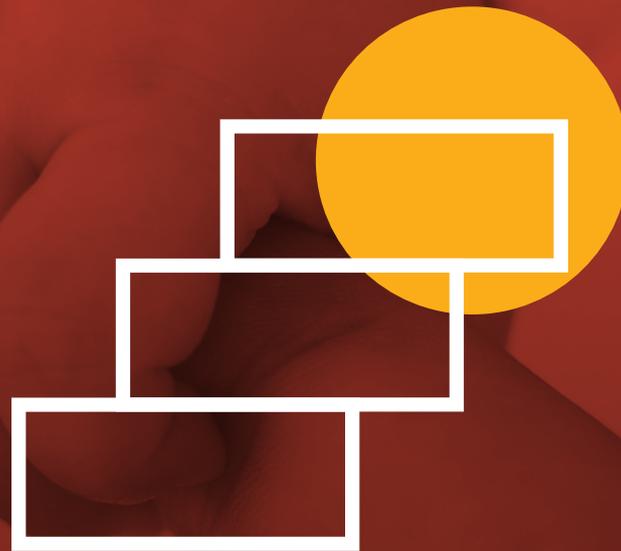


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# **Early Intervention Transformation Programme: Case Studies in Mainstreaming**

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# Executive Summary

In 2014 Atlantic Philanthropies invested some £25m in three Delivering Social Change (DSC) signature programmes: Shared Education (SESP), Early Intervention Transformation Programme (EITP), and Dementia Together (DTNI). The Northern Ireland Executive co-funded the projects with £37m, making a total investment of £62m across the three programmes. As these programmes come to an end, the obvious question to ask is how successful have they been and whether they will be mainstreamed by government. This report is therefore interested in the sustainability of co-funded (Government and Foundation) projects under this initiative. The focus of the research is on two work streams (or 4 projects) within the EITP programme. These projects have been selected to examine as case studies because the indications are that government departments fully intend to mainstream the interventions.

The report traces the implementation process of all four projects from conception, through implementation, to completion. It attempts to link the projects' outputs to Programme for Government outcomes and possible synergies. An important element in making the case for sustainability is evidence, which is synthesized in the report. In its broadest interpretation, mainstreaming is intended to bring about system changes. The report offers a framework for analyzing system changes which have occurred under EITP projects and concludes with enablers of, and inhibitors to, mainstreaming.

The research finds, inter alia, several key points. Collaborative provision between Government and a Foundation (Atlantic Philanthropies) is challenging and highly dependent on the good will and forbearance of both sides. Collaboration across government departments in delivering interventions is equally challenging and demands traversing boundaries that can unsettle traditional bureaucratic structures and processes. When the third sector is also involved in services delivery, policy implementation and accountability norms are challenged. This new collaborative way of doing things tests the status quo ante which can result in passive resistance by officials or, when it comes to mainstreaming, reluctance to displace existing services and associated funding with new interventions. Mainstreaming therefore faces 'turf protection', sometimes in the most benign ways. We heard examples of senior officials who fully supported mainstreaming early interventions initiatives. However, when faced with the immediate needs of tier 4 families who required intensive and long-term support set alongside the down-stream, intangible, benefits of early intervention in a tight budgetary environment, they chose the former.

Equally revealing is the role of supporting evidence in making the case for mainstreaming. There is an inherent conflict in waiting for long term impacts and accompanying evidence to accrue, versus the reality of working on pilots which, by definition, are time limited. These case studies illustrate that the voice of front-line workers: parents, new mothers, and professional service workers (nurses, teachers and health visitors) are *as important* in the mainstreaming debate as (inconclusive) evidence. This is perhaps reflective of other new practices which are predicated on the 'gut feeling' of those who work at the coal-face.

In a system which has fully embraced outcomes-based accountability, notwithstanding its limitations, pressing for mainstreaming must show direct linkage into PfG indicators and outcomes. Where there is political support from Ministers in advocating for early intervention approaches, this will clearly help. In its absence, the strength of support from senior officials is critical in securing mainstreaming. These case studies illustrate a system wide acknowledgment of the merits of early intervention approaches in service delivery. The more difficult task is to translate that desire into redirecting funding, finding new resources, making better use of existing resources by doing things differently, or investing up-front to achieve downstream savings.

As a significant funder in this joint project with government, Atlantic challenged the perceived wisdom on mainstreaming as simply government taking over interventions which EITP has supported. Rather, Atlantic promoted and funded the proposition of 'doing things differently' with the aim of providing better public services outcomes. To do this required funds to support transformation, running alongside existing practice, until such times as there was a compelling case/evidence for substitution. Some of the interventions failed to replace current practice with more effective provision. Atlantic did not see this as a failure to mainstream. Success was not a crude headcount of the number of EITP projects that are to be sustained. To do things differently also required staff training, capacity building and changing mindsets, all of which are pre-requisites for a more effective model of public service delivery.

Finally, for Atlantic EITP's legacy is also about systemic change. There are wider lessons for government that are being taken forward: cross-departmental working; involving external partners; pooled funding; shared leadership and governance arrangements; all with a view to better achieving PfG outcomes which span departmental boundaries. The EITP Programme Board has described the achievements of EITP in the following way:

EITP has made a demonstrable change in working practice and decision making within and outside government in Northern Ireland. There have been significant gains in relation to knowledge, skills and confidence, which leave a significant body of people within implementation/service delivery bodies more enabled to transform and adopt early intervention approaches.

This acknowledgement of transformation at the highest level gives expression to the initial Atlantic proposition of 'doing things differently' in order to deliver better public service outcomes and acts as a model for other cross-cutting wicked issues which government faces.

# Introduction

The three Atlantic Philanthropies signature programmes which were launched in September 2014 as an integral part of the Delivering Social Change initiative (DSC) are about to (have) come to an end. Each of the programmes had a very different substantive content and associated interventions: Early Intervention Transformation; Shared Education; and, Dementia. All three, however, were aimed at delivering better public services to users based on the precepts of: prevention, innovation, evidence, outcomes-focused, and collaborative working across departments. Moreover, these programmes represented a significant joint investment between government and philanthropy as follows:

- Shared Education Signature Programme (SESP): £25m (£15m from government and £10m from Atlantic Philanthropies).
- Early Intervention Transformation Programme (EITP): £25.5m (£15.5m from government and £10m from Atlantic Philanthropies).
- Dementia Together Programme Northern Ireland (DTNI): £11.1m (£6.4m from government and £4.7m from Atlantic Philanthropies).

In total the three DSC signature programmes represented an overall investment of almost £62m (approximately £37m from government and £25m from Atlantic Philanthropies). In the grand scheme of things, a government investment of £37m is relatively small when set within the overall context of a £11.5b yearly public budget. However, what distinguishes this investment is the willingness of Government to partner with a Foundation and its receptivity to innovation and change, by doing things differently.

Each of the programmes was underpinned by a business case, memorandum of understanding, and a series of planned interventions. A governance structure offered operational oversight through three separate boards comprising departmental representatives and Foundation staff. There were regular monitoring and reporting arrangements put in place to include interim reports, mid-term implementation assessments, gateway reviews, outcomes based accountability report cards, and summative evaluations. Importantly however at this stage, from the perspective of government and philanthropy, the key question is whether these programmes, or specific interventions therein, will be sustainable. The perennial concern with initiatives funded from outside government is whether within a tight public sector financial environment, departments feel able to mainstream these services going forward.

This joint DSC initiative between Government and a Foundation is somewhat different in a number of ways. First, departments/agencies co-invested in the signature programmes and had significant input into their design and delivery. Second, the nature of Foundation involvement in terms of their prior experience in these thematic areas and the evidence base they brought to the table, has allowed government to innovate in a way that regular recurrent spending would not have permitted. Third, sharing the risk of success or failure with joint funding in hypothecated budgets helped to circumvent the strictures of regular public funding and offer significant flexibility to engage in operational practices which might otherwise have proved restrictive or at least elongated. Atlantic captured the perceived status quo ante in the following analysis:

All the envisaged Atlantic Delivering Social Change work was geared around relatively short-term interventions influencing and hopefully fundamentally changing long-term 'mainstream' public policies, services and/or norms. For this to happen, the preferential value of the new approaches/concepts would have to be adequately established and appropriate evidence would then have to be fed into strategic governmental decision-making processes.

However, the NI government did not have a lot of experience of this way of working – change tended to happen either incrementally or at political whim, neither usually requiring robust comparative analysis. There was a significant risk that left to its own devices, the NI Executive would simply fail to gather/build adequate or appropriate evidence of effectiveness across the AP/DSC work, and as a result it would be unable/unwilling to drive through significant mainstreaming beyond the AP grant lifespan (Atlantic Internal Document, 2018).

Given the end-stage of these programmes, this report is interested in capturing the lessons of mainstreaming from a select number of interventions in the Early Intervention Transformation Programme. These case studies have been chosen specifically because they will be mainstreamed by departments. The key questions of interest in the research are:

- What have been the factors which facilitated the mainstreaming of these interventions?
- How have these changes resulted in systemic change in the way services are provided?
- How can we better understand the process of system change?

