

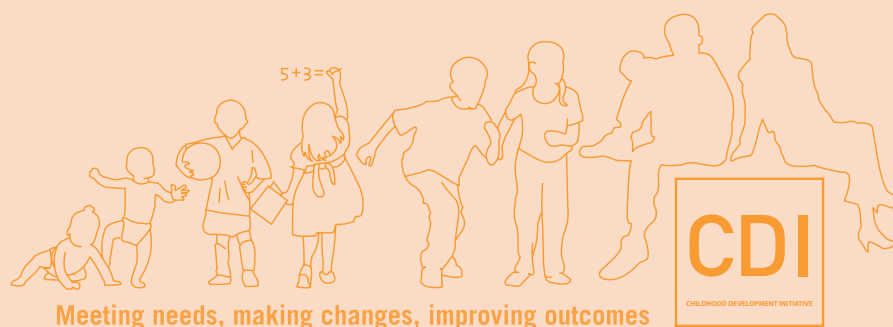
The Tallaght West Childhood Development Initiative (CDI) Process Evaluation Thematic Report No. 5: CDI and the Community

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2014



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

Any citation of this report should use the following reference:

Canavan, J., Coen, L., Ozan, J. and Curtin, C. (2014) *CDI and the Community*. Dublin: Childhood Development Initiative.

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CDI Response

Understandings of effective community development and appropriate methods of engagement have changed over time, and are inevitably influenced by cultural factors, economic and organisational issues, the particular focus or objective of the activity, and very often, the key individuals and stakeholders involved. This report, one of six thematic reports undertaken by NUI Galway, as part of an overall process evaluation for CDI, focuses on these aspects of CDI's work, within the context of a complex research requirement, a significant change management agenda, and a serious national economic downturn.

It is inevitable that the researcher and the commissioner will at times have different perspectives, priorities and theoretical frameworks. It is also a given that finding a common ground and acceptable solutions, whilst maintaining the rigour and independence of the evaluation, can be a real challenge to all involved. Unfortunately, in relation to this report, we were unable to find that common ground despite many months of discussion, feedback from the Expert Advisory Committee of CDI, the Board of Management and staff, and the considerations of a number of local stakeholders who attended a reflection group. While the findings in the report represent the researchers' analysis of the data collected, we feel that these interpretations do not reflect CDI's experience of community engagement in Tallaght West. This is regrettable as it does also contain a great deal that is of value to those interested in, and undertaking work in disadvantaged communities.

The report is however, being made available, in order to support the final process evaluation report, in which a fuller response from CDI is included ('Leading Community Change', Canavan et al, 2014). I would encourage those interested in the lessons learned from the overall evaluation to access the full report.

Joe Horan

Chair

CDI Board of Management

Executive Summary

BACKGROUND

In 2008, the Child and Family Research Centre (CFRC) was contracted for a three year period by the Tallaght West Childhood Development Initiative (CDI) to undertake a process evaluation of its work. This report is the fifth in the series of six thematic reports.

AIMS AND OBJECTIVES

The aim of this evaluation is to examine the role of the community in the work of CDI. Following consultations with CDI, a number of overarching questions were identified as key to the research:

- Who are the community?
- What was the core logic model regarding how the strategy would be shaped by the local community?
- What structures and processes were established to achieve this?
- What worked well?
- What challenges were encountered?
- How or is the community involved in every aspect of CDI's work?
- What is the view of the community regarding the work of CDI?
- Does the community feel part of the CDI process?

METHODS AND LIMITATIONS

This report has been undertaken following a multi-method qualitative approach. The following methods were used:

- Literature review establishing the origins of community engagement, examining the rationale behind its use and presenting a framework for analysing mechanisms of engagement;
- Extensive documentary analysis of a range of CDI documents including strategic documents (e.g. annual reports, IPA report, Strategic and Communication working groups), newsletters, and evaluation reports. A framework examining community was generated and agreed with CDI.
- 42 interviews with key informants including CDI team members, Board and Implementation Support Group members, Consortium members, and staff members from the five services.

The data was organised and analysed in relation to three levels: CDI team and governance structures; CDI commissioned service providers; and the wider community. The evaluation team also adopted a three-phased approach to examine community: the development phase; implementation; and the next, post-implementation, phase.

The overarching limitation of this report is the absence of the direct voice of the community – reflecting prior decisions not to undertake survey work, and practical difficulties in accessing other non-CDI connected community actors.

KEY FINDINGS AND CONCLUSIONS

The CDI strategy speaks of the Community of Tallaght West as being residents, parents, children, service actors across all sectors in the four areas of Fettercairn, Jobstown, Killinarden and Brookfield – it is all those living and working in the area. Research for this report indicates general consensus on this point.

There is little doubt that the initial development phase of CDI was informed by a wide range of organisations involved in the planning and delivery of children's services in the locality and beyond. This report has highlighted that the engagement process was viewed as a genuine attempt to involve the community in the emerging work of the Initiative, with the consortium providing a good experience for participants and involving a number of key organisations. However, the resident community was nowhere near as well represented in the process with nine of the 83 members of key stakeholder groups across the strategy development phase identified as residents. Community engagement in this phase

can be considered as reflecting passive, one way engagement, reactive community consultation and proactive community participation. Subsequently, the majority of community engagement which focused on specific services development was undertaken with key stakeholders in service delivery in the area, with very limited involvement by residents.

In terms of governance, CDI succeeded in building a local coalition to aid the implementation of the Initiative. This process involved the incorporation of key stakeholder groups in the locality, some of which are working directly for children and families while others do so in a more indirect, but no less important way. It should also be noted that the main representative mechanism for stakeholder involvement, the Implementation Support Group, is not a decision-making body. The co-option of three community members onto the Board, and the provision of support to them in a dedicated way was a positive move, but the question arises as to their representativeness of the wider community. More widely, parents and children have had limited formal roles within CDI structures.

While there is no doubt that the overall CDI project is 'shaped' by those living and working in the locality, it would appear that specifics of service design are not. The majority of the services are manualised programmes or an amalgam of existing, proven programmes which have also been manualised. The specifics and mechanics of each programme as it emerged were decided by CDI in consultation with a number of service actors and stakeholders, not all necessarily local. While management meetings and Communities of Practice (CoPs) offer an opportunity to share learning and discuss issues, and these are viewed as broadly constructive, as indicated in the *Working Together* report, the scope to shape delivery is limited. That said, an important community engagement strength is that all service actors interviewed for this report feel that their organisation is firmly based in the community, and working from the principles of community development in many cases, which creates a strong sense of interconnectedness with the community for CDI. Overall, community-informed reflects the CDI service delivery model at the moment.

Where it is required, the data highlights that each service engages parents, in as much as they can, given the time constraints and challenges of such an activity. For the most part, services seek to engage parents in a number of ways, and such activity links strongly with the work of CDI to integrate services more in the locality. CDI provides dedicated training, seminars, and Communities of Practice (CoPs) to support this work. Services report going beyond the confines of the manual to engage and support parents (viewed effectively as a proxy for community) through different activities and informal conversations on the periphery of service delivery. In relation to CSI, the data highlights significant efforts at community engagement but also significant challenges.

Key among the wider community engagement activities of CDI is the Quality Enhancement Programme, a mechanism by which to offer responses to needs identified by the community through the provision of training, seminars and talks. As outlined in the *Training and Support* report, it is an explicit attempt to engage the practice (and in some cases resident) community, beyond those involved directly in commissioned service delivery, and is well received. There have also been a number of well-known speakers and high profile events which have aimed to incorporate the community-at-large into the workings of CDI. On an ongoing basis, a general flow of communication comes from CDI in the form of emails, webtexts, the community survey and most importantly the Newsletter. Data from previous reports indicate that practitioners are well informed about what is going on with CDI. A question arises as to the adequacy of these forms of communication for the resident community. A regular feature of CDI's work, the Volleyball league, is an attempt by CDI to further foster good relationships and generate community spirit between service providers. Overall, the main form of engagement with the wider community is passive, one way, or reactive community consultation in the form of the community surveys. In the future, the interpretative groups for the evaluations offer an opportunity for proactive community participation.

In conclusion, it appears that CDI has engaged well with service providing organisations in Tallaght West throughout its phases of work and has done a huge amount for this section of the community. Having said this, the role of the resident community has by and large been as passive recipients of services, and attendees and participants in a limited number of events. There has been no dedicated strategy to increase the extent and quality of engagement beyond consultation or reactive participation. As is highlighted in this report, the major reason for this, has been the pressure on CDI to implement a large, complex programme of manualised projects in a tight timeframe.¹

¹ See CDI's response in the final Process Evaluation Report, Leading Community Change, Canavan et al, 2014

Based on this summation, and acknowledging that CDI is in transition and planning for the second five-year term of implementing its strategy, the evaluation team recommends CDI:

- Resolves what it wants from the community's involvement – all aspects of the community – in the future work of CDI; and
- Assuming that CDI seeks significant involvement, that it:
- Discusses and defines what that involvement means;
- Examines ways in which the entire community of Tallaght West can be involved in the work of CDI; and
- Develops a logic model for the community to be involved, with clearly identifiable outcomes and indicators of progress.

Chapter 1: Introduction

1.1 Background to the Report

In 2008 the Child and Family Research Centre (CFRC) was contracted for a three year period by the Tallaght West Childhood Development Initiative (CDI) to undertake a process evaluation of its work. The evaluation consists of a series of six thematic-focussed reports and an overall final report. This report is the fifth in the series. The complete list of thematic reports is as follows:

1. Review of the Origins and Strategy Development of CDI;
2. Working Together and Service Integration aspects of CDI;
3. CDI Experience Impacting on Training and Support of Managers and Practitioners;
4. CDI's Organisational Processes and Relationships;
5. CDI and Community Engagement;
6. CDI, Sustainability, and Informing Government Thinking and Policy Making.

1.2 CDI and Community Engagement: Clarifying the Scope of the Evaluation

As with all elements of the process evaluation, CFRC undertook a consultation process with CDI to clarify the precise scope of this theme and assess the appropriateness of the proposed evaluation questions. As a result, the following aim and overarching questions were identified as key to the research for this report. The aim of this evaluation work is:

- To examine the role of the community in the work of CDI.

Further to this aim, the main questions that inform the research for this report are:

1. Who are the community?
2. What was the core logic model regarding how the strategy would be shaped by the local community?
3. What structures and processes were established to achieve this?
4. What worked well?
5. What challenges were encountered?
6. How is the community involved in every aspect of CDI's work?
7. What is the view of the community regarding the work of CDI?
8. Does the community feel part of the CDI process?

1.3 Methodology

While the process evaluation has adopted a mixed-methods approach for the majority of its previous work, given the nature and scope of this report, it adopted what Hesse-Biber (2010, p.3) has called a multi-method approach, described as "the mixing of methods by combining two or more qualitative methods in a single research study [...] or by using two or more quantitative methods in a single research study". Here, a multi-method qualitative approach has been deployed. We address each particular method below:

Literature Review: Community and Community Engagement

The summary of the literature review contained in the main body of the report briefly outlines the main reasons for engaging community. It proceeds to outline different terms associated with community engagement before presenting a framework adopted from existing literature for analysing mechanisms of engagement. A short summary concludes this Chapter. The full literature review is presented in Appendix One of this report.

Documentary analysis

Documentary analysis of a range of CDI documents was undertaken, in agreement with CDI. A framework for examining community was generated and forwarded to CDI to ensure that no primary documentary sources were omitted. The

framework adopts the approach of CDI working at three levels: the CDI team and governance structures; CDI and the commissioned service providers; and CDI and the wider community. In addition, resulting from exploratory discussions with CDI, the evaluation team adopted a three-phased approach to examining community: the development phase (pre-implementation); implementation; and the next phase (post-implementation). Table 1 on the following page outlines the framework and key documents as they fit into level and phase.

Table 1: Framework and Documents for Documentary Analysis

LEVEL/PHASE	PHASE ONE: THE DEVELOPMENT PHASE (up to Sept 2008)	PHASE TWO: IMPLEMENTATION (Sept 2008 – Sept 2011)	PHASE THREE: THE NEXT PHASE (Sept 2011 onwards)
LEVEL ONE: Governance and Team	Strategy (who, which, to what extent); Keogh Report; newsletters; first process evaluation report; CDI annual reports.	Previous process evaluation reports, particular strategy development, working together and organisation;	IPA report; Strategic Working Group; Communication Reports; Communication Working Group; CDI annual reports.
LEVEL TWO: Services	Previous process evaluation reports; CDI annual reports.	Data table from service evaluation reports (where useful) and process evaluation interagency report (service implementation, where relevant);	N/A
LEVEL THREE: Community and Wider CDI activity.	Strategy again, who was involved; newsletters; information held on wider community events (AGMs, public meeting, CDI Annual Reports.	CDI reports on events (e.g. Story so Far); previous process evaluation reports; CDI annual reports.	Newsletter identifying upcoming events; CDI annual reports.

In 2009, the evaluation team, with and for CDI, developed a data template to aid the generation of data from the service evaluations. The anticipated outcome of this process was a set of standardised information from all service evaluations on the key themes of the process evaluation. However, with the relative failure of this approach to shaping data collected by the service evaluation team, the process team examined the ten interim reports of the service evaluations (years one and two). In so doing it sought to identify the role of community actors in the services. These data are in addition to those identified for the revised Working Together and Service Integration Report of July 2010, other related engagement activities as part of CDI's Quality Enhancement Programme and provision of support to commissioned service providers. Data emerging from these two sets of sources are presented in Appendix Two.

Interviews

The evaluation team initially proposed to undertake approximately forty interviews for the purposes of this report. These interviews were broken down into 15 at level one (a mixture of team members and Board and ISG members), 14 at level two (team members with responsibility for services and commissioned service provision staff) and 12 at level three (members of the community not involved in CDI). This approach had been developed after discussions with CDI on the value or otherwise of doing a fully representative survey of the West Tallaght community regarding their knowledge of the Initiative and its activities. Through these discussions, and following a request for advice from the CDI Expert Advisory Committee, it was proposed that the evaluation team contact residents associations and other such community representative mechanisms across the four areas of West Tallaght to incorporate the views of the community.

Upon contacting the local authority, it was indicated to the evaluation team that, due to data protection concerns, the contact details of Tallaght West residents and community associations could not be provided. However, after some discussion, the local authority was able to provide numbers for some representatives in late August. The evaluation team contacted these individuals, but due to (a) no response from some individuals (b) feelings expressed by some that they would not have much to say on CDI due to not being involved or aware of it, or (c) would not be in a position to arrange a focus group until after their first meetings of the 'new term' in September 2011, no interviews were undertaken. In

discussion with CDI then, it was agreed to raise the service level interviews to twenty and work with CDI to ensure that the documentary analysis section was inclusive of all pertinent information.

Table 2: Sample of Staff/Stakeholders across CDI eligible for Interview, and Numbers Interviewed.

Level One	Eligible Sample	Sample
CDI Team	1 CEO 8 members	1 CEO 5 members 1 Focus group with 6 members
CDI Board	9 members	4 members
Implementation Support Group	11 members	9 members
Consortium	23 members	3 members
Level Two	Eligible Sample	Sample
CSI /SHP Steering Committee	18 members	3 members
Healthy School Steering Committee	9 members	4 members
Mate Tricks	1 service provider incorporating management and facilitators	1 manager 3 facilitators
Doodle Den	2 service providers incorporating management and facilitators	2 managers 2 facilitators
ECCE	9 service providers incorporating management and staff	2 service providers (managers) 3 PCF / facilitator

Limitations

The overarching limitation of this report is the absence of the voice of the community, as acknowledged in the methodology section above. Also, in some instances individuals were contacted repeatedly for interview but did not respond. In such instances the evaluation team contacted another potential participant instead.

Data Analysis

Data analysis was undertaken in a number of different ways. Firstly, all documents were read through so as to allow the team to familiarise themselves with the breadth and content of the data. Following this, each document was re-read and examined for themes pertaining to the objectives of the report. These included membership and participation at meetings, decision making, support/advice on particular issues from participants at meetings, and staff roles at particular events. Regarding interviews, a number of questions specifically relating to community engagement – drawn from the evaluation questions and the draft literature review - were asked in each interview. The interviews were semi-structured and thus it was more straightforward to thematically group the data emerging from them. Nevertheless, the transcripts were initially sifted to identify common themes across all interviews before they were coded to ensure systematic analysis. Interview data was analysed using the qualitative data management and analysis package Nvivo.

Presentation of Findings

It should be noted that, given the small pool of potential research participants and the report’s audience, quotes are not assigned to specific team or governance members (i.e. team member one, Board Chair and so on) so as to protect the identity of participants. All CDI interviews are assigned using the label ‘CDI’.

1.4 Outline of the Report

Following this Introduction, Chapter Two provides a short summary of the main concepts pertaining to the theme of the report drawn from the literature review. Chapter Three provides an overview of the findings from interviews and documentary analysis regarding CDI’s community engagement activities. Chapter Four contains a discussion and recommendations.

Chapter 2:
**Summary Overview of Key Aspects of the
Literature on Community Engagement**

2.1 Introduction

As mentioned in the introduction, a review of the literature in relation to community engagement was undertaken. This Chapter summarises some of the key points of the review. The full review is presented in Appendix 1.

Community engagement is a topic which has gained much purchase in recent years, particularly in European and Anglo-Saxon countries. Terms such as partnership, deliberation, inclusion and stakeholders are viewed now as part of the parlance of the policy landscape. Community is viewed as a potential resource to tap into for reforms to address issues of social exclusion and deprivation (Reddel and Woolcock, 2004). Within this communities can play a variety of roles.

2.2 Why Engage?

Community interventions are a particularly useful way to integrate efforts by different actors because 'communities are the functional unit within which children are raised' (Taylor & Biglan, 1998, p.56). Community engagement aims to help address community issues and can result in benefits for all parties involved. The key reasons why community engagement is initiated is because it leads to more informed and efficient policy and effective policy outcomes. More importantly perhaps, is the normative stance that people should be involved in the decisions and processes that affect them and their lives. Within community engagement practices local people bring a wealth of resources to the table: they offer local (insider's) knowledge, time, commitment and local spaces for debate and actions to take place. As a result, a community's involvement should lead to a greater sense of ownership in the initiative whilst the governing body can provide advice and guidance (Head, 2007; Burns and Taylor, 2000; King and Cruickshank, 2010 Perrons and Skyers, 2003; Taylor, 2007; Vob and Kemp, 2006).

2.3 Components of Community Engagement

The key values of community engagement are: participation, equality, transparency, accountability, co-operation, respect, shared ownership and empowerment. In practice each of these values can have different degrees of importance as community engagement and participatory processes clearly span a variety of practices and possibilities (Head, 2007, p.449). Engagement, therefore, can be viewed as a broad umbrella term and is closely bound up with the notion of power in community action: power over personal choices and life chances; power over the definition of need; power over ideas; power over institutions; power over resources; power over economic activity; and power over reproduction (Ife, 2002). The emphasis placed on the values of community engagement and the use of power can be understood in terms of its practice. The type of engagement can be viewed within the levels and approaches of community engagement – Information, Consultation, Involvement and Collaboration, whilst techniques are used to implement these levels and approaches.

2.4 Core Terminology

- *Community*

Undoubtedly a contested term (Somerville, 2011; Fremeaux, 2005) community can relate to a number of things, including a geographical area or a group of people (whether in a locality or not). Many explanations of the term 'community' have overlapping ideas about cohesion, integration, interaction, space, place and sense of belonging. It can be seen as a physical or imagined entity, natural or artificial.

- *Engagement*

Put simply, community engagement is the process of involving people in decisions that affect them. To build the collaborative relationships on which a complex activity such as community planning would depend, it is necessary for any governance system to fully understand the dynamics of the communities with which it seeks to work, and to be prepared to adapt and develop structures and processes to make them accessible and relevant to those communities. In this way, the term engagement warns us against making assumptions about communities: it asks for a dialogue. It also implies that the development of the relationship itself will need to be a focus for attention: 'government' will need to engage with communities as well as asking communities to engage with it (Hashagen, 2002, p.2). Engagement implies a two-way process that has to be 'worked on', and as such represents considerable progress from debate about 'involving' communities (Hashagen, 2002, p.3).

- *Participation*
Citizen participation has been defined as “a process in which individuals take part in decision making in the institutions, programs and environments that affect them” (Heller, Price, Reinharz, Riger, & Wandersman, 1984 cited in Florin & Wandersman 1990, p.43). People become actors and it is within this understanding that community engagement is largely seen under the auspices of participation. Participation exists along a continuum and can be best understood by examining the levels of power involved and who exercises each level within the actions taking place.
- *Consultation*
Consultation is the provision of information and seeking feedback on this. It is seen as an opportunity to influence but power remains with the provider of information who makes the final decision (Arnstein, 1969).
- *Involvement*
Communities need to be involved if activities and solutions are to be rooted in an understanding of the community’s perception of its needs and issues. Involvement implies that the governing authority has decided the structures and decision-making processes, and that the community needs to be encouraged to get involved in them. The community has no part in deciding on the suitability of those structures or processes (Hashagen, 2002, p.2).
- *Capacity Building*
All parties involved in community initiatives need the skills and capacity to partake. Capacity building is crucial for the overall success of participatory processes. Individuals and groups have very different starting points in terms of knowledge and experience that contribute to effective participation (Cavaye, 2004 cited in Head, 2007, p.450). Capacity building identifies and improves the information and skills gaps of the weaker participants, thus enabling them to contribute more effectively to broader processes of discussion and deliberation (Head, 2007, p.450).
- *Empowerment*
Following on from capacity building, empowerment is the ‘taking action’ of participation. People are given the tools needed in order for them to participate as strategies provide people with resources, opportunities, vocabulary, knowledge and skills to increase their capacity to determine their own future, and to participate in and affect the life of their community (Ife, 2002, p.208). According to Zimmerman (1995), individual empowerment has three dimensions. People are empowered when they: (1) believe they have the ability to exert control over forces that affect their lives; (2) have the knowledge, skills and resources to do that; and (3) are actually involved in making decisions and taking actions (cited in Lasker & Weiss, 2003, p.22).

2.5 Framework for Analysing Community Engagement

As previously stated, it is important to appreciate that engagement can work on several levels, as can be seen in this typology adapted from Pretty (1995) (cited in Hashagen, 2002). This framework also provides for an appreciation that engagement processes can occur at both the strategic and delivery levels, and thus fits well with the phases of activity CDI has been involved in over the course of its existence.

Table 3: Framework for Analysing Community Engagement

Approach	Strategic level – setting priorities	Delivery – decisions on implementation	Community control over resources
Passive, one way People are informed about what has been decided: information shared between professionals only	Community and user groups, newsletters	Community and user groups, newsletters	Information made available to community on opportunities for resource control (e.g. grants or awards schemes)
Reactive 'community consultation' People are consulted or answer questions – the process does not concede any share in decision-making. Professionals under no obligation to take on board peoples' views	Questionnaires, surveys, focus groups, panels and juries	Community groups and forums respond to service proposals. Users in the minority on management committees.	Meetings with groups and community interestes to explore opportunities to resource transfer
Proactive 'community participation' Communities influence priorities, resource use and service provision to be provided through the Community Planning Partnership	Joint planning groups and forums. Some co options to statutory committees	Joint management arrangements over specific projects and activities	Local service development on a franchise basis: terms and conditions set by the 'purchaser'
Interactive or Partnership working People participate in joint analysis, development of action plans and the strengthening of local groups and institutions. Learning methodologies are used to seek multiple perspectives, and groups decide how resources are used.	Support is provided for community to have equivalent access to expertise, advice and training	Users/ community has management control of specified services	Local service provision with joint community/ public sector control, or negotiated contracts
Community mobilisation/ empowerment People participate by taking initiatives independently to change systems. They develop contacts with external institutions for the resources and technical advice they need, but retain control over how those resources are used.	Pressure group and campaign activity to influence policy	Complete community authority for management of services	Service provision independently funded and managed by the community
Entrusted community control As above, but community also influences prioritisation and control of service provision or associated budgets	Community has leading voice in determining priorities in policy	Community has leading voice in delivery of public services	Community making decisions over public budget allocation

2.6 Summary

Community is a contested term. It can exist in many ways, including geographically, across groups of individuals facing common issues, across organisations and across groups of professionals. It is also bound up with issues of power and representation. Engaging community is thus a far from straightforward process, with various mechanisms available depending on the extent to which community is being empowered to inform, participate in, or take decisions regarding its future.

**Chapter 3:
Presentation of Findings on CDI
and Community Engagement**

3.1 Introduction

This Chapter presents findings from documentary analysis and interviews relating to the theme of community engagement in the work of CDI. It locates the findings as they relate to the three phases of community engagement which arose in discussions with CDI, namely phase one - development; phase two – implementation; and phase three – the next phase or post-implementation. Thus, the first section of this report presents findings on the role of the community in the development of CDI up to the implementation of its services in September 2008. The second section addresses the role of the community in the implementation of CDI's activities. The final section presents findings on CDI's engagement processes in planning for the next phase of its work post implementation.

3.2 Findings on the Development Phase of CDI

This section presents interview and documentary data relating to the development phase of CDI. It contains findings relating to the community CDI works with, documentary evidence of community involvement in the development phase and key informant perspectives on the role of the community in it.

3.2.1 What Community does CDI work with?

Interviewees were asked to identify the community CDI is working with and for. The majority of CDI team members identified with the CDI principle of those living and working in the locality as the community to be worked with, yet there were minority views regarding the relative importance of residents compared to agencies, as well as the importance of other community-based organisations and other stakeholders such as politicians (CDI interviews). For the most part, non-CDI interviewees converged around the CDI principle that the community consists of those living and working in the locality. Many interviewees expanded on this, indicating that all those who work for children and families composed a special interest community that the Initiative also works with. However, there was a significant minority who explicitly highlighted that they felt the community consisted of *all* those in the community, with the CSI programme being cited as justification of a definition broader than that which focuses on families with children, and professionals who work with them. Another interviewee felt that the rigid focus on evaluation criteria, combined with the recruitment process for the evaluations, raised the question as to whether CDI was meeting the needs of the most vulnerable in the locality.

3.2.2 The Consortium Experience

In preparation for the development phase of the CDI strategy, the Initiative engaged with a number of residents and organisations for the development of its strategy. The consortium was composed of 23 members. Seven working groups, which incorporated additional members, were established, along with a consultative group including personnel from regional agencies and structures. The strategy draws notably on the *"How are our kids"* report (CDI and Dartington, 2004) that successfully engaged with the community on various levels:

- Community consultation: the report drew on interviews undertaken in Tallaght West with 79 families (with 187 children)
- Interpretation of data: Various workshops took place to involve the community in the interpretation of data. A two day workshop took place with the consortium members; a workshop session took place with 12 parents from the four communities; and some sessions with children between four and 13 years old also occurred. The children's participation took place through creative activities that would allow them to express their views on their community.
- Dissemination of the results: In October 2004, a public meeting gathering about 200 people took place to launch the report. This provided the opportunity for the community to give some feedback in relation to the results. Four main areas of concern emerged from this feedback and were integrated in the preface to the second edition of the report.

