National Evaluation of the Area Based Childhood Programme
Main Report

October 2018

This report should be cited as follows:

Hickey, C., O'Riordan, A., Huggins, S. and Beatty, D. (2018) *National Evaluation of the Area Based Childhood Programme: Main Report*. Dublin: Department of Children and Youth Affairs, The Atlantic Philanthropies, and the Centre for Effective Services.

Acknowledgements

The Centre for Effective Services (CES) would like to thank the parents and children, practitioners, service managers, area-based consortium members, and regional and national stakeholders who participated in the Area Based Childhood (ABC) Programme evaluation.

Special thanks to all the practitioners, service managers and local support staff who collected evaluation data on behalf of the CES evaluation team, and to staff from the ABC Programme lead agencies who supported this process. Without their commitment and support, conducting the evaluation would not have been possible.

CES would like to thank the current and former members of the Expert Advisory Group for their guidance and advice throughout the evaluation; their support throughout this process was invaluable. The CES evaluation team would also like to thank the members of the ABC Evaluation Group for their advice and contribution to the design and implementation of the evaluation. In addition, CES would like to convey gratitude to members of the ABC Data and Ethics Group and to others who provided methodological and other advice during the evaluation.

The evaluation of the ABC Programme, from design to completion, took place over a number of years, and CES would like to thank current and former CES staff members for their contributions to the design and conduct of the evaluation, in particular those who were part of the CES ABC evaluation team: Sabrina Lane, Martin Moucheron, Genevieve Ruiz-O'Sullivan, Brian Portley and Helga Sneddon. Additionally, the CES evaluation team would like to thank Ann Clarke, Anne Eustace, and Kathy Walsh, who worked alongside the CES evaluation team during the fieldwork phase of the implementation evaluation. Finally, thanks to colleagues in Pobal who provided support in conducting the cost analysis.

Minister's Foreword

As Minister for Children and Youth Affairs, I am very pleased to publish this report presenting the final findings of the National Evaluation of the Area Based Childhood Programme 2013-2017.

Since becoming Minister for Children and Youth Affairs, I have made it both a personal and political priority to make real progress in improving outcomes for our children and in addressing child poverty in our society. If we are to make Ireland a better country in which to grow up and raise a family, we need to ensure policies aimed at addressing intractable problems are informed by best practice in the field.

Evaluation findings from programmes such as the Area Based Childhood Programme present us all with an opportunity to identify what works to improve outcomes for children experiencing disadvantage, so that we can ensure the services we provide for children, young people and their families can have maximum impact.

This evaluation report has found that over the period of investment made by my Department and The Atlantic Philanthropies, the ABC Programme made a positive contribution in the lives of children and their families; improving relationships between parents and children, increasing children's readiness for school and improving children's social and emotional well-being.

The report offers insights into local models of service delivery and the impact innovative, evidence-informed approaches, delivered through strong interagency working, can have on the social and emotional well-being of our children and their families. It notes the value of collaborative working relationships within communities, within and across disciplines, and across the breadth of services connected with children and young people's services. Importantly, it highlights mentoring, training and joint events, as contributing to changes for practitioners and service managers.

This evaluation offers important learning for all of us, at a local and national level. Such learning supports the significant work of my Department in the area of prevention and early intervention. The progress of implementation of Better Outcomes Brighter Futures and the scaling-up of Children and Young People's Services Committees (CYPSC) have added considerably to advancing this agenda. It is critical however that the learning of what works best for children in the area of prevention and early intervention is actively applied across all levels of the system to maximise the impact of investments. This is being done through the current work in my Department under the Quality and Capacity Building Initiative (QCBI). Such an initiative, being led by Government, is unique internationally in the prevention and early intervention domain.

We will continue to work to ensure that these initiatives and interventions inform both policy and practice so that those working with and for children, young people and their families are supported in doing the right things, in the right way and at the right time.

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Area Based Childhood Programme Glossary

area-based approach An approach which targets a homogenous, socially cohesive geographical territory, often characterised by common traditions, a local identity, a sense of belonging, or common needs and expectations, and which has the potential to be a target area for policy implementation.

consortium A group of two or more entities that are declaring an intent to work together in defining and delivering an area-based initiative under the Area Based Childhood (ABC) Programme, and that commit to formalising management and stewardship arrangements as necessary for the delivery of their initiative.

consortium member An individual representing an organisation that is a member of a consortium, board, or other formal structure established under the ABC Programme.

evidence and data Refers to information gathered from research, evaluation studies, routine monitoring data, and professional knowledge and practice wisdom, as well as information from stakeholders.

evidence-based Interventions that have been consistently shown to produce positive results by quality, independent scientific research.

evidence-informed Practice based on the integration of experience, judgement, and expertise with the best available external evidence from systematic research.

implementation Planned, intentional activities undertaken with the aim of making evidence-based and evidence-informed policies and practices work better for people.

interagency working Formal and informal engagements, collaborations, and activities that ABC areas initiated or participated in for the purposes of developing and implementing the ABC Programme.

intervention An ABC Programme-funded service or approach delivered to parents, children, and professionals and provided in an ABC area.

lead agency The organisation which oversees the ABC Programme at a local level.

leveraged resources Additional resources raised by the ABC areas to be applied to the Programme objectives in the form of cash; in-kind contributions consisting of property, equipment/materials, or services; or marketable securities.

local stakeholder A practitioner, service manager, consortium member, lead agency representative, or service user from an ABC area who participated in the evaluation.

logic model	A planning tool used to describe a series of logical connections that link outcomes, problems, and/or needs with the actions taken to achieve change. The tool involves spelling out key assumptions about how actions are related to outcomes. It is usually expressed in diagrammatic form.
mainstreaming	The process of integrating individual interventions, practices, and learning into existing services in education, health, social services, etc.
national stakeholder	A representative that took part in the evaluation and that is from a national Government Department or agency with policy-making or operational responsibility for implementing policies or services provided or relevant to children and families.
outcome	The changes for service users, citizens, or other targets of change that happen as a result of an intervention being provided. The outcomes of an intervention identify what is hoped to be accomplished.
regional stakeholder	An individual who took part in the evaluation and who has responsibility for policy-making or service provision across a wider geographical area than an ABC area, but who does not have a national remit.
service manager	Service leads not involved in the local ABC consortium but who are participating in or delivering an ABC Programme-supported intervention.
sustainability	How interventions, approaches, practices, or relationships are supported, so that they can continue to be delivered over time, be institutionalised within settings, and have the necessary capacity built to support their delivery.

Acronyms

ABC	Area Based Childhood Programme
AIF	Active Implementation Framework
AIM	Access and Inclusion Model
CCC	City and County Childcare Committee
CCS	Community Childcare Subvention Programme
CES	Centre for Effective Services
CETS	Childcare Education and Training Support
CPRS	Child-Parent Relationship Scale
CYPP	Children and Young People's Plan
CYPSC	Children and Young People's Services Committees
DCYA	Department of Children and Youth Affairs
DEIS	Delivering Equality of Opportunity in Schools
DNA	'did not attend'
EAG	Expert Advisory Group
ECCE	Early Childhood Care and Education Programme
ECERS	Early Childhood Environment Rating Scale
EITP	Early Intervention Transformation Programme
ESRI	The Economic and Social Research Institute
GUI	Growing Up in Ireland study
HBSC	Health Behaviour in School-aged Children study
HLEM	Home Learning Environment Measure
HSE	Health Service Executive
IDPT	Inter-Departmental Project Team
ITERS	Infant/Toddler Environment Rating Scale
LCDC	Local Community Development Committee
NCCA	National Council for Curriculum and Assessment
NEYAI	National Early Years Access Initiative
PEII	Prevention and Early Intervention Initiative
PEIP	Prevention and Early Intervention Programme
PPFS	Prevention, Partnership and Family Support
PQA	Programme Quality Assessment
PSS	Parental Stress Scale
RCT	randomised control trial
SBSRS	Santa Barbara School Readiness Scale
SDQ	Strengths and Difficulties Questionnaire
SLT	speech and language therapy/therapists
STen	Standardised Testing
TOPSE	Tool to measure Parenting Self-Efficacy

Executive Summary

Introduction and background

This report presents the final findings from the national evaluation of the Area Based Childhood (ABC) Programme. The Department of Children and Youth Affairs (DCYA) and The Atlantic Philanthropies tasked the Centre for Effective Services (CES) the with undertaking the evaluation. The national evaluation of the ABC Programme covers the period from 2015 to 2017.

The ABC Programme is an area-based prevention and early intervention initiative which aims to improve outcomes for children and parents living in 13 disadvantaged communities across Ireland. The ABC Programme also aims to support increased interagency working and the embedding of evidence-based/informed interventions in mainstream services. The ABC Programme was funded by DCYA and The Atlantic Philanthropies, with an investment of €30.7 million between 2013 and 2017. At the time of writing (July 2018), the ABC Programme had received funding from DCYA to continue the Programme into late 2018 across the ABC areas.

Evaluation of the ABC Programme

The national evaluation explored what, if any, contribution the ABC Programme has made to improving outcomes for children and parents, for practitioners and managers, and to improving strategic planning and service delivery locally and nationally, across 12 ABC areas. The evaluation had the following objectives:

(i) To assess the extent to which the intended outcomes have been achieved for service participants in the national ABC Programme

The national evaluation employed quantitative methods to assess the ABC Programme's three broad outcomes: improved parenting, improved children's learning, and improved child health and development. The intended outcomes were asessed pre- and post-intervention for children (aged three years and older) and parents taking part in the ABC Programme. These were tested statistically to determine whether any changes in outcomes were larger than would be expected by chance. A shared measurement framework was developed to enable outcomes data from all participating interventions to be aggregated at a national level.

(ii) To assess the implementation of the ABC Programme with reference to four key policy questions

The national evaluation explored the extent to which the ABC Programme contributed to changes in local models of service provision; the use of evidence and data by practitioners and service managers; interagency working; and local and national strategic planning and service delivery. To answer the policy questions, the national evaluation employed a mixed methods approach using qualitative and quantitative methods. Data from web-based surveys, focus groups, and interviews, along with secondary analysis of a variety of documents, were reviewed and compared against each other to increase the reliability of the findings.

(iii) To assess the costs associated with the services provided under the ABC Programme

The national evaluation undertook quantitative descriptive analysis to assess the costs of the interventions provided. The evaluation analysed the costs of service delivery, the contribution of leveraged resources to service delivery, and the ranges and ways in which expenditure mapped across the key outcome areas.

Findings and conclusions

Overall, the national evaluation found evidence that the ABC Programme made a positive and significant contribution to improved outcomes for children and families, changes for practitioners and service managers participating in the programme, and changes to local service planning and delivery.

The remainder of this section summarises the main findings and conclusions from the national evaluation of the ABC Programme.

What's changed for children and parents?

Analysis of the pooled outcomes data from 2015 to 2016 and 2016 to 2017 in the three outcome areas of parenting, children's learning, and children's health and development indicated that the ABC Programme made a positive contribution to the achievement of these outcomes. Comparison of pre- and post-intervention outcomes data suggested the following statistically significant changes:

- **Improved child-parent relationships:** Parents reported improvements in their relationship with their child, including increased closeness and reduced conflict; improvements in the social and emotional well-being of their children; a reduction in their own levels of stress; and increased capacity to manage discipline and set boundaries with their children.

- **Improved children's learning and school readiness:** Early years practitioners reported reduced social and emotional difficulties for children aged two to four years and for children aged four years and older, as well as improved home learning environments.

- **Improved children's social and emotional well-being:** Teachers reported improvements in the social and emotional well-being of children; improvements were most significant among children who began with the greatest behavioural difficulties.

What's changed for practitioners and service managers?

Local service provision was reported to have changed in three main ways across most ABC areas: new interventions have been implemented; ABC areas have adapted existing interventions; and practitioners adopted new ways of working or changed how they work. The ABC Programme contributed to these changes.

The ABC Programme also contributed to practitioners' increased use of evidence and data. Local and national stakeholders reported that there had been increased capacity among practitioners for collecting evidence and data; larger volumes of evidence and data available within the ABC areas; and improvements in planning and service delivery through the systematic use of evidence and data. However, challenges in the use of evidence and data persisted, including existing workloads, the lack of local research capacity, and collected data not fully meeting the data needs of the ABC areas.

The ABC Programme was also reported to have contributed to a shift in local practice to incorporate interagency working. Local stakeholders reported positive changes to interagency working at both the practitioner-to-practitioner and agency-to-agency levels. The consortium structure and the role of the lead agency were reported to have facilitated interagency working. However, some evidence also suggested that interagency working impacted negatively on workloads.

ABC Programme activities such as mentoring, training, and joint events were frequently cited as contributing to the above changes. Data on the implementation of the ABC Programme were collected between December 2016 and June 2017. There was less evidence around the extent to which the above changes had embedded in local implementation systems and/or would continue to be sustained.

What's changed in strategic planning and service delivery locally and nationally?

The national evaluation found evidence that the ABC Programme contributed to positive changes in how services were planned and delivered, with changes occurring predominantly at the local level. Local stakeholders reported that service planning and delivery were informed by greater use of evidence and data, as well as more stakeholder voices. The consortia in ABC areas brought stakeholders together to develop shared strategic visions and were used to develop and strengthen interagency relationships and to enhance service delivery. Local stakeholders also reported the widespread use of implementation plans, mainstreaming planning, and sustainability planning in ABC areas. However, these positive changes were not uniformly experienced across all ABC areas, with some stakeholders acknowledging challenges in agreeing a shared vision and mission for service delivery, and in engaging and securing the buy-in of key local and national stakeholders to support mainstreaming efforts.

Mainstreaming beyond the local area was an intended outcome of the ABC Programme; however, findings indicated that stakeholders did not share a mutual understanding of what constituted mainstreaming, nor of what successful mainstreaming looked like. It was not clear to stakeholders who had ultimate responsibility for ensuring that the mainstreaming of interventions occurred or what facets of the ABC Programme were intended to be mainstreamed. It was reported that a range of ABC Programme-supported interventions would be or were likely to be sustained and mainstreamed locally in nearly all ABC areas. However, there were fewer examples of ABC Programme-supported interventions being taken up systemically. Reasons for these challenges included lack of clarity about the objectives of the ABC Programme, and lack of engagement by Government Departments, national agencies, and the Inter-Departmental Project Team.

Factors contributing to change

The national evaluation found evidence of factors which acted as enablers of, and barriers to, the achievement of the ABC Programme objectives. Programme design, resources, leadership, stakeholder buy-in, relationships, staff attitudes, knowledge and beliefs, communication and sharing of information were reported as acting as both enablers of, and barriers to, change.

Previous and contemporaneous policies and initiatives – such as the Prevention and Early Intervention Programme (PEIP); the Prevention and Early Intervention Initiative (PEII); Delivering Equality of Opportunity in Schools (DEIS); Tusla's Prevention, Partnership and Family Support Programme; and Children and Young People's Services Committees – also served to inform, support, reinforce, and sometimes conflict with ABC Programme-supported activities and inputs.

The costs of the ABC Programme

The cost analysis of the ABC Programme indicated that across 2015, 2016 and 2017, the total ABC area-level expenditure for the ABC Programme at 31 December 2017 was €22.6 million, comprising grant funding amounting to €16.9 million and leveraged resources worth €5.7 million.

Chapter 1: Introduction and Background to the Area Based Childhood Programme

1.1   Introduction

This report presents the final findings from the national evaluation of the Area Based Childhood (ABC) Programme. The report describes what, if any, contribution the ABC Programme made to changes for children and parents and for practitioners and service managers participating in the programme, as well as in strategic planning and service delivery both locally and nationally.

The Centre for Effective Services (CES) was tasked with carrying out the evaluation of the ABC Programme by the Programme funders, the Department of Children and Youth Affairs (DCYA) and The Atlantic Philanthropies.

This report includes findings from the analyses of outcomes data for children and parents covering the periods from September 2015 to July 2016 and September 2016 to July 2017.

To assess what, if anything, has changed for practitioners and managers, and in strategic planning and service delivery, this report contains analyses of:
* Survey data collected from practitioners, service managers and consortium members between December 2016 and February 2017
* Qualitative data collected from interviews and focus groups with lead agency representatives, consortium members, practitioners, and regional and national stakeholders between April and June 2017.

to assess the costs of the ABC Programme, findings from the analyses of cost data collected during 2015, 2016 and 2017 are included, and learning from the experiences of the ABC Programme is also presented.

Figure 1 illustrates the timeline for the ABC Programme and related evaluation tasks.

Figure 1: Timeline indicating key implementation and evaluation milestones for the ABC Programme

Apr 2013
DCYA announces funding for the ABC Programme

May 2013
Proposals submitted by areas

Nov 2013
10 new ABC areas selected

Feb to Jun 2014
Workshops on design, implementation, governance, and consortium working

Jun 2014
ABC areas begin completing the design phase

Jan 2015
All ABC areas complete the design phase

Dec 2016 to Feb 2017
Online surveys conducted for the evaluation

July 2017
End of the evaluation period

Apr to Jun 2017
Interviews and focus groups conducted for the evaluation

Feb 2018
Interim evaluation findings released

Jun 2018
Final evaluation completed

| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |

All ABC areas delivering interventions from 2015 onwards

Applications
Continued funding for the PEIP areas announced, and 10 new ABC areas selected

Design and implementation Support
Work with consortia on developing robust and evidence-informed services

Evaluation year 1
Outcomes data collected by the ABC areas for year 1 of the national evaluation

Evaluation year 2
Outcomes data collected by the ABC areas for year 2 of the national evaluation

Analysis and reporting
Analysis of evidence for the national evaluation, and reporting of findings

This report contains the following chapters:

Chapter 1: Background to the Area Based Childhood Programme provides context information on the design of the ABC Programme and on the wider policy environment in which the ABC Programme is implemented.

Chapter 2: Background to the Evaluation and Methodology includes information on the key evaluation questions, as well as the conceptual framework and methods used to complete the evaluation. The chapter also considers the limitations of the study and the actions employed to ameliorate some of these limitations.

Chapter 3: What's Changed for Children and Parents Participating in the ABC Programme? includes findings on the changes in outcomes for children and parents taking part in ABC Programme-supported interventions using standardised measures that were administered pre- and post-intervention. The chapter also includes findings from the analysis of qualitative data on outcomes.

Chapter 4: What's Changed for Practitioners and Service Managers? considers the changes that occurred in local service provision, in the use of evidence and data by practitioners and service managers, and in interagency working. The findings are drawn from a range of local, regional, and national stakeholders using various methods, including surveys, focus groups, interviews, and documentary analysis.

Chapter 5: What's Changed in Strategic Planning and Service Delivery Locally and Nationally? presents findings relating to the changes in strategic planning and service delivery, and in doing so considers issues such as the mainstreaming and sustainability of ABC Programme-supported interventions in local and national service provision. The findings are drawn from a range of local,

regional, and national stakeholders using a variety of methods, including focus groups, interviews, and surveys.

Chapter 6: Factors Contributing to Change provides an analysis of the factors that have enabled and/or hindered changes for children and parents, for practitioners and service managers, and in strategic planning and service delivery.

Chapter 7: Cost Analysis includes analyses of the costs associated with the implementation of the ABC Programme across the ABC areas[1] between 2015 and 2017. The cost analysis presents findings on the costs of service delivery and leveraged resources, as well as on the ways in which expenditure mapped across the key outcome areas.

Chapter 8: Conclusions and Learning for the Future concludes the report to bring together the main conclusions and key learning that arose from the evaluation.

1.2 The ABC Programme

1.2.1 Aims and objectives of the Programme

The ABC Programme is an area-based prevention and early intervention initiative targeting investment in evidence-based/informed interventions to improve outcomes for children and families in Ireland. It was funded by DCYA and The Atlantic Philanthropies, with an investment of €30.7 million between 2013 and 2017. Originally intended to be delivered between 2014 and 2016, the Programme is, at the time of writing (July 2018), funded into late 2018, with DCYA intending to ensure that the Programme is aligned with other developments in the field of prevention and early intervention which have been implemented in recent years.

As articulated in the logic model (Figure 2) and outlined in the application guidance for the Programme, the vision and overall aim of the ABC Programme is to break the cycle of child poverty within areas where it is most deeply entrenched through integrated and effective services and interventions in the areas of child development, child well-being, parenting, and educational disadvantage (Department of Children and Youth Affairs, 2013).

The ABC Programme is intended to support the achievement of outcomes for children living in disadvantaged communities, where these outcomes are significantly poorer than they are for children and young people living elsewhere in Ireland (Department of Children and Youth Affairs, 2013, p. 6). Tackling poverty in this context is understood as tackling social exclusion and the underlying causes of disadvantage and inequality by focusing on "transforming lives" and addressing multiple problems (Department of Children and Youth Affairs, 2013, p. 57). The purpose of the ABC Programme is therefore to address child poverty by providing interventions targeting a specific range of child and parent outcomes that are known to support and contribute to improved future life chances for children. The likelihood of achieving improved child outcomes is also understood to be enhanced by the provision of "programmes and practices that are implemented collaboratively by relevant service

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[1] For brevity, areas participating in the ABC Programme are described as 'ABC areas' throughout the report.

providers in the area, both statutory and non-statutory, in conjunction with existing resources" (Department of Children and Youth Affairs, 2013, p. 7).

The national evaluation was concerned with evaluating the Programme's high-level outcomes, as articulated in the ABC Programme logic model. The high-level outcomes identified for the ABC Programme for individual children and their families were:

- Improved parenting
- Improved children's learning
- Improved children's health and development.

The system-level outcomes targeted by the ABC Programme included:

- Improved collaboration and interagency working
- Integration of ABC Programme-supported practices, interventions, and approaches into mainstream services.

Figure 2 outlines the logic model for the ABC Programme and describes the range of ABC Programme activities and outputs, and the outcomes to be achieved.

Figure 2: Logic model for the ABC Programme, Version 6, March 2015

Vision/Overall Aim of the ABC Programme: To break the cycle of child poverty within areas where it is most deeply entrenched, through integrated and effective services and interventions in the following areas: child development, child well-being, parenting and educational disadvantage.

Monitoring and evaluation: National evaluation assessing: (1) the outcomes achieved by evidence-based /evidence-informed programmes; (2) the implementation of programmes and services; and (3) the cost-effectiveness of evidence-based programmes. A developmental research approach is being used to inform the implementation support provided to areas in the ABC programme.

Objectives	Inputs	Key Activities & Outputs	Short Term Outcomes (by 2016)	Longer Term Outcomes
To target investment in area-based approaches to improve outcomes for children, families and communities	Investment by the DCYA and the Atlantic Philanthropies	Landscape/needs analyses	**Child health & development**	**Child health & development**

Objectives
To target investment in area-based approaches to improve outcomes for children, families and communities

To build upon learning from the Prevention and Early Intervention Initiative

To build upon existing services provision within communities

To promote improved planning and delivery of services to achieve better outcomes for children, families and communities

To provide timely and appropriate support to ABC areas to facilitate effective implementation

To foster greater integration and more effective interagency working between statutory and non-statutory services

To embed evidence-based and evidence-informed practice into mainstream services.

Inputs
Investment by the DCYA and the Atlantic Philanthropies

Experience, expertise and leadership of consortia in 13 ABC areas

Local communities in ABC areas – parents, families and children

National guidance and oversight by ABC Working Group and Inter-Departmental Project Team

Impartial and independent guidance by the Expert Advisory Group

Joint programme management by CES and Pobal

Fiscal management, grant administration, and governance by Pobal

Implementation support and oversight of evaluation by CES

Key Activities & Outputs
Landscape/needs analyses

Community and stakeholder analysis and consultation

Service design and implementation support provided by CES

Development of governance and financial control arrangements, with support provided by Pobal

Development of area logic models and implementation plans

Sustainability planning

Strengthening implementation drivers

Local collection of outcomes, implementation and cost data

Sharing of practice and learning across areas and development of ABC Learning Community

Delivery of evidence-based/evidence-informed programmes and services

Implementation of national and local monitoring and evaluation plan

Planning and delivery structures in place in each area, connected into existing services and structures

Development of processes for replicating and mainstreaming evidence-based programmes/services into existing services provision

Short Term Outcomes (by 2016)
Child health & development
- Increased social and emotional development
- Increased immunisation rates
- Increased prosocial behaviours

Children's learning
- Improved oral language development
- Increased independent learning and problem-solving
- Improved classroom dispositions and behaviour
- Improved literacy and numeracy
- Increased uptake of free pre-school year

Parenting
- Increased confidence and competence in parenting role
- Increased capacity to manage routines behaviours and boundaries
- More empowered to support child development, and build relationships
- Improvement in psychological health

Integrated service delivery
- Enhancement of existing interagency collaboration and service delivery
- Development of early identification processes and referral pathways
- Active use of local data collection to guide service delivery

Services embedded in mainstream services
- Statutory services and existing local and emerging structures engage with ABC programme and in-service delivery

Longer Term Outcomes
Child health & development
- Increase in numbers reaching key developmental milestones
- Improved physical and mental health and well-being
- Reduction in maladjusted behaviour

Children's learning
- Improved school readiness
- Improved learning, literacy and numeracy
- Children have greater aspirations, skills and dispositions
- Smoother transitions

Parenting
- Increased engagement in child's development and learning
- Parent-child relationships strengthened
- Improved health and well-being
- Improved parental skills, competencies, and self-efficacy
- Reduced parenting stress

Integrated service delivery
- Systemic application of evidence based/informed services
- Interagency collaboration in service delivery
- Improved access to and uptake of services
- Improved partnerships with parents and communities

Services embedded in mainstream services
- Embedding of services in mainstream delivery across education, health and social care

Evidence of need: Local needs/situation analyses and community consultation
Evidence of approach: Evidence from evaluations of the Prevention and Early Intervention Programme (PEIP), the Prevention and Early Intervention Initiative (PEII), and other Irish and international evidence.

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1.2.2 Design of the ABC Programme

1.2.2.1 Key features of the ABC Programme's design

The ABC Programme was designed, in the main, around several key features, including:
- A bounded geographical area (as part of an area-based approach)
- Addressing local needs
- Focusing on early intervention
- Using evidence-based/informed interventions
- Using a consortium (or consortium-like) structure to plan and deliver interventions.

The ABC Programme followed from, and was informed by, previous initiatives, including:
- The Prevention and Early Intervention Programme (PEIP): funded from 2007 until 2012 by The Atlantic Philanthropies and DCYA, with investments in prevention and early intervention services targeting children and youth in Ireland (Paulsell and Pickens Jewell, 2012)
- The Prevention and Early Intervention Initiative (PEII): funded through The Atlantic Philanthropies, sometimes in conjunction with the Government and other organisations, in which 30 partner agencies and community groups provided 52 prevention and early intervention services and programmes across the island of Ireland from 2007 to 2012 (including in the PEIP areas) (Rochford et al, 2014)
- The National Early Years Access Initiative (NEYAI): a collaborative partnership between The Atlantic Philanthropies, the Mount Street Club Trustees, DCYA, the Early Years Education Policy Unit of the Department of Education and Skills, and Pobal. The NEYAI was a four-year initiative to improve access to, and practice within, early years services through interagency collaborations (Pobal, 2011).

Applicants to the ABC Programme were expected to deliver services within a predefined area. In the application guidelines, the funders defined an area as "a geographical territory, in which the resident population identifies with each other as a community, based on natural boundaries, common history or experience or other factors" (Department of Children and Youth Affairs, 2013, p.2). CES was asked to complete a literature review of the learning to date around the use of area-based approaches for programme delivery to inform the design of the programme, the key findings of which are summarised in Section 1.2.2.2.

A requirement of grant funding was that areas design a local programme to meet local area needs within the broad parameters of the ABC Programme design. Individual areas' proposals/plans were informed by local needs analyses and were developed in response to local requirements. In their proposals to the ABC Programme, applicants had to focus on early intervention and utilise evidence-based programmes and evidence-informed approaches that had shown evidence of improving child outcomes (in an Irish context where possible) (Department of Children and Youth Affairs, 2013). The proposed evidence-based/informed interventions were required to target the following outcome areas:
- Child development
- Child well-being
- Parenting

- Educational disadvantage.

Additionally, ABC areas were required to establish a consortium to support the delivery of services. For the purposes of the ABC Programme, a consortium was defined as "a group of two or more entities who are declaring an intent to work together in defining and delivering an area-based initiative under the programme, and who commit to formalising management and stewardship arrangements as necessary for the delivery of their initiative" (Department of Children and Youth Affairs, 2013, p.2). Three ABC areas (Preparing for Life, Dublin 5 and 17; Tallaght West; and Ballymun) transitioned into the ABC Programme from the PEIP, and their governance structures are more akin to organisational boards and/or management committees. For brevity and to ensure consistency, the term 'consortium' is used throughout this report and is intended to include these alternative management and governance structures.

1.2.2.2 Taking an area-based approach – lessons from the literature

The *Programme for Government 2011-2016* stated that "a new approach is needed to break the cycle of child poverty where it is most deeply entrenched. We will adopt a new area-based approach to child poverty, which draws on best international practice and existing services to tackle every aspect of poverty" (Department of the Taoiseach, 2011, p. 51).

Area-based approaches can be defined as 'bottom-up' approaches which allow key local stakeholders to pool resources and work in partnership (Smith, 1999). Local, regional, and national stakeholders and decision-makers working collaboratively in this way require a shift in mindset, from focusing only on the delivery of services to focusing on systems and the ways in which services are integrated within the broader context as well (NHS Croydon and Croydon Council, 2010; Habib et al, 2012). The research literature from the United Kingdom recommends that area-based approaches be asset-based; harness spending by statutory agencies (Social Exclusion Unit, 2001); and be of a longer-term duration, which facilitates strategic planning and allows time to secure and maintain mutually beneficial arrangements among stakeholders (Beatty et al, 2008).

The flexible nature and longer-term duration of many area-based initiatives, along with their multi-agency approach, present methodological challenges as to how best to measure and evaluate the success of such initiatives. A review of the literature suggests that the success of area-based approaches should be measured by outcomes delivered rather than by activities undertaken. Research has found that the impacts of area-based approaches are often universal rather than targeted and are more evident at the broader setting level than at the individual level (Beatty et al, 2008). However, changes at the community level can take a long time to manifest (Habib et al, 2012). Research also indicates that improvements are usually modest rather than dramatic, and that monitoring, and evaluation should commence from the outset, with a focus on a limited number of outcomes (Batty et al, 2010). In addition to an outcomes focus, it is also recommended that partnership working should be evaluated in terms of how constituencies have benefited from the partnership, maintaining the focus of the evaluation on the area level rather than on the nature of individual involvement (Organisation for Economic Co-operation and Development, 2001).

The consensus that area-based approaches should be outcomes focused is supported by recommendations from the implementation science literature which advocate for shared language

and definitions, accompanied by strong leadership and clear lines of accountability (Social Care Institute for Excellence, 2009). Adopting an outcomes-focused approach is not unique to area-based approaches. In implementing area-based approaches, access to reliable local data supports the identification of needs within an area and facilitates coordination among existing services and agencies (Colin Early Intervention Community (CEIC), 2012). While area-based approaches allow for flexibility, local representation and involvement in decision-making and partnership working, it is generally recognised that area-based approaches work best when they are integrated with national-level mainstream programmes (Smith, 1999; European LEADER Association for Rural Development, 2013).

The definition of an area-based approach adopted for the ABC Programme by DCYA and The Atlantic Philanthropies was "an approach which targets a homogenous, socially cohesive geographical territory, often characterised by common traditions, a local identity, a sense of belonging or common needs and expectations, and which has the potential to be a target area for policy implementation" (Department of Children and Youth Affairs, 2013, p. 4).

1.3   Policy Context in which the ABC Programme Operates

The ABC Programme is being implemented in a complex policy environment, where a number of complementary policies and initiatives were developed prior to or in parallel with the ABC Programme and implemented alongside it. The ABC Programme explicitly builds on previous Government philanthropy and philanthropy-only initiatives focused on prevention and early intervention in relation to disadvantaged children and families, and several areas currently funded under the ABC Programme were recipients of previous programme funding.[2] This section outlines the policy context in which the ABC Programme operates and focuses on some of the national policies and initiatives that pre-date the ABC Programme, as well as those that developed during its implementation. During the ABC Programme, the ABC areas interacted with, and in some cases were supported by, some of the initiatives outlined below. The national evaluation explored the ways in which the below initiatives supported the ABC Programme (or vice versa) and the extent to which they influenced any of the changes that the ABC Programme was reported to have contributed to (see Chapter 6 for more details).

1.3.1   Policy initiatives which pre-date the ABC Programme

City and County Childcare Committees (CCCs) are funded by DCYA and serve as local agents for DCYA in the administration of aspects of national early education and childcare programmes. CCCs were first established in some cities and counties as far back as 2001, with others established and/or merging in recent years. Across Ireland, there are 33 CCCs with responsibility for:

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[2] For example, West Tallaght Childhood Development Initiative, *youngballymun*, and Preparing for Life in Dublin 5 and 17 received Government philanthropy funding under the PEIP; Archways (the lead agency for the Blue Skies Initiative in Clondalkin) received philanthropic funding under the PEII; and Start Right Limerick and the Early Learning Initiative in the Dublin Docklands received Government philanthropy funding under the NEYAI.

- Supporting the delivery of three national programmes: the Early Childhood Care and Education (ECCE) Programme,[3] the Community Childcare Subvention (CCS) Programme,[4] and Childcare Education and Training Support (CETS)[5]
- Supporting local service providers and parents on national programmes and service quality, in keeping with national frameworks and policy objectives
- Coordinating and providing training
- Acting as local centres of information on early years education and childcare (Pobal, 2018a).

Delivering Equality of Opportunity in Schools (DEIS) is a Government initiative launched in 2006 which brought together several standalone schemes to address educational disadvantage from pre-school through to second-level education (for children aged three to 18 years) (Department of Education and Skills, 2018). DEIS provides schools with additional funding and support programmes relative to their level of disadvantage. These schools typically have smaller class sizes, access to additional supports for children with additional needs, and home school liaison staff who can work with community-based service providers to provide enhanced services to children.

The ABC areas implementing interventions on child learning worked primarily with DEIS schools. Similarly, interventions aimed at improving social and emotional well-being and development – such as the Incredible Years suite of interventions and Roots of Empathy – were supported by the ABC Programme and were delivered mainly in DEIS schools.

Children and Young People's Services Committees (CYPSCs), led by DCYA, are local structures which bring together agencies working in children and youth services (for children from birth to 24 years of age). The CYPSCs plan and coordinate the delivery of services across counties in Ireland (CYPSCs, 2018). The main purpose of the structures is to enhance interagency working with the aim of improving outcomes for children and young people. Each CYPSC develops and agrees with the Local Community Development Committee (LCDC)[6] a local Children and Young People's Plan (CYPP), designed to improve outcomes for children, young people, and their families. The CYPP details the actions and priorities for each CYPSC over the course of the three-year plan; these priorities are aligned to the national priorities set out in *Better Outcomes Brighter Futures: the national policy framework for children & young people 2014–2020*. When the ABC Programme commenced in 2013, CYPSCs had not yet been, or were in the early stages of being, rolled out in some of the ABC areas. As part of the ABC Programme, some consortia and their subgroups worked closely with local CYPSCs within their ABC area.

In 2010, DCYA introduced **the ECCE Programme**. The original ECCE Programme provided all children aged three to five years with one free pre-school year, with additional programme-based activities

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[3] More information on the ECCE Programme is provided at the end of this subsection.
[4] For more information on the CCS Programme, see www.citizensinformation.ie/en/education/pre_school_education_and_childcare/community_childcare_subvention_programme.html [accessed 6 August 2018].
[5] For more information on CETS, see www.citizensinformation.ie/en/education/vocational_education_and_training/child_care_support_during_fas_training_courses.html [accessed 8 August 2018].
[6] An LCDC is established in each local authority in Ireland to "develop, coordinate and implement a coherent and integrated approach to local and community development." For more information, see http://www.citizensinformation.ie/en/government_in_ireland/local_and_regional_government/city_and_county_development_boards.html [accessed 6 August 2018].

(Department of Children and Youth Affairs, 2018a). In 2016, the ECCE Programme was extended to provide children with a second free pre-school year. Approximately 95 percent of all children aged three to five years nationally availed of a pre-school place under the Programme (Growing Up in Ireland Study Team, 2013). Many of the ABC areas provide supports to the early care and education sector, and many early years centres involved in the ABC Programme are participants in the ECCE Programme.

1.3.2 Policy developments since the introduction of the ABC Programme

It is important to acknowledge some of the policy developments which have occurred since the introduction of the ABC Programme. The most notable of these was the 2014 publication of ***Better Outcomes Brighter Futures: The national policy framework for children & young people 2014–2020***. This policy is led by DCYA and brings together all Government Departments' initiatives for children and young people (Department of Children and Youth Affairs, 2014). The 2014–2020 framework is the Government's long-term vision for coordinating cross-Government activities with the purpose of improving the lives of children and young people (from birth to 24 years of age) in Ireland. The ABC Programme is referenced as a key instrument in assisting the Government to deliver on its goals for children and young people.

The national policy framework identifies five national outcomes for children and young people:

1. Active and healthy: positive physical and mental well-being
2. Achieving their full potential in all areas of learning and development
3. Safe and protected from harm
4. Economic security and opportunity
5. Connected, respected, and contributing to their world.

The framework also identifies six transformational goals aimed at achieving the above national outcomes:

1. Support parents
2. Earlier intervention and prevention
3. Listen to and involve children and young people
4. Ensure quality services
5. Strengthen transitions
6. Cross-Government and interagency collaboration and coordination.

As can be seen from the above, the high-level outcomes for the ABC Programme, as articulated in the national ABC Programme logic model, align with the five national outcomes as set out in *Better Outcomes Brighter Futures*. In addition, the ABC Programme also aligns with the framework's six strategic transformational goals.

Better Start: National Early Years Quality Development Service is a DCYA-led national initiative which aims to ensure a coordinated approach to early years quality in Ireland (Pobal, 2018b). Better Start was established in 2014 and began delivering supports across three strands:

1. Since 2014, the Quality Development (Mentoring) Service to enhance quality of practice in early years settings has provided a skilled and experienced early years specialist team to act as

mentors for early years services, guided by the Aistear[7], the Early Childhood Curriculum Framework and Síolta[8], the National Quality Framework for Early Childhood Education. Better Start helps services to develop quality curricula and to better support children's learning and development.

2. Supporting Access and Inclusion of Children with Disabilities in ECCE (AIM): Since 2016, AIM has offered a range of supports to ensure that children with disabilities can access and fully participate in pre-school. It offers expert advice to early childhood care and education providers, and it supports providers, children and parents to access additional resources where needed.

3. A broader aim of the initiative is to bring coordination, cohesion, and consistency to the provision of quality support in early years settings. Better Start works in collaboration with a range of statutory and voluntary organisations to ensure that children benefit from high-quality early years services (Pobal, 2018b).

Meitheal, introduced in 2013, is the national practice model for all agencies working with children, young people, and their families. The Meitheal Model is coordinated by Tusla – The Child and Family Agency and involves a range of community and voluntary sector agencies to provide early intervention supports to children and their families. The model is described as a model of practice through which agencies change the nature of their existing work; in this model, a Lead Practitioner identifies a child's and their family's needs and strengths and then, if the identified needs require it, brings together a team around the child to deliver preventative support that is outcomes-focused, planned, documented and reviewed over time (Tusla, 2013). The main objectives of Meitheal are to facilitate interagency working and to reduce the duplication of services, so that targeted children and families receive integrated and accessible support (Tusla, 2013).

In 2017, **Tusla** developed a five-year **national commissioning strategy** aimed at deciding how to use the total resources available for children and families in order to improve outcomes in the most efficient, equitable, proportionate and sustainable way (Tusla, 2017). The commissioning strategy applies to internal and external services, along with private and voluntary agencies that are commissioned to provide local, regional, and national services for children, young people, and families on behalf of Tusla (Tusla, 2017). The commissioning approach is used to inform the selection and funding of interventions provided by third parties to children and families.

The Quality and Capacity Building Initiative (QCBI) was launched in 2018 by DCYA to take a coordinated approach to enhancing capacity, knowledge and quality in prevention and early intervention for children, young people and their families, with a focus on those at risk of developing poor outcomes (Department of Children and Youth Affairs, 2018b). The QCBI aims to support the learning and research coming from site-specific interventions such as the ABC Programme, as well as from other prevention and early intervention initiatives. The purpose of the initiative is to support

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[7] Aistear is the early childhood curriculum framework for all children from birth to six years of age in Ireland; the term 'Aistear curriculum' is used throughout the report for brevity. For more information, see www.ncca.ie/en/early-childhood/aistear [accessed 22 February 2018].

[8] Síolta is designed to define, assess, and support the improvement of quality across all aspects of practice in early childhood care and education settings where children from birth to six years of age are present. The term 'Siolta framework' is used throughout the report for brevity. For more information, see http://siolta.ie/ [accessed 22 February 2018].

groups working with children, young people, and families to know what works and how it works, and to provide an evidence-supported approach to the application of this work to ensure more strategic and sustainable results.

1.4   Delivery of the ABC Programme

As noted, the ABC Programme funders selected 13 disadvantaged areas in which consortia would deliver the Programme. Applications for funding were selected by the Programme funders following a competitive process based on:

- Evidence of local needs
- The quality of the proposal
- The ability to understand and capture local outcomes
- The ability to explain how the programme would be sustained in an area post-ABC Programme funding (Department of Children and Youth Affairs, 2013).

The ABC areas selected are:

- In the Greater Dublin area: Ballyfermot, Ballymun, Clondalkin, Docklands, Dublin 5 and Dublin 17 (one area), Finglas, Grangegorman, and Tallaght West (eight areas)
- In Wicklow: Bray
- In Cork: Knocknaheeny
- Limerick City
- In Louth: Dundalk and Drogheda (one area)
- The Midlands.

Figure 3 illustrates the locations of the areas with services for children and families funded through the ABC Programme.

Figure 3: Locations of the areas funded through the ABC Programme[9]

The ABC Programme seeks to achieve outcomes at both the individual and system levels through investment in consortium-delivered interventions[10] and approaches. In each ABC area, a consortium of local service providers was established to:

- Support practitioners and service managers to develop their practice and incorporate evidence-based/informed interventions into their daily practice
- Promote interagency working
- Support coordinated service planning and service delivery in the achievement of the ABC Programme outcomes.

In each ABC area, there is a lead agency which manages the ABC Programme funding on behalf of the consortium and acts as the employer for staff recruited specifically to work on the ABC Programme. ABC areas generally utilise, and build capacity among, existing cohorts of staff in local services to implement ABC Programme-supported interventions. For example, interventions are delivered by teachers, early years practitioners, public health nurses, or family support staff already employed in local service organisations and agencies. In each ABC area, a staff team was recruited and employed by the lead agency to support the implementation of ABC Programme-supported interventions; these staff teams vary in size from area to area. All lead agencies employ an ABC coordinator to lead the local day-to-day management of the ABC Programme. Most lead agencies also employ a range of other staff, including but not limited to early years care and education specialists; staff experienced in implementing evidence-based/informed parenting interventions; speech and language therapists; child health and development professionals; and administrative support staff.

The ABC areas deliver a range of different evidence-based/informed interventions through collaborative interagency working (Appendix 1 provides details of the interventions delivered in each of the areas). The ABC areas provide a range of interventions that work directly with children and their parents to achieve outcomes in the following areas: parenting, children's learning, and children's health and development.

Other types of interventions include professional development initiatives to build professional practice and ultimately impact on outcomes for children.

The interventions were selected by the ABC areas because they meet the identified needs of each community and show a promising level of evidence of effectiveness. Examples of interventions delivered under the ABC Programme include:

- Parent and family supports, e.g. Parents Plus, the Triple P Positive Parenting Programme, the Strengthening Families Programme, and Incredible Years parenting programmes

- Community-based antenatal and postnatal care and education, e.g. Preparing for Life and the Up to 2 Programme

- Supporting the implementation of Aistear, Síolta, and HighScope[11] in early years settings

- Supporting transitions from early years settings to primary schools

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[10] The term 'intervention' is used rather than 'programme' to describe local ABC Programme-funded services delivered to parents, children, and professionals. The term 'intervention' is used in order to avoid confusion and/or conflation with the national ABC Programme.

[11] For more information, see https://highscope.org/assessment/program/details [accessed 28 March 2018].

- Promoting social and emotional development and well-being among children, e.g. Roots of Empathy, the PAX Good Behaviour Game, and the Incredible Years suite of interventions

- Promoting youth mental health and well-being, e.g. the FRIENDS programme

- Supporting literacy and numeracy among school-aged children, e.g. Doodle Den, the Early Numeracy Programme, Wizards of Words, and Write to Read

- Supporting oral language development for children up to seven years of age, e.g. Happy Talk.

ABC areas offer a combination of school-, centre-, home-, and clinic-based interventions.

1.5   Governance Arrangements

As already noted, the ABC Programme is an initiative funded by DCYA and The Atlantic Philanthropies. Since mid-2017, the ABC Programme has been funded solely by DCYA. When the Programme was established in 2013, the funders put in place a number of governance and management structures to oversee and monitor the design, development, and implementation of the Programme. DCYA and The Atlantic Philanthropies appointed Pobal and the CES as joint programme managers between 2013 and 2017. The ultimate programme management rested with the ABC Working Group with representatives from DCYA, The Atlantic Philanthropies, Pobal, and the CES. Within the programme management role, Pobal was responsible for contracting, financial reporting, governance, and contract compliance, while the CES was responsible for programme design, programme implementation, and supports to programme development, as well as completing the national evaluation of the ABC Programme. The roles of Pobal and the CES were both distinct and complementary. Pobal and the CES reported to the Working Group on programme progress and performance, and the ABC Working Group in turn reported to, and was supported by, the Inter-Departmental Project Team, which was led by DCYA.

The full range of governance arrangements and structures for the ABC Programme and its evaluation are outlined in Appendix 2.

1.6   Conclusion

The ABC Programme is an area-based initiative funded by the Government and philanthropy, which aims to improve outcomes for children and parents living in disadvantaged communities in Ireland. The ABC Programme also aims to support increased interagency working and the embedding of evidence-based/informed interventions within mainstream services. Thirteen communities have been funded to provide a range of interventions to children and their parents aimed at improving parenting, children's learning, and children's health and development. Areas funded through the ABC Programme share common features, including: a bounded geographical area; addressing local needs; focusing on early intervention; using evidence-based/informed interventions; and using a consortium structure in order to plan and deliver interventions. The ABC Programme is being implemented in a complex policy environment wherein complementary policies and initiatives are being implemented alongside it. Originally intended to be delivered between 2014 and 2016, the Programme is currently funded into late 2018, with DCYA intending to ensure that the Programme is aligned with other developments in the field of prevention and early intervention which have been implemented in recent years.

