



Responding To Needs, Driving Change

# Antenatal to Three Initiative (ATTI) Interim Evaluation Report



Neil Haran • January 2016

## How to cite this report

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*Haran, N. (2016) Antenatal to Three Initiative – Interim Evaluation Report. Dublin, Childhood Development Initiative (CDI)*

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Published by Childhood Development Initiative, Dublin

ISBN: 978-0-9928763-9-5

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## Abbreviations

<b>ABC</b>	Area-Based Childhood Programme
<b>ATTI</b>	Antenatal To Three Initiative
<b>CDI</b>	Childhood Development Initiative
<b>CEO</b>	Chief Executive Officer
<b>CPD</b>	Continuous Professional Development
<b>CYPSC</b>	Children and Young Persons Services Committee
<b>ECCE</b>	Early Childhood Care and Education
<b>GP</b>	General Practitioner
<b>HSE</b>	Health Service Executive
<b>PCF</b>	Parent Carer Facilitator
<b>PEIP</b>	Prevention and Early Intervention Programme
<b>PHN</b>	Public Health Nurse
<b>TORs</b>	Terms of Reference

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## Glossary of Terms:

<b>Communities of Practice</b>	A group of people engaged in a process of collective learning;
<b>Evaluation Framework</b>	An evaluation framework is a tool used to organise and link evaluation questions, outcomes or outputs, indicators, data sources, and data collection methods;
<b>Iterative Evaluation</b>	A cyclical process of examining and analysing at each stage of a project;
<b>Implementation Guide</b>	A document that describes the steps required to implement a programme;
<b>Logic Model</b>	Explains how a programme may work. Usually a logic model is based on rigorous research and testing or on careful service design using high-quality local and international research;
<b>Meitheal</b>	Tusla approach that coordinates multi-agency, interdisciplinary processes in support of identified children;
<b>Mixed Methods Research</b>	Evaluations that employ a range of research instruments and can include both quantitative and qualitative methods;
<b>Outcomes Evaluation</b>	An evaluation that measures intervention effects by assessing progress in the outcomes or outcome objectives;
<b>Process Evaluation</b>	An evaluation that determines whether intervention or project activities have been developed and implemented as intended;
<b>Speed Networking</b>	A networking event where participants briefly share information about their workplace role.

## EXECUTIVE SUMMARY

This document comprises the interim report of the evaluation of the Tallaght West Childhood Development Initiative's (CDI) *Antenatal To Three Initiative* (ATTI). ATTI involves a collaborative process, engaging a variety of statutory and non-statutory partners in the Tallaght West area, all of whom are committed to strengthening interagency coordination with a view to improving outcomes for children and families in the antenatal to three age cohort.

This interim evaluation is the central component in a process evaluation of ATTI and has been conducted at the mid-point in the current lifetime of the initiative. Its primary purpose was to:

- engage stakeholders in analysis of ATTI to date from the perspectives of relevance; appropriateness; quality; efficiency; and early emerging outcomes of the initiative;
- identify factors working well and/or requiring priority attention, particularly relating to process, structures, working relationships, activities and inputs;
- identify and contribute to key learning to improve future development and/or influence local practice.

### First Year Activities and Outputs

ATTI has generally progressed each of the core activities listed in its logic model in an intentional and thoughtful manner throughout the course of its first year, albeit to varying levels. Most notable outputs have included:

- the establishment of a Steering Group, comprising representatives of agencies and organisations relevant to the antenatal to three target group in Tallaght West, the purpose of which has been to guide and direct the process of building greater interagency working;
- the employment of a Coordinator who has led the ATTI work programme;<sup>1</sup>
- the implementation of an innovative work programme - inclusive of outputs such as a Speed Networking event; information presentations; health promotion materials and a Service Directory - designed to support improvements in service coordination across agencies and to promote a prevention and early intervention approach that benefits all children in Tallaght West;
- building connection with 123 individual service providers and practitioners relevant to the target group through that programme of work;
- contracting an independent evaluation and completing a baseline research study into the nature and levels of interagency working prior to the emergence of ATTI in Tallaght West.

### Perspectives on ATTI

There was a general acceptance among local stakeholders in evaluation interviews that, with the resources that were available to CDI, the introduction of ATTI represented a good use of limited funds. It was universally accepted that better linkage across services enhanced general service provision. Greater coordination across agencies was considered good for families and, by extension, good for individual service providers. ATTI was viewed as complementing programmes and services in the locality; not duplicating or competing.

The most significant value of ATTI, as expressed by stakeholders through interviews during this evaluation process, was identified as its contribution to *interagency networking* in the Tallaght West area. The speed

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<sup>1</sup> Who, at the time of drafting this report, had just tendered her resignation from the post.



networking event was viewed as primary in this regard. ATTI was generally viewed as a promoter of best practice in interagency coordination and as modelling what good networking practice looks like.

ATTI was also frequently referred to as an *information hub* and was described as an efficient vehicle for information transfer. Similarly, the *information inputs* organised and offered by ATTI were universally perceived as valuable. Topics were observed as relevant to a broad cross section of practitioners in the area, as evidenced by the fact that all training events were over-subscribed.

## Ongoing Coordination Gaps

Interviews with key stakeholders during the evaluation revealed a number of ongoing coordination gaps in the local service landscape that require attention in the second year of the programme. In particular, it was noted that local GPs had not been adequately connected into the work programme of ATTI to date. It was recognised that drawing GPs into collaborative efforts was a difficult task; GPs operate to a business model and committing to a far-reaching coordination effort may be perceived as a step too far. But many stakeholders believed that there was a need to reach out to GPs in the area, given the significance of their role with the 0-3 age group.

Similarly, the initial vision for ATTI emphasised practical linkage between what was perceived as the three core pillars of service-provision for ATTI's target group, namely GPs, Public Health Nurses and the Coombe Maternity Hospital. Discussions during the evaluation indicated that this linkage had not received sufficient attention during the first year of ATTI's operation and that a specific, intentional strategy to support increased linkage of these pillars ought to be a programme priority for the coming year.

## Early Emerging Outcomes

Stakeholder perspectives of ATTI's contribution to the local service landscape suggest the emergence of some early outcomes from its programme of work. In particular, interviewees stated their belief that *service providers had increased awareness of services* as a result of engaging in ATTI-organised activities. Many of those interviewed highlighted that they had increased knowledge of the breadth of services for children and families in the antenatal to three age cohort, recognising that this increased knowledge and awareness was critical in their efforts to support service-users, particularly vulnerable families.

Similarly, the majority of interviewees expressed the view that *local service providers had increased their learning relevant to the 0-3 target group* through their engagement with ATTI. ATTI's high quality information inputs were particularly relevant in this regard, affording shared learning opportunities on key topics relevant to a broad cross-section of agencies working with the target population.

The majority of those interviewed highlighted that ATTI's programme of work had contributed to *increased networking and coordination across services*. Interviews clearly revealed a perception that networking had improved significantly over the previous 12 months. It was suggested that service providers were now more intentional in their efforts to work with other agencies. The role of ATTI in increasing networking and coordination was perceived as subtle. The work was not about promoting ATTI itself but rather increasing information-sharing and interagency linkage. As one interviewee commented, "*coordination is the entity; not ATTI.*"

ATTI's success to date has been underpinned by a number of critical factors. In particular, these concern:

- the leadership demonstrated by the ATTI Coordinator and members of the ATTI Steering Group in building service providers' interest in a more coordinated approach to the needs of children and families in the 0-3 age cohort;
- the commitment of the Steering Group to the coordination process of ATTI;
- the subtlety of ATTI's approach to building interagency coordination which has not sought to focus attention on ATTI as an entity but rather to focus all attention on improving coordination in a manner relevant to local service providers;
- ATTI's capacity to mobilise interest in its work programme as evidenced by the numbers and cross section of agencies that have participated in ATTI organised activities, ranging from the initial baseline research to speed networking and information inputs.

There is a risk in any initiative like ATTI that promoting interagency coordination would remain as an intellectual exercise; where coordination and collaboration are talked about rather than supported in a practical manner. A key feature of ATTI has involved practical processes that have genuinely sought to support practitioners in their efforts to understand the value of coordination alongside building their capacity to do so.

The overarching conclusion of this interim evaluation is that ATTI has made a very useful start in promoting, catalysing and supporting greater interagency working related to children and families in the antenatal to three cohort in Tallaght West. It has approached this task with energy and creativity and evaluation interviews indicate some early emerging outcomes. The effect of this good beginning is that a solid foundation is now in place to extend the focus of the initiative.

## Taking ATTI Forward

Based on these and other critical observations outlined in the main body of this report, the evaluation proposes the following as priority concerns for ATTI in its second and final year of operation:

- The Steering Group is charged with responsibility for guiding and directing the ATTI programme of work, and it has worked well as an entity over the past year. However, Steering Group members themselves recognised that they had informed – rather than directed - the work of ATTI to date; the membership almost universally acknowledged that the group had been driven by the Programme Coordinator, rather than the other way around. This has implications for programme ownership and sustainability into the longer term and is an area that needs consideration as the programme of work moves forward, particularly in light of the fact that the original Coordinator has moved on from the process. It is recommended that the Steering Group recommit to the agreed TOR with a particular emphasis on the Steering Group accepting and prioritising responsibility for directing the programme of work.
- CDI is in the process of recruiting a replacement ATTI Coordinator. This is to be welcomed and it is hoped that a suitable candidate will be in place in the near future. Recommendations regarding the role of Coordinator align closely to those made in relation to the Steering Group. The evaluation contends that ATTI now needs a Coordinator who is more facilitative than proactive in her/his approach to the work. In the past the Coordinator generated the ideas for taking the work programme forward. She was an initiator as well as organiser. In the interests of the longer-term sustainability of ATTI, and what it seeks to achieve in Tallaght West, greater leadership must come from the Steering Group. The future Coordinator

role must therefore be that of a resource to the Steering Group; facilitating Steering Group leadership and implementing its directions.

- ATTI's future work programme should continue to promote all that's going on in the community for children and families in this age group. A speed networking event should be organised as a high profile event to rekindle energy in the coordination effort. Similarly, ATTI should continue to organise more high quality information inputs relevant to the needs and interests of the ATTI network members.
- Key coordination gaps particularly as they pertain to i) engagement with GPs and ii) building greater coordination between GPs, PHNs and the Coombe should be addressed in a considered and intentional manner. A similar challenge exists with regard to how ATTI might support ECCE settings to be more involved in coordinated action focused on the development and wellbeing of young children.
- Over the course of the first year the Coordinator engaged in initial conversations with possible partner organisations that might allow ATTI to lead some concrete collaborative developments locally which would be relevant to the antenatal to three age cohort. These included a proposed health promotion pilot focused on the needs of mothers from the Traveller population and potential participation in an action research project on perinatal depression. The emerging *Tallaght Cross* initiative and the national *Nurture, the Infant Health and Wellbeing Programme* also present opportunities for ATTI to play either a support or leadership role locally. The evaluation recommends that these opportunities be revisited by the Steering Group and, if considered appropriate and feasible, be developed as core elements of the ATTI work programme for Year Two.
- There is a recognised gap in the initiative concerning the role of parents in influencing and informing the work programme of ATTI. The work programme is largely influenced by the voice of service-providers and not by the users of services whose needs are primary. Evaluation discussions on the role of parents in ATTI revealed a universal belief across stakeholders that parents should be more involved while also revealing a lack of certainty around the most appropriate vehicle through which to channel their input. The starting point in addressing this issue is for the Steering Group to consider where parents' contribution can and should inform the development of the initiative as it moves forward.
- While there is a body of work to be carried out within the initiative in 2016, CDI and the Steering Group must now begin to consider what becomes of ATTI beyond its current funding period. Stakeholders must either plan for a smooth conclusion or a smooth extension of the initiative but, fundamentally, they must plan. Similarly, the ATTI stakeholders have developed a specific approach to enhancing service coordination for the 0-3 age cohort. The initiative's Logic Model notes ATTI's intention to develop an *Implementation Guide*. It is important that ATTI commits to the development of this resource, to sharing its learning and the initiative's potential for replication. In this way it will add value to areas other than Tallaght West.

As can be understood from the recommendations above, ATTI's first year of operation succeeded in laying a foundation for coordinated action. It succeeded in getting people within varied services and sectors to talk to and build links with one another. It must at all times remain relevant to local practice; stakeholders will lose interest if coordination emerges as a concept rather than a value addition to their respective roles. Therefore ATTI should continue to provide quality research, information inputs and networking events etc., and continue

to make coordination real and tangible for service providers. But it must also face new challenges in taking the process forward. It must begin to lead new conversations; conversations that engage with critical and difficult issues such as service availability, service standardisation and service integration. This will take ATTI onto a more strategic playing field and the evaluation contends that this is absolutely in-keeping with the original vision for the initiative.

# 1. INTRODUCTION

This document comprises the interim report of the evaluation of the Tallaght West Childhood Development Initiative's *Antenatal To Three Initiative*. ATTI was established as a two-year initiative by CDI in the second half of 2014 under the national Area Based Childhood Programme (ABC)<sup>2</sup>. It involves a collaborative process, engaging a variety of statutory and non-statutory partners in the Tallaght West area, all of whom are committed to strengthening interagency coordination with a view to improving outcomes for children and families in the antenatal to three age cohort.

