



Responding To Needs, Driving Change

Connections and Coordination:

Final Evaluation Report of CDI's Antenatal to Three Initiative
(ATTI) 2014-2016

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Table Of Contents

MINISTER'S FOREWORD	5
CDI RESPONSE TO THE FINAL EVALUATION REPORT	6
ACKNOWLEDGEMENTS	7
EXECUTIVE SUMMARY	8
LIST OF ABBREVIATIONS	13
Figures and Tables	14
Figures	14
Tables	14
Section 1: Introduction	15
1.1 Families	15
1.2 ATTI Evaluation & Evaluation Terms of Reference	16
1.3 Transition	17
1.4 Report Structure	17
Section 2: Methodology	19
2.1 Focus of Final Evaluation	19
2.2 Methodology	19
2.2.1 Stage 1: Final Evaluation Survey	19
2.2.2 Stage 2: Interviews and Focus Group Discussions	22
2.2.3 Stage 3: Final Analysis and Report Writing	24
2.3 Limitations	25
Section 3: Progress since Interim Evaluation	26
3.1 Interim Evaluation Summary	26
3.2 Outputs in 2016: How ATTI addressed the Interim Evaluation Recommendations	26
3.2.1 Leadership: the role of the ATTI Steering Group	26
3.2.2 Development Officer	28
3.2.3 Networking Events	28
3.2.4 Service Directory	30
3.2.5 Addressing Key Coordination Gaps	31
3.2.6 Parental Voice	33
3.2.7 Other Activities & Outputs	34
3.3 Position of ATTI at the end of 2016	35
3.3.1 Future of ATTI	35
Section 4: Interagency working - What has changed in Two Years?	37
4.1 Initial Baseline Survey in 2014	37

4.2	Findings from Survey, 2016.....	38
4.2.1	Basis for Interagency Working.....	38
4.2.2	Interagency Referral.....	39
4.2.3	Positive Experiences of Interagency Work.....	42
4.2.4	Barriers to Effective Interagency Working **.....	44
4.2.5	Concluding Remarks.....	45
Section 5: Achievement of Outcomes.....		47
5.1	Outcome 1.....	47
5.2	Outcome 2.....	49
5.3	Outcome 3.....	50
5.4	Outcome 4.....	53
5.5	Difference made to children and families.....	54
5.6	Concluding Remarks.....	56
Section 6: Evaluation Conclusions & Recommendations.....		57
6.1	Conclusions.....	57
6.1.1	Nature of Interagency Working and the Role of Events in ATTI's Work Programme.....	57
6.1.2	Service Provider Communication and Cooperation versus Service Integration.....	58
6.1.3	Diverse Views within the ATTI Steering Group.....	59
6.1.4	Infant Mental Health Network.....	59
6.1.5	Engaging Hard to Reach Sectors.....	59
6.2	Recommendations.....	60
Section 7: Conclusion.....		62
Annexe I: ATTI Logic Model.....		64
Annexe II: CDI Research Advisory Committee Terms of Reference.....		65
Annexe III: Copy of Final Evaluation Survey Questionnaire.....		66
Annexe IV: Evaluation Interview and FGD Framework.....		74
Annexe V: Continuum of Collaboration.....		76

MINISTER'S FOREWORD

As Minister for Children and Youth Affairs, I am delighted to welcome the publication of this Evaluation of CDI's Ante Natal to Three Initiative.

As our understanding of childhood development has expanded thanks to research over the past two decades, it has become increasingly clear that the first three years are a crucial period in a child's life, and we increasingly understand the negative impact of deprivation during these years, on cognitive and emotional health into later childhood.

With this in mind, it is vital that we ensure the availability of support and services to all children and families during this key period, especially to those who are experiencing, or are at risk of experiencing deprivation, and who may require additional supports.

As part of *Better Outcomes, Brighter Futures*, the national policy framework for children and young people, six key transformational goals are identified which have the potential to transform the effectiveness of existing policy. Ensuring quality services, and interagency collaboration and coordination are two of these key goals, and are at the heart of the Ante Natal to Three Initiative. In addition, cultivating responses in the community are key to this endeavour.

I commend the team in the development of this initiative, and for their continued dedication to improving the lives of children in Tallaght West.

Dr. Katherine Zappone, T.D.
Minister for Children and Youth Affairs

CDI RESPONSE TO THE FINAL EVALUATION REPORT

On behalf of the Board of CDI, I am delighted to welcome this report on our Ante Natal to Three Initiative (ATTI). This has been an important departure for CDI, as our work prior to this initiative had not sought directly to reach services working with families of such young children. In recognising this gap, our consultation process clearly informed us that the real need in the area was to support a connected, consistent continuum of provision, rather than to create new services. This focus on process rather than delivery is more complex to evaluate, more difficult to define, and often more challenging to energise and motivate buy-in and ownership of the outcomes. However our experience has consistently demonstrated that it is these very processes of engagement which can result in sustainable, long term change.

The report clearly describes the importance of balancing tangible activities (such as the speed networking events and seminars) alongside more strategic approaches, such as enabling information sharing and clarifying roles. It is notable that the initiative did not get stuck in holding events which have limited long term impact; nor did it avoid the more complex, slower and often highly demanding work of leveraging organisational change and enhanced connections. It requires skill, reflection and insight to attain a balance between these elements, to understand the need for both, and the functions they can fulfil.

The ATTI has begun important processes and established structures which can be built on and developed further. All involved recognise that there is work remaining to ensure that parents of babies and young children in Tallaght West experience consistent, connected services. However, there is a long tradition of inter agency collaboration in the community, which this initiative has further supported, and we are confident that the foundations are solid, the relationships are strong and the commitment to further the improvements and enhance outcomes for children and families, is unshakable.

Dr Suzanne Guerin

Chair of the Board of Management
CDI

ACKNOWLEDGEMENTS

There are many people who have contributed to the evaluation of ATTI, and more importantly, to the activities, approaches and considerations which have enabled the initiative to affect changes in how services for this target group connect with one another.

ATTI has been supported by a number of CDI staff including Emma Freeman, Mary Dolan and Deirdre Kennedy, all of whom brought their own skills, expertise and insights to the work. Michelle Butler and Grainne Smith from CDI have also supported the work and their experience of managing processes across multiple stakeholders was invaluable.

We are grateful to Neil Haran, who undertook the independent evaluation, for his care and sensitivity in presenting at times challenging reflections. To our funders (the Department of Children and Youth Affairs, and The Atlantic Philanthropies) who enabled us to commence this new development, we are of course very appreciative, along with the support provided through Pobal and the Centre for Effective Services.

Jane Clarke led a consultation process and provided a concise report of this, which set out the parameters for ATTI, and informed our logic model. This was critical to agreeing the outcomes and focus, and we recognise Jane's skill in extracting clear conclusions from complex discussions. We are also hugely grateful to those practitioners, managers and parents who participated in this consultation process.

To the many individuals and organisations which have so enthusiastically attended ATTI events, seminars, training and networking opportunities, our thanks. Your energy is contagious, and was at times much needed!

Finally, a very deep appreciation to our ATTI Steering Committee, whose time, expertise and wisdom has been so important to shaping the initiative, identifying solutions and maintaining momentum. We are fully cognisant of the many demands on you and are indebted to you each for the commitment you have shown, and continue to demonstrate.

Marian Quinn
CEO, CDI

EXECUTIVE SUMMARY

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

The evaluation of ATTI commenced in the final quarter of 2014. The initial phase captured baseline data against which to measure progress in the latter stages of the evaluation process. An Interim Evaluation was conducted in late 2015 as a mid-point review of the initiative, examining activities and outputs of ATTI during its first year of operation from the perspectives of relevance; appropriateness; quality; efficiency; and early emerging outcomes. The final phase was undertaken in the last quarter of 2016 and comprised the summative element of the evaluation. Its primary purpose was to assess:

- The extent to which ATTI had realised outcomes projected in its Logic Model (Annexe I); and
- The manner in which interagency working concerning the 0 – 3 age cohort in Tallaght West had or had not developed in the two year period of the initiative.

The Final Evaluation process drew on the outputs from both the baseline and interim phases, and therefore acts as the unifying element of the overall evaluation process. The entire ATTI evaluation process was overseen by CDI's Research Advisory Committee (RAC), which guided and informed the methodology and sought to support the highest quality process. (Annexe II)

The overarching conclusion of this Final Evaluation Report is that ATTI has played an important part in focusing service attention on children and families in the antenatal to three age category in Tallaght West, and in establishing and developing a multiagency structure for catalysing that focus. It is the observation of this evaluation that ATTI has contributed significantly to building interest in the antenatal to three cohort in Tallaght West; in facilitating learning on topics critical to the development and wellbeing of very young children; and in enabling individual frontline service-providers in Tallaght West to interact and build relationship with service providers from other agencies and sectors.

ACTIVITIES AND SIGNIFICANT OUTPUTS

The evaluation concludes that core activities within the ATTI Logic Model have been implemented in a thoughtful and intentional manner over the two past two years. It is apparent that both CDI and the ATTI Steering Group i) adopted the conclusions and ii) made a concerted effort to address the recommendations of the Interim Evaluation Report. ATTI has been led and owned by its Steering Group, a group of local stakeholders from across agencies and sectors. These stakeholders have consistently demonstrated high levels of commitment both to the target group and to enhanced collaboration across service providers and agencies.

Outputs delivered by ATTI over the past two years have been both well recognised and appreciated by local service providers, most notably the learning and speed networking events it hosted and the Service Directory it circulated. Interviews with local stakeholders indicated that ATTI's programme of work has been experienced as relevant and practical. The learning events offered in 2016 received particularly positive feedback within Final Evaluation interviews. Stakeholders deemed their content to be relevant and their presentation to be of very high quality. Learning events were viewed as particularly subtle ways of progressing interagency linkage, offering frontline service providers from various disciplines the opportunity to interact with one another as

equals while being exposed to important learning relevant to their respective roles.

The Infant Mental Health (IMH) workshop held in April 2016, in particular, stimulated substantial interest in a dedicated piece of work to promote infant mental health and address concerns in practice. Subsequent to the workshop, the ATTI Steering Group took the decision to establish a Tallaght West Infant Mental Health (IMH) Network. Planning around the establishment of a local IMH Network has generated both excitement and optimism among local stakeholders interviewed during the evaluation process. IMH is viewed as a critical area of concern for all service providers relevant to the ATTI target group. It is considered as offering a practical and tangible hook for interagency coordination, and for the future relevance and sustainability of ATTI as an entity.

The aforementioned Interim Evaluation highlighted a number of critical coordination gaps within the Tallaght West service landscape and recommended that ATTI give particular attention to examining how it might contribute to improved linkage between core health pillars relevant to children and families in the antenatal to three age group, namely GPs, Public Health Nurses (PHNs) and the Coombe Women and Infants University Hospital. During the summer of 2016 the ATTI Development Officer undertook a series of detailed Focus Group Discussions (FGD) with representatives from these sectors. A report of the consultations was produced, identifying key communication gaps across the pillars and recommending potential areas of focus for the ATTI work programme. Among others, these included addressing issues related to referral and information-sharing, and addressing constraints within confidentiality protocols. An important start has been made therefore in building ATTI's engagement with these core health pillars and, more importantly, in building their engagement with one another¹. The Final Evaluation has, however, observed mixed levels of commitment within the ATTI Steering Group to this emphasis on supporting greater coordination among health pillars. It contends that this issue of divided levels of commitment among the Steering Group members needs to be examined if, in future, ATTI is to address this area of work in a meaningful and deliberate manner.

CHANGES IN INTERAGENCY WORKING

Comparison of quantitative data gathered as part of this Final Evaluation process and similar data captured in the initial baseline survey of 2014 suggested some important changes in the interagency landscape over the past two years. There remains a high volume of interagency referral taking place among frontline service providers. Of greatest significance is the evidence to suggest significant changes in service providers' positive experiences of interagency referral, particularly in i) clarity around reasons for referral; ii) realism of expectation in referral processes; iii) communication during and iv) follow-up post referral.

That said, certain stakeholders asserted during evaluation discussions that gaps remained locally in referral practice. For example, one focus group of managers and practitioners highlighted the need for a standardised referral system across all agencies to enhance referral processes for the target group. Group members observed that the quality of information and communication during referral was very varied at present and contended that a system in which all agencies would be required to share the same type of information with one another would be very beneficial for both service providers and service users.

Respondents to the initial Baseline research had generally suggested that ATTI should play a key role in:

- a) building information on - and awareness of - services relevant to the antenatal to three cohort;
- b) supporting networking and coordination among service-providers relevant to this cohort; and
- c) advocating for improvements in i) resourcing of local services and ii) service quality for the 0-3s in Tallaght West.

¹ The report also contains recommendations for the pillars' engagement with Tallaght Hospital and Tusla.

Feedback from the Final Evaluation process with service providers consistently indicated that ATTI had played an important role in addressing items a) and b) above. It was also suggested that ATTI had clearly put service quality on the local service agenda throughout its work, particularly through its programme of learning events referred to above. ATTI neither envisaged nor played a role in advocating for additional resources for local services, as suggested in item c).

Similarly, the majority of respondents to the initial baseline highlighted their interest in improved interagency *communication* pertaining to the 0-3s, with less emphasis on coordination, collaboration or integration. Stakeholder feedback during the Final Evaluation indicated that ATTI had certainly supported greater communication among local frontline service providers over the past two years, particularly through its networking and learning events and through the dissemination of its Service Directory. This enhanced communication was made evident, for example, through survey participants' feedback on improved experiences of interagency referral.

ACHIEVEMENT OF OUTCOMES

Information from both the Final Evaluation survey and subsequent evaluation discussions suggested that considerable progress had been observed in relation to the majority of outcomes projected for ATTI at the beginning of the initiative. In particular, feedback indicated that:

- individual local stakeholders had increased their awareness of other services and access pathways for families over the past two years;
- interagency information-flow had been enhanced;
- improvements in multiagency commitment to service quality and best practice were observed;
- improvements in inter-service coordination were also noted.

It was important to examine if the suggested improvements in interagency working had impacted positively on the lives of local children and families in that two-year period, particularly in the context of improved access to services. Evaluation activities with local stakeholders revealed mixed perspectives on this subject with a significant number (33%) highlighting no change to service access. There were equally mixed perspectives on ATTI's contribution to improved service access for children and families. Significant frustration was expressed, for example, around long waiting lists for the assessment of children with additional needs and subsequent delays in accessing appropriate services. It was also consistently noted that ATTI could do little to change this situation. This was essentially an issue of resources for the services in question.

NATURE OF INTERAGENCY WORKING

In considering the work approach of ATTI, the Final Evaluation observes that the initiative has primarily contributed to *inter service-provider linkage* over and above *interagency working*. This is an important distinction. In effect, the type of linkage that has been promoted and enabled by ATTI has been largely informal and individual, focused on individual *frontline* service providers across sectors developing working relationships with one another. There is little evidence to demonstrate interagency collaboration across organisations and agencies that has been negotiated, sanctioned and facilitated by organisational management in those bodies.

ATTI's contribution to inter service-provider linkage over and above *interagency working* is probably somewhat inevitable given the priority focus afforded to i) the delivery of networking and learning events by the ATTI Steering Group in both 2015 and 2016 and ii) the participation of frontline service providers in those events. While the feedback on those events has been remarkably positive, there are sustainability risks involved in a work programme focused solely on individual and informal linkage, especially in an area with a frequent

turnover of personnel across agencies.

Information garnered through the evaluation process would suggest that ATTI has prioritised and facilitated interagency working at *communication* (i.e. informal networking and information-sharing between individuals; investigation of possible shared involvement) and *cooperation* levels (as needed, informal interaction on discrete activities or family cases). It has not chosen to foster interagency coordination, collaboration or integration. In this regard, ATTI's programme of work is *likely to influence practice change at individual service provider level* and is less likely to influence practice change at an organisational or inter-organisational level.

DIVERSE VIEWS WITHIN THE ATTI STEERING GROUP

The observations above raise questions about the type of interagency working that the ATTI Steering Group has sought to stimulate over the past two years and the type of linkage it wishes to promote into the future. Evaluation interviews – along with evidence from the 2016 programme of work - would suggest diverse viewpoints within the initiative's Steering Group. For example, the Final Evaluation observed mixed levels of commitment within the ATTI Steering Group to supporting greater coordination among health pillars, with some members suggesting that enabling meaningful collaboration of these pillars was either i) too difficult to achieve and/or ii) beyond the remit of ATTI - and more within the remit of the local Children and Young Persons Services Committee (CYPSC).

While diverse views are an inevitable and essential component of any healthy, functioning group, the evaluation expresses concern that members of the Steering Group have outlined varied perspectives of ATTI's role and function; of what ATTI can achieve, and of what ATTI should be prioritising. With one year left in the current funding structure, there is a clear need to secure a shared sense of purpose for the initiative within the ATTI Steering Group, particularly in the context of an emerging Infant Mental Health Network. The current optimism about this emerging Network could be undermined if its purpose is not clear and committed to by all on the Steering Group.

ENGAGING HARD TO REACH SECTORS

It is clear that activities in Year 1 and 2 have had limited effect in building connection with a number of important stakeholder groupings, most notably local GPs and relevant staff in the Coombe Maternity Hospital. The Steering Group needs to give real consideration to why certain sectors struggle to engage in collaborative activity. Inevitably, these sectors are incredibly busy and/or resource constrained. The challenge for the ATTI Steering Group is to consider how it can reach out to these sectors in new ways and not rely on their participation in events as the sole benchmark for their involvement in interagency working.

RECOMMENDATIONS

Building on the observations above, the following recommendations are issued to guide the work of the initiative in 2017 and beyond:

- The ATTI Steering Group should, early in 2017, review i) the appended Continuum of Collaboration and ii) the current ATTI Logic Model² to build a shared agreement on the role, function and potential contribution of ATTI, particularly in the context of the emerging Infant Mental Health Network and the definition of a work programme for ATTI in 2017 and beyond. Periodic review of programme activity against agreed outcomes should also form part of ATTI's ongoing planning and monitoring processes. This will ensure that all activities undertaken are married to the purpose agreed by the initiative's Steering Group.

² With particular focus on the projected Short Term outcomes.

- The evaluation recommends that the ATTI Steering Group give due consideration to how it can promote interagency working that enables organisations to work together over and above individual frontline service providers. While interagency working is experienced and delivered by individuals, it needs to be rooted in organisational practice if it is to be lasting and sustainable. ATTI's role should focus on catalysing and resourcing interagency working between organisations³, with a deeper focus on enhancing organisational, as opposed to individual practice – or at least a greater balance between the individual and organisational elements.
- This focus on organisational practice will, by necessity, involve engagement with both frontline service providers and organisational management. The current plan to draw both frontline and management staff into the operation of the proposed Infant Mental Health Network is a progressive step and should be mirrored in other future programme activity (e.g. in addressing health pillar coordination gaps).
- The report of the consultations with the three health pillars presents both challenges and opportunities to ATTI. It is essential that it be examined closely by the Steering Group and, subject to the first recommendation above, be prioritised for action in 2017.
- ATTI should consider how it engages with those sectors that, to date, have not engaged in its work programme. Current strategies and expectations have not worked in relation to a number of important sectors. The evaluation recommends that ATTI (and the agencies represented on the Steering Group) *reach out* to those sectors rather than expecting those sectors to engage directly with ATTI and its work programme. The Steering Group must examine how it can engage with the interagency needs of hard to reach sectors rather than the other way around.
- The Steering Group must engage with HSE primary care services in order to identify existing mechanisms to support connectivity across disciplines; consider gaps in the efficacy of these, and develop solutions to address these.
- Given that ABC funding is scheduled to end in December 2017, the mainstreaming and future sustainability of ATTI needs prioritisation by the ATTI Steering Group in the first six months of 2017. While it may well be that the planned Infant Mental Health Network represents the future of ATTI, the resourcing of whatever entity emerges needs careful consideration and planning.
- The ATTI Steering Group has developed a specific approach to enhancing service coordination for the 0-3 age cohort. The initiative's Logic Model notes ATTI's intention to develop an *Implementation Guide*. Coupled with the documentation from this evaluation process, it was planned that the guide would be made widely available to inform similar interventions in other areas into the future. ATTI is engaging in a practice-change process with very basic resources; it has not set out to develop or import new services into the Tallaght West area but rather has sought to optimise the services that are already in existence. This is a challenging process and one which is producing significant learning. It is recommended that ATTI give adequate attention in 2017 to its key messages and its potential for replication. In this way it will add value to areas other than Tallaght West.
- Bearing in mind the above recommendations, it is recommended that the ATTI Steering Group be strategic in its selection of priorities for its work programme in 2017. The evaluation recommends that ATTI prioritise a small number of themes on which to focus, which balance individual practice issues and organisational strategic approaches, and engage deeply around those themes.

³ And not between organisations and ATTI.

