CHILDHOOD DEVELOPMENT INITIATIVE

CDI

" QUALITY SERVICES, BETTER OUTCOMES "

A Quality Framework for Achieving Outcomes

Disclaimer

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BIOGRAPHIES

Michelle Butler

Michelle has over 20 years' managerial experience and her work has focused on providing strategic and operational support to organisations and programmes in a variety of fields including childcare, education and community development. In each of these fields she has worked towards ensuring that children and families get the best possible start in life. Her qualifications include an Executive Masters in Business Administration, a postgraduate certificate in Implementation Science, and qualifications in Early Education and Teacher Training. Michelle worked in the Childhood Development Initiative (CDI) for six years as the Strategy and Corporate Services Manager, providing leadership in the strategic development, business planning, delivery, embedding and sustainability of CDI's evidence-based early intervention programmes and services. Michelle is currently working as a Programme Integration Manager in the Programme for Health Service Improvement in the Health Service Executive (HSE).

Claire Casey

Claire coordinates CDI's Restorative Practices Programme and works across a broad range of agencies and sectors in supporting the adoption of restorative approaches. Claire holds a BSc and a Diploma in Adult and Community Education from Maynooth University and is currently completing a Master's degree in Restorative Practices at Ulster University. She has worked since the 1990s in both voluntary and paid work in the community and voluntary sector and has held a variety of posts in community-based organisations across Dublin. Claire has extensive experience of designing, delivering and evaluating both personal and professional development training for adults, and of working with groups to develop effective management skills and processes.

Dr Suzanne Guerin

Suzanne is Associate Professor in Research Design and Analysis with the School of Psychology at University College Dublin (UCD). She teaches in the area of applied psychology and research methods and is involved in the delivery of modules at both undergraduate and postgraduate level. Suzanne is Deputy Director of the UCD Centre for Disability Studies and jointly coordinates the MSc in Rehabilitation and Disability Studies. Her research interests include Disability & Health, Teaching & Learning, and Applied Research. Suzanne serves on several boards and committees in UCD and other organisations. She became chair of the CDI Board in April 2014.

Dr Sylwia Kazmierczak–Murray

Sylwia has extensive experience in connecting research and practice. Since 2007, she has managed the development and implementation of a range of prevention and intervention programmes across seven DEIS schools in the School Completion Programme (Cabra area), aimed at improving students' participation and retention in education. She is a non-executive Director of the Dublin North West Area Partnership where she contributes towards strengthening community and social inclusion within its catchment area. Most of Sylwia's work has been about applying innovative ideas into everyday practice and her research activities support her in this. She is a Research Associate in the Educational Disadvantage Centre (DCU), works as an Academic Research Supervisor in DCU Institute of Education, and was a full-time researcher prior to working with the School Completion Programme. She lectures on a Poverty and Social Inclusion course in DCU. Sylwia is experienced in multidisciplinary work and has qualifications in both education and health. She is a CORU registered Speech and Language Therapist, holds a PhD in Education (DCU) and a postgraduate qualification in Implementation Science (TCD). She has a genuine interest in using meaningful data in everyday work.

Aileen Murphy

Aileen has been working in the community sector, delivering and supporting the delivery of services to children and their families since 2000. She holds an Honours Degree in Psychology and a Masters in Child, Family and Community Studies. During Aileen's time in CDI, in her role as Quality Specialist, she supported the development of programme

manuals, the implementation of evidence-based programmes and integration of reflective practices. Aileen is currently working as a Best Practice Manager in Barnardos' Learning and Development Service. Aileen has continued to work on evidence-informed practice and programme development and implementation as part of her role with Barnardos. She has also worked with a number of the Area Based Childhood Programme initiatives supporting logic model development and quality improvement activities. Aileen has also been active in the area of Child Protection through the development of a suite of training programmes and significantly contributing to the development of Barnardos' safeguarding statement and associated risk assessments.

Dr Tara Murphy

Tara worked for over five years as Programme Manager Research with the All Ireland Institute of Hospice and Palliative Care. She managed the All-Ireland Palliative Care Research Network and led on a wide portfolio of interdisciplinary research capacity building initiatives. Before that, Tara was the Research and Evaluation Manager for four years with CDI where she managed an extensive evaluation and research programme in health, education and community development. Tara has a BA in Microbiology (Trinity College Dublin), a BSc in Psychology (Open University), and a PhD (Trinity College Dublin) and is currently undertaking an MPhil in Public History and Cultural Heritage (TCD).

Ciara Nic Carthaigh

Ciara manages CDI's business development function and internal monitoring and evaluation system. She has been a non-profit professional since 2006, working in progressively advanced roles in Ireland and overseas, including five years in Liberia and Sierra Leone. Prior to this she taught English as a Foreign Language.

Since 2013, Ciara has worked as a senior manager and consultant, providing strategy, monitoring and evaluation, and operational support to organisations and programmes focused on child rights, education and early literacy. Ciara has a Master's Degree in Development Studies and is currently completing a PhD on language and early literacy with UCD's School of Education.

Marian Quinn

Marian has been CEO with CDI since 2007, during which time she has led the strategic development of a range of initiatives for children and families in a disadvantaged community, including the development of a suite of evidence-informed programmes, multiple independent evaluations, and service delivery to children and families. She has been central to disseminating this learning and engaging with policymakers and influencers to maximise the effectiveness of services.

Prior to this, Marian was responsible for policy and services for children and families in the asylum process, working in the Department of Justice, Equality and Law Reform. Key achievements included the introduction of child protection policies and training in all accommodation centres, the establishment of preschool and parenting supports, and inter agency committees in almost every county. Marian was previously Director of Child and Family Services in the East Coast Area Health Board, and for over five years, coordinated the Copping On Programme, the National Youth Crime Prevention Initiative; a national training and support structure for those working with young people at risk. Marian wrote this programme based on her work with early school leavers, and effectively accessed funding and supports to establish a national programme.

Marian holds a Masters in Adult Education and a BSc in Youth and Community Work. She is a qualified nurse and life coach, and co-author of *Click Click*, a biography of three sisters who were sexually abused from a young age, which tells the story of their healing and forgiveness.

Anne-Marie Reid

Anne-Marie has worked in various roles with children and families in the community and voluntary sector since 2003. She holds a Montessori Teaching Diploma, a BA in Early Childhood Education, an MA in Child, Family and Community Studies and a Professional Master of Education (PME) in Primary Education. Anne-Marie worked in CDI as a Quality Specialist for six years where she oversaw the delivery of Doodle Den and developed the Doodle Families Programme. Prior to working in CDI, Anne-Marie worked with families experiencing homelessness and those living with addiction issues. She is currently teaching in a Primary School in South Dublin.

Tara Scott

Tara Scott is the Programme Manager at CDI, collaborating with CDI management and stakeholders to support the delivery of CDI's programmes. Tara holds a Master's degree in Educational Psychology, a Postgraduate Diploma in Psychology and Health Studies with BPS recognition, and an Honours degree in Psychology and Health Studies. Since 2008, Tara has worked with and developed a wide range of services to support engagement in education and learning that contributes to better life outcomes for children and young people. Tara has worked in a professional and voluntary capacity across Ireland with the Department of Education, and in the UK for the Mayor of London's office, Islington Council, Haringey Council and Hackney Learning Trust.

Gráinne Smith

Gráinne has extensive experience working with children and families, both nationally and internationally, focusing on evidence and quality. She worked with CDI for ten years, supporting the design, implementation and evaluation of programmes with services and agencies in Tallaght West and beyond. Gráinne has gained vast experience in supporting services to implement manualised quality programmes and to work within a quality framework. She has also contributed to multiple publications. She holds a Master's degree in Education, a Bachelor of Science in Nursing Science and a Higher Diploma in Sick Children's Nursing.

MINISTER'S FOREWORD

As Minister for Children and Youth Affairs, it is my pleasure to welcome the publication of this, the second edition of CDIs 'Quality Services, Better Outcomes' Workbook.

It is both a personal and political priority for me to make real progress in improving outcomes for our children in our society. If we are to make Ireland a better country in which to grow up and raise a family, we need to ensure that investment is made in quality, outcomes-driven services.

In order to provide these quality services, it is vitally important that we continually reflect on the work that we do, not only in terms of what we do, but also how we do it. We need to work closely with the children, families and communities we serve, consider their needs, and strive to offer the very best supports and services that meet those needs. In doing so, we can inspire genuine engagement between families, communities and service providers, and ensure those quality services are provided and can have maximum impact.

I know that this commitment to community engagement, critical self-reflection, and evaluation of services and practices has been a key focus of CDI from the very earliest days. I am very grateful to the CDI team, service providers, and the community in West Tallaght for the wonderful work that they have done, and continue to do, towards achieving our shared goal of improving the lives of children and their families.

Dr. Katherine Zappone, T.D.

Minister for Children and Youth Affairs

CDI FOREWORD

All of us interested in working with children and families have a deep commitment to improving outcomes and seeing lives enhanced. Often, what we do and how we do it is based on instinct, common sense and personal values. These are important elements in services that are focused on trust and relationships. However, there are also times and issues which, due to their complexity or depth, require reflection, evidence and skills to maximise the chances of improving outcomes. Doing something because it is what we have always done and how we have always done it is no longer good enough. Delivering services because we like them rather than because we know they work is not sufficient. The children and families with whom we work deserve and need more. Delivering services and programmes that have demonstrated positive impact, while being conscious of the need for quality, value for money and enhanced linkages, are central elements of what we understand as best practice. Developing organisational capacity, leadership skills and the ability to critically reflect are considered central to the delivery of high-quality services.

The context of our work has changed. There are now a range of national policies and structures aimed at ensuring that we respond to the needs of children and families in an integrated and comprehensive way. There is a growing recognition of what it takes to implement this approach, including systems to support our capacity to deliver evidence-informed practice, enhance the skills and knowledge of practitioners, and understand, interpret and effectively utilise evidence. The importance of drawing on research and best practice is now accepted as fundamental in educational, social and health disciplines, and is underpinned by a growing body of work called implementation science and practice.

Quality Services, Better Outcomes provides a practical resource for front-line staff, service managers and organisations that are currently implementing or intend to implement evidence-informed programmes and services for children, families and communities. It offers a practical and user-friendly support to those committed to drawing on research, best practice and Irish experience to maximise their potential for supporting better outcomes.

This second edition of *Quality Services, Better Outcomes* includes additional chapters that have been developed based on our experiences in Tallaght West, Limerick, Dublin's inner city and many other communities. Everything in this Workbook has been informed by our work with schools, communities and a range of organisations that have a single common denominator: all wanting to help children and families do better. Contexts change and new issues emerge, and so we need to be responsive, agile and flexible. We hope that you will use, adapt, learn from and add to this document. It remains a work in progress!

The CDI Team

QUALITY SERVICES, BETTER OUTCOMES

Chapter 1:
Introduction to Evidence–Informed Practice
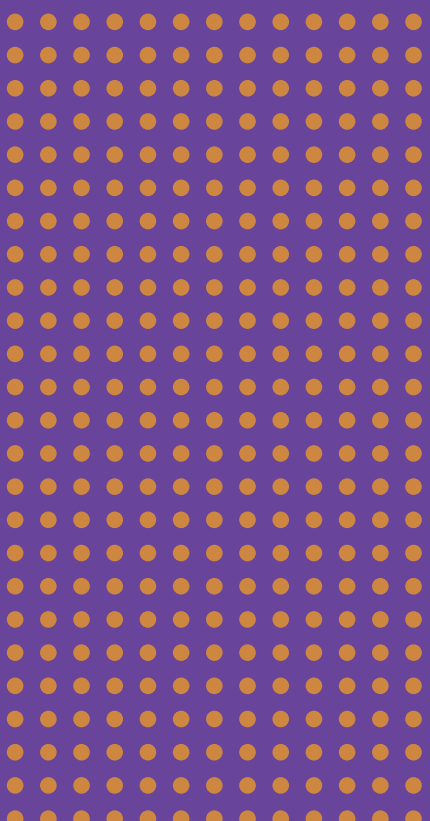
At the end of this chapter you will:

Know about: The contents of this Workbook

Understand: The relationship between quality of service delivery and achievement of outcomes

Be able to: Use this Workbook effectively.

1.1 Overview

This Workbook was initiated to support the learning curve that commonly occurs when implementing evidence-informed interventions for the first time. Through our work in Tallaght West, the Childhood Development Initiative (CDI) has come to understand the core principles and effective structures that enable these processes to become established and integrated into the daily business of organisations working with children, families and communities. This Workbook will bring you through key theories underpinning the delivery of quality services. It will connect those theories to practical tools that can be used in a range of settings, and will direct you to other sources of information. We hope that it offers you the motivation and means by which to consider your own practice, enhance your organisational context and possibly take on a leadership role in adopting an outcome-focused approach aimed at optimising the chances of improved outcomes.

Delivering quality services to children, young people, families and communities is a complex process. Our knowledge of 'what works' remains uncertain at times, and the shifting funding climate has created uncertainty and new challenges for services. We set out to develop a practical resource for front-line staff, service managers and organisations that are currently implementing, or intend to implement, evidence-informed interventions and services for children, families and communities. We have done so by drawing on examples of best practice nationally and internationally, as well as on our own experience of developing, delivering and supporting evidence-informed interventions and services.

CDI is an innovative, community-based response to the issues identified in several comprehensive consultation processes undertaken in Tallaght West. Working with a wide range of locally established service providers, CDI designs, delivers and evaluates services for children and families to meet identified needs. The insights gained and techniques developed during this process are, we believe, central to delivering high-quality services that enable children to achieve their potential, meet their developmental milestones within appropriate time frames, and become healthy and active citizens. For more information on CDI and its programme of activities, go to **www.cdi.ie**.

Quality Services, Better Outcomes (Second Edition) describes key processes relating to practice, organisational culture and systems change that support

> *Success is a science:
> If you have the conditions,
> you get the results.*
>
> *(Oscar Wilde)*

the implementation of evidence-based and evidence-informed programmes, interventions and approaches. From CDI's experience, implementing evidence-informed practice not only requires specific support structures and processes (e.g. training, coaching and supervision), but also necessitates a focus on generic aspects of delivering quality services (e.g. engaging in reflective practice to promote and maintain fidelity to an intended approach). These terms and processes are explained fully throughout the Workbook.

The Workbook also addresses some fundamental areas in relation to Monitoring and Evaluation as a way of determining whether an intervention is achieving the desired outcomes. In effect, this Workbook hopes to explain the 'what', 'why', 'how' and 'did we' of evidence-informed and evidence-based practice. *Quality Services, Better Outcomes* (Second Edition) is intended to provide readers with a comprehensive and up-to-date introduction to the shared language and concepts underpinning the theory and practice of implementation.

The Workbook borrows from implementation science, which is concerned with how to integrate research evidence into practice – in other words, what it takes to establish and maintain proven practices in real-world settings. We now know that bringing socially significant outcomes to our target populations requires supportive conditions. Effective implementation of evidence-informed practice requires an enabling organisational context. It requires clarity on the needs it aims to address, a purposeful implementation design and plans that are driven by staff who are ready, willing and able. The process of implementation needs careful preparation, structures and practices in place to ensure that these proven approaches are implemented with fidelity (i.e. as intended) and that they are sustainable (i.e. they can survive in the long term). This Workbook presents practical applications of the key concepts of implementation science to the practice of delivering quality services and better outcomes.

Whether you are reading this Workbook out of curiosity, are currently exploring or selecting interventions, or would like to be more evidence-informed in your own work with children, young people, families and communities, *Quality Services, Better Outcomes* (QSBO) will guide you through the key processes (or at least lend a hand). We hope it will support delivery of high-quality, effective services that have the very best chance of improving outcomes for those you work with.

> *Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skilful execution; it represents the wise choice of many alternatives.*
>
> *(William A. Foster)*

1.2 Why Quality?

What do you think of when you hear the term 'quality' or 'quality assurance'? Do you immediately think of television adverts promoting the quality and excellence of Irish food products? Do you think of strict quality control systems found in industries such as aeronautical engineering, car manufacturing or cosmetics? Do you associate quality with the delivery of customer care services? How do you think quality in these industries is ensured and maintained? Is it through the implementation of rigorous

quality control checks of products or goods (e.g. checking best before dates, cleaning equipment, ensuring bolts and screws are sufficiently tightened)? Is it through the regular supervision or training of employees? How do we know whether we have achieved quality? Is it when we know our clients or customers are satisfied, like when a hotel or restaurant is rated according to customer experience? Is quality to do with seeing tangible improvements across specific areas? Is it when our profit margins increase? And if we are not in the business of making a profit, what else should we be measuring?

Quality, as defined in the *Oxford English Dictionary* (2017), is 'the standard of something as measured against other things of a similar kind; the degree of excellence of something'. In line with this, quality assurance is the 'maintenance of a desired level of activity in a service or product, especially by means of attention to every stage of the process of delivery or production' (ibid.). So how is this relevant to what we are trying to do?

Over the last several years, the concept of quality assurance has increasingly underpinned the delivery of child and family services in Ireland. Quality frameworks describe a minimal level of provision, set out standards to be met or aspired to, and illustrate good practice as a way of attaining these standards. They provide consistency in terms of service delivery and help us to determine whether we are engaging in good practice by reaching (or at least moving towards) the stated standards. A number of frameworks have been developed within an Irish context to help individuals and organisations deliver quality services to targeted groups. For example, Síolta: The National Quality Framework for Early Childhood Education (Early Years Education Policy Unit, 2006) offers early learning and care services direction and support in order to improve the quality of early childhood experiences. The framework is based on 12 principles, including the centrality of children, equality, parents as their child's primary educators, and respecting diversity. Each of these is translated into practice through the implementation of 16 standards (e.g. environment, play, interaction and curriculum).

The National Quality Standards Framework (NQSF) for Youth Work (Department of Children and Youth Affairs, 2010) is a support and development tool for youth work organisations and projects. Its primary purpose is to identify strengths and areas for further development within services through the application of two sets of quality standards, namely: (1) youth practice and provision; and (2) organisational management and development.