Documentary analysis reveals a relatively wide ranging engagement process regarding the development phase of CDI, and in particular the development of the CDI strategy. As stated for the strategy development process, a consortium and seven groups were established. In total, 83 individuals participated in this process, including seven CDI staff. Amongst the 83 individuals, nine were identified as Tallaght West residents². Each working group was linked to the consortium through at

² The process evaluation team is aware that some staff members at the time were residents but they were not identified as such in the CDI strategy.

least one consortium member sitting on each group (19 members were involved in one working group and four members played a part in two working groups). In addition to this, two other individuals sat on two different groups: one was a CDI staff member who took part in a working group, while the other was a parent who contributed to two working groups. Amongst the nine residents, eight attended more than one working group. Seven of them sat on the consortium.

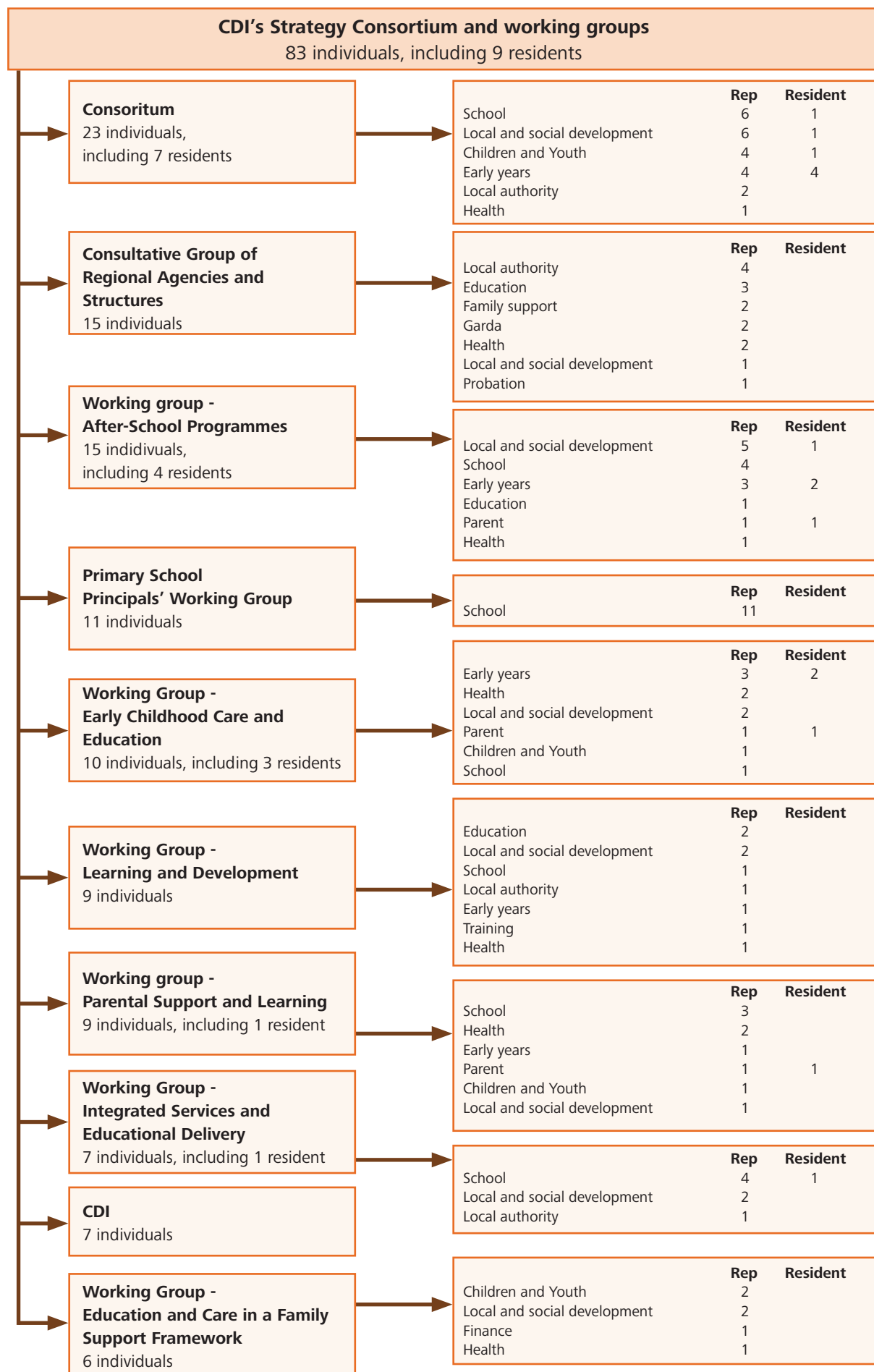
The individuals involved in the strategy development process belong to various types of organisations. As illustrated in the table below, schools (21 out of 83 individuals) and local and social development organisations (14 out of 83 individuals) are the best represented. Individuals also represent the health sector (eight individuals), early years services (eight individuals), CDI (seven individuals), the education sector (six individuals), local authority (six individuals), children and youth organisations (four individuals), parents (two individuals), Garda (two individuals), The Family Support Agency representative, a government department representative, a representative of probation services, a training body representative, and an individual from the financial sector. Amongst the nine residents, five work in the early years services, two are parents, one works in a school and another in a local and social development organisation.

Table 4: Individuals involved in CDI's consortium and working groups

Organisation	Representatives	Residents
Schools	21	1
Local and social development	14	1
Health	8	
Early years	8	5
CDI	7	
Education	6	
Local authority	6	
Children and Youth	4	
Parent	2	2
Garda	2	
Family support agency	1	
Government department	1	
Probation	1	
Training	1	
Finance	1	
Total	83	9

The figure below depicts the various working groups. It provides information in relation to the number of representatives, and identifies the type of organisation they belong to, as well as the number of residents. The largest group is the Consultative Group of Regional Agencies and Structures (i.e. 15 individuals) while the smallest group is the Education and Care in a Family Support Framework (i.e. six individuals). Residents participated in five of the nine structures identified (excluding CDI). A parent participated in the After-School Programmes working group, the Early Childhood Care and Education working group, and the Parental Support and Learning working group.

Figure 1: Involvement of Organisations and Groups in Strategy Development



CDI also engaged in a significant consultation process with a wide range of stakeholders from the locality during the period from securing funding (January 2007) to April 2008 (Keogh, 2008). The Keogh report states that the phase in question involved “significant *consultation* which took place with residents and providers in Tallaght West” (Keogh, 2008, p.3; own emphasis), with the report itself seeking to describe such consultation and “how that process had shaped, and was continuing to shape, the development and implementation of the five year plan” (ibid). While not defining three key terms it uses – consultation, participation and engagement – the report opts overall for the term ‘consultation’ and outlines in great detail the range of actors and organisations CDI has consulted with in the lead up to implementing service delivery. While the main focus of such consultation would appear to be the development of services, there was also consultation with a wide range of stakeholders beyond service development. In total, 335 instances of engagement were documented across 16 categories, with minuted meetings forming the single greatest category of engagement (161). Regarding the services, evaluation and QEP, there were 217 instances of engagement. ECCE accounted for 35% (75 instances of engagement) and 48% (104) when the Six Steps Parenting Programme is included. The full breakdown of engagement processes is outlined in Appendix Six. The report highlights that this variety of engagement methods “represents the many ways that the CDI team have (sic) engaged with the community in order to progress their work in Tallaght West. Some methods prove more effective than others depending on the different needs of the community” (Keogh, 2008, p. 10), with seminars being cited as a useful method of engaging frontline workers in services.

3.2.3 Perspectives on the Role of the Community in CDI’s Development Phase

Much debate occurred in interviews with CDI staff regarding what exactly various terms such as community engaged, community-led, community involvement and community empowerment actually meant. For some, community-led meant local leaders being key decision makers and representing the interests of the community; for others it involved dedicated programmes responding to identified needs. Community empowerment was generally identified with capacity building while community involvement was viewed as an overarching phrase (like engagement) with connotations of creating a sense of ownership and making the activities of the Initiative sustainable (CDI interviews). CDI Interviews reveal that the development phase was best characterised as being community-led, where generally people working in the locality identified targets and priorities through the consortium exercise (CDI interviews).

Those non-CDI interviewees who were involved in, or had a detailed knowledge of, the consortium stage commented on the positives in and the challenges of the process. Cited as one of the positives was the initial community survey, an example of CDI having “a very serious go” (IV 8) at trying to involve the community, both as information providers and as researchers. Another interviewee cited the consortium experience as empowering, and enjoyed the experience (IV 2). Yet interviewees also questioned the extent to which the community actually led the process. For example, while the consortium process was dominated by local organisations with a remit in the area of children and families, some interviewees felt that the community as a whole was not listened to:

“At the beginning it was equal for everybody, but I found later on as decisions were being made they weren’t really taking notice of the locals living in the area [...] they really didn’t have enough information”

(IV 1)

Another interviewee felt that the involvement of the resident community was more cosmetic than developmental:

“I’m sure they had their programme sorted before they let us....it felt that they had to have community members to make it work. They needed us there but we weren’t involved to a certain extent. [...] The plan was sorted even before we were involved”

(IV 2)

One interviewee with direct experience of the consortium stated clearly that there was a tension between, on the one hand developing programmes which could stand up to scientific scrutiny and thus requiring experts to be involved, and on the other developing programmes from and with the community. In this regard, there was more to suggest the former position was dominant:

“So I think to be fair, the consultation, if you want to see that in a ladder of participation I think people were mainly involved and a smaller group of people would have been more actively engaged in the thinking and developing of the work. People at the start probably had this view of developing the programme together with people from the community and that definitely didn’t happen. [...] If you are really serious about that you need far, far more time”

(IV3)

This was echoed elsewhere in interviews. One interviewee quoted verbatim from a 2005 study by Kelleher and Associates on the Consortium process which stated that “despite the very positive feedback there is evidence that the community sector is experiencing difficulties having its voice heard” (IV 6).

3.3 Findings on the Implementation of the CDI Programme of Activities

The following section of the report presents findings relating to the implementation of CDI’s programme of activities. It examines community engagement in the CDI services, wider activities relating to the Quality Enhancement Programme and other public events which CDI hosts, and outlines perspectives on the role of the community overall in the implementation of CDI.

3.3.1 CDI Services

This section details findings on each of the services CDI has implemented. Much of what follows contains findings pertaining to the four services CDI has developed and delivers through commissioned service providers, as well as the Community Safety Initiative. The data are drawn from research for this report, previous process evaluation reports and interim service evaluation reports. Due to word constraints, this section only outlines views on engagement from the perspective of CDI and the commissioned service providers, and any issues which arose in or about the engagement process. Data pertaining to the engagement components of each service, the range of activities under each service, the key organisational actors involved and the scope for engagement of parents and other community members are outlined in Appendices Seven and Nine.

3.3.1.1 Early Childhood Care and Education Service

All parents signing up for the ECCE programme were asked to commit to home visits, days out and the Parents Plus course. In addition to this, the pre-schools work to include people in a number of different ways, such as a fun club, afterschool activities, involving parents on committees (where existing), coffee mornings and dedicated talks for parents. The ECCE service has in many respects provided an arena for parents and grandparents to be involved in the service, albeit within the specific capacities of the service providers and the programme [ECCE 3]. Parents are involved in planning the summer programme, indicating particular things they would like to do and offering feedback on activities (CDI interview).

While the ECCE service is obviously aimed at pre-school children, its broader focus through the family component and the parent/carer facilitator (PCF) underline the important commitment to engaging those wider than the direct service user:

“I suppose initially when you start your job in a preschool you think well you come in and do your job with the children and go home. Where I think definitely after the CDI we’re a bigger part of the chain of the child’s life in the area and as part of the cycle that they are going to go through in the community.”

[ECCE 1]

Homes visits have also been viewed as being successful at promoting engagement by CDI, after dedicated support was provided to some staff reluctant to undertake such a task:

“I think they worked very well, I mean, some staff, parent carers [facilitators] really like the home visits and they’d have no problem doing it and actually even though they’ve finished the two year programme we can’t expect them to do home visits now, some parent carers are still doing home visits and they’ve continued doing that because they really see the value out of it”

(CDI)

The drop off and pick up times are important times for the workers and parents to engage. The PCF has been viewed as crucial in making the sustained connection with families and providing a solid link to the early years setting. There has been a lot of perceived value in delivering the parent programme, which has been viewed as more of a discussion forum than a class. Having knowledge to link families to other services in the locality has also been an important feature. Therefore, it has been of great importance that CDI has provided the links between organisations and other key individuals who would be able to help the frontline staff in meeting families' needs. Making such connections so that ECCE service providers feel empowered has added to the sense of a positive relationship with CDI and made providers feel more part of the CDI process.

In general the services perceived themselves as being creative in their engagement, with many interactions aimed at providing information about what service they are providing as well providing information that families may have been lacking, in an atmosphere that sets parents more at ease. They provide family days, mobile library access, and barbecues, which former pupils often attend. Opportunities for parents to make suggestions on service improvements are reported to be provided in some services, both formally and informally. Indeed, parents are viewed as being central to the development of the service itself, with their involvement being linked to the growth of the service. Listening to parents and providing the space to voice sometimes very personal concerns is part of the job for the ECCE workers:

"We were involving the parents and the community and then hooking them up with other services that needs be, like we had one father who had issues with literacy so we got them in touch with somebody in their area that could help them. Now again, we didn't force that issue, the way we did it was I had spoken to the people who dealt with literacy issues, the centre that was involved in that, I got somebody he could contact and I exchanged phone numbers for them. That was all I did, I left it up, like that I didn't have anybody come to the centre, I didn't force it on anybody"

[ECCE 3]

In some cases early years services are physically on the site of other community services. The importance of interacting with the local environment in which the children live is underlined also:

"We are part of the community and we contribute to the community by bringing the children out in the local area and letting them be part of their community, we often go by their houses by the shop they visit and stuff like that"

[ECCE 2]

While many parents could not engage in such activities due to work commitments, others chose not to despite the very best efforts of ECCE staff (CDI interview). For other interviewees, 'doing' community engagement has its limits. While there are ways in which you can choose to engage the community, ultimately it is the individuals themselves to choose to engage or not, even if it is deemed to be part of the manualised programme and advocated strongly by CDI:

"I found the best way to do it was to offer the service, let them know it's there, send out plenty of reminders whatever would be going on within the centre that day, and invite them to come in. Unfortunately as I said you can't force them to come in, you can't force them to be part of the child's education but we reinforced that at all stages, especially at the beginning when they signed contracts to say 'it isn't just drop your child off and do a runner for three hours or four hours,' you could just do that, we weren't a childminding service, we were there to educate their children along with the parents and anyone else that wanted to come in that was attached to the family that they could have an input"

[ECCE 3]

The support the service providers received from CDI to implement parts of the programme has been instrumental:

"We wouldn't be here only for CDI [...] we didn't know how to do home visits so we really did look for guidance and support from CDI"

[ECCE 2]

3.3.1.2 Doodle Den

Because Doodle Den is highly manualised, all interviewees felt there has been little if any scope to include parents in the design of the service, though there are feedback mechanisms in place to modify the manual based on how it originally ran in the piloting stage and in subsequent years. Practitioner feedback has been through the Community of Practice, which is viewed as an important part of that collective feedback.

Community engagement relies on the effective circulation of information about what resources and other supports are available. While the community is not perceived to have been engaged in the design of the service or the evaluation, the nature of the programme – with its components on parents and family – is perceived as having fostered a greater sense of engagement from parents:

"I think the parents are more involved in the Doodle Den one than [in other (non CDI) services], because we do say to the parents at the start of the year 'it is a programme for yourself and your child' and the parents are free, they are more accepting of new ideas ... I think the level of engagement, the way it's offered parents in Doodle Den would be completely different than the level of engagement that we can offer parents [generally]"

(DD 1)

This view is echoed by CDI, which views the parental engagement component as being crucial to the programme overall, leading to a shared understanding of child development, generating buy-in from parents once they have viewed the programme in action and its benefits for their children (CDI interview).

Staff members work informally to build up a rapport with parents to encourage this form of involvement. Specifically, the facilitators try to engage with parents at every opportunity on a daily basis, with the formal aspects of the programme providing an opportunity for engagement, particularly at the six parent sessions during the year:

"Usually when the children are being collected that is the time we would talk to parents and then we'd also have time six times a year when we'd have parents sessions and that would be meeting with them for an hour and a half doing activities that would help them with their children and just being there for the parents as well and helping them out and supporting them with any needs or issues that they have"

(DD 1)

"Just talking to them [parents] really, building up a relationship with them and saying how great their child is getting on in Doodle Den and it'd be nice even if they came to a family activity, like we have child activities and if they came to support the child and then they get to know other parents then when they come to those family sessions so they feel a bit more comfortable then coming for the parent meeting"

(DD 2)

Both provider organisations are aware that community engagement is the philosophy behind CDI's promotion of schemes and programmes, because of the way CDI have asked for parental inclusion, the way they have supported it through training, and in the choice of service providers:

"It's [Doodle Den] set up with the community in mind and especially for the children in the community and not just to be focusing with the children, just to engage with the parents as well. Over the time, the parents are involved in the Doodle Den because they have 6 or 7 meetings over the year so when they come to those meetings if there was anything that they needed to discuss that could be discussed with the facilitators or with myself if there was a need for any help in any way. And CDI always stressed that that was very important, that the parents were on board and that we took their opinions [on board]."

(DD 3)

The importance of creating links amongst various organisations and service providers in the locality was also viewed as important:

"The whole reason for hiring the local agencies and putting out to tender in the local area was so that agencies could work together and could share ideas and come together and to build any bridges that needed to be built within the community. So we would never have worked as strongly with An Cosán as we do now if it weren't for Doodle Den. That aspect, I definitely think that CDI has that as a main agenda"

(DD 2)

All Doodle Den interviewees perceived their own organisations as having a strong emphasis on community engagement, and in regard to the operation of the service, see CDI as a very positive presence, facilitating information flows and training, and linking in professionals with different expertise directly to the Doodle Den staff. This was viewed as a positive support to service delivery and user engagement as staff are aware of who would be most suitable to address those needs:

"So I know we had parents coming in to us [...] that were having difficulties in certain areas, we already had a link in with another provider that we could go 'oh hang on, I know somebody in this area' and we'd try and get them to link in that way then. So that was good"

(DD 1)

"We took on [.....Doodle Den.....] so we were very happy to do it, and it just brought another level to our engagement with the community"

(DD 2)

3.3.1.3 Mate Tricks

Interviews reveal that there has been no scope for the delivering organisation, Foróige, to do much except implement Mate Tricks as a 'manualised' programme. Fuller participation from the community in the design of the programme, its development, its delivery or evaluation has not been possible:

"With the programme being manualised the structure is set and the agenda is set ... We were commissioned to deliver the Mate Tricks and the Mate Tricks doesn't have a community engagement element to it"

(MT 3 & 4)

"The facilitators are required to have a degree to run the programme, so a lot of us would be professional youth workers and a lot of the parents wouldn't be professional youth workers and we've no scope for volunteers [on Mate Tricks]"

(MT 1&2)

Interviewees identified that parental engagement is part of the programme as a reinforcement of what children learn through the programme. Where parents do not attend the parent sessions, staff meet with them in their homes to provide information and try and address any questions they have. The home visits are viewed as a positive aspect of the programme in particular, providing an opportunity for staff to develop bonds with parents and also to overcome challenges of group interaction such as language or shyness.

A CDI seminar on parental engagement, and the advocating of a 'marketing style' approach particularly, was deemed to be useful (MT 3 & 4). Again, similarly to the Doodle Den programme, the importance of parental engagement, as an activity in itself and as a reinforcer of positive child development activities in the programme, is underscored by CDI (CDI interviews).

CDI has been viewed as supportive of programme staff, particularly through the range of training it provides and the Community of Practice for the programme, both of which are viewed as positive ways of engaging staff. However, it is felt that CDI has not taken on board the ways in which Foróige works at a local level. Despite this, the Mate Tricks programme has been perceived as a success:

"We do believe in the programme and we've seen the outcomes and results of the programme, that it does work. But I just think with CDI they are constantly in and scrutinising and analysing and nearly a little bit untrusting so I suppose if you don't know where you stand it always feels a bit, you don't know what is going to come next"

(MT 1&2)

"I think my experience has been that either a lack of communication or a miscommunication would take place at times and that's very difficult to deal with, where information isn't being shared and it absolutely really is pertinent to the development and delivery of a service and that information is held back until the very last minute which adversely affects service delivery "

(MT 3&4)

For interviewees, the evaluation has also been a cause of some concern. While interviewees feel Foróige has used its reputation to open doors locally to initiate Mate Tricks, staff suggest they have had no direct access to the evaluator and did not know what was being asked in evaluations. Such a scenario caused problems subsequently when parents were unhappy about particular questions being asked and Foróige staff could not answer them. They feel this works against the reputation they rely on to deliver services and impacts on their own confidence, as they do not feel part of the CDI process, and how they engage with parents in this particular programme:

"I kind of think that to work in partnership with someone you have to give them enough information to be able to do their job appropriately and I think we were left with not enough information. We weren't prepared because we were seen as the face of the programme and we were the people who were meeting the parents on a monthly basis so I think that was difficult."

(MT 3&4)

The commissioned service provider does not feel part of the evaluation process and so struggles with it:

"Well it's not always been straightforward, it can be challenging and we feel sometimes that we kind of get watched a good bit, it wouldn't be the same in other programmes that we run and this one they are constantly either filming it or doing site visits so we are always being watched to see how the programme is running so that part is just different from other ways we work, that we wouldn't be constantly watched in other groups and programme."

(MT 1&2)

Ultimately, both sets of interviewees feel that the programme did not offer much in the way of space for the community to be involved in a bottom-up manner:

"It's not how a programme should be developed. It shouldn't be developed in a bubble away from the community it's supposed to serve, you know, it should be developed with the schools, the children."

(MT 3 & 4)

3.3.1.4 Healthy Schools Programme

Viewed by CDI as being one of two process-driven programmes it delivers, part of the emphasis of the Healthy Schools programme has been to develop ownership of it amongst the key stakeholders, although it is clear that this has not occurred just yet:

"We have local organisations involved and I don't know if they are equal partners in decision making, I think they are getting close to that, but I'm not sure that they are yet (...) I think there is still a struggle with ownership, you know, to participate equally in decision making you have to believe that you own the programme and have responsibility to it, and I'm not sure that we've got to that place yet"

(CDI Interview)

Some CDI staff view decision making as increasingly shared and thus the programme as being increasingly community-led; however, parents are yet to be involved in the Healthy Schools Steering Committee.

Community engagement for the Healthy Schools Programme staff is viewed as being linked closely to the schools which are the centre of the programme, the core that brings engagement from the school into the broader community:

"[L]ooking at it really from the perspective of the children in the school that they obviously have lives outside of the school and in order for it to have good education outcomes and so good health outcomes you need to engage with their lives outside of school, with their families and with communities so it's critical in the school sense that there is community involvement, that there is involvement outside of the school setting in order for this whole school approach to work"

(HS 1)

"Community engagement in my view is involving parents and guardians as much as possible in the whole of the school's process and getting them actively involved in any aspects that can be thought of in the life of the school"

(HS 2)

For the programme then, the engagement is centred on the institution of the school. This approach has been taken on board slowly, but is perceived to have paid dividends through the engagement of the community. Events such as the health fair in Killinarden, various food fairs organised around native cuisines and the breakfast club and healthy food days in the school are cited by interviewees as examples of the programme engaging with the community. It is reported that the parents and staff are consulted when planning these days as well as a number of resource personnel: HSP coordinator, SLT, English language teacher, home school liaison, and local institutions such as the parish and the GAA. While initially a small group of parents were viewed as being involved in everything, this has since expanded to an extent where schools themselves were impressed, although the level of parental engagement is viewed as "probably [not] as productive or as useful as we'd like it to be" (CDI Interview). The HSP has also ensured that there are events which encourage physical activity, such as volleyball, and golf (organised by the SDCC), as well as talks and events for parents in response to requests from them or individual requests for meetings.

Interviewees highlighted that CDI has been important to assist the various actors to work together to address particular issues as they arise at committee level, and find common ground in forging a way forward:

"You have education and health [...] there is kind of a tension there and I think it's managed well by CDI, they're very level headed people and don't get stuck in other people's issues. They can see the bigger picture and they are well able to manage any kind of tension"

(HS 1)

"I believe it was very challenging in year one when it was a first time initiative from a schools point of view and it was challenging at times for schools to understand the community development approach where we needed to sit down and look at strategies that work while schools would have come from other practical background where, ok, we need to do this, this, this and that ... But along the way CDI played a very significant role in managing that difference between how schools thought that the HSP should be implemented and how they thought the HSP should be implemented"

(HS 3)

Some principals are viewed as working hard at meeting pupils and families at morning or evening time, and the role the Healthy School Coordinator has played in overcoming particular problems has been an advantage in engaging with the school community:

"{The Healthy Schools Coordinator} making a little breakthrough [...] in the schools as in myself with certain problems that we didn't understand [...]. There was great liaising there and transferring of information"

(HS 2)

All interviewees highlighted that the training provided by CDI, the lunchtime seminars and courses on coaching are viewed as part of the process of building a feeling of being part of a larger process and CDI's broader vision of inclusion and engagement. Training and seminars are viewed as good ways to make links in the community.

3.3.1.5 Community Safety Initiative³

At the beginning of the CSI process, the community was consulted through a survey, knocking on doors, developing and using the webtexting service to share information, and talking with people in the area. Community concerns were generally of a more practical nature and dealt with environmental and basic social concerns, which required the involvement of agencies with the specific remit to deal with these issues. The perceived outcome was that it resulted in connections with statutory agencies being made to resolve address these issues:

"Most of the needs that were identified by people were around the environmental issues I guess, fundamentally, and whether it's to do with roads, rubbish, to some degree youth anti-social behaviour aspects as well and I suppose the agencies that have really taken a lead in relation to those, those actions have been primarily South Dublin County Council because they are the only agency that can do stuff around roads and environment"

(CSI 2)

However, the CSI was viewed as having stalled significantly, with some events such as the Good Behaviour Awards failing to link into a more coherent approach to engagement, instead being one-off activities. Other challenges, such as disillusionment, breakdown in communication, and the community not being involved in the beginning all contributed to such stalling. However, a revitalisation of the programme, with additional staff from the County Council, the advance of restorative practice, and an agreement to jointly plan activities, have re-anchored the programme and given it new emphasis (CDI interview).

³ It should be noted that findings here are based on a small number of interviews. Findings from the most recent interim report on the CSI programme are referred to in the discussion section.

