**The Atlantic Philanthropies'
Disadvantaged Children and
Youth Program in Ireland and
Northern Ireland: Overview of
Program Evaluation Findings**

Final Report

January 30, 2009

Diane Paulsell
Patricia Del Grosso
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MATHEMATICA
Policy Research, Inc.

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EXECUTIVE SUMMARY

In July 2008, the Strategic Learning and Evaluation (SLAE) team of Atlantic Philanthropies (AP) asked Mathematica Policy Research, Inc. (MPR) to evaluate progress made by its Disadvantaged Children and Youth (DCY) program in Ireland and Northern Ireland toward achieving its core objectives. In response, MPR examined the extent to which program activities are influencing government policy, provider practice, university research, and advocacy efforts targeted at disadvantaged children and youth in those countries. This report describes MPR's evaluation design and findings and considers potential future directions for the program.

The Disadvantaged Children and Youth Program in Ireland and Northern Ireland

DCY's ultimate aim is to improve the lives of disadvantaged children. DCY's strategy for achieving this aim focuses on improving the service delivery system for children and youth in Ireland and Northern Ireland by promoting services with evidence of effectiveness and prevention and early intervention strategies that foster healthy development. To guide its work, the DCY program has developed a theory of change with three key objectives: (1) improve provider standards and practices, (2) strengthen the child- and youth-serving field, and (3) give voice to children's needs. DCY has made a number of investments to support each objective (see box next page).

Focus on Prevention and Early Intervention. To address the persistent unmet needs of disadvantaged children, DCY is supporting the implementation and evaluation of a series of prevention and early intervention programs and strategies, including services (1) aimed at promoting the healthy development of young children to prevent later problems and (2) for children and youth that intervene early in a problem cycle, when services are less costly and may have a greater chance for success. The rationale for promoting a shift toward prevention and early intervention strategies is based on an accumulation of scientific evidence on the potential of intervening early to ensure that disadvantaged children have the supports and experiences necessary for healthy development.

Implementing Evidence-Based Practice. In addition to its focus on prevention and early intervention, DCY has promoted the use of evidence-based practice in selecting,

implementing, and studying intervention programs. DCY's approach to evidence-based service design aims to combine evidence about community needs and the efficacy of specific interventions with the wisdom of local practitioners and community members. The goal of this approach is to develop programs with strong potential to be effective based on prior research and to be a good fit with the local culture; the existing service delivery system; and the needs and interests of affected families, children, and youth.

DCY Investments, by Objective

Objective 1: Improve Provider Policies and Practices

DCY made most of its early investments in programs that provide direct services to disadvantaged children, youth, and parents. As of August 2008, DCY had funded four community engagement sites and eight innovation programs and had given planning grants to five programs.

Objective 2: Strengthen the Child- and Youth-Serving Field

In support of objective 2, DCY made investments in two university-based research centers that specialize in applied policy research and program evaluation and the Dartington Social Research Unit UK, which provided service design support to many DCY grantees. In addition, DCY—in collaboration with the Office of the Minister for Children and Youth Affairs and the Department of Community, Rural and Gaeltacht Affairs—invested in the development of the Centre for Effective Services (CES). CES will offer technical assistance to organizations that provide services for children and youth. These investments are designed to establish the infrastructure and domestic capacity to support evidence-based practice and ongoing evaluation and program improvement.

Objective 3: Give Voice to Children's Needs

Underlying DCY's strategy in Ireland and Northern Ireland is a respect for the human rights of children and youth. In an effort to achieve this objective, DCY made two primary investments in advocacy organizations promoting children's rights—Children's Rights Alliance in the south and Children's Law Centre in the north. DCY also made investments in Dartington Social Research Unit's website, Prevention Action (preventionaction.org), which reports on international innovations and programs for children. Two additional grants—the Irish Child Care Policy Network and the Irish Association of Young People in Care—were under consideration but had not yet been funded as of August 2008.

Main Findings

In August and September 2008, MPR conducted semistructured interviews with more than 50 informants and reviewed key policy documents on children and youth in Ireland and Northern Ireland, research reports, and grantee plans and progress reports. Researchers developed interview protocols and a structured coding scheme to systematically collect and analyze the data.

Context. Informants reported that children's services in Ireland and Northern Ireland focused on crisis intervention, were heavily "siloed," were not selected based on evidence of effectiveness, and were not rigorously evaluated. As of 2005, governments had recognized the need for addressing these issues. However, based on interviews and document reviews, the research team did not find evidence that efforts to design, study, and implement new service models were underway or in the planning stages. The academic sector had minimal

engagement with policy development related to issues faced by children and youth. The research team did not find evidence of movement toward increased engagement.

DCY: A Catalyst for Change. The research team found evidence of substantial progress toward DCY's objectives. Overall and despite some challenges, DCY has been a catalyst for change in encouraging government investment in evidence-based prevention and early intervention programs, promoting evidence-based practice among service providers, and engaging the academic sector in policy-oriented research. While we cannot know with certainty what the trajectory of these three sectors would have been, these changes are not likely due to other factors such as government policy or funding shifts that would have happened in the absence of DCY. We found little evidence that these changes would have occurred without DCY's investments and support. Four main findings emerge from the evaluation.

1. Government and local service providers reported an increased focus on prevention and early intervention. By investing funds in prevention and early intervention services when government views such a shift as risky, DCY has generated enthusiasm for the approach in communities in which its grantees operate and has the potential to demonstrate effectiveness of the programs by supporting rigorous evaluations.

2. By supporting the objective 1 grantees' use of a systematic and evidence-based approach to service design, DCY has introduced a new way of thinking among providers in regard to identifying needs, designing services, and approaching continuous service improvement. Government and local service providers have worked with university-based research centers and Dartington Social Research Unit to identify service needs based on evidence, identify programs with evidence of effectiveness to meet these needs, and implement and rigorously evaluate these programs in an Irish context.

3. New approaches to integrating services are emerging in local communities. Lead service providers are working with other providers and government agencies to bring coherence and alignment to service delivery. The integration efforts are receiving strong support from communities.

4. The academic sector is developing capacity to help service deliverers plan services and study effectiveness. The academic sector also is positioned to partner with the newly emerging Centre for Effective Services (CES)—a nonacademic center designed to provide high-quality research support to service deliverers—to expand CES's ability to draw on a wide range of research expertise.

Possibilities for Future Directions

The findings point to five strategies DCY might consider to further its objectives.

1. **Plan for the Release of Evaluation Findings.** DCY should begin working with grantees to prepare for the release of findings from evaluations currently underway. Specifically, the DCY team and grantees could educate government and other key stakeholders about evaluation and what to expect from the results, and explore opportunities for conducting cross-site analyses and synthesis of findings.

2. **Promote Successful Implementation.** High-quality implementation and fidelity to evidence-based models are critical for ensuring that the evaluations effectively test the selected models. Several steps could be taken to support implementation, including establishing a grantee learning community, creating an implementation advisory group, and using evaluation findings for program improvement.

3. **Promote Service Integration.** Study informants consistently cited a "siloed" service delivery system as a significant barrier to implementing prevention and early intervention strategies that require collaboration across service delivery systems. Potential strategies for further promoting service integration include gleaning lessons learned from grantees at the local level and involving grantees in advocacy and technical assistance efforts to promote service integration.

4. **Advocate for the Widespread Adoption of Evidence-Based Practice.** DCY should develop a strategy for how it will advocate for widespread adoption of effective models and an evidence-based approach to service design and ongoing decision making. DCY could engage grantees, their partners, and community members as champions for such an approach. DCY could also promote partnerships between traditional children's rights advocacy organizations and direct services grantees to advocate for evidence-based prevention and early intervention strategies.

5. **Build Infrastructure to Support Sustained Evidence-Based, Prevention-Focused Approaches.** Before DCY began its work, Ireland did not have the infrastructure and expertise to support an evidence-based approach to service design and ongoing assessment of services. Significant progress has been made through the creation of new research centers and a technical assistance center. For widespread adoption and scale-up of effective strategies to be feasible, infrastructure development should continue. DCY might consider taking four additional steps: (1) strengthen and continue building linkages between research centers and training colleges for teachers and social workers; (2) build a repository of information on effective practices that have been evaluated in Ireland and new international models that could be studied in Ireland in the future; (3) build on grantee experiences to develop evidence-based service design models that could be feasibly implemented by government services, within a reasonable period of time and without intensive participation of expert consultants; and (4) provide more regular opportunities for practitioners and researchers to interact and share information on evidence-based practices and prevention and early intervention services and models.

CHAPTER I

INTRODUCTION AND BACKGROUND

I n July 2008, the Strategic Learning and Evaluation (SLAE) team of Atlantic Philanthropies (AP) asked Mathematica Policy Research, Inc. (MPR) to evaluate progress made by its Disadvantaged Children and Youth (DCY) program in Ireland and Northern Ireland toward achieving its core objectives. In response, MPR examined the extent to which program activities are influencing government policy, provider practice, university research, and advocacy efforts targeted at disadvantaged children and youth in those countries. This report describes MPR's evaluation design and findings and considers potential future directions for the program.

The DCY program in Ireland and Northern Ireland has an ultimate goal of *keeping children engaged in learning and healthy through investments in prevention.* DCY's strategy for achieving this aim focuses on improving the service delivery system for children and youth by promoting services with evidence of effectiveness and prevention and early intervention strategies that foster healthy development. To guide its work, DCY has developed a theory of change with three key objectives: (1) improve provider standards and practices, (2) strengthen the child- and youth-serving field, and (3) give voice to children's needs. Within its first objective—improve provider standards and practices—DCY has funded 16 grantees to design and deliver evidence-based services to children and youth.[1] Each funded program is required to evaluate the services it implements; the grantees are encouraged to use evaluation methods that are scientifically rigorous. Within objective 2, DCY made investments designed to establish the infrastructure to support data driven service provision; investments include two university-based research centers, the Dartington Social Research Unit UK, and the Centre for Effective Services. Investments in the third objective include two advocacy organizations with a mission to promote children's rights.[2] More detailed information on DCY's strategy and its investments is included in Chapter II.

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[1] This report includes investments made by DCY as of August 2008.

[2] Two additional grants—the Irish Child Care Policy Network and the Irish Association of Young People in Care—were under consideration but had not been funded as of August 2008.

This report provides an overview of key findings from the evaluation. In the rest of this chapter, we provide background on DCY's focus on promoting evidence-based prevention and early intervention strategies and the national and international context for the initiative. In Chapter II, we describe DCY's progress on the objectives and outcomes in its theory of change, as well as barriers or hurdles that we identified. We conclude Chapter II by describing DCY's role in changing government policy, provider practice, university research, and advocacy efforts. In the final chapter, we suggest potential future directions the program could take to build on gains made to date. These suggestions focus on five specific areas: (1) planning for the release of evaluation findings; (2) supporting grantees to promote successful implementation; (3) promoting service integration; (4) advocating for the widespread adoption by government of prevention and early intervention strategies with evidence of effectiveness; and (5) building infrastructure to support a sustained, evidence-based, prevention-focused approach into the future.