LIST OF ABBREVIATIONS

ABC	Area-Based Childhood Programme
ATTI	Antenatal To Three Initiative
CDI	Childhood Development Initiative
CPD	Continuous Professional Development
CYPSC	Children and Young Persons' Services Committee
DCYA	Department of Children and Youth Affairs
ECCE	Early Childhood Care and Education
ETH	Early Transfer Home
EY	Early Years
FGD	Focus Group Discussion
GP	General Practitioner
IMH	Infant Mental Health
PCF	Parent Carer Facilitator
PHN	Public Health Nurse
RAC	Research Advisory Committee

FIGURES AND TABLES

FIGURES

- Figure 1: Profile of Evaluation Survey Respondents by Category of Service (2016)
- Figure 2: Profile of Baseline Survey Respondents by Category of Service (2014)
- Figure 3: Evaluation Interview/Focus Group Discussion Participants by Sector
- Figure 4: Basis for Interagency Working (2016)
- Figure 5: Basis for Interagency Working (2014)
- Figure 6: Sectors engaged with in positive interagency experiences (2014)
- Figure 7: Sectors engaged with in positive interagency experiences (2016)
- Figure 8: Sectors engaged with in negative interagency experiences (2016)
- Figure 9: Sectors engaged with in negative interagency experiences (2014)
- Figure 10: Improved Awareness of Other Services
- Figure 11: Increased Awareness of Access Pathways for Families
- Figure 12: ATTI played important role in my building awareness of Other Services
- Figure 13: ATTI played important role in my building awareness of Access Pathways
- Figure 14: Improved Mechanisms for Interagency Information-Sharing
- Figure 15: ATTI played an important role in improved communication & information-sharing
- Figure 16: Greater Shared Commitment to Promoting Best Practice
- Figure 17: Improved Service Provision for Children
- Figure 18: ATTI played an important part in building shared commitment to best practice
- Figure 19: Improved Service Coordination and Collaboration
- Figure 20: ATTI played an important part in facilitating improved coordination
- Figure 21: Improved Access to Services for Children and Families
- Figure 22: ATTI played an important part in Improved Service Access

TABLES

- Table 1: Interagency Referral over the Previous 12 Months (2016)
- Table 2: Interagency Referral over the Previous 12 Months (2014)
- Table 3: Experiences of Interagency Referral in the Previous 12 Months – Comparison of 2016 and 2014 findings

SECTION 1: INTRODUCTION

This document comprises the Final Evaluation report of the Childhood Development Initiative's *Antenatal To Three Initiative*. ATTI was established by The Childhood Development Initiative in the second half of 2014 with funding provided under the national Area Based Childhood Programme (ABC)⁴. In short, ATTI involves a collaborative process, engaging a variety of statutory and non-statutory partners in the Tallaght West area, all of whom are committed to strengthening interagency coordination as a vehicle for improving outcomes for children and families in the antenatal to three age cohort. Initially established as a two-year initiative, ATTI has been extended to the end of December 2017 as a result of a funding extension approved by the Department of Children and Youth Affairs (DCYA) to all ABC-funded initiatives nationally.

ATTI is one of a suite of programmes and interventions hosted by CDI under its ABC investment. The budget for the initiative is approximately €90,000 per annum, the bulk of which is devoted to the employment of a Development Officer - the core resource of the initiative⁵. ATTI constitutes less than 8% of CDI's annual programme budget under ABC. The initiative is underpinned by a Logic Model, appended in Annexe I, outlining clear projections of programme outcomes, outputs, activities and inputs.

Short term outcomes up to 2016 – the period for this evaluation - prioritise organisational change within and across participating agencies. Specifically, the short-term outcomes up to 2016 project the following:

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

1.1 FAMILIES

It is important to note that, while the original outcomes suggested a role for ATTI in progressing strategies to improve identification and engagement of hard to reach/vulnerable families, in effect, it became necessary for ATTI to remove the prioritisation of this outcome from its programme of work from early 2015. CDI and its partners had initially envisaged that ATTI would address this outcome by playing a leading role in the local implementation⁶ of Meitheal⁷, the national practice model for all agencies working collaboratively around the needs of children and young people. This process is managed and led by Tusla, the Child and Family Agency. The aspiration for ATTI did not materialise as envisaged however. It was the view of Tusla that, as Meitheal was the national practice model, it should be led by the statutory sector in order to affect practice in a sustainable

⁴ A joint initiative of the Department of Children and Youth Affairs and the Atlantic Philanthropies.

⁵ A budget line of €30,000 per annum is allocated to Programmatic Expenses.

⁶ As it would pertain to children aged under three years.

⁷ Meitheal coordinates a multi-agency, interdisciplinary process in support of children identified with additional needs.

manner, ensure consistency in implementation, build accountability within Tusla and ultimately embed the model in ongoing practice.

ATTI's role evolved therefore within a universal coordination function, focused on the other outcomes bulleted above. As a result, the third short-term outcome in the Logic Model, namely that *Strategies to improve identification and engagement of hard to reach/vulnerable families are developed, implemented and demonstrated as supporting greater access*, has been removed from the analysis of this evaluation report.

1.2 ATTI EVALUATION & EVALUATION TERMS OF REFERENCE

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

The principal concern of the overall evaluation has been on assessing ATTI's achievement of the aforementioned projected *outcomes*. In effect, the evaluation was designed to explore levels of organisational and systemic change, facilitated and enabled through the ATTI work programme, which would in turn lead to greater service-quality and accessibility for children and families in the four communities of Tallaght West. The evaluation was also designed to enable *critical learning* among stakeholders at key points in the lifetime of the initiative with learning particularly focused on the *process* of enabling interagency working around the 0-3 target group.

The evaluation of ATTI has involved a four-phased approach as follows:

- *Phase One - Baseline:* This phase involved capturing baseline data against which to measure progress in the latter stages of the evaluation. A thorough baseline research process, examining the nature and levels of interagency working, was completed in the final quarter of 2014. A baseline report was prepared and presented to the ATTI Steering Group in mid-January 2015. The report was subsequently presented to a wider stakeholder audience at a speed networking event the following month.
- *Phase Two – Interim Evaluation:* The Interim Evaluation phase represented the central component in the process evaluation of ATTI. This process aspect of the evaluation was undertaken with a view to building learning and capacity among ATTI stakeholders, improving strategy development and, ultimately, enhancing outcomes. It set out to undertake a mid-point review of the initiative, examining activities and outputs of ATTI during its first year of operation from the perspectives of relevance; appropriateness; quality; efficiency; and early emerging outcomes. Data gathering for the Interim Evaluation was undertaken in the final quarter of 2015 while the Interim Evaluation report was presented to the ATTI Steering Group at the beginning of 2016.
- *Phase 3 – Final Evaluation:* As noted previously, this report presents the findings of the final phase of the ATTI evaluation. The Final Evaluation phase comprised the summative element of the evaluation. It primarily set out to assess the extent to which ATTI had realised the short-term outcomes projected in its Logic Model and the manner in which interagency working concerning the 0 – 3 age cohort in Tallaght West had or had not developed in the two year period since the commencement of the initiative⁸. Data gathering for this phase of the evaluation was carried out predominantly in the final quarter of 2016⁹. A detailed description of the methodology employed in this final phase of the evaluation is presented in Section 2 of the report.

⁸ i.e. when compared with data from the initial baseline undertaken in late 2014.

⁹ A number of evaluation interviews were conducted during the summer because of key personnel moving on from the initiative at that point.

- *Phase 4 – Consultations on Findings:* In keeping with processes established within CDI a ‘Reflection Group’ for all key stakeholders was held in March 2017, at which to share and consider the findings of the evaluation, and to particularly focus on their implications for policy, practice and the community of Tallaght West.

The entire ATTI evaluation process was overseen by CDI’s Research Advisory Committee (RAC), which guided and informed the methodology and sought to support the highest quality process. (Annexe II)

1.3 TRANSITION

As noted above, the core resource to the ATTI work programme is the Development Officer role. The Development Officer supports and informs the planning of the ATTI Steering Group and implements its decisions.

The initial Development Officer was recruited at the beginning of the initiative in late 2014. At the time of undertaking the Interim Evaluation process a year later, the Development Officer had tendered her resignation from the post to take up employment elsewhere from early 2016. A replacement Development Officer joined ATTI in January 2016.

That Development Officer concluded her involvement with the initiative in August 2016, shortly before the commencement of the main data-gathering exercises of the Final Evaluation process. A third Development Officer was subsequently recruited and began working on the initiative in late September.

The transition of Development Officer resulted in a slight hiatus in the development of the ATTI work programme over the third quarter of 2016. In the context of this evaluation process it also meant that, while evaluation activities had been organised meticulously by the previous Development Officer prior to her departure during the summer, the absence of ongoing contact with stakeholders in the interim period impacted somewhat on the number of participants engaging in the Final Evaluation process. This will be explained in more detail in the Methodology section below.

1.4 REPORT STRUCTURE

This report is divided into seven key sections as follows:

In addition to this introductory section, *Section 2* outlines the methodology employed in conducting the Final Evaluation process. It describes the activities undertaken to inform the findings of this report and highlights how analysis of data was undertaken.

Section 3 highlights the process of delivering the ATTI work programme during 2016, with a particular focus on examining the manner in which ATTI addressed the recommendations of its Interim Evaluation report. Similarly, it considers the position of ATTI within Tallaght West two years on from the beginning of the initiative.

Section 4 examines the nature and extent of interagency working in Tallaght West pertaining to the antenatal to three cohort at the end of 2016. It presents a snapshot of current interagency working garnered through an on-line survey of service providers in the Tallaght West area¹⁰ and compares the findings from that survey with the findings of the initial 2014 Baseline study. Against that backdrop, a number of observations are offered on the extent to which evidence exists to demonstrate changes in interagency practice in the area within the two-year programme period of ATTI.

¹⁰See Section 2.2.1 for more detail in this regard.

Section 5 explores the extent to which ATTI realised the short-term outcomes that were projected for the initiative when it began in 2014. It does so by considering evidence from the aforementioned survey while also engaging with stakeholder perspectives on the contribution of ATTI to interagency working over the past two years.

Section 6 outlines a series of conclusions emerging from the overall evaluation process while also offering a range of recommendations for the ongoing operation of ATTI in its final year of ABC funding.

The report concludes in *Section 7*.

SECTION 2: METHODOLOGY

This Final Evaluation process both built and drew on prior evaluation outputs, namely the aforementioned baseline research into interagency working and the aforementioned Interim Evaluation of ATTI. The Final Evaluation and, by extension, this report, acts as the unifying element of the overall evaluation process.

2.1 FOCUS OF FINAL EVALUATION

The Final Evaluation of ATTI has involved two primary areas of focus. In the first instance it has sought to continue its focus on the process of delivering ATTI¹¹, examining in particular how CDI and the ATTI Steering Group responded to the recommendations of the Interim Evaluation report while also considering the process challenges facing the initiative in its final year of ABC funding. This examination of process challenges is particularly significant in supporting the ATTI Steering Group to plan effectively for a deepening of interagency working in 2017 and for the sustainability of ATTI's outputs in 2017 and beyond.

The second area of focus in the evaluation is devoted to ATTI's achievement of outcomes, specifically exploring the difference made by ATTI with regard to the short term outcomes projected in the initiative's Logic Model (Annexe I). In effect, the Final Evaluation comprises the summative element of the evaluation. It sets out to quantify and qualify levels of organisational change among participating agencies compared to original baseline data. It also seeks to value the impacts of interagency working concerning the 0 – 3 age cohort in Tallaght West while also identifying key practice lessons and potential policy implications.

2.2 METHODOLOGY

The focus of the Final Evaluation and, in particular, its dual emphasis on both process and outcome elements necessitated a mixed-methods approach delivered over three separate but inter-related stages.

2.2.1 Stage 1: Final Evaluation Survey

Reference has been made above to the completion in late 2014, of a baseline study into interagency working in Tallaght West as it pertained to children and families in the antenatal to three cohort. This was the first core output of the evaluation process, capturing a quantitative snapshot of interagency working at the beginning of ATTI's engagement in the local community.

The initial stage of the Final Evaluation involved issuing a repeat survey to service providers in Tallaght West, similar to the original baseline survey. This repeat survey had twin purposes, namely to:

- gauge the nature and level of interagency working relating to the antenatal to three cohort two years on from the initiation of ATTI, offering comparison to the original baseline and exploring the changes that may have accrued in the two-year programme period of ATTI; and
- assess the contribution made by ATTI to the outcomes projected in its Logic Model in that two-year period.

It is important to note that this was not an exact re-issuing of the original baseline research. For logistical reasons the original baseline research preceded the development of an evaluation framework for ATTI. The evaluation framework, when developed, governed all subsequent evaluation activity and, most importantly, informed the selection of a set of research questions that would yield the requisite information to measure ATTI

¹¹ i.e. how ATTI has delivered what it said it would deliver in the original Logic Model.

progress against its stated outcomes. As a result, the Final Evaluation survey contains a number of additional research questions that were not included in the original baseline research. That said, the Final Evaluation questionnaire was designed in such a way as to offer adequate comparison with data from the original baseline while also offering additional detail on progress vis à vis outcomes projected in the Logic Model.

The Final Evaluation survey was constructed in close coordination with CDI and sought information on a number of key topics, as follows:

- level and nature of interagency work;
- experience of interagency referral;
- positive experiences of interagency working;
- barriers to effective interagency working; and
- observations and experiences of ATTI.

The questions posed in the survey questionnaire on these topics included a mix of closed, multiple-choice and open-ended questions. The survey was administered via Survey Monkey with stakeholders invited to access the link to the questionnaire and complete on-line¹². A copy of the survey is appended to this report as Annexe III.

All individual stakeholders on the ATTI Database¹³ that were identified as providing services to children and families residing in Tallaght West were invited to participate in the Final Evaluation survey, approximately 100 individuals in total. The response rate was unfortunately disappointing. A total of 24 responses were received. Of the 24 submitted responses:

- two were completed by individuals not providing services to families in Tallaght West and were thus excluded from the analysis;
- six were incomplete and unusable, containing no information of relevance from an evaluative perspective;
- two were partially complete, containing some information of relevance to the evaluation and were thus held for analysis;
- fourteen completed surveys were from relevant stakeholders.

Consequently, only sixteen surveys were included for analysis. This compared with the inclusion of 61 completed surveys in the original baseline research in 2014.

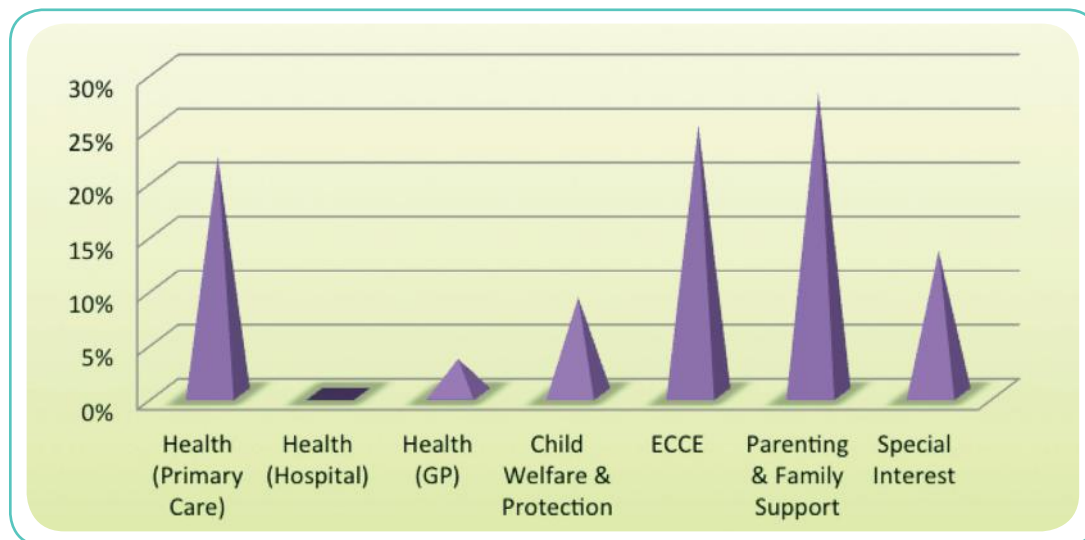
Profile of Respondents to Survey

Half of the respondents to the survey were providing services to children and families from within Statutory agencies, while 37% were working within the Community and Voluntary sector. The remaining respondents were working (13%) within private services. Survey respondents were involved in the provision of a variety of services to children and families within their respective roles, with the largest proportion of respondents providing services in Parenting and Family Support, Early Childhood Care and Education and Primary Health Care services. This information is demonstrated in Figure 1 below and is subsequently contrasted in Figure 2 with the profile of respondents by service category from the 2014 baseline.

¹² A small number of survey respondents completed and presented the survey in hard copy.

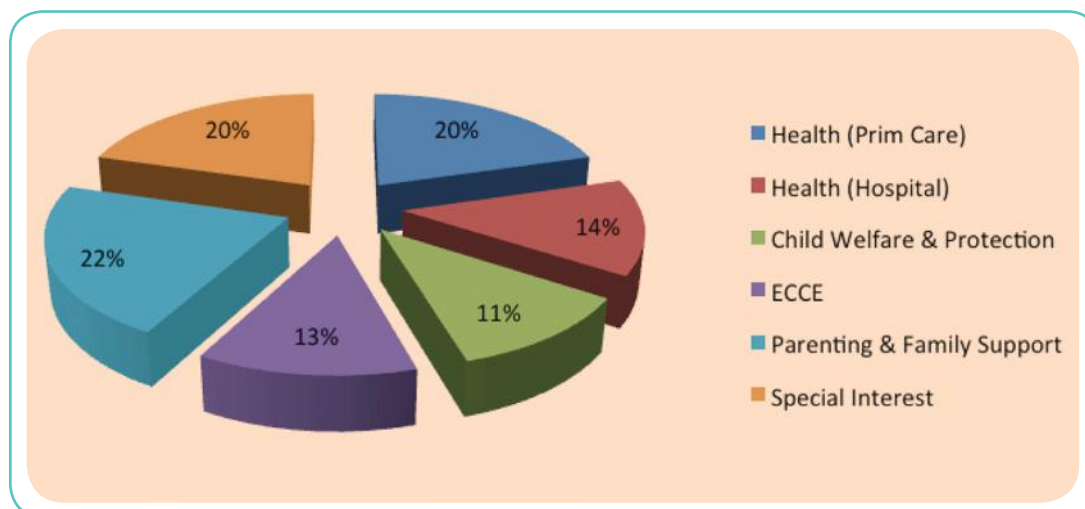
¹³ i.e. those that had prior engagement with ATTI and were in receipt of communication from ATTI on an ongoing basis.

Figure 1: Profile of Evaluation Survey Respondents by Category of Service (2016)



The majority (62%) of 2016 survey participants were involved in the provision of universal services to children and families in the 0-3 target group. Almost one in four (24%) was involved in the provision of targeted services while 14% was providing specialist services to the cohort.

Figure 2: Profile of Baseline Survey Respondents by Category of Service (2014)



Evaluation Survey Analysis

Data emerging from the Final Evaluation survey was analysed as follows:

- Responses to multiple choice/closed questions were analysed according to the proportion of respondents that selected a specific response to a particular question. These data were subsequently compared with data gathered in the 2014 baseline research for the purposes of examining levels of change in interagency practice in the two-year programme period of ATTI. The majority of these responses are quantified in the report in graph and table format, alongside a narrative analysis of what the data implies.
- Responses to open-ended questions were reviewed in detail to identify key themes and emphases emerging from respondents' answers. Patterns within the responses were observed and recorded. These patterns were highlighted as a result of the frequency with which particular issues/viewpoints were raised in the responses (i.e. co-occurrence of themes in response to particular questions). As

above, these themes were compared with the data generated in the 2014 baseline research with a view to gauging levels of change in interagency practice.

The key findings of the survey are integrated in to the narrative of subsequent chapters in this report.

2.2.2 Stage 2: Interviews and Focus Group Discussions

The second stage of the Final Evaluation process involved holding a series of in-depth, one-to-one interviews and FGDs with a diverse range of stakeholders involved with ATTI since its inception. The purpose of these interviews and FGDs was threefold:

- to engage ATTI stakeholders in a qualitative examination of the delivery of the ATTI work-programme, focusing in particular on the manner in which ATTI had addressed the recommendations of its Interim Evaluation in year two of the initiative¹⁴;
- to build a qualitative understanding of the data emerging from the aforementioned Final Evaluation survey, particularly those data pertaining to the outcomes projected in the ATTI Logic Model; and
- to test observations emerging in the interview/FGD process relevant to the overall direction and evaluation of ATTI.

In keeping with the broad purpose listed above, one-to-one interviews and FGDs were prepared by drawing primarily on the research questions agreed within the initial evaluation framework submitted to the ATTI Steering Group in the first quarter of 2015, particularly those research questions concerned with ATTI's delivery of projected outputs and achievement of projected outcomes. Observations emerging from the evaluation process were discussed in a more organic manner and evolved in dialogue between the evaluator and those participating in the interviews and FGDs. A copy of the evaluation interview/FGD framework is appended at the end of this report as Annexe IV.

The interview and FGD schedule was constructed in close coordination with CDI to ensure a broad representation of ATTI stakeholders in the qualitative element. In addition to detailed interaction with CDI¹⁵ and members of the ATTI Steering Group, invitations were issued to individuals from across agencies in Tallaght West that had both previously i) participated in ATTI activities over the previous two years and ii) expressed willingness to take part in evaluation interviews and discussions.

A total of sixteen in-depth interviews and six Focus Group Discussions were held as the data gathering activity of this stage of the Final Evaluation process. The Focus Groups were primarily sector specific. In addition to an FGD with the ATTI Steering Group¹⁶, FGDs were conducted with the following groups of:

- Seven Public Health Nurses;
- Three individuals representing the GP and Practice Nurse sector in Tallaght West;
- Two individuals from the Coombe Maternity Hospital;
- Two representatives of Early Childhood Care and Education service-providers;
- Five individuals representing special interest groups¹⁷.

¹⁴This issue was primarily – though not exclusively - addressed in interviews with representatives of the CDI and the ATTI Steering Group, i.e. those with direction-setting and implementation responsibility for the initiative.

¹⁵Specifically the CEO, the ATTI Development Officer and the CDI Corporate Services Manager responsible for management of the Development Officer.

¹⁶Consisting of four Steering Group members and the new ATTI Development Officer who took up post in October 2016.