ATTI is one of a suite of programmes and interventions hosted by CDI under the ABC investment. The budget for the initiative is approximately €90,000 per annum over a two-year period, the bulk of which is devoted to the employment of a Programme Coordinator - the core resource of the initiative<sup>3</sup>. ATTI constitutes less than 8% of CDI's annual programme budget under ABC. The initiative is underpinned by a Logic Model outlining clear projections of programme outcomes, outputs, activities and inputs.

**Short term outcomes up to 2016** focus directly on organisational change across participating agencies. Specifically, the short-term outcomes up to 2016 project the following:

- Relevant service providers have increased awareness of services in the area, their function and how families can access them;
- Referral and information sharing systems are improved and/or developed to enable greater access to services for families;
- Strategies to improve identification and engagement of hard to reach/vulnerable families are developed, implemented and demonstrated as supporting greater access;
- All relevant services in the area are working together to:
  - Develop, support and promote best practice;
  - Enhance quality provision, coordinate service provision and improve effective communication with parents and other services;
- Service integration is maximised.

## 1.1 ATTI EVALUATION & EVALUATION TERMS OF REFERENCE

The evaluation of ATTI commenced in the final quarter of 2014. The Invitation to Tender for the evaluation highlighted CDI's need for an independent, mixed-methods, iterative evaluation process, focused primarily on the intended short-term outcomes listed above.

The principal focus of the overall evaluation is on assessing ATTI's achievement of the aforementioned projected *outcomes*. In effect, the evaluation is designed to explore levels of organisational and systemic change, facilitated and enabled through the ATTI work programme, which in turn leads to greater service-quality and accessibility for children and families in the four communities of Tallaght West.

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<sup>2</sup> A joint initiative of the Department of Children and Youth Affairs and The Atlantic Philanthropies.

<sup>3</sup> A budget line of €30,000 per annum is allocated to Programmatic Expenses.

The evaluation is also designed to enable *critical learning* among stakeholders at key points in the lifetime of the initiative with learning particularly focused on the *process* of developing and implementing ATTI. Specifically, the evaluation seeks to identify the elements of the programme that i) produce and ii) do not produce desired effects vis à vis projected outcomes.

The evaluation of ATTI involves a three-phase approach as follows:

- *Phase One - Baseline:* This phase involved capturing baseline data against which to measure progress in the latter stages of the evaluation. A thorough baseline research process, examining levels of interagency working, was completed. A baseline report was prepared and presented to the ATTI steering group in mid-January 2015. The report was subsequently presented to a wider audience at a speed networking event in early February. Further detail on the baseline research is presented in section 4.6 below.
- *Phase Two – Interim Evaluation:* The interim evaluation phase is the central component in the process evaluation of ATTI. This process aspect of the evaluation is undertaken with a view to building learning and capacity among ATTI stakeholders, improving strategy development and, ultimately, enhancing outcomes. It sets out to undertake a mid-point review of the initiative, examining activities and outputs of ATTI during its first year of operation from the perspectives of relevance; appropriateness; quality; efficiency; and early emerging outcomes.
- *Phase 3 – Final Evaluation:* The final evaluation comprises the summative element of the evaluation. It primarily sets out to quantify and qualify levels of organisational change among participating agencies compared to original baseline data. It also seeks to capture, measure and value the impacts of interagency working concerning the 0 – 3 age cohort in Tallaght West while also identifying key practice lessons and policy implications.

This report acts as the core output of the second or Interim phase of the evaluation process.

## 1.2 REPORT STRUCTURE

The Interim Evaluation report is divided into seven key sections as follows:

*Section 2* outlines the methodology employed in conducting this interim evaluation process.

*Section 3* of the report provides a detailed overview of the origins of ATTI, and describes the critical features that underpin its conceptualisation and subsequent operation in the Tallaght West area. This section also details changes in emphasis within the programme owing to contextual factors in ATTI's operating environment in the past year.

*Section 4* identifies the principal activities of ATTI over the first 12 months of operation and reflects on some of the critical outputs emerging from those activities.

*Section 5* is the most significant section of the report. It explores local stakeholder experiences of ATTI, synthesising local perspectives on the relevance, value and quality of ATTI's input into the local service landscape and offering insight into ongoing coordination gaps in services for children and families in the antenatal to

three years cohort. It also examines the process of implementing the ATTI work programme, highlighting what underpins success in the operation of the programme while also identifying areas that require further attention in the second year of the initiative.

*Section 6* reflects on critical learning emerging from the experience of implementing the ATTI work programme and also offers a series of recommendations regarding priority areas for attention within the initiative for the second and final year of the programme.

The report concludes in *Section 7*.

## 2. METHODOLOGY

### 2.1 FOCUS OF INTERIM EVALUATION PROCESS

This interim evaluation is the central component in the *process evaluation* of ATTI and has been conducted at the mid-point in the current lifetime of the initiative. Its primary purpose was to:

- Engage stakeholders in analysis of ATTI to date from the perspectives of relevance; appropriateness; quality; efficiency; and early emerging outcomes of the initiative.
- Identify factors working well and/or requiring priority attention, particularly relating to process, structures, working relationships, activities and inputs.
- Identify and contribute to key learning to improve future development and/or influence local practice.

As this is essentially a mid-term evaluation process, all evaluation activities have concentrated primarily on an examination of the activities and outputs of ATTI over the past year; on the effect and learning emerging from those activities and outputs, and on considering how to optimise the quality, efficiency and impact of the initiative in its final year of operation under the ABC programme.

### 2.2 METHODOLOGY

The focus of the Interim Evaluation and, in particular, its emphasis on engaging the views and perspectives of stakeholders involved in the work programme of ATTI, necessitated a largely qualitative approach with primary emphasis on in-depth interviews and Focus Group Discussions with multiple stakeholders, inclusive of the ATTI Coordinator, representatives of the ATTI Steering Group, CDI and other organisations engaged in – and experiencing – the work of ATTI<sup>4</sup>. Data from these interviews, coupled with an in-depth analysis of programme documentation received from CDI, have informed the content of this interim report.

The following gives a detailed breakdown of the activities undertaken to inform this evaluation report:

- *Review of key programme documentation:* Documents pertaining to the establishment and operation of ATTI were reviewed in detail to identify key themes and emphases relevant to the conceptualisation and ultimate delivery of the initiative. Documents reviewed included the:
  - Report of the initial consultation that led to the establishment of ATTI;
  - ATTI Logic Model;
  - Aforementioned baseline research into interagency working;
  - Coordinator reports to Steering Group and minutes of Steering Group meetings;
  - Records of key ATTI activities and outputs, e.g. records of consultations with parents; participant records from networking and information input events organised by ATTI;
  - Health Promotion materials developed by ATTI.
- *Interviews and Focus Group Discussions with key stakeholders:* A total of 16 in-depth interviews and one Focus Group Discussion were held as part of the data gathering activity of this interim evaluation process. These interviews and discussions constituted the major data-gathering activity of the interim evaluation process. Most significantly, the interviews and discussions engaged deeply with:

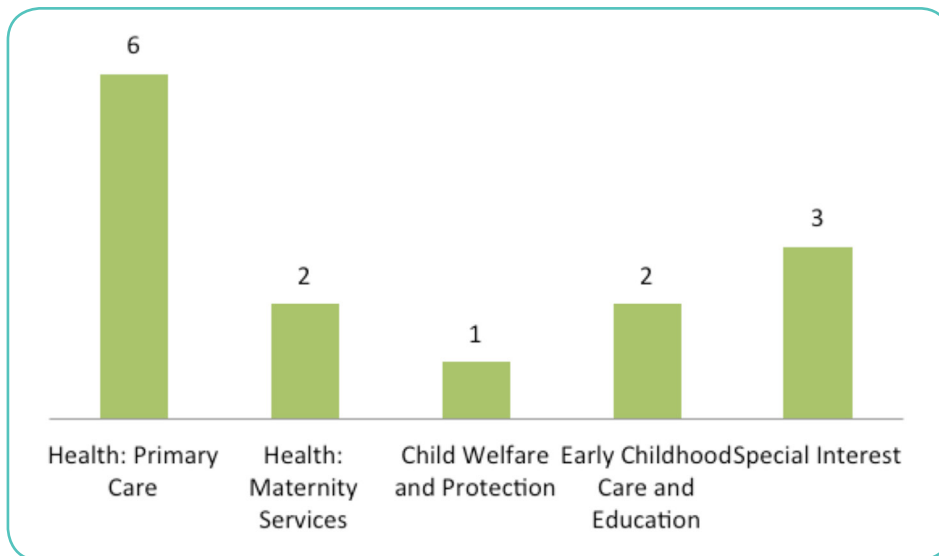
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<sup>4</sup> From Statutory, Community and Voluntary sectors.



- The ATTI Coordinator;
- The ATTI Steering Group;
- The CEO of CDI;
- The Programme Manager<sup>5</sup> of Nurture, The Infant Health and Wellbeing Programme<sup>6</sup>;
- Fourteen representatives of agencies involved in the delivery of services to children and families in the antenatal to three age cohort in Tallaght West. Figure 1 gives a breakdown of the sectors represented by these interviewees.

**Figure 1: Local Stakeholder Interviewees by Sector**



Interviews were sought with these representatives based on the initial Evaluation Framework agreed with the ATTI Steering Group during the summer 2015. The evaluation sought to engage with i) stakeholders central to the development of ATTI – the Coordinator, the Steering Group and the CEO of CDI - and ii) with locally-based service providers who had engaged with the work programme of ATTI during the first year of the initiative. It sought to explore stakeholders’ experiences and perspectives of ATTI with a view to assessing the relevance, appropriateness and value addition of ATTI to the service landscape in Tallaght West. Guidance on the exact individuals to be interviewed was taken from the Coordinator. All discussions focused on experiences of engaging with ATTI while also seeking out recommendations for the future development of the initiative. Data from interviews were analysed, coded according to themes and subsequently presented in the later sections of this report according to the most significant emerging themes. Copies of evaluation interview templates are appended to the report<sup>7</sup>.

- *Preparation and submission of draft interim report to CDI:* A draft report was submitted to CDI in November 2015. This was reviewed and detailed feedback was subsequently presented to the evaluator. Amendments were made to the draft document thereafter, leading to the finalisation of this report.

<sup>5</sup> Who also has a long and distinguished history of interagency working in Tallaght West.

<sup>6</sup> On the advice of the ATTI Coordinator and Steering Group, given the significance of this programme at a national level.

<sup>7</sup> Appendix I: Interview Template with ATTI Coordinator; Appendix II: FGD Template with ATTI Steering Group; Appendix III: Interview Template with CEO, CDI and Appendix IV: Interview Template with Local Service Providers.

## 2.3 ANALYSIS

All interviews and discussions during the interim evaluation process were structured around particular issues of importance drawn from the ATTI Logic Model and the aforementioned Evaluation Framework. Questions posed to particular individuals/groups during interviews and Focus Group Discussions were drawn from the research questions listed in the Evaluation Framework agreed with the Steering Group. These provided the core areas of focus for the subsequent data analysis and identification of priority themes for presentation in this report.

The process of analysing the data and identifying themes involved a four-phased approach as follows:

- Phase 1 - Data Review:* Data from across the aforementioned programme documentation, interviews and Focus Group Discussions (FGD) were recorded in detail and reviewed. Initial patterns within the data were observed and recorded.
- Phase 2 - Initial Coding:* Subsequent detailed review of the data enabled the generation of initial codes by documenting where and how patterns occurred across the data, particularly in relation to specific research questions. Codes were highlighted as a result of the frequency with which particular issues/viewpoints were raised in interviews (i.e. co-occurrence of particular themes in response to particular questions). Initial inferences were made about what these codes might mean in the context of the overall evaluation process relevant to the evaluation Terms of Reference.
- Phase 3–Theme Identification:* Codes from across research questions were reviewed and combined to produce overarching themes from the data. Themes were examined and analysed to ensure that their subsequent presentation would give an accurate reflection of the data and to ensure their relevance to the overall objectives of the evaluation. Further inferences were made, considering the relevance of the themes to the evaluation Terms of Reference.
- Phase 4 – Presentation of Themes:* Themes identified as significant by the evaluator to the evaluation objectives were written up and presented as the core results of the evaluation. As noted earlier, these are presented primarily in Section 5 of the report, where the experiences and perspectives of local stakeholders on the relevance, value and quality of ATTI’s input into the local service landscape are synthesised.

It is important to note that the evaluation process was largely dialogical and, as a result, an inductive approach has been applied to the analysis of data and the identification of priority themes for presentation in this report. In other words, themes were not coded according to any pre-existing hypothesis or frame. The purpose of the evaluation – and the approach it adopted - was to allow full articulation of the interviewee voice; to emphasise participants’ perceptions, feelings and experiences as the primary object of evaluation. In most cases, themes highlighted in section 5 of the report were identified when at least three interviewees in the evaluation process presented similar responses to particular questions.

Equally, however, contradictory views to the more commonly articulated themes are also presented, even when these views may have been expressed considerably less frequently in evaluation discussions. Drawing on personal judgement, the evaluator considered it important that minority views also be given expression in the report.

As a result of giving voice to stakeholder viewpoints, the presentation of data in the report tends to be quite descriptive. Direct quotes are used on occasion to illustrate and add weight to some of the themes presented.

## 2.4 LIMITATIONS

It is important to acknowledge certain limitations or weaknesses in the interview process. Most notably, based on guidance from ATTI, the voice of parents and families is absent from the evaluation. It was felt that, as ATTI has no direct links with families, it would not be appropriate to engage with parents/guardians. While this obviously makes sense within the context of the overall programme, it is nevertheless regrettable that the voice of the target group, the end beneficiaries of this coordination effort, is not included as an informant in the examination of ATTI and in the consideration of its future direction.

