
The **A**rea **B**ased **C**hildhood Programme 2013–2017



An Roinn Leanaí
agus Gnóthaí Óige
Department of Children
and Youth Affairs

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National Evaluation of the Area Based Childhood Programme: Appendices to the Main Report

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Appendix 1: Summary of Services Delivered Across the ABC Programme Areas

The following tables provide details of the services provided and their target groups in each of the ABC Programme areas. The information below is intended to provide an overview of activities in each of the areas; more detailed information can be obtained from the areas. Area information is provided in alphabetical order by area. The information is sourced from the document "Overview of ABC Programme and Services Delivered" (2017).

Ballyfermot — Family Matters

SERVICES PROVIDED	TARGET POPULATION
Language programme focused on the development of early communication through creating a language-rich environment in the home, early years settings and schools.	<i>Children in early years services and primary schools, and their parents</i>
Family Development Service , a home-based intervention that supports access, uptake and participation of children and families in education and relevant services to meet their identified needs.	<i>Hard-to-reach families, including Traveller families</i>
Speech and language therapeutic support to children in early year settings and primary schools, and their parents, carers and teachers.	<i>Children, their parents/carers, early years practitioners & teachers</i>
Youth mental health strategy including delivery of group- and school-based programmes (Parents Plus, FRIENDS, Life Skills) and informed by a Youth Advisory Panel	<i>Practitioners in the community and young people and their families</i>

Ballymun - youngballymun

SERVICES PROVIDED	TARGET POPULATION
Centre-based ante-natal service delivered weekly with HSE Primary Care team during 2-hour classes over 5 weeks and focused on preparation for parenthood, particularly psychological adjustment.	<i>Expectant mothers and their birth partners or a supportive friend/relative</i>
Centre-based infant massage class over 5 weeks with demonstration of, and opportunity to try out and discuss techniques for massaging babies.	<i>Parents and caregivers of new born babies & infants up to age of crawling</i>
Weekly language-focused playgroup for parents and toddlers (Talk and Play Every Day) delivered with speech and language therapy team to inform greater parental understanding of child	<i>Parents and toddlers aged 12-24 months</i>

SERVICES PROVIDED	TARGET POPULATION
development and parent-child interaction.	
Centre-based parent group focusing on attachment (Circle of Security) delivered over 10 weeks to support parents to understand their child's emotional world and learn to read their signals and needs.	<i>Parents of 1-4 year olds attending Tusla early years services</i>
One-to-one home visiting infant and parent mental health support service ; visits take place fortnightly; continuing as long as is required or until the child turns 3.	<i>Parents and children aged 0-3 with attachment or mental health difficulties</i>
Development and delivery of Infant Mental Health training, coaching and mentoring models; support for continuous professional development through Infant Mental Health Study group.	<i>Community, Tusla, HSE and early years practitioners</i>
Three parenting programmes (Incredible Years) supporting parents to foster their children's language, social and emotional development, establish routines and manage challenging behaviour. Group-based sessions range from 12-20 sessions, are run in community settings/schools, and are co-delivered with HSCL, teachers and Tusla staff.	<i>Parents of 1-8 year olds; one targets children with hyperactivity /conduct problems</i>
Interactive workshops for parents (Breakfast Buddies) to develop skills and strategies to promote children's language and literacy . Co-delivered with HSCLs and FRC colleagues.	<i>Parents of 3-12 year olds in area and local community project workers</i>
4-week (Incredible Book Club) and 8-week (Story Sacks) literacy courses where parents learn skills and strategies to promote children's language and literacy development and bring books to life; co-delivered with HSCLs.	<i>Parents of children in area</i>
Capacity building, embedding, sustainability, communications: Local activities to support co-delivery of programmes, coaching, and mentoring; local and national activities to enhance evidence-based practice and share learning on collaborative prevention and early intervention projects	<i>Local and national managers, partners, government depts, state agencies</i>

Bray – SPECS Bray

SERVICES PROVIDED	TARGET POPULATION
Home visiting programme (Preparing for Life) delivered by mentors, providing tailored supports for parenting and awareness of early learning and child development, from pregnancy to when children start school.	<i>Parents of children aged 0-5</i>
Group-based parenting programme (Parents Plus Early Years Programme) that supports parents to maximise their children's learning, language and social development, and reduce behaviour problems.	<i>Parents of children aged 1-6</i>
An early years programme supporting quality improvements in early year settings through implementation of Aistear and Síolta.	<i>Early Years practitioners</i>
Group-based Parenting when Separated programme (Parents Plus) that highlights practical steps for parents to help their children cope and thrive in a separation, as well as coping successfully themselves.	<i>Parents who are preparing for or going/gone through separation/divorce</i>
Classroom programme (Roots of Empathy) involving local mother and baby, and a trained instructor. Children participating are coached to identify and reflect on their and others' feelings in order to raise their levels of empathy.	<i>Primary school students</i>
Group-based family skills training programme (Strengthening Families) designed to increase resilience and reduce risk factors such as substance misuse, depression, aggression, and school failure over 14 weeks.	<i>High risk 6-18 year olds and their parents</i>

Clondalkin – Blue Skies Initiative

SERVICES PROVIDED	TARGET POPULATION
The Up to 2 Programme that links services together for expectant and new parents, including antenatal supports, weaning workshops, first aid, return to work/choosing childcare workshop and toddler healthy eating.	<i>Expectant and new mothers and their children aged 0-2</i>
Three group-based parenting interventions (Incredible Years—Parents and Babies; Toddler; Basic Parent) that strengthen parent-child interactions and attachment, reduce harsh discipline and foster parents' ability to promote children's development.	<i>Parents of children aged 0-8 and teachers & staff from organisations trained to deliver the programme</i>

SERVICES PROVIDED	TARGET POPULATION
Provision of training, mentoring and support to parents, teachers and early years educators to promote universal oral language development of children.	<i>Parents, teachers & early years practitioners supporting children</i>
Professional development for early years practitioners , with training in Aistear/Síolta self-audit tools, training in High Scope and the Incredible Years Dina Classroom and Small Group programmes.	<i>Children and practitioners in early years settings</i>
Group-based prevention programme (Incredible Years Classroom Dina and Small Group Dina) for children delivered by pre-school practitioners and teachers 2-3 times per week. Social skills groups also run for children with Autism Spectrum Disorders (ASD).	<i>Early years practitioners, primary teachers, and pre/primary school children</i>
Teacher training programme (Incredible Years Teacher Classroom Management) delivered to enhance teachers' classroom management strategies and promote children's prosocial behaviour and reduce classroom aggression.	<i>Training and support for teachers of children aged 3-7</i>
Group-based intervention for parents and carers (Peep – Learning Together) to improve children's life chances by promoting everyday learning through listening, talking, playing, singing and sharing books.	<i>Targeted at parent and toddler groups & hard to reach/marginalised parents</i>
A summer course to inform staff from primary schools and early years services of the benefits of parental involvement in improving outcomes for children.	<i>Primary school teachers, principals, and early year practitioners</i>

Cork – Young Knocknaheeny

SERVICES PROVIDED	TARGET POPULATION
Infant Health and Wellbeing Strategy , to develop knowledge, skills, practice and services for the pre-birth to 3 years period development. Including: preparation for parenthood; interdisciplinary Infant Mental Health Masterclasses and ongoing Network Groups; interdisciplinary Infant Mental Health Home Visitation Programme (Michigan Model) with Parent and Infant Groups; integration of Kidscope Child Development Assessment Clinic.	<i>Parents and caregivers of children aged 0-3; practitioners and services</i>
Early Years Care and Education ongoing quality improvement strategy across all services including pre- and post-assessment, curriculum training, oral language programme, environmental enhancement, leadership support, standardised transitions, mentoring, PR and parental engagement.	<i>Early years services and practitioners with children aged 0-5 & parents/carers</i>

SERVICES PROVIDED	TARGET POPULATION
Speech, language and literacy Strategy supports and strengthens emerging oral language development. Including a clinic with parents and baby at 9months ("babbling babies"); participating in interdisciplinary home-visitation model; programmes for teachers and Early Years Practitioners (Hanen); language assessments of all junior infant children across the area with ongoing referrals and consultation.	<i>Parents and their children 0-6, teachers & early years practitioners</i>
Prosocial Behaviour and Self-Regulation Strategy implements a suite of programmes (Incredible Years - Basic Parent; Classroom Dina; Teacher Classroom Management) that develop positive parent-teacher-child relationships, prevent and treating behaviour problems and promote social, emotional, and cognitive development.	<i>Parents, teachers and children aged 3-11</i>
Interdisciplinary whole community approach to early childhood development, relationships and environments. It provides universal to targeted services, with an emphasis on interagency working, co-facilitation across services, capacity building and systems change.	<i>Partner organisations</i>

Dublin Docklands and East Inner City

SERVICES PROVIDED	TARGET POPULATION
Home visiting and community support programme to support and empower parents through increased parenting skills and reduced parenting stress.	<i>Parents of children from pre-birth to 2 years</i>
Parent Child Home Programme , a literacy and parenting programme home delivered by local Home Visitors that strengthens families and prepares children to succeed academically.	<i>Parents of children aged 18 months - 3 years</i>
An early years programme that supports quality improvements in early year settings through the implementation of Aistear and Síolta.	<i>Early Year practitioners</i>
An Early Numeracy Programme to promote positive interactions between adults and children aged 0-8 years and to support the development of children's language, numeracy and literacy skills.	<i>All adults in the community including parents, PHN's, SLTs, librarians, etc.</i>
Two literacy programmes: 1) Zoom Ahead with Books encourages parental involvement and promotes children's enjoyment of and motivation to read for pleasure. 2) Doodle Den is an afterschool literacy programme that aims to develop the children's language and literacy skills.	<i>1) Children aged 0-6 and their parents 2) 5-6-year-old children in Senior Infant classes in schools</i>
A community-wide Restorative Practice programme that helps to build strong happy communities and managing conflicts by actively developing good relationships and resolving conflicts in a healthy	<i>All organisations in the Area</i>

SERVICES PROVIDED	TARGET POPULATION
way.	
Interagency Collaboration with an emphasis on supporting each other in improving outcomes for children in the Dublin area; managing critical incidents and implementing the Meitheal Practice Model.	<i>40+ partner organisations in the Area consortium</i>

Dublin 5 and Dublin 17 – Preparing for Life

SERVICES PROVIDED	TARGET POPULATION
Home visiting programme (Preparing for Life) delivered by mentors, providing tailored supports for parents and awareness of early learning and child development, from pregnancy to when children start school.	<i>Parents of children aged 0-5</i>
Provision of antenatal care and education classes in local community settings to facilitate easier access for parents.	<i>Expectant mothers and partners</i>
Infant massage classes and mother and baby groups , delivered in local community-based settings by mentors and trained professionals.	<i>Parents of infants aged 0-1</i>
Multi-level parenting programme (Triple P Positive Parenting Programme) focused on reducing childhood emotional and behavioural problems.	<i>Parents of children aged 0-11</i>
An early years programme delivered in partnership with the HSE (Speech and Language team) that trains and mentors early years educators to improve the quality of their practice and enrich children's early education experience.	<i>Early years practitioners and children aged 2-5</i>
Three school-based programmes (PAX Good Behaviour Game; Play to Learn; Write to Read) mentoring teachers to develop children's self-regulation, learning through play and literacy skills . One school-based programme (PAX Good Behaviour Game) is also delivered in the Midlands.	<i>Teachers and children aged 4-12</i>

Finglas – Better Finglas

SERVICES PROVIDED	TARGET POPULATION
Provision of antenatal/postnatal care and positive parenting classes delivered by a community midwife in local community settings.	<i>Expectant parents & partners/a supportive friend/relative</i>
Home visiting programme (Preparing for Life) delivered by mentors with tip sheet information and activities based around child development and parenting, from pre-birth.	<i>Parents of children aged 0-3</i>
Weekly Baby Stay and Play Group , delivered in conjunction with Tusla, which provides a space for parents to play with their babies, meet other parents, and get parenting tips from trained facilitators.	<i>Parents of infants aged 0-1 years</i>
Community-based infant massage classes delivered over 5 weeks by mentors & trained professionals.	<i>Parents of infants aged 0-1 years</i>
An early years programme providing training and mentoring to support quality in early years settings through the implementation of frameworks and curricula (Síolta, Aistear, High Scope) and a transition programme supporting the transition of children from early years settings to primary school.	<i>Early years practitioners and primary school teachers</i>
Multi-level parenting programme (Triple P Positive Parenting Programme) focused on reducing childhood emotional and behavioural problems.	<i>Parents of children aged 0-11 years</i>
A school-based intergenerational paired literacy improvement programme (Wizard of Words) that pairs children in first and second class in primary school with older volunteers.	<i>Children aged 6-8</i>

Grangegorman – Grangegorman ABC Programme

SERVICES PROVIDED	TARGET POPULATION
Parent Child Home Programme , a literacy and parenting programme, home-delivered by local Home Visitors, that strengthens families and prepares children to succeed academically.	<i>Parents of children aged 18 months- 3 years</i>
Two group-based parenting interventions (Incredible Years—Parent and Babies; Basic Parent) that strengthen parent-child interactions and attachment, reduces harsh discipline and fosters parents' ability to promote children's social, emotional and academic development.	<i>Parents of children aged 0-3</i>

SERVICES PROVIDED	TARGET POPULATION
Teacher training programme (Incredible Years Teacher Classroom Management) delivered to enhance teachers' classroom management strategies, and to promote children's prosocial behaviour and reduce classroom aggression.	<i>Teachers of children aged 3-7</i>
18-22 week group-based programme for children with conduct problems (Incredible Years Small Group Dina), such as ADHD, or internalising problems, delivered by early years practitioners.	<i>Early years practitioners</i>
An after-school literacy programme (Doodle Den) that includes children, families and parents.	<i>Children aged 4-6</i>
Interagency collaboration with an emphasis on supporting each other to improve outcomes for children.	<i>Partner organisations and services</i>

Limerick – ABC Start Right Limerick

SERVICES PROVIDED	TARGET POPULATION
A Community Wraparound Programme that integrates services and resources in the early years sector across statutory, community and voluntary agencies. Includes antenatal and postnatal home visits (Community Mothers), baby and toddler groups, and workshops on themes such as attachment, weaning and parenting.	<i>Antenatal and child and family services working with 0-3 year olds and their families</i>
A Positive Parenting Campaign using a population approach that combines universal (bus and poster campaign, radio ads, website and workshops) and targeted methods (supporting access to programmes and services of partner agencies).	<i>All parents and children in area</i>
Home-based service (Homemaker Family Support Service) for families in the areas of parenting, household routines, budgeting and household management.	<i>Families with children aged 0-8</i>
Oral language programme (Little Voices) that supports parents, early years practitioners and teachers in junior infant classes to support the development of children's oral language through modelling and coaching.	<i>Children aged 0-4 and their families</i>
Two group-based parenting interventions (Incredible Years—Parent and Toddler; Basic Parent) to help parents learn how to support their children's language, social and emotional development, establish routines, and use positive discipline to manage challenging behaviour.	<i>Parents of children aged 1-6</i>
Group-based prevention programmes (Incredible Years Classroom Dina and Small Group Dina) for children delivered by pre-school practitioners and teachers 2-3 times per week. One programme delivered with children with conduct problems, such as ADHD, or internalising problems, and delivered by professionals.	<i>Junior school teachers, ECCE practitioners & children aged 3-5</i>

SERVICES PROVIDED	TARGET POPULATION
Provision of enhanced targeted support for children , including creative therapies and psychological supports.	<i>Children aged 3-6</i>
A programme of capacity-building and up-skilling for early years practitioners that includes both formal and informal supports, development of plans for continuous quality improvement, and that supports transitions to primary school.	<i>Early years practitioners, teachers & children involved in transition</i>
Teacher training programme (Incredible Years Teacher Classroom Management) that strengthens teachers' classroom management strategies and promotes children's prosocial behaviour and reduces classroom aggression.	<i>Teachers of children in junior and senior infant classes</i>

Louth – The Genesis Programme

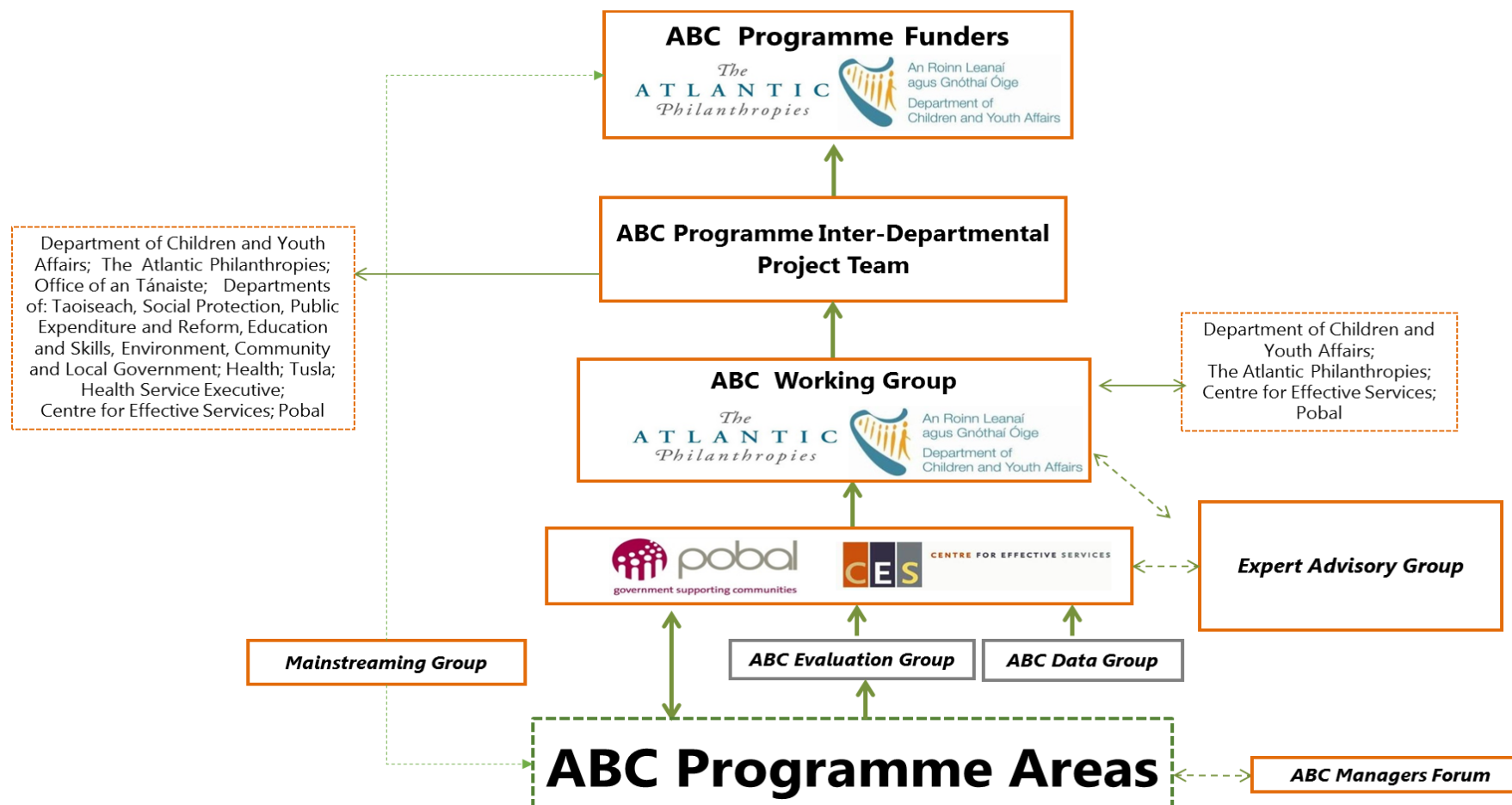
SERVICES PROVIDED	TARGET POPULATION
A group based pre-birth programme (Preparing for Baby) that supports the social and emotional wellbeing of parents and infants.	<i>Expectant mothers and their partners</i>
Group based infant massage classes that aim to enhance infant-parent attachment, relax baby and parent, promote better sleep and help the parent understand non-verbal cues from their baby.	<i>Parents of children aged 3–12 months</i>
Two group based parenting interventions (Incredible Years Parent and Baby, Toddler, and Basic Parent programmes) to promote physical and language development, social and emotional development, establish routines and use positive discipline to manage challenging behaviour.	<i>Parents of children aged 3 months to 8 years</i>
Early years practitioner training programme (Incredible Years—Incredible Beginnings) that strengthens practitioners' skills to support young children's optimal early development through social and emotional coaching, nurturing child-directed play, proactive teaching with routines and positive behaviour management strategies.	<i>Early years practitioners working with children aged 1-5 years</i>
A group-based prevention programme for children (Incredible Years Classroom Dina) delivered by pre-school practitioners and teachers 2-3 times a week throughout the school year.	<i>Pre-school children aged 3-5 and primary school children aged 4-8</i>
Teacher training programme (Incredible Years Teacher Classroom Management) that strengthens teachers' classroom management strategies and promotes children's prosocial behaviour and reduces classroom aggression.	<i>Teachers of children aged 4-12</i>

SERVICES PROVIDED	TARGET POPULATION
A group-based programme for children with conduct problems (Incredible Years Small Group Dina), such as ADHD, or internalising problems, delivered by professionals.	<i>Primary school children aged 6-8</i>
Training, capacity building and peer coaching for Group Leaders to deliver the suite of Incredible Years Programmes with fidelity and support them in gaining accreditation in their respective programmes.	<i>Incredible Years Group Leaders across all programmes</i>
Interagency collaboration with an emphasis on supporting each other to improve outcomes for children at a local level.	<i>Partner organisations</i>

Tallaght West – Childhood Development Initiative

SERVICES PROVIDED	TARGET POPULATION
A community-based programme designed to improve coordination of services for children from antenatal to 3 years .	<i>Professionals working with parents</i>
Dedicated parental support in early years services, offering formal and informal supports . Also involves interagency working to support parents and their families in accessing services.	<i>Parents of children aged 0-5</i>
Provision of speech and language therapeutic support (Chit Chat) to children, and training and capacity building with early years staff, teachers and parents.	<i>Children aged 3-6, parents/carers, early practitioners & teachers</i>
An after-school literacy programme (Doodle Den) that includes children, family and parent programmes.	<i>Children aged 5-6</i>
A booster literacy programme (Doodle Families) for children who have participated in Doodle Den.	<i>Children aged 7-8 and their parents</i>
A community-wide restorative practice programme that builds strong happy communities and manages conflicts by actively developing good relationships and resolving conflicts in a healthy way.	<i>Children over the age of 5, their parents, young people & adults</i>
Training on Quality Services, and Better Outcomes a practical tool to guide organisations through quality assurance procedures, evidence-based practice and evaluation processes.	<i>Community, voluntary and statutory organisations</i>

Appendix 2: Overview of Governance Arrangements for the ABC Programme



Appendix 3: Advisory and Supporting Structures for the ABC National Programme Evaluation

Three groups were established to provide advice, guidance and support to the Centre for Effective Services with regard to the national evaluation of the ABC Programme.

Expert Advisory Group

The Expert Advisory Group (EAG) provided evaluation design and methodology advice to CES. As the evaluation progressed, the EAG also provided advice on the overall plan/strategy for the ABC Programme in light of emerging results and the wider policy context and on communication of the learning from the programme to policy and practice. The Group had four members including two national research and evaluation experts, one of whom was the Chair of the Group, and two international research and evaluation experts. There was change in the Chair of the group in early 2015. The Department of Children and Youth Affairs and the Atlantic Philanthropies also attended the EAG meetings.