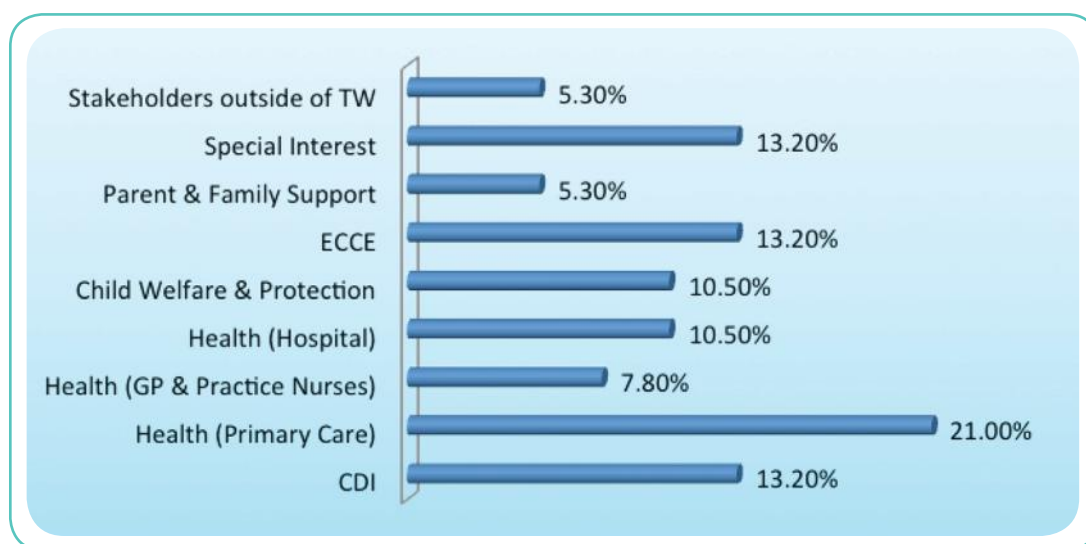
¹⁷i.e. services targeted at specific target groups such as young mothers, Travellers, immigrant communities or services focused on specific subjects such as breastfeeding, domestic violence, substance misuse.

It had also been planned to hold a specific FGD with representatives of child and family support services. However, it proved difficult to secure enough participants for an FGD. As a result, one-to-one interviews were held with four individuals from these services to ensure representation of that sector in the evaluation conversations.

Individual interviews were held with a variety of ATTI stakeholders, including members of the ATTI Steering Group and other service providers whose work had been influenced through engagement with the ATTI work programme.

This overall interview and FGD process enabled engagement with 40 participants in total. It is important to note that some interviewees participated in more than one interview/FGD and all such engagements are recorded in the aforementioned total figure. It is also important to note that certain planned one-to-one interviews did not take place as originally scheduled as the individuals in question participated in FGDs and this participation included the material to be covered in the one-to-one process. Figure 3 below gives a detailed overview of the 40 interview/FGD participants according to the sectors with which they are involved:

Figure 3: Evaluation Interview/FGD Participants by Sector



Interview and FGD Analysis

All interviews and discussions during the Final Evaluation process were structured around particular issues of importance drawn from the ATTI Logic Model and the aforementioned Evaluation Framework. As noted earlier, questions posed to particular individuals/groups during interviews and FGDs were drawn from the research questions listed in the Evaluation Framework. These provided the core areas of focus for the subsequent data analysis and identification of priority themes for presentation in this report.

The process for analysing these qualitative data and identifying themes involved a four-step approach as follows:

Step 1 - Data Review:

Data from across the aforementioned interviews and Focus Group Discussions were recorded in detail, transcribed and reviewed. Initial patterns within the data were observed and recorded.

Step 2 - Initial Coding:

Subsequent detailed review of the data enabled the generation of initial codes by documenting where and how patterns occurred across the data,

particularly in relation to specific research questions. Codes were highlighted as a result of the frequency with which particular issues/viewpoints were raised in interviews (i.e. co-occurrence of particular themes in response to particular questions). Initial inferences were made about what these codes might mean in the context of the overall evaluation process.

Step 3 – Theme Identification: Codes from across research questions were reviewed and combined to produce overarching themes from the data. Themes were examined and analysed to ensure that their subsequent presentation would give an accurate reflection of the data and to ensure their relevance to the overall objectives of this Final Evaluation, particularly when combined with data from the Final Evaluation survey. Further inferences were made, considering the relevance of the themes to the evaluation Terms of Reference.

Step 4 – Presentation of Themes: Themes identified as significant by the evaluator to the evaluation objectives were written up and presented as the core results of the qualitative element of the evaluation. These were combined with the core findings of the evaluation survey and together form the key findings of the overall evaluation process.

It is important to highlight that the qualitative stage of the evaluation process was dialogical and, as a result, an inductive approach was applied to the analysis of data and the identification of priority themes for presentation in this report. In other words, themes were not coded according to any pre-existing hypothesis or frame. The purpose of the interviews and FGDs was to allow full articulation of interviewee voices; to emphasise participants' perceptions, feelings and experiences as the primary object of the dialogue. This facilitated the expression of multiple and, in some cases, contradictory perspectives, all of which were viewed as relevant and potentially valuable to the evaluation findings.

2.2.3 Stage 3: Final Analysis and Report Writing

The final stage of the evaluation process involved a number of key steps to enable the development of key evaluative conclusions regarding the work and achievements of ATTI over the previous two years:

- Combining the analysis of both the survey and interview/FGD processes with an analysis of ongoing programme documentation received from ATTI throughout 2016¹⁸;
- Combining the analysis from this Final Evaluation process and comparing it with conclusions drawn in the original baseline research and Interim Evaluation reports;
- Identification of critical findings, conclusions and recommendations for submission in a formal evaluation report to be presented to CDI and the ATTI Steering Group;
- Writing of the Final Evaluation report.

During the evaluation process iterations of reports were brought to the RAC for review and feedback was provided on methodological and presentation issues. These were incorporated by the researcher on an ongoing basis. The 'Reflection Group' described in Section 1.2 offered opportunity to consider the findings and their implications but not to make any changes to the report.

¹⁸In the main this comprised Development Officer reports to the ATTI Steering Group, minutes of Steering Group meetings and records of key ATTI activities and outputs during 2016.

2.3 LIMITATIONS

While the conclusions expressed in this report are written with confidence, it is nevertheless important to acknowledge certain limitations or weaknesses in the overall process.

Response rates to the Final Evaluation survey were low, particularly compared to completion rates in the initial baseline research¹⁹. While it was possible to draw conclusions from the survey data and offer comparison to the 2014 baseline study, it is important to highlight that the volume of data that was submitted for analysis was limited. It is also important to highlight that a considerable proportion of respondents offered *no opinion* on the important section of the survey pertaining to the realisation of outcomes and ATTI's role in enabling the realisation of those outcomes.

The low response rate to the Final Evaluation survey was also reflected in the low turnout at some of the FGDs undertaken as part of this evaluation process. While the opinions of 40 individuals are represented in the evaluation analysis, it is important to note that some FGDs contained only two or three participants, limiting the perspective offered by particular sectors. Equally, three of the five participants in the Special Interest FGD, for example, had no prior engagement with ATTI and attended only on the direction of their respective management. As above, this limited the perspectives offered by particular sectors to the Final Evaluation process.

¹⁹ 16 surveys included for analysis in 2016 compared to 61 completed surveys in the 2014 baseline study.

SECTION 3: PROGRESS SINCE INTERIM EVALUATION

3.1 INTERIM EVALUATION SUMMARY

As noted earlier in this report, the Interim Evaluation reviewed ATTI's first year of operation, focusing particularly on the outputs delivered in that first year against those projected in the initiative's Logic Model. The Interim Evaluation report observed that:

- Core activities on the ATTI Logic Model had been implemented in a thoughtful and intentional manner. Most notably, CDI had established a multi-stakeholder Steering Group to lead and drive the work of ATTI. It had employed a Development Officer to resource and support interagency working. ATTI had established an innovative work programme to catalyse interagency working around the 0-3 cohort and, in the process, had established a connection with in excess of 120 service providers in the area relevant to the target group.
- The vast majority of those interviewed as part of the Interim Evaluation process spoke very favourably of the role of ATTI in its first year of operation. It was suggested that ATTI represented a good use of limited resources. Interviewees recognised the importance of effective interagency linkage, particularly in terms of its potential contribution to enhanced service provision for children and families. In this regard, interviewees identified ATTI as having made a significant contribution to networking, information-sharing and shared learning relevant to the 0-3 target group in Tallaght West.
- Interviewees pinpointed a number of key strengths in ATTI's approach to building greater levels of interagency linkage. Individuals commented on ATTI's leadership, describing the initiative as a driver for change in work practices and working relationships. ATTI demonstrated considerable capacity to mobilise interest in interagency working and supported coordination in a manner that was both relevant and practical to frontline practitioners. Above all, the subtlety of ATTI's approach to its work was noted. As an initiative ATTI had prioritised its focus on interagency coordination and not on establishing itself as a well known entity in the Tallaght West area²⁰.
- Feedback from interviews suggested some early changes in the service landscape as a result of ATTI's work with specific reference to:
 - increased awareness of services relevant to 0-3s among frontline service-providers;
 - increased learning relevant to the target group; and
 - increased *intentional* networking and coordination among service-providers.
- That said, a number of important coordination gaps were identified. It was noted in particular that ATTI had failed to engage adequately with General Practitioners (GPs) in the area. The Early Childhood Care and Education (ECCE) sector also remained largely removed from interagency working related to 0-3s. It was also noted that ATTI had not engaged adequately in promoting coordinated action between the core health-service pillars relevant to the 0-3s, namely GPs, PHNs and the Coombe Maternity Hospital. In essence, the efforts of ATTI in its first year had not addressed the needs of these critical stakeholder groups.
- The recommendations of the Interim Evaluation focused on a number of priority issues:
 - that the ATTI Steering Group would assume greater leadership in the direction of ATTI and its work programme, particularly from the perspective of building greater local ownership of the initiative and ensuring greater potential for sustainability beyond ABC funding;

²⁰As an example of this, a number of interviewees had commented on participating in networking events without realising that ATTI had been the organising entity of what were described as very positive events.

- that, by extension, the ATTI Development Officer would adopt more of a facilitative function, designed to resource and enable the leadership of the ATTI Steering Group;
- that ATTI would continue with successful activities from Year 1 that had stimulated interest in greater interagency coordination around the needs of children and families in the antenatal to three cohort, with particular reference to Speed Networking and high quality information inputs, and the ongoing revision and circulation of the ATTI Service Directory;
- that ATTI would devote specific attention to addressing key coordination gaps outlined above and design specific strategies to draw critical stakeholders into the Tallaght West coordination effort – with a particular emphasis placed on supporting coordination between the aforementioned core health service pillars;
- that, having laid a solid foundation for interagency coordination around the 0-3 target group, ATTI would seek out new conversations with key sectors, focusing attention on issues of service accessibility, service standardisation and service integration;
- that the ATTI Steering Group would explore and identify ways in which the voices of parents, as end service-users, might inform the agenda of ATTI as much as the voices of service providers in the organisation of the ATTI work programme;
- that ATTI would begin conversations on the future of the initiative beyond the funding of ABC to ensure a sustained approach to interagency collaboration relevant to the antenatal to three cohort in West Tallaght.

The full text of the ATTI Interim Evaluation Report is accessible on-line at http://www.twcdi.ie/images/uploads/general/CDI_Interim_Eval_Report_23.08.16.pdf.

3.2 OUTPUTS IN 2016: HOW ATTI ADDRESSED THE INTERIM EVALUATION RECOMMENDATIONS

It is important to begin this section by noting that CDI and the ATTI Steering Group adopted the conclusions of the Interim Evaluation Report and thereafter made a concerted effort to address the recommendations contained in the Report. This is largely reflected in the core outputs of its work programme in 2016.

3.2.1 Leadership: the role of the ATTI Steering Group

2016 saw a notable increase in the leadership provided to the initiative by the ATTI Steering Group. It was evident from a variety of evaluation interviews that the Steering Group members responded positively to the recommendations of the Interim Evaluation. As one member noted during a Focus Group Discussion:

“The mid-term evaluation was a bit of a shake up for the Steering Group. There was a recognition of the need for time to bed-in the process. Time was needed and it was inevitable that the Development Officer would drive things forward at the beginning as ATTI wasn’t really formed. The Interim Evaluation emphasised for us that participating on the Steering Group had to involve more than just being at meetings. And we are following up on that now. We each take things on at each meeting, even if it’s just as simple as making a couple of phone calls.”

The increased leadership of the Steering Group has manifested in a number of ways. Whereas CDI staff chaired all Steering Group meetings in the first year, a local stakeholder²¹ assumed the role from the beginning of 2016. Steering Group meetings became more dynamic with members engaging in greater debate and contributing to

²¹Anne Genockey of An Cosán who, at the same time, is also a Board member of CDI.

the direction-setting of the initiative. The Steering Group also assumed more decision-making responsibilities and this, on occasion, included the members rejecting suggestions put forward by the Development Officer. While the Development Officer still implemented the decisions of the Steering Group, members also took on specific actions to progress work.

Evaluation interviews also suggested tight working relationships among Steering Group members and a genuine commitment to drive the ATTI work programme forward. Compared to the first year of the initiative, a distinct sense of ownership of ATTI among all of the Steering Group members consulted was evident and this was a very welcome development.

3.2.2 Development Officer

The Development Officer role is the central resource to the ATTI initiative, designed to support and enable the leadership of the ATTI Steering Group, and implement actions in accordance with the Steering Group's direction. Within CDI the role is combined with a support function to the Parent Carer Facilitators (PCF) operating in Early Childhood Care and Education settings locally. As a result, the Development Officer has devoted approximately 70% of working hours to ATTI and the remainder to the work with the PCFs.

As noted earlier, the initial Development Officer left the role in the latter stages of 2015 and was replaced by a second Development Officer in January, 2016. In keeping with the Interim Evaluation Report the second Development Officer adopted a more facilitative approach to the programme of work than her predecessor. This was overseen by CDI and it is evident that this facilitative approach assisted the demonstration of increased leadership by the ATTI Steering Group members.

The second Development Officer concluded her involvement with the initiative in August 2016, having contributed to a number of significant outputs in that time. Among others, these included the effective organisation of a number of high quality ATTI events, reaching out to the ECCE sector and facilitating a series of Focus Group Discussions as an initial engagement process with the core health pillars of GPs, PHNs and the Coombe Maternity Hospital. A third Development Officer began work on the initiative in September.

Feedback from stakeholders across evaluation interviews has been extremely complimentary about the work undertaken by the Development Officers involved in the initiative. It has been noted, particularly by Steering Group members, that each brought different skills, talents and approaches to the work. The first Development Officer led the initial establishment of ATTI and drove the generation of ideas on how best to promote coordination among services to children and families in the target group. This was essential at the commencement of the initiative. Building on the recommendations of the Interim Evaluation, the second Development Officer enabled and supported the Steering Group to assume greater leadership and to drive the programme of work. This too was essential in the second year of ATTI, particularly in building local commitment to and ownership of the coordination effort. Unsurprisingly, the turnover of Development Officers within the two years of the initiative, though understood by all, has been a source of disappointment to members of the Steering Group.

3.2.3 Networking Events

A core element of promoting interagency linkage around the antenatal to three cohort in Year 1 involved the organisation of a number of networking and learning events. These were designed to bring service providers from varied disciplines together to share information with one another about their respective agencies and services, while also exposing providers to national policy and evidence of good practice on key topics relevant to the 0-3 target group. ATTI continued with a programme of similar events in 2016. These were as follows:

- **Workshop on Infant Mental Health:** A two-hour workshop on Infant Mental Health was organised and offered to local service providers in April²². The workshop was presented by Catherine Maguire, a Senior Clinical Psychologist and Infant Mental Health Specialist and Clinical Mentor²³. Eighty individuals registered to participate in the event with fifty eight finally attending. Evaluation forms completed by participants revealed a very high level of satisfaction with the event and a substantial appetite for i) more information on Infant Mental Health research and ii) training in this area.
- **Maternity Strategy:** A workshop outlining the provisions of the National Maternity Strategy was also offered to local service providers in May. The two-hour workshop was presented by Patricia Hughes, then Director of Midwifery and Nursing at the Coombe Maternity Hospital. A total of 26 individuals attended from a variety of agencies and initiatives, not all of which were Tallaght West based. As above, evaluation forms indicated high levels of satisfaction with the quality and content of the event.
- **Speed Networking:** Later in May ATTI hosted a speed networking event similar to the event organised in February of the previous year. Themed New Developments, the Speed Networking involved a mix of information presentation, inter service-provider networking and a roundtable discussion of issues pertinent to service provision for children and families in the antenatal to three cohort. The information inputs offered at the event included:
 - an introduction to emerging GP provision in Tallaght Cross by Dr. Darach Ó Ciardha, a local GP;
 - an overview of Meitheal, the national practice model by Mary O’ Brien, Tusla’s local Coordinator of Meitheal in the Tallaght area and member of the ATTI Steering Group;
 - a presentation of the Mac Uilliam Project by Aoife O’ Reilly and Anne O’ Connor of Barnardos; and
 - an introduction to the role of Specialist Midwives by Barbara Whelan, Clinical Midwife Specialist Neonates at the Coombe Women and Infants University Hospital and member of the ATTI Steering Group.

A total of 36 participants attended the event from a variety of professional backgrounds and, once again, evaluation forms completed by participants at the event suggest high levels of satisfaction.

Feedback on these activities during evaluation discussions was also incredibly positive. A number of interviewees noted that these activities had supported their development of new working relationships with other frontline service providers. Interviewees from various sectors also observed that they had referred children and families to other services as a result of contacts made with providers through the aforementioned activities. This is extremely positive.

The Learning Events offered in 2016 received particularly positive feedback during the Final Evaluation interviews. Stakeholders²⁴ deemed the content of the Learning Events to be very relevant and their presentation to be of very high quality. The Learning Events were viewed as particularly subtle ways of progressing interagency linkages, offering service providers from various disciplines the opportunity to interact with one another as equals while simultaneously being exposed to important learning relevant to their respective roles.

²²Interest in this event was very high not only among local service providers but also among other interested parties involved in the ABC programme around the country. As a result, a number of these interested parties were invited to participate in the workshop alongside Tallaght-based counterparts.

²³Dr. Maguire is currently seconded to Young Knocknaheeny, one of the ABC projects located in Cork City.

²⁴Both internal and external to the ATTI Steering Group.

Infant Mental Health Network

The Infant Mental Health workshop in particular, stimulated substantial interest in a dedicated piece of work to promote infant mental health and address concerns in practice. Subsequent to the workshop, the ATTI Steering Group took the decision to establish a Tallaght West IMH Network. Planning for the development of this Network commenced in the second half of 2016. Given the importance of infant mental health in the later wellbeing and development of the individual, the IMH Network will potentially be an important development in the local service landscape. Steering Group members propose that it will act as a key mechanism for sustaining the process that ATTI had started over the previous two years in terms of connecting practitioners and managers across disciplines and organisations, and offering a reflective space to consider practice and how research can inform interventions with families.

It is envisaged that this Network will be focused on interagency practice and actual family cases, as well as on sharing of information among agencies. The Steering Group has agreed that the aforementioned Young Knocknaheeny project will provide training in the establishment and operation of the Network in January of 2017. The training will be offered to thirty individuals from across a variety of professional disciplines - inclusive of individuals from management and frontline service provision levels - and there will be an application process for participation in the training. Applicants seeking the opportunity to participate in the training will also be expected to sign up to later involvement in the Network, which will involve monthly meetings. It is envisaged that the Network will operate as a Community of Practice as well as discussing shared family cases in a confidential space. While there will be a tight Network membership, the process will be opened out to organisational colleagues of Network members when cases are being examined relevant to their respective agencies.

The planning around the establishment of a local IMH Network has generated both excitement and optimism among local stakeholders interviewed during the evaluation process. Infant Mental Health is viewed as a critical area of concern for all service providers relevant to the ATTI target group. It is considered as offering a practical and tangible hook for interagency coordination, and for the future relevance and sustainability of ATTI as an entity. It will be important therefore that the ATTI Steering Group invest adequate energy and attention to the development of this Network throughout the coming year²⁵.

3.2.4 Service Directory

In Year 1 of the initiative ATTI produced a comprehensive Service Directory in response to requests from local stakeholders. The Directory provided information on the respective purpose of each listed service as well as providing contact information²⁶ for each. In addition, it outlined detailed referral pathways to minimise inappropriate referrals to and from services. The Directory was initially set up as a portal on the CDI website and, following requests from service providers, was later distributed in hard copy throughout the area.

Given the frequent turnover of staff and the emergence of new initiatives in Tallaght West, ATTI updated and re-circulated the information contained in this service directory in the first half of 2016. The Directory remains available both in hard copy and on-line.

Feedback during evaluation interviews suggested that ATTI's Directory of Services had played an important part in building awareness of other services among local service providers. Interviewees were very positive about the Directory as a resource. Many indicated that they were using it regularly and that it was informing interagency referral and communication. Direct quotes from individual interviews and Focus Group Discussions included:

²⁵ See further comments in this regard in the Conclusion Section of the report, Section 6.

²⁶ Including the names of key personnel and their mobile numbers in the majority of cases.

“The Service Directory was one of the most concrete outcomes of the initiative.”

“I would be using the Directory every day trying to find something for a parent.”

“I’ve been able to give parents numbers from it.”

In addition to the original recipients of the Directory, ATTI also circulated the Directory to GP Practices and Early Years (EY) services in 2016, thus broadening its reach. Steering Group members and CDI recognised that the reproduction of the Directory was resource-intensive. At the same time, all were in agreement that there was real value from the investment of that resource.

3.2.5 Addressing Key Coordination Gaps

Reference has been made above to coordination gaps identified during the Interim Evaluation process. In particular, it was noted that EY settings appeared largely removed from interagency working – and the work programme of ATTI – in Year 1. Considerable concern was also raised during Interim Evaluation interviews about the difficulty of engaging GPs in collaborative work around 0-3s while the need for a much greater level of coordination was also highlighted in relation to GPs, PHNs and the Coombe Maternity Hospital. Intentional efforts were made to address coordination gaps related to these interest groups during 2016 as follows:

Early Years Sector

The Development Officer worked closely with representatives from South Dublin Childcare Committee in the first half of the year to reach out to local ECCE settings, especially those settings in the area without the resource of a PCF. Conversations through this outreach process revealed EY interest in accessing training in i) referral and ii) dealing with difficult behaviour. Representatives from Barnardos, South Dublin Childcare Committee and An Cosán combined to provide a half-day training in September. However, attendance at the event by EY practitioners was ultimately described as disappointing. Discussion with the then Development Officer during the summer of 2016 suggested that the outreach process and subsequent training to EY settings might present a platform for an EY peer support group to emerge. In fact, this was an aspiration of the process. It was suggested that An Cosán might provide that support. The evaluation is unaware of any follow up in this regard in the interim.