Chapter 2: Background to the Evaluation and Methodology

2.1 The Evaluation of the Area Based Childhood Programme

2.1.1 Evaluation objectives and questions

The evaluation of the Area Based Childhood (ABC) Programme was concerned with exploring what, if any, contribution the Programme had made to improving outcomes for children and parents and for practitioners and managers, and to improving strategic planning and service delivery locally and nationally. The evaluation had two primary objectives:

i. To assess the extent to which intended outcomes had been achieved for children and parents participating in the national ABC Programme

ii. To assess the implementation of the national ABC Programme with reference to four key policy questions.

There were three primary inter-related evaluation questions, with associated sub-questions:

1. How did the intended outcomes for service participants in the ABC Programme change?
2. To what extent did the ABC Programme make progress in implementing evidence-based/informed interventions in the ABC areas?
3. What costs were associated with the services provided under the ABC Programme?

Error! Reference source not found. summarises the evaluation objectives, questions, and sub-questions, as well as how the related findings are organised in this report.

Figure 4: ABC Programme evaluation objectives and questions
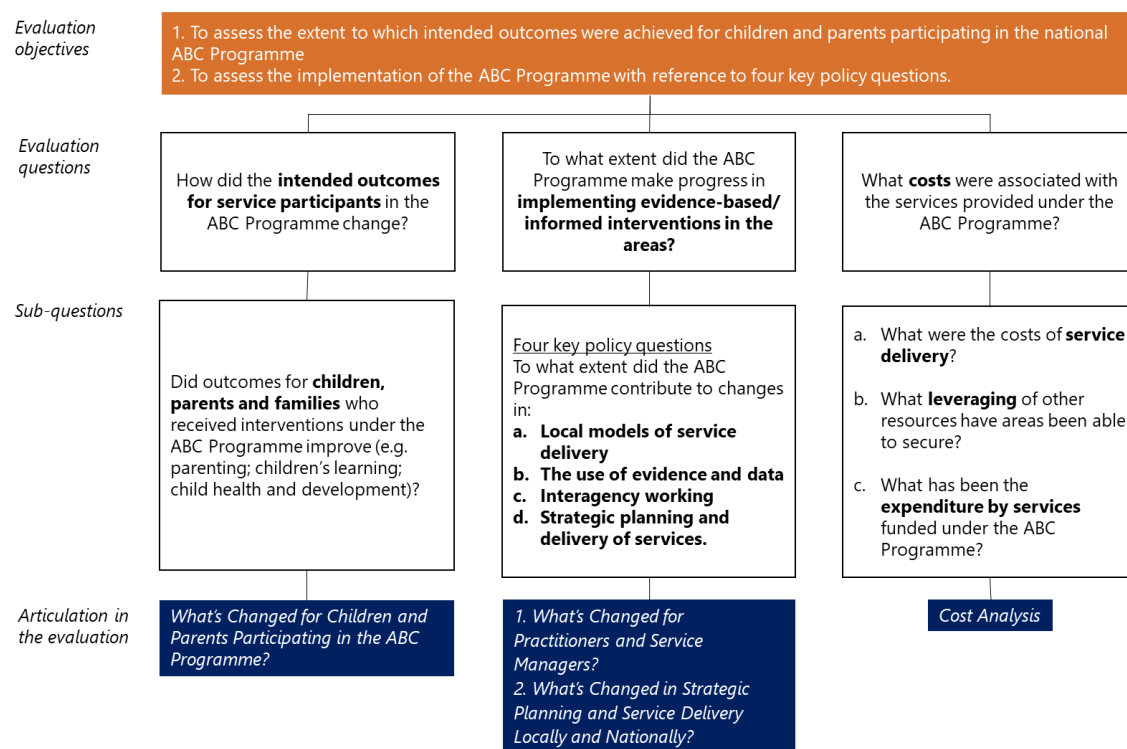
2.1.2 Scope of the national evaluation

The national evaluation explored the contribution of the ABC Programme to any changes that occurred in intended outcomes for each stakeholder group taking part in the Programme. The approach that was adopted contrasted with randomised control trials (RCTs), through which statistical analyses enable findings to be viewed as effects caused by interventions. The potential to use RCTs is dependent on the ability to randomly allocate participants or subjects to treatment and control groups. Using this type of methodology is not feasible in the evaluation of system-level and area-based initiatives such as the ABC Programme, as it would require the random allocation of areas to receive funding. This was clearly not an option, given that the aim of the ABC Programme was to award funding to applicants from areas of significant disadvantage in Ireland.

A total of 12 ABC areas[12] were included in the evaluation of the ABC Programme. The evaluation was designed to assess the national ABC Programme; it did not generate findings for each individual ABC area, but aggregated findings from each area into a national-level evaluation.

More than 90 interventions are delivered across the ABC Programme:[13]
- More than 40 of these interventions are delivered to parents and to children aged three years or older.
- Approximately 35 different interventions that support early child development from birth to three years of age, and/or that focus on language development for children from birth to six years of age, are provided to parents and children.
- Approximately 15 interventions focus on developing children's literacy and numeracy skills.

The evaluation design, as well as decisions on what interventions to include in the evaluation, were based on what was known about the Programme in 2015. The national evaluation was concerned with exploring the changes for children aged three years or older and their parents, and for the staff involved in the delivery of these interventions.[14]

While every effort was made to include all relevant interventions being provided to children aged three years or older and to their parents in the assessment of what has changed for them, the national evaluation did not capture outcomes for all interventions delivered under the ABC Programme. For example, interventions provided on a one-off basis – such as one-off parenting workshops, summer

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[12] It was agreed with the funders and the Expert Advisory Group that the Midlands area would not be included in the national evaluation. The governance structures and approach to the ABC Programme are significantly different in the Midlands compared with the arrangements and provision in other areas. For example, there is no formal consortium structure in the Midlands, and the Midlands is providing one school-based intervention – the PAX Good Behaviour Game – rather than a portfolio of services, as is the case in other areas. Moreover, funding was provided to the Midlands to conduct a separate evaluation of the PAX Good Behaviour Game, which has generated intervention-specific findings.

[13] Information about interventions was sourced from details provided by the ABC areas to the funders for the mainstreaming paper, *Mainstreaming the Learning from the ABC Programme and related Prevention and Early Intervention Initiatives*, prepared in 2015. A description of all interventions delivered in each ABC area can be found in Appendix 1.

[14] A separate sub-study on interventions for children younger than three years of age and their parents was completed by another evaluation team. The sub-study also included a focus on oral language interventions for children from birth to six years of age.

programmes, advocacy interventions, and interventions with evaluations already in progress – were not included in the national evaluation.

2.1.3   Conceptual framework for the national evaluation of the ABC Programme

The conceptual framework informing the approach to the national evaluation of the ABC Programme was Coffman's systems initiative evaluation framework. Coffman defines a systems initiative as an organised effort to improve a system, for example, health, education, and human service systems, and its impacts (2007). Interconnections within a system are important in that better outcomes will be achieved when the components of the system, i.e. services and interventions, function together as a whole. The most relevant aspects of the Coffman framework are:

(a)   Components – examining the outcomes and cost-effectiveness of interventions and services
(b)   Connections – assessing the integration of services and the level of interagency working
(c)   Infrastructure – evaluating the extent to which the support systems needed for effective implementation are developed
(d)   Scale – assessing the extent to which the practices and approaches, developed and implemented, are available in the wider system.

Additionally, the implementation science literature was consulted to inform the analyses of findings related to the implementation of the ABC Programme. For example, the literature suggests that implementation is a process that takes time and occurs in stages, each requiring different conditions and activities (Burke et al, 2012). The national evaluation also explored the factors that contributed to and/or inhibited change within the ABC Programme. This analysis was informed by the enablers of, and barriers to, implementation that were identified in the implementation science literature (Damschroder et al, 2009).

The evaluation framework was designed by the Centre for Effective Services (CES) in 2014 with inputs and advice from the Expert Advisory Group (EAG).[15] The detailed evaluation design evolved between 2014 and 2016, with the EAG's agreement; details of how the design evolved are discussed in Chapter 4. In designing the evaluation, the following factors (among others) had to be addressed:

- The wide range of interventions being delivered, and their associated evidence bases
- The different populations being served
- The feasibility of establishing a counterfactual or identifying comparison communities
- The differing stages of implementation for each of the local ABC areas
- The scale and capacity of ABC areas to participate in the evaluation
- Key policy questions as identified by the funders.

The following principles underpinned the design of the national evaluation of the ABC Programme. It was intended that the evaluation should:

- Be focused, practical, and useful
- Be as methodologically robust as possible
- Build capacity in local services to collect and use data to inform decision-making.

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[15] Details of the supporting structures that were established in order to support the conduct of the national evaluation are included in Appendix 3.

2.2   Methodological Approaches to Answering the Evaluation Questions

2.2.1   Introduction

In answering the key evaluation questions and their related sub-questions, the CES evaluation team used various methods and data sources. This section outlines these data sources and methods, including the data collection, analysis, and triangulation processes used to address each of the evaluation questions. As outlined in Table 2.1, many of the data sources and methods yielded data that were useful in addressing more than one specific evaluation question. Where this is the case, the data sources and methods that were used are discussed in the most detail under the evaluation question for which they formed the key approach to answering the question.

Table 2.1: Summary of methods and data sources used to answer the key evaluation questions for the national evaluation of the ABC Programme

Chapter	Approaches
3. What's Changed for Children and Parents participating in the Area Based Childhood Programme?	<u>Primary approach</u> This question was answered through analyses of the quantitative outcomes data. <u>Supporting evidence</u> Data from the interviews and focus groups, and web-based surveys involving local, regional, and national stakeholders, were used to examine respondents' perceptions of the changes experienced by children and parents in more depth.
4. What's Changed for Practitioners and Service Managers? Policy questions (a) to (c)	<u>Primary approach</u> This question was answered through analyses of the interviews and focus groups, and of the web-based surveys involving local, regional, and national stakeholders. <u>Supporting evidence</u> Data from the documentary analysis were used to confirm findings from the primary approach.
5. What's Changed in Strategic Planning and Service Delivery Locally and Nationally? Policy question (d)	<u>Primary approach</u> This question was answered through analysis of the interviews and focus groups, and of the web-based surveys involving local, regional, and national stakeholders. <u>Supporting evidence</u> Data from the documentary analysis were used to confirm findings from the primary approach.
6. Factors Contributing to Changes	<u>Primary approach</u> This question was answered through analyses of the interviews and focus groups, and of the web-based surveys involving local, regional and national stakeholders. <u>Supporting evidence</u> Data from the documentary analysis were used to confirm findings from the primary approach.
7. Cost Analysis	<u>Primary approach</u> This question was answered using quantitative analyses of the cost data received from the ABC areas. <u>Supporting evidence</u> Data from the interviews and focus groups were used to examine trends in the cost analysis in more depth.

2.2.2 Methods used to assess the contribution of the ABC Programme to changes for children and parents

The main way in which the national evaluation explored what changed for children and parents was to assess whether there had been any changes in outcomes for participants of ABC Programme-supported interventions.

From the wide range of outcomes identified in each ABC area's logic model, three broad outcomes and a small number of associated sub-outcomes were assessed for this evaluation. These were:

- Improved parenting, with a focus on improving the parent-child relationship and supporting improvements in children's social and emotional well-being
- Improved children's learning, with a focus on increased school readiness among pre-school children
- Improved child health and development, with a focus on children's social and emotional well-being.

It is acknowledged that these are not the only outcomes or changes that ABC areas are seeking to achieve through the implementation of the ABC Programme. However, these outcomes represent the most common and shared outcomes for children and parents across the 12 examined ABC areas.

2.2.2.1 Methodology for assessing what's changed for children and parents

To assess outcomes, the evaluation compared outcomes for children and parents taking part in the ABC Programme before and after they participated in an intervention. These outcomes were tested statistically to determine whether any changes were greater than would be expected by chance. Where the change fell outside the range of chance, these changes were reported as 'statistically significant'.

All individual ABC area logic models were reviewed, and an inventory of the suite of interventions offered by each ABC area, together with what (if any) outcome measures were being used, were compiled and compared across ABC areas. The outcomes articulated in each ABC area's logic model were mapped onto the national logic model to assess 'fit' with the three ABC Programme outcome areas of improved parenting, improved child health and development, and improved child learning. In addition, a review of national studies and surveys – such as the Growing Up in Ireland (GUI) study, the Health Behaviour in School-aged Children (HBSC) study, and the National Early Years Access Initiative (NEYAI) evaluation – was carried out to identify comparable measures. A set of selection criteria were established to guide and inform the choice of outcome measures in the framework, including:
- The measure was internationally recognised, reliable, and validated.
- There was a good fit between the measure and the outcome areas and associated outcomes.
- The measure covered as wide an age range in childhood as possible (to avoid using different measures for different age groups).
- The measure was easy to use and/or score.
- The measure was non-proprietary to support ongoing and sustained collection of outcomes data once the evaluation had been completed).
- The measure was short and succinct, in as far as possible.

- There was, as much as possible, Irish comparison data available, e.g. the measure had been used in the GUI, HBSC, NEYAI, or other studies.

This exercise resulted in the development and adoption, across the ABC areas, of a shared outcomes measurement framework. The outcome measures were selected to align with each of the three outcome areas outlined at the beginning of Section 2.2.2. At least one outcome measure from the shared outcomes measurement framework was selected to assess for changes in each of the outcomes. The shared measurement approach meant that measures used across a variety of interventions and areas were comparable. This enabled the data from across the 12 evaluated ABC areas to be pooled and analysed at a national level. Appendix 4 includes a list of all measures in the shared outcomes framework, along with a fuller description of the criteria used to inform their selection.

Measures

The core measures from the shared outcomes measurement framework were:[16]

- *Child-Parent Relationship Scale*: This was completed by parents (whose children were aged three years or older) who were participating in parenting interventions. It assessed the child-parent relationship as part of the parenting outcome area.
- *Strengths and Difficulties Questionnaire*: This could be completed by either parents, teachers, or the children themselves. It assessed social and emotional well-being as part of the parenting and the child health and development outcome areas, and, in some ABC areas, as part of the children's learning outcome area.
- *Santa Barbara School Readiness Scale*: This was completed by practitioners providing early years interventions to children in their pre-school year. It assessed a child's readiness for school as part of the children's learning outcome area.

Other measures used by some ABC areas were:

- *Parental Stress Scale* (PSS): This was completed by some parents participating in parenting interventions. It assessed how parents felt in their role as a parent as part of the parenting outcome area.
- *Tool to measure Parenting Self-Efficacy* (TOPSE): A sub-scale of this measure was completed by some parents participating in parenting interventions. It assessed how parents felt about their ability to discipline and set boundaries for their children as part of the parenting outcome area.
- *Home Learning Environment Measure* (HLEM): This was completed by some parents of children participating in early years and early literacy interventions. It assessed the home learning environment for children as part of the children's learning outcome area.

Sociodemographic data were also collected through the use of two questionnaires:

- *About You and Your Family*: This bespoke questionnaire was developed by the CES evaluation

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[16] The number of ABC areas which elected to use each measure is included in Chapter 3. However, when a 'small number' of ABC areas (fewer than three) used a specific measure, the count of the areas is not provided to protect anonymity.

team, and parents were asked to complete it in order to gather basic sociodemographic information about them and their children.

- *Teacher About Child*: This bespoke questionnaire was developed by the CES evaluation team and was completed by teachers and early years practitioners to gather basic sociodemographic information about children participating in ABC Programme-supported interventions included in the national evaluation.

A more detailed description of each of these measures can be found in Appendix 5.

Approach to sampling

The national evaluation collected sample data on three population groups. The sample data were collected by practitioners involved in the ABC Programme interventions for the following groups:

1. Parents in receipt of parenting interventions

2. Children participating in pre-school services where practitioners were receiving professional development support through the ABC Programme, or children who were in direct receipt of a specific early years intervention

3. Children who directly participated in social and emotional well-being interventions, or children whose teachers were receiving professional development interventions in techniques to manage classroom behaviour.

Two cohorts of children and parents were included in the assessment of change in outcomes in the national evaluation:

Year 1: Children and parents participating in ABC Programme-supported interventions between September 2015 and July 2016.

Year 2: Children and parents participating in ABC Programme-supported interventions between September 2016 and July 2017.

The samples were calculated based on estimates received from the individual ABC areas for each of the relevant interventions during the periods from 2015–2016 and 2016–2017.[17] The estimated numbers of service users were based on the number of service users participating in interventions included in the national evaluation and did not represent all likely service users across the 12 examined ABC areas.

The estimated sample sizes varied greatly between the ABC areas; as such, and subject to advice, a disproportionate sampling approach was adopted.[18] Using this approach, it was intended that each ABC area would sample the same number of children. Where there were insufficient numbers of children, then all participating children were included in the sample. The main advantage to this

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[17] Initially, it was thought that the results from the two cohorts would be examined separately and, as such, the suggested sample sizes were based on this approach. However, given the similarities in the results between Year 1 and Year 2, the data were pooled in the final analysis and presentation. If this decision to pool the data was known at the outset, it may have changed the sampling approach used.

[18] Advice on the appropriate sampling approach to employ for the evaluation was provided by researchers in The Economic and Social Research Institute (ESRI).

approach was that if there was a sufficient number of cases in the sample, sampling all children in ABC areas where numbers were low facilitated area-level analysis.

Given the relatively small numbers of people taking part in parenting interventions, all parents in all ABC areas who took part in either group-based or one-to-one parenting interventions were invited to take part in the evaluation. In most cases, one parent completed the appropriate measures. However, in one ABC area where both parents of the same child(ren) participated in a group-based intervention, both parents completed the measures.

Based on original estimates from the ABC areas of the number of children to be served, up to 150 children aged three to five years per ABC area were to be included in the sample to assess changes in children's school readiness.

Based on original estimates provided by the ABC areas in 2015 and 2016, it was recommended that up to 150 children per area be included in the sample of children participating in social and emotional well-being and/or behavioural interventions.

Table 2.2 shows the actual number of children and parents served relative to the required sample size, as well as the sample sizes achieved for the 2015–2016 and 2016–2017 cohorts.

Table 2.2: Sampling information for outcomes data, 2015–2016 and 2016–2017, pooled

Outcome area	Projected no. of service users†	Recommended sample size	Actual no. of service users*	Actual sample size	% of recommended sample sampled	% of actual service users sampled
Parenting	1,422	1,242	5,109	844	68%	17%
Children's learning	8,722	2,764	7,460	2,607	94%	35%
Children's health and development	8,968	4,848	6,768	2,001	41%	30%
Totals	**19,112**	**8,854**	**19,337**	**4,968**		

(†) The projected number of service users was derived from information provided to the CES evaluation team during 2015 and 2016. ABC areas were asked what their projected numbers of service users were for 2016–2017. Some ABC areas indicated that numbers would remain like those projected for 2015–2016, and some areas did not provide this information.

(*) The actual number of service users was based on data recorded by the ABC areas in their financial returns for those interventions that were included in the national evaluation; the number of service users taking part in interventions that were not considered for the national evaluation are excluded.

With reference to Table 2.2, it is important to note that differences within the outcome areas in the projected and actual number of service users are not unusual; see, for example, McKeown et al (2014) on sampling for the evaluation of the NEYAI.

Data collection

Outcomes data for the national evaluation were collected by area-based practitioners using standardised questionnaires. Practitioners were encouraged to collect baseline and post-intervention outcomes data as part of their routine practice in order to promote and embed the use of data at the local level for case management, operational, and strategic purposes.

During September and October 2015, by the CES evaluation team provided training in the use of the measures to lead agency staff and other participating staff, as nominated by the lead agencies. This training was again offered ahead of baseline data collection in September 2016. In addition, questionnaire packs and guidelines for administering the questionnaires were prepared and provided to each ABC area. Staff from the CES evaluation team were available to provide additional support, such as completing data entry and responding to queries on the use of the measures.

The collection and use of data using standardised and research-based questionnaires were new experiences for many of the practitioner groups taking part in the ABC Programme, and collecting the volume of data described above was a significant achievement. Notwithstanding this, it is important to note that the volume of the data varied from area to area.

Data were collected by practitioners within each ABC area for both Year 1 and Year 2. ABC areas utilised the programme portal on the Pobal website to securely deposit their data at agreed intervals.

Data analysis

All outcomes data were cleaned, exported to software called the SPSS, re-coded, and new variables computed (where required) by the CES evaluation team. Descriptive statistics were generated for all variables, and analyses of differences between pre- and post-intervention measures were carried out using the appropriate statistical tests. More details of how the outcomes data were collected, treated, and analysed are provided in Appendix 6.

The shared measurement framework described in Section 2.2.2.1 was the primary approach for assessing outcomes. However, qualitative data exploring changes that had taken place for children and parents, as well as exploring enablers of, and barriers to, change, were generated by analyses of open-ended responses to the web-based surveys and of the transcripts from stakeholder interviews and focus groups. As these qualitative data sources and associated analyses were used predominantly to answer the four key policy questions, these are described in detail in Section 2.2.3.

2.2.3   Methods used to assess the contribution of the ABC Programme to changes for practitioners and service managers and to changes in strategic planning and service delivery

The national evaluation sought to answer the question 'To what extent did the ABC programme make progress in implementing evidence-informed interventions and approaches in the areas?" by exploring the policy sub-questions articulated and examined under the questions of "What's Changed

for Practitioners and Service Managers?" and What's "Changed in Strategic Planning and Service Delivery Locally and Nationally?"

To answer the above evaluation question, the evaluation explored, with a range of local, regional, and national stakeholders, the key policy questions. The four key policy questions were concerned with the extent to which the ABC Programme contributed to changes in:
- Local models of service provision
- The use of evidence and data by practitioners and service managers
- Interagency working
- Local and national strategic planning and service delivery.

The evaluation sought to assess the extent to which the ABC Programme's intended outcomes, as articulated in the logic model for the Programme (Figure 2), were achieved through Programme activities and outputs. To aid in answering the four key policy questions, the CES evaluation team examined the logic model to identify the Programme inputs, activities, and outcomes related to each policy question. These elements of the logic model informed how the findings for each policy question are organised in Chapters 4 and 5.

Over and above assessing the implementation of the intended activities as articulated in the ABC Programme, the evaluation also explored the other factors which may have contributed to changes in the outcomes reported by evaluation participants. These cross-cutting factors are detailed in Chapter 6.

2.2.3.1 Methods employed

To answer the four key policy questions, the evaluation employed a mixed methods approach using quantitative and qualitative methods. This allowed the CES evaluation team to interrogate data using multiple methods, increasing the reliability and credibility of the findings.

Table 2.3 provides a summary of the main methods used to answer the four key policy questions. More detail can be found in the evaluation matrix in Appendix 7 and in the qualitative analysis codebook guide in Appendix 8.

Table 2.3: Summary of the main methods used to answer the four key policy questions for the national evaluation of the ABC Programme

Method	Sample	Analysis method – software
Documentary analysis	Purposive sample across all areas – quarterly reports Minutes of consortium meetings and, where relevant and available, implementation team meeting minutes ABC area applications and logic models	Content analysis – MAXQDA[19]
Survey		

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[19] MAXQDA is a software used to analyse qualitative data.

Consortium	Self-selected sample across all areas – representatives from all consortium member organisations (188 respondents)	Descriptive statistics – Excel, SurveyMonkey Open-ended questions – MAXQDA
Practitioners and service managers	Self-selected sample across all areas – practitioners and service managers working in services in receipt of ABC Programme funding (473 respondents)	
Interviews		
Lead agency	Purposive sample of 12 coordinators/managers – one coordinator/manager from each lead agency across all 12 evaluated ABC areas	Thematic analysis – MAXQDA
Stakeholder	16 interviews with a purposive sample of local, regional, and national stakeholders from, among others, the Health Service Executive (HSE), Tusla, and the ABC Inter-Departmental Project Team.	
Focus group		
Consortium	Purposive selection across all ABC areas (14 focus groups)	Thematic analysis – MAXQDA
Practitioners and service managers	Purposive selection of five groups: • Early years practitioners • Family support practitioners • Teachers • Service managers • Mixed group of practitioners.	

The evaluation employed the quantitative and qualitative methods outlined in Sections 2.2.3.2 and 2.2.3.3.

2.2.3.2   Quantitative methods

Web-based surveys

Two web-based surveys were designed and inputted into SurveyMonkey: one for practitioners and service managers and one for consortium members. The CES evaluation team made paper versions of the survey available to those who preferred this format.

The purpose of these surveys was to explore with stakeholders directly engaged in the ABC Programme the extent to which:
- Practitioners, service managers, and consortium members were using evidence and/or data in decision-making for intervention implementation
- Local professional practice was shifting to incorporate (i) evidence and data and (ii) interagency working
- Local models of service provision were being influenced or changing because of ABC Programme activities
- The planning of services within and between agencies was changing or being influenced by ABC Programme activities.

Data collection

The sample for the surveys was based on a self-selected volunteer sample of practitioners and service managers. The CES evaluation team developed a database with contact details for approximately 880 practitioners and service managers by using the information provided by the ABC areas. These practitioners and service managers were invited to complete a web-based survey. All consortium members participating in ABC Programme-supported interventions and/or participating in ABC area consortia were the intended sample for the consortium member survey. Local ABC teams provided a total of 429 consortium member names and contact details, and each member was invited to complete a web-based survey.

In early December 2016, a link to the web-based survey was emailed to the practitioners, service managers and consortium members, together with an information leaflet about the survey and the evaluation of the ABC Programme more generally. A further two reminder emails were sent to practitioners, service managers and consortium members, one in December 2016 and another in January 2017. Mindful that stakeholders had already received three emails from the CES evaluation team, a final email was sent to the lead agency representatives in early February 2017 outlining the response rate from their local ABC area and asking them, at their discretion, to forward the survey to local practitioners and remind them to complete the survey.

The surveys were opened on 16 December 2016 and were mostly completed online by practitioners, service managers and consortium members using SurveyMonkey. All consortium members completed the survey online, while approximately 25 per cent of practitioners requested and received a hard-copy version of the survey. Approximately eight per cent of all surveys submitted by 13 February 2017 were completed by practitioners using the hard-copy version.

Data analysis

Responses to closed questions for both surveys were analysed separately within SurveyMonkey and Microsoft Excel, and descriptive statistics were generated for all closed questions. Survey data were also analysed by respondent type – e.g. early years practitioners, primary school staff, and staff from family support-type services – and by consortium member type.

Responses to open-ended questions were analysed using MAXQDA and Microsoft Excel. Thematic analysis[20] of the data was carried out following the process outlined by Braun and Clarke (2012). All open-ended responses were read and re-read by the CES evaluation team, initial codes were generated, and from the codes a set of themes emerged. The potential themes were then reviewed, defined, and named (see Appendix 9 for more details on the analysis of qualitative data).

2.2.3.3 Qualitative methods

Focus groups and interviews were employed to answer the key policy questions. The inductive process of inquiry that was adopted also allowed for themes to emerge that could be used to supplement the findings on the outcomes for children and parents, and to supplement the cost analysis.

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[20] Thematic analysis is a method for identifying, analysing, and reporting patterns within data, and it can be used to interpret various aspects of the topic being researched.

Focus groups

The focus groups were undertaken with practitioners, service managers and consortium members to explore the following:

- Changes in practice to incorporate evidence/data and interagency relationships
- Changes in local models of service provision
- Changes in the planning of services within and between agencies
- Changes in service delivery for children and families.

The evaluation explored the contribution of the ABC Programme to any of the changes listed above, the extent of any changes identified, the enablers of, and barriers to, these changes, and other explanatory factors.

A purposive sample was used to select the practitioners and service managers to ensure that representatives from education, health services, and family support-type services, and from statutory, community, and voluntary services were included in the groups. It was intended that each focus group would include between 8 and 12 participants. The identification and selection of practitioners and service managers for participation in a focus group were initially informed by practitioners' and service managers' responses to a question included in the practitioner/service manager survey. A question was included in the survey in which respondents were asked to indicate their willingness to take part in a focus group; if agreeable to taking part, practitioners/service managers were invited to provide their name and contact details. Based on responses to the survey, a list of willing practitioners and service managers was compiled and stratified according to professional background, e.g. teachers, early years practitioners, and family support practitioners. Practitioners and service managers were then purposefully selected from the lists and invited to participate in the relevant focus group to ensure that practitioners from a mix of areas participated.

Consortium members were also invited to participate in ABC area-based focus groups to allow the evaluation to explore how consortium members' different levels of engagement with, and experience of, consortium working had influenced the ways in which the ABC Programme had been implemented. The identification and selection of consortium members for participation in a focus group were initially informed by members' responses to a question included in the consortium member survey. Using the same process that was described above for practitioners and service managers, a list of willing consortium members was compiled for each ABC area on the basis of the responses provided in the survey. However, in all ABC areas except for one, the number of consortium members that agreed to participate in a focus group did not meet the minimum number required, i.e. eight members. For the 11 ABC areas where the minimum number of participants required was not reached through identification via the consortium member survey, the CES evaluation team, with the support of the ABC lead agency, issued an invitation to all consortium members to participate in an ABC area-based focus group. Following this process, the number of consortium members willing to take part in a focus group did not exceed the maximum number required, i.e. 12, and therefore all willing consortium members were invited to participate in a focus group held in their ABC area.

Data collection

A focus group was held with consortium members in each of the 12 evaluated ABC areas. In two ABC areas, a second focus group was organised where attendance by members was low at the first focus

group. Thus, a total of 14 focus groups were held with consortium members. Focus groups comprised between two and 12 people in size, involving a total of 83 individuals.

The number of focus groups held with practitioners and service managers was determined by the principle of saturation; that is, once the major analytic categories had been saturated and when no new themes were emerging, data collection was halted. A total of five focus groups were held with practitioners and service managers. These focus groups comprised between two and 12 people in size, involving a total of 34 individuals.

Focus groups with all participant groups were facilitated by members of the CES evaluation team and by external contractors commissioned by CES to provide additional fieldwork support. Copies of the topic guides used for the focus groups can be found in Appendix 11.

Consent forms were completed by all participants. All groups were audio-recorded, and the audio was later transcribed by an external company. More details of the handling processes for qualitative data can be found in Appendix 10.

In-depth interviews

In-depth interviews were conducted with one representative from each lead agency – usually the ABC Programme coordinator – and with a selection of local, regional, and national managers and decision-makers.

The lead agency in-depth interviews focused on the following issues:
- History of the consortium and interagency working pre-ABC Programme funding
- Consortium working, including structures, governance, member involvement in decision-making, and opportunities for, and barriers to, interagency working
- Use of evidence and data in decision-making and how data were shared with consortium partners
- Changes in practice to incorporate evidence/data and interagency relationships
- Changes in local models of service provision
- Changes in the planning of services within and between agencies
- Changes in service delivery for children and families.

The regional and national stakeholder interviews explored the following issues:
- The influence of the ABC Programme on national policy
- Whether local models of service provision were being influenced by, or were changing arising from, ABC Programme-supported activities, and the barriers to, and enablers of, such change
- Whether the planning of services within and between agencies and at the system level was changing due to or being influenced by ABC Programme activities
- The barriers to, and enablers of, change.

Copies of the topic guides used to complete the interviews with both the lead agency representatives and the regional and national stakeholders can be found in Appendix 12.

Data collection

The representative from the lead agency in each of the 12 ABC areas was contacted by the CES evaluation team, and each agreed to be interviewed.

A list of 25 potential regional and national policy-makers was generated in consultation with DCYA, as this is the Government Department with responsibility for the ABC Programme. The process to identify potential interviewees was informed by the following factors:

- Alignment with the ABC Programme outcome areas, e.g. stakeholders with service delivery, decision-making, and/or policy-making responsibility in the areas of parenting, children's learning, and children's health and development
- Stakeholders with a decision-making or policy-making remit in relevant policy areas, e.g. education, children's health, maternal health, welfare services, etc.
- Stakeholders holding budget or funding responsibility for ABC Programme-type interventions/services.

The initial invitation to participate in an interview as part of the evaluation was made by DCYA, and follow-up correspondence with potential interviewees was undertaken by the CES evaluation team.

If an identified individual was unable to participate in an evaluation interview, they were invited to nominate an alternative interviewee. A list of the national and regional stakeholders who were interviewed as part of the national evaluation can be found in Appendix 13.

Consent forms were completed by all interview participants. More details of the handling processes for qualitative data can be found in Appendix 9. Where consent was given, interviews were audio-recorded and later transcribed by an external company. Where an interviewee did not give consent to be recorded, hand-written notes were taken by the interviewer and subsequently transcribed as a record of the interview.

Analysis of qualitative data from focus groups and in-depth interviews

An evaluation matrix was developed which mapped out the key policy questions, the methods employed to answer the policy questions, and the evidence needed to answer them (see Appendix 7). The matrix was informed by Coffman's systems initiative evaluation framework (Coffman, 2007) – that is, what we would expect to see coming from the data, e.g. analysing data for evidence of changes to components, connections, infrastructure, and scale – and by issues emerging from the web-based survey.

The focus group and interview data were analysed using a process of thematic analysis incorporating a deductive and inductive approach. This approach allowed the CES evaluation team to analyse the data against the evaluation matrix while simultaneously allowing themes to emerge organically. A set of predefined codes was developed to guide the analysis of the data in MAXQDA. These codes were developed in line with the key policy questions and the evaluation matrix (see Appendix 7 for a full list of predefined and emergent codes).

The data were coded where possible with the predefined codes, and with new codes as they emerged from the data. The analysis was initially undertaken per data source (focus group or individual

interviewee) and across the data sources (triangulation). Numerous steps were taken to ensure that the analysis process was robust (a detailed list of steps taken can be found in Appendix 9).

Documentary analysis

The CES evaluation team undertook a documentary analysis to identify corroborating evidence and to cross-reference findings that emerged from the surveys, interviews, and focus groups. The documentary analysis was also used as one of the methods to assess whether practitioners and managers were using evidence/data in decision-making about programmes. Documents reviewed included:

- Areas' applications for the ABC Programme
- Implementation plans developed by each ABC area
- ABC areas' quarterly reports submitted to Pobal
- Minutes from relevant ABC area-level meetings (e.g. minutes for meetings of consortia, subcommittees).

Data collection

All lead agencies were requested to share minutes from consortium meetings and from implementation team meetings (where available). Eleven ABC areas shared these documents with the evaluation team. Additionally, CES had access to the original area-based applications and quarterly funder reports due to its role as Programme co-manager with Pobal.

Triangulation

The evaluation was conducted using a parallel mixed methods data analysis, whereby the quantitative and qualitative sources were analysed separately and then compared. The purpose of employing this method of analysis was to strengthen the reliability of the data and to gain a more nuanced understanding of how the ABC Programme contributed to intended changes.

The evaluation adopted a rigorous process of triangulation. The closed and open-ended questions from the web-based surveys were analysed in parallel with the focus groups and interviews. The quantitative and qualitative analyses were then compared to take note of converging and diverging data. Documentary analysis was used in the process of triangulation to cross-reference findings that emerged from the lead agency interviews and from the consortium, service manager, and practitioner focus groups.

The data were then mapped against the four policy questions and the evaluation matrix. The first step was to map the data that supported the hypothesis: that intended changes occurred. The second step was to map the outliers.

The CES evaluation team interrogated the data and identified where there was evidence (or a lack of it) to answer the four policy questions. The CES evaluation team then undertook a process of triangulating the evaluation findings. This involved examining the findings under each method and

then comparing the findings to identify where findings converged.[21] Where findings were inconsistent, they were further explored and, where relevant, noted as outliers.

2.2.4 Methods used to assess the costs of the ABC Programme

The national evaluation of the ABC Programme included a cost analysis which was concerned with establishing the costs of implementing area-based initiatives. The cost analysis analysed the direct and indirect costs of implementing the ABC Programme, specifically examining the costs of service delivery, the expenditure by the services funded under the Programme, and the level of leveraged resources secured by the ABC areas. This report includes analyses of financial data covering the period from 2015 to 2017 and provides valuable information that can be used to inform policy-makers and service providers of the costs involved in establishing any future initiatives based on the design of the ABC Programme.

It was intended that the financial data would be mapped against implementation data to explore costs by implementation stage. However, a shift in the national evaluation to a focus on the four policy questions meant that it no longer included an explicit assessment of implementation progress.

The CES evaluation team investigated the potential for conducting a cost-effectiveness study. However, the data on service users were found to be inconsistently recorded across the ABC areas, rendering this approach infeasible. Although the cost analysis evaluation of the ABC Programme was not a cost-benefit or cost-effectiveness study, it is also important to acknowledge that the collection and analysis of cost data are not often included in Irish evaluation studies of this type. Therefore, the collection and analysis of such data for the ABC Programme, in the context of the outcome areas, represents a first step in incorporating the consideration of costs into evaluation studies of this nature.

2.2.4.1 Methodology for assessing cost data

Data source

The cost data for the evaluation were collected through the existing financial reporting mechanisms used by the ABC areas. The CES evaluation team worked with Pobal to develop financial reporting mechanisms that could be used for the dual purposes of financial monitoring and cost analysis. Financial returns were completed twice yearly (to cover the periods from 1 January to 30 June and from 1 July to 31 December each year) by the ABC areas as part of the contractual arrangements of their funding. ABC areas submitted these returns to Pobal. The financial returns template required ABC areas to submit detailed financial information under each of the following categories of spend:
- Intervention costs: training and capacity building; conferences and seminars; materials; salaries; service delivery
- Salaries and wages: management salaries and wages; administration staff salaries and wages; other support staff salaries and wages; staff recruitment
- Goods and services: dissemination costs; consultancy and professional fees; audit and legal fees; publicity and advertising costs; overheads; insurance; utilities; rent; communication
- Capital costs: equipment

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[21] In describing the strength of a finding, 'some' is used when there was less than a majority of stakeholders reporting the finding. 'A small number' refers to when three or fewer stakeholders reported a finding.

- Leveraged resources: additional resources raised by the ABC areas to be applied to the programme objectives, in the form of cash; in-kind contributions consisting of property, equipment/materials, or services; or marketable securities
- Non-project costs: bank interest and other non-project costs.

Financial data were supplemented with intervention-level data on the target groups being served; the numbers participating in the specific interventions and their ages; and the number of sessions and their duration details. However, the quality of these data varied, and ultimately these data were not used in the cost analysis.

Cost data were submitted by each ABC area for the periods from 1 January to 30 June and from 1 July to 31 December for three full years: 2015, 2016 and 2017. Cost data were extracted by the CES evaluation team from the financial returns submitted by the ABC areas.

Data analysis

Financial data were aggregated across all the ABC areas for each of the three years included in the cost analysis, allowing for the following analyses:
- Determining the total annual spend across all the ABC areas
- Examining annual absolute and proportionate spends for each category of spend (e.g. intervention costs, salaries, and wages), aggregated across all ABC areas and described through the use of ranges, median spends, and trend analysis
- Examining reported levels of leveraged resources for all ABC areas to determine total annual amounts of leveraged resources across all the areas where data were available, including ranges, the median amounts of leveraged resources across the areas, and trend analysis
- Examining the costs of providing interventions aligned with the three high-level outcomes of the ABC Programme: improved parenting, improved children's learning, improved child health and development, and interagency working.[22] A trend analysis to compare changes in the annual levels of spend for providing these types of interventions was also completed.

Additionally, analysis of the qualitative data, as described in Section 2.2.3.3, yielded findings around the experience of the ABC areas in securing leveraged resources.

2.3 Limitations to the National Evaluation Report Findings and Mitigating Strategies

The ABC Programme is a complex systems change initiative, and as such there were limitations relating to the design of, and the analyses completed for, the national evaluation. These limitations are presented below, alongside the strategies employed by the CES evaluation team to ameliorate them.

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[22] Based on feedback from the ABC areas at the October 2017 ABC Evaluation Group meeting, the areas were asked to align the interventions they provided in 2015, 2016 and 2017 with the Programme outcomes. Where submitted, their categorisations of the interventions were used in the cost evaluation analysis, with findings presented in Chapter 7, Section 7.3.

There were limitations to assessing what's changed for children and parents, including the following:

- It was not possible to construct comparison groups against which to assess the changes observed in the pre- and post-intervention data. Therefore, any changes observed could not be attributed to ABC Programme-funded interventions. This was particularly relevant to child-based data, where pre- and post-intervention changes could be the result of normal development rather than because of Programme participation. However, by way of context, national data (such as GUI study data) were used to locate evaluation findings in trends within the national population.

- Outcomes data collection was not independent of intervention delivery, as practitioners – who were directly providing interventions to children and parents – administered the questionnaires. Therefore, the practitioners may have been biased towards perceiving positive change.

- Baseline data collection in some areas, particularly for the 2015–2016 cohort, began after the start dates of some interventions.

- The analysis of data was predicated on the assessment of outcomes nationally; no inferences could be drawn about outcomes for specific interventions or for specific ABC areas.

- For some of the measures, there was a significant drop-off in the numbers of participants completing post-intervention measures. The CES evaluation team checked for any statistically significant differences in mean scores for the key measures between those who completed measures pre- and post-intervention and those who only completed pre-intervention measures. It was found that there were no statistically significant differences between the two groups.

- Due to the limited level of demographic data available on the children and parents who participated in the evaluation, it was not possible for the CES evaluation team to re-weight the outcomes data to account for the disproportionate sampling approach used to collect the data.

Limitations and ameliorating strategies relating to the assessment of what's changed for practitioners and service managers, and for the wider system within which they work, included the following:

- As there were no comparison or control groups/communities involved in the national evaluation, it was not possible to attribute with any certainty any changes in practices and service planning or delivery to the ABC Programme. However, it was possible to explore the ABC Programme's potential contribution to such changes, and all findings were supported by the triangulation of data across methods and sources.

- The findings were based on data collected in the relatively brief period from December 2016 to June 2017. Any assessment of the extent to which the ABC Programme has contributed to system-level outcomes was based on the views of stakeholders at that time.

- There were uneven patterns of responses from across ABC areas; for example, some areas were very well represented in both the consortium member surveys and in the practitioner and service manager surveys, while other Areas were less well represented. To ameliorate this, implementation issues were considered at a national rather than ABC area level.

- The findings from the surveys were based on the responses of a self-selected sample of consortium members, practitioners, and service managers. It was possible that these respondents were more engaged with the ABC Programme and may, therefore, have been more positively disposed towards the Programme. Moreover, respondents were asked to

report on their own professional behaviours and practices. The non-independent nature of such reported changes introduced potential bias into the data. Documentary analysis was used to triangulate emerging findings.

- Given the nature of the interventions supported through the ABC Programme, a high percentage of the responses received were from early years practitioners and primary school teachers. Unsurprisingly, given the focus of the evaluation, there were fewer responses from practitioners working with children under the age of three.
- Given respondents' differing roles in designing, developing, and implementing the Programme, it was possible that some respondents provided socially desirable responses. Triangulation of data across methods and sources was used to ensure that findings and learning were based on more than these responses.
- There were no baseline data available to allow the CES evaluation team to measure the magnitude of any changes in local and national service planning and delivery.

Limitations to the cost data available and the cost analysis carried out included the following:

- There were differences between the reporting templates used by the three former PEIP sites and those used by the nine new ABC areas for the period from January to June 2015. The template used by the PEIP areas was not compatible with the template used by the new ABC areas. Thus, costs of the former PEIP areas for the period from January to June 2015 were excluded from analysis of the costs of service delivery.
- There were some missing cost data, including leveraged resources and costs of interventions aligned to the three outcome areas. A summary of missing data can be found in Appendix 14.
- At the time of drafting the final report (July 2018), not all cost data provided by the ABC areas for the period from 1 July to 31 December 2017 had been verified by Pobal.
- Not all ABC areas provided cost information on the leveraged resources secured.
- Some ABC areas did not record any additional levels of leveraged resources secured once they had secured an amount worth 20 per cent of their grant funding. Securing this amount of leveraged resources was a condition for the ABC areas to receive grant funding.

2.4   Summary Conclusions

The evaluation of the ABC Programme was concerned with exploring what, if any, contribution the Programme made to improving outcomes for children and parents, for practitioners and managers, and to improving strategic planning and service delivery locally and nationally. The objectives of the national evaluation were to assess the extent to which intended outcomes have been achieved for service participants in the Programme and to assess the implementation of the ABC Programme with reference to key policy questions. The evaluation design was informed by Coffman's systems initiative evaluation framework (Coffman, 2007) and was developed by CES with inputs and advice from the EAG.

In assessing what's changed for children and parents, the evaluation examined changes in the intended outcomes of improved parenting, improved children's learning, and improved child health and development using data collected mainly by practitioners. This was done by comparing the measures, which were identified in the evaluation's shared outcomes measurement framework, for

children and parents taking part in the ABC Programme pre- and post-intervention. The four key policy questions have been articulated in this evaluation with the questions "what's changed for practitioners and service managers" and #what's changed in strategic planning and service delivery locally and nationally?" The evaluation explored – together with a range of stakeholders, including practitioners, consortium members, local service managers, and regional and national decision-makers – answered these policy questions by exploring the extent to which the ABC Programme contributed to changes in local models of service provision, in the use of evidence and data by practitioners and service managers, in interagency working, and in local and national strategic planning and service delivery. To answer the policy questions, a mixed methods approach was employed, using quantitative and qualitative methods including surveys, interviews, focus groups, and documentary analysis. Findings were also triangulated using data from across the multiple quantitative and qualitative sources. To assess the costs of the ABC Programme, the evaluation analysed the financial data collected by the ABC areas.

Due to the complex systems change initiative nature of the ABC Programme, there were limitations in the design of the national evaluation. However, where possible, the CES evaluation team took steps to ameliorate the negative impacts of these limitations.

Chapter 3: What's Changed for Children and Parents Participating in the Area Based Childhood Programme?

3.1 Introduction

This chapter considers what, if any, changes were observed for children, parents, and families who received interventions under the Area Based Childhood (ABC) Programme.

Three main individual high-level outcomes were identified in the ABC Programme logic model (Figure 2) in Chapter 1:

- Improved parenting
- Improved children's learning
- Improved children's health and development.

As described in Chapter 2, the assessment of outcomes observed for children and parents aligned with the concept of 'components' as articulated in Coffman's systems initiative evaluation framework (2007). Changes experienced by children and parents were primarily assessed through analyses of outcomes data collected by practitioners in each ABC area[23] during the periods from 2015–2016 (Year 1) and 2016–2017 (Year 2). The CES evaluation team examined the data for each year and found that there were no statistically significant differences between the two years. For this reason, the analysis shown in this chapter relates to the combined data for both years.[24]

Analyses of the qualitative data collected principally to answer the four policy questions offered further evidence of the changes experienced by children and parents, which supported the findings from the outcome data.

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[23] For more details of questionnaire response rates, see Appendix 15.

[24] Tables with the data for each year can be found in Appendix 16, Appendix 17, and Appendix 18.