We outline our methodology and consider the detail of EITP before moving to address these questions.

## Methods

This submission brings together materials from several different sources to offer a stand-alone case-studies report. It draws on and synthesizes commissioned research, reviews, reports, updates, minutes of board meetings and is supplemented by a small number of interviews with key stakeholders centrally involved in the two workstreams under consideration here<sup>1</sup>. The report makes no claim of extensive primary data gathering. Rather, given the disparate and eclectic nature of materials on EITP, we attempt to distil the essence of multiple sources in a format that provides the reader with insights into case studies which have been selected because of emerging support for their sustainability. We do this in a document that can be read as a free-standing submission.

The format of the report is structured as follows. First, we describe the background to the four case studies under review. Second, we unpack the projects' implementation process from inception, through a mid-term review, to final outputs. Third, we examine the evidence which has been accumulated on the impact of the projects. Finally, we consider the key issues of mainstreaming and system changes moving forward.

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<sup>1</sup>The author wishes to thank the following interviewees for their time and expert insights into EITP: Nigel Chambers, Lynn Rollins, Amanda McLean, Maurice Meehan, Eilís McDaniel, and Martin O'Brien. The interpretation of their views remains the responsibility of the author.

# Early Intervention Transformation Programme

The rationale for Government and Foundation involvement in this thematic area is based on a commitment to evidence-informed prevention and early intervention approaches, to transform how children's services are designed, planned and implemented, leading to improved outcomes for all children, especially those who are most disadvantaged. Atlantic's previous investments in this field had, through funded projects, improved literacy, supported parenting, assisted teachers with classroom management, and improved health outcomes for young children. Atlantic saw collaboration with government as the route to take the success of interventions like these to scale.

The EITP joint initiative therefore provided an opportunity to undertake such work at a system-wide level and in a way that could lead to enduring, transformative change on how services are designed, delivered and resourced. It aimed for a significant improvement in the quality and quantity of prevention and early intervention services for children and young people. Emerging issues would be dealt with earlier, support offered more quickly, and services would be more rooted in evidence. Staff development would be improved, and new and better integrated teams of professions would be in place.

The Early Intervention Transformation Programme therefore brought together the resources from across departments of the NI government, with support from philanthropy, in order to ensure that all children born within its jurisdiction have the best possible chance of avoiding harm, reaching their potential, and experiencing a healthy and happy life. In order to ensure that the EITP leads to long-term, systemic change which would improve outcomes for children for years to come, it was imperative that the work be sustained beyond the initial funding period.

There were 18 projects funded under EITP: 4 projects in workstream one; 1 in workstream two; 12 in workstream three; 1 in workstream four. A further project (the Belfast Intensive Family Support Service) was managed under EITP but not funded via the same joint arrangements as the 18 core projects (see table 1).

This report will focus on 4 projects to investigate mainstreaming and sustainability as follows:

## **EITP Workstream 1:**

- Getting Ready for Baby
- Getting Ready for Toddler
- Getting Ready to Learn

## **EITP Workstream 2:**

- Early Intervention Support Services

The EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

**Table 1: Early Intervention Transformation Programme: workstreams**

Workstream	Project	Spend (£m)
1 - Aims to equip all parents with the skills needed to give their child the best start in life.	1. Getting Ready for Baby	£4.3
	2. Getting Ready for Toddler	
	3. Getting Ready to Learn	£2.9
	4. Getting Ready to Play (Play Matters)	£0.4
2 - Aims to support families when problems arise before they need statutory involvement	5. The Early Intervention Support Service	£2.7
	6. The Home on Time Project	£2.5
	7. The Edges Project	£2.0
	8. 6 in 10 Project	£0.8
	9. Building Better Futures	£1.2
	10. Community Family Support Programme (CFSP)	£2.3
	11. Community Diversion Project	£0.4
	12. Social Enterprise Project	£0.1
	13. Care Proceedings Pilot	£0.3
	14. Improving the Educational Outcomes of Looked After Children	£0.4
	15. Early Intervention Child Care (THRIVE)	£0.2
	16. Children of Imprisoned Parents (CHIP) Project	£0.3
	17. Family Drug and Alcohol Court (FDAC)	£0.3
4 - Is focused on the professional development of those working in the sector.	18. Professional Development Project	£1.4
Total budget and spend for the projects within the Programme		<b>£22.6</b>
Belfast Intensive Family Support Service (managed within EITP)		<b>£5.0</b>
Programme management		<b>£2.7</b>

# EITP Workstream 1

EITP workstream 1 aims to equip all parents with the skills needed to give their child the best start in life. It is a 5-year programme which started in April 2014 and ended September 2019. Workstream 1 focused on 3 parenting stages:

**Getting Ready for Baby (GRfB)** aims to establish a consistent Northern Ireland wide approach which combines antenatal care and education, delivering both within local community venues. Although the ante-natal medical care pathway is standardised in NI, provision and uptake of ante-natal education varied significantly across Health and Social Care Trusts. GRfB was to improve outcomes by delivering the two simultaneously (i.e. check ups and classes) in community venues, deploying evidence-based good practice. First-time parents-to-be (mothers and partners) attend 6 sessions over the course of pregnancy, each including an antenatal check and a group parenting class. The EITP funds would allow the new model to be rolled out in all Trusts reaching at least 40% of first-time mothers/parents by March 2019.

**Getting Ready for Toddler (GRfT)** involves developing a standardized assessment for 3/4 year olds and training health visitors to undertake this in preschool settings with all children. This comprised one of the core visits recommended from pregnancy to 4 years in line with DHSSPS Healthy Future Policy. Before EITP came about, Department of Health (DoH) had already decided that best practice was for children/mothers/families to have 8 core contacts with their Health Visitor before school entry. At that point only 7 core visits were taking place in NI, so amongst other things, DoH's Healthy Future policy committed to increasing the health visitor workforce so that an 8th visit could be provided across NI. Rather than sticking with existing health visiting norms, EITP provided an opportunity to take a different approach, with a new 3+ child review taking place on site at pre-school education providers. In theory it would be more efficient and effective (less health visitors travel/scheduling and better linkage/communications between health visitors and educators). The original plan was to scale up delivery to 100% of the NI 3/4-year-old cohort by March 2018 (although EITP funding continued until March 2019).

**Getting Ready to Learn (GRtL)** aims to use universal provision to enable pre-school settings to help parents get more actively involved in supporting their children's development. Evidence suggests that a strong home learning environment provides pre-school children with a better foundation for their later education, minimising downstream problems and improving long-term outcomes. GRtL supports staff within early years and pre-school settings to engage more effectively with parents in order to build positive home learning environments. GRtL provides pre-school education providers with resources to roll out evidence-based programmes which involve engaging with parents to improve the home learning environment.

# EITP Workstream 2

## Workstream 2: Early Intervention Support Services (EISS)

The EISS model was piloted in five geographic areas across NI, targeting Tier 2 families<sup>2</sup> when problems are arising but before full statutory involvement was needed. The service is delivered by community and voluntary organisations providing tailored direct support (and/or referral on to parenting group support), typically over a 12 week period. EITP funding was originally to run until March 2018.

EISS is structurally aligned to Family Support Hubs<sup>3</sup> and offers a service to defined geographical areas. There are some 29 hubs across the five Health and Social Care Trusts. The common aspect of each EISS is that they receive their own referrals directly from a number of sources including: self-referrals, education health and social services. They all employ project workers from different professional backgrounds who have been trained to engage in holistic assessments of need using a number of Outcomes Stars (Family Star Plus for parents/carers; My Star for children; and Teen Star for teenagers)<sup>4</sup>.

The Outcomes Stars cover a range of parenting, family functioning and child well-being and behaviour. For each area, parents are asked to rate where they feel they are on a scale of 1 – 10. Each of these ratings is then mapped on to the points of a star forming a diagrammatic representation of areas of strength and relative weakness. From this, the worker then assesses the needs of the families and decides on one of four courses of action: (a) multi-agency response required and Family Hub Support meeting initiated; (b) inappropriate referral and return to referrer; (c) safeguarding concerns and escalate to Gateway; or (d) action by Early Intervention Service and allocation of a Project Worker. All project workers have been trained to deliver a number of short-term interventions (12 weeks maximum) that include a number of evidence-informed therapeutic and basic interventions: the Solihull approach; motivational Interviewing; solution focused brief therapy; parenting programmes (Strengthening Families and Incredible Years); and, Family group conferencing. In summary, therefore, EISS represents a short-term intervention based on the referral of families to an EISS team. Those families deemed to be in need of support are assessed using the Family Star Plus and one or more short-term interventions are identified to address their needs. The involvement of families typically lasts 12-15 weeks from initial referral to the end of the interventions provided.

We now move to consider the various stages of EITP implementation from start-up to completion.

<sup>2</sup>Level 2 of the Hardiker Model (1991) represents services to children who have some additional needs. Services at Level 2 are characterised by referral, and full parental consent and negotiation. Examples would be behaviour support, parenting support, additional educational services, and support for children who are deemed vulnerable through an assessment of what their need is, and via targeted specific services provided by education, health, social services, law enforcement and the voluntary sector.