This outreach process also supported the introduction of Meitheal to EY services. ATTI provided information to services on Meitheal and how to make contact with the local Meitheal Coordinator. EY settings subsequently received Meitheal Training. Evaluation interviews indicated that EY settings were playing an active part in the Meitheal process in Tallaght West and that this was considered exemplary by national standards.

Efforts were also made to ensure that the EY sector would be represented at networking and learning events, including the offer of a financial stipend to cover substitution costs for staff member participation at events. Representatives from the sector comprised 14% of participants at the Infant Mental Health Learning Event; 4% at the Maternity Strategy workshop and 22% at the Speed Networking²⁷. While ATTI made a concerted effort to include the EY sector in its programme of work in 2016, it is apparent that supporting the EY sector to engage in interagency processes - in a manner that meets the needs of the sector - requires an approach that reaches out to individual services as opposed to expecting their participation in networking events.

²⁷ Though it would be interesting to understand if PCFs constituted the majority of that participation

GPs & Health Pillars

In March the Development Officer, along with Steering Group member, Jackie Austin²⁸ approached Dr. Darach Ó Ciardha, a GP in Mary Mercer Clinic²⁹ to:

- initiate a conversation between ATTI and a local GP;
- outline the work of ATTI; and
- discuss communication possibilities between GPs, the Coombe and PHNS.

The bulk of this initial conversation centred on an emerging secure email system³⁰ for GPs, allowing GPs to receive confidential files from HSE or Coombe email addresses. It was suggested that this system offered real opportunities for effective communication between the health pillars and it was therefore proposed that ATTI might take on a specific piece of work to assist in building understanding of the system among the other pillars (i.e. the PHNs and the Coombe).

This proposal was taken back to the ATTI Steering Group for consideration. Given that the HSE had assigned a specific Project Manager to lead out on this system, the Steering Group took the decision not to act on this proposal³¹. As noted earlier, Dr. Ó Ciardha subsequently made a presentation on the Tallaght Cross development³² at the Speed Networking event in May. Thereafter communication with the GP sector was limited until the Development Officer undertook a series of Focus Group Discussions with representatives of the three health pillars in July and August.

The purpose of the aforementioned Health Pillar Focus Groups was to explore possible areas for collaborative working across the pillars. The Development Officer initially held a discussion with local PHNs while also conducting discussions with two groups of GPs and Practice Nurses. She finally met with Social Workers in the Coombe shortly prior to her departure from the Development Officer role; unfortunately Community Midwives³³ were not freed-up to participate in this discussion.

The Development Officer subsequently produced a comprehensive report of the Health Pillar Focus Group Discussion process³⁴ and this has been submitted to CDI and discussed by the Steering Group. The report identifies a series of communication gaps across the pillars and recommends potential areas of focus for the ATTI work programme. Among others, these include addressing issues related to referral and information-sharing, and addressing constraints within confidentiality protocols. The final report also contains recommendations pertaining to communication gaps between the three pillars, Tallaght Hospital and Tusla. Discussion with the Development Officer prior to her leaving her role indicated:

²⁸ Also Assistant Director of Public Health Nursing in the Tallaght West area.

²⁹ And now also operating in the Tallaght Cross facility.

³⁰ A system known as Healthmail.

³¹ An important indicator of the Steering Group enhancing its leadership and decision-making with regard to the ATTI work programme.

³² Tallaght Cross brings together primary care services with academic and training resources for GP's and community nurses, from Trinity College Dublin.

³³ Who operate in Tallaght West as part of the Early Transfer Home (ETH) team.

³⁴ This report was completed and presented by the Development Officer after she had concluded her official involvement with ATTI.

“Every area of communication that is problematic is in there. There has almost been a reluctance to name the sticky issues but this is moving in such a way that we can bring these issues back to all representatives of the various pillars and say that this is what we found. These are the challenges that each of you faces and these are the things that need to be looked at. There may be a bit of resistance to that. That may have to be accepted as a piece of work in itself. It’s really important to think about how ATTI presents this in a way that is palatable but it will be very valuable when it’s actually done. That’s why it’s important to bring the feedback to the attention of the Directors of Services; they are the ones who can make the changes happen.”

An important start has been made therefore in building ATTI’s engagement with the three core health pillars and, more importantly, in building their engagement with one another, Tallaght Hospital and Tusla. However, it is important to note that commencing this piece of work in the middle of the second year of the initiative was very late in the process. The process of engaging with the pillars was a stand-alone developmental piece and needed adequate time to prepare, deliver and follow up. It should therefore have been prioritised earlier in the ATTI work programme. Similarly, while the Focus Group Discussions identified a number of possibilities for enhanced collaboration, several months have passed without any follow up to these conversations. There is a risk that this may result in an opportunity lost or at least an opportunity delayed.

Equally, the late timing of the FGDs with the three health pillars – along with feedback from evaluation interviews – suggested varying levels of support within the ATTI Steering Group for a concerted effort to enhance collaboration between those pillars. While stakeholders largely endorsed the centrality of GPs, PHNs and the Maternity Hospital in the lives of families with children in the 0-3 age cohort, there appeared to be a resignation that enabling meaningful collaboration of these sectors was either i) too difficult to achieve³⁵ and/or ii) beyond the remit of ATTI - and more within the remit of the local CYPSC. While CDI has been a serious promoter of this cross-pillar collaboration, other members of the Steering Group appeared less committed to this area of work and less convinced of ATTI’s capacity to make a meaningful contribution³⁶. This issue of divided levels of commitment among the Steering Group members needs to be examined if ATTI is to address the recommendations of the Development Officer’s report in a meaningful and deliberate manner.

3.2.6 Parental Voice

The Interim Evaluation identified a gap in the initiative concerning the role of parents in influencing and informing the work programme of ATTI. The work programme in Year 1 was largely influenced by the voices of service-providers and not by the users of services whose needs were primary. Evaluation discussions on the role of parents in ATTI revealed a universal belief across stakeholders that parents should be more involved while also revealing a lack of certainty around the most appropriate vehicle through which to channel their input. The Interim Evaluation advised the ATTI Steering Group to consider where parents’ contribution could and should inform the development of the initiative as it moved forward in Year 2.

As part of the Final Evaluation, members of the Steering Group acknowledged that they had not addressed the inclusion of parents in informing the work of the initiative. That said, reference was made to a Seed Fund

³⁵ For example, there appears to be a recognition that it is difficult to engage GPs in collaboration and, perhaps, an acceptance that it can’t be achieved. There also appears to be a recognition that the Coombe is a busy hospital serving families from a multitude of areas, not just Tallaght West, and also an acceptance that the hospital cannot engage around a specific community.

³⁶ The issue of mixed perspectives within the Steering Group on the role, function and potential of ATTI will be discussed in more detail in Section 6 of the report.

Participation Grant from Tusla to CDI³⁷, designed to capture the complexity of need among vulnerable families and children in Tallaght West. This short research project involves a series of FGDs and case studies and will be conducted by CDI with support from the PCFs. The PCFs identified families for inclusion in the research through existing relationships. A draft report from the research was to have been available by Christmas and it had been planned that the content of this report would be examined by the ATTI Steering Group to inform its thinking in relation to parents. The research has been delayed by Tusla ethics approval processes but will inform ATTI considerations in due course.

3.2.7 Other Activities & Outputs

In addition to the above, the following were also undertaken as part of the ATTI brief in 2016:

- The ATTI Development Officer participated on behalf of CDI in an ABC Maternity Hospital Working Group. This group came into being as a result of difficulties experienced across ABC projects in the region in engaging local Maternity Hospitals, particularly in the promotion of educational and support programmes for parents. The group was established to share experiences among ABC projects and identify learning opportunities around working with Maternity Hospitals. The group first met in April and again in July. The evaluation is not aware of progress or follow-up action since then.
- Contact was made in April with the Trinity College Education Team in Tallaght Cross to explain the ATTI function and to explore potential linkages between ATTI's work and Trinity's health initiatives and training of GPs. A proposal to have trainee paediatricians offer community clinics³⁸ to children in the 0-3 age group in Tallaght West was explored and left for consideration. No further feedback has been received from Trinity on this proposal to date.
- Contacts were also made with organisations representing vulnerable and marginalised groups within the community to explore the manner in which ATTI and its multiagency partners might support their work. This included approaches to the Traveller and Roma Integration Project and the Tallaght Traveller Project. The organisations in question made it clear that they did not see a fit between the priorities of their respective organisations and those of ATTI.
- Considerable effort had been devoted by the Development Officer in Year 1 of the initiative to the creation of a series of Health Promotion materials targeted at fathers of very young children. The Development Officer had also completed similar materials for mothers, titled *Being with Baby*, which promoted - across a year's lifespan - help-seeking behaviour in mothers and ways to improve attachment. These materials were taken on by Tusla during the summer of 2016 and included on the *parenting24seven website*³⁹, an online resource offering evidence based key messages on what works best for children and families at different stages of childhood and in different situations. This brought closure to ATTI's engagement in the development of Health Promotion materials.
- The Interim Evaluation report recommended that ATTI give due consideration in 2016 to the development of an Implementation Guide, a commitment of the initiative's original Logic Model. The purpose of this guide would be to share learning garnered through ATTI's efforts to foster interagency working around the 0-3 target group and thus add value to areas other than Tallaght West. A framework document for an Implementation Guide was put in place in 2016. However, following on from the funding extension from the DCYA, it was decided to delay completion of this guide until 2017.

³⁷ CDI is one of three bodies in the region doing this research with Tusla funding.

³⁸ Under supervision of a Senior Consultant.

³⁹ <http://www.tusla.ie/parenting-24-seven/>

3.3 POSITION OF ATTI AT THE END OF 2016

Evaluation interviews throughout the evaluation process, particularly those involving members of the ATTI Steering Group, indicated a very strong commitment to ATTI and to promoting the wellbeing and development of children in the 0-3 target group in Tallaght West. It is apparent that ATTI is a locally owned initiative, evidenced by the fact that all original members of the Steering Group have remained involved in the process since its initiation, as well as a number of new members joining at a later stage. The important point to note is that, having joined, no member of the Steering Group has fallen away from the process. As one interviewee noted, "Steering Group members see the potential of ATTI."

The central element of the ATTI strategy has involved prioritising interagency communication and linkage. Little attention has been devoted in the two years of the initiative to the promotion of ATTI as an entity. In keeping with the philosophy of CDI and the Steering Group members, coordination has been the core entity of the initiative, not ATTI itself. This facilitated a focus on establishing and retaining local ownership of interagency working; that interagency working would become the responsibility of all agencies, not just the host agency. This is both a very positive and strategic approach.

Nevertheless, recognition of ATTI has grown since the Interim Evaluation period. Evaluation interviews largely indicated that local service providers were more familiar with ATTI's purpose in Tallaght West compared to similar interviews undertaken in late 2015. One interviewee used the analogy of ATTI stirring rather than controlling the interagency pot, highlighting "'We are doing stuff between our agencies, influenced through ATTI."

One of the most striking observations about the position of ATTI at the end of 2016 is that there now exists in Tallaght West an appreciation of i) the importance of focusing service attention on children and families in the antenatal to three age category and ii) a multiagency structure for catalysing that focus. The following quotes from evaluation interviews offered direct expression to this observation:

"Having a structure that focuses on antenatal to three care is huge. Other ABC areas are saying the same thing. Prior to ATTI, nobody was looking at this age group in a strategic way. It's great that other stuff - like the Nurture programme nationally - is happening that supports what we do locally in a strategic way. Getting a group together that has a clear target group and a common understanding of why they are meeting is really important."

"If you were to take ATTI away, we wouldn't have speed networking, we wouldn't be having an information input about the Nurture programme, we wouldn't have an Infant Mental Health network emerging. I'd love to do all of this through my own role but I wouldn't have time or capacity to do. It takes an organisation to implement and organise that kind of work. ATTI has a way of everybody knowing about it."

3.3.1 Future of ATTI

There is evident commitment among the bodies participating on the ATTI Steering Group to the continuation of the initiative beyond ABC funding. In particular, there exists a palpable optimism around the development of a local Infant Mental Health Network and the potential of that network to further galvanise the work begun by ATTI. Certain interviewees expressed hopes that the emerging Infant Mental Health network might be self-sustaining. However the evaluation did not explore how that self-sustaining effort might evolve.

The desire for ATTI to continue is coupled with a widespread recognition among Steering Group members

of the need for a dedicated staff member to facilitate and support the work of the initiative. In fact, interviewees were adamant that the work could not survive without a dedicated staff resource. However, it is not immediately clear how members plan for the requisite finances to employ such a staff member. Neither is it immediately clear if CDI would continue to host the Development Officer role or if another organisation would take on the lead agency function.

The future mainstreaming and sustainability of ATTI has been on the Steering Group meeting agenda since April 2016. The group has considered the future of ATTI and the possible options available around mainstreaming of its work. However, feedback indicates that limited headway has been made in this regard. As one interviewee noted:

"Some agencies are happy to take on the work; the good will is there but, whatever emerges, we still recognise the need for a paid coordinator to support the collaboration."

Given that ABC funding is scheduled to end in December 2017, this item needs prioritisation by the ATTI Steering Group in the first six months of 2017. While it may well be that the planned Infant Mental Health Network represents the future of ATTI, the resourcing of whatever entity emerges needs careful consideration and planning.

SECTION 4: INTERAGENCY WORKING - WHAT HAS CHANGED IN TWO YEARS?

4.1 INITIAL BASELINE SURVEY IN 2014

Reference has already been made in this report to a *baseline study into interagency working* around children and families in the antenatal to three cohort in Tallaght West. This study was undertaken in the final quarter of 2014 and represented the first key output of the ATTI evaluation process.

The purpose of the research was to gather a comprehensive picture of the nature and extent of interagency working relevant to the target group. It was envisaged that this would, in turn, enable ATTI stakeholders to:

- understand the levels of interagency working in Tallaght West at that time and identify how ATTI could further advance the development of interagency working in support of ante-natal to three children and families;
- connect with service providers' perspectives on interagency working – both experiences of that time and aspirations for the future; and
- identify a baseline of interagency working in Tallaght West at the commencement of the initiative against which to evaluate the effectiveness and impact of ATTI in the coming years.

As noted in Section 2 of the report, a total of 61 individual service providers from across approximately 50 agencies completed the baseline survey.

Key findings from the baseline research, among others, indicated the following:

- There was an evident history of interagency working among services in Tallaght West. It was apparent that a lot of interagency coordination and collaboration had been taking place in the area around other age cohorts with less of a history of interagency working related to children and families in the 0-3 age group. Many of those that responded to the Baseline Survey also pointed out that there was a need for improvement in the manner in which existing interagency working was taking place around this target group.
- The majority of interagency working concerning this age cohort arose in relation to specific child or family cases⁴⁰. Interagency work pertaining to this target group was less obvious at a local policy level and it was suggested that this partly explained the need for an initiative like ATTI in Tallaght West.
- The Baseline research revealed that a lot of interagency referrals were taking place locally concerning children and families in the antenatal to three cohort. Respondents generally identified high levels of satisfaction with the key elements involved in referral, though room for improvement was highlighted, particularly in areas such as:
 - follow-up between services post-referral;
 - communication standards during the referral process; and
 - the need to build greater understanding of services to facilitate more effective interagency referral.
- Respondents noted that positive experiences of interagency working were enabled by constructive communication, information-sharing, openness to interagency working and clarity around roles and responsibilities in multiagency processes. In this regard, many respondents at that time highlighted

⁴⁰This was perhaps somewhat inevitable given that the bulk of respondents were frontline service providers.

the ease of coordinating with Public Health Services while articulating significant frustration around working with Child Welfare and Protection services.

- It was interesting to note within the Baseline data that service providers experienced greater ease in identifying gaps in the workings of other agencies than they did in reflecting on the challenges within their own. This inability to reflect critically on one's own practice was suggested as a potential obstacle to successful interagency working.
- Respondents in the Baseline process generally expressed optimism about the role and potential of ATTI. In particular, respondents suggested that ATTI should play a key role in:
 - building information on and awareness of services relevant to the antenatal to three cohort;
 - supporting networking and coordination among service providers relevant to this cohort; and
 - advocating for improvements in i) resourcing of local services⁴¹ and ii) service quality for the 0-3s in Tallaght West.
- Looking to the future of interagency working in Tallaght West, the majority of respondents highlighted their interest in improved interagency communication pertaining to the 0-3s, with less emphasis on coordination, collaboration or integration.

The full details of this baseline research report are accessible on-line at http://www.twcdi.ie/images/uploads/general/CDI_ATTII_Report_01.09.15.pdf.

4.2 FINDINGS FROM SURVEY, 2016

A survey, similar to the original baseline study, was presented to service providers in Tallaght West in September, 2016. This repeat survey had twin purposes, namely:

- to gauge the nature and level of interagency working relating to the antenatal to three cohort two years on from the initiation of ATTI, offering comparison to the original baseline and exploring the changes that may have accrued in the two-year programme period of ATTI; and
- to assess the contribution made by ATTI to the outcomes projected in its Logic Model in that two-year period.

Details pertaining to the survey methodology, focus and rates of completion have already been outlined in Section 2.2.1 of this document. The following, therefore, identifies core findings of the repeat survey, offering comparison between these and the equivalent findings from the 2014 baseline study.

4.2.1 Basis for Interagency Working

As in 2014, the highest concentration of interagency working reported was based around the needs of individual families. Forty eight per cent of survey respondents highlighted that they were more likely to engage in interagency working around individual families as opposed to specific target groups, communities or topics. This figure is unsurprising as the bulk of survey respondents were frontline service providers.

Figure 4 below presents a breakdown of responses in this regard. These data are largely similar to the 2014 study, as outlined in Figure 5, which indicated that 43% of respondents were more likely to engage in interagency working around the needs and interests of specific families.

⁴¹ It is important to note however that neither CDI nor the ATTI Steering Group envisaged a role for the initiative in advocating for additional resources in the Tallaght West area. This was never considered part of the ATTI brief and was therefore never addressed in the ATTI programme of work.

Figure 4: Basis for Interagency Working (2016)

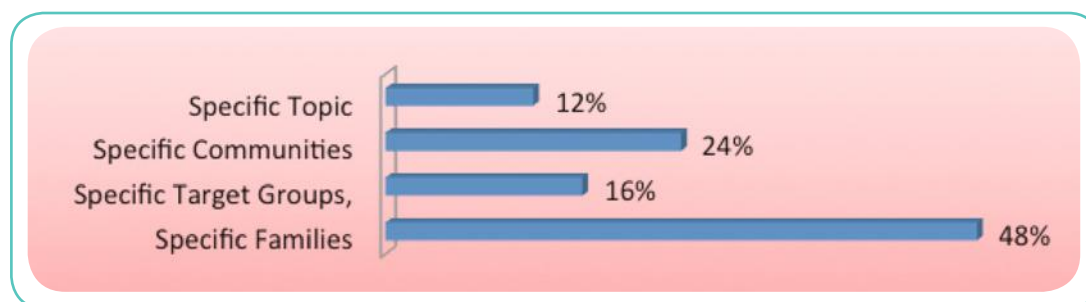
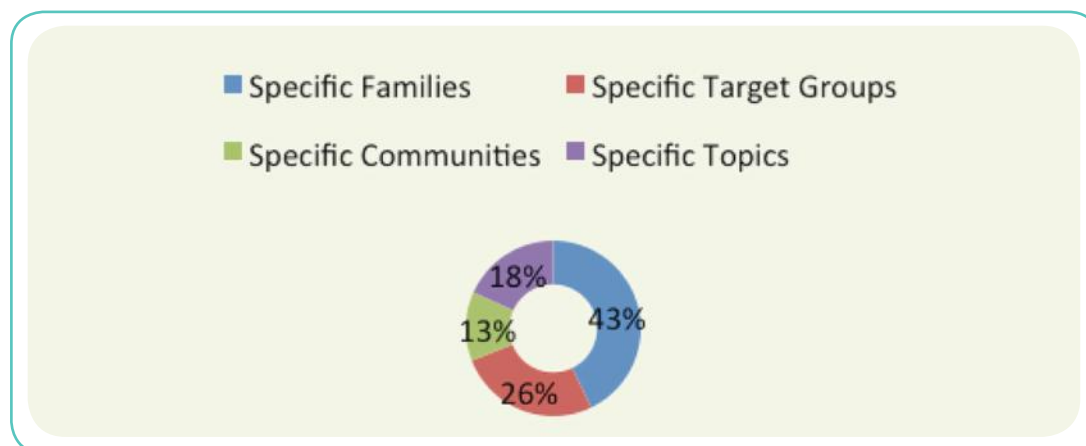


Figure 5: Basis for Interagency Working (2014)



4.2.2 Interagency Referral

That said, data from the survey concerning interagency referral⁴² relevant to the antenatal to three cohort were very encouraging. All 2016 *respondents* had referred children and families to a variety of other services in the twelve months prior to completion of the survey. Interestingly, all had referred children to Parenting and Family Support Services while three out of four respondents had also referred families to EY and Child Welfare and Protection Services.

Just over 80% of survey respondents had also received referrals from other agencies, most notably from Health (Primary Care), Health (Hospital) and Child Welfare and Protection services. Table 1 below attempts to capture the level of interagency referral identified in survey responses while Table 2 offers comparison with figures from 2014.