ABC Evaluation Group

The purpose of the ABC Evaluation Group was to provide ongoing support and advice to CES on the implementation and outcomes evaluation of the programme with regard to ABC area and organisational contexts, resources and capacities. The Evaluation Group supported the conduct of the evaluation by identifying potential on-the-ground issues that might impact the evaluation and potential practical solutions to these. One representative from each ABC area sat on the group; and the representative provided feedback to and liaised with their consortia members on agreed evaluation processes and evaluation methods.

Data Group

The Data Group was established to support and advise CES with regard to the availability and suitability of potential datasets for comparison purposes; to advise on the type of analysis that might be possible using such datasets and to support CES to access these datasets. The Group were also requested to signpost CES to other sources of data or support us to engage with appropriate professionals in other institutions and organisations from which data might be obtained.

Appendix 4: Shared Outcomes Measurement Framework

All area logic models were reviewed, and an inventory of the suite of interventions and approaches offered by each area together with what, if any, outcome measures were being used was compiled and compared across areas. The outcomes articulated in each 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), Health Behaviour of School-aged Children (HBSC) and National Early Years Access Initiative (NEYAI) 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 draft framework including:

- The measure is internationally recognised, reliable and validated.
- There is there a good fit between the measure and the outcome areas and associated outcomes.
- The measures cover as wide an age range in childhood as possible, in order to avoid using different measures for different age groups.
- The measure is easy to use and/or score.
- It is non-proprietary, so as to support ongoing and sustained collection of outcomes data once the evaluation has been completed.
- The measure is short and succinct, in as far as possible.
- There is, as much as possible, Irish comparison data available e.g. the measure has been used in GUI, HBSC, NEYAI and other studies.

The selection of outcome measures included in the shared outcomes measurement framework were agreed with the Expert Advisory Group, established to oversee and support the design of the evaluation, and the ABC Evaluation Group, established with representatives of the ABC areas to ensure area involvement in the design and conduct of the evaluation.

Core measures included in the shared outcomes measurement framework include:

- Strengths and Difficulties Questionnaire (SDQ) for assessing social-emotional and behavioural outcomes for children aged 2-16 years; used in the GUI and NEYAI
- Parenting Stress Scale (PSS) for assessing parenting stress; used in the GUI and NEYAI
- Pianta Child-Parent Relationship Scale for assessing child-parent relationship outcomes; used in the GUI and NEYAI
- Santa Barbara School Readiness Scale (SBSRS) for assessing school readiness outcomes; used in a 2013 Irish study of family support services
- Drumcondra Reading Tests (DRT) or Micra-T for assessing reading and literacy outcomes; national standardised class-room based reading/literacy assessments

The complete shared outcomes measurement framework is included below.

Shared Outcomes Measurement Framework

Short-term Outcomes	Long-term Outcomes	3-5 Years	Measures	5-12 Years	Measures
Children's Health and Development					
Increased social and emotional development	Improved mental health and well-being	✓	SBSRS	✓	SDQ
Improved oral language development		✓	SBSRS		
Increased pro-social behaviours	Improved pro-social behaviour	✓	SDQ	✓	SDQ
Better peer relations		✓	SDQ	✓	SDQ
	Increase numbers reaching key development milestones	✓	SBSRS		
Children's Learning					
Increased independent learning and problem-solving	Improved school readiness	✓	SBSRS		
Improved classroom dispositions and behaviour	Increased concentration	✓	SBSRS	✓	
Improved literacy and numeracy	Improved learning, literacy and numeracy	✓	SBSRS	✓	DRT/Micra-T
	Children have greater aspirations, skills and dispositions			✓	
	Smoother transitions	✓		✓	
Parenting					
Increased confidence and in parenting role	Reduced parenting stress	✓	PSS	✓	PSS
Increased capacity to manage routines, behaviour and boundaries	Improved parental skills, competencies and self-efficacy	✓	TOPSE – discipline & setting boundaries sub-scale	✓	TOPSE – discipline & setting boundaries sub-scale
More empowered to support child development and build relationships	Parent-child relationships strengthened	✓	Pianta-CPRS	✓	Pianta-CPRS
Improved psychological health	Improved health and well-being	✓	WHO-5	✓	WHO-5
	Increased engagement in child's development and learning	✓	HLES	✓	

Acronyms

DRT = Drumcondra Reading Test

HLES = Home Learning Environment Scale

MPAS = Maternal Postnatal Attachment Scale

Pianta CPRS = Pianta's Child-Parent Relationship Scale

PSS = Parent Stress Scale

SBSRS = Santa Barbara School Readiness Survey

SDQ = Strengths and Difficulties Questionnaire

WHO-5 = World Health Organisation 5 item mental well-being measure

TOPSE = A tool to measure parenting self-efficacy

Appendix 5: Summary Information on Measures

Santa Barbara School Readiness Scale (SBSRS)

The *Santa Barbara School Readiness Scale* (SBSRS) is completed by early years practitioners and is used to assess school readiness for each child in the classroom. The questionnaire contains 15 statement questions, assessing children across three subscales: social and emotional development, language development and children's approach to learning. Social and emotional development scores range between 6-18; language development scores range from between 4-12; and approaches towards learning scores range between 5-15.

The social emotional development sub-scale contains four questions and asks practitioners to think about how well the child can interact with others, adapt to change and their level of fitness. The language development sub-scale contains six questions and considers how well the child can communicate and decipher and understand language. For the approach to learning sub-scale the practitioner is asked to consider the ways children approach learning both independently and with some instruction. For each, a higher score is desirable as it means the child is showing more of the behaviours, skills and attitudes that demonstrate school readiness.

Pianta Child-Parent Relationship Scale (CPRS)

The *Pianta Child-Parent Relationship Scale* (CPRS) is a self-report instrument completed by mothers and fathers that assesses parents' perceptions of their relationships with their sons and daughters. The 15 items are rated on a five-point Likert scale and the ratings can be summed into groups of items corresponding to conflict and closeness subscales. The eight-item conflict subscale measures the degree to which a parent feels that his or her relationship with a child is characterized by negativity. The seven-item closeness scale assesses the extent to which a parent feels that the relationship is characterized by warmth, affection, and open communication. The conflict and closeness scales of the CPRS represent two distinct domains of parent-child relationships, as evidenced by a relatively low correlation between the scales ($r = 0.16$).

Closeness

Scores for the closeness subscale range between 7-35. A higher score on the closeness questions suggest the parent/child relationship is characterised by warmth, affection and open communication. Therefore, a higher score is desirable on the closeness subscale.

Conflict

Scores for the conflict subscale range between 8-40. A higher score on the conflict questions suggest parents feel their relationship with their child is characterised by negativity. Therefore, a lower score is desirable on the conflict subscale.

Parental Stress Scale

The *Parental Stress Scale* (PSS) is a self-report scale that contains 18 items representing pleasure or the positive themes of parenthood (emotional benefits, self-enrichment, personal development) and the negative components (demands on resources, opportunity costs and restrictions).

Respondents are asked to agree or disagree with items in terms of their typical relationship with their child or children and to rate each item on a five-point scale from strongly disagree to strongly agree.

Scores range from 18 to 90. The higher the score the higher the level of parenting stress. A lower score is therefore desirable.

A Tool to Measure Parenting Self-Efficacy: Discipline and Boundary Setting Sub-scale

A tool to measure parenting self-efficacy (TOPSE) has been used to evaluate a range of parenting programmes and interventions. TOPSE consists of 48 self-efficacy statements that address eight domains of parenting: emotion and affection; play and enjoyment; empathy and understanding; control; discipline and boundary setting; pressures of parenting; self-acceptance; and learning and knowledge.

There are six self-efficacy statements for each domain and parents indicate how much they agree with each statement by responding to a Likert scale from 0-10 where 0 equates to completely disagree and 10 equates to completely agree. Scores can range from 0 to 60. A lower score means parents experience more challenges in the areas of discipline and boundary setting. A higher score is therefore desirable.

For this evaluation, only the discipline and boundary setting sub-scale was used.

The Strengths and Difficulties Questionnaire (SDQ)

The *Strengths and Difficulties Questionnaire* (SDQ) is widely used to assess the social and emotional well-being of children aged two to 17 years. Three versions of the questionnaire are used in this evaluation: the SDQ for children aged two to four years for completion by parents and early years practitioners; the SDQ for children and young people aged four to 17 years for completion by parents, early years practitioners, and teachers, and the SDQ for children and young people aged 11 to 17 years which are completed by the children themselves.

The questionnaire contains 25 statement questions intended to measure children and young people's emotional health and behaviour across five subscales: emotional problems; conduct problems; hyperactivity; peer relationship problems; and pro-social behaviour.

Two different 'types' of scores can be calculated for the SDQ:

- The individual subscale scores, ranging from 0 to 10.
- The total difficulties SDQ score which sums the scores from the four difficulties subscales (emotional problems, conduct problems, hyperactivity, peer relationship problems). The resultant score ranges from 0 to 40, and is counted as missing if one of the four component scores is missing.

A lower score is desirable for emotional problems, conduct problems, hyperactivity and peer problem subscales. A higher score is desirable for the prosocial subscale, while a lower score is desirable for the total difficulties score.

Home Learning Environment Measure (HLEM)

The *Home Learning Environment Measure* is used to assess what kinds of activities, that are known to support and promote children's learning, are taking place in the child's home environment. There are eight activities measured, and these include reading to the child, learning about numbers or counting, and teaching the child songs, poems or nursery rhymes.

The HLEM consists of 16 questions to be completed by parents, and measures how often the activities take place at home. For each activity, there is one question asking if the activity takes place, and if the response is 'Yes', there is a follow up question on how frequent the activity is in the home. For the follow up question, typically a seven-point scale is used, with responses ranging from 'Occasionally or less than once a week' up to '7 times a week/constantly'. There are two activities that do not use this scale, however. For reading to the child responses range from 'Occasionally' to 'More than once a day', while for visiting the library parents can respond on a scale from 'On special occasions' to 'Once a week'.

If that activity does not take place in the home, a score of zero is given. If it does, that a score of between 1 and 7 is recorded, depending on which item on the scale the parent selected. The sum of scores for each activity gives the total score for the HLEM, which can range from 0 to 56.

Higher scores mean that activities that support and promote children's learning are happening more frequently in the home. This means that a higher score is considered desirable.

Appendix 6: Treatment of Outcomes Data on Parenting, Children's Learning and Children's Health and Development

Data Entry

Each area entered their intervention-specific data into an Excel data collection template file, devised by the evaluation team. The collected data were uploaded to the secure portal on the Pobal website. The ABC evaluation team carried out reliability checks on the data entered at both baseline and post-intervention to ensure that the data was entered accurately.

Data Analysis

The following steps were taken for the analysis of the data:

- The data were **uploaded onto an SPSS file**. This was proofread against the original Excel file to ensure accuracy.
- Responses were **recoded into their numerical values** according to the design of the questionnaire. For example, in the Strengths and Difficulties Questionnaire (SDQ), the available responses of 'not true', 'somewhat true' and 'certainly true' were recoded into either 0, 1 and 2 respectively, or 2, 1 and 0 respectively, depending on the question.
- Each of the **scale scores were calculated**. Where a respondent does not answer each item on a questionnaire, some questionnaire developers provide advice on the minimum number of items required to calculate a sub-score. If such advice was available it was followed in calculating the score, and where it was not a rule whereby at least half of the relevant items needed to be answered for a score to be calculated.¹ For example, advice is provided by the developers of the SDQ, but there is no advice for the CPRS. For the latter, the respondent needed to answer at least four of the eight items on the conflict subscale, or three of the seven items on the closeness scale.²
- All calculated variables were **inspected for plausibility**, in terms of the range of values expected.
- Frequency histograms of each variable were inspected to visually **assess if the variable is normally distributed**. In addition, the skewness, which assesses the symmetry of the distribution, and the kurtosis, which assesses the 'peakedness' of the distribution compared to

¹ When calculating scales with some missing data, the score was calculated by adding together the scores for the items where data is available. For example, if an early years practitioner completed two of the four questions on the Santa Barbara School Readiness Scale *language development scale*, with a rating of '3' for each question, then the scale was calculated by simply summing these to get a score of 6 for the scale. This approach to the calculation of subdomain and total scale scores was agreed with the EAG in October 2016.

² To check the appropriateness of this approach, the CES evaluation team imputed the missing data. This involved noting the average score for each item on a scale where a response was recorded and calculating the scale as if that had been the response to every item. From the example in footnote 2 above, the average score for the completed items was '3', so the imputed score for the scale is 12 (3 x 4 items). Using this approach instead of the one used for the report did not alter the findings of this report in any meaningful way.

the normal distribution. If the absolute values of these statistics were greater than 1 or 3, respectively, then the distributions were considered not normal.

- The Cronbach alpha (α) was calculated for each scale to **assess the reliability of the scales**. Most scales had coefficients greater than 0.7 and were therefore considered to be reliable.
- The **statistical significance** of any differences between pre- and post-intervention data was calculated. This involved using the Student's t-test for normally distributed data, and the Wilcoxon Signed-Rank test for data that were not normally distributed.
- **Cohen's d effect sizes** were calculated.
- **Subgroup analyses** were conducted to determine any differences between identifiable groups in the data. These groups included comparing the outcomes for participants by gender, for example mothers and fathers involved in parenting interventions, and boys and girls involved in school readiness interventions. The statistical significance of any differences was tested using the Student's t-test for normally distributed data, and the Mann-Whitney U test for data that were not normally distributed.
- The SDQ total difficulties score ranges for SDQ outcome categories were calculated according to the following table:

Questionnaire	'Normal' range	'Slightly raised' range	'Problematic' range
SDQ 2-4 years Parent completed	0-12	13-15	16-40
SDQ 2-4 years Early years practitioner completed	0-10	11-14	15-40
SDQ 4-17 years Parent completed	0-13	14-16	17-40
SDQ 4-17 years Teacher completed	0-11	12-15	16-40

The participants were assigned to each range, at both pre- and post-intervention. The results were cross tabulated, and the statistical significance of the movement between the ranges was determined using the McNemar-Bowker test.

- The changes in total difficulties scores for participants initially falling within each of the ranges was calculated.
- The changes in total difficulties scores within each range were calculated. Participants were categorised by which range they fell within at pre-intervention. The differences in the changes experienced within each range were tested for statistical significance using the Kruskal-Wallis test.

Appendix 7: Evaluation Matrix for Qualitative Analysis

Data source	Analysis	Indicator data
1. What's changed for frontline staff and managers participating in the ABC Programme?		
Are (and if so, how and to what extent) staff and managers using evidence and/or data in decision making for the programme?		
Practitioner survey Consortium survey Practitioner focus group Consortium focus group Lead agency interviews	Descriptive statistical analysis Thematic analysis (MAXQDA)-supported by case illustrations	<ul style="list-style-type: none">Evidence of ABC contribution to use of data by managers and practitioners (i) within (ii) between agencies (design and planning, implementation, reporting)Evidence of contribution to changes in use of data for managers and practitioners before and after ABCEvidence of contribution to changes in attitude towards use of evidence by practitioners and managersEvidence of contribution of ABC supports (training, coaching, mentoring, and implementation groups) to the use of evidenceEnablers and barriers to use of evidence by managers and practitioners
Documentary analysis	Content analysis	
Is (and if so, how and to what extent) local professional practice shifting to incorporate; (i) evidence/data informed approaches, and; (ii) interagency relationships?		
Practitioner survey Consortium survey Practitioner focus group Consortium focus group Lead agency interviews Stakeholder interviews	Descriptive statistical analysis Thematic analysis (MAXQDA)-supported by case illustrations	<ul style="list-style-type: none">Evidence of ABC contribution to changes to the use of evidence-based approaches by managers and practitioners during the course of ABCEvidence of contribution to new/stronger interagency relationships (coordinated early identification processes, referral pathways, joint planning, shared resources)Evidence of impact of evidence-based approaches on professional practiceEvidence of impact of interagency working on professional practiceEvidence of contribution of ABC supports (training, coaching, mentoring, and implementation groups) to the use of (i) evidence-based approaches (ii) interagency workingEnablers and barriers to (i) interagency working (ii) using evidence-based approaches
Documentary Analysis	Content analysis	

2. What's changed in the strategic planning and delivery of services, locally, regionally and nationally?		
Are (and if so, how and to what extent) local models of service provision being influenced by or changing arising from the ABC activities/experience?		
Practitioner survey Consortium survey Practitioner focus group Consortium focus group Lead agency interviews Stakeholder interviews	Descriptive statistical analysis Thematic analysis (MAXQDA) - supported by case illustrations	<ul style="list-style-type: none">• Evidence of ABC contribution to changes in exiting local models/ development of new models• Evidence of ABC contribution to changes in interagency collaboration (strategic level)• Evidence of contribution to interagency working both at the organisational and practitioner level• Evidence of common understanding of (i) mainstreaming (ii) sustainability, within the ABC Programme• Evidence of ABC Programme being mainstreamed locally, regionally, nationally• Enablers and barriers to (i) mainstreaming (ii) sustainability• Enablers and barriers to successful consortium working (MOU's, regular meetings etc.)
Documentary Analysis	Content analysis	
Is (and if so, how, and to what extent) planning of services within and between agencies changing or being influenced by ABC activities/experience?)		
Practitioner survey Consortium survey Practitioner focus group Consortium focus group Lead agency interviews Stakeholder interviews	Descriptive statistical analysis Thematic analysis (MAXQDA)- supported by case illustrations	<ul style="list-style-type: none">• Evidence of alignment of ABC with national policy• Evidence of ABC contribution to changes in the planning of services (within/between) agencies (strategic level)• Evidence of the ABC Programme being mainstreamed locally, regionally, nationally• Evidence of common understanding of (i) mainstreaming (ii) sustainability, within the ABC Programme• Enablers and barriers to (i) mainstreaming (ii) sustainability• Evidence of ABC contribution towards influencing national policy• Evidence of perceived added value of area-based approaches
Documentary Analysis	Content analysis	

Outcomes		
I. To what extent has ABC contributed to changes in outcomes for; (i) children, (ii) parents, and (iii) practitioners.		
II. To what extent have other factors contributed to the achievement of outcomes?		
Practitioner focus group Consortium focus group Lead agency interviews Stakeholder interviews	Thematic analysis (MAXQDA)- supported by case illustrations	<ul style="list-style-type: none"> • Evidence of ABC contribution to changes in parents • Evidence of contribution to changes in children • Evidence of contribution to changes in practitioners • Explanatory factors for changes in outcomes for children, parents and practitioners- including the extent to which other policy initiatives contributed toward changes • Evidence of contribution of ABC to unintended effects (positive and negative)
Cost analysis		
I. What were the costs of service delivery?		
II. What has been the expenditure by services funded under the ABC Programme?		
III. What leveraging of other resources have areas been able to secure?		
Practitioner focus group Consortium focus group Lead agency interviews Stakeholder interviews	Thematic analysis (MAXQDA)	<ul style="list-style-type: none"> • Evidence of the local and national stakeholders' perceptions of the 'value for money' and 'cost effectiveness' of the overall ABC Programme or/and individual interventions • Evidence of the sources of leveraged resources secured by the areas

Appendix 8: Qualitative Analysis Codebook

Category	Notes	Codes for category
Code Set 1: Practitioners and managers using evidence for decision making		
Evidence for programme design	If possible- code for managers and practitioners separately. Include use of evidence by consortium	Evidence - programme design
Evidence for planning	Note: Look for evidence of needs analysis	Evidence - planning
Evidence for implementation	Take note of use of evidence/data for implementation purposes	Evidence - implementation
Evidence for casework	Likewise casework	Evidence - casework
Evidence for reporting	Likewise reporting	Evidence - reporting
Evidence for communication	Likewise communication products or communication purposes	Evidence - communication
Impact of use of evidence	Any evidence of the impact of using evidence/data	Impact - using evidence
Changes in attitude towards using evidence	Examples of perceptions of data/evidence use	Attitude - evidence
Contribution of ABC supports to use of evidence	Supports include (mentoring, training, working groups)	ABC supports - evidence
Enabler- use of evidence	Enabler to the use of evidence	Enabler - evidence
Barriers to use of evidence	Barrier	Barrier - evidence
Code Set 2: Evidence Based Approaches (EBA)- managers and practitioners		
Changes to using (EBA)	If possible- code for managers and practitioners separately	Changes - EBA
Utility of EBA	Perceptions on the utility of EBAs	Utility - EBA
Impact of positive/negative of EBA on: <ul style="list-style-type: none"> professional practice children and parents 	Impact of using EBAs outcomes and practice. Reference negative and/or positive	Impact - EBA (type)
Contribution of ABC supports to EBA	Supports include (mentoring, training, working groups)	ABC supports - EBA

Category	Notes	Codes for category
Enabler-Evidence Based Approaches	Enabler to the use of EBAs	Enabler - EBA
Barrier -Evidence Based Approaches	Barrier	Barrier - EBA
Code Set 3: Interagency		
Changes to interagency working	Reported changes in interagency working since ABC	Changes - interagency
Benefits to interagency working	Any reported benefits	Benefits - interagency
Challenges to interagency working	Any reported challenges	Challenges - interagency
Impact of positive/negative changes in interagency working on: • professional practice • children and parents	Impact of interagency working on outcomes and practice. Positive and negative	Impact – interagency (type)
Examples of Interagency working	Some examples could include: • Coordinated early identification processes • Referral pathways • Joint planning • MOUs between agencies • Shared vision and mission • Subgroups/implementation groups • Shared resources e.g. staff, office space, materials, funding, tools	Examples - interagency
Contribution of ABC supports to interagency working	Supports include (mentoring, training, working groups)	ABC supports - interagency
Benefits of working within a consortium	Reported benefits of working within a consortium	Benefits - consortium
Challenges of working within a consortium	Reported challenges of working within a consortium	Challenges - consortium
Impact of consortium on; -interagency work -children and parents -service delivery	Reported impacts on outcomes and practice-positive and negative.	Impact - consortium (type)
Enabler to interagency working	Enabler to interagency working	Interagency - enabler

Category	Notes	Codes for category
Barrier to interagency working	Barrier	Interagency - barriers
Code Set 4: Local model of service delivery		
Existing local models	Take note if existing local models are reported	Existing - local model
Changes to local models	Examples of changes to local models. Take note of ABC contribution to changes	Changes - local model
Impacts of changes in local models on: -service delivery -parents and children	Impacts of changes to local models on outcomes and practice.	Impact - local model (type)
Enabler to change of local models	Enabler to changes in local models	Local model - enabler
Barrier to change to local models	Barrier	Local model - barrier
Code Set 5: Mainstreaming		
Understanding of mainstreaming	Take note of different understandings on mainstreaming	Understanding - mainstreaming
Expectations of mainstreaming	Take note of different expectations on mainstreaming	Expectations - mainstreaming
Examples of activities (at frontline level) related to mainstreaming	Look out for any advocacy activities around mainstreaming ABC interventions and/or learning	Mainstreaming - activities
Examples of mainstreaming	Examples of sectors: <ul style="list-style-type: none"> • Health (HSE) • Education (Department, schools, local authorities) • Tulsa • C&V • Others 	Examples - mainstreaming
Enabler to mainstreaming	Examples of enablers could include; funding, decision making, policy	Mainstreaming - enabler
Barriers to mainstreaming	Barrier	Mainstreaming - barrier
Code Set 6: Sustainability		
Understanding of sustainability	Take note of different understandings on sustainability	Understanding sustainability

Category	Notes	Codes for category
Expectation around sustainability	Take note of different understandings on sustainability	Expectations - sustainability
Examples of ABC interventions being sustained	Take note of any ABC initiatives being sustained	Interventions - sustainability
Planning and/or activities related to sustainability	Look out for evidence of advocacy around sustainability and/or activities that took place in relation to sustainability	Planning - sustainability
Enablers to Sustainability	Enablers to sustainability	Sustainability - enablers
Barriers to sustainability	Barrier	Sustainability - barriers
Code Set 7: Utility of area-based programmes (ABP)		
To plan services	Perceptions on the utility of area-based programmes to plan services	Plan services – area-based programmes (or ABP)
To provide services	Likewise- to provide services	Provide services – area-based programmes
Reach parents and children	Likewise-reach parents and children	Reach – area-based programmes
Benefits of area-based programmes	Perceptions of the benefits of ABPs	Benefits – area-based programmes
Challenges of area-based programmes	Perceptions of the challenges of ABPs	Challenges – area-based programmes
Code Set 8: Changes to parents and children		
Changes to Parents	Take note of any mention of changes to parents and explanatory factors	Changes - parent
Changes to Children	Take note of any mention of changes to children and explanatory factors	Changes - children
Unexpected results (positive/negative)	Code for unexpected results as they arise under any theme or category- do not restrict it to 'unexpected results for children and parents'	Unexpected (type of result)
Explanatory factors	As above- do not restrict it to 'explanatory factors for outcomes for children and parents'	Factors - change (type)
Code Set 9: Contextual		
Types consortium	Take note of different types of intervention and contextual information that you feel are useful	Type - consortium

Category	Notes	Codes for category
Size of Consortium	Take note of different types of consortium structures and contextual information that you feel are useful	Size - consortium
Types of interventions	Take note of different sizes of consortium and contextual information that you feel are useful	Type - intervention
Code Set 10: Case study		
Case study	Code for case illustration. Look for emerging themes (interagency, service models etc.). It can be any area or an emerging theme across areas	Case study-(theme)-(area)
Take note		
Team to look into further	Data that you feel need to be looked into further or things that that are interesting, and you have not heard before	Team - note (or colour in yellow)
Red flags		
Red flags	Any issues that are not making sense or you need to flag to the rest of the team	Red Flags (or colour code in red)
Quotations		
Quotations	Use to pull out quotations of interest. Use the code to record the area where it is coming from and the type of person (service manager etc.) and then the themes is responds too	Quote – Theme - Source (code/highlight in blue)
Triangulate		
For further triangulation	Use to code information that needs to be supported either by documentary analysis or other evidence	Triangulate (type)

Appendix 9: Steps for Qualitative Analysis

The CES evaluation team adopted a rigorous process of analysing the qualitative data from focus groups and interviews. Numerous steps were taken to (i) **reduce bias**, and (ii) **improve reliability** of the qualitative data. The CES evaluation team employed a technique known as Inter-Coder Reliability³. This technique included three processes:

1. The first process included analysing groups of transcripts in MAXQDA:
 - **Evaluator 1**- Lead agency interview transcripts.
 - **Evaluator 2**- Consortium focus group transcripts.
 - **Evaluator 3**- National stakeholder interviews and practitioner focus groups.
2. A fourth CES evaluator was introduced to analyse all the coded segments of data which were analysed in process one above.
3. The third process compared and contrasted process one and two to identify any inconsistencies in the coding.