RATIONALE FOR A FOCUS ON EVIDENCE-BASED PREVENTION AND EARLY INTERVENTION STRATEGIES

This section provides a brief overview of the needs of disadvantaged children and youth in Ireland and the rationale for a focus on prevention and early intervention services and evidence-based practice. It also provides some background on the Irish and international context for DCY's strategy.

The Need

Despite recent economic gains, reform efforts, and government programs targeting disadvantaged areas and children, persistent child poverty, inequities in educational achievement, and significant mental health and other problems remain in Ireland and Northern Ireland. Moreover, the prevalence of these problems is higher in economically disadvantaged communities, often concentrated in urban areas. In this section, we include examples of (1) needs specific to disadvantaged populations and (2) needs that cut across the general population.

Needs Related to Disparities

- **Child poverty rates are high.** Approximately one-quarter of children in the south are considered at risk of poverty;[3] and between one-quarter and one-third of children in the north live in poverty[4] (Office of the Minister for Children and

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[3] At risk of poverty is defined as the percentage of children living in households with a household income below the national 60 percent median, equivalized using the national equivalence scale (OMCYA 2008a).

[4] Kenway, MacInnes, Kelly, and Palmer (2006) describe children in income poverty. The low-income threshold used is 60 percent of the contemporary British median household income after deducting housing costs. Hillyard, Kelly, McLaughlin, Patsios, and Tomlinson (2003) describe children living in households that fall below the consensual poverty line. Consensual poverty is defined by the British Millennium Poverty and Social Exclusion Survey and includes a combination of income and deprivation; a sample of the general public

Youth Affairs [OMCYA] 2008a; Nolan et al. 2006; Kenway et al. 2006; Hillyard et al. 2003). Both countries have a child poverty rate that is above the European Union (EU) average of 19 percent (European Commission 2008).

- **Inequities exist in school achievement.** In 2003, Irish children ranked 6th on the reading literacy scale and 17th on the mathematics scale out of 29 countries participating in the Program for International Student Assessment (PISA) Survey; however, children in higher social classes achieved higher mean average scores than children in lower social classes (Office of the Minister for Health and Children 2006). Inequities were also present in Northern Ireland. In 2002-2003, although 76 percent of pupils in Northern Ireland achieved level 4 or above in Key Stage 2 in English and 78 percent achieved level 4 or above in Maths, lower percentages of pupils in the most-disadvantaged primary schools achieved the same levels (63 percent achieving level 4 or above in Key Stage 2 in English and 67 percent in Maths; Office of the First Minister and Deputy First Minister 2006).

Needs Related to General Trends

- **Rates of mental health problems, such as teenage drinking, antisocial behavior, and suicide are high.** In 2006, 20 percent of Irish children (ages 10 to 17) reported that they had been drunk at least once in the past 30 days (OMCYA 2008a). Youth suicide accounted for 15 percent of deaths in the 10-to-17 age group in the south in 2006; the suicide rate in the north has increased in recent years and has doubled among males ages 15 and older living in Belfast North and Belfast West Parliamentary Constituencies between 1991-1997 and 1998-2004 (OMCYA 2008a; Healthy Cities Belfast 2008).

- **Children and young people in the north live with the legacy of 35 years of conflict.** Thirty-six percent of all those killed in the "troubles" in Northern Ireland were children and young people. Although the levels of casualties and fatalities have declined since the signing of the Good Friday Agreement, sectarianism and division within Northern Ireland still affects the well-being of children and young people. Nearly one-third of respondents surveyed in the Northern Ireland Young Life and Times Survey (2004) reported that they had been threatened by a paramilitary group and another third reported that they had been injured due to a sectarian incident (Office of the First Minister and Deputy First Minister 2006).

(*continued*)
were asked to decide what the basic necessities of life are and therefore a poverty consensus is used to define indicators of deprivation.

The Case for a Shift to Prevention and Early Intervention Strategies

To address the persistent unmet needs of disadvantaged children on the island, DCY is supporting the implementation and evaluation of a series of prevention and early intervention programs and strategies. During interviews, informants consistently defined prevention and early intervention strategies as services (1) aimed at promoting the healthy development of young children to prevent later problems; and (2) for children and youth that intervene early in a problem cycle, when services are less costly and may have a greater chance for success.

The rationale for promoting a shift toward prevention and early intervention strategies is based on an accumulation of scientific evidence on the potential of intervening early to ensure that disadvantaged children have the supports and experiences necessary for healthy development (OMCYA 2008b; Young 1996). For example, ample evidence about brain development shows that the early years are a critical time in which the brain develops rapidly. Environmental influences on brain development are dramatic and long lasting. The presence or absence of adequate nutrition, stimulation, language, secure relationships, and stress during a child's early years have far-reaching consequences (Ramey and Ramey 2004; Schonkoff and Phillips 2000; Young 1996).

Advances in the science of interventions with this population have demonstrated that early intervention strategies can be effective if implemented with fidelity (McCormick et al. 2006; Love et al. 2005; Olds et al. 2002). Rigorous evaluation research on these international models—home visiting interventions, parenting programs, high-quality early childhood education, youth mentoring strategies—has shown that prevention and early intervention strategies can prevent future problems such as child abuse and emotional and behavioral problems and promote the necessary conditions for healthy development. A number of studies point to the potential for prevention and early intervention strategies to be cost effective, a primary interest for policymakers (Heckman and Masterov 2004; Aos et al. 2004).

In summary, scientific advances in our understanding of the importance of early experiences on human development and the efficacy of early supports and interventions point to the far-reaching potential of early intervention strategies. Building on this foundation, policymakers and researchers have advanced core economic and equity arguments in support of investments in prevention and early intervention (Heckman and Masterov 2004; Young 1996):

- To build human capital and resources for the future by supporting development of intellectual capacity and positive social behavior of the next generation

- To generate higher economic returns on future investments in education and reduce future social costs by promoting early development and preventing expensive social problems such as retention in grade, early school leaving, and juvenile delinquency

- To achieve social equity by ensuring disadvantaged children receive the supports available to their higher-income peers

Countries in Northern Europe, the United Kingdom, Australia, the United States, Canada, and others are investing in early intervention and prevention programs for disadvantaged children and youth. Investments in early childhood education are common. Child welfare agencies are investing in prevention and early intervention as a strategy for reducing the number of children in care and the prevalence of child abuse and neglect; education agencies are investing in early childhood education initiatives. Mental health agencies are also pursuing prevention strategies.

The Policy Context

In the past decade, Ireland and Northern Ireland have taken steps to better address the needs of children and youth and to promote the rights of children. In the south, an inter-departmental group within the government developed a national children's strategy to support implementation of the United Nations Convention on the Rights of the Child (UNCRC). In 2005, the Office of the Minister for Children and Youth Affairs (OMCYA) was created to oversee the strategy's implementation and coordinate policymaking for children. OMCYA has responsibility for children's policy and monitoring, but implementation largely remains the responsibility of government services with authority over relevant funding streams and services. In the north, the government created the Children and Young People's Unit (CYPU) to promote the rights of children and young people. CYPU has developed a 10-year children's strategy and designated "children's champions" within each department to advocate on children's issues.

In both countries, government policy documents on children and youth strongly support shifting the service delivery strategy to a greater focus on prevention and early intervention (see box). Yet a broad range of informants—including government officials—described the difficulty of moving from policy to actual implementation. Informants described the status quo of services for children and youth in Ireland as largely crisis-focused, reactive, and intervening late in the problem cycle.

Policy Statements in Support of Prevention and Early Intervention Strategies

"There has been public concern over the increasing number of children who are presenting with needs that existing services appear unable to meet.… While it is important to ensure that there is an appropriate response to these problem behaviors, it is also necessary to see them, in part at least, as indicative of an imbalance in service provision leaning towards treatment rather than prevention."

–National Children's Strategy, Republic of Ireland

"The ten-year strategy is also underpinned by a commitment to preventative and early intervention practice. This should not be construed solely as the need for intervention at a point which prevents a problem worsening or a situation deteriorating further. The aim is to improve the quality of life, life chances, and living for all our children and young people and reduce the likelihood of more serious problems developing in the future."

–Our Children and Young People—Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland

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In sum, government recognizes the need for prevention and early intervention services and aspires to make the shift. Political and funding realities, however, continue to drive government in the direction of reacting to problems and issues, such as child protection service cases that resulted in neglect or death, instances of youth delinquency and crime, and reports of higher-than-expected illiteracy rates within the population. Based on interviews and reviews of policy documents, the evaluation found no evidence that governments were shifting their service delivery approach toward prevention and early intervention prior to DCY's investment. Moreover, infrastructure and expertise to support such a shift to evidence-based prevention and early intervention strategies did not exist on the island.

> "…if a child is in trouble with the law, they go into a system, if the child is in care, they go into a system, [prevention and early intervention] is more about children who are at risk and trying to restrict the number of children getting into that situation … it's all the same kids, the drugs kids, welfare kids, the in trouble kids."
>
> –Government official

The Importance of an Evidence-Based Approach

In addition to its focus on prevention and early intervention, DCY has promoted the use of evidence-based practice in selecting, implementing, and testing the effectiveness of intervention programs. For DCY staff and grantees, evidence-based practice means designing services based on evidence of specific community needs, selecting service models with evidence of effectiveness, and testing their effectiveness in local communities. DCY's approach to evidence-based service design aims to combine evidence about community needs and the efficacy of specific interventions with the wisdom of local practitioners and community members. The goal of this approach is to develop programs with both strong potential to be effective based on prior research and to be a good fit with the local culture; the existing service delivery system; and the needs and interests of affected families, children, and youth.

> "There is no strong tradition of evidence based policy development in Ireland. Policy is frequently being developed for political expediency on the basis of opinions, traditional values and similar factors."
>
> –Child care agency director

The Policy Context

Study informants uniformly reported that Ireland does not have a strong tradition of using research evidence to make policy decisions or conducting rigorous evaluations of its programs. As noted earlier, program funding decisions are more often crisis-driven and made in reaction to problems or issues. Assessments of service delivery have not been focused on measuring improvement in children's outcomes, but more often on outputs and numbers served. Moreover, prior to DCY Ireland did not have the expertise to support an evidence-based approach to service design and rigorous evaluation.