Table 1: Interagency Referral over the Previous 12 Months (2016)

Total Respondents (n=16)	Respondents referred child(ren)/ family(ies) to services of agencies in	Respondents accepted child/family referrals from other agencies in
Health (Primary Care)	7 (44%)	10 (63%)
Health (Hospital)	10 (63%)	9 (56%)
Health (GP)	8 (50%)	7 (44%)
Child Welfare & Protection	12 (75%)	9 (56%)
ECCE	12 (75%)	8 (50%)
Parent and Family Support	16 (100%)	8 (50%)
Special Interest	7 (44%)	4 (25%)

Table 2: Interagency Referral over the Previous 12 Months (2014)

<i>Total Respondents (n=16)</i>	<i>Referred child(ren)/family(ies) to services of agencies in</i>	<i>Accepted child/family referrals from other agencies in</i>
<i>Health (Primary Care and Hospital)</i>	47 (77%)	44 (72%)
<i>Child Welfare & Protection</i>	49 (80%)	34 (56%)
<i>ECCE</i>	30 (49%)	19 (31%)
<i>Parent and Family Support</i>	48 (78%)	31 (51%)
<i>Special Interest</i>	42 (69%)	33 (54%)

The data presented in Tables 1 and 2 suggest increased referral by service providers to EY and Parent & Family Support Services in the past two years and largely similar rates of referral to Child Welfare and Protection Services. They also suggest a reduction in referral to Special Interest projects, and substantially increased referrals from EY settings to other services, with similar referral patterns from Child Welfare and Protection and Parent & Family Support Services.

All of these data need to be considered, however, in the context of the profile of those responding to the Final Evaluation survey⁴³ and in the context of fewer respondents to the 2016 survey compared to the initial baseline research. Nevertheless they still show a substantial volume of inward and outward referral taking place in Tallaght West around the ATTI target group and this is extremely positive.

Experience of Referral

In light of the considerable practice of interagency referral outlined above, respondents were also asked to describe their experience of referral processes under six core headings as follows:

- Clarity of information on the other service(s) to which or from which referral was being made;
- Clarity of reasons for referral;
- Other agencies' understanding of our service;
- Realism of expectations in referral;
- Communication during referral;
- Follow-up post-referral.

Respondent comments on their experiences of referral in the previous twelve months indicated some significant improvements compared to 2014 figures, particularly in i) clarity around reasons for referral; ii) realism of expectation in referral processes; iii) communication during and iv) follow-up post referral. Comparison is offered in Table 3 below:

⁴¹ Refer to Figure 1 above.

Table 3: Experiences of Interagency Referral in the Previous 12 Months – Comparison of 2016 and 2014 findings

Category	2016	2014
<ul style="list-style-type: none"> Clarity of information on the other service(s) to which or from which referral was being made 	<ul style="list-style-type: none"> Just under 80% of 2016 respondents highlighted their satisfaction⁴⁴ with the clarity of information on other services at the point of referral. 	<ul style="list-style-type: none"> The 2016 figure was almost exactly the same as outlined in the 2014 survey.
<ul style="list-style-type: none"> Clarity of reasons for referral 	<ul style="list-style-type: none"> 93% of 2016 respondents indicated that they were either reasonably satisfied or satisfied with levels of clarity surrounding the reasons for referral. 	<ul style="list-style-type: none"> 2016 responses suggested a 13% increase in satisfaction levels in this regard compared to the same time in 2014.
<ul style="list-style-type: none"> Other agencies' understanding of our service 	<ul style="list-style-type: none"> Seven out of ten (70%) respondents in 2016 highlighted their satisfaction⁴⁵ with the levels of understanding held by other agencies of their respective services at the point of referral. 	<ul style="list-style-type: none"> The 2016 responses almost exactly mirrored feedback received in this regard in 2014.
<ul style="list-style-type: none"> Realism of expectations in referral 	<ul style="list-style-type: none"> 100% of survey respondents⁴⁶ indicated satisfaction concerning the realism of expectation in referral processes in the previous twelve months. There were no negative remarks. 	<ul style="list-style-type: none"> By comparison, one in five survey participants in 2014 expressed dissatisfaction in this regard.
<ul style="list-style-type: none"> Communication during referral 	<ul style="list-style-type: none"> 93% of survey respondents expressed satisfaction⁴⁷ with interagency communication during referral processes. 	<ul style="list-style-type: none"> By contrast, 67% of 2014 respondents expressed satisfaction with communication during referral while one in every three experienced this negatively.
<ul style="list-style-type: none"> Follow-up post-referral 	<ul style="list-style-type: none"> As above, 93% of respondents experienced follow-up post referral satisfactorily⁴⁸. 	<ul style="list-style-type: none"> The 2016 figures in this regard were in stark contrast with the feedback from 2014. Just over 50% of 2014 respondents expressed satisfaction with follow-up post referral.

⁴⁴ 7% reasonably satisfied, 72% satisfied. Group, i.e. those with direction-setting and implementation responsibility for the initiative.

⁴⁵ 31% reasonably satisfied; 31% satisfied; 8% extremely satisfied.

⁴⁶ 57% reasonably satisfied; 36% satisfied; 7% extremely satisfied.

⁴⁷ 43% reasonably satisfied; 43% satisfied; 7% extremely satisfied.

⁴⁸ 29% reasonably satisfied; 57% satisfied; 7% extremely satisfied

The comparisons presented above paint a very favourable picture of interagency referral over the two year duration of the ATTI initiative. Evaluation interviews lend weight to the figures presented above and suggest that ATTI has played a considerable part in supporting improved experiences in referral. A sample of quotes from across interviews is offered below:

"The speed networking event has played a really key part in that. It has been a very positive initiative; the feedback has been very good from people that participated in it. They have better knowledge of who's who and how to contact and how to refer parents to other services."

"Mary's⁴⁹ efforts to reach out to the ECCE sector had an impact on referral and information-sharing. The ECCE sector is now leading Meitheals. That's very encouraging."

"We've got really positive feedback on information and networking events and on the directory. One HSE representative has said that she's getting new referrals through contacts made via ATTI."

"The talks, like the ones on Infant Mental Health and Perinatal Depression, have been very good and very enlightening. We were never aware of the drop in centre in Chamber House; the Psychological Service that's offered on a Wednesday. We learned about this at one of the ATTI events. As a result, we've been able to refer families to Chamber House; parents who are struggling to get their children's needs met. They get to talk to the psychologist and maybe get to have their children referred on. That's definitely something for our service that we've been able to use."

"I definitely made new connections as a result of speed networking and I've followed up with communication and referrals."

While the feedback on interagency referral suggested improvements over the past two years, some interviewees also highlighted continuing gaps in referral processes. PHNs universally highlighted the need for a standardised referral system across all agencies to enhance referral processes for the target group. They observed that the quality of information and communication during referral was very varied at present and contended that a system in which all agencies would be required to share the same type of information with one another would be very beneficial for both service providers and service users. A representative from a voluntary organisation also noted that referring families to services was frequently inadequate to ensure their needs would be addressed in a timely fashion. This interviewee emphasised the need for constant advocacy to accompany referrals, stating that "referrals and persistence have ensured appointments for children. Advocacy is what's missing. In fact, the critical piece is advocacy. If you don't advocate when making referrals, children will sit on waiting lists."

4.2.3 Positive Experiences of Interagency Work

Respondents to the 2014 baseline survey had noted that positive experiences of interagency working were enabled by positive communication, information-sharing, openness to interagency working and clarity around roles and responsibilities.

Thirteen of the sixteen respondents (81%) completed this section in the reissued Final Evaluation survey. All referred to positive experiences while engaging in interagency working around the needs of specific families⁵⁰.

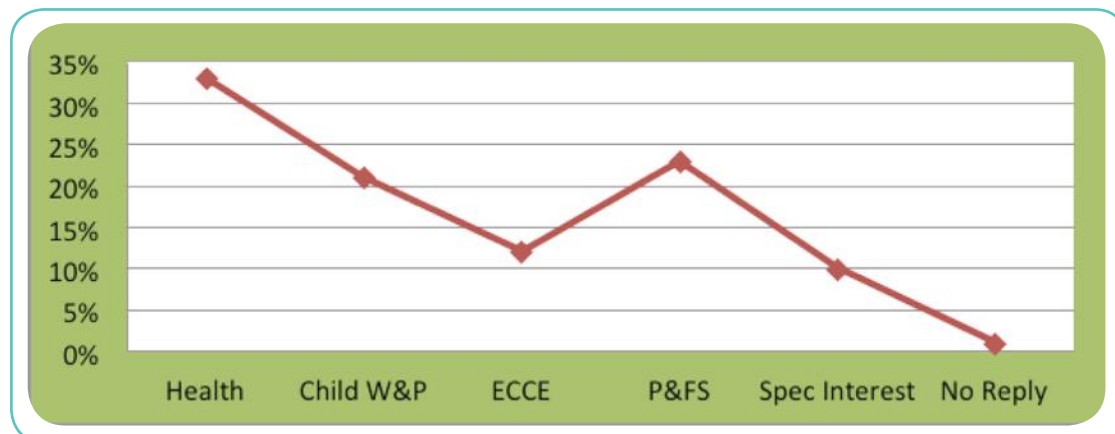
⁴⁹ i.e. the Development Officer.

⁵⁰ Including, among others, supporting vulnerable families requiring assistance with parenting skills; families experiencing homelessness and/or substance misuse; supporting families in the management of children's behaviour, etc.

As in 2014, a substantial number of respondents highlighted the importance of effective communication and interpersonal relationships in enabling positive interagency working. Other commonly stated themes included service flexibility among participating agencies, familiarity with one another’s services and direct contact by phone⁵¹.

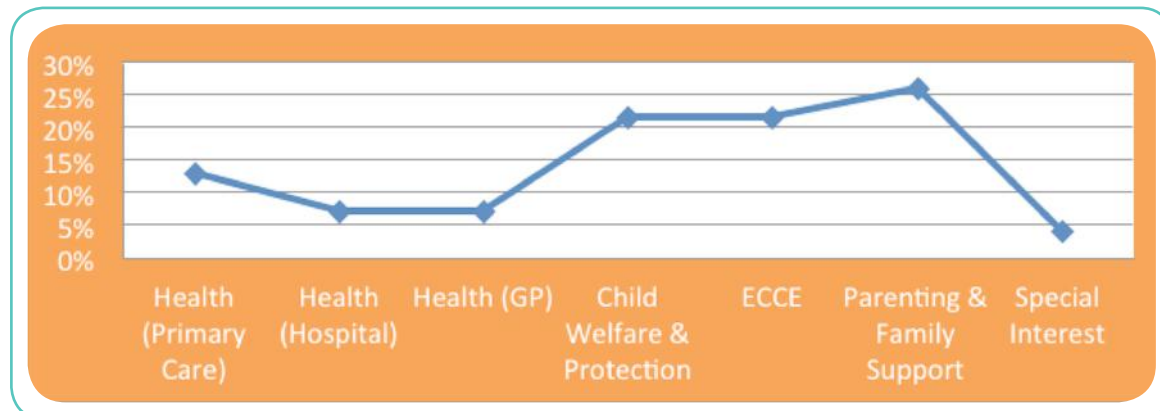
In 2014 just under 35% of responses highlighted positive experiences of working with Health representatives. Child Welfare and Protection (21%) and Parenting and Family Support (23%) were also acknowledged positively. These figures are presented in Figure 6 below:

Figure 6: Sectors engaged with in positive interagency experiences (2014)



Similar data garnered in 2016 presented some interesting comparisons as illustrated in Figure 7. The Parent & Family Support (26% of all responses in this regard), Child Welfare and Protection (22%) and ECCE (22%) sectors were consistently identified as enabling positive experiences of interagency linkage. It is particularly encouraging to observe that 22% of responses commented on positive engagement with The EY sector compared to just 12% in 2014. Parent & Family Support and Child Welfare & Protection services returned very similar scores in 2016 to those of 2014.

Figure 7: Sectors engaged with in positive interagency experiences (2016)



⁵¹ As opposed to emails for example.

It is important to note that the 2014 and 2016 surveys did not compare like with like in the context of health professionals⁵² and that Health (Primary Care) professionals (13%) received relatively high recognition for their positive approach to cooperative working in 2016. As before, these data need to be considered in the context of those sectors responding to the Final Evaluation survey as outlined in Figure 1 of this report.

Encouragingly, all those that responded to this section of the survey confirmed that positive collaborations have been sustained. Just under 70% of those respondents indicated that ATTI had informed and/or supported those positive experiences of interagency working. Direct quotes from the survey, among others, included the following:

"Yes, ATTI highlighted the importance of interagency working and allowed us to make professional connections."

"I got to know the people from the other agencies from attending some of the ATTI meetings."

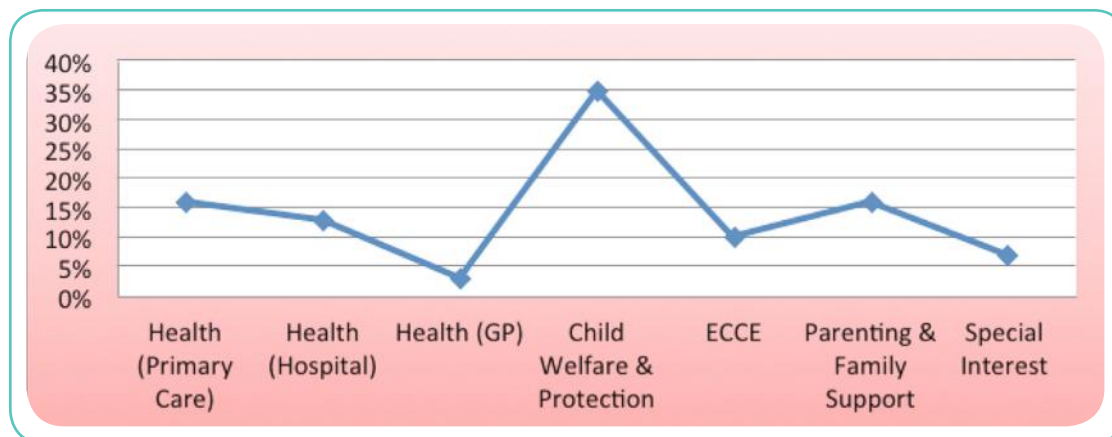
"Yes, through speed networking event (got to share experiences and knowledge and informally network face to face contact)."

"The Directory is very helpful."

4.2.4 Barriers to Effective Interagency Working **

Eleven of the sixteen respondents (69%) completed this section in the Final Evaluation survey. Their responses indicated that the most notable barriers to effective interagency working included poor communication, lack of role clarity in multiagency processes and long waiting lists for various services. In this regard, over a third of respondents to this section expressed difficult experiences in working with Child Welfare and Protection Services⁵³. Reference was also made to difficulties engaging Health (Primary Care) Services and Parent & Family Support Services⁵⁴ as illustrated in Figure 8.

Figure 8: Sectors engaged with in negative interagency experiences (2016)



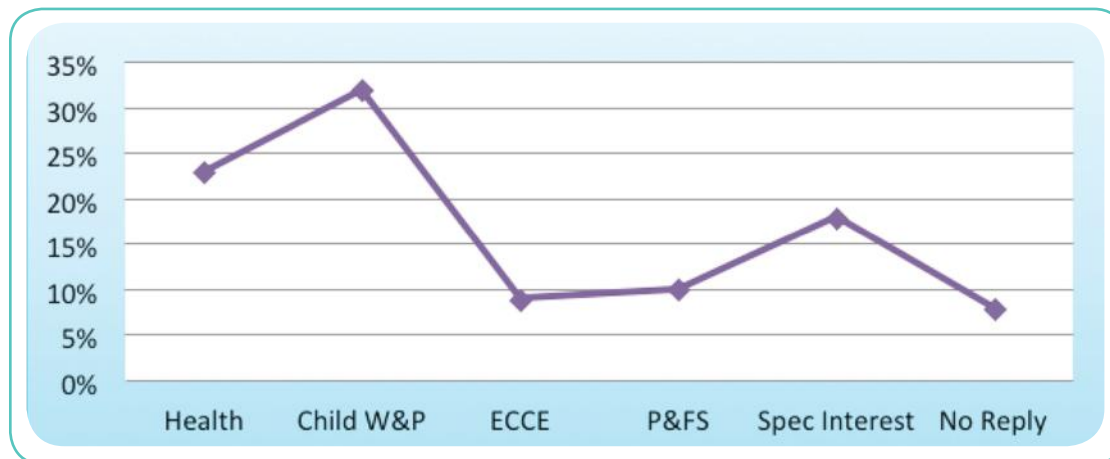
⁵² i.e. the 2014 baseline study referred only to Health Professionals with no sub-categories offered as in 2016. That said, when the three sub-categories of health professionals are combined in the 2016 survey they scored largely similar responses to the 2014 survey – 27% of responses in 2016 compared to 33% in 2014.

⁵³ 35% of all responses in this regard.

⁵⁴ 16% of responses to this section each.

There are some similarities between these responses and those from the 2014 baseline which are demonstrated in Figure 9 below, particularly in responses pertaining to experiences of engaging with Child Welfare & Protection Services and Parent & Family Support Services. Twenty three percent of responses to this section in 2014 noted difficult experiences with health professionals. When combined, the three sub-categories of health professionals scored 32% of responses in this regard in 2016.

Figure 9: Sectors engaged with in negative interagency experiences (2014)



These responses were particularly interesting when compared with earlier responses concerning positive experiences of interagency working. Child Welfare & Protection, Health and Parent & Family Support Services featured highly in 2016 responses to both positive and negative experiences of interagency working. These figures therefore need to be treated with a degree of caution. It is evident from the data presented in Table 1 that these sectors engage in higher levels of interagency working than other sectors around the 0-3 target group. Therefore it is somewhat inevitable that respondents would offer higher levels of both positive and negative comment on engagement with these sectors compared to others.

The critique of Child Welfare & Protection services was also interesting in light of the large volume of positive remarks issued in relation to Meitheal during the course of evaluation interviews and FGDs. Stakeholders across sectors were extremely complimentary of the Meitheal approach and were actively seeking to engage in the process as required. However, some interviewees from both statutory and voluntary sectors expressed concern at what they perceived as Meitheal being more child protection/intervention focused than prevention/welfare focused. These interviewees highlighted their belief that this prevention/welfare focus was being missed.

All difficult experiences of interagency working outlined in the Final Evaluation survey pertained to interagency cooperation around the needs of individual families. Survey participants offered varied responses when asked if ATTI could have informed or supported these difficult experiences of interagency working. Assistance in the clarification of roles was identified as one area of potential support that might have been offered, though this may have been difficult in the context of interagency working related to individual family cases.

4.2.5 Concluding Remarks

Comparison between the 2014 and 2016 data suggests some changes in the interagency landscape over this two year period. There remains a high volume of interagency referral taking place among frontline service providers. Of greatest significance is the evidence to suggest significant changes in stakeholders' positive experiences of interagency referral, as outlined above in Table 3. Equally significant is the fact that many stakeholders commented favourably on ATTI's contribution to local improvements in interagency referral.

Respondents to the initial Baseline research had generally suggested that ATTI should play a key role in:

- a) building information on and awareness of services relevant to the antenatal to three cohort;
- b) supporting networking and coordination among service-providers relevant to this cohort; and
- c) advocating for improvements in i) resourcing of local services and ii) service quality for the 0-3s in Tallaght West.

Feedback from the Final Evaluation process⁵⁵ consistently indicated that ATTI had played an important role in addressing items a) and b) above. It was also suggested that ATTI had clearly put service quality on the local service agenda throughout its work over the last two years, particularly through its programme of learning events relevant to the 0-3 target group. As noted earlier, ATTI neither envisaged nor played a role in advocating for additional resources for local services, as suggested in item c).

Similarly, the majority of respondents to the initial Baseline highlighted their interest in improved interagency communication pertaining to the 0-3s, with less emphasis on coordination, collaboration or integration. As above, evidence from both the evaluation survey and subsequent discussions indicated that ATTI had supported greater communication among frontline service providers in the area, particularly through its networking and learning events and through the dissemination of its service directory. This enhanced communication was made evident, for example, through survey participants' feedback on improved experiences of interagency referral.

While absolutely responding to the initial requests of local stakeholders vis à vis improved communication, the outcomes projected in the ATTI Logic Model aspired to more, most notably improved levels of collaboration and integration. It is evident from the data above that ATTI facilitated improved communication but it is not immediately clear if ATTI facilitated greater levels of collaboration or integration. This issue is explored in greater detail in both Sections 5 and 6 below.

⁵⁵ Both survey and interviews.

SECTION 5: ACHIEVEMENT OF OUTCOMES

As highlighted earlier, this final phase of the ATTI evaluation comprised the summative element of the overall evaluation process. It set out to assess the extent to which ATTI had realised the short-term outcomes projected in its Logic Model and the manner in which interagency working concerning the 0 – 3 age cohort in Tallaght West had or had not developed in the two year period since the commencement of the initiative.

Consequently, all data gathering activities of the Final Evaluation phase were centred on accessing data that would enable the assessment of ATTI’s realisation of outcomes. A specific section of the Final Evaluation survey was devoted exclusively to exploring outcome achievement and the role played by ATTI in each of the individual outcome areas projected for the initiative. Similarly, evaluation interviews and FGDs were designed to engage participants in an analysis of data from the final survey and to seek participant support in unpacking survey findings relevant to ATTI’s projected outcomes.

Information from both the Final Evaluation survey and subsequent evaluation discussions suggested that considerable progress had been observed in relation to the majority of outcomes projected in the ATTI Logic Model. Examples are offered below to illustrate this progress.