Similarly, reference is made in the report to the importance of building greater connection with local GPs. Significant opinions are expressed in the report about the engagement of GPs in Tallaght West. However, as in the case of parents, no direct communication took place with local GPs and this emerges as a gap in the report.

## 3. ATTI BACKGROUND AND FOUNDING FEATURES

### 3.1 BACKGROUND

CDI began its work in late 2003 when a collaborative group of local stakeholders came together to develop a 10-year strategy to improve the health, safety and learning of children in Tallaght West and to increase their sense of belonging to their community. From 2007 to 2013 CDI was one of three Prevention and Early Intervention Programme (PEIP) sites in Dublin<sup>8</sup> involving funding from the Department of Children and Youth Affairs and The Atlantic Philanthropies.

Building on organisational learning from implementing a suite of evidence-informed programmes in Tallaght West under the PEIP, CDI negotiated a further investment in its work programme under the ABC programme, of which ATTI is one initiative. When negotiating this round of investment CDI was informed by its funders that investment need not solely focus on consolidating what had been done under the PEIP; funding could also be available to address previously unmet local needs. This provided the impetus for the organisation to consider how it might support families with children aged less than 3 years, recognising that this period is particularly significant in the life of a child and is a particularly vulnerable period for families, especially mothers. Defining itself as an organisation rooted in a prevention and early intervention approach to addressing the needs of children and families, CDI acknowledged that it had not adequately addressed the needs of this age cohort in its previous work and committed to exploring the most appropriate ways of supporting local families in this target group.

Consequently CDI commissioned a focused consultation process involving local parents of children under three years of age, local service providers, early year's experts and policy makers. The consultation sought to explore how CDI might best invest in supports for this age cohort. The consultation process noted that:

*"While there is a good range of services already provided in Tallaght West, there are significant problems in access, information, coordination, and insufficient focus on the 0-3 age range, in particular antenatal to 1 year old. Parents and service providers want to see a different way of providing services so that they are clustered, coordinated, cohesive and community-based around the needs of the child."*

*(0-3 Childhood Development Initiative Consultation Report, December 2013).*

The findings of this consultation led to the establishment of ATTI as an initiative designed to build on what was already working for this target group in the community, with a particular focus on improved co-ordination of services. Interviews with representatives of CDI revealed that they were both surprised and relieved by the lack of demand for new and additional services for this age cohort in the community. In fact, the consultations suggested that there were adequate services in the Tallaght West area and that the primary gap related to an absence of cohesion among existing services. The establishment of ATTI therefore presented CDI with an opportunity to lead a change management process focused on building a more cohesive and collaborative service landscape around the needs of children aged under three years and their families.

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<sup>8</sup> youngballymun and Preparing for Life in Dublin's north side were the other programme sites under PEIP.

## 3.2 STRATEGY

CDI set out a clear strategy for ATTI through the development of a Logic Model with the core focus being the short-term outcomes listed in section 1 above. Central activities of the ATTI work programme were, among others, to involve:

- The establishment of a Steering Group, comprising representatives of a variety of agencies and organisations relevant to the antenatal to three target group, to drive and support the work of ATTI;
- The recruitment of a coordinator who would resource and lead the ATTI work programme;
- The engagement of statutory, voluntary and community agencies in a series of activities that would support the progression of interagency coordination and increase understanding of services for children and families in this age cohort in the Tallaght West area;
- The commissioning of an iterative independent evaluation, of which this interim evaluation process forms a central component.

The original programme strategy also expressed an aspiration that ATTI would have a role to play in the local implementation<sup>9</sup> of Meitheal<sup>10</sup>, the national practice model for all agencies working collaboratively around the needs of children and young people. This process is managed and led by Tusla, the Child and Family Agency. The aspiration did not materialise as envisaged however. It was the view of Tusla that, as Meitheal is the national practice model, it should be led by the statutory sector in order to affect practice in a sustainable manner, ensure consistency in implementation, build accountability within Tusla and ultimately embed the model in ongoing practice. Similarly, Meitheal involves a process targeted at individual children and families and is focused on their respective needs. ATTI was viewed by Tusla as a universal process so it was not considered appropriate that ATTI would be involved in individual family cases.

It is important to note however that Tusla is represented on the aforementioned ATTI Steering Group and this is very positive. It allows the Steering Group to discuss the role of prevention and early intervention in relation to child welfare and protection issues, particularly within the context of children aged under three.

The ATTI strategy is concerned with universal needs. It is designed to support improvements in service coordination across all agencies and to promote a prevention and early intervention approach that benefits all children in Tallaght West. As a result, ATTI spent considerable time during the first year of operation heightening local attention to issues such as improving attachment, access to services and health seeking behaviour. The minutes of the March 2015 meeting of the ATTI Steering Group defined the core functions of ATTI as follows:

- To build the capacity of agencies for interagency working;
- Health promotion<sup>11</sup>;
- Training and information-sharing.

Evaluation interviews with a number of Steering Group members reveal that most view these functions as critically important.

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<sup>9</sup> As it would pertain to children aged under three years

<sup>10</sup> Meitheal coordinates a multi-agency, interdisciplinary process in support of identified children.

<sup>11</sup> Health Promotion was not a named activity in the original ATTI Logic Model. The focus on Health Promotion emerged as part of the ATTI work programme during the first year of the initiative. This focus on Health Promotion is explained in greater detail in Section 4.5.

### 3.3 SIGNIFICANT EMERGING CHANGE

As noted earlier, the core resource to the initiative is the ATTI Coordinator who leads and stimulates coordination possibilities in association with the Steering Group. At the time of writing this report the Coordinator had submitted her resignation from the role and was about to move on from the initiative. Plans are in place to find a successor to continue the work. However, this emerging change has significant implications for the future operation of ATTI which will be addressed in subsequent sections of the report.

## 4. KEY ACTIVITIES AND OUTPUTS OF YEAR ONE

The purpose of this section of the report is to offer a comprehensive overview of the main activities and outputs of ATTI during its first year of operation. It is presented in accordance with the Activities and Outputs section of the ATTI Logic Model.

This element of the report is primarily descriptive rather than evaluative, though evaluative remarks are made in relation to certain activities and outputs. Greater analysis of what is described in this section is offered in subsequent chapters of the report.

### 4.1 GOVERNANCE

As an initiative of CDI, ATTI has been subjected to the same governance standards as all other programmes within the CDI portfolio. The Logic Model is reviewed periodically; an evaluation has been put in place and the Board of CDI provides the same level of oversight to ATTI as it would to any other CDI programme.

### 4.2 STEERING GROUP

A Steering Group, comprising representatives of agencies<sup>12</sup> and organisations relevant to the antenatal to three target group, was established by CDI early in the lifetime of the initiative. Formal Terms of Reference (TOR) was agreed at the outset by the Steering Group members, detailing the principles underpinning the group's operation and outlining the key responsibilities of its membership. The Steering Group, which meets on average bi-monthly, has operated to these TOR throughout the year. Each member represents the interests of her/his respective organisation and is expected to facilitate effective communication processes between stakeholders.

Observations of the Steering Group by participating members suggest the following:

#### Membership

Generally, members believe that the right people from the right organisations are represented on the ATTI Steering Group. All have demonstrated commitment to the ATTI process and are committed to putting energy into the development of the initiative. It is clear that certain key leaders have emerged within the Steering Group and are recognised as leading the demand for greater interagency coordination in the community.

Members mostly viewed membership of the Steering Group as beneficial. Participation on the Steering Group has provided individual agencies with opportunities to build multiagency connections, particularly through the flow of information. Similarly, participation has assisted in increasing the visibility of certain agencies in the Tallaght West communities, most notably the Coombe Women and Infants University Hospital.

ATTI experienced considerable delays in tying down consistent representation of GP Practice Nurses on the Steering Group during the year. Two Practice Nurses initially joined the Steering Group but left soon after, one taking up work in another area and the other deciding to withdraw in the belief that she did not have the capacity to influence change within her organisation. The Coordinator subsequently took time to get to know

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<sup>12</sup> youngballymun and Preparing for Life in Dublin's north side were the other programme sites under PEIP.

Practice Nurses in the area, through individual meetings and through the Practice Nurse Training Network facilitated by the HSE.

This absence of GP Practice Nurse representation on the Steering Group has been overcome since the summer 2015 with the inclusion of a Practice Nurse with considerable knowledge, experience and understanding of interagency work within a Primary Care setting. This is considered a major step forward in building greater linkage with local GPs where a coordination gap is currently observed.

Some individuals interviewed made the case for the inclusion of additional interest groups on the Steering Group highlighting the absence, for example, of a Traveller voice and/or representatives from mental health and addiction services. In all cases arguments in favour of broadening Steering Group membership were made with a view to including individuals and agencies that are passionate about key issues affecting the lives of families and young children.

### **Role and Function**

The Steering Group members have a consistent and shared view on the role and function of ATTI. In conversation with the evaluator, members described themselves as a collection of committed stakeholders, dedicated to improving outcomes for children and families in the 0-3 age category by increasing levels of interagency working and collaboration in the Tallaght West area. All emphasise their commitment to learning, and to advancing ATTI's collaborative agenda.

In keeping with the agreed Steering Group TOR, members collectively noted their role as guiding and directing the process of building greater interagency working as it relates to the antenatal to three target group. Members also recognised however that they had informed – rather than directed - the work of ATTI over the previous year. The membership almost universally acknowledged that the group had been driven by the Programme Coordinator, rather than the other way around. This has implications for programme ownership into the longer term and is an area that needs consideration as the programme of work moves forward, particularly in light of the fact that the original Coordinator has moved on from the process.

### **4.3 COORDINATOR**

One of the first activities of establishing the ATTI process involved the recruitment and employment of a Programme Coordinator. The chosen individual, Emma Freeman, was already well established in the Community sector in the area, having a prior working relationship with many of the agencies that engaged with ATTI over the last year. Interagency working was central to the vision of ATTI, as outlined in the Short-Term Outcomes of the initiative's Logic Model, and Emma had high levels of expertise in this area. This greatly facilitated the operation of the initiative. Stakeholders across Tallaght West described the Coordinator as the glue that held ATTI together. Emma was considered as having fantastic vision, great drive and leadership, all of which were highly relevant in enabling the ATTI process to evolve.



## 4.4 ATTI NETWORK

The ATTI Logic Model refers to the engagement of Statutory, Voluntary and Community Agencies in activities concerned with:

- Progressing inter-agency work; and
- Auditing and mapping services for ATTI parents and children in Tallaght West, with a particular focus on levels of collaboration.

Reference is also made in the Logic Model to services' participation in an ATTI Network.

It is important to note that the network that has emerged in Tallaght West is an informal structure, focused on:

- Enabling personnel from across agencies to know one another and to increase their knowledge and awareness of services for children and families;
- Offering additional value to services in their respective functions with children and families;
- Using enhanced working relationships to increase service capacities to address the needs of children and families in Tallaght West.

As of early September 2015 a total of 123 individual service providers were listed on the ATTI network database, all of whom focus either fully, or in part, address the needs of children and families in the 0-3 age cohort of Tallaght West.

## 4.5 ATTI WORK PROGRAMME

Progressing interagency work over the first year of ATTI has involved a series of activities, which included the following:

- Speed Networking;
- Development of a Service Directory;
- Training Workshops/Information Inputs;
- Health Promotion.

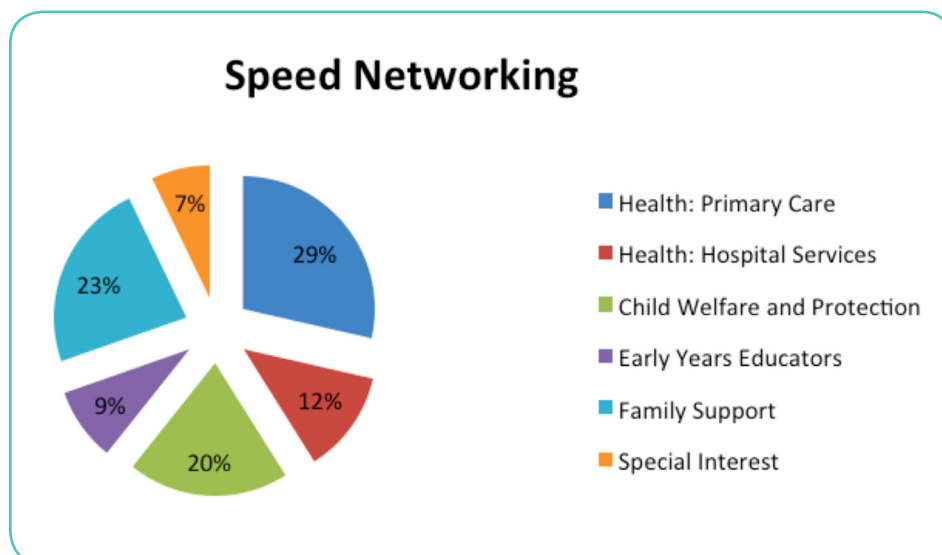
### Speed Networking

A speed networking<sup>13</sup> event was organised by ATTI in early February 2015 as a high profile opportunity for local services to engage with one another. Records from the event show that 56 individual service providers took part, sharing information on their respective services with representatives of other agencies and services. Figure 2 below presents a breakdown of participants according to sector.