Similarly, the Quality Framework Initiative for YOUTHREACH and Senior Traveller Training Centres (O'Brien, 2005) was established to promote and support the implementation of programme activities and to encourage interagency working and collaboration among key stakeholders. These and comparable quality frameworks emphasise the importance of establishing and maintaining minimum standards within specific sectors for children and young people in order to improve overall outcomes.

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Definition:
Quality Assurance: a process that enables the monitoring and promotion of appropriate, effective and efficient services.

1.3 Introduction to the Quality Framework for Achieving Outcomes

The framework described in this Workbook was developed out of a desire to promote, support and enhance the delivery of quality services to meet the needs of children and families in Tallaght West. We have drawn substantially from the work of implementation science academics Fixsen et al, 2007, who developed the concept of a stage-based, reflective approach to implementation. For the purposes of this Workbook, and based on CDI's experience in Tallaght West and elsewhere, we have extracted and expanded on those aspects of this approach. We focus on those that have most significantly impacted on the quality delivery of our services.

The Quality Services, Better Outcomes Framework (QSBO), which is based on solid research evidence and practice, contains the following seven key elements that together form an integrated approach to service delivery (Figure 1):

Figure 1: Key Elements of the QSBO Framework

The purpose of the QSBO Framework is to ensure that the services we deliver to children, families and communities are needs based, quality driven and outcomes focused. Delivering evidence-informed interventions or approaches is one mechanism for ensuring quality services to improve outcomes. Evidence-informed practice requires supports at individual, organisational and systems levels to be implemented with fidelity (i.e. with quality and adherence to the key principles that underpin 'why' the evidence 'works'). Some elements of the framework, namely capacity building,

organisational context, and leadership, align with what implementation scientists call 'implementation drivers' (that is, factors that 'drive' quality implementation) as identified by Fixsen et al. (2005). They describe what supports the process of implementation on the ground (i.e. what supports us in implementing quality services). These factors are discussed in more detail in Chapters 5 to 8.

We discuss capacity building among staff, beginning with the selection of staff who are committed to the goals of the organisation and the provision of sufficient resources for staff training and support. We examine the contextual factors that support staff in achieving positive outcomes for their service users or target group. We highlight the significance of leadership within the organisation for upholding the overall vision and providing guidance and direction, particularly during a time of change. Service providers are encouraged to examine service delivery within their own organisations in terms of the services, programmes or activities being provided; the rationale for delivering them; how they are currently delivered; how they are supported; and whether key objectives are being achieved. This approach may also support managers and practitioners as they try to prioritise outcomes for children and families within their service.

The final chapters relate to the theory and practice of evaluating your work, i.e. did we achieve what we set out to do? They also direct you to other resources that could support your efforts to enhance the quality of services and so achieve improved outcomes.

1.4   Introduction to Implementation Science

Implementation science (also termed 'implementation science and practice') is a relatively new discipline focused on the theories and concepts that explain how and why the process of implementation succeeds or fails. As a discipline, implementation science cuts across fields (e.g. public health, education, mental health, children's services, social work) and implementation level (policy and practice). It is informed by a significant body of knowledge from sociology, psychology, change management, and organisational and policy development theories. The science contains several frameworks and models that describe how to translate theory into practice, what supports and inhibits the process of implementation, and how to evaluate implementation processes (as opposed to the evaluation of outcomes).

There are some commonalities in the messages emerging from the research, namely that:

- Implementation is a staged process (implementation stages)

- Certain factors at individual, organisational and systems level impact on the success or failure of implementation (implementation drivers and barriers)

- Implementation requires collaboration and communication (implementation teams).

?
Definition:

Implementation Science:
The art and science of incorporating innovations into typical service settings to benefit clients (children, families, adults and communities)' (NIRN, 2009).

We describe these in more detail below.

1.4.1 Four Stages of Implementation

Implementation is a process of systematic activities that are typically described in four stages, as shown in Figure 2 below. The stages are composed of preparation and planning processes ('Getting Started' and 'Putting the Plan Together') and implementation processes ('Doing It' and 'Sustaining'). We describe each of these stages in detail below. In reality, the stages are not perfectly linear and they often overlap; however, knowing them helps us to be disciplined, systematic and purposeful in our implementation efforts.

Figure 2: Four Stages of Implementation

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Definition:

Implementation Team:
A group established to drive the implementation of a new programme or approach.

Stage 1: Getting Started

During the Getting Started stage, an organisation/team may make the decision to implement a new programme or policy, or to enhance or expand existing practices, or simply to explore an apparent emerging need amongst the service user group or community. A key activity at this stage is the Needs Assessment. Chapter 2 takes you through the steps and tasks involved in the process of planning and implementing a Needs Assessment.

Stage 2: Putting the Plan Together

This stage should result in a clear Logic Model (Chapter 3), an Implementation Plan, and a Monitoring and Evaluation Plan (Chapter 4). During this stage a core group of experienced professionals should be established to oversee the implementation process (Implementation Team) (Chapter 5). This second stage lays the foundation for the effective implementation of a change in delivery.

Stage 3: Doing It

At this stage, an initiative, change or innovation is implemented for the first time. It may initially be a small-scale or pilot delivery. This is often considered the most challenging stage. Some implementation scientists distinguish between the early implementation stage and full implementation (and so they identify two phases in this 3rd stage), with early implementation being the most challenging. Supporting staff (Chapter 5) and problem-solving (often at a leadership level, Chapter 8) in these early stages of implementation are crucial.

Stage 4: Sustaining

The final stage of implementation is where the innovation is fully operational and integrated, used consistently and supported by structures and resources. All major challenges should have been addressed by this stage, but it is still important to continually engage in learning and to collect data to monitor ongoing implementation. The outcomes of your intervention should be ready for an external evaluation at this stage (Chapter 9).

1.4.2 Implementation Drivers and Barriers

Researchers have identified several processes that support the effective implementation of interventions and practices (e.g. Bumbarger, 2008; Durlak & DuPre, 2008). The following processes, often referred to as 'implementation drivers', have been proved to promote, support and sustain quality implementation:

- **Staff Capacity Building:** building competence and confidence among staff through the provision of reliable recruitment procedures, staff training, coaching, reflective practice and supervision, and performance assessment

- **Enabling Organisational Context:** ensuring that organisational systems, structures and cultures promote and support the delivery of quality services and the achievement of identified outcomes

- **Effective Leadership:** having an effective leader (or leadership) that supports individual and organisational change and development, while holding the vision for achieving positive outcomes for children and families.

The absence of these processes can result in implementation 'barriers' and negatively impact the success of the implementation. For example, at an organisational level, poor communication, either internally or with external agencies, will negatively impact implementation success, while at a capacity building level, overly constrained Human Resource (HR) procedures may act as a barrier in effective planning. Both implementation 'drivers' and 'barriers' can be thought of simply as determinants (factors) that influence the delivery of quality services, and we discuss them in more detail in Chapters 5 to 8.

> *I am so clever that sometimes I don't understand a single word of what I am saying.*
>
> *(Oscar Wilde)*

1.4.3 Communication and Collaboration

Successful implementation requires communication and collaboration. Done well, it can often engage the whole community, be that an organisation, a school, a specific population or a geographical area. We highlight the importance of engaging stakeholders throughout the implementation process, including during Assessing Need (Chapter 2), Logic Modelling (Chapter 3), designing an Implementation Plan and a Monitoring and Evaluation system (Chapter 4), and Evaluation (Chapter 9). Most innovations also need an accountable Implementation Team who oversee the overall implementation and use active strategies to support it (Chapter 5). The team typically includes effective practitioners, members skilled in problem-solving and members skilled in interpreting data to make informed decisions. In order to deliver quality services, it is important to periodically bring these experienced people together to look at the process of implementation, ask questions ('how are we doing?') and have dedicated time for collective reflection.

We encourage you to have clear and transparent communication channels across the entire organisation, to network with internal and external stakeholders, and generally to make all decisions in collaboration with others. The nature and quality of both formal and informal relationships within an organisation, and externally with relevant stakeholders, impacts on effective implementation and quality service delivery in general. This includes the development of a sense of 'teamness' in your organisation that enhances bonding between individuals and creates a dynamic of collaboration. There are a range of mechanisms that support and enable this kind of environment, such as peer feedback and reflection. These are discussed in Chapters 5 and 6. How to foster an atmosphere of 'shared leadership' is considered in Chapter 8. You are encouraged to engage in collective reflections and exercises throughout the Workbook.

1.5 How Can Quality Services, Better Outcomes Help You?

We anticipate that this Workbook will provide you with an opportunity to reflect on your work by offering you various concepts and approaches that you can explore and apply to your existing practice. There is some overlap between the various elements of the framework, and each aspect may raise questions for you concerning other factors, but don't worry about moving back and forth between the various elements. This is real life, and real life is not neatly packaged! At the start of each chapter, we provide a visual representation of the quality framework underpinning this Workbook, highlighting the component on which the chapter focuses.

Quality Services, Better Outcomes is not intended to replace other quality frameworks you might be working to, but it should complement and enhance existing practices to achieve quality within your organisation. We hope the tools here will provide you with an opportunity to further develop existing systems and to integrate effective processes.

Following on from this introductory chapter, Chapter 2 describes the

process of conducting and utilising a Needs Assessment as the starting point for any quality improvement initiative. Chapter 3 explains the function and role of a Logic Model or theory of change, and how to develop one, while Chapter 4 focuses on supporting effective implementation through detailed planning and monitoring activities. Chapters 5 and 6 focus on staff and team competence through capacity building and reflective practice respectively. Chapter 7 describes the importance of organisational context in organisational change while Chapter 8 describes the processes of effective leadership. Chapter 9 provides an overview of methods and tools for either commissioning or undertaking an evaluation of your programme or service, and offers direction on ways to measure outcomes and implementation processes. Each of these chapters draws on both the research evidence and the learning arising from CDI's experience, and provides practical examples and exercises. Finally, Chapter 10 offers additional resources and references that you can pursue if there are specific areas you want to focus on or develop further.

Overall, this Workbook describes processes and structures that support us in establishing and maintaining consistent, high-quality practice that brings socially significant outcomes for the populations with whom we work.
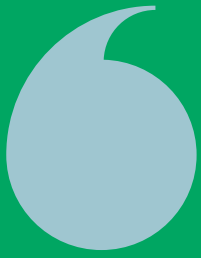
Chapter 2:
Assessing Need
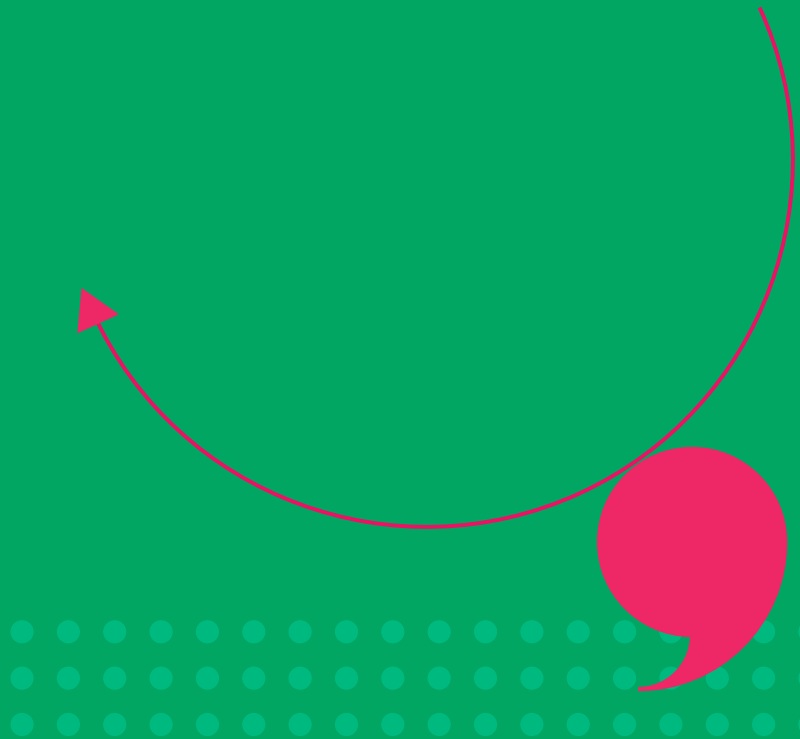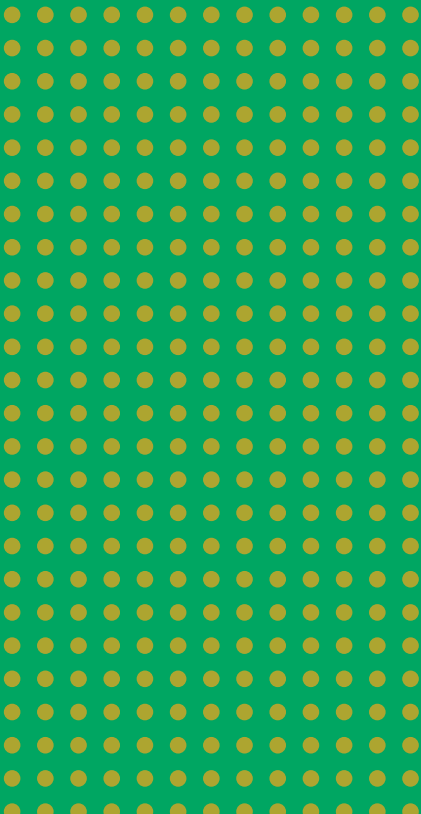
At the end of this chapter you will:

Know about: The importance of assessing need and approaches used in a Needs Assessment

Understand: How to go about undertaking a Needs Assessment

Be able to: Identify which Needs Assessment tools suit you and undertake a Needs Assessment.

2.1 Why Assess Need?

Before selecting an intervention or deciding to introduce new practices for working with children and families (developing a Logic Model), you may need to undertake a Needs Assessment to ensure that your plans are responsive to the actual needs of the population you are working with.

A Needs Assessment is a systematic way of gathering information on the needs and conditions of our target populations or geographical remit and the gaps and priorities in our work.

What are you going to do? Everything is my guess. It'll be messy but embrace the mess. It'll be complicated but rejoice in the complications.

(Nora Ephron)

A Needs Assessment fulfils a number of functions. For example, it can:

- Be used as a planning tool
- Fulfil a crucial step in planning any innovation (whether introducing a new opportunity, starting a new programme or seeking whole service change, etc.)
- Clarify problems (identify them)
- Gather data on where we are at (offers baseline – this is essential for evaluation)
- Engage stakeholders in defining the problem to be resolved.
- Provide a starting point for the improvement. This then helps us to understand our target population, agree priority objectives or outcomes to be achieved, develop a plan of work, and allocate funds and resources.

Assessing need can be motivated by a general desire to clarify existing needs (i.e. issues and gaps) or it may have a more specific focus, such as a previously identified issue to be validated (i.e. proved). The process will:

- Identify the specific requirements of your target group
- Demonstrate evidence of need to support service change and/or provision
- Help target resources more efficiently and effectively, avoiding waste of resources on activities that are not relevant to your target group
- Identify duplication with other local services, verifying whether there is sufficient demand to warrant change/further provision.

It will require consultation and engagement with stakeholders and service users in order to improve relationships, understanding and ownership. Involving stakeholders from the outset increases the buy-in for the services you provide or intend to develop. If people state the need for something, they are more likely to support the service that intends to address this need.

A Needs Assessment can be conducted at a variety of times and for multiple purposes including:

- Before developing or adopting a programme/as a planning tool. (What needs do we intend to address?)
- During programme implementation/as a process evaluation tool. (Are we addressing the identified needs? Are the needs changing as we deliver our interventions?)
- After completion of programme/as an outcome evaluation tool. (Have we addressed the identified needs?)
- On an-ongoing basis/as a service quality check. (Are we addressing the right issues in the right way?)

Get your facts first, then you can distort them as you please.

(Mark Twain)

2.2   How to Conduct a Needs Assessment

A Needs Assessment includes the following elements, each of which is discussed in detail below:

- Clarifying the purpose of a Needs Assessment and identifying the target population

- Convening a planning team or a committee

- Designing a method to collect the data

- Implementing the plan and gathering the data

- Analysing the data

- Communicating the results

- Using the results.

There are many templates and guidelines available online that can help you undertake a Needs Assessment. For example, the Community Needs Assessment's Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools for taking action in communities (Centers for Disease Control (CDC), 2013). In the following sections we summarise key steps and practical tips involved in a Needs Assessment, and you can also refer to Chapter 10 for further resources.

Step 1: Clarify the purpose of a Needs Assessment and identify target population

Some questions to progress this step could include:

- What is the assessment for and what do we want to find out?

- What target population are we focusing on or are we concerned about?

- What do we know about the target population, e.g. location, how many, any specific features such as age group, level of deprivation? What relevant information do we have access to?

- Who else works with this target group?

- Who needs to be involved in the Needs Assessment?

When considering undertaking a Needs Assessment, thought should be given to its size and scale and the resources that you have (people, skills, time and money). A consultant/specialist may be required for a large-scale Needs Assessment, whereas a smaller-scale one (e.g. when planning a new programme of activities) could be done in-house by simply surveying existing service users.

A Needs Assessment will look at the needs of a specific population that you and your organisation have a remit to work with, and it will often focus on the needs that you have a capacity to address. Remember that there are certain vulnerable populations – e.g. people with disabilities, racial and ethnic minorities, the long-term unemployed, or socially marginalised

communities – all of whom may have additional needs or needs that are compounded by their vulnerability. The way we engage with such groups should recognise this, and seek to ensure that the consultation is appropriate, meaningful and does no harm.

Step 2: Involve others

The assessment process will benefit greatly if you involve your stakeholders from the very beginning. Involve those who experience needs that you hope to address, as well as community activists, opinion leaders, decision-makers (e.g. school principals if relevant), and experts in the field, including researchers.

