups were perceived to be particularly useful in terms of helping with the evaluation process.

Sometimes there were power dynamics that the organisations had to manage within the Expert Advisory Committee and also sometimes between the experts and the research teams.

“There’s really healthy banter between the experts and [the research team]. We have EAC meetings twice annually, face to face. And they just challenge on everything. So [the researcher] is in the dock and they’re challenging ‘Why are you doing this? Why are you doing it this way? Why aren’t you doing it this way?’ But they also make some really good helpful suggestions as well. So [the researcher] will come with difficulties to them and ask them ‘What do you think we should do here?’ So it’s healthy.”

“There are a lot of sensitivities when you get high flyers round one table and a lot of egos.”

Research capacity within the grantee organisation
Having access to individuals with research expertise who were separate from the evaluation team was seen as an important enabler. This could either be through employing someone directly within the organisation in order to raise internal research capacity or else within the organisation’s management committee.

“I did recruit people onto the Management Committee as research experts because I didn’t have those skills.... That was a big, big help because at least I could go back after the meetings and say ‘What was that?’ and then they’d say ‘No, wind your neck in about that bit – what we actually need to be worrying about is this bit’ or ‘Yes, actually, this is worrying’.”
Undertaking evaluations

Design
Deciding the type of evaluation was a critical decision. Organisations had concerns about using an RCT (Randomised Control Trial) design, often because of the necessity of control groups, concerns around randomisation and the anticipated costs. They could see the value of having a ‘third-party’ evaluation and the increased credibility that this would have for potential funders, but these evaluations were often of a different scale to what they had previously done and often cost more than the organisation was used to paying. It was also challenging to balance the requirements for the evaluation alongside the need to deliver the service in the ‘real world’. Decisions had to be made about the purpose of the evaluation, when it should occur, and methodological considerations. Figure 12 gives an overview of some of the design consideration with respect to what types of evaluation can be taken at different stages of the project life cycle.

Some organisations were new to evaluation. Others had some experience, although generally not on the scale to which the evaluations were taken as part of this initiative. Some would have appreciated having a better understanding of the various types of evaluation that were available.

“We would have done small evaluations, but an evaluation on this scale, a randomised control trial hadn’t been done, hadn’t been heard of.”

“I’d love for there to be some really good leadership around ‘This is the value of RCT’. I mean I know they can’t tell you exactly why the whole black box thing, which is why it’s important to do the process evaluation along the same time. But I never felt there was a really objective critique of RCTs or any other form of evaluation.”
Within the initiative several different methodologies were used to gather evidence about how the programmes were operating and also to what extent they were influencing specific outcomes. These included process evaluations, cost-effectiveness studies, quasi-experimental studies, randomised control trials, qualitative studies and action research.

**Importance of planning and getting the timing right**

Sufficiently bedding-down innovations and ideally having lead-in time to an evaluation was believed to be crucial. It was seen to be important that any evaluation was not undertaken too early, particularly when randomised control trials were being undertaken which meant that programmes could not change aspects of their delivery during the period of evaluation.

“We said we were not going to start evaluation until we had implemented the programme to fidelity.”

“Now our Board would have argued that hard at the time because there was one topic that came up regularly and that was the evaluation tail wagging the programme dog... and they were a little bit suspicious of the evaluators coming in and telling us what we could and couldn’t do because it was either valuable or it wasn’t. And the Board would have been quite strong in saying ‘No we need to design our programme first and then we get the evaluators to come in and evaluate it’.”
Employing the research team

An overview of some of the recommendations given about employing research teams is shown in Figure 13.

Figure 13 - Recommendations for employing research teams

**Getting the right research team**
- The tender is a key stage that is crucial to get right
- Talk to the right experts as early as possible in the process, particularly from a research perspective
- Put the right sort of detail into the tender documents as this will be used as a reference point again and again
- Think about how you want to circulate the tender
- Use Expert Advisory Committee to help with the selection process
- Check the expertise matches the tender documents
- Select for relationship potential, not just academic qualifications
- Don’t be afraid to negotiate over costs
- Understand clearly what support the research team will expect from your organisation
- Re-tender if necessary

**Building a professional relationship**
- Value your own expertise
- Set standards
- Question the researchers directly yourselves or use other sources of support such as peer review, Expert Advisory Committees etc.
- Feedback and communication are key to success
- Take time to build a relationship so everyone understands each other’s perspectives and expertise
- Be clear what your remit is and what the research team’s remit is
- Organisations need clarity and support for the elements of the research process they are responsible for
- Create feedback sessions involving your team and the researchers where you can discuss the practical implications of the evaluation on your day-to-day working

**Keeping the evaluation team on track**
- Hold structured progress meetings regularly (monthly) with the research team
- Give people within your organisation regular opportunities to feedback and discuss with the research team (quarterly half-day meetings)
- Have someone within your organisation who can broker or link with the researchers and also with organisations like schools
- Access someone apart from the evaluation team who has some sort of research experience
- Refer back to the evaluation brief and the contract when necessary
- Make use of the Expert Advisory Committees or ask individuals with expertise to peer review particular pieces of work
- Be clear what the lines of accountability are and whether any feedback is advisory (i.e. at the research team’s discretion whether or not to take suggestions on board) or directive (i.e. the research team has to take account of it)
Tendering

Tendering for research evaluations was often a new process for the organisations. An example of a tender pro forma is given in Figure 14. Talking to the right experts as early as possible in the process, particularly from a research perspective was considered an invaluable way to put the right sort of detail into the tender documents.

Some organisations advertised widely, whereas others found it was a more successful strategy to send the brief to 3 or 4 academics known to be working in the area and invite them to tender. For those jointly funded with the Irish Government the time required to put together the tender so that it complied with European procurement guidelines was often underestimated.

It was important for the selection team to be clear about what they had decided about and to plan time realistically for each stage:

- General process information
- What (if any) modifications you are willing to accept to the terms of reference?
- What the stages are in the application procedure and who needs to be involved in each stage?
- Who will be responsible for the development of the tender and the review process? Do you need to arrange ‘expert’ input?
- What are the award criteria?
- Who will deal with any clarification questions that arise during the tendering process?
- Interviews can be important for checking understanding, expertise and allowing you to assess how easy you will find it to work with an evaluation team
- Negotiation of the contract
- Financial arrangements.

Key elements to consider in selecting the research team included:

- The quality of the proposed approach (both methodologically and pragmatically),
- The experience of the research team
- Whether the researcher’s expertise actually matched what was described in the tender documents
- Judging for relationship potential, not just academic qualifications (interviewing the team was seen to be useful in this regard)
- Choosing on the basis of quality, not just cost.