Interviews identified that CSI personnel are trying to engage with as many local organisations as possible, and with the other CDI programmes operating. Interviewees revealed that links with other community representative mechanisms are established largely through the CSI staff themselves, and there is an increased focus in the last year on involving residents on CSI structures through local committees (CDI interview), particularly given that the remit of early structures (Community Forum) was “never really clear”. The steering committee is now viewed as becoming more suited for purpose considering its lack of connection with residents in the early phases (CSI 2; CSI 3).

Issues pertaining to the representation of a community populated with such a wide range of nationalities, along with language barriers and prejudice towards the traveller community, all arose as challenges to involving the community in CSI. The process of community engagement to build up a sense of empowerment is a slow one, longer than the period of engagement by the CSI or CDI’s other programmes. While the level of engagement in the beginning was viewed as limited, the changing nature of the process has resulted in the programme being deemed as more accessible:

“I think it’s [CDI] doing a very good job with the organisations, I do think that. I do have concerns about some of their claims of engaging with the community, again I think it’s a limited number of people that they are communicating with and they are engaging with. And I’d like to see that bit expanded... I also acknowledge the process has changed and the end results have changed somewhat so it’s easier for me to live with it. I wouldn’t have wanted to have been associated with it in the very beginning”

(CSI 3)

All interviewees highlighted that the Restorative Practice training would be a useful tool to try and engage the community and would be far “easier to sell than contracts” (i.e. CSI Contract). Overall, it has been identified that the CSI has been slow to engage fully with the entire community, though those involved in service delivery are happy that CDI, and the programme specifically, has adapted its methods sufficiently and that their goals are more practical now:

“If you were to ask me that a year ago I would have said there was no comparison. I would have felt that the CSI was a very top down approach. With the changes that have been made I’m quite happy now that we have the scope to involve the community from the very beginning and to work with them and helping them, so I do think it has changed in the last year, eighteen months”

(CSI 3)

3.3.2 CDI Engagement Activity Beyond Services⁴

In addition to the activities engaged in by CDI staff with service providers in the operation of each service, a number of other community engagement processes have been pursued through the three phases. Foremost amongst these is the range of training events under the QEP, many of which are open to all the community and others of which are directed at the professional community. These activities are over and above training provided to commissioned service providers. Some of these events are delivered by local professionals sought by CDI to do so, while others are delivered by locals and others who have offered their skills and time to CDI.⁵

Other forms of engagement⁶, such as aspects of the Annual General Meeting or the end of (term) year event (at which over 100 individuals attended), comprising CDI staff and Governance members, commissioned service staff, HSE and SDCC staff, residents and politicians offer opportunities for the community at large to engage with CDI. Prominent amongst these events was CDI’s *The Story so Far* event of September 2010, where more than half of the attendees represented an

⁴ Activities relating to the QEP, and Interagency Working promoted by CDI have been detailed in respective reports and data are presented again in the Appendices of this report.

⁵ See the Training and Support report for data on this theme. An updated list of all QEP events is contained in Appendix Four.

⁶ A range of activities undertaken by CDI to engage the community is outlined in the service-related appendices (especially CSI).

organisation (64%, i.e. 120 people).⁷ While the attendance list did not allow identification for 13% (i.e. 25 people) of the attendees, 17% (i.e. 32 people) were identified as parents and 5% (i.e. 10 people) were specifically identified as residents. Amongst the organisation representatives, 16% are involved in CDI’s governance and 37% in CDI’s services. About half of them (i.e. 48%) were involved in organisations that were not directly linked to CDI governance or services. Parents attending the conference were all engaged in CDI services. Finally, the residents either engaged in CDI’s governance, or in CDI services. Overall, the majority of attendees were participants in some way already in CDI.

Figure 2: Attendance at the Story So Far Event

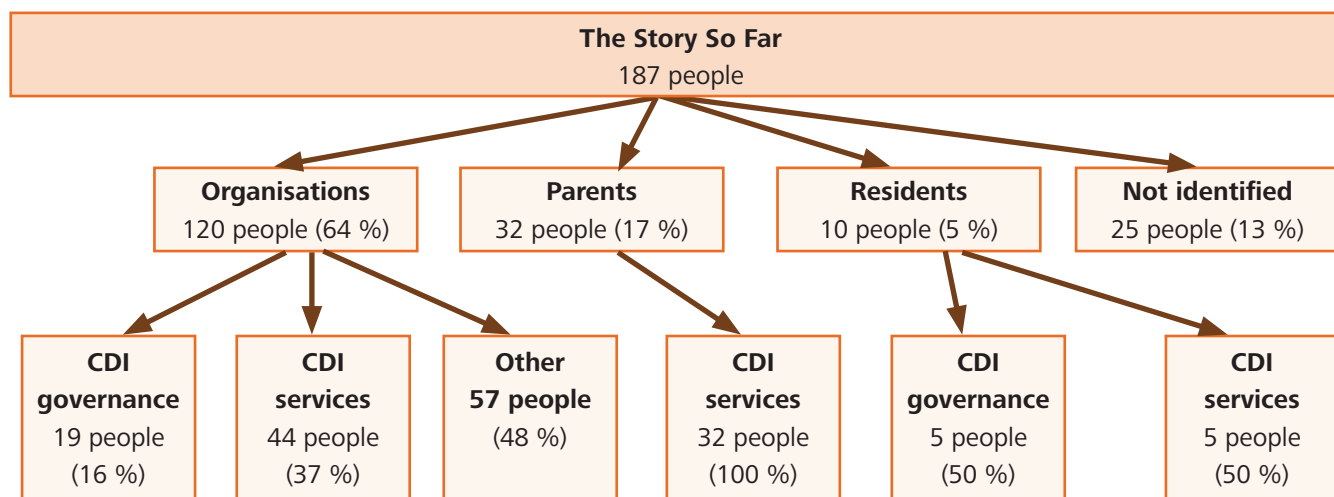


Table 5: Attendance at Story so Far Event

CATEGORY ORGANISATION	No.	%
N	120	74
CDI Governance	19	16
CDI Service	44	37
CDI (neither Governance nor Service)	57	48
PARENT	32	20
Associated with CDI service	13	41
Not associated with CDI service	19	59
RESIDENT	10	6
CDI Governance	5	50
Not Governance or Service	5	50
TOTAL	162	100

⁷ The attendance list relates only to those participating in Workshops, and does not reflect, the 200+ people who attended ‘The Story So Far’ when president McAleese joined the event.

A second important engagement activity is the Volleyball league, initiated in 2009 by CDI. It “support(s) and encourage(s) collaboration, relationship building and creating links between service providers and residents” (CDI Newsletter, May 2011). From 2011, the organisation and planning of the league has been handed over the residents. A list of all teams, and the organisations they are from, is contained in Appendix Five.

In terms of ongoing information provision, the CDI newsletter also provides an opportunity to engage the community, detailing a range of time-related activities, events and news across the range of CDI work. The email is forwarded via email and the CDI website. The evaluation team has no information regarding levels of access either via email or website. A full list of information pertaining to community engagement as outlined in the newsletters is presented in Appendix Three.

3.3.3 Perspectives on the Role of the Community in Implementing CDI Generally

CDI Interviews reveal that the organisation characterises the implementation or delivery phase of its work as being evidence-based and expert-led, leaving very little room for community input, negotiation or adjustment to adopted programmes. However, the community was consulted on manual adaptation and the pilot site evaluations permitted space for feedback. The phrase used most commonly in CDI interviews was that the implementation phase was community-informed, although this did differ depending on whether (specific) programmes were being discussed. Overarching this is the sense that there is a real tension between trying to be community-led and delivering manualised, evidence-based programmes:

“We probably did set out to be community-led but I think we’ve, in more recent times, come to understand there is a real dilemma in delivering evidence-based programmes and being community-led, that sometimes there is not a natural match between those two things. So I think being community-informed is probably a more accurate description of what we do”

(CDI)

As a result CDI focused on community engagement principles, rather than activities, and on implementing its programme given the deadlines to have the Initiative’s programmes running, acknowledging that “if you were involved in a community development project you are more likely to have a higher percentage of community involved at all stages.” It was remarked that taking a more strategic approach to engaging longstanding community development organisations in the locality could have enhanced the engagement process (CDI interviews).

CDI interviews highlighted that the governance structures of the Board and the ISG are seen as the main conduits through which the community is involved in the decision-making processes, although there was an acknowledgment that the same community members tend to be involved at multiple levels, either in governance, programmatic or awareness raising activities. Children and parents are, for the most part, not involved in CDI beyond being passive recipients of services and participating in research, due to time and support commitment challenges. Further to this, CDI views parental engagement as largely being the responsibility of the commissioned service providers (CDI interviews). However, other forms of informal engagement were cited, such as the volleyball league, webtexting service, emails, having community residents on the CDI team, and the Good Behaviour Awards. These, in addition to activities such as the QEP and other, well attended, events are viewed as the successful side of CDI’s community engagement.

Non-CDI team interviewees were asked to comment on the role the community plays in implementing CDI. All interviewees highlighted the difficulties in engaging communities, both at a general level and with regard to their own experiences and were at pains to stress this. The community being let down previously was also cited as a significant obstacle to be overcome. All interviewees commented to varying degrees about the ways in which the community is involved in the implementation activities of CDI, from the key local organisations playing a supporting role in the ISG to the Board co-opting community members on to it in 2009. The appointment of three community members to the Board was cited as a “huge step forward [...] quite powerful”, with dedicated support provided to them highlighted as significant (with those community respondents interviewed for this research indicating so). The opportunity for other community members to be on some service subcommittees (CSI) was also seen as enhancing the link with the community (IV9).

Interviewees identified that the QEP was viewed as an attempt by CDI to build the capacity of the community, create linkages across organisations and, in some cases, the resident community as well. Such joint training offered an opportunity to break down barriers as well (IV 12; IV 4; IV 7). Specifically, courses such as life coaching were mentioned by many interviewees as aiding members of the community to develop their capacity and increase confidence.

Other methods of engaging the local community were also cited, particularly the social events, such as the BBQs, the volleyball tournaments, and the Story so Far event. Such events were viewed as contributing to community spirit, creating goodwill and were attempts at getting people interested in and keeping them involved (IV 4; IV 7). Additionally, the role the CDI newsletter plays in keeping people informed was also cited as useful, although one interviewee did question the method of distribution (electronic) (IV 2).

However, when considering the implementation process overall, the majority of interviewees amongst this cohort felt that the community engagement aspect of CDI's work suffered in different ways (IV 10; IV 11; IV 6; IV 8; IV 12; IV 7; IV 1; IV 4). Many commented on the inevitability of community engagement narrowing as the Initiative moved towards an implementation phase which was so programmatic in nature, with subsequent questions being raised about how realistic it was in the first instance to speak of wide-ranging community engagement (i.e. involving all the community), let alone undertake it. In this regard then, the service community was engaged more than the wider community, with funders also being consulted to a far greater extent (IV 8; IV 11). While the engagement of teachers and organisations was understandable given the nature of some of the programmes being implemented, some interviewees indicated that community engagement takes time and needs to be accompanied by adequate resources. In this regard it was felt that, with only one full time post being dedicated to community engagement, there was an "adlibbing" rather than a serious commitment to the process of involving the community overall in the implementation process (IV 4; IV 12; IV 7). Others view the process of formally involving the community as being neglected (IV 11; 10). Related to this was the issue of young people in CDI. The commitment to consult with children regularly was questioned ("where has that gone?"), as was the issue of providing for teenagers in the locality. The absence of parents and children as a specific constituent group in CDI's governance was also remarked upon (IV 1). Finally, some interviewees raised the process by which restorative practice became an element of CDI's work, with questions being asked as to how this particular approach was selected and the extent of the community's involvement in its selection (IV 4; IV 8; IV 11).

3.4 Consulting for the Future: The Post-Implementation Phase of CDI

From 2009 onwards CDI began thinking and developing plans for the next phase of its work on sustainability and mainstreaming. As part of this process it engaged the Institute of Public Administration (IPA) to assist in this activity. CDI is confined by the funding they received to mainstream rather than create new programmes. Therefore, there is little space to be community-led. However, through the consultation process, the next phase will be community informed:

"I would like to say it was community led but there were parameters on that. So like I said, if every parent said we need a drama programme for 15 years old, we couldn't deliver on that because we were very clear, our funders were very clear that the next phase had to be about consolidation of what you are doing, not introducing new stuff. And I think that is absolutely right, so I think community informed is probably more accurate"

(CDI interview)

A wide consultation was undertaken with stakeholders by the IPA from April to June 2010. The consultation aimed at guiding the Board and team in the articulation of plans for CDI's second phase. The consultation enquired about CDI's strategy to date and the stakeholders' opinion in relation to what worked well/ did not work well; the next phase of the project if further funding is obtained and what elements should be continued/discontinued/started; CDI's impact on the stakeholders' way of working; and in the case where no further funding is available, the gaps in service provision and quality of services provided. In total, seven interviews with eight participants and 11 focus groups with 81 participants were undertaken for the research. Six written submissions from 13 participants were also received. The stakeholders involved comprised:

- Funders: The Atlantic Philanthropies and the Office of the Minister for Children and Youth Affairs;
- Governance structures and representative groups: Board, Implementation Support Group, Expert Advisory Committee, CDI team, Consortium, Community Safety Initiative Sub-Committee, Children’s Services Committee, Safe and Healthy Place Steering Committee, Healthy Schools Steering Committee;
- Service providers: Staff and managers from ECCE, Mate-Tricks and Doodle Den, Healthy Schools Coordinators, Evaluation teams, Consultants, Schools Principals;
- Service users: Parents, Community Safety Initiative Youth Forum.

Response rates to the IPA’s invitation to participate in the work varied greatly depending on the stakeholders. The funders, CDI team, chair of the Board have a 100% response rate. The response rate for other committees and advisory groups was low (16 to 25%). Amongst the staff and managers from the Doodle Den, Mate-Tricks, and Healthy Schools there was a high response rate (92 to 100%), while for ECCE and consultants used by CDI, the rate was 50%. Responses from school principals (33%) and evaluation teams (17%) were low. Amongst the service users the response rate was average (i.e. 56% for the youth forum) or low (5% for the parents).

Following this consultation, a Strategic Working Group was established. The group gathered members from the Board, Implementation Support Group, CDI Team, and funders. The group met four times and focused on “ensuring the sustainability of the services established by CDI which appear to be effectively meeting a need; maximising opportunities through which to influence and shape policy, curriculum development and professional training and support; identifying structures, mechanisms and practice tools which enable the extended delivery of CDI programmes beyond Tallaght West”. (CDI’s Newsletter, February 2011: 4). A strategic planning document was produced and sent to the funders.

CDI’s Communication Strategy

CDI’s Communication Strategy (Public Communications Centre, 2010,) draws on previous CDI experience, staff inputs and the IPA Consultation process and report. The primary objectives of the Communication Plan are to secure the support and funding for the bridging phase (2012) and secure funding for the second phase of CDI’s work which focuses on mainstreaming. Its secondary objectives are to inform and engage all stakeholders, share the learning, and influence policy, curriculum and service delivery. In relation to informing and engaging the stakeholders, the communication plan stipulates that this objective will be measured by developing and delivering a programme of promotional activities and events to the target audiences, and capturing feedback and drafting regular evaluation reports. The Communication Plan identifies a number of stakeholders that are relevant to the different objectives, as well as a number of key messages. The stakeholders CDI wants to engage and inform are:

- Local councillors;
- Local TDs;
- National Politicians;
- Living Community;
- Parents;
- Residents;
- Children; and
- Services users.

To implement the Communication Strategy, CDI established a Communication Working Group. The group meets on a monthly basis and includes the CEO, the Administration and Communications Coordinator, the Centre for Effective Services and members of Carr Communications (since January 2011). Terms of Reference indicated that their role is to:

- Develop an action plan for the implementation of a communications strategy;
- Review the action plan monthly;
- Advise on progressing the actions;
- Identify potential barriers and solutions; and
- Identify and maximise PR opportunities.

Drawing on the strategy's objectives, recommendations and key actions are identified in the communication plan. For instance, CDI organised The Story So Far conference and contracted external expertise (Insight Consultants) to support its planning and management, as well as the media coverage. Furthermore, to increase readership, CDI developed their website, newsletters, and an Annual Report Publication. The strategy also suggests developing a Media and Information Pack, as well as a set of project messages in DVD format.

CDI puts "the beneficiaries at the heart of everything we communicate" (June 2010, p. 16). The Communication Strategy highlights that CDI champions should be supported and trained so that their stories can be profiled for media. The strategy also points that to "Map the Vision and Inspire for Phase 2" a contributor could be invited to write a foreword and testimonials could be gathered for inclusion.

Consultation Phase on Final Evaluation Reports

CDI has recently developed a document which will underpin the work of reflection groups in examining the final evaluation reports of all its services and CDI itself. Described as a consultation phase to bring together a reflection group, the process will involve members of CDI's team, governance structures, services, service users and other stakeholders meeting with each evaluation team to discuss findings and implications for CDI, Tallaght West, and national policy.

3.5 Summary

This Chapter has presented findings in relation to CDI's community engagement processes from development stage to mainstreaming work currently being undertaken, with a detailed picture of the engagement processes of the services being commissioned by CDI and delivered by contracted service providers. While it portrays a picture of positive engagement with the service community in Tallaght West which works for children and families, the extent to which the broader community – and residents in particular – were involved in detail in the decision making of the Initiative is less positive. It is to a discussion of these findings in the context of the community engagement literature that we now turn.

Chapter 4: Discussion

4.1 Introduction

The purpose of this report is to document and assess the activities and methods of CDI to engage the community it works with and in towards the development and delivery of its programmes. An aim and overarching series of questions have guided this report. The aim of the report has been to examine the role of the community in the work of CDI. Further to this aim, the main questions guiding the research for this report were:

1. Who are the community?
2. What was the core logic model regarding how the strategy would be shaped by the local community?
3. What structures and processes were established to achieve this?
4. What worked well?
5. What challenges were encountered?
6. How is the community involved in every aspect of CDI's work?
7. What is the view of the community regarding the work of CDI?
8. Does the community feel part of the CDI process?

This Chapter will discuss these questions in the context of literature, documentary interview research undertaken for this report, data emerging from the sets of interim reports from the service evaluations and previous process evaluation reports. In doing so it is possible to identify a number of points to guide the discussion:

- What is the Community that CDI works with and what is the Strategic Intent of CDI towards the Community?
- CDI Implementation: services, related activities and the Community.
- CDI and the Wider Community: Implementation and the Next Phase.

4.2 Who is the Community and what is the Strategic Intent of CDI Towards the Community?

The CDI strategy speaks of the Community of Tallaght West as being residents, parents, children, service actors across all sectors in the four areas of Fettercairn, Jobstown, Killinarden and Brookfield; in short, it is all those living and working in the area. This latter phrase has constantly been CDI's underlying *raison d'être* and emphasises and re-emphasises its focus on community. There was general agreement amongst the CDI Team and indeed some governance members regarding the extent to which all aspects of the Community is equally focussed on, particularly given the extent to which non-school based activities are a core of what CDI does. However, such implementation concerns have to be set against what is reasonably possible in the time and resource constraints set for CDI by their stakeholders to get activities underway, delivering for users, evaluated and concluded.

The CDI Strategy is the starting point for many aspects of the process evaluation. While the theme of community in CDI, and the development of CDI more broadly as outlined in the first process evaluation report, requires an examination and assessment of the processes prior the publication of *A Place for Children: Tallaght West*, it is still useful to consider the commitment in the strategy to the role of the community in the Initiative. The Strategy sets out a map of its development (CDI, 2005, p.6) whereby inputs from the consortium, research, working groups, examination of best practice models and government and regional structures all feed into a consultation with community and children specifically, leading to the production of the strategy. It emphasises the definition of the community as being those living and working in the area, and stresses the importance of regular engagement with the community throughout the implementation process. It also built on the consultation processes for the *How Are Our Kids?* report (2004).

There is little doubt that the development phase of CDI overall was informed by a wide range of organisations involved in the planning and delivery of children's services in the locality and beyond. As documentary analysis of the strategy attests, the Consortium and related working groups comprised membership of 83 individuals drawn from key stakeholder groups. Within what might be described as the core, the consortium itself, over two-thirds of the membership was drawn from organisations. One quarter were involved in local development projects or initiatives, which we can expect to be working

from the principles of community development. As the first process report outlined, the involvement of the community occurred over two years; was undertaken through a number of formal and informal methods; and was led by an individual who was seen to bring a number of strengths to the process. This report has highlighted that the engagement process was viewed as a genuine attempt to involve the community in the emerging work of the Initiative, with the consortium providing a good experience for participants and involving a number of key organisations.

However, the resident community was nowhere near as well represented in the process. Only nine of the 83 members across the strategy development phase were identified as residents. In the consortium, less than one-third were residents. Furthermore, the extent to which this phase was a participatory, deliberative process involving the resident as well as the service community is open to question. As findings presented here and in the first evaluation report highlight, there were some concerns around the extent to which community representatives were actually feeding back to the community; the extent to which the Dartington Research Group and a small group within the Consortium were leading the entire process; and the extent to which the local community was being listened to and participating in decision making.

Thinking about this process in the context of the framework for considering the community engagement literature outlined in Chapter Two, what appears at this stage is activity involving the community generally which centres around passive, one way engagement, reactive community consultation and proactive community participation.⁸ The entire community of Tallaght West was invited to a meeting to hear about findings emanating from the *How Are Our Kids* research, and one year later to hear about the chosen outcomes in the draft strategy. A small number of households (81) were involved in research which underpinned the *How Are Our Kids* report (limited reactive community consultation). The consortium experience could be viewed as being an example of Interactive or Partnership Working (there is evidence that supports were provided to community residents to engage in parallel work alongside the Consortium), or indeed community mobilisation/empowerment. However, such categorisation needs to be viewed within the overall context of a reportedly small, elite group within the Consortium leading the process with the Dartington Research Unit. Moreover, there is no evidence of complete joint development of plans, analysis and attempts to strengthen local institutions to involve more residents. Instead, what appears is limited proactive community participation involving the organisational community but where power around decisions appears to have been concentrated in a small group.

The development phase leading up to initiating implementation (from receiving funding in late 2006 up until mid-2008) was characterised by extensive engagement through a variety of mechanisms. The majority of this engagement which focused on service development (for some services) was undertaken with key stakeholders in service delivery in the area. This finding when viewed alongside those from the *Working Together and Service Integration* process evaluation report, shows that engagement was towards establishing how to implement pre-designed services within the context of CDI's overall objectives. In addition, while there were over 330 instances of engagement undertaken towards the end of the development phase across 16 categories, four instances alone concerned community resident consultation specifically. Furthermore, many of the entire set of instances were in categories of engagement which extant literature would not characterise as such (emails, minuted meetings of Board, Implementation Support Group and CDI Team).

Related to this period is the establishment and operation of CDI's governance structures. It is important to recognise that the role of the community, encompassing organisations as well as residents, was underpinned by the incorporation of key stakeholder groups in the locality, some of which are working directly for children and families while others did so in a more indirect, but no less important way (e.g. SDCC, SDCCC). This is a strength which needs to be readily acknowledged in building a local coalition to aid the implementation of the Initiative. However, it is also important to acknowledge that the main representative mechanism for their involvement in CDI – the Implementation Support Group – is not a decision-making body. Previous reports have identified the CDI Board as an expert-led entity aimed at overseeing all aspects of the Initiative. The move in June 2009 to co-opt three community members onto the Board, and support them in a dedicated way, is to be applauded. However, how representative are these members? Underpinning all this phase is the absence of a logic model setting out how exactly the development of CDI – and its anticipated future rollout – could involve the community regularly in decision making about the Initiative. Keeping the community on board has always been a positive commitment from CDI, right through the entire process from strategy development to implementation. Yet, there appears to have been no conscious plan to do so. Given the nature of CDI's programmes (i.e. manualisation, with a logic model

⁸ See CDI's response in the final Process Evaluation Report, *Leading Community Change*, Canavan et al, 2014

in many cases) this is surprising. There is little doubt that time was not an issue, considering the two years that was spent developing the strategy. Yet, given the nature of the engagement process, and the commitment to ensure the community was being heard, were there other mechanisms which could have been used?

Furthermore, what is the position of children and parents formally in the Initiative? The evaluation team is aware that a CDI Community Forum once existed (as documented in the first evaluation report) but it appears to have been subsumed into the Community Safety Initiative, and then ultimately merged with the CSI Steering Committee. Is there a role for a group of parents to be supported as part of the Governance of CDI overall? The CDI strategy, as findings in this report from key informants also highlight, contained a commitment to consult with children on a yearly basis? While the foresight not to replicate Foróige's Youth Forum is to be applauded, this forum only appears to be accessed for CSI purposes. More generally, what is the role for children in CDI beyond passive recipients of services? How are their views and right to participate in age-appropriate ways ensured by CDI?

4.3 CDI Implementation: Services, Related Activities and the Community

CDI espouses that "all aspects of the project, from service design, to management and delivery, are shaped by those living and working in Tallaght West" and the evaluation team took this principle as its starting point for examining this aspect of CDI's work. There is no doubt that the project is 'shaped' by those living and working in the locality. Further to this, in early 2009, CDI supplemented its principles with a compass and a number of value statements. One element of the Compass states that "CDI will recognise and value the contribution made by, and the commitment of, those living and working in the community" while the pertinent value statements assert that "the community will feel heard" and "CDI wants to empower". These principles, compass statement and values all raise the question of the extent of involvement in service design, management and delivery of its services, whether it is 'shaping' (which is without definition), valuing the contribution and commitment of the community, feeling heard or being empowered.

At first glance it would appear that service design is not shaped by those living and working in the locality. For all intents and purposes, the majority of the services are manualised programmes or an amalgam of existing, proven programmes which have also been manualised. While the Community Safety Initiative and the Healthy Schools Programme are viewed as being more process driven – and thus theoretically at least creating more space for community actors to be involved – they are also underpinned by manuals. While the strategy sets out the overarching thrust of CDI's activities (early years provision, after schools work, health, safety) the specifics and mechanics of each programme as it emerged was decided by CDI in consultation with a number of service actors and stakeholders, not all necessarily local, as outlined in great detail in the *Working Together and Service Integration* report. In terms of the framework for considering community engagement, service development appears to fit most comfortably with 'community consultation' in delivery column: community groups' and forums' responses to CDI service proposals were sought by CDI. CDI's commitment to support the local service/organisational community is highlighted in the decision not to provide its own services but rather commission local service providers to deliver the CDI programmes, with the exception of CSI. In the four manualised programmes delivery is then 'shaped' by those involved in delivering it, purely by virtue of being involved in delivery. That all service actors interviewed for this report feel that their organisation is firmly based in the community, and working from the principles of community development in many cases, creates a strong sense of interconnectedness with the community for CDI.