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<sup>13</sup> Run along the lines of a speed dating event, where individuals hear brief summaries from a large range of other organisations, and share their own role with each.

**Figure 2: Speed Networking Event Participants by Sector**



The event was described as very energetic and was warmly received by all participants. In addition to the actual networking process, the event provided an opportunity to share the findings of baseline research conducted into interagency working in Tallaght West<sup>14</sup> and to feed summary information back to individuals that had provided input into the research process.

### Service Directory

Service providers participating in the speed networking event made explicit requests to ATTI that it would create and circulate a local Directory of Services relating to children and families in the 0-3 target group. This process of creating such a Directory was facilitated by the Coordinator's knowledge of the local service landscape and was also supported by the input of service providers into the aforementioned baseline research study.

As well as outlining the respective purpose of each listed service and providing contact information<sup>15</sup> for each, the Directory outlines detailed referral pathways to minimise inappropriate referrals to and from services. The Directory is as available in a portal on the CDI website and has also been emailed as an attachment to all organisations participating in the ATTI process<sup>16</sup>.

### Information Inputs<sup>17</sup>

Engagement by the Coordinator with parents and service providers in Year One drew attention to a number of key issues relevant to the target group, issues that hadn't necessarily emerged in the initial consultation which had led to the establishment of ATTI. Among others, these included reference to:

- The isolation of mothers (especially in the second pregnancy and particularly true of immigrant families);
- Attachment;
- Mental health (infant, maternal and paternal);

<sup>14</sup> See Section 3.6 below in relation to Evaluation.

<sup>15</sup> Including the names of key personnel and their mobile numbers in the majority of cases.

<sup>16</sup> It is important to note that a small number of interviewees stated they hadn't received the Directory and requested that this information would be made available.

<sup>17</sup> A number of stakeholders referred to these information inputs as training workshops during evaluation interviews and the terms are used interchangeably in the report.

- Engagement with fathers, especially as a considerable number of fathers take on the primary parenting role in Tallaght West;
- Health outcomes for Traveller children in this age cohort;
- Domestic violence.

Against this backdrop, a series of information inputs was placed at the disposal of ATTI network members over the course of the year. These included:

- A presentation in May on *Perinatal Depression* by Professor Veronica O' Keane of Trinity College, Dublin and Consultant Psychiatrist at the Trinity Centre for Health Sciences in Tallaght Hospital. This event was attended by 72 practitioners.
- Training on *Attachment* for 18 Pre-school Providers, presented by Anne Holland, a member of the ATTI Steering Group and Coordinator of the Best Start Programme in Tallaght.
- A training workshop on *Domestic Violence in Primary Care*, delivered by Rita Lawlor of the HSE in October which was attended by 51 local service providers.

An interesting feature of all training/information inputs is that they have always been oversubscribed, indicating both the demand for training and the relevance of the selected topics to the needs of local agencies.

Initial aspirations for ATTI had also included a plan to operate thematic meetings on a quarterly basis along the lines of Communities of Practice. This plan didn't materialise however, with greater focus being devoted to training. It has been suggested during evaluation interviews that this might receive greater prioritisation in Year Two.

### Health Promotion

The ATTI Coordinator also devoted considerable time and attention to the development of Health Promotion materials during the year. This focus on material development emerged from communication with parents as well as a result of the Coordinator's examination of materials from key statutory services. The examined materials were perceived as quite functional, medically driven and focused principally on the *care of the child*; little attention was given to what parents needed to do to mind themselves, all of which is critical to the primary focus of minding the child. There appeared to be little focus on key issues such as *attachment, parental mental health and fathering*, in spite of the importance of these issues being widely acknowledged.

At the time of writing this report, the ATTI Coordinator had just finalised a series of health promotion materials targeted at fathers of very young children. She had also completed similar materials for mothers, titled *Being with Baby*, which promote - across a year's lifespan - help-seeking behaviour in mothers and ways to improve attachment. The messages contained within the materials are simple, highlighting for mothers that it is *ok not to be ok and to ask for help*.

The content of the health promotion materials discussed above was informed by consultations with parents across a variety of group-based activities taking place locally. Approximately 70 parents in total were involved in these consultations.

Many stakeholders interviewed considered the creation of health promotion materials to be an important input by ATTI, particularly in a community perceived as having a high proportion of fathers acting as primary carers. While the focus on health promotion was considered integral to the work of ATTI by some interviewees, others interviewed during the evaluation did not consider the development of such materials as the best use of ATTI time and resources. These stakeholders suggested that relevant materials already existed<sup>18</sup> and that there was a risk of ATTI duplicating unnecessarily. With the departure of the Programme Coordinator, the Steering Group of ATTI will now need to make decisions on the optimal approach to their dissemination.

### Travellers

In June 2015, the Coordinator reported to the Steering Group on initial conversations with individuals from the national Traveller representative organisation, Pavee Point; the Traveller Health Unit of the Health Service Executive (HSE) and the Tallaght Travellers Primary Health Care Programme. These conversations were concerned with the development of more culturally appropriate health promotion information for Traveller women, arising from significantly poorer health outcomes for Traveller children compared to the settled population. It was hoped that a pilot initiative focused on the development of culturally appropriate information for Traveller mothers might emerge locally<sup>19</sup> that may have potential to translate nationally.

A subsequent conversation between the Coordinator and representatives of the Tallaght Travellers Primary Health Care Programme suggested the need for a realistic approach to any such piece of work, perhaps focusing initially on the development of a checklist for Health Care Workers that would be used with Traveller mothers at antenatal stage. This potential Health Promotion initiative is addressed in further detail in Section 5.2 below. For now it is important to highlight that initial discussions were held during the first year of the initiative that present an opportunity for further collaborative work to emerge locally in the near future, focused on one of the most difficult to reach populations in the area.

## 4.6 EVALUATION

CDI contracted an independent consultant in September 2014 to undertake an evaluation of ATTI. As previously noted, this three-phase evaluation involves an independent, mixed-methods, iterative evaluation process, focused primarily on the intended short-term outcomes of the ATTI.

As ATTI involves a two-year investment, an evaluation focused on tangible outcomes for children and families was considered neither possible nor appropriate. However, should a commitment to the initiative continue beyond its current lifetime, CDI would like to undertake further evaluation designed to assess measurable improvements in the lives of children aged under three years arising from increased coordination and collaboration of services locally. Such an evaluation process would be more in keeping with the other evaluations that CDI has contracted to date.

A core output of the evaluation process to date involved the completion and presentation of a baseline research report on Interagency Working as it pertains to the antenatal to three cohort in Tallaght West. This fulfilled the requirements of the first phase of the evaluation process. The baseline report was produced in the first quarter of 2015 and presented formally at the aforementioned Speed Networking event in February<sup>20</sup>.

<sup>18</sup> For example, the Caring for your Baby and Caring for your Child website and booklets of the HSE.

<sup>19</sup> Initially the discussion focused on the development of a Traveller-specific Health Promotion DVD.

<sup>20</sup> The report can be accessed in full on the CDI website: [http://www.twcdi.ie/images/uploads/general/CDI\\_ATT1\\_Report\\_01.09.15.pdf](http://www.twcdi.ie/images/uploads/general/CDI_ATT1_Report_01.09.15.pdf)

The research was undertaken through a survey of the experiences and perspectives of individual service providers catering to children and families in Tallaght West. A structured questionnaire was prepared and issued to relevant agencies i) in Tallaght West and ii) in settings outside of Tallaght West but serving its communities. Questionnaires were completed by 61 individual service providers, cutting across approximately 50 services. The research questionnaire involved a blend of closed and open-ended questions, providing a mix of quantitative and qualitative data.

Key findings from the research indicated:

- A strong history of interagency working in Tallaght West, though with coordination gaps relating to the 0-3 age group;
- Inter-agency working tends to be child or family specific with less focus on local practice development;
- Cross-agency referral is frequent for this cohort but gaps are experienced in follow-up post referral, communication patterns during referral and services' understanding of one another;
- Positive experiences of interagency working are enabled by positive communication; regular, adequate and appropriate information-sharing; openness to interagency working and clarity between services around respective roles and responsibilities;
- Most service providers found it easier to identify gaps in the services of others and struggled to highlight issues within their own services.

The research concluded that the ATTI coordination effort should focus on becoming a catalyst for greater information-sharing and awareness-building on the nature and extent of service-availability for this cohort in Tallaght West. It should build on this information focus by supporting greater inter-agency networking and coordination, while also considering a potential advocacy function, particularly in strengthening the focus on prevention and early intervention for the 0-3 cohort locally.

The completion of this baseline research provided the ATTI evaluation – and the wider ATTI initiative in general – with a valuable output. However, the process of completing the research was as important as the research product. The manner in which data was gathered was critically important in this regard with the ATTI Coordinator engaging directly with many local agencies and supporting them to complete the baseline questionnaire. Not only did this ensure a high quality of data to the research, it also built connections between the Coordinator and agency personnel across sectors. While data gathering for the baseline research was therefore a time-consuming process, the benefits outweighed the time input. Equally, this engagement with frontline service providers was also key in bringing attention to critical issues that had not emerged during the initial consultations.

## 4.7 OTHER ACTIVITIES

In addition to the above, ATTI has developed links with other ABC programmes with similar objectives. The ATTI Coordinator has also developed a close working relationship with *Nurture, the Infant Health and Wellbeing Programme*, a change management process within the HSE's Health and Wellbeing Directorate and Primary Care Directorate to improve health and wellbeing outcomes for infants aged 0-2 years and their families. The programme is managed by the Katherine Howard Foundation<sup>21</sup>. Steering Group will explore further linkages between ATTI and Nurture in 2016.

<sup>21</sup> <http://www.khf.ie/what-we-do/nurture/>

## 5. PERSPECTIVES ON ATTI

Section 5 of this interim evaluation report explores local stakeholder experiences of ATTI, synthesising local perspectives on the relevance, value and quality of ATTI's input into the local service landscape and offering insight into ongoing coordination gaps in services for children and families in the antenatal to three years cohort. It also examines the process of implementing the ATTI work programme, highlighting what underpins success in its operation while also identifying areas that require further attention in the second year of the initiative.

### 5.1 KNOWLEDGE OF ATTI

Almost all of those interviewed during this interim evaluation process were familiar with ATTI, its history and its purpose. This was to be expected as the evaluation sought to focus on connecting with individuals and agencies that had engaged with the ATTI work programme over the previous year. That said, it is interesting to note that a tiny minority of those interviewed expressed little – and in some cases no - knowledge of the initiative, its purpose or its programme of work during the previous year.

The majority of those who expressed little knowledge of the initiative had participated in certain ATTI-organised events<sup>22</sup> but attended mainly because of the direction of their respective line managers. While these individuals attended the events, they suggested they were not aware that ATTI was the driving force behind their organisation.

This absence of knowledge can be viewed in a number of ways. On the one hand, it can be viewed as disappointing; ATTI was unable to promote adequately its capacity-building function and thus be viewed as relevant to certain services in the area. On the other hand the fact that ATTI remained unknown as an entity need not be viewed as a problem. Individual service providers in Tallaght West with little knowledge of ATTI participated in activities designed to foster and grow multiagency coordination. ATTI fulfilled its function in this scenario without focusing on the structure and its objectives. Perhaps this is an ideal outcome, one in which interagency coordination is enhanced but without the perceived need for defined infrastructure behind that coordination process.

Those stakeholders that were familiar with ATTI understood that its purpose was to link up services for children and families within the antenatal to three age-group. Most agreed with the focus of ATTI, recognising that there were many services in the area and that the principal job of work involved joining up those services more effectively.

That said, many unsurprisingly noted that they would welcome additional services for the target group. Some questioned how much scrutiny had been applied to the assertion that there were enough services for this cohort in the area. In particular, one individual argued that it might have been better to use ABC resources to consider the development of a suite of evidence-based services focused on addressing the varied needs of parents and children in the target group.

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<sup>22</sup> Most notably the speed networking and the training inputs.

Overall however there was a general acceptance that, with the resources that were available, the introduction of ATTI represented a good use of limited funds. It was universally accepted that better linkage across services enhances general service provision. Greater coordination across agencies was considered good for families and, by extension, good for individual service providers. ATTI was viewed as complementing programmes and services in the locality, not duplicating or competing.

## 5.2 RELEVANCE AND VALUE OF ATTI

### Networking

The most significant value of ATTI, as expressed through interviews during this evaluation process, was its contribution to interagency networking in the Tallaght West area. The speed networking event was viewed as primary in this regard.

The principal purpose of the Speed Networking event was to offer service-providers the opportunity to engage with representatives of other agencies, build connections and inform one another of their respective services for children and families in the 0-3 age cohort. Interviewee descriptions of the event included terms such as *invaluable*; *innovative*; *a pivotal event in the life of ATTI to date*; *an inspired idea*; and *a great example to describe what ATTI does*. The energy during the event was described as palpable.

The networking benefits of this event were perceived as numerous. Among others, interviewees referred to the value of the event in terms of:

- providing information to practitioners in the area on how to access other relevant services;
- opening service-providers' eyes to the breadth of services operating in Tallaght West for children and families of this age group;
- building awareness of new services<sup>23</sup>;
- assisting providers to recognise that services, about which they thought they had adequate knowledge, offered more to families than envisaged<sup>24</sup>;
- putting faces to names and providing a more personal touch than phone and email communication;
- increasing clarity on services and referral pathways;
- making new contacts and getting information on other disciplines.