It was also felt to be better to re-tender rather than appoint the wrong research team.

“I think during the tendering process itself one of the things that we were watching for and very careful about was ‘are we going to be able to work with these people? Are we going to be able to pick up the phone to these people if we’ve got a problem?’ So I suppose being cognisant of the importance of relationships from the outset was important.”

“At that stage our idea of tendering was pretty basic – you sent it out to three different organisations and they sent back their tenders and then you picked the best one, or usually the cheapest one. So the quality of those tenders wouldn’t be acceptable if we were to look at them now today.”
Section 3: Evaluating the Work

Figure 14 - Sections to include in a tender specification

**Section 1 - Summary**
- Invitation to submit tenders
- Ownership of the publication and design
- Reporting arrangements
- Timescale for submission
- Further Information

**Section 2 - Background and specification of requirements**
- Description of history and nature of programme or service to be evaluated
- Programme background
- Programme description
- Evaluation overview
- Key evaluation questions
- Suggested or required design and methodology
- Process of application

**Section 3 - Guidelines for Submission**
Provide specific guidelines for submission so you get sufficient information from all applicants to make an informed screening before interview
- General Information (this may give an opportunity to demonstrate knowledge of the area)
- Evaluation Framework
- Design and methodologies
- Analysis Plan
- Proposed Products and Deliverables
- High-Level Project Plan with identified progress milestones
- Ethical Approval
- Staffing Plan specifying amount of time and responsibilities of each person
- Professional Fees and Proposed Total Costs (broken down by time period and type of cost: travel, staffing, equipment, consumables, dissemination, overhead costs etc)
- Ownership of Data
- Management and administration structure for the project
- Qualifications of the team
- Experience in undertaking other pieces of work similar to this
- References
Working with the research teams
Several organisations found that it took longer than expected to get the contract signed off with the research team and this added an unexpected delay to getting the work started. It was also sometimes possible to negotiate costs with the researchers such as staffing levels, asking the University to waive any overhead fees if the organisation had charitable status, and having discussions over what the grantee was prepared to pay for and not pay for. Stufflebeam & Shinkfield (2007, p. 547)\(^9\) provide a useful checklist for drawing up evaluation contracts which is shown in Figure 15. This checklist is designed to help evaluators and clients identify areas that may need to be considered when starting a negotiation and when reviewing a draft agreement.

Figure 15 - Evaluation contracts checklist (adapted from Stufflebeam & Shinkfield, 2008, p547-549)
This checklist was designed to help evaluators and clients identify key contractual issues and make and record their agreements for conducting an evaluation. Check each item that is important. Write NA for each item that is not applicable. Leave blank any item that is important but not agreed to.

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<td>Object of the evaluation, for example, a program</td>
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<td>Purpose of the evaluation</td>
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<td>Data collection procedures</td>
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<td>Respondent selection criteria and process</td>
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<td>Provisions to obtain needed permissions to collect data</td>
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<td>Procedures and guidelines for synthesising findings and reaching conclusions</td>
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<td>Decisions on whether evaluation reports should include recommendations</td>
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\(^9\) Stufflebeam & Shinkfield (2008)
Section 3: Evaluating the Work

Reports
- Deliverables and due dates
- Interim report formats, content, length, audiences and methods of delivery
- Final report format, content, length, audiences and methods of delivery
- Restrictions and permissions to publish information from or based on the evaluation

Reporting safeguards
- Anonymity, confidentiality
- Pre-release review of reports
- Conditions for participating in pre-release reviews
- Rebuttal by evaluatees
- Editorial authority
- Final authority to release reports

Protocol
- Contact persons
- Rules for contacting program personnel
- Communication channels and assistance

Evaluation management
- Timeline for evaluation work of client and evaluators
- Assignment of evaluation responsibilities

Client responsibilities
- Access to information
- Services
- Personnel
- Information
- Facilities
- Equipment
- Materials
- Transportation assistance
- Work space

Evaluation budget
- Fixed price, cost reimbursement, cost plus
- Payment amounts and dates
- Conditions for payment, including delivery of required reports
- Budget limits or restrictions
- Agreed-on indirect and overhead rates
- Contracts for budgetary matters

Review and control of the Evaluation
- Contract amendment and cancellation provisions
- Provisions for periodic reviews, modification and renegotiation of the design as needed
- Provision for evaluating the evaluation against professional standards of sound evaluation

Preparer _________________________ Date ________________________________
Organisations and evaluators were often very different and many challenges had to be overcome including re-tendering, radically changing the research design and carrying out follow-up evaluations. Organisations with previous experience of evaluation teams seemed to be better prepared for the challenges of working with evaluation teams. It was believed that evaluation teams also learned from the process. A number of the interviewees referred to how the evaluators came from a different perspective and had different priorities.

Intellectual property and ownership of the data and findings were an issue that had to be discussed and agreed with the research teams during contract negotiations. The grantee’s right to own the data from the evaluations was seen to be important for undertaking future follow-up evaluations. It has been negotiated that the research teams will provide their datasets at the end of the study to be publically archived and also held by the organisations for their own use. There was also a need to negotiate when findings would be published and released (by whom and in what way) and specifying a process for dealing with this: for example could research teams publish findings in academic journals and did they need to get the grantee’s permission first before submitting a manuscript? Can either party make presentations at conferences of the findings and how will the authorship and intellectual contribution be acknowledged? Will the organisation want to hold a formal launch of the findings and restrict the release of any other information prior to this? This becomes a crucial issue if the findings are not as positive as the organisation was anticipating. Although sometimes difficult to negotiate, particularly with some of the Universities, these intellectual property issues were seen as necessary to clearly specify and get right at the contract stage, rather than wait until later in the process.

Language was often a barrier and it was important to clarify that everyone was talking about the same thing when they used specific research terms in order to avoid misunderstandings.

“[The research team] were coming from a completely different planet and the more I talk to them, the more I realise.”

“It was like oil and water because we didn’t understand each other.”

“It was just expertise and knowledge, so the language that is used around RCTs, you know like power statistics and stuff like that. ... it isn’t really in your vocabulary so you’re not in a position to challenge ... so the relationship is very unequal, despite the fact that you’re spending a very significant amount of money... and that inequality I think is unfortunate because that’s not the way it should be.”