Having identified a team or consortium that is made up of members from diverse backgrounds, convene a meeting to:

- Define the community or target group to assess (e.g. schools, youth clubs, parents with pre-school children, families with addiction issues)

- Consider what existing data and information you already have

- Identify organisations, professionals and target groups to engage with (e.g. healthcare, schools)

- Identify the specific focus/components to assess (e.g. nutrition, school attendance, access to services, well-being)

- Develop questions to ask for each component and consider how the responses will be measured, i.e. what methods of data collection will be used? You may consider already at this stage whether the responses will be rated on a scale, given a score, coded into categories/themes, etc., as this will help you plan the required time and resources

- Agree appropriate data collection methods based on resources available and what fits best with the community, the target group and the issue being addressed

- Define the geographical area and number of sites/services/ communities to visit

- Agree timelines, tasks and the role of the team or consortium. See Table 1 below for an example of a data collection plan.

Some points to note:

- Identifying 10 to 12 individuals for your team/consortium is recommended to ensure the size is manageable and to account for attrition of members

- Having two or more data collection methods is recommended to confirm or support initial findings. This is discussed further in Step 3 below

- Keep a comprehensive record of all sources of information, key contacts and data enable review at a later date or sharing with team/ consortium members, etc. - as per table below.

Table 1: Data Collection Plan

What is measured?	Methods of data collection?	Who is responsible?	Timeline and required actions:
For example, issues for youth in community; health problems among primary school children; parenting supports in the community	**New Data:** For example, surveys, interviews (with whom), focus groups, observation **Existing Data:** For example, service directories, Needs Assessment results from other local agencies; census data	**New Data:** For example, project staff (collection) Consortium (lead) Project leader (support) **Existing Data:** For example, project leader to contact local agencies (access)	Week 1: check existing data and agree methods **Team/Consortium meeting** Weeks 2–5: conduct surveys and focus groups **Team/Consortium meeting** Weeks 6–9: analyse data and prepare a report Week 10: present a report at **Team/Consortium meeting**

Reflection: Consider the target population you have a remit to work with. Who are your potential stakeholders? Who should be involved in overseeing the process of assessing the needs of this population?

Step 3: Determine what sources of data will answer your questions

Data collection as part of a Needs Assessment process can take many forms, including the following:

- Qualitative approaches (e.g. interviews or focus groups) – these allow us to determine needs through dialogue and get more detailed, in-depth insight into the type and prevalence of issues, as well as into potential barriers to addressing them.

- Quantitative approaches (e.g. surveys and checklists) – these are quick and effective methods of assessing the type and prevalence of issues among a large number of respondents.

- Administrative and demographic data – availing of current local statistics, e.g. census, local area development analyses and plans, or using other administrative data (e.g. school attendance rates, number of referrals to a particular service). See sources of these data below and in Chapter 10.

- Best practice and 'what works' data – these will be important once the issue or concern has been validated and you are clear what problem you want to respond to. This is discussed in more detail in Chapter 3 in relation to developing a Logic Model. Resources to support you in identifying existing models are listed in Chapter 10.

We can determine the needs of a potential target population (a) as perceived by them or those who work and live with them (via interviews, focus groups, surveys and checklists) or (b) through using more objective means, such as existing demographic or social indicators (e.g. census data, educational achievement data). The pros and cons of each approach, and the mechanisms to maximise the objectivity of data are discussed in more detail in Chapter 9.

In Ireland a very useful source of information is the national census, which breaks down the census data into Electoral Divisions (EDs) (which are areas with an average population of fewer than 1500 people, though the range is wide, with some EDs having over 30,000 people), and further into 'Small Areas' (SAs), which have a population of between 100 and 300 people. The census data provide information on issues such as employment status, disability, level of educational attainment, and numbers and ages of children residing in households. The data can be viewed at **www.cso.ie** and geographical profiling can also be accessed on **www.pobal.ie** (under Pobal Maps). Pobal Maps and the associated HP Deprivation Index provide useful data on poverty and social deprivation at both ED and SA levels (and wider). Like other census data, these are available over a number of years, so changes can also be identified.

Furthermore, the Irish National Intellectual Disability Database **(www.hrb. ie/health-information-in-house-research/disability/nidd/)**, which is managed by the Health Research Board (HRB), provides information on the current and future needs of registered individuals. This information is used by organisations for service planning, but is also a valuable resource at a national level to understand patterns of need and service usage among this group. Each county also has a Children and Young People's Services Committee (CYPSC) **(www.cypsc.ie)**, and these all have comprehensive databases of local services as well as relevant data (See Chapter 10 for further resources).

When reviewing services and planning developments, we often focus on what is not working, which can be disheartening. Focusing on current strengths and then considering areas for development can be a more helpful approach. Give some thought to ensuring that the existing strengths are captured in your Needs Assessment. For example, consider the following questions:

- What services are effective in achieving their intended outcomes?

- Which organisations work collaboratively and transparently?

- Who are the local champions?

- Who are the 'early adopters' – the people and organisations who are open to change and innovation?

The table below provides some examples of questions that might be included in a Needs Assessment and suggested sources of information.

Table 2: Examples of Questions in Needs Analyses with Proposed Methods of Data Collection

Examples of questions in needs analyses	Proposed methods of data collection
What do we know about early school leaving in our community, its extent and associated issues?	• Local schools' data on retention to Leaving Certificate (contact local schools) • Interview Youthreach Manager • Focus group with early school leavers • Survey in the local community (e.g. via Policing Forum or the CYPSC) • Check how local data compare with national data on school retention (Department of Education and Skills (DES) reports on www.education.ie)
How effective are our early learning and care services in preparing children for school?	• Survey or focus group with parents of pre-school children • Survey or focus group with early years practitioners and teachers • In-depth interviews (or comprehensive telephone surveys) with early learning and care service managers and school principals • Focus group and/or observation of children in pre-school and/ or Junior Infant Class
To what extent is youth crime an issue in our community?	• Interview Youth Justice staff • Interview Garda Inspector • Get data on referrals to the Juvenile Diversion Scheme • Check national database for local and national data (www.cso.ie)
What parenting supports are in our community?	• Desktop search and service directories • Survey local family support services • Survey (e.g. web-based survey) Home School Liaison teachers in local schools • Focus group with parents of children of diverse age groups

The above clearly indicates the need to use a range of methods to access relevant information and gain a comprehensive understanding of local needs and the existing context. Here are some tips for effectively undertaking some of these processes.

?

Definition:

Explicit consent:
any freely given, specific, informed and unambiguous indication by which a person signifies agreement to the processing of personal data relating to him or her (General Data Protection Regulation (GDPR), 2016).

Informed consent:
an informed permission given for participation in a specific activity (e.g. interview or intervention) that one freely gives, equipped with detailed knowledge of the purpose, content and processes surrounding this activity.

?

Definition:

Standardised questionnaire:
a pre-existing questionnaire that has been rigorously tested by researchers so that, if administered in the identical format, it will reliably and consistently measure the given hypothesis.

Guidelines for conducting one-to-one interviews and focus groups (i.e. group interviews):

- Prepare your questions to help you structure the interviews and avoid going off track.
- Non-structured questions can make it harder to analyse data so limit these.
- Use open-ended questions to stimulate discussion (e.g. questions that start with 'how' and 'what').
- Consider the number and dynamics of participants in focus groups (five to eight is the recommended number).
- Consider the time and location of interviews so the participants have easy access and will feel comfortable.
- Obtain explicit and informed consent for participation and recording.
- Record interviews so you can analyse them later.
- Comply with data protection legislation (i.e. delete qualitative data on transcription, keep data in secure location, code names on transcripts to maintain anonymity of participants). Refer to Chapter 9 for more detailed discussion of ethical and legislative issues in conducting research.

Guidelines for conducting surveys:

- Consider the pros and cons of hard copy vs online surveys.
- Give some thought to utilising existing surveys and standardised questionnaires.
- Keep the questions short and concise.
- Design questions appropriate to the literacy level of the recipients.
- Surveys can ask respondents to tick a box (yes/no) or rate or rank items in terms of their preference or agreement. A typical approach to scaling responses in surveys is a Likert scale, where respondents are offered a choice of two to five options to indicate their attitudes (e.g. strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).
- Comply with data protection legislation (i.e. anonymise quantitative data, keep data in a secure location, code names on transcripts to maintain anonymity of participants).

Many of the issues relating to consent, storage of data, and so on, are considered in CDI's Best Practice Guide to Archiving Qualitative Data (CDI, 2016). Remember that you must comply with certain rules about how you process personal data under the GDPR (see **www.dataprotection.ie** for information on GDPR). See also Chapter 9 for more detailed discussion of ethical and legislative issues in conducting research.

How you collect data will be informed by several factors:

- Sample: How many people do you need to consult to answer your questions?

- Diversity of viewpoints: Do you need to consult different types of people, e.g. parents, teachers and students?

- Access: Do you have access to these people? If not, who can help you engage with them? Will they consent to being consulted? What might reassure them about being involved?

- Time: How much time do you have to conduct this Needs Assessment?

- Expertise: Do you have the necessary skill set amongst your staff? Who can advise you? Do you need training or support?

- Budget and resources: Do you have a budget to hire expertise or support? Do you have access to appropriate technology?

- Access and ethical issues: Can respondents remain anonymous? If so, what will this require of you in terms of how you collect, analyse, store and retain data?

Definitions, advantages and disadvantages of various data collection methods, as well as further guidelines for conducting surveys and interviews, are included in Chapter 9.

Reflection: Consider how confident you are in using different data collection methods. What kinds of data or information do you use regularly? What source(s) of data are you familiar with and happy to use? What is your previous experience of conducting Needs Assessments or general research? What would be helpful for you? How can you access that support?

Step 4: Implement the plan

Consider carrying out a pilot assessment (e.g. a test survey or a test focus group) to check for clarity of questions, instructions and layout. This is of particular importance if the planned Needs Assessment includes a large number of surveys. Trying out a test survey will give you feedback on whether the survey is too long or too short, too easy or too difficult, unengaging or too intrusive, etc. It will identify redundant questions and any that might be misunderstood. Redesign your Needs Assessment following this feedback.

Having tested your approach and made any relevant changes, go ahead with your plan! Agree how you will monitor progress, check timelines, support staff and collate the data as they are being collected. For example, you might want your team or consortium to receive regular updates from those who are collecting the data, you may need to set up specific folders for the data, and someone might need to have overall responsibility for ensuring that the required diversity of participants and number of participants are being included in the process. Like any project, the Needs Assessment will be smoother and more efficient if there is clarity of roles, agreed timelines and objectives, and one key point of contact for all

involved. Revisit Table 1 for a sample Data Collection Plan.

A Needs Assessment is dynamic. As more data are gathered, it is likely that a need or problem will be understood from new perspectives and reviewed. For example, you may consider consulting additional groups or contacting further stakeholders following the completion of focus groups.

Step 5: Analyse the data

After implementing the plan for a Needs Assessment, you will need to analyse the data before agreeing how to communicate them (Step 6). This means focusing not on the **type** of data you have, but on the **meaning** that you will extract from them. You will also need to be clear about who will analyse the data and how. The latter will be impacted by the data collection process. For example:

- With quantitative data, such as online surveys with closed questions or scaled responses (e.g. a Likert scale), you will probably need to input data into Excel or the Statistical Package for Social Sciences (SPSS). Using a system like 'Survey Monkey' will mean data are automatically entered and analysed for you

- If you have collected information about the population that participated (gender, age, educational attainment, etc.), this will also be best analysed through Excel or SPSS

- If you used standardised questionnaires, these will have an accompanying analysis template to use (if you purchase a licence to a standardised instrument, e.g. via **www.gl-assessment.co.uk**, you might have access to an online scoring system that will generate visualised reports)

- Qualitative data from focus groups and interviews will need to be 'themed' by looking at the recurring patterns in the data. See Section 9.6 in Chapter 9 and Tip Sheet 3 to understand how to do this and to look at some examples

- In presenting these themes you will need to indicate the extent to which a theme was seen as an issue by participants. Consider how the italicised terms qualify the statements below:

  ➤ *All* interviewed parents identified lack of transport as an issue

  ➤ A *small number* of service providers felt that staff were insufficiently trained to deal with suicide, with a *majority* seeing this as a significant issue

  ➤ While *two* young people felt that there were adequate facilities in the community, the *remainder* of those interviewed identified lack of facilities as an issue in their community.

Agree how you will use qualitative terms such as 'a majority of respondents', 'a small number of respondents', etc. (for example, as in Table 3 below).

?

Definition:

Likert scale:
a scale that represents the respondents' attitudes to a given topic, where respondents rate themselves according to a level of agreement with given statements (e.g. strongly agree, agree, somewhat agree, somewhat disagree, disagree, strongly disagree).

Table 3: Qualitative Terms and Examples of Quantification

Almost all respondents	>90%
A majority of respondents	>70% and <90%
More than half of respondents	>50% and <70%
A notable minority	>20% and <50%
A few respondents	<20%

If you have agreed to anonymise data, ensure that the reader will not be able to identify the respondent. For example, if there is only one principal speech and language therapist (SLT) engaged in the Needs Assessment, you cannot say 'according to a senior SLT, there are issues relating to resources'. You could, however, say something like: 'Resources relating to SLT were identified as an issue by one respondent'. Qualitative data from focus groups and interviews can appear overwhelming, as focused engagement with a range of perspectives is likely to identify wide and diverse themes and varying concerns. Like any other complex task, the key is to break it down systematically. We provide some further tips on how to analyse qualitative data in Chapter 9.

Having mapped and summarised the information, you can then start thinking about the 'so what?' This is the critical question when looking at the information you have collected:

- What are the data telling us?
- What is the scope, complexity and range of identified needs?
- What do we now know that we did not know before?
- Have any of our assumptions been confirmed?
- Do we need to rethink any of our assumptions?
- What implications does this have for services? For planning? For resources?
- What decisions do we need to make now?

Step 6: Communicate the data

Consider the audiences who will need to receive the results of the Needs Assessment: how can you best engage them? What importance will they ascribe to the results? Will they make sense to them?

CDI has developed a process to validate or 'sense check' our information before communicating it more widely than the participants. We have found that holding a focus group to which all contributors are invited has been extremely helpful in finalising the data, both where independent researchers or evaluators have been involved and where the work has been undertaken

The fact that an opinion has been widely held is no evidence whatever that it is not utterly absurd.

(Bertrand Russell)

internally. These focus groups have followed very similar formats in which the Needs Assessment (or evaluation) data are presented, along with an overview of the identified implications and proposed actions. In small groups, attendees are then invited to consider the following:

- Does this make sense? Do you understand everything? Does anything need to be clarified?

- Did you hear your voice in the presentation? Can you see your experience reflected in the findings?

- Do you agree with the issues identified? Is anything missing?

- What are the implications of these findings for you? Your family/ service? The community you live/work in?

- What do you think of the proposed actions? Do these seem like a good response? Are they a good fit for the community/target group/ service? What would you like to add?

As well as offering a great sounding board, these discussions also fulfil the very important function of providing feedback loops, so that when people complete a questionnaire or attend a focus group, they subsequently get to hear how their views will inform planning and decisions.

Potential audiences may include your funders, your management structures and administrators, community leaders and representatives from other services, your own service leaders and staff, and service recipients (those who already receive your services and those who have received it in the past). Each group is likely to interpret the results from their own perspective. Consider which groups are most invested in the results, which ones are perceived to be the most influential, and which ones will be the most impacted by the planned programme or service.

When planning how to communicate the findings, consider the following:

- How will you communicate your data?

- Who do you need to communicate with?

- Do you need to write a report? How will you structure the report?

- How will you present the report to relevant personnel?

- Can you share the findings with external stakeholders?

- Is it feasible to convene a meeting to present the results?

- Are there existing fora where you can present your results (e.g. CYPSC)?

- What do you need to do to prepare for further steps? For example, do you need to prepare a development plan/Logic Model of a proposed service or response to the issues identified and an Implementation Plan for these steps?

When disseminating the results of the Needs Assessment, be prepared to answer the following questions:

- What is the actual problem or need?
- What are the indicators of the need or problem?
- What is the type, nature, scope and intensity of the need or problem?
- What are the consequences if the need or problem is not addressed?
- What are the consequences of addressing the need?
- What do you want to achieve?

Present your data visually. Most computer software (e.g. Excel, Word, PowerPoint) will suggest the best type of graphic for the type of your data (e.g. pie chart is best used when comparing parts of a whole). Highlight powerful quotes. Use the people icon to show percentage of participants in agreement.

Exercise: Bring relevant staff and stakeholders together to discuss some (or all) of the following:

- What previous Needs Assessments have been conducted in this community/organisation?
- Have you used these to inform your planning? Could you do more with the existing information? Have you communicated to others the results of previous Needs Assessments you have been involved in? What are the communication forms for these kinds of data in your community?
- What information is missing? What would be a useful way to address this gap?

Step 7: Use the Needs Assessment to inform decisions

A Needs Assessment can be used to design and plan a new initiative or to restructure existing programmes or practices to ensure that they are responsive to the identified needs. In order to maximise the utilisation of the data, consider the following:

- Do we need to adjust our strategy based on these data?
- What do we know now that we did not know before?
- What services or interventions should we consider initiating?
- Is there anything we should stop doing?
- What should we do more of?

The results of the Needs Assessment will inform the development of a Logic Model. We describe this process in the next chapter (Chapter 3).

Tip Sheet 1: Assessing Need	
Step 1:	**Clarify the Purpose and the Target Group:** • Are you clear why you're assessing need? • Can you define whose needs you're assessing?
Step 2:	**Involve Others:** • Who needs to be involved? • Are they likely to readily engage? If not, what would help?
Step 3:	**Determine Sources of Data:** • What information do we need? • Can we get easy access to it?
Step 4:	**Implementation Plan:** • What resources do we need to undertake the Needs Assessment? • If we don't have certain resources (e.g. time, money, staff), what changes do we need to make? How can we access these resources?
Step 5:	**Analyse the Data:** • Do we have the expertise to do this? If not, do we need to change our plans? • Who can help?
Step 6:	**Communicate the Data:** • Who needs to know what we've found? • How can we best help them hear this?
Step 7:	**Use the Needs Assessment to Inform Decision:** • What are the implications of what we've found? • So what? • What next?

