

## Leading Community Change: Delivering Better Outcomes in an Irish Community

### Childhood Development Initiative Final Process Evaluation Report

2014  
CHILDHOOD DEVELOPMENT INITIATIVE



United Nations  
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NUI Galway  
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UNESCO Chair in  
Children, Youth and Civic Engagement  
Ireland  
CHILD AND FAMILY RESEARCH CENTRE



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## Childhood Development Initiative Final Process Evaluation Report

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2014

CHILDHOOD DEVELOPMENT INITIATIVE



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The authors are responsible for the choice and presentation of views expressed in this report and for opinions expressed herein, which are not necessarily those of UNESCO and do not commit the Organisation.

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## Foreword

As co-funders of the Childhood Development Initiative (CDI) since its establishment in 2007, we are delighted to see the publication of this important report, *Leading Community Change: Delivering Better Outcomes in an Irish Community*. The investment from the Prevention and Early Intervention Programme (PEIP), of which CDI was one of three areas tasked with designing, delivering and evaluating programmes, with the assistance of independent international experts, aimed at improving outcomes for children, has yielded tremendous learning and a wealth of data. We now have a deepened understanding of the elements that support effective interventions and have comprehensive data about some of the most disadvantaged communities in the country. As a result, we have a commitment to utilise this information to inform planning and a spectrum of evidence-informed initiatives, which will shape the nature of services in the future.

The process learning, such as that described here, is as important as the 'hard facts'. Influencing hearts as well as minds, drawing on the science and the spirit, reaching for the story as well as the statistics, so often offer a truly compelling and rich insight. CDI's learning, and its integrity in sharing both the benefits and the challenges, the celebrations and the condolences, provides valuable insight in relation to some fundamental questions: What does it take to deliver new, evidence-based programmes? What resistance might be expected and how can we best work to ensure that we harness our collective efforts? What practical supports need to be in place to maximise efficiency? What do we know about the skills, competencies and mind-sets that have the very best potential to improve outcomes for children and families?

The PEIP experience has centrally shaped both Government thinking and the legacy planning of The Atlantic Philanthropies, and it is our intention that the Area-Based Childhood Initiative (ABC) will build on this learning. This initiative aims to break the cycle of child poverty in areas where it is most deeply entrenched and to improve outcomes for children and young people where these are currently significantly poorer than they are for children and young people living elsewhere in the State. A key element of this initiative is to consolidate the learning and impact into 'business as usual', to improve the efficacy of services for children and families.

This report is part of a comprehensive strategy of utilising insights from evidence and experience in order to support improvements among our children and families. We welcome the learning offered as we move into a new phase of meeting children's needs.

**Frances Fitzgerald, TD**

*Minister for Children and Youth Affairs*  
Department of Children and Youth Affairs

**Mary Sutton**

*Country Director*  
The Atlantic Philanthropies

## CDI Response to the Final Evaluation Report

Process evaluations – which focus on ‘how’ something was done, or ‘what it takes’ rather than outcomes, or what changed – remain a relatively new concept in Ireland. They differ from qualitative evaluations in that they may include data and statistics, and they are more than a reflection of the many stakeholder perspectives. A high-quality process evaluation will consider relevant research, state the benchmark or best practice approach, and measure the specific model in the context of this evidence (Division of Nutrition, Physical Activity and Obesity, 2011). In this way, a process evaluation should not only offer a comprehensive literature review in relation to the ways of progressing actions and achieving outcomes, but also comment on the effectiveness or otherwise of the project in utilising this information (*ibid*).

The process aspects of the work of the Childhood Development Initiative (CDI) were ascribed a high level of importance by both staff and the CDI Board of Management from the outset. There was an eagerness to understand relationship aspects and capacity factors, to test the relevance of some instinctual approaches and to contribute to the literature on community responses to the needs of children and families.

This report, *Leading Community Change: Delivering Better Outcomes in an Irish Community*, offers important insights for any of us involved or interested in organisational change, community development, utilising evidence in real-world settings and what it takes to improve outcomes. Key themes throughout the report include the challenges of engaging parents effectively in disadvantaged communities; leadership and structural factors; the value of interventions that include both formal and informal elements; and the distinction between participation and the achievement of change.

This report will engage, intrigue and hopefully enlighten anyone interested in processes, communities and research. It names some core tensions, such as that between being community-based and evidence-informed; it raises questions about our expectations of residents when we involve them in our structures; and it cites inevitable challenges such as prioritising resources when demand exceeds supply. Answers are not always provided and that is entirely appropriate – there is no magic solution, no road map, no single agreed way to improve outcomes for children and families. For too long, we have trusted our instincts and assumed that people attending a service means that they are also achieving change. There is a growing recognition that we need to be more rigorous in how we assess the impact of our interventions, but the reality of putting systems in place to do so remains a struggle.

There are inevitably issues that CDI feels were central to its work over the last number of years which did not emerge in the analysis of the Evaluation Team. These include the specific challenges of, and learning in relation to, engaging schools; the approaches used to develop a teamwork approach and common vision for a new, innovative organisation; and the skill set of practitioners from across disciplines to deliver high-quality, evidence-based programmes that engage both children and families.

Furthermore, there were fundamental differences of opinion between CDI and the Evaluation Team in relation to our understandings of what constitutes ‘effective community engagement’. CDI would have welcomed more evidence on the benchmarks that influenced the assessments of the work, but the ultimate position – that more could have been done to engage residents – is one which we fully accept. The suggestion that participation in governance structures or ongoing mechanisms is the means through which to demonstrate effective engagement, however, is unrealistic and outdated. We all live in a busy, fast-moving and technologically advanced society and methods of engagement must reflect this context, interface appropriately with it and recognise that how we participate in society is no longer limited to membership of a committee. Hierarchies of engagement (Owens, 2010) might have offered a more useful framework in which to view these aspects of CDI’s work. This tension perhaps reflects the very issue of undertaking research in real-world settings and we very much hope that this report will spark debate among those committed to this area.



In line with the recommendations in our policy papers, CDI notes the following as central to the ongoing improvement in quality of services, and connectivity between research, policy and practice:

- that policy-makers and influencers are appropriately trained and supported to enable the interpretation and utilisation of research knowledge to inform planning and resourcing decisions;
- that those with line management responsibilities in the child and families sector have the knowledge, skills and attitudes to mentor staff, to enable reflective practice and to support effective needs assessment and planning processes;
- that senior staff are supported in developing a positive organisational culture, diffusing leadership across structures and assessing team requirements;
- that services are incentivised to re-align delivery and resources towards evidence-informed models and that any punitive response to acknowledging limited or no outcomes is diminished.

This report, along with the suite of research from CDI, our policy papers and the expanse of evidence emanating from across the child and families sector, is contributing to a deeper understanding of the complex relationship between the research and policy framework in which we deliver services; the community dynamics we work within; the skills set, competencies and attitudes of the practitioners with whom we work; and the specific needs and strengths of the children and families we aim to serve. We very much hope that this report will be read with an openness to considering these elements, to asking ourselves these questions and, perhaps collectively, to getting closer to an agreed position.

**Joe Horan**

*Chair*

CDI Board of Management

## Acknowledgements

We are particularly grateful to the many research participants who gave up their time to participate in the extensive fieldwork for this evaluation study. For some, this involved multiple interviews over the study period. This evaluation would not have been possible without their generous support.

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We would also like to thank Professor Rob Chaskin of Chapin Hall, Centre for Children, University of Chicago, for his expert input to the research.

We would like to acknowledge the ongoing support and advice of our colleagues in the UNESCO Child and Family Research Centre, School of Political Science and Sociology, National University of Ireland, Galway. In particular, we would like to thank Professor Pat Dolan and Aileen Shaw for their input to this final report.

We would like to thank the service evaluation teams from the Dublin Institute of Technology, the National University of Ireland, Maynooth, Queen's University Belfast and Trinity College, Dublin for their assistance with the study and for providing opportunities for shared learning and discussion at the regular evaluation team meetings.

We would like to thank the members of CDI's Expert Advisory Committee for their input at various stages in the evaluation.

We would like to thank those who participated in the reflection group, which took place during the report's finalisation process.

Finally, the research team would like to acknowledge The Atlantic Philanthropies and the Department of Children and Youth Affairs, whose financial support made this evaluation possible.

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## Acronyms used

<b>AP</b>	The Atlantic Philanthropies	<b>NCSIG</b>	National Children's Services Implementation Group
<b>CCI</b>	Comprehensive Community Initiative	<b>NEPS</b>	National Education Psychological Services
<b>CDI</b>	Childhood Development Initiative	<b>NEWB</b>	National Educational Welfare Board
<b>CEE</b>	Centre for Effective Education	<b>NEYAI</b>	National Early Years Access Initiative
<b>CEO</b>	Chief Executive Officer	<b>NUIG</b>	National University of Ireland, Galway
<b>CES</b>	Centre for Effective Services	<b>NUIM</b>	National University of Ireland, Maynooth
<b>CFRC</b>	Child and Family Research Centre	<b>OECD</b>	Organization for Economic Co-operation and Development
<b>CoP</b>	Communities of Practice	<b>OMC</b>	Office of the Minister for Children
<b>CPD</b>	Continuous professional development	<b>OMCYA</b>	Office of the Minister for Children and Youth Affairs
<b>CSC</b>	Children's Services Committee	<b>PEIP</b>	Prevention and Early Intervention Programme
<b>CSER</b>	Centre for Social and Educational Research (Dublin Institute of Technology)	<b>QEP</b>	Quality Enhancement Programme
<b>CSI</b>	Community Safety Initiative	<b>QUB</b>	Queen's University Belfast
<b>DCYA</b>	Department of Children and Youth Affairs	<b>RAPID</b>	Revitalising Areas by Planning, Investment and Development
<b>DD</b>	Doodle Den Programme	<b>RCT</b>	Randomised controlled trial
<b>DEIS</b>	Delivering Equality of Opportunity in Schools	<b>RFT</b>	Request for Tender
<b>DES</b>	Department of Education and Skills	<b>RP</b>	Restorative practice
<b>DIPEI</b>	Dissemination Initiative for Prevention and Early Intervention	<b>SCP</b>	School Completion Programme
<b>DIT</b>	Dublin Institute of Technology	<b>SCSM</b>	Strategy and Corporate Services Manager
<b>EAC</b>	Expert Advisory Committee	<b>SDCC</b>	South Dublin County Council
<b>ECCE</b>	Early Childhood Care and Education	<b>SDCCC</b>	South Dublin Child Care Committee
<b>EYS</b>	Early Years Service	<b>SDCSC</b>	South Dublin Children's Services Committee
<b>EBP</b>	Evidence-based programme	<b>SLT</b>	Speech and language therapy
<b>Eoi</b>	Expressions of Interest	<b>SPSS</b>	Statistical Package for the Social Sciences
<b>FandR</b>	Finance and Risk Sub-Committee	<b>TCD</b>	Trinity College, Dublin
<b>GP</b>	General Practitioner	<b>ToR</b>	Terms of Reference
<b>HSC</b>	Healthy Schools Coordinators	<b>TW</b>	Tallaght West
<b>HSCL</b>	Home-School Community Liaison Teacher	<b>UCD</b>	University College, Dublin
<b>HSE</b>	Health Service Executive	<b>UN</b>	United Nations
<b>HSP</b>	Healthy Schools Programme	<b>UNCRC</b>	UN Convention on the Rights of the Child
<b>IoE</b>	Institute of Education (University of London)		
<b>ISG</b>	Implementation Support Group		

# Executive Summary

## Introduction: CDI development and operation

In 2003, individuals from a number of organisations in Tallaght West came together with local residents with the shared desire of improving outcomes for children and young people in the area. This group's consultation, discussion, research and planning ultimately gave rise to the Childhood Development Initiative (CDI) in 2005 and its 10-year strategy, entitled *A Place for Children: Tallaght West* (CDI, 2005a). This strategy proposed the development and implementation of new programmes and services for children to address their overall education, health and behaviour, alongside the cultivation of a culture of quality among service professionals in the area. The strategy envisaged all CDI's activities being led by the local community and evaluated to a high standard.

CDI was established as a limited company with charitable status in 2007, with a number of vision statements and principles to guide its work. The vision statements are that:

- CDI, in partnership with the community, will promote needs-based services using an evidence-based approach.
- CDI will establish and build on what works.
- CDI will recognise and value the contribution made by, and the commitment of, those living and working in the community.
- CDI will support the children and families of Tallaght West by promoting and enhancing quality, innovative services.
- CDI will encourage collaboration and shared learning among all stakeholders; raise awareness of roles and responsibilities; share information; challenge how we work and find solutions together in order to deliver services that are more effective and influence policy.

In line with its strategy and principles, CDI developed a number of specific programmes in 2007 and 2008. These were:

- **An Early Years Service;**
- **Doodle Den**, an after-school literacy programme targeted at children aged 5-6 years;
- **Mate-Tricks**, an after-school pro-social behaviour programme targeted at children aged 9-10 years;
- **The Healthy Schools Programme**, a whole-of-school approach to improving health outcomes of populations of selected local schools;
- **The Community Safety Initiative**, a programme to improve people's perceptions of safety, improve neighbour relations and promote a safe and healthy environment for the local population. This programme includes the **Safe and Healthy Place**, an interagency response to concerns within a new housing estate.

CDI also developed the **Quality Enhancement Programme** to progress its commitment to improving quality and impacting on the support and training needs of practitioners and managers. In 2010, it established the **Restorative Practice** training programme, aimed at developing community capacity to repair and build relationships, and manage and overcome conflict. It also extracted elements of the **Speech and Language Therapy Programme** of the Early Years and Healthy Schools programmes to deliver as a standalone service.

## Process Evaluation: Aim and Methodology

The overall aim of this final evaluation study of CDI's programmes and initiatives was to examine and critically assess the working processes of CDI in implementing its programme of work to improve outcomes for children and families. Emanating from this, a number of specific questions were identified for the work:

1. What structures and processes were established to implement the core work of CDI?
2. What activities were developed and undertaken to deliver on this core work?
3. What challenges were encountered in implementing these activities?
4. What strengths were identifiable in the process?

5. What weaknesses were identifiable in the process?
6. What was the ultimate learning from the CDI experience, both at the thematic level and overall?

The process evaluation was a mixed-methods study, primarily qualitative, which was undertaken on an incremental thematic basis. Six thematic studies were prepared in the following areas: origins and development of the CDI strategy; interagency working and service integration; training and support; community; organisation; and mainstreaming, sustainability and dissemination. The study also drew on process elements of CDI's service evaluation reports in arriving at evaluation conclusions on utilisation, organisation and fidelity within the services commissioned or operated by CDI. With some additional fieldwork, these studies and their underpinning data formed the basis for this final report. Thus, this full final report is structured around these original themes, the process elements of the service evaluations and the cross-cutting themes that emerged from the analysis process.

## Thematic Areas – Evaluation Conclusions and Learning

### Interagency working and service integration

It is clear that interagency working is of central importance to CDI, both as a principle and as a mode of working. It has cut across all of its activities, structures and processes. Through implementing its work, CDI brought organisations together to varying degrees, coordinated some services and, notably, integrated some as well. Therefore, it is possible to say at one level that CDI has achieved its goal of fostering interagency working and the integration of services: it fostered interagency working as a process to support it in the implementation of its own work. However, with the conclusion of some services and a broader consideration of the future, questions remain regarding the sustainability of interagency working of any degree for all children in the locality. Although CDI has fostered increased contact between some professionals, and thus potentially contributed to the establishment of professional relationships, its goals for this area of the work were not fully achieved.

Learning from CDI indicates the following lessons:

1. **Both interagency working and service integration require a focus.** CDI made both a conscious aspect of everything it did; they were a core element of the implementation process to achieve its goals and an overarching principle of everything it did.
2. **Both interagency working and service integration require attention to the minutiae.** Processes such as generating trust, sharing information in a timely manner, providing leadership and having the right members around the table – all are essential elements of good interagency working.
3. When engaging in interagency working, it is apposite to **have a plan to guide work and deliver on.** As part of this plan, particular targets to be achieved, with relevant indicators for the targets and the longer-term outcomes, should be identified.

### Training and support

CDI was effective in delivering a programme of training across commissioned services and to a range of local organisations, as well as to members of the professional and resident community. It successfully established a number of formal and informal mechanisms to identify training needs. Through the service-specific training and the Quality Enhancement Programme (QEP), it is clear that CDI contributed to the enhancement of quality services in the locality. Key to the prompt implementation of services was the support provided by the team and various members of CDI's governance structures. CDI successfully provided a significant amount of support tailored to individual needs. In addition, CDI has demonstrated its ability to adapt to changing needs over time.

Various lessons can be drawn from CDI's work on training and support:

1. **The effective implementation of quality service provision requires trained and supported staff members.** The establishment of a Quality Enhancement Programme (QEP) as a core aspect of CDI's work enabled the necessary focus to be put on this aspect of the work. Appreciating the importance of such a programme of work and allocating the required resources to provide significant training and support is vital.
2. **Effective provision of training and support requires flexibility and responsiveness.** In continuously identifying and adapting to changing needs, CDI kept the QEP alive and relevant throughout the implementation phase.
3. **Communities of Practice (CoPs) represent a formalised form of support.** Moreover, their establishment has strengthened a number of aspects of CDI's work. They have the potential to reinforce communication, support collaboration and provide networking opportunities – all key elements to any complex social intervention. The use of CoPs as a strategy in the implementation of a programme proved fruitful in the case of CDI.
4. **For training and support to be effective, building, nurturing and maintaining relationships is critical.** Central to the success of training and support were the informal mechanisms set up by CDI. The relationships developed between CDI's staff and service providers were crucial to enable practitioners to express their needs.

## Community

CDI was broadly successful in engaging the professional and service community of Tallaght West at various stages of its work. The establishment of a core, local coalition of stakeholders in the early stages was a significant and positive development. However, the involvement of those living in the community – specifically children, young people and parents – in CDI's development and implementation was severely limited. While engagement did occur, it was mainly at the level of passive recipient of services, with limited opportunity to provide feedback on service provision. The extent to which CDI focused on involving the community in all aspects of its work in a concrete, meaningful way, and in a manner that permitted some form of local ownership to develop was questionable. This is particularly striking when considered in relation to a policy context in which participation (especially of children and young people) is emphasized and the clear statement in CDI's strategy, principles and vision statements about the role of the community.

However, these points need to be set against CDI's decision early in its development not to focus on direct engagement of community members, a slight shift from its original strategic intent. This position was reached, firstly, on the basis that it did not want to add another layer of engagement with residents, additional to the services it commissioned; and secondly, its awareness of the demands of the comprehensive service evaluation processes on children and families. It must also be acknowledged that the level of community-member engagement will fluctuate during the various stages in the life of any project. CDI's view is that engagement levels were appropriate to the project stage. Finally, the requirement to develop and implement a suite of manualised, evidence-based programmes in a time-pressured environment, together with the challenges inherent in community engagement generally, must also be considered.

There are many lessons to be drawn from the CDI experience of community engagement:

1. In terms of the service community, the key lessons from CDI for others are:
  - **The need for time** to bring together a local coalition of community stakeholders to support the formulation of an organisation's strategy.
  - The need for **members of this coalition to be involved in organisation structures** focused on supporting implementation, permitting continuity from development through to implementation.
  - **The need for champions** who can drive the process at the beginning and imbue it with energy. Local coalitions, as with any collaborative arrangement, require leadership.
2. Engagement with community **requires a strategic approach** – a plan, clarity about aims and scope, and the role of service and resident communities within the process. Asking these communities what they want to be involved in, the ways in which they want to be involved and the degree of responsibility attached to their involvement should be a starting point for initiatives such as CDI.

3. Achieving engagement **requires sufficient resources** in terms of people, time and money. Dedicated staff roles, or specified components of staff roles, in organisations such as CDI are the best way to ensure that actions towards community engagement are implemented.
4. **Difficulties achieving resident community engagement will require recognition.** Trial and error, persistence, patience and dedication will be key themes for any organisation intent on resident engagement in communities challenged by various social and economic ills.
5. **A tension exists between goals of community engagement and developing and scientifically studying interventions for children in community settings.** Recognising this tension and identifying the extent and limits of an organisation's commitment to either set of goals will provide a foundation for decisions made throughout the life of a project.
6. **A commitment to building capacity** of the resident community members to be engaged is key – either in project governance structures or in activities.
7. Community engagement will be strongly facilitated by the **programmes targeting areas and operating in ways that are meaningful to community members**, and by early and ongoing progress towards goals. In contexts where an organisation is commissioning rather than delivering services, the achievement of community engagement is obviously a more complex and challenging goal.

## Organisation

CDI established effective governance structures in the form of its Board, Implementation Support Group and other mechanisms. Processes were clearly defined and understood throughout the organisation. Over the lifetime of the programme, CDI has demonstrated flexibility and responsiveness in its capacity to make changes to the structures and processes required at particular times. Overall, there is strong leadership within CDI, reflected in the Chief Executive Officer (CEO) role and across the full organisation. At the implementation level, there has been a concerted emphasis on team development, functioning and support. Critically, CDI has evidenced a capacity to build and sustain the professional relationships required to underpin the implementation of its evidence-based programmes.