DCY: A Catalyst for Change

With its emphasis on making use of the best scientific evidence and proven strategies to improve the life chances of disadvantaged children and youth in Ireland and Northern

Ireland, DCY is acting as a catalyst for change. DCY has the potential to demonstrate effectiveness and generate enthusiasm for evidence-based prevention and early intervention services in the communities in which its grantees operate. Indeed, as described in Chapter II, substantial progress has already been made. Government investments made to date in community engagement sites are a promising indication of the potential for government to invest more widely in an evidence-based approach to service delivery if implementation is successful and evaluations produce evidence of effectiveness.[5]

DCY has looked beyond Ireland's borders to bring expertise and knowledge about the most promising prevention and early intervention models to the island. Grantees are now implementing a number of international models and rigorously evaluating them in the Irish context. For example, Incredible Years, an intervention to promote social-emotional development and reduce problem behaviors in children, was developed and tested in the United States and has been widely implemented in Wales. It is now being implemented and rigorously evaluated in several communities in the south. These and other grantee activities currently under way have the potential to demonstrate that evidence-based service design and evaluation can provide useful information about how to meet the needs of Ireland's disadvantaged children and youth.

In addition to funding the implementation and evaluation of innovative prevention and early intervention programs, DCY has embarked on a set of investments—two university-based policy research centers and the Centre for Effective Services—to build domestic infrastructure and capacity to support evidence-based service design and evaluation into the future. Similar investments have been made to build the capacity of organizations to advocate for prevention and early intervention approaches to meeting the needs of children and youth.

DCY has also begun efforts to strengthen ties among practitioners, university-based researchers, and policymakers who are committed to promoting prevention and early intervention strategies and evidence-based practice. Forging these connections will be critical to changing the way services are planned and evaluated and to sustaining a system of ongoing evidence-based service design, assessment, and program improvement to ensure that service provision is meeting the needs of children and youth.

EVALUATION DESIGN

To guide its work, the DCY program has developed a theory of change with three key objectives: (1) improve provider standards and practices, (2) strengthen the child- and youth-serving field, and (3) give voice to children's needs. For each objective, DCY has identified a set of target outcomes (Figure I.1). Although these objectives focus largely on service

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[5] Community engagement sites are DCY-funded grantees that receive cofunding from government. Information on these sites, as well as DCY's other investments, is included in Chapter II.

providers and service delivery, DCY's ultimate aim is to improve the lives of disadvantaged children. DCY's strategy for achieving this aim focuses on improving the service delivery system for children and youth in Ireland and Northern Ireland by promoting services with evidence of effectiveness and prevention and early intervention strategies that foster healthy development.

To design the evaluation, MPR, SLAE, and DCY created a set of indicators to measure DCY's progress toward achieving each outcome in the theory of change. We identified a diverse set of informants to provide information for the evaluation—DCY staff, government officials in Ireland and Northern Ireland, grantee staff and board members, university researchers, children's rights advocates, other funders, and other key stakeholders. The evaluation team developed interview protocols and a structured coding scheme to systematically collect and analyze data on the outcomes and indicators (see Volume II, Appendixes A and B).

Figure I.1
Atlantic Philanthropies' Disadvantaged Children and Youth Program in Ireland and Northern Ireland: Theory of Change

Improve provider policies and practices	Strengthen child- and youth- serving field	Give voice to children's needs
Stronger **organizational** capacity and sustainability of providers	Greater organizational capacity and sustainability of intermediaries	NGO advocacy focus on prevention and early intervention
Demonstrated efficacy and clear cost-benefits of programs	Higher-quality standards and **practices** established and disseminated	More sustainable **advocacy** organizations
Replication or demonstrated **impact** on government policy and funding	More providers receiving support **and** technical assistance on best practices	More consistent **implementation** of children's rights and benefits
	High-quality applied policy research	
	Better networking among youth-serving organizations	

Source: Atlantic Philanthropies' Disadvantaged Children and Youth Program in Ireland and Northern Ireland

NGO = nongovernmental organization

In August and September 2008, we conducted semistructured interviews with more than 50 informants (Table I.1). We also reviewed key policy documents on children and youth in Ireland and Northern Ireland, research reports, and grantee plans and progress reports.

For each objective, MPR's evaluation addresses the following research questions:

- What progress has been made? What program activities have been undertaken?

- Are the program activities appropriate? What gaps in program activities need to be filled?

- To what extent have program activities influenced government policy and practice, university research, and advocacy efforts for disadvantaged children and youth?

- What barriers or hurdles have arisen? How were they handled? What lessons were learned?

- What are the next steps? Are course corrections needed?

Table I.1. Interview Respondents, By Type

Respondent Type	Number
DCY program staff	6
Objective 1 program directors and board members	21
Objective 2 center directors and leadership	6
Objective 3 key staff	2
Government officials	19
Other funders	1
Other evaluators	4
Total number of respondents	**59**

DCY = Disadvantaged Children and Youth.

LOOKING AHEAD

As described in subsequent sections of this report, at this early stage DCY has already made substantial progress toward many of the target outcomes identified in its theory of change. The program also faces several significant hurdles that need to be overcome to continue advancing its strategy. Key to its continued progress will be DCY's work in collaboration with grantees, government partners, advocates, and others to build enthusiasm and support for a shift in how services are selected, implemented, and assessed to one that focuses on prevention and relies on evidence about what works to improve outcomes for children. The final section of this report provides suggestions for next steps as DCY considers strategies for carrying out the subsequent phase of its work.

CHAPTER II

MAIN FINDINGS

To achieve its overall goal of *keeping children engaged in learning and healthy*, the Disadvantaged Children and Youth (DCY) program sought to transform the service delivery system for children and youth in Ireland and Northern Ireland. DCY has made investments to support three objectives: (1) improve provider standards and practices, (2) strengthen the child- and youth-serving field, and (3) give voice to children's needs. In this chapter, we describe DCY's investments in detail and assess the progress DCY has made on its targeted outcomes. We then describe several challenges or barriers faced by DCY that could impede future progress. At the end of the chapter, we provide our overall conclusions about DCY's progress to date and its role in shaping the policy and practice context in Ireland and Northern Ireland.

A. DCY'S INVESTMENTS AND PROGRESS ON TARGETED OUTCOMES

To assess the progress made by the DCY program in achieving the targeted outcomes in its theory of change, we collected and analyzed information on each outcome and performance indicator. Based on this assessment, we placed each indicator in one of four categories:

- **Achieved**: DCY has met the performance indicator.

- **Progressing**: DCY has made substantial progress toward the performance indicator, but it has not yet been fully achieved.

- **Emerging**: DCY has made some initial progress toward the performance indicator.

- **Premature**: It is too early in the program cycle to judge progress on the indicator, or activities supporting the indicator have not yet begun.

In the remainder of this section, we summarize investments made under each objective and progress on each outcome and indicator. Our assessment of each indicator—achieved, progressing, emerging, or premature—is displayed in Figures II.1-3.

OBJECTIVE 1: IMPROVE PROVIDER POLICIES AND PRACTICES

Investments. DCY made most of its early investments in programs that provide direct services to disadvantaged children, youth, and parents. As of August 2008, DCY had funded four community engagement sites and eight innovation programs and had provided planning grants to five programs (Table II.1 and Volume II, Appendix C).

- **Community Engagement Sites.** These are place-based initiatives located in disadvantaged areas. In each community, a local coalition is working to assess community needs and to plan, implement, and evaluate prevention and early intervention strategies. In addition to launching new services, grantees are working to better integrate and align services that already exist in the community. Three engagement sites—Northside Partnership Preparing for Life, Tallaght West Child Development Initiatives (CDI), and Youngballymun are located in disadvantaged neighborhoods in or near Dublin. Together 4 All operates in four neighborhoods located in the borough of Craigavon, just outside Belfast.

- **Innovation Grantees.** These organizations are funded to identify and implement prevention and early intervention services for children and youth with evidence of effectiveness in international studies, and then evaluate their effectiveness in the Irish context. Some grantees are evaluating locally developed models. Examples include Foroige—implementing and evaluating the Big Brothers Big Sisters program; Archways—implementing and evaluating Incredible Years, an intervention for children ages 3 to 11 years with emotional and behavioral problems; and the Lifestart Foundation—evaluating a home-based parenting intervention for parents of children under age 5.

- **Planning Grants.** These grantees are in a service design phase that includes assessing community needs, reviewing the research evidence about potential interventions to address identified needs, and consulting with partners and community members. For example, Mayo Women's Support Services is developing a school-based intervention aimed at reducing family conflict and violence.

Progress on Outcomes. DCY has made substantial progress toward the three outcomes targeted under Objective 1 as exhibited in Figure II.1. We identified three indicators (one per objective) as achieved (see indicators in dark grey boxes in Figure II.1) and two indicators as too early to assess (see indicators in white boxes in Figure II.1). We identified most indicators, however, as progressing or emerging. In this section, we describe each outcome in more detail.

Table II.1.   Objective 1 Programs for Children and Youth

Program	Service	Service Activities
Community Engagement Sites		
Northside Partnership	Preparing for Life	A community-wide initiative that includes an early intervention home visitation program for prenatal women and those with young children and quality improvement support for child care providers
Tallaght West Childhood Development Initiative (CDI)	Early Childhood Care and Education	Two-year comprehensive early childhood program including family support
	Doodle Den	After-school program to promote literacy
	Mate Tricks	After-school program to promote prosocial behavior
	Healthy Schools Program	Program designed to place health worker in schools to conduct health screenings and referrals for children and better integrate health and schools
	Community Safety Initiative	Community engagement project that includes engaging key community stakeholders and developing activities that address factors that negatively affect the community
Together 4 All	Behavior Curriculum	A school-based curriculum designed to increase mutual respect and understanding and improve children's social and emotional well-being
	School-Based Screening Program	Screening program to identify and treat children at risk for developing a conduct disorder
	Collective Efficacy	A program to support young people to become leaders in their schools and communities
	Integration Work	A program to increase integration among service providers
Youngballymun	Ante-Natal Services/Parent Support	Home visitation program and parent support program
	Incredible Years	Training program for parents and classroom management program for teachers
	Early Years	Comprehensive high-quality preschool program with family support
	In-School Literacy Support	One-to-one literacy mentoring program
	Literacivc	Initiative that will work across services to support language development, creativity, self-expression and literacy from pre-birth through to early adulthood
	Youth Mental Well-Being	A community-based system of care that supports young people to achieve better mental health and well-being
Innovation Sites		
Archways	Incredible Years Parent Training Program	Training program aimed at improving parenting skills

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Program	Service	Service Activities
	Incredible Years Teacher Classroom Management Program	Training program designed to help teachers better manage problem behaviors in their classrooms and to promote socially appropriate behaviors
	Incredible Years Dina Treatment Program for Children	Small group treatment program for children aged 3-10 years who are at risk or are already diagnosed as having a conduct disorder
Barnardos	Friendship Group	Program targeting peer relationships
	Wizards of Words	One-on-one literacy program for children offered by older volunteers
Brook Northern Ireland	Sexual Health Clinics in Belfast and Coleraine	Clinics offering services intended to improve sexual health, sexual relationships, and increase awareness of sexual health and relationships in the youth population
Business in the Community Northern Ireland	Time to Read	In-school mentoring program for youth by members of the business community
Early Years Organization	Respecting Differences	A training program on mutual understanding and diversity for preschool teachers, parents, and management; teachers implement the program to children with ongoing support from Early Years' specialists; a series of television cartoons complement and support the classroom-based program
	Eager and Able to Learn	Comprehensive preschool program for 2 year olds
Fatima Regeneration Board	Rialto Learning Community	Out-of-school-time initiative for youth
Foroige	Big Brothers Big Sisters Ireland	Youth mentoring programs including community-based and school-based programs
Lifestart Foundation	Lifestart Parenting Program	A parent-directed, child-centered program of information, knowledge, and practical learning activity on child development
Planning Grants		
Barnardos	Planning in process	
Barnardos, No. Ireland	Planning in process	
Mayo Consortium	Planning in process	
Southern Area Children and Young People's Committee	Planning in process	Work carried out by the Working Group on the Rights and Needs of Black and Minority Ethnic children and young people
Parent Advice Centre	Planning in process	

Sources: Interviews with grantee staff conducted in August 2008 by Mathematica Policy Research, Inc. and program materials and websites.