3.2   Parenting Outcomes

Key findings

Parents who participated in this evaluation reported that they experienced:

- **Improved relationships between themselves and their children**
  Parents felt greater closeness (warmth, affection, and open communication) in their relationships and experienced a reduction in conflict with their children.

- **Improvements in the social and emotional well-being of their children**
  Parents reported seeing a decrease in their children's overall social and emotional difficulties. This improvement was greatest among the children with the highest level of behavioural difficulties.

- **A reduction in their levels of stress**
  Parents perceived reduced levels of stress in their role as a parent.

- **Increased capacity to manage discipline and boundary setting for their children**
  Parents reported a perceived increase in their ability to discipline and set boundaries for their children.

These changes were all statistically significant.

Analysis of qualitative data collected from practitioners for other elements of the national evaluation also indicated that parents experienced:

- **Increased confidence and a sense of empowerment**
- **The development of informal peer networks and supports**
- **Increased knowledge of and confidence to engage with local services.**

3.2.1   Interventions

Parenting interventions included in the national evaluation were offered in ten of the 12 evaluated ABC areas:

- Ballyfermot
- Clondalkin
- Grangegorman
- Tallaght West
- Ballymun
- Dublin Northside
- Knocknaheeny
- Bray
- Finglas
- Louth

While this evaluation did not cover all interventions aimed at improving parenting outcomes, a wide variety of approaches were included. These typically involved group-based interventions with parents meeting every week for eight to 12 weeks. These interventions included:

- Triple P Positive Parenting Programme
- Incredible Years
- Strengthening Families Programme

- Parents Plus.[25]

These interventions are all evidence-based/informed and delivered to parents in a variety of settings. They focus on improving various aspects of parenting, including:
- Strengthening parent-child interactions and relationships
- Maximising children's learning, language, and social development
- Preventing or reducing behaviour problems.

Interventions also included a small number of home-based interventions that provided individual supports to children and families.

The core measures used to assess changes in parenting outcomes were the Child-Parent Relationship Scale (CPRS) and the Strengths and Difficulties Questionnaire (SDQ) for children aged two to four years and children aged four years or older,[26] which assessed their social and emotional well-being, both measures were completed by the parents themselves. Some ABC areas also chose to use the Parental Stress Scale (PSS) and the Tool to measure Parenting Self-Efficacy (TOPSE), both of which were completed by parents.

Full details of the pre- and post-intervention scores, including effect sizes, for each of the measures used to assess parenting outcomes are included in Appendix 16.

3.2.2 Profile of participants

Data for 844 parents were collected for this evaluation. These parents were asked to complete a questionnaire entitled "About You and Your Family," which aimed to gather basic sociodemographic information on parents and their children. Some parents opted not to complete the entire questionnaire, meaning that demographic information is not known for all parents. A summary of their responses is provided below:
- The gender of the parent completing the measures was known for 92 per cent of cases. Of these, 86 per cent were female and 14 per cent were male.
- The age of a parent involved in the evaluation was known for 87 per cent of cases. The mean age was 34.7 years, with a median age of 35 years.
- The number of children in each family was known for 90 per cent of cases. Single-child families comprised 27 per cent of households, 40 per cent had two children, and 21 per cent had three children. The remaining 13[27] per cent had between four and 11 children in the family. The median number of children was two.
- The household type was known for 74 per cent of homes, with 39 per cent being single-parent households and 61 per cent being dual-parent households.
- The level of education of the parent was known for 84 per cent of cases. These parents fell into four similarly-sized categories: 28 per cent had not completed their secondary education; 24 per cent had completed the Leaving Certificate or equivalent; 25 per cent had a non-

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[25] Please see Appendix 1 for a more complete description of interventions offered by each ABC area.
[26] The SDQ that is used to collect data for children aged four years or older is more commonly referred to as an SDQ for children aged four to 17 years. However, given the age of the children who participated in this evaluation, this SDQ is referred to in this report as being used for children aged four years or older.
[27] Rounding sometimes led to percentages adding up to slightly more or less than 100 per cent.

degree post-secondary qualification; and 20 per cent had a third level qualification. Nearly half of those completing third level also had a postgraduate degree.

- The work status of the parent is known for 83 per cent of cases. Most parents (58 per cent) receiving an intervention were homemakers. About 12 of per cent of parents were in full-time employment and 14 per cent were in part-time employment. Small proportions of parents were in education or training (three per cent), unable to work due to illness or disability (four per cent), or unemployed (seven per cent).
- The work status of the partner of the parent was known for 92 per cent of cases. Most (64 per cent) were in full-time employment and about ten per cent were in part-time employment.

3.2.3 Child-parent relationships

One of the primary parenting outcomes included in this evaluation was improved child-parent relationships, and all parents of children aged three years or older were asked to complete the CPRS. This measure has two sub-scales:

Closeness: This assesses the degree to which a parent feels that their relationship with their child is characterised by warmth, affection, and open communication.

Conflict: This measures the extent to which a parent feels that their relationship with their child is characterised by negativity.

Across the ten ABC areas providing parenting interventions, a total of 770 parents completed the CPRS at pre-intervention, and 518 did so at post-intervention. Of these, 515 questionnaires were matched. The average scores for each of the sub-scales are shown in Figure 5.

The increase in scores for closeness and the decrease in scores for conflict indicate that parent-child relationships improved between pre- and post-assessment. The changes were both desirable and statistically significant.[28]

Figure 5: Pre- and post-intervention mean scores for the CPRS

n=515
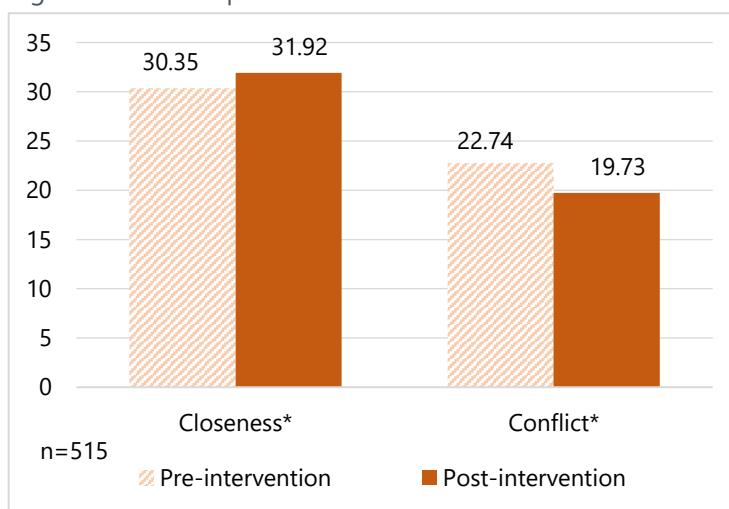
Statistically significant differences

For context, the GUI study also measured child-parent relationships using the CPRS. For children aged five years old, the mean national score for closeness was 33.73 (n=8,991) and the mean national score for conflict was 14.95 (n=8,992) among primary caregivers. Similar scores were reported for children aged three years old, and in neither age group did the scores vary according to income quintile.[29]

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[28] For the outcome data analyses completed for this evaluation, the threshold for level of significant used was $p<0.05$.

[29] Figures based on a GUI-anonymised microdata file for Cohort '08 at three and five years of age, provided by the GUI Study Team at the request of DCYA, March 2018.

Although useful to provide context for the findings of the national evaluation, it is important to note that there were differences in how data were collected for the GUI study and for this evaluation. The GUI study data were collected by researchers, while data for this evaluation were typically collected by the practitioners delivering the interventions. In addition, parent-child relationship data were collected from parents who were parenting children across age ranges, whereas the GUI data referenced above were based on findings for the infant cohort at three and five years of age. These are two of the reasons why the results are not directly comparable. However, the results did suggest that the cohort of parents receiving parenting interventions supported by the ABC Programme had more challenging relationships with their children than average, but they moved closer to the national average post-intervention.

Both national and local stakeholders also commonly reported improved child-parent relationships for parents participating in ABC Programme-supported interventions. For example, one lead agency representative reported that "[parents are] more satisfied with the relationship with their child" (Lead agency representative, interview, 1,305).[30]

There were no statistically significant differences in the pre- and post-intervention scores between mothers and fathers as measured by the CPRS, with both reporting similar scores for closeness and conflict. However, given the relatively small sample of fathers involved, differences may have existed that this evaluation was unable to detect.[31]

In contrast, there was a small difference in child-parent relationships based on the gender of the child. The CPRS scores for parents' relationships with boys and girls are shown in Figure 6.

Figure 6: Pre- and post-intervention mean scores for the CPRS, by the gender of the child
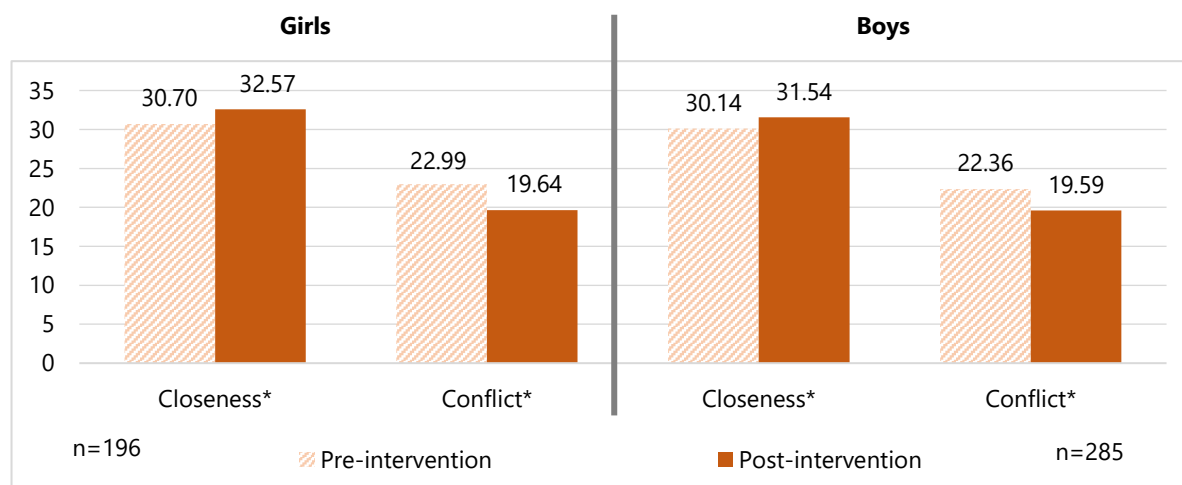
Statistically significant differences

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[30] For the quotations from evaluation participants, the data source and type, followed by the segment line number in the relevant data file, are included in brackets after each quote.
[31] A table of CPRS scores for mothers and fathers can be found in Appendix 16.

There were statistically significant improvements in child-parent relationships reported by parents of both boys and girls. Parents reported slightly higher, and statistically significant, closeness scores with their daughters than with their sons at post-intervention. Otherwise, there were no significant differences based on the gender of the child.

3.2.4   Children's social and emotional well-being

All parents were also asked to complete the SDQ, which assessed the social and emotional well-being of children in terms of:

- Conduct problems
- Emotional problems
- Prosocial behaviour.
- Hyperactivity
- Peer problems

The conduct, hyperactivity, emotional, and peer problems sub-scales were also summed into a 'total difficulties' scale.

Two versions of the questionnaire were given to parents: one for children aged two to four years and another for children aged four years or older. These versions cover the same topics and have the same sub-scales, but the language for some questions is different to make it more appropriate for children of different ages.

For children aged two to four years, 163 parents in seven ABC areas completed the SDQ pre-intervention, and 118 parents completed it post-intervention. Of these, 112 could be matched for all sub-scales. For children aged four years or older, 600 parents in nine ABC areas completed the SDQ at pre-intervention, and 389 parents completed it post-intervention. Of these, 378 could be matched for all sub-scales.[32]

Average scores for each of the scales are shown in Figure 7 and Figure 8.

Figure 7: Mean scores from parent-reported SDQs for children aged two to four years
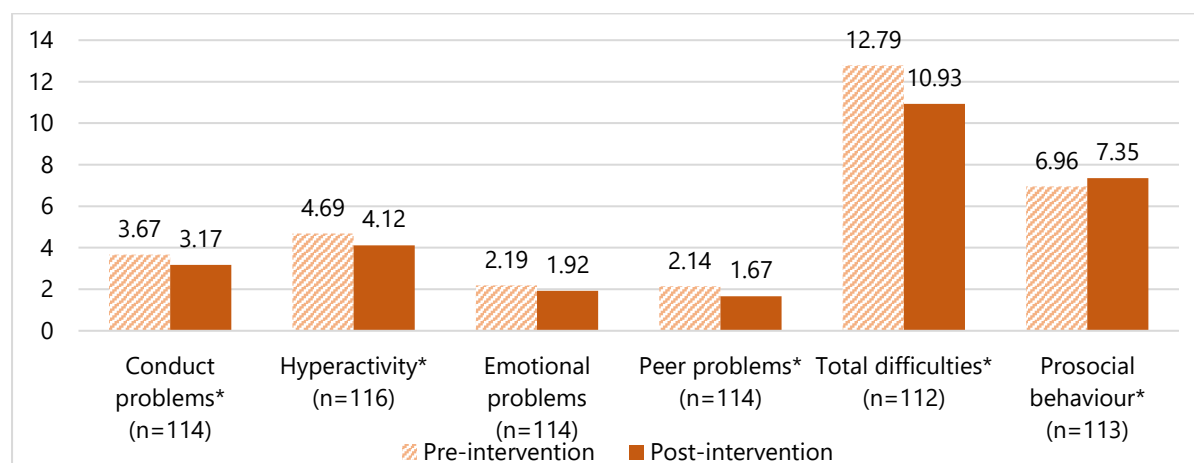
Statistically significant differences

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[32] See Appendix 6 for details on how missing values were dealt with when calculating scores.

Figure 8: Mean scores from parent-reported SDQs for children aged four years or older
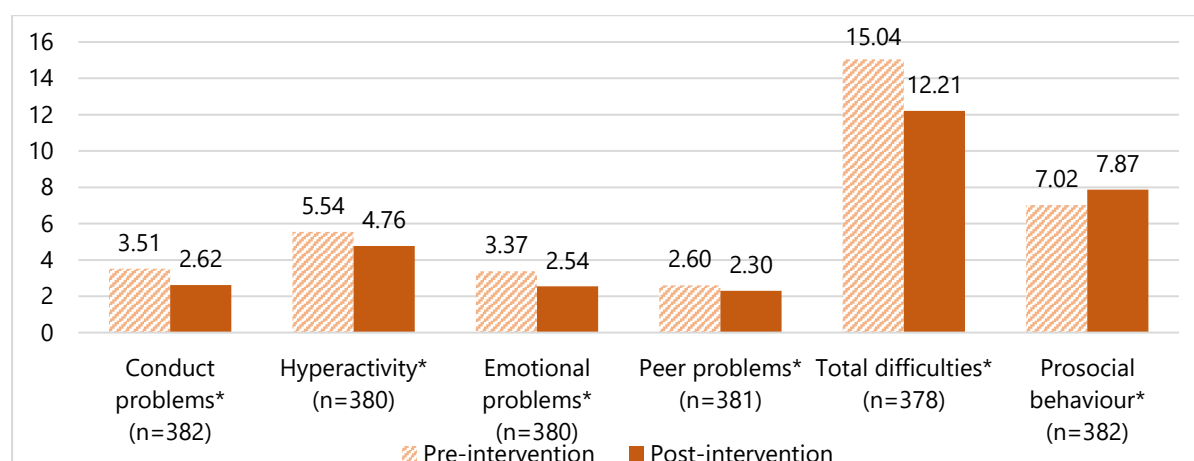
Statistically significant differences

Parents of children in both age groups reported statistically significant improvements in their children's overall social and emotional well-being. The changes were statistically significant for all sub-scales, except for the emotional problems sub-scale for children aged two to four years.

For context, parents of children participating in the GUI study reported on the social and emotional well-being of their children using the age-relevant SDQ. The SDQ was completed for both the infant cohort at three and five years of age and for the child cohort at nine and 13 years of age. The average total difficulties scores across Ireland and for families in the lowest income quintile are summarised in Table 3.1.[33]

Table 3.1: Summary of parent-reported average SDQ total difficulties scores, nationally and for families in the lowest income quintile

		3 years	5 years	9 years	13 years
Total difficulties	National average	7.98	7.44	7.98	7.09
	Lowest income quintile	8.92	8.38	9.24	8.28

As noted in Section 3.2.3, there were differences in how data were collected for the GUI study and for this evaluation, and so the scores are not directly comparable. However, these scores suggested that children of parents receiving parenting interventions supported by the ABC Programme began with behavioural difficulties that were substantially higher than the national average, and higher than the children of families in the lowest income quintile. While the mean score moved closer to these averages post-intervention, children whose parents participated in an ABC Programme-supported intervention still had more behavioural difficulties than average.

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[33] Figures based on a GUI-anonymised microdata file for Cohort 2008 at three and five years of age, and for Cohort 1998 at nine and 13 years of age, provided by the GUI Study Team at the request of DCYA, March 2018.

The SDQ defines cut-off scores above which a child's social and emotional behaviour is considered concerning. These cut-offs can be used to classify a child's behaviour as either falling within 'normal', 'slightly raised', or 'problematic' ranges.[34]

There were statistically significant improvements in both age groups for children in each range, with only one exception: children aged two to four years initially classified in the 'normal' range experienced no significant changes.[35] For both age groups, the extent of these improvements differed between the ranges, with children initially in the 'problematic' range seeing the greatest improvements.[36]

The proportion of children in each range for the total difficulties score is shown in Figure 9.

Figure 9: Proportion of children scoring in the 'normal', 'slightly raised', and 'problematic' ranges of behaviour on parent-completed SDQs, pre- and post-intervention
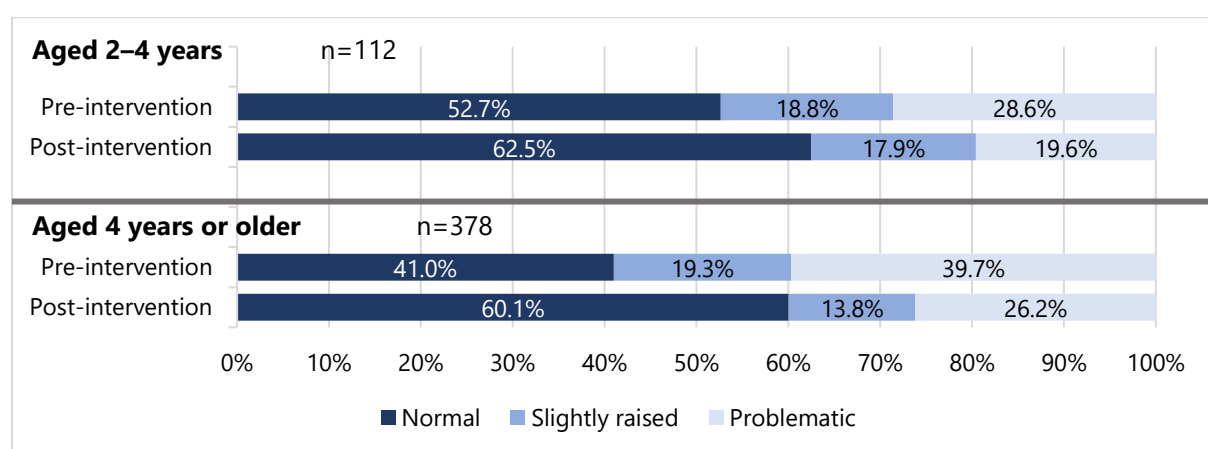
The graphs above show that, for both age groups, the percentage of children in the 'problematic' range decreased after the ABC Programme interventions, and the percentage in the 'normal' range increased.[37]

There were a number of key findings about the movement of children between the ranges.

1. For children initially in the 'problematic' range:
   - Among the 32 children aged two to four years, 31 per cent moved down into the 'slightly raised' range, and 19 per cent moved into the 'normal' range.
   - Among the 150 children aged four years or older, 20 per cent moved down into the 'slightly raised' range, and 30 per cent moved into the 'normal' range.
2. For children initially in the 'slightly raised' range:
   - Among the 21 children aged two to four years, 52 per cent moved down into the 'normal' range, and 19 per cent moved up into the 'problematic' range.

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[34] The details of these ranges vary for each version of the SDQ. Further information can be found in Appendix 6.
[35] Details on the improvements experienced by children in each range, and for both age groups, can be found in Appendix 16.
[36] Some of this effect may be due to 'regression to the mean', the statistical effect where those measuring near the extremes of the scale in one period are likely to measure closer to the average in subsequent measurements. Without a control group, it was not possible to determine the impact of this effect on the figures reported.
[37] Detailed cross-tabulations for these ranges, for both age groups, can be found in Appendix 16.

- Among the 73 children aged four years or older, 55 per cent moved down into the 'normal' range, and 26 per cent moved up into the 'problematic' range.

3. Among children initially in the 'normal' range, approximately 90 per cent of children in each age group remained in the 'normal' range at post-intervention, with only a small proportion moving into one of the other two ranges.

These findings showed that there was a general trend, which was statistically significant, for children to move towards the 'normal' range, with relatively few children moving towards the 'problematic' range. However, these findings also illustrated that a substantial subset of children still had 'problematic' social and emotional difficulties after the ABC Programme interventions. In both age groups, half of the children initially in the 'problematic' range remained there post-intervention.

On average, there were initially positive changes for children in each range, but the greatest changes were observed for those in the 'problematic' range. Even among children who remained in the 'problematic' range post-intervention, the majority saw improvements in their social and emotional difficulties scores.[38]

There were no statistically significant differences between mothers and fathers participating in this evaluation in terms of their children's social and emotional difficulties. However, there were differences between boys and girls in the four years or older age group. At pre-intervention, girls scored 13.84 in total difficulties on average, while boys scored higher, at 15.66 on average. The corresponding scores at post-intervention were 11.23 and 12.76, respectively. These differences were statistically significant. However, there were no significant differences for the two to four years age group.

The above positive changes in the social and emotional well-being of children whose parents participated in ABC Programme parenting interventions were also noted by local stakeholders from lead agencies and consortia in the qualitative data.

> *"People who participate in the parenting programme for us...seem to have...a better understanding of their influence and their feelings on their behaviour, and how that influences the feelings and behaviour of the children."* (Consortium member, interview, 1,314)

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[38] Please see Appendix 16 for detailed analysis of scores within each range.

3.2.5   Parental stress

Seven ABC areas asked parents participating in the evaluation to complete the PSS to assess how the parents felt about their parenting role. The PSS assesses both positive themes of parenthood (e.g. emotional benefits and self-enrichment) and negative components (e.g. demands on resources and restrictions).

At the pre-intervention stage, 601 parents completed the questionnaire, and 426 parents completed it post-intervention. Of these, 424 could be matched. Figure 10 shows that, on average, parents saw an improvement in their parental stress by 5.33 points, representing a statistically significant improvement in self-reported parental stress during the ABC Programme-supported intervention. This finding was also supported by qualitative data collected from practitioners.

Figure 10: Changes in mean scores for the PSS
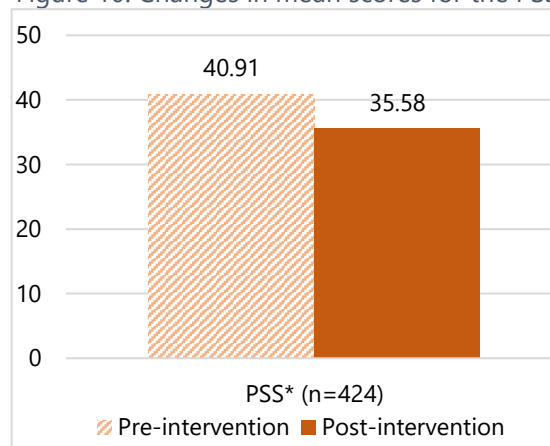
Statistically significant differences

> *"It's just a whole change and it's calmer, much calmer, children are calmer and happy. When children are happy, then staff are happy, and the parents are happy, so it impacts on everybody."* (Consortium member, interview, 1,304)

By way of context, a GUI study of infants found that mothers reported a PSS score of 32.2 and fathers reported a score of 30.8 (Williams et al, 2010). This means that parents participating in the ABC Programme evaluation reported initial stress levels higher than the national average and, despite reporting improvements, still had higher-than-average levels of stress after the interventions.

3.2.6   Discipline and boundary setting

Four ABC areas also asked parents participating in the evaluation to complete the discipline and boundary-setting sub-scale of the TOPSE. This sub-scale assesses how parents feel about their ability to discipline and set boundaries for their children.

A total of 475 parents completed the TOPSE at pre-intervention, and 324 parents completed it post-intervention. Of these, 323 were matched. The average scores are shown in Figure 11. There was an improvement of 9.08 points during the intervention, representing a statistically significant improvement in the parents' self-reported ability to discipline and set boundaries for their children.

Figure 11: Changes in mean scores for TOPSE
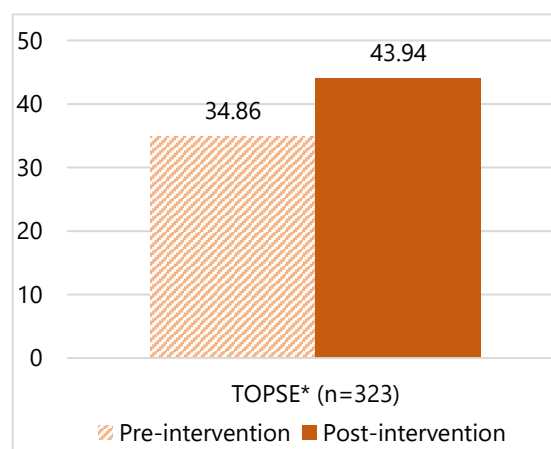
Statistically significant differences

3.2.7 Findings from the qualitative data

In the analysis of the qualitative data collected to answer the four policy questions, both local and regional stakeholders reported that other changes had occurred for parents participating in ABC Programme-supported interventions.

Parents were reported to have become more confident and empowered because of participating in ABC Programme-supported parenting interventions. Local stakeholders reported that these changes were most evident in a number of ways:

- Parents showed increased confidence to engage with practitioners to better understand the services being provided to their child(ren) and to understand the progression of their child's (or children's) development.

> *"…for the parent to meet with the teacher, to have an opportunity to ask questions. [It was] something we did in the school to an extent anyway, but it's kind of being developed a little bit more."* (Family support services practitioner, focus group, 2,051)

- Parents also showed increased self-belief and empowerment to engage in education and employment opportunities. It was reported that a small group of parents, having participated in a parenting intervention, were considering re-entering or had already re-entered education (e.g. mothers who had left secondary school before completing the Leaving Certificate were reported to be studying for these exams), or had sought employment opportunities.
- Local stakeholders also reported that an unexpected result of the ABC Programme was the development of support networks and relationships among parents who had attended parenting interventions. These changes are explored in more detail in Case Illustration 1.

Case Illustration 1: Developing support networks for parents

Parents involved in a parenting intervention in one ABC area were seen by members of the local consortium to develop supportive relationships during their participation in the intervention.

On their own initiative, mothers were reported to have started meeting outside of the sessions from the second week of the course. They also set up a WhatsApp group to communicate with each other. As noted by a member of the consortium, "they now have a social network" (Lead agency representative interview), which had been reported to be very important in:

- Encouraging parents to continue attendance
- Encouraging parents to actively use the knowledge acquired
- Developing interest in other parents from the locality to attend the intervention
- Demonstrating the utility of the evidence-based intervention to local, regional, and national stakeholders, with a view to mainstreaming the approach.

Practitioners interviewed as part of the national evaluation also described such support networks and relationships forming among parents who participated in ABC Programme-supported parenting interventions in other ABC areas.

- Finally, it was reported by some local stakeholders that there had been increased engagement among parents with local services for children and families due to increased parental confidence and knowledge of the services available. These services included other interventions provided by the ABC Programme, as well as those provided by other community and statutory services. This increased confidence among parents to engage with local services was reported to be a positive change by local stakeholders.

3.3   Children's Learning Outcomes

> ### Key findings
>
> As reported by practitioners and parents, children who participated in this evaluation experienced:
> - **Improved school readiness**
>   This improvement was reflected in increased mean scores for social and emotional development, language development, and approaches to learning.
>
> - **Improved social and emotional difficulties scores for children aged two to four years**
>   Children who were initially in the 'slightly raised' and 'problematic' ranges of behaviour saw a greater improvement in their total difficulties scores after the intervention than the children in the 'normal' range.
> - **Improved social and emotional difficulties scores for children aged four years or older**
> - **An improved home learning environment.**
>
> These changes were statistically significant, and local stakeholders taking part in focus groups and interviews also reported observing these types of changes for children.

3.3.1   Interventions

Nine ABC areas provided interventions aimed at improving children's learning outcomes during the period of this evaluation:

- Ballymun
- Bray
- Clondalkin
- Dublin Docklands
- Dublin Northside
- Finglas
- Knocknaheeny
- Limerick City
- Louth

Interventions to improve children's learning – for which outcomes data were provided by practitioners and, sometimes, by parents – as part of the national evaluation included a range of professional development supports for early years practitioners. Many of these interventions focus on providing training, coaching and mentoring support to practitioners in the implementation of the national Síolta and Aistear frameworks, while others targeted pre-school children directly, such as:
- Zoom Ahead with Books
- Incredible Years Early Years Classroom Dinosaur programme
- Early numeracy interventions.[39]

Individual ABC areas identified a range of outcomes to be achieved through the provision of learning interventions, with the most common outcomes being:
- Improved school readiness
- Improved literacy and numeracy
- Improved oral language development.

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[39] Please see Appendix 1 for a more complete description of interventions offered by each ABC area.

Data provided by practitioners and parents for the ABC Programme national evaluation related to the achievement of school readiness outcomes. The core measure used to assess changes in children's school readiness was the Santa Barbara School Readiness Scale (SBSRS), which was completed by practitioners. ABC areas also had the option of asking practitioners to complete the SDQs for children aged two to four years and for children aged four years or older, and in some ABC areas, parents also completed these SDQs as well. In a small number of ABC areas, practitioners also completed the Home Learning Environment Measure (HLEM). Full details of the pre- and post-intervention scores, including effect sizes, for the measures used to assess school readiness are included in Appendix 17.

3.3.2   Profile of participants

Practitioners used a mix of the "About You and Your Family" questionnaires and "Teacher About Child" questionnaires to collect data about the families of the children taking part in early years interventions in the ABC areas.

It is worth noting that there were significant levels of missing data in the completed "About You and Your Family" questionnaires, which limited the potential for subgroup analysis based on sociodemographic characteristics. Changes in learning outcomes for 2,607 children were assessed, and 1,551 parents answered one or more questions from the "About You and Your Family" questionnaire. Below is a summary of the responses received from parents who completed the questionnaire:
- Of those parents who provided a response to the gender question, 85 per cent were women (1,551 respondents).
- Most respondents indicated that their age was between 25 and 44 years (87 per cent, 1,401 respondents).
- When asked about the number of children in their family, 64 per cent of 1,418 respondents, indicated that there were two or fewer children in their family.
- Sixty-two per cent of 1,367 respondents indicated that they lived in a dual-parent household.
- Approximately one-third of the 710 mothers who responded reported leaving school before completing their Leaving Certificate, one-fifth were educated to non-degree level, 11 per cent had a primary degree, and two per cent had a postgraduate qualification.

3.3.3   Children's school readiness

Throughout the evaluation period, practitioners in nine ABC areas completed 2,352 SBSRS questionnaires at the start of the pre-school year and completed 2,018 at the end of the year. There were 2,009 matched pre- and post-intervention questionnaires. The average change experienced by children participating in the evaluation in each sub-scale is illustrated in Figure 12.

Figure 12: Pre- and post-intervention mean scores on the SBSRS
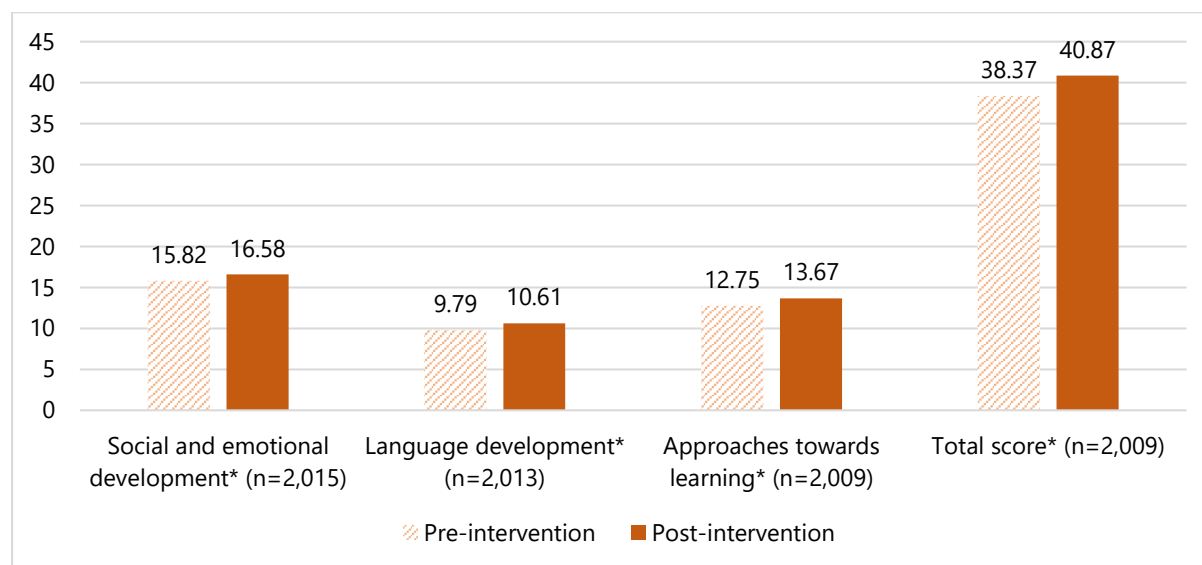
Statistically significant difference

The average total SBSRS score increased between pre- and post-assessment, representing an improvement in children's school readiness as reported by early years practitioners. Increases in scores for each of the sub-scales were also reported. All changes were desirable and statistically significant.

By way of context, an Irish study of 113 pre-school children identified as having school readiness and speech and language problems reported total mean scores for the SBSRS of 38.66 pre-intervention and 41.26 post-intervention (Carr and Hamilton, 2013).

There were differences in school readiness based on the gender of the child. As shown in Figure 13, participating girls generally scored higher on the SBSRS than boys did, and scores for both groups improved between pre- and post-intervention. These improvements over time, as well as the differences between boys and girls, were statistically significant.

Figure 13: Total pre- and post-intervention SBSRS scores, by gender
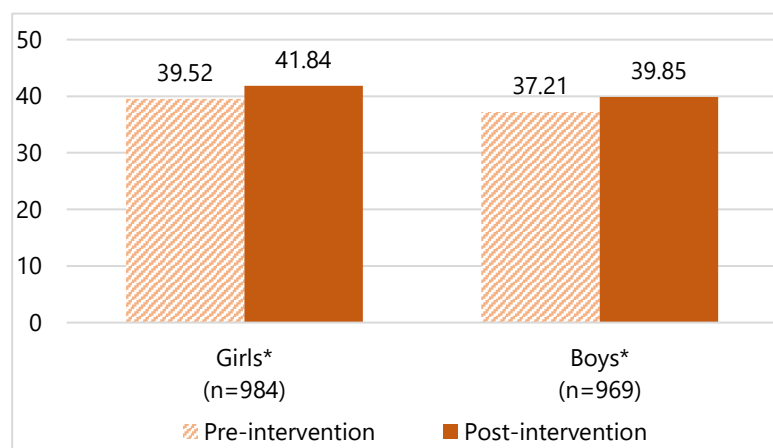
Statistically significant differences

3.3.4 Social and emotional well-being

Another measure used to assess progress in improving children's learning (and related social and emotional well-being) for the national evaluation was the SDQ. While practitioners were not required to complete an SDQ for school readiness-oriented interventions, practitioners in a small number of ABC areas completed the questionnaires for children aged two to four years and for children aged four years or older.

3.3.4.1 Children aged two to four years

Practitioners completed 473 SDQs at the pre-intervention stage and 406 at post-intervention for children aged two to four years. A total of 406 SDQs were matched, and the analysis of these cases is shown in Figure 14.

Figure 14: Mean total difficulties scores for children aged two to four years, from practitioner-reported SDQs
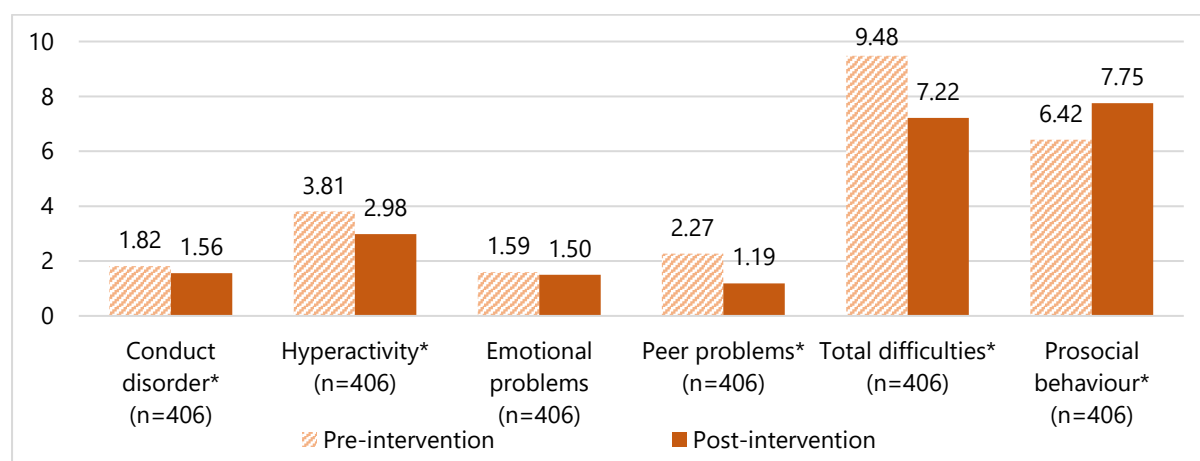
Statistically significant differences

Practitioners reported statistically significant improvements in total social and emotional difficulties for these children during the ABC Programme interventions, with the mean score dropping by 2.26 points. There were also statistically significant improvements for the conduct, hyperactivity, peer, and prosocial sub-scales. While there was an improvement in the average score for emotional problems, this change was not statistically significant.

As described in Section 3.2.4, based on their total difficulties scores, children's behaviour can be classified into one of three ranges: 'normal', 'slightly raised', and 'problematic'.[40] There were statistically significant improvements reported among children initially categorised in the 'slightly raised' and 'problematic' ranges, but not among those initially in the 'normal' range.[41] The extent of these improvements differed between the ranges, with children initially in the 'problematic' range seeing the greatest improvements.[42]

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[40] The details of these ranges vary for each version of the SDQ. Further information can be found in Appendix 6.
[41] Details on the improvements experienced by children in each range can be found in Appendix 17.
[42] As discussed previously, some of this effect may be due to the statistical effect of 'regression to the mean', and without a control group it was not possible to determine this effect's impact on the findings presented.

The proportion of children in each range for the total difficulties score is shown in Figure 15.

Figure 15: Proportion of children aged two to four years scoring in each SDQ range on practitioner-completed SDQs, pre- and post-intervention
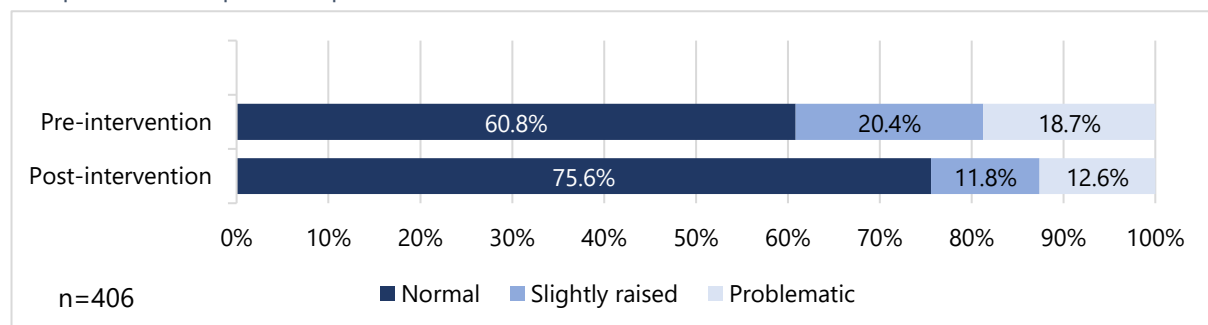
Figure 15 shows that the percentage of children in the 'problematic' range decreased after the ABC Programme interventions, and that the percentage in the 'normal' range increased.[43]

There are several key findings about the movement of children between the ranges:

1. Among the 76 children initially in the 'problematic' range, 22 per cent moved down to the 'slightly raised' range, and 36 per cent moved into the 'normal' range.

2. Among the 83 children initially in the 'slightly raised' range, 71 per cent moved down to the 'normal' range, and 12 per cent moved up into the 'problematic' range.

3. Among the 247 children initially in the 'normal' range, 89 per cent remained there at post-intervention, with only seven per cent and four per cent moving up into the 'slightly raised' and 'problematic' ranges, respectively.

These findings show that there was a general trend, which was statistically significant, for children to move towards the 'normal' range. However, they do illustrate that a substantial subset of children still had 'problematic' social and emotional difficulties after the ABC Programme interventions. More than 40 per cent of the children initially in the 'problematic' range remained there at post-intervention; however, most of these children saw improvements in their reported social and emotional difficulties.

In a small number of ABC areas, parents also completed SDQs for their children aged two to four years; 225 parents completed pre-intervention SDQs and 197 completed the same measure post-intervention. A total of 196 matched pre- and post-intervention SDQs were included in the analysis for the national evaluation. Positive differences in the total difficulties scores between pre-intervention (mean score=9.76) and post-intervention (mean score=6.97) were observed. There were also desirable and statistically significant changes in the conduct problems, hyperactivity, emotional problems, and prosocial behaviours sub-scales.

For context, parents of children participating in the GUI study reported on the social and emotional well-being of their children using the same SDQ that was used for the ABC Programme evaluation. For the cohort of children who were three years of age, the mean total difficulties score nationally was 7.98, and for the lowest income quintile it was 8.92.[44] As noted previously, there were differences in how the data were collected for the GUI study and for this evaluation. However, these scores suggest

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[43] A detailed cross-tabulation for these ranges can be found in Appendix 17.
[44] Figures based on a GUI-anonymised microdata file for Cohort '08 at three years of age, provided by the GUI Study Team at the request of DCYA, March 2018.

that children receiving school readiness interventions, or whose early years practitioners were receiving professional development supports supported by the ABC Programme, initially had slightly higher levels of behavioural difficulties than both the national average and than children in the lowest income quintile. However, post-intervention, these children were reported to have lower levels of social difficulties than average.

3.3.4.2   Children aged four years or older

Practitioners in a small number of ABC areas completed a total of 363 questionnaires for children aged four years or older at pre-intervention and completed 280 questionnaires post-intervention. A total of 279 matched pre- and post-intervention SDQs were included in the analysis. Practitioners reported desirable and statistically significant improvements between pre-intervention (mean score=9.28) and post-intervention (mean score=6.90) total difficulties scores. There were also statistically significant positive changes in the mean scores of the hyperactivity, emotional problems, peer problems, and prosocial behaviours sub-scales.[45]

There were some reports in the qualitative data that were collected to answer the four key policy questions that local stakeholders saw a change in the school readiness and in the social and emotional well-being of children participating in ABC Programme-supported interventions.

> *"[The evidence-based intervention] is clearly, hugely successful, and it's marvellous to see the improvement in the reading and also in the confidence of the child."* (Teacher, focus group, 1,329)
>
> *"The crèche had massive support, additional support from ABC, early years people, just to improve the quality within the service, and to get messages across about preparation for school. So, a group moved up to Junior Infants, so, it was day one and it was the first time, in probably three, four, five years, [that the principal] had a sense that…the whole class settled on the first day. It just wouldn't have happened before."* (Consortium member, focus group, 1,335)

3.3.5   Home learning environment

As part of assessing improvements in children's learning, a small number of ABC areas chose to also collect data about the home learning environment using the HLEM. A total of 379 HLEM questionnaires were completed at pre-intervention and 252 were completed at post-intervention; there were 251 matched HLEM questionnaires included in the analysis for this evaluation. The mean score for the HLEM increased between pre- and post-intervention, from 32.74 to 34.02; this change was desirable and was statistically significant.

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[45] A positive change was also recorded in the conduct problems sub-scale; however, this change was not statistically significant.

3.4   Children's Health and Development

> ### Key findings
>
> Teachers reported that:
> - **There were improvements in the social and emotional well-being of children** who participated in this evaluation. Teachers reported an increase in the children's prosocial behaviours and a decrease in their social and emotional difficulties.
> - **Improvements were greatest among children who began with the highest level of social and emotional difficulties.**
>
> These changes were all statistically significant and local stakeholders taking part in interviews and focus groups also reported observing these types of changes for children.

3.4.1   Interventions

School-based health and development interventions included in the national evaluation included those that are focused on improving children's social and emotional development and/or well-being. The ABC areas that provided these types of interventions were:

- Ballyfermot
- Ballymun
- Bray
- Clondalkin
- Grangegorman
- Knocknaheeny
- Louth.

While this evaluation did not cover all interventions aimed at improving children's health and development outcomes, a wide variety of approaches were included in the evaluation. These typically involved group-based interventions, such as:

- Incredible Years: Teacher Classroom Management Programme
- Incredible Years Dinosaur Programme (Classroom or Small Group)
- Roots of Empathy
- FRIENDS programme
- Lifeskills.[46]

These interventions are all evidence-based approaches delivered in the classroom, mostly to primary school children. The interventions use different strategies to improve children's social and emotional well-being, including:

- Enhancing classroom management strategies for teachers
- Increasing children's empathy and prosocial behaviour
- Promoting youth mental health.

The core measure used to assess changes in children's social and emotional well-being was the SDQ, which was completed by practitioners delivering the interventions.

Full details of the pre- and post-intervention scores, including effect sizes, for the measure used to assess changes in the social and emotional well-being of children are included in Appendix 18.

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[46] See Appendix 1 for a more complete description of interventions offered by each ABC area.