Drawing on the CDI experience, the following lessons can be extracted:

1. **Implementing a complex initiative such as CDI requires collaboration within and outside the organisation.** Incorporating local and national organisations in key governance structures is of significant benefit for the implementation of such an initiative. Moreover, a structure with local champions within the organisation who support implementation and especially problem-solving was especially useful. Recognising and combining local, national and international capacities in overall governance structures is a pre-requisite to success.
2. **Flexibility and responsiveness of structures and processes are essential components of programmes** tackling multifaceted policy problems, so called 'wicked' issues. Avoidance of organisational rigidities and openness to altering structures and roles to respond to changing environments and needs are necessary.
3. **The nature of the overall project and the needs it seeks to address require good communication, time and patience.** Generally, successful implementation entails an organisational culture of persistence.
4. There is no doubt that the **establishment and implementation of a large-scale intervention such as CDI necessitates good leadership.** In this context in particular, leadership needs to build on collaboration and be diffused throughout the organisation (i.e. structures and team). A particular focus needs to be put on building trust and consensus. A key aspect of leadership is the capacity to recognise and to realise emergent opportunities, and to build relationships across and between a range of external organisations.
5. **Good relationships are not only important to establishing trust with partner organisations: they are core to the correct functioning of a team.** Fostering and nurturing relationships, both externally and within the organisation, for effective implementation requires constant attention, resourcing, time and emphasis.



## Mainstreaming, sustainability and dissemination

Overall, the evidence suggests that the strategies developed and actions undertaken by CDI in its mainstreaming and dissemination activities aligned with good practices as contained in the literature on research utilisation and integrating evidence into policy. It developed and implemented an effective process comprising a range of different mechanisms to make its knowledge and learning widely available to different audiences from relevant policy sectors. In the face of particular challenges, such as a changed economic environment and a policy-making process that is not always evidence-based, CDI accomplished much in disseminating its message. In this regard, then, it can be said that CDI's processes and performance in relation to this aspect of implementing its strategy were positive and broadly successful. Regarding sustainability, however, there was an absence of a shared understanding of the term and its place in CDI's work.

Drawing on CDI's experience, a number of key learning points can be identified:

1. **Wanting to be an evidence-driven organisation willing to share and inform a range of stakeholders requires a degree of intentionality from the outset.** It also requires a clear place in an organisation in terms of structures, roles, processes and activities. Linked to this, being an evidence-driven organisation requires the realisation and adoption of different roles at different times. These different roles can include evidence consumer, evidence producer, and/or evidence broker.
2. **There is a need to be aware of meeting the requirements of different audiences at different times when engaging in mainstreaming and disseminating activities.** Varying the content and specificity of key messages, as well as the method of engagement to suit times, contexts and individuals, can aid mainstreaming.
3. **Awareness is also required about the potential limits of the extent to which evidence will be engaged with** – if at all – by certain individuals. Contextual factors will affect the engagement of some actors, while others simply will not engage. Ultimately, there is the challenge of engaging with a non-rational system, such as a political one.
4. **Expectations of sustainability need to be aligned and clarity brought to the overall process.** If sustainability is a focus of an organisation's work, there is a need to be cognisant of the natural tension between it and the type of social programme innovation displayed by CDI. Therefore, all involved should be made aware of the extent to which successful services will or will not be subsequently maintained.

## Service Evaluations – Process Conclusions and Issues

Data from service evaluation reports allowed conclusions to be reached in relation to the three key areas of utilisation, organisation and fidelity. The analysis highlights that implementation of services was, overall, successful. More specifically:

- **Utilisation:** In the main, outcome evaluation reports suggest that services were implemented well so that there was broad take-up of services by children and parents in the community.
- **Organisation:** Both outcome evaluation report data and data compiled in the second process evaluation report on 'Interagency working and service integration' indicate that the services were well organised and well delivered. While there are different issues in different services, an overall conclusion from a review of the service evaluations is that the level of challenges in delivery increased in moving from the most to the least bounded intervention. Thus, as interventions involve more organisations, more people, more outcomes and more activities, it is likely that there will be more problems. It can also be inferred that the requirements of experimental research designs demanded the level of focus in the Mate-Tricks, Doodle Den and Early Years Service, and the resolution of key organisational issues in advance of implementation.
- **Fidelity:** For the most part, services were implemented with fidelity. Where manuals were in place prior to initiation, the service was implemented well. Where manuals were still being developed when delivery began, but the programme was clear, the service appeared to be implemented well. Where there was an absence of both, implementation appeared to suffer.

## Cross-cutting Themes – Key learning

Building from the data and analysis from the main thematic reports, the process aspects of the service evaluations and the final fieldwork, a number of core cross-cutting themes were identified that offer learning for CDI and similar comprehensive community initiatives. The themes are:

- context;
- complexity;
- capacity;
- being an evidence-based organisation.

### Context

- **Engage with the national policy context:** All Comprehensive Community Initiatives (CCIs) emerge in a context. It is crucial to be aware of the national and local policy and service context in which any initiative of this type is being developed. Generating buy-in from local policy and service actors is only one part of the job. Being aware of the policy paradigm – the ideas that frame the selection of policy goals and instruments, and the definition of the underlying problem which the policy aims to address – is crucial. A mix of approaches to engage policy actors and maintain relationships with them should be central to any CCI with the aim of contributing to policy debates about ‘what works’.
- **Organisational adaptability and balance:** The potential for contexts to change and ground to shift can result in unanticipated consequences and present significant challenges. Thus, while CCIs can share characteristics, the individual narrative and organisational experience is unique: each CCI is experimental in some ways, given its context-specific nature. The need for adaptability or flexibility, therefore, is even greater, as is the requirement for constant (re)assessment of the local environment. Who can be aligned with? Who needs to be aligned with? Are there stakeholders who can and/or should be involved? Are new skills in the organisation required? Is new information needed for planning?

Maintaining a balance between different stakeholders with competing perspectives is often an additional need. While there is a programme of work to be delivered, establishing, managing and maintaining relationships can present new opportunities, but also often result in emergent challenges. Numerous, often competing expectations have to be balanced with the programme of work. The desire to deliver to as many stakeholders as possible can conflict with evaluation strategies and the production of evidence. Overall, there is a need to be as clear, deliberate and intentional as possible about work objectives. Starting small, and building up over time can ultimately produce greater results while managing expectations.

- **Persistence and realism:** Developing an initiative like CDI takes time, resources and energy. Persistence will often be required in trying to establish core relationships and then subsequently in maintaining them for delivery of the initiative’s mission. In addition, the need to draw in new resources at various times will require leadership, itself an important characteristic and process in configuring the different parts of the initiative to make a working whole. There is also, however, a need to be realistic about getting people on board. While many will be willing to participate, others will not. The ability to affect the context in which the initiative develops will be limited by the willingness (or unwillingness) of others to engage, often irrespective of time and energy spent trying to build relationships.

### Complexity

- **Acknowledge the challenges of interagency working:** Tackling complex, multifaceted issues and managing an organisation in a shared power world can often be a difficult, complicated task. Such a situation requires acknowledgment and acceptance. Although a single organisation cannot address all the elements impacting on a family’s health and well-being, a comprehensive vision is nevertheless required to build the right alliances to tackle those issues. Challenges can emerge, and persistence, flexibility, collaboration and innovation are necessary to overcome them.
- **Build and use evaluation knowledge:** The time and capacity required for an organisation to have a research and evaluation agenda need to be acknowledged. A position such as a Research and Evaluation Officer appears essential to the success of this type of work. Evaluation timeframes need to be realistic. There is an argument for

summative evaluations to take place once programmes have been pilot-tested. More generally, research pertaining to the impact of evaluations on such initiatives needs to take place. To improve future programmes, research and evaluation is required. Yet, a stronger body of knowledge needs to be built for them to be able to produce the expected outcomes. Supporting policy- and decision-makers in how to effectively interpret and utilise evaluation knowledge will enhance the value of evaluations.

## Capacity

- **Engage with and use experts:** While CCIs are often location-based, much of the CCI literature and the CDI experience highlight the value of bringing in expertise. Irrespective of whether a community is fortunate to possess such expertise, or have it on its doorstep, the chance of requiring it at some stage is likely to be high. An analysis of the additional expertise needed is required, alongside an identification of when in the implementation process it is to be deployed. The insider–outsider tension inherent in the use of external expertise in CCIs requires attention.
- **Build an Implementation Support Network:** One of the strongest messages from the CDI experience is that of developing and using a dedicated Implementation Support Structure. Creating such a structure can serve a multitude of purposes: it can support implementation through problem-solving via the sharing of geographic and sector-specific knowledge in an interagency environment; it can also serve to develop, enhance and/or further cement the collaborative environment which is core to CCIs' operation and, in some cases, aims. The populating of such a structure can provide a focus on the implementation process at different levels: through individual members at the individual level (e.g. education representative and school-based interventions), at the meso level (through the entire structure and the initiative's programme of work) and at the macro level (through the entire structure and its members' knowledge of the policy sectors in which they work).

## Clarity about capacity-building

- **Enhancing the professional capacity in the locality** will require clarity about aims, proper resourcing and planning, and may require dedicated staff responsible within a wider team environment supportive of the work. Such characteristics can serve to give capacity-building a focus, create awareness and establish local and national connections with trainers. The identification and recruitment of trainers who can contribute to professionals' knowledge and skills base now and into the future, as well as their qualifications through programmes linked to national accreditation schemes, require consideration.
- **Building capacity in resident communities**, similarly, will require clarity about aims, resourcing and planning. The challenges of engaging communities will require acknowledging, as well as a longer timeframe to implement.

## Being an evidence-based organisation

- **A community-led approach will require a longer-term timeframe** and may lead to a strategic positioning away from individual behaviour/action-type of interventions most amenable to a randomised controlled trial (RCT) approach and more towards collective action and advocacy type interventions.
- **Transparency with communities** about the nature of a commitment to evidence-based approaches will be required if these are to be adopted in community settings. This will mean that evaluations requiring experimental designs with manualised programmes have implications for access to services. The management and communication of these issues within communities requires great care.
- **Comprehensive Community Initiatives (CCIs) orientated towards evidence-based approaches can bring resources and lead to an improved range of services and opportunities for community residents**, as experienced in Tallaght West. They can leave a legacy of better practices within services, can affect outcomes positively and can generate learning that can be translated for use in other settings.

## Recommendations for CDI and others interested in undertaking Comprehensive Community Initiative-type work in the future, both in Ireland and internationally

1. Commit to a detailed, sophisticated and inclusive strategic planning process at the outset.
2. Recognise and use the knowledge of numerous experts who can contribute to the implementation process at different stages. Such expertise can be local, national and international. It can be from within the resident community, from practice, from policy and from academia.
3. Recognise the importance of establishing and maintaining a suitable training and support infrastructure to support quality provision. In particular, consider the use of Communities of Practice (CoPs) as a specific mechanism within such an infrastructure.
4. Clarify the position and role of the community in the implementation process. Recognise that envisaging any significant involvement will require detailed planning, great attention to process issues, resourcing, time and persistence.
5. Acknowledge that establishing and developing interagency working and the integration of services will require clarity and specificity regarding what is to be achieved, a plan to work towards such achievement and a key focus on collaborative processes that underpin successful engagement.
6. Generating robust evidence and mainstreaming learning arising from it will necessitate adequate planning and resourcing. A range of different processes and resources will be required so that a variety of audiences with a diversity of interests will be reached and engaged at different times. Especially important will be the need to prioritise engagement activities with Government and other relevant public institutions.
7. In implementing a Comprehensive Community Initiative (CCI), a dedicated, flexible, responsive, relationship-based executive will be required. Strong leadership, from the top, as well as throughout the organisation, will be a necessity, alongside strong governance structures. In particular, developing a structure that permits local organisations to participate in and support implementation should be considered.
8. Appreciate that implementing a CCI requires constant focus and attention. Persistence, patience, realism and adaptation are all required.
9. Make capacity-building a specific aspect of the implementation process. Develop this within the resident and professional communities, as well as within the initiative's executive.
10. Tensions between differing goals of any CCI (such as between sustaining services, being community-led and being evidence-driven) require resolution and subsequent clear communication regarding the ordering of priorities in an initiative's work.

## Recommendations for CDI

1. That CDI raise with key policy-makers and influencers, and politicians the difficulties with engagement from particular sectors, especially the Department of Education and Skills.
2. That CDI reflects on and states its objectives and activities in relation to community engagement and its relationship with the communities within which it works.
3. That CDI sets out a plan to sustain both the programmes and the practices that have been demonstrated as being effective, so that these have a life beyond the organisation.
4. That, based on this final evaluation report and the underpinning thematic reports, CDI should develop a set of specific proposals for policy-makers, for example, in relation to the adoption of evidence-informed policies and training for service managers in child and family contexts.

# Chapter 1: Introduction

## 1.1 Introduction

In 2003, individuals from a number of organisations in Tallaght West came together with local residents with the shared desire of improving outcomes for children and young people in the area. This group's consultation, discussion, research and planning ultimately gave rise to the Childhood Development Initiative (CDI) in 2005 and its 10-year strategy, entitled *A Place for Children: Tallaght West* (CDI, 2005a). This strategy proposed the development and implementation of new programmes and services for children to address their overall education, health and behaviour, alongside the cultivation of a culture of quality among service professionals in the area. The strategy envisaged all CDI's activities being led by the local community and evaluated to a high standard.

As part of this commitment to evaluation, CDI issued a Request for Tender for the Process Evaluation of its work in August 2008. The Child and Family Research Centre (CFRC) of the National University of Ireland, Galway (NUIG) submitted a tender and was subsequently appointed as the Process Evaluation Team. Five years later, after a significant amount of research activity and the submission of six interim thematic reports, this is the Final Process Evaluation Report on CDI's work.

## 1.2 Report context

When initial planning for the strategy occurred, the local and national landscapes were quite different from the current context. Locally, as evidenced in CDI's research *How Are Our Kids?* (CDI, 2004), Tallaght West was a community of many strengths, but facing many challenges, and with a greater intensity of need than other urban areas. Nationally, a golden era of investment in children was emerging, supported significantly by State and philanthropic funding – and critically, within this investment, a commitment to evidencing policy and practice responses to needs.

Currently, at national level, there has been a reduction of spending on policy innovation due to the severe economic recession and as key philanthropies near the end of their organisational lives (e.g. The Atlantic Philanthropies and the One Foundation). In spite of this, the policy landscape is potentially more favourable now. Indicators of this include the existence of the Department of Children and Youth Affairs (DCYA) since 2011, with a full Cabinet Minister in Government; the establishment of a dedicated Child and Family Agency (launched on 1st February 2014); specific State plans in place for children and young people, such as Area Responses to Child Poverty (DCYA, 2013) and the National Literacy and Numeracy Strategy (Department of Education and Skills, 2011); and an arguably far more evidence-literate policy and practice community. CDI now operates in tandem with strong prevention and intervention-focused networks (e.g. the Prevention and Early Intervention Network and the Dissemination Initiative on Prevention and Early Intervention) and processes (e.g. Capturing the Learning). Locally, CDI has been engaged in a large-scale programme of intervention, leading to the transformation of the services landscape through the innovative interventions it has designed and implemented, and through all of its work within the community. While the needs of the community may have increased in the intervening period, there is a quite different services landscape now than there was 10 years ago.

## 1.3 The Childhood Development Initiative

CDI's 10-year strategy, entitled *A Place for Children: Tallaght West* (CDI, 2005a), outlined a number of vision statements that would influence its work. It identified 10 outcomes for children that were to be achieved through a planned programme of work in the following 10 years (see Appendix 4). This programme had six areas of activity:

- providing early childhood care and education for all children;
- integrating services in schools and in child and family services;
- developing new services targeted at the identified needs of children;
- improving the quality of existing service provision;
- advocating to reduce major stresses on children and families;
- evaluating and applying the learning from these areas of activity.

A logic model outlined how these 10 outcomes were linked to programme activities (see also Appendix 3). CDI was established as a limited company with charitable status in 2007. Further to this, it developed a number of new vision statements and principles to guide its work. The vision statements are that:

- CDI, in partnership with the community, will promote needs-based services using an evidence-based approach.
- CDI will establish and build on what works.
- CDI will recognise and value the contribution made by, and the commitment of, those living and working in the community.
- CDI will support the children and families of Tallaght West by promoting and enhancing quality, innovative services.
- CDI will encourage collaboration and shared learning among all stakeholders; raise awareness of roles and responsibilities; share information; challenge how we work and find solutions together in order to deliver services that are more effective and influence policy.

The underlying principles are:

- That all aspects of the project, from service design to management and delivery, are shaped by those living and working in Tallaght West.
- That every element of the CDI programme serves to enhance and strengthen interagency relationships and service integration.
- That CDI will inform Government thinking, policy-making and curriculum development.
- That the CDI experience will impact on support and training for practitioners and service managers.
- That CDI will work to ensure that those services that are demonstrated to have a positive impact on the community, and meet an identified need, are continued beyond the life of the project.

A further elaboration of CDI's principles was developed during the early implementation stage and these took the form of CDI's Compass<sup>1</sup>.

In line with the strategy and these principles, CDI developed a number of specific programmes in 2007 and 2008. These were:

- An **Early Years Service**;
- **Doodle Den**, an after-school literacy programme targeted at children aged 5-6 years;
- **Mate-Tricks**, an after-school pro-social behaviour programme targeted at children aged 9-10 years;
- **The Healthy Schools Programme**, a whole-of-school approach to improving health outcomes of populations of selected local schools;
- **The Community Safety Initiative**, a programme to improve people's perceptions of safety, improve neighbour relations and promote a safe and healthy environment for the local population. This programme includes the **Safe and Healthy Place**, an interagency response to concerns within a new housing estate.

A manual to guide implementation was to accompany each of these programmes.

CDI also developed the **Quality Enhancement Programme** to progress its commitment to improving quality and impacting on the support and training needs of practitioners and managers. Further to this, in 2010, it established the **Restorative Practice** training programme, aimed at developing community capacity to repair and build relationships, and manage and overcome conflict. It also extracted elements of the **Speech and Language Therapy Programme** of the Early Years and Healthy Schools programmes to deliver as a standalone service. A governance structure supported the delivery of all of these services, which is outlined in Appendix 2.

Underlying all these activities was the CDI's desire to be an evidence-based organisation. This was most clearly demonstrated in its commitment to commission high-quality evaluation research of all its programmes and activities, to mainstream learning in policy and practice spheres, and to decommission services that do not contribute to achieving positive outcomes for children.

Together, these programmes, combined with CDI's principles and value statements, comprise a complex, comprehensive intervention, grounded in the community, designed to address a multifaceted range of problems facing many children and families in Tallaght West. In this regard, CDI resembles a Comprehensive Community Initiative (CCI), a type of project developed in the USA to address poverty and inequality through improving service outcomes, reducing service fragmentation and building community capacity for the future. Specifically, CCIs have a number of characteristics (Aspen Institute, 1997; Chaskin, 2001 and 2008; Kubisch *et al*, 2002 and 2010; Kubsich, 2005; Perkins, 2002; Stagner and Duncan, 1997):

- CCIs are comprehensive, attempting to address many issues at once;
- they involve a high degree of coordination, collaboration and integration, often between and within different sectors, at local, regional and national level;
- they operate in an outcomes-focused manner, which increases accountability for actions;
- they are responsive to local needs and flexible in meeting those needs;
- they are focused on building capacity;
- they are prevention and early intervention-focused;
- they are family and community-focused;
- they are participatory;
- they are universal in focus.

Through documenting, outlining and evaluating the experience of CDI over the past five years, it is clear that many of these characteristics prevail in the structures, processes and activities of its work programme.

## 1.4 Process evaluation: Study aim and overall approach

Process evaluations examine and assess the activities of particular organisations or programmes. They tend to focus on the operation of a programme, whether it is being implemented as intended or planned, and the factors that affect its implementation (Shreirer, 1994). In short, process evaluations seek to examine 'how' something happened and can be useful in disseminating learning from demonstration sites or projects, especially where replication is being considered (Patton, 2002). They are used often in conjunction with outcome evaluations and where this is the case, they can produce contributing or 'presumptive' evidence (Rossi *et al*, 2004, p. 57) about the attainment of outcomes, or valuable diagnostic data where outcomes were not attained. However, it is important to recognise that at no stage do process evaluations on their own attempt to assess the outcome of a programme on recipients or groups. Such assessment 'is the province of impact evaluation' (*ibid*, p. 171).

The overall aim of the present process evaluation study was to examine and critically assess the working processes of CDI in implementing its programme of work to improve outcomes for children and families. Emanating from this, a number of specific questions were identified for the evaluation study:

1. What structures and processes were established to implement the core work of CDI?
2. What activities were developed and undertaken to deliver on this core work?
3. What challenges were encountered in implementing these activities?
4. What strengths were identifiable in the process?
5. What weaknesses were identifiable in the process?
6. What was the ultimate learning from the CDI experience, both at the thematic level and overall?