However, when examining each service, it is clear that each contracted organisation is required to deliver the programme in a particular way, with a particular method. This is underlined by the requirements to attend service-specific training and the extensive support CDI has provided, particularly in the first two years of service delivery, to organisations delivering each service. The monthly managers' meetings for example, and the communities of practice for some practitioners involved in service delivery, are also indicators of CDI's commitment to supporting practice development towards achieving improved outcomes for children. The extent to which such elements of CDI activity are contractually required of organisations serves to undermine the degree to which the community organisation controls the programme.

While management meetings and CoPs offer an opportunity to share learning and discuss issues, and these are viewed as broadly constructive as reported in the *Working Together* report, the scope to shape delivery is limited, as CDI itself has acknowledged. Community-informed does more accurately reflect the CDI service delivery model at the moment.

Service deliverers inform CDI through both regularised and informal processes about how the service is operating and decreasingly seek advice from it on elements of manualised service delivery. There is no proactive 'community participation' in service delivery: namely, there is no joint management arrangement of services. Services are instead delivered in line with contractual requirements.

Interviews with CDI-commissioned service providers and data drawn from the interim service evaluation reports highlight that each service fulfils (where present) the requirement to engage parents in as much as they can, given the time constraints and challenges of such an activity. For the most part, services seek to engage parents in a number of ways, and such activity links strongly with the work of CDI to integrate services more in the locality. Indeed, as outlined in findings, CDI believe that it is the task mainly of the service providers to engage parents. Dedicated training, seminars and Communities of Practice (CoPs) have been provided through CDI in this regard. While some services feel that the manuals are so rigid as to remove any room for practice innovation in delivery, many organisations as part of their own remit, report going beyond the confines of the manual to engage and support parents (viewed effectively as a proxy for community) through different activities and informal conversations on the periphery of service delivery.

The CSI is different, in that it is ostensibly about Community Engagement. However, it has been challenged by the difficulties associated with engaging community in a meaningful way. Data here indicate that knocking on doors has been one mechanism by which the community's involvement is sought, as well as using webtexting and informal events such as the volleyball. Data also indicates that CDI has renewed its attempts to deliver on the CSI with the assignment of RAPID staff to CDI on a part-time basis, to work with existing local committees and residents associations. Despite this recent renewal, the programme's implementation is still perceived to be slow. Findings and recommendations for CDI outlined in the second CSI interim evaluation report still hold some resonance here: has the base of CSI participation been widened, particularly in relation to the Forum? To what extent have the pilot sites been activated and re-energised?

4.4 CDI and the Wider Community: Implementation and the Next Phase

CDI does much for the community beyond commissioning and funding service provision. First amongst these is the QEP, an attempt at engaging the community on a variety of issues through the provision of training, seminars and talks. As outlined in the Training and Support report, it is an explicit attempt to engage the practice (and in some cases resident) community beyond those involved directly in commissioned service delivery. There are a number of measures which are used to identify QEP presenters, including inviting suggestions from the community and intentionally selecting speakers to address issues which are arising in services. There have also been a number of well-known speakers (e.g. John Lonergan) and high profile events which have aimed to incorporate the community-at-large into the workings of CDI. As outlined in the *Training and Support* report, the QEP is broadly well received.

CDI is also responsible for developing and implementing two other significant elements of its work which serve to further community engagement. The Volleyball league, is an attempt by CDI to further foster good relationships and generate community spirit between service providers. It is interesting to note that the number of resident teams in 2010 increased to two from one the previous year, alongside a number of organisation teams. While not the focus of the evaluation, some interviewees mentioned that it was fun. More prominent, perhaps, is the general flow of communication which comes from CDI in the form of emails, webtexts, the community survey and most importantly the Newsletter. Data from previous reports indicate that practitioners are well informed about what is going on with CDI through emails, calls for training participants and the newsletter itself. In addition, a recent process of developing reflection groups from the community to aid the finalisation of evaluation reports is a positive step. One issue does arise for consideration: how does CDI communicate with the resident community bar through texts and emails?

Some aspects of the QEP, where trainers and guest speakers can decide to deliver an input on a topic which in some cases CDI has decided on, permit greater community involvement in the work of the Initiative. However, the main form of engagement with the community is passive, one way or reactive community consultation in the form of the community surveys. The interpretative groups for the evaluation offer an opportunity for proactive community participation. Yet how these develop regarding the role of the community has to be established and fully examined.

4.5 Summary

The purpose of this report has been to document CDI's work in engaging the community in Tallaght West. Key to providing answers to the set of evaluation questions guiding this report has been documentary evidence and the views of CDI, service provider staff and management regarding their views of community engagement in CDI, by CDI, supported by CDI and for CDI. Additionally, data compiled from previous reports, as well as interim evaluation reports, have added to this.

Thinking about the questions which have guided this work, CDI is clear on who the community is: it is all those living and working in Tallaght West. There was no logic model regarding how the strategy would be shaped by the community. Rather, there was a commitment to consult the community on developments in relation to the strategy. This was done in a number of ways, but predominantly through public meetings and forms of consultation, particularly research. While the views of the research participants were mixed regarding the success of the consortium exercise, findings from here and elsewhere (Kelleher report, as quoted in an interview for this report) have raised questions about its representativeness and working processes.

It is clear that CDI has done a huge amount for the community of service providing organisations in Tallaght West. Through both service implementation and the QEP programme, it has sought to add to the knowledge and practice base of a range of professionals in the locality working with children and families across a number of organisations. Views on the training and support aspects of CDI's work have been recorded in previous reports, with the majority being positive. CDI has also sought to promote greater coordination of services and increase instances of working together between organisations. It is important to acknowledge also that the organisational community can be seen to have supported CDI as well. Although not contracted to deliver all their services, CDI has depended on schools in many instances to support its programmes; has sought the support of key stakeholder organisations in the locality to support its work through the Implementation Support Group, and also in the development phase of each of the services. Indeed, the recent co-option of RAPID staff onto the CSI programme is further evidence of this.

However, the extent to which the resident community is involved in CDI is less positive. Again, there appears to have been no logic model to frame the role of all the community in the implementation phase of CDI. For the most part, parents and children are passive recipients of services: they were not involved in the design of any service; they are not involved in the delivering any service; they are not involved in managing any service. This is understandable when manualised programmes are implemented in a contract-based manner. However, there appears to be no role for parents and children in the governance mechanisms of CDI either, and the role of the resident community is far from clear.

In conclusion, it appears that CDI has engaged well with organisations in the community throughout its phases of work. Having said this, the role of the resident community has by and large been as passive recipients of services, and attendees and participants in a limited number of events. There has been no dedicated strategy to increase the extent and quality of engagement beyond consultation or reactive participation. As has been highlighted, the major reason why has been the pressure on CDI to implement a large, complex programme of manualised projects, in a tight timeframe. Additionally, not highlighted in this report is the extremely difficult task of working effectively in a community facing major ongoing socio-economic challenges.

Based on this summation, therefore, and acknowledging that CDI is in transition and planning for the second five-year term of implementing its strategy, the evaluation team recommends CDI:

- Resolves what it wants from the community's involvement – all aspects of the community – in the future work of CDI; and
- Assuming that CDI seeks significant involvement, that it:
 - Discusses and defines what that involvement means;
 - Examines ways in which the entire community of Tallaght West can be involved in the work of CDI; and
 - Develops a logic model for the community to be involved, with clearly identifiable outcomes and indicators of progress.

APPENDIX ONE: LITERATURE REVIEW

Introduction

Community engagement is a topic which has gained much purchase in recent years, particularly in Europe and Anglo-Saxon countries. Terms such as partnership, deliberation, inclusion and stakeholders are viewed now as part of the parlance of the policy landscape as potential resources to tap in reforms to address issues of social exclusion and deprivation (Reddel and Woolcock, 2004). Within this communities can play a variety of roles. Working for and with a community requires engagement with the people of that community. Different stakeholders result in different approaches to engagement. A cultural conceptualisation is focused on the meanings of the practice for the individuals and institutions involved while a political conceptualisation is focused on the empowerment of historically disempowered groups in society (Butin, 2007, p.36). The objective of this literature review, therefore, is to establish the origins of community engagement, examine the rationale behind its use, explore the components of community engagement – the terms, levels, techniques and practices, and identify factors that aid and obstacles which impede it.

Origins and Policy Context of Community Engagement

The move from government to governance across the globe has been well-documented (Stoker, 1998; Newman, 2001; Kooiman, 2003; Swyngedouw, 2005 cited in Taylor, 2007, p.297) encouraging dialogue between the government and citizens, and deliberation among stakeholders in the process of decision making. Governments have reassessed the role of organisations in civil society. Within this public policy has concentrated almost entirely upon encouraging participation in voluntary groups (Williams, 2004, p.734). Active citizenship, community groups and community leadership are also components of this. The requirement that EU member governments should engage formally with what, in EU documentation, is referred to as 'organised civil society' is first found in the social chapter of the Maastricht Treaty of 1992 and at that time was closely associated with the emergence of social exclusion as a policy concern of EU institutions. Partnerships that were inclusive of organised civil society came to be seen as an important administrative tool (Benington and Geddes, 2001; Geddes and Benington, 2001 cited in Acheson and Williamson, 2007, p. 27). Since then, partnership governance has remained on the EU stage as the dominant discourse of governance and is becoming a central tenet of public policy in many states (OECD, 2001 cited in Geoghegan and Powell, 2006, p.846). According to Midgley (1986), community participation theory's emergence as a coherent approach to social development can be seen as a direct consequence of the United Nations' popular participation programme. Although popular participation and community participation may be distinguished, they are also interlinked, with the former being concerned with broad issues of social development and the creation of opportunities for the involvement of people in the political, economic and social life of a nation and the latter focusing on the direct involvement of ordinary local people in local affairs (p.21-23).

Alongside this shift in the political arena, the development and evolution of community development and a community development model of community work was concerned with assisting groups to acquire the skills and confidence to improve the quality of the lives of its members (Popple, 1995, p.60). Traditional community development has two main objectives; to tackle poverty and deprivation, and to increase the participation of excluded groups (Warburton, 1998, p.20). In Ireland its roots lie in the co-operative development movement of a century ago, and then in the establishment in the 1930s of Muintir na Tire, based on a philosophy of self-help. Community development can take place without 'outside help'. In the 1960s, the community development tradition became a way to deal with problems such as poverty and racial discrimination, for example in the United Kingdom and United States (Eriksson, 2010). A new radical dimension of community development was developed in the 1960s as a reaction against the conservative dimension. It contained ideas about self-organization among the marginalized in society as a contrast to previous ways of organizing built up by official representatives (see e.g. Mayo, 2008 cited in Eriksson, 2010).

The grassroots development approaches of the 1970s in America emphasised that local people could solve their own problems, given the appropriate resources (Eversole, 2003, p.781). Forms of self-organising are a strong characteristic of these undertakings. The 1960s to the start of the 1990s saw a period of significant growth in the community development movement, with the growth of community development cooperatives (distinctly outside the State system), a move towards community-based social services, a growth in community projects focused on unemployment and also in self-help and direct action groups, and a renewed interest in the structural dimension of poverty at national and EU level. Within Ireland

reform was necessary. This led into the current phase of community development, beginning in the early 1990s, with (according to Lee) two important developments: an increased interest in the approach by Government (with new supports and initiatives) and the growing acceptance of the importance of participation and inclusion, including formal partnership processes (Lee cited in Motherway, 2006, p.11-12). The social partnership model is a contested terrain of governance, yet can provide the framework for formal relations. Since the 1980's the Irish government had an inclusive approach to economic and social planning introducing policy initiatives designed to localise the concept of partnership governance. The new social partnerships were initiated under the Programme for National Recovery 1987 to address the underlying economic and social problems which the political elite had failed to resolve and to provide an institutional mechanism to alleviate a political crisis of legitimacy (Larragy, 2006, p.378). The social actors who were traditionally excluded for the political field became known as the fourth pillar, the 'Community & Voluntary' Pillar in 1996 advancing social partnership structures at a local level as the state invites the 'local community' to participate. Partnership companies were established on a geographical basis to support integrated economic and social development. By offering membership to state and community partners, the area partnerships present themselves as an arena where populism from above and below can meet (Varley & Curtin, 2006, p.427).

Views on the emergence of partnership forms of governance are mixed. In the USA, Reid Mandell has argued that groups, in her parlance, in the third sector have become little more than the "paid agents" of the government' (2002, p.93). In Australia, arguing the contrary Babacan and Gopalkrishnan perceive partnership as a devolution to the local level that gives an opportunity for communities to voice their own needs 'rather than work towards meeting a need that is defined by others, often the government' (2001, pp. 11 – 12). These arguments are essentially about whether partnership governance is thought of as a democratising reclamation of civil society by the citizenry – what Giddens (1998) referred to as the 'democratisation of democracy' – or a reinvention of governance (Powell and Geoghegan, 2004).

In essence 'it has become conventional wisdom that communities need to be involved both in designing what is to be done and in implementing it (SEU cited in Dinham, 2005, p.301-302). The principle of participation is straightforward. However, the dynamics of community engagement depend on the operating style and organisation of the initiatives.

Why Engage?

Community interventions are a particularly useful way to integrate efforts by different actors because 'communities are the functional unit within which children are raised' (Taylor & Biglan, 1998, p.56). Community engagement aims to help address community issues and can result in benefits for all parties involved.

The key reasons why community engagement is initiated is because it leads to more informed and efficient policy and effective policy outcomes. More importantly perhaps, is the normative stance that people should be involved in the decision and processes that affect them and their lives. Within community engagement practices the local people bring a wealth of resources to the table; they offer local (insider's) knowledge, time, commitment and local spaces for debate and actions to take place and as a result their involvement should lead to a greater sense of ownership in the initiative whilst the governing body can provide advice and guidance. The knock on effect of this is a more successful and sustainable project. Further motivation exists from the perspective of the government. Community engagement legitimises the process of participatory governance. The government now advocates its role as a mechanism which 'steers' rather than 'rows' the ship of state (Osborne and Gaebler, 1992 cited in Head, 2007, p.447). In addition to this, community engagement can broaden the base of responsibility for outcomes and may assist in restoring a higher level of 'trust' in political institutions (Head, 2007, p.477).

Policy and services become more informed and efficient as a result of community engagement due to a number of factors. The policy process incorporates stages of strategic thinking, developing, implementing and maintaining policy. Citizen involvement can be vital for resolving community based issues as people create the context for policy. Engaging with the community places the individual in the collective, especially when tackling social exclusion is the main objective. The focus is on the actual needs of the community as determined by its members. This acknowledges the value of the local people and the specialist knowledge that they hold as community definitions of need, problems and solutions are often different from those put forward by service planners and providers (Burns and Taylor, 2000, p.2). Communities have a

large wealth of resources that can be offered and extended to initiatives in order to improve people's experiences in society. It is not just content knowledge that is important when creating change, but also the process knowledge that is important. Outsiders can impose ways of doing things that are not culturally sensitive or appropriate in a community (King and Cruickshank, 2010, p. 6).

Recognising and valuing diversity by genuinely giving people influence in decisions that affect them is a crucial prerequisite for finding solutions that reflect their needs and moving towards a fairer and more just society (Perrons and Skyers, 2003, p.265) which in turn assists the achievement of the desired objectives of the policy. People involved in the process of decision-making experience a greater sense of ownership and control of the initiative (Taylor, 2007, p.300), with the potential of sustainability of the initiative (if so desired) greatly enhanced. Confidence and skills imparted to members of the community when additional resources are removed combine with a sense of ownership promotes such sustainability (Bruns et al, 2004, p,3). The chance of making the initiative sustainable is also enhanced when there is collaboration (e.g., Johnson et al., 2004 cited in Spatig et al, 2010, p.9) and where locals are involved in the process of goal formation, a basic condition of sustainable social development (Vob and Kemp, 2006, p. 16).

When exploring community engagement from the perspective of the community it becomes clear that these opportunities can create spaces for people to exercise their right to voice their opinions and act in decisions that affect their lives and future. Implementing the voice of the people is vital to the functioning of both the individual and the collective. The focus is on the actual needs of the community as determined by its members. This acknowledges the value of local people and the specialist knowledge that they hold as community definitions of need, problems and solutions are different from those put forward by service planners and providers (Burns and Taylor, 2000, p.2). Relationships are the foundation to effective working. As Wolff (2001) notes, participation by the traditionally marginalised can provide an important new source of social capital for communities. The central idea of social capital is that networks and the associated norms of reciprocity have value (Putnam, 1995). A component of this is social cohesion is the existence of mutual trust and respect (Stansfeld, 1999, p.169). A broad consensus is emerging that development initiatives should take into account the role of social capital, that is, shared knowledge, understandings, values, norms, traits, and social networks to ensure the intended results (Dhesi, 2000). The knock-on effect of communities recognising the value of working in partnership with each other and with statutory agencies increases social cohesion and social capital (Burns et al., 2004) as community building is meant to strengthen social and civic relationships among community residents (Kubisch et al, 2010, p.28). Local people are empowered and their inputs are valued. Further to this, a recent study has shown positive impact on the well being of the community (Milton et al., 2011).

Only by combining the knowledge, skills, and resources of a broad array of people can understandings and effective solutions be determined (Lasker and Weiss, 2003, p.15). Yet, caution must be exercised in the field of community engagement as some researchers have been highly critical of a wide range of participation initiatives which, despite a rhetoric of decentralisation, are characterised by power imbalances between participants, explicit and implicit co-option, cost-shifting and continuing centralisation (Cooke and Kothari, 2001; Hickey and Mohan, 2004 cited in Taylor, 2007, p.297). *Power*, real and perceived, is a key ingredient in development relations (Eversole, 2003, p.791).

Components of Community Engagement

The key values of community engagement are: participation, equality, transparency, accountability, co-operation, respect, shared ownership and empowerment. In practice each of these values fall into consideration under participation as community engagement and participatory processes clearly span a variety of practices and possibilities (Head, 2007, p.449). Community participation is embedded in community engagement as different types of participation imply significantly different levels of power and engagement. Participation is essentially functional with power taking a number of forms in community actions. It can be viewed as power over personal choices and life chances, power over the definition of need, power over ideas, power over institutions, power over resources, power over economic activity and power over reproduction (Ife, 2002). The emphasis placed on the values of community engagement and the use of power can be understood in terms of its practice. The type of participation can be viewed within the levels and approaches of community engagement – Information, Consultation, Involvement and Collaboration, whilst techniques are used to implement these levels and approaches.

In order to engage, the objectives of the task must be identified first, followed by the steps required to meet the objectives incorporating the approach to implement it (the level of community engagement) and the tools to be used (the techniques of community engagement). This is the foundation of the practice of community engagement. However, the extent of community engagement is based on what the organisation itself wants from it. It is clear that for organisations that are committed to community participation, it should ideally be about getting the considered views of as many people and involving community members as much as possible in decision making, so that their experience, knowledge and hopes can form the basis of analysis, planning, action and evaluation (Doherty, 2008). The method used to obtain people's views will offer them the chance to be involved in the decision-making that follows. The organisation will want to promote the highest levels of citizen participation. That should mean looking for direction from the community in general, but it also means helping those individuals who want to make a bigger commitment to community activities to get involved and to stay involved (Community Participation Project cited in Doherty, 2008). A general consensus in the literature advocates the highest levels of citizen participation, for example Arnstein's (1969) level of 'Citizen Control', Pretty's (1995) level of 'Self Mobilisation' and Anderson's (1998) concept of 'Authentic Participation'. It is the stakeholders' views that determine the effectiveness of the engagement that has taken place as part of the process and outcomes – fundamentally, the meeting of the expectations of the stakeholders determine if it is a 'good' or 'bad' model of community engagement.

Core Terminology

Anyone familiar with the task of tackling social exclusion and deprivation can acknowledge that there can be a tendency to conflate different terms to mean the same thing. Terminology can be both confusing and contested. This is also evident in community engagement and as a result it can make it difficult to carry out tasks where an array of people is involved in the processes and outcomes. The host of different terms used in community engagement largely overlap where models and methods of engagement are drawn on. These terms include: community; engagement; participation; consultation; involvement; empowerment; and capacity building. Because of the ambiguity that can exist in the use of these terms it is vital to clarify each users understanding of the terms and the meaning of the term within the actions in the beginning as expectations about the purpose and nature of community engagement vary substantially among participants and are often not met (Lasker & Weiss, 2003, p.15). For the purpose of this literature review 'community' and 'engagement' are the overarching concepts in which further terminology and models are understood.

- *Community*

Undoubtedly a contest term, many explanations of the term 'community' have overlapping ideas about cohesion, integration, interaction, space, place and sense of belonging. It can be seen as a physical or imagined entity, natural or artificial. Both space and place can be used when describing the term community, as they are both, sets of material social relations and cultural objects. Space refers to relationships, while place refers to location (McDowell, cited in Reay and Lucey, 2000, p.412). Community is a symbolic manifestation rather than a reality. Yet, in this manifestation community is often understood as being to do with 'locality', with 'actual social groups', with 'a particular quality or relationship'. A shared commitment creates community through action by people (Warburton, 1998, p.14-18). It is within the overlapping ideas of community that an understanding is found. Commonality can lead to the identification of a community by both insiders and outsiders, nevertheless it is the members and non members that must be clear on their definition and boundaries of that community. Plant (1974) argues that the only way to understand the meaning of community is through 'its actual use in language and thought, in the description, interpretation, organisation and evaluation of behaviour' (Shaw, 2008, p.27).

- *Engagement*

Put simply, community engagement is the process of involving people in decisions that affect them. To build the collaborative relationships on which a complex activity such as community planning would depend, it is necessary for any governance system to fully understand the dynamics of the communities with which it seeks to work, and to be prepared to adapt and develop structures and processes to make them accessible and relevant to those communities. In this way, the term engagement warns us against making assumptions about communities: it asks for a dialogue. It also implies that the development of the relationship itself will need to be a focus for attention: 'government' will need to engage with communities as well as asking communities to engage with it (Hashagen, 2002, p.2). Engagement implies a two-way process that has to be 'worked on', and as such represents considerable progress from debate about 'involving' communities (Hashagen, 2002, p.3).

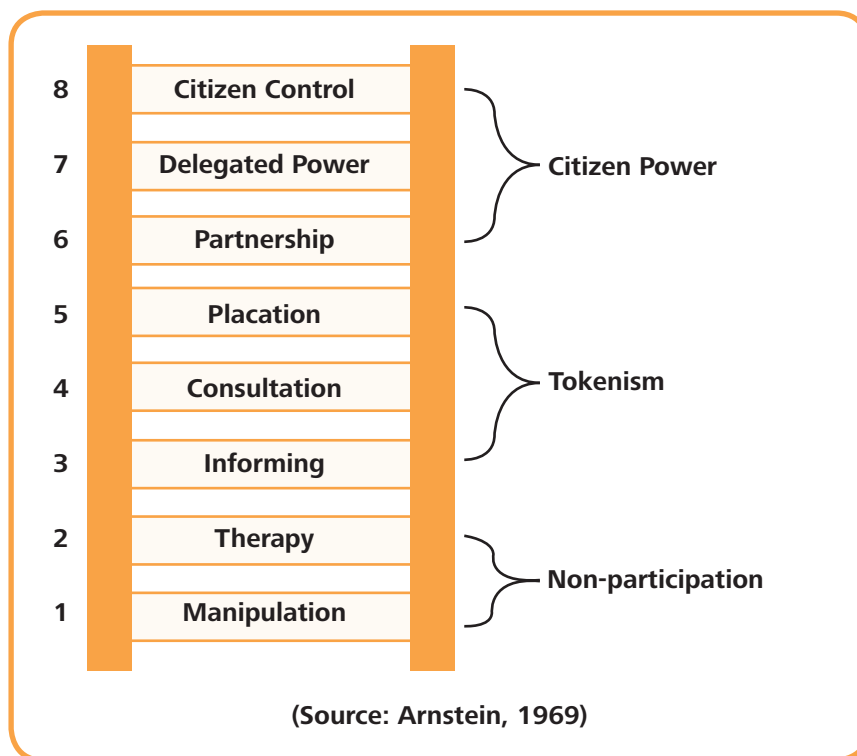
Embedded Terminology

- *Participation*
Citizen participation has been defined as “a process in which individuals take part in decision making in the institutions, programs and environments that affect them” (Heller, Price, Reinharz, Riger, & Wandersman, 1984 cited in Florin & Wandersman 1990, p.43). People become actors and it is within this understanding that community engagement is largely seen under the auspices of participation. Participation exists along a continuum and can be best understood by examining the levels of power involved and who exercises each level within the actions taking place.
- *Consultation*
Consultation is the provision of information and seeking feedback on this. It is seen as an opportunity to influence but power remains with the provider of information who makes the final decision (Arnstein, 1969).
- *Involvement*
Communities need to be involved if activities and solutions are to be rooted in an understanding of the community’s perception of its needs and issues. Involvement implies that the governing authority has decided the structures and decision-making processes, and that the community needs to be encouraged to get involved in them. The community has no part in deciding on the suitability of those structures or processes (Hashagen, 2002, p.2).
- *Capacity Building*
All parties involved in community initiatives need the skills and capacity to partake. Capacity building is crucial for the overall success of participatory processes. Individuals and groups have very different starting points in terms of knowledge and experience that contribute to effective participation (Cavaye, 2004 cited in Head, 2007, p.450). Capacity building identifies and improves the informational and skills gaps of the weaker participants, thus enabling them to contribute more effectively to broader processes of discussion and deliberation (Head, 2007, p.450).
- *Empowerment*
Following on from capacity building, empowerment is the ‘taking action’ of participation. People are given the tools needed in order for them to participate as strategies provide people with resources, opportunities, vocabulary, knowledge and skills to increase their capacity to determine their own future, and to participate in and affect the life of their community (Ife, 2002, p.208). According to Zimmerman (1995), individual empowerment has three dimensions. People are empowered when they: (1) believe they have the ability to exert control over forces that affect their lives; (2) have the knowledge, skills and resources to do that; and (3) are actually involved in making decisions and taking actions (cited in Lasker & Weiss, 2003, p.22).

Levels of Community Engagement

The selection of a level or levels of community engagement will be driven by the expectations of internal and external stakeholders. It is important to be aware of and understand the source and nature of these expectations. Models of community engagement constitute a sliding scale of participatory forms, each associated with a clear objective and implicit promises or undertakings (Head, 2007, p.444). However, the adaption of each form may differ across sectors and arenas and it is this contextualisation that sees the forms of participation become more ambiguous (Cornwall, 2008, p.271). The blurring of boundaries is common and cannot be avoided yet directing it is possible.