The process above indicated that all CES evaluation team members were in close agreement with the codes and themes identified.

As mentioned in the methodology chapter, the national evaluation undertook a process of deductive and inductive analysis. This allowed the evaluation team to develop a set of pre-determined codes which aligned with the key policy questions. To complement this, the national evaluation team allowed for an inductive process which captured themes that emerged organically. All codes and themes which emerged organically were noted and shared among the evaluation team. The below table outlines the steps taken to analyse the qualitative data.

Steps in the Qualitative Analysis Process	
1.	Transcription: The audios from each transcript were transcribed by an external company. The evaluation team cross-referenced the transcriptions with the audio, this ensured that the audio was transcribed correctly. The CES evaluation team offered the interviewees the opportunity to verify their interview transcripts, not all interviewees chose to do so.
2.	Developing the Coding Framework: As set of pre-defined codes were developed for the analysis of interview and focus group data. The set of codes were informed by data emerging from the surveys, the Coffman Framework, the implementation science literature, the ABC Programme national logic model and the evaluation matrix. The coding framework can be found in Appendix 5.
3.	Testing the Coding Framework: The CES evaluation team came together to discuss the coding framework and to ensure each team member was clear on how to use the framework, and what each code meant. The CES evaluators each coded the same two transcripts. A meeting was then held to explore how each evaluator interpreted the transcripts and used the coding framework, based on these discussions, the coding framework was amended to include new and emerging codes.

³ 'Intercoder Reliability (ICR); the amount of agreement between two or more coders for the codes applied to qualitative text. Assessing the reliability of the coding helps establish the credibility of qualitative findings' (MacPhail, C, Khoza, N et al, 2015, Process guidelines for establishing Intercoder Reliability in qualitative studies, Qualitative Research, Vol 16, Issue 2, pp198-212, Sage).


Steps in the Qualitative Analysis Process	
4.	Entering Transcripts into MAXQDA: Each evaluator (as outlined in the first process above) took a different group of transcripts, transcripts were grouped by source, to analyse in MAXQDA. Each evaluator imported the group of transcripts into MAXQDA and entered all pre-set codes for later use.
5.	First Stage of Analysis in MAXQDA: Each evaluator read and re-read the transcripts in MAXQDA. First impressions of the data were noted in a memo at the top of each transcript. Transcripts were coded one at a time, and where appropriate, text was labelled with pre-set codes and new codes as they emerged.
6.	Review: Meetings were held weekly to discuss progress. This was integral to the process as it gave each evaluator the space to discuss new codes as they emerged.
7.	Second Stage of Analysis in MAXQDA: Each evaluator analysed across the groups of transcripts. This included moving and re-shuffling codes to form emerging themes.
8.	Review and Wall Mapping the Codes: The CES evaluation team held a workshop where by each team member discussed the high-level themes emerging from the analysed transcripts. The four policy questions were placed on boards on the wall and each team member mapped out the emerging themes (corresponding to their transcripts) under each question. The team explored the emerging themes pictorially, considered the themes across the data and considered how themes related to each other.
9.	Merging and Tidying all Coded Transcripts: As outlined above in the second process of inter-coder reliability, an additional CES evaluator was included to analyse the merged data. All the analysed data were merged into an Excel file and were tidied for analysis across all the groups. A frequency count was undertaken to identify the coverage and scale of the themes which emerged. The CES evaluation team identified the most common themes and less common themes, across the data.
10.	Looking for Outliers: The CES evaluation team looked for contradictions or variations across the merged data. This ensured that any outliers or anomalies were appropriately considered. The CES evaluation team looked at: <ul style="list-style-type: none"> • Codes/evidence which were different to the trends. • Surprising codes/evidence. • Codes/ evidence that stood out.
11.	Review: The team held a second workshop to discuss the merged analysis. This workshop discussed any inconsistencies identified by the fourth evaluator and analysed the themes in relation to the evaluation questions.
12.	Analysing Themes in Relation to Evaluation Questions: The team then mapped the themes against the evaluation matrix. Each CES evaluation team member took one key policy question and analysed all the merged (using the merged Excel sheet) themes in relation to the question.

The CES evaluation team were conscious not to overestimate or underestimate the contribution of the ABC Programme to the reported changes in the data. Where the data reported positive and/or negative changes, the team carefully noted when the ABC Programme was mentioned as a contributing factor. Similarly, the team noted where there was limited reporting of the contribution of


the ABC Programme. The CES evaluation team did not report changes where there was lack of clarity around the contributing factors or where it could not be triangulated with other evidence.

Appendix 10: Confidentiality


The CES evaluation team took steps to ensure the confidentiality of all involved in the ABC Programme national evaluation. Each interviewee and focus group participant had the evaluation clearly explained to them- this included how the evaluation would ensure their confidentiality. Consent forms were administered to all interviewees and focus group participants (please see the example below).




Department of
Children and Youth Affairs



The
ATLANTIC
Philanthropies



CES
CENTRE FOR EFFECTIVE SERVICES



pobal
government supporting communities

Area Based Childhood Programme
National Evaluation
Stakeholder Consent Form

Please read the following and give your name and signature if you agree:

- I agree to my contribution to the discussion being recorded using an audio recorder.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous.
- This will be done by changing my name and disguising any details of my contribution to the discussion which may reveal my identity or the identity of people I speak about.
- I understand that parts of the interview may be quoted in reports about the national evaluation of the ABC programme.
- I understand that signed consent forms and the notes from this interview in which all identifying information has been removed will be retained for up to five years.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

agree to take part in the evaluation of the ABC Programme.

Name of Participant: (BLOCK CAPITALS)

Signature of Participant:

Date:

Appendix 11: Focus Group Topic Guides

11.1 Consortium Member Focus Group Topic Guide

Opening questions:

Could you tell me your name, and a little about your current job e.g. your job title, the type of programmes you work in and the age of the children you are working with?

Guiding questions with prompts

1. How did you come together to form the Consortium?
Prompts – why, how, who was involved, challenges, expectations
2. What kinds of engagements did the consortium have with the wider community?
Prompts – purpose of engagement, buy in with communities, locals, politicians, champions, consultation, meetings, publicity
3. How did this engagement influence consortium thinking?
4. Can you tell me a little about how your consortium works? For example, how decisions get made and the kinds of structures and processes your consortium has put in place to support the work?
Prompts – clarity around structures and processes, relationship with other consortium members, implementation team, implementation plan
5. How were decisions made regarding the allocation of finances, staff and other types of resources?
Prompts – how and who decided on funding allocation, assessing staff capacity, existing and new staff recruitment and training, sharing skills and expertise, pooling of costs.
6. In terms of planning for and delivery of services/interventions, what have been (if any) the benefits of consortium working?
Prompts – shared aims and objectives, saving money through shared costs, delivery of improved and integrated services/interventions, reputation of lead agency, data informed decision making
7. What have been the challenges of consortium working?
Prompts – centralized decision making, adapting to collaborative working environment, trust, disputes, overlaps in services provided with other consortium members
8. How has the consortium worked through these challenges?
Prompts – dispute resolution service, reliable communication, feedback channels
9. Of all the matters discussed today what do you think are the most important to consider?
10. Is there anything that we should have talked about, but didn't?

11.2 Practitioner Focus Group Topic Guide

Questions

1. Can you tell me a bit about the place where you work and your role? 10'
 - *Types of services provided*
 - *ABC area you work in*
 - *Target groups*
2. How have you been involved in the ABC Programme? 10'
 - *Training or mentoring received - details of the training/programme e.g. its aims; how it was delivered, where etc.*
 - *Delivery of ABC Programmes - types of programmes, aims of the programmes*
3. Since taking part in the ABC Programme, can you tell me about any changes you have noticed to the way you do your work?
 - *New knowledge and skills; probe for specific examples*
 - *Confidence in using new ways of working*
 - *How has the ABC Programme supported/facilitated these changes, e.g. training, coaching and mentoring, peer supports, learning networks etc.*
 - *How the changes have impacted on children and/or families*
 - *What helps or is a barrier to changing the way they work – individual characteristics e.g. self-confidence, skills, attitudes and behaviours; organisational characteristics e.g. resources, management, collaboration with colleagues etc.; context e.g. needs of the children or their families*
4. Part of the ABC Programme is about how staff collect and use evidence and data in their work with children and families. Can you tell me about your experience of this? By using data and evidence we mean are you using information from research studies; information that you collect about children and families during the course of your work with them; or discussing this information with your manager or your colleagues to inform your work.
 - *Ways in which you use data and evidence as part of your work – probe for examples of how participants use evidence and data when working with children/ parents/families, with other colleagues, with other services*
 - *What kinds of decisions do you make with the information you collect?*
 - *What kinds of decisions are made by others in your workplace with the information collected?*
 - *Benefits and challenges of collecting and using data/evidence/information*
5. What types of changes, if any, have you noticed in your workplace (organisation/ school/centre) since taking part in the ABC Programme?
 - *Types of programmes provided*
 - *Types of supports, tools and resources you receive/have access to*
 - *How the work is organised and how decisions get made*
 - *What has supported the change?*
 - *What has made the changes more difficult?*

6. How has the ABC Programme supported changes to the ways in which you work with other professionals and with other services/organisations?
 - *New relationships, different relationships, deeper relationships – formal and informal*
 - *What has helped to build relationships?*
 - *What has made it difficult to build relationships*
7. Is there anything you would like to add?

Appendix 12: Stakeholder Interview Topic Guides

12.1 Stakeholder Interview Topic Guide (excluding ABC Programme funders)

Respondent information:

1. Your role and main responsibilities; how long you have been in current position

Department/Agency information:

2. Can you tell me about your department/agency's policy goals and about any programmes of work, specifically for children and families, that your department funds?
3. Describe the partnerships your department/agency has in delivering policy objectives for children and families with other government departments and/or agencies.

ABC Programme:

4. Describe you/your department/agency's involvement in, interaction or engagement with the ABC Programme.
5. Has, and if so, how and to what extent, has the ABC Programme influenced your department/agency's planning or delivery of services for children and families nationally, regionally or locally?
6. What, if anything, does taking an area-based approach bring to a national initiative like the ABC Programme?
7. What, if any, role does your department/agency have in mainstreaming⁴ or contributing to the sustainability⁵ of the ABC Programme?
8. In terms of mainstreaming and/or sustaining the ABC Programme, are there processes/procedures in place in your department/agency to support decision-making about mainstreaming or sustaining the parts of the ABC Programme that are relevant to your departments/agency's remit?
9. What are main enablers of mainstreaming and sustainability and what are the main barriers?
10. Is there anything else that you would like to add?

⁴ **Mainstreaming** relates to the process of integrating individual programmes, practices and learning into existing (universal) services in education, health, and social services, etc.

⁵ **Sustainability** relates to how interventions, approaches, practices or relationships 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.

12.2 The Atlantic Philanthropies Interview Topic Guide

Respondent information:

1. Your role main responsibilities in The Atlantic Philanthropies; and how long you have been/were in role.

Organisational information:

2. Can you tell me about the policy goals and about the programmes of work, specifically for children and families, that have been funded by Atlantic?
3. Describe the partnerships Atlantic has in delivering policy objectives for children and families with other government departments and/or agencies.

ABC Programme:

4. Describe Atlantic's involvement in the design and development of the ABC Programme.
5. Has the programme been operationalised and implemented as intended/envisaged by Atlantic?
6. What, if anything, does taking an area-based approach bring to a national initiative like the ABC Programme?
7. Has, and if so, how and to what extent, has the ABC Programme influenced government departments/agencies, in terms of service planning, provision and policy making for children and families.
8. What, if any, role does/should the ABC areas themselves and/or their consortium member organisations have in supporting the mainstreaming⁶ or contributing to the sustainability⁷ of the ABC Programme?
9. What, if any, role does/should DCYA have in mainstreaming or contributing to the sustainability of the ABC Programme?
10. What, if any, role should other departments/agencies have in mainstreaming or contributing to the sustainability of the ABC Programme?
11. Has the ABC Programme achieved what it was intended to achieve?
12. Is there anything else that you would like to add?

⁶ **Mainstreaming** relates to the process of integrating individual programmes, practices and learning into existing (universal) services in education, health, and social services, etc.

⁷ **Sustainability** relates to how interventions, approaches, practices or relationships 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.

12.3 The Department of Children and Youth Affairs Interview Topic Guide

Respondent information:

1. Can you tell me:
 - Your role and main responsibilities
 - How long you have been in your current position

Department/Agency information:

2. Can you tell me about your department's policy goals and about the programmes of work that your department funds?
3. Describe the partnerships your department has in delivering policy objectives for children and families with other government departments and/or agencies.

ABC Programme:

4. Describe you/your department's involvement in the design and development of the ABC Programme; prompt for:
5. Has the programme been operationalised and implemented as intended/envisaged by your department?
6. What, if anything, does taking an area-based approach bring to a national initiative like the ABC Programme? Area-based approaches are consorted efforts to integrate services in a geographical area in order to improve services and outcomes for people in that area.
7. Has, and if so, how and to what extent, has the ABC Programme influenced:
 - i. Your own department, in terms of (not necessary for AP interviewees):
 - ii. Other departments/agencies in terms of:

In the next series of questions, I would like to ask you about what, if any role, the various stakeholder groups have in mainstreaming and sustaining the ABC Programme; the stakeholders I'm interested in are: the areas/consortia themselves, your own department and other government departments.

Mainstreaming relates to the process of integrating individual programmes, practices and learning into existing (universal) services in education, health, and social services, etc.⁸

Sustainability relates to how interventions, approaches, practices or relationships 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.

⁸ Definition adapted from the Mainstreaming Paper, 2015.

8. What, if any, role does/should the ABC areas themselves and/or their consortium member organisations have in promoting and supporting the mainstreaming or contributing to the sustainability of the ABC Programme?
9. What, if any, role does/should DCYA have in mainstreaming or contributing to the sustainability of the ABC Programme?
10. What, if any, role should other departments/agencies have in mainstreaming or contributing to the sustainability of the ABC Programme? Probe for:

Finally,

11. Has the ABC Programme achieved what it was intended to achieve?
12. Is there anything else that you would like to add?

Appendix 13: List of Stakeholders Interviewed for the National Evaluation

For the national evaluation of the ABC Programme, 16 interviews were completed by the CES evaluation team with representatives from a purposive sample of regional and national stakeholders. These stakeholders, as well as the job titles of those interviewed from each organisation are listed in Table 13.1.

Table 13.1 List of interviews with regional and national stakeholders and number of interviews with each

Number	Organisation
1	The Atlantic Philanthropies
2	The Atlantic Philanthropies
3	Better Start
4	Children and Young People's Services Committees (CYPSC)
5	Department of Children and Youth Affairs,
6	Department of Education and Skills,
7	Department of Public Expenditure and Reform (DPER)
8	Department of Social Protection (DSP)
9	Health Service Executive (HSE)
10	Health Service Executive (HSE)
11	Health Service Executive (HSE)
12	Health Service Executive (HSE)
13	The Katherine Howard Foundation
14	National Educational Psychological Service (NEPS)
15	Rotunda Hospital
16	Tusla

Appendix 14: Summary of Cost Data Available for 2015, 2016 and 2017

Data point	2015*	2016	2017
Financial returns completed for both reporting periods and submitted by areas?	Yes	Yes	Yes
Leveraging resources recorded?	Provided by all areas	Present in all returns from seven of the 12 areas	Present in all returns from seven of the 12 areas
Cost per intervention specified in the financial returns?	Provided by all areas, except for one area	Present in returns from nine of the 12 areas	Present in returns from nine of the 12 areas
Outcome area designated by area for each intervention provided under the ABC?	Nine areas responded with details of which outcome area(s) their interventions align to.		

* Data from the three former Prevention and Early Intervention Programme areas collected for the period 31st January to 30th June 2015 were excluded from the analyses of the cost of service delivery because a different financial reporting template was used.

Appendix 15: Questionnaire Completion Rates for Measures Used for the National Evaluation

OUTCOME AREAS	Pre-intervention completion	Post-intervention completion	Matched cases
Parenting outcomes			
CPRS	770	518	515
SDQ 2-4 years - Parent-completed	157	114	112
SDQ 4-17 years - Parent-completed	590	382	378
PSS	601	426	424
TOPSE	475	324	323
School readiness outcomes			
SBSRS	2352	2018	2009
SDQ 2-4 years – Teacher-completed	473	406	406
SDQ 2-4 years – Parent-completed	225	197	196
SDQ 4-17 years – Teacher-completed	363	280	279
HLEM	379	252	251
Social emotional development outcomes			
SDQ 2-4 years - Teacher-completed	99	91	86
SDQ 4-17 years – Teacher-completed	1532	1155	1151
SDQ 11-17 years – Self-completed	280	237	231

Figure 15.1: Questionnaire completion rate for measures used to assess parenting outcomes, pooled data

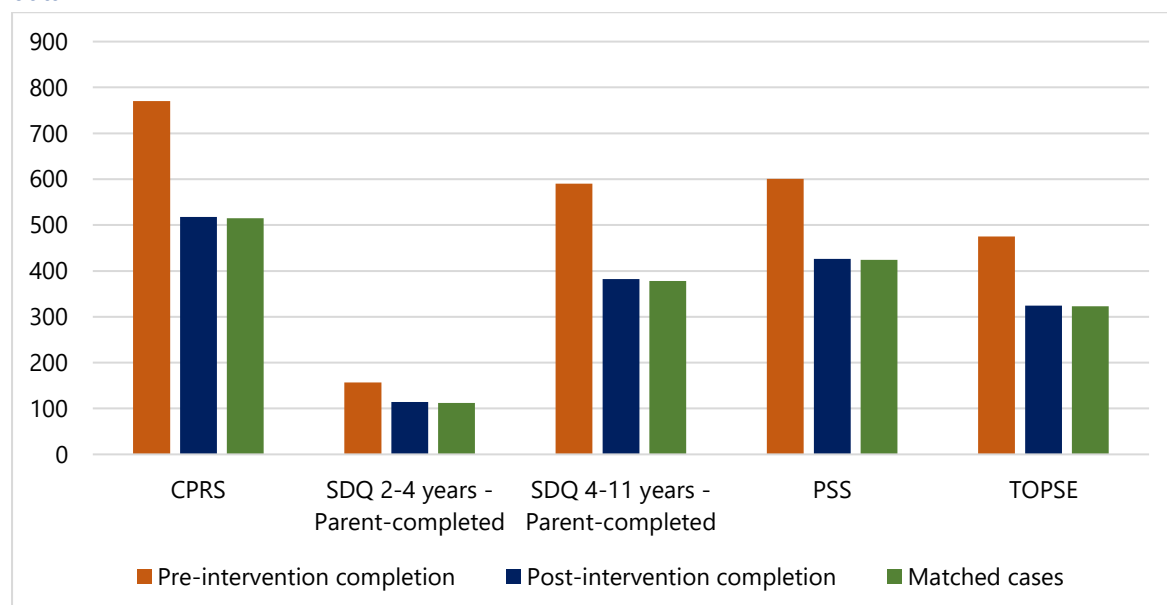


Figure 15.2: Questionnaire completion rate for measures used to assess children's school readiness outcomes, pooled data