5.1 OUTCOME 1

Relevant service providers have increased awareness of services in the area, their function and how families can access them

Responses from the Final Evaluation survey indicated that 92% of respondents either agreed or strongly agreed that they had gained improved awareness of other services relevant to the 0-3 age cohort in Tallaght West over the previous two years. Similarly 88% either agreed or strongly agreed that they had increased awareness of access pathways to services for families in the target group. These statements are outlined in full in Figures 10 and 11 below:

Figure 10: Improved Awareness of Other Services

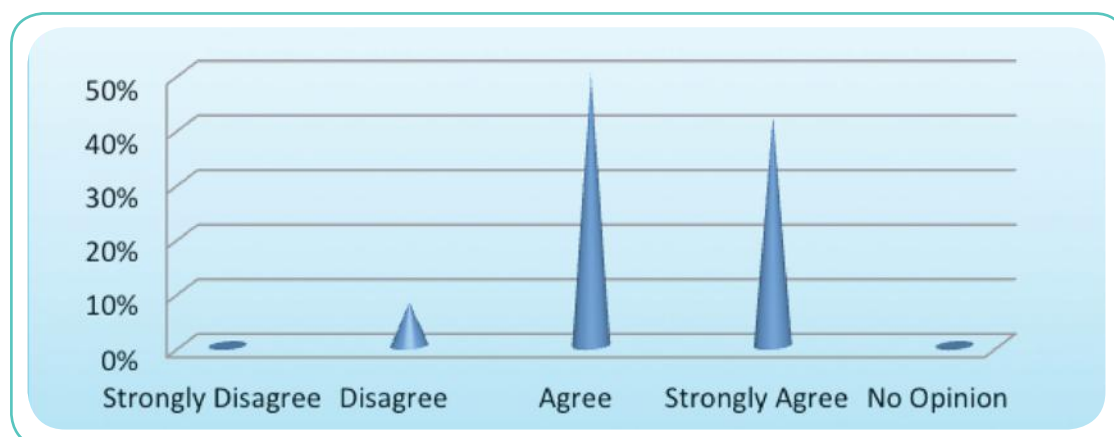
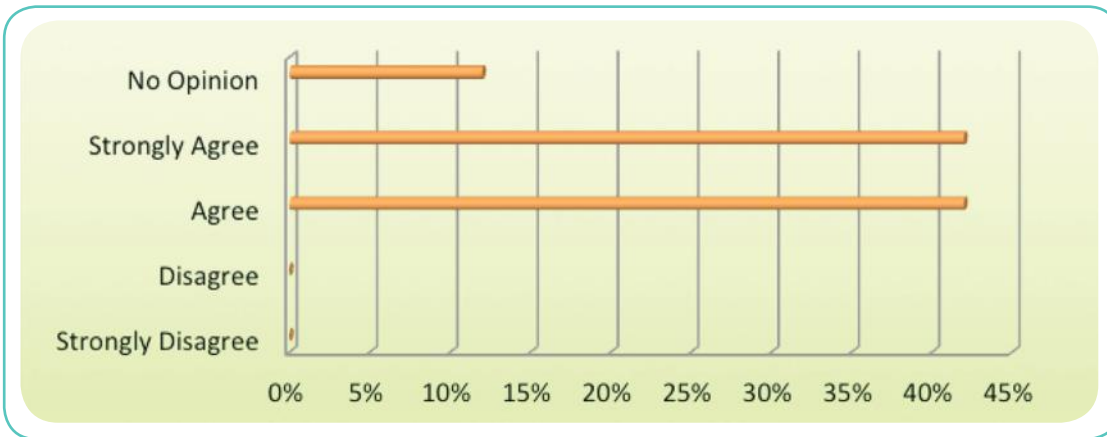


Figure 11: Increased Awareness of Access Pathways for Families



As illustrated below in Figures 12 and 13, three out of four survey respondents (75%) noted that ATTI had played an important role in enabling them to build awareness of other services while 67% indicated that ATTI had assisted in building awareness of access pathways. One in three survey participants either disagreed with that assertion or expressed no opinion on the matter.

Figure 12: ATTI played an important role in my building awareness of other services

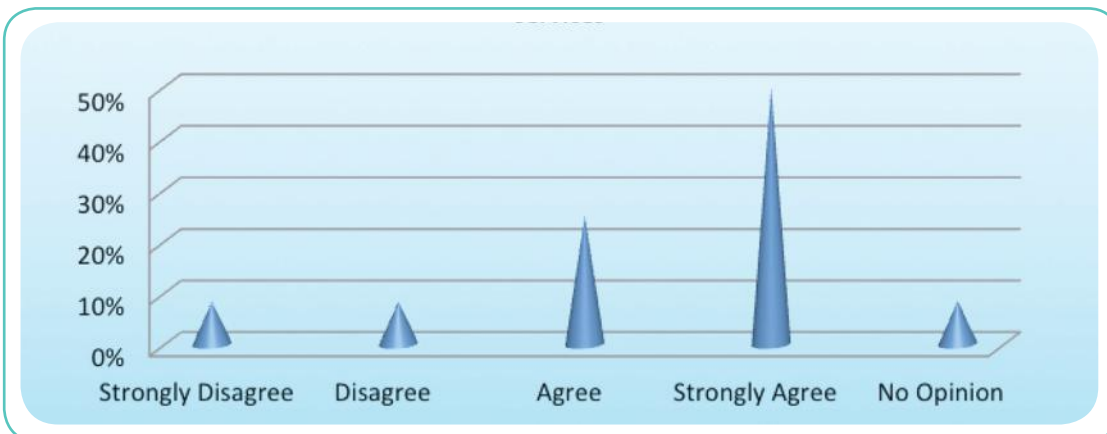
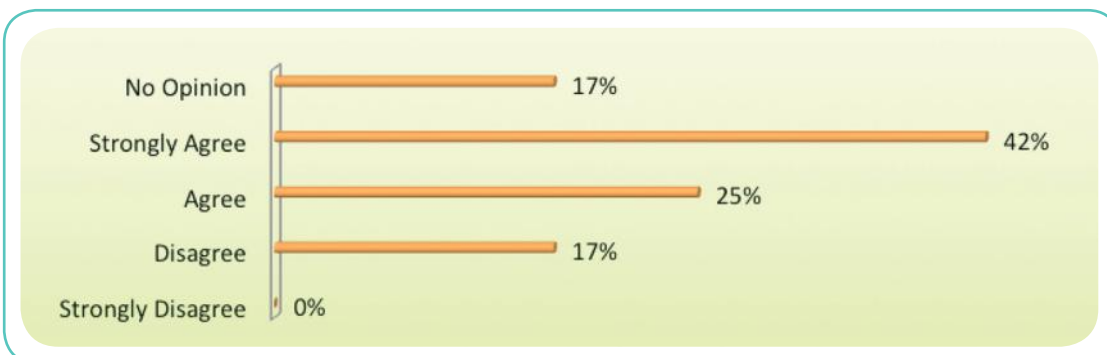


Figure 13: ATTI played an important role in my building awareness of Access Pathways



Evaluation interviews largely confirmed the opinions expressed in the survey. Positive comments on the value of networking and learning events operated by ATTI and the ATTI service directory have been alluded to in previous sections of the report. These comments reinforced the assertion that ATTI had contributed to awareness raising in the previous two years. As one Steering Group member commented during an FGD:

“Basically if people attended events run by ATTI they had to build their awareness. The first step is often the hardest, getting people to come to something. When we get people there, we make a difference.”

Another stakeholder highlighted that, prior to engagement with ATTI, she would have been aware of certain agencies but would not have had “detailed knowledge of the type of work that goes on.”

While there was general acceptance throughout the evaluation process that awareness of services and access pathways had been increased locally, a number of interviewees were quick to point out that increased awareness did not automatically translate into improved experiences of coordination. One FGD with stakeholders was particularly robust on this matter:

“Things are much the same as before. We still have a lot of duplication and overlap in the provision of service to families. There are still communication and information problems with GPs and hospitals that impact on our work... We have improved awareness of other services but there are still gaps in actual coordination.”

5.2 OUTCOME 2

Referral and information sharing systems are improved and/or developed to enable greater access to services for families

Reference has been made in Section 4.2.4 above to notable improvements in interagency referrals over the two year period of ATTI, particularly in terms of stakeholders’ experiences of engaging in interagency referral processes. As can be observed in Figure 14 below, three out of four survey respondents (75%) also noted that mechanisms for interagency information-sharing and communication relevant to the 0-3s had improved.

The same number of respondents highlighted that ATTI had played an important role in improving interagency communication and information-sharing over the previous two years, as illustrated in Figure 15.

Figure 14: Improved Mechanisms for Interagency Information-Sharing

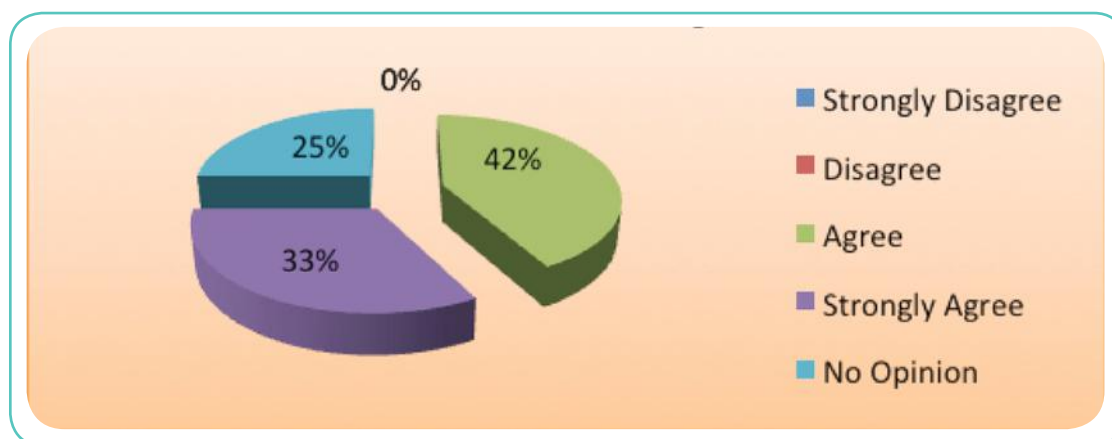
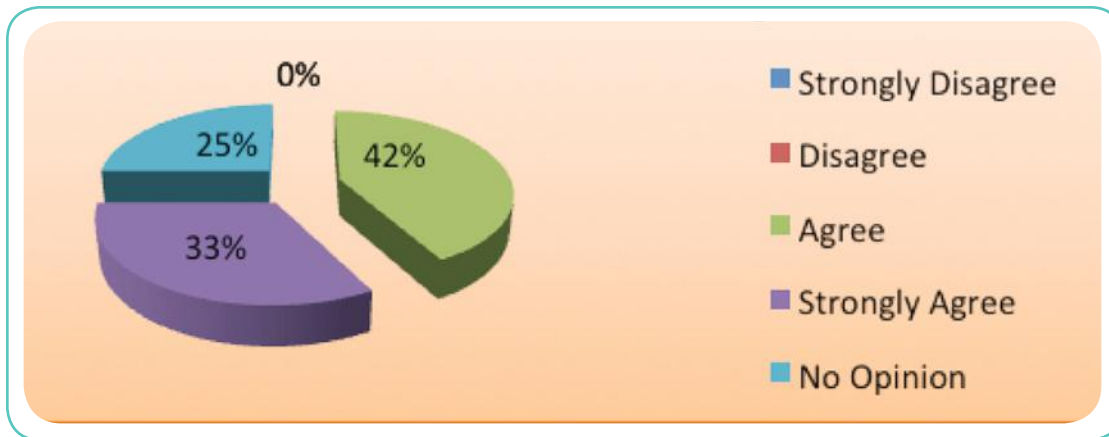


Figure 15: ATTI played an important role in improved communication & information-sharing



As with Outcome 1, discussions during the evaluation endorsed the role played by ATTI in enhancing interagency communication and information-sharing. For illustration purposes, a sample of quotes from interviews and discussions is offered below:

“I think there is a need for an umbrella body like ATTI. Information would be very fragmented. Who’d keep people informed of the range of services?”

“I see the importance of those information talks going on into the future. They attract a wider audience and there lies your communication opportunities. ATTI provides more opportunities for people to communicate; these talks are so valuable. This is hitting interagency where it should be hitting.”

“ATTI is there and it’s fair in its distribution of information; it’s accessible. It’s concerned with the 0-3 and everybody that’s included in that.”

“There’s never enough time to do all the reading and collate all the information you want. There is a definite role for a catalyst like ATTI. The events it ran have been really good, well run and a lot of fun as well. They provide a forum where we can set the time aside; it’s really a communication issue. There is a role there in terms of empowering new knowledge and developments.”

5.3 OUTCOME 3

All relevant services in the area are working together to i) develop, support and promote best practice and ii) enhance quality provision, coordinate service provision and improve effective communication with parents and other services.

Discussions during interviews and FGDs sought clarification from local stakeholders of what they understood by the terms *best practice* and *service quality*. Among others, responses included the following:

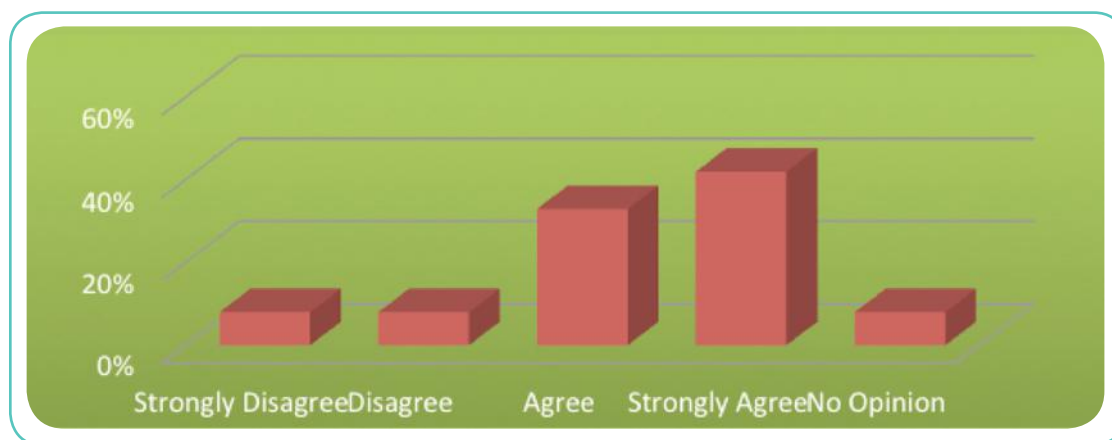
“Practitioners have access to the best information available to them, e.g. good practice models and national policy. Service quality refers to practitioners actually delivering services to families as intended, not spending so much of their time negotiating that the service is not translated and delivered to families; that providers are actually engaged in service delivery.”

“Best practice is all about CPD⁵⁶, i.e. seeing services continually learning and open to coming to training; willing to be the first to try something new out; being open to evaluation... Best practice is all about being open to learning and evaluation, to consulting with the people you work with and reflective practice... Training alone is not enough.”

“Service quality is about service providers responding less as individuals and more in the context of a shared approach of the overall service.”

Evidence from the Final Evaluation survey suggested that three out of four respondents (75%) had, over the previous two years, observed greater shared commitment to promoting best practice in services for children and families in the antenatal to three age group. See Figure 16 below for details.

Figure 16: Greater Shared Commitment to Promoting Best Practice



Similarly, while one in three respondents offered no opinion, 58% of survey participants either agreed or strongly agreed that they had observed improvements in the quality of service provision for children and families in the antenatal to three age group over the previous two years, as outlined below in Figure 17:

Figure 17: Improved Service Provision for Children and Families

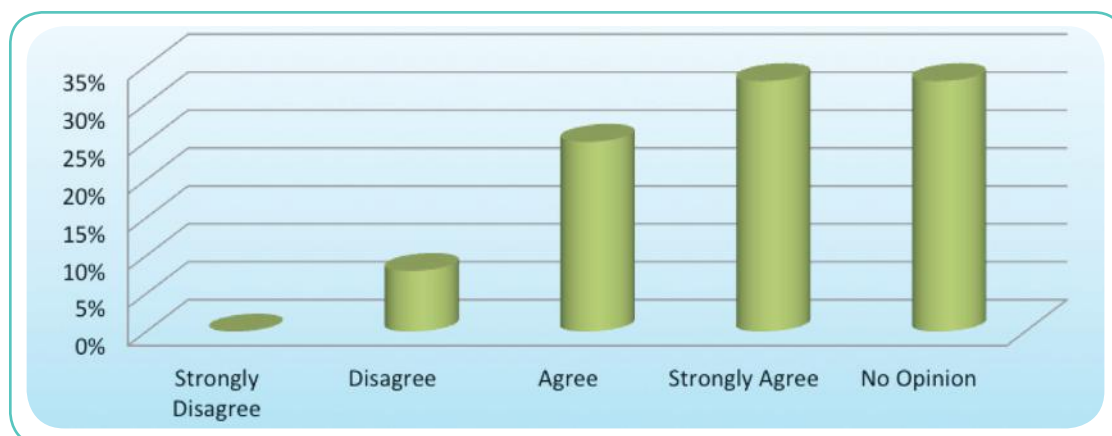
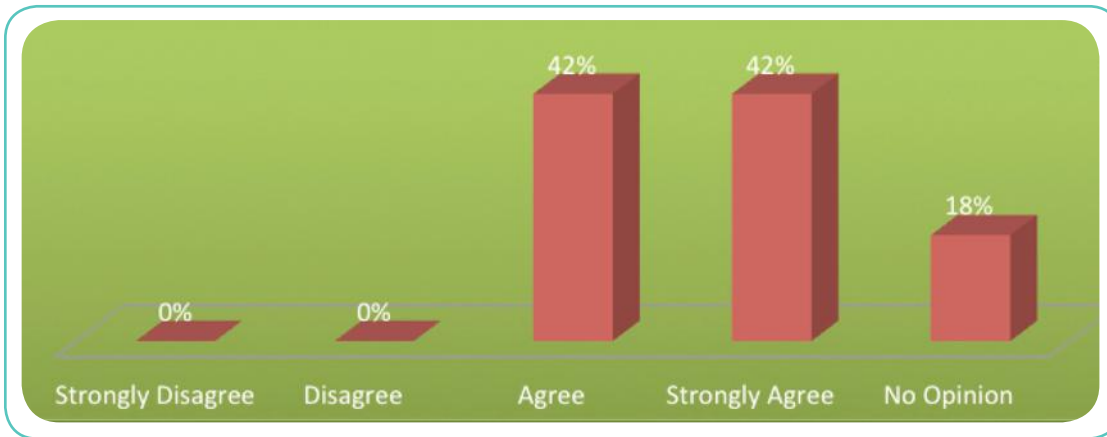


Figure 18 below demonstrates that 84% of survey respondents noted that ATTI had played an important role in building a shared commitment to best practice among agencies over the last two years. This was very significant; while 18% expressed no opinion, no respondent disagreed with the assertion about ATTI’s contribution.

⁵⁶ i.e. Continuous Professional Development.

Figure 18: ATTI played an important part in building shared commitment to best practice

Observations on ATTI's contribution to improved service quality were less comprehensive. Just under half of the respondents (46%) either agreed or strongly agreed that ATTI had made an important contribution to service-quality improvements. A similar number however offered no opinion on this matter.

Subsequent evaluation interviews and FGDs presented some varied perspectives on ATTI's contribution to service quality and best practice. The majority of stakeholders complimented ATTI for its efforts to bring up-to-date information on best practice and policy to local practitioners through its series of learning events. A number of interviewees described these events as "very valuable," not only facilitating learning on good practice but also allowing for ease of communication and networking among event participants. It was noted that ATTI had experienced a lot of interest in its information presentations over the two year programme period, suggesting that local stakeholders had demonstrated considerable concern with what works well in the context of the target group. As one interviewee noted:

"ATTI has planted the seed of good practice locally by introducing best practice from other areas; new ways of working that might be taken on... whereby ATTI might act as the introducer but not the driver of the work."

A minority of stakeholders expressed different viewpoints, highlighting their view that ATTI hadn't really impacted on meaningful practice change in interagency working or service-provision. For example, one interviewee explained:

"I certainly have a better understanding of other agencies from my engagement with ATTI. Does that change anything for me or in my practice? No!"

Another interviewee suggested that ATTI had over-concentrated on networking and learning events to the detriment of deeper multiagency conversations on meaningful practice change and service-development:

"You have to do events to get the buy in but they are only a means to an end. We didn't get to conversations about practice change because we targeted the wrong people and we did the wrong activities, particularly in terms of engaging with the primary stakeholders. We know that engaging with GPs requires a tailored approach; we need to go to them. The same applies with the Coombe and we didn't do that for practically two years. There has been value in what we've done but events haven't got us to the nub of the change we're trying to affect."

Other stakeholders recognised the above assertion but felt that ATTI had taken the correct approach. They argued:

“That⁵⁷ is a big fish to do something about. If we can get the conversations going first and the relationships, then we might be able to do something more on the systems and practice change piece. Yes, you can get those bigger conversations going but they’re top down. But if we want to develop communication between ourselves, between practitioners, then what we are doing right now is really useful.”

Another interviewee claimed that ATTI’s approach was providing the foundation for practice-change conversations to take place in the future while emphasising the importance of starting out by building relationships:

“It is individuals and it is relationships; it’s the key to interagency work... Sometimes it’s a longer game. You’ll get your time but you have to do the groundwork.”

The issue of whether or not ATTI had made a meaningful contribution to improvements in service provision and practice locally was the only substantive area of debate among stakeholders during the ATTI Final Evaluation process, especially among Steering Group members. Many of these divergent views were rooted in different perspectives on the purpose of ATTI and what role it could and should play in relation to interagency working and best practice. This lack of common vision is considered in more detail in the next section of the report.

Almost all stakeholders interviewed, particularly those within the ATTI Steering Group, expressed optimism around the proposed Infant Mental Health Network and its potential to inform best practice across organisations and agencies. Comments included:

“I’m very hopeful that the Infant Mental Health piece will be self sustaining. It will be more about reflective practice and case management as opposed to a strategic piece. There’s a lot of enthusiasm for it and nationally it’s one of those things that will likely take off. It’s going to be one of those important initiatives that people will want to understand and be involved in; a great hook for people to develop their practice. It feels really practical.”

“The Infant Mental Health Network will be different. It will be focused more on practice and family cases and sharing of information... We hope to have a good spread of disciplines involved in the training. In signing up for training, people will be signing up for involvement in the Network. This will involve monthly meetings. It will operate as a community of practice as well as discussing shared family cases in a confidential space.”