“Think about what various research terms mean and what those terms and the types of research can and cannot deliver... so for example, one issue that we came up with was our understanding of what a case study methodology approach meant and we really thought that would have been a very full process evaluation, and it turned out that a case methodology means something different in research terms than we thought it meant in programme terms.”
But over time many of the interviewees grew in confidence and were able to value their own expertise. They were able to question the decisions of the researchers and query aspects of the methodologies that didn’t seem practical to them in a real world setting. Regular face-to-face meetings between the research team and practitioners from different levels in the organisation were felt to be an important enabler to improved communication and relationships.

“In retrospect we now feel we should have been more demanding in terms of the research community, making sure that they had developed appropriate instruments [for that population] ... and indeed been more rigorous in our questioning of the experience of some of the people that they employed to do some of the testing exercises ... because in retrospect, and we’ve had a very close relationship and a very positive relationship in many ways with the research community that we employed but I supposed I would sum it up and say we were too deferential to them.”

“We set up quarterly meetings with the researchers. So we spent half a day together every quarter. And we literally thrash it out. So, my staff got the chance to put it on the table and say ‘well, here are the concerns we have. Here’s what’s bothering us.’ The researchers got to put theirs. And we thrashed out any issues. And [the researcher] would be really good in explaining why it needed to be done and what was going to be done with the information and the benefits it would have. So it was just reinforcing the reasons really in a nice fashion.”

Building a professional relationship with the research team over time was also seen as a key enabler of success. Sometimes the research team was learning and it was greatly valued by the interviewees when this was openly admitted. Many of the organisations wanted to have more of an equal relationship and partnership with the research teams which involved a transfer of learning as opposed to feeling like they were being ‘talked down to’.

“We thought [the research team] knew more than they did about how young children learn and develop. We thought they knew more than they did about how families, especially vulnerable families experience parenting and we certainly thought that they knew more than they did about community development principals and practices ... and as a result I don’t think we got the richness in terms of especially the process evaluation that we should have got.”

“[The research team] were really green about even dealing with families, and about how you do it and what happens if there’s a child running round the house. You know, all the little things that can go wrong. So I suppose we’ve kind of coached and helped each other with those.”
Engaging service providers and participants with the evaluation

It was important to communicate the research design effectively to the stakeholders, as well as to various levels within the organisation. Sometimes the evaluation was perceived in different ways by different stakeholders. For example, whereas one grantee was expecting problems in engaging families on the ground, in reality the difficulties came from organisations commissioning the services and the perceived impact on service provisions.

“We have service deliverers who are funded through contracts with public authorities. So the [service commissioners] will say ‘You get so much money, you have to deliver it to 300 parents’... Now, in order to recruit families to an RCT we had to suspend normal recruitment practices and then very quickly you have funders saying ‘well you’re only delivering to 270 instead of 300’. You know there are kind of realities... I had to go and meet with funders and explain that ‘It’s in your interests as well that we find out if this programme actually works, whether you’d get the value for money or not’ and so on and so forth.”

“The issue for [us] was more persuading stakeholders in the counties where [we] were already delivering, of the value of the evaluation. Now, you would think it would be almost automatic that... the Board of Directors would be mad keen to say ‘oh yes, certainly’, but there was a kind of job and work to be done there... and they’re saying ‘what will this actually tell us’? ‘why should we support this?’ or ‘why should we co-operate?’ Because it does have implications too in terms of costs.”

Parents got the concept of a raffle [for the randomisation]... it was the service providers who got into all the ethics.”

Asking the research team to meet regularly with people from different levels within the organisation was seen as very helpful both in terms of helping the service providers understand why the research teams needed things to be done in a particular way and also for the research teams to understand the impact of the research on the organisation.

“Initially the staff on my programme were very suspicious of the researchers. And it was very new for them that all of their work was being watched... it’s been monitored and it’s been scored. And there was a lot of resistance to literally entering everything on the database... so people were resistant about that and found that was a little bit cumbersome. But they’ve got into the habit of it now. So it’s normative, it’s normal behaviour now.”
Sometimes new practices introduced as part of the evaluation were perceived at the start by practitioners as inconvenient, but over time they became part of business as usual. This was partly enabled by good communication between the research team and the practitioners on the ground.

Although all the organisations contracted independent research teams to undertake the evaluation, many of them were actively involved in recruiting participants, gathering and handling data. The challenges of doing this and the amount of time it required were often underestimated. Sometimes recruitment of participants took longer than expected and involved a lot of input from the organisations rather than the research team, sometimes to save costs. Some interviewees felt they did not get the right sort of support from the research teams to enable them to do this effectively. It was important to be clear on what the organisation’s remit is and what the remit of the research team and agreeing at the start who will do what and what kind of support will be needed.

“Our priority is to improve outcomes for children and families and we are not primarily a research organisation. I know that sounds really obvious, but actually there were times it was very difficult to know which we were supposed to be.”

“I do believe [the evaluation team] were trying to be helpful but at times it didn’t come across like that because at times it just came across like you’ve got it wrong again, you get 2 out of 10 for your homework, go away and do that again. .. and I don’t believe they meant it like that but it was quite undermining.”

“That was something that I think we got right from the start. We said that we needed understanding on the research part, and the researchers really needed help around visiting the families. And I mean it was nice that our staff were doing some training with the researchers and talking to them about when you’re visiting and when to visit, and what to say and how do you deal with [problems]. So they really supported each other. So they gave us an understanding of the technicalities, while our staff then helped them to figure out how best to work with families. So there was a mutual sharing of skills really”.

Some of the interviewees referred to how their expectations of the process had not been met and they felt powerless to rectify issues that would have made the experience of the evaluation more rewarding and less difficult. It was felt that some of the research teams could benefit from the organisation’s experience of working with families particularly with respect to the selection of testing instruments and engaging with families. Personnel within the research teams also changed sometimes over time and this led to delays in undertaking the evaluations and lack of ownership.