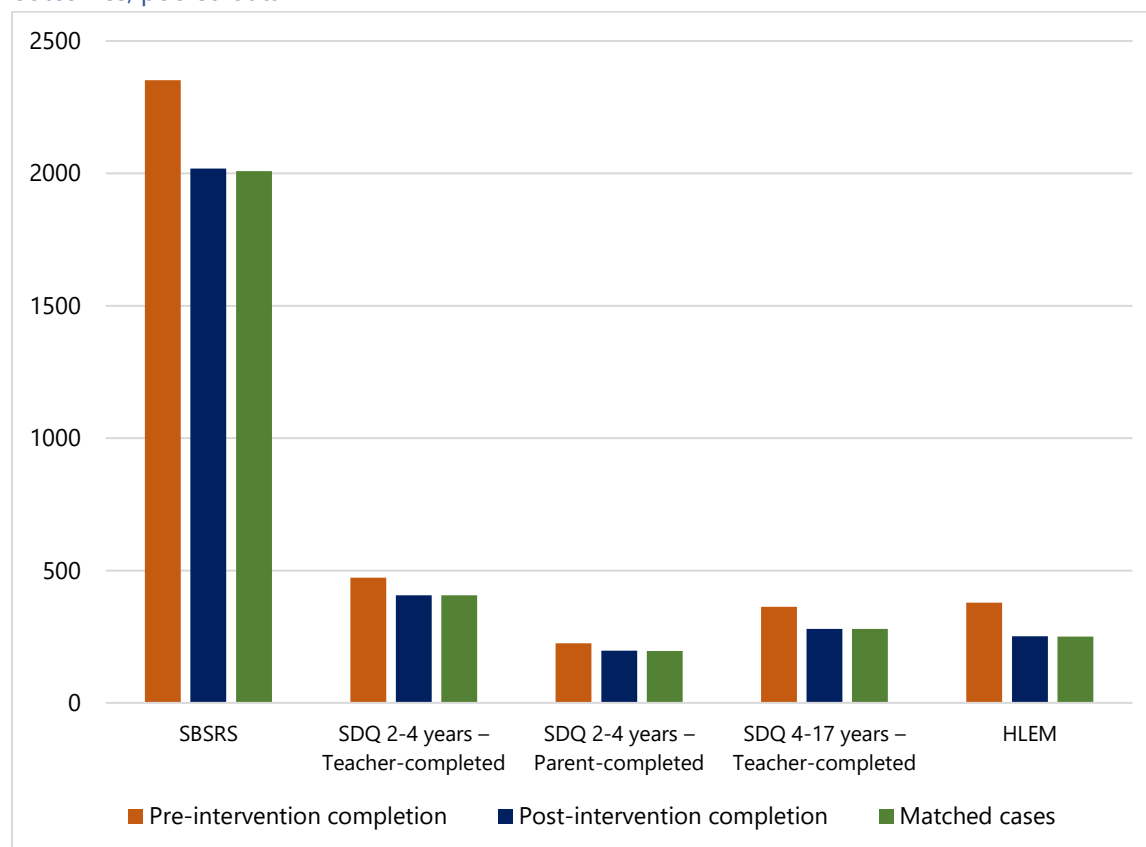
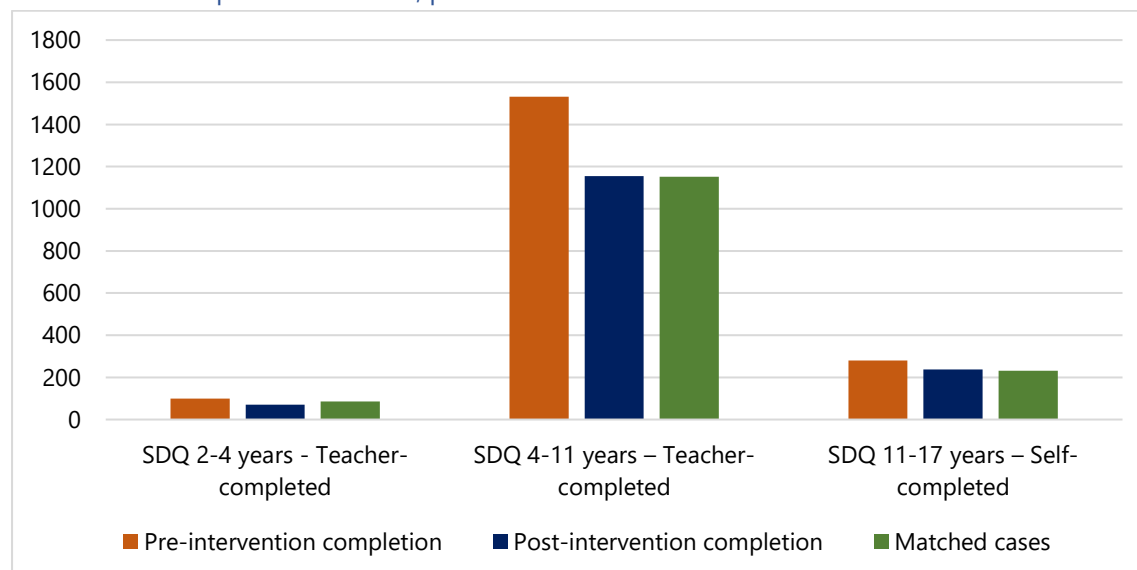


Figure 15.3: Questionnaire completion rate for measures used to assess children's social and emotional development outcomes, pooled data



Appendix 16: Changes in Scores for Parenting Outcome Measures: Results from Analysis of Pooled Data, Year 1 and Year 2 Data

Pooled

	POOLED Pre M (SD)	Post M (SD)	N*	t	p (2-tailed)	d
Pianta-CPRS						
Parent-Child Closeness	30.35 (4.16)	31.92 (3.29)	515	-9.82 ^α	<.001 ^β	-0.43
Parent-Child Conflict	22.74 (7.40)	19.73 (6.80)	515	11.01 ^α	<.001 ^β	0.49
SDQ 2-4 Years - Parent Completed						
Total difficulties score	12.79 (6.23)	10.93 (5.78)	112	4.16	<.001	0.39
Conduct disorder	3.67 (2.14)	3.17 (2.06)	114	2.60	ns	0.24
Hyperactivity	4.69 (2.64)	4.12 (2.36)	116	3.12	0.002	0.29
Emotional problems	2.19 (2.09)	1.92 (2.04)	114	1.44 ^α	ns ^β	0.14
Peer problems	2.14 (1.88)	1.67 (1.56)	114	3.07	0.003	0.29
Pro-social behaviour	6.96 (2.04)	7.35 (1.94)	113	-2.12	ns	-0.20
SDQ 4-17 Years - Parent Completed						
Total difficulties score	15.04 (6.65)	12.21 (6.66)	378	11.33	<.001	0.58
Conduct disorder	3.51 (2.24)	2.62 (1.92)	382	9.49	<.001	0.49
Hyperactivity	5.54 (2.71)	4.76 (2.68)	380	7.64	<.001	0.39
Emotional problems	3.37 (2.50)	2.54 (2.28)	380	7.92	<.001	0.41
Peer problems	2.60 (1.99)	2.30 (2.00)	381	3.33	<.001	0.17
Pro-social behaviour	7.02 (2.36)	7.87 (1.97)	382	-8.43	<.001	-0.43
PSS						
Total score	40.91 (9.64)	35.58 (8.06)	424	13.30	<.001	0.65

	POOLED Pre M (SD)	Post M (SD)	N*	t	p (2-tailed)	d
TOPSE						
Boundary setting and Discipline sub-scale	34.86 (11.91)	43.94 (9.60)	323	-13.74	<.001	-0.76

α Non-parametric test was significant as was t-test, so t-test statistic reported

β Non-normal distribution; Wilcoxon signed-rank test

ns non-significant

* In pooling the Year 1 and Year 2 data, a slightly lower number of matched cases than the sum of the matched cases available in Year 1 and Year were used for the final analysis. This was primarily due to the removal of data for children and parents being served by the interventions both in Year 1 and Year 2.

Years 1 and 2

	YEAR 1						YEAR 2					
	Pre	Post			p (2-tailed)	d	Pre	Post			p (2-tailed)	d
	M (SD)	M (SD)	N	t			M (SD)	M (SD)	N	t		
Pianta-CPRS												
Parent-Child Closeness	30.64 (4.13)	32.13 (3.34)	288	-6.61 ^α	<.001 ^β	-0.39	29.98 (4.20)	31.7 (3.23)	234	-7.79 ^α	<.001 ^β	-0.51
Parent-Child Conflict	22.82 (7.26)	19.93 (6.85)	288	7.99 ^α	<.001 ^β	0.47	22.64 (7.61)	19.49 (6.76)	235	7.71 ^α	<.001 ^β	0.50
SDQ 2-4 Years - Parent Completed												
Total difficulties score	12.75 (6.26)	11.05 (5.59)	81	3.22	0.002	0.36	13.15 (6.23)	10.67 (6.18)	33	3.08	0.004	0.60
Conduct disorder	3.73 (2.07)	3.16 (1.92)	83	2.67	0.009	0.29	3.48 (2.29)	3.15 (2.40)	33	0.86	<i>ns</i>	0.53
Hyperactivity	4.48 (2.71)	4.18 (2.46)	83	1.46	<i>ns</i>	0.16	5.14 (2.28)	3.91 (2.06)	35	3.69	<.001	0.38
Emotional problems	2.34 (2.07)	2.05 (1.92)	82	1.28	<i>ns</i>	0.14	2.06 (2.28)	1.74 (2.33)	34	0.99 ^α	<i>ns</i> ^β	0.36
Peer problems	2.15 (1.74)	1.66 (1.53)	82	2.85	0.006	0.32	2.24 (2.22)	1.71 (1.26)	34	1.64	<i>ns</i>	0.25
Pro-social behaviour	7.17 (1.89)	7.57 (1.89)	83	-1.97	<i>ns</i>	0.22	6.44 (2.37)	6.78 (1.96)	32	-0.88	<i>ns</i>	-0.38
SDQ 4-17 Years - Parent Completed												
Total difficulties score	14.83 (6.54)	12.04 (6.54)	209	8.55	<.001	0.59	15.25 (6.74)	12.27 (6.76)	177	7.94	<.001	0.54
Conduct disorder	3.60 (2.23)	2.75 (1.94)	211	6.52	<.001	0.45	3.34 (2.24)	2.41 (1.88)	179	7.06	<.001	0.15
Hyperactivity	5.46 (2.68)	4.66 (2.66)	210	5.96	<.001	0.41	5.58 (2.78)	4.80 (2.74)	178	5.07	<.001	0.62
Emotional problems	3.38 (2.47)	2.47 (2.14)	209	6.93	<.001	0.48	3.44 (2.56)	2.63 (2.44)	179	4.86 ^α	<.001 ^β	0.17
Peer problems	2.41 (1.88)	2.20 (2.04)	211	1.74	<i>ns</i>	0.12	2.83 (2.09)	2.38 (1.93)	178	3.32 ^α	<.001 ^β	0.28
Pro-social behaviour	7.14 (2.31)	8.07 (1.92)	211	6.89 ^α	<.001 ^β	-0.47	6.97 (2.42)	7.73 (2.02)	179	-5.06 ^α	<.001 ^β	-0.15
PSS												
Total score	41.52 (9.85)	36.25 (8.13)	220	9.68	<.001	0.00	40.54 (9.44)	35.06 (8.10)	211	9.48	<.001 ^β	0.65
TOPSE												
Boundary setting and Discipline sub-scale	34.50 (12.26)	43.07 (9.68)	201	-9.96	<.001	-0.70	35.50 (11.33)	45.20 (7.74)	127	-9.78	<.001 ^β	-0.87

α Non-parametric test was significant as was t-test, so t-test statistic reported; β Non-normal distribution; Wilcoxon signed-rank test; *ns* non-significant

Subgroup analysis based on the gender of the parent and child

	Pre M (SD)	Post M (SD)	N	t	p (2-tailed)	d
Pianta-CPRS – Mother Completed						
Parent-Child Closeness	30.38 (4.13)	32.03 (3.21)	409	-10.123 ^α	<0.001 ^β	-0.50
Parent-Child Conflict	22.74 (7.24)	19.65 (6.69)	410	10.76 ^α	<0.001 ^β	0.53
Pianta-CPRS – Father Completed						
Parent-Child Closeness	29.57 (4.83)	31.66 (2.86)	65	-3.649 ^α	0.001 ^β	-0.45
Parent-Child Conflict	22.25 (8.07)	19.81 (7.21)	64	2.607 ^α	0.011 ^β	0.33
Pianta-CPRS – Completed for girls						
Parent-Child Closeness	30.70 (4.20)	32.57 (2.94)	196	-6.661 ^α	<0.001 ^β	0.48
Parent-Child Conflict	22.99 (7.40)	19.64 (6.74)	196	6.946 ^α	<0.001 ^β	-0.50
Pianta-CPRS – Completed for boys						
Parent-Child Closeness	30.14 (4.19)	31.54 (3.48)	285	-6.889 ^α	<0.001 ^β	0.41
Parent-Child Conflict	22.36 (7.43)	19.59 (6.80)	285	7.845 ^α	<0.001 ^β	-0.46
PSS – Mother Completed						
Total score	40.67 (9.76)	35.30 (7.96)	351	12.135	<0.001	0.65
PSS – Father Completed						
Total score	42.08 (8.93)	36.88 (8.42)	51	4.657	<0.001	0.65

^α Non-parametric test was significant as was t-test, so t-test statistic reported

^β Non-normal distribution; Wilcoxon signed-rank test

Analysis of Strengths and Difficulties Questionnaire (SDQ) by range

	POOLED						Kruskal-Wallis p
	Pre	Post					
	M (SD)	M (SD)	N*	t	p (2-tailed)	d	
SDQ 2-4 Years - Parent Completed							
Total difficulties score — 'Normal'	8.10 (2.99)	7.61 (3.74)	59	0.896	ns ^β	0.12	<0.001
Total difficulties score — 'Slightly raised'	14.14 (0.91)	11.86 (3.94)	21	2.651 ^α	0.015 ^β	0.58	
Total difficulties score — 'Problematic'	20.53 (4.12)	16.44 (5.52)	32	4.380 ^α	<0.001 ^β	0.77	
SDQ 4-17 Years - Parent Completed							
Total difficulties score — 'Normal'	8.61 (3.31)	7.43 (4.47)	155	3.558 ^α	<0.001 ^β	0.29	<0.001
Total difficulties score — 'Slightly raised'	15.04 (0.81)	13.04 (4.72)	73	3.609 ^α	0.001 ^β	0.42	
Total difficulties score — 'Problematic'	21.69 (3.58)	16.75 (5.98)	150	12.465 ^α	<0.001 ^β	1.02	

Cross tabulation SDQ 2-4 years

		Post-intervention			Total
		'Normal'	'Slightly raised'	'Problematic'	
Pre-intervention	'Normal'	53	4	2	59
	'Slightly raised'	11	6	4	21
	'Problematic'	6	10	16	32
Total		70	20	22	112

McNemar-Bowker
p (2-tailed)

7.838
0.049

Cross tabulation SDQ 4-17 years

		Post-intervention			Total
		'Normal'	'Slightly raised'	'Problematic'	
Pre-intervention	'Normal'	142	8	5	155
	'Slightly raised'	40	14	19	73
	'Problematic'	45	30	75	150
Total		227	52	99	378

McNemar-Bowker
p (2-tailed)

55.803
<0.001

Cross tabulation percentages SDQ 2-4 years					Cross tabulation percentages SDQ 4-17 years				
Initial range	Percentage in each range post-intervention				Initial range	Percentage in each range post-intervention			
	'Normal'	'Slightly raised'	'Problematic'	Total		'Normal'	'Slightly raised'	'Problematic'	Total
'Normal'	89.8%	6.8%	3.4%	100.0%	'Normal'	91.6%	5.2%	3.2%	100.0%
'Slightly raised'	52.4%	28.6%	19.0%	100.0%	'Slightly raised'	54.8%	19.2%	26.0%	100.0%
'Problematic'	18.8%	31.3%	50.0%	100.0%	'Problematic'	30.0%	20.0%	50.0%	100.0%

The tables above show the percentage of children who fell into each range at post-intervention, given their initial range. For example, among the children aged two to four years who began the intervention as 'slightly raised', 52.4% moved down to 'normal', 28.6% remained in 'slightly raised' and 19.0% moved up into the 'problematic' range.

Appendix 17: Changes in Scores for School Readiness Outcome Measures: Results from Analysis of Pooled Data, Year 1 and Year 2 Data

Pooled

	POOLED Pre	Post				
	M (SD)	M (SD)	N*	t	p (2-tailed)	d
Santa Barbara School Readiness Scale						
Social Emotional Development	15.82 (2.20)	16.58 (1.85)	2015	-17.14 ^α	<.001 ^β	-0.38
Language Development	9.79 (2.21)	10.61 (1.80)	2013	-20.02 ^α	<.001 ^β	-0.45
Approaches Towards Learning	12.75 (2.04)	13.67 (1.65)	2009	-22.88 ^α	<.001 ^β	-0.51
SDQ 2-4 Years - Practitioner Completed						
Total difficulties score	9.48 (6.21)	7.22 (5.79)	406	8.20	<.001	0.41
Conduct disorder	1.82 (2.09)	1.56 (2.00)	406	2.68 ^α	0.008 ^β	0.13
Hyperactivity	3.81 (2.87)	2.98 (2.46)	406	6.42 ^α	<.001 ^β	0.32
Emotional problems	1.59 (1.94)	1.50 (1.83)	406	1.00 ^α	ns	0.05
Peer problems	2.27 (1.87)	1.19 (1.52)	406	11.11 ^α	<.001 ^β	0.55
Pro-social behaviour	6.42 (2.98)	7.75 (2.29)	406	-10.21 ^α	<.001 ^β	-0.51
SDQ 2-4 Years - Parent Completed						
Total difficulties score	9.76 (4.95)	6.97 (6.01)	196	5.86 ^α	<.001 ^β	0.42
Conduct disorder	2.42 (1.77)	1.25 (1.86)	197	7.30 ^α	<.001 ^β	0.52
Hyperactivity	3.80 (2.23)	2.87 (2.55)	196	4.79 ^α	<.001 ^β	0.34
Emotional problems	1.91 (1.70)	1.54 (1.90)	197	2.31 ^α	0.02 ^β	0.16
Peer problems	1.62 (1.43)	1.32 (1.58)	197	2.31 ^α	0.02 ^β	0.16
Pro-social behaviour	7.49 (1.75)	7.89 (2.19)	197	-2.32 ^α	0.02 ^β	-0.16

	POOLED					
	Pre	Post				
	M (SD)	M (SD)	N*	t	p (2-tailed)	d
SDQ 4-17 Years - Practitioner Completed						
Total difficulties score	9.28 (6.86)	7.70 (5.75)	279	4.95 ^α	<.001 ^β	0.30
Conduct disorder	1.52 (1.87)	1.35 (1.79)	279	1.89 ^α	ns	0.11
Hyperactivity	3.74 (3.10)	3.33 (3.02)	279	2.72 ^α	0.007 ^β	0.16
Emotional problems	2.08 (2.45)	1.67 (1.96)	279	3.35 ^α	0.001 ^β	0.20
Peer problems	1.95 (2.22)	1.35 (1.60)	279	4.92 ^α	<.001 ^β	0.29
Pro-social behaviour	6.90 (2.52)	7.76 (2.21)	279	-6.79 ^α	<.001 ^β	-0.41
Home Learning Environment Measure						
Total score	32.74 (10.61)	34.02 (10.59)	251	-1.99	0.048	-0.13

^α Non-parametric test was significant as was t-test, so t-test statistic reported

^β Non-normal distribution; Wilcoxon signed-rank test

ns non-significant

* In pooling the Year 1 and Year 2 data, a slightly lower number of matched cases than the sum of the matched cases available in Year 1 and Year were used for the final analysis. This was primarily due to the removal of data for children and parents being served by the interventions both in Year 1 and Year 2.

Years 1 and 2

	YEAR 1						YEAR 2					
	Pre M (SD)	Post M (SD)	N	t	p (2- tailed)	d	Pre M (SD)	Post M (SD)	N	t	p (2- tailed)	d
Santa Barbara School Readiness Scale												
Social Emotional Development	15.81 (2.21)	16.54 (1.88)	1071	-12.11 ^α	<.001 ^β	-0.37	15.85 (2.18)	16.64 (1.80)	992	-12.51 ^α	<.001 ^β	-0.40
Language Development	9.80 (2.21)	10.51 (1.81)	1071	-12.36 ^α	<.001 ^β	-0.38	9.83 (2.19)	10.76 (1.77)	990	-16.16 ^α	<.001 ^β	-0.51
Approaches Towards Learning	12.71 (2.01)	13.56 (1.71)	1067	-15.66 ^α	<.001 ^β	-0.48	12.83 (2.06)	13.81 (1.57)	990	-16.94 ^α	<.001 ^β	-0.54
SDQ 2-4 Years - Practitioner Completed												
Total difficulties score	8.83 (6.64)	7.87 (5.91)	230	2.64	0.009	0.17	10.58 (5.51)	6.47 (5.53)	191	11.04	<.001 ^β	0.80
Conduct disorder	1.68 (2.30)	1.86 (2.09)	230	-	ns ^β	-0.09	2.10 (1.82)	1.82 (1.83)	191	8.01 ^α	<.001 ^β	0.58
Hyperactivity	3.62 (3.09)	3.09 (2.31)	230	3.08	0.002	0.20	4.11 (2.48)	2.84 (2.60)	191	7.00	<.001 ^β	0.51
Emotional problems	1.78 (2.03)	1.72 (1.90)	230	-	ns ^β	0.03	1.39 (1.82)	1.29 (1.83)	191	.073 ^α	ns ^β	0.05
Peer problems	1.76 (1.76)	1.20 (1.48)	230	5.24 ^α	<.001 ^β	0.35	2.98 (1.75)	1.15 (1.59)	191	11.76 ^α	<.001 ^β	0.85
Pro-social behaviour	6.27 (2.99)	7.88 (2.32)	230	-8.98	0	0.59	6.53 (2.93)	7.55 (2.23)	191	-5.78	<.001 ^β	-0.42
SDQ 2-4 Years - Parent Completed												
Total difficulties score	10.14 (5.01)	6.47 (6.85)	118	5.07 ^α	<.001 ^β	0.47	9.18 (4.84)	7.73 (4.39)	78	3.27	<.001 ^β	0.37
Conduct disorder	2.72 (1.93)	1.07 (2.03)	118	6.97 ^α	<.001 ^β	0.64	1.97 (1.39)	1.52 (1.53)	79	2.91 ^α	<.001 ^β	0.33
Hyperactivity	3.80 (2.13)	2.52 (2.68)	118	4.43	0	0.41	3.79 (2.39)	3.40 (2.28)	78	1.95	ns	0.22
Emotional problems	1.97 (1.70)	1.54 (2.06)	118	1.84 ^α	.017 ^β	0.17	1.82 (1.69)	1.53 (1.66)	79	1.14 ^α	ns ^β	0.16
Peer problems	1.65 (1.40)	1.35 (1.75)	118	-	ns ^β	0.15	1.57 (1.47)	1.29 (1.29)	79	2.01	ns	0.23
Pro-social behaviour	7.39 (1.69)	7.45 (2.40)	118	-0.24	ns	-0.02	7.65 (1.84)	8.54 (1.65)	79	-.05 ^α	<.001 ^β	-0.51
SDQ 4-17 Years - Practitioner Completed												

	YEAR 1						YEAR 2					
	Pre	Post	N	t	p (2-tailed)	d	Pre	Post	N	t	p (2-tailed)	d
	M (SD)	M (SD)					M (SD)	M (SD)				
Total difficulties score	8.60 (6.43)	7.58 (5.85)	126	2.14	0.034	0.19	9.84 (7.17)	7.79 (5.68)	153	4.77	<.001 ^β	0.39
Conduct disorder	1.12 (1.54)	1.04 (1.56)	126	-	ns ^β	0.06	1.86 (2.06)	1.60 (1.92)	153	1.85 ^α	ns ^β	0.15
Hyperactivity	3.44 (3.09)	3.42 (3.10)	126	0.11	ns	0.01	3.98 (3.10)	3.26 (2.96)	153	3.533	0.001	0.29
Emotional problems	1.88 (2.46)	1.67 (2.23)	126	-	ns ^β	0.10	2.24 (2.44)	1.67 (1.72)	153	3.78 ^α	<.001 ^β	0.31
Peer problems	2.16 (2.34)	1.45 (1.69)	126	3.66 ^α	.000 ^β	0.33	1.77 (2.10)	1.26 (1.52)	153	3.30 ^α	0.001 ^β	0.27
Pro-social behaviour	6.60 (2.52)	7.28 (2.38)	126	-3.54	0.001	-0.32	7.14 (2.50)	8.16 (1.99)	153	-5.98	<.001 ^β	-0.48
Home Learning Environment Measure												
Total score	32.32 (10.36)	33.83 (10.65)	148	-1.83	ns	-0.15	33.33 (10.99)	34.30 (10.56)	103	-0.927	ns	-0.09

α Non-parametric test was significant as was t-test, so t-test statistic reported

β Non-normal distribution; Wilcoxon signed-rank test

ns non-significant

Subgroup analysis based on the gender of the child

	POOLED Pre M (SD)	Post M (SD)	N	t	p (2-tailed)	d
SBSRS — Completed for Girls						
Social and emotional development	16.22 (2.00)	16.92 (1.58)	988	-11.947 ^α	<0.001 ^β	-0.38
Language	10.12 (2.05)	10.90 (1.63)	987	-14.542 ^α	<0.001 ^β	-0.46
Learning	13.19 (1.86)	14.03 (1.38)	984	-15.271 ^α	<0.001 ^β	-0.49
Total School Readiness	39.52 (5.13)	41.84 (3.91)	984	-17.498 ^α	<0.001 ^β	-0.56
SBSRS — Completed for Boys						
Social and emotional development	15.43 (2.33)	16.23 (2.03)	973	-11.869 ^α	<0.001 ^β	-0.38
Language	9.47 (2.31)	10.32 (1.91)	972	-13.298 ^α	<0.001 ^β	-0.43
Learning	12.29 (2.11)	13.29 (1.83)	971	-16.590 ^α	<0.001 ^β	-0.53
Total School Readiness	37.21 (5.87)	39.85 (4.96)	969	-17.320 ^α	<0.001 ^β	-0.56

^α Non-parametric test was significant as was t-test, so t-test statistic reported

^β Non-normal distribution; Wilcoxon signed-rank test

ns non-significant

Analysis of Strengths and Difficulties Questionnaire (SDQ) by range

	POOLED		N	t	p (2-tailed)	d	Kruskal-Wallis p
	Pre	Post					
SDQ 2-4 Years - Practitioner Completed	M (SD)	M (SD)					
Total difficulties score — 'Normal'	5.49 (3.06)	5.22 (4.48)	247	0.896	0.371 ^β	0.06	<0.001
Total difficulties score — 'Slightly raised'	12.25 (1.05)	7.78 (4.82)	83	8.294 ^α	<0.001 ^β	0.91	
Total difficulties score — 'Problematic'	19.42 (3.91)	13.11 (6.39)	76	10.174 ^α	<0.001 ^β	1.17	

Cross tabulation SDQ 2-4 years

		Post-intervention			Total
		'Normal'	'Slightly raised'	'Problematic'	
Pre-intervention	'Normal'	221	17	9	247
	'Slightly raised'	59	14	10	83
	'Problematic'	27	17	32	76
Total		307	48	51	406

McNemar-Bowker
p (2-tailed)

34.025

<0.001

Cross tabulation percentages SDQ 2-4 years

Initial range	Percentage in each range post-intervention			
	'Normal'	'Slightly raised'	'Problematic'	Total
'Normal'	89.5%	6.9%	3.6%	100.0%
'Slightly raised'	71.1%	16.9%	12.0%	100.0%
'Problematic'	35.5%	22.4%	42.1%	100.0%

The table on the right shows the percentage of children who fell into each range at post-intervention, given their initial range. For example, among children who began the intervention as 'slightly raised', 71.1% moved down to 'normal', 16.9% remained in 'slightly raised' and 12.0% moved up into the 'problematic' range.