The Evaluation Team used the CDI strategy as its starting point in devising an evaluation plan to answer these questions. It recognised the strategy as the fulcrum of CDI's work over the proposed implementation phase. Next, the Evaluation Team identified CDI's principles (outlined above) as the starting point for the evaluation. The principles generated a set of themes that anchored the evaluation and gave focus to the data collection process. These themes were interagency working and service integration; training and support; community; and mainstreaming. In addition, the Evaluation Team felt it was important to undertake some work documenting and assessing the evolution of CDI and the development of its strategy so as to contextualise the work.



As the evaluation progressed, the Evaluation Team identified the importance of the organisational structures and processes through which much of CDI's implementation was being driven. To capture this, and explore in greater detail the importance of this context, the Evaluation Team, in discussion with CDI, proposed and agreed to incorporate an additional theme into the study – that of 'organisation'.

The evaluation also examined the process elements of each of CDI's seven services. This was done through the development of a process evaluation template with and for CDI, the intention of which was to guide the Evaluation Team for each service in collating process data that could subsequently be included in this report. The data to be gathered related to three headings:

- **Utilisation:** The extent to which the service reached its target audience and who the service was used by.
- **Organisation:** How the service was managed and delivered.
- **Fidelity:** The extent to which the service was implemented as intended.

The original intention was for this data to feed directly into the analysis undertaken for this final report.

## 1.5 Aim of this report

The Evaluation Team is very conscious that this is a key report in the life of CDI, relevant not only to the organisation itself but also to a wider set of key stakeholders, locally, nationally and internationally. Hence, the aim of this report is twofold. The first aim is to reach an overall evaluative judgement on CDI's processes of work. The second aim is to extract the key lessons from the CDI experience, both for CDI and for others undertaking this work in the future. The evaluation was not concerned with whether CDI's stated outcomes were achieved, in the short, medium or long term, and the impact of processes on such achievement (or not). Hence, the evaluation and this, its final report, is viewed as a learning exercise both for those intimately involved in and familiar with CDI, and those less familiar but interested in learning for the present and the future.

## 1.6 Methodology and data analysis

### 1.6.1 Methodology for individual reports

A set of objectives or questions, agreed with CDI before data collection commenced, guided the research for each thematic report. The evaluation adopted a mixed-methods approach in gathering data, with the primary method being qualitative. Interviews, documentary analysis and observations were the main qualitative methods used across the six thematic reports. A small amount of additional data was gathered via surveys, comprising the quantitative element, in two of the six reports. In total, 117 individuals participated in the research, many of whom were interviewed more than once (e.g. some CDI staff were understandably interviewed numerous times). Hence, in total, focus group and interview research across all the themes involved 229 participants. The full range of data collected between December 2008 and March 2012 by different methods is outlined in Table 1.

**Table 1: Data collection across process evaluation**

Report	SOURCES								Count  (excluding table of contents, bibliography, appendices and, where applicable, executive summaries)
	Interviews				No. of documents	Observations specific to period	Cumulative observations	Survey data	
	One-to-one	Focus group	Total number of participants	Total number of participants (when duplicates across focus groups and interviews are removed)					
Strategy development	10	0	10	10	190	10	10	n/a	39,848
Interagency working and service integration	34	1	40	28	833	45	55	30/106 (response rate of 23%)	48,925
Training and support	23	7	53	49	527	10	65	11/16 (response rate of 62%)	16,528
Organisation	26	0	26	24	503	15	80	n/a	15,293
Community	31	3	41	37	109	8	88	n/a	16,243
Mainstreaming	29	2	33	28	238	8	96	n/a	17,400
Capturing research process	7	0	7	7	59	n/a	n/a		n/a
Overall final	19	0	19	19		n/a	n/a		n/a
<b>TOTAL</b>	<b>179</b>	<b>13</b>	<b>229</b>	<b>202</b>					

n/a = not applicable

### 1.6.2 Data analysis for individual reports

Data gathered via different means were triangulated. Data triangulation can add rigour, depth and breadth to a study (Denzin and Lincoln, 1994), as well as providing a means to 'check the integrity of, or extend, inferences drawn from the data' (Ritchie, 2003, p. 43). It can also fortify and enrich a study's conclusion (Hesse-Biber, 2010, p. 4). In the emerging analysis in each report, the Evaluation Team assessed data from different sources against each other in order to verify or challenge developing positions. Analysis of qualitative and quantitative data was assisted with the use of NVivo and SPSS (Statistical Package for the Social Sciences) software packages respectively.

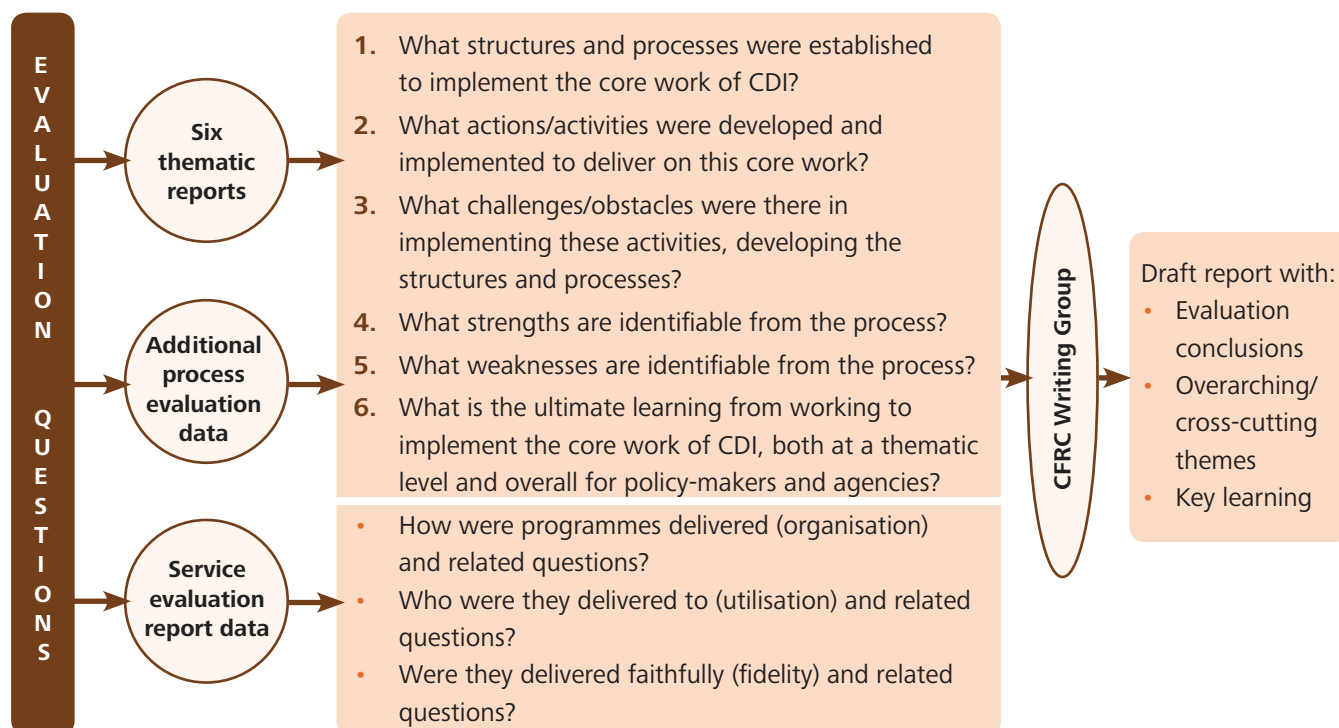
Given the thematic focus adopted by the evaluation, analysis was thematic and primarily deductive. Themes were identified based on the focus of the research, specific objectives and prevailing literature in each particular area. However, inductive analysis also occurred: the Evaluation Team searched for additional themes or patterns present in the data (Fereday and Nuir-Cochrane, 2006; Patton, 2002). Two members of the Evaluation Team independently read interview transcripts, which were then re-examined and discussed to ensure consistency (inter-rater reliability). Where data were gathered at two different time points, transcripts at Time 1 were re-examined prior to Time 2 coding to ensure intra-coder reliability also (Bryman, 2008).

The evaluation adopted an interpretivist approach in establishing positions on each of the thematic reports. Such an approach emphasizes the generation of 'a holistic understanding of research participants' views and actions' (Snape and Spencer, 2003, p. 7). Using such an approach permitted rich descriptions (Gibbs, 2007, p. 4) to develop and the perspectives and understandings of a variety of participants to emerge in the evaluation narrative and subsequent analysis. It also permitted the identification of learning, findings and analysis which are useful for programme developers, implementers and funders, as well as a wider community looking to implement similar programmes (Patton, 2002).

### 1.6.3 Methodology for Final Report

The Evaluation Team drew on its existing work on the six thematic evaluation reports already completed, in combination with other sources of data (*see below*) in developing this final report. Thus, the present report aims to provide a cumulative, comprehensive account of and judgement on the work of CDI. A graphic illustration of this overall approach is set out in Figure 1.

**Figure 1: Overall methodological approach for process evaluation**



The main sources for this final report were:

- Each of the six thematic reports completed was treated as a source and analysed.
- CDI provided the final outcome evaluation reports of each of CDI's seven services to the Evaluation Team between November 2012 and May 2013 (Biggart *et al*, 2012; Comiskey *et al*, 2012; Fives *et al*, 2013; Hayes *et al*, 2012a; Hayes *et al*, 2012b; Kearns *et al*, 2013; O'Hare *et al*, 2012). The reports were analysed for process data pertaining to the agreed three domains of utilisation, organisation and fidelity, as well as for any additional information relating to the six thematic areas of the process study.
- Additional data collected between January and March 2012 were analysed and incorporated into this final report. The data were gathered through interviews with a range of individuals on the theme of interagency working and service integration, as well as with Principal Investigators of the service evaluation reports and CDI staff on the experience of the evaluation programme.
- Additional data, gathered through interviews with a group of key stakeholders on their overall perceptions of CDI's work, were also analysed and incorporated.

In addition, Reflection Groups were held with local stakeholders in Tallaght West and the service evaluation teams to consider the findings and conclusions.

### 1.6.4 Data analysis for Final Report

The Evaluation Team developed a detailed data reduction and analysis process for this final report (*see Appendix 1*).

**Stage 1** involved team members meeting to examine findings from the final round of data collection and consider them in the context of existing reports. Core team members and another CFRC staff member (independent, not a member of the Team) reviewed each report individually. This independent member then drafted summary reports from each report, which the Evaluation Team examined in a workshop for comprehensiveness, accuracy and potential omissions. Preliminary discussions on the identification of emergent cross-cutting themes also occurred at this stage. These themes emerged through team discussion, knowledge of the evaluation over the preceding years, reflection on the process and the work of CDI, in addition to the content of the thematic summaries.

**Stage 2** involved the assessment of all summarised data by the Evaluation Team and the development of provisional evaluative judgements on each of the six thematic areas (evidence and analysis from the Community Safety Initiative and the Restorative Practice reports were incorporated into the 'Community' thematic report at a later stage). Strengths, weaknesses and key learning were the key foci in discussions leading towards the evaluative positions and involved the setting out and weighing of evidence pertaining to the judgements adopted. Team members drafted material in relation to each thematic area, which was then reviewed by the core team. A CFRC researcher, independent of the process, subsequently examined this material for coherency, consistency and reasonableness of conclusions. Subsequently, elements of these summaries were re-drafted. Also in this stage, based on the analysis and drafting process for the thematic areas, further discussion of the cross-cutting themes occurred.

**Stage 3** involved a workshop designed to undertake a fuller examination and refinement of cross-cutting issues, consideration of their continued validity and supporting evidence, and drafting into sections for inclusion in the final report. A CFRC researcher (again, independent of the process) then read and assessed these for coherency and reasonableness.

Finally, **Stage 4** involved the analysis of the process data emanating from the seven outcome evaluation reports, and continued drafting and redrafting towards the final report.

Regarding the analysis of the service evaluation reports, each was analysed and data on utilisation, organisation and fidelity extracted for the purposes of the overall report. Two members of the core team and a contracted researcher independently reviewed the reports for requisite process data and worked together to ensure consistency. Where relevant process data was not contained in the service evaluation report, CDI was requested to provide the data from its databases.

## 1.7 Processes and people

The group involved in this final report combined the core process evaluation team – namely, John Canavan, Liam Coen and Jessica Ozan – and other individuals from the Child and Family Research Centre of the National University of Galway (NUIG). Aileen Shaw reviewed each report and provided summaries to the research team. Professor Pat Dolan was involved in discussions on cross-cutting themes. He, together with Professor Chris Curtin from NUIG's School of Political Science and Sociology, provided additional critical questioning and analysis through the reviewing of working drafts of the report, with the particular aim of ensuring validity, reliability and clarity. The report also drew on the expertise of Professor Rob Chaskin of Chapin Hall, University of Chicago, who acted as external reviewer for the full evaluation study.

## 1.8 Challenges, limitations and strengths

A number of challenges and limitations featured in the overall process study, and thus in this report. Firstly, the form of evaluation required for this work – separate, but somewhat dependent on seven different service evaluations – was without precedent in Ireland. Hence, some experimentation and innovation were required on the part of the Evaluation Team. Related to this was the challenge of remaining focused on implementation and process issues, and not being drawn into examining outcomes.

One limitation of the report is its over-reliance on qualitative – and specifically interview – data. While attempts were made to develop quantitative instruments to gather data, they were not always successful. Another limitation was the non-involvement of particular individuals in the research process, in spite of the best and most persistent efforts of the Evaluation Team. These individuals included local professionals not working for CDI; a small number of key policy-makers and national stakeholders; members of the wider Tallaght West community; and children, young people and parents who were recipients of CDI-commissioned services.

While there are limitations, this research also has a number of key strengths. First is the breadth and depth of data underpinning it, reflected in the six thematic reports, the process data contained in the seven service evaluation reports and the additional fieldwork undertaken. There is a strong evidence base for the work. Second is the fact that the same team of three researchers have worked on this study for almost the last five years, resulting in a continuity of engagement with CDI as it has developed as an organisation and thus a deep, nuanced understanding of its work. It also reflects a strong interest in and commitment to the work. Third is the level of input of CDI and its Expert Advisory Group into the research, in both design and report finalisation processes, which have enhanced the overall validity of the work to date. There has been significant intellectual investment in this study from commissioner and research team. Finally, while certainly a challenge, the elongated nature of the reporting process has also resulted in a useful distance between the Evaluation Team and the work, so that this final report is considered in nature and very carefully constructed.

## 1.9 Ethics

This evaluation study received full ethical approval from NUI Galway's Research Ethics Committee in June 2009. The ethical application contained the evaluation plan, which detailed processes relating to gaining consent, ensuring anonymity and confidentiality of participants, and data storage. Prior to each interview being conducted, participants in the research for each thematic report and this final one were provided with assurances regarding their anonymity in published material. Where CDI staff and governance members were interviewed, it was agreed that they would be identified by the structure to which they belonged.

## 1.10 Structure of report

While aiming to tell the full CDI process story, the report is necessarily summary in nature. The report is in five discrete sections. Following this general and methodological introduction:

- It proceeds to present key findings on the thematic strands of the research in **Chapter 2**. It should be noted that the thematic summaries are referenced using endnotes (*see Appendix 5*) rather than in-text references so as to not affect the flow of the text.
- Data relating to the process elements of the service evaluations are outlined in **Chapter 3**. These sections highlight key lessons for CDI and others engaging in similar initiatives in the future.
- **Chapter 4** elaborates an analytical account of CDI process issues, structured around a set of overarching, cross-cutting themes of Context, Complexity, Capacity and Evidence, drawing the key points together in a discursive format.
- Finally, a CDI Process Evaluation conclusion is reached in **Chapter 5** and some recommendations are made for CDI and other organisations interested in undertaking Comprehensive Community Initiative-type work in the future, both in Ireland and abroad.



# **Chapter 2: Thematic Summaries**

## 2.1 Introduction

This chapter presents findings from and analysis of each of the themes covered in the evaluation. Following this introduction, Section 2.2 sets out the origins and strategy development of the Childhood Development Initiative (CDI). This is done in order to contextualise what follows, both in CDI's work and in the evaluation. Each of the following five sections pertains to a particular theme, as follows:

- interagency working and service integration (Section 2.3);
- training and support (Section 2.4);
- community (Section 2.5);
- organisation (Section 2.6);
- mainstreaming, sustainability and dissemination (Section 2.7).

Each of these sections begins with an overview of **the aim and objectives** of CDI's work in relation to the particular theme and the central **evaluation questions** guiding the work, before proceeding to outline **CDI's activities**. Following this, an overview of the **findings** and evidence generated for the particular report is outlined, before an **evaluative judgement** is arrived at. **Key learning** points derived from the evidence and analysis, both for CDI and others engaging in similar initiatives, are then presented.

## 2.2 Origins and development of the CDI strategy

The first process evaluation report set out the origins and development of CDI and in particular its strategy, *A Place for Children: Tallaght West* (CDI, 2005a). The strategy proposed a number of principles to influence CDI's work – supplemented afterwards by a range of value and vision statements – and set out 10 child-related outcomes. It outlined six activities that would contribute towards the achievement of these outcomes: provision of early childhood care and education for all; integration of services in schools and child and family services; development of new services targeted at the identified needs of children; working together to improve the quality of existing service provision; reduction of major stresses on children and families through advocacy; and evaluation of what works and application of learning from these activities.

### 2.2.1 What happened?

A number of stakeholders came together in 2003 under the leadership of the then project leader to explore the potential offered by philanthropic funding to invest in children's services.<sup>2</sup> After some time, this group expanded to form a consortium of 23 individuals representing a range of organisations and interests in Tallaght West and worked in partnership to develop the strategy.<sup>3</sup> A key aspect of this work was the desire to involve the community – beyond those organisations participating in the consortium – through resident involvement and formal consultation processes with adults and children, and research in and by the community.<sup>4</sup> This process was accompanied by a research programme focusing on particular areas, such as interagency working, an audit of services in the locality, a review of national policies, and a cost-benefit analysis. A specific-research organisation, the Dartington Research Unit, was also commissioned to support the work of the consortium, and its sub groups, toward the completion of the strategy.<sup>5</sup> The CDI strategy was published in 2005.

### 2.2.2 Findings

Evidence gathered for this aspect of the evaluation revealed a number of positive aspects to the establishing of CDI and the development of its strategy. Among the positives was the importance of strong leadership.<sup>6</sup> Such leadership was significant in gathering individuals and groups around the table in the early phase, as well as engaging with a range of other stakeholders at both the local and national level.<sup>7</sup> Research participants spoke of the positive, and sometimes innovative, ways in which the community was consulted and involved in the strategy development process.<sup>8</sup> Many participants viewed positively the strategy's perceived ability to strike a balance between a science-orientated evidence-based approach<sup>9</sup> and a community-empowerment, bottom-up approach. However, this view was not held unanimously, with other participants believing that the focus on evidence-based service provision was not matched by a community empowerment emphasis.<sup>10</sup> Participants assessed positively the extent to which those involved were aware and knowledgeable of the policy and service context in which CDI was emerging.<sup>11</sup> The delineation of phases in the strategy was also viewed as a positive aspect since it gave a sense of the strategy being a living document, capable of being adapted to changing needs and funding requirements.<sup>12</sup>



However, there were also negative assessments of some elements of this process. Some participants expressed reservations regarding the representativeness of some community members involved in the process and the extent to which they fed back to the broader community of Tallaght West on developments.<sup>13</sup> Some participants also questioned the extent to which hard-to-reach parents were engaged and included in the establishment of CDI and the development of its strategy.<sup>14</sup>

### 2.2.3 Analysis

As a strategic exercise, the development of A Place for Children: Tallaght West generally conformed to good planning processes.<sup>15</sup> Leadership, dedicated resources and a foundation by way of preparatory work were all present. Those involved were acutely aware of the range of contexts – policy, service and financial – in which they sought to establish the Initiative and such contexts<sup>16</sup> had an influence on its work. For example:

- At the social level, CDI emerged in a designated disadvantaged area. It was perceived, and subsequently evidenced by those involved in establishing the Initiative, that poor outcomes were being achieved for children in the area, alongside low expectations of them for the future. Those involved were centrally aware of the policy context for families, and children in particular, with the focus on children’s well-being being prominent.
- At the service level, CDI’s *Audit of Services in Tallaght West* (CDI, 2005b) revealed that, despite various services existing in the area, the level of out-of-school provision in particular, and family support more generally, was perceived as low.
- At the policy level, factors that influenced the Initiative included:
  - the emphasis placed by national policy actors on the importance of Early Childhood Care and Education as an intervention for children in their own right, and the development of policies in this regard;
  - the wider importance of family support;
  - the increasing importance of adopting an outcomes focus to policy and planning;
  - the recurrent presence of partnership as a strategic and operational way of working, as a way of developing and implementing all aspects of the Initiative;
  - the importance of a receptive policy environment, with the potential for significant funding.