3.4.2 Profile of participants

Data for 2,001 children were collected for this evaluation. Teachers were asked to complete a questionnaire entitled "Teacher About Child" which aimed to gather basic sociodemographic information on the children participating in the interventions. Teachers did not always complete the entire questionnaire for each child, meaning that demographic information was not known for all children. A summary of the available information is provided below:

- The gender of the child was known for 93 per cent of cases. There was a greater proportion of girls included in the evaluation (54 per cent) compared to boys (46 per cent). This could largely be explained by the inclusion of more single-sex girls' schools in one ABC area.
- The age of the child was known for 87 per cent of cases. The children ranged in age from two to 15 years,[47] with a mean age of 6.8 years and a median age of eight years.
- The school class of the child was known for 88 per cent of cases. Of these, eight per cent were in pre-school, 34 per cent were in Junior or Senior Infants, 29 per cent were between 1st and 3rd class in primary school, and 24 per cent were between 4th and 6th class. About five per cent of the children were in post-primary school.

3.4.3 Children's social and emotional well-being

All teachers were asked to complete the SDQ; three versions of the questionnaire were completed. Teachers could select from one of two SDQs depending on the age of the child: one was for children aged two to four years and one was for children aged four years or older. For children aged 11 to 17 years, there was a version of the SDQ that they could complete themselves.[48]

The questionnaire aimed at children aged four years or older was the primary measure for this outcome area and had the highest response rate. Outcomes data were collected for this measure in six ABC areas; for this reason, it is discussed in greatest detail. A total of 1,532 questionnaires were completed for children in this age group at pre-intervention, and 1,155 were completed at post-intervention. Of these, 1,152 were matched.[49]

Average scores for all sub-scales are shown in Figure 16. Teachers reported statistically significant improvements for all sub-scales, with a decrease in the mean total difficulties score of 1.86 between the pre- and post-intervention periods, which was a desirable change.

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[47] The youngest children were participating in an evidence-based intervention delivered in early years settings.
[48] See Section 3.2.4 for descriptions of the scales used in the SDQ.
[49] See Appendix 6 for details on how missing values were dealt with when calculating scores.

Figure 16: Mean scores from teacher-reported SDQs for children aged four years or older
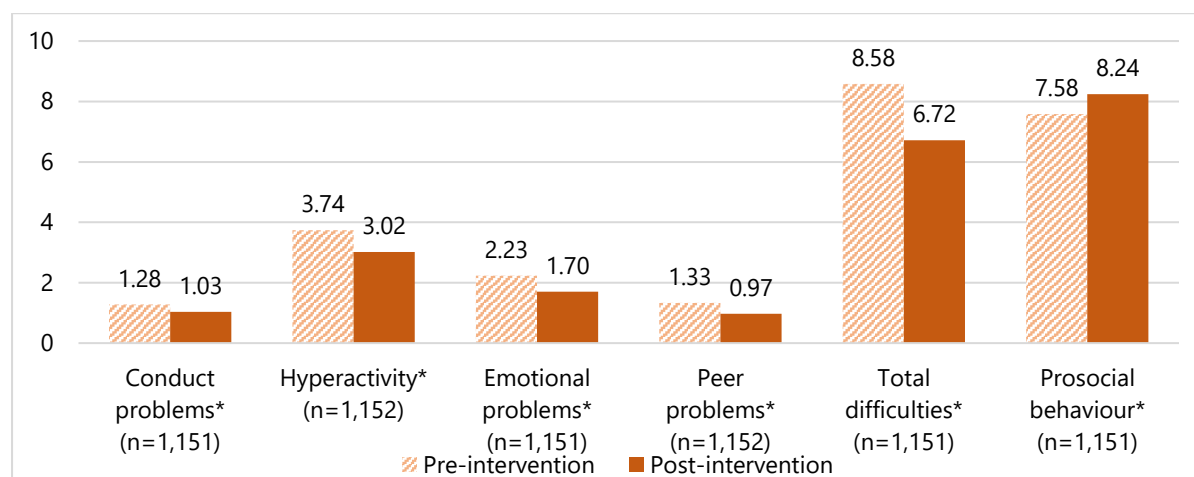
Statistically significant differences

For context, as part of the GUI study, teachers reported on the social and emotional well-being of children using the same SDQ. This was done for children who were five years of age (infant cohort) and nine years of age (child cohort). The average total difficulties scores across Ireland were 6.22 for children who were five years of age and 5.92 for children who were nine years of age.[50]

As noted previously, there were differences in how data were collected for the GUI study and for this evaluation, and the scores are not directly comparable. However, these scores suggest that children receiving ABC Programme-supported interventions that were intended to improve social and emotional well-being began with behavioural difficulties somewhat greater than the national average. While the mean scores at post-intervention moved closer to these averages, children receiving ABC Programme-supported interventions still had slightly greater social difficulties than average.

As described in Section 3.2.4, based on their total difficulties scores, children's behaviour can be classified into one of three ranges: 'normal', 'slightly raised', and 'problematic'.[51] There were statistically significant improvements reported among children in each range.[52] The extent of these improvements differed between the ranges, with children initially in the 'problematic' range seeing the greatest improvements.[53]

The proportion of children in each range for the total difficulties score is shown in Figure 17.

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[50] Figures based on a GUI-anonymised microdata file for Cohort '08 at five years of age and for Cohort '98 at nine years of age provided by the GUI Study Team at the request of DCYA, June 2018.

[51] The details of these ranges vary for each version of the SDQ. Further information can be found in Appendix 6.

[52] Details on the improvements experienced by children in each range can be found in Appendix 18.

[53] As discussed previously, some of this effect may be due to the statistical effect of 'regression to the mean', and without a control group, it was not possible to determine this effect's impact on the findings presented.

Figure 17: Proportion of children aged four years or older scoring in the 'normal', 'slightly raised', and 'problematic' ranges of behaviour on teacher-completed SDQs, pre- and post-intervention
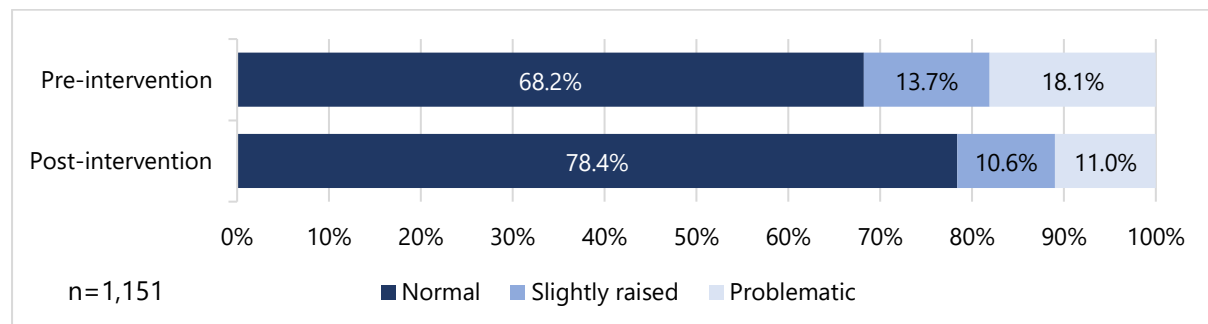
Figure 17 shows that the percentage of children in the 'problematic' range decreased after the ABC Programme interventions, and that the percentage in the 'normal' range increased.[54]

There are several key findings about the movement of children between the ranges:

1. Among the 208 children initially in the 'problematic' range, 24 per cent moved down into the 'slightly raised' range, and 36 per cent moved into the 'normal' range.

2. Among the 158 children initially in the 'slightly raised' range, 63 moved down into the 'normal' range, and 16 moved up into the 'problematic' range.

3. Among the 785 children initially in the 'normal' range, 93 per cent of them remained there at post-intervention, with only 5 per cent and 2 per cent moving up into the 'slightly raised' and 'problematic' ranges, respectively.

These findings show that there was a general trend, which was statistically significant, for children to move towards the 'normal' range. However, it also illustrates that a substantial subset of children still had 'problematic' social and emotional difficulties after the ABC Programme interventions. More than 40 per cent of children initially in the 'problematic' range remained in this range post-intervention; however, half of these children saw improvements in their reported social and emotional difficulties.

A small number of ABC areas collected outcomes data using the other versions of the SDQ within the social and emotional well-being outcome area. For children aged two to four years, 99 teachers completed the SDQ at pre-intervention and 91 teachers completed it at post-intervention. Of these, 86 could be matched for all sub-scales. Among the children aged 11 to 17 years, 280 self-completed the questionnaire at pre-intervention, and 237 completed it at post-intervention. Of these, 231 could be matched.[55]

Figure 18 demonstrates that both age groups experienced statistically significant improvements for the total difficulties scale.

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[54] A detailed cross-tabulation for these ranges can be found in Appendix 18.
[55] See Appendix 6 for details on how missing values were dealt with when calculating scores.

Figure 18: Mean total difficulties scores from teacher- and self-reported completed SDQs
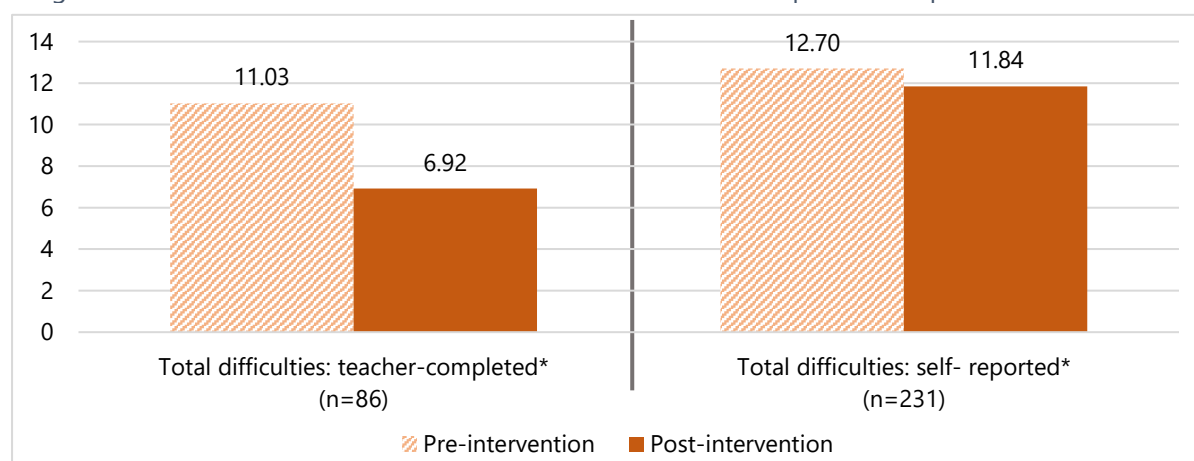
Statistically significant differences

The positive changes observed for all age groups for which there were completed SDQs were also echoed in the qualitative data analysed. Local stakeholders observed changes in the social and emotional well-being of children in the participating ABC areas.

> *"The children are definitely happier, more relaxed, more confident."* (Consortium member, focus group, 1,350)
>
> *"I heard that recently that children who have been to these programmes - when they get to school are doing so much better, like that's just huge."* (Health service provider, interview, 1,339)

3.5   Summary Conclusions on Changes for Children and Parents

Analysis of the pooled outcomes data for children and parents taking part in the ABC Programme from 2015 to 2016 and from 2016 to 2017 indicated positive differences in the scores between baseline and post-intervention on a range of outcome measures, suggesting that the ABC Programme made a positive contribution towards the achievement of the intended outcomes. Parents taking part in parenting interventions showed positive changes in child-parent relationships, as reported using the CPRS, and the SDQ scores for their children also demonstrated positive changes in their children's social and emotional well-being. Children taking part in early years interventions showed positive differences in school readiness, as reported using the practitioner-completed SBSRS. Finally, children taking part in largely school-based interventions aimed at improving children's social and emotional well-being showed positive changes in SDQ scores between pre- and post-intervention.

These types of positive changes were also reported by local stakeholders in the qualitative data collected for other elements of the evaluation. Other reported positive changes included:
- Increased confidence among parents to engage with practitioners, as well as self-belief to participate in employment and education
- Children settling into class more easily after transitioning into primary school
- The development of support networks among parents.

Chapter 4: What's Changed for Practitioners and Service Managers?

4.1   Introduction

This evaluation was concerned with answering four key policy questions which related to a variety of issues, ranging from practitioners' and consortium members' use of evidence and data, to interagency working, to changes in local models of service provision and service planning and delivery. This chapter describes what, if any, changes were experienced specifically by practitioners and service managers in their professional practice and service delivery, in their use of evidence and data in local service planning and delivery, and in the levels and nature of interagency working, since participating in the Area Based Childhood (ABC) Programme.

As outlined in Chapter 2, Section 2.1.3, the exploration of changes experienced by practitioners and service managers reflects the concepts of 'connections' and 'infrastructure' as articulated in Coffman's systems initiative evaluation framework (Coffman, 2007). Assessing connections can be understood as evaluating the extent to which the integration of services and the level of interagency working has been achieved or is in progress. Examining infrastructure relates to evaluating the extent to which the support systems – including structures, processes, and people – needed for effective implementation are developed.

The findings in this section reflect a rigorous process of triangulation of evidence across the following data sources:
- National stakeholder and lead agency representative interviews
- Practitioner, service manager, and consortium member focus groups
- Consortium member and practitioner/service manager web-based surveys
- Documentary analysis of secondary data.

The findings reported are the most common evidence trends across all data, and where evidence was weak, this is explicitly stated.

The evaluation recognised that changes in local service provision, the use of evidence and data, and interagency working did not occur in a perfect linear fashion and that the ABC Programme works in a complex system. As noted in Chapter 2, other factors enabling or hindering changes for practitioners and service managers are explored in Chapter 6.

4.2   Assessing the Implementation of the ABC Programme – An Evolving Evaluation Approach

The evaluation of the national implementation of the ABC Programme, as originally conceived and agreed with the Expert Advisory Group (EAG) in 2014, evolved over time. The changes in the design were made in response to an evolving focus by the funders towards a process evaluation design that

focused on addressing the four key policy-oriented questions, as described in Chapters 1 and 2. The open nature of the local systems within which the ABC Programme was being delivered and the variety of the interventions being used was also recognised and factored into the design of the evaluation exploring implementation issues.

Early iterations of the evaluation design (from 2014) focused on evaluating the implementation of the ABC Programme using the Active Implementation Framework (AIF), a well-recognised implementation framework - and a mixed methods approach. This implementation framework adopts a stage-based and competency-drivers approach to understanding and supporting implementation (Fixsen et al, 2005; Burke et al, 2012). A number of assessment tools[56] can be used to assess progress towards full implementation. It was originally envisaged that fieldwork, using these tools, could begin in autumn 2015, with data collection points over the course of the ABC Programme, in order to map and assess implementation progress over time. During late 2015 and early 2016, the evaluation design was revised, and the final design was agreed with the funders and the EAG in June 2016.

By focusing on the four key policy questions, the design of the implementation evaluation of the ABC Programme evolved in three main ways:
- It became more summative in its design.
- It no longer focused on evaluating the stages of implementation given the revised timeframes, single point of data collection, and emphasis on the four key policy questions.
- Although previous approaches to the design attempted to explore issues of fidelity and quality of intervention implementation in each area, and the use of evidence-informed interventions and practices was explored under the revised design, the potential to explicitly assess the extent to which practices and interventions have been implemented with fidelity was more limited. In addition, implementation quality cannot be linked to service user outcomes.

The agreed implementation evaluation design used a mixed methods approach that included surveys, interviews, and focus group methods, as well as documentary analysis. The Centre for Effective Services (CES) evaluation team developed bespoke surveys to collect implementation and process data rather than using existing measures.

The revised design enabled the collection of data that can inform future policy direction.

4.3   Profile of Practitioners, Service Managers and Consortium Members

The assessment of whether changes have occurred for practitioners and service managers in ABC areas, and the contribution of the ABC Programme to any changes, were made by analysing a range of data from a variety of sources, including survey data, focus groups, interviews, and documentary analyses. The analysis of data collected from these sources is explored more fully in Chapter 2. Table 4.1 illustrates the number and type of respondents to the web-based surveys per ABC area.

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[56] Developed by researchers at the National Implementation Research Network, Frank Porter Graham Child Development Institute at the University of North Carolina, Chapel Hill in the United States.

Table 4.1: Number and type of web-based survey respondents by ABC area

ABC areas	Practitioners	Service managers	Consortium members
Ballyfermot	7	3	18
Ballymun	28	7	30
Bray	6	3	10
Clondalkin	18	7	7
Dublin 5 and Dublin 17	23	5	4
Docklands	26	26	16
Finglas	88	6	22
Grangegorman	4	2	12
Knocknaheeny	30	12	8
Limerick City	51	14	18
Louth	57	11	41
Tallaght West	17	14	8
Total	**355**	**110**	**188**[57]

4.3.1 Practitioners and service managers

A total of 355 practitioners and 110 service managers[58] completed the same web-based survey; these respondents included teachers, early years practitioners, social care or family support staff, staff from public health or primary healthcare services, and other professionals. Practitioners and service managers engaged with their local ABC Programme in any of the following ways:

- By receiving training, coaching, or mentoring support to enable the staff member to deliver an ABC Programme-supported intervention
- By delivering an adapted or new type of intervention to children or parents
- By taking part in a network of practitioners or professionals supported under the ABC Programme.

It is important to note that:

1. There were different levels of representation from across areas, ranging from 88 practitioner respondents in Finglas to four respondents in Grangegorman, as can be seen in Table 4.1.
2. Lead agencies in three ABC areas forwarded the web-based survey link to practitioners; therefore, it was not clear to the CES evaluation team what the total population of

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[57] The total number of consortium members for each ABC area indicated in Table 4.1 exceeds 188, as some respondents indicated that they were involved in more than one consortium.

[58] For the purposes of the evaluation, service managers were defined as service leads not involved in the local ABC consortium but participating in or delivering an ABC Programme-supported intervention, e.g. a manager of a local early years centre who was not on the consortium but was participating in professional development supports, or a school principal whose staff were participating in training.

practitioners and service managers across the ABC areas was and what proportion were represented in the survey.

Practitioners and service managers from across a wide range of service organisations responded to the survey; most were from early years services and primary schools. Overall, surveyed practitioners and service managers reported that their respective organisations provided a wide range of services/interventions, from early years services (48 per cent of practitioners and 63 per cent of service managers) to group-based parenting interventions (41 per cent of practitioners and 37 per cent of service managers) to home-visiting interventions (15 per cent of practitioners and 20 per cent of service managers) (see Appendix 19 for more details).

In addition to the responses received from the web-based survey, practitioners and service managers also participated in focus groups, as outlined in Section 2.2.3.1, Table 2.3. These focus groups comprised practitioners working in early years services, family support services, primary schools, and other family and child services.

4.3.2 Consortium members

A total of 188 consortium members from across the 12 evaluated ABC areas completed the web-based consortium member survey.[59] This represents 44 per cent of consortium members whose contact details were shared by the ABC areas with the CES evaluation team.

Most respondents fulfilled multiple roles within their consortium. For example, of the 133 respondents who identified as consortium members, 55 per cent were also members of a subcommittee, 66 per cent were members of an implementation support subgroup, and 53 per cent managed staff who directly delivered or facilitated the delivery of an ABC Programme-supported intervention.

Forty-nine per cent (92) of respondents reported their organisation as a community and voluntary organisation; another 34 per cent reported working for a statutory organisation. Half of the respondents identified as a local manager or coordinator of services, 15 per cent identified as a practitioner and/or teacher, and slightly more than seven per cent identified as a regional or national manager. Just over 28 per cent identified as 'other'; responses included management or coordinating role in a primary school (nine respondents), coordinators of a variety of networks (eight respondents), external consultants (five respondents), parents/parents' representatives (four respondents), and board members (three respondents).

A wide range of service types was represented in the survey, including family support services, early years services, primary schools, other education services, public health services, organisations providing professional development interventions, and statutory social work services. The 'other' category was selected by 37 per cent of respondents and included those who identified their services as community development-type services (11 respondents), family support-type services (six respondents), university services (six respondents), services for young people (five respondents), professional development services (three respondents), and addiction services (three respondents).

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[59] Details of the responses to individual questions are included in Appendix 20.

In addition to these survey responses, and as outlined in Chapter 2, consortium members also participated in focus groups. At least one consortium member focus group was held in each ABC area. It is important to note that along with these sources of data, the findings include data from interviews with 12 lead agency representatives and 16 regional and national stakeholders.

4.4   Changes to Local Models of Service Provision

Key findings

Local service provision changed in three main ways across ABC areas:

- **New interventions/services** were implemented in areas.
- Areas **adapted existing interventions.**
- Practitioners **adopted new or have changed their professional approaches** or ways of working.

The ABC Programme was reported to have contributed to these changes. As intended, **training and other professional development supports** were provided to participating practitioners and managers on the use of evidence-based/informed interventions.

As a consequence of changes to local models of service delivery, there was evidence of **greater coordination between local service providers, more comprehensive service coverage and/or local portfolio of interventions, and a suite of interventions being available in local communities which was more appropriate to local needs.**

Local and regional service providers across sectors were, for the most part, **positively disposed to the ABC Programme** and the new interventions and ways of working that it supported. However, a small number of regional and national stakeholders providing services across wider geographical areas than those covered by the ABC Programme reported the **challenges they experienced in maintaining awareness of all ABC Programme-supported interventions** and in coordinating referrals to and from ABC areas.

4.4.1   Introduction

The following section presents the findings from the evaluation around the following policy question:
Are, and if so, how and to what extent are, local models of service provision being influenced or changing arising from ABC activities/experiences?

The logic model for the ABC Programme (Figure 2) identified a range of inputs, activities, and outputs that were intended to contribute to changes in local models of service provision and the implementation of quality interventions and approaches, the aim of which were to improve outcomes for children and families. Figure 19 describes the process of change intended to be supported by the ABC Programme regarding local models of service delivery and based on the ABC Programme logic model.

Figure 19: How the ABC Programme intended to change local models of service provision, based on the ABC Programme logic model
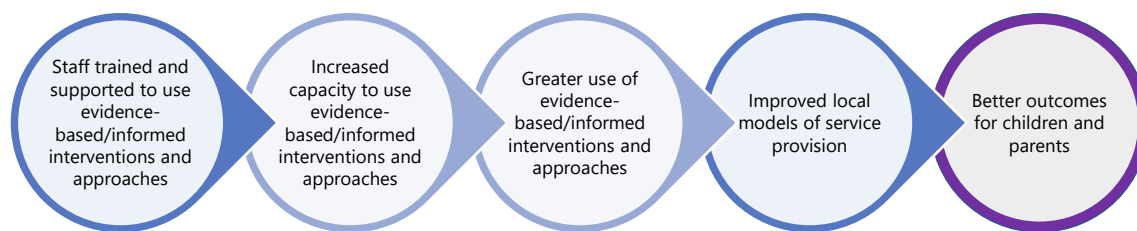
4.4.2   Changes arising from ABC Programme activities and experiences

Findings from across a variety of sources and types of data indicated that local service provision changed over the course of the ABC Programme. Approximately 40 per cent of practitioners and 64 per cent of service managers indicated in their responses to the web-based survey that professional practice[60] had changed as a consequence of their participation in the ABC Programme. Nearly 90 per cent of surveyed consortium members reported that services had changed in their respective areas, and 90 per cent reported that participation in the ABC Programme had improved professional practice locally. In addition, most practitioners, service managers and consortium members who participated in focus groups also agreed that local service provision had changed over the course of their involvement with the ABC Programme.

A small number of surveyed practitioners (3 per cent) reported no changes to practice. For the most part, these practitioners reported that evidence-based/informed interventions were already integrated into their practice.[61] Analysis of the reports of 'nothing new' or 'no change' in the survey data suggested that surveyed practitioners did not express a lack of trust or confidence in, or a lack of appreciation of the value of, the ABC Programme, but rather an opinion that they already used evidence in their work.

Some national stakeholders were less attuned to changes at a local level and were unable to offer a view as to whether changes had occurred. Those national and regional stakeholders who were closer to operational service delivery reported some changes to local services.

For those local and regional respondents who reported that local service provision had changed over the course of the ABC Programme, the reported changes were categorised in three broad ways:
- Introduction and implementation of new interventions/services
- Adaptation to existing interventions/services

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[60] For the purposes of the evaluation, 'professional approaches/ways of working' was understood to mean changes to the knowledge, skills, and attitudes associated with professional practice that had influenced or led to changes in the ways in which services were delivered.
[61] For the purposes of the evaluation, 'interventions' were understood to include evidence-based/informed programmes, services, and approaches.

- New or changing professional approaches.

Each of these changes is explored in turn in the following subsections.

4.4.2.1 Introduction and implementation of new interventions/services

A range of respondents at the local and regional level reported that the ABC Programme had contributed to new evidence-based/informed interventions being introduced and delivered locally or regionally. ABC areas that had significant experience of implementing evidence-based/informed interventions and/or new ways of working, e.g. former Prevention and Early Intervention Programme areas, reported that the ABC Programme facilitated the continuation of this type of approach to service provision.

Where change did occur, the most substantial change identified by local stakeholders included the introduction and implementation of evidence-based interventions among teachers in primary schools, early years practitioners, family support staff and public health nurses. Such interventions included social and emotional well-being programmes, such as Incredible Years and Roots of Empathy. Early years practitioners, family support staff, and other health service-related stakeholders reported greater use of evidence-based/informed parenting interventions, such as Parents Plus, the Triple P Positive Parenting Programme, and Incredible Years.

Evaluation participants also identified the introduction and implementation of new evidence-informed interventions in infant mental health as a key change and as a significant contribution of the ABC Programme.[62]

> *"When we would've started with the [parenting programme] … there was no talk of infant mental health. I remember looking it up, when it was down in [ABC area]…and it was great then to kind of see [ABC area] incorporating it and there's more people incorporating it now … But that fits in very well with the [health service setting], plus our own [work]."* (Health service provider, stakeholder interview, 2,860)

At the time of the evaluation, most ABC areas were providing interventions to parents of children who were in the birth to three years age group. However, not all of these interventions (or range of interventions) were framed as infant mental health interventions and were described more generally as antenatal and postnatal interventions for parents. For most ABC areas, but not all, the provision of such interventions was new and had been facilitated by the ABC Programme.

4.4.2.2 Adaptation to existing interventions/services

Interview and focus group data suggested that local service provision was also adapted to include additional components or elements to augment existing interventions. The most substantial changes in this regard were reported to be in:

- Speech and language services
- Transitions work between early years practitioners and primary school teachers

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[62] For the quotations from evaluation participants, the data source and type, followed by the segment line number in the relevant data file, are included in brackets after each quote.

- The expansion of existing evidence-based interventions to more schools, early years centres, and family resource centres within local areas; and in services for children from birth to three years of age and parents.

Additionally, beyond interventions focusing on infant mental health, there were also changes to interventions for children from birth to three years of age and parents. These included changes to referral pathways and the ways in which parents learn about and access services.

Speech and language services

Local and regional stakeholders provided many examples of how the ABC Programme contributed to changes in the delivery of speech and language services, as highlighted in Case Illustration 2.

Case Illustration 2: Changes to how oral language development interventions were provided

A manager from an early years centre described how the support provided by the ABC Programme changed the way in which her service, and the children attending it, benefited from new approaches to working introduced by speech and language therapists (SLTs).

"*The biggest change for us was the input from the speech and language therapy. So, there's a speech and language therapist in the [lead agency] team and she introduced us to lots and lots of different ways of working with the children and the parents, and she held, you know like coffee mornings with the parents.*" (Early years centre manager, web-based survey)

ABC Programme funding enabled the recruitment of Joan (not actual name to protect the anonymity of the practitioner), an SLT, to the local ABC Programme team. Joan visited the early years centre and worked directly with both the early years practitioners and the parents to raise their awareness of the importance of children's language development and to provide practical tips and advice for promoting and encouraging oral language development in young children. Joan provided resources and materials for practitioners, which were shared with parents, about recognising a child's language development milestones. Although waiting lists and access to one-to-one therapeutic speech and language services were still problematic in the local ABC area, the capacity building and awareness-raising work that Joan did with practitioners and parents made a real difference in how practitioners and parents understood the issue of oral language development. For the practitioners in this early years centre, the focus on oral language development was equally as important as their focus on

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Reported changes to existing speech and language services ranged from adopting an approach more focused on early intervention to changing the ways in which existing services were delivered. These included how speech and language therapists reported to now provide:

- Professional development and upskilling for primary school teachers and early years practitioners, helping these professionals develop their skills in supporting children to develop their oral language skills and divert them away from therapeutic and clinic-based interventions
- Capacity building for parents, to help them better engage with and support their child's oral language development
- On-site speech and language assessments of children in schools and early years centres.

Transitions work between early years practitioners and primary school teachers

Focus group participants and interviewees reported the ways in which early years practitioners and primary school teachers had augmented their current interventions with the addition of transition-focused activities and interventions since the ABC Programme commenced. These activities supported children in their transition from pre-school to primary school and were reported to have benefited both the children and teachers taking part.

> *"After transition, we had a meeting with [teachers] and that was one of the things that they felt that they were missing out on, they would like a visit to the childcare service; they'd love to see the children in their environment, before they start school … It's great for the teacher and they love it because … and they get all that information before the child even walks through the door."*
> (Early years practitioner, focus group, 1,373)

Participants reported greater collaboration and interaction between early years practitioners and primary school teachers as a consequence of these transition activities; this greater collaboration was also supported by survey data.

Expansion of existing evidence-based interventions

Respondents reported that existing provision of evidence-based/informed interventions had expanded under the ABC Programme. For example, some stakeholders from across a range of ABC areas noted that while evidence-based/informed interventions were already being delivered in their areas, the ABC Programme facilitated the expansion of such interventions. This included increasing the delivery of evidence-based/informed interventions within schools or expanding provision from schools into early years settings and expanding the range of evidence-based/informed interventions available to family support services staff in local ABC areas.

> *"If you look at say, the local family resource centre, [service name], the only evidence-based programme they had was [a parenting programme], and it was very minimal what was being delivered. Whereas, now there's a whole new suite of evidence-based programmes being delivered."* (Lead agency representative, interview, 1,957)

In some instances, ABC areas augmented existing national service provision by providing the same or

similar evidence-based/informed interventions as those available via statutory providers (e.g. professional development supports for early years practitioners; school-based social and emotional well-being interventions). While this was, for the most part, not characterised as problematic, a small number of stakeholders did raise the issue of duplication and displacement of effort, particularly for existing interventions provided by statutory agencies, as demonstrated in Case Illustration 3.

> **Case Illustration 3: Avoiding duplication and displacement of interventions**
>
> One ABC area representative discussed the challenges and successes of working with local statutory agencies which provided the same or similar interventions. In this ABC area, and in response to local need, the ABC Programme team supplemented the provision of interventions when a local statutory agency was experiencing resourcing shortages. All partners were mindful of the potential overlap and the potential for duplication and displacement.
>
> The local ABC Programme team was mindful of the financial and human resources circumstances of their statutory colleagues and the advantages that participation in the local ABC Programme, including funding and being able to secure other leveraged resources, brought to their team. The ABC Programme team could sense the frustration of its statutory colleagues *"because the [statutory services] were not in a position to deliver what they feel they should be delivering"* (Lead agency representative, interview, 3,095).
>
> In spite of these frustrations, the ABC area representative stressed that the relationships between the ABC Programme team and the statutory agencies had strengthened as the ABC Programme progressed. The statutory agencies in question were represented on the ABC area's consortium and were also engaged with the ABC Programme team in sustainability planning to ensure the longer-term continuation of services in the area

4.4.2.3   New or changing professional approaches

Local, regional, and national stakeholders reported changes in the ways in which practitioners across nearly all ABC areas worked. These changes were categorised for the purposes of the evaluation as changes to professional approaches due to participation in the ABC Programme, and these were informed by the acquisition of new knowledge, skills, and attitudes. Data from the web-based surveys with practitioners, service managers and consortium members, and from focus groups with these same groups of stakeholders, suggested that new or changing professional approaches occurred across a range of domains, including the following:

- Early intervention
- Professional practice
- Collaboration
- Co-delivery of interventions
- Engagement with children and parents.

Early intervention

A focus on early intervention was a design feature of the ABC Programme. Early intervention, in this context, is understood in two ways:

i.   Intervening early in a child's life to support their development

ii.   Intervening early with emergent challenges to prevent problems from developing in the future.

Participants in focus groups and interviews reported that there was a greater focus on early intervention in the suite of interventions being offered locally under the ABC Programme. Participants cited the types of interventions – such as whole-community, school or centre approaches to parenting, children's development, social and emotional well-being, and early intervention oral language development initiatives – as evidence of this attention to early intervention.

> *"… everything is a layer of preventative work, that's building up and before it reaches that threshold for social work."* (Consortium member, focus group, 801)

The focus on early intervention was also discussed in the context of how ABC areas were targeting interventions. Area-based respondents reported the importance of making interventions available to all who needed them and to destigmatising interventions by offering them at a population level within a discrete bounded area. This latter concept is known as 'targeted universalism' or 'progressive universalism'.

> *"I suppose it's kind of progressive universalism, in that we're in a very targeted area, providing services to those most in need, but [parenting intervention A], it would be more targeted than [parenting intervention B]. [Parenting intervention B] is obviously, completely universal … So, we'd have varying levels of need, and I think you need that for the [intervention]. It is very much a universal programme, but can be provided in a targeted way, to families in most need."* (Lead agency representative, interview, 2,616)

It should be noted that, for a small number of ABC areas, either the focus of their service provision was on families that faced additional barriers to accessing services – such as Traveller families and families experiencing homelessness – or at least some of their provision was focused on families with higher levels of need. However, the majority of ABC areas adopted a more typical early intervention approach, i.e. interventions were more widely available to the whole community, albeit in a targeted area.

The ABC areas' engagement with statutory services, such as Tusla, was considered by local stakeholders to be important with regard to early intervention. Collaborative working relationships facilitated the referral of families with higher levels of need to statutory social work services or to community and voluntary sector organisations better suited and more equipped to provide support.

Professional practice

Professional practice was reported to have changed in a number of ways; for example, respondents observed that they or their staff teams had:

- Learned new skills and techniques, such as social and emotional coaching, oral language development techniques, and classroom management techniques
- Placed a greater emphasis on planning and assessment in their day-to-day work (see Section 4.5 for more details)
- Used more child-focused processes in their practice
- Engaged in more reflective practice.

Regarding early years practice, changes in practice were noted in terms of staff teams' set-up and management of the learning environment for young children. Respondents chiefly referenced the changes to their practice because of the support they received through the ABC Programme in implementing the

> *"All the staff are more aware of Aistear and Síolta. Documentation of children's learning is more professional. We are more aware of the materials and resources and how they correlated to different areas of learning."* (Service manager, web-based survey, 23)

Aistear curriculum and the Síolta framework. A greater focus on supporting children's oral language development was also noted.

Similar changes for teachers were reported in terms of approaches to oral language development and the social and emotional well-being of children in school.

The factors identified as supporting these new professional approaches and ways of working are discussed in more detail later in Section 4.4.3 and in Chapter 6.

Collaboration

The issue of collaboration with other professionals in the delivery of interventions emerged as a strong theme in the data regarding changes to local service provision. Evaluation participants reported that the ABC Programme contributed to greater collaboration, a change which represented a significant shift in local service provision.

Across the ABC areas, collaborations that contributed to new ways of working and/or new professional approaches were most frequently reported between:

- SLTs and teachers
- SLTs and early years practitioners
- Early years practitioners and primary school teachers
- Family support staff and public health nurses.

These and other examples are discussed in further detail in Section 4.6.

Co-delivery of services

Co-delivery of services was reported by a smaller number of local stakeholders as a change in professional approaches. Co-delivery is distinct from collaboration, insofar as it refers to examples where professionals from different organisations or sectors deliver interventions in partnership. Examples provided by local stakeholders included wrap-

> *"We would have [parenting programme] facilitators from the [name] family centre and then we would have our public health nurses from [agency] who are 110 per cent on board with us, which is great. We've about, at the minute, 17 of them trained up and … they come for their peer coaching and peer support which I give as well and they're all getting there now on their journey for accreditation."* (Family support practitioner, focus group, 1,949)

around community-based models of service delivery for the cohort of children from pre-birth to three years of age and for their parents, as well as public health nurses co-delivering parenting interventions with other professionals.

Engagement with children and parents

Practitioner and service manager respondents reported that practitioners were engaging with children and parents differently since the implementation of the ABC Programme. The changes reported ranged from adopting a more partnership-oriented approach to working with parents, to more outreach work, to working with families with more challenging needs. Changes to the ways in which practitioners engaged with children included changes in methods of communicating with children and changes in adult-child interactions, especially in early years settings but also in schools.

4.4.3 Activities intended to influence changes to local models of service provision

4.4.3.1 Intended activities

As can be seen from Figure 19, it was intended that training and support would be provided to practitioners and service managers working in the ABC areas to build their capacity to use evidence-based/informed interventions and approaches.[63] All ABC areas provided some form of training to practitioners. The type and focus of the training varied across areas, ranging from upskilling practitioners in the use of evidence-based/informed parenting interventions to providing professional development support to early years practitioners in the implementation of the Aistear curriculum and Síolta framework; to upskilling teachers, early years practitioners, and family support-type staff in the use of social and emotional development and well-being programmes and in the use of supportive oral language development strategies and approaches. Coaching and mentoring support in addition to this training was also provided to practitioners working in several ABC areas.

More than half of the surveyed practitioners received training that enabled them to provide ABC Programme-supported interventions, and nearly half received coaching and mentoring support. More than half of surveyed service manager respondents received coaching and mentoring support, 40 received training that enabled them to provide an ABC Programme-supported intervention and 34 per cent were involved in capacity building to improve interagency working. Surveyed service managers

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[63] The issue of how the consortium structure facilitated and supported change is discussed in Section 4.6.3.

emphasised the importance of the training and mentoring provided under the ABC Programme in sharing knowledge, acquiring new skills and knowledge, and changing practice. Finally, more than 80 per cent of surveyed consortium member respondents agreed or strongly agreed (38 and 46 per cent, respectively) that their consortium had put in place effective processes for training, coaching and mentoring of staff to support practice changes.

The knowledge gained, and the support provided were reported by all local stakeholders as important features of the training, coaching and mentoring interventions provided under the ABC Programme. Practitioners participating in the evaluation reported increased confidence, which was expressed in two ways. First, practitioners expressed confidence in the quality of the training or mentoring received.

> *"The training is of such high quality that it helped me be able to fully focus on supporting the parents, to know in turn that the parents will work with their new skills and techniques with their children to promote the children's social and emotional needs along with positive discipline strategies."* (Early years practitioner, web-based survey, 17)

Analysis of open-ended responses from surveyed practitioners showed that some of them related this confidence to the evidence-based nature of the ABC Programme, as some expressed their trust in the scientific, 'tried and tested' approach of the interventions supported by the ABC Programme. Service managers, lead agency representatives, and consortium members agreed that the evidence-based/informed nature of the interventions that were delivered under the ABC Programme facilitated staff engagement with the training and with the change process more generally.

Surveyed consortium members noted that new approaches to supporting infant mental health, the use of early years quality assurance frameworks, and the provision of evidence-based social and emotional well-being interventions were key to supporting and facilitating change.

Second, practitioners also expressed confidence as increased confidence in their own skills and abilities as professionals. Many practitioners reported having experienced an increase in their professional, and sometimes personal, self-confidence. This increased professional confidence was supported by the training received and the acquisition of new skills, or through the long-term support of a mentor.

> *"Well I mean, I'm doing my degree at the moment. I'm half-way through it and my aunt said to me, 'what are you doing it in?' and I said, childcare. 'You're going to spend four years learning how to look after a child?' I said, 'you look after children, I educate them' ... [B]y the time I'm finished, I have nearly the same degree as a teacher. Don't call me a childminder, do you know what I mean, the cheek of you."* (Early years practitioner, focus group, 2,182)

While the changes experienced by practitioners differed depending on professional background and the type of training and/or coaching received, common among all those practitioners surveyed were the shifts in their perceptions of their role and the needs and abilities of the groups of children and parents that they worked with and what is possible to achieve with them. Increased motivation and

changes in attitudes and beliefs were reported by local stakeholders as important enablers in changing the ways practitioners perceived their role; these enablers are discussed in Chapter 6, Section 6.2.6.

Like the practitioners, service manager survey respondents also expressed confidence in the quality of the training and/or coaching received through the ABC Programme. Service managers considered the training valuable for themselves and for their staff and expressed an openness to releasing staff to attend. Like the practitioners, managers also noted that participation in the training increased their own, and their staff's, confidence as professionals. They reported that the opportunity to avail of professional development supports had a positive effect on the morale of their staff teams.

While service managers taking part in the focus groups tended to centre on the changes to professional practice experienced by their staff teams, service managers' web-based survey responses indicated that these service managers had also made changes to their own practice since taking part in the ABC Programme. The training, coaching and mentoring supports provided under the ABC Programme were reported as significant enabling factors. The importance of the professional development supports provided under the ABC Programme were echoed in the service managers' open-ended survey responses to questions on this theme.

4.4.3.2   Other capacity building supports

In addition to the provision of training, coaching and mentoring discussed above, respondents to the web-based survey, focus group participants, and interviewees reported a range of other capacity building approaches that supported and facilitated practitioners to make changes to how services were being provided in ABC areas. Other types of professional development opportunities that supported practice change included peer support and peer mentoring; line management and supervision arrangements to support reflective practice; post-training support opportunities; and networks. The importance of the support provided by ABC Programme coordinators, mentors, trainers, implementation teams, and so on were all identified as important enablers of change, as exemplified in Case Illustration 4.

Case Illustration 4: Building capacity to introduce infant mental health interventions into a community

For ABC area X, the issue of infant mental health emerged from discussions with local practitioners. The local ABC Programme team in that ABC area was keen to respond to this identified need. A number of the ABC areas were already working in this space, and so the areas came together to collaborate on and share the learning with each other about developing and providing infant mental health interventions.

The focus of the work in ABC area X was on supporting the development of children from birth to three years of age by working with their parents. Subjects of focus included bonding, attachment, and secure relationships. Training was provided by staff from other ABC areas that were already implementing these types of interventions.

To support the introduction of, and focus on, the infant mental health interventions, ABC area X established a network for practitioners to build their capacity. This involved practitioners from many professional backgrounds coming together to share best practice and to reflect on what they learned from the training they had received. A planning group was established to support the setting up of the network, and to identify themes for discussion and potential presenters.

"It's all around sharing, people come from different backgrounds, such as public health nurse and clinical psychology, social work, and that everyone's kind of sharing … how this is going to inform their practice" (Lead agency representative, interview).

The network meets once a month over lunch and to foster the sustainability of the network, a local statutory service agreed to host the monthly meetings.

Alongside changes to, or improvements in, peer and line management support arrangements, focus group participants and local interviewees reported that there was increased awareness among practitioners of the services available in local communities. This information facilitated staff to be better able to support the children and parents they worked with.

Important to the successful provision of professional development supports were line management and organisational commitment to the professional development of staff; evidence of these commitments was clear from the release of staff to attend training.

All local and regional participants agreed that capacity building in all its forms was a critical enabler of change and represented significant benefits of participating in the ABC Programme. However, engagement in such activities was also reported to be challenging. The enablers of, and barriers to, supporting capacity building are discussed in more detail in Chapter 6.

4.4.4   Consequences of the changes to local service provision

Local, regional, and national stakeholders identified a range of consequences of the changes to local service provision, including:

- Greater coordination between local service providers
- More comprehensive service coverage and/or local portfolio of interventions
- A more appropriate suite of interventions available in local communities according to local needs.

4.4.4.1   Greater coordination of interventions

The ABC Programme generally, and the changes in local service provision specifically, contributed to greater coordination of interventions locally. This manifested in greater coordination of child development, education, and family support services.

However, while local and specific area-based coordination was reported to have improved, facilitated in nearly all ABC areas by the ABC coordinator (more details on the role of the coordinator are discussed in Section 4.6), some national stakeholder interviewees reported that the expansion of the same or similar interventions in different areas had created coordination challenges for services working across areas.

> *"The difficulty is trying to keep in touch with all the different programmes, and as they change and evolve and then they make tweaks to their service and we don't know about it. If there was one service across the area, with one governing structure over it and that we were part of that then we probably could do better work I think."* (Health service provider, interview, 687)

It was also unclear from stakeholders the extent to which these new interventions were embedded into systems of local service delivery (see Chapter 5 for more details on sustainability and mainstreaming). Local and regional stakeholders reported that new interventions and new ways of working had been introduced and implemented in ABC areas, but the degree to which these new interventions and ways of working and the gains made under the ABC Programme would or could continue beyond the lifetime of the Programme and/or the support of the lead agency was less clear. For example, one local stakeholder also acknowledged the goodwill of statutory and other agencies to engage with the new interventions and ways of working being implemented under the ABC Programme, but indicated that it was still too early to be confident in the longevity of these changes.

4.4.4.2   More comprehensive coverage of services which better meet local needs

Local stakeholders reported that children and parents living in ABC areas where local service provision had changed positively had benefitted from a more comprehensive coverage and range of services. For example, some practitioners, service managers and consortium members participating in focus groups and interviewed lead agency representatives, reported that the needs of children and parents were better met through a comprehensive suite of interventions from pre-birth until children reached school age and beyond.

A small number of area-based focus groups and interviews, and at least one practitioner-based focus group, noted that while the range of evidence-based/informed interventions served a purpose, these types of interventions were not always appropriate and did not always meet the needs of the target population in their communities. For example, it was suggested that the over-reliance on evidence-based/informed interventions had the potential to stifle innovation and creativity when responding to local needs; that the interventions were not always appropriate for parents and children where English was a second language; and that some of the interventions were developed in other countries and were therefore not always culturally appropriate.

> "*There is also some level of frustration I think around the whole evidence-based approach, which nobody has an issue with, but if it is taken to the ultimate degree then it's very hard to innovate and it's very hard to try new things.*" (Consortium member, focus group, 1,556)

However, overall, respondents could see the benefits of using evidence-based/informed interventions, and the potential to be flexible was considered important in this context.

4.5 Changes in the Use of Evidence and Data in Planning and Service Delivery

Key findings

Local and national stakeholders reported that the ABC Programme contributed to the following changes in the use of evidence and data among practitioners and service managers:

- **Increased capacity**, especially among practitioners, to collect evidence and data as part of their routine practice
- **Greater understanding of the value of evidence and data collection**
- **More evidence and data available within the ABC areas**
- **Greater use of evidence and data to inform service planning and delivery.**

Local stakeholders reported that the **ABC Programme activities contributed to changes** in the use of evidence and data by practitioners and service managers.

As a consequence of the reported changes in the use of evidence and data, local stakeholders noted that **there were improvements in service planning and delivery**. The use of evidence and data allowed them to systematically assess issues within their areas and to change planning and delivery accordingly.

Although the ABC Programme contributed to positive changes in the use of evidence and data, local stakeholders noted that there were **challenges** for practitioners in the use of evidence and data:

- Completing data collection and collation within existing workloads
- The lack of local research capacity in some ABC areas
- A lack of alignment between the evidence and data collected for the national evaluation, and the data useful for informing planning and service delivery.