Appendix 18: Changes in Scores for Social and Emotional Well-being Outcome Measures: Results from Analysis of Pooled Data, Year 1 Data and Year 2 Data

Pooled

	POOLED Pre	Post				
	M (SD)	M (SD)	N*	t	p (2-tailed)	d
SDQ 4-17 Years - Teacher Completed						
Total difficulties score	8.58 (7.11)	6.72 (6.51)	1151	11.40 ^α	<.001 ^β	0.34
Conduct disorder	1.28 (1.90)	1.03 (1.78)	1151	5.29 ^α	<.001 ^β	0.16
Hyperactivity	3.74 (3.38)	3.02 (3.11)	1152	9.44 ^α	<.001 ^β	0.28
Emotional problems	2.23 (2.59)	1.70 (2.26)	1151	7.88 ^α	<.001 ^β	0.23
Peer problems	1.33 (1.72)	0.97 (1.55)	1152	7.80 ^α	<.001 ^β	0.23
Pro-social behaviour	7.58 (2.45)	8.24 (2.13)	1151	-10.36 ^α	<.001 ^β	-0.31
SDQ 2-4 Years - Teacher Completed						
Total difficulties score	11.03 (6.99)	6.92 (5.84)	86	7.79 ^α	<.001 ^β	-0.68
Conduct disorder	2.45 (2.66)	1.24 (1.83)	86	5.50 ^α	<.001 ^β	0.59
Hyperactivity	4.48 (3.22)	3.08 (2.77)	86	5.31 ^α	<.001 ^β	0.57
Emotional problems	1.78 (1.81)	1.05 (1.46)	86	4.23 ^α	<.001 ^β	0.46
Peer problems	2.33 (1.91)	1.55 (1.88)	86	4.21 ^α	<.001 ^β	0.45
Pro-social behaviour	5.41 (3.04)	6.74 (2.51)	86	-6.34 ^α	<.001 ^β	0.84
SDQ 11-17 Years Children Completed						
Total difficulties score	12.70 (5.73)	11.84 (5.78)	231	2.50	0.013	0.16
Conduct disorder	2.19 (1.79)	2.02 (1.58)	231	1.28 ^α	ns ^β	0.08
Hyperactivity	4.32 (2.40)	4.08 (2.46)	231	1.70	ns	0.11

	POOLED					
	Pre	Post				
	M (SD)	M (SD)	N*	t	p (2-tailed)	d
Emotional problems	3.89 (2.35)	3.75 (2.47)	231	0.94 ^α	ns ^β	0.06
Peer problems	2.29 (1.86)	1.98 (1.74)	231	2.43 ^α	0.016 ^β	0.16
Pro-social behaviour	8.19 (1.73)	8.43 (1.59)	231	-2.12 ^α	0.035 ^β	-0.14

^α Non-parametric test was significant as was t-test, so t-test statistic reported

^β Non-normal distribution; Wilcoxon signed-rank test

ns non-significant

* In pooling the Year 1 and Year 2 data, a slightly lower number of matched cases than the sum of the matched cases available in Year 1 and Year were used for the final analysis. This was primarily due to the removal of data for children and parents being served by the interventions both in Year 1 and Year 2.

Years 1 and 2

	YEAR 1						YEAR 2					
	Pre	Post	N	t	p (2-tailed)	d	Pre	Post	N	t	p (2-tailed)	d
	M (SD)	M (SD)					M (SD)	M (SD)				
SDQ 4-17 Years - Teacher Completed												
Total difficulties score	8.53 (7.30)	6.79 (6,78)	349	7.00 ^α	.000 ^β	0.31	8.60 (7.03)	6.69 (6.40)	802	9.81 ^α	<.001 ^β	0.35
Conduct disorder	1.27 (1.90)	1.12 (1.88)	349	2.69 ^α	ns ^β	0.09	1.28 (1.90)	1.00 (1.73)	802	5.30 ^α	<.001 ^β	0.19
Hyperactivity	3.56 (3.42)	3.03 (3.28)	349	4.05 ^α	.000 ^β	0.21	3.82 (3.36)	3.02 (3.03)	803	8.69	<.001	0.31
Emotional problems	2.33 (2.71)	1.72 (2.29)	349	6.03 ^α	.000 ^β	0.29	2.19 (2.54)	1.70 (2.24)	802	6.00 ^α	<.001 ^β	0.21
Peer problems	1.37 (1,72)	0.93 (1.46)	349	5.90 ^α	.000 ^β	0.28	1.32 (1.72)	0.98 (1.58)	803	5.90 ^α	<.001 ^β	0.21
Pro-social behaviour	7.67 (2.44)	8.43 (2.03)	349	-6.59 ^α	.000 ^β	-0.36	7.54 (2.46)	8.15 (2.17)	802	-7.98 ^α	<.001 ^β	-0.28
SDQ 2-4 Years - Teacher Completed												
Total difficulties score	n/a	n/a	n/a	n/a	n/a	n/a	11.49 (7.32)	7.20 (5.92)	90	8.16 ^α	<.001 ^β	0.86
Emotional problems	n/a	n/a	n/a	n/a	n/a	n/a	1.97 (1.99)	1.18 (1.63)	90	4.47 ^α	<.001 ^β	0.47
Conduct disorder	n/a	n/a	n/a	n/a	n/a	n/a	2.49 (2.68)	1.24 (1.81)	90	5.56 ^α	<.001 ^β	0.59
Hyperactivity	n/a	n/a	n/a	n/a	n/a	n/a	4.57 (3.25)	3.19 (2.77)	90	5.31	<.001	0.56
Peer problems	n/a	n/a	n/a	n/a	n/a	n/a	2.47 (2.01)	1.59 (1.87)	90	4.63	<.001 ^β	0.49
Pro-social behaviour	n/a	n/a	n/a	n/a	n/a	n/a	5.48 (3.02)	6.74 (2.47)	90	-5.93	<.001	-0.62
SDQ 11-17 Years Children Completed												

	YEAR 1						YEAR 2					
	Pre	Post					Pre	Post				
	M (SD)	M (SD)	N	t	p (2-tailed)	d	M (SD)	M (SD)	N	t	p (2-tailed)	d
Total difficulties score	n/a	n/a	n/a	n/a	n/a	n/a	12.70 (5.73)	11.84 (5.78)	231	2.50	0.013	0.16
Emotional problems	n/a	n/a	n/a	n/a	n/a	n/a	3.89 (2.35)	3.75 (2.47)	231	0.94	ns	0.06
Conduct disorder	n/a	n/a	n/a	n/a	n/a	n/a	2.19 (1.79)	2.02 (1.58)	231	1.28	ns	0.08
Hyperactivity	n/a	n/a	n/a	n/a	n/a	n/a	4.32 (2.40)	4.08 (2.46)	231	1.70	ns	0.11
Peer problems	n/a	n/a	n/a	n/a	n/a	n/a	2.29 (1.86)	1.98 (1.74)	231	2.43 ^α	.016 ^β	0.16
Pro-social behaviour	n/a	n/a	n/a	n/a	n/a	n/a	8.19 (1.73)	8.43 (1.59)	231	-2.12 ^α	.035 ^β	-0.14

^α Non-parametric test was significant as was t-test, so t-test statistic reported

^β Non-normal distribution; Wilcoxon signed-rank test

ns non-significant

Analysis of Strengths and Difficulties Questionnaire (SDQ) by range

	POOLED						Kruskal-Wallis p
	Pre	Post					
	M (SD)	M (SD)	N	t	p (2-tailed)	d	
SDQ 4-17 Years - Practitioner Completed							
Total difficulties score — 'Normal'	4.52 (3.59)	4.20 (4.32)	785	2.145 ^α	0.032 ^β	0.08	<0.001
Total difficulties score — 'Slightly raised'	13.43 (1.16)	10.01 (5.15)	158	8.537 ^α	<.001 ^β	0.68	
Total difficulties score — 'Problematic'	20.22 (3.82)	13.72 (7.94)	208	12.841 ^α	<.001 ^β	0.89	

^α Non-parametric test was significant as was t-test, so t-test statistic reported

^β Non-normal distribution; Wilcoxon signed-rank test

Cross tabulation SDQ 4-17 years

		Post-intervention			Total
		'Normal'	'Slightly raised'	'Problematic'	
Pre-intervention	'Normal'	727	40	18	785
	'Slightly raised'	100	33	25	158
	'Problematic'	75	49	84	208
Total		902	122	127	1151

McNemar-Bowker
p (2-tailed) 68.434
<0.001

Cross tabulation percentages SDQ 4-17 years

Initial range	Percentage in each range post-intervention			
	'Normal'	'Slightly raised'	'Problematic'	Total
'Normal'	92.6%	5.1%	2.3%	100.0%
'Slightly raised'	63.3%	20.9%	15.8%	100.0%
'Problematic'	36.1%	23.6%	40.4%	100.0%

The table on the right shows the percentage of children who fell into each range at post-intervention, given their initial range. For example, among children who began the intervention as 'slightly raised', 63.3% moved down to 'normal', 20.9% remained in 'slightly raised' and 15.8% moved up into the 'problematic' range.

Appendix 19: Findings from the Practitioner and Service Manager Survey

Figure 19.1: Profile of practitioners and service managers who responded to the web-based survey

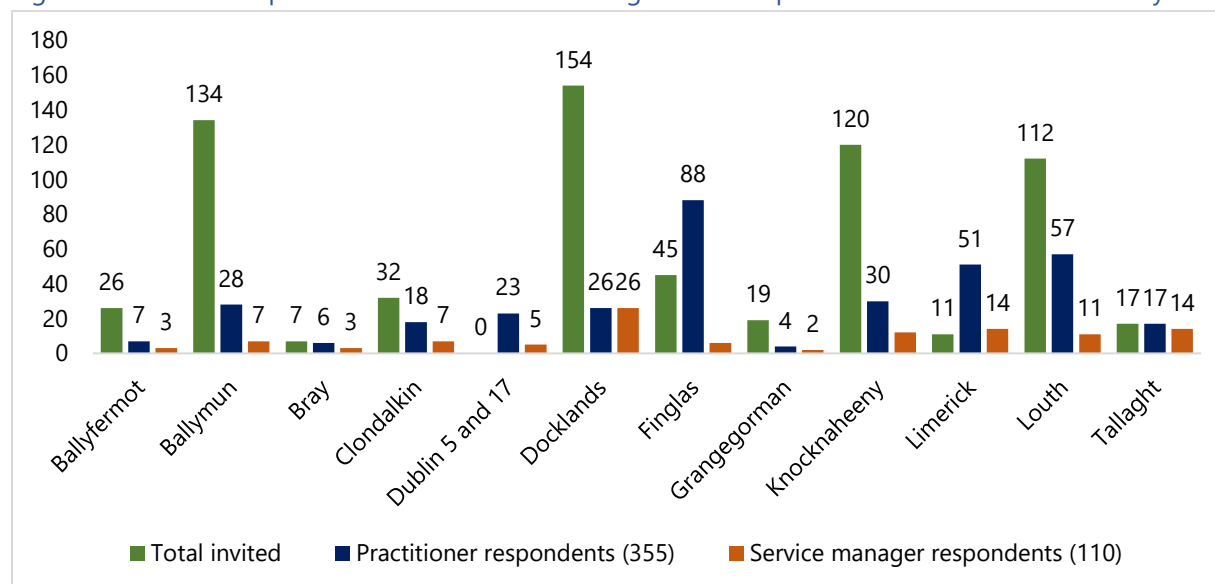


Figure 19.2: Types of organisations from which practitioners and service managers responded to the web-based survey

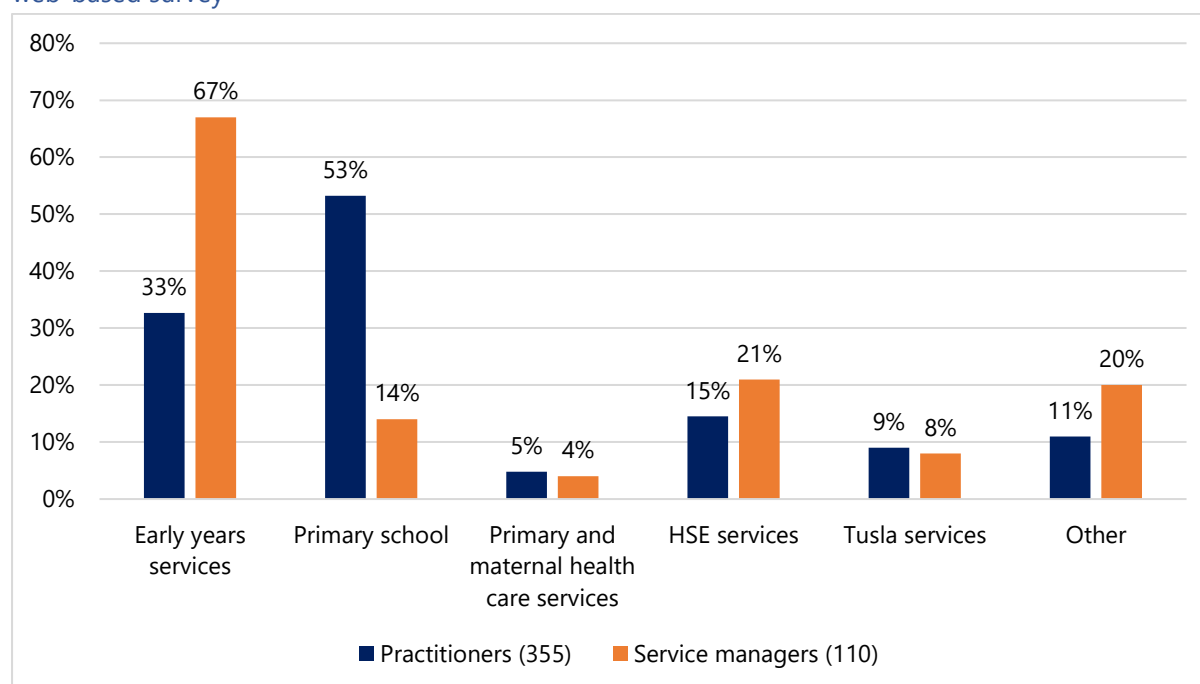


Figure 19.3: Range of ABC Programme-supported interventions provided by practitioners and service managers who responded to the web-based survey

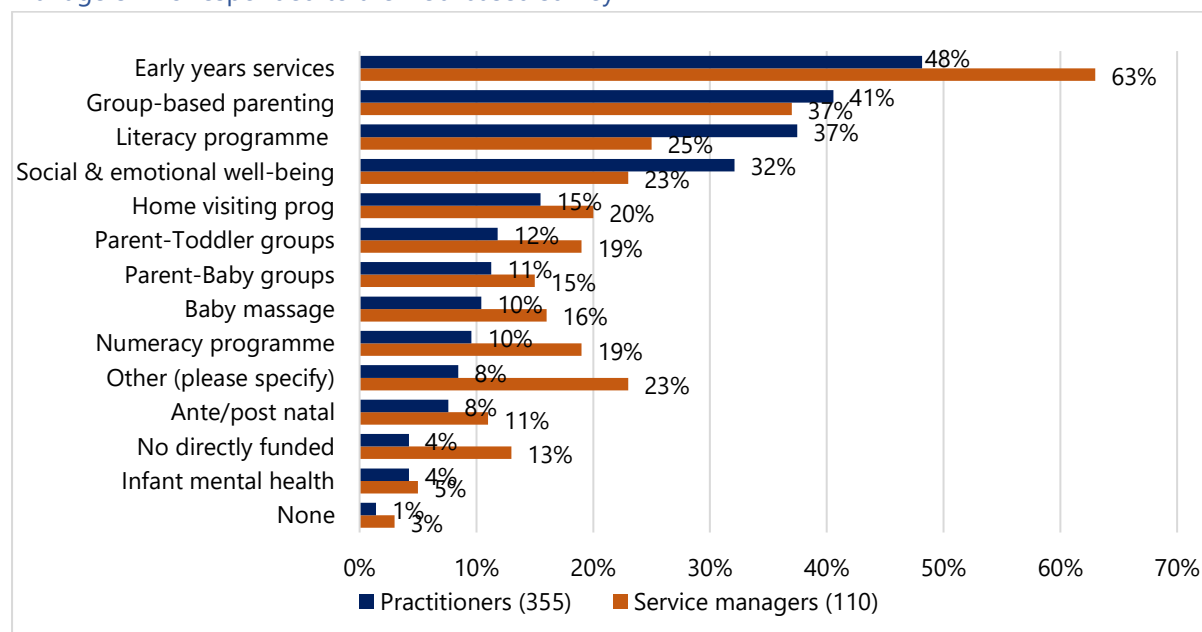


Figure 19.4: Types of involvement in the ABC Programme of practitioners and service managers who responded to the web-based survey

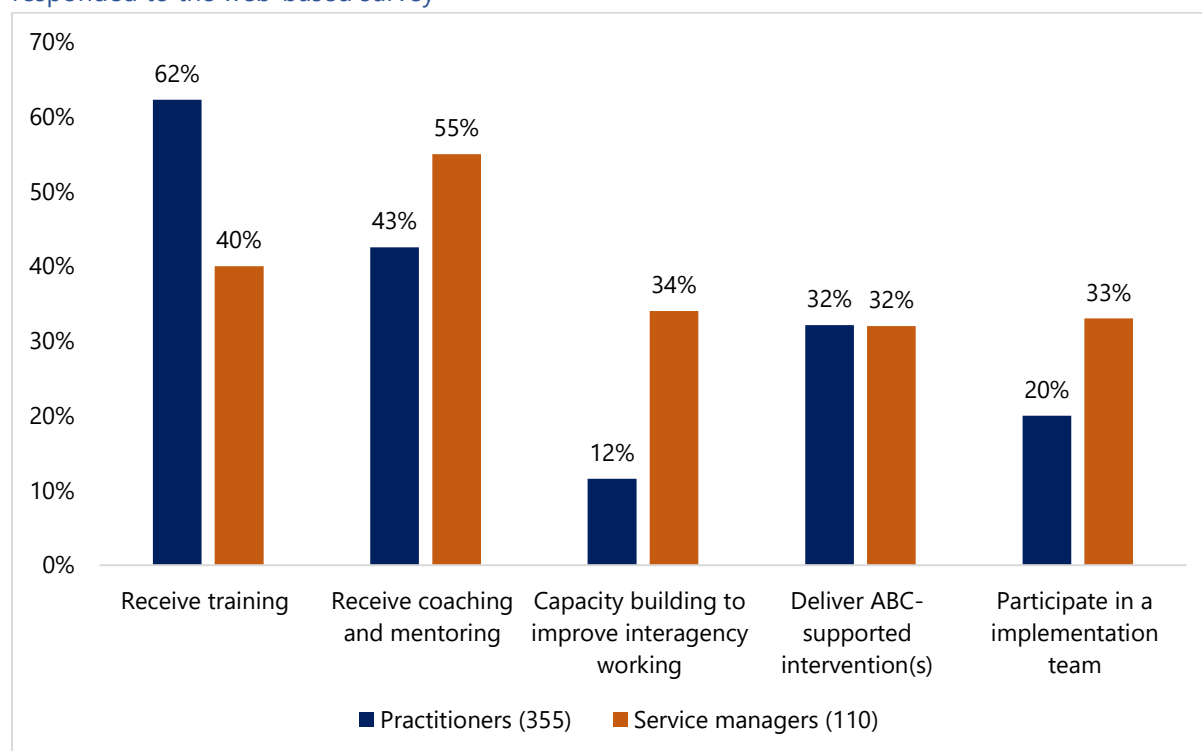


Figure 19.5: The views of practitioners who responded to the web-based survey on ABC Programme-supported training, coaching and mentoring