<sup>3</sup>A Family Support Hub is a multi-agency network of statutory, voluntary and community organisations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention family support and uses their knowledge of local service providers to signpost families with specific needs to appropriate services.

<sup>4</sup>The Outcomes Star™ is intended to be used by services to 'support effective key-work and measure service user outcomes in front-line services'. There are more than 30 Outcomes Stars™ available and these have been developed by the social enterprise Triangle. Each Outcomes Star™ comprises a ten-point scales that measures a range of life domains which are arranged in the shape of a star. The Outcomes Star™ is used by practitioners and service users to collaboratively set objectives, measure a baseline score and then record progress or 'distanced travelled' over time. The ten points of the scale can be converted into a Journey Of Change, with scores of 1-2 indicating being 'stuck', 3-4 indicating 'accepting help', 5-6 'trying to make a difference', 7-8 'finding what works', and 9-10 'effective parenting'. EISS used three Stars; the Family Star Plus, My Star and Teen Star.

# Implementation: Start-Up

The early stages of project implementation were fraught with difficulties. Even getting the projects off the ground proved much slower than anticipated. By late 2015, for example, the following should have been in place:

- GRfB – live testing of the model should have been underway at two sites, with a view to main delivery beginning six months later in mid-2016;
- GRfT – live testing should have started early in the 2015/16 academic year to allow main delivery to begin later in that academic year; and,
- GRtL – the project should have gone live in pre-schools at the start of the 2016/17 academic year (with the application process run in spring 2016).

But GRfB had not even agreed what the test process would consist of, or where the test sites would be. In GRfT, the operational guidance had not been developed, nor had the Health Visitor workforce begun the training to allow testing. In GRtL, the Education Authority still had not recruited the delivery team for the project.

All of the indications were that WS1 was going to struggle significantly to hit the annual output targets that had been specified in their original business cases/proposals. Within GRfB and GRfT in particular, (which in many ways were being treated as a combined project by the Public Health Agency), there were no implementation plans and the delivery teams were evasive when asked for any kind of firm progress information, or indeed any kind of explanation of what their finalised Outcomes Based Accountability (OBA) monitoring framework would consist of, (or their plans to populate it). GRtL was more straight-forward in that the Department of Education/Education Authority essentially kept repeating that substantive operations could not start until the requisite staff were in place and that they were trying hard to expedite an internal secondment process.

Overall, Atlantic was very concerned about the long-term viability of WS1, which constituted around a third of total EITP spend. An independent ‘stock take’ was commissioned across WS1. The report<sup>5</sup> was blunt in its assessment:

All three projects in Workstream 1 are currently significantly behind schedule relative to the original project proposals and plans. These delays are mostly due to the extent of infrastructural development that was needed during the installation stage. The timeframes and targets specified in the original full proposals (approved in March 2015) have proven to be somewhat unrealistic given the challenging nature of the host environments. Teams have faced implementation challenges largely outside their control including the transition from Education and Library Boards to the Education Authority, and workforce capacity issues in both midwifery and health visiting services. All experienced delays in the recruitment of staff to key roles. Releasing spend out to Trusts also took several months longer than expected in both GRfB and GfT (Sneddon, 2016: 2).

The stock take report was however very supportive in terms of the scale and challenge of the task being faced across WS1, and specifically noted that the original business case/proposal plans were somewhat unrealistic. However, the report also painted a worrying picture in terms of (a) the projects’ ability to achieve the necessary critical mass within remaining timeframes, (b) lack of clarity in terms of how post-EITP mainstreaming would be ensured, and, (c) an absence of implementation plans. Somewhat worryingly for Atlantic, the stock take report noted:

Although stakeholders have committed to implementing the new models during the EITP-funded phase, they are a little more hesitant about continuing the work beyond 2019. They want to see evidence of how workable these approaches are before making a longer-term commitment (Sneddon, 2016:2)

In short, by early 2017 there were significant concerns being expressed about the absence of implementation plans and achieving operational targets. In addition, gathering data on the effectiveness of the interventions

<sup>5</sup>Sneddon, H. (2016) EITP Workstream 1 Learning Report. Outcomes Imps

had been eclipsed by delivery. Evidence of effectiveness was, in turn, a sine qua non in making the case for sustainability.

Internal Atlantic documents indicate that the WS1 stock take shone a useful spotlight on the GRfB implementation process and argued that, without it, the substantial acceleration of delivery would not have happened, at least on the same scale/timeframe. However, action on the recommendations from the report still appeared to be limited by 2017. Meanwhile Atlantic pressed for (and was willing to pay for independent of project funding) process evaluations, sustainability reviews, economic comparison data but this was met with reluctance from statutory bodies/agencies too pre-occupied with delivery. In addition, the incorporation of the Outcomes Based Accountability (OBA) model, adopted government-wide, offered possibilities for data collection and reporting but at the early stages few of the projects felt able (or competent) to provide OBA reports.

Early Intervention Support Service. Like other projects within EITP, EISS faced start-up problems in recruiting, training and maintaining staff, not least because the model was novel and the target age group wide (0 -18 years). Referrals to the project came largely from Family Support Hubs but there was the option for self-referrals and directly from GPs, Health Visitors, schools, Child and Adolescent Mental Health Service, and Education Welfare Officers. Although initial referrals were slow in coming, when EISS became known, some projects were inundated with demand for their services. EISS caseworkers were also confronted with highly complex issues well beyond the scope of the original referrals. Hence, although referrals may have been made based on behavioural problems, these were simply symptomatic of deeper issues such as substance abuse, poverty, paramilitaries etc. Anxious parents saw EISS as a stepping-stone into a wider statutory support system which they had failed to access thus far. Caseworkers also felt some pressure around targets set for EISS and a measure of frustration that they were restricted in what support they could offer due to these targets.

## Implementation: Mid-term review

A mid-term implementation review was conducted in March 2017 and focused largely on delivery against output targets.

**Getting Ready for Baby (GRfB)** was designed to allow first-time parents-to-be to receive antenatal check-ups and parenting classes together in a newly developed six-session programme in groups of 12 mothers at community venues with each group lasting 5 months. The target was to cover at least 40% first time mothers by the end of 2018/19 (just under 4,000 mothers per annum). Table 2 showed progress at March 2017.

**Table 2: GRfB mid-term implementation outputs**

	Year 1 2015/16	Year 2 2016/17	Year 3 2017/18	Year 4 2018/19
Original target (% of annual first time mothers)	8 (1%)	56 (7%)	160 (20%)	320 (40%)
Actual groups started		38 (5%)		
Projected number of groups		77 (10%)	168 (21%)	320 (40%)

The statistics indicate an extremely successful turnaround following a very slow start by the project. Notwithstanding, the mid-term review noted three points of concern. First, more than 70% of groups were meeting in hospitals (as opposed to community venues) and groups which met during office hours had a lower attendance (c75%) than groups which met outside working hours (c90%), but more than two-thirds of the groups met during working hours. Second, the average headcount of mothers was 8 per group (as opposed to 12). Hence, although group targets were being met, mother headcount was lower than had been targeted. Third, given the significant uplift in activities, the GRfB team had little time to self-reflect on how the model was working and make adjustments to practice.

**Getting Ready for Toddler (GRfT)** developed a new approach to the 3/4 year review of children by expanding core contact to the recommended 8 visits, including a review on site at all pre-school settings linking health visitors directly to educationalists, allowing more joined-up pre and post review support. Original plans involved all eligible children in Northern Ireland receiving the review each year by the end of 2017/18 (just over 23,000 children each year). Table 3 showed progress against implementation targets by March 2017.

**Table 3: GRfT mid-term implementation outputs**

	Year 1 2015/16	Year 2 2016/17	Year 3 2017/18	Year 4 2018/19
Original target no. of children (% of all 3/4 year olds)	2,300 (10%)	11,600 (50%)	23,200 (100%)	23,200 (100%)
No. children actually reviewed to date		1,110 (5%)		
Latest projections for no. children reviewed			11,600 (50%)	17,400 (75%)

Reasons offered for lack of progress included problems meeting health visitor recruitment targets and lower than anticipated take-up rate by pupils/families to participate in the review. Front-line staff explained that parental uptake could not be guaranteed until the new model had bedded in and the direct benefits to the children became obvious. Hence, projected targets were revised downwards to 75% of annual first time mothers by 2018/19.

**Getting Ready to Learn (GRtL)** advocates the involvement of parents in their child's education. The intervention provided pump-priming support for pre-schools to learn how to engage parents in improving the home learning environment (e.g. pre-schools receive financial support to deliver home reading programmes to parents/families). The original target was that more than 95% of the total 729 pre-school settings in Northern Ireland would participate by June 2019. Table 4 showed outputs against targets by the mid-term implementation period.