4.5.1 Introduction

This section explores the findings from the evaluation data relating to the following key policy question:

Are (and if so, how and to what extent) staff and managers using evidence and/or data in decision-making for the ABC Programme?

This evaluation assessed the reported changes in the use of evidence and data in local planning and service delivery and the likely contribution of the ABC Programme to these changes. The use of evidence-based/informed interventions and the use of evidence in strategic planning and service delivery are detailed in Section 4.4 and Chapter 5, respectively. This section focuses solely on any changes to the use of locally gathered evidence and data by practitioners and service managers in local planning and service delivery.

For the purposes of this evaluation, 'evidence and data' was defined as information gathered from research, evaluation studies, routine monitoring data, professional knowledge and practice wisdom, and information from stakeholders.

As outlined in the ABC Programme logic model (Figure 2), an intended outcome for the Programme was the 'active use of local data collection to guide service delivery', with the aim of achieving an ABC Programme objective 'to promote improved planning and delivery of services to achieve better outcomes for children, families, and communities'. The intended changes around the use of evidence and data for planning and service delivery are summarised in Figure 20.

Figure 20: How the ABC Programme intended to change the use of evidence and data in local planning and service delivery, based on the ABC Programme logic model

4.5.2 Changes arising from ABC Programme activities and experiences

Local stakeholders mentioned four main types of evidence and data used in local planning and service delivery:
- Demographic information on the participants: key information such as the gender and age of service users
- Process data on the delivery of an intervention: data collected as part of delivering interventions, such as attendance at sessions

- Outcomes measures: questionnaires which assessed outcomes for service users
- Assessments of settings: standard tools used to assess a range of characteristics in early years settings.

The evaluation found evidence across a variety of sources to suggest that there had been changes in the use of evidence and data for local planning and service delivery. Local and national stakeholders reported the changes in the use of evidence and data among practitioners, service managers and consortium members in terms of:

- Increased capacity within ABC areas to collect evidence and data on service users
- Greater understanding of the value of evidence and data collection
- More evidence and data available within the ABC areas
- Greater use of evidence and data to inform service planning and delivery
- Greater use of evidence and data as part of service delivery.

Each of these changes is now examined in turn.

4.5.2.1 *Increased capacity within ABC areas to collect evidence and data*

It was intended that training, supports, and experience (the supports provided are described in Section 4.5.3) would increase the capacity within the ABC areas to effectively collect and interpret relevant evidence and data. There was consensus among local and national stakeholders that there had been improvement in the capacity of the ABC areas to use evidence and data. The key improvement reported was an increased ability among practitioners to collect evidence and data as part of their practice. For example, one lead agency reported that there had been "a bit of fear over getting it right" among staff at the beginning, however, the experiences within the ABC Programme had helped in the "preparation of people's minds" (Lead agency representative, interview, 2,162) by providing information sheets, training, and demonstrating the benefits of using evidence and data for local planning and service delivery.

There was agreement among the local stakeholders that practitioners were more capable of gathering evidence and data in general, and outcomes data in particular, as a result of activities supported by the ABC Programme.

However, local stakeholders also reported that evidence and data collection remained challenging for staff, even after the training and experience discussed above. In particular:

- Data collection added to existing staff workloads (see Chapter 6, Section 6.2.2.3 for details).
- Some local stakeholders reported that ABC areas sometimes lacked the research capacity to effectively interpret data. While some areas had a dedicated researcher, other areas were reported by local stakeholders to have found it challenging to produce useful information from the data in a timely manner. For more details, see Chapter 6, Section 6.2.2.2.

Some national stakeholders also raised concerns around the growth in the capacity to collect and interpret data being limited to the small number of areas receiving funding under the ABC Programme. They were concerned that staff turnover would dilute the capacity of each ABC area over time to effectively use evidence and data. See Chapter 6, Section 6.2.2.2 for a detailed discussion of staff retention in the ABC Programme.

4.5.2.2 *Greater understanding of the value of evidence and data collection*

Local stakeholders reported an increase in the extent to which practitioners saw value in collecting evidence and data on service users and outcomes. The practitioners who participated in the evaluation reported feeling that the use of

> "*I love [completing the measures], I actually love doing them … When you look back on their first one … when you do the second … you have seen the improvements in so many of [the children]*." (Early years practitioner, focus group, 2,790)

outcome measures allowed them to develop a better understanding of outcomes for the children and families that they were serving. They felt that they could better track the improvements seen by children and parents.

Local stakeholders consistently reported that the supports provided within the ABC Programme contributed to the observed changes. Many local stakeholders reported that prior to the ABC Programme, practitioners had little experience in collecting or using evidence and data. For many, this

> "*Participating in the ABC Programme highlighted the importance of recording data, using outcome measures and using evidence-based interventions. These methods allow for transparency, accountability and ensuring a client's needs are being addressed.*" (Mental health professional, web-based survey, 10)

was the first time that they had collected this kind of information on their services, and their experiences illustrated the potential value of using evidence and data in their practice.

One lead agency representative (interview, 2,152) noted that their early years practitioners "for the first time ever" were involved in "formal data collection" and that this was a "mammoth task" for them. However, this lead agency representative also noted that, while practitioners had previously been uncomfortable with the use of data, the experience within the ABC Programme had "demystified" the process of data collection for them.

An example of the experience within one ABC area of getting buy-in from practitioners for the use of evidence and data is described in Case Illustration 5.

Case Illustration 5: Growing appetite for the use of evidence and data among practitioners

One ABC area reported initial challenges around securing buy-in from practitioners in the use of outcome measures. Lack of buy-in was particularly true for those practitioners delivering parenting or early years interventions, since they had never been asked to collect this kind of information before.

The measures in question were those used within the national evaluation, as well as a suite of measures specific to the evidence-based interventions being delivered in the ABC area.

At first, the practitioners "weren't happy" about using the measures. Three separate sessions with a researcher were needed to explain to practitioners how to use the measures in their practice.

However, once they started to get feedback from colleagues and service users, and they saw for themselves the benefits that using the measures brought to service delivery, the practitioners' attitudes shifted dramatically. The evidence and data were described as both empowering for practice and as providing a useful source of information to share with management and funders.

Such was the change in the practitioners' attitudes that they were described as having "an expectation now that you'd be asked to evaluate" any intervention being delivered in the future (Lead agency representative, interview, 2,160).

4.5.2.3 More evidence and data available within the ABC areas

Most local stakeholders agreed that the ABC Programme had contributed to an increase in the amount of evidence and data collected within the ABC areas. When surveyed, 92 per cent of practitioners and service managers either agreed or strongly agreed that they regularly recorded the progress of children and families. A consistent message from the interviews and focus groups with local stakeholders was that more evidence and data were being collected after the introduction of the ABC Programme. These findings were triangulated in the documentary analysis, which showed ABC areas gathering data not only for the national evaluation, but also for the purposes of monitoring local demographic trends such as birth rates, tracking outcomes and participation rates among service users, conducting assessments of early years settings, auditing services available in the area to assess for gaps in provision, and commissioning their own evaluations.

This shift was partly explained by the focus on evidence-based/informed interventions within the ABC Programme. These interventions typically include their own measurement requirements, along with the evidence and data requested as part of the national evaluation.

Furthermore, it should be noted that many of the ABC areas collected more evidence and data than were required for the evaluation. Evidence and data were submitted by the ABC areas for measures beyond the three core measures discussed in Chapter 2, Section 2.2.2.1, with some Areas deciding to collect and submit data on the optional measures.

This increase in the data collected also occurred in settings which had a long history of collecting evidence and data, as local stakeholders reported an expansion in the types of evidence and data being collected. For example, schools had traditionally focused on measuring academic achievement, but under the ABC Programme there was an increase in data collection around the social and emotional well-being of children.

The changes in evidence and data collection were reported by local stakeholders as being supported by the data systems in place within the ABC areas. Among the surveyed consortium members, 75 either agreed or strongly agreed that there were effective systems for collecting and analysing evidence and data, and only two per cent disagreed; the remaining 23 per cent neither agreed nor disagreed. It should be noted that in the survey, the question related to 'collection and analysis'; analysis of the qualitative data suggests that while capacity had increased for the collection of data, there remained a gap in the capacity to interpret these data, particularly in the research skills needed to interpret outcomes data (see Chapter 6 for more details).

There were some concerns that the evidence and data collected as part of the national evaluation were not sufficiently aligned with or specific to the needs of the individual ABC areas. Some local stakeholders reported that the focus on the

> *"If the approach [to the national evaluation of the ABC Programme] had been different, which was allowing each area to have a research resource and … allowing that to provide a much more localised feedback … we'd actually use the data, analyse it for people and go back and say, listen this is a profile of your client group. This is what's coming out from the [outcome measures] …"*
> (Lead agency representative, interview, 1,566)

measures required for the national evaluation missed out on key evidence and data that would have been more relevant to the areas for local planning and delivery of services.

4.5.2.4   *Greater use of evidence and data to inform planning of service delivery*

There was agreement across local stakeholders that evidence and data collected as part of the ABC Programme were being used to inform service planning. In the surveys, a large majority of consortium members (79 per cent), service managers (91 per cent) and practitioners (78 per cent) either agreed or strongly agreed that evidence and data were being used for planning services. Only a small percentage of respondents from these three groups either disagreed or strongly disagreed with this one per cent, seven per cent and five per cent respectively.

Local stakeholders reported three main ways in which the evidence and data collected in service delivery were used in the planning of services:
1. **Tracking outcomes and participation rates**
   Some local stakeholders reported using data collected through the ABC Programme to inform, and sometimes change, how they engaged participants in the use of services. Typically, these involved

changes based on process data, such as the attendance at interventions or the sociodemographic details of service users, as well as tracking the outcomes for service users throughout the course of the interventions. Based on this information, services could, for example, identify cohorts not being served in their ABC area and develop strategies to reach them more effectively.

2. **Sharing of evidence and data between services**

Local stakeholders consistently reported that, through the consortium structures, there had been greater sharing of aggregated/anonymised evidence and data between services. For example, in some ABC areas the local schools shared their STen scores[64] with the consortium members to enable better assessment of needs.

Other ABC areas were also reported by local stakeholders to have set up systems for the transfer of evidence and data as children transitioned to other services, particularly from early years to primary school, to ensure that children's needs were being better met.

> *"We work with the local feeder pre-schools and play groups, and developed a transfer programme, like a little passport programme to get information for them from the child's perspective, parent's perspective and preschool perspective.*
> *"We work with the local feeder pre-schools and play groups, and developed a transfer programme, like a little passport*

This openness to transferring evidence and data was considered unusual by some local stakeholders and had not been in place prior to the ABC Programme. Issues around the willingness to share information remained, according to some local stakeholders. For example, one lead agency representative (interview, 872) reported that local schools may be reluctant to share some of their standardised test scores if the children were testing poorly, and they did not want this to be widely known in the ABC area. However, this was an outlier in the qualitative data, with most local stakeholders reporting a willingness to share information through the consortium structures. These structures were reported by consortium members as enabling the sharing of evidence and data more easily.

3. **Assessing the quality of service delivery**

Some local stakeholders working with early years settings also reported using assessments of their programmes, such as the Programme Quality Assessment (PQA), the Early Childhood Environment Rating Scale (ECERS), and the Infant/Toddler Environment Rating Scale (ITERS), to adapt their services. The scores on each of these scales helped practitioners and managers understand which elements of service delivery could be improved.

> *"The ITERS and the ECERS is very good, then, because we have a scale, we know what we're working to ... We would know where we are, where we want to go, and the in between."*
> (Practitioner, focus group, 729)

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[64] Standardised Testing in English reading and mathematics, developed by the National Council for Curriculum and Assessment (NCCA), and administered in all schools.

In the ABC areas where these assessments were reported as being used, local stakeholders reported using them to influence decisions around the services they delivered, including:

- Identifying needs among staff for training or mentoring
- Adapting the layout of rooms, such as reducing clutter and getting more appropriate equipment
- Changing staff interactions with the children, with a focus on activities like creative play which are important for children's development.

These assessments could be conducted more than once, allowing the ABC areas to determine whether their activities had resulted in any changes in the quality of service delivery.

4.5.2.5   Greater use of evidence and data as part of service delivery

A consistent message across the evaluation data was that there was an increase in the use of evidence and data in delivering services. When surveyed, 94 per cent of practitioners and service managers either agreed or strongly agreed that the evidence and data collected as part of their work informed their practice. This view was supported by the experiences of practitioners, managers, and consortium members who participated in the focus groups.

> "It's a given that they're [practitioners] going to be doing outcome-based work with their families, they're going to need that evidence."
> (Consortium member, focus group, 260)

Local stakeholders reported two main ways in which practitioners made use of evidence and data to inform service delivery:

1. **Individual casework**

   When they were asked if the information collected about children and families informed their work, 60 per cent of surveyed practitioners agreed, and 33 per cent strongly agreed, that it did. The increased availability of evidence and data allowed practitioners to get a more detailed picture of the lives of service users. While most services had case files on service users, local stakeholders reported that practitioners were increasingly creating more comprehensive portfolios for children and parents. This enabled them to better:

   - **Monitor needs and progress throughout the intervention:** Practitioners could systematically record useful information, such as the progress of, or challenges for, service users.

     > "It did pave a way with [practitioners], in terms of parents, in now being able to ask difficult questions and being able to gather and document that type of data, in terms of building a profile of the child." (Lead agency representative, interview, 2,013)

   - **Communicate changes with parents:** Local stakeholders reported that the collection of outcomes data made it easier to share important information with parents. This also encouraged parental buy-in, as parents could see the benefits for their children of participating in interventions.

- **Collect information that could be shared with other services:** With the collection of evidence and data for casework, local stakeholders reported sharing information about service users as they transferred to other services. The most frequently mentioned example was the creation of 'passports' for children leaving early years settings and entering primary school.

2. Reflection on practice

Some local stakeholders also reported that findings from the analysis of the evidence and data were being used by practitioners to reflect on their practice. This involved using reflective practice opportunities to check on the fidelity of the interventions they provided to children and parents, and to continuously improve their work. While a small number of evaluation participants, particularly teachers, reported that this was already a standard part of their practice, they noted that the breadth of evidence and data available for this purpose had expanded as part of the ABC Programme. For other practitioners, reflecting on practice was something that they had never done in a systematic way before.

> ### *Case Illustration 6: New experiences of reflecting on practice to engage parents*
>
> One ABC area reported introducing reflective practice for clinical staff, which led to changes in how the staff provided a service and engaged the parents of children using the services that they provided. A member of the ABC Programme team reported that the clinical staff had always seen the value of their clinical training but that asking them to reflect on their own practice was "problematic"; encouraging this reflection was described as "one of the hardest nuts to crack" in terms of changing practice in the ABC area. The experience of self-reflection was reported as being new for many clinical practitioners: "it's an opportunity for them, outside of the clinical workload, to actually think about service recipients … I think for a lot of our clinical partners, it's the first time they have had space to do that" (Lead agency representative, interview).
>
> Participation in reflective practice sessions provided practitioners with an opportunity to reflect on their services' response when children did not attend sessions; these appointments were typically labelled 'did not attend', or 'DNAs'. Previously, there was a rule that if a child had three DNAs, the child was taken off the list for intervention and discharged from the service, without investigating why the child stopped attending.
>
> On reflection, the clinical staff decided that there should be a system where the parents are sent a text or receive a phone call after the child's absence to "see if everything's alright with Mum". If this proves unsuccessful, then the case is referred to the ABC Programme team to see if another service, such as a home visit, would be beneficial.

A small number of local stakeholders reported that it was initially challenging for some practitioners to undertake reflective practice, particularly for those who had no previous

experience of doing so. However, the experience of engaging in reflective practice was reported to have improved their practice and changed opinions around the value of reflecting on practice. These benefits are highlighted in Case Illustration 6.

While surveyed practitioners and service managers agreed that the use of evidence and data had an influence on their work, it is interesting to note that this was not the greatest source of influence on their practice. Practitioners and service managers were asked to rank various sources of influence from most influential to least, and the results are shown in Figure 21 and Figure 22.

Figure 21: Sources of influence on practitioners' practice, from the web-based survey
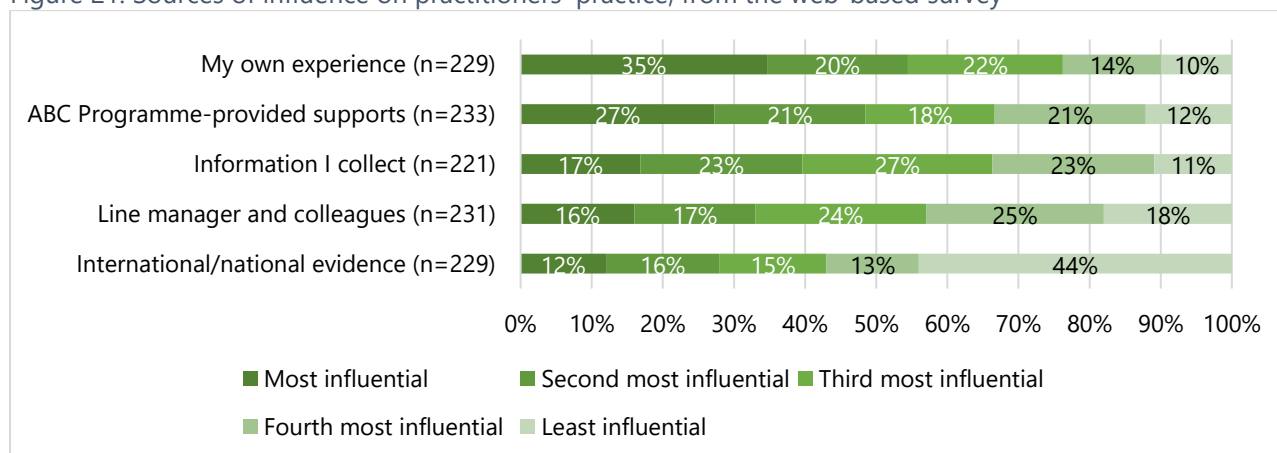
Figure 22: Sources of influence on service managers' practice, from the web-based survey
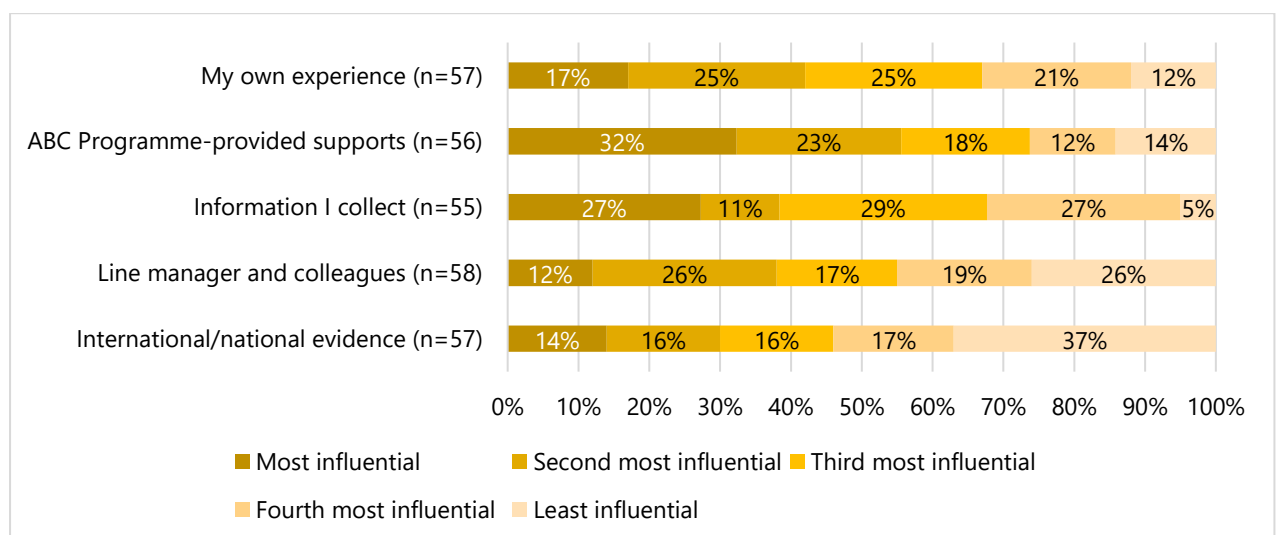
There were some differences between practitioners and service managers in terms of how influential evidence and data were compared with other sources of influence. Evidence and data (labelled 'Information I collect' in Figure 21 and Figure 22) was the third most likely source to be ranked 'Most influential' by practitioners, with 17 per cent doing so. This compared with evidence and data being ranked the second most influential factor among service managers, at 27 per cent. Among practitioners, the source most commonly ranked as most influential was their own experience, at 35

per cent. This compares to only 17 per cent of service managers ranking their own experience as the most influential source of influence on their practice. However, there was more agreement on the influence of supports provided by the ABC Programme, with 27 per cent of practitioners and 32 per cent of service managers selecting this as the most influential source of influence on their practice. The qualitative evidence offers some explanation of the high levels of influence attributed to the supports provided by the ABC Programme and to personal experience. Local stakeholders, including the practitioners themselves, reported that practitioners were often influenced by personally witnessing the positive effects of training and coaching supports. They found these experiences to be personally rewarding and found that they allowed for positive changes to be clearly and immediately observed. These supports are discussed in more detail in Section 4.4.3.

Analysis of the survey, interview, and focus group data indicated an interplay between the various sources of influence. These different types of influence are mutually reinforcing. The important influence of practitioners' and service managers' own experience are informed by the use of evidence-based/informed interventions, by the collection of outcomes data, and by observing, in their routine practice, the changes experienced by children and parents.

4.5.3   Activities intended to influence changes in the use of evidence and data

To encourage the active use of local evidence and data in service delivery, the ABC Programme intended to increase the capacity within the ABC areas to collect and interpret local data and use evidence. This involved providing training, supports, and practical experience in collecting data and better utilising evidence in service delivery.

There were four types of ABC Programme activities which aimed to contribute to the capacity building around the collection and interpretation of evidence and data.

1. **Use of evidence and data in selecting and designing interventions to meet local needs**
   Prior to implementation, local stakeholders reported that ABC areas were required to complete a needs assessment using evidence and data to identify the needs of the communities they were serving. These needs assessments completed as part of the ABC area applications were reviewed as part of the documentary analysis completed for the national evaluation. Some ABC areas also received a small amount of funding from a pre-development fund to carry out local data collection/evaluations to inform the design of interventions for their area.

   Throughout the implementation of the ABC Programmes locally, stakeholders also reported assessing emerging local needs on an ongoing basis using the evidence and data collected locally. This was further evidenced in the documentary analysis, and these assessments took three main forms. First, several ABC areas commissioned local evaluations of their interventions to determine whether needs were being met and to identify any additional needs in the area. Second, a small number of ABC areas monitored changes in local demographic and social deprivation data for the local population. For example, one ABC area was monitoring changes in local birth rates to better plan for parenting and early years interventions. Third, in a small number of ABC areas, it was reported that a service mapping exercise was undertaken to determine whether local needs were being met by existing services and to identify where the ABC area could fill gaps in service provision.

2. **Collection of evidence and data as part of using evidence-based/informed interventions**
   An essential feature of the ABC Programme was that each ABC area was to deliver evidence-based/informed interventions to children and parents that were appropriate to the needs in the area. These interventions typically involved the collection of evidence and data on participants while delivering the intervention.

   As discussed in Section 4.4, local stakeholders reported that there had been an increase in the number of evidence-based/informed interventions in the ABC areas, a change which the ABC Programme contributed to. As part of routine practice in delivering these types of interventions, practitioners were trained, and subsequently developed experience, in collecting evidence and data using intervention-specific measures.

3. **Training and supports in using outcome measures for the national evaluation**
   The data used to assess changes in outcomes for children and parents described in Chapter 3 were collected by practitioners in each of the 12 ABC areas evaluated. Practitioners were supported to collect data through the provision of:
   - Training in the use of outcome measures
   - Templates for recording data
   - Support with data entry and cleaning
   - Reports to each ABC area with analyses of the outcomes data.

4. **Use of assessments of service provision in early years settings**
   Some ABC areas delivering interventions in early years settings used assessments of service provision. The three most commonly mentioned by local stakeholders were:

   - The ECERS[65]
   - The ITERS[66]
   - The HighScope PQA.[67]

   These are assessments of group programmes for children ranging from infancy to five years of age, depending on the scale or the version of the scale. They assess along categories including the learning environment/space, daily care routines, structures of programmes/curricula, and training for staff. The PQA in particular is designed to identify staff training needs.

4.5.4 Consequences of the changes in the use of evidence and data

The objective behind the intended increased use of evidence and data was "to promote improved planning and delivery of services to achieve better outcomes for children, families, and communities" (ABC Programme logic model, Figure 2). Local stakeholders reported that there have been improvements in planning and service delivery because of the expanded capacity to use evidence and data, and because of the increased amount of evidence and data available to practitioners and service managers, as supported by the ABC Programme. Furthermore, local stakeholders reported that the

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[65] For more information, see http://ers.fpg.unc.edu/c-overview-subscales-and-items-ecers-r [accessed 28 March 2018].
[66] For more information, see http://ers.fpg.unc.edu/infanttoddler-environment-rating-scale-iters-r [accessed 28 March 2018].
[67] For more information, see https://highscope.org/assessment/program/details [accessed 28 March 2018].

use of local evidence and data had allowed practitioners and service managers to identify issues within the ABC areas in a more systematic way. It meant that practitioners and service managers could precisely assess situations and change their planning and delivery accordingly. This involved changes to planning and service delivery in two main ways:

1. **Greater use of/replication of effective interventions**
   Some local stakeholders reported practitioners and service managers using evidence and data to identify interventions that were showing positive results within the community, so that they could be replicated in nearby settings. This enabled practitioners and service managers to focus on delivering services that had been shown to be effective in the area.

   > *"Why keep inventing new programmes in schools and trying new things, if something is working well for a group of children in a school a kilometre away from our school in the same community, with the same problems*?" (Consortium member, focus group, 1,038)

2. **Adapting existing interventions or switching to new ones**
   While local stakeholders reported that services often had a history of providing evidence and data to funders, some reported that, in general, they had more of an opportunity within the ABC Programme to analyse the data in detail. Rather than simply being a required condition of reporting to funders, the collected evidence and data were analysed and presented in a way that could help staff determine whether an intervention was worth continuing, whether it should be replaced with another, or whether it needed to be adapted.

The increased use of evidence and data described in this section was reported by local stakeholders as helping them to more systematically identify issues with the service they offered and to make informed decisions based on this information. For example, stakeholders from one ABC area reported that by using assessments of service provision, they discovered suboptimal care across a number of the early years settings in their area. They decided to increase the mentoring being made available to the practitioners and brought in additional supports.

4.6   Changes in Interagency Working

> ### Key findings
>
> Over the course of the ABC Programme, interagency working was reported to have changed across the ABC areas in the following key ways:
>
> - **New and strengthened relationships between practitioners** working with children and families
> - **Strengthened agency-to-agency working**, with some examples of new agency-to-agency relationships
> - A **shift in practice to incorporate more interagency working**
> - **Increased recognition of, and appreciation for, differing types of interagency working** at the practitioner-to-practitioner and agency-to-agency levels.
>
> Local stakeholders reported that **the ABC Programme supports and activities facilitated relationship building and the sharing of information between practitioners**, while also **contributing to increased practitioner awareness of services** in local areas.
>
> Local stakeholders also reported that working through consortium structures and having the support of a dedicated lead agency/coordinator enabled more effective interagency working.
>
> **There was some evidence of interagency working bringing challenges**. In a few cases, the time and effort needed for interagency working impacted negatively on workloads.
>
> There was some, albeit **limited, evidence** which suggested that interagency working at the practitioner-to-practitioner and agency-to-agency levels have contributed to more **coordinated local services for children and families**, including strengthened referral pathways between different agencies.

4.6.1   Introduction

This section outlines the extent to which the evaluation found that the ABC Programme contributed to improved interagency working and answers the following key policy question:

> *Is (and if so, how and to what extent) local professional practice shifting to incorporate interagency relationships?*

The question refers to changes in interagency relationships; however, the evaluation uses the term 'interagency working', as this term better reflects the different levels of interagency engagement. For this evaluation, 'interagency working' is defined as formal and informal engagements, collaborations, and activities that ABC areas initiated or participated in for the purposes of developing and implementing the ABC programme.

As articulated in the programme logic model (Figure 2, Chapter 1), the ABC programme set out to 'foster greater integration and more effective interagency working between statutory and non-

statutory bodies'; on the basis that interagency working is a critical component of effective service planning and delivery.

Figure 23 articulates the ABC Programme's intended changes to interagency working. The national ABC Programme logic model articulated the consortium structure – "experience, expertise, and leadership of consortia in 13 ABC areas" as a key programme input which would contribute to "planning and delivery structures in place in each ABC area, connected into existing services and structures". The changes in relation to strategic planning and service delivery are discussed in Chapter 5.

Figure 23: How the ABC Programme intended to change interagency working, based on the ABC Programme logic model

As mentioned in Chapter 1, all areas in receipt of ABC Programme funding worked through a consortium (or equivalent) structure, which brought together local statutory and non-statutory bodies across the child and family sector within an ABC area. The intended purpose of the consortium structure was to bring together local statutory and non-statutory service providers to improve interagency service planning and delivery. This structure had a designated lead agency which was accountable for managing the Programme budget and for coordinating the ABC Programme activities through the employment of an ABC Programme coordinator and any other staff required to support the implementation of the Programme locally.

All the ABC areas had clear objectives in relation to interagency working, as evident from a review of each area's individual logic model. It is important to note that a review of the individual ABC area logic models showed that some ABC areas did not explicitly use the term 'interagency', and instead used terms such as 'collaboration', 'integration', 'referral across services', and 'wrap-around models' to reflect the same concept.

4.6.2   Changes arising from ABC Programme activities and experiences

Three distinct levels of interagency working emerged from the qualitative and web-based survey data collected for the national evaluation:[68]

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[68] Informed by international and national literature on interagency and multi-agency working: Statham (2011), Pobal (2014), and Boydell (2015).

1. **Practitioner-to-practitioner** refers to practitioners forming informal working relationships with other practitioners across services. These working relationships are typically formed between individuals.
2. **Agency-to-agency** refers to formalised working relationships between statutory and non-statutory agencies; it also includes consortium working. These relationships differ from practitioner-to-practitioner relationships insofar as they are shared between agencies rather than between individuals.
3. **Interagency service delivery** refers to agencies jointly planning and strategically delivering services for children and families. This level of strategic interagency working is mostly covered in Chapter 5.

Changes in practitioner-to-practitioner and agency-to-agency interagency working are discussed in turn below.

The evidence on reported changes in interagency working at the practitioner-to-practitioner level is mostly drawn from the practitioner web-based survey and the qualitative data collected through the web-based surveys, focus groups, and interviews. Local stakeholders reported a recognition and appreciation of different types of interagency working. This included both the nature of the interagency working and the different levels of interagency working: practitioner-to-practitioner and agency-to-agency.

The evaluation found evidence to suggest that local professional practice shifted to incorporate interagency working at both the practitioner-to-practitioner and agency-to-agency levels; these changes are discussed below. It is important to note that the changes reported were mostly specific to the local area and that the changes varied across the ABC areas. These variances are discussed later in this section.

There was some evidence which suggested that the ABC Programme was a significant contributory factor in the reported changes. However, there was limited evidence to suggest that increased interagency working led to more coordinated services for children and parents.

4.6.2.1 Practitioner-to-practitioner level interagency working

Analysis of the data collected through the interviews, focus groups, and web-based surveys found that the ABC Programme contributed to changes in interagency working at the practitioner-to-practitioner level; in the main, existing relationships between practitioners had been strengthened and/or some new relationships had been developed.

New and strengthened practitioner-to-practitioner relationships

As evident from the practitioner web-based survey,[69] practitioners reported that the ABC Programme fostered a relatively limited number of new working relationships between practitioners in different agencies. For example, 18 per cent (n=149)[70] of surveyed practitioners reported new relationships with

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[69] The third, and final, part of the practitioner survey asked participants to indicate the types of organisations with which they work and collaborate, the nature of their interagency working, and whether the level of engagement and interagency working had changed since the introduction of the ABC Programme.

[70] Not all respondents answered every question in the web-based survey.

early years services, 26 per cent (n=182) reported new working relationships with primary schools, and another 26 per cent (n=68) reported new relationships with SLTs.

The practitioner web-based survey indicated that service managers[71] similarly reported a limited number of new relationships. For example, 24 per cent (n=67) of surveyed service managers reported new relationships with primary schools, 26 per cent (n=68) reported new working relationships with SLT services, 24 per cent (n=68) reported new working relationships with early years services, and 38 per cent (n=42) reported new relationships with after-school services.

The web-based survey data indicated that the groups of surveyed practitioners and service managers reported how interagency relationships had been strengthened since participating in the ABC Programme. Similarly, both groups reported informal and personal relationships with other practitioners and the sharing of information about individual cases and referrals. Service managers referenced formal relationships between agencies more than practitioners did.

Interview and focus group data suggested that the development of new relationships and the strengthening of existing relationships at the practitioner-to-practitioner level was often mediated through the personal relationships that developed between individuals rather than through formalised arrangements developed by agencies.

Some local stakeholders also reported how the ABC Programme facilitated bringing practitioners together from across different services and the building of relationships. Examples were given of how joint events and training provided an opportunity for practitioners from different agencies in different sectors to meet. For example, local stakeholders reported that in one ABC area, the ABC Programme supported Incredible Years training which brought teachers from across different schools together for the first time. Local stakeholders also reported how this contributed to the development of informal peer networks between teachers in the local area.

Furthermore, local stakeholders reported that bringing practitioners together from across services contributed to stronger networks between practitioners in local areas,

> *"Before, the schools, kind of, worked individually … and then a lot of the representatives from the school wouldn't have known each other. Even though the schools were only I'd say, a kilometre away. They would've been working in isolation, so, I think they're a network now."* (Consortium member, focus group, 2,077)

shared practitioner experiences, and improved understanding of each other's work. As evidenced by the web-based survey, practitioners and service managers reported taking part in more joint training or coaching with practitioners from different services. For example, 50 per cent (n=168) of surveyed practitioners and service managers reported taking part in more joint training or coaching with early years centres, and 36 per cent (n=125) reported taking part in more joint training or coaching with primary schools.

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[71] The practitioner web-based survey could be disaggregated by 'practitioner' and 'service manager'. Survey respondents were given five options to select from: practitioner/teacher, practitioner/manager, service manager, volunteer, and other.

Shift in practice to incorporate more interagency working

Some local stakeholders reported practitioners and service managers shifting their practice to incorporate more interagency working. Local stakeholders also reported an increased appreciation among practitioners for working collectively with practitioners in other sectors to respond to the needs of children and families in a more holistic manner. Local stakeholders noted how the ABC Programme contributed to shifting the mindsets of practitioners with regard to reaching out to contact and work with practitioners in different service areas to provide services for children and families.

Evaluation participants who completed the web-based surveys and who participated in focus groups and interviews reported how the ABC Programme activities and supports contributed to increased practitioner awareness of other services available locally, which

> *"If you were struggling to do something, you know, within your own agency before, now, it's not, well what do we need to do, but who do we need to contact and then how do we need to do it? So, it has shifted for us, it has shifted the mindset … [in how] to plan an intervention."* (Consortium member, focus group, 254)

facilitated practitioners to reach out to practitioners in other service areas offering services for children and parents. Since the ABC Programme, 33 per cent (n=121) of surveyed practitioners and service managers reported increased communication with primary schools about the needs of children and families, and 36 per cent (n=168) reported increased communication with early years centres.

Increased sharing of information between practitioners in different agencies

Although cited less frequently, local stakeholders participating in focus groups and interviews, as well as practitioners responding to the web-based survey, reported that subgroups established under the ABC Programme facilitated the sharing of information between practitioners. The subgroups were often reported to be specific to a thematic brief. For example, stakeholders reported the establishment of numeracy and literacy groups and of maternity and antenatal groups.

4.6.2.2   Agency-to-agency level interagency working

Analyses of the practitioner and consortium web-based survey data and of the qualitative data from the interviews and focus groups suggest that the levels of existing engagement and collaboration at the

> *"You can create these connections and [name of lead agency] were very good at doing that with their implementation teams, with their kind of workshops, with their conferences that they did. So even if you went to a conference that had very little to do with you, you'd always meet somebody that you could connect with and then you might be able to share some piece of work with [them]."* (Consortium member, focus group, 2,572)

agency-to-agency level increased since the ABC Programme was introduced. Although limited, there were some examples of new agency-to-agency relationships.

New and strengthened agency-to-agency relationships

There was variation across the ABC areas in the extent to which agencies worked together at the beginning of the ABC Programme. Analysis of the areas' ABC Programme applications showed that most of the areas had a history of working together, some with more formalised ways of working together than others. For example, some of the agencies currently involved in the ABC Programme worked within formal groups which pre-dated the Programme, such as those covered under the National Early Years Access Initiative or Family Support Working Groups, among others. There was some evidence to suggest that, as expected, ABC areas which had a history of interagency working pre-dating the ABC Programme experienced fewer challenges in building and maintaining effective interagency relationships. A small number of local stakeholders whose agencies had less experience of interagency working at the beginning of the Programme reported that building relationships between agencies took time and needed continued effort over the course of the ABC Programme. It is important to note that local stakeholders from across all ABC areas consistently reported how interagency working was resource intensive. This is discussed further in Section 6.2.2.

Many local stakeholders cited how the ABC Programme contributed to the strengthening and formalising of existing agency-to-agency relationships and working. Local stakeholders frequently reported strengthened agency-to-agency relationships between early years centres and primary schools. Analysis of the web-based survey and the qualitative data indicated that in some ABC areas, primary schools developed new working relationships with the early years services. Since taking part in the ABC Programme, 25 per cent (n=106)[72] of surveyed early years service providers reported increased working with local primary schools.

> *"One example there would be the relationships between the primary schools now, and the pre-schools feeding into them, has definitely strengthened. There was always an acknowledgement, we need to do this, but it took the [ABC Programme] to actually bring them together and it has improved the understanding of the mutual roles and challenges."* (Consortium member, focus group, 2,279)

While few new relationships were reported between early years centres and public health services, a small number of local stakeholders reported that existing relationships with public health nurses were strengthened. For example, since the ABC Programme, 22 per cent of early years practitioners (13 out of 60 early years respondents) reported increased communication with public health nurses regarding children's and families' needs.

Additionally, stakeholders from a number of ABC areas reported deepening collaborative relationships between family support-type service providers and public health nursing and maternity services. The greater collaboration was demonstrated through formal structures; for example, one ABC area established a maternity group that brought together practitioners from a range of relevant services, including family support, public health nursing, and maternity services.

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[72] Where there were enough data, analysis of the web-based survey data was undertaken based on type of practitioner.

Respondents from across a number of ABC areas and data sources reported that SLTs were collaborating more with primary schools and early years centres. More than one-quarter of surveyed practitioners and service managers reported that they had developed new collaborative ways of working with SLTs. Examples provided during focus groups and interviews included SLTs working in schools, both in a skill-building capacity and in carrying out assessments in the school environment. Although less widely cited as an example in the focus groups, early years practitioners in a smaller number of ABC areas reported that SLTs' capacity building in early years centres had also increased the potential for collaboration.

There were a limited number of new agency-to-agency relationships reported by local and regional stakeholders. Two ABC areas reported forming relationships with An Garda Síochána in response to changing needs in the community. Survey and qualitative data suggested the establishment of some new interagency working between agencies at the local level, the extent of which varied across areas, with some ABC areas not having experienced any new agency-to-agency relationships.

Agencies pooling and sharing resources

Local stakeholders also reported agencies pooling and sharing resources with other agencies in provide services for children and families. The resources reported to be shared by the local stakeholders who participated in the evaluation were mainly in the form of evidence and

> *"It's about meeting needs and meeting gaps, so the public health nurses, the libraries, the speech and language therapists, the homeless organisations, we kind of pool our resources. We'll provide staff…or we'll provide toys and books…and maybe a few resources."* (Lead agency representative, interview, 111)

data, office space, staff, and programme materials. For example, since the implementation of the ABC Programme, 42 per cent (n=163) of surveyed practitioners and service managers reported increased sharing of their resources with early years centres and 26 per cent (n=118) reported increased sharing of their resources with primary schools. Similarly, since the beginning of the ABC Programme, 44 per cent (n=75) of surveyed consortium members reported increased sharing of resources with early years centres and 46 per cent (n=71) reported increased resource sharing with primary schools.

Local and regional stakeholders mentioned the secondment of staff from statutory agencies to the ABC Programme interventions less often than they mentioned the sharing of resources. However, where mentioned, examples included social workers from Tusla and SLTs, public health nurses, and other staff from the HSE being seconded to ABC Programme areas. When mentioned by local stakeholders, these secondments were reported as enabling and sustaining interagency working at the agency-to-agency level.

> *"I think they've [secondments from statutory bodies] been successful, rather than … hiring in speech and language therapists, or hiring in a wrap-around coordinator, who is external to the system, I think having those people coming from those systems and still maintaining, reporting relationships."* (Consortium member, focus group, 1,792)

More details on the value of secondments as a type of leveraged resource can be found in Chapter 7, Section 7.2.3.

A consistent theme which emerged from the focus group and interview data, and from the web-based survey data, was that interagency working within the ABC Programme was not without its challenges. Despite many citing the benefits of interagency working, some local stakeholders noted how participating in interagency working, for example through working groups, was time-consuming and diverted them from direct service provision work. For example, just over one-quarter of consortium members surveyed either agreed or strongly agreed that participation in the consortium to bring stakeholders together from differing agencies diverted time and resources away from their other organisational priorities and obligations.

> *"The ABC project takes up a huge chunk of my working day … I feel like that even though it's taking up a huge amount of my time, that it's a much more productive way of working."*
> (Consortium member, focus group, 653)

There were also a small number of lead agencies which reported that facilitating and supporting interagency working was administration-heavy. One lead agency staff member noted that "a lot of time seems to be spent on administration and I don't know how much time is spent on contact work" (Practitioner, focus group, 185). More details on how factors such as time impacted on interagency working can be found in Chapter 6, Section 6.2.2.

4.6.3   Activities intended to influence changes in interagency working

This section focuses on the contribution of the ABC Programme inputs – namely consortium members working together and the coordination role of the lead agencies – to interagency working. The ABC Programme activities such as training, joint events, and mentoring were addressed in Section 4.6.2. Chapter 5 explores consortia contributions to strategic interagency service planning and delivery in the ABC areas.

4.6.3.1   Consortium working

As previously mentioned, local stakeholders reported a history of working in partnership with other services, either informally or through more formalised arrangements akin to consortia. The requirement to establish a consortium was reported to have formalised historic ways of working and relationships within areas and communities. This formalisation was welcomed by all local stakeholders.

> *"I think it brought together loads of different services, like nothing else has ever done … there was a purpose where everybody knew, there was a structure."*
> (Consortium member, focus group, 532)

There was variation across the ABC areas as to how their individual consortia were structured and referred to. For example, some local stakeholders viewed their consortium as a "business", "programme management committee", or "partnership". These variations may be related to how the consortia were organised; for instance, one ABC area's consortium structure was a subcommittee within the local Children and Young People's Services Committee. Another ABC area's lead agency

representative described their area's consortium as "a standalone organisation, it has an independent board, it has its own memorandum" (Lead agency representative, interview, 2,948).

Surveyed consortium members were asked to indicate their level of agreement or disagreement with four statements regarding the governance arrangements for their consortium. Respondents either agreed or strongly agreed that their consortium had clear lines of authority, policies, and procedures (54 and 31 per cent, respectively), and that their consortium had effective decision-making processes in place (58 and 29 per cent, respectively). Approximately one-third of respondents either agreed or strongly agreed that some members in their consortium had more power in making decisions than other members did.

Surveyed consortium members were also asked to indicate their level of agreement with three statements regarding the issue of leadership in their consortium. The majority either agreed or strongly agreed that senior leaders involved in the consortium had encouraged practitioners to embrace the ABC Programme (52 and 42 per cent, respectively); that their consortium takes responsibility for leading on the ABC Programme (55 and 37 per cent, respectively); and that that their consortium was committed to empowering those involved in the ABC Programme partnership (51 and 36 per cent, respectively).

ABC areas adapted their consortium structures to facilitate interagency working, as well as service planning and delivery. For example, most ABC areas were reported to have developed subcommittees comprising consortium members and other stakeholders to address or focus on specific topics relating to:

- Service areas and implementation: comprising practitioners and service managers working in specific service areas, including early years, family services, infant/youth mental health, maternal health, parenting, and schools, as discussed previously
- Governance and programme management: mainly comprising consortium members assembled to discuss programme strategy, finances, and sustainability.

Another ABC area reported planning to establish a parents' subcommittee within its consortium structure to include parents' voices in informing the planning of local services. The existence of additional formal structures in many of the ABC areas was confirmed by documentary analysis of the meeting minutes of subcommittees and teams within ABC areas.

A strong theme emerging from the analyses of qualitative data and consortium member survey data was the perception that working through consortium structures to foster interagency working was effective. Bringing local stakeholders together through a consortium was reported by local stakeholders to build new, and strengthen existing, local interagency relationships.

Local stakeholders explained that the presence of a formal structure enabled systematic and formalised interagency working and an improved shared awareness and understanding of services provided in the ABC areas. Over 90 per cent of surveyed consortium members either agreed or strongly agreed that the ABC Programme contributed to the development of valuable relationships.

Contact and communication between stakeholders was made more effective and efficient using the consortium structure. Local stakeholders reported having fewer meetings but developing a shared

vision to guide their work. Most surveyed consortium members agreed that their consortium had a shared vision, and it was usually reported that consortium members had an equal say in influencing the decisions made by the consortium. Roles of consortium members in service provision were deemed by local stakeholders to be clearer, and members had an improved understanding of one another's roles in service provision. These findings are discussed in more detail in Chapter 5, Section 5.3.1.2.

Local stakeholders frequently mentioned how the benefits of consortium working contributed to the following:

- Being better able to address the needs of local children and families by bringing key service providers together and tapping into local knowledge and expertise. In addition, local stakeholders reported that the consortium structure supported/facilitated collective responses to local needs by providing a forum through which these needs could be aired and discussed.

> *"I think that there's much more possibility of responding to those needs, in a much more effective way, because you have all relevant agencies that were involved in the consortium."*
> (Consortium member, focus group, 99)

- Identifying gaps in local service provision; for example, surveyed consortium members strongly believed or believed that their consortium provided services to children and parents across a continuum of care (45 and 44 per cent, respectively). More than 80 per cent of the surveyed consortium members agreed that participating in the ABC Programme enhanced their organisation's capacity to respond to the needs of children and families.