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Figure II.1
Atlantic Philanthropies' Disadvantaged Children and Youth Program in Ireland and Northern Ireland
Progress on Objective 1: Improve Provider Policies and Practices

Source: Mathematica Policy Research, Inc.
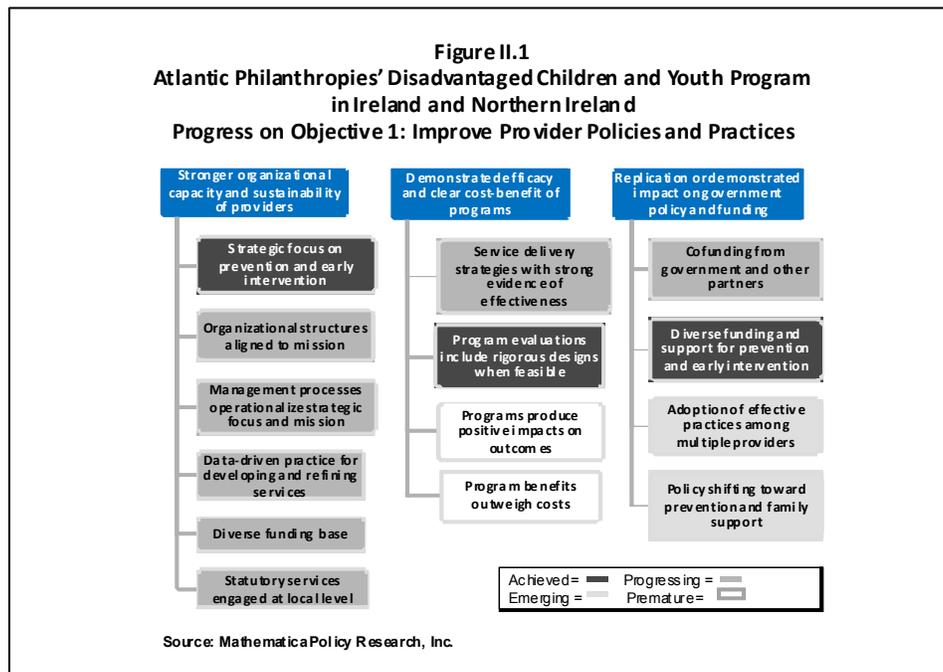
Stronger Organizational Capacity of Grantees and Sustainability of Community-Based Initiatives

- **Grantees have implemented services for children, youth, and parents with a strong focus on prevention and early intervention.** Many grantees are focusing on services to support parents in their roles and to support children's early development prior to school entry (Table II.2). Others are studying services for older children designed to intervene early in a problem cycle to prevent early school leaving, delinquency, and behavior problems. Service delivery strategies for older children include mentoring, after-school programs, and community-based interventions.

  > "Ours is a school readiness program and we are working with a cohort of 200 families in a very specific area of disadvantage. We are trying to invest early and see if we can improve outcomes for children because we have lots of evidence about early school leavings and poor outcomes. We are testing a model in two specific areas, child development and parenting. There are lots of areas we could test, but we are investing in those two."
  >
  > –Grantee director

- **Grantees have made progress in aligning their organizational structures and management processes to support a strategic focus on their mission of implementing and evaluating services for children and youth.** Capacity-building investments in selected grantees, such as Barnardos and Lifestart, have yielded improvements in service design capacity and management functions, such as strategic planning, human resources, and data management. Other

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grantees, however, struggle with the simultaneous demands of establishing management systems, implementing new services, and launching evaluations. This is especially challenging for relatively new organizations. The Centre for Effective Services is expected to support grantees in building organizational capacity when it begins work in early 2009.

- **Grantees are progressing toward data-driven practices for developing and refining services.** Most grantees reported using an evidence-based service design process for developing new services or refining existing services. This process included collecting information about the characteristics and needs of children and youth in the community, such as baseline surveys, and using the data for selecting interventions to implement and planning services. Nearly all grantees have or are developing ongoing self-assessment and monitoring systems. These systems enable grantees to evaluate their progress toward targeted outcomes on an ongoing basis, identify problems, and assess the effectiveness of new strategies for overcoming the problems.

Table II.2. Objective 1 Services, by Type

Program Cluster	Number of Services
Home visitation programs for prenatal parents and parents with children ages birth to 5	3
Comprehensive center-based early care and education programs for children ages 2 to 5	3
School- and center-based interventions focused on supporting children's social and emotional development	6
In-school and after-school mentoring programs for children and youth focused on supporting literacy	4
In-school and after-school mentoring programs for children and youth focused on supporting prosocial behavior	2
Mentoring programs for youth	2
Parent training focused on supporting children's social and emotional development	1
Other services	7

Sources: Interviews with grantee staff conducted in August 2008 by Mathematica Policy Research, Inc. and program materials and websites.

Note: N = 28 services.

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- **Nearly all grantees have multiple funding sources (except those in the planning phase), although the level of government funding varies.** Several grantees have cofunding from other foundations, such as the One Foundation in the south and the Bernard van Leer Foundation in the north. Engagement sites located in the south have equal amounts of cofunding from Atlantic Philanthropies (AP) and the Office of the Minister for Children and Youth Affairs (OMCYA). Together 4 All has a small amount of cofunding from the Office of the First Minister and Deputy First Minister. In addition, several innovation grantees, such as Archways, have funding from other government sources. Some receive ongoing funding from the Health Services Executive in the south and the Department of Health, Social Services, and Public Safety and local trusts in the north for a range of services.

  > "[Grantee] is trying to provide a model that can serve to change the way the existing services work with each other in an area… We're working very locally with systems, schools, health providers, public health nurses, mental health services, drug and alcohol services, community groups… This is a key change agent – the fact that we can resource enriched services; that is a key incentive for people to change what they do. It is too early to predict this will stick, but I think it will."
  >
  > –Grantee director

- **Grantees are engaging local government services in planning, training, service delivery, and governance.** Grantees, in particular the engagement sites, highly value local collaboration and have involved schools, social services, health services, and other local government providers in their activities. Grantees are providing training to local government services and gaining their participation and buy-in to new models and interventions. Moreover, local and regional officials from the government services are serving on grantee boards and planning committees.

Demonstrated Efficacy and Clear Cost-Benefit of Programs

- **In an effort to design and implement services with the greatest potential to improve the lives of children and youth, grantees selected service delivery strategies with evidence of effectiveness.** During a planning phase, grantees employed an evidence-based service design process to assess community needs—often through community surveys and epidemiological studies—and reviewed research evidence about the effectiveness of strategies for addressing the needs identified. This review of data and evidence was coupled with consultation with local partners and other community members that resulted in the development of logic models for

  > "Having come out the other end, this process should apply to any program starting up. We see the advantage. You have something solid to hold on to. You can explain how you got to what you are doing. The fact that we had to produce a manual was fantastic. This is our bible. We have to keep referring ourselves back to make sure we are doing what we committed."
  >
  > –Grantee director

the interventions and detailed implementation manuals. In some instances, grantees used the service design process to create detailed service operation manuals of locally developed ongoing services and prepare to rigorously evaluate the services. A few grantees used the service design process to develop new services because suitable local or international models did not exist. All of the interventions selected by grantees, whether adapted from international models or designed locally, are being evaluated in the Irish context for the first time.

- **Nearly all evaluations tendered to date include rigorous evaluation designs (Table II.3).** In order to understand how the services affect the children, youth, families, and providers served, grantees are contracting with research teams to evaluate the effectiveness of the services on identified outcomes. Most of these services (57 percent) are being evaluated using random control trials (RCTs),

  > "The evaluation is a huge win for us. People love the idea that we are evaluating the program and we might even stop doing what we are doing if it is not having any effect. People in [community] say that it is the first time they've ever heard anyone say that."
  >
  > –Grantee director

  which are considered the gold standard in evaluation methdology because they are the best method for assessing a causal relationship between the intervention and the outcomes. Many of these studies also include qualitative components designed to understand implementation processes and service quality.

- **Grantees reported that the evaluations are largely accepted and supported by their staff, partners, and community residents.** Although preparing for the evaluations has been time comsuming, board members and staff described the process of discussing ethical issues and coming to agreement on common values related to the evaluations as benefical for gaining clarity about goals and strengthening relationships. After grantees engaged in these internal discussions, they repeated the process with their partners and experienced similar positive benefits of strengthened partnerships. Some grantees experienced initial difficulties recruiting families and schools to participate, but they are working through these obstacles and developing strategies for overcoming them. Overall, grantees reported that community residents accept the evaluations and even random assignment. Some grantees reported positive responses from community residents who perceive that the best methods are being used to determine if the services are effective. In addition, in some cases families assigned to a control group are eligible to receive the services on a delayed schedule. For example, Archways reported that 85 percent of parents from its first control group took up the offer of services extended at the end of the trial.

- **It is too early in the program cycle to determine whether program benefits outweigh costs because evaluation results are only beginning to emerge.** As of August 2008, only one grantee has reported including a cost-

benefit analysis as an evaluation component (Table II.3). If processes are put in place to collect information about program costs, additional cost-benefit analyses could be conducted for interventions that show evidence of effectiveness in the future.

Table II.3. Evaluation Methodologies Planned and Under Way

Evaluation Methodology	Number of Services
Randomized control trial	16
Quasi-experimental design	2
Pre-post design	2
Comparison study	1
Implementation study (service intensity, dosage, fidelity, other)	11
Process study (service planning, implementation successes and challenges, other)	16
Cost-benefit analysis/cost study	1
Evaluation not yet planned	10

Sources: Interviews with grantee staff conducted in August 2008 by Mathematica Policy Research, Inc. and program materials and websites.

Note: N = 28 services; number of services does not sum to 28 because most evaluations include more than one methodology.