**Table 4: GRtL mid-term implementation outputs**

	Year 1 2015/16	Year 2 2016/17	Year 3 2017/18	Year 4 2018/19
Original target no. of pre-school supported (% of all pre-schools)		547 (75%)	620 (85%)	693 (95%)
Actual no. pre-schools supported (% of all pre-schools)		302 (41%)		
Latest projections no. pre-schools supported (% of all pre-schools)			620 (85%)	693 (95%)

Implementation issues identified at the mid-term review were limited to the complexity of the application form which pre-schools had to complete for access to funding and the ambition of the projected numbers until 2018/19, given the relatively low uptake in 2016/17.

**Early Intervention Support Services (EISS)** The EISS is a pilot project working with Tier 2 families over the five Trust areas. Community and voluntary organisations deliver the service. The five delivery contracts were awarded and full service started in April 2016. The target was for each of the five EISS to support 140 families per annum (700 in total). Table 5 showed delivery numbers at the stage of mid-term review.

**Table 5: EISS mid-term implementation outputs**

	Year 1 2015/16	Year 2 2016/17	Year 3 2017/18	Year 4 2018/19
Original target no. of families supported	465	700	700	
No. of families supported to date	241	506		
No. of families completing EISS intervention		422		

The outputs data indicate that after a slow start, the number of families supported increased and there was optimism that planned targets could be met during the lifetime of the project. EISS providers reported a 25-30% drop-off between referrals and engagement usually because of a change in family circumstances. In part this could have been because families can wait up to four weeks from first referral to the provision of support. Of those families who did engage, more than 80% went on to successfully complete the EISS intervention. Case workers reported that around two-thirds of cases were closed within the 12 weeks and the remainder within 16 weeks. There were no significant differences in uptake, referral patterns, completion levels or intervention period across the five Trust areas. Beyond the mid-term review a gateway review was conducted in January 2018.

## Implementation: Gateway Review

A gateway review is an assurance methodology for major investments which was developed by the United Kingdom's Office of Government Commerce (OGC) in 2001. It is an independent and confidential peer review process that examines projects and programmes at key points in their lifecycles to assess their progress and to rate the likelihood of successful delivery of their outcomes. A gateway review takes one week to complete. In January 2018 there was a gateway review of EITP which concluded that, for the most part, EITP projects were very positive, noting in particular workstream 1 as 'particularly successful and transformational'. The Review highlighted the fact that the EITP is intended to be more than a portfolio of different interventions and should drive additional value. The Review concluded:

As the initial business case and project business cases demonstrate, the programme is evidence based reflecting the direction at its inception. The programme is also designed to be outcomes driven and it is clear that the different sense of purpose, the whole society approach, has already helped to change some of the previous working practices. There is, however, a lack of clarity on how, and how far, EITP can demonstrate its delivery of outcomes. Continued lack of clarity is likely to affect programme activity over the next 12 months, limit programme evaluation, and reduce the value of the programme as a tool for informing wider policy work.

For this reason the gateway review assessed programme confidence as 'Amber' (using the traffic light system).

# Implementation: End-game

## Outputs against targets

The latest outputs (collated in June 2019) from the 4 projects above are set out in table 6 below<sup>6</sup>.

**Table 6: EITP Final Outputs**

	Targets	Outputs
GRfB	4,000 mothers per annum attending 6-session GRfB ante-natal and parenting classes	5,049 first time mums attended at least one GRfB session
	Solihull 'Train the Trainers' antenatal training for midwives (n=24)	30 midwives participated in Solihull 'Train the Trainer'
	Train remaining midwives in Solihull – up to 1,300 midwives	449 midwives trained in Solihull
GRfT	Embed 3+ review all 729 pre-school settings and 8% children not in pre-school	3+ health review delivered to 60% of children in pre-school settings All pre-school education settings have been allocated a named Health Visitor
GRtL	95% of pre-schools supported	78% of pre-school settings supported
GRfT	2,800 families supported over 4-year funding period.	Supported over 2,023 families (95% of target) by September 2018. Project delivery continuing under the Transformation Fund

These results show impressive delivery against targets, not least given the very slow inception stages of the projects described above. In-and-of themselves these outputs are significant. Importantly however, they need to be set within the wider Northern Ireland outcomes agenda pursued under the Programme for Government (PfG) if they are to gain policy traction going forward.

So, where do EITP outputs reside in the broader policy landscape? The most obvious outcome associated with interventions under EITP is PfG Outcome Number 12:

- We give our children and young people the best start in life

The PfG indicates that this outcome (and others in PfG) are to be delivered through collaborative working across Departments and beyond government and through the provision of high quality public services.

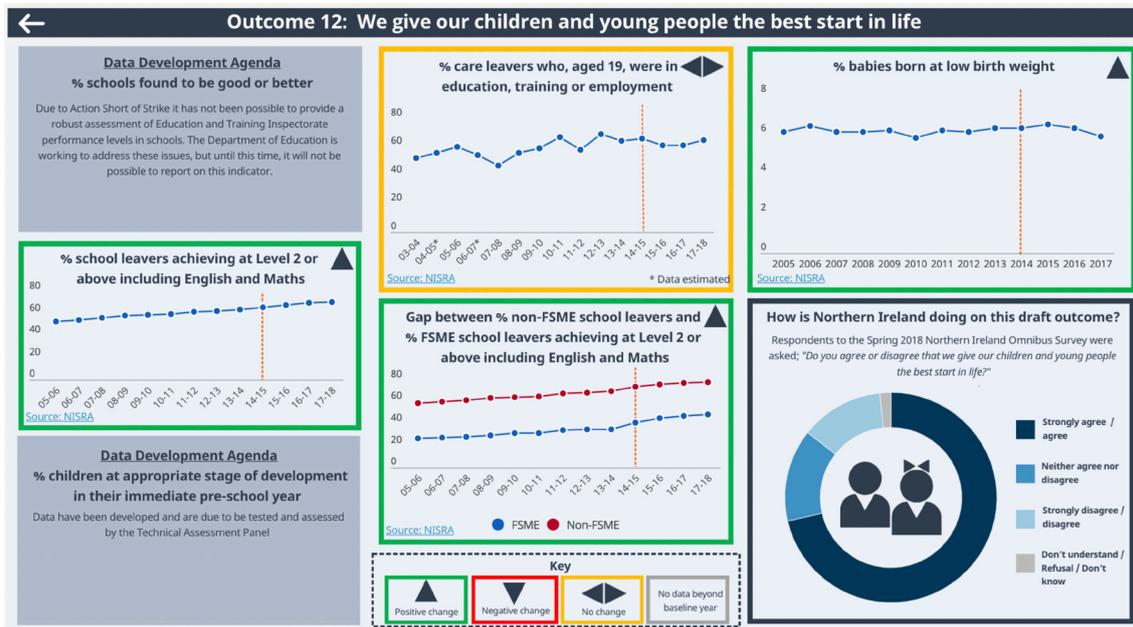
The PfG indicators associated with Outcome 12 are as follows:

- % babies born at low birth weight.
- % children at appropriate stage of development in their immediate pre-school year.
- % schools found to be good or better.
- Gap between % non-FSME school leavers and % FSME school leavers. achieving at Level 2 or above including English and Maths.
- % school leavers achieving at Level 2 or above including English and Maths.
- % care leavers who, aged 19, were in education, training or employment.

<sup>6</sup>The data in this table is extracted from information provided to the Early Intervention Transformation Board meeting held on 10 June 2019.

PfG captures these indicators in the infographics in figure 1 below:

**Figure 1 Infographics showing trend in Outcome 12 indicators**



PfG argues that there is a strong relationship between what happens in the earliest years of life and future health and wellbeing and other life outcomes. Supporting the best outcomes for children and young people requires proactive and purposeful collaboration across government and beyond.

The priorities of government to give children and young people the best start in life include (inter alia): health in pregnancy; early child development; learning; and help with complex issues.

- **Health in pregnancy:** babies born at low birth weight, either due to premature birth or the infant being small for gestational age or a combination of both, have a greater immediate risk of death, disability and impaired development and are more susceptible as adults to coronary heart disease, raised blood pressure and diabetes. Interventions to prevent low birth weight are directed at addressing risk factors in pregnancy through early antenatal care, supporting mothers at risk and monitoring growth of the baby during pregnancy.
- **Early child development:** A child's experiences in their first five years are foundational to their lifelong health and wellbeing. Early intervention at this stage offers an opportunity to improve outcomes for all children and interrupt intergenerational impacts of poverty and deprivation, and to prevent problems before they have a chance to become established.
- **Learning:** The qualifications that young people have when they leave formal education are a strong predictor of their life chances. More of our young people have the potential to do well at school than do so currently – and there are some groups that have particular issues. It is important that action is taken to enable more young people to enjoy their learning and excel.
- **Help for those with complex issues:** Many young people face particularly challenging circumstances, often due to a combination of factors, most commonly linked to deprivation. Finding ways to intervene successfully and early to improve outcomes for such young people will require innovative and collaborative working with a wide range of partners to get them the support they need.

<sup>7</sup>The Executive Office (2018) Programme for Government Outcomes Delivery Plan 2018-19: Improving wellbeing for all by tackling disadvantage and driving economic growth.