Consortia were reported to have worked most effectively when building on existing partnership working and making the most of existing relationships and ways of working within an ABC area.

> *"The other thing is that we all had established relationships with each other … that has built through [the ABC Programme] as well … We went through lots of processes, where we moved from thinking about individual services, what we could get for our services, to how could we find the things that are relevant to us all? … [to] address them collectively."* (Lead agency representative, interview, 745)

4.6.3.2 *Lead agencies and ABC Programme coordinators*

The lead agency was cited by local stakeholders as being integral to facilitating agency-to-agency relationships. Some local stakeholders, in discussing the role of the lead agency, made no distinction between the roles and functions of the lead agency and the coordinator employed by the lead agency to lead the day-to-day management of the ABC Programme. Stakeholders sometimes spoke about coordinators and the ABC staff team using the term 'lead agency'. The term 'lead agency' is therefore used to reflect both the management agent and the ABC team responsible for day-to-day delivery of the programme in an ABC area, except where specified otherwise.

Local stakeholders responding to the consortium member survey, as well as focus group data, cited the coordination role of the lead agency as key to sustaining the interagency working at the agency-to-agency level.

The local knowledge and skills of lead agencies, their rounded understanding of the interventions being delivered, and the relationships between the lead agencies and the consortium members were also reported by local stakeholders as important. These skills and knowledge were usually, but not always, embodied by the ABC coordinator and the ABC staff team.

It is important to note that not all ABC areas shared the same positive experience of the role of the lead agency. Local stakeholders from one ABC area noted how the lead agency did not have the appropriate skills and service delivery experience to lead a consortium and facilitate interagency working.

Local stakeholders frequently cited how important the roles of lead agencies and coordinators were in mediating the 'spaces' and opportunities for relationships between practitioners across different services to develop. Examples were given of lead agencies and coordinators supporting practitioners with introductions to other agencies in the local area, and with the arrangement of referrals for children and families.

4.6.4   Consequences of the changes in interagency working

This section explores the extent to which the changes in interagency working have contributed to more coordinated services for children and families at the local level as a consequence of the ABC Programme.

Findings from the practitioner web-based survey, the consortium web-based survey, interviews with lead agency representatives, and from focus groups with practitioners, service managers and consortium members suggested that increased interagency working had enabled local agencies to better coordinate services for children and families. For example, 52 per cent (n=124) of surveyed consortium members agreed, and 27 (n=64) per cent strongly agreed, that participation in the ABC Programme had facilitated greater coordination of interagency service delivery within local areas.

> *"Something that's important, some of the newer pieces of work has been that rather than just go off and start doing newer pieces of work, our experience has been that there has been a partnership approach … which is far preferable to us all going off doing things and we could be all in the same place at the same time instead of in different places, so you reach a wider range of people and you make sure it's better coordinated."* (Consortium member, focus group, 404)

There were some examples of local stakeholders utilising their new and strengthened networks to respond to the needs of children and families in a more holistic and coordinated manner.

> *"There's the wrap-around coordinators, which are the [public health nurses] but then there's also community mothers, there's homemaker family supports, homemaker family support workers, early year's practitioners, teachers. There's enhanced coordination and communication and joint planning and all that across, in between all of those professions as well."* (Consortium member, focus group, 645)

Local stakeholders described agencies and practitioners drawing on their networks to coordinate referrals and transitions for children and families. An example of practitioners and agencies coordinating service delivery included the transitions of children from early years services to primary schools. Some ABC areas developed more formalised referral pathways. For example, a small number of ABC areas set up transition working groups which brought together local practitioners working in the early years and education services, to coordinate referrals between early years centres and primary schools. This is further evidenced by the practitioner and consortium web-based surveys, which indicated that since the beginning of the ABC Programme, there had been an increase in referrals for children and families in the local ABC area.[73] For example, 24 per cent (n=163) of practitioners and service managers made more referrals to, and 25 per cent (n=160) accepted more referrals from, early years services. Similarly, 21 per cent (n=68) of surveyed consortium members made more referrals to, and, 29 per cent (n=69) reported accepting more referrals from early years services.

A smaller number of surveyed practitioners and service managers (12 per cent, n=109) reported making more referrals, and 17 per cent reported accepting more referrals to and from primary schools. Similarly, since the ABC Programme began, 15 per cent (n=59) of surveyed consortium members reported making more referrals, and 34 per cent (n=62) reported accepting more referrals to and from primary schools.

While it is not possible to draw a causal link between improved interagency working and improved outcomes for children and families, in a small number of cases, the evaluation respondents reported that changes in interagency working had potentially led to better experiences for children and families. For example, it was reported that improved interagency working associated with transitions from early years centres to primary schools had contributed to positive changes for both children and parents. Some local stakeholders reported how parents were more engaged with their children's learning and that children were more prepared for primary school as a consequence of that transitions work.

> *"Even [parents are]…more open to coming in and just chatting about how things are going and even asking how can they, kind of, you know fix certain things that aren't going as well as they want to…whereas, they would've been more standoffish at other times."* (Teacher, focus group, 2,010)

On balance, stakeholders reported positive consequences due to changes to interagency working – changes which the ABC Programme contributed to. However, given the timing of the evaluation, it

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[73] In part three of the practitioner web-based survey, respondents were given seven statements to describe their experience working with other services. They were then asked to mark on a four-point scale the extent to which this had changed since the ABC Programme began.

was not possible to comment on the extent of the changes to coordination of service delivery in the longer term.

4.7   Summary Conclusions on Changes for Practitioners and Service Managers

Overall, there was evidence that practitioners and service managers have experienced changes in their practice, in how they use evidence and data, and in how they work together to provide services to children and families. The ABC Programme was reported to have contributed to these changes.

Regarding changes in local models of service provision, evaluation participants reported that new interventions were implemented across most ABC areas and that areas had adapted existing interventions and services over the course of the ABC Programme. It was also reported that practitioners adopted new or changed professional approaches or ways of working. On the use of evidence and data to plan and deliver services locally, practitioners and service managers were also reported to have an increased capacity to collect data, to be demonstrating increased appreciation for the value of evidence and data, to have collected more data within ABC areas, and to have increased their use of data for service planning and delivery within ABC areas, changes which the ABC Programme was reported to have contributed to. Finally, concerning changes to interagency working, local and national stakeholders reported new and strengthened relationships between practitioners providing services for children and families, strengthened agency-to-agency working with some examples of new agency-to-agency relationships, a shift in practice to incorporate more interagency working, and increased recognition of, and appreciation for, different types of interagency working at the practitioner-to-practitioner and agency-to-agency levels. Stakeholders also reported challenges in achieving and sustaining these changes.

The ABC Programme's activities and structures, such as mentoring, training, the consortia, lead agency support, and joint events, were frequently cited as supporting and encouraging the above changes. However, it was not possible to evaluate the extent to which the above changes had embedded into local implementation systems and would be sustained. Chapter 6 explores the enablers and barriers which facilitated or hindered the changes experienced by practitioners and service managers participating in the ABC Programme.

Chapter 5: What's Changed in Strategic Planning and Service Delivery Locally and Nationally?

Key findings

Over the course of the Area Based Childhood (ABC) Programme, **local** service planning and delivery was reported to have changed across the ABC areas in the following key ways:

- **Use, or greater use, of evidence** and **data** to inform service planning and delivery
- **Greater use of implementation, mainstreaming, and sustainability plans**
- **Evidence-based/informed interventions adopted and/or perceived as likely to be mainstreamed and sustained in local service delivery**.

As intended, evaluation participants reported that the **consortium structures** established in the ABC areas, and the sustainability planning they undertook, supported more effective strategic planning and service delivery locally.

There was **less evidence of strategic planning and delivery changing at the national level**, with limited engagement between Government Departments and national agencies to embed evidence-based/informed interventions into national service delivery at the time of data collection. However, there were **some examples of where evidence-based/informed interventions** were reported as, or were expected to be, embedded in national service delivery.

Evaluation participants reported the **challenges** in achieving change in strategic planning and service delivery through ABC Programme activities; challenges included a lack of clarity about the objectives and vision of the ABC Programme, responsibility for ensuring that the mainstreaming of evidence-based/informed interventions did occur, and what exactly was being mainstreamed; as well as a lack of key stakeholder buy-in.

5.1   Introduction

This section of the report examines findings related to the fourth key policy question:

Is (and if so, how and to what extent) planning of services within and between agencies changing or being influenced by ABC Programme activities/experiences?

This question links to the ABC Programme objective of promoting improved planning and delivery of services in order to achieve better outcomes for children, families, and communities. In answering this question, the evaluation examined:

- Whether change has happened and in what ways has it happened
- The ways in which the intended activities of the ABC Programme contributed to any changes.

The exploration of the changes experienced in strategic planning and service delivery locally and nationally reflects the concept of 'scale' as articulated in Coffman's (2007) systems initiative evaluation framework (see Chapter 2, Section 2.1.3). Assessing 'scale' relates to examining the extent to which the practices and approaches developed and implemented are available in the wider system.

As outlined in the ABC Programme's logic model (Figure 2, Chapter 1), the ABC Programme intended that the activities and outputs it supported would lead to, among other outcomes, evidence-based/informed interventions and approaches being embedded in mainstream services. How the ABC Programme intended to support changes in strategic planning and service delivery are summarised in Figure 24.

Figure 24: How the ABC Programme intended to change strategic planning and service delivery, based on the ABC Programme logic model

'Embedding', in the context of the ABC Programme, refers to the process of mainstreaming and sustaining evidence-based/informed interventions and associated learning in local and national service provision. While conducting the data collection for the national evaluation, the CES evaluation team used the following definition of mainstreaming: "the process of integrating individual interventions, practices and learning into existing services in education, health, and social services, etc." (Department of Children and Youth Affairs, 2013: 1). For the evaluation, the CES evaluation team used the following definition of sustainability with evaluation participants to inform data collection: the process by which interventions, approaches, practices, or relationships in local areas are supported so that they can continue to be delivered over time, institutionalised within settings, and have the necessary capacity built to support their delivery.

Data used to inform the findings and analyses are outlined more fully in Chapter 2, but in summary, they included:
- Survey data collected from consortium members (for profile details, see Chapter 4, Section 4.3)
- Data from focus groups with practitioners, service managers and consortium members
- Data from interviews with representatives from lead agencies, and with regional and national stakeholders
- Data collected through documentary analysis.

The findings in this chapter reflect a rigorous process of triangulation of evidence across these sources. The findings reported are the most common evidence trends across all data, and where evidence is weak, this is explicitly stated.

It is important to note that since the evaluation data were collected for the national evaluation (between December 2016 and June 2017), DCYA has been developing the next phase of the ABC Programme. Some of these developments are described in the foreword to this report, and different

stakeholders had different levels of awareness of what these developments were while the evaluation data were being collected. The Quality and Capacity Building Initiative (QCBI; see Chapter 1, Section 1.3.2 for more information) has also been launched by DCYA, with the aim of embedding prevention and early intervention practices in services for children, young people and their families, informed by programmes such as the ABC Programme. Furthermore, the data collected and analysed refer to the activities and experiences of the evaluation respondents at a particular point in time; developments in and changes to the ABC Programme since July 2017, either locally or nationally, are not discussed in this chapter.

5.2   Changes Arising from ABC Programme Activities and Experiences

Analyses of the evaluation data showed that changes took place in how services were strategically planned and delivered at the local level, with more limited evidence of change, informed by the ABC Programme, at the national level. There was evidence that the ABC Programme contributed to these changes. The findings reported below are organised by those changes considered 'local' and those considered 'national' in nature.

In the context of understanding changes in strategic planning and service delivery both locally and nationally, it is important to note that local and national stakeholders who participated in the evaluation did not always have a shared understanding of what either 'mainstreaming' or 'sustainability' meant in practice. Therefore, understandings of what successful mainstreaming and sustainability might 'look like' were not shared across stakeholder groups or within stakeholder groups. For example, some local and national stakeholders referred to the process of mainstreaming as relating to the use of 'learning'. Learning in this context was characterised as:

- Using the learning emerging from the ABC Programme to inform service delivery
- Embedding the learning about interventions supported through the ABC Programme and how to deliver them.

> *"What about mainstreaming the learning, from [the ABC area]? Where does that fit in? … because to me what that means is not mainstreaming the services, [but] mainstreaming the learning."* (Lead agency representative, interview, 988)

Other local, regional, and national stakeholders reported viewing mainstreaming as relating to the uptake and scaling-up of evidence-based/informed interventions by other service providers locally, regionally, and nationally, so that they may be provided to more communities.

In much the same way that there was no common understanding of mainstreaming, stakeholders did not share an understanding of sustainability, or indeed

> *"I suppose, sustainability, I think is happening, in a context of, like national and local policy. You know, for example, the families that are here now, might not be the families here in a few years … So, how much of it's sustainable, at parent family level."* (Lead agency representative, interview, 860)

what elements of the ABC Programme should be sustained. For example, some stakeholders referred to sustainability in the context of sustaining outcomes and longer-term effects for families.

A national stakeholder viewed sustainability as "embedding the scaling-up [of interventions] in the services that are already there" (National stakeholder, interview 1,036). Some respondents associated sustainability with the protection of communities, interventions, and jobs, or the protection of the learning emerging from the ABC Programme.

The concepts of mainstreaming and sustainability were not clearly or uniformly understood across the ABC areas or stakeholder groups.   As can be seen from the above, the terms were often conflated or used interchangeably by evaluation participants.

5.2.1   Local-level changes

Stakeholders reported changes to how services were planned and delivered locally, and the ABC Programme was, as intended, reported to have contributed to these changes.   The types of changes most frequently reported by local stakeholders were:

- Greater use of evidence and data to inform local service planning and delivery
- Greater use of implementation plans, including mainstreaming and sustainability plans, for longer-term planning to guide service delivery
- Adoption of evidence-based/informed interventions which were perceived as likely to be, or which were likely to be, mainstreamed and sustained in local service delivery.

Each of these changes is examined in turn below.

5.2.1.1   Use of evidence and data

At the local level, the evaluation data indicated greater use of data and evidence-based/informed interventions to inform service planning and delivery by consortium members over the course of the ABC Programme.   Respondents to the consortium member survey were asked to indicate their level of agreement with statements concerning the ways in which their consortium used evidence and data to support strategic planning and service delivery.   Most respondents either agreed or strongly agreed that, while participating in the ABC Programme, their consortium:

- Identified measurable outcomes to be achieved under the ABC Programme (55 and 36 per cent, respectively)
- Used data for service planning (46 and 29 per cent, respectively)
- Used data for service delivery (48 and 32, respectively).

Across nearly all ABC areas, local stakeholders and some national stakeholders reported the use of data to inform strategic planning and service delivery.   These data were reported to include data on outcomes collected by practitioners, data on the numbers of service users, and feedback from parents and children on their experience of using a service.

Examples of greater use of evidence and evidence-based/informed interventions are provided in Chapter 4, Section 4.4. However, consortium members also noted the utility of evidence-based/informed interventions, commenting on the logic of using such interventions given their 'tried and tested' nature: "let's use something that has been shown to work" (Consortium member, focus

group, 2,850).   In the context of service planning and delivery, stakeholders with responsibility for managing services reported the importance of evidence-based/informed interventions in securing the buy-in and commitment of service planners.

5.2.1.2   Implementation, mainstreaming, and implementation planning

Local stakeholders also reported that service planning delivery activities were better organised following the introduction of the consortium structure. Most surveyed consortium members either agreed or strongly agreed (41 and 43 per cent, respectively) that their consortium had a clear implementation plan for the ABC Programme. Both local and national stakeholders reported examples of how ABC areas had developed implementation plans to guide service delivery, in line with ABC Programme grant conditions.

Furthermore, there was evidence of ABC areas planning for longer-term service delivery.   For example, most surveyed consortium members either agreed or strongly agreed that their consortium had a strategy for mainstreaming evidence-based/informed interventions that were supported by the ABC Programme (53 and 18 per cent, respectively). Local stakeholders also reported mainstreaming planning – for example, through the establishment of mainstreaming subgroups – as part of consortia.

Local stakeholders in nearly all ABC areas also provided examples of where consortia planning was taking place to sustain interventions supported through the ABC Programme.   Planning activities reported included the establishment of sustainability subgroups as part of consortia, the hiring of external parties to conduct sustainability reviews, and regular meetings with all consortium members to discuss sustainability plans.

> "*[The consortium] have kind of figured it out what we would need to make [the evidence-based intervention] sustainable for a year, to be able to continue running and to be able to continue as well… to keep upskilling people in the area…whether to have more people trained up, so that more people can be engaged…[with] the [intervention]…we have figured out how much it would cost.*"
> (Consortium member, focus group, 971)

5.2.1.3   Embedding evidence-based/informed interventions

There were examples in the evaluation data of where stakeholders expected evidence-based/informed interventions and learning to be mainstreamed into local services.   For example, one lead agency representative reported their expectation that the interventions supported through the ABC Programme would continue as part of mainstream delivery due to the training of practitioners that had taken place over the course of the ABC Programme.

> "*Everything we've done, you think of the schools, you think of the amount of people that have been trained…that doesn't go away once the ABC Programme in the area has disappeared. That's all there and it has built upon what was already here, and because so many people have buy-in into it, it's not going to go away.*" (Consortium member, focus group, 167)

There was some evidence to indicate that, at the area level, evidence-based/informed interventions had been adopted and were expected to be mainstreamed within local service delivery in some areas. Examples provided by local stakeholders included changes in oral language policies in primary schools because of support from speech and language therapists supported through the ABC Programme, and provision of infant mental health services in early years settings.

With regard to the longer-term sustainability of evidence-based/informed interventions locally, local stakeholders provided examples of sustained local service delivery in some areas.   It is worth noting however that the ABC Programme was ongoing at the time of the national evaluation, and the longer-term sustainability of interventions supported by the ABC Programme was not known by stakeholders at the time of data collection. References provided by local stakeholders to where evidence-based/informed interventions were expected to be or had the potential to be sustained locally included the following:

- The use evidence-based/informed interventions intended to improve children's learning as well as children's health and development by school staff.
- The sustained use of evidence-based/informed interventions by practitioners who had developed skills and an enhanced capacity to provide services to children and families after participating in ABC-supported training.
- The ongoing engagement by statutory bodies with local service providers to commit staff time and resources to evidence-based/informed interventions provided in the ABC areas.

> "With the fact that *we have a speech and language therapist here that's willing and part of the sustainability*…is that even if ABC goes, which we hope it doesn't…there is a link person, in the HSE [Health Service Executive] that will be willing to come to those training sessions for the parents, just to have somebody there." (Consortium member, focus group, 256)

Local stakeholders reported that the training, coaching and mentoring provided under the Programme, as well as the commitment and availability of key professional staff were critical to the capacity to sustain the types of evidence-based/informed interventions supported by the ABC Programme was.

5.2.2   National-level change

At the national level, there were some, albeit fewer, reported changes in mainstreaming of evidence-based/informed services than at the local level.   It is important to note that at the time of data collection, not all stakeholders were equally aware of national-led activities intended to enable the mainstreaming and sustainability of the ABC Programme. Chapter 4, Section 4.4 provides specific examples of where evidence-based/informed interventions have been adopted locally, while below are examples of where stakeholders reported that these interventions were likely to be mainstreamed and sustained in national service delivery:

> "A lot of what we were trying to do here will become probably the *speech and language therapy (SLT) model more nationally*." (Consortium member, focus group, 864)

- The incorporation of evidence-based/informed models used by speech and language therapists to provide their services for children in primary school settings
- The adoption of evidence-based/informed interventions in policy nationally, such as group-based social and emotional well-being programmes for younger children and home-visiting programmes aimed at supporting parents and young children.

> "*ABC were paying for the baby massage to be carried out. While now, we have our own staff trained up in the baby massage ... So that'd be another way of kind of maintaining the sustainability of it.*" (National stakeholder, interview, 1,931)

There were some examples of where ABC Programme-supported evidence-based/informed interventions had been, or were perceived as likely to be, mainstreamed in national, and in some cases regional, services. For example, one national stakeholder reported the roll-out of training for practitioners across a region through their agency in order to provide interventions which support postnatal parents.

Local and national stakeholders also cited examples of where such interventions were expected to be sustained, such as the potential expansion into national service provision of

> "*We're certainly looking at the evidence emerging from home-visiting programmes, you know and certainly, we're funding directly [other] home-visiting programmes.*" (National stakeholder, interview, 987)

home-visiting programmes supported by the ABC Programme.

5.3 Activities Intended to Influence Changes in Strategic Planning and Service Delivery

5.3.1 Local-level change: consortia working

A consortium structure, pre-existing or proposed, whose leadership had a proven track record of at least three years of direct delivery and management of relevant services was required to be in place for an area to be eligible for funding through the ABC Programme.[74]   The purpose of the consortium was twofold: first, that such a structure would facilitate interagency working,[75] and second, that a more effective approach to service planning and delivery would be supported. This section focuses on how consortium working was reported to facilitate service planning and delivery through:

- Formalising and informing service planning and delivery
- Assisting in the articulation of shared visions and missions for consortia.

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[74] Except for those three ABC areas which had previously received funding through the Prevention and Early Intervention Programme.

[75] As discussed in Chapter 4, Section 4.6.3.

5.3.1.1   Formalising and informing service planning and delivery

At the local level, stakeholders indicated that the use of consortium structures, introduced through the ABC Programme, formalised service planning and delivery and provided a platform which brought interested stakeholders together to inform service planning and strategic direction.

There were varied reports from local stakeholders about the success within ABC areas of engaging and including all important stakeholders and decision-makers in the consortia. Some local stakeholders, particularly consortium members who participated in the evaluation, felt that all important stakeholders took the opportunity to engage in their consortium and that their consortium took steps to engage all interested parties.   More than 66 per cent of surveyed consortium members felt that the consortium made efforts to bring in new members to participate in planning on an ongoing basis.

> "[*The consortium] stopped and reflected ... every couple of months and said, is there anybody that should be around the table that's not around the table?... and when that happened, we reached out, you know, if we thought of them."* (Consortium member, focus group, 508)

However, local stakeholders also reported that some key stakeholders did not engage in some ABC areas' consortia.   These stakeholders ranged from community representatives to local statutory service providers.

While local stakeholders noted that all relevant organisations may have been represented in the make-up of the consortium within their area, they also reported that sometimes the representatives lacked the perceived seniority or decision-making power to help drive strategic planning and service delivery.

Several respondents noted success in interagency working and collaboration at a local level but emphasised the challenges of mainstreaming ABC-supported interventions, approaches, or practices in the wider system due to a lack of buy-in from regional and national agencies. While a number of ABC area consortia included representatives with regional responsibilities, few ABC area consortia included a decision-maker or policy-maker with a national brief. Therefore, local ABC area consortia had few routes into national decision-making processes.

> "*It has been difficult to get buy-in by statutory bodies to specific programmes and this makes the prospect of mainstreaming all the more difficult to attain. Interagency service collaboration is all very well in theory, but difficult to execute in practice. People are busy, short-termism tends to rule the day (rather than thinking in terms of long-term strategy) and people are guarded about ceding turf."* (Consortium member, web-based survey, 34)

5.3.1.2   Better articulated and more widely shared visions

Local stakeholders reported that communication between stakeholders was made more effective and efficient through the consortium structure.   Local stakeholders reported having fewer meetings but

developing a shared vision to guide the planning and delivery of their work.   Most surveyed consortium members either agreed or strongly agreed that, while participating in the ABC Programme, their consortium had a shared vision (41 and 52 per cent, respectively).   Roles of consortium members in service provision were reported by local stakeholders to be clearer, with an improved understanding of one another's roles in service provision.

Securing agreement within the consortium on the shared vision and mission for interventions in an ABC area was reported by surveyed consortium members to be an important enabling factor but was sometimes difficult to achieve.   This was most often cited to be due to differing mandates and perceptions of community needs across the different agencies sitting on the consortium.

The pressure to start implementing interventions as soon as grant funding had been awarded created additional pressures for some ABC areas that felt there was still more work needed on agreeing a common understanding of the areas' visions and missions.

> "*One of the concerns I had was that maybe we [the consortium] were rushed into starting up so that may have affected the community development approach in relation to setting up the ABC Programme, but that was outside of our control, we were questioned very much by [the programme manager].*" (Consortium member, focus group, 1,296)

Local stakeholders from these ABC areas reported that more time was needed to be implementation ready and, more generally, consortium members who participated in the evaluation noted the importance of having the time to develop a shared vision and mission at the pre-implementation stage.   In addition to time, surveyed consortium members also noted the use of facilitated sessions, having an independent consortium chair, and ensuring that the right voices from all the relevant services were involved as key factors in developing a shared vision and mission.

5.3.2   National-level change: working through the Inter-Departmental Project Team

The Inter-Departmental Project Team (IDPT) was established to support the ABC Programme funders – DCYA and The Atlantic Philanthropies – in the implementation of the ABC Programme through a range of tasks, including:

- Informing the implementation of the ABC Programme process by sharing knowledge and insight in relation to respective policy domains

- Advising the ABC Working Group[76] on emerging issues regarding the implementation of the ABC Programme as needs arise

- Providing input into the evaluation process of the Programme and its delivery

- Ensuring that learning derived from the ABC Programme informs the design and delivery of policy and provision for children in and across respective policy domains

- Where appropriate, facilitating the mainstreaming of interventions and practice delivered under the ABC Programme.[77]

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[76] For more information on the ABC Working Group, see Appendix 2.
[77] Terms of Reference for the Inter-Departmental Project Team, June 2014.

In the context of assessing the extent of change in strategic planning and service delivery, the role of the IDPT emerged as a key issue in facilitating the mainstreaming of interventions and practice delivered under the ABC Programme.

The group comprised representatives from the funders and from the Office of the Tánaiste; from the Department of the Taoiseach, the Department of Employment Affairs and Social Protection, the Department of Public Expenditure and Reform, the Department of Education and Skills, the Department of Housing, Planning and Local Government, Department of Communications, Climate Action and Environment, and the Department of Health; and from the State agencies Tusla and the HSE. CES and Pobal attended IDPT meetings in their capacity as Programme managers.

There was consensus, among the few national stakeholders who commented, that the IDPT did not contribute to or inform the implementation of the ABC Programme as intended, with no tangible increase in inter-Departmental or interagency coordination in the planning of services for children and families. One national stakeholder said that the limited involvement of the IDPT related to issues with the design of the ABC Programme. A small number of national stakeholders reported that there were three key issues that affected how the IDPT operated and the scope of their involvement in the ABC Programme:

1. Lack of clarity about the objectives and vision of the ABC Programme, discussed in Section 5.3.3
2. Lack of clarity on responsibility for ensuring that the mainstreaming of evidence-based/informed interventions did occur, and what exactly was being mainstreamed, discussed in Section 5.3.3
3. Lack of departmental and agency buy-in.

A final explanation suggested by national stakeholders for the lack of engagement by Government Departments and agencies in the IDPT was that these stakeholders had not funded the ABC Programme, as funding from these stakeholders for the delivery of

> "*I don't think the [Inter-Departmental Project Team] has been very effective because...they are there based on goodwill rather than any skin in the game.*" (National stakeholder, interview 2,995)

interventions was not part of the programme design. In the absence of direct funding commitments to the ABC Programme, national stakeholders reported that the members of the IDPT did not have a vested interest in the Programme and therefore did not actively engage in the IDPT. One national stakeholder commented that a potentially more suitable approach to engaging other Government Departments would have been the approach adopted by the Early Intervention Transformation Programme (EITP) in Northern Ireland.[78] They understood that the Programme was funded by several Government Departments and was designed so that the funding commitment from each Department reduced as the Programme completed.

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[78] For more information, see https://www.health-ni.gov.uk/articles/early-intervention-transformation-programme [accessed 16 May 2018].

5.3.3 Challenges to achieving changes through ABC Programme activities

Enablers of, and barriers to, the wider implementation of the ABC Programme that are also relevant to the issues of mainstreaming and sustaining evidence-based/informed interventions are discussed in Chapter 6. The remainder of this section discusses the challenges that evaluation respondents experienced which were particular to the issues of mainstreaming and sustainability.

In considering the activities intended to support the achievement of changes to strategic planning and delivery both locally and nationally, local and national stakeholders reported a range of specific challenges to achieving these changes. These challenges were reported to be:
1. Lack of clarity about the objectives and vision of the ABC Programme
2. Lack of clarity on responsibility for ensuring that the mainstreaming of evidence-based/informed interventions did occur, and what exactly was being mainstreamed
3. Lack of key stakeholder buy-in.

These challenges hindered the ways in which the activities and structures that were intended to support changes to strategic planning and delivery operated, and each is explored in turn below.

A theme identified in the qualitative data collected from both local and national stakeholders was the lack of clarity about the objectives and vision of the ABC Programme regarding planning to mainstream and sustain evidence-based/informed interventions and learning within mainstream delivery. Some local and national stakeholders perceived that the ABC Programme did not have as strong a focus on reducing child poverty as it progressed, and that this led to less certainty and clarity about what the Programme was ultimately trying to achieve with regard to mainstreaming. For example, one lead agency representative stated that the ABC Programme was distinctive, during the design phase, with its specific intention to address child poverty, but also felt that this focus was "lost early on" (Lead agency representative, interview, 3,073).

However, not all stakeholders agreed that the ABC Programme lacked a clear focus on alleviating child poverty, with one stakeholder noting that the Programme retained a clear anti-child poverty objective throughout.

It was also not always clear to stakeholders who had ultimate responsibility for ensuring that the mainstreaming of evidence-based/informed interventions did occur. While local and national stakeholders generally agreed that all stakeholders – including the funders, other Government Departments, national agencies, and local areas – had some responsibility for ensuring the mainstreaming of learning or interventions, it was not clear who should lead on mainstreaming. For example, one national stakeholder noted that it was the role of the funders, suggesting that the QCBI would be used to collect and mainstream learning. Other national stakeholders also noted the role of other Government Departments in ensuring that mainstreaming of evidence-based/informed interventions occurred.

The ABC Programme logic model (Figure 2, Chapter 1) articulated that it was intended that evidence-based programmes/services would be embedded into existing services provision. However, as previously discussed, local, regional, and national stakeholders reported not always being clear about

what the term 'mainstreaming' meant in the context of the ABC Programme and what facets of the Programme were intended to be mainstreamed.

Finally, both local and national stakeholders reported a lack of buy-in of key stakeholders at the local, regional, and national levels in strategic planning and service delivery processes. This perceived lack of buy-in is discussed in more detail in Section 5.3 and in Chapter 6, Section 6.2.4.

5.4   Summary Conclusions on Changes to Strategic Planning and Service Delivery

Findings from the evaluation data indicated that there were changes in how services were planned and delivered during the ABC Programme, with changes occurring predominantly at the local (ABC area) level.

Local stakeholders reported that service planning and delivery was informed by greater use of evidence and data, and by more stakeholder voices. The consortia brought stakeholders together to develop shared strategic visions and to develop and strengthen interagency relationships to enhance service delivery. ABC areas also reported the widespread use of implementation plans, mainstreaming planning, and sustainability planning. However, these positive changes were not uniformly experienced across all ABC areas, with some stakeholders acknowledging challenges in agreeing service delivery visions and missions, and in engaging key local and national stakeholders in consortia and getting these stakeholders' buy-in and support of mainstreaming efforts.

Evidence-based/informed interventions and learning supported through the ABC Programme were reported to have been adopted and/or were perceived as likely to be mainstreamed and sustained in local services in nearly all ABC areas at the time of data collection.

At the national level, there were fewer reported changes in how services for children and families were planned and delivered.   The IDPT did not function as intended, but there were some instances where ABC Programme-supported evidence-based/informed interventions were reported to have been, and/or were perceived as likely to be, mainstreamed and sustained in national service delivery. Changes were reported to have occurred at a regional level, for example at a county level or in geographical areas that extended beyond the boundaries of an individual ABC area.

Evaluation participants reported challenges in achieving change in strategic planning and service delivery through ABC Programme activities. These challenges included a lack of clarity about the objectives and vision of the ABC Programme, responsibility for ensuring that the mainstreaming of evidence-based/informed interventions did occur, and what exactly was being mainstreamed, as well as a lack of key stakeholder buy-in.

Chapter 6: Factors Contributing to Change

> ### Key findings
>
> Stakeholders reported a **range** of factors that **enabled the Area Based Childhood (ABC) Programme and/or acted as barriers** to achieving changes for practitioners and service managers, children and parents, and in strategic planning and service delivery. In some instances, the same factors either acted as enablers or their absence created a barrier to successful implementation of the ABC Programme.
>
> These factors represent intended inputs and activities identified in the logic model for the national ABC Programme, such as:
>
> - **Programme design**
> - **Resources**.
>
> Other factors also either enabled or hindered the changes intended by the ABC Programme:
>
> - **Leadership**
> - **Securing stakeholder buy-in**
> - **Relationships**
> - **Attitudes, knowledge and beliefs**
> - **Communication and sharing of information**.
>
> **Previous policy initiatives and programmes**, such as the Prevention and Early Intervention Programme (PEIP), provided important learning for the ABC Programme.   Contemporaneous policies and initiatives also served to support and reinforce ABC Programme-supported inputs and activities.

6.1   Introduction

This chapter explores the most common enablers and barriers – as reported by local, regional, and national stakeholders – with regard to changes experienced by practitioners and service managers and by children and parents who participated in the ABC Programme; and in strategic planning and service delivery. Enablers are understood as the factors which facilitate effective implementation, while barriers are the factors which hinder the implementation process (Damschroder et al, 2009; Burke et al, 2012).

Enablers and barriers often represent different sides of the same 'implementation' coin, and as such are discussed in parallel below.   This chapter also reflects on other policy initiatives and programmes which may have influenced or contributed to the reported changes alongside the potential contributions of the ABC Programme. The contribution of the intended activities and inputs of the ABC Programme is discussed in the relevant sections of Chapters 4 and 5. Thus, this chapter is concerned with other enablers and barriers, both intended (e.g. resources) and unintended (e.g. relationships, etc.), that were reported by stakeholders.

In analysing the data collected for the national evaluation to answer the four key policy questions, the same range and types of enablers and barriers were identified by stakeholders.   The categorisation of the enablers and barriers presented in this chapter is informed by the implementation literature and includes:

- Programme design
- Resources
- Leadership
- Securing stakeholder buy-in
- Relationships
- Attitudes, knowledge and beliefs
- Communication and sharing of information
- Other policy initiatives and programmes.

Each category is explored in turn below.

6.2 Factors that Contributed to Change

6.2.1 Programme design

Features of the ABC Programme's design were described by evaluation participants as both enablers of, and barriers to, influencing changes to local models of service provision, to the use of evidence and data, to interagency working, and to strategic planning and service delivery, as well as changes for children and parents.   Some of these design features and/or requirements were reported to have contributed to changes in how local services are provided; these included:

- The area-based approach
- The focus on addressing local needs
- The requirement to use evidence-based/informed interventions.

6.2.1.1 The area-based approach

Overall, analysis of the qualitative data indicated that stakeholders held mixed views on the utility of adopting an area-based approach to achieve the types of local and national changes envisaged by the ABC Programme.

The most frequently reported benefit of an area-based approach was the perception that it enabled local service providers to better identify and address local needs. In supporting programmes operating in defined geographical areas, stakeholders reported an enhanced opportunity to focus on tackling the issues specific to the communities in the area.   Encouraging service providers to engage with defined communities was also viewed by some stakeholders as a means of deepening local practitioners' understanding of the needs of the families with whom they were working.

The area-based approach adopted by the ABC Programme was also viewed by national and local stakeholders as beneficial in building and strengthening interagency relationships, and in capitalising

on those that already existed.   Stakeholders commonly reported the perceived benefit of the area-based approach in facilitating better interagency working and collaboration.[79]

> *"I think there's some evidence of greater collaboration and greater cooperation at local level, across the agencies, and it's not consistent, so in pockets … better collaboration across agencies, better understanding, so, I think area-based does kind of facilitate that."* (National stakeholder, interview, 1,397)

Stakeholders also reported that utilising an area-based approach encouraged and supported increased awareness among local practitioners of the breadth of services being offered within an area. The area-based approach and closer interagency working, when taken together, were also reported as leading to increased awareness among practitioners and service managers of what interventions were on offer in an ABC area, enabling service providers to link service users with other relevant services in the area.

Participation in area-based interventions was based on the principle of 'targeted universalism'.   In focusing efforts to serve a population in one area, local stakeholders reported being able to reach out and target services to children and parents while also providing the services more widely within the area. For example, it was reported that achieving changes for children was predicated on *"[being] able to target all the primary schools in the town"* (Consortium member, focus group, 2,251).

The area-wide nature of the interventions – in which all parents and children were invited to participate – was reported to better attract participants most in need of the services as well as those less in need. Local stakeholders reported that the flexibility of providing an area-based approach that responded to local needs meant that service providers were also better able to reach those families most in need in an area.   Examples provided by stakeholders working in the ABC areas included working with families experiencing homelessness and with Traveller communities.   However, it is important to note that reaching parents and children who service providers do not typically engage with through universal provision was not an explicit objective of the ABC Programme.

Stakeholders also reported the challenges of taking an area-based approach.   A common disadvantage identified by local and national stakeholders was that the ABC Programme was not equitable.   The inequity of the ABC Programme was discussed with reference to the fact that no rural communities of disadvantage were included in the Programme and the arbitrary nature of the number of communities selected to participate in the Programme.

> *"The other thing that's glaringly obvious is that, and this is in general about the ABCs, and you know my sense is there are areas of huge disadvantage throughout the country but if you look at the dispersal of ABCs, they tend to be clustered in particular areas.   And I think we do need to start naming that, and if we're talking about equality of ABCs or Government initiatives nationally, you know I think we do need to start looking at that."* (Consortium member, focus group, 6)

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[79] For the quotations from evaluation participants, the data source and type, followed by the segment line number in the relevant data file, are included in brackets after each quote.

In the context of rural disadvantage, stakeholders noted that tackling disadvantage through area-based initiatives could be more challenging given the greater geographical spread of both populations and services in rural areas.

Few stakeholders commented on the boundaried nature of the ABC Programme, which led to the exclusion of services users.   The urban clustering of ABC areas presented particular challenges in providing interventions.   For example, neighbours on different streets or nearby family members may not have been eligible for participation in interventions. Some ABC areas held strictly to the area boundaries, while others were more flexible.

Some national and local stakeholders reported that despite taking an area-based approach, there were still existing competing priorities among service providers and agencies within local areas which an area-based initiative by itself would not resolve. Efforts to develop a shared vision and mission and to agree a shared purpose contributed to ameliorating some of these challenges (see Sections 6.2.3 and 6.2.8 for further details).   However, the area-based approach was reported to not always rectify issues relating to organisational capacity to prioritise ABC Programme-supported activities and interventions over other organisational or service user demands.

While area-based approaches enabled service providers in ABC areas to offer services that statutory agencies could not, this had the potential to cause some overlap in services between providers (see Case Illustration 3).

Regional and national stakeholders reported the crowding and/or fragmentation of interventions as a barrier to interagency working, specifically reporting that these issues impacted negatively on agencies working together. Examples were given of areas across a region of service providers competing for the same clients and support from mainstream services, such as maternity hospitals, and where ABC areas were offering interventions which displaced those offered by statutory agencies.

6.2.1.2   The focus on addressing local needs

Designing a local programme to meet local area needs was a requirement of the grant funding. Individual ABC areas' proposals were informed by local needs analyses and were developed in response to these needs.   The capacity of the ABC areas to provide flexible and responsive interventions to meet local community needs in this context was reported by lead agencies, consortium members and national stakeholders as an important enabler of change.

In some cases, interventions were tailored to suit the requirements of the participants. For example, some ABC areas made changes to interventions to encourage and maximise participation, for example by reducing the length of interventions. Others made efforts to respond to participant circumstances by, for example, providing transport for potential service users, particularly children and parents who might experience

> *"If [the children] have difficulties that they're identified earlier, and that they're referred on, for kind of specialist services earlier.   I think it has made an enormous difference to new mothers."* (Lead agency representative, interview, 800).

more barriers to engaging with interventions and/or services.   As well as the focus on addressing local needs, the early intervention nature of the interventions offered through the ABC Programme

was reported by some stakeholders as a means to achieve the best change and impact for children and parents.

Although an enabler in local terms, the capacity to tailor the Programme's design to individual areas presented both operational and strategic challenges for national and regional stakeholders engaging with the Programme. The clustering of similar interventions in neighbouring geographical areas challenged regional and national service providers ability to engage with local variations. Some national stakeholders reported that the wide variety of interventions delivered across the ABC areas made it challenging to identify and prioritise the service models with which to engage nationally.

6.2.1.3 The requirement to use evidence-based/informed interventions

The 'tried and tested' nature of evidence-based/informed interventions contributed to practitioners and service providers being more willing to engage with the change process, implement new interventions, and embed successful interventions into mainstream service delivery. Stakeholders valued the evidence-based/informed nature of the interventions they were using, and a number reported that such interventions had been implemented with flexibility. In contrast, a small number of stakeholders noted that evidence-based/informed interventions did not provide sufficient flexibility to meet local needs. As mentioned in Chapter 4, Section 4.4.4, practitioners taking part in a focus group discussed the issues of cultural appropriateness and fit, or lack thereof, of at least one evidence-based/informed intervention.

6.2.2 Resources

'Resources', in the context of this evaluation, relate to the funding, human resources, and time available for the implementation of the ABC Programme. The issue of resources was most commonly reported by stakeholders, both locally and nationally, as key in achieving the changes anticipated to be achieved through the ABC Programme. The availability of resources was reported to facilitate such changes, and the lack of/uncertainty over resources was identified as a barrier.

While the provision of resources was a planned and intended input for the ABC Programme, the issue of resources is a cross-cutting one, and for this reason it is discussed here rather than being raised in the individual sections of Chapters 4 and 5.

6.2.2.1 Funding

The availability of funding was seen as crucial by local stakeholders to achieving the changes anticipated through the ABC Programme, which included:

1. **Changes to local models of service provision**
   The provision of funding supported and enabled changes to local service provision in a number of main ways:
   - By providing training, coaching and mentoring supports for upskilling staff and for professional development
   - By facilitating the release of staff to attend training and participate in other networking events
   - By purchasing materials and resources required to implement evidence-based/informed interventions

- By employing a coordinator to organise intervention delivery under the ABC Programme and to support the programme to be implemented as intended.

2. **Changes in the use of evidence and data for local planning and service delivery**

   While local stakeholders reported that practitioners, service managers and consortium members made better use of evidence and data – a change which the ABC Programme contributed to – the lack of area-level resources to invest in local research capacity was reported as problematic.   There were concerns about how evidence and data could be used to meaningfully inform changes in planning and practice in this context.

   There was variation across the ABC areas in terms of their access to local research capacity. Some ABC teams included researchers or evaluation coordinators, while others had access to these skills through their association with a higher education institute. This allowed them to effectively interpret the research and data in a timely manner, and to inform planning and service delivery. Other areas were funded to carry out discrete pieces of research or evaluation.

   However, even where funding and staff were made available to them, local stakeholders reported that areas had limited budgets for research, monitoring and evaluation.   Resources were required to support not just data collection but also, importantly, data interpretation. Some support was provided by the CES evaluation team, but it was insufficient to meet the individual needs of ABC areas and the turnaround time on data analysis outputs was reported to be too long.   Local stakeholders reported that the type of support and capacity required could come in the form of a dedicated researcher or someone the services could contact to get timely analysis and advice.

3. **Changes to interagency working**

   The funding provided by the ABC Programme was reported as key to enabling effective interagency working.   Local stakeholders reported that building and maintaining interagency relationships had resource implications in terms of releasing staff to attend meetings, events, and other networking opportunities that facilitated and fostered positive working relationships and collaboration.

   While stakeholders reported funding as a key enabler for working collaboratively, funding alone was not sufficient to sustain interagency working. Funding, together with organisational and personal

   "I would see that in terms of the biggest challenge would be resourcing the people to be at the table, and a lot of that has come down from not only organisation commitment but personal interest and commitment." (Consortium member, focus

   commitment, including time and enthusiasm, were also reported to be important.   (Section 6.2.3 discusses the role of leadership in promoting and supporting commitment).

4. Changes to strategic planning and delivery

Funding, and any lack thereof, were viewed respectively as an enabler of, and a barrier to, mainstreaming and sustaining the evidence-based/informed interventions advocated by the ABC Programme. Local and national stakeholders

> "[With] any initiative … there is an element of resourcing involved and at any given time then, if there are depleted resources … that's going to affect [our] ability to achieve what [we are] trying to achieve." (National stakeholder, interview, 1,154)

alike commented on the necessity of funding. The uncertainty over the future of the ABC Programme was a live issue for local stakeholders participating in interviews and focus groups (these were held between April and June 2017).   The uncertainty about the duration of the ABC Programme's funding was reported by local stakeholders as a barrier to long-term planning and to sustaining evidence-based/informed interventions and learning.

This uncertainty about future funding also led to difficulties in recruiting and retaining staff (more detail is provided in Section 6.2.2.2).

6.2.2.2 Human resources

Staff turnover and retention were frequently cited by local and national stakeholders as key barriers to change. The momentum required to drive change and sustain longer-term changes relating to interagency working and developing relationships, to building and embedding the capacity in a service to use evidence and data, and to sustaining changes in local models of service provision were all reported by local and national stakeholders to be challenged by staff turnover.

Local stakeholders specifically noted the negative impact of losing staff members who were considered 'champions' for the interventions supported through the ABC Programme.   Although it was a time-bound initiative, the uncertainty over the future of the ABC Programme was linked to staff turnover and the potential risks posed to the sustainability of changes intended to be achieved through the Programme.

> "You may have somebody just in post then, and this has happened to us, and they leave because there's some other job that actually can give a longer period or more security or that there's something at the end of it and that then challenges the whole sustainability of the model if you don't have the personnel." (Regional stakeholder, interview, 3,001)

Additionally, the turnover in staff was noted by local stakeholders as a threat to ensuring the consistency of decision-making and maintaining the vision within the ABC areas.   From both a consortium and a practitioner perspective, managing new opinions, expectations, and ways of working in the context of an already well-established structure and an agreed area plan was challenging.