The presence of a number of organisations in the locality, capable and willing to engage with each other and with other key individuals to contribute to the establishment of CDI and support its implementation in the early days, is noteworthy. The notion of a local coalition coming together to inform and subscribe to a shared vision, and act upon it, is an important factor to identify.<sup>17</sup> The ability of many individuals/organisations on this coalition to contribute to the critical initial phase of implementation – and beyond, through membership of key governance drivers – was vital.<sup>18</sup> Alongside this, the housing of CDI in its early stages within an existing local community organisation played a role in giving the work a focal point, from developing it to fit funding criteria to organising some of the consultations.<sup>19</sup>

This is not to say, however, that the implementation process was straightforward. Funding and activity gaps, alongside perceived inflexibility regarding the content of the strategy in the face of practice realities, were identified as key problems in the early phases.<sup>20</sup> At this point in CDI’s life, the absence of community residents, and particularly young people, in the governance structures was also a notable gap (although CDI involved community residents in governance at a later stage\*).

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\* The involvement of young people in running their own affairs is well exemplified in the operation of youth cafés in Ireland, which are run by young people with support from adults (see [www.dcy.gov.ie/documents/publications/youth\\_cafe\\_best\\_practice\\_guide.pdf](http://www.dcy.gov.ie/documents/publications/youth_cafe_best_practice_guide.pdf)).

## 2.3 Interagency working and service integration

### 2.3.1 CDI's aims and evaluation questions

The CDI strategy envisaged the Tallaght West community working together to improve the quality of existing service provision in the locality. The vision statement in the strategy included a commitment to encourage collaboration and share learning among all its stakeholders. The strategy set out an initial number of activities that aimed to deliver a coordinated set of services to meet the needs of children and families. These included (CDI, 2005a, p. 18):

- facilitating the co-location of services in schools and in child and family centres to provide easier access points for parents and children;
- coordinating the delivery of primary healthcare and after-school provision for children;
- coordinating the delivery of a wider set of health, education, information and referral services for children within the context of their family;
- developing a set of protocols for service delivery between statutory and voluntary services;
- employing Integrated Service Coordinators in clusters of schools to promote the integration of services.

The following objectives were established for this strand of the evaluation:

1. To ascertain the extent to which interagency working and service integration are features of the work of organisations in Tallaght West so as to provide a baseline against which any change can be assessed.
2. To characterise what CDI does to promote (a) organisations working together and (b) service integration in the area.
3. To develop a framework which CDI can utilise to define its own work and remit in fostering further organisational interaction and service integration.

### 2.3.2 CDI's activities

CDI worked at three different levels to foster interagency working and service integration in the locality.

At **governance level**, CDI established structures that were interagency in nature. Prominent among these was the Implementation Support Group (ISG). In addition to supporting the work of CDI generally, specific functions of the ISG included creating a shared vision of service delivery; cooperating and integrating its work with that of the South Dublin Children's Services Committee (SDCSC); ensuring a two-way flow of information between CDI and member organisations regarding service delivery; and actively supporting the work of CDI to integrate service delivery.<sup>21</sup> It is important to note the establishment of the SDCSC as a key contextual factor in CDI's activities in this thematic area.

At **services level**, in working with different organisations, CDI prompted them to work together in a number of ways. In developing services, CDI liaised with a range of organisations in Tallaght West, elsewhere in Ireland and overseas.<sup>22</sup> In service implementation, it promoted organisations to come together and deliver programmes through specific training, participation in structures that underpin programme implementation (such as monthly meetings or Steering Committees) and support structures such as Communities of Practice (CoPs). In some cases, programme implementation required professionals and organisations to work together. CDI also sought to integrate services as a core part of particular services it commissioned.<sup>23</sup>

At the **wider organisational community level**, CDI sought to foster interagency working among organisations in the locality. The CDI Board contributed to the work of the South Dublin Children's Services Committee (SDCSC) through CDI's Chief Executive Officer being a member of the structure.<sup>24</sup> CDI organised a range of training, seminars and conferences at which different professionals and residents came together. In addition to learning, such events provided an opportunity to network.<sup>25</sup> CDI also supported information exchange between organisations in the locality through, for example, delivering presentations about itself to other organisations; developing and circulating a monthly newsletter; sending out texts through its web text service; and regular informal contact and communication.

### 2.3.3 Findings

Data were collected at two time points for this 'Interagency working and service integration' theme of the evaluation, the second of six thematic reports. At Time 1, the data suggested that CDI was working hard to bring agencies together in a variety of different ways. Members of the ISG reported their experience of interagency working as positive.<sup>26</sup> CDI supported the ISG in this work through creating the structure for these organisations to come together and play a role, and through good processes and leadership. At the services level, the extent of interagency working varied depending on the nature of the service, as did the extent of service integration. Regarding CDI and the wider community, research participants spoke positively about the particular activities CDI undertook to promote working together. Events, training, seminars and membership of the SDCSC were viewed as useful processes in making introductions and supporting networking and communications, all of which brought people together. However, there was some scepticism regarding the extent to which such mechanisms achieved more than that in the long term.<sup>27</sup>

At Time 2, the data indicated that CDI was perceived by participants as having achieved some successes in interagency working and service integration, such as the Speech and Language Therapy service, the bringing together of some schools and local organisations, and the furthering of already existing connections. Participants viewed joint training, service contact, events and communications such as e-mail shots as positive processes supporting an increased familiarity and understanding among some organisations, and which produced tangible outcomes, such as contacts and continuous professional development. However, several respondents commented that there was no deepening of interagency working from that set out in Time 1. Many respondents felt that the interagency and service integration aspects of their work reduced as services discontinued. It was felt that financial difficulties and retrenchment challenged interagency working, for example, in individual contacts in organisations being lost. The data suggested that better connections were established between statutory agencies, with some community organisations remaining 'silo-ed'. Some respondents identified that, while trust and knowledge were useful traits of interagency working, the need for a framework to further it in the future was required.

### 2.3.4 Evaluative judgement

It is clear that interagency working is of central importance to CDI, both as a principle and as a mode of working. It has cut across all of its activities, structures and process. Through implementing its work, CDI brought organisations together to varying degrees, coordinated some services and, notably, integrated some as well. Therefore, it is possible to say at one level that CDI has achieved its goal of fostering interagency working and the integration of services: it fostered interagency working as a process to support it in the implementation of its own work. However, with the conclusion of some services and a broader consideration of the future, questions remain regarding the sustainability of interagency working of any degree for all children in the locality. Although CDI has fostered increased contact between some professionals, and thus potentially contributed to the establishment of professional relationships, its goals for this area of the work were not fully achieved.

### 2.3.5 Key learning on interagency working and service integration

Learning from the CDI experience indicates the following lessons:

1. **Both interagency working and service integration require a focus.** CDI made both a conscious aspect of everything it did; they were a core element of the implementation process to achieve its goals and an overarching principle of everything it did.
2. **Both interagency working and service integration require attention to the minutiae.** Processes such as generating trust, sharing information in a timely manner, providing leadership and having the right members around the table – all are essential elements of good interagency working.
3. When engaging in interagency working, it is apposite to **have a plan to guide work and deliver on.** As part of this plan, particular targets to be achieved, with relevant indicators for the targets and the longer-term outcomes, should be identified.

## 2.4 Training and support

### 2.4.1 CDI's aims and evaluation questions

The CDI strategy contained an ambitious programme of work regarding the development of a training and support infrastructure in Tallaght West. This was further emphasized in the CDI compass and vision statements, which re-affirmed the organisation's commitment to quality through training and innovative service provision. Seeking to counteract the perceived 'thin' services in the locality, characterised by an absence of technical or supervisory support and devoid of any emphasis on evaluation, the strategy recommended establishing a climate of continual professional development along with certain specific service initiatives. Included were supports such as training in early years and after-school provision, various information and learning seminars, and the implementation of community advocacy training. Ultimately, CDI hoped to enhance the quality of delivery and support across all organisations and individuals working with children and families.

Three overarching questions, developed in conjunction with CDI for the training and support programme, guided this aspect of the evaluation:

- What were CDI's strategic aims regarding the provision of training and support to organisations in Tallaght West?
- What processes underpinned the development and implementation of training and support to these organisations?
- Were there organisational and individual shifts in attitude towards training and support among recipient organisations in Tallaght West?

### 2.4.2 CDI's activities

CDI took a resolute approach to meeting the defined needs of staff from both commissioned and non-commissioned services in Tallaght West. It used a variety of methods to identify needs, structured and formal as well as more intuitive and informal<sup>28</sup>, and provided a significant amount of training to organisations in Tallaght West.<sup>29</sup> Central to this was the training provided exclusively to organisations involved in delivering three of CDI's services:<sup>30</sup>

- Early Years staff received training in HighScope and the Parents Plus Community Course;
- Mate-Tricks staff received training in Coping Power and Strengthening Families;
- Doodle Den staff received training specific to the programme (to which there was also a Train the Trainer component).

CDI also developed and implemented a wider Quality Enhancement Programme (QEP), open to all practitioners and, in most cases, community members in Tallaght West. This programme included one-off talks and lunchtime seminars, as well as specific training, accredited courses and workshops. Over 450 individuals attended various QEP events from 106 different organisations. In addition, 53 community residents attended QEP events.<sup>31</sup> From 2010, CDI also delivered Restorative Practice (RP) as a community-wide training programme for adults and young people.

To support service practitioners and ensure fidelity to three of the manualised programmes (Early Years, Doodle Den and Mate-Tricks), CDI established a set of supports, key among them Communities of Practice (CoPs). Within the CoPs, reflective practice was used as a tool to support programme fidelity and practice development.<sup>32</sup> The support provided by CDI's training team took a number of forms: programmatic (e.g. pertaining to the implementation of particular programmes and structural aspects of support, such as CoPs); role-modelling (e.g. clarifying issues, setting up meetings); and responsive or informal support (e.g. encouraging participation, re-assuring, responding to telephone call queries).<sup>33</sup>

### 2.4.3 Findings

Overall, staff of commissioned services were extremely positive about the training they received from CDI and its value to the services and to those delivering them, both in relation to content and process of training delivery.<sup>34</sup> Little evidence existed to suggest a shift in organisational culture towards the provision of training and support arising from CDI's work in this area, although this was to be expected given that some of the participating organisations already prioritised training for their staff. Nevertheless, CDI training was viewed as complementing other organisations' training initiatives.<sup>35</sup> Training providers commissioned by CDI found it to be a good organisation to work with and described it as supportive of the

process through, for example, sourcing training rooms, training materials and providing lunch for them and participants.<sup>36</sup> QEP training offered by CDI to residents and professionals in the community (particularly the lunchtime seminars) were also viewed positively by participants and were seen to be excellent opportunities for gaining information and networking.<sup>37</sup> The quality of the RP training programme was viewed particularly positively by participants.<sup>38</sup> Participants, as well as CDI itself, readily identified a number of factors that made training participation possible. These included flexibility in relation to location, timing, parking and the provision of food.<sup>39</sup>

Staff of commissioned services felt that the support provided by CDI was excellent in terms of both processes and availability. As commissioned services became more comfortable with programmes, the need for CDI's support lessened, with services relying on their own knowledge and experience to resolve implementation issues. However, the availability of, and support provided by, CDI staff was central to the service implementation process.<sup>40</sup> Front-line staff also reported a positive experience of attending and participating in CoPs; they provided the opportunity to network, share information and experiences, express needs or concerns, and communicate with CDI.<sup>41</sup>

#### 2.4.4 Evaluative judgement

CDI was effective in delivering a programme of training across commissioned services and a range of local organisations, as well as to members of the professional and resident community.<sup>42</sup> It successfully established a number of formal and informal mechanisms to identify training needs.<sup>43</sup> Through the service-specific training and the QEP, it is clear that CDI contributed to the enhancement of quality services in the locality. Key to the prompt implementation of services was the support provided by CDI's training team and various members of CDI's governance structures. CDI successfully provided a significant amount of support tailored to individual needs.<sup>44</sup> In addition, CDI has demonstrated its ability to adapt to changing needs throughout time.<sup>45</sup>

#### 2.4.5 Key learning on training and support

Various lessons can be drawn from CDI's work on training and support:

1. **The effective implementation of quality service provision requires trained and supported staff members.** The establishment of a Quality Enhancement Programme (QEP) as a core aspect of CDI's work enabled the necessary focus to be put on this aspect of the work. Appreciating the importance of such a programme of work and allocating the required resources to provide significant training and support is vital.
2. **Effective provision of training and support requires flexibility and responsiveness.** In continuously identifying and adapting to changing needs, CDI kept the QEP alive and relevant throughout the implementation phase.
3. **Communities of Practice (CoPs) represent a formalised form of support.** Moreover, their establishment has strengthened a number of aspects of CDI's work. They have the potential to reinforce communication, support collaboration and provide networking opportunities – all key elements to any complex social intervention. The use of CoPs as a strategy in the implementation of a programme proved fruitful in the case of CDI.
4. **For training and support to be effective, building, nurturing and maintaining relationships is critical.** Central to the success of training and support were the informal mechanisms set up by CDI. The relationships developed between CDI's staff and service providers were crucial to enable practitioners to express their needs.

## 2.5 Community

### 2.5.1 CDI's aims and evaluation questions

The extent of CDI's commitment to the community was apparent in a number of sources. The CDI strategy broadly defined 'the community' as professionals and families in Tallaght West – in short, those living and working in the area. Subsequent documentation (in the CDI compass and vision statements) outlined more specific aims regarding the role of the community in CDI's work:

- that all aspects of the project, from service design to management and delivery, be shaped by those living and working in the area;

- that CDI, in partnership with the community, would promote needs-based services;
- that CDI would recognise the value of and contribution made by those living and working in the community.

The CDI strategy proposed a number of actions to 'build participation of these stakeholders [parents and community members] in the activities and services commissioned by CDI and within the structures of CDI itself' (CDI, 2005a, p. 33), including:

- the development of creative mechanisms to involve children on an ongoing basis in implementation, evaluation and future work;
- the undertaking of an annual community survey;
- the involvement of residents and professionals in implementation programme working groups for each activity;
- the provision of community advocacy training;
- the creation of partnerships with local providers for new service provision;
- the maintenance of the consortium to 'hold the vision and monitor the progress'.

Based on these commitments, the aim of this theme of the evaluation was to examine the role of the community in the work of CDI. The specific objectives were:

1. To examine the structures and processes established to permit CDI's strategy and implementation to be shaped by the local community.
2. To identify how and to what extent the community was involved in every aspect of CDI's work.
3. To identify what worked well and what challenges were encountered in undertaking this work.

### 2.5.2 CDI's activities

In its development phase, CDI established a local coalition of 23 key stakeholders, as well as broader working groups with an additional 60 individuals drawn from the locality, to aid in its evolution. Representatives of schools, local and social development organisations, residents and CDI staff made up the majority of the total of 83 individuals across all these groups. This coalition oversaw a research exercise that informed CDI's work and led to the development of a draft CDI strategy. The strategy was presented to members of the public for comment before being redrafted and launched in 2005.<sup>46</sup>

To incorporate the community into the governance of CDI, a number of structures were initially established. The Implementation Support Group brought local service expertise and knowledge to bear on CDI's work. A Community Forum was established, initially to provide an opportunity for CDI to hear the views of the community on its work. However, this structure was discontinued. CDI also connected with an existing local youth forum, managed by a local youth service.<sup>47</sup>

In designing and developing its services, CDI implemented a significant engagement process from January 2007 to April 2008, primarily with local and national organisations, and experts in relevant service sectors towards the development and implementation of manualised approaches to service provision and evaluation. Services were designed predominantly through using research and best practice, both Irish and international. CDI worked with many organisations in the community in implementing these services, including schools and child and family services. Parental engagement was a specific component of all of CDI's intervention services.<sup>48</sup>

Among the interventions developed by CDI, one, the Community Safety Initiative (CSI), is explicitly community-focused and aimed at improving safety 'within the home, school and wider community environment' (Kearns *et al*, 2013, p. 4). This involved a number of dimensions, including a community safety agreement, pilot sites, community and statutory partnership work, and work towards physical improvements in target areas. A more recent development emerging from the CSI is the Restorative Practice Programme, a training and development initiative focused on dealing with 'conflict and offending behaviour' through 'dialogue, respect and empowerment' (Fives *et al*, 2013, p. 6). This has been rolled out with services and community residents since 2010.

CDI also developed other forms of engagement, for example, the Quality Enhancement Programme (QEP), and various events and activities, such as the end of year barbeque, the Annual General Meeting, a Volleyball league, a monthly newsletter, web texting, regular e-mails to the service community and a family day to share evaluation findings.<sup>49</sup>

### 2.5.3 Findings

Overall, there was a strong sense that CDI engaged elements of the community in its work, although such engagement varied across the phases of work and the component of the community. The development phase was viewed as a positive experience, with individual leadership highlighted as key.<sup>50</sup> Yet, despite the constructive community survey work, the extent to which the entire community – those living *and* working – was meaningfully involved was raised by participants as an issue.<sup>51</sup> Respondents also highlighted the inevitable narrowing of the community engagement aspect of CDI's work once implementation of the programmatic, manualised approach began.<sup>52</sup> It is notable that funding criteria emphasizing programme consolidation was seen to be a factor in limiting the meaningful involvement of community in future planning for CDI.<sup>53</sup>

In the implementation phase, while the extent of community (parent) involvement differed depending on the service, it was felt the manualised nature of the services prevented them from being shaped by the community. The programmes are characterised as expert-led, evidence-based and community-informed. However, feedback received from parents was viewed as important by service staff.<sup>54</sup> More generally, parental engagement in service provision was considered a strong feature, actively supported and emphasized consistently by CDI through service-specific training and the QEP.<sup>55</sup> Notwithstanding specific supports for some community residents to participate in CDI's Board, the absence of mechanisms to involve parents and children regularly in the governance structures of CDI was viewed as problematic and a gap in its community engagement process.<sup>56</sup>

Similarly, for the Community Safety Initiative (CSI), a major challenge was achieving successful resident community involvement – reflecting, among other things, a perception of a prescriptive approach to implementation, a lack of progress on the ground, and a burden among the small number of community leaders actively engaged. While some residents participated in coaching training, the required capacity-building among residents necessary for programme success did not happen.<sup>57</sup> The Restorative Practice (RP) Programme has been more successful in engaging community residents directly in training, although this is identified as an ongoing challenge. An interesting dimension of the RP Programme is the extent to which young people in schools, who are community residents, are exposed to RP practices. Young people implementing the ideas of RP in their own family and community settings, and influencing others in doing so, makes this a different type of service participation to that in the other manualised programmes, one which sees them more actively engaged in the 'delivery' of a CDI-organised programme.<sup>58</sup>

Outside of its planning processes, organisational structures and core interventions, CDI was viewed as effective in disseminating information to the service community about diverse aspects of its work, as well as events in the locality, through e-mails, newsletters and web texting. In particular, some participants perceived the training provided as creating opportunities for community empowerment.<sup>59</sup>

### 2.5.4 Evaluative judgement

CDI was broadly successful at engaging the professional and service community of Tallaght West at various stages of its work. The establishment of a core, local coalition of stakeholders in the early stages was a significant and positive development. However, the involvement of those living in the community – specifically children, young people and parents – in CDI's development and implementation was severely limited. While engagement did occur, it was mainly at the level of passive recipient of services, with limited opportunity to provide feedback on service provision. The extent to which CDI focused on involving the community in all aspects of its work in a concrete, meaningful way and in a manner that permitted some form of local ownership to develop was questionable. This is particularly striking when considered in relation to a policy context in which participation (especially of children and young people) is emphasized and the clear statement in CDI's strategy, principles and vision statements about the role of the community.

However, these points need to be set against CDI's decision early in its development not to focus on direct engagement of community members – a slight shift from its original strategic intent. This position was reached, firstly, on the basis

that it did not want to add another layer of engagement with residents, additional to the services it commissioned, and secondly, its awareness of the demands of the comprehensive service evaluation processes on children and families. It must also be acknowledged that the level of community-member engagement will fluctuate during the various stages in the life of any project. CDI's view is that engagement levels were appropriate to the project stage. Finally, the requirement to develop and implement a suite of manualised, evidence-based programmes in a time-pressured environment, together with the challenges inherent in community engagement generally, must also be considered (*see Chapter 4: Section 4.4*).

### 2.5.5 Key learning on community engagement

There are many lessons to be drawn from the CDI experience of community engagement:

1. In terms of the service community, the key lessons from CDI for others are:
  - **The need for time** to bring together a local coalition of community stakeholders to support the formulation of an organisation's strategy.
  - The need for **members of this coalition to be involved in organisation structures** focused on supporting implementation, permitting continuity from development through to implementation.
  - **The need for champions** who can drive the process at the beginning and imbue it with energy. Local coalitions, as with any collaborative arrangement, require leadership.
2. Engagement with community **requires a strategic approach** – a plan, clarity about aims and scope, and the role of service and resident communities within the process. Asking these communities what they want to be involved in, the ways in which they want to be involved and the degree of responsibility attached to their involvement should be a starting point for initiatives such as CDI.
3. Achieving engagement **requires sufficient resources** in terms of people, time and money. Dedicated staff roles, or specified components of staff roles, in organisations such as CDI are the best way to ensure that actions towards community engagement are implemented.
4. **Difficulties achieving resident community engagement will require recognition.** Trial and error, persistence, patience and dedication will be key themes for any organisation intent on resident engagement in communities challenged by various social and economic ills.
5. **A tension exists between goals of community engagement and developing and scientifically studying interventions for children in community settings.** Recognising this tension and identifying the extent and limits of an organisation's commitment to either set of goals will provide a foundation for decisions made throughout the life of a project.
6. **A commitment to building capacity** of the resident community members to be engaged is key – either in project governance structures or in activities.
7. Community engagement will be strongly facilitated by the **programmes targeting areas and operating in ways that are meaningful to community members**, and by early and ongoing progress towards goals. In contexts where an organisation is commissioning rather than delivering services, the achievement of community engagement is obviously a more complex and challenging goal.