It is clear that EITP aligns with the above priorities and hence is consistent with PfG outcomes. What is less clear is the extent to which PfG outcome 12 indicators capture or incorporate the outcomes of EITP which are stated as follows<sup>8</sup>:

- GRfB: short-term improvements in parental confidence and significant improvements in breast-feeding rates compared with universal service.
- GRfT: Improved partnership working and improved identification of social, emotional and behavioural issues.
- GRtL: Improved parental engagement, knowledge and skills and perceived improvements in children's level of engagement.
- EISS: Improvements across range of domains including well-being; behaviour and boundaries; and, emotional needs.

It should however be acknowledged that EITP pre-dated the Programme for Government which may explain imperfect synchronisation.

Aside from the link between EITP and PfG indicators, there are more fundamental criticisms of the use of the outcomes based approach which underpins how the Northern Ireland Executive prioritises and measures performance of public services delivery. Gray and Birrell<sup>9</sup> summarise the substance of these criticisms as follows:

The relationship between indicators and outcomes is of key importance. The OBA methodology of working backwards from the desired outcomes has been seen as assuming a linear relationship, thus Bovaird (2014) sees such outcome approaches as invoking a narrow, underspecified cause and effect chain model, and Lowe and Wilson, (2015) as attributing outcomes to causes in a process of simplification. These criticisms argue that actual outcomes are a complex interplay of factors which cannot be reduced to a short list of numbers and the processes involved are complex adaptive systems (Tannahill, 2016). To measure outcomes and trace contributions of a multiplicity of factors is a complicated resource-intensive exercise (Connolly, 2014). The OBA proposal for one outcome and a few indicators has been criticised as producing a narrow silo for analysis<sup>10</sup>.

In summary, the outputs from the 4 EITP projects have been impressive. With an eye to mainstreaming, however, these need to 'find a home' in PfG, the most obvious being 'we give our children and young people the best start in life'. While the priorities within this PfG outcome 12 include policies which fully align with interventions in EITP (health in pregnancy, child development, learning and help with complex issues), the PfG indicators fail to adequately capture outputs from EITP. This is emblematic of more systemic flaws in using OBA as a performance measurement framework, set out above in the academic critique.

<sup>8</sup>These outcomes are referenced in the EITP Programme Board report dated 10 June 2019.

<sup>9</sup>Outcomes Based Accountability: a critical perspective Professor Ann Marie Gray and Professor Derek Birrell. Knowledge Exchange Seminar 2018

<sup>10</sup>Bovaird, T. (2014) 'Attributing Outcomes to Social Policy Interventions – 'Gold Standard' or 'Fool's Gold' in Public Policy and Management', *Social Policy and Administration*, 48, 1, pp. 1-23.

Lowe, T. and Wilson, R. (2015) 'Playing the Game of Outcomes-Based Performance Management. Is gamesmanship inevitable? Evidence from theory and practice', *Social Policy and Administration*, Vol. 49.

Tannahill, C. (2016) Ten Years of Outcomes in Scotland: does it make a difference? Conference presentation, Belfast.

Connolly, J. (2016) 'Contribution Analysis as an Approach to Enable Public Managers to Demonstrate Public Value: The Scottish Context', *International Journal of Public Sector Management*, 29, 7, pp. 690-707.

# Evidence

Since the intention is to sustain the more successful interventions within the signature programmes, what evidence is there to support mainstreaming the above EITP/EISS projects?

## EITP

No formal programme evaluation has yet been conducted of the EITP. However, there is evidence of reflective practice contained in learning reports, the most recent being the Public Health Agency Report (August 2018) entitled: *Interim Learning from the Implementation of Early Transformation Programme Workstream One*<sup>11</sup>. The report related to the two interventions: Getting Ready for Baby and Getting Ready for Toddler and made it clear that the report authors did *not* 'address the success of WSI in relation to service improvements, client experience and outcomes' (PHA, 2018: 6). The evidence came from 'two group supervision sessions', the first from the PHA public health nursing team for children and young people responsible for implementation of WSI, and the second with the five Health Trust WSI Implementation Managers. The report concluded with 15 key learning points from which we select the following of direct relevance to the essence of this paper:

- Effective strategic and operational relationships developed during EITP need to be maintained beyond the life of the EITP transformation programme so that opportunities to improve outcomes for inter-agency early interventions are fully exploited.
- Implementation is much more than strategic and tactical action plans. A proper balance must be achieved between the need to demonstrate planning and progress using formal action planning with the need to identify and nurture key relationships so as to achieve buy-in, engagement and success.
- Transformational change is more likely to be achieved if the system actively facilitates mutually supportive relationships, communications and a strengths based approach to the supervision of implementation managers. Attention to programme quality and fidelity are essential components of the programme implementation.

Separately a mid-term review of Getting Ready to Learn was completed in July 2018<sup>12</sup>. The methodology used was telephone interviews (n = 76) with participants in pre-school urban and rural settings. The consultants found that GRtL 'is deemed to be having a positive impact on every aspect of the programme's core objectives including: pre-school settings' approach to parental engagement; their physical and knowledge-related capacity to engage parents; the actual level of parental engagement in their child's education and development; and, consequent outcomes for the children' (Perspective Economics, 2018: 32).

Beyond lessons learned and the mid-term review of GRtL, Deloitte was commissioned to complete a 'snapshot assessment' of EITP programme level impacts and reported in September 2018<sup>13</sup>. The report was a follow-on from the Gateway Review outlined above. Its terms of reference were to conduct an independent snap-shot assessment of:

- a) What has already been achieved in terms of EITP's programme-level impact; and,
- b) What steps might best be taken to increase that programme-level impact between now and summer 2019 (the conclusion of Atlantic funding).

The Deloitte consultants gathered evidence from two sources: (i) EITP change managers; work stream leads; and, senior officials within EITP project implementing agencies; and, (ii) the EITP Programme Board.

<sup>11</sup>Public Health Agency (2018) *Interim Learning from the Implementation of Early Transformation Programme Workstream One: Getting Ready for Baby and Getting Ready for Toddler*.

<sup>12</sup>Perspective Economics (2018). *Mid-term Learning Review of Getting Ready to Learn*.

<sup>13</sup>Deloitte (2018) *Snap-Shot Assessment of the EITP Programme- Level Impacts – Phase 2 Report*.

Since the report was billed as a 'snapshot' of programme level impact much of the reporting is based on perceptions of those interviewed and suffers from the absence of impact evaluation measurement. Moreover, EITP is considered in the round rather than the specific interventions which are the subject of this paper, hence the scope of Deloitte's conclusions are broad-brush. Important views from interviewees however include the following:

- The feedback was that most programmes had met or exceeded expectations. A few projects were noted as having not worked out as originally planned – whether that be in terms of scalability or configuration of delivery - but it was recognised that there was useful learning gained through this.
- Most stakeholders agreed that EITP projects were delivering better public services than 'business as usual'.
- Numerous projects cited positive feedback collected from evaluations carried out, and surveys collected from project participants.
- While there is broad agreement around the value of early intervention, there are significant technical and ethical challenges in measuring longer-term outcomes ("impossible in a programme timeframe of three years" – "focus on showing direction of travel"). There is a related challenge in longer-term measurement within budgetary and political cycles that are short term in comparison.

The Public Health Agency, Research and Development, commissioned a full evaluation of the programme (GRfB and GRfT), entitled *A Parenting and Professional Learning Evaluation (APPLE)*. The aim of the evaluation is to assess the transformation of services which integrate health and education in early years and to ensure the services provided are evidence based and impact on the desired outcome. The team of researchers (nursing academics from Queen's University) proposed a mixed methods design involving pre and post intervention data collection from parents, pregnant women, health professionals (midwives and health visitors), and early years practitioners. At the time of writing this evaluation has not yet been completed.

## **EISS**

The most substantive piece of evidence on the EISS is the Queen's University study entitled: *An Evaluation Of The Early Intervention Support Service In Northern Ireland*<sup>14</sup> published in June 2018. This is a mixed methods study, with research limitations, which the researchers acknowledge. Although their preferred research design had been a randomized controlled trial, there were practical difficulties in operationalizing this approach as well as the next best option (a matched controlled group of families). The researchers finally resorted to a non-randomised control group design in which the waiting list to access EISS services was used in recruiting participants for the control group. The original intention was to recruit some 250 control and intervention families, or 50% per service. In fact, only 80 parents completed pre- and post-test measures across the four EISS pilot areas (rather than 5 Trusts). These design limitations had implications for the research findings which the authors noted as follows:

(I)n relation to any statistically significant effects found, it would be misleading to claim that these provide robust evidence of the effectiveness of the intervention. Rather, and given the limitations of this present design, it is important not to place any significant emphasis on individual findings but to assess the overall picture and to regard this as only being indicative in nature (Winter et al, 2018: 22).

The researchers also conducted 55 interviews with a mixture of stakeholders including: those involved in managing EISS; case workers delivering the service to parents; parents in receipt of the service; and, local stakeholders who had used and/or referred to EISS. The extent and richness of the qualitative data were impressive in the study and mitigated against the limitations of the quantitative research.