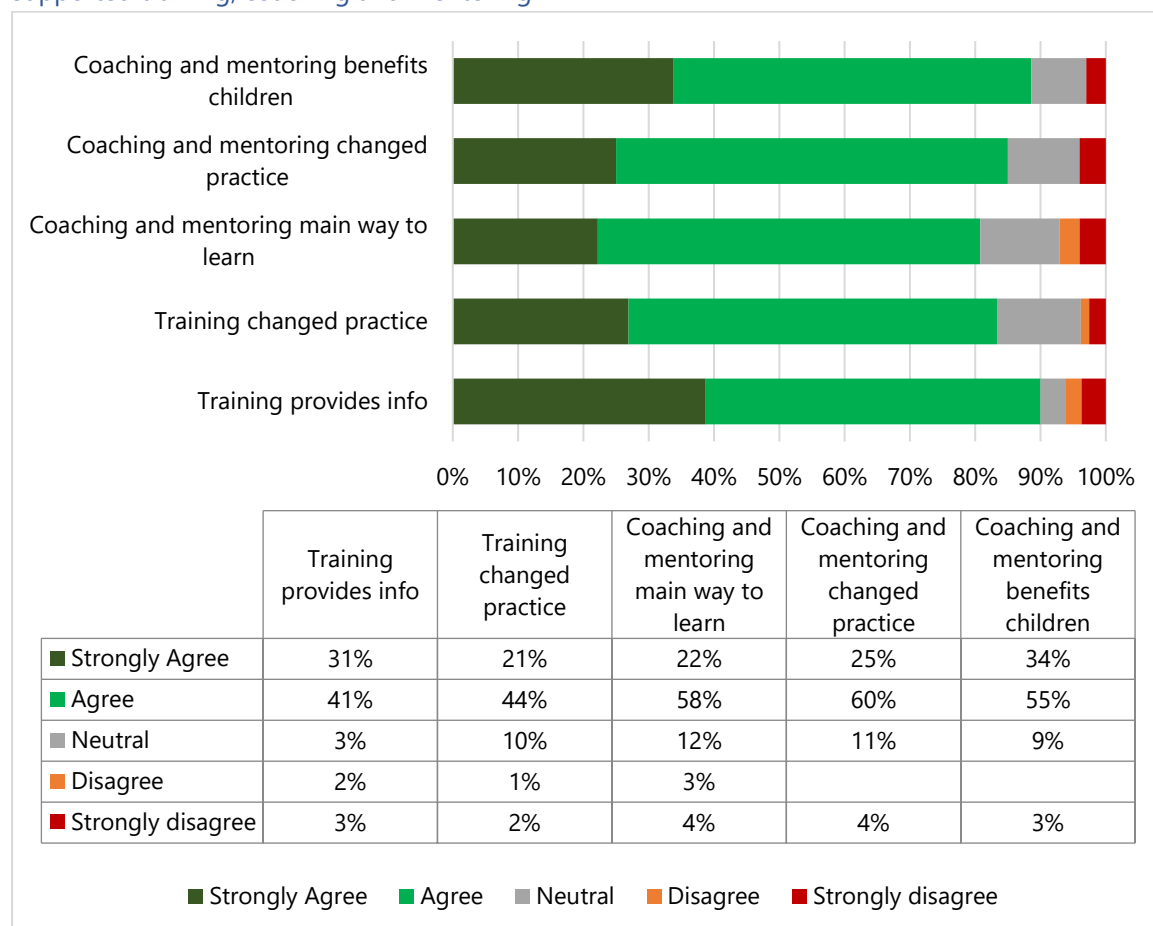


Figure 19.6: The views of service managers who responded to the web-based survey on ABC Programme-supported training, coaching and mentoring

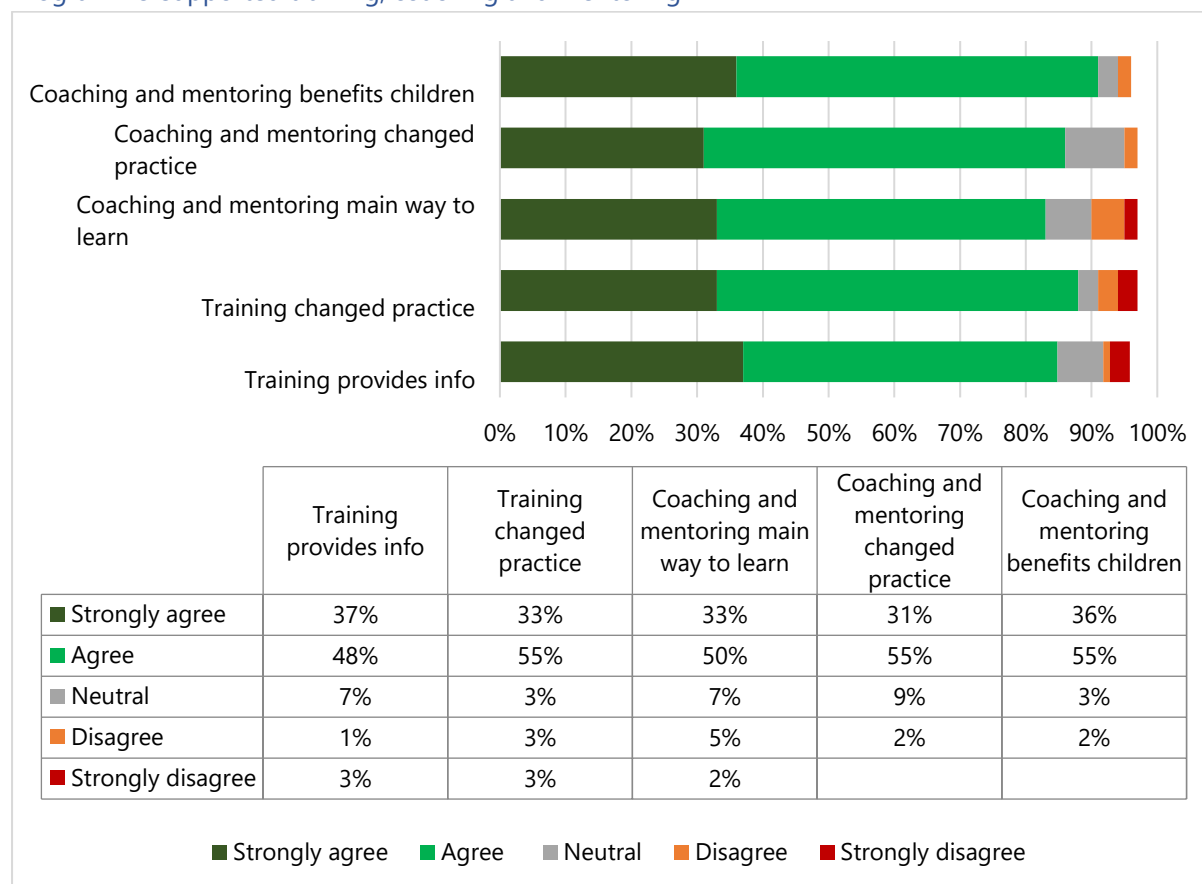


Figure 19.7: Use of evidence and data by practitioners responded to the web-based survey

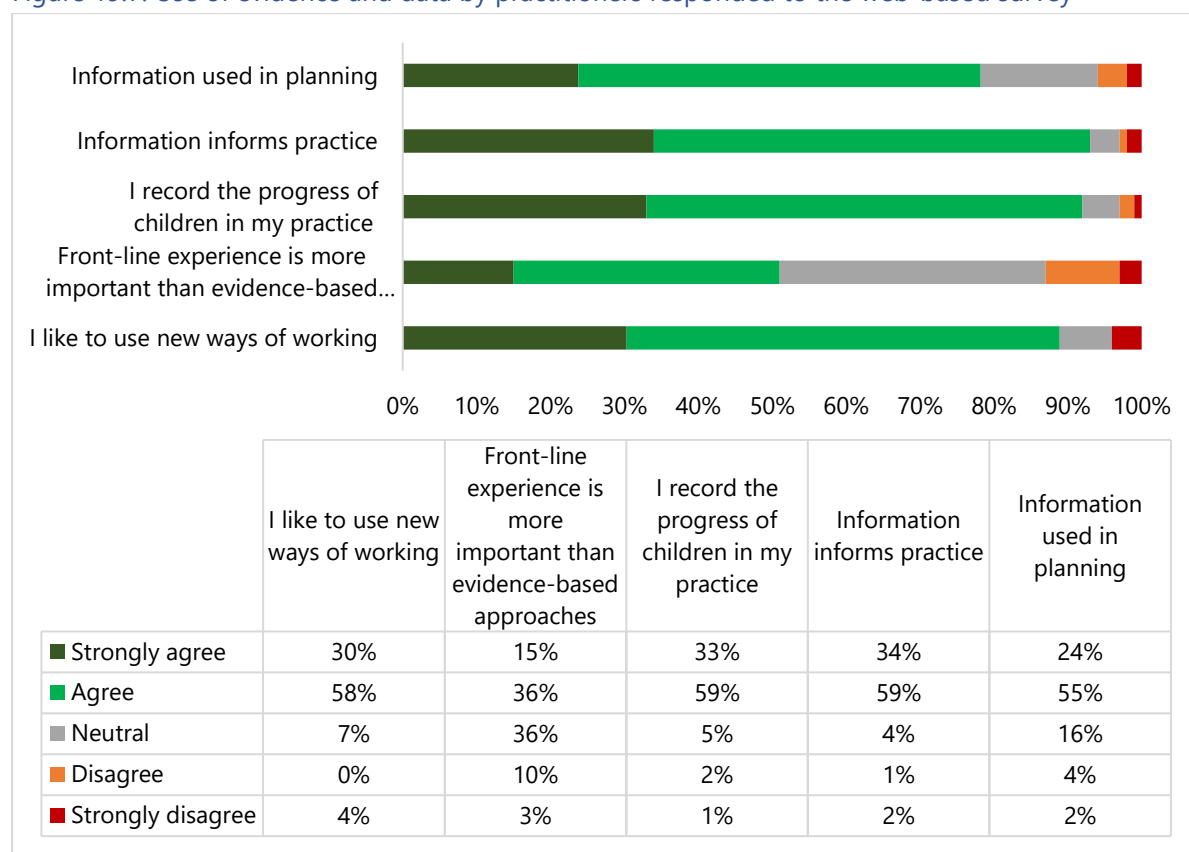


Figure 19.8: Use of evidence and data by service managers responded to the web-based survey

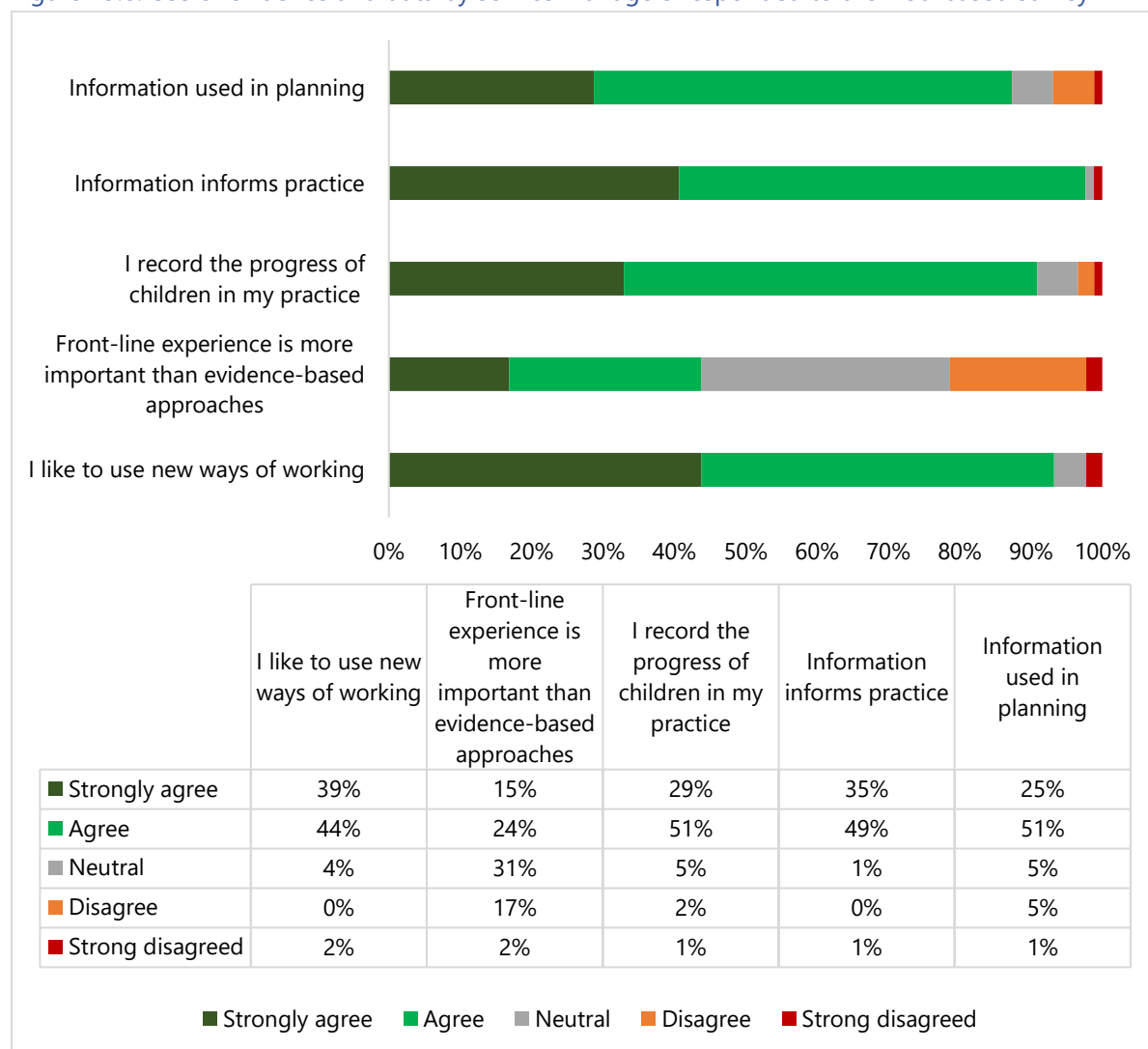
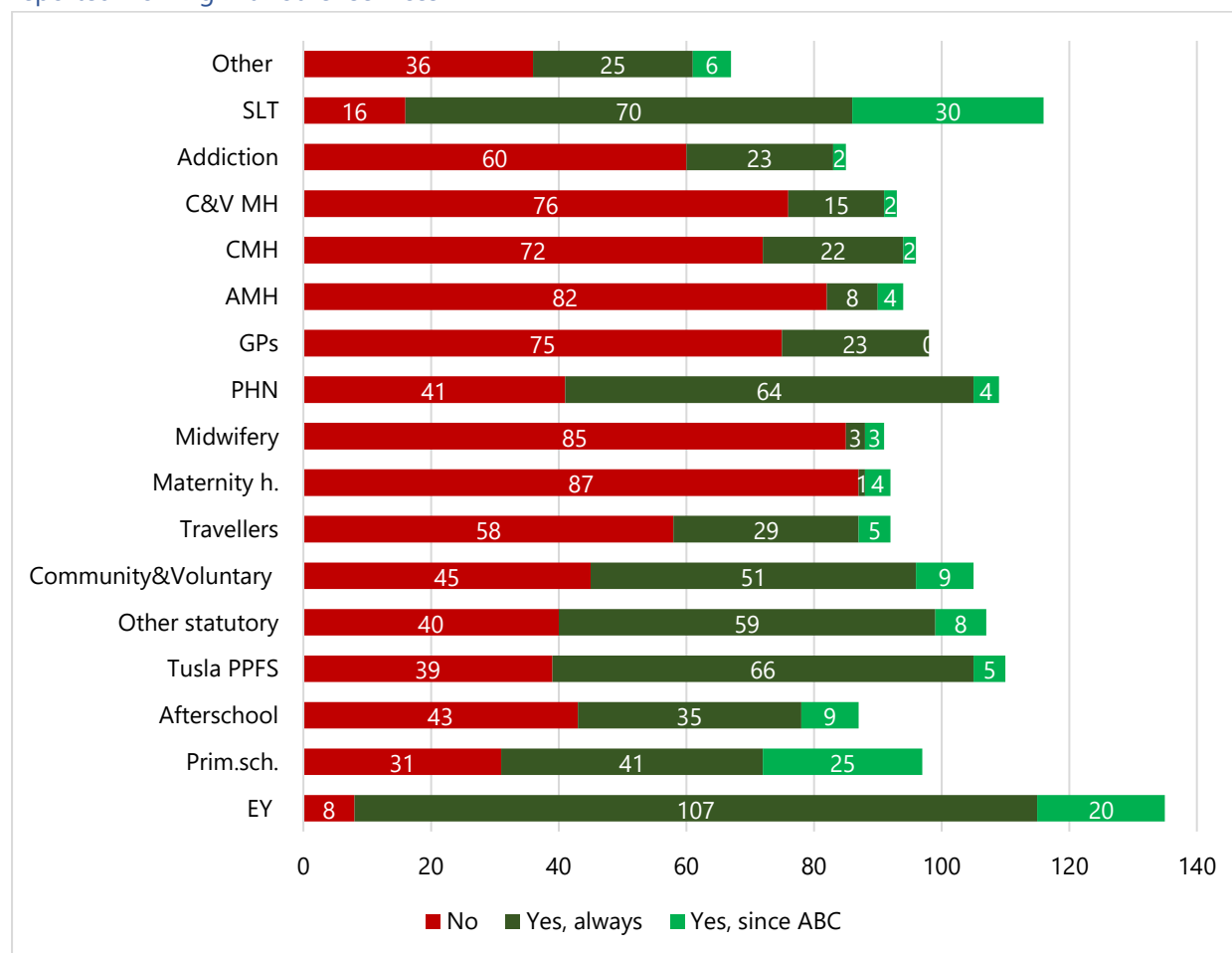
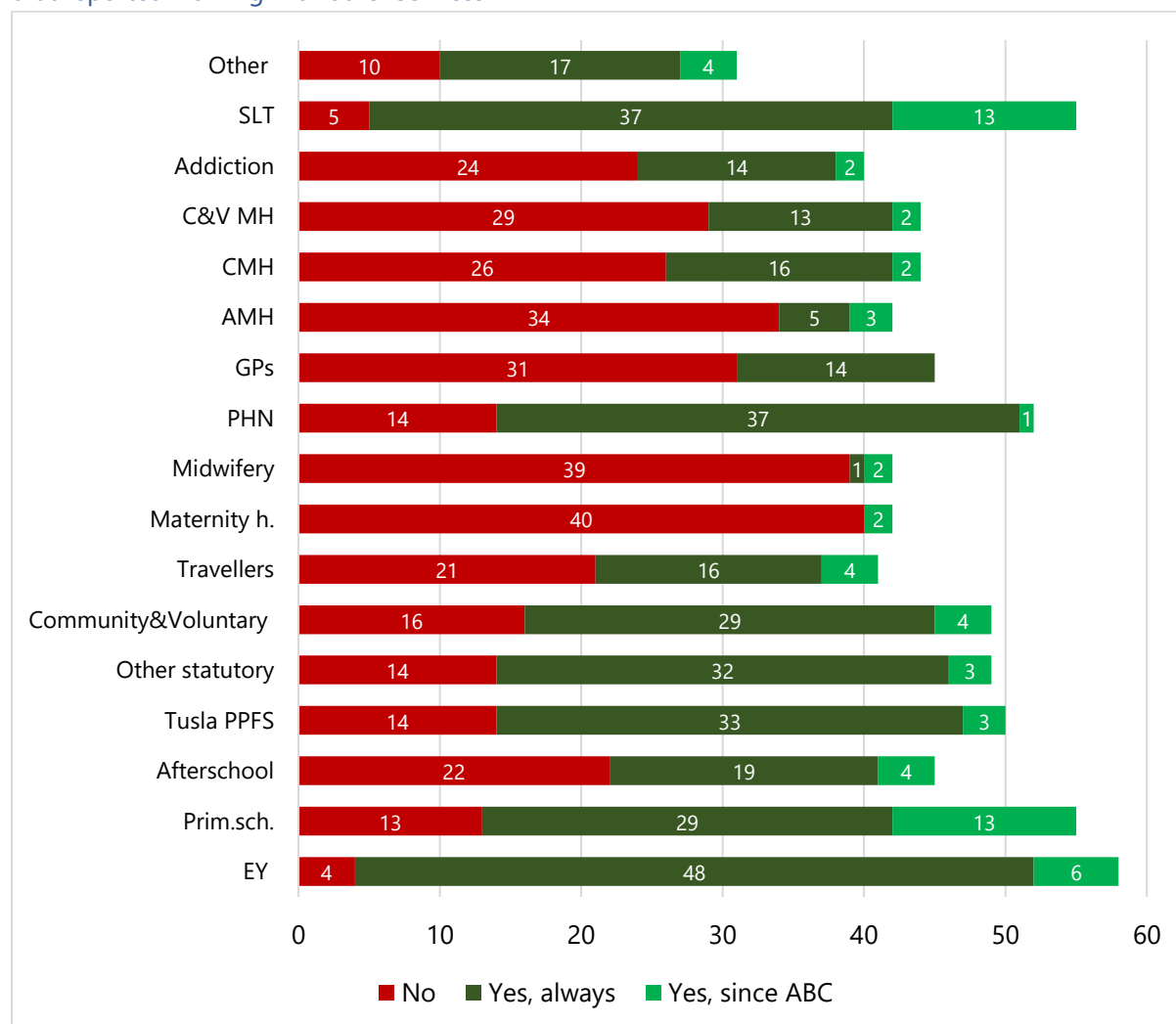


Figure 19.9: Number of early years practitioners who responded to the web-based survey that reported working with other services



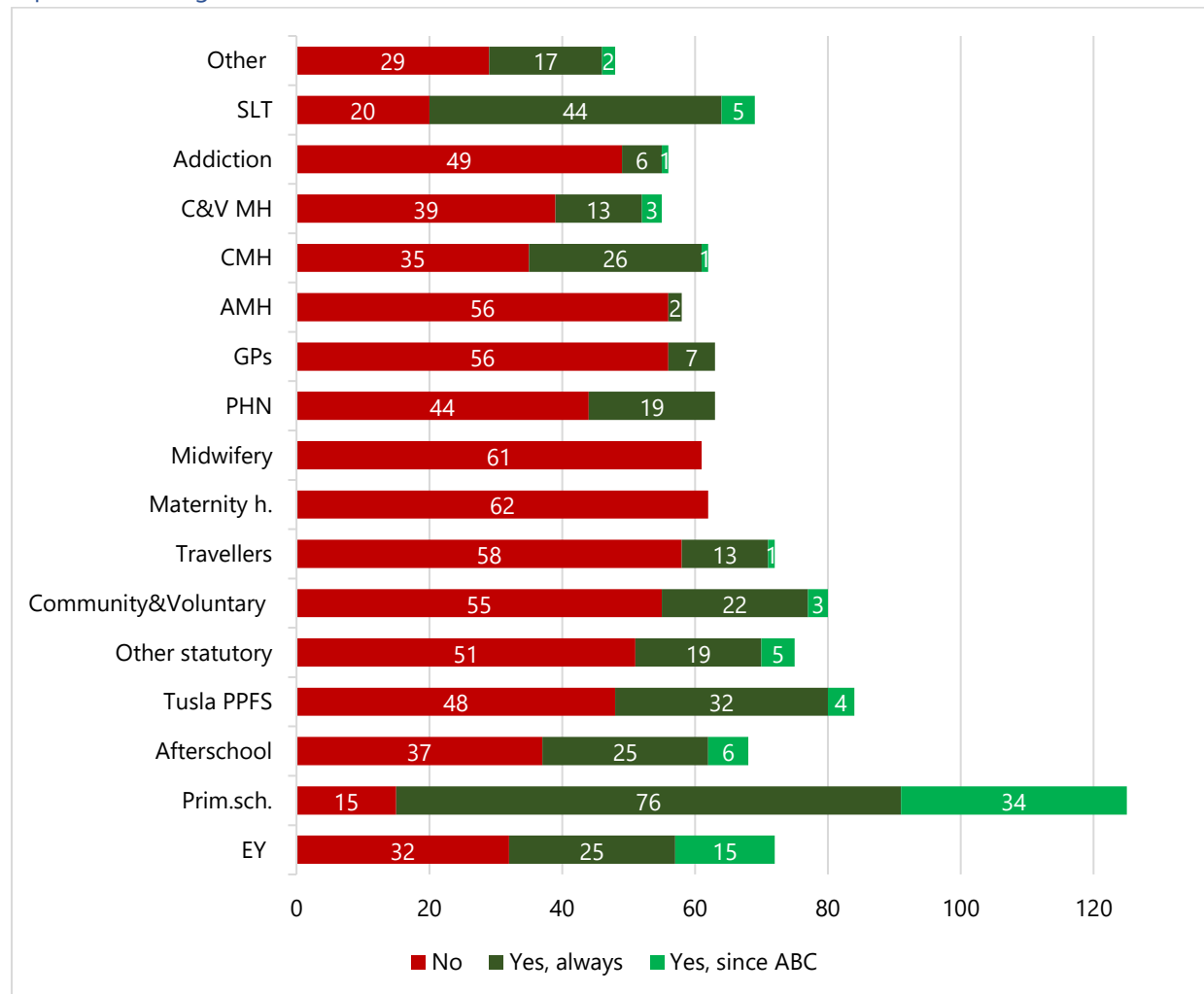
Abbreviations include: SLT- speech and language therapy service; C&V MH- community and voluntary mental health service; CMH- child mental health service; AMH- adolescent mental health service; GPs- general practitioners; PHN- public health nurse; Maternity h.- maternity hospital; Tusla PPFS- Prevention, Partnership and Family Support service; Prim.sch.-primary schools; EY- early years services.