## 2.6 Organisation

### 2.6.1 CDI's aims and evaluation questions

The CDI strategy sketched an 'implementation structure' necessary to achieve the goals it set out. The strategy proposed that CDI be established as a legal entity and, through a Board and executive staff, commission service design, implementation and evaluation, and act in a collaborative manner to deliver its work. No further specifics were outlined in the document.

The aim of this 'Organisation' evaluation theme was to document and examine the processes and relationships CDI utilised to implement its strategy and principles. Three overarching objectives, developed in conjunction with CDI, guided this aspect of the evaluation:



1. To identify the processes and relationships that CDI established and maintained to begin implementing its strategy, as well as to examine what worked well and what difficulties emerged in their establishment.
2. To identify and examine how leadership impacts on processes and relationships in the case of CDI.
3. To draw out implications of the CDI organisational process experience for future Comprehensive Community Initiative-style work in Ireland and elsewhere.

### 2.6.2 CDI's activities

Different activities were undertaken to begin and maintain implementation of the CDI strategy. Internally, the Chief Executive Officer (CEO) critically assessed the staffing needs of the organisation and the roles and responsibilities of each position. As the implementation phase progressed, these positions and their responsibilities were re-assessed as the needs of the organisation changed. A concerted focus was also adopted by the CEO to the process of team-building among the staff. Various change management mechanisms, including external support (particular techniques such as Johnson's (1998) *Who Moved My Cheese?* and De Bono's (1985) *Thinking Hats*), and team-building days were used to foster a collaborative team identity and positive team relationships, as well as an openness to change. Formal supervisory and informal support processes were also developed for staff to support implementation, with particular instruments being used, such as quarterly business plans, weekly meetings, staff action sheets and detailed planning sessions. There was also a strong emphasis on leadership throughout the team, in addition to that of the CEO.<sup>60</sup>

At the governance level, among several structures, two were particularly significant: the Board and the Implementation Support Group (ISG). The CDI Board's membership constituted a range of expert-led professionals initially, with some community representation latterly. The Board supported operational development and assisted the CEO at various stages of implementation, with its membership reflected upon and re-assessed as required.<sup>61</sup> In addition, the ISG was established. Made up of members of local agencies, its remit was to support implementation through the provision of advice, information and potential solutions to challenges emerging in the process.<sup>62</sup> Both these structures were complemented by regular engagement with CDI's funders.<sup>63</sup>

Externally, CDI engaged with a wide variety of organisations and agencies relevant to its remit in initiating and maintaining programme implementation. This engagement included working with local organisations in developing, piloting and refining services, and commissioning them to deliver the same services.<sup>64</sup> Building these relationships often required overcoming challenges, including a lack of buy-in to the process by some organisations and false expectations and perceptions held by others. These challenges were overcome through persistence, interpersonal skills, good communication, meetings and ultimately a constant focus on trying to build positive relationships for the betterment of the implementation process.<sup>65</sup> CDI also became a member of the South Dublin Children's Services Committee (SDCSC).<sup>66</sup> The engagement process also extended to training activities and to national and international experts who supported CDI's work at particular times.<sup>67</sup> As the project's priorities expanded through the implementation process, so did its need to build new relationships with additional and emerging organisations, such as the knowledge-broker organisation, the Centre for Effective Services (CES).<sup>68</sup>

### 2.6.3 Findings

Overall, team members had a positive experience of the organisational processes in place within CDI. The emphasis placed on team development was generally positively perceived by team members. They gained sufficient autonomy and ownership of their work over time. Team members felt that the processes and relationships established among the team allowed for inclusive decision-making where appropriate, with some decisions appropriately resting with the CEO (although this was felt to be less so as the implementation process progressed). Supervision was described as positive and supportive, with a number of benefits. Staff cited a range of challenges to their work, with time constraints and excessive workloads being cited as the primary ones, in addition to engagement with other stakeholders.<sup>69</sup> Members of the governance structures reported a clear understanding of their roles and responsibilities, and considered there to be sound processes within these structures. For the most part, team members consider that group decision-making was consensual and power well-balanced.<sup>70</sup> While establishing processes between CDI and SDCSC had its challenges, both parties were subsequently satisfied with their relationship and considered processes between them to be effective. CDI was also satisfied with the strengthening relationships built with the CES.<sup>71</sup>

Overall, the excellent leadership was acknowledged of both the CEO and the Chairs of the Board and ISG. In addition, CDI demonstrated that leadership could be diffused throughout the organisation. Many team members reported working across boundaries to implement programmes, itself a form of collaborative leadership.<sup>72</sup> However, leadership appeared more difficult to establish in the Steering Committees of many services, with CDI required to take over the chairing of the committees for the Community Safety Initiative and the Healthy Schools Programme.<sup>73</sup> Overall, trust and respect were perceived to be key characteristics of any relationship that would support the implementation of CDI's strategy.<sup>74</sup>

### 2.6.4 Evaluative judgement

CDI established effective governance structures in the form of its Board, ISG and other mechanisms. Processes were clearly defined and understood throughout the organisation. Over the lifetime of the project, CDI has demonstrated flexibility and responsiveness in its capacity to make changes to the structures and processes required at particular times. Overall, there is strong leadership within CDI, reflected in the CEO role and across the full organisation. At the implementation level, there has been a concerted emphasis on team development, functioning and support. Critically, CDI has evidenced a capacity to build and sustain the professional relationships required to underpin the implementation of its evidence-based programmes.

### 2.6.5 Key learning on organisation

Drawing on the CDI experience, the following lessons can be extracted about organisation:

1. **Implementing a complex initiative such as CDI requires collaboration within and outside the organisation.** Incorporating local and national organisations in key governance structures is of significant benefit for the implementation of such an initiative. Moreover, a structure with local champions within the organisation who support implementation and especially problem-solving was particularly useful. Recognising and combining local, national and international capacities in overall governance structures is a prerequisite to success.
2. **Flexibility and responsiveness of structures and processes are essential components of programmes** tackling multifaceted policy problems, so called 'wicked' issues. Avoidance of organisational rigidities and openness to altering structures and roles to respond to changing environments and needs are necessary.
3. **The nature of the overall project and the needs it seeks to address require good communication, time and patience.** Generally, successful implementation entails an organisational culture of persistence.
4. There is no doubt that the **establishment and implementation of a large-scale intervention such as CDI necessitates good leadership.** In this context in particular, leadership needs to build on collaboration and be diffused throughout the organisation (i.e. structures and team). A particular focus needs to be put on building trust and consensus. A key aspect of leadership is the capacity to recognise and to realise emergent opportunities, and to build relationships across and between a range of external organisations.
5. **Good relationships are not only important to establishing trust with partner organisations: they are core to the correct functioning of a team.** Fostering and nurturing relationships, both externally and within the organisation, for effective implementation requires constant attention, resourcing, time and emphasis.

## 2.7 Mainstreaming, sustainability and dissemination

### 2.7.1 CDI's aims and evaluation questions

One of the principal aims of the CDI strategy was to support the people who work with children and families through a number of processes. One of these processes was the development of an evaluation framework and the application of rigorous evaluation techniques to interventions provided by CDI, which would lead to the identification of what works and the application of resulting learning to local and national policies and services. This activity was to be implemented through an extensive evaluation process, supported by a group of Irish and international evaluation experts, commissioned by CDI. The strategy anticipated that interim results accruing from the evaluations would assist programme development and implementation, leading to the achievement of the 10 outcomes (*see Chapter 1: Section 1.3 and also Appendix 4*) and the decommissioning of services detracting from outcome attainment. It also anticipated contributing to national policy and service development and implementation with evidence and learning emerging from its experience.

A number of overarching questions, developed in conjunction with CDI, guided this aspect of the evaluation. They were:

- What was CDI's strategy regarding informing Government thinking, policy-making and, specifically, curriculum development?
- How aware was Government of CDI learning emanating from the evaluation process and the overall experience of CDI as its programmes were being implemented?
- What did CDI do to promote the mainstreaming\* of its experience?
- What did CDI do to ensure sustainability of its services in the short and longterm?

### 2.7.2 CDI's activities

From the outset, CDI was concerned at the strategic (Board) and operational (team) levels with the development and implementation of the evaluation framework, the creation of knowledge regarding the interventions it commissioned, and the mainstreaming of subsequent learning. Governance structures and processes highlighted this, with Board meetings focusing on mainstreaming from the start, and throughout the CDI experience.<sup>75</sup> It recognised the importance of evaluation to CDI's mainstreaming activities and discussed the potential to impact different stakeholders from early on. It met with representatives of other organisations and engaged with them to progress mainstreaming work through identifying key individuals, agencies and processes.

The Expert Advisory Committee (EAC), populated by leading national and international experts, was established to advise and support CDI in its evaluation work. Further to this, it recruited a Research and Evaluation Officer dedicated to this aspect of the organisation's work and to implement it on a day-to-day basis. As the evaluations progressed, CDI planned further for dissemination and mainstreaming of learning. It developed its own definitions of mainstreaming, replication and sustainability.<sup>76</sup>

As evaluation results began to come on stream, CDI established dedicated structures, sought expert advice on developing a communications plan and recruited a Communications Coordinator to support its dissemination and mainstreaming activities.<sup>77</sup> It developed a strategy and accompanying action plan to guide its work in the area and altered the role of the Research and Evaluation Officer to that of a Research and Policy Manager to take account of new needs.

Further to this, CDI created an acute understanding of its audiences. It engaged a range of stakeholders with its research evidence and wider learning generated through a number of different processes and mechanisms. Those engaged included politicians, officials, professionals, practitioners, managers, researchers and community members. It developed collaborations with other, similar entities to engage particular audiences on specific issues, such as implementing area-based responses to poverty or the utilisation of its research evidence by academics. It recruited a number of 'champions' for its work and organised several high-profile launches for some of its research reports, as well as other events to share learning. It also contributed to other initiatives in which it was requested to participate. It sustained the services – or elements thereof – that were proven to contribute effectively to good outcomes for children, while it decommissioned those services that were not working.

### 2.7.3 Findings

Evidence suggested that, while the term 'mainstreaming' was a contested one among interview participants, CDI did not get mired in this terrain, but rather developed a working definition which would entice different audiences towards its work. Overall, participants felt that CDI had worked well to develop key relationships and to make its messages known to a wide range of audiences<sup>78</sup> at different times. Strengths were identified at the strategic/planning and operational levels regarding mainstreaming activity.<sup>79</sup> Participants viewed a number of benefits accruing from CDI's processes, including increased credibility through its handling of negative findings.<sup>80</sup> The role played by CDI champions in furthering its mainstreaming work was cited by participants as a positive aspect of its dissemination activities.

\* Mainstreaming is referred to as 'the transfer of learning from a pilot initiative into government policy, practices, processes or funding of programmes' (ADM, cited in Pobal, 2006, p. 99; *see also* Flatley, 1999).

While participants felt that CDI's communication efforts were hampered prior to 2012, due to the absence of evaluation findings, once the evidence became available and personnel were more consistent, communications were enhanced.<sup>81</sup> Participants highlighted that the particular methods used by CDI to disseminate information to a variety of audiences were very positive, particularly at the local level.<sup>82</sup> These methods included local and national events, launches, media appearances, utilisation of new technologies and the development of specific policy briefs.

The evidence indicated a number of challenges that CDI encountered in undertaking this work. These included managing timelines and activities in the absence of any evidence to disseminate and learning to mainstream; the changing economic context and the perceived impact of reduced resources on the ability of policy-makers to engage with CDI's work; and the unwillingness of some stakeholders to engage in the process.

The accumulated evidence suggested that there was a lack of clarity regarding sustainability of services in the locality. Some participants felt that Tallaght West was not simply a pilot or test-site; others viewed it as just that, with learning being used to improve mainstream service provision. A number of participants felt that sustainability did not receive as much attention as it could have, particularly when compared to CDI's mainstreaming work.<sup>83</sup> Delays in the evaluation findings being published meant that, in the absence of clear messages on the efficacy (or otherwise) of services, a perceived lack of clarity persisted, which, in turn, negatively impacted on perspectives of CDI's work in the locality.

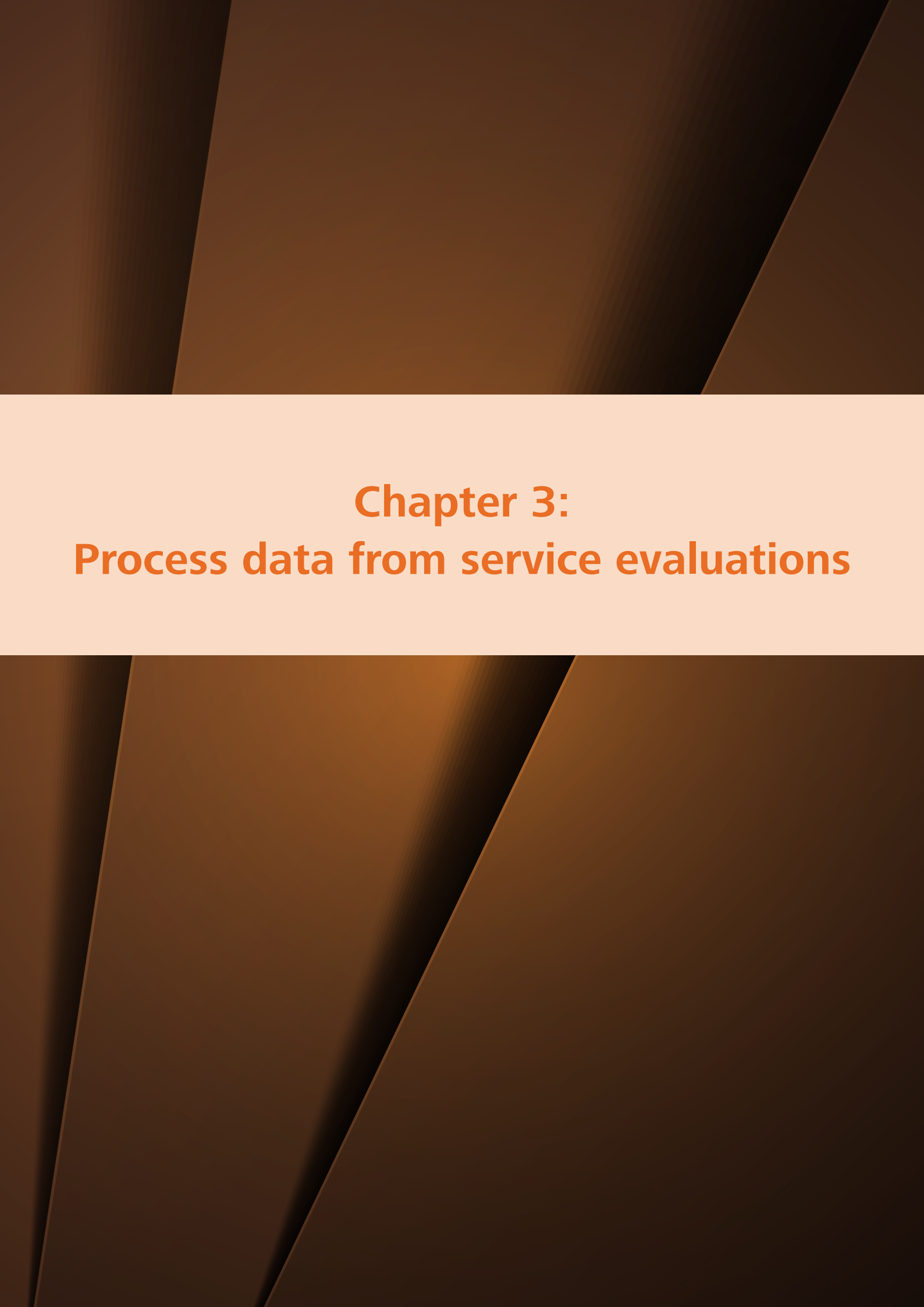
### 2.7.4 Evaluative judgement

Overall, the evidence suggests that the strategies developed and actions undertaken by CDI in its mainstreaming and dissemination activities aligned with good practices as contained in the literature on research utilisation and integrating evidence into policy. It developed and implemented an effective process, comprising a range of different mechanisms, to make its knowledge and learning widely available to different audiences from relevant policy sectors. In the face of particular challenges, such as a changed economic environment and a policy-making process that is not always evidence-based, it accomplished much in disseminating its message. In this regard, then, it can be said that CDI's processes and performance in relation to this aspect of implementing its strategy were positive and broadly successful. Regarding sustainability, however, there was an absence of a shared understanding of the term and its place in CDI's work.

### 2.7.5 Key learning on mainstreaming, sustainability and dissemination

Drawing on CDI's experience, a number of key learning points can be identified:

- 1. Wanting to be an evidence-driven organisation willing to share and inform a range of stakeholders requires a degree of intentionality from the outset.** It also requires a clear place in an organisation in terms of structures, roles, processes and activities. Linked to this, being an evidence-driven organisation requires the realisation and adoption of different roles at different times. These different roles can include evidence consumer, evidence producer, and/or evidence broker.
- 2. There is a need to be aware of meeting the requirements of different audiences at different times when engaging in mainstreaming and disseminating activities.** Varying the content and specificity of key messages, as well as the method of engagement to suit times, contexts and individuals, can aid mainstreaming.
- 3. Awareness is also required about the potential limits of the extent to which evidence will be engaged with** – if at all – by certain individuals. Contextual factors will affect the engagement of some actors, while others simply will not engage. Ultimately, there is the challenge of engaging with a non-rational system, such as a political one.
- 4. Expectations of sustainability need to be aligned and clarity brought to the overall process.** If sustainability is a focus of an organisation's work, there is a need to be cognisant of the natural tension between it and the type of social programme innovation displayed by CDI. Therefore, all involved should be made aware of the extent to which successful services will or will not be subsequently maintained.



# **Chapter 3:** **Process data from service evaluations**

### 3.1 Introduction

As outlined in the methodology in Chapter 1, each of the service evaluation reports was provided to the Evaluation Team by CDI and analysed for process data pertaining to the three domains of organisation, fidelity and utilisation. The analysis highlights that implementation of services was, overall, successful. CDI broadly achieved what it wanted to, as set out in its strategy: it developed and rolled out a range of interventions to meet a set of needs identified in the community. In doing so, it delivered to its target groups. Services were generally delivered with fidelity and were well organised.

However, beyond these statements is a more nuanced picture of implementation, one which raises a number of issues about the nature of the initiative. Fidelity and the role of manuals in programme implementation is one particular issue that emerges. Whether they were present or not for implementation in each programme, and the extent of alteration that occurred during implementation, is noteworthy here. The timing of manual delivery in the implementation process, as well as the timing of training and knowledge regarding their use, also arises in the analysis of these reports. Finally, the role of research in the overall process, and the nature of the intervention itself, features as a theme requiring exploration. These themes are now discussed in the context of the three domains of the process evaluation plan – utilisation, organisation and fidelity.

### 3.2 Utilisation

Analysis of the service evaluation reports, and additional data provided by CDI, reveals that CDI reached its target group. In total, almost 2,000 children received or had the opportunity to receive a CDI-sponsored intervention, either through direct provision of a service or their school/local area being involved in an intervention. In addition, another 600 children received a CDI-sponsored summer programme as a result of being a member of the control group for the evaluation of both Doodle Den and Mate-Tricks. The full range of provision between 2007\* – 2011 is outlined in Table 2.

**Table 2: Utilisation figures from service evaluation reports**

Service/ Utilisation	Early Years	Doodle Den	Mate-Tricks	Healthy Schools	Community Safety Initiative	Speech and Language	Restorative Practice (covers period 2010-2012)	Total
Children	189	311 (+ 310 'control' children who received a Summer Programme)	304 (+ 285 control children who received a Summer Programme)	The total population of all the Healthy Schools was 1,048	1,844	157	87	<b>3,940</b>  <b>(+ 595 Summer Programme)</b>
Parents/ adults	113 completed course (209 eligible for courses)	323 parents in parent sessions  253 parents in family sessions	329 parents in parent sessions  211 parents in family sessions	No data collated on attendance of parents at events	1,014 parents  142 staff	134 parents attended direct therapy sessions	543	<b>2,598</b>
<b>TOTAL</b>								<b>6,538</b> <b>(+ 595)</b>

\* CDI undertook piloting of both Doodle Den and Early Years Service in 2007/08, where children received elements of a service.

In meeting the defined needs of the Tallaght West community, CDI worked with existing service providers to recruit participants into its commissioned services. This was done in a number of ways: through framing the tendering process for services with particular requirements to deliver to children (e.g. Doodle Den); through engaging in particular activities in the community directly (e.g. Community Safety Initiative); and when needed, going outside the boundary of Tallaght West (e.g. Early Years). In the main, from the outcome evaluation reports, services appear to have been implemented well so that there was broad take-up of services by children and parents in the community. In short, CDI met the community's needs.