“Infant Mental Health gives us greater possibility of doing something more meaningful in terms of best practice because it’s more tangible.”

5.4 OUTCOME 4

Service Integration is maximised

Three out of four survey participants observed that service coordination and collaboration relevant to 0-3s had improved in Tallaght West over the previous two years, as outlined below in Figure 19. Interestingly, half of the respondents in the survey attributed those improvements to ATTI while 42% expressed no opinion on the role of ATTI in fostering these improvements. See Figure 20 in this regard.

⁵⁷ i.e. practice change.

Figure 19: Improved Service Coordination and Collaboration

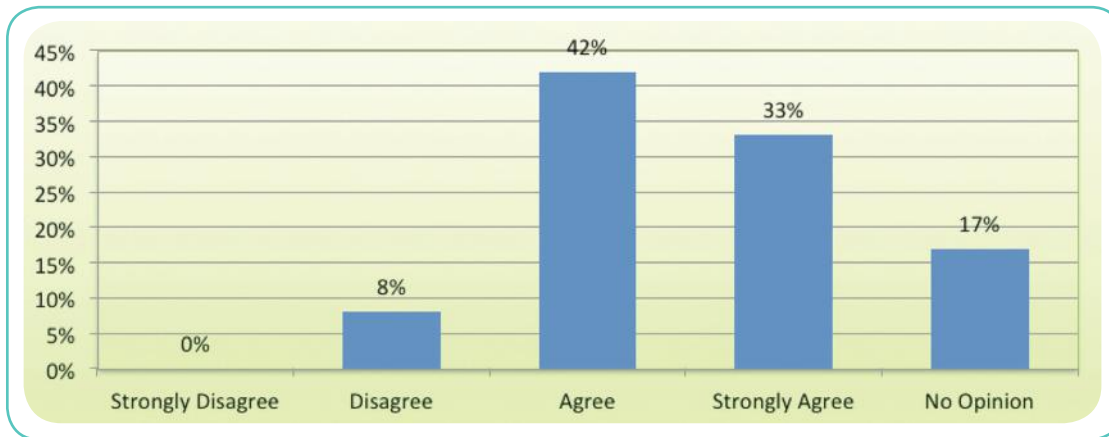
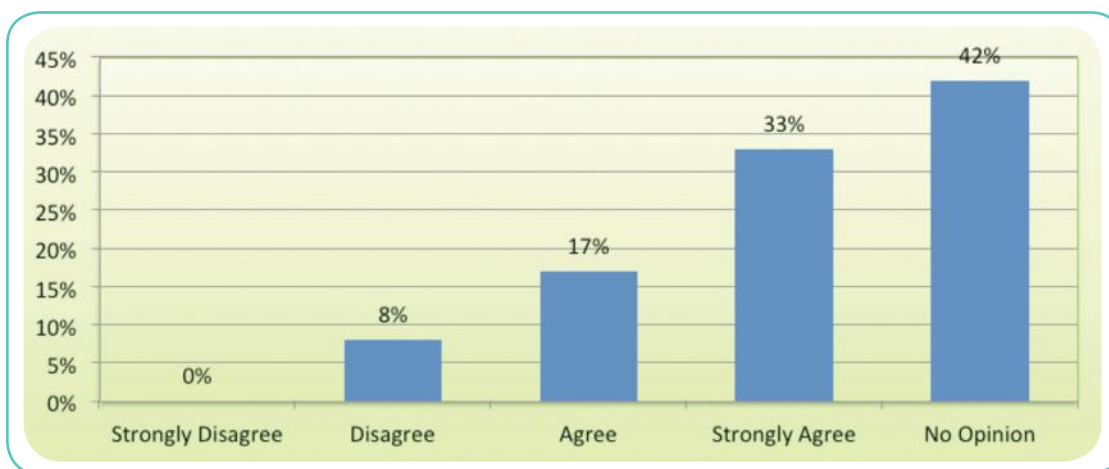


Figure 20: ATTI played an important part in facilitating Improved Coordination



While it is heartening to observe improvements in service coordination and collaboration, it is important to note that this cannot be interpreted as the maximisation of service integration. Service integration is essentially concerned with practice and systems change at organisational or inter-organisational levels. The term integration refers to fully integrated programmes, planning and funding; to the convergence of systems with single budget, management and accountability. The ATTI work programme to date has focused little on this type of interagency working. See Annexe V in this regard

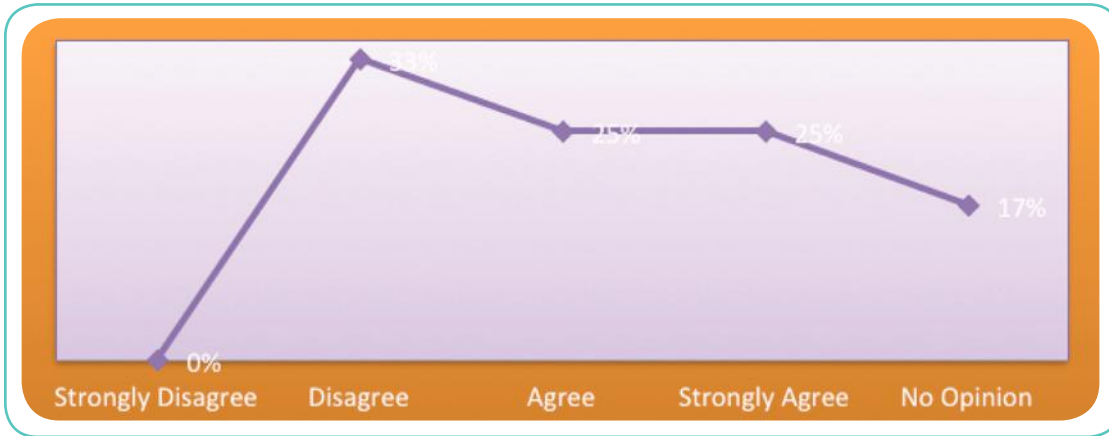
Information garnered through evaluation discussions would suggest that, on a continuum of collaboration (Annexe V), ATTI has prioritised and facilitated interagency working at *communication* (i.e. informal networking and information-sharing between individuals; investigation of possible shared involvement) and *cooperation* levels (as needed, informal interaction on discrete activities or family cases). Its programme of work has not concentrated on fostering interagency coordination, collaboration or integration. In fact, there is a need to interrogate the type of interagency working facilitated by ATTI and considerable attention is devoted to this subject in Section 6 below.

5.5 DIFFERENCE MADE TO CHILDREN AND FAMILIES

The data outlined above, for the most part, present encouraging feedback on the contribution made by ATTI to enhanced interagency working in Tallaght West. It was important to examine therefore if the suggested improvements in interagency working had impacted positively on the lives of children and families in that two-year period, particularly in the context of improved access to services.

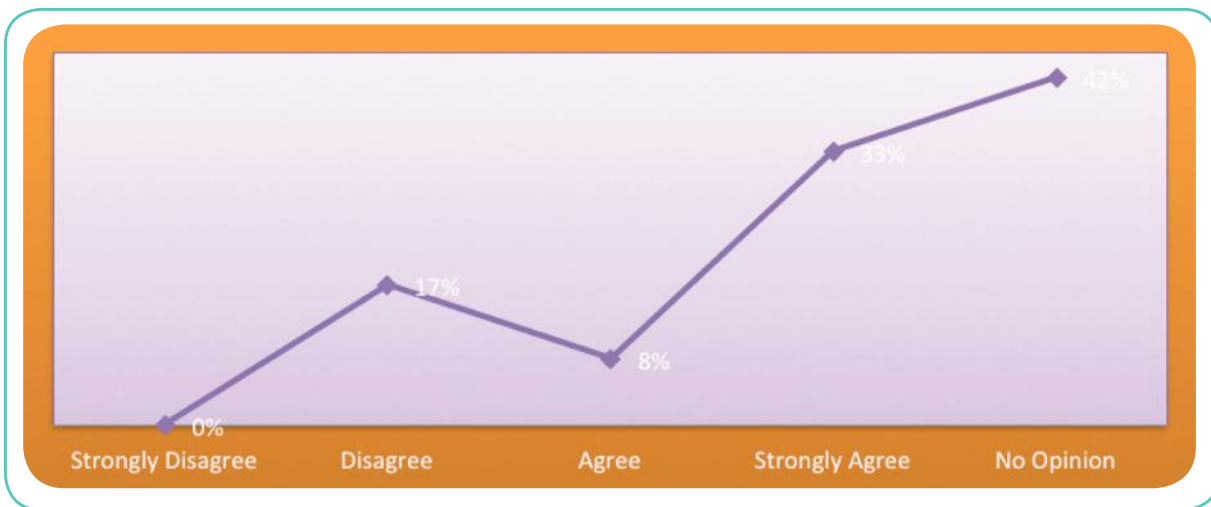
Fifty percent of respondents to the Final Evaluation survey indicated that they either agreed or strongly agreed that children and families had experienced improved access to services in the last two years. A striking figure of one in three disagreed with this assertion however while a further 17% offered no opinion on the subject. See Figure 21 below for details.

Figure 21: Improved Access to Services for Children and Families



As demonstrated in Figure 22, 41% of respondents observed that ATTI had contributed to improved service access. A similar number offered no opinion in this regard while 17% observed no contribution from ATTI.

Figure 22: ATTI played an important part in Improved Service Access



This subject was discussed in detail in subsequent evaluation interviews and FGDs to build a greater understanding of the emerging data on service-access. It was noted consistently across interviews that the data presented in Figure 21 were fundamentally an expression of people’s frustration with waiting lists for assessment of children with additional needs and subsequent delays in accessing appropriate services. The time taken for families to access such services was described as “very long.” It was also noted continuously across those discussions that ATTI could do little to change this situation. This was essentially an issue of resources for the services in question.

5.6 CONCLUDING REMARKS

Stakeholder feedback on ATTI's realisation of its projected short-term outcomes was generally favourable throughout the Final Evaluation process. Simply put, ATTI has generally been perceived as having made an important contribution to interagency working relevant to the 0-3 target group in Tallaght West over the past two years. In particular, feedback suggests that local stakeholders have increased awareness of other services and access pathways for families. It also suggests that interagency information-flow has been enhanced. Improvements in multiagency commitment to service quality and best practice have also been observed but with mixed perspectives on the role played by ATTI in those improvements. Equally, improvements in inter-service coordination have also been observed but the evaluation notes a need to interrogate the type of collaborative practice enabled through the work of ATTI.

SECTION 6: EVALUATION CONCLUSIONS & RECOMMENDATIONS

Sections 3, 4 and 5 above offer an encouraging picture of the work undertaken by ATTI in Tallaght West over the past two years and highlight the positive effect of that work on interagency linkage in services to the 0-3 target group. While the feedback on ATTI's contribution is remarkably positive, the data highlighted above raise a number of questions, particularly in relation to the nature of interagency working facilitated by ATTI. These questions were explored at length during interviews with stakeholders in the evaluation process, leading to the following conclusions and recommendations.

6.1 CONCLUSIONS

6.1.1 Nature of Interagency Working and the Role of Events in ATTI's Work Programme

When examining the nature of linkage enabled by ATTI, the evaluation observes that ATTI has primarily contributed to *inter service-provider linkage* over and above *interagency working*. This is an important distinction. In effect, the type of linkage that has been promoted and enabled by ATTI has been largely informal and individual, focused on individual *frontline* service providers across sectors developing working relationships with one another. There is little evidence to demonstrate interagency collaboration across organisations and agencies that has been negotiated, sanctioned and facilitated by organisational management in those bodies. Interviews with members of the ATTI Steering Group endorsed this conclusion. One member highlighted that ATTI had "thrived on the informal" while another noted that ATTI's real strength was in "building informal networking."

ATTI's contribution to inter service-provider linkage over and above *interagency working* is probably somewhat inevitable given the priority focus afforded to i) the delivery of networking and learning events by the ATTI Steering Group in both 2015 and 2016 and ii) the participation of frontline service providers in those events. Reference has been made above to some of those events, identifying them as core outputs of 2016. Feedback received on these outputs was very favourable and it would appear that they enabled the development of new working relationships among individual service providers. Stakeholders noted during evaluation interviews, for example, that they had referred children and families to other services as a result of contacts made with the providers of those services through the aforementioned activities. This is very positive.

However, there are risks involved in a work programme focused solely on individual and informal linkage⁵⁸. As one ATTI Steering Group member recognised:

"There are risks to the informal. Good established relationships can be in place and then somebody moves on and the relationships and the work change. This is the gap and the challenge. You also need senior management engagement. Organised collaboration and integration is as important; that's where the senior management piece is needed."

In spite of that recognition, ATTI devoted little attention to this senior management piece over the two years of the initiative. Therefore there is a risk to the sustainability of the interagency linkage that ATTI has enabled in that time.

The prioritisation of events played a very public role in building interest in the antenatal to three cohort in Tallaght West; in facilitating learning on topics critical to the development and wellbeing of young children; and in enabling individual frontline service-providers in Tallaght West to interact and build relationship with service

⁵⁸ Particularly in an area with a high and frequent turnover of personnel from across agencies.

providers from other agencies and sectors. In this regard, ATTI's programme of work is *likely to influence practice change at individual service provider level* and is less likely to influence practice change at an organisational or inter-organisational level.

The primary focus on events has also resulted in less priority being devoted to significant systemic, coordination gaps identified during the Interim Evaluation process, particularly between the health pillars comprising GPs, PHNs and the Maternity Hospital. Equally, events have not drawn service providers from certain key sectors into the ATTI loop, most notably GPs and core staff in the Coombe. To repeat a quote used earlier in the report:

"You have to do events to get the buy in but they are only a means to an end. We didn't get to conversations about practice change because we targeted the wrong people and we did the wrong activities, particularly in terms of engaging with the primary stakeholders."

6.1.2 Service Provider Communication and Cooperation versus Service Integration

The final short-term outcome in the ATTI Logic Model projects that, as a result of ATTI's contribution to the local landscape, *service integration* would be maximised. Service integration is essentially concerned with practice and systems change at organisational or inter-organisational levels. The term *Integration* refers to fully integrated programmes, planning and funding; to the convergence of systems with single budget, management and accountability. Though a named outcome of the initiative, the ATTI work programme to date has focused little on this type of interagency working.

Information garnered through the evaluation process would suggest that, against the continuum of collaboration appended in Annexe III, ATTI has prioritised and facilitated interagency working at *communication* (i.e. informal networking and information-sharing between individuals; investigation of possible shared involvement) and *cooperation* levels (as needed, informal interaction on discrete activities or family cases). It has not chosen to foster interagency coordination, collaboration or integration.

Is that adequate in the context of need in Tallaght West and given the stated commitment to promote interagency working around the antenatal to three cohort? Did ATTI aspire to too much in its projection of outcomes at the start of the initiative or was it more a case that it did not deliver on what it set out to do? It is clear that many Steering Group members consider the approach taken to date to be more than adequate and many would like to see more of the same evolve in 2017, particularly in the context of Infant Mental Health. It is apparent that the lead organisation, CDI, does not endorse this view.

In reading these observations, it is important to note that what ATTI has done, it has done well. As noted above, there is both quantitative and qualitative evidence to suggest that ATTI has contributed to increased awareness of services and access pathways for families among individual frontline service providers. There is evidence of increased information-sharing and referral among providers. There is also evidence of individuals building on their experiences of ATTI to increase their levels of contact with individuals in other agencies. But there isn't evidence of improved agency *linkages* per se and these observations are endorsed in conversations with stakeholders throughout the evaluation process.

The failure to arrive at interagency coordination, collaboration and integration may simply be an issue of time; perhaps building integration in two years was over ambitious (as was suggested by a number of individuals on the Steering Group). Maybe interagency coordination, collaboration and integration are only possible once communication and cooperation among individuals have been facilitated. Or maybe, as suggested above, ATTI hasn't devoted specific attention to these bigger or more strategic issues.

6.1.3 Diverse Views within the ATTI Steering Group

The observations above raise questions about the type of interagency working that the ATTI Steering Group sought to stimulate over the past two years and the type of linkage it wishes to promote into the future. Evaluation interviews – along with evidence from the 2016 programme of work - would suggest diverse viewpoints within the Steering Group. Reference has been made above, for example, to varying levels of commitment within the Steering Group to investing time and energy in supporting increased coordination among the key health pillars relevant to the 0-3s (GPs, PHNs and the Coombe Maternity Hospital). As noted in Section 3.2.5, while stakeholders largely endorsed the centrality of GPs, PHNs and the Maternity Hospital in the lives of families with children in the 0-3 age cohort, there appeared a resignation among some Steering Group members that enabling meaningful collaboration of these sectors was either i) too difficult to achieve and/or ii) beyond the remit of ATTI - and more within the remit of the local CYPSC. While CDI was a serious promoter of this cross-pillar collaboration, other members of the Steering Group appeared less committed to this area of work and less convinced of ATTI's capacity to make a meaningful contribution.

The evaluation is concerned that members of the Steering Group have varied perspectives of ATTI's role and function; of what ATTI can achieve, and of what ATTI should be prioritising. The original ATTI vision aspired to practice change across agencies but certain members of the Steering Group – other than CDI – assert:

- that the existing short-term outcomes aspired to too much;
- that the role of ATTI should be on the softer side of interagency linkage, fostering informal, individual working relationships among frontline service providers from multiple sectors; and
- that ATTI should not have a role in addressing deeper issues of practice change, suggesting that other structures such as the South Dublin CYPSC should address more strategic collaboration.

Diverse views are an inevitable and essential component of any healthy, functioning group. However, with one year left in the current funding structure, there is a clear need to revisit and secure a shared sense of purpose for the initiative within the ATTI Steering Group. What is the agreed role of ATTI? And to what are Steering Group members committing in the final year?

6.1.4 Infant Mental Health Network

This need for an agreed and shared sense of purpose is particularly important in the context of an emerging Infant Mental Health Network. The current optimism about this emerging Network could be undermined if its purpose is not clear and committed to by all on the Steering Group. Will it be focused on building individual learning or will it be focused on organisational practice change, or both? Training planned for January is targeted both at frontline and management levels and this would suggest a focus on both individual and organisational learning. But there is a need to ensure, as a matter of immediate priority, a shared perspective within the Steering Group on what that emerging Network should seek to achieve.

This also applies in the context of decisions to be taken on how ATTI might address the recommendations from the previous Development Officer's report on her consultations with GPs, PHNs and the Coombe. Is there an appetite to take on some or all of these recommendations as an integral part of the ATTI work programme for 2017 and beyond, and is that appetite shared by all on the Steering Group?

6.1.5 Engaging Hard to Reach Sectors

This proposed clarity will assist in defining a programme of work for 2017. It will also assist in defining strategies for engaging sectors that have to date been largely absent from ATTI's work programme. It is clear that activ-

ities in Years 1 and 2 have had limited effect in building connection with, for example, local GPs and relevant staff in the Coombe Maternity Hospital⁵⁹. It may well be that certain members of the Steering Group consider it excessively difficult to engage these stakeholders, but doing more of the same will certainly not engage them.

In addition to a focus on networking and learning events, the ATTI strategy to date has placed emphasis on champions within sectors inviting their peers into a coordination process. Without casting any judgment on the individuals in question, this strategy hasn't worked in a number of hard to reach sectors.

The Steering Group needs to give real consideration as to why certain sectors appear unable to engage in collaborative activity. Inevitably, these sectors are incredibly busy and/or resource constrained. The challenge for the ATTI Steering Group is to consider how it can reach out to these sectors in new ways and not rely on their participation in events as the sole benchmark for their involvement in interagency working. Is the reliance on champions within the sector the right approach? This approach essentially asks representatives from within a sector to encourage peers and colleagues to partner with other sectors. Perhaps it would be more apt if the encouragement to partner came from those other sectors, inviting absent players to work with them to address issues of mutual interest and benefit.

6.2 RECOMMENDATIONS

Building on the observations above, the following recommendations are issued to guide the work of the initiative in 2017 and beyond:

- The ATTI Steering Group should, early in 2017, review i) the appended Continuum of Collaboration and ii) the current ATTI Logic Model⁶⁰ to build a shared agreement on the role, function and potential contribution of ATTI, particularly in the context of the emerging Infant Mental Health Network and the definition of a work programme for ATTI in 2017 and beyond. Periodic review of programme activity *against agreed outcomes* should also form part of ATTI's ongoing planning and monitoring processes. This will ensure that all activities undertaken are married to the purpose agreed by the initiative's Steering Group.
- The evaluation recommends that the ATTI Steering Group give due consideration to how it can promote interagency working that enables organisations to work together over and above individual frontline service providers. While interagency working is experienced and delivered by individuals, it needs to be rooted in organisational practice if it is to be lasting and sustainable. ATTI's role should focus on catalysing and resourcing interagency working between organisations⁶¹, with a deeper focus on enhancing organisational as opposed to individual, practice – or at least a greater balance between the individual and organisational elements.
- This focus on organisational practice will, by necessity, involve engagement with both frontline service providers and organisational management. The current plan to draw both frontline and management staff into the operation of the proposed Infant Mental Health Network is a progressive step and should be mirrored in other future programme activity (e.g. in addressing health pillar coordination gaps).
- The report of the consultations with the three health pillars presents both challenges and opportunities to ATTI. It is essential that it be examined closely by the Steering Group and, subject to the first recommendation above, be prioritised for action in 2017.

⁵⁹ Most notably the Early Transfer Home Midwives in Tallaght and, to a lesser extent, with the Social Work team in the hospital. It is important to note that, at the time of finalising this document, a Social Worker from the Coombe joined the ATTI Steering Group. This is potentially a very positive development.

⁶⁰ With particular focus on the projected Short Term outcomes.

⁶¹ And not between organisations and ATTI.