Replication of Initiatives or Demonstrated Impact on Government Policy and Funding

- **One key government agency, OMCYA, is an equal funding partner for the three engagement sites in the south.** In February 2006, OMCYA launched its Prevention and Early Intervention Programme, which funds half the cost of planning, implementation, and evaluation in the three engagement sites. The funding commitment is for at least five years. Officials at OMCYA are strongly committed to the program as a means to test the effectiveness of new service delivery models and to learn from grantees about how to integrate services at the local level.

"The Prevention and Early Intervention Programme for Children was established by Government in February 2006 to support and promote better outcomes for children in disadvantaged areas.… The Programme targets three areas of severe disadvantage in which there is evidence of the need for early intervention…. Research and planning on prevention and early intervention measures sponsored by Atlantic Philanthropies has been undertaken.… If these models prove successful, the results may provide the basis for enhanced resource allocation processes and policy changes."

–OMCYA website

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- **In the north, some cofunding by government agencies has been provided.** In the north, the one engagement site, Together 4 All, receives some funding from the Office of the First Minister and Deputy First Minister, but at a modest level. According to government officials, requests for funding for Together 4 All came too late in its three-year funding cycle. Government officials also said they felt they were not engaged early enough in the planning process. DCY staff and grantees are currently working to engage government in preparation for the next funding cycle.

- **Some local examples exist of adoption of effective practices, especially in the engagement sites, but there is no evident movement toward mainstream adoption.** As stated earlier, grantees are working locally with schools, social services, health providers, and other government services to design, implement, and test new models. However, adoption has not yet moved beyond pilot testing through the OMCYA's Prevention and Early Intervention Programme. In the next phase of its work, DCY will need an advocacy strategy for promoting widespread adoption (discussed in Chapter III).

- **Government policy is moving toward a greater focus on prevention and early intervention, but funding has not yet shifted to support implementation of policy statements.** In both the north and the south, national children's strategy documents emphasize the need for a greater focus on prevention and early intervention services to not only address problems, but to improve the quality of life and life chances of all children and young people. In recognition of this aspiration, both governments have created bodies, OMCYA in the south and the Children and Young People's Unit (CYPU) in the north, to oversee implementation of the strategies and coordinate children's policy across government ministries. However, OMCYA and CYPU have limited responsibility for the allocation of resources across programs or implementation.

OBJECTIVE 2: STRENGTHEN THE CHILD- AND YOUTH-SERVING FIELD

Investments. In support of objective 2, DCY made investments in two university-based research centers that specialize in applied policy research and program evaluation and the Dartington Social Research Unit UK, which provided service design support to many DCY grantees. In addition, DCY—in collaboration with OMCYA and the Department of Community, Rural and Gaeltacht Affairs—invested in the development of the Centre for Effective Services (CES). CES will provide technical assistance to organizations that provide services for children and youth (Table II.4). These investments are designed to establish the infrastructure and domestic capacity to support evidence-based practice and ongoing evaluation and program improvement.

Progress on Outcomes. DCY has made investments that should lead to the outcomes targeted under objective 2. Substantial progress has been made by the university-based

research centers; the CES is also moving forward but is not yet operational (Figure II.2). Next we describe DCY's progress on each outcome in more detail.

Build Organizational Capacity and Sustainability of Intermediaries

- **Dartington Social Research Unit, the Children and Family Research Centre (CFRC) at NUI Galway, and the Centre for Effective Education (CEE) at Queens University are providing service design support, evaluation services, and policy research.** Dartington began providing technical assistance on service design to DCY grantees beginning in 2004. DCY has provided grants to Dartington for technical assistance and Dartington has been contracted by individual grantees for ongoing support. Both university-based research centers have a diverse funding base that includes the DCY grants, grants and contracts from government agencies and other funders, and service design and evaluation contracts from DCY grantees. As of August 2008, the two centers were providing service design support for six DCY grantees and conducting evaluations for an additional six grantees. One center reported that the amount of service design and evaluation work from DCY grantees had been somewhat less than anticipated in its business plan, but it had been able to generate work from other sources to meet funding targets. In addition, both centers have self-assessment and capacity-building processes in place as part of their grants from DCY. These activities are intended to lead to long-term sustainability of the centers beyond the life of the grants.

- **The Centre for Effective Services (CES) is expected to provide support on service design, research and evaluation, and organizational capacity when it begins operations.** The CES has 50 percent cofunding from DCY and OMCYA and the Department of Community, Rural, and Gaeltacht Affairs (CRAGA) in the south. The government of Northern Ireland has not yet contributed funding but has expressed interest in the center. CES has established a board of directors and hired an executive director; together they are taking steps to begin operations in early 2009.

Higher Quality Standards Established and Disseminated

- **A broad mechanism for disseminating evidence-based practices on an all-island basis is not yet in place, but the CES is expected to take on this task.** In the meantime, efforts have been made to disseminate information about evidence-based practice. The Forum on Prevention and Early Intervention for Children and Youth cosponsored by DCY and OMCYA in May 2008 provided an important opportunity to raise the profile of evidence-based prevention and early intervention strategies and to disseminate

information to a wide range of government and voluntary sector stakeholders.[1] In addition, university research centers have held seminars for both researchers and practitioners. DCY grantees have organized local conferences and worked with providers in their communities to disseminate information.

Table II.4. Objective 2 Grantees

Grantee	Description	Examples of Current Projects
Children and Family Research Centre (CFRC), National University of Ireland Galway	Based in the school of Political Science and Sociology, CFRC's mission is to improve outcomes for children and their families, and advance practice and policy in Ireland and internationally through research, evaluation, and service development. The services offered through CFRC include: (1) service design, (2) qualitative and quantitative evaluation, and (3) education including a Masters in family support that is specifically targeted to practitioners and a Ph.D. program.	**Service Design**: developed a service design process in consultation with researchers at Georgetown University and Harvard; working with AP-funded providers on service design (Mayo Consortium, Southern Area Children and Young People's Committee [BME project], Youngballymun, and Tallaght West. **Research and Evaluation:** random control trial of Big Brothers Big Sisters; implementation study of Neighborhood Youth Projects in Health Service Executive (HSE) Western Area, tracking study of lone parents commissioned by the Galway City Partnership. **Education and Training**: Offers a Masters in Family Support for practitioners and a Ph.D. program.
Centre for Effective Education (CEE), Queen's University Belfast	CEE offers services in four areas: (1) outcomes-focused service design, (2) large-scale baseline surveys, (3) research syntheses and systematic reviews, and (4) rigorous evaluations. CEE also aims to disseminate findings to inform government, academics, and practitioners.	(1) Improving Children's Lives: An interdisciplinary research initiative, 2008-2011 (2) Joint Learning Initiative on Children and Ethnic Diversity (JLICED), 2007-2011 (3) Baseline surveys for Barnardo's Northern Ireland and Southern Area Children and Young People's Committee (BME) (4) Systematic reviews in association with the Cochrane Collaboration

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[1] The Forum on Prevention and Early Intervention for Children and Youth, which was sponsored by the Office of the Minister for Children in collaboration with The Atlantic Philanthropies, took place in Croke Park on May 27 and 28, 2008. The purpose of the forum was to actively support networking among the many innovative programs currently being implemented in the area of children's services throughout Ireland.

Grantee	Description	Examples of Current Projects
		(5) Randomized control trials for Sesame Workshop (2), Early Years, the Lifestart Foundation, Business in the Community Northern Ireland, and Tallaght West Childhood Development Initiative (2) (6) A naturalistic study of the Effects of Sesame Tree on 5-6 Year Old Children's Attitudes and Awareness in Northern Ireland
Dartington Social Research Unit, UK	Dartington conducts scientific research about child development in the context of children's services, with a view to informing needs-led, evidence-based interventions for children and youth. Dartington was was funded by DCY to provide technical assistance between 2004 and 2007; individual grantees have also contracted with Dartington for ongoing support.	Dartington provided service design support to many DCY objective 1 grantees and provided guidance on the early planning for CES.
Centre for Effective Services (CES)	The CES will offer technical assistance to support implementation of best practices. The center will focus specifically on two types of assistance: (1) evidence-based service design, implementation, and evaluation; and (2) organizational capacity building. The CES is envisioned as an all-Ireland agency supporting providers in both the north and south. Current funding comes from Atlantic Philanthropies, OMCYA, the Republic of Ireland (ROI) Department of Community, Rural, and Gaeltacht Affairs (CRAGA).	The CES has established a board of directors and hired an executive director. It anticipates becoming operational in early 2009.

Figure II.2
Atlantic Philanthropies' Disadvantaged Children and Youth Program in Ireland and Northern Ireland
Progress on Objective 2: Strengthen the Child- and Youth-Serving Field

Source: Mathematica Policy Research, Inc.
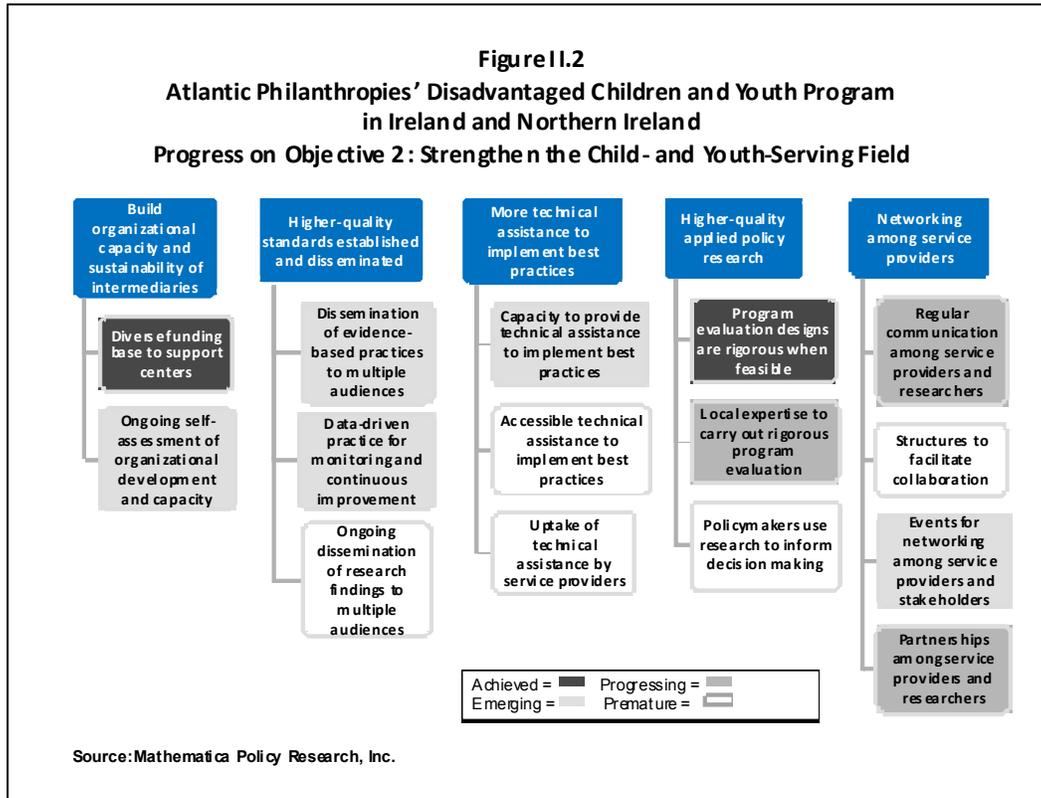
- **Multiple models for evidence-based service design have been developed and used in Ireland.** These include the Dartington Social Research Unit's Common Language process, a method developed by CFRC in collaboration with U.S.-based researchers, a method used by CEE, and several locally designed processes used by grantees. DCY grantees have found these processes valuable but arduous. Most grantees spent more than a year conducting extensive baseline needs assessments and in-depth consultations, identifying outcomes, researching existing literature, and developing service manuals. This process required many hours of staff time and, for many grantees, generous resources. To become accessible to mainstream government service providers, the process needs to become quicker and less complex.