6.2.2.3 Time

Time, and the lack of it, were important recurring themes in the enablers of, and barriers to, change reported by stakeholders.   Stakeholders acknowledged the importance of the time commitment

required to engage in the activities established by the ABC Programme.   Time was needed to create positive change for practitioners, service managers, children and parents, and for strategic planning and service delivery.   Some of the key issues identified by stakeholders related to having the time to:

- Collect and reflect on evidence and data; this was reported by local stakeholders as adding significantly to staff workloads.
- Attend training, coaching and mentoring opportunities provided through the ABC Programme and/or to participate in professional development opportunities.   Local stakeholders reported that practitioners, particularly early years practitioners, had sometimes participated in training and other professional development activities in their own time.
- Reflect on practice and models of service provision
- Meet and build and strengthen the relationships that are crucial to interagency working
- Strategically plan and deliver services for children and families
- Fulfil the reporting requirements of the ABC Programme and to work with the Programme managers.   Local stakeholders reported that the process for securing agreement to make changes to area plans and for reporting to the Programme managers was often time-consuming and entailed significant administrative burden.

Another aspect of time that stakeholders reported as a barrier was the limited duration of the ABC Programme.   This was expressed as a barrier in three main ways.   First, achieving system change, such as mainstreaming and sustaining evidence-based/informed interventions, takes time.   The implementation science literature suggests that it can take between three and five years to embed single programmes, while complex system change initiatives take even longer, between seven and ten years (Centre for Effective Services, 2013).   A second associated issue was that making long-lasting changes to professional practice and approaches also takes time.   Third, strong and embedded interagency working relationships are developed over time.   In some ABC areas, relationship building took longer for a variety of reasons, including some areas having fewer established relationships and/or partnerships prior to the ABC Programme, and/or local staff and manager turnover undermining the consistency in, and stability of, relationships.

> *"It's a very short window of opportunity to make progress with the parents, to deliver, for the child. So, I think it has to … something has to change … because that's way too short."*
> (Consortium member, focus group, 776)

6.2.3   Leadership

The implementation science literature indicates that leadership is a key requirement for the successful implementation of evidence-based/informed interventions, and for systems change more generally (Fixsen et al, 2005; Aarons, 2006; Burke et al, 2012). Evaluation data suggested that this was the case for the ABC Programme also.   Evaluation participants reported the importance of leadership at different levels to support the achievement of the intended outcomes of the ABC Programme (or, conversely, the lack of leadership hindering change).

6.2.3.1   National leadership

A perceived lack of national-level leadership was reported by local and national stakeholders as a barrier to achieving change, particularly with regard to achieving longer-term change in service delivery across the ABC areas and nationally.   Lack of clarity around responsibility for mainstreaming, and the expectations around the mainstreaming and sustainability of ABC Programme-supported interventions, were identified as associated challenges. These themes are discussed in more detail in Chapter 5.

6.2.3.2   Consortium leadership

The presence and/or absence of leadership was discussed in the context of the structures of local consortia. For example, consortia developing a shared vision and mission, creating an environment where organisations participated as equal partners, and securing the participation of key service delivery agents in consortia were all identified as important enablers and as benefits of having 'good' leadership. Capacity to promote shared visions, inclusion, and equity was identified as a characteristic of leadership.

Local stakeholders also commented on the utility of having an independent chair to lead the consortium in their ABC area.   The leadership provided by an independent chair was found to be important in ensuring, for example, the inclusion of all voices and supporting the development of a shared mission and vision for service provision.

> *"I actually think what's helped is that our chairperson is independent. I think that's been key … You know, thought [the person] might be a good chair, because one of the things [the chair] identified was that [consortium members] … leave their hats at the door."* (Lead agency representative, interview, 580)

6.2.3.3   Lead agency and ABC coordinators' leadership

Consortium member focus group participants and lead agency interviewees reported that the lead agency provided important strategic and operational leadership. As noted previously, in some ABC areas, stakeholders made no distinction between the role of the lead agency and the coordinator employed by the lead agency to manage the day-to-day implementation of the ABC Programme. The term 'lead agency' was often used interchangeably by local stakeholders to describe the roles and functions of the ABC coordinator and the wider ABC team and vice versa. The availability of the lead agency and a coordinator to provide support, technical knowledge of the interventions being delivered, and the coordinating role were all important enablers of change.

In the absence of a dedicated coordinating role, respondents raised concerns about sustaining the changes in both local service provision and collaborative working.

The majority of respondents were overwhelmingly positive about the role and leadership provided by the lead agency and the ABC coordinator, and about the critical role that both played in facilitating and supporting change.   The consequences of the absence of leadership and practical experience of the lead agency

> *"… the lead agency seemed to have a huge amount of competence in relation to the reporting to the funding organisations. In my experience of it, it really lacks the capacity at the other end to work with the agencies who are delivering the programmes, and in particular, then to work with the participants of the programmes. I think that there was a smooth ability on one end, but it really was an impediment to the delivery of the programmes to the other end."* (Consortium member, focus group, 2,348)

and the ABC coordinator on intervention implementation in a community setting was raised by a small number of participants.   These gaps, it was reported, made it more difficult to engage and support community-based organisations in the change process.

6.2.3.4   Leadership and support from key service providers in the community

The support of senior managers and other decision-makers in local communities was reported as critical in supporting changes across the range of implementation themes explored in this evaluation.

This buy-in and support ranged from full and committed participation in the consortium structure (more common) through to secondment arrangements of statutory staff to ABC Programme-supported interventions (less common) as confirmed through documentary analysis.   However, it should be noted that the buy-in and support of local leaders, particularly from statutory services, were not consistently experienced by all ABC areas or over time.   Some local stakeholders expressed frustration that they were unable to secure the participation of sufficiently senior decision-makers in either their formal consortium structure or in the changes that were occurring more generally in the community.

Consortium members responding to the web-based survey, and local, regional, and national stakeholders, identified the lack of commitment to, or engagement with, the changes to practice and services that local ABC consortia were trying to promote and embed at the organisational level.   This manifested as a lack of buy-in or engagement of senior managers and/or mainstream services with the ABC Programme.   Reasons for the lack of organisational engagement included differences based on professional background and experience.

Competing organisational priorities and being able to 'fit' ABC Programme commitments into existing work obligations were reported to be barriers to leadership from key local

> *"It's been harder because of the additional meetings to go to. It's been harder to actually sustain that commitment and some of the programmes were extended out and I suppose that doesn't sit well with us because we want to be able to [commit]."* (Health service provider, interview, 444)

decision-makers and/or service providers.   The participants who raised this issue were generally supportive of the ABC Programme, but found it challenging to manage the requirements of the Programme.

While the issue of competing priorities was most often discussed in terms of consortium and interagency working, a small number of participants expressed this issue as a barrier to implementing changes to local service provision and to strategic planning and service delivery.

6.2.4 Securing stakeholder buy-in

Local and national stakeholders reported the importance of securing the buy-in of key stakeholders at different levels to achieve changes for parents and children, for practitioners and service managers, and in how family and children's services were planned and delivered strategically.

6.2.4.1 Community level

At the community level, the support of the wider community in which the interventions were being implemented, and buy-in (particularly from parents), were reported by local stakeholders as important facilitators of change.

Buy-in from parents and their belief in the interventions provided through the ABC Programme were among the most important factors in ensuring participation in the interventions provided and, subsequently, that the outcomes for both parents and children were likely to be achieved. Lack of engagement by potential intervention participants was identified as a barrier. Respondents suggested a variety of reasons why parents may not, or may be slow to, engage with ABC Programme activities. These included:

- Lack of clarity regarding the purpose and origins of ABC interventions
- Existing fear or suspicion of statutory services
- Language barriers
- Poor previous experience of service provision.

> *"You know and sometimes when the likes of [the area project] come into the area, they [parents] can be very afraid because they don't know [the area project] … or what they're about: 'What are they doing, why are they in my house?' So, you know … there are more families who will not engage."* (Practitioner, focus group, 1,501)

Engaging local people or 'champions' to promote the interventions was a useful strategy reported by stakeholders to help secure the support of parents and of the community more generally.

6.2.4.2 Area level

The buy-in of practitioners and service managers to the ABC Programme, its intended outcomes, and the means through which it intended to achieve these outcomes, was reported as an important enabling factor by service managers, consortium members and national stakeholders surveyed and interviewed for the national evaluation. A number of different factors were identified as securing this buy-in, including:

- Providing training, coaching and mentoring and other professional development opportunities
- Participating in peer networks and other structures that supported practice development

- Facilitating access to interventions and professionals that had been experienced as difficult to access in the past, e.g. ABC areas providing funding for speech and language therapists to work in schools and early years settings.

Stakeholders also reported the importance of sharing the experiences of positive outcomes to maintain motivation and secure support for the ABC Programme. Witnessing the positive contribution of the ABC Programme to outcomes for children and parents was a powerful motivator of change among practitioners, service managers and consortium members. Practitioners reported, in their responses to the web-based survey, that observing the improved behaviour of children in the classroom or early years environment and experiencing the increased involvement of parents reinforced the practice changes and the practitioners' commitment to the ABC Programme. Seeing success was not limited to practitioners observing changes for parents and children; changes to their own practice and a growing sense of professionalisation and pride in their role were also enablers for change, particularly among early years practitioners (see Chapter 4, Section 4.4 for more details).

Additionally, seeing how evidence and data could be used to demonstrate achievement and the progress of evidence-based/informed interventions encouraged and helped to secure the buy-in of local stakeholders to continued participation in the ABC Programme. Being able to demonstrate the achievement of outcomes was facilitated, to some degree, by the use of outcome measures and questionnaires as part of the national evaluation.

However, the buy-in of practitioners to this type of data was reported by some local stakeholders to sometimes be affected by the perception that the measures used to assess changes in outcomes were intrusive and not specific or relevant enough to local ABC Programmes. For example, questions relating to employment or education status were reported to have negatively affected practitioner buy-in to the collection and use of standardised outcome measures and questionnaires which were used as part of the national evaluation.

In addition, some stakeholders reported that insufficient attention was paid to collecting evidence and data on the process of implementation and on the experiences of service users (see Chapter 4, Section 4.5 for more

"I do find it's very hard to assess some aspects of it [the intervention], you know, like for example, [if] the children really enjoy we'll say [an evidence-based programme], you know, [but] there is no assessment tool for that."
(Consortium member, focus group, 1,582)

findings on the use of evidence and data). Such qualitative data were perceived by local stakeholders as useful for better understanding what changes were occurring for families and how and were useful for service planning and delivery. Not having this type of data was considered a lost opportunity.

The enablers of, and barriers to, gaining buy-in from local stakeholders and the balance of interests represented in consortia are discussed in more detail in Chapter 5, Section 5.3.1.1.

6.2.4.3   Regional and national levels

At the regional and national levels, local, regional, and national stakeholders reported that support from Government Departments and national agencies was an important enabling factor in interagency

working and in facilitating the embedding of evidence-based/informed interventions in mainstream services. The roles of DCYA and other Government Departments as a key enabler to support the embedding of approaches was specifically mentioned by some stakeholders.

> "*I think we need the Department [of Children and Youth Affairs] to drive it, we need the Department of Health talking, and Children, do you know what I mean? We need them talking to Education ... I think we need ... your inter-Departmental committees talking and being on the same page and having an awareness of what each other is doing.*" (Consortium member, focus group, 2,453)

The roles of national agencies in supporting the embedding of evidence-based/informed interventions were also highlighted by both national and local stakeholders. Some local stakeholders noted that there had been varying degrees of success in working with agencies such as the HSE or Tusla; some worked very closely with these agencies, while others were less successful in engaging with them. Some local stakeholders reported that where the embedding of services had occurred, it was partly due to their interagency working with the relevant agencies. Where this had not yet occurred, it was anticipated that the increased interagency working would lead to a greater likelihood of evidence-based/informed interventions being mainstreamed.

6.2.5 Relationships

The importance of developing or strengthening relationships between the key stakeholders across the ABC Programme was highlighted by national, regional, and local stakeholders as a key factor in contributing to changes in practice, service planning and delivery, and outcomes for children and parents.

Building on existing relationships and the creation of new relationships were reported as important enablers to achieving the changes intended through the ABC Programme. As described in Chapters 4 and 5, a history of working together was reported by local stakeholders as an enabler of change. Nearly all areas had experience of partnership working prior to the ABC Programme, and these existing relationships were an important element of an ABC area's implementation readiness and capacity for change. These existing partnerships were not experienced evenly or consistently across professional groups or roles. For example, early years practitioners who completed the web-based survey and participated in focus groups reported feeling less 'connected' to other services prior to the implementation of the ABC Programme.

The enabling role of positive relationships in changes to local service provision and interagency working, and for children and parents, was not only discussed in terms of previous consortium or partnership working, but also in terms of the development of relationships between individual practitioners and between practitioners and service users. Participants reported that, where they existed, enhanced relationships with service users encouraged and facilitated greater buy-in to the new or adapted interventions provided locally under the ABC Programme.

New interventions and different ways of working were reported by some local stakeholders to have contributed to improved relationships with service users. Consortium members and practitioners taking part in focus groups reported that relationships between some services (especially schools) and parents had improved, and parents were more engaged with services, providing a reinforcing cycle of positive relationship building.   These improved relationships had been enabled by the changes made in how interventions were provided and in how practitioners engaged with parents. Time and flexibility were reported to be important in building relationships with parents so as to encourage participation in the new or adapted interventions provided under the ABC Programme.

6.2.6   Attitudes, knowledge and beliefs

The attitudes, knowledge and beliefs of practitioners and service managers were reported to be critical enablers of, and/or barriers to, changes in the use of evidence and data, local models of service delivery, and interagency working. The commitment, enthusiasm, growing confidence, self-belief, and professional pride of practitioners were reported by all local stakeholders as important enablers of change. Consortium members responding to the web-based survey noted the importance of staff openness to change in the use of evidence and data and to the adoption of new practices and interventions. Some respondents to the survey also noted the connection between providing high-quality training and other professional development supports with staff willingness to change.

The knowledge, attitudes and beliefs of local staff were also reported to act as a barrier to achieving the changes envisaged through the ABC Programme. A range of reasons for the resistance to, fear of, or lack of engagement with change by local staff were reported by respondents to the web-based surveys and by participants in focus groups and interviews. These reasons included differences in professional approaches, ethos, pedagogies, and understandings of what constitutes 'quality'. These attitudes, knowledge and beliefs had made staff reluctant to engage with the interventions and approaches being delivered and promoted by local ABC consortia.

Another example of how knowledge, attitudes and beliefs acted as a barrier is that a small number of local stakeholders expressed hesitance about ABC Programme-supported interventions provided in their areas being mainstreamed by regional and national agencies. This hesitancy related to the perception that other agencies had differing priorities and that the focus of the evidence-based/informed interventions would change if they were mainstreamed.

> *"Priorities [for the evidence-based programmes] will, of course, will become something different entirely … The major agencies will not do this, it's not their responsibility, they've massive other responsibilities. They're accountable to the State, they're accountable to Government, they're accountable to public opinion and the newspapers; and that's always the priority, thinking ahead over the long term … It can't be their priority."* (Consortium member, focus group, 442)

Furthermore, one national stakeholder stated that in mainstreaming services across multiple Government Departments and agencies, programmes may become "diluted" and "lose significance …because they become an even smaller amount on somebody's budget" (National stakeholder, interview, 789).

6.2.7 Communication and sharing information

The implementation science literature suggests that effective and ongoing communication is a critical enabler in motivating staff and overcoming resistance to change. It is also essential for building and maintaining trust among staff. Local and national stakeholders noted the role of communication and sharing of information to support changes for practitioners and service managers, for children and parents, and in strategic planning and service delivery.

Widely communicating the purpose and aims of the ABC Programme in an ABC area at the beginning of the Programme was reported by local stakeholders as an enabler of engaging and including all voices in service planning and delivery. Most consortium member respondents to the web-based survey either agreed or strongly agreed that their consortium had structures and processes in place to support communication between members (56 and 31 per cent, respectively); that communication was good between consortium members (52 and 32 per cent, respectively); and that their consortium kept members of the wider service provider community well-informed about the work of the ABC Programme (54 and 25 per cent, respectively). Consortium members reported that regular meetings, sharing of information, community events, and site visits, among others, were all important communication methods used to foster and maintain relationships between participating agencies. Documentary analysis of minutes from consortia meetings and meetings of related substructures (such as steering groups and implementation teams) were triangulated and showed that regular meetings were taking place in the majority of ABC areas over the course of the ABC Programme. Producing regular reports using the outcomes data within the ABC area was also reported by local stakeholders as encouraging more active use of collected data and as enabling important findings to be communicated to relevant decision-makers.

Wide and inclusive communication contributed to the establishment of consortia that drew members from a wide range of organisations and sectors. There were, however, mixed opinions about whether consortium members had equal say in influencing the decisions made in the consortium, as discussed in Chapter 4, Section 4.6.3.

Communication and the mechanisms to support communication within ABC areas (and sometimes across ABC areas) in order to share learning was considered positively. However, stakeholders noted the lack of mechanisms to effectively collate and share learning from across the ABC Programme in order to inform system-wide strategic planning and service delivery. This view was shared among national and local stakeholders.

> *"Learning has not been mainstreamed … and not so much that it hasn't been mainstreamed, because I understand all the difficulties with some of that, but it seems very difficult to get people to listen, even, to what you're doing, or to engage with what you're doing, because everybody wants to start again, with either their own ideas, or a new programme, or a blank sheet."* (Consortium member, focus group, 1,660)

One national stakeholder reported that new mechanisms or structures were not required to capture learning to inform service planning and delivery. It was suggested that the issue was one of national

and local stakeholders better utilising existing structures to share the significant learning that has accrued over the course of a number of initiatives, including the ABC Programme.[80]

> "*I don't think we need any more structures … how do we really now distil the information that we've accrued … through the structures that we have and get the good practice that we know works embedded into the system?*" (National stakeholder, interview, 1,739)

6.2.8 Other policy initiatives and programmes

Key policies and initiatives which were reported to have complemented, intersected with, strengthened, and sometimes conflicted with, the contribution of the ABC Programme to the achievement of the desired outcomes include:

- Other prevention and early intervention initiatives, such as the Prevention and Early Intervention Programme (PEIP), the Prevention and Early Intervention Initiative (PEII), and the National Early Years Access Initiative (NEYAI)
- The Prevention, Partnership and Family Support (PPFS) Programme and the implementation of the Meitheal model by Tusla
- The Delivering Equality of Opportunity in Schools (DEIS) programme
- Implementation of the Aistear curriculum and Síolta framework
- Children and Young People's Services Committees (CYPSCs).

Some stakeholders noted that efforts to mainstream and sustain evidence-based/informed interventions were facilitated through alignment with existing national policies. Some national and local stakeholders reported that aligning services and interventions with initiatives and policies such as the HSEs Nurture Programme[81] and Better Outcomes Brighter Futures, the national policy framework for children and young people, supported agencies to better embed evidence-based/informed interventions and learning in mainstream service delivery.

6.2.8.1 Previous initiatives

Local, regional, and national stakeholders all noted that the ABC Programme followed from, and was informed by, previous initiatives, including the PEIP, the PEII, and the NEYAI.

Some stakeholders reported that isolating the contribution of the ABC Programme to changes in local service provision and interagency working, in particular from the impact and contribution of these previous initiatives (specifically the PEIP), was not feasible. While local models of service provision were reported to have changed over the course of the ABC Programme, some stakeholders noted that the ABC Programme capitalised on existing examples of positive and effective practices, including these previous initiatives. Moreover, the previous programmes and initiatives created an appetite for, and openness to, the type of approach taken by and key characteristics of the ABC Programme: the PEIP, the PEII, and the NEYAI had a focus on early intervention; the PEIP and the PEII used evidence-based/informed interventions; and the NEYAI established formal collaborative working structures.

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[80] Examples of these structures were not provided by the respondent.
[81] For more information on the Nurture Programme, see www.hse.ie/eng/health/child/nurture/ [accessed 16 March 2018].

In addition, while none of the ABC areas started from a zero baseline in terms of service provision, some areas were clearly building on previous change efforts, and as such had significant experience in implementing and supporting change initiatives in local communities.

Funding provided under the ABC Programme facilitated the continuation of this type of work, although some stakeholders felt that the ABC Programme was not ambitious enough in its scope. Some local and national stakeholders also expressed the view that the learning from the previous programmes and initiatives was insufficiently used in the design and roll-out of the ABC Programme (see Section 6.2.7).

6.2.8.2 Tusla's PPFS Programme and the Meitheal model

Where present in the ABC areas, Tusla's PPFS Programme and the Meitheal model were reported by local, regional, and national stakeholders as important and complementary initiatives that supported the work of the ABC Programme and whose work the ABC Programme supported. The PPFS Programme and the Meitheal model were especially pertinent to changes in local models of service provision and, to a lesser extent, to changes in interagency working. The strength of the connections reported by local stakeholders between the ABC Programme in local areas and the PPFS Programme and Meitheal varied across ABC areas, with some very strong links evidenced between the ABC Programme and the PPFS Programme and Meitheal.

> "Meitheal was developing … alongside [local ABC Programme] as it happened, so, Meitheal, family support, social work, has all been quite well interlaced … So, [lead agency's ABC] team would be with the social work team, they would work with families that are also open to social workers and we … manage quite complex needs as well as Meitheal." (Consortium member, focus group, 1,451)

As noted above, stakeholders reported on the complementary nature of the two initiatives, insofar as the ABC Programme also supported the implementation of the Meitheal model. Consortium members from one ABC area that were particularly strongly connected to the Meitheal process reported on the significant role of the Meitheal model in supporting practice development.

Area-based stakeholders from at least one ABC area commented on the slow pace of the roll-out of Meitheal, which they suggested had given rise to challenges in aligning their own ABC Programme-supported practices and services with it. In the main, respondents were positive about the alignment and/or potential for alignment between Meitheal and the ABC Programme.

6.2.8.3 The DEIS Programme

National and local stakeholders noted that the ABC Programme had been rolled out in communities where schools were designated as disadvantaged under the DEIS Programme. This was noted as important in the context of:

- The added value of ABC-supported interventions to DEIS schools in ABC areas, which it was suggested strengthened and/or reinforced the impact of the DEIS Programme

- Acknowledging that the ABC Programme was not implementing interventions tackling educational disadvantage in isolation, as schools and communities had access to additional resources provided through the DEIS Programme.

The interaction of the ABC Programme with the DEIS Programme increased the difficulty of disentangling the contribution of the ABC Programme from the contributions of other national initiatives intended to improve learning outcomes for children living in disadvantaged communities.

6.2.8.4 *Implementation of the Aistear curriculum and the Síolta framework*

Early years practitioners, consortium members, lead agencies and some national stakeholders noted that the professional development opportunities provided to early years practitioners were informed by wider national initiatives such as the Aistear curriculum and the Síolta framework. Aistear and Síolta were key resources and guidance frameworks for ABC areas in providing training, coaching and mentoring support for early years practitioners.

While the Aistear curriculum and the Síolta framework provided important and consistent professional development guidance to ABC areas, the ABC Programme provided the funds that supported the employment of trainers, coaches, and mentors. The funding provided under the ABC Programme also facilitated community-based early years centres to release staff to attend the ABC Programme-supported training opportunities, as noted in Section 6.2.2.

Despite the benefits of having frameworks like Aistear and Síolta in place to support professional development in the early years sector, a number of local stakeholders reported that issues such as non-contact time for early years practitioners undermined the efforts of the ABC Programme to upskill staff in new ways of working. In addition, respondents reported on sectoral constraints such as the limitations to professional progression, particularly within the early years sector, which made the buy-in for ongoing training and professional development more challenging.

6.2.8.5 *CYPSCs*

The issue of CYPSCs was raised by a small number of local and national stakeholders in the context of changing local service provision, interagency working, and strategic planning and service delivery, with mixed perspectives both within and between these groups of stakeholders.

Over the course of the ABC Programme, the stage of development of individual CYPSCs varied between counties, and the perspectives of the different stakeholders participating in this evaluation reflected that variety. Some stakeholders viewed the roll-out of the ABC Programme as building on existing CYPSC collaborative efforts to shape and change local service provision and suggested that isolating the contribution of the ABC Programme to change was difficult in this context. The experience of CYPSCs in some ABC areas meant that service providers were already used to planning and providing local services in a collaborative way and on an interagency basis.

In contrast, one ABC area described the important role of the ABC Programme in engaging local service providers in a community where there had been significant changes to the CYPSC structure and staffing arrangements.

The current and potential role for CYPSCs to embed evidence-based/informed interventions was also mentioned by local and national stakeholders. A small number of ABC areas were closely connected to their

> *"I think as well, that the culture and ethos of that interagency approach when it's connected to CYPSC, gets implemented more effectively, when it is linked to CYPSC; and so then, agencies don't go off and … randomly plan and [they] don't suffer from silo thinking."* (Consortium member, focus group, 1,846)

local CYPSCs in the implementation of their ABC Programme, and those that were reported that the involvement of the CYPSCs was very important in supporting the mainstreaming and sustainability of evidence-based/informed interventions and learning.

Other stakeholders believed that CYPSCs were well-positioned to support areas and wider stakeholders in embedding evidence-based/informed interventions and approaches. From a national stakeholder perspective, there was some concern expressed that the ABC Programme was not more closely aligned to the priority outcome areas identified by CYPSCs in their Children and Young People's Plans. These plans are informed by Better Outcomes Brighter Futures, the national policy framework for children and young people.

However, it is important to note that Better Outcomes Brighter Futures, the national policy framework for children and young people was published in 2014, after ABC Programme funding had been awarded and local ABC areas had agreed their implementation plans.

6.3   Summary Conclusions

In considering the extent to which the ABC Programme contributed to changes for practitioners and service managers, for children and parents, and in strategic planning and service delivery, a set of common enabling and hindering factors were identified. These factors included both intended activities and inputs, as articulated in the logic model for the ABC Programme, and theories of change. These 'intended' factors included the programme design itself, the resources that were made available through or were supported by the Programme, and the leadership provided via the consortium structure. Other factors that both enabled and challenged implementation of the ABC Programme and the achievement of outcomes included securing stakeholder buy-in; knowledge, attitudes and beliefs, particularly of practitioners and service managers; and communication and sharing information.

The ABC Programme was not delivered in isolation from other policy initiatives, and these policies and initiatives were understood to have, for the most part, enabled the achievement of implementation and individual outcomes under the ABC Programme. The learning from initiatives such as the PEIP, the PEII, and the NEYAI, which pre-dated the ABC Programme, was reported to have contributed to the implementation of the ABC Programme; albeit, that some stakeholders reported that these previous efforts were insufficiently considered in the design and implementation of the ABC Programme. Contemporaneous policies and initiatives have also contributed to changes.

Chapter 7: Cost Analysis

Key findings

For the Area Based Childhood (ABC) Programme areas, across 2015, 2016 and 2017:

- The **total expenditure** for the ABC Programme, excluding Programme management and evaluation costs, was **€22.6 million**, comprising grant funding amounting to €16.9 million and leveraged resources worth €5.7 million.

- Sixty-one to eighty-three per cent of total ABC area spend was funded through grant funding from the programme funders.

- The most common type of **leveraged resources** reported by ABC areas were 'in-kind' contributions, such as time and input from service professionals, the use of premises, and unpaid volunteering.

- Spend on **direct intervention costs** was around **64 per cent** for each year.

- Spend on interventions directly aimed at improving **parenting outcomes** accounted for approximately **one-quarter** of the total ABC Programme spend.

- Costs for interventions targeting child **health and development** accounted for approximately **one-third of annual ABC Programme spend**.

- Spend on interventions addressing **children's learning** accounted for **16 per cent of ABC area spending in 2015, rising to 34 per cent in 2016 and falling slightly to 29 per cent in 2017**.

- ABC areas spent approximately four-to-seven per cent of their ABC Programme grant funding on **interagency working**, with the proportion falling over time.

7.1   Introduction

This chapter provides details of the costs entailed in the delivery of the ABC Programme during 2015, 2016 and 2017 across the ABC Programme areas. As described in Chapter 2, this assessment of costs explores the concept of 'components' as articulated in Coffman's (2007) systems initiative evaluation framework.

This cost analysis focused on answering three questions:
1. What were the costs of service delivery?
2. What leveraging of other resources have ABC areas secured?
3. What has been the expenditure by services funded under the ABC Programme?

As noted in Chapter 2, the collection and analysis of cost data are not often components of programme evaluations in Ireland, and in that context the analysis provides important information alongside implementation and outcomes data about the financial and non-financial resources required to implement complex community initiatives like the ABC Programme.

7.2 Costs of Service Delivery

7.2.1 Total costs of the ABC Programme for 2015 to 2017

As noted in Chapter 1, between 2013 and 2017, the ABC Programme received a total investment of €30.7 million, of which €25.9 million was allocated to ABC areas for service delivery between January 2013 and December 2017 by the programme funders, the Department of Children and Youth Affairs (DCYA) and The Atlantic Philanthropies. During the period under review (January 2015 to December 2017), the total expenditure associated with the implementation of the ABC Programme was €16.9 million. The reasons for the difference between the allocated amounts (€25.9 million) and analysed expenditure (€16.9 million) are that, among others:

- More than €6.2 million was spent during 2013 and 2014.
- There was reported underspend by the ABC areas during the 2017 financial year, which was returned to Pobal and the funders at the end the year.

In addition to funder investment (grant funding) from 2015 to 2017, ABC areas reported securing €5.7 million worth of leveraged resources[82] from consortium and non-consortium partners. Thus, the total cost of ABC areas delivering services through the ABC Programme was €22.6 million between 2015 and 2017. A summary of the total costs of service delivery for the evaluation period, aggregated from the ABC area-level costs, is provided in Figure 25 and Figure 26.

Figure 25: Breakdown of total cost of service delivery for the ABC Programme (grant funding and leveraged resources) – 2015, 2016 and 2017 (absolute costs)
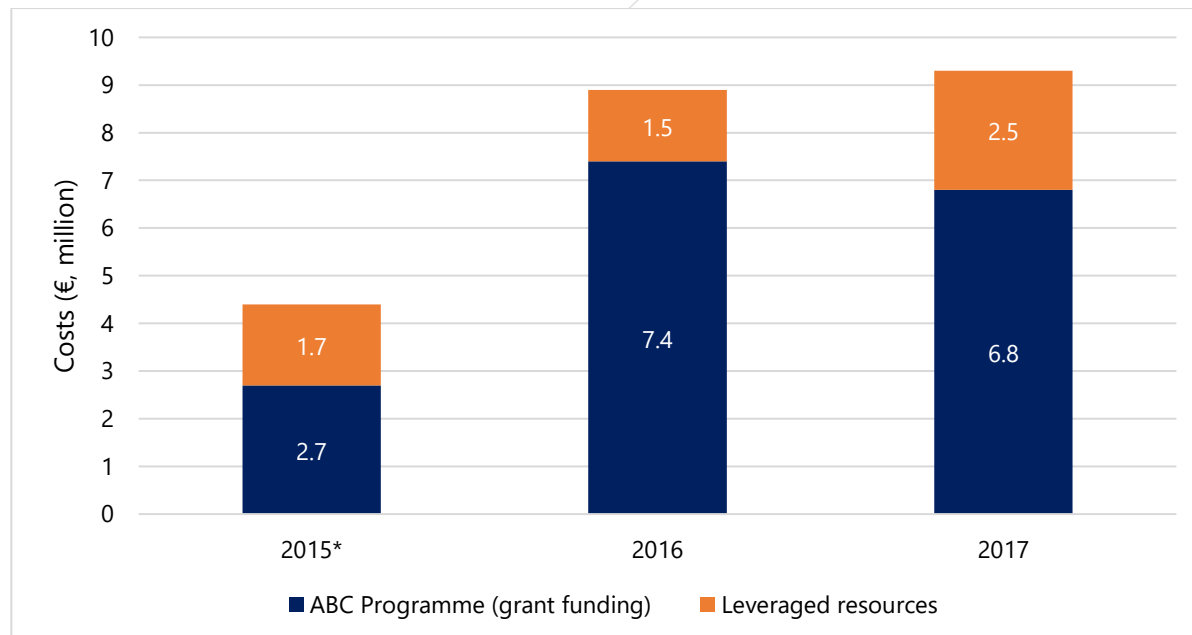
* Data collected by three former Prevention and Early Intervention Programme (PEIP) areas using a different financial reporting template for the period from 1 January to 30 June 2015 are not included.

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[82] Additional resources applicable to the ABC Programme objectives could come in the form of cash, in-kind contributions, or marketable securities. 'In-kind contributions' referred to property, equipment, materials, or services rendered in lieu of a cash contribution that would have to be purchased by the lead organisation (Pobal, 2016).
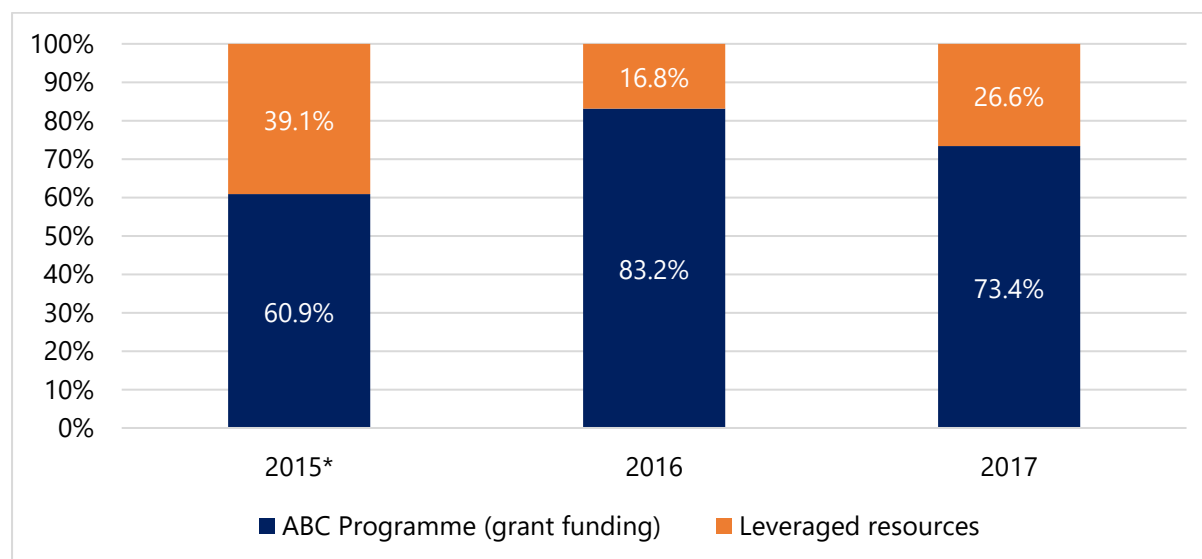
Figure 26: Breakdown of total cost of service delivery for the ABC Programme (grant funding and leveraged resources) – 2015, 2016 and 2017 (proportionate costs)

* Data collected by three former PEIP areas using a different financial reporting template for the period from 1 January to 30 June 2015 are not included.

7.2.2 Grant funding

There was variation in the grant funding spent annually by ABC areas in 2015, 2016 and 2017. Table 7.1 summarises the range of grant funding spending across the ABC areas during the evaluation period.

Table 7.1: Summary of ranges of cost of service delivery funded through grant funding across ABC areas – 2015, 2016 and 2017

Year	2015	2016	2017
Minimum grant funding spend	€74,600	€270,000	€260,000
Maximum grant funding spend	€1.75 million	€1.38 million	€1.0 million
Median grant funding spend	€350,000	€510,000	€540,000

While data on the stages of implementation were not collected for the national evaluation, it is possible to consider the changes in the ranges of annual grant funding spent in ABC areas against what is generally known about the stage of development of the various areas. The annual median grant funding spend for 2015, 2016 and 2017 increased as the ABC Programme progressed. This is likely to be in line with the progress of the stages of implementation that the ABC areas experienced. However, at least one former PEIP area experienced a reduction in its funding, when the funding period for the ABC Programme was extended, which led to changes in the interventions that the area provided.

7.2.3 Leveraged resources

In addition to grant funding, ABC areas secured leveraged resources to use in meeting ABC Programme objectives. Areas committed to making this additional contribution equivalent to 20 per cent of their grant funding. Mindful of the limitations previously outlined, there was wide variation in the annual levels of leveraged resources secured by ABC areas in 2015, 2016 and 2017. This variation is summarised in Table 7.2.

Table 7.2: Summary of ranges of cost of service delivery funded through leveraged resources across ABC areas – 2015, 2016 and 2017

Year	2015	2016	2017
Minimum leveraged resources secured	€5,900	€40,300	€15,300
Maximum leveraged resources secured	€790,000	€400,000	€850,000
Median leveraged resources secured	€150,000	€240,000	€240,000

* Data collected by three former PEIP areas in 2015 are not included.

The types of leveraged resources[83] reported by ABC areas over the evaluation period, were most often classified by the ABC areas as in-kind contributions, which included:

- **Professional services**: contributions of time and input from members of steering groups, public health nurses, Tusla childcare leaders and social workers, community midwives, school coordinators, teachers, and Health Service Executive (HSE) psychologists, among others. A small number of ABC areas recorded the leveraged resources associated with staff secondments from other agencies, including Tusla and the HSE. These ranged in value from €2,000 to more than €40,000 for each six-month reporting period.
- **Premises**: access to and use of rooms in schools, community centres, and HSE and Tusla buildings, as well as heat and light costs and room rentals
- **Equipment/materials**: books, teaching equipment, and office equipment
- **Unpaid volunteers**: to support the delivery of services and to provide administrative support
- **Other**: training and accreditation for the use of evidence-based/informed interventions, attendance at learning events, and support visits from stakeholders to ABC areas.

Less often, ABC areas recorded leveraged resources considered to be 'cash contributions. These cash contributions were received from consortium and non-consortium partners such as charities, philanthropic organisations, and county or city councils. ABC areas that submitted records of leveraged resources rarely recorded instances of obtaining marketable securities contributions.

It is worth noting that the purpose of the contributed leveraged resources was for the ABC areas to demonstrate a commitment to:

- Facilitating the processes of mainstreaming and embedding
- Demonstrating a serious engagement with statutory services

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[83] Calculations of leveraged resources did not include costs of sustained changes to practice by those not hired directly through the ABC Programme.

- Ensuring sustainable, systemic change
- Promoting active and practical support from, and engagement of, relevant sponsors, services, and stakeholders
- Promoting sustainability of local efforts
- Furthering the service integration agenda (Pobal, 2016).

In assessing the qualitative data, it was found that few local and national stakeholders explicitly referenced the commitment to securing leveraged resources and the effect of any such resources being secured. However, those few stakeholders who did, acknowledged the important role that leveraged resources were perceived to play in service delivery, both operationally and strategically.

> "*From a national point of view ... if you were to quantify ... the* contribution people made ... in terms of the way it's structured, there had to be a commitment *given of* added value that each of these organisations *have to give, either through their presence, through the provision of meeting rooms, through their expertise and knowledge having been in the community* ... that's *something really, really valuable and ... organisations have given that and their time, I think, very generously*." (Consortium member, focus group, 1,727)

One consortium member did question whether a logical starting place for the ABC Programme would have been to examine the services and the resources already available in an area to identify where funding could fill gaps. However, this view contrasted with that of another consortium member in a different ABC area who felt that the leveraged resources in their area would not be enough to provide the services required by the community.

7.2.4 More detail on the costs of service delivery

As it was not possible to attribute leveraged resources to the provision of specific interventions, the detailed analysis of the costs of service delivery (sorted by categories of cost) in 2015, 2016 and 2017 relates only to the costs covered by the grant funding provided by DCYA and The Atlantic Philanthropies.

Figure 27 provides a summary of proportionate costs of service delivery, split by categories of cost and excluding leveraged resources, for the evaluation period.

Figure 27: Total cost of service delivery for the ABC Programme (grant funded only), split by categories of cost and proportionate spend on each category – 2015, 2016 and 2017
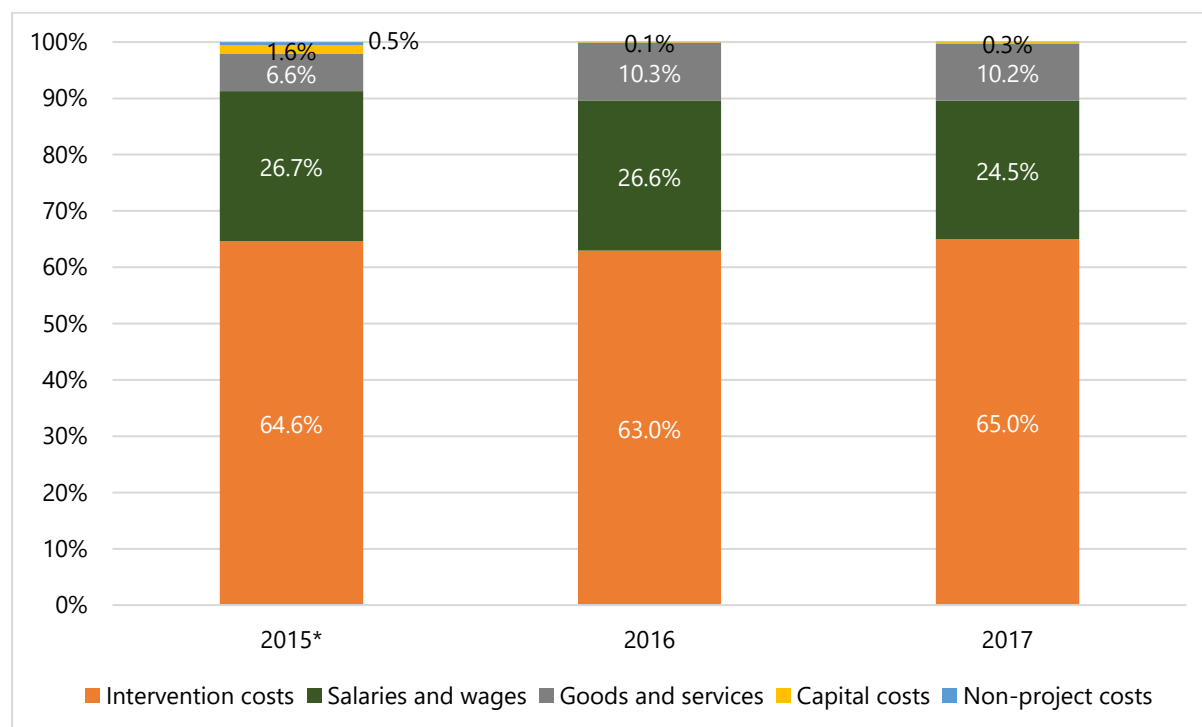
* *Data collected by three former PEIP areas for the period from 1 January to 30 June 2015 are not included.*

Examining intervention costs across all ABC areas, Figure 27 reveals that these costs represented approximately 64 per cent of total spend across 2015, 2016 and 2017. However, cross-area analysis shows that there was wide variation in how much ABC areas spent on intervention costs. For example, in 2016, one ABC area spent €64,000 on intervention costs while another spent nearly €871,000. Some areas were longer established, with interventions further along in their stage of implementation, which may explain this variance. The annual ranges of spend on intervention costs are outlined in Table 7.3.

Table 7.3: Summary of ranges of cost of interventions funded through grant funding across ABC areas – 2015, 2016 and 2017

Year	2015*	2016	2017
Minimum spend on intervention costs	€38,300	€64,400	€52,500
Maximum spend on intervention costs	€460,000	€870,000	€550,000
Median spend on intervention costs	€170,000	€300,000	€410,000
Proportionate spend	19–84%	50–80%	54–82%

* *Data collected by three former PEIP areas for the period from 1 January to 30 June 2015 are not included.*

Absolute spend on intervention delivery varied widely across the ABC areas, and as a proportion of overall expenditure there was also variation: intervention costs ranged from 19 per cent of overall

programme expenditure to 80 per cent or slightly higher in some areas across all three years. This variation is likely to be connected to the differing stages of implementation across the ABC areas.

Like the direct costs of service provision, the proportionate spend on salaries and wages not associated with delivering interventions[84] remained constant for the ABC Programme at approximately 26 per cent across 2015, 2016 and 2017. However, there was variation in the proportion of this spend across ABC areas annually: in 2017, for example, one area allocated 10 per cent of its total spend to salaries and wages not associated with delivering interventions, while another area spent over a one-third of its grant funding on such costs. This pattern likely reflects the stage of implementation, with the new ABC areas being in the set-up phase, where coordination and planning (rather than direct provision of interventions) were the focus of activity. A summary of the ranges in spend on salaries and wages for all three years across the ABC areas is presented in Table 7.4.

Table 7.4: Summary of ranges of salaries and wages costs funded through grant funding across ABC areas – 2015, 2016 and 2017

Year	2015*	2016	2017
Minimum spend on salaries and wages costs	€16,700	€53,500	€49,300
Maximum spend on salaries and wages costs	€140,000	€420,000	€340,000
Median spend on salaries and wages costs	€74,900	€120,000	€130,000
Proportionate spend	9–46%	20–37%	10–34%

* *Data collected by three former PEIP areas for the period from 1 January to 30 June 2015 are not included.*

The final category where there were substantial costs across 2015, 2016 and 2017 was goods and services.[85] The proportionate spend on goods and services across all ABC areas for the three years did not remain constant. ABC Area spend on goods and services as a proportion of total spend rose from about seven per cent in 2015 to more than 10 per cent in 2016 and 2017, as illustrated in Figure 27. Again, this likely related to the stages of implementation across the ABC areas, where as areas progressed in their implementation of services they spent an increasing amount on goods and services. However, like the other categories of costs, there was wide annual variation across ABC areas in expenditure on goods and services, both in absolute spend and as a proportion of total expenditure. For example, in 2015, absolute spend on goods and services ranged from €1,755 to more than €53,600. One ABC area spent one per cent of its total spend for 2015 on goods and services, while another spent 15 per cent. These ranges are summarised in Table 7.5.

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[84] Salaries and wages under this category of cost included management and administrative salaries, as well as other types of non-intervention-specific staff salaries.
[85] Categories of costs included utilities, rent, and insurance. Other costs included in this category were dissemination costs, consultancy and professional fees, publicity and advertising, and communication.

Table 7.5: Summary of ranges of goods and services costs funded through grant funding across ABC areas – 2015, 2016 and 2017

Year	2015*	2016	2017
Minimum spend on goods and services costs	€1,800	€6,000	€5,700
Maximum spend on goods and services costs	€53,600	€200,500	€162,000
Median spend on goods and services costs	€21,400	€45,400	€36,800
Proportionate spend	1–15%	3–29%	1–21%

* Data collected by three former PEIP areas for the period from 1 January to 30 June 2015 are not included.

7.3   Costs of Delivering Services Intended to Improve Outcomes for Children and Parents

7.3.1   Introduction

This element of the cost analysis explored the direct and non-direct costs of delivering interventions aligned to the three outcome areas for children and parents of the ABC Programme:

- Improved parenting
- Improved children's learning
- Improved children's health and development.

Additionally, at a system level, the ABC Programme was intended to improve interagency working, and ABC areas submitted their calculations of the costs of interagency working in their financial returns.