<sup>14</sup>Winter, K., Neeson, L., Sweet, D. and Connolly, P. (2018) *An Evaluation of the Early Intervention Support Service in Northern Ireland*, Belfast: Centre for Evidence and Social Innovation, Queen's University Belfast.

The study findings were in two parts: the process (qualitative) evaluation findings and the main effects (quantitative) analysis. In the former, the researchers reported the following:

The general consensus from the process evaluation was that EISS met unmet need, was well placed in the targeted areas, and was well received by families... Parents receiving the service felt listened to and that they were able to be open and honest without fear of reprisal. They reported that their children engaged well with the family support worker and reported they could see positive changes as a result of receiving the service.

There were some areas that could be improved. Targets and caseload numbers were reported by all to be unattainable and unsustainable if the service was rolled out further. Complex cases were a regular issue, i.e. families were referred with extremely complex needs, or emerging problems with multiple family members (Winter et al, 2018: vii).

In terms of the main effects only two of the 22 outcomes were associated with statistically significant effects of the intervention compared to the control groups. The researchers concluded:

The current evaluation does not provide any formal evidence of the effectiveness of the intervention. Having said this, there are some possible indications that the intervention may be having a small but notable impact in the directions that one would expect. However, given the limitations of the current research design, even these potential indications need to be treated cautiously as they may be unreliable (Winter et al, 2018: viii).

The evaluators called for further research using a fully-randomized control approach with a larger study sample.

In addition to the above evaluation, another research report by Queen's academics<sup>15</sup> entitled *The Early Intervention Support Service In Northern Ireland: A Cost Comparison* was published in October 2018. The aim of the study was to report on economic evidence and compare the costs of delivering EISS with comparable family support services. The researchers found, inter alia:

- Economic evidence suggests investment in preventative early interventions is value for money for public services. If provision in Northern Ireland is continued, the EISS should be reviewed on an ongoing basis to assess expected effects and economic efficiencies.
- Capacity utilisation in terms of caseloads for the EISS should be evaluated to assess whether programmes are running efficiently and costs per individual/family are minimized.
- The EISS, along with other comparable individual/family-based interventions, have a higher cost per participant than group-based interventions. While 80% of preventative early interventions can be delivered in a group format; it is unclear if this format of delivery impacts on the effect and subsequent cost-effectiveness of the intervention. Participant adherence to both types of interventions should be assessed to better explore the net benefit in a Northern Ireland setting. Preferences of children/young people and parents should continue to be taken into account in tailoring services and improving individual adherence to the EISS, thus enhancing service efficiency (Lynn et al, 2018: 39).

In short, evidence from the above report provided value for money assurances to government and Atlantic.

In March 2019, the EITP Board commissioned Business Consultancy Services (Department of Finance) to conduct a post-programme evaluation to consolidate the learning from pre-existing reports and programme level evaluation exercises. The report was incomplete at time of writing.

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<sup>15</sup>Lynn, F. and Corbijn van Willenswaard, K. (2018) *The Early Intervention Support Service in Northern Ireland: a Cost Comparison*. Belfast, Northern Ireland: Centre for Evidence and Social Innovation, Queen's University Belfast

# Sustainability

The documentary trail associated with the above case studies shows that, for obvious reasons, the focus was on implementation and meeting targets. However, Atlantic had always made it clear that sustainability should be built into the outworking of funded interventions. Atlantic was also acutely aware that securing mainstream commitment from departments would be difficult. It required significant, robust evidence to be generated that would allow the redirection of core budget lines or better use of existing resources by doing things differently. Gathering, analysing and deploying that evidence was likely to be a complex and lengthy process, not something which could be done at some later stage when Atlantic had 'left the stage'. Thus, sustainability reviews were built into the process in order to keep this item at the forefront of the statutory agenda. The initial round robin of sustainability reviews took place in August 2016 with a follow up in August 2017. The aim of the reviews was to press each project team to come up with a very clear action plan both at project and EITP Board level, outlining what direct steps could/should Board members take to drive sustainability debates within their departments and non-departmental public bodies. This included engaging with departmental economists in advising project teams on how to construct the most robust economic and/or cost benefit data which would be useful in promoting sustainability.

At the outset each EITP project and/or business case had to set out how the interventions could/would be sustained beyond EITP's funded lifespan. There were generally three main options articulated across the proposals:

- a) The project should aim to change the manner in which pre-existing services were delivered – improving outcomes whilst not costing any more than pre-existing 'business as usual'. The EITP funding would cover the 'set up' costs of the new model, but long-term delivery would simply require existing mainstream budgets to be spent differently;
- b) By intervening early, the project would reduce the need for more costly 'downstream' intervention. While maintenance of the intervention would require additional earlier spend, it would be justified by later savings to the public purse and/or improved outcomes; and,
- c) The state had already committed to investing more in a particular area, but EITP spend could be used to improve the efficacy of that planned additional spend.

Although all EITP projects had articulated some variation of the above in their proposals, once they entered into the implementation phase, all attention understandably turned to practical delivery issues. The sustainability reviews hence refocused their attention on the potential for mainstreaming the interventions.

We set out the original sustainability arguments for each of the case study projects under review here:

**GRfB** was going to deliver superior outcomes for first time parents whilst not costing any more than pre-existing standard support – i.e. it would be a like-for-like swap in resource terms once the model had bedded down using EITP funds. The pre-existing care pathway would always have to be maintained for complex pregnancies and for mothers who had already had at least one child and therefore did not want/need to participate in the classes. However, it was anticipated that once bedded down the Trusts would see the benefits of the GRfB model and therefore would choose to increase service delivery levels above and beyond 40% of first time mothers (although exact levels would be dictated by local demand). There would be no need for future additional funding as the GRfB model would just mean re-directing a portion of existing ante-natal budgets (on a like-for-like per capita cost).

**GRfT**: Compared to rolling out an 8<sup>th</sup> core visit in the home, GRfT would be cheaper and deliver superior outcomes. Mainstream funds were already committed to providing the 8<sup>th</sup> visit (in whatever form), so there would be no need for additional resources post-EITP.

**GrtL:** The Education & Training Inspectorate (ETI) recently adjusted its pre-school inspection framework to include assessment of the quality of engagement with parents. Pre-schools are therefore already motivated to move in this direction and GrtL is a way of providing them with the skills and experience to do so. Once those skills and materials are embedded within the pre-schools, there will be no additional cost post-EITP.

**EISS** intervention would assist families in getting 'back on track' and therefore significantly reduce the need for downstream statutory intervention. In theory, the improved family outcomes and reduced long-term statutory expense would more than justify/outweigh maintaining the EISS in the five pilot areas from within existing core budgets. Ideally, Trusts would also then choose to roll out some form of EISS right across NI (i.e. beyond the five pilot areas).

At the time of writing (September 2019) the case study projects reported here have made 'commitments' or best intentions to mainstream interventions funded under EITP. However there remain significant challenges, some of which were highlighted in the Deloitte 'snapshot assessment' (September 2018) around EITP programme level impacts<sup>16</sup>. Although Deloitte captured the views of multiple stakeholders on 'what had been achieved in terms of EITP's programme level impact' (the report's terms of reference), the findings tended to be impressionistic rather than evidenced based, perhaps understandably given the range of projects in EITP. Importantly, however, the report captured stakeholder views on sustainability:

Early on, each project was required to create a sustainability plan which was reviewed by the programme board. While this was noted as a helpful starting point, it is one thing to write about sustainability in a plan and quite another to embed sustained change in a time constrained period when there is no recurrent funding (Deloitte, 2018: 11).

Stakeholders interviewed for the report clarified their understanding of what sustainability entailed. They suggested sustainability should have a 'broader definition' and to understand it simply as mainstreaming was too limiting. It should include embedding knowledge, different ways of working, influencing future policy/plans, or an enhanced evidence base on what was and was not successful. The report noted: 'it was made clear upfront that funding would be non-recurrent, and projects were challenged to consider how learning and services would be sustained following the conclusion of EITP investment' (Deloitte, 2018: 11). In addition, some stakeholders argued that the timeframe of the interventions (around 3 years) made it very challenging to embed change in a complex government system. The evidence needed to make a compelling case for mainstreaming would take several years to accumulate, to better understand what worked and what did not. In short, the tenor of the Deloitte report from stakeholders was one of broadening the definition of mainstreaming beyond simply continuing to fund the interventions at current level.

EITP Board members, in particular, lowered expectations of what could be achieved offering the following cautions:

- While implementing stakeholders reported improved understanding of the sustainability challenge, the Board discussed the limit to how much it had been able to bear down on sustainability issue in support of the implementing teams until the most recent Board meetings.
- The Board recognised capacity gains that implementation stakeholders spoke about, however there was a more caveated view on how these would translate through to 'further transform and adopt early intervention approaches'.
- Board members noted that elements of the programme would be sustained. The experience from the programme more broadly would inform future policy and strategy.
- Given the scarcity of funding and the competition with existing commitments it is difficult to sustain investment within Departments (i.e. stop an existing programme, even one with a limited evidence base and invest in a new programme/different service for which there is stronger evidence). There is broad support for engaging the NI Civil Service Board 'to profile EITP' and 'raise the debate up a level'. This should cover – what has worked, what cross-cutting lessons have been learned, and what needs to happen next (Deloitte, 2018: 3–6).