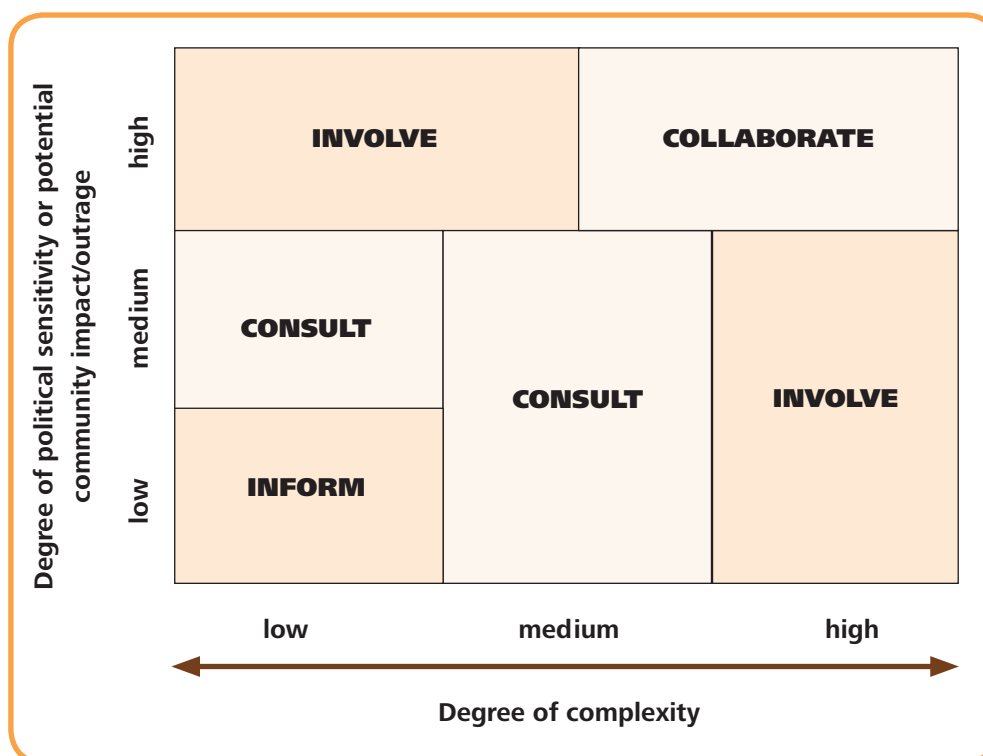
Arnstein’s (1969) ladder of participation forms the basis for all models of engagement with eight levels defined. This ladder looks at participation from the perspective of those on the receiving end. It views citizen participation as a redistribution of power and provides a check-list of what is, or is not, being achieved, a schema that can be applied to a wide range of ‘target’ institutions. It also raises questions of what she calls road blocks or obstacles in the path of participation (Jones, 2003, p.589).



Arnstein identifies three distinct groups with varying degrees within each. The lowest group 'Non Participation' is divided into 'Manipulation' and 'Therapy'. 'Placation', 'Informing' and 'Consultation' follow and are categorised as degrees of 'Tokenism'. The top three rungs are the degrees of 'Citizen Power' which breaks down into 'Partnership', 'Delegated Power' and 'Citizen Control'. The bottom rungs of Arnstein's ladder, classed as 'Non Participation,' can be defined as methods employed by those in authority, under the guise of enhancing participation, but which actually have the opposite effect (Roberts, 2002, 419). It signifies the distortion of participation into a public relations vehicle by powerholders. Here, participation and engagement are illusory. The degrees of tokenism see participants used in a perfunctory or merely symbolic way (International Institute for Educational Planning, 2006, p.3). Informing citizens of their rights, responsibilities, and options and inviting opinions can be the most important first step toward legitimate citizen participation. Yet informing, consultation and placation alone remain as mere tokens as they suggest a passive role for participants (Roberts, 2002, p.418). At the higher more idealistic rungs, the forms of participation are potentially liberatory in process (insofar as they entail and trigger empowerment and self-mobilisation) and transformatory in content (in that they redistribute access to resources and services). Fundamentally, they involve redistribution of power (Everatt, Marais and Dube; 2010, p. 237) as stakeholders agree to share planning and decision-making responsibilities as they 'negotiate and engage in trade-offs with traditional powerholders' (Arnstein, 1969, p. 217).

Pretty's (1995) typology of participation speaks more to the user of participatory approaches. It proposes seven different types of participation: Manipulative participation; Passive participation; Participation by consultation; Participation for material incentives; Functional participation; Interactive participation; and Self-mobilisation. Pretty's last two categories evoke some of the professed goals of those who promote and use participatory approaches in community development. 'Interactive participation' is described as a 'learning process' through which local groups take control over decisions, thereby gaining a stake in maintaining structures and resources. The last category is of 'self-mobilisation', where people take the initiative independently of external organisations, developing contacts for resources and technical assistance, but retaining control over these resources (Cornwall, 2008, p.271).

The Community Engagement Matrix (Local Government Association of South Australia (LGA), 2008) which was adapted from The International Association for Public Participation (IAP2), is used to determine what level of community engagement should be applied. Yet its application must be exercised with caution as it is a technical approach. Consideration must be given to: the human elements such as information on the community; internal and external expectations about the level of engagement; and human, material and financial resources available.



Using this matrix the following needs to be considered: the number of issues or problems that need to be addressed; the potential impacts; and the level of acceptance of these issues and impacts. All these points guide the positioning of the initiative on the matrix and therefore inform the user of the type of community engagement to proceed with.

The degree of complexity is clarified by way of considering the following points:

- There is one clear issue and/or problem that needs to be addressed (low); or
- There are more than one or two issues and/or problems that can be resolved (medium); or
- There are multiple issues and/or problems and it is unclear how to resolve them (high).

The degree of potential community impact and/or outrage is clarified by way of considering the following points:

- The project will have little effect on communities and they will hardly notice any changes (low); or
- The project will fix a problem that will benefit communities and the change will cause minor inconvenience (medium); or
- The project will create a change that will have an impact on communities and the living environment, and the degree of impact/outrage and acceptance will vary (high).

The degree of political sensitivity is clarified by way of considering the following points:

- The project has acceptance throughout communities (low); or
- There are groups in communities who may see potential in raising the profile of a project to gain attention for their cause (medium); or
- Community expectations about the project are different to those of the decision makers and there is high potential for individuals and groups to use the uncertainty to gain attention (high).

(LGA, 2008)

On the whole degrees of participation are embedded in the levels and approaches of community engagement – Information, Consultation, Involvement and Collaboration. These typologies of community engagement and participation detail the degree of power held by the user and recipients in exchanges. They form the background to any further activities and therefore techniques must ensue in order to achieve the objectives and expectations of the initiative and stakeholders.

Techniques of Community Engagement

Models of community engagement are flexible and should be about letting people know what's going on, getting people's views, helping people to be more involved and helping people to act for themselves. The five phases in developing and conducting community engagement are planning, developing, implementing, reporting and evaluating. This process involves: identifying key issues/interests and responses; identifying key stakeholders; working with decision makers; clarifying the decisions to be made; selecting levels and techniques of community engagement; establishing community engagement parameters; developing action plans and delegating the tasks; monitoring and providing feedback; and evaluating the overall success of the initiative (LGA, 2008). Effectiveness can be assessed by analysing questions such as: How many people are coming to meetings and joining in activities?; Are the issues most important to the community being dealt with?; and What level of influence do community members have within local organisations, and what difference does community participation make? (Doherty, 2008).

'The Community Engagement How to Guide' developed by the Scottish Centre for Regeneration (2007) details a number of techniques and methods by which community engagement activity can take place including discussion group, public events, surveys; ; Using arts and innovation. Within the use of each technique varying levels of power redistribution are possible.

Conducting focus groups is an example of a discussion group technique. It allows emerging issues to be explored in more depth. Interactions occur but how this information is dealt with in the aftermath determines the level of participation that occurred. Public event techniques are largely informative. Community conferences provide an opportunity to inform local people and receive feedback on the plans, service developments or strategies for an area. They are one-off events and can be limited in terms of the depth of community engagement that can be obtained. On its own they would appear on the lower scale of participation. However, they can also be the first step in developing more in-depth community involvement. Resident opinion surveys involve people responding to a questionnaire or a request for interview. They can also provide an opportunity for people to find out about the study or initiative that is taking place. Questionnaires can also be a prompt to further involvement. These surveys have the potential to reach a large number of people and can be a way of gauging the views of people who may not be in a position to engage in other ways.

As a form of regular involvement the Scottish Regeneration Centre suggest citizens' panels. These involve a representative sample of the local population, who have agreed to take part in consultation activity. Panel members are then asked to complete surveys on a regular basis. They can also measure whether people's views are changing over time. This can help to assess the impact of service developments. Capacity building and support techniques largely focus on structures of citizens' panels. One such technique is that of working in partnership. This involves a long term commitment to engaging with individuals and groups offering participation and influence within decision making structures. Being creative and using arts and innovation as a technique of community engagement can offer and extend opportunities to the wider community. Story Dialogue engages the participants as it involves bringing together people with different experiences of an issue to raise awareness and create understanding. Story dialogue is best used when everyone has different opinions and views on an issue and the people are keen to build understanding and joint workings to address the issue. It can be a useful first step in bringing people together to work jointly (Scottish Centre for Regeneration, 2007). Toolkits and handbooks offer a variety of techniques to conduct levels of community engagement. Effectiveness is then determined by implementation.

Practices of Community Engagement

As previously stated, community participation is embedded in community engagement. It is important to recognise that participation can work on several levels, as can be seen in this typology adapted from Pretty (1995) (cited in Hashagen, 2002).

Approach	Strategic level – setting priorities	Delivery – decisions on implementation	Community control over resources
Passive, one way People are informed about what has been decided: information shared between professionals only	Community and user groups, newsletters	Community and user groups, newsletters	Information made available to community on opportunities for resource control (e.g. grants or awards schemes)
Reactive ‘community consultation’ People are consulted or answer questions – the process does not concede any share in decision-making. Professionals under no obligation to take on board peoples’ views	Questionnaires, surveys, focus groups, panels and juries	Community groups and forums respond to service proposals. Users in the minority on management committees	Meetings with groups and community interests to explore opportunities for resource transfer
Proactive ‘community participation’ Communities influence priorities, resource use and service provision to be provided through the Community Planning Partnership	Joint planning groups and forums. Some co options to statutory committees	Joint management arrangements over specific projects and activities	Local service development on a franchise basis: terms and conditions set by the ‘purchaser’
Interactive or Partnership working People participate in joint analysis, development of action plans and the strengthening of local groups and institutions. Learning methodologies are used to seek multiple perspectives, and groups decide how resources are used.	Support is provided for community to have equivalent access to expertise, advice and training	Users / community has management control of specified services	Local service provision with joint community / public sector control, or negotiated contracts
Community mobilisation / empowerment People participate by taking initiatives independently to change systems. They develop contacts with external institutions for the resources and technical advice they need, but retain control over how those resources are used.	Pressure group and campaign activity to influence policy	Complete community authority for management of services	Service provision independently funded and managed by the community
Entrusted community control As above, but community also influences prioritisation and control of service provision or associated budgets	Community has leading voice in determining priorities in policy	Community has leading voice in delivery of public services	Community making decisions over public budget allocation

Classifications are helpful in considering how communities could or have engage(d) with the community planning process and the extent to which partners can or have redistribute(d) power and resources. Another example of incorporating the levels of engagement – inform, consult, involve and collaborate at the decision making level and empower at the operational level is the model created by The International Association for Public Participation (LGA, 2008). This model identifies the goals of the level of community engagement, the promises made by the statutory agency implementing the level and some possible techniques that can be used to execute that form of engagement.

Inform	Consult	Involve	Collaborate	Empower
<u>Public Participation Goal:</u> To provide balanced and objective information to assist understanding of topic, alternatives, opportunities and/or solutions.	<u>Public Participation Goal:</u> To obtain public feedback on analysis, alternatives and/or decisions.	<u>Public Participation Goal:</u> To work with the public throughout the process to ensure that concerns and aspirations are consistently understood and considered.	<u>Public Participation Goal:</u> To partner with the public in each aspect of the decision including development of alternatives and identification of preferred solution.	<u>Public Participation Goal:</u> To place final decision making in the hands of the public.
<u>Promise to the Public:</u> We will keep you informed.	<u>Promise to the Public:</u> We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how input influenced the decision.	<u>Promise to the Public:</u> We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how input influenced the decision.	<u>Promise to the Public:</u> We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	<u>Promise to the Public:</u> We will implement what you decide.
<u>Example techniques</u> <ul style="list-style-type: none"> • Fact Sheets • Web sites • Open Days 	<u>Example techniques</u> <ul style="list-style-type: none"> • Public comment • Focus Groups • Surveys 	<u>Example techniques</u> <ul style="list-style-type: none"> • Workshop • Deliberate polling 	<u>Example techniques</u> <ul style="list-style-type: none"> • Citizen Advisory Committees • Consensus building • Participatory decision-making 	<u>Example techniques</u> <ul style="list-style-type: none"> • Citizen juries • Ballots • Delegated decisions

McInerney and Adshead (2010), in examining community participation in the delivery of public services in Ireland, concluded that participatory governance needs to be understood as an important constituent element of the democratic system, bringing with it the potential to develop a more active form of citizenship and a more integrated and responsive democracy. Civil society is not there simply to act in accordance with state policy or directive. It's unique and independent role needs to be emphasised and protected, in particular that part of civil society which articulates the experiences, perspectives and opinions of disadvantaged communities. To be most effective in a healthy and mature democracy some degree of creative tension between state and civil society must be enabled and, indeed, encouraged (p. 143 - 144).

Adapting their ideal-type governance mechanism which supports participatory governance, the field of community engagement is likely to have the following characteristics: it operates in a context where no one institutional or individual participant dominates; management responsibilities are shared between or at least owned by all participants; there is a shared understanding of the goal(s) at hand or at least willingness to explore competing perspectives; it is informed by common or shared values or attitudes and openness; all perspectives are acknowledged and given equal status; trust between members is high; the legitimacy and commitment to mandate and accountability of the governance process is also high and therefore representative; inclusion and participation are actively and consciously pursued, all participants are open to and accepting of the need for structural change; and there is an awareness of power differentials and efforts are made to lessen their impact (p. 126 – 127).

Decisions regarding governance, funding, staffing, technical, assistance, evaluation, and program development strategies all affect the direction and success of a Comprehensive Community Initiative (The Aspen Institute, 1997 cited Perkins, 2002, p.2). It is important not to develop a prescriptive model as there is a need to understand the dynamics of communities and seek to engage with them rather than impose externally designed solutions. So, models of engagement should be understood essentially as models of process, rather than solely models of outcome (Hashagen, 2002). If an organisation invites people to represent their community then it has a responsibility to address barriers, provide resources, supports and training that the representatives may need. In order for community engagement to become embedded, high-level enabling conditions need to be recognised and implemented.

Factors Facilitating and Obstacles Impeding Community Engagement

Trust, influence, attitudes, capacity and the existence, allocation and use of resources are factors that facilitate community engagement yet also have the potential to create obstacles and hinder it as community change efforts require different types of actions and skills.

One of the key determining factors of successful and productive community engagement is the nature and quality of the relationship in place. McInerney and Adshead (2010) found that in all the case studies trust or the lack of it emerges as a central factor in the effective functioning of the governance process. Trust accumulates over time and thrives with long term commitment of time and personal energy. High trust environments exhibit greater openness to express and accept vulnerabilities which in turn reinforces confidence and mutual respect (p.101). All inputs and contributions are considered. A positive working environment and atmosphere exists resulting in relationships that are based on cooperation and collaboration. Where parties do not trust each other an unwillingness to share power can be evident leading to obscured engagement. Working environments are characterised by an absence of respect, by conflict and frustration and an unwillingness to take risks or enable risk-taking (McInerney and Adshead, 2010, p.101). Motivation is another ingredient which affects how power is deployed (Eversole, 2003, p. 792). These affect levels of transparency and accountability impacting on the performance of the stakeholders. Continual review and improvement in the way the government and community work together both during the engagement process and in general, increases the credibility and value of community engagement (ACT, 2005, p.11).

The level of influence achieved by participants also determines the credibility and value of community engagement. Translating voice into influence requires more than simply effective ways of capturing what people want to say (Cornwall, 2008, p.278). Collaboration is effective when an empowered partnership approach is taken in decision making and actions, where dominant figures do not exist. A lack of influence can result in negative experiences of unsuccessful community engagement which can lead to future disassociation as people become disorientated with the idea of engagement and unmotivated. People will lose faith and will be no longer willing to take part.

Optimistic attitudes embrace the idea of engagement in the hope that it will lead to improvements and change whilst sceptics question the ability of engagement leading to actual change. Self exclusion can be associated with a lack of confidence or fear of reprisals or because people do not feel there is any point in participating (Cornwall, 2008, p.279). A belief/disbelief in the purpose and value of community engagement influences the success of the processes and outcomes. The need to be open and flexible is essential. Structures need to be altered and created to support and allow for meaningful and effective community engagement such as working groups and committees as difficulties can emerge whilst making the transition from a politics of opposition to one of engagement (Taylor, 2007, p.312). Clearly defined roles and boundaries within the processes contribute to the stakeholders' understandings within partnership agreements. This allows for the two way process of engagement to exist. Engaging effectively as an 'active subject' requires considerable skills (Taylor, 2007, p.312).

Goals must be assessed in light of actual capacity to implement them, and if that capacity is weak, there are two options: goals must be scaled back, or investments must be made to build the capacity to do the work (Kubisch, Auspos, Brown, Dewar, 2010, p. ix). For local people, bridging internal conflicts, accessing external resources, gaining and maintaining control of the change process, and even believing that change is possible, are all part of the challenge (Eversole, 2003, p.783). Capacity within community engagement refers to the knowledge, skill and the abilities of the participants to implement and deliver. Where capacity is strong participants will have the ability to engage as equals. However, where capacity is weak and is not addressed initiatives may not be successful. The 'weaker' participants cannot fully engage and their input may become lost. Thus, it makes more sense to think in terms of optimum participation: getting the balance between depth and inclusion right for the purpose at hand (Cornwall, 2008, p.276). A collaborative process needs to enable a group of diverse participants to talk to, learn from, and work with each other (Lasker and Weiss, 2003, p. 29).

The existence, allocation and use of resources can facilitate and hinder community engagement. Requirements and expectations can lead to acceptance or opposition. Resource rich initiatives have the capacity to enable genuine participation and empowerment for both the staff and the community. Without intensive and resource rich supports participation will either not happen or will happen in a way that is cosmetic and tokenistic, leaving participants less rather than more empowered (McInerney and Adshead, 2010, p.100).

Building trust and confidence among key participants (Alford 2002; Selin et al. 2000 cited in Head, 2007, p.450) can be generated only over time. This requires substantial effort and commitment, as well as good faith (Head, 2007, p.450). Nonetheless time, effort and commitment investments facilitate community engagement as they are the foundation to interactions and build effective relationships. Conversely, community participants largely dedicate their own free time to community engagement activities, the opportunity cost of such must be determined. When their resources are considered community engagement may not be feasible. For example, perhaps the most common barrier to participating in activities outside the home is the duties/responsibilities within the home (Greene, 2007, p. 173).

Further to this community participants are often dependent on their partners for funding (Taylor, 2007, p.306). A large amount of power remains undivided. This can be seen as facilitating in that limits and expectations are in place and funders deal with the administrative aspect of the work whilst community participants deal with the practicalities, yet equally, it can be seen as a barrier as community participants avoid confrontation that could disturb funding relationships and effect the running and completion of initiatives.

Where outcomes are expected, resources are allocated and steps are implemented to ensure targets of the project and requirements of the funders are met. Mayo and Rooke's (2008) study identified this divergence, there was genuine acceptance of the importance of participative approaches but there were also pressures for more traditional indicators of outcomes too (p.376). Requirements facilitate community engagement as it provides structures yet this can also be seen as an impediment where the agenda has been previously set and participation is not full and complete.

Enabling and preventative measures and approaches are evident where community engagement is concerned therefore it is important that community planning does not adopt a 'one size fits all' approach.

Conclusion

At the heart of Community Comprehensive Initiatives is the community. Community engagement must not be rhetorical, it needs to be a two way process if actions are to be successful. The process is as important as the outcomes. The growing field of Community Comprehensive Initiatives is better defined by how initiatives work to promote individual and neighborhood well-being than by what they do (Kubisch, 1996). There are various reasons to evaluate a Community Comprehensive Initiative: to provide feedback; to show evidence of an initiative's progress; to reveal lessons learned; and to build community capacity by allowing the community and local residents to participate in the evaluation process (The Aspen Institute 1997 cited in Perkins, 2002, p.3). The evaluation itself is part of the community engagement approach.

Achieving community engagement is not easy. The challenge for community development is to be able to enable and support the community. Effective participation depends on how people take up and make use of what is on offer, as well as on supportive processes that can build capacity, nurture voice and enable people to empower themselves (Cornwall, 2008, p.275). The degrees to which services support 'community presence' and 'community participation' have been seen as two of the primary indicators of their success (O'Brien cited in Felce and Emerson, 2001, p.75). Community engagement does not exist in isolation it must be created and incorporate the starting points of the participants. Knowing the starting point is critical to understanding realistically what can be achieved, and what needs to be changed before an initiative can be effective (France and Crow, 2005, p.182). There is no "right" formula for how much or what forms of community engagement are needed and it is important to match strategies with purposes and to be clear about how the engagement strategy relates change effort's overall goals and programmatic strategies (Kubisch, Auspos, Brown and Dewar, 2010, p.60). Above all stakeholders need to be realistic.

APPENDIX TWO: COMMUNITY ENGAGEMENT-RELATED DATA ARISING FROM INTERIM EVALUATION REPORTS ONE AND TWO

Doodle Den	
Approach	Manualised approach delivered by commissioned services (Citywise and An Cosan) in seven schools. Three after school sessions per week co-delivered by a teacher and a youth worker Teachers provided referrals in relation to a child's Special Education Needs.
Processes	The evaluation notes that internal procedures allow identifying and addressing issues promptly. They include: <ul style="list-style-type: none"> • Communities of Practice • Site visits • Meetings with managers
Facilitators	The report identifies training needs in the areas of parental engagement, home visits, and engaging with parents when English is not their first language were identified. Facilitators and service providers agreed that having an open door policy and inviting parents to sessions are important components and feedback to parents should be systematic. The report notes that the level of support and engagement between the key actors facilitated the programme's implementation and that opportunities for children and parents were maximised.
Children	<p>Teachers response rates to questionnaire: <i>Cohort 1:</i> 69% <i>Cohort 2:</i> 90%</p> <p>Children are recipients. They completed a client satisfactory survey which focused on tasks, learning environment and communication.</p> <p>Enrolled: <i>Cohort 1:</i> 201 referred, 102 in intervention group, 99 in control group <i>Cohort 2:</i> 205 referred, 101 in intervention group, 104 in control group</p> <p>Attendance rates: <i>Cohort 1:</i> The mean dosage is 58% of the sessions. <i>Cohort 2:</i> The mean dosage is 83% of the sessions</p> <p>Children tested: <i>Cohort 1:</i> 84% <i>Cohort 2:</i> 88%</p>
Parents	<p>Family component: parents are encouraged to participate in a range of activities (e.g. sitting in on child sessions, engaging in reading activities etc.). Parental sessions were identified as an issue "with scope for development"(QUB, p.7). Attendance at parents session was poor. "Positive work/ improvements" are noted in relation to parent and family sessions in the second report.</p> <p>Parents response rates to questionnaire: <i>Cohort 1:</i> 37% <i>Cohort 2:</i> 61%</p>

<p>Evaluation appendix Report 1 and 2</p>	<p>Theme 1: That CDI and its services are community led report 1 and 2 Community involved in design: Librarian/library; parental involvement; local media involvement Community involved in development: Schools can be a barrier Community involved in implementation: Partnership between different organisations; library; parental commitment; teachers helping out (dance and music); schools being supportive; providing feedback to schools Interested in level of involvement: How supportive are schools? Facilitators – supporting promoting literacy; schools and parents actively seeking the programme; teachers commenting on progress DD children have made Sustainability in involvement: CDI ten year strategy (looking at parental, school, and staff feedback)</p> <p>Analytical theme report 1: Issus with parental engagement Interagency collaboration / shared goals: Parents component (need to improve) Service integration - Evidence of re-organisation of services: In order to meet the needs of parents The support of training: Re. parents (relationship building, language) References to meeting the needs of the parents: Parental engagement (open door policy) & making them feel welcome; One to one follow up with parents; Community based adult education. Giving feedback about kids, Attendance (& time), Positive feedback, Providing childcare, Referrals, Supporting children’s development Does observation/monitoring of service implementation occur by the service? Communication with parents</p> <p>Analytical theme report 2: Positive work/improvements in parent and family elements Service integration - Critical awareness of other services in the area: Trying to pick up families that receive multiple services References to meeting the needs of the parents: Parents more willing to participate, Babysitting sometimes an issue for parents unable to attend sessions, Follow up on parents who didn’t attend, Attendance at parent meetings is increasing, Parent’s more comfortable during the sessions, Parents finding it easier to talk now, Parents reading more with their children, Reference to ensuring the room is welcoming to parents, Parent meetings can be too long/repetitive/patronising, Parents have developed an interest in assisting their child’s literacy levels, Creating an interest in parents using the library facilities, Some parents come after an informed chat about DD, Families actively seeking the service, Staff attending parental engagement training, The benefits for parents and children of having the sessions off the school premises</p> <p>Feedback mechanism in place? Facilitators ability to work with parents has developed, Family session had excellent attendance and good atmosphere</p>
<p>Mate-Tricks</p>	
<p>Approach</p>	<p>Manualised approach combining elements of the Strengthening Families Programme (SFP) and the Coping Power Programme (CPP) delivered by Foróige (Tallaght Youth Services). Two after school sessions per week facilitated by two trained staff. Teachers provided referrals</p>
<p>Processes</p>	<p>The report notes that internal procedures allow identifying and addressing issues promptly. They include:</p> <ul style="list-style-type: none"> • Communities of Practice • Site visits • Meetings with managers
<p>Facilitators</p>	<p>Facilitators: The report identifies training needs in working with parents. Some facilitators did not attend the parents sessions. Some service providers noted that the sessions were teacher orientated and requested a stronger focus on community/youth workers. The report notes that the level of support and engagement between the key actors facilitated the programme’s implementation and that opportunities for children and parents were maximised.</p> <p>Teachers response rates to questionnaire: Cohort 1: 66% Cohort 2: 66%</p>