A number of interviewees referred to the fact that service-managers participated in the event alongside front-line staff and this was welcomed by all. Stakeholders also expressed satisfaction with the follow-up from the event; information from discussions was circulated by ATTI soon after the event alongside addresses and contact details of those in attendance.

Interestingly, interviewees commented little on the value of speed networking in terms of sharing information about their own respective services. While they all appreciated the opportunity to share their work, the primary value of the speed networking event was experienced in terms of information received from other participants.

<sup>23</sup> It was suggested that practitioners knew about some of the more long-standing services in the area but the speed networking introduced newer services to the service landscape.

<sup>24</sup> One interviewee noted in this regard: "The speed networking refreshed our awareness of services that we thought we knew well. I learned more about the nature of services on offer."

Most importantly, it is evident from a number of the evaluation interviews that participants in the speed networking followed up on contacts made during the event and subsequently linked families into the services of those encountered whilst networking. This is a tangible outcome of the event.

There was widespread recognition among interviewees of the importance of similar speed networking events taking place into the future - at least annually if not every six months. It was suggested that such events would be particularly valuable for new staff coming into the area and would provide a valuable introduction to working in the service landscape for 0-3s. It was also suggested that repeat networking events would be useful in keeping newly established links open; that they would rekindle energy in interagency working and give an impetus to agencies to follow up on relevant services as required.

There were some extremely minor critiques of the event. In one instance it was suggested that there was an imbalance in representation, some agencies having a number of representatives present while others only had one<sup>25</sup>. It was also remarked that the time for networking was excessively tight.

Many interviewees also referred to the value of the aforementioned Directory of Services that was produced by ATTI following the speed networking event. A number referred to having used the Directory to access information on particular services or to refer families to specific services they had encountered during the speed networking<sup>26</sup>. Most interviewees emphasised the need to update the Directory every 18 months to two years to ensure that its content remains up-to-date in what is a frequently changing service environment<sup>27</sup>.

While the networking value of ATTI has been espoused in most of the evaluation interviews conducted, it is equally important to note that a small number of those interviewed were less convinced of the role played by ATTI. These individuals explained that they had been coordinating with other agencies prior to ATTI and gave examples of how this coordination took place, principally in the context of referrals but also through offers of training and information inputs to other disciplines. There was a sense among these interviewees that, were ATTI to depart the scene in Tallaght West, it would not affect their work or larger collaborative efforts with other agencies.

Similar to the commentary relating to knowledge (or lack of knowledge) of ATTI, this critique can also be viewed in two ways. On the one hand, one might interpret these statements as suggesting that ATTI needs to be much more proactive in supporting and enabling greater interagency networking and coordination. On the other one might interpret it as suggesting that ATTI is simply adding value to pre-existing collaborative efforts while also supporting the emergence and development of new linkages in the area. Either way it is important to note that the balance of opinion expressed in relation to ATTI's contribution is predominantly favourable.

Some interviewees also suggested that the networking function of ATTI played a central role in preparing the ground for the local roll out of Meitheal in Tallaght West. It was suggested that services were open to Meitheal in the area because they had already heard a lot about the importance of greater coordinated action through ATTI. It was not possible to explore this assertion in greater detail however.

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<sup>25</sup> As this was an open-invitation event to which all service providers were welcome, there is little that can be done to address this imbalance in the organisation of such an event.

<sup>26</sup> In the words of one interviewee: "The contact list gets drawn on regularly in keeping with the needs of different families."

<sup>27</sup> CDI endorses this perspective and has, in fact, proposed annual updates to the Directory with the next update due in June 2016.



## Information

ATTI was frequently referred to as an *information hub* in evaluation interviews and was described as an efficient vehicle for information transfer. Interviewees highlighted how they had received timely information on events and other services through ATTI, increasing their knowledge of other services for families in their care and of additional opportunities for their respective colleagues and clients alike.

## Training

The information inputs / training presentations organised and offered by ATTI have been universally perceived by stakeholders as valuable. Topics were observed as relevant to a broad cross section of practitioners in the area, as evidenced by the fact that all training events were over-subscribed.

Most evaluation interviewees contended that practitioners in the area were open to being up-skilled. However, they also emphasised that training opportunities had to be relevant to practitioner needs and interests, otherwise they simply would not attend. Against this backdrop the majority of those interviewed noted that the content of ATTI-organised training was clearly relevant, addressing themes pertinent to a broad cross-section of agencies and simultaneously providing the same high quality information to all.

The opportunity for service-providers from varied disciplines and backgrounds to learn together was affirmed throughout interviews and was viewed as a means of supporting greater interagency working. Among others, comments in this regard included:

*"There is a real need for us to learn together; to hear each others' perspectives while at the same time engaging with best practice and up-to-date information."*

*"This training enables different agencies to come at critical issues from the same knowledge base. This too facilitates better coordination; i.e. if agencies are at the same starting points."*

*"These training inputs have assisted in standardising professional development across services, at least on critical issues common to all or that impact on all professional roles for this age group. For example, attachment is a key issue. We are building shared knowledge on this. It allows for a collection of equals rather than being broken up into our own silos."*

Interviewees acknowledged that service providers in Tallaght West were fortunate and privileged to access such training, noting that opportunities outside the CPD of one's own organisation were extremely unusual. Similarly, they noted that all presentations were informative and well presented with one interviewee describing the presentations as *"timely, equitable and from reputable, credible sources."* The presentation on Perinatal Depression by Veronica O' Keane was particularly well received and there was evidence of at least one agency inviting her to give a similar presentation to its respective staff.

## Evidence

Reference was also made during interviews to ATTI's commitment to evidence and, in particular, to the relevance and value of the baseline research on interagency working. The members of the Steering Group, for example, commented on the manner in which the baseline research had increased their awareness of coordination gaps, highlighting the need for the Steering Group to reflect on how it - and its respective agencies - shared information to the wider public.

There is some evidence to suggest that services acted on learning from the baseline research. For example, an interview with the Assistant Director of Public Health Nursing indicated that Public Health Nurses (PHNs) intentionally increased efforts to link with pre-schools following the presentation of findings from the baseline research<sup>28</sup>. There is also evidence to suggest that certain agencies used information from the baseline to inform internal organisational thinking. The baseline was described as *“helpful in evidencing the current situation in the area,”* and assisted in engaging staff and informing their perspectives.

Overall local perspectives of ATTI are remarkably positive. ATTI is viewed as a promoter of best practice in interagency coordination and service provision relating to this age cohort. Through networking and information inputs, ATTI is perceived as striving to promote best practice and sets out to model what good networking practice looks like. ATTI is generally viewed as a good example of effective communication, keeping agencies in the loop and constantly trying to draw people together and increase their understanding of one another.

### 5.3 COORDINATION GAPS

The vast majority of stakeholders interviewed as part of this interim evaluation process viewed ATTI as relevant to the local landscape and claimed benefit to the work of their respective agencies. It is recognised, however, that benefits were not felt equally across service providers; those that have scope, time and opportunity to participate in ATTI activities such as speed networking and training have been able to maximise the opportunities offered. Others have not been so fortunate as a result of the limits of their respective working contexts (e.g. staff working in Early Childhood Care and Education [ECCE] settings).

While it is widely accepted that Year One of ATTI has been very productive, several stakeholders also note that the *real work* of the initiative has yet to begin. The first year of ATTI has concentrated on developing a foundation for longer-term, deeper work; a foundation for the organisations involved in ATTI to strengthen the call for greater coordinated action. It has established links, communication pathways and trust among a number of key organisations and these must now be built upon to address significant coordination gaps and service-deficits in the local service landscape. As one interviewee stated, there is now a *“need to move things towards services doing differently, to having conversations about what doing differently entails and inviting others that are currently not involved into those conversations.”*

#### General Practitioners

Critical stakeholders that must be invited into those conversations are the local GPs of Tallaght West. Interviews with key stakeholders during the evaluation revealed that local GPs have not been adequately connected into the work programme of ATTI to date<sup>29</sup>. It was recognised that drawing GPs into collaborative efforts was a difficult task; GPs operate to a business model and committing to a far-reaching coordination effort may be perceived as a step too far. But many stakeholders believe that there is a need to reach out to GPs in the area, given the significance of their role with the 0-3 age group<sup>30</sup>.

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<sup>28</sup> Which had noted that this sector appeared considerably more removed from interagency working than others in Tallaght West.

<sup>29</sup> It is important to highlight that no GP was interviewed as part of this evaluation process. Views are expressed about GPs but not by GPs (though a detailed interview was conducted with a GP Practice Nurse) and this is a limitation of the evaluation.

<sup>30</sup> This point was also endorsed in the Baseline Research.

CDI has a history of engaging with bodies that traditionally might not have seen themselves as needing to engage in coordinated action. It proactively reached out to schools, for example, in the development of its initial strategy and in its subsequent implementation of evidenced programmes under the PEIP. The institutional learning from this experience might well be drawn upon to support engagement with local GPs while there are other possibilities that might also support this effort.

A number of interviewees who expressed opinion in this regard considered Practice Nurses to be critically important in enabling communication and collaboration with GPs. The recent inclusion of a GP Practice Nurse on to the ATTI Steering Group is therefore a welcome development. Tapping into this individual's experience and insight will be important in building communication pathways to GPs in the area. It has also been suggested that getting information about other services to the GPs *"almost without them realising it"* is an important starting point in building communication with these key practitioners.

It may be wise to concentrate effort in the beginning on an individual champion among GPs or a core group of motivated GPs rather than targeting all practitioners in Tallaght West. The emerging *Tallaght Cross* Initiative also presents opportunities for deeper engagement with GPs. While the evaluation has limited information on this proposed venture, it is understood that it involves collaboration between Trinity College, Tallaght Hospital and HSE Primary Care. It is also understood that the initiative will involve co-location of GPs alongside other health services, as well as being the location for some nurse training and all CPD for GPs. Co-location has the potential to facilitate greater connection and ATTI should explore how this opportunity might best be seized.

### The GP, PHN and Maternity Hospital Triangle

The initial vision for ATTI emphasised practical linkage between what was perceived as the three core pillars of service-provision for ATTI's target group, namely GPs, Public Health Nurses and the Coombe Maternity Hospital. Discussions during the evaluation indicated that this linkage had not received sufficient attention during the first year of ATTI's operation<sup>31</sup>.

The importance of coordination between these critical pillars cannot be overstated. If one were to examine the service requirements of an expectant mother or a parent of a new born baby, one would quickly see that these services are essential to the parent's experience. There is widespread recognition across stakeholders that these services need to be working together as a matter of priority. There is equal recognition that current levels of engagement across these bodies are sub-optimal and that enabling such coordination requires an intentional effort by an initiative such as ATTI.

It has been suggested that ATTI might begin its efforts by seeking to support a more cohesive and cooperative approach to information-sharing across the pillars. For example, record keeping might be standardised<sup>32</sup>, allowing records then to be shared across the three pillars and with parents.

It was also acknowledged in evaluation interviews that the networking needs of some of these core services were not very wide. For example, the community midwife service of the Coombe which operates in Tallaght West really needs to be well linked in with the local PHNs and GPs, as well as in-house with other disciplines in

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<sup>31</sup> Though the reasons behind this were not examined in detail.

<sup>32</sup> Ideally this would be nationally driven.

the Coombe Maternity Hospital. Consequently it is advised that coordination with and between these key pillars needs to be highly focused. Wider networking events, such as the Speed Networking, may be of less value to these services that may require a more focused approach to building interagency linkage. It will be important that ATTI gives adequate consideration to these possibilities in the second year of operation.

Drawing attention to coordination gaps between local GPs, PHNs and the Coombe is a priority for future action, in keeping with the needs of parents and the initial vision for ATTI. That is not to say that wider coordination efforts which have demonstrated value to date should be ignored or set aside. The collaborative effort in favour of children and families in the 0-3 age group is multi-dimensional and needs to continue its focus on all sectors – Statutory, Community and Voluntary.

## 5.4 EARLY EMERGING OUTCOMES

Based on stakeholder perspectives of ATTI and its contribution to the local service landscape, there is evidence to suggest the emergence of some early outcomes from ATTI's programme of work. In particular, many interviewees suggest that they *have increased awareness of services* as a result of engaging in ATTI-organised activities and commented on the value of this in the contexts of their particular roles. Many of those interviewed highlighted that they had increased knowledge of the breadth of services for children and families in the antenatal to three age cohort, recognising that this increased knowledge and awareness was critical in their efforts to support service-users, particularly vulnerable families. The speed networking and Service Directory were both noted as key resources in this regard. Similarly, the role played by the ATTI Coordinator has been critically important. Agencies have fed information into the Coordinator in the knowledge that it would immediately be shared with the wider ATTI network. ATTI became a central channel for holding and disseminating information.

As noted earlier in this document, a large number of those interviewed commented favourably on ATTI's commitment to evidence and best practice and, in particular, on the value of training inputs provided through ATTI. They noted that data from the baseline research and the various training inputs were useful in *deepening their understanding on key topics relevant to the target population and the engagement of their respective services with other agencies*. This learning was observed as being subtle. In some cases, service providers wouldn't know that their increased learning was down to ATTI and this was considered a strength of the initiative.