**Cost of evaluations**

Many interviewees commented on how expensive it was to undertake the RCT evaluations and sometimes this was compared to what could have been possible to do ‘on the ground’ in terms of service provision instead of evaluation. These evaluations were more expensive than the previous ones that has been undertaken in the organisations although part of this is due to employing third-
party evaluation, the longitudinal nature of the evaluations and also their scale. It is not clear how much of the cost was directly due to the RCT design or would have been incurred using any rigorous form of evaluation\(^\text{10}\). The importance of trying to negotiate costs with the evaluators was highlighted such as staff costs, negotiating University overhead fees if the grantee had charitable status, asking for all costs to be detailed and justified and questioning timescales.

\[ \text{“[Evaluations] are so expensive.”} \]

\[ \text{“The cost of the RCTs would probably have funded national implementation in 3 or 4 major cities like Dublin, Cork, Galway and Limerick say for maybe 2 years.”} \]

Despite the costs, it was noted, this was a one-off opportunity to evaluate rigorously and to show with some degree of certainty what effect the programme was having in Ireland. It also highlighted deviations from programme fidelity. There were hopes that a successful evaluation that showed positive outcomes might increase likelihood of sustainability. Rigorous evaluation would provide a basis for replication. Decision-makers were seen to be more likely to be convinced that a program was worth funding over time, or scaling up into other areas if it was shown to be effective in one area first. The process of evaluation often led to standardisation in procedures which was seen over time to be beneficial.

\[ \text{“When we began to work [with the research team] on the RCT design, it became even more imperative that we were certain the programme was being delivered in the same way everywhere that we were evaluating. We had to make certain that it was being delivered in the same way and the same type of approved resources and other materials that they were all being used in the same way, that we had the same reporting mechanisms, and so on and that it was the same programme. Because over the years the [delivery] had evolved, we had our main programme, and then they had a programme for people with maybe reading or language difficulties and then we had a programme in the Irish language for example. But people tended to adapt things without permission if you like. .... so with the evaluation, one of the first things that I set about doing was to make sure we were delivering a standardised programme. So that, from our point of view, is a good thing in terms of quality assurance and so on. It’s really improved practice across the whole [organisational] family.”} \]

\(^{10}\) Coalition for Evidence-based policy (2012)
Many of the interviewees were still in the process of being evaluated. There was also some fear that the evaluations may not turn out the way expected and worry that if multiple methodologies were used what would happen if the results were inconsistent. Interviewees also talked about the importance of supporting their team when results didn’t turn out as expected.

“We know and have it in the documentary evidence that [we did have a positive effect] and again that begs the question, ‘Whose voice is more powerful – the random control researchers or the participatory evaluators?’ And when I think about it, if you have a very sophisticated [senior staff team] most of whom have been working in the field for 20 years, and who know their stuff inside out and know about really evidence-based work with children ... but if you have an external researcher maybe new to the field of research coming to them and saying ‘we didn’t find any evidence that this programme worked with parents,’ you can really dent those people’s confidence... but that’s why it’s really important to have other knowledge and other intelligence other than just quantitative methodology to make sure that you are getting the whole picture of the impact of a programme.”

“Our evaluation is done and ... it’s not come out in the way that I would have expected it. So I’m left with a feeling that the money was wasted.”

This highlights the need to work with research teams closely during the design stage to ensure that what is being measured is a meaningful indicator of the outcomes that are expected by the professionals working closest to the programme. Logic modelling can be a useful tool here for focusing the discussions with the evaluators and ensure that there is a shared understanding of what the programme is about and what it is likely to achieve that can be measured during the time allocated to the evaluation. It is also important to support staff and manage expectations about the potential for results not to be as positive as they expect as this can lead to real tensions. It is not necessarily that professionals are wrong about the changes they can see in the children and families they are working with, but these changes which may not be solely due to the programme and comparison with the control children (who they would not necessarily be in such close contact with) can create this disjuncture. A further consideration is to ensure that the evaluation can yield useful insight into why these outcomes may have been obtained. If the results are not as expected there may be some useful information that the organisation can use to evolve and adapt the programme in the future.
Summary of key learning

- It was important to talk to the right experts as early as possible in the process, particularly from a research perspective. Accessing someone with research expertise was seen as a key enabler, whether employed by the organisation directly, on the Management committee or in the Expert Advisory Committee. They could help with design, tendering and managing the evaluation team.
- Evaluations can be expensive and it was important to negotiate costs and terms.
- Many of the organisations had more of a direct involvement with undertaking the evaluation than they had expected, for example in recruiting participants, and gathering data. It was important to understand clearly and negotiate what support the research team will expect from your organisation.
- It took time to build a professional relationship with the research teams. This was facilitated by regular meetings so that everyone could understand each other’s perspectives and grow to value each other’s expertise. Sometimes grantees felt their own staff team’s expertise and knowledge was not always valued.
- It was useful to have regular feedback sessions between the research team and personnel from different levels within the grantee organisation about the practical implications of the evaluation on day-to-day working.
- It was important to set standards and hold the research teams accountable to these. Setting milestones, holding regular progress meetings and using an expert advisory committee or asking individuals with specific expertise to review particular pieces of work were seen as enablers. Organisations also found it useful to refer back to the evaluation brief and contract.
- Prepare for surprises – the results may not come out in the way that you expect them to. Careful preparation with the research team in the design stage to select meaningful and realistic measures and managing the expectations of the staff are key to success.
Section 4: Conclusions
Conclusions

In the course of the interviews, the interviewees talked about a number of areas where they were able to identify barriers and enablers to successful implementation. They talked about the importance of relationships and the people involved from staff, people who supported and challenged them, research teams, stakeholders, model developers, communities, parents and children. They described what it was like to deliver on programmes and adapt and review these. They spoke very candidly about the pain they experienced when things went wrong but they also spoke enthusiastically about their pleasure in the work and seeing the early benefits to the first children, families and communities participating in the programmes and services.

A key theme was that development and implementation takes time, often much longer than one would expect. It necessitates concerted effort from the initial planning stages when an organisation is deciding what approach will best meet the needs they have identified right through to evaluating the outcomes of what has been done.

It was important to understand the local context, the nature of the problem and what the evidence suggests will be the most successful approach to improving outcomes. For many of the organisations, discussions with key stakeholders and community consultation were vital to engagement and getting support for the work, in addition to ensuring that the proposed approach would be workable within that local context. These were seen as essential and the importance of this engagement and ownership continued during the set-up and implementation of the innovations. Logic modelling was seen as a useful tool for planning and communicating with key stakeholders and evaluation teams.

Getting the right sort of support from individuals with different types of expertise at different stages in the process was considered crucial by many of the interviewees. Organisations were able to use individuals with specific expertise in evidence, policy and practice to support them through the development and implementation of their initiatives. These were seen as an important enabler for success. Experts were used for speaking at launches, site visits, giving presentations to key stakeholders to encourage buy-in, assisting with the quality control and management of evaluations and as general sounding boards on the work that was being developed.

It was important for the organisations to also value the knowledge, expertise and experience within their own staff teams, and for this to be also valued by the experts and research teams they had contact with. Over time and as relationships grew, the organisations felt more confident about using their own expertise and responding to challenges made by the individuals who had different perspectives and expertise. Regular meetings and open, honest dialogue about support needs, limitations and concerns were seen as important.