In the academic years 2011/2012 and 2012/2013, CDI provided some services to children and families in the locality. These figures are presented in Table 3.

**Table 3: Utilisation figures for services after evaluation period**

Service	Doodle Den	Mate-Tricks/ Youth Programme (2011/12 only)	Healthy Schools	Parent Carer Facilitator (Early Years Service)	Speech and Language	Community Safety Initiative	Restorative Practice
Children	240	105	The total population of all the Healthy Schools was 1,048	<i>not applicable</i>	250	505	0
Parents/ adults	240	105		900	200	250 and 24	67

### 3.3 Organisation

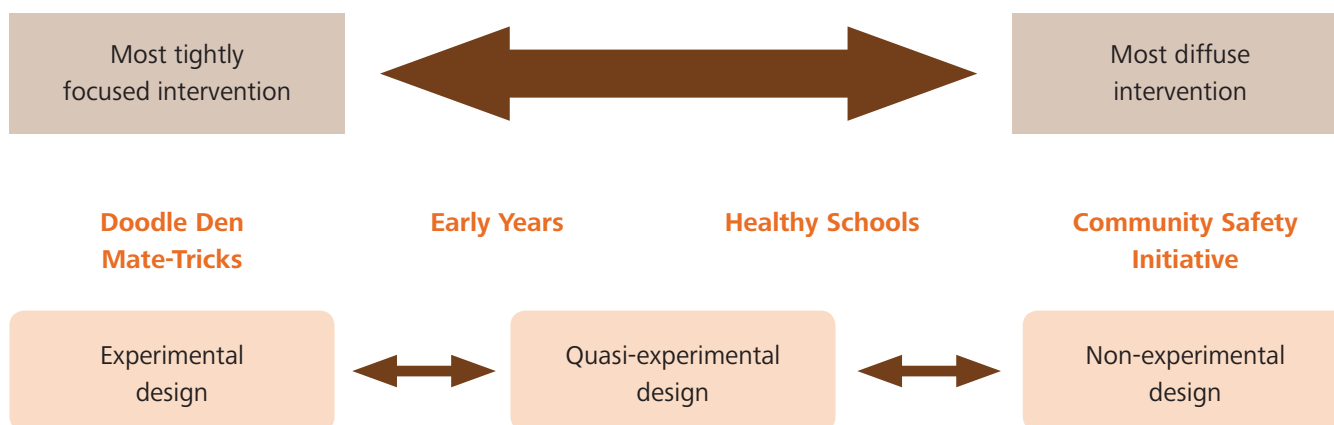
In relation to CDI's role in supporting the work of the services it developed, an important overall observation is that none of the evaluation reports refer to major problems in implementation arising due to failures by the overall CDI organisation or its individual staff in supporting services. This is a key point in that it can be inferred that while lessons can be learned from the challenges that faced CDI in its work, of themselves they did not singly undermine the achievement of service outcomes. CDI was generally perceived as supportive by service providers in implementing the interventions; specifically, the quality of staff and the value of structures such as the CoPs were highlighted. Both outcome evaluation report data and those compiled in the second process evaluation report on 'Interagency working and service integration' indicate that the services were well organised and well delivered.

While there were challenges specific to each service, and some greater than others, implementation generally improved over time – as manuals were developed, as staff became more skilled and as delivery organisations became more experienced. This raises a wider question about the timing of evaluation – what would the cost and benefit to the scientific quality of the evaluations have been if all of the interventions had been allowed at least one full year of operation before the research commenced?

One way to interpret the differences in the experience of the organisation domain within the delivery of CDI's services is to consider them in relation to the level of focus within each of the interventions – both the outcomes focus and the nature of the associated activities. This is visualised in Figure 2\*.

\* The analysis and figure presented here focus on 5 interventions since these were at the core of CDI's work and best reflect the connection between intervention and evaluation design, and the implications of this for implementation. The Speech and Language Therapy and the Restorative Practice interventions and their evaluations are less reflective of the issues raised.

Figure 2: Intervention focus continuum



As can be seen in Figure 2, **Doodle Den** and **Mate-Tricks** sit together at one end of the continuum, reflecting the highly focused nature of the intervention and the relatively tight model of organisation in terms of the activities, sites and organisations involved. The **Early Years Programme** is situated at this end of the continuum, but there was a more complex set of outcomes and also a more complex delivery model. Each of these services was evaluated according to an experimental design. As one moves along the continuum, **Healthy Schools** can be seen as a more complex intervention in terms of the diversity of outcomes intended and the organisational requirements. Even so, the intervention was designed to be adequately bounded so that a quasi-experimental approach would have the capacity for establishing intervention effects. At the far end of the continuum sits the **Community Safety Initiative**, the most diffuse of the interventions and the most organisationally complex and challenging. A non-experimental approach was required here.

Critically, while there are varying issues in different services, an overall conclusion from a review of the service evaluations is that the level of challenges in delivery increased in moving from the most to the least bounded intervention. Thus, as interventions involve more organisations, more people, more outcomes and more activities, it is likely that there will be more problems. It can also be inferred that the requirements of experimental research designs demanded the level of focus in the **Mate-Tricks**, **Doodle Den** and **Early Years Service** and the resolution of key organisational issues in advance of implementation – it would simply not have been possible to undertake these evaluations otherwise.

### 3.4 Fidelity

The five main CDI services adopted a manualised approach to implementation.\* In two of these cases – **Early Years Service** and **Doodle Den** – manuals were in place before programme implementation began. The **Mate-Tricks** manual evolved over the first 18 months of service provision into a defined model, which subsequently underpinned implementation. The **Healthy Schools** manual developed similarly but over a longer period of time, and when completed was perceived as lacking clarity and not possessing elements such as a checklist to support fidelity. In the **Community Safety Initiative**, the manual was developed alongside the implementation of the programme. As such, it did not serve to underpin implementation, but rather learn from it for subsequent iterations. Fidelity data from the service evaluation reports are outlined in Table 4.

\* Manualised approaches to service design and implementation were relatively new to Ireland when CDI commenced its work and the development and finalisation of manuals brought some challenges.



Table 4: Fidelity data from service evaluation reports

Service	Early Years Service	Doodle Den	Mate-Tricks	Healthy Schools	Community Safety Initiative	Speech and Language	Restorative Practice
Manual at start of evaluation period	Yes	Yes	No	No	No	<i>not applicable</i>	<i>not applicable</i>
Manual at end of evaluation period	Yes	Yes	Yes	Yes	No	<i>not applicable</i>	<i>not applicable</i>
Service Evaluation Research Team's fidelity judgement	Overall positive	Rated positively in majority of cases	Rated positively in majority of cases	Problematic: lack of engagement with content; divergence between activities and manual.	Problematic: difficulties with levels of engagement; disconnect with original objective of a community contract.	<i>not applicable</i>	<i>not applicable</i>

Considering the data in Table 4 in the round, it would appear to indicate that, for the most part, services were implemented with fidelity. Where manuals were in place prior to programme implementation, the service was implemented well. Where manuals were still being developed when delivery began but the programme was clear, the service appeared to be implemented well. Where there was an absence of both, implementation appeared to suffer.

The role of testing processes and approaches is important in considering fidelity. In relation to the Early Years Service and Doodle Den, both were subjected to test-site implementation and review before the main service provision began in September 2008, with full manuals in place. It is interesting to note that the Doodle Den Programme attained positive outcomes and the second cohort of the Early Years Service study achieved improved outcomes when compared with the first cohort. While there may be other explanations (e.g. differences between the two cohorts), one interpretation of the experience of the Early Years Service study is the potential value of a bedding-in period, of fine-tuning between Cohorts 1 and 2 in ensuring fidelity.

The other three programmes did not have full manuals in place, and were not subjected to the same piloting process as the Early Years Service and Doodle Den. While Healthy Schools and the Community Safety Initiative were of a spirit that was incompatible with a manualised, top-down approach, Mate Tricks was not. This raises a question about whether time could have been set aside for a degree of experimental implementation to occur across all programmes so as to develop a clear programme and process before evaluations began. Yet, the option of longer lead-ins for interventions needs to be set beside the challenge of producing evaluation results in a timely fashion.





# Chapter 4: Cross-cutting themes

## 4.1 Introduction

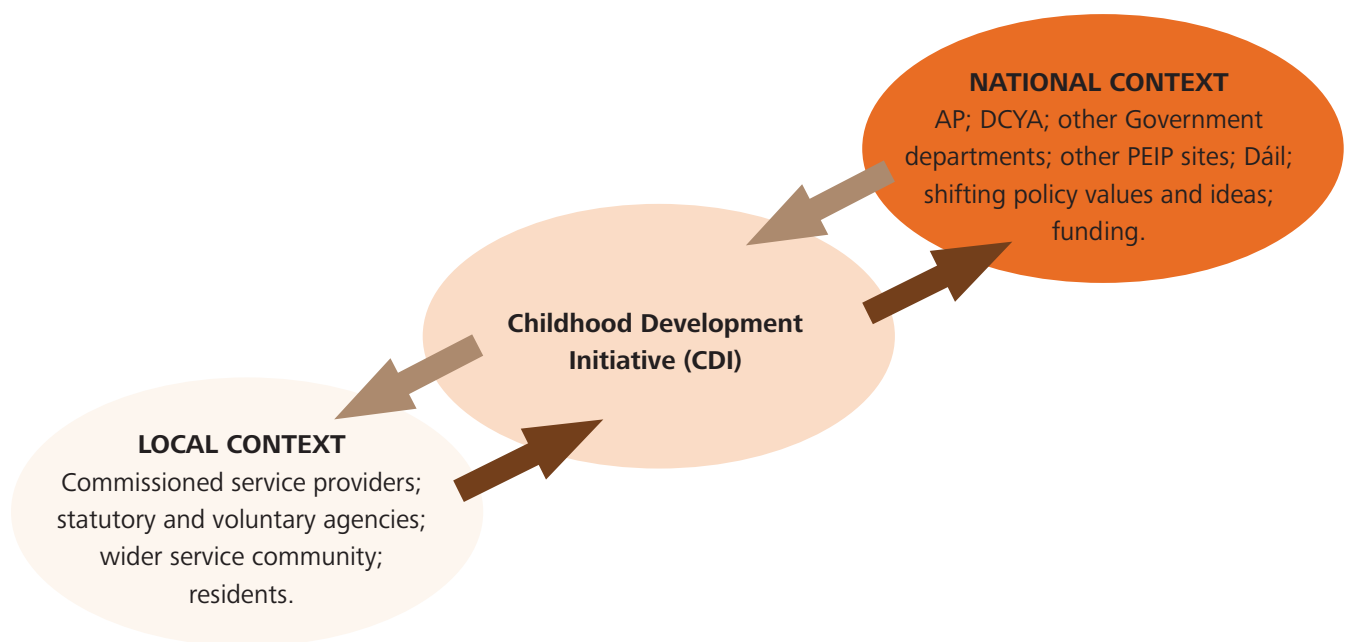
This chapter identifies and discusses a number of cross-cutting themes emerging from the analysis of all thematic reports and process evaluation data presented in Chapters 2 and 3. These themes serve to develop and elaborate key ideas and issues presented in Chapters 1 and 2. In total, four cross-cutting themes are outlined and discussed in Sections 4.2-4.5 below: context; capacity; complexity; and being an evidence-informed organisation. Each section contains a short introduction, then outlines and elaborates on the theme, and finally identifies key learning for the future.

## 4.2 Context

### 4.2.1 Introduction

When the work of CDI is examined, it is apparent that the context in which it emerged is important to consider. At one level, the **national context** was an important driver for the establishment of CDI and also an arena to be engaged with throughout its development, implementation and dissemination phases. At another level, the **local context** was equally important: it influenced CDI's development and implementation, while it was also impacted upon by CDI through its programme of work. Together, these contexts influenced how CDI developed and operated. Each is now discussed in turn.

**Figure 3: The National – Local nexus of CDI**



### 4.2.2 National context

Many Comprehensive Community Initiatives (CCIs) adopt different mechanisms to engage and influence the external systems that can impact on their work, ranging from mobilisation, pressure, protest and public information at one end of a spectrum to establishing relationships with important and influential individuals so as to inform their processes and decisions at the other end. In the main, CCI efforts 'will use some combination of these, at different points in time, with different interlocutors, and around different issues, moving back and forth between conflict and consensus, direct action and informal negotiation, independent action and co-production' (Chaskin and Karlstrom, 2012, p. 13). In adopting such strategies, CCIs can be viewed as taking action to align themselves externally with outside influences and power (Dewar, 2010).

CDI engaged with receptive political and policy spheres from the outset. CDI's research, culminating in the report *How are our Kids?* (CDI, 2004), was discussed in both Dáil and Seanad Éireann (Hayes, 2004), in the former at some length and in great detail (Ahern, 2004; O'Connor, 2004; Rabitte, 2004). The political and administrative arena underwent some changes in the period, with the establishment of a National Children's Office in 2001 and the Office of the Minister for Children (OMC) in 2005 (Department of Health and Children, 2005; Ó hAodain, 2010). The OMC's emerging interest in developing an outcomes-focused approach, building on whole-child approaches, childcare provision and longstanding area-based approaches to multiple disadvantage, combined with the ready availability of funding, created a favourable policy environment (OMC, 2007). This was further consolidated with the creation of the first full Ministry for Children and Youth Affairs in 2010.

Together, these factors combined to create what Kingdon (1995) identifies as a policy window, which entrepreneurial actors recognise and exploit. Such entrepreneurs are 'willing to invest their resources – time, energy, reputation, and sometimes money – in the hope of a future return' (Kingdon, 1995, p. 122). Such actors, according to Mintrom and Norman (2009), (a) have social acuity – being perceptive in understanding others and engaging in policy discussions; (b) build teams – the ability to surround themselves with different knowledge and skills and offer mutual support, and in some cases draw on personal and professional networks; and (c) lead by example. CDI made connections with State and philanthropic actors at various stages of the process leading up to the funding application and these relationships were further cemented in the implementation process through regular meetings.<sup>84</sup> This was in addition to informal interactions, participation in national and international conferences, and meetings with key policy organisations and individuals at various stages of the process. Being attuned to the policy environment and a readiness to take on opportunities formed a key aspect of CDI's work and experience.<sup>85</sup>

Despite this work, however, the policy context in which CDI emerged had altered by the time service implementation began in 2008. Although CDI had secured funding for 5 years, and bridging funding for dissemination up to 2013, cuts in public expenditure resulted in a less financially receptive policy environment in which learning from its experience could be explored and applied more generally. For example, disbursements from the Dormant Account Funds fell by almost 60% in 2011 on the previous year alone (Hogan, 2012). Furthermore, despite CDI's clear desire to develop an evidence base for its work, challenges in sharing interim evaluation findings due to methodological concerns limited the scope of engagement with policy-makers and other stakeholders.<sup>86</sup> Such engagement with the education sector specifically could be further hampered in the future due to the latter's lack of strategic thinking (Boyle, 2012; Department of Public Expenditure and Reform, 2012).

### 4.2.3 Local context

Auspos (2010) uses the concept of internal alignment to identify and examine the local conditions necessary for implementation of Comprehensive Community Initiatives (CCIs). Irrespective of whether the CCI is a small, community-based organisation or a new organisation established by 'powerful anchor institutions' (ibid, p. 53), the requirements for managing the work are similar. Besides leadership, such requirements include clarifying goals and values, establishing structures to support those goals and values, and creating systems to align and manage the work over time.

However, undertaking such work presents challenges in managing partnerships, managing community relationships and managing the process of learning, adaptation and maintaining alignment over time (Auspos, 2010):

- Regarding managing partnerships, written agreements and contracts can have a role as useful tools to ensure some form of accountability between lead agency and commissioned provider. However, such tools need to be used alongside a process of building relationships and enhancing trust and support.
- In managing community relationships, implementation problems tend to arise when the rhetoric of community empowerment meets the reality of a reduced role for the community in decision-making processes. However, a clear resident engagement strategy, with an expectation of how it will influence the work, can serve to overcome this challenge. Leadership can facilitate resident decision-making as well as interaction with funders and partners, which can assist in helping all view residents as more than clients.
- In learning, adapting and maintaining alignment over time, ongoing observations of work practices and systems and efforts to improve all the time are required. This can involve pilot testing, formal and informal feedback, not starting everything at once, regular processes of reassessment, and the willingness to be adaptable, flexible and aware of local particularities.

One of CDI's aims was to improve service delivery in the locality through increased coordination and integration of services, a core aspect of many CCIs (Stagner and Duncan, 1997). In such a fragmented context as exists in Tallaght West, building *and* sustaining a local coalition to support the development and implementation process is a significant challenge. Yet, CDI undertook such work through adopting many different strategies, as outlined above by Auspos (2010). Written contracts and similar legal tools were used, as was a public tendering process for most of its services.<sup>87</sup> As an organisation, CDI placed a strong emphasis on establishing and maintaining relationships through a variety of formal and informal mechanisms. The implementation process necessitated trial and error – establishing interagency collaboration processes is a case in point, as was developing services in parallel with an RCT evaluation framework. At the implementation level, leadership – best characterised as post-modern, continually crossing boundaries and being facilitative – was a required feature to drive the work of the initiative.<sup>88</sup>

#### 4.2.4 Key learning on context from CDI's experience

##### **Engage with the national policy context**

All CCIs emerge in a context. Being aware of the national and local policy and service context in which any initiative of this type is being developed is crucial. Generating buy-in from local policy and service actors is only one part of the job. Being aware of the policy paradigm – the ideas that frame the selection of policy goals and instruments, and the definition of the underlying problem which the policy aims to address – is crucial. A mix of approaches to engage policy actors and maintain relationships with them should be central to any CCI, with the aim of contributing to policy debates about 'what works'.

##### **Organisational adaptability and balance**

The potential for contexts to change and ground to shift can result in unanticipated consequences and present significant challenges. Thus, while CCIs can share characteristics, the individual narrative and organisational experience is unique: each CCI is experimental in some ways, given its context-specific nature. The need for flexibility, therefore, is even greater, as is the requirement for constant (re)assessment of the local environment. Who can be aligned with? Who needs to be aligned with? Are there stakeholders that can and/or should be involved? Are new skills in the organisation required? Is new information needed for planning?

Maintaining balance between different stakeholders with competing perspectives is often an additional need. While there is a programme of work to be delivered, establishing, managing and maintaining relationships can present new opportunities, but also often result in emergent challenges. Numerous, often competing expectations have to be balanced with the programme of work. The desire to deliver to as many stakeholders as possible can conflict with evaluation strategies and the production of evidence. Overall, there is a need to be as clear, deliberate and intentional as possible about work objectives. Starting small and building up over time can ultimately produce greater results while managing expectations.

##### **Persistence and realism**

Developing an initiative like CDI takes time, resources and energy. Persistence will often be required in trying to establish core relationships and then subsequently maintaining them for delivery of the initiative's mission. In addition, the need to draw in new resources at various times will require leadership, itself an important characteristic and process in configuring the different parts of the initiative to make a working whole. There is also, however, a need to be realistic about getting people on board. While many will be willing to participate, others will not. The ability to affect the context in which the initiative develops will be limited by the willingness (or unwillingness) of others to engage, often irrespective of time and energy spent trying to build relationships.

### 4.3 Complexity

#### 4.3.1 Introduction

CDI's strategy aims at improving a wide range of issues such as health, learning and safety. From the analysis of the various reports, it is apparent that complexity is a key issue in this type of work. Tackling multifaceted, complex issues requires a comprehensive approach such as that developed by CDI. The complexity pertaining to initiatives such as CDI comes from the difficulty in simultaneously addressing a number of different issues that vary in nature. CDI's work was targeting

children and families at different stages of their lives (from pre-school children in Early Years Services to adolescents in the Community Safety Initiative), from different angles (from literacy and pro-social behaviour through after-school programmes, to health issues through health coordinators being implemented in local schools) and to different extents (from defined groups of children attending after-school programmes to the entire community being targeted). Moreover, through its governance structures, CDI also engaged with local and national organisations and had a strong emphasis on research. A project of this scale is by nature hugely challenging and its complexity should be acknowledged. In the case of CDI, this complexity can be examined through the lens of comprehensiveness, post-modern organisations and collaborative leadership, and research.

### 4.3.2 Comprehensiveness

Comprehensive Community Initiatives (CCIs) such as CDI recognise that the needs and circumstances of children and families are interlinked, requiring a holistic approach. In theory, CCIs emerge in response to complex issues, raising levels of hope and expectations. As Kubisch (2005, p. 17) observes: 'The premise was that if these new initiatives could concentrate resources and apply best practices from social services, economic development, education reform, and physical revitalization in targeted neighborhoods, we would get a whole that was more than the sum of the parts.'

Similarly, CDI's strategy contains high expectations in relation to several objectives and the level of impact expected. However, tackling 'wicked' issues is by definition more complicated than a single-agency restricted intervention and CCIs have not always brought about the change expected (Kubisch, 2010). Jack (2005) acknowledges that little is known about the impact of CCIs on children and families, the interventions being extremely complicated to evaluate because of the multiple strands and facets taking place concurrently.