Interviews also clearly revealed a perception that *networking and coordination across services* had improved significantly over the last 12 months. A number of interviewees across a variety of services noted that they were now more intentional in their efforts to work with other agencies. It was also suggested that, in certain situations where agencies were already collaborating on shared activities, engagement in ATTI had spurred those agencies to come together to review their shared work and explore ways of improving it. Once again the role of ATTI in increasing networking and coordination was perceived as subtle. The work is not about promoting ATTI itself but rather increasing information-sharing and interagency linkage. As one interviewee commented, *"coordination is the entity; not ATTI."*

It is equally important to note that a small number of stakeholders interviewed during the interim evaluation process described ATTI as *obscure and incomprehensible*. These individuals expressed their wish that ATTI would become involved in more concrete activity, including seeking resources for key evidenced programmes. As noted in earlier sections, supporting parenting and attachment was considered hugely important and these

individuals stressed the need to increase the focus on – and resourcing of - these topics if outcomes for this age cohort were to be improved in the area.

## 5.5 PROCESS: WHAT UNDERPINS SUCCESS

Stakeholders offer a variety of perspectives on what has underpinned the success of ATTI to date. Among others, the principal elements cited by interviewees suggest the following:

- leadership
- commitment
- subtlety of approach
- capacity for mobilisation.

### Leadership

Certain individuals have played key leadership roles in building the profile of ATTI and in building people's interest in a more coordinated approach to the needs of children and families in the 0-3 age cohort. ATTI and its programme of work would have struggled without the contribution of these individuals.

The drive of the ATTI Coordinator has been central and her commitment to building and extending connections with a wide variety of relevant players in the area contributed substantially to the energy around key activities. Establishing a cohesive coordination effort is extremely difficult without a leader who drives the process forward and the Coordinator has been viewed by stakeholders as the glue that has held the ATTI process together. She was described in interviews as proactive and knowledgeable and as having a well informed vision for the development of the initiative.

But the leadership of key individuals within the Steering Group was also considered to be critically important in drawing the attention of people within - and outside of - their respective organisations to the work of ATTI and the importance of improved coordination. In this regard, the energy, motivation and coordination capacity of the Assistant Director of PHNs, was particularly noted.

### Commitment

The commitment of the Steering Group to the coordination of ATTI was also highlighted as an important feature of its success. Comprising representatives of key agencies working with the antenatal to three cohort in the area, its members have demonstrated significant commitment to the goals of ATTI and have collaborated with both CDI generally, and the ATTI Coordinator specifically, to mobilise local interest in greater coordination.

As noted above in Section 3.2, there is a need for the Steering Group to increase its leadership function in providing greater direction to the ATTI work programme in future, particularly as the current Coordinator moves on from the initiative. But the commitment of individuals to greater levels of coordination has been without question.

Interestingly, a number of Steering Group members would not have automatically seen it as their role to participate on the ATTI Steering Group; in effect they were invited to do so by their respective managers. Though all members were committed to the vision of ATTI, some questioned the relevance of their participation

on the group. It may well be worth checking in with all individuals on the Steering Group at the beginning of Year Two to ensure that all members are able to commit fully to the process and are in fact the most appropriate representatives of their respective agencies on the Steering Group.

### **Approach**

ATTI's approach to building greater coordination to date has been described in a number of interviews as subtle. As noted in previous sections of this document, many individuals from across agencies attending the speed networking or information inputs wouldn't necessarily associate the events with ATTI, but the effect was felt in terms of greater connection and learning. ATTI has not sought to promote itself as an entity and this is hugely important; it has sought to promote greater interagency coordination and collaboration. This is in line with CDI's overall organisational approach. It is perceived as different to the normal operation of initiatives and is thus perceived as subtle. This subtlety is considered to be a core strength of ATTI; a subtle process seen as leading to subtle change.

### **Capacity for Mobilisation**

Leadership, commitment and subtlety of approach have contributed to ATTI's considerable ability to mobilise interest in its work programme. ATTI's capacity to mobilise interest is evidenced by the numbers and cross section of agencies that have participated in its work programme ranging from the initial baseline research to speed networking and training inputs. There is an evident interest in the work of ATTI and ATTI has both mobilised and capitalised on that interest.

## 6. KEY LEARNING & POINTERS FOR THE FUTURE

This section of the report reflects on critical learning emerging from the experience of implementing the ATTI work programme in Year One and also offers a series of recommendations regarding priority areas for attention within the initiative for the second and final year of the programme.

### 6.1 CRITICAL OBSERVATIONS

The vision and purpose identified at the initiation of ATTI remain relevant. There is a recognised need in Tallaght West for a concerted effort to enhance interagency coordination as it pertains to children and families in the antenatal to three age category. While a substantial programme of work has evolved over the first year of the initiative, the core concerns raised in the initial consultation process remain relevant as ATTI embarks on its second year of operation.

Enabling interagency coordination to emerge and evolve in an intentional manner is hard work. Coordination efforts tend to rely on individuals and their respective dispositions to working collaboratively. Champions are needed in key agencies to mobilise effort and enthusiasm and ATTI has been lucky to have a number of such leaders driving coordination in the area. One of the critical challenges facing ATTI as it embarks on its second year of operation revolves around future leadership of the initiative in light of the recent resignation of the Programme Coordinator.

Efforts to join up services and agencies don't have significant cost implications. The Coordinator role has been central in the context of ATTI and this has been the core resource in terms of mobilising effort. CDI has a small budget for programmatic developments (hosting events, health promotion materials, etc.) but little of that budget was spent in the previous year.

Events (e.g. speed networking, training inputs) have been important in mobilising interest and promoting practice change in Tallaght West over the past twelve months. Reference has been made to the manner in which these events were perceived as contributing to subtle changes in practice. Similar events should continue to form part of the overall ATTI programme of work in its second year while the focus of that work programme must also become more expansive.

A central feature of the ATTI operational model has involved focusing attention on how its work programme impacts practice on the ground. There is a risk in any initiative like ATTI that promoting interagency coordination would remain an intellectual exercise where coordination and collaboration are talked about rather than supported in a practical manner. A key feature of ATTI has involved practical processes that have genuinely sought to support practitioners in their efforts to understand the value of coordination alongside building their capacity to do so.

ATTI is primarily concerned with strengthening interagency coordination and is therefore influenced primarily by the needs, interests and concerns of agencies supporting its target group in the Tallaght West area. But how does an initiative like ATTI hold a direct connection with that target group? A number of stakeholders raised concerns about the absence of parental voices in informing the work of ATTI and this is an area that requires

attention in the next year of operation<sup>33</sup>. There is a risk in this type of work that the voices of service providers act as the sole informant of coordination; this needs to be cross-checked with the voices of service users to ensure that their needs, interests and concerns remain as the ultimate end<sup>34</sup>.

The ATTI strategy is concerned with universal needs. It is designed to support improvements in service coordination across all agencies and to promote a prevention and early intervention approach that benefits all children in Tallaght West. There is a strong rationale for this particular approach. The initial vision for ATTI however also stressed the importance of increasing coordination in the interests of providing higher levels of support to more vulnerable families in the age cohort; families frequently referred to as *hard to reach*. It has been difficult for ATTI to prioritise these families, particularly as initial plans to participate in and support the implementation of Meitheal did not materialise as envisaged. However, further attention might be given to how a better balance between the universal and the hard to reach might be struck within the activities of the initiative.

As noted earlier, ATTI has made a good beginning in the promotion and resourcing of interagency working, as it pertains to the antenatal to three cohort, in Tallaght West. The effect of this good beginning is that a solid foundation is now in place to extend and deepen the focus of the initiative. While links, communication pathways and trust among a number of key organisations have been established, the ATTI initiative set out to achieve more. There is a need to stay focused on the targets established in the ATTI Logic Model and set out further intentional actions to realise these outcomes.

## 6.2 TAKING ATTI FORWARD: POINTERS FOR THE FUTURE

Based on the critical observations outlined above, the evaluation proposes the following as priority concerns for ATTI in its second and final year of operation. As before, the recommendations are presented in accordance with the principal Activity and Output sections of the ATTI Logic Model.

### Steering Group

The Steering Group is charged with responsibility for guiding and directing the ATTI programme of work. There is ample support from stakeholder interviews to suggest that the Steering Group has worked well as an entity on behalf of ATTI over the past year. Participation on the Steering Group has enabled members to build relationships, raise concerns pertaining to the target group and share information. Members have clearly found a way of communicating effectively with one another.

Yet concern has been expressed in interviews that the Steering Group wasn't as proactive in its direction-setting in Year One as it might otherwise have been<sup>35</sup>, and this is a critical area for development in Year Two. ATTI needs a proactive Steering Group during the next year and, more particularly, beyond the current ABC funding period.

Addressing this issue of proactivity is particularly important in the context of sustaining coordination beyond the lifetime of ABC funding. Though ATTI is a programme of CDI, CDI effectively acts as host organisation

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<sup>33</sup> See further comments below.

<sup>34</sup> It is also important to acknowledge the absence of parent voices from this phase of the evaluation process. It is planned that this will be rectified in the final evaluation process.

<sup>35</sup> See further comments below.



or lead agent. It does not own the process of coordination or practice change. But where does ownership lie, especially beyond the two-year spell under the management of CDI? And from where does the drive for coordination come? The Steering Group noted that it had been driven and directed by the ATTI Coordinator in the previous year, rather than the other way around. The evaluation contends that it is time to shift the momentum in this regard.

It was inevitable that leadership for the work programme would rest with the host organisation in the early stages. For the coordination effort to be owned by all stakeholders, however, this has to change in the coming year. It is recommended that the Steering Group recommit to the agreed TOR with a particular emphasis on the Steering Group accepting and prioritising responsibility for directing the programme of work. It is also recommended that a representative outside of CDI would be invited to chair the group<sup>36</sup> while greater effort should also be made to ensure that Steering Group members inform the agenda of Steering Group meetings.

While the loss of the Programme Coordinator at this juncture is a blow to the operation of ATTI, it also presents an opportunity for increased responsibility at Steering Group level. The direction setting of ATTI appears to be very meeting-focused; more work might be taken on outside of meetings with Steering Group members taking responsibility for leading certain tasks.

It might also be useful to develop a resource or guide during Year Two to influence the continuation of practice beyond the lifetime of ATTI. This will support the continuation of the process of practitioners meeting and collaborating even if there is no dedicated coordination resource as currently exists.

Fundamentally, the critical issue for the Steering Group is to assume increased ownership and leadership of ATTI with the above suggestions acting as possible contributors to that increase.

### Membership – Travellers

Reference has been made in earlier sections of the report to suggestions concerning the broadening of Steering Group membership to include representatives of specific interest groups. During the evaluation process this recommendation was made particularly strongly in the context of Traveller representation.

A number of interviewees noted that Travellers, though a small proportion of the overall population, were among the groups with the poorest child outcomes, and that they find it extremely difficult to access culturally appropriate, relevant services for their children. It was suggested that Traveller needs were frequently not taken seriously and that, for their concerns to be articulated and acted on, Traveller representatives needed to be on decision-making structures. This evaluation proposes that due consideration would be given to this request. There is evidence to show that non-Travellers fail to adequately represent the interests and concerns of Travellers. Given that Traveller children in this age cohort experience such poor outcomes, is there a case for additional membership on the Steering Group?<sup>37</sup>

<sup>36</sup> This change has in fact taken place since the initial drafting of this report.

<sup>37</sup> Such an addition on the Steering Group might raise concerns about the representation of one particular interest group on the Steering Group interfering with ATTI's universal focus. This is a reasonable concern but ATTI did also set out to prioritise hard to reach groups and families. A number of interviews intimated that Traveller needs are not being addressed adequately within universal provision and that specific action across agencies is required. This is an issue for the Steering Group to consider.

## Parents

There is a recognised gap in the initiative concerning the role of parents in influencing and informing the work programme of ATTI. As noted earlier, the work programme is largely influenced by the voice of service-providers and not by the users of services whose needs are primary. Evaluation discussions on the role of parents in ATTI revealed a universal belief across stakeholders that parents should be more involved while also revealing a lack of certainty around the most appropriate vehicle through which to channel their input. There was agreement that inviting parent participation on the Steering Group was neither appropriate nor optimal. Suggested approaches included:

- drawing on CDI's past experiences of engaging with community residents on a cyclical basis, perhaps using the findings of this report as a basis for discussion with parents;
- building on the ATTI Coordinator's prior engagements with parents (e.g. in the context of Health Promotion material development) through different group-based activities including men's groups, Parent and Toddler Groups, through the PCFs, Incredible Years training programmes, etc., and using these as a formal vehicle for parent consultation;
- holding networking events solely for parents and/or involving parents and service providers, similar to those offered to services in the past year.

There are, no doubt, other options which can and should be explored in relation to more strategic parent participation in the initiative. The starting point is for the Steering Group to consider where parents' contribution can and should inform the development of the initiative as it moves forward.

## Coordinator

CDI is in the process of recruiting a replacement ATTI Coordinator. This is to be welcomed and it is hoped that a suitable candidate will be in place in the near future.

Recommendations regarding the role of Coordinator align closely to those made in relation to the Steering Group. It is apparent that the previous Coordinator was well established in the Tallaght West area and had considerable expertise in initiating interagency working. This was essential in kick-starting the ATTI process and the successes to date have been largely attributable to the proactivity of the Coordinator.

However, the evaluation contends that ATTI now needs a Coordinator who is more facilitative than proactive in her/his approach to the work. In the past the Coordinator generated the ideas for taking the work programme forward. She was an initiator as well as organiser. As suggested above, in the interests of the longer-term sustainability of ATTI – and what it seeks to achieve in Tallaght West, greater leadership must come from the Steering Group responsible for directing the coordination effort. The Coordinator role must therefore be that of resource to the Steering Group; facilitating Steering Group leadership and implementing its directions. This requires a different type of candidate for the Coordinator role. The emerging Coordinator will need to be able to respond efficiently to ideas and directions and might therefore be required to work less on her/his own initiative.