Developing and implementing an evidence-based or evidence-informed programme was a complex task and often more time-consuming than expected. The process was not always linear and sometimes issues that were not fully dealt with in the earlier stages had to be revisited later on when problems arose. It necessitated a new way of working for many of the organisations and there were sometimes frustrations with the perceived slowness of the process. For organisations that chose to implement a programme that had been developed elsewhere, it was not just a matter of simply picking a programme ‘off the shelf’ and rolling it out on the ground. Often these had to be contextualised to make them suitable for delivery in the local context and this was a time-consuming
process that involved negotiation with the model developer and a good understanding of how the local context differed from the original development site. Programmes had to be manualised for the evaluations and specialist input was often required for this new activity.

**Organisational readiness was important**, both in terms of the grantee’s own organisation but also the organisations they were working with. Attention needed to be paid to **organisational infrastructure, and staffing issues such as recruitment, training, supervision and coaching**. Due to the considerable complexity of the change process, some organisations were met with resistance by staff. For some organisations, it was a new model of working, and this was sometimes perceived to be a challenge to the established organisational ethos and approach to understanding and responding to social issues. Some staff perceived that their existing work was not being valued, and others were sceptical of a ‘scientific’ approach. **A lot of time and energy had to be invested into getting buy-in from staff, convincing them that it was worthwhile, and preparing them to work differently.**

**Organisations learnt a lot from managing the evaluations and working with the research teams.** Having access to someone who was knowledgeable about research (whether in the Expert Advisory Committee, internal staff team or Management committee) was seen to make the process easier. It often helped bridge the difficulties in communication that were sometimes experienced between the organisations and the evaluation teams and these individuals were seen as a crucial source of support.

For many of the organisations their involvement in this initiative has been over many years and still continues. It has offered many challenges, opportunities and learning experiences and for many their organisations have undergone considerable change both culturally and structurally. Phrases such as “transformed”, “changed utterly”, and “major cultural shift” were used to illustrate the extent of this change.

“The opportunity... fundamentally changed the way we work internally in terms of that enormous shift... to an organisation really challenging ourselves to... be really informed by evidence and that has created a major cultural and indeed structural shift within the organisation.”

“It really has changed the culture of the organisation... we’ve focused the organisation about making sure that whatever we do is, first of all, benchmarked against international best practice and the reviews and all of that. And two, that we have really, really robust evaluation and measurement to ensure that, that if we're doing something, we're doing it to the best possible level we can... I think it's transformed the way [the organisation] thinks and operates. Without a doubt.”
“I think it takes time for, for a change in approach, change in practice, change in management, that takes, that all takes time to, to trickle down but I suppose I would absolutely hope that in time, if it hasn't already begun, that in time families will experience a better response, they'll experience a better service, they will experience staff who are more skilled at and better able to engage them meaningfully.”

“I think certainly for everybody involved ... it convinced us that evidence-based approaches are the correct way to go.”
References


## Appendix 1 - Organisations who took part in Capturing the Learning interviews

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Geographic Location</th>
<th>Target Group(s)</th>
<th>Service/Programme</th>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td>Archways <a href="http://www.archways.ie">www.archways.ie</a></td>
<td>Dublin, Kildare, Limerick &amp; Dublin</td>
<td>Parents, teachers &amp; children</td>
<td>The <strong>Incredible Years</strong> programme series is a set of three comprehensive, multi-faceted, and developmentally-based curriculums</td>
<td>To promote emotional and social competence and to prevent, reduce and treat behaviour and emotion problems in young children.</td>
</tr>
<tr>
<td>Dublin &amp; Kildare</td>
<td>Parents of pre-school and school children aged 3-12</td>
<td>Parent Training Programme (Incredible Years Programme) Childhood version (3-6 years), and School Age version (6-12 years)</td>
<td>To train parents in supporting children's social, emotional, and pro-social development</td>
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<tr>
<td>Limerick</td>
<td>Children aged 4-7</td>
<td>Teacher Classroom management (Incredible Years Programme)</td>
<td>To train and support teachers in classroom management techniques</td>
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<tr>
<td>Dublin</td>
<td>Children with ADHD and their parents</td>
<td>Parent and child training for children with ADHD</td>
<td>To train and support parents of children with ADHD</td>
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<tr>
<td>Dublin</td>
<td>Young people aged 11-18 at risk and in Garda Diversion programme</td>
<td><strong>Functional Family Therapy</strong> – is an evidence-based systemic family prevention and intervention therapeutic programme.</td>
<td>To support a wide range of emotional and behaviour difficulties experienced by adolescents and their families in a variety of contexts.</td>
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<tr>
<td>Barnardos <a href="http://www.barnardos.ie">www.barnardos.ie</a></td>
<td>Limerick and Dublin</td>
<td>Children aged 7-9 (first and second class)</td>
<td><strong>Mentoring for Achievement Programme</strong> MAP in early intervention programme working with children and young people at risk of academic failure and early school leaving. MAP is a two year, school-based early intervention transition programme based on social learning.</td>
<td>To working on attendance, punctuality, school engagement and motivation.</td>
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<tr>
<td>Dublin &amp; Thurles</td>
<td>Children aged 6-9</td>
<td><strong>Friendship Group</strong> gives children a place to develop and practice the skill they need to form healthy friendships. Each group is made up of six children and two staff who meet every week for two hours over a period of 22 weeks.</td>
<td>To develop peer relationships and social skills</td>
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<td>Organisation</td>
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<td>Service/Programme</td>
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<tr>
<td>Barnardos</td>
<td><a href="http://www.barnardos.ie">www.barnardos.ie</a></td>
<td>Parents of children with complex needs</td>
<td><strong>Partnership with Parents Programme</strong> is a one-to-one home-based parenting intervention for parents of children with complex needs</td>
<td>To support parents of children with complex needs</td>
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<td></td>
<td>Being piloted nationally</td>
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<tr>
<td>Dublin, Thurles and Cork</td>
<td>Children aged 3-5</td>
<td><strong>Tús Maith</strong> is an early years care and education programme for children in early childhood care and education centres aged 3-5 years.</td>
<td>To ensure children will be ready for primary school and will develop the specific cognitive skills necessary for this transition.</td>
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<tr>
<td>Foroige</td>
<td><a href="http://www.foroige.ie">www.foroige.ie</a></td>
<td>Young people aged 10-18 in schools and the community</td>
<td><strong>Big Brothers Big Sisters Ireland</strong> is a schools and community youth mentoring programmes for young people in schools and the community</td>
<td>To impact the social, emotional, identity, and cognitive development of young people at risk</td>
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<td></td>
<td>Throughout Ireland</td>
<td>Young People aged 15-18</td>
<td><strong>Leadership development programme</strong> for young people (ASLFL)</td>
<td>To develop evidence-based, manualised programme for leadership</td>
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<tr>
<td></td>
<td></td>
<td>Young People aged 10-18</td>
<td><strong>Citizen engagement programme</strong> for young people (Youth Citizenship programme)</td>
<td>To develop a centre-based leadership programme</td>
</tr>
<tr>
<td>Longford Westmeath Parenting Partnership</td>
<td><a href="http://www.longford-westmeath.triplepstaypositive.net">www.longford-westmeath.triplepstaypositive.net</a></td>
<td>All parents in Longford and Westmeath</td>
<td>Population-based parent training to support children’s social and emotional development (<strong>Triple P Parenting Programme</strong>)</td>
<td>To support children’s social, emotional, and pro-social development</td>
</tr>
<tr>
<td>MCI Ireland (formerly Mayo Children’s Initiative)</td>
<td><a href="http://www.mciireland.ie">www.mciireland.ie</a></td>
<td>All age groups in primary and post-primary schools and to childcare practitioners and those working with children and young people.</td>
<td>The pre-school work focuses on self-esteem building, the primary school work is aimed at developing an instinct for safety and the post-primary work addresses teenage dating abuse and healthy and unhealthy relationships (<strong>Protective behaviours programme</strong>)</td>
<td>To build self-esteem support for children experiencing domestic violence and negative family conflict</td>
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<tr>
<td>Northside Partnership (Preparing for Life)</td>
<td><a href="http://www.preparingforlife.ie">www.preparingforlife.ie</a></td>
<td>Prenatal parents and parents with children aged 0-5</td>
<td>A home-based early intervention/prevention programme designed to support families from pregnancy until their child starts school. <strong>Preparing For Life (PFL)</strong> focuses on child development and parenting. Child development supports relate to the stage of development of each child and parents also participate in the Group <strong>Triple P</strong> parenting programme.</td>
<td>To improve school readiness and child development. It also aims to improve parental skills</td>
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</table>