<sup>16</sup>Deloitte (2018) Snap-Shot Assessment of the EITP Programme- Level Impacts – Phase 2 Report: The Atlantic Philanthropies / Social Change Initiative

# System Changes

While the above insights are valuable, we attempt to structure the ongoing debate on sustainability using a conceptual framework developed by Ferris and Williams (2009)<sup>17</sup>.

Ferris and Williams (2009) offer a compelling framework for analysing system change by Foundations in which they note that ‘policy change’ and ‘system change’ are often used interchangeably. They argue that policy change may be **one** tactic in a larger system change strategy but is not the only option for catalysing system change. Ferris and Williams first describe the key features of a system as:

- **Key actors:** the individuals and organisations that exhibit some of the influence over the system’s input or outputs – cumulatively, it is their behaviours that ultimately determine the performance of the system.
- **Rules of the game:** within which the actors operate. These include formal rules that govern the system and informal rules such as values, norms and conventions that shape the behaviour of key actors. The focus tends to be on formal rules (policies, legislation, regulation) but informal rules should not be ignored as possible levers for creating systemic change.
- **Environmental factors:** the above features can be considered as micro-analytics of the system but these will be influenced by a range of contextual factors which will vary depending on the particular system of interest (government programmes, community and economic development, demographics etc).

Systems are inherently fluid, not static and there are interactions between the component elements above that suggest continual changes. Ferris and Williams identify three critical dimensions of change:

- I. Localized versus system wide change (e.g. changes within a school Vs changes in the region).
- II. Incremental or fundamental (discontinuous) change. Strategies aimed at producing gradual and continuous changes or discontinuous changes caused by disrupting existing relationships (shocks) in the system with the intention of redesigning it in a fundamental way.
- III. Time horizon. The more fundamental the policy change, the greater the time needed to secure its adoption.

So, how is system change effected? Ferris and Williams (2009: 11) argue that ‘the most easily understood lever for changing a system is to create fundamental changes in public policy’. But foundations can work to induce change in a system through their policy efforts in multiple ways:

Whether it is introducing or encouraging new actors into a system through a change in policy; altering the formal rules of the game through policies that shape the incentives and constraints that actors face; or, influencing macro-level conditions that have an impact on the functioning of a system.

Ferris and Williams (2009: 13) conclude with fairly profound advice for Foundations:

The system change framework underscores the idea that creating policy change may not be sufficient. While public policy can be a catalyst for system change, many public policies have limited impact and do not create system change. Foundations interested in system change need to think beyond theories of change that are focused on explaining the impact of a particular policy, and anticipate the relative magnitudes of various sources of change that occur within a system and the maze of interactions.

We use this framework to further understand system changes occasioned by the EITP case studies presented in this paper (see tables 7 & 8).

<sup>17</sup>Ferris, J.M. and Williams, N. (2009) *Foundation Strategy for Social Impact: a system change perspective*. University of Southern California: Center on Philanthropy and Public Policy.

**Table 7: EITP Work Stream 1 – System changes**

**The policy context** for the Early Intervention Transformation Programme WS1 included but was not limited to: the Children and Young People's Strategy 2019-29, and the Children's Services Cooperation Act (NI) 2015. Together these placed improving the well-being of all children and young people at the heart of the policy agenda and required children's authorities to cooperate in the exercise of their functions to achieve this. This challenged silo provision and built in a system of collaboration and associated funding that heretofore did not exist.

**Key actors** in EITP WS1 included: Department of Health, Health and Social Care Trusts, Public Health Agency, Department of Education, Education Authority, pre-schools, parents and babies/toddlers/children, nurses, midwives, and health visitors.

**Rules of the game:** There was a complete review of the skills needed to give a child the best start in life and acceptance of the value of early intervention as a strategic approach. This included the radical integration of health and education services to babies/toddlers and children and the delivery of a consistent and coherent offer across Northern Ireland. EITP exemplified a concrete example of holistic government in practice. Even without conclusive evidence, beyond lessons learned, there was a willingness to support mainstreaming based on feedback from practitioners. Pooled funding and multi-agency implementation groups were an integral part of the way this programme was delivered. An outcomes based focus, promoted through OBA and PfG priority 'We give our children and young people the best start in life' encouraged collaborative provision. Front-line workers in health, education, and recipients of services (mothers, babies/toddlers and children) engaged in transformative change by adopting novel early intervention approaches. In short, there was clear change in the practice, delivery and decision making in this critical public policy area. As a result, mothers and parents are considered to be key stakeholders in early intervention service provision.

**Limitations/barriers to systemic change:** The pooled funding, multi-agency model will be difficult to sustain going forward in the absence of funding from an external agent. It will be difficult to sustain investment within existing departmental budgets for 'new' interventions and pooled funding can be seen as risky in a public sector environment where there is a squeeze on resources. Given the complexities of the health and education sectors (large public sector monoliths), initiating and sustaining changes in the long-term is hugely challenging.

**Environmental factors:** The key environmental factor of significance is the absence of a functioning Executive and hence a reluctance on the part of senior civil servants (following the Buick decision) to take decisions on mainstreaming new interventions.

**Table 8: EISS Work Stream 2 - System changes**

**The policy context** for system wide changes under EISS includes, but is not limited to: Strategies for Supporting Families 2015-2020; Children and Young People' Strategy: 2019 – 2029; and, Strategy for Looked After Children: Improving Children's Lives (2018). Collectively these strategies provide a supportive milieu which support early intervention of tier 2 families – those children with additional needs who may be at risk of social inclusion and, more generally, improving the well-being of all children and young people by delivering positive lasting outcomes. These strategies are illustrative of a system which values early intervention and, if that does not work, pledges support for children and young people in care (those in foster care, residential care and placed with parents). In short, the policy context has been supportive of, or been influenced by, EISS.

**Key actors** in the system include: Department of Health Northern Ireland; Health and Social Care Board; Health and Social Care Trusts; Public Health Agency; Family Support Hubs; Children and Young People's Strategic Partnership; Early Intervention deliverers in the community and voluntary sector (Action for Children; Barnardo's; NIACRO etc); and parents and vulnerable children from tier 2 families.

**Rules of the game:** There have been fundamental changes to the rules of the game. DoH, HSC Board and Trusts now endorse the model of universal services for vulnerable children in the age range 0-18 likely to require statutory interventions based on an assessment of their needs using the Outcomes Star methodology. The community and voluntary sector provide these services using evidence based therapeutic interventions. Collaborative design and provision is critical to how these interventions are delivered and scaled up. OBA has become an integral part of monitoring progress towards outcomes indicators which, in turn, link to the PfG outcome 'We give our children and young people the best start in life'. Sustainability should not simply be limited to future recurrent costs associated with running/rolling out the interventions but new ways of working, sustained knowledge and capacity in the system, and the strength of the evidence base to support continuance.

**Limitations/barriers to systemic change:** The evidence base (QUB study) is inconclusive on the merits of the interventions and calls for measurement of longer-term effects. Equally, there was push-back on the purity of academic research – practitioners with a wealth of experience know 'what works' without waiting for long-term expensive RCTs 'obsessed by methodological rigour'. Collaborative structures can be difficult to sustain within government and through competition between voluntary and community sector providers. In the absence of recurrent funding what options were available to sustain the learning and services invested in? Departments are reluctant to shift funding from existing services. OBA has been criticized as a way of measuring performance in the public sector, yet it is centre stage in evidence gathering in the NI context.

**Environmental factors:** The key environmental factor of significance is the absence of a functioning Executive and hence a reluctance on the part of senior civil servants (following the Buick decision) to take decisions on mainstreaming new interventions.

# Conclusions: Mainstreaming Success

Based on the above case studies we can summarise those factors which have enabled or limited mainstreaming. Before doing so, it is worth revisiting what precisely is understood by mainstreaming. If mainstreaming is interpreted as additional or redirected funds to continue the delivery of interventions funded under EITP, then it misses some of the wider system changes which have been achieved through these projects. One senior civil servant interviewee for this research described it in the following way:

For us, mainstreaming was about 'doing things differently' or finding new ways of working. We saw EITP as a transformation process offering resources to help us, in an experimental way, to move from how we currently provided services to a different, more efficient and effective approach to delivering core public services. The alternative is a new service delivery model which requires 'new money' and will only be sustained with extra funding. Work stream 1 is an example of the former and EISS the latter. Doing things differently is more sustainable and can be part of core funding. New service models such as EISS are dependent on time limited 'pots of money'... Mainstreaming is more doubtful in this situation.

In a similar vein, another senior civil servant described it in this way:

The public sector is replete with short-term, one-off intervention using funds provided for a contracted period, many of which do not get mainstreamed. The simple reason for this is lack of resources. The problem is that we (the civil service) are not good at taking money out of the system and reinvesting in a new model. No-one wants to forfeit resources in their budgets and will argue vehemently that 'we can't stop doing what we are currently doing'. It demands a certain amount of bravery to pull resources from one's current budget and redirect.