## Network

The ATTI network has been an informal structure over the first year of the initiative and the evaluation recommends that this informality of structure would continue. A critical feature of ATTI to date has been the

subtlety of its approach to interagency working. It has not sought to create a formal structure whereby the focus of attention gets drawn to an entity. The focus of ATTI has been on creating a relevant programme of work that catalyses interagency working. This programme of work is more important than the actual notion of a network.

### Work Programme/Implementation Plan

The primary recommendations of this interim evaluation pertain to the work programme or implementation plan of ATTI and how this might be structured in the final year of its operation. As noted previously, there is much to commend about the manner in which ATTI sought to stimulate interagency working locally in the past year. It has laid a very positive foundation for coordination and collaboration across services. It is recognised that the ambition for that collaboration must be extended in Year Two and the work programme of ATTI must reflect that increased ambition. In this regard, the ATTI Steering Group plans to develop an implementation plan with clear timelines and targets in order to drive the work of ATTI in 2016 and provide clear direction for the new ATTI Coordinator who will join the initiative in January 2016.

### More of the same

While the ambition of the work programme must focus more on practice change within and across services, there is much to be said for holding certain activities and areas of focus within the work programme in the coming year. It is recommended that ATTI would continue to promote all that's going on in the community for children and families in this age group. A speed networking event should also be organised as a high profile event to rekindle energy in the coordination effort. Similarly, ATTI should continue to organise more high quality information/training inputs relevant to the needs and interests of the ATTI network members. Conversations during evaluation interviews indicated interest in further training on attachment and mental health (especially post-natal depression). A survey has been issued to current network members seeking out their views on further training and the evaluation endorses this action as a means of assessing further common areas of interest and training need.

### Coordination Gaps

Key coordination gaps, particularly as they pertain to i) engagement with GPs and ii) building greater coordination between GPs, PHNs and the Coombe, were identified in section 4.3 of the report.

It is essential that intentional efforts be made in Year Two to build relationships with local GPs and to integrate them into the broader coordination effort. Suggestions have been made in section 4.3 regarding how current coordination gaps with GPs might be overcome. It is recommended that these and other possible suggestions be explored in detail by the Steering Group and acted on as feasible and appropriate.

Similarly, it is equally important that the ATTI Steering Group devote greater attention to the linkages between the critical pillars of GPs, PHNs and The Coombe. The evaluation is not in a position to propose specific activities in this regard. Responsibility for considering that issue, and an approach to addressing it, must rest with the Steering Group. However this report has highlighted that a specific strategy, focused only on these three groupings, may be required to address current gaps. It may be unrealistic to expect that networking events similar to those operated in Year One would affect the kind of practice change desired by ATTI with regard to these core stakeholders.

## ECCE Settings

A similar challenge exists with regard to how ATTI might support ECCE settings to be more involved in coordinated action focused on the development and wellbeing of young children. Some initial conversations had begun in relation to this matter between the ATTI Coordinator and the County Childcare Committee representative on the Steering Group. However, the evaluation is not aware of the extent to which those conversations had evolved. There was also evidence to indicate that PHNs had intentionally increased efforts to link with pre-schools following the presentation of findings from the baseline research and this is to be welcomed. The evaluation recommends that the ATTI Steering Group would consider how it (and its member organisations) would reach out to ECCE services, particularly those services that don't have the facility of a Parent/Carer Facilitator (PCF).

Through the work programme of the Tallaght West CDI, nine early years' services in Tallaght West have a dedicated PCF, whose sole responsibility is to work with the parents of the children in the service. Interviews during the evaluation identified the PCF role as an early years' version of the Home School Community Liaison service in primary and post-primary schools. The PCFs also work with parents/carers in identifying needs and offering support to address any issues and promote the achievement of developmental milestones. In addition the PCF facilitates a formal parenting programme, called Parents Plus, which is an evidenced based Irish parenting programme<sup>38</sup>.

While it is understood that the PCF role is due to end in 2016 across the current sites, it appears to have been invaluable in supporting settings to adopt a wider and more connected perspective. There is a challenge for ATTI to explore how it might support ECCE settings to adopt that wider perspective, cognisant of the resource challenges experienced by many settings. Might specific training be useful or are there other avenues of support? Similar to recommendations regarding the engagement of GPs, PHNs and the Coombe, it may well be that current networking events do not adequately meet the needs of ECCE service-providers and that a specific strategy for directly engaging the sector is required.

## Emerging opportunities

Over the course of Year One the Coordinator engaged in initial conversations that might allow ATTI to lead some concrete developments locally and that would be relevant to the antenatal to three age cohort. The evaluation recommends that these opportunities be revisited by the Steering Group and, if considered appropriate and feasible, be developed as core elements of the ATTI work programme for Year Two. In particular,

- As noted in Section 3.5, the Coordinator had been in discussion with representatives of Pavee Point, the Traveller Health Unit of the HSE and the Tallaght Travellers Primary Health Care Programme regarding the development and piloting in Tallaght West of a culturally appropriate Health Promotion piece targeted specifically at the needs of Travellers. Initial consideration proposed the development of a DVD Health Promotion Resource. Later discussion suggested the development of a checklist for Primary Health Care Workers to take out to Traveller mothers at ante natal stage.

Should such a project materialise, it would be important that the process would not just involve a Health Promotion focus but would also include a primary focus on greater interagency working. The project should ideally work with both Travellers and service providers, encouraging service providers to give due consideration to how they provide services in a culturally appropriate and accessible manner.

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<sup>38</sup> Information drawn from CDI website: <http://twcdi.ie/our-programmes/early-years-service1>

There would be a case, for example, for the Coombe to coordinate with the Tallaght Travellers Primary Health Care Programme in supporting access to appointments through enhanced communication with Traveller Women. Building this type of interagency coordination could be very significant and, should such a process yield results, there may be potential to replicate this work with Roma families and in other locations, as the issues faced are broadly similar. The evaluation recommends that ATTI would re-establish contacts with the other organisations to explore if the project might progress to development stage.

- Similarly during the second half of this year the aforementioned Professor Veronica O' Keane submitted an application for an action research project on perinatal depression to the Health Research Board and, in conversations with the then ATTI Coordinator, invited ATTI in on the application. The project's primary aim was to target both those who deliver, and those who attend, obstetric services. It seeks to highlight the importance of screening for depression by introducing a *pilot* routine screening for depression in obstetric services in a maternity hospital and in a community-based service. The second aim of the project is to deliver the message to pregnant women that depression is common, should not be ignored and can be treated.

Recent information indicates that this application for funding was successful and therefore a significant opportunity exists for ATTI. It is important to note that the invitation to ATTI to participate in the process was issued on the basis of working relationships between Professor O' Keane and the initial ATTI Coordinator who now is no longer in post. It is therefore important that both the ATTI Steering Group and the new Coordinator seek to establish a new relationship with Professor O' Keane to ensure that the opportunity for ATTI's participation in this process is optimised.

- The emerging *Tallaght Cross* Initiative, involving a collaboration between Trinity College, Tallaght Hospital and HSE Primary Care, may present ATTI with opportunities for engagement, for example enabling ATTI's connection with GPs. It is also likely that students will be working in community settings through this initiative, presenting ATTI with a possible opportunity to inform and contribute to the content of college courses. The CEO of CDI has met with key representatives involved in Tallaght Cross and has begun preliminary discussions about possible synergies.
- On the national stage, *Nurture, the Infant Health and Wellbeing Programme* is evolving as a change management process within the HSE. It will be important that ATTI remains abreast of developments within this programme. The Nurture Programme proposes that practice change would be driven by - and embedded in - the HSE while it is also anticipated that delivery of these changes will take place in an interagency fashion. National developments will need local delivery to marry with national systems change and there may be possibilities for ATTI to assume a support role in this regard. It will be important that ATTI ensures tight alignment with the HSE into the future in light of this national programme.

## Evaluation

The final phase of the ATTI evaluation will be conducted between March and June of 2016 and will concentrate primarily on the extent to which ATTI has succeeded in achieving its projected outcomes. The evaluation will involve a mix of activities, including a further round of stakeholder interviews and a re-issuing of the research questionnaire on interagency working. This will be compared with the findings of the initial baseline to assess local changes in interagency working.

The working relationship between CDI and the Evaluator has been extremely cooperative and effective over the past year. This has facilitated the smooth completion of the first two phases of the evaluation: the initial baseline research and this interim evaluation process. It will be important that a similar working relationship be established between the Evaluator and the new Coordinator to facilitate an equally smooth final evaluation process.

### Beyond ABC and Replication

ATTI has commenced its second and final year of operation under the sponsorship of the ABC programme. The final evaluation of the initiative will be undertaken in the second quarter of 2016 with a view to examining and informing i) the achievements of the two-year initiative; ii) the conclusion of the current phase of ATTI and iii) what happens beyond that point. While there is a body of work to be carried out within the initiative in 2016, CDI and the Steering Group must now begin to consider what becomes of ATTI beyond its current funding period. Leaving discussions on this subject until after the final evaluation will be too late. ATTI was established to build momentum around information-sharing and coordination. It has adopted an approach which focuses on influencing practice-change rather than the establishment of a coordination infrastructure. How will this focus on practice-change continue beyond the funding period and how will it be led? Stakeholders must either plan for a smooth conclusion or a smooth extension of the initiative but, fundamentally, they must plan.

The ATTI stakeholders have developed a specific approach to enhancing service coordination for the 0-3 age cohort. The initiative's Logic Model notes ATTI's intention to develop an *Implementation Guide*. Coupled with the documentation from this evaluation process, it was planned that the guide would be made widely available to inform similar interventions in other areas into the future. It is important that ATTI commits to the development of this resource. ATTI is engaging in a practice-change process with very basic resources; it has not set out to develop or import new services into the Tallaght West area but rather to optimise the services that are already in existence. This is a challenging process and one which is producing significant learning. It is recommended that ATTI gives adequate attention in Year Two to its key messages and its potential for replication. In this way it will add value to areas other than Tallaght West.

As can be understood from the recommendations above, ATTI's first year of operation succeeded in laying a foundation for coordinated action. It succeeded in getting people within varied services and sectors to talk and to build links with one another. It must at all times remain relevant to local practice; stakeholders will lose interest if coordination emerges as a concept rather than a value addition to their respective roles. Therefore ATTI should continue to provide good research, good training inputs, good networking events, etc., and continue to make coordination real and tangible for service providers. But it must also face new challenges in taking the process forward. It must begin to lead new conversations; conversations that engage with critical and difficult issues such as service availability, service standardisation and service integration. This will take ATTI onto a more strategic playing field and the evaluation contends that this is absolutely in-keeping with the original vision for the initiative.

## 7. CONCLUSION

The overarching conclusion of this interim evaluation is that ATTI has made a very useful start in promoting, catalysing and supporting greater interagency working as it relates to children and families in the antenatal to three cohort in Tallaght West. It has approached this task with energy and creativity and there is early evidence of impact across service provision, particularly in terms of increased awareness of services; enhanced cross sectoral learning and increased interagency networking.

This evaluation commends the approach adopted by ATTI to promoting interagency working and strengthening commitment to prevention and early intervention in services for children and families. It has operated on limited resources and focused on optimising existing services in Tallaght West. It has sought to offer practical and relevant inputs to service providers in the area, seeking to add value to their respective work by building their sense of collective action. Of greatest significance is the fact that ATTI did not seek to draw attention to itself as an entity; it continuously held to its primary purpose of drawing attention to greater coordination and collaboration across services.

The initiative has been well managed and supported by CDI as host organisation, the Steering Group comprising representatives of multiple agencies serving the target population and, above all, the initiative's Coordinator. Stakeholders have progressed all of the principal activities targeted in the ATTI Logic Model in Year One, albeit to varying levels. This resulted in a varied programme of work that was innovative, energetic and relevant to the needs of local practitioners. A total of 123 service providers from across sectors were identified on the ATTI database at the time of writing this report.

ATTI was viewed as relevant to the local service landscape by the vast majority of those interviewed during this interim evaluation process. This relevance was identified particularly in terms of ATTI's contribution to networking; information-dissemination; joint training and building an evidenced approach to interagency working. Leadership; commitment; subtly of approach and capacity for mobilisation were identified as significant qualities which contributed to the success of ATTI's work programme to date.

Year One of operation has laid an important foundation for catalysing deeper, long-term multiagency working in Tallaght West pertaining to the 0-3 age group. It provides a basis for the principal stakeholders to broaden the scope of ATTI's work programme; to open up more difficult and challenging conversations with and between service providers in the area. ATTI must now make an intentional effort to address key gaps in the service landscape, most notably the absence of linkage with GPs and the need to strengthen links between the three core pillars of service for this target group, namely GPs, PHNs and the Coombe Hospital.

ATTI is now at a critical juncture in its evolution and development. It has passed the mid-way point of the initiative. Its core resource, the Programme Coordinator, has just left the initiative and this could be a delicate time in the advancement of ATTI's vision. The evaluation contends that there is a substantial need for the Steering Group as a whole to assume leadership in - and ownership of - the further development of the ATTI work programme. It encourages Steering Group members as a collective to demonstrate greater proactivity in leading, planning and stimulating increased interagency working for the target group. This will be critical in enabling ATTI to expand the ambition for the initiative and to engage stakeholders in important conversations

around critical and difficult issues such as service availability, service standardisation and service integration.