Schools	Challenges arose in engaging schools. One school elected not to be involved with the programme, while another requested some changes (sessions to be held later in the evening and in different premises to make a distinction between the programme and the school) and highlighted that parents felt that the school took decisions without consulting them. Two schools didn't provide the attendance data to the evaluation team for cohort 2. The second report highlights references to positive work with schools.
Children	<p>Engaging with children: Children are recipients. They completed a client satisfactory survey which focused on tasks, learning environment and communication.</p> <p>Enrolled: Cohort 1: 187 referred, 100 in intervention group, 87 in control group Cohort 2: 201 referred, 101 in intervention group, 100 in control group</p> <p>Attendance rates: Cohort 1: The mean dosage is 63% of the sessions. Cohort 2: The mean dosage is 61% of the sessions</p> <p>Children tested: Cohort 1: 81% Cohort 2: 81%</p>
Parents	<p>Parent and family component: Parents sessions are based around themes from both SFP and CPP. Parents are recipients. Parental sessions were identified as an issue “with scope for development” (QUB, p.8). The report also notes that “the adults involved with the programme worked hard to help the participating children and their families” (p.10). Difficulties with engaging parents were pointed out. Attendance at parent sessions was poor, possibly due to a lack of understanding of the reasons why they should attend. Parent sessions were described as the weakest element of the programme in the first report. It is suggested that it will be reorganised the following year. The second report highlights improvements in relation to the running/organisation of sessions.</p> <p>Response rates to questionnaire: Cohort 1: 40% Cohort 2: 62%</p>
Evaluation appendix report 1 and 2	<p>Community involved in design: Community involved in development: Schools; Media; Teachers/school support; Home School Liaison Officer, schools can be a barrier Community involved in implementation: Parents asked to join summer programme as volunteers; links to schools improving; reiterating the key MT components with teachers; links with parents improving; goal setting between facilitators and teachers; access places allocated to children after meeting took place with school principal and appropriate teachers; different community settings being used to facilitate MT; schools aren't always open to sharing information Interested in level of involvement: School (feedback, issues of trust); wanting to have a meeting with schools to check on progress so far; schools aren't always open to sharing information Sustainability of involvement: School; looking at ways to support continuity of learning; CDI 10 year strategy; Consultation process by the Institute of Public Administration to see what elements of CDI's work could be sustained after 2011; Plans to raise at Foróige Board how CDI and Foróige can work together to ensure sustainability</p>

	<p>Analytical theme report 1: Issues with parents Interagency collaboration / Shared goals: Parental engagement Service integration - Evidence of re-organisation of services: Re next year's parent & family sessions Service integration - Referral/ability to refer on to other services: Parental issues (e.g. depression) References to meeting the needs of the parents: Parental engagement/involvement, Positive feedback on family sessions, Resources to be more user friendly, Attendance at parent sessions, Positive feedback for parents, Don't understand why attending, Targeted interventions for parents, Weakest element of programme, Addressing concerns/questions of parents, Taking parents opinions into consideration, Follow up calls, Summer programme = free Feedback mechanism in place? Parents more involved when see material being directly relevant to their child (i.e. family sessions over parent sessions)</p> <p>Report 2 References to meeting the needs of the parents: Parents that were involved got a lot out of it – improved relationships with children, and a calmer household, continuing goal setting at home, Parents that didn't attend parent meetings got the information on an individual basis (therefore weren't included in attendance figures for parent meetings), Ensuring physical environment is welcoming for parent meetings (e.g. refreshments), Parents given numerous reminders about session dates and times (family, parent and child sessions), Staff to attend parental engagement training, Thursday parent sessions always badly attended – Thursday session to be moved, Reduction in sibling conflict, Need to continually build on relationships with parents, Observation of parent meetings, Parents commented on the consistency of meetings, Intercultural training, Repetition at family sessions, More emphasis needed at parent sessions on skills being learnt and developed by the children at MT, Content of family and parent sessions more parent friendly, Attendance at parent sessions can be a challenge, Parents make connections with each other</p>
<p>ECCE</p> <p>Approach</p>	<p>Manualised approach based on the High/Scope curriculum, the Parent Plus Community course, and the Siolta curriculum. Two year programme taking place five days a week, with both children and parent components delivered by preschool staff and a Parent/Carer Facilitator (PCF). PCFs are responsible for increasing the engagement between parents and preschool centres.</p> <p>A dedicated SLT was assigned to work with the staff, children and families of the ECCE programmes</p> <p>The manual also includes a summer programme with activities in which parents are incorporated (e.g. day trips).</p>
<p>Processes</p>	<p>Processes A number of processes were identified:</p> <ul style="list-style-type: none"> Training (High/Scope, Parent Plus, Speech and language) Home visits Summer programme Self-reflective monitoring tool Communities of Practice, and PCF specific Communities of Practice Manager meetings Manual fidelity meetings with the Quality Specialist that allow the staff to have "ownership of the programme"
<p>Facilitators</p>	<p>Facilitators: A key worker system was implemented in Cohort 1. It was noted that this system worked well in terms of engaging with children and parents.</p> <p>PCF: the PCF organises coffee mornings, information sessions and coordinates and delivers the training sessions. "It also involves working with parents in a way that is parent-led. This may mean supporting a parent with a specific request such as filing out an application, attending a service with a parent or may just mean listening to a parent when they express a desire to talk" (Report 1, p.57). The report highlights an "overwhelmingly positive" feedback from staff on the role of the PCF, and the way it increases parents involvement.</p> <p>Professionals involved: SLT, Primary Health Care, Social work teams</p>

Children	<p>Children as recipients</p> <p>Enrolled <i>Cohort 1:</i> 152 children enrolled, 77 in intervention group, 75 in control group <i>Cohort 2:</i> 160 children enrolled, 84 in intervention group, 76 in control group</p> <p>Attendance days: <i>Cohort 1:</i> from 101 days to 140 days, depending on the setting <i>Cohort 2:</i> from 85 days to 132 days, depending on the setting</p>
Parents	<p>Parental engagement: Parents are recipients of training. Their engagement in the programme is supported through the use of home visits that are designed to link the home and preschool environments and offer support to parents. “Most parents were becoming more involved with the settings due to the relationship that was built up with the PCF through the Parent Plus Course, home visits and family trips in the summer programme. However, not all parents engaged with the parent component for reasons such as work commitments or other constraints” (Report 2, p. 23)</p> <p>Parent Plus Community Course: <i>Cohort 1:</i> 63 parents completed the course, 74 enrolled <i>Cohort 2:</i> 50 parents completed the course, 67 enrolled</p> <p>Total response rates for interviews with parents: 90.3% participation rate, i.e. 280 parents</p> <p>Home visits: <i>Cohort 1:</i> Average range from 5.8 to 8.1 depending on setting <i>Cohort 2:</i> Average range from 1.5 to 6 depending on setting</p>
Healthy Schools	
Approach	<p>Manualised approach developed as a result of the research conducted by CDI (A Place for Children, How are our Kids?). The initiative takes place in five intervention schools with two Healthy School Coordinators. The programme has a “whole school” approach which involves the inclusion of all individuals in the school.</p>
Processes	<p>Pre-programme consultation process: School principals involved in consultation process which identified a gap between the education and health sector.</p> <p>Programme ownership: The report highlights a top down approach to planning the programme (done by the HSC, with the support of CDI, and the HSC Role Support provided by the HSE in the first year, with school principals signing off the plans afterwards). It indicates a “fundamental misunderstanding” around the key role of the community in the planning process which is essential for the programme’s success and notes the lack of involvement in the planning process. A greater school principal involvement / commitment to programme objectives is highlighted, as well as its positive impact on the participation of the school staff in the process of change, i.e. participation in needs analysis, activities design and implementation, and general school capacity building activities. The second report describes a greater involvement by stakeholders from the school community in the identification of training needs, as well as in the planning process and designing Service Level Agreements (interagency work).</p> <p>Challenges: Programme planning involving a range of stakeholders including non school community members can be confusing. Some school principals didn’t engage in the programme planning. Successful links with community based services were established by the HSC rather than the schools themselves.</p>

Structures	<p>Steering Committee providing guidance and support to HSC. Five members, some unclear about role of the committee. Representation during the first year was inconsistent – because of changes in staff, sickness, workload, feeling that the meetings are slow in terms of progressing the programme. The HSCs are included in some of the meetings, for a limited time. The Steering Committee provides opportunities for school principals to meet with relevant services (interagency work)</p> <p>Care teams are groups of in-school representatives that gather to discuss issues in relation to children in the school. They might involve the Home School Liaison Officer, a teacher, the Principal, a person nominated to look after child protection issues, a school completion officer, Healthy School Coordinator. While some schools had those teams in place before the HS programme, others have set them up since.</p>
Facilitators	<p>Professionals: Healthy School Coordinators, Role Support for HSC, Home School Liaison Officers, Special Needs Assistant Coordinators, teachers</p>
Children	<p>Children as recipients. The report notes that there is no evidence of pupil involvement.</p> <p>Enrolled: Approximately 907 children involved in the programme, 450 children consented and participated in the evaluation.</p>
Parents	<p>The second report notes parents are involved in various ways:</p> <ul style="list-style-type: none"> - Involvement of parents in the identification of health and well-being needs through focus groups facilitated by the HSC. - Parents uptake of events and activities. During the focus groups, parents also shared their ideas. Their input was taken in consideration while organising activities. <p>“Parents participate in the decision making processes that occur in the school” (Report 2, p. 33). The process of undertaking focus groups to gather parents views impacted positively on the attendance at information sessions on topics that they had identified themselves.</p> <ul style="list-style-type: none"> - Parents uptake of referral support.
CSI	
Approach	<p>Drawing on research findings from How Are Our Kids? (CDI, 2004) and the CSI Consultation Report (2008), this initiative aims at improving the health, safety, and learning of children in TW, as well as increasing their sense of belonging. It takes place in four pilot sites (approximately 100 houses each) in the following communities: Killinarden, Jobstown, Brookfield and Fettercain – two of the four pilot sites are active.</p> <p>“The CSI aims at developing and implementing a community safety agreement in partnership with relevant stakeholders, improve awareness of safety issues and develop local capacity to implement activities that may enhance pro-social behaviour locally and reduce crime, select and implement safety activities for children and adults to participate in throughout the four target communities, and facilitate neighbourhood improvement, comprising a “social” and “physical” fabric element, i.e. healthy urban planning and regenerating a child and family-friendly environment” (Report 2, p. 3)</p> <p>The manual is in draft format.</p>

Processes	
	<p>Consultation:</p> <ul style="list-style-type: none"> • Community Safety Initiative consultation report draws on research that took place between October 2006 and April 2008 (CDI, 2008). • MacUiliam Needs Assessment Report: Published in March 2010 by CDI this report identifies the issues that need to be addressed in the MacUiliam Estate. The survey was conducted by members of the SHP committee (SDCC, HSE, CDI, Barnardos). This informed the programme of activity of the Safe and Healthy Place. • Restorative practice consultation process: CDI undertook a two month consultation prior to the introduction of the restorative practice training to gather opinions regarding the training and its introduction. Those consulted include: service agency management and policy makers, frontline staff, teachers, members of the Gardai and local residents. The consultancy work included: <ul style="list-style-type: none"> - Seminars delivered by Mark Finnis of the Hull Centre for Restorative Practices and attended by service providers and residents, - Questionnaire on the training - Restorative Practice Newsletter <p>Community engagement activities:</p> <ul style="list-style-type: none"> • Meeting with PSNI and local community safety coordinators in Belfast (3 Steering Committee members, the Chair, and a Garda representative) • Public meeting “How our justice system works” with speakers from Young People’s Probation Services, Tallaght West Community Garda Unit and the Garda Ombudsman’s Office • Interaction with key CSI partners • Youth work and local leadership programme supported by members of the SHP committee. • Ongoing provision of a fortnightly Garda and SDCC antisocial behaviour clinic held in Barnardos premises on the MacUiliam Estate that was instigated during a SHP committee meeting • Retention of local horse project led by Dooder Valley Partnership • Provision of ongoing support to residents by CDI’s Community Engagement Coordinators and SDCC. • Web-texting system used to publicise the CSI locally. Community members and local service providers can connect to a messaging service relaying information concerning CDI/CSI events <p>Events:</p> <p>A number of events took place in 2009 and 2010, with the less events in 2010:</p> <ul style="list-style-type: none"> • Tallaght West Children’s Good Behaviour Award schemes • Pancake Tuesday: one off event gathering local children adults and service providers at CDI’s office • Clean up Days in the two pilot sites • Summer Festival • Volleyball competition (2009, 2010) involving the Gardai, SDCC, CDI, Barnardos, residents from the pilot sites, local councillors and TDs. • Joint Sports Day • Non-alcoholic youth music event “the Funky Seomra” in the Red Rua, organised by the CSI Youth Working Group Tallaght Youth Services forum utilised by CSI. <p>Training:</p> <ul style="list-style-type: none"> • Mentoring • Life and Business Coaching • Copping On • Restorative practice • Training for fieldworkers for CDI’s community survey

<p>Community engagement</p>	<p>Residents: The number of residents involved in the implementation of the CSI has changed over time. The Jobstown site group had been disbanded since September 2009, and the Brookfield working group comprised two members in September 2010. The report notes that residents involved in the implementation of the CSI have improved their social networks and have a broader level of access to support services.</p> <p>Community engagement: The report points out that the low community participation in the implementation phase increased the workloads pressures for the Community Engagement Coordinators and the CSI community representatives, it also has limited the development of the CSI. Local residents are under-represented across several CSI structures. In relation to the CSI pilot sites, the report indicates that the lack of concrete improvement in the safety of the pilot sites has hindered the wider community involvement; that the wider CDI community engagement did not generate higher levels of active resident involvement in the pilot sites; the low community involvement constrains service provider input into the implementation of the CSI in the pilot sites; and the service providers think that there is a need to broaden the CSI’s target population in order to build a comprehensive “bottom up” initiative. In relation to the CSI Community Safety Agreement, the report indicates that stakeholders were sceptical in relation to the implementation of the Safety Agreement, that residents felt it could present security and safety dangers, and local service providers questioned how the Agreement would work in practice. It was also notes that the collaboration between young people and service providers on youth safety issues has impacted positively on youth empowerment. In relation to the SHP, the report notes that the SHP interagency work has developed relations between service providers themselves, and between service providers and local residents; and that various providers from various agencies are involved, as well as a small number of residents</p> <p>Building capacity: The report indicates that at an overall level, the CSI engaged in a large range of activities with regards to increasing local capacity for a small number of individuals involved in the implementation of the CSI.</p>
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APPENDIX THREE: NEWSLETTER CONTENT AS IT PERTAINS TO COMMUNITY

ENGAGEMENT

Issue	Community engagement-related information
December 2004	X
March 2005	Community consultation: Presentation of purpose of meeting with parents, residents, and organisations (i.e. to shape the strategy) and areas of interest (children's health, safety, learning and achieving, sense of belonging)
November 2005	X
October 2007	X
December 2007	X
January 2008	X
February 2008	Community engagement: Leaflets presenting the different services in the area are produced based on meetings with service providers. Advertises mentoring training (through Foróige - TYS)
March 2008	Community engagement: Mentoring training, two information meetings announced. Training takes places from 10 am to 1 pm for four weeks
April 2008	Community engagement: 19 residents signed up for training. Training schedule changed to adapt to residents needs (7 pm to 10 pm) Involving fathers: Advertisement for Barnardo's training and support programme
May 2008	Community engagement: Advertisement for The Copping On Training CDI meeting with School principals: Acknowledgement of successful meeting with school principals (with representatives of Office of the Minister for Children and Department of Education)
June 2008	X
August 2008	X
September 2008	X
October 2008	X
November 2008	X
Christmas 2008	X
January 2009	
February 2009	Community forum: Establishment of the community forum, work towards including two members on the Board, possibility to text name and address for a representative to contact. Web texting: Promotion of the use of web texting. People can join the database to be kept updated with events/ information. A Pancake day is organised to get people to sign up to the database. Wise Westie's: New element to the Newsletter. This section provides an interview with key individuals who make a contribution in the area. The first interview was with Joe Horan, County Manager.

<p>March 2009</p>	<p>Youth forum: Access provided by TYS. Young people agreed to work on the CSI and support the development of the community agreement.</p> <p>Web texting: Promotion of web texting. Update on the pancake day during which over 100 numbers were collected. This is a two way tool, people can send information relative to events happening in the community and it will be forwarded to the database which is over 300 numbers. Promoting it during Paddy's Day – a hamper is placed in the four community centres of TW, with a raffle for those who entered.</p> <p>Community forum: Meetings taking place to ensure that “the voice of the community feeds into all CDI developments”. Some members involved in pancake day and helping to promote web texting. Two members to join the Board.</p> <p>Wise Westie's: Interview with Jennifer Nolan, Community Mentor.</p>
<p>April 2009</p>	<p>Youth and community forum mentioned on the same page than CSI.</p> <p>Wise Westie's: Interview with John Keogh, Citywise, and Emily Kelty, Community Mentor.</p>
<p>May 2009</p>	<p>Safe and Healthy Place mentioned for the first time</p> <p>Wise Westie's: Interview with Colette McLoughlin, Childcare Manager, HSE.</p>
<p>June 2009</p>	<p>Three community representatives join the Board.</p>
<p>September 2009</p>	<p>X</p>
<p>October 2009</p>	<p>Volleyball league starts</p>
<p>November 2009</p>	<p>X</p>
<p>Christmas 2009</p>	<p>X</p>
<p>February 2010</p>	<p>Jump! Slam! Volley!: Update on the volleyball league</p>
<p>March 2010</p>	<p>Jump! Slam! Volley!: Update on the volleyball league</p>
<p>April 2010</p>	<p>Jump! Slam! Volley!: Update on the volleyball league</p> <p>Research and Evaluation: CDI community survey, training community members as fieldworkers</p>
<p>May 2010</p>	<p>Community Survey: Update on the training that involves 16 fieldworkers</p> <p>Jump! Slam! Volley!: Update on the volleyball league</p>
<p>July 2010</p>	<p>Restorative practice: Presentation of the principles and invitation to the training.</p> <p>Jump! Slam! Volley!: Advertisement for team registration</p>
<p>October 2010</p>	<p>Focus on the Story So Far event: Update on the different sessions held on the day and the speech of President Mary McAleese.</p>
<p>November 2010</p>	<p>Focus on the Restorative Practice project: Presentation of its background, principles, benefits, members and role of the management group, training sessions.</p>
<p>February 2011</p>	<p>Volleyball: Season two started in January, presentation of teams</p> <p>CSI: Community Engagement Events and Activities: List of events that took place in 2010: Big Breakfast meetings, Pancake Tuesday, Children's Good Behaviour Awards, Neighbourhood Clean-up, Community festival.</p> <p>CSI Capacity Building Activities: “are about equipping people with the information and skills they need to develop the Community Safety Initiative”(p.10). List of activities include the Know Your Justice System, Restorative Practices Training Programme, with an inter-agency Management Committee and monthly Community of Practice.</p>

<p>March 2011</p>	<p>Volleyball tournament: Advertising a tournament, looking for teams</p> <p>Community survey: Update on the survey: community survey completed in early September 2010, and youth survey in early November. A potential total of 521 children and young people were involved in the survey that was done by 15 fieldworkers.</p> <p>CDI's Speech and Language Carnival: Held on the 16th February 2011 in Sacred Heart Junior School, and in June 2010, the carnival provided "parent packs" of ideas to continue building their children's speech and language skills at home. It also involved the community dental team who met with parents and children.</p>
<p>April 2011</p>	<p>Volleyball tournament: Advertising a tournament, looking for teams</p> <p>Innovative Research: Parent's Role in Emergent Writing: Highlights that research points out the key role parents can play in supporting their children in learning how to write. It also provides examples.</p>
<p>May 2011</p>	<p>Focus on Community Engagement: While the introduction to the Newsletter is usually written by the CEO, it is written by the Community Engagement Coordinators in this case. It identifies the issues negatively impacting on community engagement (pressure on families to "keep the wolf from the door in recession times", slow process of change, and communities' disillusion when things have to be postponed, etc.) It provides an update on activities undertaken throughout the CSI and information in relation to the future work to be done.</p> <p>CSI Steering Committee: Chair resigned, now CEO chairing</p> <p>Volleyball League: Successful event set to support collaboration and build relationships amongst service providers and residents. Residents organising a one day league in May 2011 which is increasing community capacity.</p> <p>Good Behaviour Awards: Ceremony organised in February 2011 involving over 40 families from Mac Uilliam, Jobstown and Brookview. This event highlighted the positives in TW.</p> <p>Community Clean Up: CDI and RAPID organised a "clean up" day in April 2011 in Brookview, Jobstown, and Glenshane. Children and residents participated in the clean up. The Community Garda joined the event, donations were given by the National Association of Building Cooperatives Housing Association, and SDCC organised for the litter to be disposed.</p> <p>Restorative Practice Training: At the end of April 2011, 516 people went through the training (389 school based + mixture of residents, and staff of local community and statutory organisations) 20 young people trained.</p> <p>A Safe and Healthy Place: Presentation of priorities and actions undertaken to address them. Information sessions are organised in the area by the Committee (e.g. Health Fair organised by HSE in Jobstown, with minibus available to transport residents from Mac Uilliam, City West, and Jobstown).</p> <p>Best Practice Seminar: Child-Friendly Communities: Policy, Practice and What the Research Says: Overview of the seminar organised in April by the SHP Committee.</p>
<p>June 2011</p>	<p>Focus on the Healthy Schools programme</p>
<p>July 2011</p>	<p>Focus on the end of the year celebration (23rd June), with speeches of key guest speakers: Francis Chance (Barnardos), Jean Courtney (SDCC), Sinead Kelly (Parent), Minister Frances Fitzgerald (TD), Noelle Sring (Chair CDI Board)</p>
<p>September 2011</p>	<p>Certificate in Community Coaching Training: A full page on the Certificate, presenting its principles, key benefits, and objectives.</p>

APPENDIX FOUR: UPDATES LIST OF EVENTS – TRAINING & SEMINARS: LIST OF ONE-OFF TALKS/ CONFERENCES

Title	Speaker	Date
RCT Seminar	Marjorie Smith	Feb-08
John Lonergan: Governor of Mountjoy Prison	John Lonergan	Jun-08
More from the Joy	John Lonergan	Jan-09
Supporting children in transition into and out of primary school	Pr. Tom Collins, Jim Mulkerrins, Mary O’Kane, Sr Liz Smith	Mar-09
Strategic Planning for Children’s Services in Challenging Times: crisis or opportunity?	Brian Harvey (Social Researcher) John Sweeney (NESC Secretariat)	May-09
Developing Allegiances to improve Community Safety	PSNI and DPP	May-09
From Research to Reality: Session One: Taking evidence based programmes to the real world: The American experience and lessons for Tallaght West	Dr. John Lochman	Oct-09
Session Two: Effective interventions for children with externalising behaviours: Implementation in the real world	Dr. John Lochman	Oct-09
Child and Adolescent Mental Health: Theory, Practice, & Policy		Jan-10
Images of Reggio Emilia		Mar-10
Community engagement seminar	Mark Finnis, Hull Restorative Practices	May-10
Promoting Quality Services: The Theory, Practice and Lessons for Tallaght West	Aileen Murphy, CDI Grainne Smith, CDI Marguerite Hanratty, CDI Ger French, DIT, Siobhan O’Brien, VEC	May 10
CDI Healthy Schools Programme Seminar	TCD evaluation team	Jun 10
Know Your Justice System	Tom O’Riordan, Local Garda Station, Majella Hickey, Probation service, Graham Doyle, Garda Ombudsman Office	Jul-10
The Story So Far	Panel for each programme, Parents, CDI CEO and Chairs of the Board and ISG, President Mc Aleese	Set-10
Best Practice Seminar: Child-Friendly Communities: Policy, Practice and What the Research Says	Prof Brendan Gleeson John Whyte, Rialto Development Association	Apr 11
Quality Services, Better Outcomes: Integrating Quality in Children’s Services	Noelle Spring, CDI Board Chair Mary Doyle, OMCYA Senator Fergal Quinn Prof Danny Perkins, Penn State University Grainne Smith, CDI Aileen Murphy, CDI Bianca Albers, FEC, Denmark Liam Coen, CFRC Sean Denyer, CES Gordon Jeyes, HSE Arlene Foster, NCCA Helen Johnson, NESC	Sep-11

List of lunchtime seminars

Title	Speaker	Date
Helping Children Cope with Loss and Bereavement	Val Mullaly	Jan-08
Children Living with Adult Mental Health Difficulties	Dr. Cara Prior, Lucena Clinic	Feb-08
Diversity and Equality for ECCE Services	Collette Murray, Pavee Point	Mar-08
The 40 Developmental Assets, Building on strengths a community approach	Reuben McCormack, YMCA, PACT	Apr-08
Síolta, Quality Assurance Scheme for Children from Birth to age 6 Years	Maresa Duigan, Early Childhood Development and Education	May-08
What the Research Tells us about Children's Services	Dr. Danny Perkins, Penn State University	Jun-08
All about Parents and Children: Fostering a sense of self in Parents and Children	Tony Humphries	Jul-08
Insights into Bullying Behaviour and Practical Strategies on How to Manage It	Maria Ruane, Barnardo's	Sep-08
Promoting Positive Behaviour in Young Children	Olive Ring, Barnardo's	Oct-08
Working with Children Through Art	Maureen Mc Cormac	Nov-08
Stress Management	Margaret Roach	Dec-08
Promoting Positive Behaviour in Young Children	Maria Ruane, Barnardo's	Jan-09
Supporting the Role of Fathers in Services	John Mc Evoy, YMCA	Mar-09
Acorn Parent Coaching Programme	Acorn Parent Coach	Apr-09
The Children's Services Committee: Government Strategy for Integrating Children's Services	Maria Donohoe, CSC	May-09
Mediating Disputes in Community and Family	Maire Ni Mhaolmhichil, Mediation Bureau	Jun-09
Young Mothers Antenatal Course for Parents-to-be in Tallaght	Gavin Mulhall, HSE and Jean O'Gorman, TYS	Sep-09
Early Childhood Development	Sarah Mc Cabe, HSE	Feb-10
The Developmental Needs of Primary School-Aged Children	Sarah Mc Cabe, HSE	Mar-10
The Adolescent Years	Maurice Devlin, NUIM	Apr-10
Safeguarding and Information Sharing: The Legislation context and Tips for getting it Right	Pat Burke, Garda Vetting Unit	Jun-10
Top Tips for Promoting Language Development	Jennifer Grundulis, Senior SLT	Oct-10
Attachment Theory, and How to Promote It	Sheila Hayes, Clinical Counsellor	Nov-10
Planning and Managing Estates for Children and Families	Joe Horan, County Manager Prof. Brendon Gleeson	Nov-10
Understanding Second Language Learners	Jennifer Grundulis, Senior SLT	Feb 11
Food for Growing Children, from policy to practice	Margaret O'Neill, HSE	Jan 11
Adult Attachment Theory	Sheila Hayes, Clinical Counsellor	Mar-11
South Dublin County Council's Geo Mapping Project	Larry Mc Evoy, SDCC	May-11
How Are Our Children Today	Dr. Tara Murphy, CDI	Jun 11
Making Tallaght West a Restorative Community	Claire Casey, CDI Sonja Delaney, Fettercain Youth and Community Centre	Jun 11