Childcare/ Early years providers | Quality improvement support for childcare providers | Implement Síolta Framework to improve quality and integration of existing services |
<table>
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<tr>
<th>Organisation</th>
<th>Geographic Location</th>
<th>Target Group(s)</th>
<th>Service/Programme</th>
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<tbody>
<tr>
<td>Rialto Learning Community [<a href="http://www.rialtolc.com">www.rialtolc.com</a>]</td>
<td>Rialto</td>
<td>Children aged 11-14 in schools and after-school clubs</td>
<td>The main focus is on supporting 11 – 14 year olds to better manage the transition from primary to secondary education, through the delivery of quality homework support, school and community structures to promote enhanced communication, and the development and delivery of a quality community-based arts curriculum. (<a href="#">Out of School Time Initiative</a>)</td>
<td>To strengthen the links between the local community and schools. To support literacy in and out of school.</td>
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<tr>
<td>Tallaght West Childhood Development Initiative [<a href="http://www.twcdi.ie">www.twcdi.ie</a>]</td>
<td>Tallaght</td>
<td>Children aged 7-9</td>
<td>For the <a href="#">Healthy Schools Programme</a> a Healthy Schools Coordinator (HSC) is based within the schools, with their role being to guide the programme by supporting schools to develop their capacity to address areas of health in accordance with each schools' uniquely identified needs and priorities.</td>
<td>To improve children’s health and wellbeing and increase their access to primary care services.</td>
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<td></td>
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<td>Children aged 5-6</td>
<td>In school and after-school literacy program including child, parent and family components (<a href="#">Doodle Den Programme</a>)</td>
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<td></td>
<td></td>
<td>Children aged 9-10</td>
<td>Mentoring programme for children’s social and emotional development including child, parent and family components (<a href="#">Mate Tricks Programme</a>)</td>
<td>To enhance children’s prosocial behaviour, reduce antisocial behaviour and develop confidence.</td>
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<td>Children aged 2½-5</td>
<td><a href="#">Early Years</a> programme is a 2-year service for pre-school children providing integrated health care, wrap-around supports and professional development elements. The programme also seeks to support the child’s family by focusing on parents’ psychological health, building on their parenting strategies, and encouraging a positive parent-child relationship.</td>
<td>To develop and enhance all domains of children's physical, psychological, and social well-being including their cognitive skills and language development, social and emotional development, and capacity for learning.</td>
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<td></td>
<td>Children and Families</td>
<td><a href="#">Community safety initiative</a> (community engagement programme and restorative practice training)</td>
<td>To improve safety within the home, school and wider community environment.</td>
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<td>Organisation</td>
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<td>Service/Programme</td>
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<tr>
<td>Tallaght West Childhood Development Initiative</td>
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<td>The restorative practices (RP) is about early intervention and prevention work that strengthens relationships and provides people with skills for the constructive resolution of conflict. CDI has specific objectives regarding enhancing a sense of personal safety and belonging in the community, alongside improved inter-agency collaboration and connection between service providers and residents in Tallaght West.</td>
<td>To develop capacity in the community to manage conflict and tensions by repairing harm and building relationships. RP is internationally recognised as a method which supports positive outcomes in managing conflict or relationship-based difficulties and it focuses on taking personal responsibility, being able to challenge and be challenged, and identifying solutions.</td>
</tr>
<tr>
<td>youngballymun (Ballymun Partnership)</td>
<td>Ballymun</td>
<td>Expectant parents during pregnancy; infants, toddlers up to the age of three and their parents</td>
<td>Ready, Steady, Grow is an area-based infant mental health (IMH) strategy supporting the developmental needs of infants and toddlers with a particular focus on the parent–infant relationship and social and emotional development.</td>
<td>To improve health and wellbeing during pregnancy and infancy; foster, promote and support the parent-infant relationship and improve child development outcomes</td>
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<td></td>
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<td>Pre-school aged children, their parents and early childhood service providers</td>
<td>Provides active support and coaching for the implementation of Síolta national quality standards and High Scope curriculum in early years services supporting children’s social and emotional development and language and literacy skills.</td>
<td>To improve the quality of early years service provision; build social and emotional competence, language, literacy and numeracy skills of pre-school aged children; and increase school readiness</td>
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<td>Children aged 3-12, their parents and teachers</td>
<td>Incredible Years: is the implementation of the evidenced-based Incredible Years school and family programmes that takes a whole-school approach.</td>
<td>To support primary school-aged children’s social and emotional development through building the capacity of children, parents, teachers, and community-based family support services.</td>
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<td>All school aged children</td>
<td>Write-Minded is an area-based literacy strategy that works across school and community to build children’s literacy and language competency through: the implementation of a balanced literacy framework; tailored capacity building activities and coaching; an integrated family and school transition programme; rigorous data capturing and review; training and capacity building of parents and community-based practitioners; and the integration of literacy across a multiple of community-based services and supports.</td>