- ATTI should consider how it engages with those sectors that, to date, have not engaged in its work programme. Current strategies and expectations have not worked in relation to a number of important sectors. The evaluation recommends that ATTI (and the agencies represented on the Steering Group) *reach out* to those sectors rather than expecting those sectors to engage directly with ATTI and its work programme. The Steering Group must examine how it can engage with the interagency needs of those sectors rather than the other way around. It could be that inviting absent sectors to make a presentation to the Steering Group about their work and the supports they need from other agencies may be a valuable starting point. It is also proposed that less emphasis be placed on champions within sectors while more emphasis should be placed on outreach to agencies that have struggled to participate in interagency events organised by ATTI.
- Given that ABC funding is scheduled to end in December 2017, the mainstreaming and future sustainability of ATTI needs prioritisation by the ATTI Steering Group in the first six months of 2017. While it may well be that the planned Infant Mental Health Network represents the future of ATTI, the resourcing of whatever entity emerges needs careful consideration and planning.
- The ATTI Steering Group has developed a specific approach to enhancing service coordination for the 0-3 age cohort. The initiative's Logic Model notes ATTI's intention to develop an *Implementation Guide*. Coupled with the documentation from this evaluation process, it was planned that the guide would be made widely available to inform similar interventions in other areas into the future. As noted earlier in this report, a framework document for an Implementation Guide was put in place by the ATTI Development Officer in 2016. However, following on from the funding extension from the DCYA, it was decided to delay completion of this guide until 2017. It is important that ATTI commits to the development of this resource. ATTI is engaging in a practice-change process with very basic resources; it has not set out to develop or import new services into the Tallaght West area but rather has sought to optimise the services that are already in existence. This is a challenging process and one which is producing significant learning. It is recommended that ATTI give adequate attention in 2017 to its key messages and its potential for replication. In this way it will add value to areas other than Tallaght West.
- Bearing in mind the above recommendations, it is recommended that the ATTI Steering Group be strategic in its selection of priorities for its work programme in 2017. The establishment and development of the proposed Infant Mental Health Network is a strategic and operational priority for 2017. If the Steering Group chooses to address the recommendations of the report of the consultations with the three health pillars, a further priority is included in the melting pot. There is also a definite liking within the Steering Group for hosting and facilitating local learning relevant to the 0-3 target group. There is an equal interest among local stakeholders in shared learning events. With one year of secure funding remaining, ATTI must prioritise and select its work programme activities carefully. What will give "best bang for buck" in the final year of the current initiative? The evaluation recommends that ATTI prioritise a small number of themes on which to focus and to engage deeply around those themes.

SECTION 7: CONCLUSION

The overarching conclusion of this Final Evaluation report is that ATTI has played an important part in focusing service attention on children and families in the antenatal to three age category in Tallaght West and in establishing and developing a multiagency structure for catalysing that focus. It is the observation of this evaluation that ATTI has contributed significantly to building interest in the antenatal to three cohort in Tallaght West; in facilitating learning on topics critical to the development and wellbeing of very young children; and in enabling individual frontline service-providers in Tallaght West to interact and build relationship with service providers from other agencies and sectors.

Information garnered throughout the evaluation process suggests that ATTI has made a difference in linking local services relevant to its target group in Tallaght West, particularly in terms of enhancing interagency referral, and increasing awareness of services and access pathways among local service providers. While the evaluation has offered a number of observations above on the informal and individual nature of interagency linkage enabled through the programme of work, there have been evident advances in the local service landscape compared to what existed at the beginning of the initiative in 2014.

It is particularly heartening to observe that the initiative has been driven and owned by a group of local stakeholders from a variety of sectors that have demonstrated commitment both to the target group and to enhanced collaboration across service providers and agencies. Of particular note is the fact that the ATTI Steering Group did not seek to draw attention to itself as an entity; it continuously held to its primary purpose of drawing attention to greater coordination and collaboration across services.

The initiative has been well managed and supported by CDI as host organisation, playing a facilitative role, and allowing the initiative to be directed by the ATTI Steering Group. This has been an important enabler of the Steering Group's leadership and ownership of ATTI. Though there has been a significant turnover of Development Officers in the two-year period of the initiative to date, ATTI has been well served by extremely competent staff members, each of whom brought varied skills, talents and approaches to the work.

As an initiative, ATTI is relevant to the local service landscape. What it has done to date, it has done well! It is clear from the information garnered through the evaluation survey and subsequent discussions that its work has been appreciated by local stakeholders that have engaged with the various activities of the initiative.

With one year left in ATTI's current funding arrangement there are many challenges and opportunities facing the initiative. Most notable among these is ATTI's plan for a Tallaght West Infant Mental Health Network, a source of great optimism within the Steering Group. As highlighted in the main narrative of the report, the evaluation contends that the ATTI Steering Group must facilitate clarity about ATTI's future role, work programme and target audience, particularly in the context of the emerging Infant Mental Health Network. This will contribute to an ongoing shared sense of purpose among the initiatives' primary stakeholders and ensure a consistent approach in all subsequent activities within ATTI's work programme.

The evaluator would like to thank all of those who contributed to this evaluation process at all stages – baseline, interim and final - and whose input is reflected in this and other outputs of the evaluation. Stakeholders have always engaged enthusiastically with the evaluation process and have been eager to share their views on what unfolded under ATTI over the previous two years. There is much for all stakeholders – CDI, the Steering

Group, and the wider ATTI network - to learn from the experience of delivering the ATTI programme of work. This evaluation has attempted to capture that learning and to offer pointers for how the initiative might evolve in the coming period.

ANNEXE I: ATTI LOGIC MODEL⁶²

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

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

Inputs	Activities & Outputs	Short-term Outcomes (2016)	Longer-term Outcomes
Initiative funding; Initiative staffing; CDI programme support; Governance structures and systems; Programme evaluation; Existing services for Tallaght West parents & children, antenatal to three; Services' participation in the ATTI Network; (HSE; CFA; Maternity Hospitals; NGO's) Services' participation in the Steering Committee; Data from the audit of needs and services.	Hold consultation to agree focus; Effective governance structures for ATTI, with agreed terms of reference between ATTI, LAP and CSC; Steering committee established to determine roles and responsibilities and to drive and support the work; Recruit a coordinator to lead and drive the work of this initiative Establish a Network of Statutory, Voluntary and Community Agencies with the following functions: <ul style="list-style-type: none"> Progressing inter-agency work; Auditing and mapping services for ATTI parents and children in Tallaght West, with a particular focus on levels of collaboration. Commission an iterative independent evaluation. Implementation Guide developed and evaluation completed and widely available, informing similar, targeted interventions.	Relevant service providers have increased awareness of services in the area, their function and how families can access them; Referral and information sharing systems are improved and/or developed to enable greater access to services for families; Strategies to improve identification of and engagement of hard to reach/vulnerable families developed, implemented and demonstrating greater access; All relevant services in the area working together to: <ul style="list-style-type: none"> Develop, support and promote best practice; Enhance quality provision, coordination of service provision and effective communication with parents and other services; Service integration is maximised.	Parents of children, antenatal to three, living in Tallaght West: <ul style="list-style-type: none"> Are "more" aware of the range of health and support services available and how to access them; Are able to access the services they need; Receive consistent quality practice and advice from all services in line with the CFA 50 key messages; Understand the developmental milestones and the importance of developing a positive attachment with their child; Are equipped to meet their child's developmental needs and to develop a positive relationship with their child; Statutory, voluntary and community organisations providing services to this target group are working in a co-ordinated and collaborative way to ensure a targeted universal early identification and intervention approach.

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

⁶²Slightly adapted from original for presentation purposes.

ANNEXE II: CDI RESEARCH ADVISORY COMMITTEE TERMS OF REFERENCE



Meetings:

- The committee will meet at least twice a year.

Membership:

- Dr. Suzanne Guerin (School of Psychology, University College Dublin) (Chair)
- Dr Mary Corcoran (Maynooth University)
- Dr Helen Johnston ((National Economic and Social Council)
- Anita Nolan (Community resident)
- In attendance: CDI CEO and REO.

Functions:

The primary role of the Expert Advisory Committee is to advise and support the development, implementation, review and dissemination of all research and evaluation activities within CDI. In this context, it will have the following role:

- a) Provide advice and support on the commissioning and implementation of research and evaluations;
- b) Support oversight of the research / evaluation programme;
- c) Review emerging results from the research / evaluation programme;
- d) Advise on changes to, or augmentation of, the research / evaluation programme if the need arises;
- e) Provide observations on design and review of services;
- f) Advise on the dissemination of research and evaluation findings and conclusions, particular in relation to its utilisation as a mechanism to influence policy, practice and training.

Reports of meetings of the RAC and any reports prepared by the RAC will be transmitted to the Board of CDI for its consideration and action as it deems appropriate.

ANNEXE III: COPY OF FINAL EVALUATION SURVEY QUESTIONNAIRE

SECTION 1: RESPONDENT PROFILE

a) Please complete the following contact information

- Name of person completing questionnaire:
- Direct email address:
- Direct phone number:
- Title of person completing questionnaire:

b) Please select from the list below the TYPE of agency which best describes YOUR organisation:

- Statutory (i.e. Agencies of the State, under the responsibility of a government department, e.g. HSE, Local Authority, Gardaí)
- Community & Voluntary (i.e. Not for profit charity or grant-funded organisations providing services in community)
- Private (i.e. For profit organisations offering services as private enterprises)

c) Please select from the list below the CATEGORIES of SERVICES which best describe the SERVICES provided by YOU on behalf of YOUR AGENCY to the antenatal to three cohort. Tick ALL that apply.

- Health (Primary Care)
- Health (Hospital)
- Health (GP)
- Child Welfare & Protection
- Early Childhood Care & Education
- Parenting & Family Support
- Special Interest (i.e. Services targeted at specific target groups such as Young Mothers, Travellers, Immigrant communities or services focused on specific subjects such as breastfeeding, domestic violence, substance misuse)

If Special Interest, please specify area of interest:

**d) Please indicate whether the services YOU provide on behalf of your Agency are:
(Tick ALL that apply)**

- Universal (created for and available to all children and families)
- Targeted (created for and available to children and families at some level of risk)
- Specialist (created for and available to children and families at very high level of risk)

SECTION 2: LEVEL AND NATURE OF INTERAGENCY WORK

a) Reflecting on YOUR current experience of interagency working within your agency, approximately WHAT NUMBER OF HOURS in any given week would YOU devote to interagency working related to the antenatal to three age cohort?

5 hours or less	6 - 10 hours	11 - 15 hours	16 - 20 hours	More than 20 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Reflecting on YOUR current experience of interagency working within your agency, approximately WHAT % OF YOUR WORKING TIME is devoted to interagency working related to the antenatal to three age cohort?

20% or less	21 - 40%	41 - 60%	61 - 80%	More than 80%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) In the context of services for children and families in the antenatal to three age category, in the last 2 years HAVE YOU BEEN MORE LIKELY TO ENGAGE IN INTERAGENCY WORKING AROUND: Tick ALL as relevant:

- Specific Families, e.g. individual families experiencing difficulty
- Specific Target Groups, (e.g. Traveller/Migrant families, Teenage mothers)
- Specific Communities, (e.g. Killinarden, Brookfield)
- Specific Topics, (e.g. breastfeeding, post natal depression)
- Other

If other, please specify:

SECTION 3: EXPERIENCE OF INTERAGENCY REFERRAL

a) In the past two years, have YOU on behalf of your agency referred children or families (Tick all as appropriate) to the services of:

- Health (Primary Care)
- Health (Hospital)
- Health (GP)
- Child Welfare & Protection
- Early Childhood Care & Education
- Parenting & Family Support
- Special Interest (as defined in 1c above)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

b) In the past two years, have YOU on behalf of your agency accepted child or family referrals from:

- Health (Primary Care)
- Health (Hospital)
- Health (GP)
- Child Welfare & Protection
- Early Childhood Care & Education
- Parenting & Family Support
- Special Interest (as defined in 1c above)

c) If YOU, on behalf of YOUR AGENCY, have been involved in either issuing or accepting referrals, please rate YOUR GENERAL EXPERIENCE of REFERRALS on the scale below under the following headings:

Clarity of information on other services

Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Clarity on reasons for referrals

Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other agencies' understanding of our services

Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory

Realism of expectations in the referral process (i.e. was the request in the referral achievable and realistic?)

Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory

Communication during the referral process

Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory

Follow-up between agencies post referral

Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory

SECTION 4: POSITIVE EXPERIENCES OF INTERAGENCY WORKING

Consider ONE POSITIVE/SUCCESSFUL EXAMPLE of interagency working undertaken by your agency in the context of children and families in the antenatal to three age cohort in the last two years.

Please answer the following:

a) With what sector(s) did your Agency work? In the context of this example, tick ALL that apply

- Health (Primary Care)
- Health (Hospital)
- Health (GP)
- Child Welfare & Protection
- Early Childhood Care & Education
- Parenting & Family Support
- Special Interest (as defined in 1c above)

b) What was the identified need for the interagency working?

c) In bullet format, please highlight up to 3 key factors INTERNAL to your agency that contributed to the success of this interagency experience:

d) In bullet format, please highlight up to 3 key factors EXTERNAL to your agency that contributed to the success of this interagency experience:

e) Is this example of positive interagency working still ongoing?

Yes	No

f) Did ATTI inform or support this piece of interagency working and if so how?

SECTION 5: BARRIERS TO EFFECTIVE INTERAGENCY WORKING

Consider ONE NEGATIVE/UNSUCCESSFUL EXAMPLE of interagency working undertaken by your agency in the context of children and families in the antenatal to three age cohort in the last two years. Please answer the following:

a) With what sector(s) did your Agency work? In the context of this example, tick ALL that apply

- Health (Primary Care)
- Health (Hospital)
- Health (GP)
- Child Welfare & Protection
- Early Childhood Care & Education
- Parenting & Family Support
- Special Interest (as defined in 1c above)

b) What was the identified need for the interagency working?

c) In bullet format, please highlight up to 3 key factors INTERNAL to your agency that contributed to the negativity/lack of success of this interagency experience:

d) In bullet format, please highlight up to 3 key factors EXTERNAL to your agency that contributed to the negativity/lack of success of this interagency experience:

- e) Could ATTI have informed or supported this piece of interagency working and, if so, how?

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SECTION 6: EXPERIENCE OF ATTI

Please reflect on the following statements rating YOUR EXPERIENCE on a scale provided:

- a) Over the last two years in Tallaght West I have *improved* awareness of other services relevant to the 0-3 age cohort in the area, and the roles and functions of those services.

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

- b) ATTI played an important role in enabling me to build that awareness over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

- c) Over the last two years in Tallaght West I have increased awareness of access *pathways for families* in the antenatal to three cohort to a variety of other relevant services in the area.

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

- d) ATTI played an important role in enabling me to build that awareness over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

- e) Over the last two years in Tallaght West there are *improved mechanisms for inter-agency information-sharing and communication* relevant to the 0-3s in the area

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

- f) ATTI played an important role in improving interagency communication and information-sharing over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

g) Over the last two years in Tallaght West I observe a *greater shared commitment to promoting best practice in services* for children and families in the antenatal to three age group

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

h) ATTI played an important role in building that shared commitment among agencies over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

i) Over the last two years in West Tallaght I observe *improved service coordination and collaboration* relevant to children and families in the antenatal to three age group

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

j) ATTI played an important role in facilitating improved coordination over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

k) Over the last two years in West Tallaght I observe *improved access to services for children and families* in the antenatal to three age group

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

l) ATTI played an important role in supporting improved access to services over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

m) Over the last two years in West Tallaght I observe improvements in the quality of service provision for children and families in the antenatal to three age group

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

n) ATTI played an important role in supporting improved service quality over the last two years

Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion

o) Please offer a short rationale for your comments in this section:

ANNEXE IV: EVALUATION INTERVIEW AND FGD FRAMEWORK

Core areas for discussion during Interviews and FGDs:

- a) Progress since Interim Evaluation, especially implementation of Interim Evaluation recommendations and what is emerging
- b) Experiences of engaging with the ATTI Work Programme
- c) Analysis of data from survey to unpack the findings, especially sections pertaining to the projected outcomes of ATTI

<i>Strongly Disagree</i>	<i>Purpose/Focus</i>
<ul style="list-style-type: none"> • CDI: CEO, ATTI Development Officer, Corporate Services Manager 	Core areas a), b) and c)
<ul style="list-style-type: none"> • Members of ATTI Steering Group 	Core areas a), b) and c)
<ul style="list-style-type: none"> • ATTI Broader Network Stakeholders 	Core areas b) and c)

CORE TOPICS AND QUESTIONS FOR DISCUSSION DURING INTERVIEWS AND FGDs

CDI: CEO, ATTI Development Officer, Corporate Services Manager

- To what extent did the Interim Evaluation report shape the ATTI work programme of 2016?
- From your perspective, what were the principal recommendations of the Interim Evaluation? How were these recommendations addressed? What has worked well and what has not worked well? What has been the effect of addressing these recommendations?
- What other critical areas of work were undertaken in 2016?
- To what extent has ATTI evolved as originally envisaged?
- What have been some of the key challenges for CDI in managing ATTI? How has CDI dealt with these challenges?
- Has ATTI been a valuable part of the CDI portfolio? Why/Why not? How has ATTI aligned with the other elements of the CDI work programme? Has it been stand alone/integrated?
- Do you feel the initiative is owned by the partner agencies involved on the Steering Group? What implications does this have for the future sustainability of the initiative? Where does future management of a coordination effort like this lie?
- To what extent in your role have you been able to observe practice changes and outcomes arising from the work of ATTI? How do you observe, monitor and understand outcome changes?
- What have been the most significant achievements of ATTI and in what way do you feel CDI enabled those achievements?
- As you observe the experience of initiating and managing an initiative like ATTI, what critical learning emerges for you – i.e. in terms of if we were to do this again or advice on how it might be done elsewhere?

Members of the ATTI Steering Group

- To what extent did the Interim Evaluation report shape the ATTI work programme of 2016?
- From your perspective, how did the Steering Group respond to the recommendations of the Interim

Evaluation? What has worked well and what has not worked well? What has been the effect of addressing these recommendations? What's different about the manner in which ATTI does its business?

- What other critical areas of work were undertaken in 2016?
- To what extent has ATTI evolved as originally envisaged?
- What have been the most significant achievements of ATTI and in what way do you feel the Steering Group enabled those achievements?
- What were some of the disappointments in 2016? What impacted on success?
- Compared to where ATTI was at the end of 2015, how would you describe where ATTI is at towards the end of 2016?
- To what extent in your role have you been able to observe practice changes and outcomes arising from the work of ATTI? How do you observe, monitor and understand outcome changes?
- Seek assistance in interpreting the findings of the Final Evaluation Survey. How might these be interpreted? What are the issues underpinning the survey responses?
- Examination of observations and matters arising in the course of interviews and FGDs.
- What future for ATTI? Is an entity like ATTI needed beyond 2017? Can it survive without dedicated resources? How is the SG planning for this?

ATTI Broader Network Stakeholders

- How have you been involved with ATTI or how have you engaged with ATTI?
- How would you describe what ATTI is? How would you describe the purpose of ATTI? DO you feel this purpose is relevant? Has ATTI fulfilled that purpose?
- How would you describe your experience of ATTI? Has it been positive, negative, non-descript? Why?
- Have you participated in particular activities organised by ATTI? What was your experience of these activities? Were they relevant or supportive to your role? Can you comment on the quality of the events?
- Has ATTI added value to your work, particularly in terms of interagency working? How has it helped if at all?
- Main portion of conversations - seek assistance in interpreting the findings of the Final Evaluation Survey. How might these be interpreted? What are the issues underpinning the survey responses?
- What gaps still exist in interagency working related to the 0-3s in Tallaght West? How might these be addressed?
- Is an entity like ATTI needed beyond 2017? Why/Why not? What might it do into the future?

ANNEXE V: CONTINUUM OF COLLABORATION



TRUST

Compete	Co-Exist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Competition for clients, resources, partners, public attention	No systematic connection between agencies	Interagency information sharing (e.g. networking) Largely informal Investigative – possible shared involvement	As needed, often informal interaction, on discrete activities or projects	Organisations/ Services systematically adjust and align work with each other for greater outcomes Greater organisational involvement (rather than personality driven)	Longer term interaction based on shared mission and goals; shared decision-making and resources Cross training – commitment to building/ supporting each other's capacity	Fully integrated programmes, planning and funding Convergence of systems with single budget, management & accountability



TURF

This Continuum for Collaboration has evolved from investigation of similar continuums and draws on the following sources:

- Himmelman, A (2002). *Collaboration for a Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide*. Accessed at https://depts.washington.edu/ccph/pdf_files/4achange.pdf
- Zorich, D., Waibel, G. & Erway, R. (2008). *Beyond the Silos of the LAMS: Collaboration among Libraries, Archives and Museums*. OCLC Research. Accessed at <http://www.oclc.org/content/dam/research/publications/library/2008/2008-05.pdf?urlm=162914>
- Continuum of Integration. Adapted from: Integrated Health Promotion: a practice guide for service providers(2003). State Government of Victoria, Melbourne, Australia. Accessed at http://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCEQFjAA&url=http%3A%2F%2Fwww.sparc.bc.ca%2Fresources-and-publications%2Fdoc%2F362-continuum-of-collaboration.pdf&ei=wifkVb-m1C_CR7AbkyIKYCw&usg=AFQjCNHVxrnwvH8hEoXN7TkJtzEpqmCeA&bvm=bv.93990622,d.ZGU
- ACT for Youth: *Collaboration Continuum*. Accessed at http://r.search.yahoo.com/_ylt=A7x9UnUZDs-RXWR8AgLJ3Bwx.;_ylu=X3oDMTBydWpobjZlBHNIYwNzcgRwb3MDMQRjb2xvA2lyMgR2dGlkAw--/RV=2/RE=1472495258/RO=10/RU=http%3a%2f%2fwww.actforyouth.net%2fresources%2fydm%2fydm_collaboration.ppt/RK=0/RS=L_QEBE55.KplKhxIU2sWuuJFoJc-
- The Collaboration Continuum. Accessed at (<http://www.collaborationforimpact.com/wp-content/uploads/2014/01/Collaboration-continuum.jpg>)



Responding To Needs, Driving Change

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