List of training courses/Special Workshops

Title	Date
High / Scope Training	Nov-07
Training audit workshop for all service providers	Dec-07
Mentoring Training Information Sessions/Mentoring Training (and follow up)	Mar to Apr-08
Copping On Training	May -08
Developing Children's Literacy Training	Apr to May-08
Coaching Training (indicated as open to all)	Oct 08 to Jan 09
Training of Trainers Conference: Asset Building with Young People	Sep-08
Life and Community Coaching Course – Certificate level	Sep 08 to Jan 09
Training for the Parent Plus Community Course	Oct-08
Copping On Training	Nov-08
Promoting Positive Behaviour in Young Children	Nov-08
Parent Plus consultation day	Feb-09
Life and Community Coaching Course – Diploma level	Mar to Jun 09
Management and Personal Leadership Training Programme	Mar-09
Teacher Talk Training Series	Mar-09
The Child Safety Awareness Programme Training	
Parents Plus Children's Programme	Mar-09
Parents Plus Early Years Programme	Jun-09
Roundtable discussion on research in disadvantaged communities	Jun-09
Training for fieldworkers	Jun-09
Parents Plus Adolescent Programme	Sep-09
Working Effectively with Young Children who have Special Need in Early Years Settings	Nov-09
Advanced Group Facilitation Training	Jan to Feb-10
Training for fieldworkers – community survey	Apr 10
Training in Life and Community/ Business Coaching – Certificate level Morning session	Mar to Jun 10
Training in Life and Community/ Business Coaching – Certificate level Afternoon session	Mar to Jun 10
Governance training	Apr 10
Restorative Practice Training	From Jul 10
Training in Life and Community/ Business Coaching – Diploma level	From Sep 10
Siolta Sessions (in conjunction with South Dublin Childcare Committee):	Oct to Nov 10

APPENDIX FIVE: VOLLEYBALL LEAGUE PARTICIPANTS BY ORGANISATION

	Name	Organisation	Members
Season One 2010	Mavericks	Sacred Heart School	8
	Fast and Furious	South Dublin County Council	7
	Crusaders	Local TD's and Councillors	7
	Knockmore Knockouts	Scoil Cnoc Mhuire Snr	8
	Mad Cows	CDI	8
	Bar Tricks	Barnardos – Mate tricks facilitators	6
	The Caretakers	Gardai	10
	Sporting Beerguts	Tallaght Leisure Centre	9
	Head-Bangers	Community residents	8
	Pavee Princesses'	Traveller Community team	10
Season Two 2011	Wild Coyotes	Tallaght Leisure Centre	8
	Jobstown Warriors	Jobstown Pilot site Community Team	10
	Mavericks	Sacred Heart School	8
	Headbangers	Jobstown/Brookfield community team	8
	Shanty Shooters	An Cosan	8
	Brookview Slammers	Brookfield Pilot site	6
	Cullen's Allsorts	Teachers from St Anne's	6
	Sacred Sinners	Parents from Sacred Heart School	9
	Madcows	CDI Team	8
	Caretakers	Gardai	10

APPENDIX SIX: KEOGH (2008) CATEGORISATION OF COMMUNITY ENGAGEMENT FORMS AND FIGURES

Table 6: General Forms of Engagement and Figures

FORM OF ENGAGEMENT	NO.
Minuted Meeting	161
Working Group	4
Focus Group	18
Process Evaluation	3
Site Visits	47
Phone Call	11
Letter	5
Newspaper Article	1
Workshop	17
Emails	24
Seminar	10
Newsletter	7
PP (Parents Plus)	2
BR (Board Review?)	8
Other	10
Not Classified	3
TOTAL	331

Table 7: Forms of Engagement by Service and Wider Activity

	Minuted Meeting	Focus Group	Phone Call	Letter	Process Evaluation	Seminar	Newspaper Article	Site Visit	Newsletter	Workshop	Working Group	Other	Email	PowerPoint	Not Classified	Board Review	TOTAL
ECCE	18	1	8	2	3	-	1	36	-	-	2	-	4	-	-	-	75
Six Steps	8	-	2	1	-	-	-	-	-	-	-	-	18	-	-	-	29
Doodle Den	13	-	1	-	-	-	-	-	-	4	-	-	-	-	-	-	18
Mate Tricks	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2
Healthy Schools	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25
After Schools (general)	3	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	4
Evaluation	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	4
Community Safety Initiative	15	17	-	-	-	5	-	-	-	5	2	3	-	-	-	-	47
Community Resident Consultation	1	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	4
Safe and Healthy Place	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	3
Quality Enhancement Programme	1	-	-	-	-	4	-	-	-	1	-	-	-	-	-	-	6
SUBTOTAL	89	18	11	3	3	10	1	36	1	10	4	7	24	-	-	-	217
Wider Stakeholder Engagement																	
	Minuted Meeting	Focus Group	Phone Call	Letter	Process Evaluation	Seminar	Newspaper Article	Site Visit	Newsletter	Workshop	Working Group	Other	Email	PowerPoint	Not Classified	Board Review	TOTAL
Schools	14	-	-	2	-	-	-	11	-	-	-	1	-	-	3	-	31
SDCC	9	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	12
HSE	3	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	4
Other Stakeholders	13	-	-	-	-	-	-	-	-	5	-	1	-	-	-	-	19
Communications	-	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	6
Board Meetings	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	8	9
Services Subcommittee Meetings	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
ISG Meetings	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
Team Meetings	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
SUBTOTAL	72	-	-	2	-	-	-	11	6	7	-	3	-	2	3	8	114
TOTAL	161	18	11	5	3	10	1	47	7	17	4	10	24	2	3	8	331

APPENDIX SEVEN: SERVICE DEVELOPMENT AND IMPLEMENTATION DOCUMENTARY DATA DRAWN DIRECTLY FROM WORKING TOGETHER AND SERVICE INTEGRATION PROCESS EVALUATION REPORT

Early Childhood Care and Education (ECCE) Service

Development

From documentary analysis, it is evident that CDI undertook a significant process of consultation and working together with other organisations regarding the development of the ECCE service. In February 2007, CDI initiated a set of meetings with Barnardos, Preparing for Life and Young Ballymun in order to discuss common issues relating to the development of Early Years services. Those meetings were used to share information relative to the services, identify potential areas where organisations could work together (training, research forum), give an update on implementation and raise evaluation issues. Four meetings took place in 2007 (February, April, May, and September).⁷ In September 2007, CDI also met with the South Dublin County Childcare Committee (SDCCC) to discuss the issue of premises for the programme, and how to increase capacity of provision. In November 2007, CDI undertook a consultation with the HSE, South Dublin County Council (SDCC) and SDCCC regarding the levels of unmet need and implications for service roll-out. They also met with a number of pre-school service providers and other organisations in the area (Naionra, An Cosán, Barnardos, Enable Ireland, Loreto Playgroup, Head Start, Busy Bees, SDCCC, St Anne's Preschool, HSCL, Brookfield, Fettercairn Little Ones, Partas) to provide an overview of the CDI strategy and its individual services, and discuss the number of childcare places available, fees, potential location and premises. Two working groups emerged from this meeting to discuss fees (CDI, Loreto Playgroup/Head Start, Barnardos) and potential locations (CDI, An Cosán, SDCCC, Barnardos). The services providers met again in December 2007 to update members on the outcomes from the working group meetings, and discuss the audit of training needs. Furthermore, an open forum was held in December 2007 to discuss what a CDI-supported ECCE service entails, in relation to what CDI are required to do as part of their commitment to OMCYA and AP, and to discuss the rationale for a manualised approach and what elements the manual contains. In January 2008, CDI met with the Department of Education and Science to give an overview of CDI progress and discuss issues identified. Subsequent to these developments a childcare consultant was commissioned to develop the ECCE manual.

Aims and Programme Description

The ECCE programme is a two-year prevention service that seeks to strengthen children's (aged 3-4 years) positive dispositions to learning so that they will be ready for the transition to school. The programme uses an approach called High/Scope, which enables children to learn through play. Each child is assigned a key worker (child care worker/facilitator) who provides continuity between home and service, and who has a special responsibility for the child's learning. The key worker undertakes pre-arranged home visits. Specialist primary health care in the areas of speech and language, dental and nutritional care are also features of the programme. The programme's overarching aim is to address a number of difficulties which are perceived to emerge which affect a child's preparedness for school, including the social, emotional and cognitive skills required for full participation in school.

The core components of the programme are threefold:

1. The Child Component – the provision of a broad-based curriculum to improve a variety of competencies, including early literacy and numeracy skills. Additionally, nutritious food is provided, along with opportunities for physical play and recreation. The service also provides health care support, as well as support from a speech and language therapist (SLT). This component also involves the development of child-specific follow-up work plans to be implemented with parents through home visits;
2. The Parent/Carer Component – through a parent-carer facilitator (PCF), parents are supported to address specific needs based on family values and desires. Parents are also supported to access further education, training or employment where appropriate. Parents' groups and personal development work also form part of this component. These involve building parents' confidence, and identifying positive behaviour episodes and building on them;

⁷ These meetings occur on a bi-annual basis since.

3. The Parent/ Child/Broader Community Component – involving addressing the needs of parents and children together through communication of child development principles. Additionally, it is anticipated that the programme will, through the collective benefits of its various activities, contribute to a reduction in antisocial behaviour, as well as providing an opportunity to link families into other aspects of CDI activities.

Operation

The ECCE programme operates across nine sites (originally seven up to September 2009⁸) on weekdays from 9am-1.15pm during the primary calendar year. The number of childcare workers per site is dependent on the number of children in each site (the programme provides for a staff:child ratio of 1:5, with each site also having one senior childcare practitioner and a parent/carer facilitator). Partas provides ongoing financial forecasting support to ECCE service providers. Service integration is a core aspect of the ECCE service, realised through the role of the position of the Speech and Language Therapist (SLT). A senior speech and language therapist position is funded by CDI and employed by An Cosán. The SLT also works as part of the Health Service Executive (HSE) Community Speech and Language Therapy Team in Dublin South West and receives role supervision from the HSE Speech and Language Therapy Manager. The SLT reports to CDI's Early Years Quality Officer, An Cosán and the Speech and Language Therapy Manager and provides quarterly progress reports for review meetings, which are attended by both SLTs and CDI.

In addition to the provision of an SLT service, part of the senior SLT role is to liaise with other professionals and agencies including attending case conferences, individual education plan meetings and other progress management meetings as required. Time is allocated on each site for regular SLT/ECCE staff discussion. The SLT also allocates time once a week in each site for parents to come and talk as needed. She provided training to all ECCE staff (May 2009) and facilitated parental sessions in speech and language development. The SLT also liaises with the Parent/Carer Facilitators (PCF) regarding supporting parents in promoting their children's language development. She supports the PCF in running parent story times.

Structures

There is no steering committee or similar structure which guides the operation of the programme. However, CDI Quality Specialists support each site with monthly managers' meetings, as well as monthly communities of practice (CoPs) with all staff. CDI also undertakes on-site visits to discuss implementation and fidelity issues with each operator. PCFs meet on a monthly basis with CDI staff to provide an update on training and course delivery (High Scope, Parents Plus Community Course), identify subsequent training needs, share information about programmes, and other developments in the area not necessarily related directly to the delivery of the ECCE service (such as Acorn Parent Coaching Programme or the Primary Care Team (PCT)), discuss parental engagement, summer programmes, and evaluations. Themes such as the training, school transitions, home visits and referrals to the HSE are also discussed. The CoPs are attended by the PPCC facilitator since February 2009.

The ECCE service mirrors the aspirations of DEIS (Delivering Equality of Opportunity in Schools programme operated by the Department of Education and Science) by delivering an integrated, collaborative and focused service, and adheres to Síolta, the National Quality Framework for Early Childhood Education. Since September 2009, CDI in collaboration with the National Children's Nursery Association (NCNA), has a Síolta coordinator in place to work with ten early year's centres and junior national schools. The Síolta coordinator is funded by CDI. Training needs identified by the Síolta co-ordinator are discussed with the service manager and also forwarded to the CDI Quality Specialist, who in turn work with the SDCCC and CSC (if appropriate) in exploring ways of addressing training needs. Cross site meetings are held twice a year between CDI, Young Ballymun, Preparing for Life, the Early Years Policy Unit, and the NCNA to give an update on Síolta's implementation for each site and its evaluation. Furthermore, a proposal is being developed with the Síolta Coordinator on improving the interface between Síolta, Aistear (the Framework for Early Learning) and the HSE inspectorate. The Síolta programme is not restricted to the ECCE programme. It comes under the Quality Enhancement Programme of CDI and

⁸ In April 2009, a meeting took place with Partas (a local enterprise and social economy company), SDCCC, HSE, SDCC, and Partnership regarding expansion for September 2009. Premises and potential managers/services were identified. As the number of children were low for the second cohort in the RCT study, the CDI Board agreed to the possibility of moving outside the Tallaght West area, but remaining within Tallaght, and a meeting was held with SDCCC regarding the inclusion of services from the wider Tallaght area (May 2009). The SDCCC supported CDI in engaging with providers from wider Tallaght (July 2009).

is offered to all providers in Tallaght West and those outside of Tallaght West in receipt of CDI funding. Since November 2009, CDI holds regular meetings with a number of agencies (HSE, RAPID, SDCC, Barnardos, Partnership, Partas etc.) to discuss options available to support services post CDI funding.

Since September 2008, CoPs take place with ECCE staff and the SLT. During those meetings, one centre presents activities they have undertaken (e.g. greetings, coffee mornings, play therapy etc.) and discuss the strengths and weaknesses of their approaches. The CoP allows the staff to exchange information on courses, share ideas for activities, discuss a section of the manual each month, give an update on the Speech and Language training, High Scope Training, the Parent Plus Programme and the implementation of Siolta. CDI's Evaluation Officer gave a presentation on fidelity during one of those meetings. At the end of the year, a summary of the topics mentioned throughout the year is provided. In September 2009, it was decided to have CoP meetings every six weeks and to divide the group in two as nine centres meeting together was perceived to be too many. The topic of reflective practice was introduced in October 2009.

Between February and July 2009, ECCE managers met on a monthly basis (now meeting every six weeks). During those meetings, managers discussed training and seminars, the fees of the programme, shared ideas relative to the individual planning of family days, issues and positive outcomes relative to the delivery of High Scope and PPCC, discussed ways to support the PCFs, manual fidelity, and solutions for challenges encountered in the schools (e.g. domestic violence, food preferences for cultural reasons, parental engagement). The service respondent indicated that the manager's meetings, alongside other aspects of the ECCE service such as the CoPs and seminars, provide useful opportunities to establish contacts and discuss common issues. One particular situation cited was the contact made to the psychology services regarding children's behaviour, with subsequent information being passed onto parents and staff for their information and practice (Service Respondent interview).

Doodle Den

Development

Interviews with CDI reveal that, like many of its other commissioned services, Doodle Den was developed through the needs analysis and strategy development undertaken from 2003 onwards as part of developing CDI. In the process of planning the service, CDI met with a representative of the VEC (Vocational Education Committee) to discuss the procedures for linking parents who would like to develop their own literacy skills, learn about what the adult literacy services the VEC provide and discuss approaches to engaging parents in supporting their children's literacy development. It was suggested that CDI could link with the VEC for training facilitators around adult literacy or using facilitators with experience working with parents on literacy courses. CDI also met with a representative of NALA (National Adult Literacy Agency) to discuss CDI's parent component of the proposed Doodle Den programme. The focus here included the issues of training and awareness raising amongst parents about their children's literacy, to identify methods of engaging parents in their child's literacy and to discuss family literacy more generally. CDI also worked with SDCC's library service in Tallaght in January 2008 to discuss how the library could support the programme. Information was shared about the content of the programme and it was agreed that CDI and the library would work together on the parents' component and the children's opening of the library. It was also suggested that the library could order books for the programme. Additionally, family sessions have taken place in the library.

Aims and Programme Description

Doodle Den is a one year after-school programme aiming to make moderate improvements to children's literacy (children aged 5-6 years), contributing to more frequent school attendance, more learning outside of school and enhancing relationships with family and peers. The programme is aimed at pupils who have commenced senior infants class in Tallaght West and who have been identified as having difficulties with one of a number of issues, including letter identification, writing vocabulary, phonemic awareness and text comprehension. Children can be referred by agencies or parents to the programme.

There are three components in Doodle Den:

- The Child Component – which focuses on combining fun activities with developing literacy skills through learning about sounds, families of words and vocabulary words;
- The Parent Component – comprising six sessions per year involving a mixture of active learning, best practice, active interaction and discussion;
- The Family Component – comprising of opportunities for parents to observe child sessions, share reading activities as well as an organised family activity.

Operation

In 2008, CDI commissioned Citywise Education (five groups) and An Cosán (two groups) to deliver the programme across five schools. The delivery of the programme commenced in September 2008. The programme is delivered three times a week for one and a half hours after school for the duration of the primary school calendar year. However, it is delivered in an environment different to that of the classroom, with two co-facilitators – a teacher and a youth or community worker. The programme is delivered through a network of schools in the locality. These schools are Scoil Caitlin Maude, Scoil Cnoc Mhuire in Killanarden, St. Brigids in Brookfield, St Thomas, Jobstown, St Maelruain's in Jobstown, Sacred Heart Junior School and St. Anne's National School. The Citywise programmes are held in both their own premises (2 groups), Scoil Cnoc Mhuire (2 groups) and St. Brigids Junior school (1 group). An Cosán deliver their two programmes in Sacred Heart Junior School and St. Anne's National School.

Structures

Doodle Den is supported in its implementation through monthly manager meetings between commissioned organisations and quarterly meetings with schools. A monthly CoP has been established for the facilitators. Those meetings allow service facilitators to meet and share information. A range of themes are discussed during the CoP meetings: identify challenges and successes; develop an understanding of what influences children's behaviour; identify processes which support children to participate in the programme; reflect on the programme's implementation (duration, attendance, programme elements); review work with children, parents and at family sessions; review target outcomes; identify means to improve co-facilitation; identify training needs; and share tips and ideas for activities. In February 2010, a self monitoring tool and videoing of sessions were introduced.

Mate-Tricks

Development

As outlined with other programmes so far, Mate-Tricks arose out of the broad planning process which occurred in relation to establishing CDI as an entity. In addition, in September 2008, Archways was commissioned to develop the manual and provide training. Foróige was commissioned to deliver the seven groups. Archways was also contracted to support CDI in the implementation of the Mate-Trick programme in its first year. The organisation's role was to work with CDI's Quality Specialist to support the programme delivery. This involved:

- Group planning and facilitating through participation in the Foróige team planning meetings;
- Co-planning and co-facilitation of the CoP with CDI;
- Support of programme delivery and identification of supports required for implementation;
- Supporting a working relationship with authors of Strengthening Families and Coping Power and coordination of training of facilitators;
- Building local capacity. Working together with CDI and Foróige, Archways coordinated a two-day training programme for Mate-Tricks facilitators in Coping Power rationale and techniques.

Archways updated CDI on the support it provided in developing the manual and associated training through quarterly reports and follow up meetings. A final review meeting was held with Archways in relation to the manual in October 2009. However, at time of writing this manual was not finalised.

Aims and Programme Description

Mate-Tricks is a one-year prevention and early intervention service that aims to make moderate improvements in children's (aged 8-9 years) pro-social behaviour through addressing issues of self regulation, perspective taking and problem solving. The programme blends elements of two programmes – Strengthening Families Programme (SFP) and Lochman's Coping Power Programme (LCPP). As with some of CDI's other programmes, Mate-Tricks has three components:

- A Child Component – underpinned by both SFP and LCPP, which provides a curriculum for children to develop pro-social skills such as awareness of feeling, problem solving and perspective taking;
- A Parent Component – which comprises six sessions a year, which are a mixture of active learning, modelling best practice and discussion so as to explore ways in which parents can support their children's learning;
- A Family Component – which provides opportunities for parents to observe child sessions, parent child activity suggestions and an organised family activity per term.

Operation

The programme is delivered by Foróige to children from five schools: St Anne's, St Aidan's, Sacred Heart, Scoil Cnoc Mhuire and Scoil Caitlin Maude and is delivered in both school sites and community settings. It is delivered by two youth work facilitators from Foróige on all sites except one, where a CDI staff member is also part of the delivery team. It operates twice a week for one and a half hours after school in line with the primary school calendar year.

Structures

The operation of Mate-Tricks is supported by monthly manager's meetings between CDI and Foróige to prepare and oversee programme implementation. These meetings serve to underpin the reporting structure between the two organisations, whereby Foróige submit formal reports to CDI on a bi-annual basis. These reports cover a range of issues such as referrals, attendance, implementation of the manual and fidelity, and financial issues. Quarterly meetings with schools also occur. Foróige also meets with schools individually to discuss issues pertaining to the programme, including for example referrals, promoting the programme and highlighting ways in which teachers can support it.

CoPs were initiated as part of the Mate -Tricks programme in December 2008. Themes discussed in early meetings included standardisation of processes across the delivery sites, sharing information and ideas between staff, and clarifying issues which staff had at that particular juncture. One early COP meeting also provided an opportunity for attendees to meet Archways staff (February 2009). More generally, COPs provide an opportunity to discuss a range of issues affecting the implementation of the programme, or arising out of its operation. These include manual fidelity, the RCT evaluation study, implementation challenges encountered, and families with more than one child in a CDI service. In recent months, a reflective tool for quality and fidelity of implementation was introduced via the CoPs (January 2010), as was the introduction of video sessions to highlight examples of good practice (February 2010).

Healthy Schools

Development

The origin of the Healthy Schools Programme is to be found in the widespread consultation exercise with the community and agencies in 2003 leading up to the development of CDI's strategy. Initially, a working group was established to develop the manual for the Healthy Schools Programme. This group was composed of members representing CDI, the HSE, SDCC sports officer, Tallaght Partnership, and St Aidan's National School. Meetings were held throughout 2007. CDI worked with the HSE to agree on the expertise available and the practicalities of implementing the 'specialist primary health care' aspects of the Healthy School services.

Aims and Programme Description

The Healthy Schools Programme works towards identifying where improvements in the current healthcare referral pathways can be made. The aim is to support a seamless access and improved uptake of services thus ensuring appropriate and effective engagement with services. The programme emphasises the importance of the school as a location for improving health outcomes for children. To this end the programme has a number of core components:

- To develop a database and network of child and family service providers;
- To coordinate what is already happening in selected schools through health promotion activities, school completion programmes and the work of the Home-School-Liaison Officers;
- To develop and agree protocols with service providers, principals and families regarding sharing information on referrals and appointments with health and social services;
- To identify barriers to engagement with and access to services and identify and action appropriate responses;
- To engage parents and other family members through activities;
- To liaise and negotiate with external agencies regarding the implementation of the programme so as to achieve its objectives.

Operation

The Healthy Schools Programme is a whole-school approach to improving children's health. As such it is delivered on a continual basis throughout the school year in five schools across two campuses-namely Scoil Cnoc Mhuire junior and senior schools, Croi Ro Naofa junior and senior schools and Scoil Chaitlin Maude. The implementation of the programme involves the integration of a Healthy Schools Coordinator (HSC) into each school campus. Each HSC is employed by the school and works with the school principals, teachers (as teachers and other roles e.g. home school liaison officer), families and community services. The HSC role is full-time working both during and outside the school year. In May 2009, CDI met with each of the School Principals to discuss the Principals' views and expectations of the Healthy Schools Programme, and clarify roles. The Coordinators have organised a number of activities in the schools, including a skipping competition, weekly dance classes, sensory play and Tae Kwon Do classes.

Structures

Like other CDI programmes, the Healthy Schools programme is supported by CDI staff who have regular contact with HSCs and Principals. In addition, a Healthy Schools Steering Committee (HSSC) meets monthly to review progress of the programme and highlight issues to be addressed. The committee is composed of five School Principals, CDI, two SDCC (Social Inclusion) representatives, two HSE representatives, the Healthy School Coordinators, parents, and two Home School Community Liaison Coordinators. The meetings started in November 2008.

The HSSC is the decision making body which oversees the development and delivery of the HS programme, and oversees the work of the Healthy Schools Coordinators. It guides and drives the work of the Coordinators to ensure that the objectives as outlined in the Healthy Schools manual are achieved. The Healthy Schools Coordinators report to the committee on progress to date, actions undertaken and issues identified. In December 2009, it was agreed to undertake a needs analysis with teachers, parents, and health personnel in the area. The committee also devised plans to include collective pieces of work and community focused activities. During those meetings, information is also shared on referral process, training requirements, and issues arising in schools. In June 2010, a Lucena clinic (a local child and adolescent mental health service) representative came to the meeting and clarified their organisation's referrals process. The steering committee provides CDI with quarterly reports.

Community Safety Initiative

Development

As with the other programmes, the widespread consultation process which occurred in 2003 provided the foundation to the Community Safety Initiative. Further to this, consultation took place from October 2006 to April 2008 to inform the implementation of a community agreement. Community groups (An Cosán Young Mother's Group, An Cosán Men's group, An Cosán Senior Citizens Group, Jobstown Estate Management, Killinarden Estate Management, Brookfield Senior Citizens, Tallaght Youth Service youth group, Brookfield Community residents/neighbours, St Anne's Parent Group, St Maelruain's Parent Group, Local Youth Committee, Children, Ethnic Minority families, Travellers) and service providers (Local businesses, Community Gardaí, Inspector of Community Policing, Mediation Bureau, South Dublin County Council, Cluid Housing, Tallaght Youth Service, RAPID, Tallaght Partnership, Juvenile Liaison Officer, Teen Counselling, Home School Liaison Officer's Cluster Group, Sophia Housing, Community Welfare Officer (HSE), Jobstown Assisting Drug Dependency, National Education Welfare Board) were consulted on their opinions and views on living and working in Tallaght West.

Residents were also consulted. This process informed a report that identified several agreed areas for actions. Three key action themes emerged from the report:

- Young People;
- Physical Environment; and
- Community Engagement.

Aims and Programme Description

The Community Safety Initiative (CSI) aims at implementing a new approach to building community safety through community residents, Gardai, the local authority and other stakeholders developing and implementing a community safety agreement and activities that identify and address the factors that negatively impact on the community's experience of safety. Using a collaborative approach, its core aims are to improve safety in the home, school and wider environment, and specifically to develop a community safety agreement, to develop local capacity and awareness so as to implement the CSI, and to improve pro-social behaviour and reduce crime across Tallaght West. The initial plan was to roll out the CSI across four pilot sites in Tallaght West. However, this has been reduced to two sites – Jobstown and Brookview.