2.3 Conclusion

This chapter presented the steps and tasks involved in the process of planning and implementing a Needs Assessment. The seven steps described are similar to other tasks such as programme evaluation or monitoring of impact, and you may find that you revisit some of the steps before concluding the assessment. This is a dynamic and flexible process that reflects the characteristics of the setting in which it takes place, in addition to the complexity of the problem that we are trying to understand.

The key aspects of the process can be summarised as:

- Deciding what you want to find out (identifying the focus)

- Getting stakeholders on board (establishing a steering group or team)

- Agreeing what questions to ask and how you will do this (agreeing methodology)

- Summarising the data (looking for common themes; looking for consensus)

- Distributing the data (communicating your data to your stakeholders)

- Discussing the data (discussing the results with your stakeholders)

- Using the data (ensuring planning and decisions are informed by the data).

Use of data is important throughout the entire implementation process, not just in relation to assessing need. The purpose and type of data will be different at different stages of your work and many other approaches are discussed in relevant sections of the Workbook. The most critical factor in an effective Needs Assessment is the utility of its results and the extent to which it feeds into the decision-making processes. Hence it is important to engage your stakeholders from the very beginning.

Chapter 3:
Logic Modelling
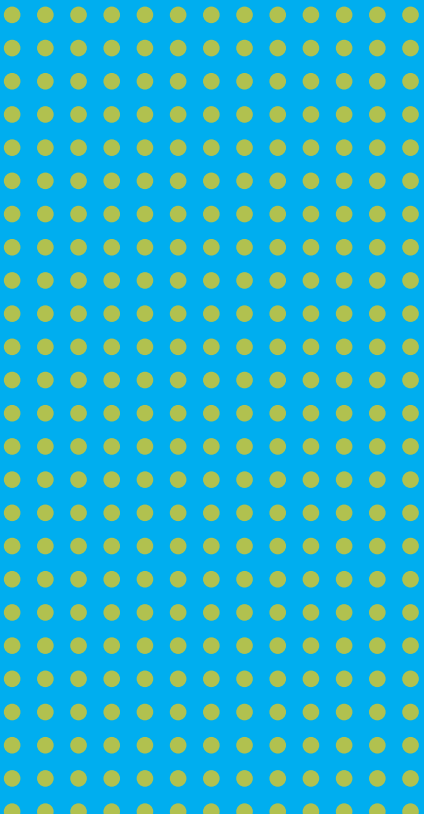
At the end of this chapter you will:

Know about: The function and components of a Logic Model

Understand: The relationship between the components of a Logic Model

Be able to: Develop and use a Logic Model.

3.1 Overview

This chapter explains the purpose and development of a Logic Model. Put simply, a Logic Model is one of many frameworks that lays out the logic, theory of change and expected results of an intervention. It is central to developing an evidence-informed intervention. Many organisations, having experienced the clarity and focus that comes from having a Logic Model or equivalent model, have integrated the approach widely. Some organisations have been using similar methods for a long time but do not call it a Logic Model. Similar processes or frameworks include: a theory of change, an outcome mapping framework, a results-based management framework or even a business plan. All these approaches have in common that they identify the specific objectives or outcomes and the key strategies to achieve them. In CDI we use the Logic Model as our framework. If you have a system you already use to clarify your targets and activities, try to use the discussion below to enhance this existing system i.e. build on what's working well rather than starting a whole new process.

The first time I heard someone refer to a 'logic model', I didn't know what they were talking about. It just sounded like another layer of paperwork. After doing the training, I started using it for small projects, and now I use it all the time. It keeps me and everyone else focused, and makes sure we all understand the purpose of the work. It saves time in the long run.
(School Completion Coordinator)

Whether you intend to develop a Logic Model for a new intervention or want to bring clarity to existing practice, this chapter will provide step-by-step guidance. We also focus on how to use the model.

We help you distinguish between developing and using a Logic Model for evidence-informed interventions and evidence-based interventions. The Logic Model is particularly useful when developing an evidence-informed intervention, which is an intervention that uses evidence in its design and delivery but the intervention as a whole has not yet been tested. It helps you connect your design with your Needs Assessment and what the evidence says about other similar initiatives.

An evidence-based intervention is an intervention that has already been rigorously tested and which have a logic and prescribed activities. This chapter can help you adapt such a model to your context and needs, while taking care to ensure fidelity.

3.2   Defining a Logic Model

A Logic Model is defined as a tool that supports programme planning, implementation and evaluation (Alter & Egan, 1997; Julian, 1997; McLaughlin & Jordan, 1999). It links the evidence (i.e. what research and best practice tell us about a programme or issue), inputs (i.e. the resources available to address the problem) and activities (i.e. what you deliver) to anticipated outputs,outcomes and impact (Hernandez, 2000; McLaughlin & Jordan, 1999). Outputs are the 'products' of an initiative, such as brochures or resources or a change in knowledge, whilst an outcome is the desired change in skills, attitudes and behaviours of those who avail of the proposed services. Outcomes are expected to be achieved within the timeline of the intervention. Large interventions may differentiate between short-term and medium-term outcomes. Impact is the change that is expected after the intervention or programme has been completed. This is also commonly called 'long-term outcome'.

In other words, the Logic Model provides the rationale for delivering specific activities (i.e. that X will lead to Z if Y is implemented).

A Logic Model articulates the change pathway (figure 3a) in a clear and concise manner. Figure 3b below shows the core components of a Logic Model.

Figure 3a: Logic Model Change Pathway

EXTERNAL FACTORS / ASSUMPTIONS / RISKS

? Definition:

Inputs: resources that go into a programme, including human resources (e.g. staff, partners), material resources (e.g. programme manuals, venue), financial resources (budget), or informational resources (e.g. expertise, information).

Outputs: products or services provided as a direct result of activities, described in terms of their size or scope (e.g. the number of planned workshops, programme participants, meetings held or distributed materials).

Outcomes: the change or benefits resulting from activities and outputs of the programme or intervention (e.g. changes in skills, attitudes or behaviours of service users).

Impact: the long-term change or overarching effects of a programme or intervention (e.g. improvements in school retention levels).

Figure 3b: Core Components of a Logic Model

3.3 Why Develop a Logic Model?

There are several benefits to developing a Logic Model for an intervention or organisation. For example, Coffman et al. (1999) suggest that the process:

- Articulates the theory of change (i.e the outcome and outputs you expect from the inputs, activities and external assumptions and risks).

- Allows you to test the 'logic' (i.e can you reasonably expect that these inputs and activities will achieve the desired outcomes?)

- Articulates a clear and accurate description of the programme's key aspects and expected results, ensuring greater transparency, evaluability and accountability

- Implements activities that are focused on quality and impact

- Facilitates communication among, and buy-in from, key stakeholders

- Presents a stronger case for seeking funding from potential funders and supporters

- Provides a structured framework for determining whether the programme is successful or not, thus facilitating evaluation.

> *In the long run, you hit only what you aim for.*
>
> *(Henry David Thoreau)*

3.4 How to Develop a Logic Model

Developing a Logic Model takes time (Kaplan et al., 2004), but it is worth it! We have broken it down here into four simple steps to help you identify the key elements of your Logic Model, but each step may require several activities or processes, depending on the complexity of the issue, setting or proposed intervention. The list of resources in Chapter 10 may be helpful if you need some more support with this.

Step 1: Identify and engage your stakeholders

Step 2: Agree your end destination i.e. What changes do you want to achieve?

Step 3: Review 'what works', including in what conditions and for whom.

Step 4: Identify the inputs, activities and outputs of the proposed course of action considering key external risks and assumptions.

> *Setting goals is the first step in turning the invisible into the visible.*
>
> *(Tony Robbins)*

3.4.1 Step 1: Identify and Engage Your Stakeholders

It is recommended to develop your Logic Model in collaboration with your stakeholders and/or your team, based on the Needs Assessment of your target population. It offers an opportunity to engage in collective critical thinking as well as:

- Helping to obtain buy-in and a commitment to proposed services
- Improving collective understanding of challenges, resources and intended success
- Harnessing local insights, especially in relation to the expected outcomes
- Developing common language among stakeholders.

Your stakeholders at this stage may include members of the same team who conducted the Needs Assessment (e.g. managers, practitioners, service recipients, community champions and opinion leaders), and you may also consider consulting leaders or practitioners from other agencies who have experience of delivering a similar service. You may include service users or someone living in the community who can also guide the discussion in terms of what will fit in the community and with a specific target group. Gather a small group for a more informal brainstorm, organise a focus group, or use an existing forum to develop your Logic Model.

3.4.2 Step 2: Agree Your End Destination

In collaboration with your stakeholders, start your Logic Model by being clear about the end destination, as well as the starting point. Identify the intended outcomes before planning your course of action. Use the findings from the Needs Assessment to inform your thinking. Key questions might be:

- What is the situation that requires changing?
- What do the data from the Needs Assessment tell you about the current situation?
- What are the identified needs of the target group?
- Where do you want to get to?
- What outcomes do you want to achieve and who are you targeting?
- What do you want to improve and for how many people?
- How will you know whether you are making a difference?
- What impact do you think the intervention will have in the long term?

?

Definition:

Indicator:
a variable that quantifies the achievement of something (e.g. a standardised score on a literacy assessment is an indicator of a student's literacy standard, or patient satisfaction levels may be an indicator of quality in healthcare).

In agreeing your end destination, you will identify outcomes to work towards. These should be measurable, so you can know whether you are making a difference. You will also identify specific indicators that will let you know whether you are achieving the anticipated outcomes (see Chapter 4 for further support in how to do this).

Outcomes

Consider the following to identify specific outcomes:

- What is the exact change that you would like to see? (For example, parents feel more confident in managing conflict with their teenager)

- What precisely do you intend to impact on? (For example, improved relationships between parents and young people)

- What will indicate success? (For example, percentage of parents who report feeling more confident about managing conflict)

- Will we be able to measure it? (For example, could we ask parents their feelings about managing conflict using a survey?)

In addition to the intended outcomes for the population who will avail of your activities, you may also want to consider outcomes at a broader, systemic level. For example, will the implementation of the planned innovation improve existing relationships between service providers? Will it result in a specific change within government policy? External enabling factors related to policy and practice outside your sphere of influence should be considered (assumptions and risks).

Chapters 4 and 9 provide more in-depth discussion on measuring outcomes and may help you refine the wording of the outcomes in your Logic Model.

3.4.3. Step 3: Review 'What Works'

Having agreed what it is you want to change and the difference you hope to observe (i.e. the outcome), the next step is to conduct a review of what has worked elsewhere. This usually includes a comprehensive review of the relevant literature and stories from other communities that have tackled similar challenges. Generally, this will involve some desk research on the evidence and best practice, which will inform the activities in your Logic Model, as well as consultation with colleagues from other services. In other words, what do we know about how to get to our end destination? Key questions might be:

- What knowledge, behaviours, attitudes or perceptions of the target recipients need to change to achieve the desired outcome(s)?

- What does the research and best practice tell us about how to achieve the change we seek?

- What does research and best practice tell us about the external factors that need to be in place to achieve the change we seek? Do we need a supportive national policy?

- What is the theory of change underlying the best practice (e.g. what combination of activities and outputs are needed; what are the risk and protective factors within the community; what inputs are necessary)?

- What does the local, national and international research tell us? What is the research underpinning the existing interventions?

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Definition:

Risk factors: events, conditions or experiences that increase probability of a problem (e.g. poverty is a risk factor for early school leaving).

Protective factors: traits, conditions or environmental resources that buffer or block the negative effect of a risk factor (e.g. engagement in extracurricular activity is a protective factor against early school leaving).

- Are there any existing interventions that address these needs? What models have been successful? In our community? In other communities? How do they fit with our objectives? Ethos? Target groups? Available resources?

- Is there an existing intervention that we can adapt for our population?

- Do we have the capacity to implement and sustain existing models? Are staff ready, willing and able to implement the selected approaches?

The review of existing literature will identify practices that have worked and the theories that underpin them. For example, in relation to the case study shown in Table 4 below, Step 3 would inform us that educating children about healthy eating is one of the proven approaches to reducing childhood obesity. In planning a language intervention in an early learning and care context, our research in Step 3 would tell us that programmes are more effective if they engage both parents and practitioners.

Consider some general principles of quality programmes and practices and reflect on these in relation to the proposed intervention models and approaches. Consider also the results of your Needs Assessment. The Centre for Effective Services (CES) (2011) have identified the following nine key principles of effective programmes:

1. They are based on sound theory and focus on improving outcomes for children and families.

2. They work on multiple aspects of need.

3. They build on strengths and encourage positive behaviours.

4. They use active and engaging learning techniques and understand that people learn in different ways.

5. They are of sufficient intensity in terms of content and duration.

6. They take account of the different stages of development.

7. They are clear about who they seek to reach and try to reach participants at the point where they are most likely to be receptive to what the programme has to offer.

8. They are culturally relevant to all those receiving them.

9. They understand the policy context in which they operate.

Reflection: Do you normally consider 'what has worked' elsewhere when you are planning? Do you consider 'best practice approaches' when developing interventions? What are the sources of evidence that you have access to? How can you better integrate the use of evidence in your regular planning processes? Before developing a new programme or approach, are you confident that there isn't an existing model that will fit?

3.4.4 Step 4: Examine Inputs, Activities and Outputs

This involves a detailed consideration of the core components of the intervention, i.e. activities, outputs and inputs. In this step you do not

necessarily need to start in this order; you may want to consider the inputs needed first and then the planned activities and outputs. Or you may find it more appropriate to begin with outcomes and work backwards to activities and inputs. The Logic Model should make sense when read in both directions, so whatever approach you use, the individual components should be aligned. The following questions will guide you through this process.

Consider the activities you will need to undertake in order to achieve the desired outcomes. What needs to happen?

Activities

- What exactly are we going to do? What are the core components of our strategy?

- What activities are included within existing interventions that have demonstrated improvements in the outcomes we have identified, with the target group we have identified, and in the context within which we work?

- What are the core components to effect the desired change according to the evidence?

- Is there a manual or implementation guide to help us with the detailed delivery?

- Can we access the programme developers, or people who have delivered this intervention, to discuss implementation?

- What activities will be delivered to children? Parents? Practitioners? Service leaders?

- What activities are required in order to implement the project?

- What is the intended dosage? (That is, how much of each activity needs to be delivered?)

- What is the sequence of activities? (For example, will activities be delivered on a phased basis?)

- Are all activities logically linked to the intended outcomes?

- Are these activities and their intensity aligned with the intended outcomes? Are the outcomes realistic?

- Are there any anticipated barriers that need to be addressed, or elements that will support the implementation of specific activities that could be enhanced? If so, what are these and how might they be addressed?

- Who do we need to work with in order to ensure effective implementation?

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Definition:

Dosage: the amount of intervention or service received by a participant (e.g. the number and duration of intervention sessions).

Outputs refer to the products or immediate changes resulting from the activities. They usually refer to the size or scope of the services, for example, attendance at workshops, programme participants engaged, meetings held or distributed materials. They specify what needs to happen to implement the planned intervention. They may also describe the outputs from stakeholder engagement that are needed to conduct and engage in activities (e.g. interagency meetings held, research committees established). They can also capture quick-win changes, such as change in knowledge following a training, or they can capture the quality of interventions such as 'positive participant feedback' or 'communities of practice' held.

Outputs

- What are the anticipated outputs arising from the planned activities?

- What materials and resources will be developed to support the intervention? (For example, leaflets, training or educational materials)

- Will there be any information sharing outputs such as conferences, articles or social media developments?

- What are the exact measures of activities? (That is, when will they happen, how long will they take and how many participants will be reached?)

- How will we know the activities were delivered with quality? (For example, trainee evaluation feedback observation of delivery; learning documents from Communities of Practice.)

Think about the resources required to deliver your plans. What commitments or investment (time, people, money) are needed?

Inputs (or resources)

- What resources or inputs are necessary to support change or produce the desired outcomes? (That is, what do we need?)

- Are the appropriate resources available to enable us to effect change? (For example, funding, staff, facilities, time, relevant policies, key relationships)

- Is there a readiness to engage in a process of change amongst key organisations or individuals? (That is, is everyone on board? See Section 7.2 in Chapter 7 on organisational readiness for change)

- Is there a commitment or motivation to change among staff? (That is, what information, support and incentives will staff need to make a commitment?)

- Is the necessary 'infrastructure' in place to implement the proposed intervention? (For example, required relationships, communication channels, support from managers)

- What factors may influence the intended outcomes by either enabling

them or acting as barriers? (For example, social, physical, economic, political influences)

- What actions, processes, events, services, products, technologies, or other elements will be used to implement the project?

- Are staff sufficiently skilled to support change? What training is required in order to change the desired behaviours, practices or policies?

- Is the implementation feasible? Will the intervention components be accepted? Does the intervention 'fit' with our existing practices?

These steps and their related questions should help us to focus on the key elements of a Logic Model, ensuring that what we aim to achieve is logical, realistic and supported by robust evidence.

Exercise:

Part A: Using the template in Table 6, develop a short Logic Model for an innovation in your work. (Review the examples below first.) Identify the desired outcomes. (You will have an opportunity to be more specific and to develop indicators for these in Chapter 4.) Consider existing best practices. Use questions included in Step 4 above to guide you in describing the inputs, activities and outputs of your work.

Part B: When you complete your Logic Model, examine and analyse it as a whole (examine its 'logic') by considering the following questions:

- Are all of its components well aligned? Do all boxes link? That is:
    - o   Do these inputs and activities lead to these outcomes?
    - o   Will these outcomes be achieved by these activities and inputs?
- Have the relevant external risks and assumptions been considered?
- When these outcomes are achieved will the current situation have changed?
- Does this Logic Model align with the big picture of my organisation and its strategy?

Reflection:

Consider whether this process will support you in implementing and sustaining your intervention. How will the Logic Model be useful in the 'Doing It' stage and 'Sustaining' stage?

The following table shows an example of a Logic Model for a new intervention aimed at changing current practice. We have also included a blank Logic Model template that you can use when developing your own Logic Models.