In considering the costs of the ABC Programme in terms of the outcome areas, it is important to note the following issues:

- Several interventions endeavoured to achieve outcomes in more than one domain. For example, the Preparing for Life intervention, the Blue Skies 0-2 intervention, and the Start Right Community Wrap-Around Model, among others, focus on children's health and development as well as on parenting. Interventions such as the Parent Child Home Programme focus on both parenting and children's learning. The evaluation team consulted with ABC areas to ensure that intervention costs were aligned to the appropriate outcome area(s).
- Not all costs were allocated against specific interventions (for example, evaluation costs or costs that applied across several interventions).
- Some costs did not 'fit' within the three outcome areas (e.g. training in an intervention that cut across outcome areas).
- Per-outcome costs described in the following sections, when aggregated, did not equal the totals reported above, as some ABC areas provided cost details for each of the categories (e.g. intervention costs, salaries and wages, goods and services, etc.) but did not provide this information on a per-intervention basis.

- There was variation in the degree to which leveraged costs were allocated to particular interventions, and the data presented below were based on total ABC Programme costs, excluding leveraged costs.

Figure 28 summarises the proportion of total ABC Programme costs of interventions working towards achieving each of the ABC Programme outcomes in 2015, 2016 and 2017 as funded through grant funding (where ABC areas provided these data). Appendix 21 shows the interventions and associated activities (e.g. for staff training in the provision of the interventions) allocated to each of the outcome areas.

Figure 28: Allocation of costs by interventions aligned to outcome areas and interagency working (grant funded only) – 2015, 2016 and 2017
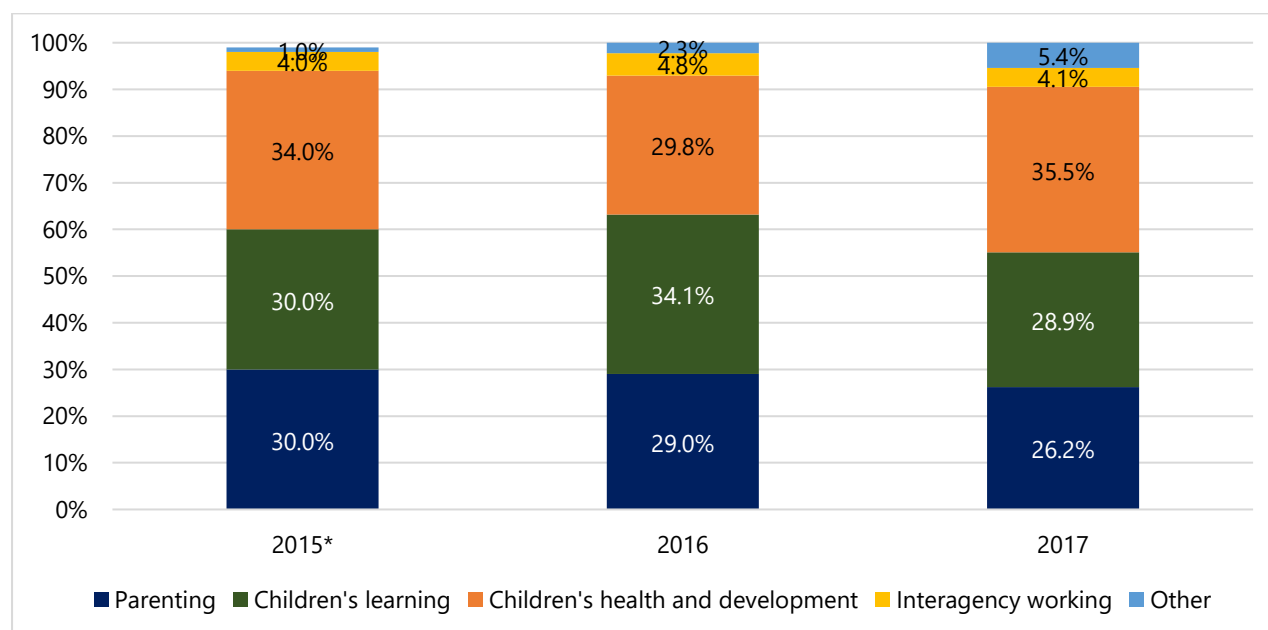
Data collected by three former PEIP areas for the period from 1 January to 30 June 2015 are not included.

7.3.2 Costs of service delivery – parenting interventions

As noted elsewhere in this report, improved parenting was a key intended outcome for the ABC Programme. Nearly all ABC areas provided parenting interventions, although the mode of delivery varied across areas. For example, ABC areas provided a range of one-to-one interventions, group-based manualised interventions, one-off parenting workshops, and intensive family support interventions. Examples of the types of interventions included in this outcome spend were group-based interventions such as Incredible Years, the Strengthening Families Programme, Parents Plus, and the Triple P Positive Parenting Programme; home-visiting interventions; and intensive family support interventions. Where data were available across the three years, spend on parenting interventions accounted for slightly more than a one-quarter of the total spend over the three years, as demonstrated in

Figure **28**.

Across the three years, between 26 and 30 per cent of ABC Programme costs for parenting interventions were for evidence-based and group-based interventions such as Incredible Years, the Strengthening Families Programme, the Triple P Positive Parenting Programme, and Parents Plus. Between 31 and 37 per cent of costs were for one-to-one parenting interventions; and between 22 and 47 per cent of costs were for other types of interventions.

7.3.3   Costs of service delivery – children's health and development

Improved children's health and development was an intended outcome for many ABC areas. To achieve this outcome, ABC areas provided a range of interventions, including interventions for young children up to three years of age and their parents, with many focusing on the pre-birth period; interventions for children's social and emotional development, usually provided via school-based and evidence-based interventions; and community-based and targeted speech and language supports.

Data for 2015, 2016 and 2017 indicated that costs for interventions targeting children's health and development accounted for approximately one-third of annual ABC Programme spend.

7.3.4   Costs of service delivery – children's learning

Improving children's learning was a core outcome for many of the ABC areas. The types of interventions that were provided to achieve this outcome included direct interventions for children, such as literacy interventions, as well as professional development and capacity building interventions for early years practitioners and primary school teachers.   Spend on interventions addressing children's learning accounted for approximately one-third of ABC area expenditure across all three years, as illustrated in

Figure 28. Spend under this outcome was most often on the direct provision of professional development opportunities for early years practitioners and teachers; this type of activity accounted for 72 per cent of children's learning costs in 2015, 47 per cent in 2016, and 63 per cent in 2017. The high proportion of costs attributed to training in 2015 is most likely linked to the support required to upskill practitioners in the use and implementation of new evidence-based/informed interventions in the early stage of ABC Programme implementation.

7.3.5   Costs of service delivery – interagency working

Lastly, a key intended system-level outcome of the ABC Programme was to improve interagency working with a view to improving strategic and operational service planning and service delivery. ABC areas were asked to provide information on the costs of carrying out their interagency work. As defined in Section 4.6.1, for the purposes of this evaluation, 'interagency working' was understood as the formal and informal engagements, collaborations and activities that areas' practitioners, service managers and ABC managers initiated or participated in at practitioner and manager levels for the purposes of developing and implementing the ABC Programme.

Over the course of 2015, 2016 and 2017, ABC areas spent approximately five per cent of their ABC Programme grant funding on interagency working, as illustrated in

Figure **28**. However, it should be noted that not all areas included costs for their interagency working in their financial returns.

7.4   Summary Conclusions

The funders of the ABC Programme provided €30.7 million to the Programme from 2013 to 2017; of this, €25.9 million was allocated to ABC areas for Programme delivery. During 2015, 2016 and 2017, the ABC areas spent €16.9 million of these committed funds. Additionally, over this period, ABC areas secured leveraged resources worth €5.7 million, which were also used to support and deliver evidence-based/informed interventions. Most commonly, ABC areas reported that leveraged resources were in the form of 'in-kind' contributions, although few local stakeholders explicitly referenced the use of leveraged resources in the qualitative data. Thus, the 'true' or 'real' cost of delivering the ABC Programme, mindful of the caveats around the levels of leveraged resources secured, was approximately €22.6 million for the three-year period 2015 to 2017. Grant funding from DCYA and The Atlantic Philanthropies funded between 61 and 83 per cent of total spend across the ABC areas for 2015 to 2017 and spend on direct interventions was around 64 per cent for the same period.

The spend on interventions directly aimed at improving parenting outcomes accounted for slightly more than one-quarter of the total ABC Programme spend in 2015, 2016 and 2017. For the same period, data indicated that costs for interventions targeting children's health and development accounted for approximately one-third of annual ABC Programme spend. Spend on providing interventions and related staff training addressing children's learning also accounted for approximately one-third of ABC area costs across 2015, 2016 and 2017.   ABC areas spent approximately five per cent of their ABC Programme grant funding on interagency working.

Chapter 8: Conclusions and Learning for the Future

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Key findings

Evidence from the evaluation suggests that the **Area Based Childhood (ABC) Programme has contributed to the achievement of positive outcomes for children and parents**, to **positive changes for practitioners and service managers,** and to positive changes in **local strategic planning and service delivery**.

Learning for the future includes:
- National-led initiatives such as the ABC Programme that require cross-department and multi-agency cooperation and collaboration should be aligned nationally and, as a consequence, need to be based on a clear strategic direction, shared vision, and common goals across all levels of the system.
- Leadership and the commitment of leaders across all levels of the system are required to drive and support change.
- Formal structures, such as the consortia established under the Programme, are important mechanisms for driving and supporting change in local communities.
- Securing the buy-in and commitment of practitioners and service managers is critical, as is securing the buy-in of senior leaders, both locally and nationally.
- The use of evidence-based/informed interventions is important to securing buy-in, to providing an evidence base, and to demonstrating that positive outcomes can be achieved using these types of interventions.
- Supporting staff capacity to implement new interventions, adopt new ways of working, and increase their use of evidence and data is critical.
- To support the embedding of ABC Programme-supported interventions into national systems of service delivery, greater clarity about mainstreaming processes is required.
- Resources such as designated funding, a designated coordinator, and time are required to support the implementation of national programmes such as the ABC Programme.

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8.1   Introduction

This chapter considers the conclusions from the evaluation of the ABC Programme in the context of the two overarching evaluation questions:

(i)   To assess the extent to which intended outcomes were achieved for children and parents participating in the national ABC Programme
(ii) To assess the implementation of the national initiative with reference to key policy questions, including interagency working, greater use of evidence and data, changes to local service provision, and improved strategic planning and delivery of services locally and nationally.

This chapter also considers the learning for the future emerging from the evaluation findings for

current national ABC Programme implementation and for any similar initiatives that might be considered.

8.2 Conclusions

The following section includes the summary conclusions from the national evaluation, organised under each of the key evaluation questions and related sub-questions. Conclusions on what other factors contributed to change are also included.

8.2.1 Outcomes for children and parents

All ABC areas selected interventions and approaches intended to achieve the three high-level individual outcomes of (i) improved parenting, (ii) improved child health and development, and (iii) improved children's learning. As noted in Section 1.2.2, all ABC areas followed a set of common principles in selecting interventions and approaches. In reality, more than 90 interventions were implemented across the 12 areas over the course of the Programme. For methodological, evaluation scope, practical, and budgetary reasons, the national evaluation of the ABC Programme focused on assessing whether the individual high-level outcomes have been achieved across the ABC Programme, rather than on comparing the achievement of outcomes between interventions or between ABC areas.

Analysis of the pooled outcomes data for children and parents in the three outcome areas of parenting, children's health and development, and children's learning indicated that the ABC Programme made a positive contribution to the achievement of outcomes. Comparison of pre- and post-intervention outcome data suggested that parents taking part in ABC Programme-supported interventions experienced improved child-parent relationships. Children taking part in ABC interventions also showed improvements in social and emotional well-being between pre- and post-intervention assessment, and children participating in early years interventions showed improved school readiness. The positive changes observed in the standardised measures were echoed by practitioners who participated in the national evaluation, who reported observing changes in children's and parents' behaviours. Important enablers of the achievement of outcomes that were identified by practitioners included participant buy-in, interventions better addressing the needs of the community, tailoring interventions to encourage and maximise participation, the targeted universalism of interventions, promotion through local champions, and the ability of participants – particularly parents – to engage in ABC Programme-supported interventions. It should be noted, however, that in the absence of control or comparison groups or communities, it was not possible to attribute these changes solely to the ABC Programme, and that other important and enabling national and local policies and initiatives may have contributed to the achievement of outcomes, as discussed in Chapter 6.

Notwithstanding this important caveat, the children and parents taking part in the ABC Programme showed positive changes in behaviours, feelings, and attitudes across the three outcome areas. On the balance of the evidence gathered from a variety of stakeholders as part of the evaluation, the interventions delivered under the ABC Programme made positive contributions to these changes. In summary, based on the outcomes and other evidence, there is nothing in the evaluation findings to suggest that any of these interventions were harmful or that they could not be offered as part of a

suite of interventions in initiatives similar to the ABC Programme.

8.2.2   Local service provision and evidence-based/informed interventions

An objective of the ABC Programme nationally was that ABC areas would implement evidence-based/informed interventions. While few ABC areas were starting from a baseline of zero in terms of the use of evidence-based/informed interventions, areas indicated that service provision locally had shifted to include the use of more evidence-based/informed interventions and approaches, a change which the ABC Programme contributed to. Other changes in local service provision identified by these stakeholders included adaptations to existing interventions and adopting new (or changing existing) professional approaches. The combination of new evidence-based/informed interventions, changes to the existing interventions, and new ways of working contributed to, in some cases significant, changes in how local services were being provided.   Interventions for children and parents were enhanced by using evidence-based/informed interventions and by broader changes in the knowledge, attitudes, skills, confidence, and self-belief of practitioners. The provision of training, coaching and mentoring, and peer support and opportunities for reflective practice, were important enablers of these changes.

The level of change experienced in local service provision varied across ABC areas. In the main, areas that had significant experience in implementing evidence-based/informed interventions and/or new ways of working, e.g. former Prevention and Early Intervention Programme areas, reported that the ABC Programme facilitated the continuation of this type of approach to service provision.

Local and regional, and some national, stakeholders reported changes to local service provision which the ABC Programme contributed to. However, what was less clear from stakeholder data was the extent to which these changes to local service provision were sufficiently embedded so as to be sustained in the event that ABC Programme funding is reduced or is withdrawn entirely. Local stakeholders, for the most part, reported positive dispositions of local service providers to the changes that were being implemented and supported under the ABC Programme and, in some ABC areas, staffing and funding commitments had been made to continue to deliver evidence-based/informed interventions introduced under the ABC Programme. However, all local (and some regional) stakeholders noted the important role of resources in facilitating the buy-in and commitment of local service providers to the aims and objectives of the ABC Programme.

8.2.3   Use of evidence and data

As part of the move towards the use of more evidence-based/informed interventions, practitioners and service managers were encouraged to use evidence and data more in their practice, both in case management and in the operational and strategic delivery of services. Evaluation data suggested that with training, support and experience, staff did become more skilled in, and enthusiastic about, the use of evidence and data. However, practitioners in particular needed to see for themselves the value of this approach in order for local consortia to obtain their buy-in.

Important in this context was the availability of, and need for, a research resource that was available to the local services staff to enable these staff to interpret and make full use of the evidence and data. It

was suggested that this could come in the form of a dedicated researcher or a service one could contact to receive timely analysis and advice.

Local stakeholders noted that if training in the use of evidence and data were confined to certain services within small areas, then there was a danger that any capacity building would quickly become diluted due to the high turnover of staff within organisations and in the sector more generally. It was suggested that a more system-wide approach would make the changes more sustainable.

It was also noted that ABC areas need to be able to collect evidence and data relevant to their local needs. While national evaluation measures were acknowledged to be important, these often needed to be supplemented to answer local questions around planning and service delivery and to explore issues of process and experience. Otherwise, it was suggested that important elements of services were not evaluated and that potentially useful data, including qualitative data, were missing.

8.2.4   Interagency working

The evaluation found that local practice had shifted to incorporate interagency working at various levels, including practitioner-to-practitioner and agency-to-agency.

Although many relationships between practitioners and between agencies pre-dated the ABC Programme, the Programme activities helped strengthen those relationships that were already in place. The evidence indicated that activities such as joint events and implementation subgroups facilitated informal relationship building between practitioners. While these informal relationships were important, the evidence indicated that they were vulnerable to staff turnover if not formalised on an agency-to-agency level.

The evaluation found some evidence of new agency-to-agency (formalised) interagency working. However, new relationships across services were reported less frequently.

The role of the lead agency was integral to facilitating interagency working at all levels. Local stakeholders frequently cited how the lead agency (i) coordinated meetings, referrals, trainings, and groups, etc. and (ii) offered technical and administrative support to other local agencies/practitioners participating in the ABC Programme.

Other factors which contributed to changes to interagency working included targeted funding for interagency working, buy-in from practitioners and service managers, and time (time to develop, embed, and maintain relationships; and time to participate in interagency working, meetings, events; etc.).

The evaluation found that the consortium structure (including its implementation subgroups) was integral to supporting interagency working at the agency-to-agency level. It facilitated agencies to better identify gaps in service provision and to better address local needs. This interagency working and collaboration was a key enabler that supported changes in local service provision.

Key characteristics of the most successful consortia reported included:

- A shared vision and mission
- An independent chair
- Membership that was inclusive
- Membership that was sufficiently senior to drive change and to hold the authority to make decisions
- Equity between members
- Subcommittees established to take responsibility for implementing different aspects of the ABC area-based plan
- Formal connections to existing networks and strategic planning structures, such as CYPSCs, where available and relevant.

While the evidence from the national evaluation indicated positive changes to interagency working at the local level, this came with some challenges. In some cases, interagency working placed an additional time burden on practitioners, service managers and consortium members.

8.2.5 Strategic planning, delivery, and mainstreaming of services

Findings from the evaluation data indicate that there were changes in how services were planned and delivered during the ABC Programme, with changes occurring predominantly at the local (ABC area) level. Local stakeholders reported that service planning and delivery was informed by greater use of evidence and data and with reference to more stakeholder voices. The consortium structures in ABC areas brought stakeholders together to develop shared strategic visions, and to develop and strengthen interagency relationships to enhance service delivery. ABC areas also reported the widespread use of implementation plans, mainstreaming planning, and sustainability planning. Evidence-based/informed approaches and learning supported through the ABC Programme were reported to have been adopted, at least to some degree, by local mainstream services in nearly all ABC areas.

The ABC Programme was intended to contribute to change locally and nationally. The Programme was designed with sufficient flexibility to enable local service providers to address the needs of children and families living in individual disadvantaged communities. Rather than requiring ABC areas to conform to a uniformly designed national initiative, local ABC Programme-supported interventions were designed and implemented as a set of individual area-based localised responses to identified community needs. Notwithstanding this, it was anticipated that the influence of the ABC Programme would not be limited to individual ABC areas. At the national level, there were fewer reported changes in how services for children and families were planned and delivered.   While there were some instances of where ABC Programme-supported evidence-based/informed interventions were reported to have embedded into mainstream delivery – for example, speech and language therapists undertaking capacity building with primary schools and early years centres – the ABC Programme has had little system-level impact nationally. There are a number of potential reasons for this lack of impact nationally.

First, the wide range of interventions and approaches to service delivery from area to area, and the differences in local contexts and needs, presented challenges for statutory service providers in terms of knowing what or how to mainstream and/or embed ABC Programme learning nationally.

Second, while ABC area-based consortia were, to varying degrees, successful in securing the commitment of decision-makers to contribute to, and participate in, local ABC Programmes, the local nature of these consortia limited the potential for local service providers to engage with, influence, or impact on national-level actors.

Third, the lack of shared vision and commitment to a set of clearly defined, strategic, and common goals was identified as a barrier to securing the engagement and buy-in of policy-makers at a national level. Some ABC areas secured the mainstreaming of some services locally, e.g. secondment of statutory staff to the delivery of local ABC interventions or the uptake of specific ABC Programme-supported interventions by statutory and other service providers. In relation to national-level change, it is important to note that at the time of data collection (December 2016 to June 2017), not all stakeholders were equally aware of national-led activities intended to enable the mainstreaming and sustainability of the ABC Programme.

Fourth, the Inter-Departmental Project Team did not contribute to the implementation of the ABC Programme in the ways originally intended. Securing their engagement was challenging, national and local stakeholders reported a lack of clarity around the roles and responsibilities of the IDPT; and it was not clear to some stakeholders how the ABC Programme priorities and activities aligned with their individual Departmental policy priorities and activities.

Fifth, as has been reported by stakeholders, the original three-year duration of the ABC Programme provided insufficient time to contribute to, or impact meaningfully on, the systems of service provision nationally. The ABC Programme was originally envisaged as a three-year initiative, and while currently extended into late 2018, the extended timeframe still falls short of the seven-to-ten years recommended in the literature as necessary for embedding national systems change. It took time to establish new relationships and strengthen existing ones, and it took time to develop and foster commitment to an area-based shared vision and mission. Local stakeholders reported that these were ongoing and dynamic processes due to changes in leadership and staffing locally and due to new, emerging, and sometimes competing individual organisational priorities. It was noted that the time required to demonstrate success and meaningfully engage with national decision-makers was likely to be even longer.

8.2.6   What else has contributed to change?

Local, regional, and national stakeholders reported that the ABC Programme made positive and significant changes for children and families, for practitioners and service managers, and in strategic planning and service delivery. They also identified factors that have both enabled and hindered these changes locally and nationally. Among these were the programme design itself, with features including an area-based approach, a focus on addressing local needs, and a requirement to use evidence-based/informed interventions; and the resources made available to ABC areas. Other factors included leadership at all levels of the system, from local to national; stakeholder buy-in; positive relationships; attitudes, knowledge and beliefs; and communication and sharing of information. It was often the case that the same factor acted as both a barrier to, and an enabler of change, depending on the changes desired and the presence/absence of the factor.

Stakeholders also reported that the ABC Programme was largely being implemented in a policy-friendly environment, with a number of complementary and supportive policies and initiatives augmenting and strengthening the contribution of the ABC Programme. For example, Aistear and Síolta provided a curriculum and quality framework, respectively, for the professional development supports provided under the ABC Programme; Tusla's Meitheal, as a mechanism for early intervention services to engage with statutory services and provide appropriate supports to parents and children, aligns with the early intervention principle of the ABC Programme's approach; and, through county-level structures such as Children and Young People's Services Committees (CYPSCs), which pre-date the ABC Programme, service providers had experience of coming together to plan and deliver services.

Some tensions between national policies and the objectives of the ABC Programme were reported. For example, non-contact time for early years practitioners was reported to undermine ABC-supported activities to upskill staff, and sectoral constraints such as the limitations to professional progression made the buy-in for ongoing training and professional development more challenging for some. On the whole though, these policies and initiatives were important enablers for the implementation of the ABC Programme and the achievement of outcomes.

8.2.7 Costs of the ABC Programme

The cost analysis of the ABC Programme indicated that across 2015, 2016 and 2017, the total ABC area-level expenditure for the ABC Programme was €22.6 million, comprising grant funding provided by the Programme funders (amounting to €16.9 million) and leveraged resources (worth €5.7 million).

Analyses indicated that the grant funding element funded the majority of spend across the ABC areas for the three years studied as part of the evaluation, ranging from 61 to 83 per cent. However, within the ABC areas, there was variation in the annual grant funding spent, which most likely reflects the varying stages of implementation of interventions across the areas.

In line with the conditions of the grant funding, ABC areas reported securing leveraged resources which were also used to support and deliver evidence-based/informed interventions. Most commonly, ABC areas reported that leveraged resources were in the form of in-kind contributions. Similar to levels of grant funding spent in ABC areas during the evaluation period, there was variation in the amount of leveraged resources recorded annually, ranging from, for example, €10,000 to more than €790,000 in 2015. However, it was not possible to comment on the true level of leveraged resources secured due to the lack of consistency in how ABC areas reported on leveraged resources, and to areas reporting that they stopped recording leveraged resources beyond those that amounted to a value worth 20 per cent of their grant funding.

Spend on direct interventions held constant at approximately 64 per cent of all grant funding-sponsored spend in 2015, 2016 and 2017. Spend on interventions directly aimed at improving parenting outcomes accounted for slightly more than one-quarter of the total ABC Programme spend over the three years. Data for 2015, 2016 and 2017 indicated that costs for interventions targeting children's health and development accounted for approximately one-third of annual ABC Programme spend and that spend on interventions addressing children's learning accounted for one-third of ABC

area spending. Over the course of 2015, 2016 and 2017, ABC areas spent approximately five per cent of their ABC Programme grant funding on interagency working, with the proportion falling over the evaluation period.

8.3 Learning for the Future

The following sections highlight the learning emerging from the evaluation of the ABC Programme. The learning is discussed in the context of each of the evaluation questions, including the four key policy questions. The section concludes with learning about evaluating complex and multi-site initiatives like the ABC Programme. The learning builds on the conclusions described in Section 8.2 in order to articulate a range of learning emerging from, and for, the current ABC Programme, and which could be applied to similar initiatives in the future.

8.3.1 Achieving outcomes for children and parents

Participation in the ABC Programme contributed to positive outcomes for children and parents. When considering how best to achieve outcomes for children and families taking part in similar initiatives, learning from the evaluation suggests that service user engagement and buy-in are critical. This buy-in can be achieved by ensuring a 'bottom-up' approach, in which interventions address the needs of the community and in which service provision is tailored to specific community needs. In doing so, learning from the ABC Programme suggests that the participation of the intended target groups can be promoted and maximised. The use of area-based approaches is helpful in this regard, as interventions that are provided in defined geographical areas enhance the opportunity to focus on tackling the issues and needs specific to individual communities. In addition, while not unique to area-based initiatives, adopting a targeted universal approach to providing interventions can also encourage service user engagement. Focusing efforts on serving whole community populations, with some targeted provision, can help destigmatise services and encourage greater participation. Moreover, adopting an area-based approach increases practitioner knowledge and awareness of the availability of other local services. This increased awareness can support practitioners to refer parents and children to services potentially more suitable to meeting their needs and can support the achievement of outcomes.

While area-based approaches can support better engagement of service users, it is important to note that this type of approach may not always be appropriate or feasible. For example, taking an area-based approach supports the achievement of outcomes in a select number of individual communities, excluding other communities which might equally benefit from area-based funding for community-specific services. Moreover, the effectiveness of an area-based approach to improve child outcomes in areas of rural disadvantage, where there is a greater geographical spread of both populations and services, is not yet known. Furthermore, scaling up an area-based approach in order to increase coverage of services for children and families may be very resource intensive.

Adopting evidence-based/informed interventions also supports service user engagement. The *'tried and tested'* nature of such interventions encourages belief in the potential of the intervention to support change. This, in turn, helps to secure the engagement of parents for both their own and their children's involvement in services. Positive relationships between practitioners and service users also

encourage and facilitate greater buy-in to the new or adapted interventions provided locally under the ABC Programme. Identifying local champions within the community who can provide testimony and speak of their own positive experiences of participation to their neighbours, friends, and family members is also advantageous. However, it is important that the selection and use of such interventions is appropriate to local needs. The use of evidence-based/informed interventions also helps to secure the buy-in of practitioners and service managers responsible for front-line delivery. Using outcome data from these interventions to demonstrate the positive changes possible for children and families also aids in securing practitioner buy-in.

8.3.2   Supporting changes in local service provision

Local service provision changed in three main ways across the ABC areas:
- New interventions/services have been implemented in ABC areas.
- Areas have adapted existing interventions.
- Practitioners have adopted new, or have changed, professional approaches or ways of working.

Learning from the evaluation suggests that attention should be paid to a number of issues in order to better facilitate the types of changes in local service provision to which the ABC Programme contributed.

8.3.21   Securing buy-in

Securing the buy-in and support of senior managers from across relevant statutory, community and voluntary sector agencies responsible for making strategic and operational decisions about service provision, resource allocation and interagency collaboration is critical to successfully initiating and embedding change locally.

Securing the buy-in of front-line practitioners and service managers is also important. This can be achieved by providing opportunities to participate in training, coaching and mentoring opportunities, and through peer networking and learning events. Participation in these types of opportunities can contribute to greater confidence, professional pride and role authority, and a more positive disposition to change.

8.3.2.2   Leadership

Leadership is a key requirement to secure the buy-in mentioned above, and leadership is required across various levels of the system, including:
- Local and regional senior decision-makers
- Local champions, both among professionals and among service users
- Service managers and practitioners.

8.3.2.3   Designated coordinator

The appointment of a coordinator to support the operationalisation of changes to local service provision is important in order to provide:
- Strategic and operational leadership
- Coordination of meetings, trainings, group events, etc.

- Technical knowledge of, and support for, the interventions being delivered
- Administrative support to other agencies and practitioners delivering interventions.

8.3.2.4 Use of evidence-based/informed interventions

The use of evidence-based/informed interventions can encourage and give confidence to senior decision-makers and local service providers to engage with new or changing ways of working. These types of interventions can be used to encourage service managers and other decision-makers to commit staff time and resources to implementing them.

It is important that the evidence-based/informed interventions selected and implemented:
- Fit with local needs
- Fit within the interventions already being offered locally
- Are culturally appropriate
- Harness local knowledge
- Are acceptable to local communities.

8.3.2.5 Working within the wider intervention environment

It is vital that the selected interventions are complementary rather than duplicative, so that existing effective coordination of services and referral pathways is not adversely affected, and so that existing effective interventions are not displaced.

It is important that the challenges for regional service providers in coordinating and dealing with referrals from multiple agencies across many communities providing the same, or similar, interventions are addressed, and that consideration is given to the strategies employed to deal with these issues in any future scaling-up of evidence-based/informed interventions.

8.3.2.6 Resources

Implementing initiatives such as the ABC Programme and supporting local services to make changes requires investment by funders and service providers in terms of time, effort, and funding.

To support practice changes, time is required for staff to attend training events and to engage in reflective practice. Initiatives such as the ABC Programme also require time in order to allow for changes in practice and local models of service provision to embed. Consideration of what can be achieved within a three-year funding period with regard to changes in practice, the introduction and implementation of new interventions, the adaptation of current interventions, or the introduction of new approaches to working is critical. Realistic and achievable outcomes can then be identified.

To facilitate and support change in local models of service provision, learning from the evaluation suggests that funding is required to:
- Provide training, coaching and mentoring for practitioners, e.g. securing and paying trainers/coaches/mentors, booking venues, providing training/coaching/mentoring materials, etc.
- Enable staff to be released to attend training, coaching and mentoring by paying for substitute cover

- Implement proprietary evidence-based/informed interventions, as they must be purchased and/or a fee or licence payment must be paid; their associated resources and materials can also be costly, as only licensed or approved resources can be used. Some evidence-based/informed interventions require significant levels of staff training, and some require ongoing coaching and mentoring, which can often only be provided by approved trainers, all of which have cost implications for implementation.

8.3.3 Supporting greater use of evidence and data

The ABC Programme contributed to:
- Increased capacity to collect evidence and data as part of routine practice
- Greater understanding of the value of evidence and data collection
- More data available within ABC areas
- Greater use of evidence and data to inform service planning and delivery.

8.3.3.1 Training and other supports

Learning from the evaluation suggests that training and supports are required to build the capacity of practitioners and service managers to use evidence and data more effectively. The importance of training and support in the use of evidence and data, coupled with the direct experience of observing the contribution that the changes to their practice can make for children and families, can be a significant motivator in increasing practitioners' use of evidence and data. However, learning suggests that practitioners need to see for themselves the value of this approach in order to secure their buy-in. Producing regular reports on outcome data increases buy-in from practitioners and encourages the active use of data.

8.3.3.2 Resourcing and capacity

Using evidence and data can add to staff workloads, and the collection and use of evidence and data requires skills that are not always available in practice settings. Creating and/or protecting staff time to collect and input data is important in facilitating the greater use of evidence and data. Learning suggests that practice organisations could benefit from the provision of dedicated funding, as part of wider funding support, to enable these types of agencies to address the issue of evidence and data explicitly.

Data collection is only one element of the wider objective to increase the use of evidence and data and learning from the evaluation suggests that service provider agencies could benefit from facilitating access to a research resource in order to support the interpretation of evidence and data in a timely manner.

8.3.3.3 Using data to inform practice and service delivery

The findings from this evaluation demonstrate that once practitioners see and experience the relevance of evidence generated and data collected to their work, buy-in to the use of evidence and data increases. To ensure that the data and evidence are relevant to their work, it is therefore important that care be taken to involve those directly responsible for delivering services in the consideration of what types of evidence should be used and the types of data to be collected.

8.3.3.4 *Sharing evidence and data*

The ABC Programme supported greater interagency working and more collaborative relationships and learning from the evaluation suggests that there is significant scope for increasing the sharing of information between agencies, subject to data protection and other confidentiality requirements. A large amount of information about service users is, or could be, gathered by services. Systems could be put in place to gather these data systematically and to facilitate sharing between agencies. Such approaches could be informed by learning from other Irish studies; for example, the National Council for Curriculum and Assessment (NCCA) recently published a pilot study on sharing information for transitions to primary education.[86]

8.3.4 **Supporting greater and more coordinated interagency working**

Evidence from the evaluation suggests that the ABC Programme contributed to greater interagency working: new relationships were developed, and existing relationships were strengthened at the practitioner-to-practitioner and agency-to-agency levels. The learning from the evaluation suggests that interagency working does not just happen; it needs to be supported for it to be meaningful and effective. Attention also needs to be paid to ensuring that interagency working is purposeful, effective and efficient, given the significant agency resources required for such working. The developments and improvements in interagency working evidenced in this evaluation were largely facilitated by:

- A well-functioning consortium, which includes the establishment of subgroups and subcommittees to address specific issues or priorities
- A designated coordinator
- Relationship building
- Funding
- Time.

8.3.4.1 *Consortium working*

While many ABC areas reported pre-existing collaborative and partnership working relationships, the ABC Programme and the consortium structure provided an opportunity, in many areas, to formalise such arrangements within the context of a small and bounded area. The capacity for, and skills in, effective leadership and communication, developing a shared vision and mission, and prioritising community needs above individual organisational needs are all important in this regard. The key characteristics of successful consortia include:

- A shared vision and mission
- An independent chair
- Inclusive membership
- Membership that is sufficiently senior to drive change and hold the authority to make decisions
- Equity between members
- Subcommittees established to take responsibility for implementing different aspects of the agreed plan

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[86] For more information, see https://www.ncca.ie/media/3367/transitionpreschoolprimary_reportfinalfeb.pdf [accessed 8 June 2018].

- Formal connections to existing networks and strategic planning structures, such as CYPSCs, where available and relevant.

Establishing appropriate consortia structures is important to ensure that all members are equally heard and to provide clear mandates for the lead agency and its partner agencies. Substructures, such as implementation subgroups and sustainability planning subcommittees, are valuable for planning and delivering more coordinated services for children and families. It is important that consortium structures, while remaining informed by key characteristics identified above, are also flexible enough to respond to needs at an area level.

8.3.4.2 Designated coordinator

Learning from the evaluation suggests that when taking an area-based approach to service delivery using a consortium structure, a dedicated coordinator is needed to coordinate and support the implementation of the shared vision, mission, and objectives. With regard to interagency working specifically, the role of the coordinator should be to facilitate and drive interagency collaboration by keeping interagency working on the agenda.   The coordinator is also integral to facilitating connections and referrals across services by, for example, organising joint events and training.

8.3.4.3 Relationship building

Building on existing relationships and creating new ones are important enablers for achieving changes to interagency working (and other ABC Programme outcomes). Learning from this evaluation suggests that formal structures, such as consortia and associated subgroups, provide important opportunities and fora within which to build and strengthen relationships. As noted above, a designated coordinator has an important role in encouraging and facilitating the strengthening and development of such relationships. Adopting an area-based approach in concert with these types of formal structures also lends itself to cultivating and strengthening relationships and interagency collaboration as practitioners and service managers become more aware of other potential appropriate interventions and services available to children and families in their community.

Building relationships between front-line practitioners is valuable for sharing information between agencies. These relationships are often informal, and collaboration, consistency and continuity in sharing information can be adversely affected by staff turnover. Consideration should be given to how such practitioner-to-practitioner relationships can become more formalised, albeit in the knowledge that not all interactions can or should be formalised. In particular, relationships between practitioners who do not typically have experience of working together, such as early years practitioners and primary school teachers, should be encouraged.

8.3.4.4 Funding

Learning from the evaluation indicates that the provision of funding is integral to galvanising and sustaining interagency working at all levels, including practitioner-to-practitioner and agency-to-agency, and to consortia working. Meaningful, strategic, and outcome-focused interagency working can be resource heavy and add to individual workloads, which suggests that it requires appropriate resourcing.

8.3.4.5 Time

Time was an important resource in relation to changes in interagency working in the ABC Programme. Learning from the evaluation suggests that time is needed to:

- Develop and maintain new and existing relationships – the issue of time is relevant to both those agencies with a history of working together and agencies that have more limited experience of interagency working, and while the former do have advantages in this regard, sufficient time is required in both types of circumstances.
- Develop informal relationships between practitioners in order to establish more integrated local service delivery.
- Attend meetings, follow up on actions, and attend training.

8.3.5 Supporting changes to strategic planning and service delivery

Evidence from the evaluation suggests that the ABC Programme made positive contributions to changes in local service planning and delivery. There was a use, or greater use, of evidence and data to inform service planning and delivery, as well as a greater use of implementation, mainstreaming, and sustainability plans, and evidence-based/informed interventions were adopted and/or perceived as likely to be mainstreamed and sustained in local service delivery.

8.3.5.1 Service design and implementation readiness

Learning from the evaluation suggests that clarity of vision, mission and outcomes is needed, and it is critical to achieve strategic change that these are shared. Time is an important enabler during the establishment phase of a new project. Time is required to ensure that projects receiving funding through initiatives like the ABC Programme have adequate time to develop their shared vision and mission, which will in turn support implementation.   Time is also required to ensure that projects receiving funding through initiatives can prepare for the implementation of the proposed interventions. Implementation readiness is important in this regard: a shared vision and mission, and clarity around roles and responsibilities, help to address and ameliorate challenges.

8.3.5.2 Local strategic planning and delivery

The ABC Programme was intended to achieve the "*embedding of services [interventions] in mainstream delivery across education, health*care, *and social care*" (see Figure 2). A combination of locally recruited ABC Programme staff teams providing professional development, quality assurance, and/or coordination support, in partnership with existing staff cohorts such as teachers, early years practitioners, family support staff and public health nurses, delivered evidence-based/informed interventions. The utilisation of existing staff cohorts in local communities capitalises on local knowledge and expertise while also increasing local capacity to provide evidence-based interventions and building the commitment of local decision-makers to such interventions. Using this type of model of upskilling and tapping into local staff resources is an important enabler for achieving local mainstreaming of interventions.

Achieving strategic change locally is facilitated by local leadership, formal structures, and engagement with existing city or county structures. Leadership and the commitment of local and regional decision-makers, lead agencies and coordinators are required to embed changes into local mainstream services. In this context, formalised leadership and coordination in the form of a

consortium structure are important factors in supporting the mainstreaming and sustainability of ongoing interventions. However, these structures by themselves are insufficient: continuity in chairs and members of the consortia is required to ensure consistency of decision-making and a shared knowledge and understanding of the implementation plan. In terms of facilitating strategic changes in local planning and service delivery, securing the engagement and commitment of senior decision-makers and key service providers is critical. Engaging with existing structures, e.g. CYPSCs, is also important to ensure that area-based strategic priorities align with wider city, county, or national priorities. However, there can be challenges in engaging with structures that deal with wider geographical boundaries than those covered by area-based initiatives, as neighbouring areas within the catchment of a single regional structure may identify distinct and differing needs. The clustering of the same or similar interventions may also make it more challenging for regional and national service providers to engage with local variations. Too wide a variety of interventions delivered across areas makes it challenging to identify and prioritise the service models with which to engage regionally or nationally.

Learning from the evaluation suggests that sufficient time is required not only for strategic planning, as noted above, but also in order to achieve system change in which new and adapted interventions and ways of working are mainstreamed and sustained locally in mainstream service delivery.

8.3.5.3   *National strategic planning and delivery*

ABC areas appeared to have made progress locally with securing buy-in and commitment from some mainstream services to deliver interventions supported by the ABC Programme. However, mainstreaming and sustaining services within the national system has been more challenging. Learning from the evaluation suggests that supporting the mainstreaming of learning, interventions, or practice approaches requires:

- A clear and shared understanding of what constitutes mainstreaming and sustainability, and what success looks like with regard to these processes
- Clarity regarding the scope of mainstreaming and the degree of system change required
- Identification of the key local and national stakeholders and securing their buy-in
- Clarity regarding the roles and responsibilities for mainstreaming across local, regional, and national stakeholders
- Mechanisms and processes through which decisions about mainstreaming are made.

As has been noted elsewhere, learning from the ABC Programme experience suggests that sufficient time is required to embed evidence-based/informed interventions and approaches within national mainstream delivery. The implementation science literature suggests that it can take between three and five years to embed single interventions, while complex system change initiatives take even longer; therefore, programme designers and funders need to be realistic when designing and funding programmes like the ABC Programme, where system-level change is an explicit objective.

8.3.6   **Other learning – evaluating complex systems change initiatives**

The evaluation of the ABC Programme was concerned with assessing what, if any, contribution the Programme had made to changes in outcomes for individual children and their parents, to changes in the practices and approaches of professionals providing interventions to children and parents, and to

changes in local and national strategic planning and service delivery. The evaluation was concerned with assessing the contribution of the ABC Programme nationally, and not with comparing individual ABC areas' performance or comparing individual interventions. Achieving balance between designing an evaluation that captures the national picture of a complex systems change initiative such as the ABC Programme, and the nuance of individual ABC areas' experiences, is challenging.

In assessing outcomes for children and parents, a shared outcomes measurement framework was developed. The adoption of shared measures is necessary to facilitate the aggregation of data across multiple interventions in multiple areas for national initiatives, while at the same time facilitating area-level analysis. As noted in the literature (Batty et al, 2010), it is not advisable, nor is it likely feasible, to collect outcomes data for all area-level outcomes. Therefore, it is important that the choice of outcomes represents the key outcomes identified in a programme's description, whether these outcomes are articulated as a set of programme objectives or in a programme logic model. It is also important that the most common and shared outcomes are selected for measurement. Learning from this evaluation suggests that selected measures should be:

- Internationally recognised, reliable, and validated
- Able to cover as wide an age range in childhood as possible to avoid having to use different measures for different age groups
- Short and succinct, and easy to use and/or score, in as far as possible
- Non-proprietary, to support ongoing and sustained collection of outcomes data once the evaluation has been completed
- Able to be contextualised against other available nationally representative data, e.g. the measure has been used in other Irish studies, such as the Growing Up in Ireland (GUI) study, the Health Behaviour in School-aged Children (HSBC) study, the National Early Years Access Initiative (NEYAI), or other studies.

Adopting a practitioner-led approach to collecting outcomes data contributed to the feasibility of this evaluation, insofar as data were collected for multiple interventions in multiple areas at different time points. The provision of training sessions, template consent forms and information leaflets, written guides, data handling protocols, and other advisory materials is critical. However, the potential burden on practitioners and other staff and the time needed to participate in this process should not be underestimated. Ongoing training and support is required to sustain this level of data collection and for the development of area-based capacity to move beyond data collection and towards meaningful data interpretation (see Section 8.3.3 for more details).

The evaluation approach to assessing the implementation of the ABC Programme evolved over time to focus on answering four key policy questions. However, it was always intended that the evaluation would focus on the implementation of the ABC Programme nationally. By focusing on the national level, the key features of a programme's overall design can be assessed and the key enablers of, and barriers to, implementation more generally can be identified to inform system learning. A different type of evaluation design would be required to compare individual ABC areas' performance; for example, a quasi-experimental comparative study or a case study design could be used to compare performance and take greater account of local variation. The design agreed for the national evaluation of the ABC Programme had a limitation in that direct comparisons between ABC areas were not possible. Alternative evaluation designs to facilitate comparisons between ABC areas would likely

need a different approach to programme design and implementation and would require standardisation across areas in terms of interventions, structures, and processes. In addition, clear and quantifiable outcomes and other markers of success would be required to ensure that any assessment was based on clear and measurable criteria.

The implementation evaluation started later than anticipated, for reasons described in Chapter 4, Section 4.2, and learning suggests that to assess progress in achieving implementation outcomes, the evaluation of initiatives such as the ABC Programme should start as soon as possible. In the absence of data that demonstrates the 'starting' position regarding the implementation of area-based interventions, it is more challenging to make any assessment of progress.   Moreover, while a logic model provides an important framework through which to consider the inputs, activities, and outcomes to be achieved, the learning from this evaluation suggests that the use of a logic model might be usefully supplemented by a formal theory of change together with some key quantifiable indicators in order to support the analysis of the underlying assumptions and to identify what success looks like fairly and consistently across multiple areas and/or multiple interventions.

8.4   Concluding Remarks

This report presents the final findings from the national evaluation of the ABC Programme, a national area-based prevention and early intervention initiative which aims to improve outcomes for children and families in areas of disadvantage in Ireland. At the same time, the ABC Programme also aims to support increased interagency working and the embedding of evidence-based/informed interventions within mainstream services.

The national evaluation explored what, if any, contribution the ABC Programme has made to improved outcomes for children and parents, for practitioners and service managers, and in strategic planning and service delivery locally and nationally across the 12 evaluated ABC areas. The costs associated with the services provided under the ABC Programme were also assessed as part of the national evaluation.

The ABC Programme is a complex system-change initiative, and the evaluation design, developed by CES with the support and agreement of the Expert Advisory Group, has yielded robust evaluation findings. Overall, there was evidence from the national evaluation that the ABC Programme made a positive and significant contribution to improved outcomes for children and families, changes for practitioners and service managers participating in the programme, and changes to local service planning and delivery.

The evaluation data collected for the national evaluation also provided evidence of the important factors which helped, and sometimes hindered, local and national change. These factors included the programme design; the resourcing available; the leadership provided at local, regional, and national levels; and the buy-in from key stakeholders.

While cost analysis is not often included in Irish evaluation studies of large system-level initiatives such as the ABC Programme, the evaluation design for the ABC Programme included the analysis of cost data. ABC areas submitted data on intervention costs and leveraged resources secured under the

Programme. Across 2015, 2016 and 2017, the total ABC area-level spend for the ABC Programme was €22.6 million, comprising grant funding worth €16.9 million and leveraged resources worth €5.7 million.

The findings presented from the national evaluation of the ABC Programme lend themselves to developing interesting insights, conclusions and learning for a wide range of stakeholders, including policy-makers, Government Departments and statutory agencies, local service providers, practitioners, service managers, and families. At the time of writing (July 2018), the ABC Programme is ongoing, and the conclusions and the associated learning presented in this national evaluation report may be useful in informing future decisions made with regard to services for children and families in Ireland.

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