What did mainstreaming 'success' look like for Atlantic? A senior Atlantic representative suggested the following:

At the heart of our joint working with government was the proposition that it is difficult to replace things that don't work at the same time as testing for things that do. Our (Atlantic) involvement allowed for this to happen, gather evidence on effectiveness, and make the case for doing things differently with existing resources. So, success for Atlantic here was about finding better ways of delivering public services outcomes.

In this regard Atlantic indicated that where there was evidence that some of the interventions they had funded failed to deliver better outcomes, then they were 'perfectly happy' for them not to be mainstreamed. So for Atlantic, the model was not about piloting interventions and hoping they would *all* be sustained but rather supporting transformation of services that could demonstrate more effective outcomes. Hence, it was *not* 'mainstreaming at all costs'.

GRfB and GRfT exemplify this mainstreaming success – pre-existing services were offered differently and success was seeing more people access this provision. Even where mainstreaming these services amounts to a percentage of the overall target population (40% in the case of GRfB and 60% for GRfT), Atlantic viewed this as a success in that as the new model of delivery embeds, users will demand full coverage over time. They viewed their interventions as 'winning the argument' on new models of public services delivery.

The second manifestation of success for Atlantic was 'changing how people think'. This involved funding training and capacity building to deliver services differently. Without this, practitioners (nurses, midwives, health visitors etc) could not have embraced new delivery models.

The third element of success for Atlantic is systemic change. Proposals are being developed by the EITP Programme Board for future collaboration and pooling of funding for early intervention purposes, making an

evidenced based case for early intervention as a generic approach within government. To do this effectively requires cross-department collaboration facilitated through pooled funding. The EITP Programme Board has described the achievements of EITP in the following way:

EITP has made a demonstrable change in working practice and decision making within and outside government in Northern Ireland. There have been significant gains in relation to knowledge skills and confidence, which leaves a significant body of people within implementation/service delivery bodies more enabled to transform and adopt early intervention approaches. At the programme and project level, there has been a considerable level of momentum generated across departments and delivery agencies to further collaborate and embed early intervention into services for children, young people and families.

Atlantic therefore concluded that mainstreaming as an objective in relation to funding the DSC signature projects was 'a bit of an undersell'. To see it simply as continuing to fund the interventions they supported in EITP is to misunderstand Atlantic's motivations. Rather, to summarise the above points, it was about providing more effective public services including building capacity to do this, changing mindsets, and embedding systemic change which will become an approach to delivering these services in the future (cross-departmentally, with pooled funding, and an external partner if possible).

For civil servants the role played by Atlantic was hugely important in several ways. They brought money to the table which allowed for trialling different approaches that would have been more difficult to do otherwise. The use and timing of Atlantic funding offered flexibility to joint working relations because they could inject or withhold funds to meet the strictures of the government budgeting cycle. On occasions government funds would have been 'sent back to the Treasury' but for the flexible sequencing of Atlantic's financial inputs. More importantly however, Atlantic was described as offering a challenge function. One senior civil servant put it in the following way:

Atlantic acted as disruptors, always prepared to challenge the status quo, constantly looking for evidence of the success or limitations of funded projects. At first we found it a bit disconcerting to have externals question what we were doing but, over time, we valued their inputs. EITP was an experiment and I am sad to see it end as a model of working. I have tried to get support from other external funders without success so far.

The factors which enabled mainstreaming in EITP were therefore:

- A professional acceptance amongst front-line workers of the value of early intervention as a strategy.
- Even with the absence of robust evidence there has been value placed on the views of caseworkers, parents and families using the services, on-the-ground professionals (nurses, health visitors, teachers), and OBA monitoring reports. These experiences have been captured in various films/videos made by EITP partners (see example<sup>18</sup>).
- Creativity released through external funding has allowed for experimentation that would not otherwise have happened.
- Collaborative or pooled funding has opened up opportunities for a much more coherent range of services to early intervention participants (particularly across education and health).
- Timeliness: agencies like the PHA were already considering the disparate nature of their existing services for the 0-18 age range. EITP provided the vehicle to pilot new ways of delivery.
- External funders brought a focus on monitoring, evidence and sustainability, that might not have been pursued to the same extent and in the same time frame with government funded work.
- Close connection into the PfG priority ('We give our children and young people the best start in life') that could be 'exploited' further.
- Champions within the senior ranks of the civil service and arms-length bodies who endorse early intervention as a policy approach to public services.

<sup>18</sup><http://www.socialchangeinitiative.org/>

Factors that have inhibited mainstreaming included:

- Lack of evidence or inconclusive evidence. Sustainability cases unproven both in terms of main effects and downstream savings (EISS). Absence of summative evaluation of WS1.
- Early intervention does not have the same immediacy when officials are bidding for future funding – more likely to go to tier 3 & 4 families – officials have their own ‘pet’ projects.
- Who will concede on existing budgets and, in so doing, indicate that current services are ineffective or unnecessary?
- Absence of political voice – ministers who lobby for new funds or redirect existing resources because they endorse early intervention as a strategy.
- Inertia in the system which limits more cross-sectoral and cross departmental collaboration, including pooled funding. These are technically possible but require concerted effort that are superseded by day-to-day operational issues of departments.
- Easy get-out clause for officials less inclined to support the case for mainstreaming that the interventions were short-term and needed much more time to assess full extent of impacts – run the clock down strategy.
- The lack of a clear road-map amongst senior civil servants of the steps involved in the process of mainstreaming – what needed to be done, and how it should be done, who should be involved. Mainstreaming processes appeared untried and untested.
- Early intervention can be an amorphous concept – easy to agree with in principle but its outworking can have multiple applications and interpretations in practice.

In summary, these case studies illustrate several key issues of note based on the joint Atlantic - NI Government partnership under Delivering Social Change. Collaborative provision between Government and a Foundation is challenging and highly dependent on the good will and tolerance of both sides. Collaboration across government in delivering interventions is equally challenging and demands traversing boundaries that can unsettle traditional bureaucratic structures and processes. When the third sector is also involved in services delivery, policy implementation and accountability norms are challenged. This new way of doing things tests the status quo ante which can result in passive resistance by officials or, when it comes to mainstreaming, reluctance to displace existing services and associated funding for new interventions. Mainstreaming therefore faces ‘turf protection’ sometimes in the most benign ways. We heard examples of senior officials who fully supported mainstreaming early interventions initiatives. However, when faced with the immediacy of tier 4 families (intensive and long-term support and protection for families and parents) as against future down-stream, intangible, benefits of early intervention in a tight budgetary environment, they chose the former.

Equally revealing is the role of supporting evidence in making the case for mainstreaming. As outlined above, there is an inherent conflict in waiting for long term impacts and accompanying evidence to accrue, versus the reality of working on pilots which, by definition, are time limited. These case studies illustrate that the voice of parents, new mothers, and professional service workers (nurses, teachers and health visitors) are *as important* in the mainstreaming debate as (inconclusive) evidence. This is perhaps reflective of other new practices which are predicated on the ‘gut feeling’ of those who work at the coal-face.

Finally, in a system which has fully embraced outcomes based accountability, notwithstanding its limitations, pressing for mainstreaming must show direct linkage into PfG outcomes. Where there is direct political support from Ministers in advocating for early intervention approaches, this will clearly help. The merits of the EITP model were made clear in the OECD Governance Report on Northern Ireland which stated:

The Early Intervention/ Prevention approach underscores the value of using evidence-based and outcomes-based approaches to design policy and programming...Embracing early intervention and prevention as the foundation for addressing longstanding and deep-seated social or economic challenges underscores the need for evidence-based and outcomes-based approaches to policy and programme design, delivery and monitoring for impact (OECD, 2016:6)<sup>19</sup>.

These case studies illustrate a system wide acknowledgment of the case for early intervention approaches to service delivery. The more difficult task is to translate that desire into redirecting funding, finding new resources, making better use of existing resources by doing things differently, or investing up-front to achieve downstream savings. EITP has showcased how this can be done successfully.

<sup>19</sup>OECD (2016) Public Governance Reviews: Northern Ireland (Highlights)

# Making Change

*with Government*

## *The* A T L A N T I C *Philanthropies*

Atlantic Philanthropies is a global philanthropic foundation that aims to advance opportunity and tackle the root causes of inequity. Over its lifetime it awarded grants of more than 8\$bn in 8 countries. Atlantic operated in Northern Ireland for 25 years, investing 570\$m of grants to cement peace, improve public services, and protect and promote human rights. Among its final investments in Northern Ireland was a collaborative initiative with the NI Executive that aimed to improve services and outcomes for citizens – focusing on shared education and services for children, young people and families, and people with dementia - and develop more collaborative, effective and outcome focused ways of working.

Social Change Initiative collaborates internationally with activists, policy makers and funders to deliver lasting social change. Established in 2015, it took on responsibility for Atlantic Philanthropies' remaining commitments in Northern Ireland and has a particular interest in extracting and sharing the lessons from its partnership with government. This report is one of a series exploring how this experience can support broader social change efforts.



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