Table 4: Programme Logic Model

What you want to change	What change you expect to see		What the research tells us	What you plan to do		What resources are needed
THE CURRENT SITUATION	OUTCOMES (Short & Medium)	IMPACT (Long-term outcome)	RESEARCH EVIDENCE/ BEST PRACTICE	ACTIVITIES	OUTPUTS	INPUTS/ RESOURCES
Parents report challenges associated with their children transitioning to secondary school (e.g. struggling with being organised, getting lost in corridors, negotiating different rules with different teachers) 6th class children report concerns associated with changing schools, including a lack of knowledge about secondary school and worries about making new friends, being bullied	Children feel more confident about their transfer from primary to secondary Reduction in 'settling in' time for participating children Parents feel empowered to support their children in the transition Primary and secondary schools have established mechanisms for continued transition support	Improved retention and engagement in school (both academic and social)	Three areas of discontinuity between primary and secondary school: a) social and emotional, b) academic, and c) structural/ environmental Effective transition supports involve parents Peer mentoring programmes effectively support 1st year students Effective transition supports generally involve a collaboration between primary and secondary school teachers There are existing quality transfer programmes developed for an Irish context (e.g. Belonging Plus, Mind the Gap)	Develop a 'Preparing for Secondary School Course' for 6th class students, by adapting an existing quality transfer programme to local context, (e.g. use materials from local school such as actual 1st year timetable) Organise six 'Preparing for Secondary School' workshops for 6th class students Invite parents to two of the these workshops Support primary schools to organise tours of local secondary school and teacher Q&A sessions Put peer mentoring system in place for incoming 1st Year students	6th Class students have improved knowledge of organisational aspects of secondary schools 6th Class students have knowledge of appropriate coping strategies Parents have increased knowledge of how to support the transition Schools have a peer mentoring system in place for 1st Year students 6th class students take part in tours of local secondary schools and Q&A sessions. 1st Year students engage in peer mentoring system	Teachers' commitment to programme Existing relationships (with students, parents, and secondary schools) Access to secondary school Access to quality transfer programme resources (e.g. Belonging Plus, Mind the Gap) Time

Risks and Assumptions: No major changes in national school curriculum or timetable that affects schools' and teachers' commitment to the programme.
Monitoring and Evaluation of implementation and outcomes. Please see Chapters 4 and 9.

Table 5: Logic Model Template

What you want to change	What change you expect to see		What the research tells us	What you plan to do		What resources are needed
THE CURRENT SITUATION	OUTCOMES (Short & Medium)	IMPACT (Long-term outcome)	RESEARCH EVIDENCE/ BEST PRACTICE	ACTIVITIES	OUTPUTS	INPUTS/ RESOURCES
Risks and Assumptions:						
Monitoring and Evaluation of implementation and outcomes. Please see Chapters 4 and 9.						

3.5 Programme Adaptation

So far this chapter has focused mainly on creating a Logic Model for an evidence-informed intervention – an intervention that is based on evidence and best practice as far as possible, but that has not yet been rigorously evaluated. The Logic Model can also be used when you are adopting an existing evidence-based programme or intervention. An evidence-based intervention differs in that an evidence-based intervention has already been tested through rigorous evaluation. It will already have a logic and rationale. It will specify the frequency and intensity of the activities, as well as the necessary resources ('Inputs') to achieve the intended outcomes. One such example is CDI's Doodle Den literacy intervention. This intervention has been proven to work in particular settings under specific conditions. When other organisations implement this intervention, they use the standardised Doodle Den Manual and tools and receive specific training. They also take part in quality assurance monitoring and activities, all of which support quality and fidelity.

A Logic Model can still be useful if you are adopting an evidence-based programme. It helps you to link the findings of your Needs Assessment ('the Current Situation') with the evidence-based programme. It can help you think through the logic of the intervention within your context. It can help you consider whether you have the necessary resources ('Inputs') to implement the intended evidence-based intervention to its required dosage ('Activities').

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Definition:

Evidence-based Intervention: an intervention that has been tested through rigorous evaluation and found to achieve the stated outcomes under particular conditions.

Evidence-informed Intervention: an intervention that has been developed based on research and best practice, but which has not had a solid, rigorous evaluation that determines whether it achieves the stated outcomes.

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Definition:

Fidelity: the degree to which an evidence-based or an evidence-informed programme or approach is delivered as intended (i.e. with intended quality and adherence to the key components and concepts that underpin its evidence).

The Logic Model is also a useful tool to ensure fidelity of implementation. Fidelity is the extent to which the intervention (or its essential elements) is implemented as intended (e.g. with the required number of sessions and trained facilitators) is key to the achievement of the identified outcomes.

Generally, it is recommended that we don't make changes to an intervention that has been tried and tested, as this could affect its efficacy. However, there may be very appropriate reasons for wishing to adapt an evidence-based intervention, based on context and needs. You may want to change the programme in recognition of your target group's gender, age, socioeconomic background, level of education, or individual needs. Planned, well-considered adaptation can be useful, without affecting those elements that are central to the change being sought.

Sometimes adaptations happen without being planned or fully considered and this can affect the fidelity of implementation. Common barriers to faithful implementation of evidence-based programmes include:

- Few opportunities for staff to participate in decision-making processes, resulting in lack of ownership or understanding

- A lack of commitment to change among staff/organisations

- Highly experienced staff who 'know the ropes' and are overconfident in their practice

- Organisations with bureaucratic climates

- Absence of effective managerial support and leadership

- Lack of adequate resources to provide staff training (Fixsen et al., 2005; Mihalic, 2004; Weiner, 2009).

All of these factors can negatively impact the achievement of intended outcomes. In Chapters 5 to 8 we will discuss how staff competency, organisational culture and type of leadership can support rather than hinder fidelity.

However, as we stated already, there are times when **adapting** an intervention to suit the target group is entirely appropriate. For example, when implementing a programme that has been designed in a different country, some modification may be required to make it more relevant to the Irish context. This might include the language used, or resources such as books or audio-visual materials. Adaptation may also be appropriate if the intervention was not designed for the population you want to target. For example, in CDI we adapted aspects of our community-based parenting support work when we began working with families impacted by imprisonment. Many of the components remain the same, but there are different challenges for these families that needed to be reflected in the programme content. Likewise, a generic literacy programme may need adaptation for children in a direct provision centre; an engagement strategy for Travellers may not work for other ethnic minorities; or an after-school homework support may need rethinking to benefit children with a disability.

An evidence-based intervention should ideally be modified under the expert

guidance and direction of the programme developers, i.e. the people who originally developed the intervention rationale and the resulting activities. In addition, it is useful for the developers to take an active role in the ongoing monitoring of quality and fidelity throughout the delivery of the intervention.

Fidelity is not only about 'how much' but also 'how well' we implement our services. In this sense, fidelity encompasses both adherence and quality, and these elements are considered in more detail in Chapter 9.

Fidelity measures are generally developed by the programme developers, particularly if it is a licensed programme. Often, these will consist of a template for self-reflection, for example a rating tool that encourages questions such as: Did we implement all activities? Did we use the required techniques in our interactions with the participants? Some programmes will also require that an accredited trainer observe delivery, and that facilitators participate in related ongoing professional development. Collecting data on implementation may also be required by the programme developers. Even if it isn't, fidelity should be periodically measured during the 3rd and 4th stage of implementation, 'Doing It' and 'Sustaining'. (See Section 1.4.1 in Chapter 1.)

Most evidence-based interventions have an in-built fidelity measurement to encourage the facilitators to monitor the quality of delivery, e.g. in the form of a post-session quality checklist completed by the facilitators at the end of each delivered session. These checklists assess fidelity to the protocol (adherence) and the facilitator's delivery skills (competence), and they typically include questions relating to the following four intervention quality domains: (a) adherence to intervention methods, content and structure (the amount of the intervention delivered and whether it conformed to theoretical guidelines); (b) quality of delivery (the way the intervention was delivered); (c) participants' engagement (the degree to which the participants were engaged); and (d) other critical features that distinguish the intervention and underpin its evidence (whether these were present in the delivery). These kinds of fidelity checklists are tools that support reflective practice (see Chapter 6).

Table 7 provides a sample fidelity checklist, with areas for reflection. These are structured under four key programme quality domains.

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Definition:

Programme developer: the individual or organisation who developed the theory underpinning an intervention and wrote the activities and supporting resources.

Licensed programme: a programme or intervention that can only be delivered by those who have signed a licence agreement with the programme owner. This may include a fee and will almost always include a commitment to deliver the intervention with fidelity. The level of monitoring undertaken as part of this agreement can vary considerably.

Table 6: Key Domains of Programme Quality and Fidelity

Programme Domain:	Key Questions:	Absolutely yes!	To some extent	Needs work	Oops!
Adherence to programme methods, content and structure	Was the programme's dosage as recommended? For example, did you deliver all session components? Was the programme of the recommended length and duration? Did you adhere to the programme 'script' or manual?				
Quality of delivery	How well did you implement the programme? For example, did you support all participants? If applicable, how well did you manage participants' challenging behaviours?				
Participants' engagement	Were the participants engaged? For example, did you reach out to all participants? Did the participants take part in proposed exercises? If applicable, how did the participants rate the session?				
Differentiating features	Did the implementation adhere to the methods and theoretical guidelines of the intervention? For example, did you use the recommended approaches in your interactions with the participants, e.g. motivational interviewing interaction style if the programme requires it?				

Exercise: Reflect on the implementation of evidence-based programmes in your work. Start by naming all those that you and your staff have been involved in delivering. What factors (if any) guided their adaptation? Do you monitor fidelity of their implementation (either as a practitioner or as a manager)? If so, how? How could a Logic Model help you in monitoring programme fidelity in general?

A more comprehensive example of a Reflective Tool to Monitor Quality and Fidelity can be found in Section 6.8. This focuses on fidelity assessment, which is a way to ascertain whether the minimum level of quality and adherence that is needed to achieve the intended outcomes is being

achieved. It also prompts us to focus on what is intended and what can be adapted. Reflections on how well we implement a programme should become routine in our reflective practice.

3.6 How to Use a Logic Model

Programme delivery can and should be informed by your Logic Model. All those involved in delivering or managing specific programmes or interventions should understand the core elements of their Logic Model, so that they not only deliver as intended, but understand the rationale and evidence for such delivery. This promotes quality and professionalism while supporting a shared focus on the anticipated outcomes.

Logic modelling can be used for different purposes, including:

- Programme design or identification/adaptation of appropriate interventions
- Service planning
- Monitoring of implementation
- Evaluation.

The primary focus of this chapter has been on the first purpose – the role of the Logic Model in determining an appropriate programme or intervention to respond to an identified need. It has provided a disciplined, stage-based process of arriving at a decision to develop or adapt a particular intervention strategy. Here we provide an overview of its other purposes.

3.6.1 Service Planning

A Logic Model can be used as a broader strategic planning process for a whole service, in addition to designing individual programmes. As a service planning tool, a Logic Model presents intended outcomes aligned to the strategic goals of the organisation ('Outcomes'), with associated context ('Current Situation' and 'Inputs'), and an overall strategy of actions ('Activities').

We strongly recommend that completing a service planning Logic Model is undertaken as a group activity with your Board, your team, and/or other stakeholders. Consider what outcomes are required by your funders, in addition to what outcomes you hope to achieve.

Reflection: Who should be involved in developing a strategic Logic Model for your organisation? Make a list of key stakeholders. How will you get them motivated and ready to support this process?

3.6.2 Monitoring of Implementation

When used during programme implementation, a Logic Model is an important tool to help avoid 'slippage' or a shift in focus. This can happen over time and particularly with changes in personnel, when the original vision or rationale for an approach gets lost or forgotten, or other priorities take over. The Logic Model is the basis for designing your monitoring system, which we introduce in the next chapter.

Periodically reviewing progress towards the stated intentions in your Logic Model reminds everyone of the problem being addressed, where you are trying to get to, and how you are trying to get there. This involves reviewing programme Activities and Outputs – did we run all groups that we intended? Did all intervention elements get delivered? Did the programme engage the participants we intended to engage? It also involves reviewing desired outcomes – what are the changes in knowledge, attitudes, skills and behaviours since the start of the programme? For example, are children eating more fruit? Are teachers reporting more effective partnerships with parents? This needs to happen throughout the 'Doing It' and 'Sustaining' stages of implementation.

Examine and analyse your Logic Model iteratively by establishing monitoring mechanisms, either through a dedicated working group, as part of team or Board/governance meetings, or with external support. These review processes should include consideration of the changing needs of your target population, such as:

- Have the needs of the target population shifted? Is the current situation changing?

- Is there any new evidence that would support our intervention strategies? Do we now know more about 'what works'?

You may want to revisit this section after reading Chapter 4, which encourages you to develop a Monitoring and Evaluation Plan based on your Logic Model for your work.

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Definition:

Iterative Processes/Thinking: a process for arriving at a decision or finalising a product (in this case an intervention or approach) by going through a cycle, which might include considering ideas, analysing data, reviewing information, consultation and so on.

3.6.3 Evaluation

The Logic Model can support evaluation in terms of assessing both the implementation process (i.e. how activities are delivered) and the outcomes you expect to achieve. We discuss process and outcome evaluations in Chapter 9. Evaluation can verify whether anticipated outcomes have been achieved and, in effect, establish the value of the programme. This is central to the 'Sustaining' stage of implementation. It is the achievement of outcomes and outputs specified in a Logic Model that indicates whether a programme or a service is successful and worth sustaining. Knowing whether our work is achieving the desired change is critical, so that:

- We are as effective as we can be

- Children and families get the services they need and deserve

- We utilise resources efficiently and effectively.

Findings arising from ongoing monitoring (Chapter 4) or an evaluation (Chapter 9) of a service or programme may be usefully applied back to the programme's Logic Model. We may realise we need to make changes to the outcomes or outputs, or change the underlying assumptions.

3.7 Conclusion

This chapter guided you through the process of designing a Logic Model. It outlined the key stages of logic modelling (from stakeholder engagement to review) and described the key components of a Logic Model. It also showed how these components interact with each other. It distinguished between evidence-informed interventions and evidence-based interventions and highlighted the importance of fidelity. We hope that it demonstrated the benefits of a Logic Model in both the development and delivery of quality services to children and families.

Chapter 4:
Planning, Monitoring and Evaluation
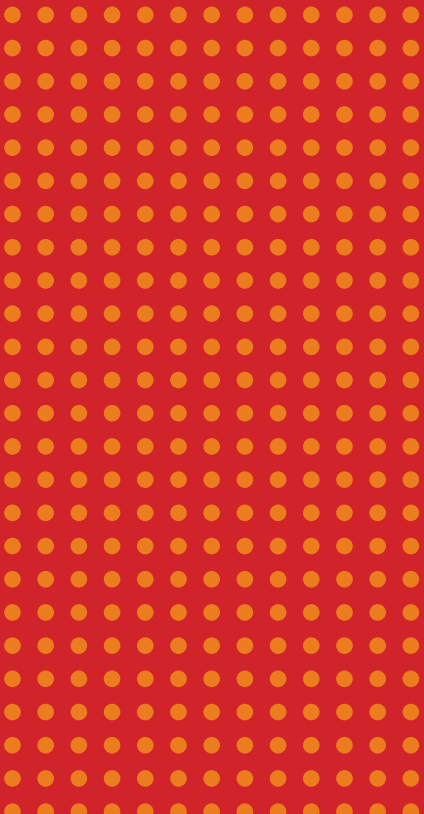
At the end of this chapter you will:

Know about: Tools used in effective planning and monitoring

Understand: The importance of using data in all aspects of your work

Be able to: Develop and implement a Monitoring and Evaluation Plan for your work.

4.1 Introduction

This chapter describes the key concepts and tools that can support planning for effective delivery in the second stage of implementation – the Planning stage. It supports you to develop a Monitoring and Evaluation Plan and an Implementation Plan to ensure that you are effectively implementing the services that you have designed. Careful planning and ongoing monitoring are central to ensuring quality implementation and achieving intended outcomes.

When we hear the word evaluation, many of us automatically think about an external researcher coming in to evaluate a programme or service. This Workbook looks at external evaluation in detail in Chapter 9, but here we focus on how to develop Monitoring and Evaluation processes that are core to your work and integral to the organisation. We know that you reap the most benefits when these processes become part of how business gets done in an organisation, rather than them being ad hoc and unplanned.

As a society, we lack regular reliable data on the well-being of children, families and communities. We are hundreds (or thousands) of years behind the business community which has always used data to gauge progress.

(Friedman, 2009, p. 127)

The two planning processes described in this chapter – the Monitoring and Evaluation Plan and the Implementation Plan – build directly on the Logic Model you have developed. They provide an implementation roadmap that takes you from activities to outcomes, and both are important tools to support monitoring. The Monitoring and Evaluation Plan supports the monitoring of outputs and outcomes, while the Implementation Plan supports monitoring of 'Activities' and 'Tasks'. The plans should be developed closely together and refer to each other. For example, key Monitoring and Evaluation data collection and analysis activities will be included in your Implementation Plan, while the timing of activities in your Implementation Plan will influence the targets within your Monitoring and Evaluation Plan.

It is not unusual to need to revisit your Logic Model during the Planning stage. The Planning process makes us think more deeply about our intervention and resources. It helps us test the logic of the design and think about what will be possible to achieve in the time available. You may need to return to the Logic Model to refine the wording of an outcome or output, or you may rethink an outcome altogether. But don't be disheartened! This is the real benefit of the Planning phase. It brings clarity to our work before we have invested critical time and resources in a direction that would not have succeeded.

In this chapter we first focus on Monitoring and Evaluation. We will outline the benefits and explain some of the terms. We will bring you through the practical steps, including identifying indicators, data sources and targets. We will then introduce an Implementation Plan and show you how it links with the Monitoring and Evaluation Plan.

Reflection:
Before we start, think about how you plan your work. Do you have a plan of specific tasks and timelines within the team? How do you know that your work is 'moving along' through the planned steps?

How do you monitor your work? Do you currently measure capacity (inputs), process (activities and outputs), and outcomes (what's changed) in your work? How? Or if you have just developed your Logic Model, how do you intend to monitor its implementation? How do you know that you are delivering services with the intended quality (i.e. with fidelity)? How do you know that you are achieving the intended results?