<td>To improve children’s oral language and literacy achievement, literacy teaching and learning, parental engagement in literacy activities and schools, school engagement and attendance, teacher training and capacity building</td>
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<td>Organisation</td>
<td>Geographic Location</td>
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<tr>
<td>youngballymun (Ballymun Partnership) <a href="http://www.youngballymun.org">www.youngballymun.org</a></td>
<td></td>
<td>Young people aged 12-25; their parents and youth services</td>
<td>‘What’s Up’ is a youth mental health initiative that works to increase the capacity of parents and front-line practitioners to respond appropriately to the mental health needs of young people and to increase the range of and access to, mental health services.</td>
<td>To improve young people’s mental health, improve capacity amongst community workers to promote wellbeing and identify and respond to mental health difficulties.</td>
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<td></td>
<td>Community projects and organisations</td>
<td>Literacivic: Support for community projects to develop, design and deliver initiatives to promote and foster civic literacy.</td>
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<tr>
<td>Barnardo’s NI <a href="http://www.barnardos.org.uk">www.barnardos.org.uk</a></td>
<td>Belfast, Antrim, Larne, Ballymena, Aghagallon, Lurgan, Bleary and Brownlow</td>
<td>Children aged 4-7</td>
<td>Ready to Learn is an after-school programme with a specific focus on nurturing children’s literacy skills The second element of the programme is a series of activities aimed at supporting parents and carers.</td>
<td>The long-term outcome is to raise educational achievement.</td>
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<td>Children aged 5-11</td>
<td>Promoting Alternative THinking Strategies (PATHS®) programme is a universal whole-school social and emotional learning (SEL) programme that seeks to change/build upon a school’s ethos and culture. It is a developmental and comprised of scripted lessons that are delivered by class Teachers. PATHS®</td>
<td>To support pro-social skills, emotion understanding, social problem-solving and self-control by addressing five conceptual domains: self-control; emotional understanding; positive self-esteem; relationships and interpersonal problem-solving skills.</td>
</tr>
<tr>
<td>Brook <a href="http://www.brook.org.uk/brook-northern-ireland">www.brook.org.uk/brook-northern-ireland</a></td>
<td>Coleraine, and North Belfast</td>
<td>Young people</td>
<td>Brook Sexual Health programme provides information, education and outreach, counselling, confidential clinical and medical services, professional advice and training.</td>
<td>To improve young people’s sexual health, sexual relationships, and increase their awareness of sexual health and positive relationships.</td>
</tr>
<tr>
<td>Business in the Community <a href="http://www.bitc.org.uk/northern_ireland">www.bitc.org.uk/northern_ireland</a></td>
<td>Primary schools across Northern Ireland</td>
<td>Children aged 9-10</td>
<td>Time to Read is an in-school volunteer mentoring programme for children at primary school level, focused on supporting literacy.</td>
<td>To make a positive impact on self-esteem, reading ability, aspirations and expectations for the future, and enjoyment of education.</td>
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<tr>
<td>Organisation</td>
<td>Geographic Location</td>
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<tr>
<td>Early Years Making it Work (includes ROI)</td>
<td>Northern Ireland and the border counties of ROI</td>
<td>Children aged 3-5, their parent and teachers</td>
<td><strong>Media Initiative</strong> for Children Respecting Difference combines the use of cartoon media messages around diversity with an early years programme.</td>
<td>To promote positive attitudes to physical, social and cultural differences amongst young children, practitioners and parents. The messages also address bullying behaviours.</td>
</tr>
<tr>
<td><a href="http://www.early-years.org">www.early-years.org</a></td>
<td></td>
<td>Children aged 2 – 3</td>
<td><strong>Eager and Able to Learn</strong> is a comprehensive centre-based and home based early care and education programme.</td>
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<tr>
<td>Lifestart</td>
<td>All Ireland</td>
<td>Parents with children from birth to age 5 in their own homes.</td>
<td><strong>Growing child parenting programme</strong> and home-visitation service incorporates a ‘whole child’ pedagogical approach programme and is designed to impact parenting outcomes including increased competence and parenting skills, enhanced wellbeing and self-esteem and thus improve outcomes for children.</td>
<td>To help parents to support their child’s physical, intellectual, emotional and social development and promote ‘school readiness’.</td>
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<tr>
<td><a href="http://www.lifestartfoundation.org">www.lifestartfoundation.org</a></td>
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<tr>
<td>Parenting NI</td>
<td>14 locations across Northern Ireland</td>
<td>Parents of teenagers</td>
<td><strong>Parenting UR Teen Programme</strong> was developed by Parenting NI and is a group-based intervention, delivered over eight 2-hour sessions. The sessions include parenting styles, teen development, problem-solving and self-esteem.</td>
<td>To improve family functioning.</td>
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<tr>
<td><a href="http://www.parentingni.org">www.parentingni.org</a></td>
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<tr>
<td>STEP</td>
<td>Southern area of NI</td>
<td>BME children and young people aged 7-12 years</td>
<td><strong>Step BELONG</strong> is a family support programme with three interlinked programmes of activities - Cultural Confidence and Competence Programme, Anti- Bullying and Anti-Racial Bullying Programme and an Education Programme.</td>
<td>To promote a sense of belonging through increasing cultural confidence and competence, increasing participation in clubs and schools, increasing the educational achievement of Traveller children, reducing bullying and racial-bullying and increasing resilience.</td>
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<td><a href="http://www.belongni.org">www.belongni.org</a></td>
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Appendix 2 – Glossary