Figure 19.10: Number of managers of early years services who responded to the web-based survey that reported working with other services



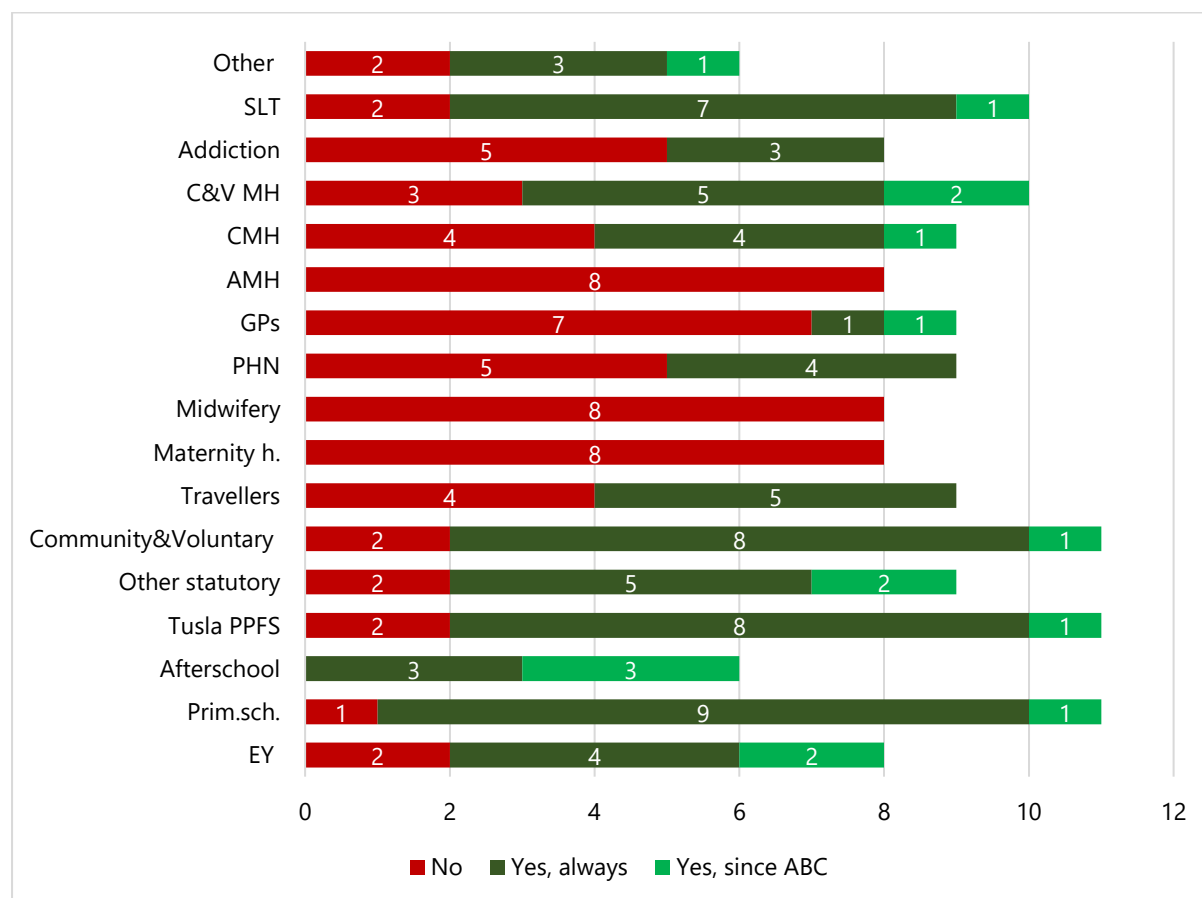
Abbreviations include: SLT- speech and language therapy service; C&V MH- community and voluntary mental health service; CMH- child mental health service; AMH- adolescent mental health service; GPs- general practitioners; PHN- public health nurse; Maternity h.- maternity hospital; Tusla PPFS- Prevention, Partnership and Family Support service; Prim.sch.-primary schools; EY- early years services.

Figure 19.11: Number of primary school teachers who responded to the web-based survey that reported working with other services



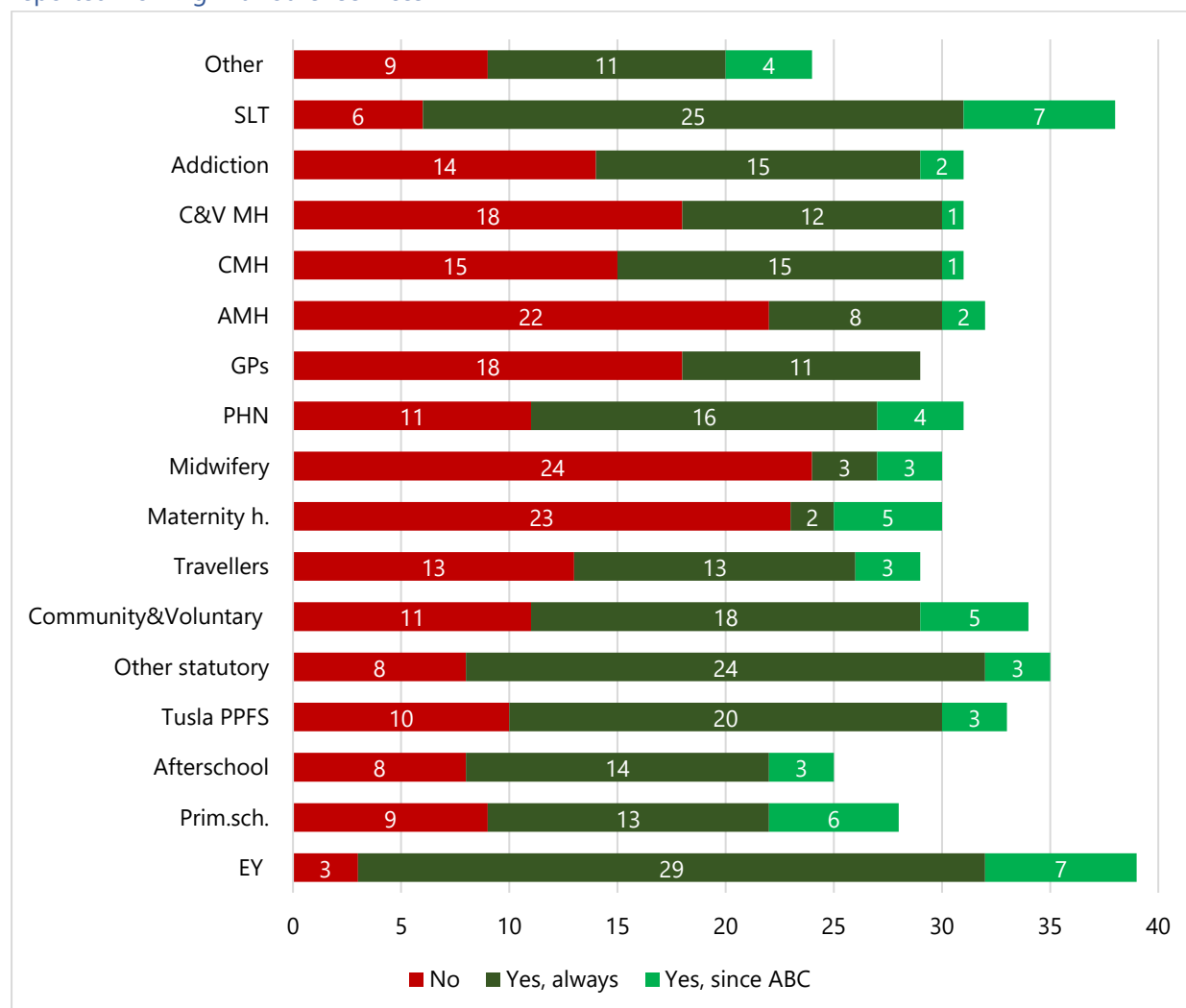
Abbreviations include: SLT- speech and language therapy service; C&V MH- community and voluntary mental health service; CMH- child mental health service; AMH- adolescent mental health service; GPs- general practitioners; PHN- public health nurse; Maternity h.- maternity hospital; Tusla PPFS- Prevention, Partnership and Family Support service; Prim.sch.-primary schools; EY- early years services.

Figure 19.12: Number of primary school principals who responded to the web-based survey that reported working with other services



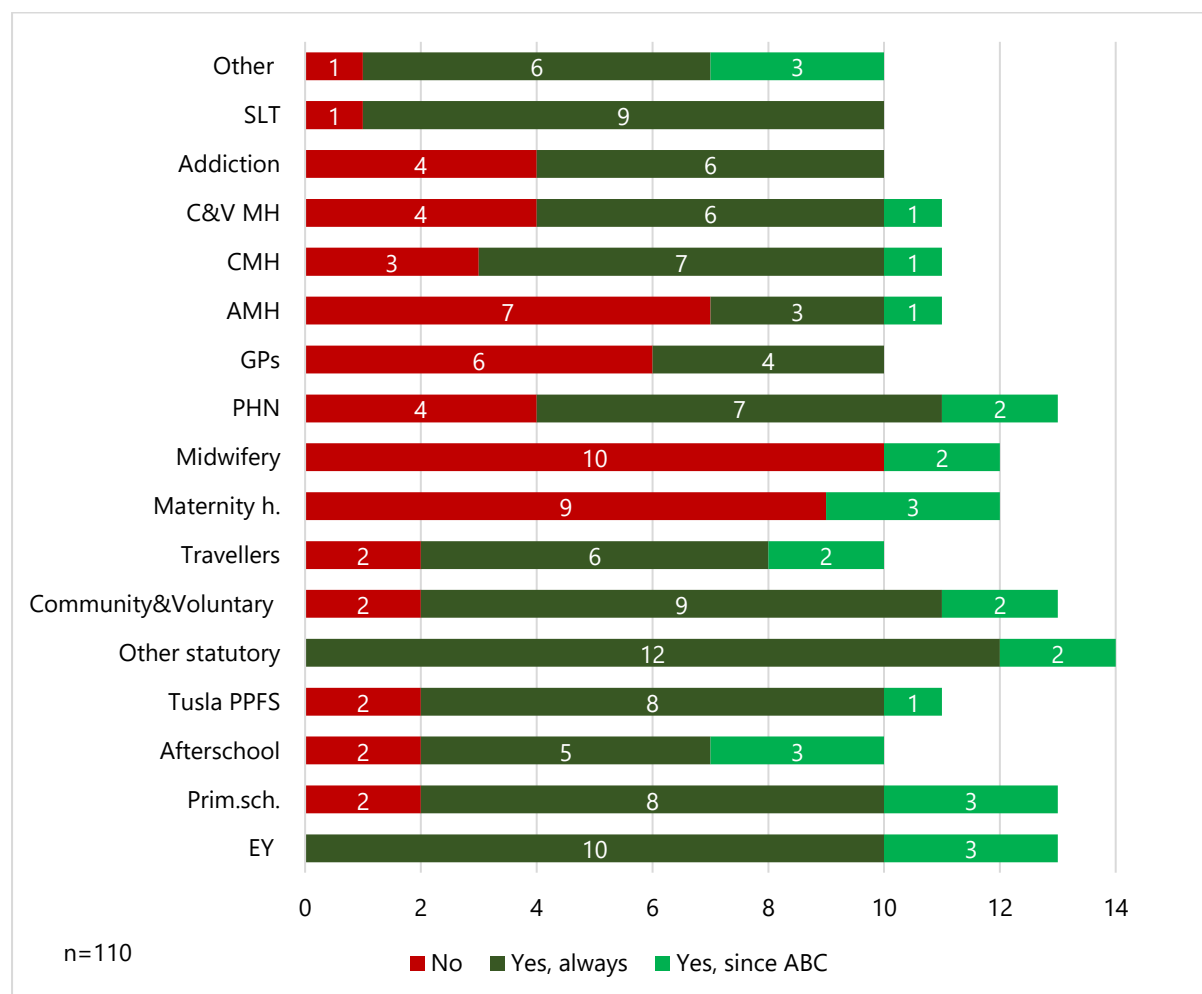
Abbreviations include: SLT- speech and language therapy service; C&V MH- community and voluntary mental health service; CMH- child mental health service; AMH- adolescent mental health service; GPs- general practitioners; PHN- public health nurse; Maternity h.- maternity hospital; Tusla PPFS- Prevention, Partnership and Family Support service; Prim.sch.-primary schools; EY- early years services.

Figure 19.13: Number of family support-type services who responded to the web-based survey that reported working with other services



Abbreviations include: SLT- speech and language therapy service; C&V MH- community and voluntary mental health service; CMH- child mental health service; AMH- adolescent mental health service; GPs- general practitioners; PHN- public health nurse; Maternity h.- maternity hospital; Tusla PPFS- Prevention, Partnership and Family Support service; Prim.sch.-primary schools; EY- early years services.

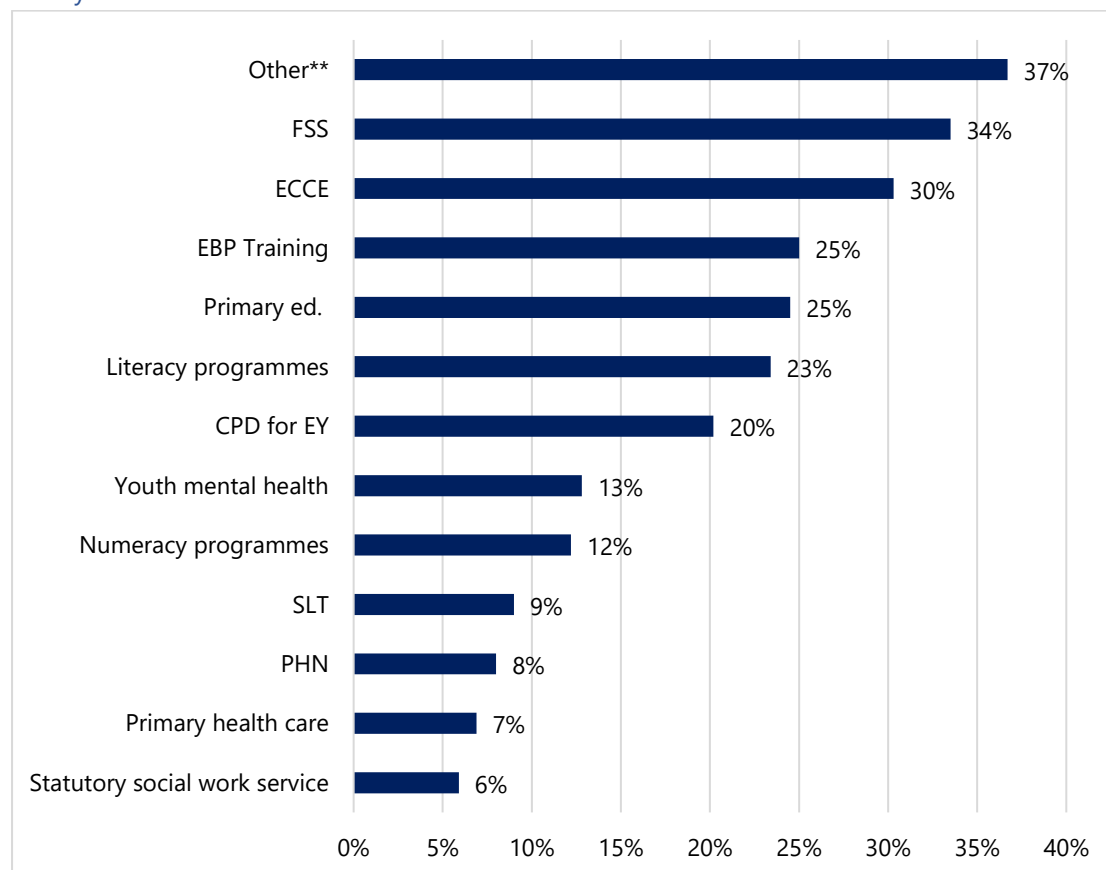
Figure 19.14: Number of managers of family support-type services who responded to the web-based survey that reported working with other services



Abbreviations include: SLT- speech and language therapy service; C&V MH- community and voluntary mental health service; CMH- child mental health service; AMH- adolescent mental health service; GPs- general practitioners; PHN- public health nurse; Maternity h.- maternity hospital; Tusla PPFS- Prevention, Partnership and Family Support service; Prim.sch.-primary schools; EY- early years services.

Appendix 20: Findings from the Consortium Members Survey

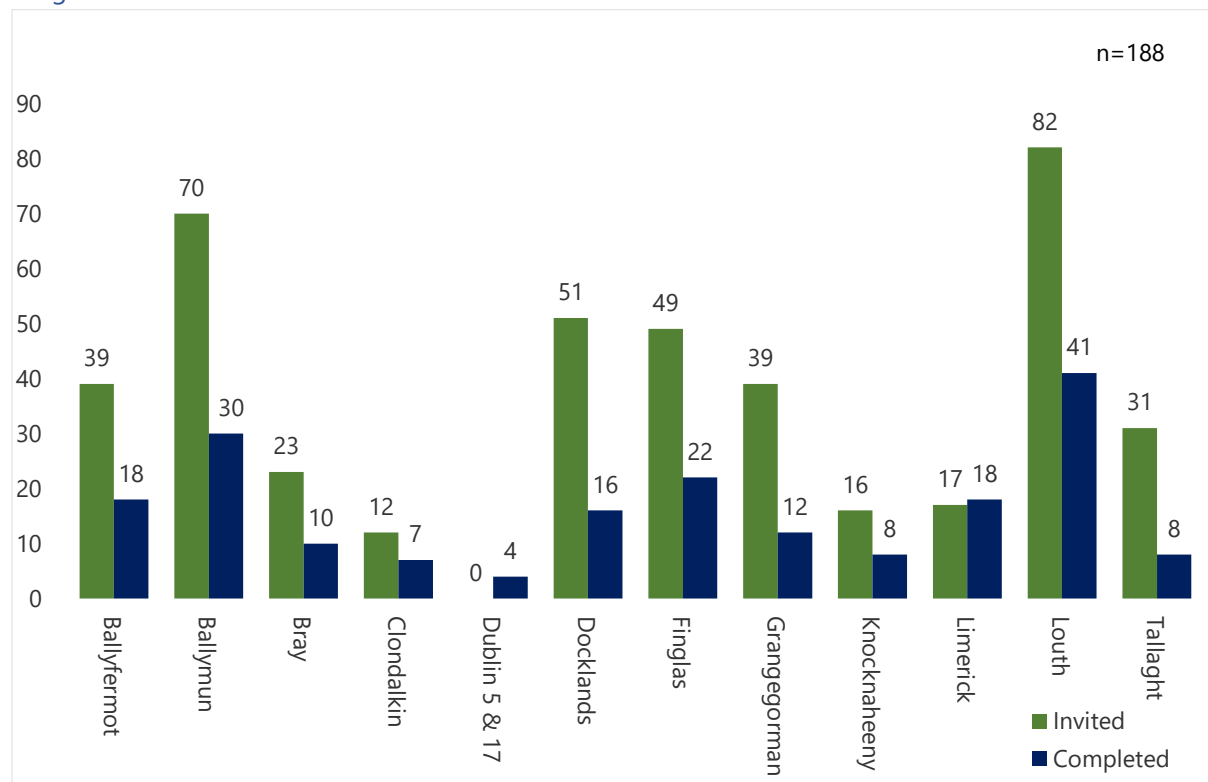
Figure 20.1: Range of services provided by consortium members who responded to the web-based survey



* Abbreviation include: EY services – early years services; SLT – speech and language therapy; PHN – public health nursing; FSS – family support services; EBP training – evidence-based programme training; and CPD – continuous professional development.

** Examples of 'other' services provided by surveyed consortium members included: library services, third level education, youth services, local area development and policy analysis.

Figure 20.2: Response rate of consortium members to the web-based survey across the ABC Programme areas⁹



⁹ Totals in the figure exceed 188, as some respondents indicated that they are involved in more than one consortium.