We hope this chapter will help you respond to these questions with clarity and get your intervention off to the best possible start.

4.2   Monitoring and Evaluation – An Introduction

4.2.1 Why Do It?

Monitoring and evaluating our work brings many benefits, including:

- **Enabling effective programme management and decision-making**
  Routine monitoring tells us 'how well we are doing' and motivates us to make necessary changes (e.g. what to adapt, where to direct resources). If we embed these processes into our practice, we can direct our strategy and efforts towards longer-term changes in the lives of service users.

- **Supporting accountability and compliance**
  Monitoring and evaluating our work generates data that tell us whether the work is being carried out to agreed standards. This information can also be used to report to external stakeholders (e.g. funders) and support compliance with internal and external quality standards. In fact, having a Monitoring and Evaluation Plan and structure is a prerequisite for many funders.

- **Contributing to organisational learning and knowledge sharing**
  Monitoring your outputs and outcomes creates opportunities for individual and team reflection beyond the completion of tasks. Reflection and learning focused on results can foster a culture of learning about what works and what doesn't.

  A strong culture of using data also develops internal expertise that can engage well with external/independent assessments.

- **Providing opportunities to engage with stakeholders**
  Collecting and analysing data should, where possible, engage your stakeholders and service users. Participation and feedback further enhance effective implementation. Monitoring also generates information that can be used to promote and celebrate our achievements internally and externally.

4.2.2 What is it? Monitoring and Evaluation

There are many terms used to describe Monitoring and Evaluation and its processes. Unhelpfully, some are used interchangeably and definitions can vary across agencies, sectors and funders. Here and in the next section we present key definitions that will help you navigate this chapter and the various processes described. We have attempted to provide simple terms with an emphasis on the concepts and practices that underpin them. This should make it easier for you to adapt the process if needed to a funder or partner framework.

Monitoring allows us to track and record our work as it is being implemented. It alerts us as to whether we are achieving what we set out to achieve. As a process of reviewing and assessing our work, monitoring is similar to Evaluation (which we discuss in Chapter 9). Indeed, many definitions include monitoring as part of evaluation activities, while others

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Definition:

Monitoring: 'To watch and check a situation carefully for a period of time in order to discover something about it', (Cambridge English Dictionary, 2019).

Evaluation: 'Systematic and objective assessment of ongoing or completed interventions … It assesses how well a specific measure has worked (or is working) and whether it is still justified or should be changed' (OECD, 2009, p. 5).

Definition:

Audit: 'an official examination of the quality or condition of something' (Cambridge English Dictionary, 2019).

Monitoring and Evaluation Plan: a document that helps us track and assess the process and results (outputs and outcomes) of a programme or intervention. It should be referred to and updated on a regular basis.

Indicator: a variable (a factor or feature that is liable to vary or change) that quantifies/ measures the achievement of something (e.g. a standardised score on a literacy assessment is an indicator of a student's literacy standard, or a patient satisfaction level may be an indicator of quality in healthcare).

Monitoring Instrument: a monitoring tool that facilitates data collection (e.g. survey, questionnaire, assessment, focus group).

Data Source: the resources or monitoring instruments used to gather the data against the indicator. This can be through a secondary data source, such as a national survey or through your own routine collection of data, such as a training participant database or through a monitoring instrument.

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use these terms interchangeably. We make the following distinction:

- Monitoring is a process that is *ongoing*, while evaluation is conducted at a particular point or particular points in time, for example mid-term evaluation or final evaluation (see Chapter 9).

- Monitoring looks at both programme outputs and outcomes, while evaluation is typically focused on outcomes (i.e. a programme's value), though it may look at the process of Implementation *in order* to examine why the outcomes were or were not achieved.

There are other terms commonly used to describe monitoring activities, including quality assurance and audit.

These processes form part of the Monitoring and Evaluation system of an intervention or indeed an organisation.

It is not uncommon, however, for organisations to engage in these processes without having a coherent system of Monitoring and Evaluation. A great deal of data are collected in the Irish child and family sector by organisations, government and services that are not used for learning or decision-making, and which are problematic to collate or draw from collectively.

Also, many organisations fall into the trap of only collecting data where required by funders. Friedman (2009) notes that the sum total of your formal reporting requirements should not be your performance monitoring system. The system should help you assess your implementation, make sense to you and your staff, respond to external compliance and reporting demands and be flexible to change in the context and direction of a programme. Vitally, it should be aligned to your programme Logic Model and relevant programme or organisation strategies.

Developing a Monitoring and Evaluation Plan will support you in thinking through your Monitoring and Evaluation system from the very start of your intervention. The plan documents the different components of the Monitoring and Evaluation system, which includes the expected results (outcomes and outputs), indicators, and data sources/tools used to collect the data.

4.3   Developing a Monitoring and Evaluation Plan

Developing a Monitoring and Evaluation Plan begins by defining and agreeing how we will measure the outcomes and outputs we want to achieve. The outcomes and outputs have already been identified in our Logic Model, so our first step is to consider how we capture whether we are achieving them. What are our indicators and what instruments or data source will we use to measure them?

The next step is to consider where we are now in relation to these indicators (baseline). What are our targets, where do we want to be in one year's time or by the end of the intervention?

We then need to define how often we want to measure progress (frequency), and, importantly, who will be responsible for doing this work. Lastly, we need to define how we will use the information we gather.

4.3.1 SMART Framework

A commonly used guide to help you develop aspects of your Monitoring and Evaluation Plan is the SMART Framework. The framework supports the identification of indicators, data sources (including the instruments we use) and targets that are **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound. Here are some questions that can help you develop your plan as you go through the steps below:

- **S**pecific – Is the indicator specific? Can we quantify it? Will we be able to set a clear target against it?

- **M**easurable – Can the indicator be measured? How? What is the data source/instrument we will use?

- **A**chievable – Will we be able to see change against this indicator? What level of change will we be able to see? What is our target for this change?

- **R**elevant – Is this indicator relevant to the overall logic of our intervention? Will it give us the information that can answer whether we have achieved our outputs and outcomes? Will it be appropriate to our target group? Will the instrument be appropriate for use with our target group and those collecting the data?

- **T**ime-bound – Will the indicator give us information that can show change within the timeline of the intervention? What is the level of change we expect to see at particular time points (targets)?

4.3.2 Step One: Indicators and Data Source

Indicators help us to quantify whether we have achieved what we set out to achieve. Indicators are expressed in specific, quantifiable terms, as numbers or proportions, e.g. participation or attendance *rates, the number* or *percentage* of something, *frequency* of occurrence, or simply the *presence* or *absence* of something (e.g. a document).

They tell us whether we are achieving our intended outcomes (outcome indicators) and how we are doing on the delivery of the intended outputs (output indicators). Indicators can quantify outcomes or the process of our work, i.e. outputs, quality, fidelity.

All indicators need a data source – a data collection instrument or source from which we will collect information against the indicator. Measuring specific indicators may include a range of methods such as surveys,

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Definition:

Baseline: the measurement of conditions at the start of a project, against which subsequent progress can be assessed.

Targets: The expected specific quantified level of achievement you are working towards at a particular time point.

Frequency of Measurement: How often data will be collected and analysed.

standardised assessments, and internal programme documentation (e.g. data on referrals). (See Section 9.6 in Chapter 9 for more detailed discussion on types of methods). Some of these may already be routinely collected.

Be careful with the number of indicators you select. You need to balance the need to understand and report the key aspects of your intervention with the resources needed to collect data, analyse and report. Too few and you may miss valuable learning. Too many and it becomes unwieldy.

Before we begin to define indicators and data sources, consider what data are available internally and externally. Remember you are not starting from scratch.

Internally, you may already be implementing parts of this intervention and be collecting data. What data are already routinely collected in your organisation or in your partner organisations? Could these support the development of your indicators?

For example, let's say you are working with schools to implement an intervention with the expected outcome of 'improved literacy'. The school already assesses children's reading scores on an annual basis, but your system does not access that data to help you understand the programme's progress. A possible indicator could be the 'average score in literacy test'.

If you have a speech and language intervention that has an output of expanding its referrals, you may already have data on referrals to your service that you could use to measure this output. Therefore, you could use the 'number of referrals' as an indicator.

Externally, if you are adapting an evidence-based intervention, there will likely be specific indicators and data sources already defined. Or you can look to similar interventions and see what indicators and instruments or sources they have used.

Outcome Indicators

Outcomes often look at changes in skills, behaviour or attitude. There is a misconception that these changes are impossible, or at least difficult, to measure. But they can be captured and quantified using surveys and scales. In fact, significant resources have been invested in testing instruments across a range of outcome areas for communities, families and children.

Reflection: Think about the following outcome: **Improved attitude to reading.**

What would 'indicate', in a quantifiable way, that this outcome has been achieved? Is there a data source or instrument we can use? Who do we need to get information from?

How will we quantify it? Do we want to know the number or proportion or

level of change we need to measure?

There are many possible answers. In CDI's Doodle Den literacy intervention, we and our partners want to make a difference in a child's attitude to reading, as this has a proven positive effect on literacy. We ask children questions directly about their experience of literacy.

Our indicator was: '% of students who report enjoying reading'. Note we used %, as we want to see a change in the **proportion** of our participants over time, rather than the **number**.

Our data source was: Children's Attitude Survey. For this indicator we developed our own instrument, but there are many other surveys available internationally that look at reading attitudes.

EXERCISES: Here we have several exercises to help you practise developing indicators and selecting data sources.

Exercise A: Outcomes, Indicators and Data Sources

Consider the examples of outcomes and the possible indicators and data sources in the table below. Please fill in the spaces.

Outcomes:	Indicators:	Possible Data Source:
Improved attitude to reading	% of students reporting that they enjoy reading	Doodle Families Reading Attitude Survey
A safer community		Crime rate records for the area
Improved work climate		Staff Satisfaction Survey HR records
	Average scores on literacy assessment	National Literacy Assessment
	# of parents reporting reduced stress	

Note that all indicators should begin with a quantifiable aspect:

- Number of (#)
- Average scores
- Percentage of (%)

Exercise B: Order the following statements into outcomes and their indicators. Remember that indicators are expressed in quantifiable terms.

- Standardised literacy scores within norms for age
- Peaceful neighbourhood
- Number of reports of antisocial behaviour (ASB)
- Improved organisational climate
- Number of children participating in sporting activity
- Increased community health
- Number of neighbourhood disputes dealt with by Local Authority staff
- Number of staff sick days
- Reduction in ASB in community
- Improvement in children's performance in primary school.

Exercise C: Develop the indicators for the following outcomes:

- Reduced waiting lists for specialist services
- Improvements in children's reading and writing
- Improvements in quality of parent–child interactions
- Better uptake of child immunisation programmes
- Improved parental mental health
- Increased safety in families experiencing domestic violence.

Exercise D: Outcomes, Indicators and Data Source. Complete this table with appropriate information for each outcome:

Stated outcomes to be achieved	Possible Indicators, i.e. what indicators will tell us if we are achieving the anticipated outcome?	What instrument or source will we use to get this information?
Children are ready for the transition from early learning and care services to primary school	% teachers and parents reporting children's readiness for primary school	Teacher and parent surveys Standardised school readiness instrument, such as the Santa Barbara
Parents are better able to support their child's learning		
Community well-being is improved		
Breastfeeding rates are improved		
There are improvements in school attendance		

Exercise E

Having completed exercises A to D above, think about the following:

- What did you struggle with?
- What was clear and straightforward for you?
- How does this help with your Monitoring and Evaluation Plans?
- What steps would it be useful to take now?

Output Indicators

Output indicators can be simpler to define than outcomes. They tend to be more tangible or easier to quantify. They can relate to the result of a particular activity, such as training, but can also relate to quality. Outputs and their indicators can help you assess whether you are reaching the intended target group or whether the intervention is being implemented to the satisfaction of the target group. For example, did you intend to implement a certain number of sessions or engage a specific target group? Are participants responding to the programme/service and are they satisfied with it?

The following is an example of an output related to quality and possible indicators for this:

- Action Learning training package is replicated with quality. (How do we know if the training is implemented with quality?)

Possible indicators:

- % of training sessions implemented according to training manual and facilitator guidelines
- % of facilitators who attend Action Learning Facilitators' monthly Community of Practice
- % of training participants who report satisfaction with the training.

Exercise: Identify the indicator(s) for the following outputs:

- Target population is reached by the programme. (How do we know if we are reaching the target population?)

_____
_____
_____
_____

- Teachers are trained in new teaching method.

_____
_____
_____
_____

- Parents engage in parenting activities in Early Learning and Care Centre.

_____
_____
_____
_____

- An advocacy strategy is developed.

_____
_____
_____
_____

Exercise: Mapping Your Logic Model – Step 1

Now you can start mapping the outcomes and outputs of your Logic Model. To start, select one outcome and one output and fill in the indicator and data source in the spaces marked with an asterisk (*). We have provided an example to guide you.

Note: we will continue to build on this table as we go through further elements of a Monitoring and Evaluation plan and will set baselines, targets and frequencies over the next two steps.

Refer to the SMART framework questions above in Section 4.3.1 to guide you in completing the table.

	Description	INDICATOR	DATA SOURCE How will it be measured?
Outcomes	Improved Literacy levels among target primary school students	% of students in target primary schools that score within the norms on standardised literacy score	Standardised literacy assessments
	Your Example:		
Outputs	Students take part in the after-school literacy programme	For example, number of students who take part in a literacy programme after school (= reach)	Programme referral & attendance data
	Your example:		

4.3.3 Step Two: Baseline and Targets

Once you have developed indicators to measure the progress of your work and defined the data source for this information, you can collect these data before you deliver any intervention. This is the baseline. You then define where you want to go. These are the targets. The baseline and targets will help you to meaningfully measure implementation. Asking 'how are we doing in relation to our targets or where we came from?' is more meaningful than simply asking 'how are we doing?'

Identifying the Baseline

The baseline is the starting point from which implementation begins and is used for comparisons. The primary source of baseline data is usually a baseline study – a study that collects data against your indicators before or at the start of an intervention. It describes the initial conditions of indicators against which progress can be assessed or comparisons made.

The same methodology is usually used in an endline study. An endline study collects data on the same indicators at the end of the intervention to allow robust comparison. While baseline and endline data are critical to the evaluation of an intervention, they are not evaluations in themselves. Rather they provide data at particular time points that can be compared during an evaluation (e.g. a final or impact evaluation). Baseline data can also be used for monitoring throughout an intervention, not just at the end. You may collect annual data against some indicators (such as reading scores) or carry out a midline study at the half-way point of your intervention that can be reviewed against the baseline.

For many reasons, including resource constraints and the scale of the intervention, organisations do not always carry out a dedicated baseline study. However, data from other sources can be used to understand the current situation and inform your targets. Sources include:

- **Needs Assessment:** Your Needs Assessment may have given you some valuable information on your indicators. Even though the Needs Assessment is carried out before you designed your intervention and for a different purpose, there could be overlap in data collection and target group. Often the way the instrument or question was administered is different and it will not give you a robust comparison, but, in the absence of a baseline, the data can be used to guide target setting.

- **Previous intervention data:** You may already be collecting intervention data that can help you define your targets and in some cases provide a robust comparison.

- **Secondary data:** While carrying out your Needs Assessment and developing your Logic Model, you may have come across secondary data that can help you. For example, data from a national study such as the *Growing Up in Ireland* study could guide you in defining your targets on child health and education if the indicators and instruments or sources overlap. Or perhaps there is regional data or data from another organisation that can give you a sense of the current situation and guide you with your targets rather than provide robust comparisons.

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Definition:

Baseline Study: a study that collects information on conditions before the intervention is delivered to provide a base against which to monitor and evaluate the intervention.

Endline Study: a study that collects information on conditions at the end of the intervention. It uses the same methodology as a baseline in order to provide a comparison with which to evaluate change.

Also remember, not all indicators require a baseline. Some indicators will have a baseline of zero. For example, if you have an output indicator of 'number of people trained in …', your baseline might be 'zero people trained in …'. If you have an indicator relating to the level of satisfaction with the new service, this too will be zero at baseline.

Target Setting

Once you have completed your baseline, you can begin setting the targets. When doing this, consider the timelines of the intervention and the points at which you will collect data on the target (the frequency). Think about the type of change that has been seen in similar interventions and the type of change that is necessary for you to reach your objectives. For example, if your baseline data tells you that 30% of children report feeling safe in their community, you might set annual targets as follows:

- After 1 year: 35% of children report feeling safe in their community
- After 2 years: 50% of children report feeling safe in their community
- After 3 years: 80% of children report feeling safe in their community.

Exercise: Mapping Your Logic Model – Step 2

Building on the Logic Model exercise above, fill in the baseline and targets for your outcomes and outputs. Use the examples for guidance. If you do not have an actual baseline value, make an educated guess for now.

Refer to the SMART framework questions in Section 4.3.1 to guide you in completing the table.

Table 7: Monitoring & Evaluation Plan – Baseline and Targets

	Description	INDICATOR	DATA SOURCE How will it be measured?	BASELINE Where are we now? Date: _____	TARGETS Where do we want to be?
Outcomes	Improved Literacy levels among target primary school students	% of students in target primary schools who score within the norms on standardised literacy score	Standardised literacy assessments	50% of 1,000 students score within the norms	By end of year 1, 70% of 1,000 students score within norms; by end of year 2, 70% of 1,500 students, etc.
	Your example:				
Outputs	Students take part in the after-school literacy programme	Number of students who take part in the after-school literacy programme	Programme referral and attendance data	0 (zero students taking part)	For example, by Year 1, 1,000 students from 20 schools in 3 counties will have taken part; by end of year 2, 1,500 will have taken part
	Your example:				

4.3.4 Step Three: Frequency and Responsibility

In developing a Monitoring and Evaluation Plan you need to agree specific points at which the progress will be assessed. You need to consider organisational capacity when setting timelines for the monitoring of outcomes and outputs. Who will be responsible for this work? Is the frequency of measurement feasible? What kinds of data need to be collected?