  > "We do networking locally, nationally, and even internationally. Locally we are part of networks and processes we've set up as first service design teams and now implementation teams to bring different sectors together. We have also joined established networks here… Then we have international connections. We are looking outside Ireland to build our network and AP has facilitated that."
  >
  > –Grantee director

- **Evaluation results are only beginning to emerge.** It is too early in the program cycle to assess dissemination of research findings, but DCY should

begin working with its grantees to plan a dissemination strategy releasing findings as evaluations are completed. (This topic is discussed in Chapter III.)

More Technical Assistance to Implement Best Practices

- **Plans are in place to increase domestic technical assistance capacity through the CES.** Focus areas for anticipated technical assistance include service design, engagement, outcomes identification, manual development, data management, evaluation and research, and organizational capacity. To date there has been less emphasis on technical assistance to support high-quality implementation of services.

> "[DCY grantees] think about outcomes, and they think about how to design services focused on outcomes. This might seem really obvious, but a lot of services out there are thinking about their waiting lists and their throughputs…even at this early stage, they are thinking some of the right things. So what that makes me think is what could a center [CES] like this do? It could be really powerful if it builds on that kind of momentum."
>
> –Consultant

- **The CES is envisioned as a broker between service providers and experts.** CES staff members will provide some basic technical assistance directly, but they do not anticipate having all needed expertise in house. The CES will work to connect service providers with domestic or international experts, and the service providers will need to pay for the services of those experts.

- **Grantees and service providers seems receptive to CES services, but uptake among government service providers might be limited by the requirement to pay for expert advice.** It is too early in the program cycle to know how uptake of CES services will play out. Uptake should be reassessed when the CES becomes operational.

Higher Quality Applied Policy Research

- **Grantees have developed requests for proposals for evaluators that call for rigorous evaluation designs; many evaluations are underway.** With DCY support, objective 1 grantees have established Expert Advisory Committees (EACs) made up of evaluation experts to support grantees in developing and implementing evaluation designs. Grantees have been receptive of the expert advice received and view the EACs as supportive and helpful. As noted under objective 1, grantees reported that families, teachers, and community residents have been receptive to evaluation and express understanding of the need for it.

- **University-based research centers are invested in building their expertise, and they are conducting many of the grantee evaluations commissioned to date.** Both centers are training young researchers in rigorous methods, increasing their interaction with and support to service providers, working to expand the university curriculum to include evidence-based prevention and early intervention approaches, and seeking to engage government services in training and support. CFRC offers a graduate degree program in Family Support for professionals working in state and voluntary services on behalf of children and families. As of August 2008, it was also exploring the possibility of developing a Ph.D. program in children's services. CEE was beginning to implement an initiative to build capacity across Queen's University to promote outcomes-focused and evidence-informed approaches to services for children. Through the initiative, eight research fellows will be placed in different university departments; the fellows will be functionally based and will work toward developing an area of expertise and disseminating learning across the university. For example, two research fellows will be placed in the School of Education and will specialize in RCTs and one will be in psychology and will specialize in longitudinal analysis.

  > "Our center has made a transition from being reactive to proactive. The spike in research activity in Ireland has resulted in our team learning while doing. The new center will provide an opportunity to build the capacity of staff within our center and across the university to conduct applied evaluation. With several studies underway, we can better predict the skills our staff need, work to develop those skills, and provide training to current students."
  >
  > –University researcher

- **University research teams in Ireland beyond CFRC and CEE are gaining expertise in rigorous program evaluation methodologies through their work as evaluators on studies commissioned by DCY objective 1 grantees**. Research teams from universities in Ireland and Northern Ireland—such as the Children's Research Centre, Trinity College Dublin; Geary Institute, University College Dublin; the Institute of Child Care Research, Queen's University, Belfast; and National University of Ireland, Maynooth—have been contracted by DCY grantees to conduct rigorous evaluations.

- **Because evaluation results are just beginning to emerge, it is too early in the program cycle to assess whether policymakers are using research to inform their decision making.** As noted earlier, DCY should begin working with its grantees to begin planning a strategy for disseminating findings when they are available (discussed in Chapter III).

Networking Among Service Providers

- **Communication between grantees and researchers, both domestic and international, has increased.** Prior to DCY, university-based researchers and service providers did not have close ties or work together often. Researchers

focused on primary research projects and few engaged in service design or other support for practitioners. Through DCY, communication and partnerships have increased dramatically. Moreover, grantees have made new international connections with researchers and practitioners who share their goals and vision to provide evidence-based prevention and early intervention services.

- **Sufficient structures to facilitate collaboration among service providers and between researchers and service providers are not yet in place, but both grantees and researchers desire such structures.** CES is expected to play a role in facilitating this collaboration and serving as a catalyst for the development of ongoing learning communities.

- **The Forum on Prevention and Early Intervention for Children and Youth cosponsored by DCY and OMCYA provided an important opportunity for networking; more events are needed.** Grantees expressed the need for networking opportunities and events in which they can discuss their experiences with implementation and evaluation, share ideas, and reflect on what they are learning on a regular basis. One grantee director noted that Ireland does not have professional associations for the type of work they do or other similar organizations to facilitate reflection and learning among practitioners.

> "Although one-off conferences like Croke Park are helpful, we need something more ongoing for reflecting and discussing together. It's really taking a step back and reflecting, analyzing, considering how we can do things better.
>
> –Grantee director

OBJECTIVE 3: GIVE VOICE TO CHILDREN'S NEEDS

Investments. Underlying DCY's strategy in Ireland and Northern Ireland is a respect for the human rights of children and youth, including rights of children to express their opinions freely and have a say in matters that affect their lives. In an effort to achieve this objective, DCY made two primary investments in advocacy organizations promoting children's rights—Children's Rights Alliance in the south and Children's Law Center in the north (Table II.5). DCY also made investments in Dartington Social Research Unit's website, Prevention Action (preventionaction.org), which reports on international innovations and programs for children, focusing specifically on those with evidence of effectiveness. Two additional grants—the Irish Child Care Policy Network and the Irish Association of Young People in Care—were under consideration but had not yet been funded as of August 2008.

Progress on Outcomes. DCY has made some initial progress on its outcomes under objective 3, but more focus on developing an advocacy strategy is needed as described below (Figure II.3).

NGO Advocacy Focus on Prevention and Early Intervention

- **Few NGOs exist in Ireland with an advocacy mission to support prevention and early intervention.** Barnardos, a national children's services provider in Ireland, is one exception in the south. Early Years in the north has taken on a similar role for children under age 5. Pending investments with the Irish Child Care Policy Network and the Irish Association for Young People in Care have the potential to further support an advocacy strategy promoting prevention and use of intervention with evidence of effectiveness.

Table II.5. Objective 3 Grantees

Grantee	Description	Key Objections
Children's Rights Alliance	The Children's Rights Alliance, established in 1995, is a coalition of nongovernmental organizations concerned with the rights and welfare of children and young people in Ireland. The overall aim of the Alliance is to secure the changes in legislation, policies, and services required to ensure the implementation of the principles and provisions of the United Nations Convention on the Rights of the Child, ratified by the Republic of Ireland in 1992.	The Alliance's key objectives include: (1) to contribute to public policy development in order to promote positive changes in legislation, policies, and services affecting children and young people; (2) to raise awareness and understanding of the Convention and children's rights; and (3) to participate in the monitoring and reporting process that exists in relation to the Convention.
Children's Law Centre	The Children's Law Centre was established in 1997 in response to a 1994 UK examination of the implementation of the UN Convention on the Rights of the Child. The examination determined that a nongovernmental organization (NGO) was needed to help realize children's rights in Northern Ireland.	Children's Law Centre uses the law, domestic and international, to promote, protect, and realize children's rights to: (1) promote awareness among children of their rights, (2) encourage the use of the law to promote children's rights, (3) increase public understanding of children's rights, (4) advocate for child-friendly legislation, (5) involve children in the development of the centre, and (6) make a reality of children's rights.
Dartington Social Research Unit's Prevention Action website	Prevention Action is an online news publication that reports on international innovations and services designed to improve children's health and development.	Prevention Action is designed to disseminate information on services for children and youth.

Figure II. 3
Atlantic Philanthropies' Disadvantaged Children and Youth Program in Ireland and Northern Ireland
Progress on Objective 3: Give Voice to Children's Needs

Source: Mathematica Policy Research, Inc.
NGO = nongovernmental organization
UN = United Nations
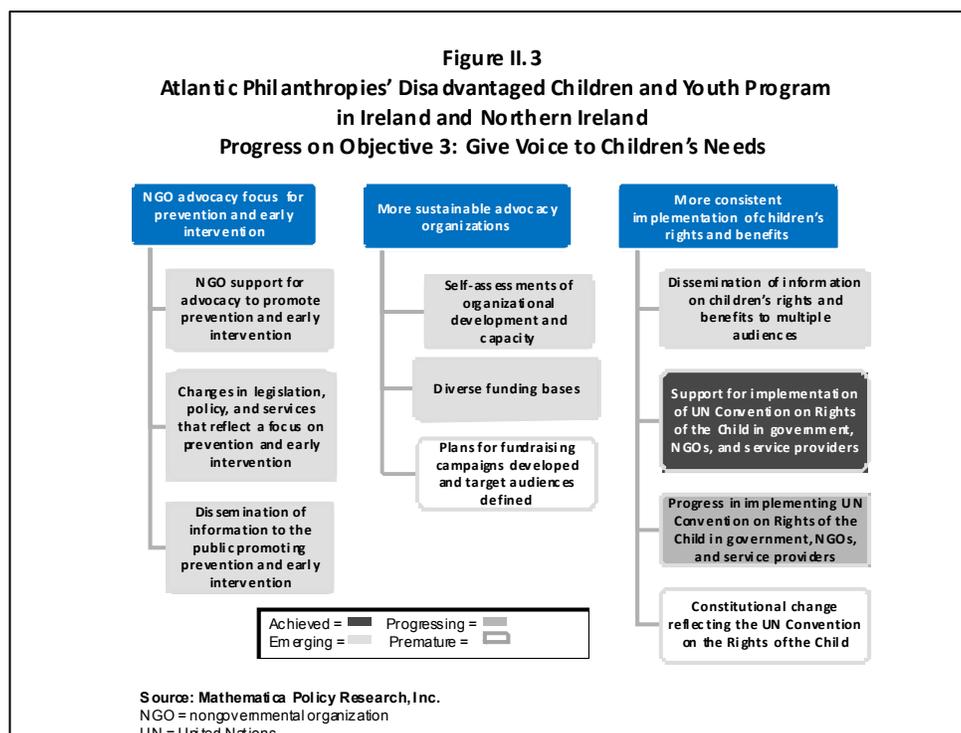
- **Grantees are eager to work with DCY on a coordinated advocacy strategy to promote prevention and early intervention and use of evaluation findings.** Grantees would like to plan and coordinate with DCY and one another on how to advocate for widespread adoption of interventions with positive evaluation findings. Some grantee staff noted that several similar types of interventions are being evaluated—for example parenting programs. If multiple models are found to be effective, what is the best strategy for promoting adoption and assisting government service in making choices among the models?