The evaluator would like to thank all of those who contributed to this interim evaluation process and whose input is reflected in this report. Interviewees engaged enthusiastically with the evaluation process and were eager to share their views on what had unfolded under ATTI over the previous year. There is much for all stakeholders – CDI, the Steering Group, and the wider ATTI network - to learn from the experience of delivering the ATTI programme of work over Year One. This evaluation has attempted to capture that learning and to offer pointers for how the initiative might evolve in the coming period.

**Ends/**

**December 2015**



## APPENDIX I: INTERVIEW TEMPLATE WITH ATTI COORDINATOR

1. When did you join CDI as ATTI Coordinator? When you joined the programme, what was your understanding of ATTI? What did you understand as your role and function in relation to ATTI?
2. The vision for ATTI evolved from a consultation process – these recommended a focus on clustering, coordination, cohesion and community-based services for 0-3 cohort. Had you any involvement in these consultations?
3. A year on, how would you now describe your understanding of ATTI? Has it changed? How has it changed? Why has it changed? Has the local context for ATTI changed in any way? What about the wider ABC context?
4. What is meant by targeted universalism? How does this concept play out in ATTI?
5. Where does ATTI fit into the broader work programme of CDI?
6. How would you describe your relationship with the Steering Group? Do you take your direction from the steering group? What works well about your relationship with the steering group and what might improve?
7. In your view does the steering group operate to the Terms of Reference set for it? Is there a shared vision among steering group members concerning ATTI? How does the steering group influence the direction of ATTI and its work programme? Is it an effective structure? From your perspective, what might improve its effectiveness?
8. The ATTI network – how would you define it? The network appears central to the vision for ATTI? Are the key players involved? Who is missing?
9. How is the programme of interagency working identified, established, developed, implemented? To what extent is the work programme identified as ATTI work and/or to what extent is the work programme owned by participating services? Relationship between network members and ATTI Coordinator? Relationships between network members?
10. Is the concept of network (as it currently stands) effective? How might it be improved?
11. Can you outline the key activities that have been undertaken by ATTI since the inception of the programme? What have been the highlights? What have not worked so well?
12. Why have certain activities been prioritised? To what extent have core themes identified in the Baseline Research been addressed?

13. What have been the core outputs – the service directory; information for parents; training /workshops/ speed networking?
14. What are the priorities for the network in the final year?
15. Commentary on position in relation to each of the short-term ATTI outcomes: what has been done specifically, are there any early emerging outcomes? Evidence to justify this.
  - Service providers have increased awareness of services in the area
  - Referral and/or information-sharing systems improved
  - Strategies for identification and engagement of hard to reach families
  - Shared commitment to quality provision and supporting best practice
  - Service integration being maximised
16. What was the original plan for ATTI vis à vis Meitheal? What actually emerged and where does this now leave matters?
17. Have you any involvement with other ABC programmes, most especially ABC in Clondalkin? Any cross fertilisation of ideas or experience?
18. Anything you feel we haven't covered?

## APPENDIX II: FGD TEMPLATE WITH ATTI STEERING GROUP

Focus Group Discussion undertaken using Participatory Learning and Action (PLA) methods

### 1. Vision and Purpose

- What is ATTI?
- Is there a common view of what ATTI is or not?
- If there are multiple perspectives, is that a problem?
- What is the purpose of ATTI?
- Is there a common view of the ATTI purpose or not?
- If there are multiple perspectives, is that a problem?
- The original ATTI vision evolved from focused consultations. Has the vision remained the same? If so why, if not, why not?
- How has the purpose of ATTI changed therefore over the first year?
- What is the role and function of the ATTI steering group?
- Is there a common view of the steering group's function?
- If there are multiple perspectives, is that a problem?

### 2. Steering Group Participation

- What does engagement on the steering group mean for each of you?
- What's in this for you and your organisation?
- Why did you commit to participation on the committee?
- Are key agencies relevant to the purpose of ATTI represented on the steering group? Who is missing?
- How does the steering group fulfil its function? Are you fulfilling your function(s) as a steering group? Are you effective at providing direction to the initiative? How do you influence the direction of ATTI?

### 3. Are there early emerging outcomes related to:

- Service providers have increased awareness of services in the area
- Referral and/or information-sharing systems improved
- Strategies for identification and engagement of hard to reach families
- Shared commitment to quality provision and supporting best practice
- Service integration being maximised?

### 4. Year One Reflections

- What have been the highlights?
- What might have been done differently or more effectively?
- What does ATTI need to prioritise in Year Two? Why?

## APPENDIX III: INTERVIEW TEMPLATE WITH CEO, CDI

- Exploring the background to ATTI, to what extent did the PEIP influence the development of ATTI? How did the criteria of ABC influence its development? Why the focus on antenatal to three? Was this coming from ABC? Was this influenced by CDI's experience of the previous ten years? From where did the focus evolve?
- You commissioned a consultant to undertake a fairly sharp consultation focus. Were you surprised by the findings?
- CDI's past experiences were more focused on the design and development of evidence-based services. This initiative took on more of a coordination brief. Was this a big change for CDI? Given the organisation's history, was there a temptation to stay with what it knew? What percentage of ABC budget goes to ATTI?
- Do you view ATTI as a shared programme of work with other agencies that CDI leads or do you see it as a programme of CDI? Is that distinction important in any way? Looking at the CDI Organisational structure on the web, it's clear that the ATTI steering group has an advisory function. Yet it's a direction setting body? Is there any conflict in this?
- A lot of change is happening in the children's services landscape – e.g. with Tusla, the Children and Young Persons Services Committees, etc. Could it be that the work of ATTI is really the responsibility of the Children's and Young Persons Services Committee? What's in it for CDI?
- As a programme of CDI, under the ABC investment, is ATTI subjected to the same rigour as your other programmes. What level of scrutiny would the CDI Board, for example, or the ISG bring to ATTI? How does this influence the programme? As CEO, what percentage of your time is devoted to ATTI?
- From CDI's perspective, is ATTI on track? What's working well? Where are the major challenges? What beyond CDI's control impacts on the work programme above all else?
- As CEO of CDI, do you experience ATTI as relevant to the local landscape? How do you observe this?
- In the context of ATTI, what has been the most significant learning for CDI in the last 12 months?
- What do you think will become of ATTI after 2016?
- Any final thoughts/comments that you feel haven't been covered?

## APPENDIX IV: INTERVIEW TEMPLATE WITH LOCAL SERVICE PROVIDERS

- Can you tell me about the service offered by this agency?
- Can you tell me about your role as .....?
- What are the primary areas of focus vis a vis the antenatal to three cohort?
- Tell me about your experiences of engaging with children and families in Tallaght West. What do you observe? What do parents in this cohort say they need?
- How did you first get to hear about the ATTI in Tallaght West? What were you told and what was your reaction? Were you involved in the original consultations?
- From your experience, what is ATTI and what's its purpose?
- How have you been involved with ATTI over the last year? Have you participated in particular activities organised by ATTI? What was your experience of these activities? Were they relevant or supportive to your role? Can you comment on the quality of the events?
- So looking this role of ATTI, how has ATTI done over the last year? What have been the highlights of the work for you in that period?
- Would you say that you have communicated or coordinated with agencies serving families in the antenatal to three cohort in Tallaght West in the last year? Can you give me an example? To what extent was that communication or coordination aided by your involvement with ATTI?
- ATTI commits to improvements in a number of outcome areas and I'd just like to get you to comment on your experience of those outcome areas over the past year:
  - I am more aware of other services catering for the antenatal to three years cohort in Tallaght West (Yes/No). What does that mean for you and your role? Did ATTI play a role in this?
  - I feel other services are more aware of what I and my colleagues in .... (Yes/No). What does that mean for you and your role? Did ATTI play a role in this?
  - I have experienced better information-sharing and referral systems with agencies catering for the antenatal to three cohort in Tallaght West (Yes/No). What does that mean for you and your role? Did ATTI play a role in this?
  - I am coordinating on particular pieces of work (or in relation to certain children) with other service providers in Tallaght West (Yes/No). What does that mean for you and your role? Did ATTI play a role in this?

- - I feel services catering for 0-3s in Tallaght West are working towards a shared commitment to best practice and coordination (Yes/No). What does that mean for you and your role? Did ATTI play a role in this?
- How does any or all of this benefit your service and the experience of families accessing services?
- What key gaps remain in interagency coordination around this age group?
- What activities or areas of focus should ATTI prioritise for next year?
- Any final comments?

## APPENDIX V: ATTI Logic Model

**Vision/Overall Aim of Tallaght West Consortium:** Parents and children, antenatal to three, living in Tallaght West, will be informed about and able to access a continuum of coordinated, quality services and supports.

**Monitoring and evaluation:** Given that this is a new initiative, drawing on best practice, but not an existing model, independent evaluation is seen as critical.

Objectives	Inputs	Key Activities and Outputs	Short-term Outcomes (by 2016)	Longer-term Outcomes
<p>Develop and support effective systems of communication and referral among the key services for parents &amp; children, antenatal to three;</p> <p>Promote identification of and engagement with families antenatal to three, hard to reach families and those with additional needs, e.g. post-natal depression, addiction, domestic violence, teen parenting, first time parenting, disabilities, premature birth;</p> <p>Support responses to gaps and challenges identified through an audit in relation to assessment, referrals, support and education for parents and children, antenatal to three;</p> <p>Identify and develop accessible ways of providing the information parents &amp; children (antenatal to three) need at different stages and from different services, drawing on evidence and best practice;</p> <p>That education and support provided to parents &amp; children (antenatal to three) in relation to developmental milestones and attachment is accessible, appropriate and effective;</p>	<p>Initiative funding;</p> <p>Initiative staffing;</p> <p>CDI programme support;</p> <p>Governance structures and systems;</p> <p>Programme evaluation;</p> <p>Existing services for Tallaght West parents &amp; children, antenatal to three;</p> <p>Services' participation in the ATTI Network; (HSE; CFA; Maternity Hospitals; NGO's)</p> <p>Services' participation in the Steering Committee;</p> <p>Data from the audit of needs and services.</p>	<p>Hold consultation to agree focus;</p> <p>Effective governance structures and systems for ATTI are established, with agreed terms of reference between ATTI, LAP and CSC;</p> <p>Steering committee established to determine roles and responsibilities and to drive and support the work;</p> <p>Recruit a coordinator to lead and drive the work of this initiative, including:</p> <ol style="list-style-type: none"> <li>1. Undertake a comprehensive audit and mapping of services for parents and children, antenatal to three in Tallaght West and key areas and approaches for development agreed, including agreement on roles of various stakeholders;</li> <li>2. Deliver training, support and information to address issues identified in the audit;</li> <li>3. Produce and distribute materials to support improved referrals and access, through appropriate media;</li> <li>4. Document processes, learning, strategies, develop an implementation guide and disseminate appropriately;</li> <li>5. Liaise with and support independent evaluation.</li> </ol>	<p>Relevant service providers have increased awareness of services in the area, their function and how families can access them;</p> <p>Referral and information sharing systems are improved and/or developed to enable greater access to services for families;</p> <p>Strategies to improve identification of and engagement of hard to reach/vulnerable families developed, implemented and demonstrating greater access;</p> <p>All relevant services in the area working together to:</p> <ol style="list-style-type: none"> <li>1. Develop, support and promote best practice;</li> <li>2. Enhance quality provision, coordination of service provision and effective communication with parents and other services;</li> </ol> <p>Service integration is maximised.</p>	<p>Parents of children, antenatal to three, living in Tallaght West:</p> <ol style="list-style-type: none"> <li>1. Are "more" aware of the range of health and support services available and how to access them;</li> <li>2. Are able to access the services they need;</li> <li>3. Receive consistent quality practice and advice from all services in line with the CFA 50 key messages;</li> <li>4. Understand the developmental milestones and the importance of developing a positive attachment with their child;</li> <li>5. Are equipped to meet their child's developmental needs and to develop a positive relationship with their child;</li> </ol> <p>Statutory, voluntary and community organisations providing services to this target group are working in a co-ordinated and collaborative way to ensure a targeted universal early identification and intervention approach.</p>

Objectives	Inputs	Key Activities and Outputs	Short-term Outcomes (by 2016)	Longer-term Outcomes
<p>Build the motivation and capacity amongst key service providers for inter-agency working;</p> <p>To inform similar processes elsewhere.</p>		<p>Establish a Network of Statutory, Voluntary and Community Agencies with the following functions:</p> <ol style="list-style-type: none"> <li>1. Progress inter-agency work on CFA 50 Key Messages; referrals; communication; training; attachment, streamlining assessments for hard to reach families in line with short &amp; long-term outcomes;</li> <li>2. Work with the South Dublin Children's Services Committee (SDCSC) Local Area Pathways (LAP) working group in auditing and mapping services for parents and children, antenatal to three, living in Tallaght West, with a particular focus on levels of integration, communication and collaboration.</li> </ol> <p>Commission an iterative independent evaluation.</p> <p>Implementation Guide developed and evaluation completed and widely available, informing similar, targeted interventions</p>		

**Evidence:** Local consultation showed a lack of awareness and collaboration on the range of services available and how to access them; approximately 1,000 babies born per year in TW; LAP initiative c/o CSC – engagement with the HSE and CFA re: developing targeted structures for this age group.



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## The Area Based Childhood Programme 2013–2017