You might plan data collection after the completion of the initial intervention (e.g. after a few months) and again each year. Consider whether an annual review or a biannual review against baseline and targets is feasible.

In deciding the frequency, it is important to carefully consider who is responsible for each component:

- Who will manage the data collection process?
- Who can support it?
- Who will collect the data?
- Who will analyse it?
- Who will document the findings?
- Who will lead the consideration and dissemination of findings, e.g. with your funders and key stakeholders?

For simple indicators, this would be one person and one process. However, for more complex interventions and indicators there may be more people involved. When you identify the person responsible for each of the roles and indicators, consider whether the frequency (and indicator and instrument/ source) you have identified is feasible or whether you need to make some adaptations or seek additional support.

Be careful to match the frequency with the targets you have set! For example, if you have agreed annual targets, you may not need to collect data more frequently than this unless you can use that data to inform service delivery. (More on how we use data in Chapter 9.) You may need to return to the targets during this process if you find that it is not possible to collect data in line with the timeline of your targets or that it is not helpful to do so.

Exercise: Mapping Your Logic Model – Step 3

Continuing to build on the exercise on baseline data and targets, consider your Logic Model and now complete the section on frequency and responsibility.

Table 8: Monitoring & Evaluation Plan – Frequency and Responsibility

	Description	INDICATOR	DATA SOURCE How will it be measured?	BASELINE Where are we now? Date: _____	TARGETS Where do we want to be? Date: (e.g. Year 4) _____	FREQUENCY How often will it be measured?	RESPONSIBLE Who will be responsible? (Consider who will collect data, analyse data, report, disseminate)
Outcomes	Improved Literacy levels among primary school students	% of students in target primary schools that score within norms on standardised literacy score	Standardised literacy assessments	50% of students score within the norms	By end of year 1, 70% of 1,000 students score within norms; by end of year 2, 70% of 1,500 students, etc.	Biannually (at start and end of the academic year)	Resource teachers
	Your example:						
Outputs	Students take part in the after-school literacy programme	Number of students who take part in the after-school literacy programme	Programme referral & attendance data	0 (zero students taking part)	By Year 1, 1,000 students from 20 schools in 3 counties will have taken part; by end of year 2, 1,500 will have taken part	Annually (at start of academic year)	Programme facilitators
	Your example:						

When you have completed the above table for all your outcomes and outputs, you will have a Monitoring and Evaluation Plan!

In CDI, we use an Excel sheet for our plans. This allows us to easily add as many target columns as we need. For example, we can add one for each year. We also add a column, 'Actual', and the date, as the data comes in. Please find below a blank form to use.

Table 9: Monitoring & Evaluation Plan (blank version)

	Description	INDICATOR	DATA SOURCE How will it be measured?	BASELINE Where are we now? Date: _____	TARGETS Where do we want to be? Date: _____	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it? (Consider the lead, data collector, analyst, etc.)
Outcomes							
Outputs							

4.3.5 Step Four: Using Data for Effective Implementation

Now that you have learned the key components of a Monitoring and Evaluation Plan, the next step is to plan what you will do with it. To reap the benefits of the process, you need to use the data and integrate them into decision-making processes. That is why the monitoring process needs to be ongoing and cyclical, informing continual assessment of practice.

There are numerous ways that you can use your data for change in practice and learning on an ongoing basis, including:

1. Comparing performance with targets (either internal or external). Find space to discuss this with your team and stakeholders. Useful questions could be:

    a. Are we on schedule to reach the targets or are we behind?

    b. Do we need to revise our targets or do we need to invest more to reach our targets?

    c. Did some groups reach the targets and not others? For example, did it differ by gender or ethnicity?

    d. What changes should we make? Who should make them, how and when?

2. Comparing your performance with others (other organisations, other locations, similar populations), consider:

   a. Is our progress or are our results different to those of other programmes? And how?

   b. What could contribute to the difference?

   c. What learning can we gather? What changes can we make?

3. Comparing your performance over time:

   a. Have we performed better or worse than in the previous time period, e.g. year?

   b. What could be contributing to the difference?

   c. What learning can we take? Do we need to return to an old way of working? Do we need to document the change that we have made and ensure it becomes our normal practice?

Of course, in addition to informing decision-making, your data can also improve the quality of your reporting and communication with your funders and stakeholders.

Consider the plan you completed above. How will you use the data that you included in the plan for decision-making and learning? Make a note of how you will use the data for each indicator. Use the questions below as guidance.

- What comparisons will you make? (See questions above)

- Where will you document the data and learning?

   o Will you use it in your organisational annual report? Your funder reports? Policy documents? Website?

- Who will you share it with?

   o Your board? Your staff? Your target community and partners? Government, etc.?

4.4   Sustaining Monitoring and Evaluation Systems

As noted at the start of this chapter, monitoring and evaluation are not only important in the planning phase of implementation. Monitoring should be fully integrated into the day-to-day operations of an organisation and continually improved throughout the 'Doing It' and 'Sustaining' implementation stages.

Think about the resources in your organisation (i.e. funding, time, expertise, information, and stakeholder engagement) that can be used to conduct and sustain monitoring efforts. Are your staff on board? Are they likely to support the process? Is there internal expertise to lead monitoring? What partnerships are possible? Do you have existing systems of knowledge

management? What resources can you access to develop such systems? Effective monitoring requires disciplined use of data. The worksheets below will assist you in this reflection.

Consider actions that you may need to take following your answers to 'What needs work?' in the Exercise below. Do your staff require training? Do you need to develop new ways of working or change current ways? The following chapters of this Workbook will guide you further in implementing these.

Exercise: Improving Data Collection

	What's working well?	What needs work?	What needs to happen?
Data Collection	Allocated weekly time for project staff to gather quality and fidelity data	No standard way of collecting consent to use data Some staff don't see the value and so don't prioritise this	
Data Analysis System:	Staff review programme-specific data at supervision and as part of their reflective practice	Not all staff are trained in data analysis	
Data Storage System:	Individual staff have their own filing system for assessments, evaluations, etc.	No existing system to consistently store data	
Data Sharing:	Staff have started presenting their assessment and feedback data at team meetings, and use this to get guidance from peers	Management meetings do not include data reports Data are not shared externally	
Data Utilisation:	Individual staff use assessments and feedback to inform their delivery and plans for specific children	Annual organisation planning is done without looking at data	

Exercise: Consider the following questions:

- How is information managed in your organisation?

- Do you have a system to organise your service delivery data?

- Is the information that you gather regularly available? To whom?

- Is this information communicated? To whom? In what way?

- Are the decisions in your organisation based on this information?

Before you develop a Monitoring and Evaluation Plan, it is useful to conduct an inventory of monitoring systems and data being used across your organisation. Are individual staff collecting their own data in their own spreadsheets? Look for duplication. Do some people collect the same data? Look for numbers relating to outputs and outcome measures and their alignment. Are the data that are collected aligned with overall objectives? Are they aligned with your Logic Models?

It is helpful to have appropriate IT tools to maintain ongoing monitoring efforts. This can range from simple spreadsheet templates or electronic dashboards to more complex performance management software. Dedicate appropriate staff time to collecting and analysing data. Show staff how their efforts add value so they are dedicated to continual evaluation. Reward and celebrate achievement of results.

Nothing will work unless you do.
(Maya Angelou)

4.5   Planning for Effective Implementation

As well as developing a Monitoring and Evaluation Plan, you will need to have an Implementation Plan that sets out the key activities required to get a service or programme delivered with quality. An Implementation Plan includes the Monitoring and Evaluation aspects, but also looks at other practical steps required. It doesn't need to be too detailed, but it will save you time in the long run if you give this some thought before starting to deliver a new intervention. An Implementation Plan divides implementation into identifiable, concrete actions. It divides your work into smaller 'chunks' that are manageable and time-framed and it assigns clear responsibilities to those who will undertake the delivery. It also includes task monitoring, reporting and feedback (e.g. reporting times, data collection points). This plan is important in preparing for and managing the implementation of any project and is especially important for complex interventions.

There are many examples of Implementation Plans and templates that you can use. The most important considerations are how the plan is developed and how it is monitored.

4.5.1 Developing the Implementation Plan

Implementation Plans should be designed by and with relevant staff members. Where staff are unable to be involved, have a clear communication plan to ensure all those involved are aware of the purpose, activities and timelines of the plan.

Setting realistic tasks and time frames is important. A plan that is unachievable will have limited value and relevance, while also contributing to demotivation and poor staff morale. For example, in assigning responsibilities for specific actions, consider what staff supports exist and which ones need to be developed (e.g. expertise, training, time) for them to achieve what is in the plan.

As with the Monitoring and Evaluation Plan, the Implementation Plan should align to your Logic Model. Look at each component of your Logic Model to see what is required to achieve the stated outcomes. Consider the guiding questions in Table 11 below. Note that we asked similar questions during your logic modelling. The difference here is that you will assign specific roles for members of your team and schedule time frames for the completion of specific tasks, thus focusing on the implementation schedule.

Table 10: Prompts for Developing an Implementation Plan

Inputs: Do we have all necessary resources (budget, time, money, information and personnel)?	
• Programme facilitators • Community buy-in • Eight-week parenting course	• **Who** will train the facilitators? • **When** will the training happen? • **Who** will drive stakeholder engagement?
Activities: What is needed to get the project 'off the ground' and continue ongoing quality delivery?	
• Agreed time, dates and location • Recruitment process for parents	• **Who** will carry out these activities and monitor quality, and when will they do this?
Outputs and outcomes: How will these be measured? Who will collect the data?	
• The targeted parents are engaged • Improved positive communication between parents and children	• Include the **who** and **when** for data collection, analysis and usage of your outputs and outcomes within the Plan (as per your Monitoring and Evaluation Plan)

In large organisations or in complex initiatives, an Implementation Plan will need to be a comprehensive document. Here we focus on the most practical parts of the Plan, namely creating a list of implementation activities. List all concrete tasks and actionable steps, predict their duration and assign roles and responsibilities. You may want to use a software package to support you in the development of this plan, or modify a Gantt chart in Excel.

See Table 12 below for an example of an Implementation Plan listing the tasks and activities associated with planning the delivery of an existing evidence-based programme (Doodle Den), and Table 13 for an Implementation Plan relating to the development of a specific intervention in a family support context. Note that although the initiative in these examples will be led mainly by one person, the examples include details such as mechanisms for assessing implementation, specific activities under each task, and a checklist of achievements to monitor implementation progress. Ultimately, effective planning is about identifying concrete tasks and actions and agreeing on a mechanism for their control and feedback (e.g. reporting times, data collection points, time frames for completion of specific actions).

It may help you to split your plan into the relevant implementation stages – 'Putting the Plan Together', 'Doing It' and 'Sustaining'.

4.5.2 Monitoring the Implementation Plan

The plan should remain a live document and responsive to changes in capacity, timelines and context. It is important to integrate accountability to the plan into staff objectives and targets and into team and management reviews. Agreed regular reviews of the plan with the responsible team will be critical. This can be done through:

- team meetings
- governance structures
- one-to-one supervision.

This can help you ensure that the plan remains relevant and offers a mechanism for maintaining a focus on agreed aims and objectives. It can help you identify areas that are missing or no longer needed.

Exercise: Consider your Logic Model. Create a simple Implementation Plan with assigned roles and responsibilities for each identified task. Set timelines for completion and mechanisms for reporting. Consider the data collection, analysis and reporting activities that are in your Monitoring and Evaluation Plan and include them in the plan.

You can see an example of activities associated with the Planning Stage of CDI's Doodle Den below. Note that this example shows only an extract of the plan for Stage Two. For a full example see Doodle Den Implementation Guide on **www.cdi.ie**.

Table 11: Sample Implementation Plan: Doodle Den

	Task	Time frame	Responsibility	Reporting/Monitoring
Planning stage: **(Implementation Stage Two)**	Agree budgets			Is the budget signed off?
	Develop and agree a Memorandum of Understanding with stakeholders			
	Recruit a team of facilitators			
	Train facilitators and establish a coaching system			
	Purchase necessary programme materials and put in place fidelity monitoring plan			
	Identify appropriate venue			
	Agree and commence the referral process			
	Agree a Monitoring and Evaluation process			

Table 12: Sample Implementation Plan: Parent Education Programme

	Task	Time frame	Responsibility	Reporting/Monitoring
Putting the Plan Together stage: **(Implementation Stage Two)**	Identify the target group			
	Consult with the target group and/or those working with them to identify needs			
	Agree the specific intervention that is aligned to need			
	Agree who will deliver the programme and ensure they have received appropriate training			
	Commence recruitment of parents			
	Agree venue and time for delivery			
	Agree baseline and follow-up assessment process			

We discuss steps associated with managing organisational change in Chapter 7. You may want to revisit your Implementation Plan after reading this chapter to include actions relating to organisational change.

4.6   Conclusion

Effective planning is a core element of successful change. Developing a Monitoring and Evaluation Plan and an Implementation Plan before you begin 'Doing It' will help you get a new or revised service off to the best start. The processes described in this chapter help test the assumptions of your design and establish mechanisms to monitor activities, outputs and outcomes to ensure you stay on track and are achieving your aims. We reap the most benefit when these plans and the data that they generate are integrated into our implementation in the 'Doing It' and 'Sustaining' stages. They can drive continual improvement and learning, strengthen internal and external communication, and ultimately improve the quality of our services and strengthen our outcomes.

Chapter 5:
Capacity Building for
Quality Services
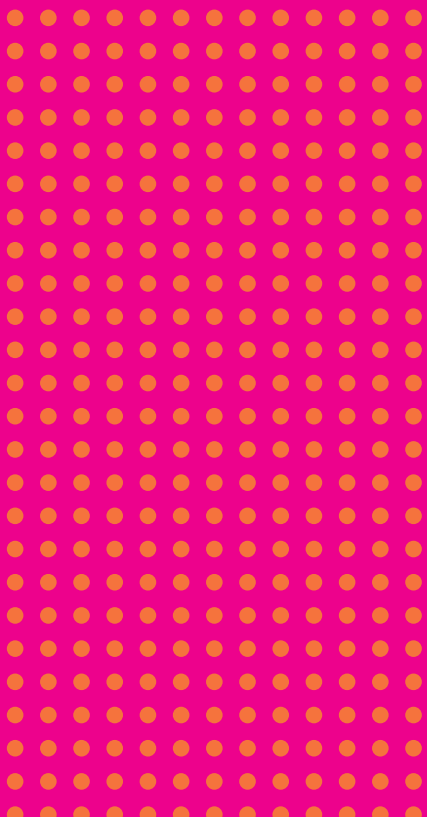
At the end of this chapter you will:

Know about: a range of mechanisms to enhance professional development

Understand: the importance of providing feedback

Be able to: develop and implement supports for staff that enhance service delivery.

5.1 Overview

Organisations can promote and enable quality service delivery by supporting staff to build their capacity (i.e. competencies and confidence). This includes providing ongoing opportunities for practitioners to develop the skills and abilities needed to deliver interventions with quality and fidelity. Within organisations, individuals with roles as managers, trainers, facilitators or practitioners can act as change agents who support continual growth and development in practice (Thomas, 2008). This chapter will explore several processes that support staff to build the knowledge, skills and attitudes that will enable high-quality, effective service delivery, with a particular focus on the 'Doing It' and 'Sustaining' stages of implementation. Chapter 6 will consider the reflective practice that underpins and supports all the processes discussed in this chapter.

> *Great vision without great people is irrelevant.*
>
> *(Jim Collins)*

5.2 Selection of Staff

Staff (paid and unpaid) are the most valuable resource in any organisation. Therefore, ensuring that their skills and motivation are maximised, any gaps or weaknesses are addressed, and there is a good fit between people's skill sets and their roles is critical to supporting the delivery of high-quality services. Supporting staff in these ways will help achieve better outcomes for children and families.

Important elements of any recruitment and selection process include identifying essential criteria, such as relevant qualifications, experience and core competencies required for the position or the role. The National Framework for Qualifications (NFQ) provides a structure to compare different qualifications (**http://www.nfq.ie**). Identifying a minimum standard of qualifications and experience is a key aspect of ensuring staff have the appropriate knowledge to work in a particular area or with a specific target group. There are also specific personal traits and competencies (e.g. openness to feedback or agreeableness) that support quality service delivery. (These are discussed in detail below.) Finally, the capacity to deliver evidence-based and evidence-informed interventions is a significant factor in delivering programmes with fidelity (as intended and with quality) and so the necessary knowledge and skills for this should be given due consideration for relevant positions.

Recruiting is hard. It's just finding the needles in the haystack. You can't know enough in a one-hour interview. So, in the end, it's ultimately based on your gut. How do I feel about this person? What are they like when they're challenged?

(Steve Jobs)

5.2.1 Competency–Based Questions

An increasingly common way to interview candidates in a recruitment process is competency-based questioning, which targets a specific skill or competency by focusing on behaviour and skills in particular circumstances. This process requires the following steps:

- Identify the competency you are interested in, for example, flexibility.

- Devise a question that is relevant to your field of work but is not too specific, and which offers the candidate the opportunity to demonstrate this competency.

- Identify the key behaviours you are looking for and any behaviours that you would view negatively.

Examples of Questions:

- Tell us about a time where you had to change how you approached a task. (flexibility)

- Can you think of something you have done to grow professionally in the recent past? In what way did this impact on your practice? (openness to experience)

- Describe a time when you altered your own behaviour to fit the situation. Explain why you did so. (flexibility)

- Tell us about a time when you had to change your point of view or your plans to take into account new information or changing priorities. (emotional intelligence)

- Describe a significant change you have had to deal with at work. How have you managed this? What skills and supports did you draw on? (emotional intelligence).

Selection of staff does not always mean recruitment, and indeed this is not always feasible or appropriate. However, we might have the flexibility to allocate specific roles, particularly in relation to new developments and approaches.

Several personal characteristics may be useful to consider when selecting staff, such as emotional intelligence (encompassing sub-components such as openness to experience and coping styles), conscientiousness and agreeableness. We will explain each of these below, together with their relevance to quality implementation. We will also make suggestions for exploring these characteristics as part of a recruitment and selection process.