More Sustainable Advocacy Organizations

- **The children's rights organizations receive significant support from DCY.** The Children's Rights Alliance receives one-third of its funding from DCY; other funders include One Foundation and CRAGY. The Children's Law Centre receives nearly all of its funding from DCY. Both organizations described the funding they receive from DCY as helping them fulfill their missions while remaining independent or partially independent of the government.

- **Although both organizations are taking steps to ensure their viability moving forward, they aim to remain flexible to respond to their changing goals in the future.** For example, the Children's Rights Alliance works collaboratively with other organizations to achieve many of its goals. This enables the organization to maintain a small staff while still addressing a variety

of issues related to children's rights. The Children's Law Centre was in the process of hiring a fund-raiser to ensure its future sustainability.

More Consistent Implementation of Children's Rights and Benefits

- **Knowledge about children's rights and benefits was widespread.** Nearly all informants we interviewed were familiar with the U.N. Convention on the Rights of the Child (UNCRC) and most were directly involved in efforts to ensure policy, practice, and research was in adherence with children's rights and benefits.

- **Support for children's rights has progressed since the UNCRC was ratified; however, there is more work to be done.** The Children's Rights Alliance's main aim is ensuring the effective implementation of policies on children's rights and benefits in the south; the Children's Law Centre is focused on using the law to help promote, protect, and realize children's rights in the north. These approaches reflect the status of children's rights legislation in each country: In the south, the policies exist but implementation of those policies is needed; in the north, legislation in support of children's rights is still being developed.

B. BARRIERS AND HURDLES THAT COULD IMPEDE PROGRESS

Although substantial progress has been made, DCY is facing several barriers that could impede future progress. This section describes the main hurdles that need to be overcome in three areas: (1) capacity and implementation support for objective 1 grantees, (2) evaluation, and (3) widespread adoption by government of prevention and early intervention strategies with evidence of effectiveness.

Capacity and Implementation Support for Objective 1 Grantees

- **Some grantees are stretched thin by multiple priorities and competing demands, which could impede their ability to sustain high-quality implementation.** Grantees are attempting to develop management systems and procedures simultaneously, implement new service models with high levels of fidelity, and oversee evaluation of the services. This is especially challenging for newer organizations with leaders who are experts in the substantive work of the intervention but do not have expertise in organizational development and management.

  > "There is a real chance of sustainability. What we need now is support to keep it going. We had a lot of support at the planning stage but implementation is far more important. We really need that support to stay with us during implementation. We are coming up against new challenges on a daily basis."
  >
  > –Grantee staff

- **Grantees need more support on high-quality implementation.** Grantees received substantial support during the service design process and have expert

advisory committees to advise them on designing and implementing the evaluations. A gap exists in support for implementation, in part because the CES is expected to take on this role but was not yet operational when data collection was conducted (August and September 2008). Supporting high-quality implementation is critical to DCY's success and to ensure that grantees are evaluating models implemented as intended by the developers.

- **Grantees, government, and other stakeholders have high expectations for the CES.** CES is expected to take on a number of critical tasks soon after it begins operating—providing technical assistance to support best practices and organizational capacity, linking service providers and researchers, developing learning communities and structures to promote interaction among service providers and researchers, and disseminating research evidence on prevention and early intervention strategies. In reality, CES is a new organization with new staff and will take some time to get fully up to speed. In the meantime, some of its functions need to move forward as soon as feasible.

Evaluation

- **Especially among government stakeholders, there is some skepticism about what can be learned from the evaluations and questions about the ethics of random assignment.** As noted earlier in the chapter, those involved at the local level have worked through these issues, come to agreement on their values related to the evaluations, and are now committed to evaluation. These discussions and experiences, however, have not been shared with stakeholders who are more removed from community processes. Taking this step could help to dispel misconceptions and continue to educate policymakers on what can be gained and learned from the process.

> "We know the government is going to challenge us on the evidence. Unless it is rock solid, they won't believe it."
>
> "Evaluation is one of the keys to sustainability. We are organizations who have committed ourselves 100 percent to prevention and early intervention and getting results. We live and work in a system where lip service is paid to those things, because in reality public policy is much easier when it is about picking up the pieces."
>
> –Grantee staff

- **Evaluation designs should be reviewed to ensure they include sufficient focus on implementation and fidelity.** Focus on documenting implementation and fidelity to models and service manuals is critical to ensuring that the evaluation is a good test of a properly implemented intervention. Moreover, much can be learned about how to implement these interventions in the Irish context; it is important to make the most of what can be learned from grantees' experiences to support future replication. DCY should also consider commissioning a synthesis of the implementation studies

to identify common lessons across sites and maximize the usefulness of the information and the potential to disseminate it widely.

- **Interpreting findings across evaluations of similar interventions might be challenging unless steps are taken to coordinate across them at the design stage and consider using a limited number of common measures across sites as needed.** For example, if evaluations of similar interventions or interventions targeting similar outcomes for children of the same age group are conducted using different sets of measures, comparisons across them might be difficult to make. Stakeholders might want answers to specific questions: Which one works best? Which one had the biggest impact? However, these questions might be challenging to answer without common measures, potentially limiting the usefulness of the findings for policymakers.

> "There are common areas of work. We are all doing stuff on how to engage the community, how to work with schools, how to be more integrated in the community ... we need to be pooling that learning so we have more strength, force, validity, credibility when we are for example asking teacher training colleges to include a community education piece...."
>
> –Grantee staff

Widespread Adoption by Government

The ultimate goal, and perhaps the greatest challenge for DCY, is promoting widespread adoption by government of prevention and early intervention strategies with evidence of effectiveness. Despite government's stated aspiration to make a shift in this direction, a number of hurdles are evident. Several were mentioned in Chapter I, but here we briefly list the hurdles again:

- A pattern of crisis-focused funding decisions and reactive services that intervene late in the problem cycle

- Little history of evidence-based decision making or program evaluation

- Lack of service integration at the national and local levels, making it difficult to implement interventions that require work across departments and agencies; independence of schools

- Difficulty with stopping ineffective services

- Lack of infrastructure and domestic expertise for mainstreaming and scaling up

- Funding cuts due to the global recession

C. SUMMARY OF KEY FINDINGS

As described throughout this chapter, DCY has made substantial progress in achieving the targeted outcomes in its theory of change. It has also encountered a number of challenges, which it must address as it moves forward. Overall, DCY has been a catalyst for change in encouraging government investment in evidence-based prevention and early intervention programs, promoting evidence-based practice among service providers, and engaging the academic sector in policy-oriented research. Although we cannot know with certainty what the trajectory of these three sectors would have been, these changes are not likely due to other factors, such as government policy or funding shifts, that would have happened in the absence of DCY. As noted in Chapter I, we found little evidence that these changes would have occurred without DCY's investments and support. Four notable findings emerge from the evaluation.

1. Government and local service providers reported an increased focus on prevention and early intervention. By investing funds in prevention and early intervention services when government views such a shift as risky, DCY has generated enthusiasm for the approach in communities in which its grantees operate and it has the potential to demonstrate effectiveness of the programs by supporting rigorous evaluations. Moreover, government investments made to date by the north and south in community engagement sites and the development of the Prevention and Early Intervention Program by OMCYA in the south are a promising indication of the potential for government to invest more widely in prevention and early intervention services if implementation is successful and evaluations produce evidence of effectiveness.

2. By supporting the objective 1 grantees' use of a systematic and evidence-based approach to service design, DCY has introduced a new way of thinking among providers in regard to identifying needs, designing services, and approaching continuous service improvement. Government and local service providers have worked with university-based research centers and the Dartington Social Research Unit to identify service needs based on evidence, identify programs with evidence of effectiveness to meet these needs, and implement and rigorously evaluate these programs in an Irish context.

3. New approaches to integrating services are emerging in local communities. Lead service providers are working with other providers and government agencies to bring coherence and alignment to service delivery. The integration efforts are receiving strong support from communities.

4. The academic sector is developing capacity to help service deliverers plan services and study effectiveness. The academic sector also is positioned to partner with the newly emerging CES—a nonacademic center designed to provide high-quality research support to service deliverers—to expand CES's ability to draw on a wide range of research expertise. Prior to DCY's investments, few examples existed of applied evaluation research and the use of rigorous scientific methods to study social services was not the norm.

Chapter II: Main Findings

CHAPTER III

FUTURE DIRECTIONS

To build on the substantial progress made by the Disadvantaged Children and Youth (DCY) program and work toward overcoming hurdles described in Chapter II, we suggest possibilities for future directions DCY could take in five areas: (1) planning for the release of evaluation findings; (2) supporting grantees to promote successful implementation; (3) promoting service integration; (4) advocating for the widespread adoption by government of prevention and early intervention strategies with evidence of effectiveness; and (5) building infrastructure to support a sustained evidence-based, prevention-focused approach into the future.

Planning for the Release of Evaluation Findings

DCY should begin working with grantees to prepare for the release of findings from evaluations currently underway. Although the evaluations are likely to produce some positive and useful findings, it is prudent to expect that not all findings will be positive and some may not provide clear answers about what works. Nevertheless, much can be learned, both about the effectiveness of various interventions and about implementing them in the Irish context, from the evaluation work underway. Regardless of the eventual outcome, DCY and its grantees need to begin planning for various scenarios and could take the following steps.