The Safe and Healthy Place (SHP) activity is also an integral part of the CSI. The Initiative is designed to improve the physical fabric of the area in order to reduce the negative impact on children's health and well being, as well as to improve their sense of attachment to their community that results from poor neighbourhood and living conditions. It aims at improving the neighbourhood and physical environment of McUilliam Estate and demonstrate how the integration of key stakeholders could have a positive impact within the community and produce better outcomes for children living in the environment (CDI, 2008, p2). SHP was designed by CDI in agreement with South Dublin County Council (SDCC). The initiative has a multi-layer approach that aims at regenerating a child-centred family friendly environment through a novel approach to urban planning, re-focusing current Council resources and community facilities to support the implementation of the CDI strategy, and continuing to deliver a Common Quality Standard to support outcomes for children.

Currently, CDI is working on the development of restorative practice training in Tallaght West. It is proposed to develop the skills among stakeholders of the CSI by bringing Hull Restorative Practice training agency to Tallaght West. This approach is about people learning to be explicit about their work, to take responsibility for their practices, and to challenge and support each other to implement best practices. The aim of this training is to introduce a methodology that will enable stakeholders of the CSI to agree and implement the community safety agreement in Jobstown and Brookview, and over time, in Tallaght West in general. The method provides techniques to build relationships and solve problems, prepares participants to run restorative justice conferences and/or use restorative practice in their everyday role. It also involves training practitioners to facilitate the training themselves (i.e. training of trainers).

Structures and Resources

In September 2008, CDI started the three year process of CSI implementation. A Steering Committee (CSISC) was established to guide the implementation of the CSI. Membership is drawn from community representatives from the four target communities, local service providers and the CDI. The CSISC held its inaugural meeting on November the 8th 2008. Subsequently, other structures were formed to also support CSI's implementation and to further progress the CDI goal of improving "the health, safety and learning of the children of the area and to increase their sense of belonging to their community" (CDI, 2005, p3). These structures include a Safe and Healthy Place Committee, a CSI Community Forum, a CSI Youth Forum and most recently, a Restorative Practice Committee.

From September 2008 until December 2009, a fulltime CDI Community Engagement Coordinator led the CSI implementation process. In January 2010, the post became a job-sharing position with responsibilities divided as follows: one Community Engagement Coordinator is tasked with guiding the CSI Community Forum and implementation of the CSI on the two active pilot sites in the Brookfield and Jobstown areas; the second Community Engagement Coordinator is charged with driving the SHP activity on the McUilliam estate, guiding the development of the CSI Youth Forum and in the identification of pilot sites and subsequent implementation of the CSI in the Fettercairn and Killinarden areas of Tallaght West. Both Coordinators assist the work of the CSI SC and collaborate on other CSI activities including the Tallaght West Good Behaviour Awards and the CSI Restorative Practice Training programme.

The CSI Steering Committee (CSISC)

The CSISC supports the implementation of the initiative. Established in October 2008, the CSISC's proposed membership includes community representatives from each of the four target communities in Tallaght West;⁹ CDI staff, representatives from South Dublin County Council, An Garda Síochána, Tallaght Youth Service and The Probation Service and representatives from ethnic and minority families.¹⁰ To ensure accountability for CSISC actions and agreements among members and to support relationship building with residents, statutory and community organisations, and voluntary service providers, an independent chairperson nominated by the CDI Board facilitates all Committee meetings.

In terms of governance, the CSISC is a sub-committee of the CDI Board, formally reports to the CDI Board and also informally – through its SDCC representative – to the Children's Services Committee (SDCSC). The primary role of the CSISC, according to its Terms of Reference (TOR), is to "advise and support the development" of the CSI. In accordance with its TOR the CSISC will:

- Facilitate the accountability of key stakeholders to the community; each member will be held accountable for their commitment and participation in the group.
- Agree current needs as identified through the community safety survey and support the implementation of appropriate actions;
- Identify pilot sites in each of the four communities where the Community Safety Agreement will be implemented;
- Provide advice and support in the development and implementation of a Community Safety Agreement;
- Advise on changes to the CSI as the need arises.

(CSI TOR, November, 2008).

From September 2008 to September 2009 the CSI held two resident introductory meetings, one full-day workshop, one introductory meeting between the CSISC and the Youth Forum, and seven CSISC monthly organising meetings. In addition, members engaged in various actions outside of formal CSISC meetings to further the aims and general development of the CSI. These activities included publicising the CSI locally (with neighbours and friends), and with locally based organisations and agencies, gathering information and support from within participating agencies required to plan and roll out the initiative locally. Since September 2009, the CSISC has adopted a more supervisory orientation in the CSI implementation process and currently meets quarterly to fulfil this role.

To date, the CSISC has identified two sites of approximately 100 houses in two of the four communities (Jobstown and Brookfield) of Tallaght West for piloting the safety agreement and other CSI activities. This piloting work involved discussion and negotiation between partners including CDI, service providers (SDCC, the Gardaí, Tallaght Youth Services (TYS) and The Probation Service) and community representatives on the CSISC. Activating the sites to pilot the CSI has involved setting up core groups of residents on each site to implement the CSI. It entailed organising various events and activities supporting community interaction, awareness raising and service engagement around safety and environmental issues.

In further developing the initiative, the CSISC employs a range of community engagement processes with a variety of stakeholders. This has included meetings with the TYS-coordinated Youth Forum, front line staff from the SDCC's Housing, Social and Community Development Department and the Tallaght Community Garda Unit. This engagement activity resulted in the formation of a CSI Youth Forum in March 2010 specifically focusing on youth safety issues in Tallaght West. In addition, local Community Gardaí have been involved in CSI community engagement activities and events on the Jobstown and Brookfield pilot sites. A performance by the Garda Band at a CSI sponsored sports event and SDCC Estate Management staff assistance in a number of clean-up days on the pilots sites over the summer of 2009 are other examples of the CSISC's overarching role regarding CSI community engagement activity.

⁹ Since September 2009, representation on the CSISC by residents reduced to two community representatives from Jobstown and Brookfield areas of Tallaght West.

¹⁰ Since June 2009 there has been no ethnic representation on the CSISC.

A Safe and Healthy Place Committee

As a part of the CDI/CSI agenda to improve the physical fabric of the area, the CDI alongside South Dublin County Council established in 2008 'A Safe and Healthy Place' (SHP) activity. The activity, which concentrates on the McUilliam Estate, Fortunestown, Tallaght West, seeks to improve the physical fabric of the Estate and to engage in activities that promote "a coordinated approach to future planning and service delivery" locally (CDI 2008, p3).¹¹

The SHP Committee emerged from the identification of the need to undertake an analysis of the planning to date in the new McUilliam estate in Tallaght West, and to ensure a coordinated approach to future planning and service delivery by the Children's Services Committee. CDI lead this process through establishing in February 2009 a working committee composed of representatives of the HSE, SDCC, Barnardos, CDI (Chair), the National Educational Welfare Board (NEWB), An Garda Síochána, the Dodder Valley Partnership, Oakley Housing Association, County Dublin Vocational Education Committee, the National Educational Psychological Service (NEPS), Tallaght Youth Service, and a Home/School Liaison teacher. Since March 2009, two community representatives drawn from the two active resident associations in the area, the Mac Uilliam Residents Association and the Oakley Residents Association, have joined the SHP Committee. The SHP's aims are to:

- Identify current needs in McUilliam and coordinate appropriate responses;
- Establish and promote effective inter agency communication within the area, and an integrated, child friendly planning process;
- Review the planning process to date in McUilliam and identify and apply key learning in order to enable an integrated, and holistic planning process;
- Consider best practice in other SDCC locations and more widely; and
- Develop and test guidelines based on key principles for child and family proofed planning.

(SHP TOR, February 2009)

In term of governance, the SHP Committee is led by the CDI and reports informally to the SDCSC. The work is undertaken within the context of, and with commitment to complementing, the SDCSC, the RAPID Area Implementation Team, and the review of pre-tenancy training underway within SDCC. Its main activity has been the identification of current needs on the McUilliam Estate through consultation with local service providers and government agencies.

In March 2010, CDI published a McUilliam Needs Assessment Report cataloguing the issues requiring attention in the SHP's effort to create a child-centred family-friendly neighbourhood in the area. Conducted during November and December of 2009 by a number of SHP members including the SDCC, CDI and Barnardos, the survey provides a picture of issues that are common across the estate among residents and the service providers working with families. Overall, the report is aimed at influencing local service provision, for example, pre- and post-tenancy support undertaken by SDCC, and with providing residents and service agencies with a useful resource in lobbying for local improvements to the estate and its surrounding environment. Currently there are a number of SHP committee-inspired initiatives operating locally including:

- The provision of ESL training to residents by SDCC at Brookfield Community Centre;
- A youth work programme involving Tallaght Youth Services, CDI, the Gardaí, Barnardos, SDCC, Residents Committees, and the FAI;
- The retention of a local horse project led by the Dodder Valley Partnership;
- Development of a Community Integration Strategy led by CDI and the two McUilliam residents Associations; and
- The provision of ongoing support to residents by CDI and SDCC.

Future planned SHP interagency working in the area includes the provision of a McUilliam Playground, the installation of a MUGA (Multi-Use Games Area), a pedestrian crossing, a local directory of services, cultural competency training, a seminar on best practice in urban planning, a McUilliam community celebration and the continued maintenance of the Barnardos service on the McUilliam estate.

¹¹ The McUilliam Estate, Fortunestown, Tallaght West which has being identified as a particularly vulnerable area for young families, new communities, lone parents and Travellers in terms of social and economic disadvantage.

The CSI Community Forum

Established in late 2008 with its first official meeting on January the 13th 2009, a CDI Community Forum is another structure aimed at influencing the implementation phase of the CSI and CDI more generally. The purpose of this CDI sub-committee is to provide a channel to inform and influence the implementation of the CSI based on their "experience of the delivery of the initiative". To facilitate this objective two members, nominated by the members, have joined the CDI Board. The Forum comprises community representatives on the CSI Steering Committee and other community members drawn from the CSI pilot sites in Jobstown and Brookfield area of Tallaght West

The main activities of the CSI Community Forum are to introduce and promote the CSI on the Jobstown and Brookfield pilot sites. This involved setting up core groups of residents on each site to implement the CSI. It entailed organising various events and activities supporting community interaction and service engagement around safety and environmental issues. Specific organisational activities by local residents and CDI include:

- Weekly group meetings on each site between March and August 2009 and following the CSI restructuring in September 2009 both groups were merged into the CSI Community Forum. These regular meetings began again in March 2010;
- Both pilot site groups and the subsequent CSI Community Forum have worked with local SDCC management, local SDCC Estate Housing Management officials and Community Gardaí in the organisation of onsite CSI events and activities;
- CSI community representatives on the pilot sites developed and administered an 'engagement form' door to door to support CSI involvement in these areas. The document offers options on the different levels of engagement sought;
- The CSI Steering Committee coordinated service agency support for events and activities on the sites between April and August 2009. This included funding pilot sites events and help with materials (e.g. plants, grass cutting);
- Meetings with community development consultant June Meehan in 2010 focusing on the introduction and implementation of the Community Safety Agreement.

The CSI Youth Forum

The CSI Youth Forum began in meeting in March 2010. The emergence of the Forum is traced to CSI engagement with the Tallaght Youth Services and their established local Youth Forum which began in January 2009. Two information sessions relating to the CSI strategy between CDI's Community Engagement Coordinator and the TYS Youth Forum resulted in the decision by the Forum to request a meeting with the CSI Steering Committee. The meeting on the 2nd of April led to an agreement between the CSI and the Youth Forum to work together on youth safety issues.

The CSI Youth Forum comprises three young people representing the TYS Youth Forum, two TYS Youth Workers, a CDI Community Engagement Coordinator, a SDCC representative and a sergeant from the Tallaght Community Policing Unit. To-date, this forum has resulted in the organisation and delivery of a youth event 'the Funky Seomera' at the Red Rua Theatre in Tallaght on the 25th of June 2010. The CSI Youth Forum also intends to make a submission on new SDCC 2010 Anti-Social Behaviour Policy currently being drafted.

Restorative Practice Management Committee

The Restorative Practice Management Committee is an emerging structure aimed at supporting the introduction and delivery of the training programme across all statutory and community organisations working with children and families in Tallaght West. CDI is working towards training 1000 people (800 service provider staff, 200 residents including 20 young people). As identified in the Terms of Reference (ToR), the role of the Management Committee is:

- To plan and oversee the implementation of the training programme;
- To promote the potential benefits of the training programme within member agencies organisations and the general public; and
- To work to maximise the potential benefits of this training programme for agencies and residents of Tallaght West.

The proposed membership of the Restorative Practice Management Committee comprises residents, Gardaí, HSE, Youth Service, SDCC, Dooder Valley Partnership / RAPID, and An Cosán. The committee's first meeting took place in June 2010.

Activities

In addition to structures outlined above, the CSI operates through the development and implementation of a number of inter-agency supported initiatives. Examples of these recently include the Children's Good Behaviour Award, Big Breakfast community engagement activity, and a volleyball league with teams from the Gardaí, SDCC, the CDI, residents, local councillors and TDs participating. Elements associated with the programme, such as the events alluded to above, are being implemented across Tallaght West. However, the core aspects of the CSI are being implemented across two pilot sites, as referred to above (Brookfield and Jobstown).

APPENDIX EIGHT: DATA ARISING FROM PREVIOUS PROCESS EVALUATION REPORTS PERTAINING TO REPORT RESEARCH QUESTIONS

Key Questions underpinning the evaluation work	Strategy Development	Interagency Working	Training and Support	Organisation	OTHER
1. Who are the community?	Outlined as those living and working in TW. CDI "will recognise and value the contribution made by, and the commitment of those living and working in the community.	Importance of the CDI compass: recognising and valuing the co contribution and commitment of those living and working in the community. ISG as providing representation from key organisations in the locality.	QEP highlights importance to CDI of those organisations and residents NOT involved in commissioned service provision. Findings here indicate recognition of QEP as something to prevent two-tier provision in locality.		Those living and Working in West Tallaght. Residents, young people, children, parents, teachers, stat and vol organisations, community activists etc, politicians, councillors (CDI presentation to GREP 18th FEB 2011).
2. What was the core logic model regarding how the strategy would be shaped by the local community?	Not specified. Range of findings on process of how community shaped the strategy. Issues of representation, issues of consortium versus the existence of a 'core group';		N/A		CDI communication in response to request for core logic model that there was not a specific one as such, rather the consortium has strategic intent to engage/consult/involve the community.
3. Related Question – core logic model for community shaping the implementation of CDI?	Not specified.		N/A		CDI seeing implementation as being characterised more as community engagement, where development and post implementation stages characterised as community-led (discussions with CDI).
4. What structures and processes were established to achieve this goal? How do these play out against frameworks and processes in literature for community consultation?	CDI NEWB collaboration underway in early days. CDI work based around An Cosan initially. Involvement of Tall. Partnership – conscious effort not to duplicate services. Establishment of consortium and range of sub-groups. Children's consultation through drama. Consultation lasting 2 years; residents...	Newsletter as opportunity to share with community what is going on in CDI; QEP as opportunity for organisations to come together; SERVICES ECCE: significant process of consultation: 4 different sets of meetings in 2007, ...	Needs analysis methods: community (organisational) involved in initial needs assessment workshop as well as offering in some cases to provide seminars/training. CDI staff identifying newsletter and other ways of publicising events (networking, local press, webtext, email shots, as...	Board includes 3 community representatives; involvement supported through dedicated measures.	Keogh Report details clearly the structures and processes to engage the community (Jan 2007 – April 2008).

Key Questions underpinning the evaluation work	Strategy Development	Interagency Working	Training and Support	Organisation	OTHER
	<p>...involved in st. development by being accessed through participating services/organisations (parents). Importance of community involvement underpinned by employment of CD expert in 2005. Dartington engaged in research in community (80 families, consortium members and staff). CDI staff in early days as community members/residents; community members playing a role in interpreting data; community researching for CDI; support worker for community members in development to speak out during meetings and parallel meetings. Public meetings for How are our Kids and draft strategy (community invited to examine outcomes).</p>	<p>...incorporating key statutory and voluntary organisations. 2 working groups established. Commissioned service providers involved in delivery; other (national) organisation reps involved in particular elements (Siolta; cross-site meetings). DOODLE DEN: CDI meeting with VEC, NALA, SDCC library services. Schools, An Cosan and Citywise involved in delivery. Mate Tricks: Working with Archways in development; Local Foróige services and schools in delivery. HS: working group for manual; two sets of meetings with HSE, and HSE and other organisations in development phase. HS SC as opportunity for organisations and individuals to contribute, as well as parents. CSI: specific, dedicated consultation process, involving two groups (29 organisations in total). Residents consultation. Range of organisations involved in delivery. ...</p>	<p>...important Comm. Engagement. Service support through regular meetings, programme structures where they exist. Forms of support indicates engagement with services in a number of ways.</p>		

Key Questions underpinning the evaluation work	Strategy Development	Interagency Working	Training and Support	Organisation	OTHER
		<p>... Consultation in delivery through residents' meetings, workshop, youth forum, pilot site implementation negotiation, meetings with TYS forum, frontline staff from SDCC departments.</p> <p>SHP: range of organisations involved in development of SHP, as well as community representatives since March 2009;</p> <p>CSI community forum: community members from pilot sites nad comm. representatives from CSI SC.</p> <p>CSI youth forum: 2 young people, 2 youth workers, Gardai, CDI CE coordinator, SDCC rep.</p>			
5. What worked well and what challenges were encountered?	<p>Consortium mix of national and local viewed as a strength. Leader as a strength. QEP as empowering the (practice) community. Query regarding role of community representatives feeding back to community (representative of the community or representing the community). Issue of consortium and then a core group within that. Challenge of involving parents experiencing difficulties; challenge of community...</p>	<p>ISG attendance not always what it could have been;</p>			Again, Keogh report as above

Key Questions underpinning the evaluation work	Strategy Development	Interagency Working	Training and Support	Organisation	OTHER
	<p>... consultation not being radical enough. Challenge of getting people involved; of informing/getting middle managers onside; of balancing evidence-based with community development approaches (science and spirit balance); of AP imposing a model initially; shifting perspective from organisation to community; challenge of not maintaining the community consultation process; challenge of children's consultation not occurring every year;</p>				
<p>6. Does the community feel part of the CDI process?</p>			<p>Limited findings on trainers (3) who offered training to CDI. Findings overall indicate that CDI clearly engaging with commissioned service community to meet need and additional requests. Similar with provision of support.</p>		
<p>7. What is the model which underpins the involvement of the community in the work of CDI?</p>	<p>Not specified.</p>		<p>Regular networking, discussions, informal and formal meetings;</p>		<p>See point two above</p>
<p>8. How is the community involved in every aspect – structures and processes?</p>		<p>See descriptions of programmatic elements above.</p>			
<p>9. What is the view of the community regarding the work of CDI?</p>					

APPENDIX NINE: DATA RELATING TO PROGRAMME STRUCTURE, ENGAGEMENT PROCESSES, ORGANISATIONS INVOLVED AND NUMBERS

ECCE

Development Characteristics	<ul style="list-style-type: none"> • CDI meets four times in 2007 with Barnardos, Preparing for Life, Young Ballymun to discuss issues pertaining to Early Years service development; • CDI meets with HSE, SDCC and SDCCC in November 2007 on issues of unmet need and implications for service rollout; • CDI meets with 13 early years providers and related organisations to provide overview of CDI strategy and services, and to discuss issues of fees, availability of places, premises and location. Two working groups emerge, one on fees and one on location. • CDI meets 13 early years providers again in December 2007 to update on working group progress and discuss audit of training needs; • CDI holds an Open Forum in December 2007 on characteristics of a CDI early years service; • CDI meets with Department of Education in January 2008 to discuss progress and issues arising; • Childcare Consultant contracted in 2008 to prepare ECCE Manual
Programme elements	<ul style="list-style-type: none"> • Child Component: broad-based curriculum with health aspects (SLT) also; • Parent/Carer Component: parents supported to address specific needs based on families values and desires; parents also supported to access further supports; parents' groups and personal development also an aspect of service. Parent/Carer Facilitator (PCF) in primary role of linking parents with preschool., undertakes home visits. • Parent/Child/Community component
Organisations Delivering Service	Nine service sites across the locality
Programme Structures	Monthly managers' meetings; CoPs; site visits; PCF monthly meetings with CDI.
Numbers of Community in the Service	161 children across two cohorts receiving the service.
Specific Engagement Activities	<p>PCF activities for parents:</p> <ul style="list-style-type: none"> • Parents Plus parenting course (113 completing the course in total); • Home Visits by PCF, average number of visits ranging from 5.8 to 8.1 for cohort one and 1.5 to 6 for cohort two; • Family trips during summer programme for service recipients; • coffee mornings, information sessions, specific parent-led support activities such as listening, supporting attendance at a service, form filling.

Doodle Den

Development Characteristics	<ul style="list-style-type: none"> • CDI meets with VEC to discuss adult literacy and approaches to support parents in improving their children's literacy • CDI meets with National Adult Literacy Agency (NALA) to discuss proposed parent component of Doodle Den. Issues discussed included methods of engaging parents in children's literacy. • CDI meets with SDCC library service in Tallaght to discuss potential involvement of library in programme.
Programme elements	<ul style="list-style-type: none"> • Child Component: developing literacy skills through fun activities; • Parent component: six sessions per year. Mixture of active learning, best practice, active interaction and discussion • Family component: opportunities for parents to observe child sessions, sharing reading activities and an organised family activity.
Organisations Delivering Service	NAn Cosan and Citywise are service deliverers. Participating children are drawn from seven schools in the locality.
Programme Structures	Monthly managers' meetings; quarterly meetings with schools; site visits; CoPs
Numbers of Community in the Service	203 children across two cohorts receiving the service.
Specific Engagement Activities	As outlined in parent and family components above

Mate Tricks

Development Characteristics	<ul style="list-style-type: none"> • Archways commissioned to develop manual in September 2008, and support CDI in engaging with authors of manual elements (Strengthening Families (SFP) and Coping Power (LCPP)). • Foróige involved in planning meetings.
Programme elements	<ul style="list-style-type: none"> • Child Component: underpinned by SFP and LCPP, a curriculum aimed at aiding children to develop pro-social skills; • Parent/Carer Component: six sessions per year, mixing active learning, modelling behaviour and discussion. • Family component: opportunities for parents to observe child sessions, sharing reading activities and an organised family activity
Organisations Delivering Service	<ul style="list-style-type: none"> • Foróige delivers the service. Children are drawn from five schools across the locality
Programme Structures	Monthly managers' meetings; Foróige meetings with schools; CoPs.
Numbers of Community in the Service	201 children across two cohorts receiving the service.
Specific Engagement Activities	As outlined in parent and family components above

Healthy Schools

Development Characteristics	<ul style="list-style-type: none"> • CDI convenes a working group in 2007 to develop a manual. Organisations involved are: CDI, HSE, SDCC sports officer, Tallaght Partnership, and St. Aidan's National School. • Dedicated meeting with HSE focussing on agreeing expertise available to support the programme.
Programme elements	<p>Whole School Approach with components to:</p> <ul style="list-style-type: none"> • Develop and database and network of child and family service providers; • Coordinate what is already happening in schools regarding health promotion, school completion and HSCL officer work; • Develop and agree protocols with service providers, principals and families for sharing information on referrals and appointments with health and social services; • Identify barriers to engagement with and access to services, and appropriate responses; • Engage parents and other family members through activities; • Liaise and negotiate with external agencies regarding implementation of the programme.
Organisations Delivering Service	Five schools across two campuses
Programme Structures	Healthy Schools Steering Committee: five school principals, CDI, two SDCC representatives, two HSE representatives, HS coordinators, two HSCL coordinators, parents.
Numbers of Community in the Service	Approximately 907 children across two cohorts receiving the service.
Specific Engagement Activities	<p>Parents involved in a number of ways:</p> <ul style="list-style-type: none"> • identification of health and wellbeing needs through focus groups and discussions with HSCs; • Focus groups provide opportunity for parents to provide ideas for events, activities • Parents engage with HSCs regarding referrals to other services.

CSI

Development Characteristics	CDI undertakes consultation with the community over two years, 2006-08; 13 community groups and 16 service providers consulted regarding living and working in Tallaght West; residents consulted. MacUllium Needs Assessment (2010); Restorative Practice consultation process
Programme elements	Action-focussed programme and a range of activities addressing themes of: <ul style="list-style-type: none"> • Young people; • Physical environment • Community engagement Also dedicated piece of work as part of CSI in MacUllium Estate known as the Safe and Healthy Place.
Organisations Delivering Service	CDI staff working with a number of organisations through its committee structure:
Programme Structures	CSI Steering Committee: CDI, SDCC, Gardai, Tallaght Youth Service, Probation Service, Residents, independent Chair. Subgroups are CSI Community Forum and CSI Youth Working Group. SHP Committee: CDI, NEWB, HSE, SDCC, Barnardos, Gardai, Dodder Valley Partnership, Oakley Housing Association, CDVEC, NEPS, Tallaght Youth Service, two HSLOs, residents. Restorative Practice Management Committee: Gardai, HSE, An Cosan, SDCC, Dodder Valley Partnership, RAPID, Tallaght Youth Service.
Numbers of Community in the Service	Four pilot sites across the locality.
Specific Engagement Activities	<ul style="list-style-type: none"> • Meeting with PSNI and local community safety coordinators in Belfast (3 Steering Committee members, the Chair, and a Garda representative) • Public meeting “How our justice system works” with speakers from Young People’s Probation Services, Tallaght West Community Garda Unit and the Garda Ombudsman’s Office • Interaction with key CSI partners Youth work and local leadership programme supported by members of the SHP committee. • Ongoing provision of a fortnightly Garda and SDCC antisocial behaviour clinic held in Barnardos premises on the MacUllium Estate that was instigated during a SHP committee meeting Retention of local horse project led by Dooder Valley Partnership • Provision of ongoing support to residents by CDI’s Community Engagement Coordinators and SDCC. • Web-texting system used to publicise the CSI locally. Community members and local service providers can connect to a messaging service relaying information concerning CDI/CSI events • Tallaght West Children’s Good Behaviour Award schemes • Pancake Tuesday: one off event gathering local children adults and service providers at CDI’s office • Clean up Days in the two pilot sites Summer Festival • Volleyball competition (2009, 2010) involving the Gardai, SDCC, CDI, Barnardos, residents from the pilot sites, local councillors and TDs. • Joint Sports Day • Non-alcoholic youth music event “the Funky Seomra” in the Red Rua, organised by the CSI Youth Working Group Tallaght Youth Services forum utilised by CSI. Training: <ul style="list-style-type: none"> • Mentoring • Life and Business Coaching • Copping On • Restorative practice • Training for fieldworkers for CDI’s community survey

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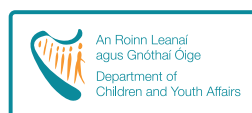
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