Capacity building
Building staff capacity is a core component of implementation and helps ensure that the desired outcomes are achieved. Careful staff selection, quality training, and on-going supervision are all crucial in building capacity for effective implementation.

Communications/dissemination strategy
A plan that sets out who you need to communicate with, the messages you want (or need) to communicate, and what methods you propose to use to achieve this.

Community consultation
A two-way communication process which aims to give the community opportunities to contribute to decisions which affect them.

Community readiness
The capacity of a community to implement programmes, policies and other changes. Readiness is a major factor in determining whether a local programme can be effectively implemented.

Control or comparison group
A group of people whose outcomes can be measured against those of another group who are taking part in a specific service or intervention. Comparison and control group members have characteristics and profiles similar to those of the service group, but do not receive the same service.

Dissemination
The transfer of knowledge and learning.

Early Intervention
Early intervention means intervening at a young age or early on in a problem. Early intervention helps those at risk to realise their potential and can support them and their families to become healthier and more resilient.

Effectiveness
The ability of a programme to achieve its stated goals and produce measurable outcomes.

Epidemiology
The science concerned with examining the frequency, distribution, and causes of disease in communities or populations.

Evaluation
A process of systematic investigation, preferably done using scientifically robust research methods, and used to assess the processes, outcomes and impacts associated with a programme, service or intervention.
Evidence
Although ‘evidence’ usually refers to the findings of research and evaluation, there are many other forms of evidence such as clients’ views and experiences. The type of evidence needed to inform practice and policy is dependent on the particular question/issue.

Evidence-based programme
Programmes are considered evidence-based if there is good evidence from rigorous evaluations that they have a positive impact on the outcomes that they are designed to change.

Exploration
This is the first phase of the implementation process. Activities in this phase typically focus on assessing organisational needs, innovation-organisational fit, and capacity or readiness. During this phase, steps should also be taken to foster a supportive climate for implementation, and secure buy-in from key leaders and front-line staff. This often means identifying implementation champions.

Fidelity
The degree to which the activities undertaken in a programme are true to the design of the original programme on which it is based.

Focus group
A group of people assembled to participate in a guided discussion about a particular topic.

Implementation
Implementation can be described as the carrying out of a plan, a method or any design for doing something. It is about the “how”, rather than the “what”. Implementation has also been defined as a set of deliberate and sequential activities designed to put a definite policy, plan or procedure into effect.

Initial implementation
The innovation is put into practice at this point, usually on pilot basis. Three primary activities are undertaken; providing on-going coaching and assistance to staff, monitoring ongoing implementation, and creating feedback mechanisms to inform future actions.

Full implementation
At this final stage, the innovation is fully operational and functioning, and outcomes are ready to be evaluated. This stage provides the opportunity to reflect on the overall process and learn from the experience.

Implementation champions
Individuals who provide support and guidance to implementation efforts, and who take positive action to encourage others to participate in the implementation process

Innovation
The refining of practice and programmes to improve outcomes.
Installation
At this stage, there should be a clear plan for implementing the innovation, and team of qualified individuals identified who will take responsibility for guiding the process. Preparatory activities begin. These may include securing funding, hiring and training staff, and arranging the necessary resources.

Intervention
An activity conducted with an individual or group, or within a community, in order to change behaviour and prevent or bring about improvement to a problem.

Leadership
Leaders are crucial in providing direction and vision for implementation, and in overcoming challenges that occur during the process. Leaders need to have the skills to manage and solve everyday challenges (referred to as technical leadership). They also need to have the creativity, capacity and flexibility to address new challenges (referred to as adaptive leadership).

Literature review
The process of reading, analysing, evaluating, and summarising literature and materials about a specific topic.

Logic model
A logic model is a pictorial representation that summarises the key components of an innovation in terms of what it is trying to achieve and what resources and activities are required to do this.

Manual
A document describing the key components that are required to deliver a programme consistently and with fidelity. It can include sections on the objectives of the intervention, the theory of change, description of the client group, monitoring procedures and any outcomes to be observed, skill levels required for providers, detail on how exactly the programme should be delivered and resource requirements.

Model developer
The individual(s) who developed the programme being implemented.

Needs analysis
An examination of the existing strengths and deficits within a group, community or organisation. Usually involves gathering views and opinions, and factual data, and should enable those concerned to make an informed judgement about what changes are required in order to achieve better outcomes.

Outcomes
Changes that occur as a result of interventions. Outcomes may be short-term or immediate, medium-term or intermediate, long-term or end. Short-term outcomes may include changes in knowledge, attitudes or simple behaviours; long-term or end outcomes are likely to be the result of many or sustained interventions and include changes in complex behaviours, conditions (e.g. risk factors), and status (e.g. poverty rates).
Process evaluation
Assessing what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation. Is used to produce useful feedback for programme refinement, to determine which activities were more successful than others, to document successful processes for future replication, and to demonstrate programme activities before demonstrating outcomes.

Prevention
Prevention is stopping a problem from arising or preventing a situation from getting worse.

Prevention and Early Intervention Initiative for Children in Ireland
The Atlantic Philanthropies as since invested over €96 in 20 agencies and community groups running 52 prevention and early intervention programmes in the Republic of Ireland and Northern Ireland. The collective programmes are what is known as the Prevention and Early Intervention Initiative for Children and Youth.

Programme
A set of activities that has clearly stated goals from which all activities – as well as specific, observable, and measurable outcomes – are derived. A programme sometimes may incorporate a number of different services.

Protective factor
An attribute, situation, condition, or environmental context that works to buffer an individual from the likelihood of adverse effects of a particular problem.

Qualitative data
Information gathered in narrative form by talking to or observing people. Often presented as text, qualitative data can serve to illuminate evaluation findings derived from quantitative methods.

Quantitative research
Information gathered in numeric form. Quantitative methods deal most often with numbers that are analysed with statistics to test hypotheses and track the strength and direction of relationships between variables (relevant factors).

Randomised Controlled Trial
A type of evaluation study where people are allocated randomly to a group receiving a particular intervention, or to a group that is receiving a different intervention, or not receiving an intervention at all. This is the best type of study design to determine whether an intervention is effective in causing change.

Reflective practice
A continuous cycle of observing, thinking about, and critically analysing one’s actions with the goal of improving one’s professional practice.
Appendix 2

Rigour
A characteristic of evaluation studies that refers to the strength of the design's underlying logic and the confidence with which conclusions can be drawn.

Risk factor
An attribute, situation, condition, or environmental context that increases the likelihood of a particular problem or set of problems, or that may lead to a worsening of a current problem or problems.

Sample
In evaluation research, used to describe a fraction or sub-group of a larger population and intended to represent the larger population to a greater or lesser extent. Samples may be selected to be statistically representative (as in robust quantitative research), or they may be selected purposively (as in qualitative research) to reflect particular characteristics or issues of interest.

Target population
The individuals or group of individuals for whom a prevention programme has been designed and for whom the programme is intended to have an impact.

Thematic analysis
A method of qualitative analysis based on the identification of themes, often identified by a coding scheme.