- **Educate government and other key stakeholders about evaluation and what to expect from the results to lay the groundwork for future advocacy when findings are available.** Because the evaluation methods used in many of the studies are new to Ireland, some government officials and other stakeholders are not familiar with the methodologies and what can be learned from them. For example, Ireland does not have a history of using randomized control trials (RCTs) to evaluate the effectiveness of social programs. Other stakeholders have perhaps unrealistic expectations about the kinds of questions that RCTs can and cannot answer and how much can be learned. DCY and its grantees could begin now to prepare key policymakers for receiving evaluation findings with appropriate expectations and to be receptive to gleaning important lessons from positive, negative, and neutral findings.

- **Explore opportunities for analyzing data across sites.** A number of grantees are implementing and evaluating similar types of interventions. For example, grantees are implementing a range of early care and education programs, parenting programs, and literacy support services (see Table II.2 in Chapter II for examples of program clusters). Evaluations of these interventions are using a number of similar parent and child outcome measures. The data from these evaluations can be used to conduct analyses across services and communities and produce findings related to types of interventions.

Promoting Successful Implementation

High-quality implementation and fidelity to evidence-based models is critical for ensuring that the evaluations are a good test of the models selected. DCY grantees received substantial support from outside experts and advisors during the needs assessment and service design phase. They are also receiving substantial expert advice on designing and carrying out evaluations of their services. As noted in Chapter II, several grantees expressed the need for more support to address implementation issues that arise. Several additional steps could be taken relatively quickly to support grantees during the implementation phase:

- **Establish a learning community**. Grantees could benefit from regular interaction with their DCY colleagues to share challenges, ideas, and lessons learned as implementation proceeds. A learning community could be an opportunity for grantees to identify implementation challenges and explore solutions in a collegial environment.

- **Create an implementation advisory group.** Use the Expert Advisory Committee (EAC) structure established for the evaluations as a framework for bringing in expert support on implementation.

- **Use evaluation findings for program improvement.** Develop a strategy with grantees to use evaluation findings, including implementation and outcome findings, to improve ongoing implementation and practice.

Promoting Service Integration

Study informants consistently cited a "siloed" service delivery system as a significant barrier to implementing prevention and early intervention strategies that require collaboration across service delivery systems—education and health systems, for example. At national levels, integration of services for children and families is challenging because each department has its own priorities, goals, and funding streams. Government officials interviewed for the study said that difficulties often emerge when the decisions must be made about paying for services that do not fall neatly into the priorities of a single government ministry (and many prevention models do not). At the local level, schools function independently and have little interaction with health and social service agencies. Many grantees are seeking to implement and test service delivery in schools, yet motivating

schools to try new programs and work in a different way is a significant challenge. Grantees must develop partnerships school by school. Other government services function in a similar manner.

Promoting service integration supports DCY's effort to promote adoption of prevention and early intervention strategies because it expands possibilities for trying new models and working across systems. At the national level, the Office of the Minister for Children and Youth Affairs (OMCYA) and the Children and Young People's Unit (CYPU) are promoting coordination of strategies for integrating children's services across government departments. At the local level, engagement sites are demonstrating the potential for integrating services. Potential strategies for further promoting service integration include:

- **Glean lessons learned about working across systems at the community level from engagement sites at each stage: community needs assessment, planning and service design, implementation, and evaluation.** DCY could commission a synthesis of findings from implementation studies across sites to maximize the potential for disseminating lessons learned. Such a synthesis could focus on steps taken by grantees to bring together community partners at each stage of the project, barriers to integration encountered by grantees, and strategies for overcoming the barriers. DCY could produce briefs on specific topics, such as how to engage schools in local planning efforts.

- **Involve the engagement sites in advocacy efforts to promote service integration at both local and national levels.** Identify potential spokespersons from the sites, such as grantee staff, government service staff, teachers and principals, and parents.

- **Engage university-based research centers and the CES in supporting county-based children's services committees in the south and other integration efforts.** These entities can provide models and support for community needs assessment, service design, and implementation of best practices. As evaluation results become available, they can provide information about effective strategies.

Advocating for the Widespread Adoption of Evidence-Based Practices

DCY should develop a strategy for how it will advocate for widespread adoption of not only effective models, but of an evidence-based approach to service design and ongoing decision making. Potential strategies include:

- **Engage grantees, their partners, and community members as champions for an**

> "[Regional manager] who sits on our board is giving us huge hours of his time, thinking about the work we are doing and being an advocate for our piece of the strategy. That's sustainability, I think. While it is very important for it to happen top down, it is also important for it to happen bottom up. This is a great thing about this group of organizations [funded by DCY], different kinds of change are happening at different levels."
>
> –Grantee director

Chapter III: Future Directions

evidence-based prevention and early intervention approach. Grantees convey a feeling that regardless of the eventual evaluation results, they have changed the way they think about service design and delivery, and they do not want to go back to the previous way of doing things. They believe in careful needs assessment, community consultation, and a focus on outcomes. Those closest to actual service delivery—grantees, partners, and families—can be powerful voices for promoting widespread adoption by government agencies.

- **Promote a partnership between traditional children's rights advocacy organizations (objective 3 grantees) and objective 1 grantees to advocate for evidence-based prevention and early intervention strategies.** For example, DCY could organize roundtable discussions and education sessions in which service provider grantees can share their enthusiasm and experiences with the evidence-based prevention approach to addressing children's needs. Together these two types of grantees can work to promote evidence-based prevention strategies in the context of children's rights.

- **Explore the potential to support government initiatives with similar goals.** DCY might be able to generate support for its strategy by supporting government initiatives with shared goals. For example, in the south, OMCYA has commissioned four county-/city-based children's services committees to plan services at the local level. Two are located in or near DCY's engagement site communities. According to a government official, several are considering adopting Incredible Years and other evidence-based prevention strategies. DCY and its grantees should share lessons learned from the service design process, provide information about evidence-based models, and offer support from CES when it becomes operational. In the north, government is undertaking reforms such as increased accountability in the education sector and implementation of a common assessment framework to promote more consistent needs assessment for children. DCY could explore possibilities for engaging with government on these efforts.

> "We are looking at specific interventions and evaluating them in the Irish context, so hopefully we will be in a position to say, 'Actually that works, and that doesn't. Or it is expensive, but it is worth if we do it with these kinds of families.' I don't know if we will get that kind of precision. We live in a bit of a dream world because we have never done hard evaluations before. We are trying … instead of saying 'If we feel good about it we must be doing good.' People have a good idea and they mean well, and is that good enough? Actually we know it is not."
>
> –Government official

Building Infrastructure to Support Sustained Evidence-Based, Prevention-Focused Approaches

As noted previously, before DCY began its work Ireland did not have the infrastructure and expertise to support an evidence-based approach to service design and ongoing assessment of services. It had no history of implementing outcome-focused services based on models with evidence of effectiveness and insufficient resources to support evidence-

based planning and practice. Since that time, significant progress has been made through the creation of two university-based research centers and development of the CES. For widespread adoption and scale-up of effective strategies to be feasible, infrastructure development should continue (Figure III.1). DCY can take additional steps to support both its current strategy and promote a lasting shift toward an evidence-based, prevention-focused approach.
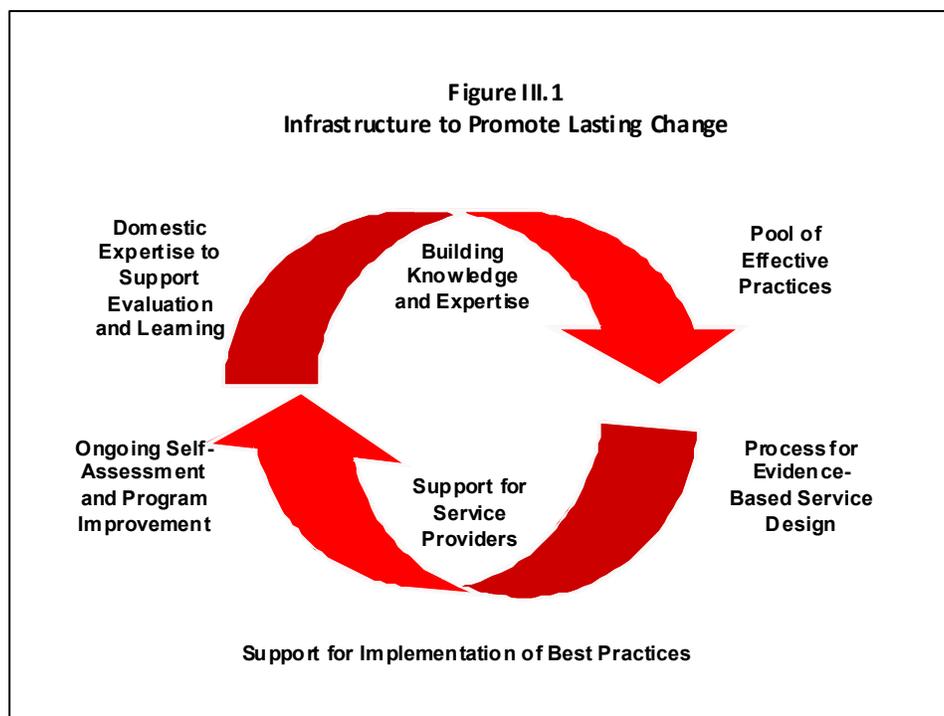
Figure III.1
Infrastructure to Promote Lasting Change

Domestic Expertise to Support Evaluation and Learning

Building Knowledge and Expertise

Pool of Effective Practices

Ongoing Self-Assessment and Program Improvement

Support for Service Providers

Process for Evidence-Based Service Design

Support for Implementation of Best Practices

- **Strengthen and continue building linkages between research centers and training colleges for teachers and social workers.** Information about effective models can be included in training curricula for new professionals entering the field. For example, a teacher training college is introducing an elective course on classroom management strategies used by Incredible Years.

- **Work with CES to build a repository of information on effective practices that have been evaluated in Ireland, and new international models that could be tested in Ireland in the future.** Creating a repository of information on effective practices will ensure that evaluation findings from the DCY initiative and other evaluations in Ireland are accessible to practitioners and government agencies in the future and facilitate informed decision making regarding evidence-based practices.

- **Build on grantee experiences to develop evidence-based service design models that could feasibly be implemented by government services, within a reasonable period of time and without intensive participation of expert consultants.** As described earlier in this report, grantees found the

Chapter III: Future Directions

service design process to be beneficial; however, many had concerns about the length of time it took them to complete the process. To make evidence-based service design models more accessible to practitioners in the future, explore ways to streamline the processes and limit the cost of implementing such a model.

- **Provide more regular opportunities for practitioners and researchers to interact and share information on evidence-based practice and prevention and early intervention services and models.** Build on the experiences of the Forum on Prevention and Early Intervention for Children and Youth event held in May 2008 and the current interactions between researchers and practitioners and encourage future opportunities for collaboration.

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