Nevertheless, key issues and lessons to improve the design and implementation of CCIs are identified in the literature. First and foremost, there seems to be a general agreement about the need to consider comprehensiveness as a guide to the work of CCIs rather than a goal. It is recognised that comprehensiveness is even more complex to implement than initially predicted and while it is crucial to maintain an overall vision of the community's needs and assets, a single organisation cannot address all of them (Kubisch, 2010).

Auspos (2010) also identifies alignment as a key issue in designing and implementing a CCI. Internal alignment requires for all programmatic elements and stakeholders to convene so that they reinforce each other, run smoothly and keep moving forward. Building coalitions between complementary lines of work and effective collaboration are key aspects to overcoming challenges related to the complexity of CCIs. CDI has paid particular attention to this aspect of its work, enhancing interagency work between appropriate partners and placing an emphasis on working relationships within the organisation.

Finally, Kubisch (2010) identifies the need to have clear goals, definition of success and a theory of change as an overarching lesson for community change efforts. In the case of CDI, activities and specific broad outcomes are identified in the strategy document, which presents a logic model for change in Tallaght West. Yet, a theory of change is not clearly specified and some objectives are not sufficiently detailed (e.g. CDI wants to enhance interagency working, but is unclear about the level of interagency work it intends to achieve).

### 4.3.3 Post-modern organisations and collaborative leadership

Launching and sustaining a CCI is difficult work, in particular regarding cooperation of participants who have not traditionally worked together, especially when money and power must be shared (Stagner and Duran, 1997). Organisations' structures have to adapt to the complexity of work undertaken. Auspos (2010) highlights that management structures and systems are central to an effective internal alignment. Management structures need to display the goals and core principles of the organisation. In the case of CDI, effective governance structures, with members who endorsed the organisation's goals and values, were established. Auspos (2010) also asserts that management systems need to appreciate the dynamic nature of the work and facilitate relationships over time. CDI's management system has demonstrated flexibility to changing contexts and circumstances, as well as a strong emphasis on building and maintaining relationships.

Responsive structures, however, are not a sufficient asset for an organisation to be capable of managing the level of complexity taking place in a CCI. Contemporary policies and practices are shifting towards joined-up working (Huxham and Vangen, 2000; Milbourne, 2005; Williams, 2010). 'Wicked' issues cannot be dealt with by a single person or organisation, and programmes take place in a 'shared power world' (Crosby and Bryson, 2005). Organisations are adapting by moving from notions of hierarchy, rationality and linear thinking toward collaborative working, networking, facilitation and relationships (Williams, 2010). Therefore, old notions of a single leader in charge of everything are outdated and replaced by concepts such as integrative public leadership (Crosby and Bryson, 2010) or collaborative public management (O'Leary *et al*, 2006). CDI has addressed the complexity pertaining to joined-up working through its innovative approach to management, which corresponds to collaborative leadership.

#### **4.3.4 Research**

Research taking place concurrently with the implementation of a programme can prove difficult. CDI's strong research agenda added a layer of complexity to the initiative. Indeed, as noted by key informants, pressure was put on evaluations to start promptly after the services started running. Yet, it is acknowledged in the literature that a programme in its early stages often requires changes to refine the intervention and it is recommended that evaluations take place once a programme has sufficiently matured. Rossi *et al* (1999, p. 297) state: 'Randomized experiments on demonstration programs can yield very useful information for purposes of policy and program design. However, once a program design has been adopted and implementation is under way, the impact questions randomized experiments are so good at answering are not usually appropriate to ask until the program is stable and operationally mature.'

Furthermore, the gap between the release of evaluation results and Phase 2 of the initiative beginning (its mainstreaming and dissemination phase) was a challenge. While most likely anticipated to some degree, the full implications of this gap were not known in advance. This reflects the general lack of experience in implementing an initiative of this type with such an extensive research agenda (one which was vital to securing further funding and learning lessons from successes and challenges). Although it successfully submitted a proposal to its funder for finance to bridge the two phases, CDI's research also undeniably created a significant additional workload and added to the complexity of the organisation's work.

#### **4.3.5 Key learning on complexity from CDI's experience**

##### **Acknowledge the challenges of interagency working**

Tackling complex, multifaceted issues and managing an organisation in a shared power world can often be a difficult, complicated task. Such a situation requires acknowledgment and acceptance. Although a single organisation cannot address all the elements impacting on a family's health and well-being, a comprehensive vision is nevertheless required to build the right alliances to tackle those issues. Challenges can emerge and persistence, flexibility, collaboration and innovation are necessary to overcome them.

##### **Build and use evaluation knowledge**

The time and capacity required for an organisation to have a research and evaluation agenda needs to be acknowledged. A position such as a Research and Evaluation Officer appears essential to the success of this type of work. Evaluation timeframes also need to be realistic. There is an argument for summative evaluations to take place once programmes have been pilot-tested. More generally, research pertaining to the impact of evaluations on such initiatives needs to take place. To improve future programmes, research and evaluation is required. Yet, a stronger body of knowledge needs to be built for them to be able to produce the expected outcomes. Supporting policy- and decision-makers in how to interpret and utilise evaluation knowledge effectively will enhance the value of evaluations.

### **4.4 Capacity**

#### **4.4.1 Introduction**

When the process of establishing CDI and implementing its programme of work was documented and analysed, it was clear that the theme of capacity was central to many of the activities it undertook. Within the initiative, drawing on capacity from the local organisational context, as well bringing in outside expertise, was important in establishing



a supportive governance framework for implementation, as was the recruitment of a central executive. Building the internal capacity of CDI was an essential requirement. When examining its programme of work, building the capacity of the community was equally important, as both a means of ensuring such a programme could be implemented as well as providing an end goal for its programmatic work. These two different forms of capacity are now discussed.

#### 4.4.2 Building organisational capacity for implementation

The CCI literature identifies the importance of developing good operational strategies of governance, staffing and the sourcing of technical assistance as important prerequisites for the implementation of any initiative, irrespective of overall structure or programmes being implemented (Kubisch *et al*, 1997; Kubisch, 2010). These operational strategies are core to implementation of an initiative's guiding principles of comprehensiveness and community capacity-building; thus getting each strategy right is central to any hope of implementing and achieving desired goals for short-term gain and long-term improvement.

A requirement identified in the CDI strategy was the recruitment of a specific, dedicated executive team to support implementation; in other words, the development of executive capacity. Once the Chief Executive Officer (CEO) was recruited and began the implementation process in 2007, an overall assessment of the skill base required of the future team was undertaken.<sup>89</sup> Evidence indicates, however, that such assessment was not a one-off process. Departures and other changes to the core team permitted the re-assessment of organisational needs and capacity as implementation progressed. Alongside this was the emphasis placed by the CEO on the importance of team-building and development through dedicated strategies. Opportunities for individual capacity development were also a feature. Leadership was a central function of the team in its dealings with commissioned providers and other organisations in the community.<sup>90</sup>

Such a focus was also evident in the development of governance capacity. The co-option of local lead organisations onto a new governance structure highly relevant to the remit of CDI is a case in point.<sup>91</sup> While not in any way a decision-making body, the Implementation Support Group (ISG) was populated by key organisational representatives with local expertise and knowledge, and operated as a critical support and problem-solving structure for implementation. The incorporation of dedicated expertise onto CDI's Board at different stages was another notable feature,<sup>92</sup> as was the recruiting of technical expertise (local, national and international) to support the extensive evaluation aspect of the work. While their use speaks very much to the insider-outsider tension often experienced in CCIs (Kubisch *et al*, 1997) – between those from the locality involved in the CCI and those from outside who become involved – the introduction of 'outside' expertise was positive for CDI's work.<sup>93</sup>

The development of the executive and governance capacity of CDI is a case of post-modern organisational development, as are CCIs in general. By their nature, they try to be inter-organisational responses to multifaceted problems in a community. Williams' (2002) argument that post-modern organisations operate through innovation and experimentation resonates here, as does the position that the key skills and competencies required are relational and interpersonal (although the requirement of particular skill sets for particular posts is also an important consideration). The importance of collaborative leadership right across the structures of CDI was a notable feature. The presence of a collective leadership (Kubisch *et al*, 2010), led by a CEO and focused on building and managing relationships, is central to this type of activity. CDI sought to strengthen the connections of organisations within its locality (Kubisch *et al*, 2002), but also its own connections with key stakeholders at a regional and national level.<sup>94</sup>

#### 4.4.3 Building community capacity for present and future

As one of the main principles of any CCI, community capacity-building was a core aspect of CDI's work: it was a means to an end, as well as being an end in itself. CDI made a strategic commitment to counteract the proliferation of 'thin' services operating with few, if any, supervisory or evaluation elements through creating a climate of continuous professional development.<sup>95</sup> Central to the implementation of CDI's work was the necessary requirement to strengthen the skills base of the staff of local service providers, commissioned to provide its services. This was critical to any attempt to implement evidence-based manualised programmes with fidelity. Alongside this was the development of a Quality Enhancement Programme (QEP), a dedicated programme with assigned staff responsible for it, involving lunchtime seminars, short, medium and long-term training courses, conferences and special talks, all based on local needs identified in a number of ways.

Foster-Fishman *et al* (2001) identify a number of capacities required of CCI-type structures, including programme capacity. In developing this form of capacity, they highlight that, whether implementing directly or 'playing more of a catalyst role' (*ibid*, p. 256), CCIs should engage in needs analysis regularly, develop innovative programmes and avoid programme duplication. In developing the capacity of members of the CCI at all levels, the provision of training in technical, programmatic and relational areas is important, as is the sharing and dissemination of knowledge. It is evident that CDI comprehensively undertook many of these activities through the QEP. Much of this work required a significant investment by CDI over a sustained period. It was focused on building professional capacity for the short, medium and long term: in the short term, greater capacity assisted the early implementation of manualised programmes; in the medium term, it cemented those programmes, while also acting on the wider strategic commitment; and in the long term, it left a legacy of enhanced professional capacity, with a specific knowledge of how to deliver such programmes, as well as a wider knowledge base on a range of issues relating to programme design, delivery and evaluation.

CDI has left a cohort of professionals in the locality who are skilled in particular programmes, especially in the Early Years given its extensive coverage through the implementation phase, as well as a wider group who are knowledgeable about particular issues.<sup>96</sup> Through its training and support work, CDI also enhanced connections between service professionals in the locality – another element of building community. However, as can be the case with experimental and evaluation-driven approaches to community change, when the test period is over, the risk is that there will be less of an opportunity to use these skills than before. While some of this can be put down to funding issues, the gap between evaluations being concluded and findings being publicised is also a contributory factor.

CDI also aimed to enhance the capacity of the community residents through the QEP and the Community Safety Initiative (CSI). A core element of CCI work, enhancing residents' capacity is central to the notion of sustainability of any initiative into the future, as well as to the current operation of the initiative. CDI offered various opportunities through the QEP to build local resident capacity, such as the Certificate and Diploma in Life and Community/Business Coaching and more recently, the Restorative Practice (RP) Programme. The evidence of its impact on enhancing community capacity, although sparse in the CSI evaluation, is more positive in the RP evaluation.

#### 4.4.4 Key learning on capacity from CDI's experience

##### **Engage with and use experts**

While CCIs are often location-based, much of the CCI literature and the CDI experience highlight the value of bringing in expertise. Irrespective of whether a community is fortunate to possess such expertise or have it on its doorstep, the chance of requiring it at some stage is likely to be high. An analysis of the additional expertise needed is required, alongside an identification of when in the implementation process it is to be deployed. The insider-outsider tension inherent in the use of external expertise in CCIs requires attention.

##### **Build an implementation support network**

One of the strongest messages from the CDI experience is that of developing and using a dedicated implementation support structure. Creating such a structure can serve a multitude of purposes. For example, it can support implementation through problem-solving via the sharing of geographic and sector-specific knowledge in an interagency environment. It can also serve to develop, enhance and/or further cement the collaborative environment that is core to CCIs' operation and, in some cases, aims. The populating of such a structure can provide a focus on the implementation process at different levels: through individual members at the individual level (e.g. education representative and school-based interventions); at the meso level (through the entire structure and the initiative's programme of work); and at the macro level (through the entire structure and its members' knowledge of the policy sectors in which they work).

##### **Clarity about capacity-building**

Enhancing the professional capacity in the locality will require clarity about aims, and proper resourcing and planning, and may require dedicated staff responsible within a wider team environment supportive of the work. Such characteristics can serve to give capacity-building a focus, create awareness and establish local and national connections with trainers. The identification and recruitment of trainers who can contribute to professionals' knowledge and skills base now and into the future, as well as their qualifications through programmes linked to national accreditation schemes, requires consideration.

Similarly, resident community capacity-building will also require clarity about aims, resourcing and planning. The challenges of engaging communities will require acknowledging, as well as a longer timeframe to implement.

## 4.5 Being an evidence-informed organisation

CDI can be characterised as an evidence-driven organisation. The emphasis on evidence reflects the need to provide responses that offer the best opportunity for better outcomes for children in Tallaght West, as per the CDI strategy. It also reflects the requirement of funding bodies that the evidence generated by CDI forms the basis for learning capable of being translated for use in other communities in Ireland.

From the outset, strong evidence on local need underpinned the development of CDI's interventions, which themselves were generally supported by research literature. CDI's work on implementation was balanced by a great amount of research activity, which generated evidence on its services and on itself as an organisation. In its current shape, analysing and disseminating evaluation research evidence on its services is a key part of what CDI is doing; it is now entering a phase of generating evidence on the replication of its own evidence-informed practices. Underpinning this evidence commitment are (1) its structures, inclusive of the Expert Advisory Committee; (2) its team, in particular, the Research and Evaluation Officer/Research and Policy Manager post, but also the Quality Specialist and project staff; and (3) its participation in networks of organisations (e.g. PEIN, DIPEI) and processes (Capturing the Learning) that are similarly evidence-driven. Both in the story it can now tell and in how it operates, CDI is strongly positioned because of its commitment to being evidence-driven. At the time of the finalisation of this report, CDI has been included in the Area-Based Response to Child Poverty Programme, being introduced by the Department of Children and Youth Affairs (DCYA, 2013), which will provide an opportunity to consolidate learning and support replication of intervention approaches towards better outcomes for children throughout Ireland.

Yet in the specific case of CDI, as an organisation with an explicit commitment to being community-led in everything it does, a significant tension arises. This tension was identified in the second thematic report for this evaluation, 'Interagency working and service integration', and again in the sixth and final thematic report on 'Mainstreaming, sustainability and dissemination'. The tension operates on at least two interconnected levels – goals and style.

At the level of goals, setting out the goal of empowering communities alongside that of testing intervention ideas for replication to other sites in Ireland and abroad demonstrates that different approaches and different actions will be required to achieve each. Significant work was required in establishing an organisation capable of generating and implementing (directly or indirectly) a series of evidence-based and evidence-informed interventions. Particularly significant here is the work of the Quality Enhancement Programme (QEP), the evaluation function and the high level Expert Advisory Committee. Significantly, the level of evidence demanded by funders had major implications for the use of resources by CDI, with 18% of the overall budget devoted to developing and implementing high-quality evaluation studies. Compared with the goal of evidence generation, both at the organisational level and within the services, there are far fewer structures, processes and activities geared toward the strategic goal of being community-led.

In terms of the style of work, the evidence suggests that the development of programmes was primarily expert-led, quite technical in nature and ultimately directive. Thus, while community input was reflected in the development of the overall strategy and some of the services, the basis of these interventions was primarily research evidence, mediated through experts. In the context of a time-limited programme, the output in the form of the designed and delivered intervention, capable of being evaluated scientifically, is the key indicator. Notwithstanding differences between the interventions, CDI had significant success in this regard – detailed scientific, high-quality assured research reports, replete with findings and lessons for practice and policy. Of itself, the term 'community-led' implies a more diverse, group-based approach. Thus, community development approaches are notable for the emphasis on participation and representation by community members (Botes and Van Rensburg, 2000; Eversole, 2012), on capacity-building towards participation and on the role of community as 'expert' (Chaskin, 2001; Craig, 2007). For some community development writers, good 'process' is the key indicator of success (Green and Haines, 2012). CDI's most community-focused interventions were the Healthy Schools Programme and the Community Safety Initiative. While both operated on a strongly interagency basis, the former was primarily directed towards the school community, the latter towards the resident community. It is notable that

both evaluations highlight the challenges in achieving engagement, a rejection by these communities of aspects of the proposed intervention models, and the importance of detailed, time-intensive, careful work with the target communities.

Perhaps the most significant tension is at the level of values or ideology. The CDI strategy, and the research undertaken for its formulation, identified the need for intervention in the Tallaght West community. It is interesting, however, that most of the resources were for testing solutions focused on change at the individual level – primarily children, but also adults. There was an explicit emphasis on improving services and working collectively in this area, within the volume of activities, but there was limited evidence of advocacy or conflict approaches (for example, resident mobilisation in public protest activity) to the achievement of change. Such an approach was never part of the CDI strategy and, indeed, its specific context of a partnership between the local coalition, State and philanthropic funders meant that it was unlikely that it could ever have taken on such a role.

The evidence from this study suggests that it proved difficult in the short to medium term for CDI to be an evidence-driven organisation while at the same time being community-led. In CDI's experience, the tension between being evidence-based and community-led resolved itself towards a greater *de facto* emphasis on the former. The Evaluation Team's view is that, in the short to medium term, there is a great tension between working in a community development fashion while also designing, implementing and evaluating, to a very high level, a set of manualised programmes.

#### 4.5.1 Key learning on being an evidence-informed organisation from CDI's experience

A community-led approach will require a longer-term timeframe and may lead to a strategic positioning away from individual behaviour/action-type of interventions, most amenable to a randomised controlled trial (RCT) approach, and more towards collective action and advocacy-type interventions.

If an evidence-based approach is to be adopted in community settings, it will require transparency with communities about the nature of a commitment to evidence-based approaches. This will mean that evaluations requiring experimental designs with manualised programmes have implications for access to services. The management and communication of these issues within communities requires great care.

As experienced in Tallaght West, a CCI orientated towards evidence-based approaches can:

- bring resources and lead to an improved range of services and opportunities for community residents;
- leave a legacy of better practices within services;
- affect outcomes positively;
- generate learning that can be translated for use in other settings.

# **Chapter 5: Conclusions and Recommendations**

## 5.1 Conclusions

The research approach for this process evaluation has been based on six themes, which capture the extent of CDI's processes for implementing its strategy, *A Place for Children: Tallaght West*. These themes were: origins and development of the CDI strategy; interagency working and service integration; training and support; community; organisation; and mainstreaming, sustainability and dissemination. The present report is the culmination of a series of thematic accounts, integrated with additional data gathered, as well as data from the evaluation of each of CDI's seven services. The aim of the report is twofold – first, to reach an overall evaluative judgement on CDI's processes of work; and second, to extract the key lessons from the CDI experience, both for CDI and for others undertaking this work in the future. In this final chapter, the Evaluation Team arrives at overall conclusions on CDI's processes during the period 2007 to 2013.

CDI was tasked, beyond the strategy development phase, with the development, design, implementation and evaluation of a series of interventions and associated activities; the establishment of underpinning organisational structures and processes; and engagement towards wider goals. The research for this evaluation indicates that a range of activities was implemented well. CDI's seven services were well organised, implemented faithfully and reached the target community, the children of Tallaght West. This is a significant achievement by CDI and is to be lauded, particularly when considered in light of the diverse types of intervention, the extensive range of organisations and individuals involved in them, and the complex nature of the evaluations attached to them.

CDI provided extensive training and support opportunities for the professional community in the locality, specifically in the implementation of evidence-informed practices, as well as broader work with children, families and communities. It engaged in a widespread mainstreaming and dissemination process to inform a range of stakeholders of the evidence about and key learning from its experiences of implementing its programmes. It fostered greater familiarity and exchange between some professionals in the community and integrated previously disconnected services through its programme development and delivery. It engaged the professional community in its work throughout its implementation phase. All this was based on a thorough strategic planning process, which set the foundation for its work. Implementation has not been without its challenges, however, in particular in engaging the resident community in the process and in fully achieving its goals in relation to interagency work and service integration.

As demonstrated in the organisational report, across the cross-cutting themes and other sources, the success of CDI is largely down to its organisation. It developed robust structures that operated at different levels to provide strategic direction, ensure quality and rigour, support implementation and drive the initiative overall. These structures were underpinned by good processes and working relationships. It was flexible in its operation and characterised by a willingness and ability to adapt as required. Strong leadership was a feature of its work, which emanated from the top as well as throughout this lean organisation. As the cross-cutting themes attest, when the work of CDI is examined in the round, a number of generalisable points emerge. The need to engage with a variety of contexts, both at local and national level, is clear. Persistence and a sense of realism in undertaking implementation is required, as is the acknowledgement of challenges that can characterise the process, especially in bringing organisations together to work in a shared manner. Leadership is a key prerequisite to undertaking this type of work, both at the top of an organisation and throughout its structures. Underlying tensions require addressing, such as those which can exist between ascribing to community development principles when implementing evidence-based practices. Staff, and the community with and for whom they work, require their capacity to be built so as to support implementation and sustain the organisation's work in the future.