Table 20.1: Type of involvement in consortia of consortium members who responded to the web-based survey

Type of involvement	n	Before 2013	During 2013	During 2014	During 2015	During 2016
Member of consortium	133	57	17	24	30	5
Member of management committee	90	28	10	20	21	11
Member of sub-group	104	30	13	22	25	14
Staff delivering an ABC-supported intervention	87	30	7	8	27	15
Staff facilitate delivery of an ABC-supported intervention	91	29	9	11	28	14
Staff deliver an intervention previously funded under ABC	24	9	6	1	4	4
Other	28	20	3	1	3	1

Figure 20.3: Responses from the consortium members who responded to the web-based survey on shared vision and mission of the consortium

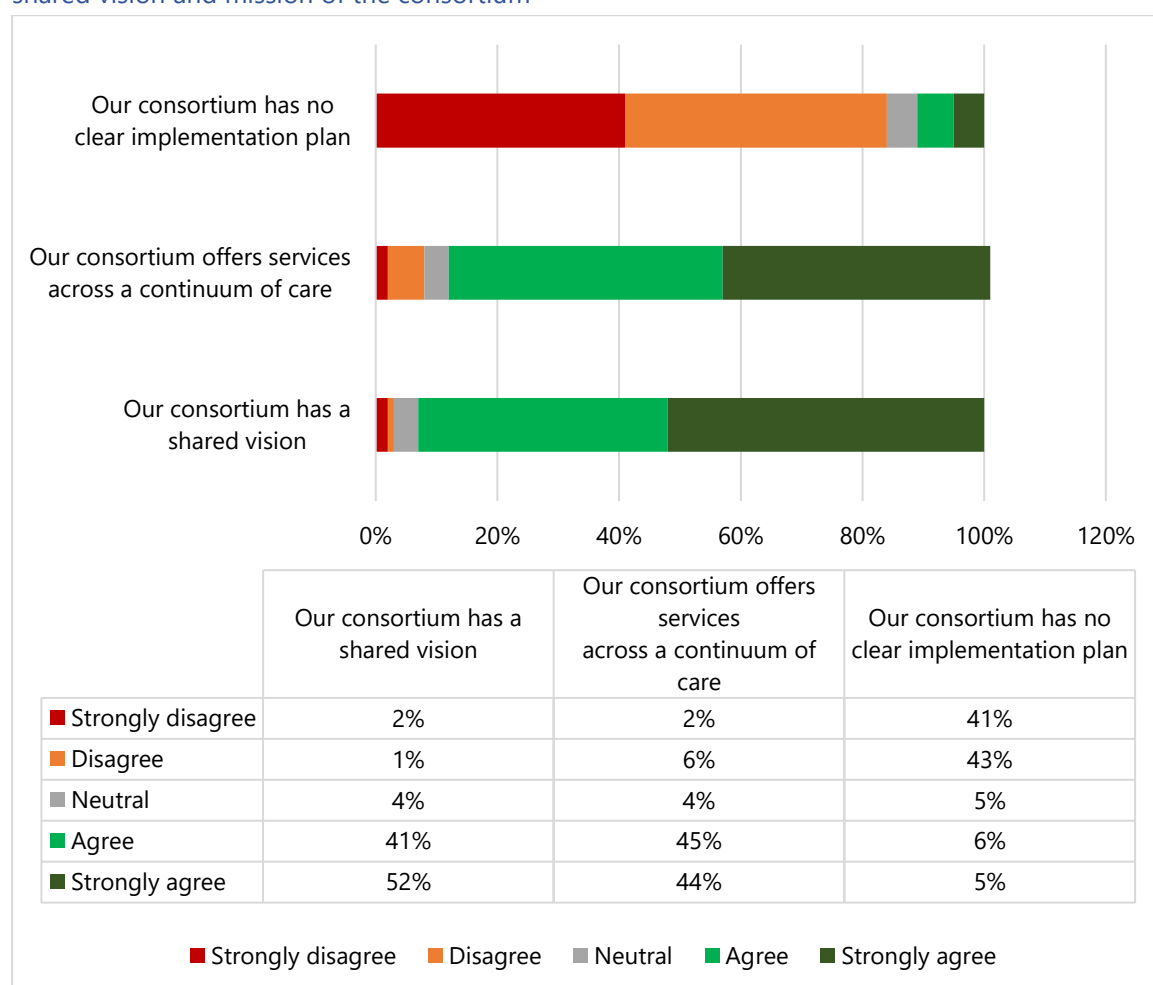


Figure 20.4: Responses from the consortium members who responded to the web-based survey on consortium governance arrangements

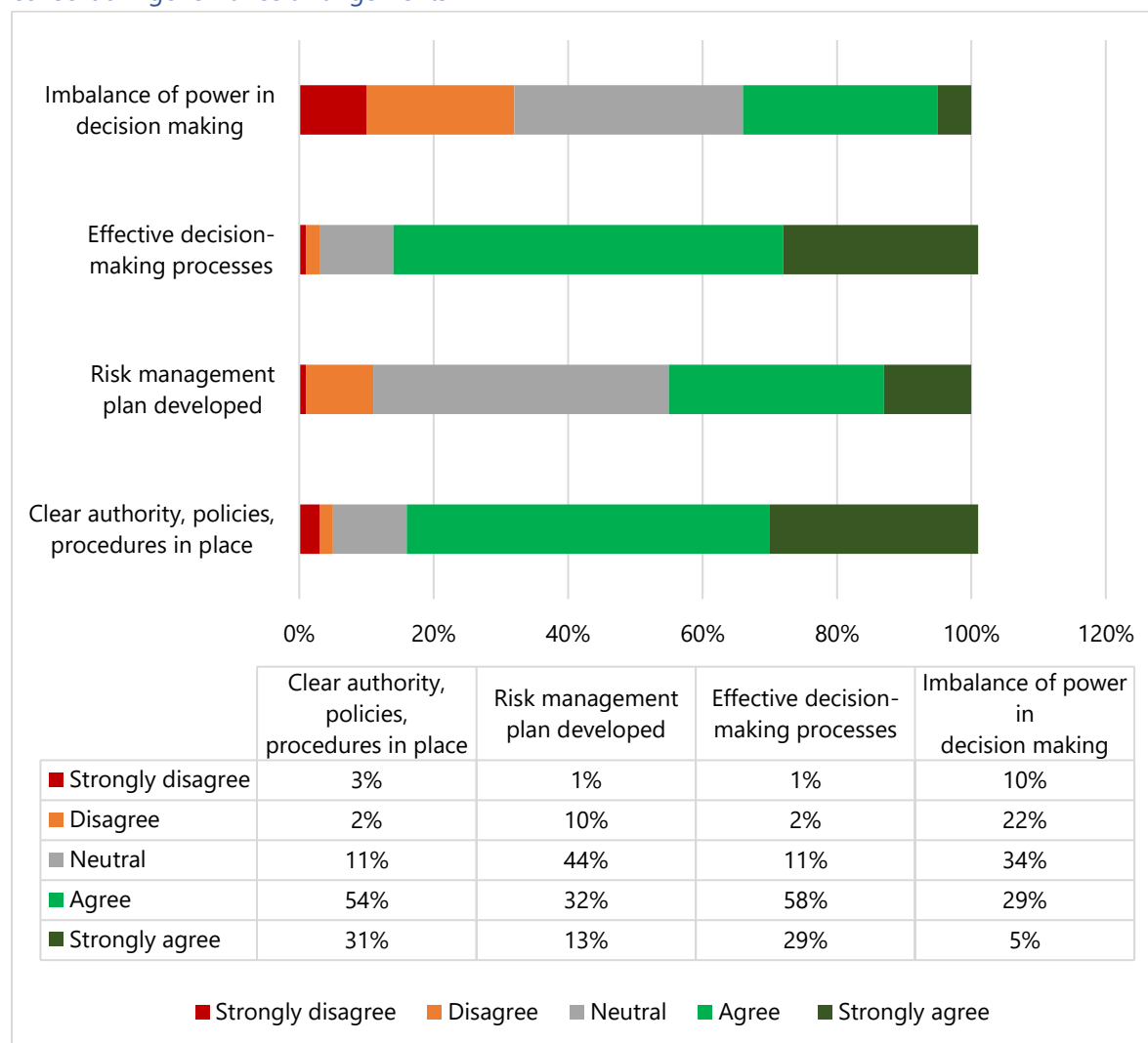


Figure 20.5: Responses from the consortium members who responded to the web-based survey on consortium leadership

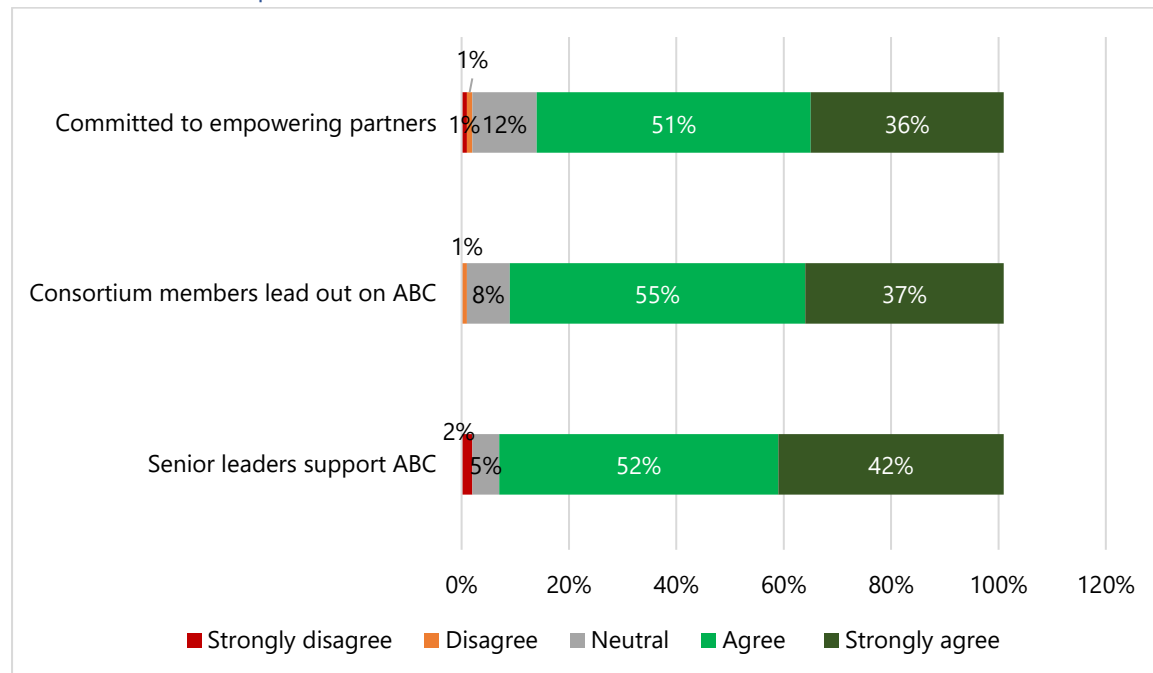


Figure 20.6: Responses from the consortium members who responded to the web-based survey on consortium communication

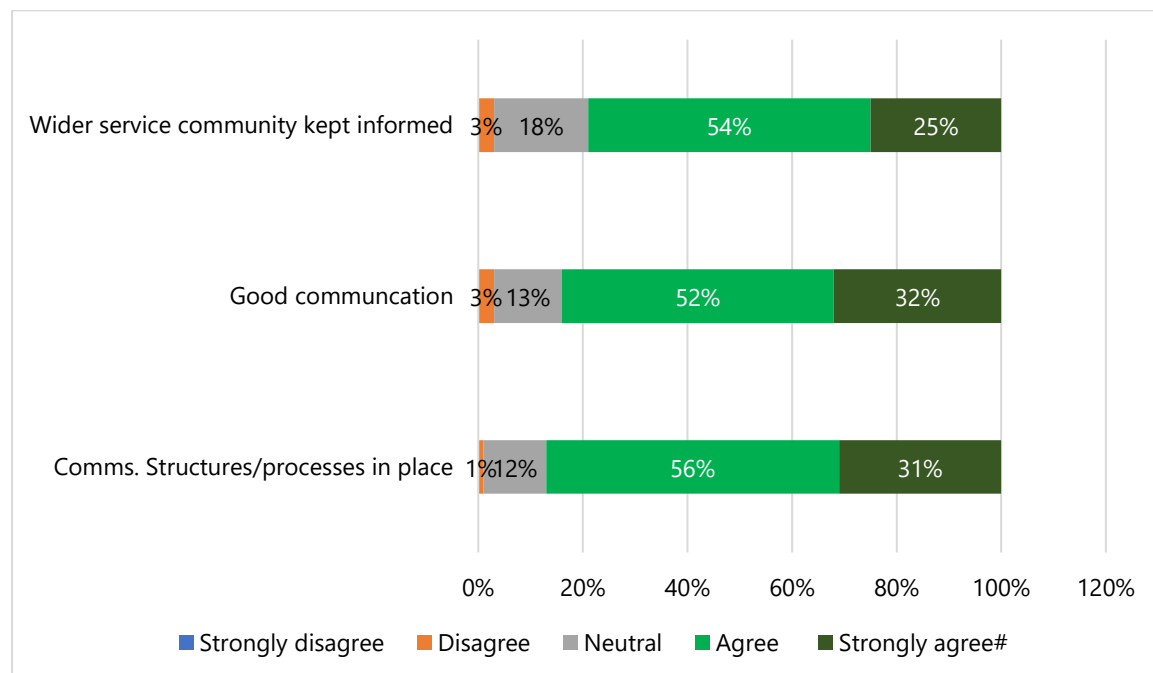


Figure 20.7: Responses from the consortium members who responded to the web-based survey on consortium relationships and participation

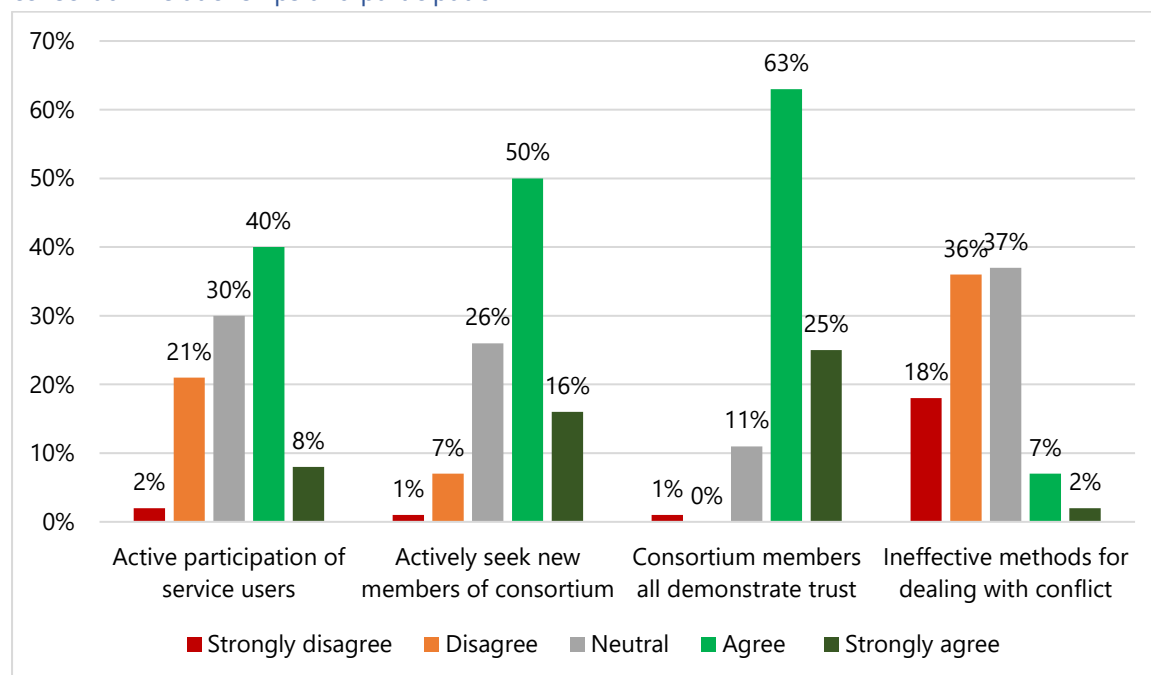


Figure 20.8: Responses from the consortium members who responded to the web-based survey on the benefits and challenges of consortium working

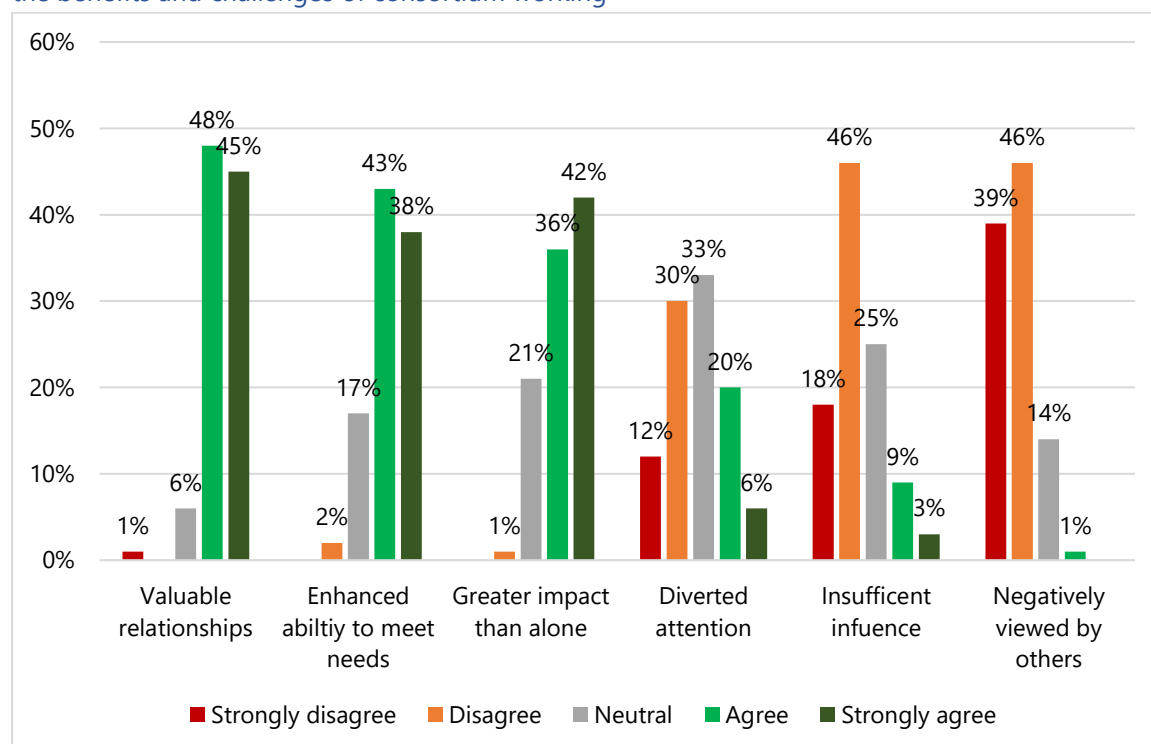


Figure 20.9: Responses from the consortium members who responded to the web-based survey on how the ABC consortia support practice

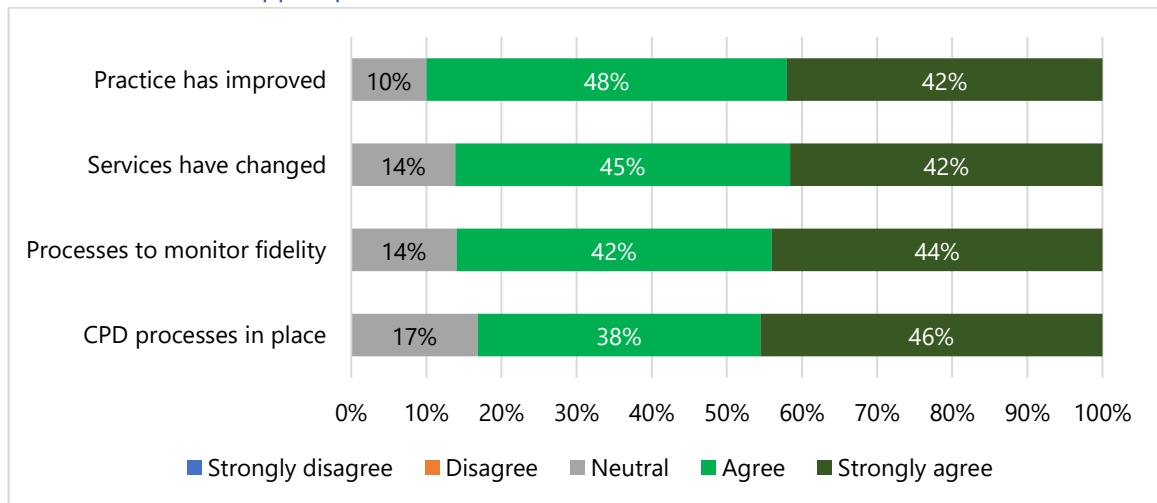


Figure 20.10: Responses from the consortium members who responded to the web-based survey on the use of evidence and data to support service planning and delivery

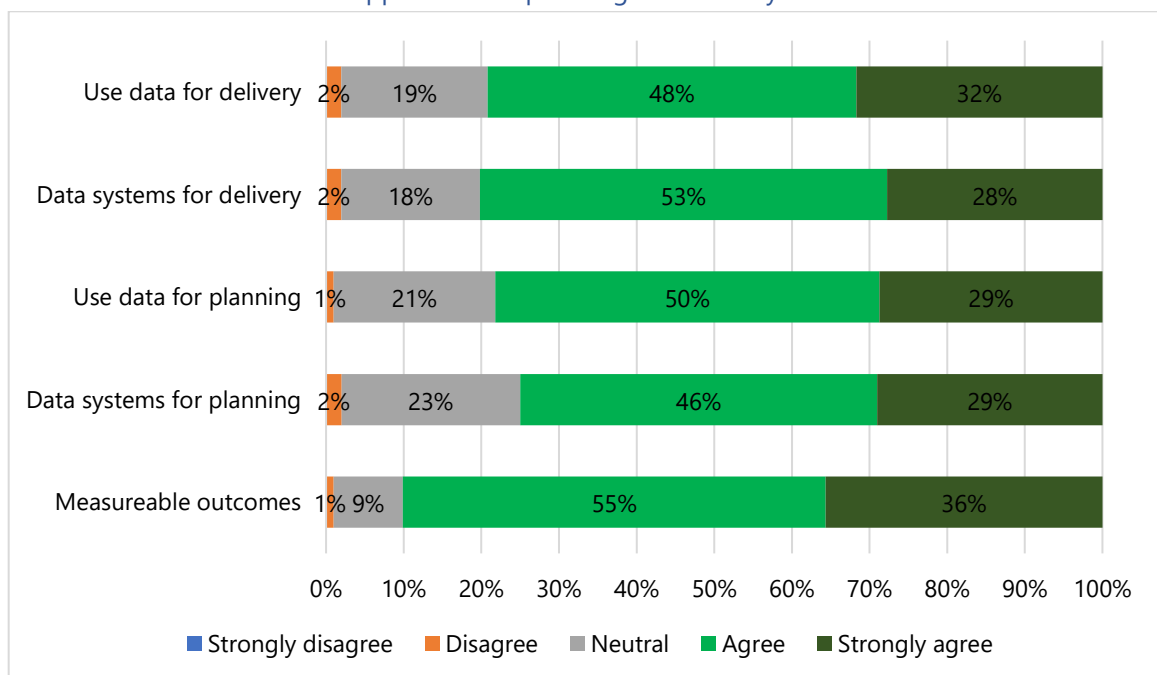
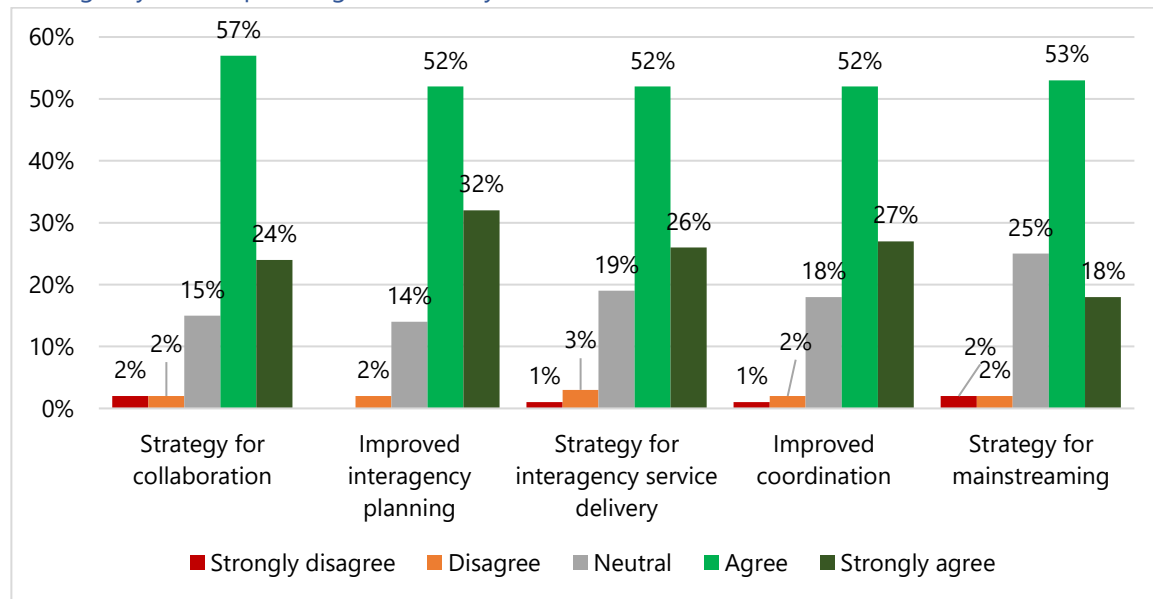


Figure 20.11: Responses from the consortium members who responded to the web-based survey on interagency service planning and delivery



Appendix 21: Outcome Areas and Alignment of Intervention Costs

The table below shows how specific interventions from across the areas were categorised for the purposes of the cost analysis. As noted in the main report, a number of interventions could be aligned with one or more outcome areas, therefore a process of 'sense-checking' and consultation was undertaken by the Centre for Effective Services evaluation team with the areas to ensure that intervention costs were aligned to the appropriate outcome area. For the purposes of compiling the below table, the interventions are listed, as advised by ABC area representatives, under the outcome area to which they contributed most.

Table 21.1 Interventions aligned to outcome areas

Parenting Outcomes	Child Health and Development	Children's Learning
Preparing for Baby	Infant Mental Health	Early Years Professional Development Supports
Baby Massage	Preparing for Life	Incredible Beginnings
Parent and baby	Community Wrap Around	Wizards of Words
0-2 Programme	Oral language interventions	Doodle Den
Parent-Child Home Programme	Social/emotional/behavioural interventions	
Family development work	Incredible Years (school-based/early years centres)	
Evidence-based programmes including Parents Plus, Strengthening Families, Incredible Years suite of parenting interventions (where disaggregated)	Roots of Empathy	
Parenting	Youth mental health interventions	
Parenting Supports	Ready, Steady, Grow	
Toddler programme		