In summation, the research and analysis undertaken across the six thematic reports and in this final study suggest that, in the main, CDI was effective in delivering its programme of work. This was brought about by an organisational excellence, comprising good structures and successful processes. It has generated significant learning for similar Comprehensive Community Initiative (CCI) interventions, both nationally and internationally.

Based on the key learning identified in this report, the Evaluation Team recommends that the following points be considered by CDI and those interested in undertaking CCI-type work in the future, both in Ireland and abroad.

## 5.2 General recommendations

1. Commit to a detailed, sophisticated and inclusive strategic planning process at the outset.
2. Recognise and use the knowledge of numerous experts who can contribute to the implementation process at different stages. Such expertise can be local, national and international. It can be from within the resident community, from practice, from policy and from academia.
3. Recognise the importance of establishing and maintaining a suitable training and support infrastructure to support quality provision. In particular, consider the use of Communities of Practice (CoPs) as a specific mechanism within such an infrastructure.
4. Clarify the position and role of the community in the implementation process. Recognise that envisaging any significant involvement will require detailed planning, great attention to process issues, resourcing, time and persistence.
5. Acknowledge that establishing and developing interagency working and the integration of services will require clarity and specificity regarding what is to be achieved, a plan to work towards such achievement and a key focus on collaborative processes that underpin successful engagement.
6. Generating robust evidence and mainstreaming learning arising from it will necessitate adequate planning and resourcing. A range of different processes and resources will be required so that a variety of audiences with a diversity of interests will be reached and engaged at different times. Especially important will be the need to prioritise engagement activities with Government and other relevant public institutions.
7. In implementing a Comprehensive Community Initiative (CCI), a dedicated, flexible, responsive, relationship-based executive will be required. Strong leadership, from the top, as well as throughout the organisation, will be a necessity, alongside strong governance structures. In particular, developing a structure that permits local organisations to participate in and support implementation should be considered.
8. Appreciate that implementing a CCI requires constant focus and attention. Persistence, patience, realism and adaptation are all required.
9. Make capacity-building a specific aspect of the implementation process. Develop this within the resident and professional communities, as well as within the initiative's executive.
10. Tensions between differing goals of any CCI (such as between sustaining services, being community-led and being evidence-driven) require resolution and subsequent clear communication regarding the ordering of priorities in an initiative's work.

## 5.3 Recommendations for CDI

1. That CDI raise with key policy-makers and influencers, and politicians the difficulties with engagement from particular sectors, especially the Department of Education and Skills.
2. That CDI reflects on and states its objectives and activities in relation to community engagement and its relationship with the communities within which it works.
3. That CDI sets out a plan to sustain both the programmes and the practices that have been demonstrated as being effective, so that these have a life beyond the organisation.
4. That, based on this and the underpinning thematic reports, CDI should develop a set of specific proposals for policy-makers, for example, in relation to the adoption of evidence-informed policies and training for service managers in child and family contexts.

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## Appendix 1: Data reduction process

This appendix outlines the data reduction and analysis process for the present Final Process Evaluation Report, as referred to in Chapter 1 (Section 1.6.4) of the report.

### Stage 1

1. Three Evaluation Team members meet to discuss findings emerging from the final round of data collection and consider them in the context of the existing thematic reports.
2. Core team members review each report. A staff member of the Child and Family Research Centre, independent of any CDI work undertaken by the CFRC, takes each thematic report, reviews it and summarises each section.
3. The first stage concludes with a day-long workshop. The evaluation team initially – and individually – examines each of the summaries for identification and clarification of descriptive information, strength of evidence, accuracy, comprehensiveness and potential omissions. Any inconsistencies or lack of clarity in the summarised documents are resolved through returning to the original documents and altering the summaries as necessary. Discussions then take place regarding the continuing importance or otherwise of particular points highlighted in each individual report. When each member is satisfied with the report summaries and their content, a template is developed for drafting each thematic for the final report, with five headings: CDI's aims and evaluation questions; CDI's activities; Findings; Evaluative judgement; Key learning on [theme]. Given the limited word count of the final report, an initial limit of 1,200 words is imposed on each proposed thematic summary.
4. Preliminary identification and discussion of emergent cross-cutting themes occurs. They emerge through team discussion about the content of each report, knowledge of the evaluation and reflection on the process and work of CDI. Report summaries and their discussion, fieldwork notes and experiences over the period of the evaluation, reflections on the data-gathering process more generally and engagement with CDI in drafting and re-drafting each thematic report – all influence this process. Workshop concludes.

### Stage 2

1. Over the course of a subsequent 3-day workshop, each of the six report summaries is examined in detail. Evidence for emerging evaluative positions is examined, critically interrogated and discussed. Strengths, weaknesses and learning are key foci in discussions among the team in developing evaluative positions. Each report summary is then analysed for patterns and themes, and material in relation to each thematic area is drafted. This material is assessed and re-assessed by Evaluation Team members and re-drafts are undertaken where required. This workshop concludes with a half-day elaboration and discussion on the emerging cross-cutting issues.
2. Thematic summaries are examined by an independent CFRC researcher for coherency, consistency and reasonableness of conclusions. Comments are received and incorporated, with adjustments made where necessary.

### Stage 3

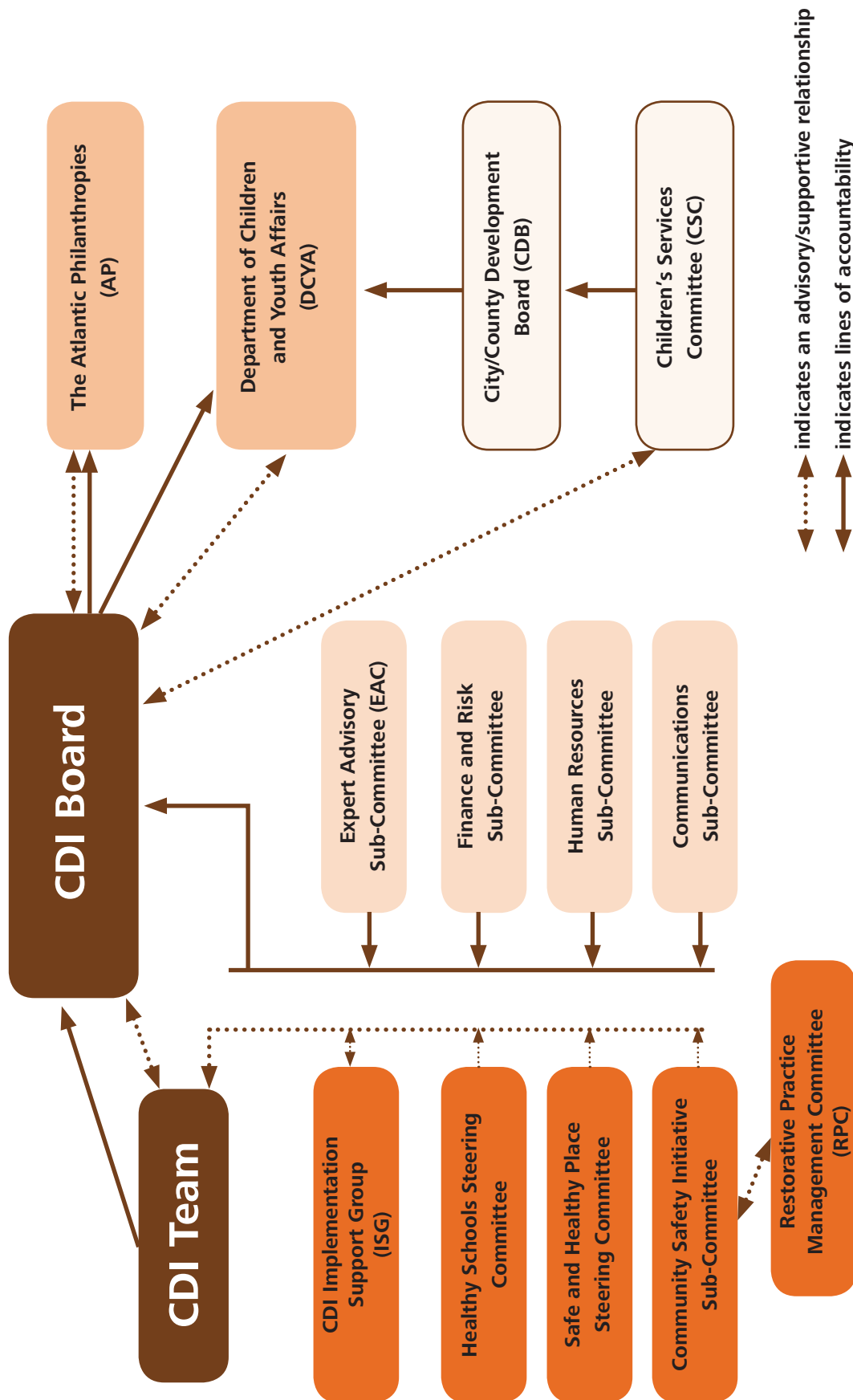
1. A full-day workshop dedicated to the emerging cross-cutting themes and issues pertaining to them occurs. Continued validity of provisional themes, and of evidence to support them, is discussed and assessed. The ability of each provisional theme to sufficiently stand apart from other themes, and to reflect the key issues within the work of CDI, are central considerations. This, and further testing of the data, results in some themes being incorporated into existing themes and other new themes to emerge.
2. Each theme is characterised (particular issues identified, terms clarified) and sets of relevant literature are purposively identified, examined and re-examined, along with additional CCI literature.

3. The cross-cutting themes are written up, with a 1,500 word limit placed on them. The themes are circulated among team members for critical appraisal, as well as to a CFRC team member for consistency, coherency and reasonableness of conclusions.
4. Evaluation Team meets with Profs. Chris Curtin and Pat Dolan to discuss summary documents and outline thinking and content of cross-cutting themes. Discussion occurs on the cross-cutting themes and the strength of evidence on which their identification and elaboration is based.

## Stage 4

1. Seven outcome evaluation reports are received from CDI between October 2012 and May 2013. Each report is examined by an independent (contracted) researcher for data pertaining to the three domains of utilisation, organisation and fidelity. They are also independently examined by the Evaluation Team and notes are compared to ensure consistency and reliability. Where gaps exist in the outcome report data, further information is sought from CDI, and where provided, is included. Outcome evaluation data is integrated with existing domains information gathered from previous process evaluation reports (e.g. on organisation) and analysed to generate an overall picture of the implementation process across each of the services. A section on domains analysis is drafted and circulated for comment to a CFRC researcher. This section is subsequently re-drafted based on feedback.
2. Each drafted element of the final evaluation report is brought together in a document and subsequently discussed by the team. These discussions inform the drafting and re-drafting of the Final Process Evaluation Report.

## Appendix 2: CDI's Governance Structure (2012)



Source: CDI

## Appendix 3: CDI's Logic Model

Inputs	Activities	Outputs	Improved outcomes for children in Tallaght West	Outcomes	Lasting Outcomes
<p><b>People</b></p> <ul style="list-style-type: none"> <li>• Children of Tallaght West</li> <li>• Parents and community</li> <li>• Consortium</li> <li>• Statutory and community providers of services for children</li> <li>• Regional structures</li> <li>• National institutions, agencies and experts</li> </ul> <p><b>Money</b></p> <ul style="list-style-type: none"> <li>• Current investment in Tallaght West of €27 million (2004/2005)</li> <li>• Additional resources of €15.6 million for the first 3 years, equivalent to €634 per year per child under the age of 15</li> </ul>	<ol style="list-style-type: none"> <li>1. Early Childhood Care and Education for all children</li> <li>2. Integrating services in schools and child and family centres</li> <li>3. New services targeted at the identified needs of children</li> <li>4. Improving quality of existing service provision</li> <li>5. Advocating to reduce major stresses on children and families</li> <li>6. Evaluation and application of learning</li> </ol>	<ul style="list-style-type: none"> <li>• Progress towards universal provision of early childhood care and education for Tallaght West children.</li> <li>• Common framework for quality early childhood care and education agreed and implemented.</li> <li>• Enhanced after-school provision according to agreed quality framework.</li> <li>• Improving integration of comprehensive services to support children's healthy and whole development.</li> <li>• New services supporting targeted families according to identified need.</li> <li>• Local people trained and delivering quality services to children.</li> <li>• Learning fora influencing provision in Tallaght West.</li> <li>• Evidence of impact of strategy implementation.</li> <li>• Applying evidence of learning to national policy.</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychological</li> <li>• Intellectual</li> <li>• Spiritual</li> </ul> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• In the community</li> <li>• In school</li> <li>• At home</li> </ul> <p><b>Learning and achieving</b></p> <ul style="list-style-type: none"> <li>• Stay in school longer</li> <li>• Improved literacy and numeracy</li> <li>• Reflective and creative in their learning</li> </ul> <p><b>Sense of belonging</b></p> <ul style="list-style-type: none"> <li>• Giving to and receiving from the community</li> <li>• Attached and included in social life</li> </ul>	<p><b>A model created in Tallaght West</b></p> <ul style="list-style-type: none"> <li>• Tallaght West as a place of learning where others can find out what works.</li> <li>• Tallaght West to become test-bed for Government initiatives for children in communities disadvantaged by lack of economic and social opportunities.</li> <li>• CDI as a model that can be replicated in other areas of Ireland and internationally.</li> </ul>	<ul style="list-style-type: none"> <li>• Children and youth from Tallaght West and other disadvantaged communities are engaged in learning, are safe, healthy and attached to their families and communities, with equal life chances for well-being and freedom as their more advantaged peers.</li> <li>• Long-term social and economic benefits for children, parents and the State.</li> </ul>

## Appendix 4: CDI's 10 outcomes for children

1. Be better prepared for school – primary and post-primary.
2. Be using fewer drugs, alcohol or other substances.
3. Have lower levels of depression.
4. Attend school more frequently.
5. Be taller.
6. Be more engaged in learning outside school.
7. Be more engaged in volunteering outside school.
8. Report to like living in Tallaght West.
9. Be less likely to be victims of bullying or anti-social behaviour in the home, school or community.
10. Experience enhanced relationships with parents.

## Appendix 5: Endnotes

In these Endnotes, the 'Process evaluation reports' referenced refer to the six thematic reports of the overall process evaluation as follows:

Report 1 = Origins and Development of CDI

Report 2 = Interagency Working and Service Integration

Report 3 = Training and Support

Report 4 = CDI and the Community

Report 5 = CDI as Organisation

Report 6 = Mainstreaming, Dissemination and Sustainability

These thematic reports are available online at: [www.twcdi.ie](http://www.twcdi.ie)

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<sup>1</sup> Process evaluation report 1, p. 24

<sup>2</sup> Process evaluation report 1, pp. 48-49

<sup>3</sup> *Ibid.*

<sup>4</sup> Process evaluation report 1, pp. 51-54

<sup>5</sup> Process evaluation report 1, p. 57

<sup>6</sup> Process evaluation report 1, pp. 49-63

<sup>7</sup> Process evaluation report 1, pp. 49-51

<sup>8</sup> Process evaluation report 1, pp. 53-54

<sup>9</sup> Process evaluation report 1, p. 57

<sup>10</sup> Process evaluation report 1, p. 62; 66

<sup>11</sup> Process evaluation report 1, pp. 46-48

<sup>12</sup> Process evaluation report 1, pp. 55-57

<sup>13</sup> Process evaluation report 1, pp. 53-62

<sup>14</sup> Process evaluation report 1, p. 54

<sup>15</sup> Process evaluation report 1, pp. 77-79

<sup>16</sup> Process evaluation report 1, pp. 76-77

<sup>17</sup> Process evaluation report 1, p. 47

<sup>18</sup> Process evaluation report 1, pp. 70-71

<sup>19</sup> Process evaluation report 1, pp. 51-52

<sup>20</sup> Process evaluation report 1, pp. 66-67

<sup>21</sup> Process evaluation report 2, pp. 28-29

<sup>22</sup> Process evaluation report 2, pp. 26; 29; 30-32

<sup>23</sup> Process evaluation report 2, pp. 26; 27; 28; 31; 33-34

<sup>24</sup> Process evaluation report 2, p. 33

<sup>25</sup> Process evaluation report 2, p. 93

<sup>26</sup> Process evaluation report 2, p. 32

<sup>27</sup> Process evaluation report 2, p. 39

<sup>28</sup> Process evaluation report 3, p. 14

<sup>29</sup> Process evaluation report 3, pp. 16-18

<sup>30</sup> Process evaluation report 3, p. 16

<sup>31</sup> Process evaluation report 3, p. 18

<sup>32</sup> Process evaluation report 3, p. 33

<sup>33</sup> Process evaluation report 3, p. 26

<sup>34</sup> Process evaluation report 3, pp. 30-33

<sup>35</sup> Process evaluation report 3, p. 40



- <sup>36</sup> Process evaluation report 3, p. 39
- <sup>37</sup> Process evaluation report 3, p. 40
- <sup>38</sup> Fives *et al* (2013) *Evaluation of the Restorative Practice Programme of the Childhood Development Initiative*, pp. 26-30
- <sup>39</sup> Process evaluation report 3, p. 40
- <sup>40</sup> Process evaluation report 3, p. 40
- <sup>41</sup> Process evaluation report 3, p. 41
- <sup>42</sup> Process evaluation report 3, p. 39; these views were also shared by those who participated in the Restorative Practice training programme
- <sup>43</sup> Process evaluation report 3, pp. 19-20
- <sup>44</sup> Process evaluation report 3, p. 26
- <sup>45</sup> Process evaluation report 3, p. 41
- <sup>46</sup> Process evaluation report 5, p. 10
- <sup>47</sup> Process evaluation report 1, p. 20; Process evaluation report 2, p. 59
- <sup>48</sup> Process evaluation report 2, chapter 4
- <sup>49</sup> Process evaluation report 5, p. 31
- <sup>50</sup> Process evaluation report 5, p. 13
- <sup>51</sup> Process evaluation report 5, p. 13
- <sup>52</sup> Process evaluation report 5, pp. 14-18
- <sup>53</sup> *Ibid.*
- <sup>54</sup> Process evaluation report 5, p. 23
- <sup>55</sup> Process evaluation report 5, p. 24
- <sup>56</sup> Process evaluation report 5, p. 23
- <sup>57</sup> Kearns *et al* (2013) *Evaluation of the Community Safety Initiative of the Childhood Development Initiative*, p. 77
- <sup>58</sup> Fives *et al* (2013) *Evaluation of the Restorative Practice Programme of the Childhood Development Initiative*, pp. 39-40, 44-45
- <sup>59</sup> Process evaluation report 5, p. 24
- <sup>60</sup> Process evaluation report 4, section 3.2 *CDI Team*, pp. 16-20
- <sup>61</sup> Process evaluation report 4, section 3.4 *CDI Board*, pp. 21-24
- <sup>62</sup> Process evaluation report 4, pp. 25-25
- <sup>63</sup> Process evaluation report 4, pp. 26-27
- <sup>64</sup> Process evaluation report 4, pp. 35-36
- <sup>65</sup> Process evaluation report 4, pp. 34-36
- <sup>66</sup> Process evaluation report 4, pp. 27-28
- <sup>67</sup> Process evaluation report 4, pp. 20-21
- <sup>68</sup> Process evaluation report 4, pp. 27-28
- <sup>69</sup> Process evaluation report 4, pp. 16-20
- <sup>70</sup> Process evaluation report 4, pp. 31-32
- <sup>71</sup> Process evaluation report 4, pp. 22-28
- <sup>72</sup> Process evaluation report 4, pp. 28-29
- <sup>73</sup> Process evaluation report 4, pp. 36-37
- <sup>74</sup> Process evaluation report 4, pp. 33-34; 36-37
- <sup>75</sup> Process evaluation report 6, p. 17
- <sup>76</sup> *Ibid.*
- <sup>77</sup> Process evaluation report 6, p. 21
- <sup>78</sup> Process evaluation report 6, p. 23
- <sup>79</sup> *Ibid.*
- <sup>80</sup> Process evaluation report 6, p. 20
- <sup>81</sup> Process evaluation report 6, p. 20
- <sup>82</sup> Process evaluation report 6, p. 30
- <sup>83</sup> Process evaluation report 6, p. 31
- <sup>84</sup> Process evaluation report 1
- <sup>85</sup> Process evaluation report 6
- <sup>86</sup> Process evaluation report 6

<sup>87</sup> Process evaluation report 2

<sup>88</sup> Process evaluation report 2; 4; 5

<sup>89</sup> Process evaluation report 4

<sup>90</sup> *Ibid.*

<sup>91</sup> Process evaluation report 1; report 2; report 4

<sup>92</sup> Process evaluation report 1

<sup>93</sup> Process evaluation report 4

<sup>94</sup> Process evaluation report 2; report 4; report 6

<sup>95</sup> Process evaluation report 3

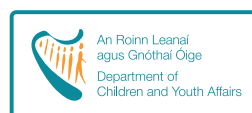
<sup>96</sup> *Ibid.*

<sup>97</sup> Process evaluation report 5; Kearns *et al* (2013) *Evaluation of the Community Safety Initiative of the Childhood Development Initiative*; Fives *et al* (2013) *Evaluation of the Restorative Practice Programme of the Childhood Development Initiative*



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