5.2.2 Personal Characteristics

As well as formal qualifications and professional experience, there are qualities and competencies that can make a real impact in an individual's commitment and efficacy and their ability to implement high-quality services. There are also more general but critical skills such as judgement, teamwork and independent thinking. The following section aims to raise awareness in relation to these key characteristics and offers approaches that can enable both their identification and enhancement.

5.2.3 Emotional Intelligence

Emotional intelligence can be defined as a person's ability to perceive, understand and manage their emotions and interact with others. It is a multifaceted concept and one that has been found to be one of the best predictors of job performance (Joseph & Newman, 2010).

Emotional Intelligence is an ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behaviour, (Colman, 2015).

Emotional Intelligence is associated with high performance on group or team tasks, and higher levels of emotional intelligence are linked positively to an individual's ability to work effectively when carrying out emotional labour (O'Boyle et al., 2011). 'Emotional labour' is used to describe working in the service industry, caring professions, law enforcement and leadership roles. Emotional intelligence and cognitive ability are both linked to a person's ability to carry out complex tasks (Joseph & Newman, 2010). Opportunities for, and support in, reflective thinking can develop and enhance individuals' emotional intelligence.

People will forget what you said; people will forget what you did; but people will never forget how you made them feel.

(Maya Angelou)

Openness to Experience

Openness to experience is a sub-component of emotional intelligence. A person who is open to experience is conscious of 1) their own feelings; 2) others' feelings; and 3) organisational context. The construct of openness is complex and requires more research to be fully understood. However, Griffin and Hesketh's (2004) research found that attentiveness to changes in one's environment is associated with adaptability to changes in a work setting.

Flexible Coping Styles

Flexible coping styles are a further sub-component of emotional intelligence. We all use a range of positive coping strategies, but some are more strongly associated with high performance than others. For example, 'reappraisal coping', which involves individuals actively looking to reframe a situation in a positive way, is associated with high performance at work. Employing positive reappraisal as a coping strategy is thus associated with a 'tendency' to maintain programme fidelity in evidence-based practice (Klimes-Dougan et al., 2009).

Conscientiousness

Conscientiousness refers to the practice of carrying out tasks as required, particularly in terms of attention to detail and dutifulness. Conscientiousness has been associated with ability to cope with change positively and has been shown to be an important factor in the performance of complex tasks (Chen et al., 2001; Lochman et al., 2009).

Agreeableness

Agreeableness relates both to tendencies to comply with requests and interpersonal skills such as being kind and sympathetic. It is associated with an ability to engage with children and their parents and to follow programme requirements (Lochman et al., 2009), which is important in quality implementation of evidence-based practice. Since learning to effectively use a new practice will involve receiving and acting on feedback, being 'coachable' is viewed by Fixsen et al. (2005) as a key staff selection variable. Being 'coachable' also encompasses having a reflective orientation to one's work. (We will discuss reflective practice in the next chapter.)

Ideally, individuals should also hold beliefs and values that are aligned to the ethos of the organisation or a specific evidence-informed programme they are implementing.

Checking for Emotional Intelligence

When recruiting staff or allocating responsibilities within an existing team, things to consider may include:

- Is this person in tune with their organisational context?
- Are they able to regulate their emotions?
- Do they demonstrate an ability to carry out tasks?
- Are they open to different points of view?
- Are they open to learning?

- Has their experience changed their practice?

- How do they cope with change?

- Do they keep up to date with research?

- How do they deal with setbacks?

- Do they have a good level of emotional insight? Are they able to recognise unspoken responses in themselves and others?

- How do they cope with complex tasks or competing demands?

As with all competencies, demonstrable skills and evidence of past experience can be helpful in answering these questions, along with a team culture that encourages openness and reflection.

Exercise: Provide the above questions to your staff and ask them to spend some time honestly scoring themselves on an agreed scale. Depending on the dynamics, discuss at one-to-one supervision, in pairs, or as a team. If the relationships facilitate this, encourage feedback to each other on the competencies. Discuss what would help areas in need of attention. If possible, agree some SMART targets to support a focus on these competencies.

Emotional intelligence and personality can also be assessed using psychometric tests (Powell & Goffin, 2009). For example, the Emotional Quotient Inventory (EQI-i) can be used to assess a person's emotional intelligence (Bar-On, 2006). Psychometric tests can be administered by a certified external consultant or a person in your organisation who has received specialised training in the specific test. For more information on utilising psychometric tests, contact one of the many Irish consultancy firms specialising in human resource management or the Psychological Society of Ireland (**www.psihq.ie**).

In addition, see the exercise below, which details a number of activities that may be useful when exploring personal characteristics and beliefs. In conclusion, staff selection provides an opportunity to identify individuals who have the knowledge, skills and personal attributes that are likely to support them to carry out programme implementation effectively. However, staff selection is still only the first step in the process. To ensure quality implementation, staff need to be supported to build confidence and competency by training, coaching, supervision, and opportunities for both individual and group reflective practice.

Exercise: Activities to explore Personal Characteristics and Beliefs

The following exercise can be used as part of a recruitment process or team-building activity, or even during one-to-one supervision. It will help to identify personal characteristics that can significantly impact on practice and should therefore inform decisions about roles and responsibilities.

- Identify a task or activity (from your service delivery) for an interviewee or staff member to model/act out. Describe exactly what you expect the individual to demonstrate (i.e. target behaviours).

- Provide information on the task or activity. Ask the individual to demonstrate how they would deliver/facilitate this. This demonstration should include modelling/acting out of key skills. For example, you might ask an interviewee to demonstrate how they would deliver a session to parents on how to support their child's oral language development, or ask your member of staff to model giving feedback to new facilitators on their delivery of an evidence-informed programme.

- Ask the individual to reflect on how the activity went. What worked well? Do you think you delivered all aspects? What was difficult?

- Align your observations to the stated target behaviours and competencies.

- Once the person has given their views, thank them and give feedback. Ask the person to respond to the feedback. Is there anything they would do differently?

Table 13: Examples of Competencies and Associated Target Behaviours

What's working well?	What needs work?	What needs to happen?
• Parenting session on supporting oral language development	• Is warm and welcoming • Uses appropriate language • Takes a strengths-based perspective • Encourages peer support • Draws on expertise in the group	
• Providing feedback to facilitators	• Provides specific feedback • Is constructive • Gives both positive and negative feedback	
• Your Example:		

Blasé et al. (2011) suggest it is useful to ask the person to repeat the task following the discussion and reflection in order to assess if they can incorporate feedback and change their behaviour.

5.3 Staff Training

Training is an integral element of capacity building in organisations, and building the capacity of both new and existing staff is essential in quality programme implementation and service delivery. If you consider new training for yourself or your staff, consider also your attitudes to it. For example, are you/your staff motivated to get trained? Do you/your staff believe that the training is relevant and appropriate to your work? Do you/your staff believe that the training will improve the outcomes you are working towards? This so-called 'receptivity to training' can be one of the key predictors of training effectiveness.

Training for programme staff may be based on either (1) the specific content of the evidence-informed intervention being delivered; (2) generic areas for professional development such as managing challenging behaviour of participants, engaging with parents and so on; or (3) training on both. From CDI's experience, generic professional development is equally as important as programme-specific training in helping staff to deliver evidence-informed interventions. For example, if a key part of the work is to engage with parents, training is required in the specific programme content as well as the generic skills of working with parents, building rapport, managing resistance, etc.

Training not only enhances the connection between theory and practice; it also acts as an incentive for practitioners. It enables them to take pride in their work and to have a better understanding of what they are doing and why they are doing it, and ultimately to be more effective in achieving the desired outcomes. If practitioners learn through training about the role the service activities play in achieving the desired outcomes, they are much more likely to be motivated to carry them out, thereby remaining faithful to the programme content and structure.

While training can imply cost, there are creative ways of minimising this, and it is also vital to recognise that staff are our key asset. Funding for training is available from a variety of sources, and managers should keep an eye out for such supports, e.g. Childcare Committees, County Councils, Local Area Partnerships, Local Drugs Task Forces, The Wheel, SOLAS[1] and Education Training Boards (ETBs), and on websites such as Activelink.ie, to name but a few. Developing and utilising internal expertise can also be cost-efficient, build individual confidence and offer opportunities for professional development. Finally, quid pro quo arrangements between organisations, whereby one organisation provides expertise or training to another on the basis that this will be reciprocated, can also be appropriate and cost-effective, and can encourage interagency collaboration.

> *If you think it's expensive to hire a professional to do the job, wait until you hire an amateur.*
>
> *(Red Adair)*

---

[1] SOLAS – An tSeirbhís Oideachais Leanúnaigh agus Scileanna, formally known as FÁS

There are several elements that should be considered when planning and identifying training, namely:

- Timing of training
- Specific curriculum/programme training
- Booster training
- Selection of trainers
- Training methods
- Review of training needs.

These will be described in the following sections.

5.3.1 Timing of Training

Services usually have tight time frames when it comes to training. Some points to note include the need to:

- Ensure the training is delivered at a time that suits all practitioners (or at least a majority)
- Factor in time in lieu if training is delivered outside of practitioners' working hours
- If the training is delivered over several sessions, ensure adequate time between these to observe and allow for the transfer of learning into practice.

5.3.2 Specific Curriculum/Programme Training

We recommend that specific curriculum/programme training be identified and delivered before the staff are expected to deliver the intervention. In most evidence-based interventions, this is a requirement. Not only will this give participants a clear understanding of their role, but it will help to ensure that the programme is delivered as intended and will help make coaching less costly and more effective. Also, if it is a new programme, or there are new staff on board, it will provide an opportunity for staff to get to know each other, and the training can include team-building aspects.

5.3.3 Booster Training

Revisiting the manual each month keeps me focused on what I should be doing in the group and why. It would be easy to slip into habits without that space.

(Doodle Den Facilitator)

We have all been to one-off training where we came away energised and motivated, excited about the new ideas or techniques we've been exposed to, only to realise weeks and months later that we haven't given the training another thought! Ongoing training and support are vital to consolidate the initial training. The provision of booster training will be of immense support in creating and sustaining an active learning environment. This is particularly important in the 'Doing It' and 'Sustaining' stages of implementation. Staff need opportunities to revisit core elements of the Logic Model and specifics of the programme curriculum, and to remind themselves of the intended outcomes and rationale behind activities. Booster (or follow-up)

training offers this space, which can help avoid complacency and re-energise staff. It also allows for self-monitoring by requiring consideration of the extent to which the Logic Model has informed daily practice. Booster training content can be best identified by examining fidelity and outcome measures to determine which core components are being delivered well and consistently and which areas facilitators struggle or have ongoing challenges with. (The processes included in Chapter 4 may assist you with this, while the Communities of Practice, discussed in Section 5.7, will also inform this.) While identifying training needs should be based on data from ongoing Monitoring and Evaluation and from mentors (typically the role of the manager), practitioners should also play a part in identifying their own needs and communicating these to their manager.

5.3.4 Selection of Trainers

While identifying training needs is important, so too is identifying the right trainer. In relation to evidence-informed interventions, it is important that the trainers have the prerequisite content knowledge and experience to deliver the intervention. This may mean identifying trainers who have received specific training in relation to the intervention, have experience in delivering it, and, ideally, have been designated as qualified by the developer(s). As noted above, ongoing contact between trainers and programme developers to support quality of delivery is strongly recommended.

More generally, a trainer that does not meet the needs/expectations of the participants can leave them unenthusiastic about attending further training or even put them off the new approach that is being introduced. Obviously, ensuring resources and time are well utilised is also key. The exercise below may support the process of identifying a trainer.

Exercise: Identifying a Trainer

- Identify clear objectives for the training, preferably in consultation with the developer(s) if you are using an evidence-based intervention or practice, as well as considering the needs and expectations of the anticipated participants.

- Ensure a transparent tendering process is established.

- Ideally, there should be at least two people selecting the trainer.

- Are they accredited to deliver the training you are seeking?

- What experience do they have in delivering this type of training?

- Were they recommended by someone you respect?

- Do they have relevant experience in addressing your training needs?

- If they are experienced, can they show you evidence from past training events that demonstrate that they can produce results (i.e. increases in knowledge, changed attitudes, skill improvement)?

- Meet with the trainer before, during and after the training to review how it is going.

- Ensure participants provide feedback that is shared with you and duly considered.

- Ensure that testing of knowledge and skills occurs at the beginning and end of the training course so you know if the training was effective and which skills and abilities will require more attention through mentoring and supervision.

- If further training is required, consider using the same trainer (if appropriate and if you are satisfied with delivery and outcomes) to ensure consistency.

- Agree when and where training will be delivered to ensure maximum participation.

5.3.5 Review of Training Needs

While the provision of training is central to quality service delivery and improvement in staff morale, managers need to be vigilant and constantly monitor training needs and the quality of training delivered. Given the limitations of budgets and the importance of using time effectively, managers need to be sure that the training is appropriate, timely and, most of all, impacts on practice. Ideally, at the start of the year a schedule of training should be laid out, based on a process of identifying needs with practitioners and a continual check-in on training outcomes and further training needs.

5.3.6 Training Methods

Consider choosing the most effective delivery method for your team, given your objectives. Active training has been well recognised as an effective method of training. But what is active training? Silberman and Auerbach (1998) describe it as training where participants do most of the work, so that they acquire knowledge and skill as opposed to receiving it.

Some methods of active training delivery are:

- Workshops
- Practical demonstrations
- Role play
- Onsite training and work shadowing
- Self-paced instruction/distance learning
- Small group work
- Computer-assisted/E-learning.

Training is only one approach to fostering staff learning. Other professional development approaches are described below. In the following sections we will discuss supervision, mentoring, coaching and Communities of Practice, all of which enhance collective learning in organisations.

5.4   Supervision

Effective supervision is a very important structure to support practitioners in their work and provide an opportunity to reflect on practice. Supervision offers an opportunity to:

- Review tasks and agree steps to achieving tasks
- Develop/inform work plans
- Identify barriers to achieving tasks, and consider solutions
- Identify areas where support or resources are required
- Identify areas where decisions need to be made, before the staff member can proceed with actions
- Reflect on practice in a private and focused environment
- Formulate an action plan to address all issues identified.

Supervision should be carried out at least monthly, should be of at least one to one-and-a-half hours' duration, and should be structured. Ideally, each practitioner should have an action and development plan that can be used as the basis for the supervision, which includes a space for actions and supports required to achieve the actions – see sample supervision template below. Both the supervisor and practitioner should prepare for the supervision meeting. A policy on the purpose and structure of supervision

> *People never learn anything by being told, they have to find out for themselves.*
>
> *(Paulo Coelho)*

?

Definition:

Supervision: a process that aims to enable the member of staff to name problems, identify solutions, improve practice and increase knowledge of professional and (where relevant) clinical issues. It is usually provided on a one-to-one basis by the line manager, and so includes accountability. Peer supervision is also useful, whereby colleagues at the same level in an organisation offer support to each other.

There was a time I dreaded supervision. I thought it was where I would get hauled over the coals for what I haven't done. Now I look forward to it. It's a space where I can offload, get support in prioritising my work, and talk through problems I'm encountering, until we identify a way forward.

(Quality Specialist)

can be helpful. See exercise below on developing a supervision policy and a sample supervision record form.

Exercise: Developing a Supervision Policy

If your organisation doesn't have a supervision policy, think about how to develop one in a way that engenders buy-in and ownership. Who can lead this? Who should be involved? Is there a formal sign-off process? If you already have a supervision policy, think about whether it would be useful to review it, and if so, how.

A supervision policy should include the following:

- The purpose of supervision

- The benefits of supervision for the practitioner, the organisation and the children and families receiving or targeted by the service

- Definition of the confidentiality of supervision meetings

- How supervisors are expected to prepare for supervision

- How supervisors are expected to facilitate supervision

- How supervisees are expected to prepare for supervision

- How supervisees are expected to participate in supervision

- The frequency of supervision meetings

- The agenda for supervision meetings and who sets this agenda

- How supervision meeting minutes are recorded.

Table 14: Sample Supervision Record Form

Name:

Date of Supervision:

Name of Supervisor:

Key areas for discussion:	Progress to date:	Questions/Reflections:
		• What are the successes/issues or concerns? • What would support you in this area of your work? What blocks you? How can this be better managed? • What are your priorities?
Are the individual needs of parents being met?		
Are parents/carers accessing parenting skills training, self-development and further education?		
How are parents/carers linking to other services in the community?		
Do parents/carers have space for structured and unstructured time in the service?		
How are parents/carers participating in the Parent Education Programme?		
How are families being supported to establish parent and toddler groups?		
What are my professional development needs? How can i build on my skills and strengths?		

What objectives can be set for the next meeting? Please list:

_____

_____

_____

_____

Comments from supervisor:

_____
_____
_____
_____

Comments from supervisee:

_____
_____
_____
_____

Date of next supervision meeting: _____

Supervisor Signed: _____

Date: _____

Supervisee Signed: _____

Date: _____

Distinguishing between coaching and mentoring can be confusing, as there are different schools of thought about how the two differ. Depending on which website you fall on, you could get very different explanations about the role of a coach vs that of a mentor. For the purposes of this Workbook, and based on CDI's experience of using coaching extensively, and mentoring as an integral part of the work, we use the following definitions:

5.5   Mentoring

Once practitioners have received initial training, providing 'on the job' guidance is a key method of supporting quality delivery. A mentor needs to have knowledge and expertise in the subject area, whether that is about the target group (early years children, teenagers, travellers), or more generic processes (change management, campaigning, fundraising). The mentee should feel that their mentor has experience and insights that are valuable, and that the mentor can offer them guidance and direction.

The mentoring relationship can be a formal or informal one. Often we find ourselves a mentor without ever naming them as such. Our mentor might simply be a colleague who has been in the role or organisation longer than ourselves, someone whose views we respect, or an ally we actively seek out amongst our wider network.

Equally, mentoring can be a formalised relationship, whereby there is agreement regarding roles, frequency of meeting, the nature of the engagement and so on. Whichever of these approaches is taken, the relationship between the mentor and the mentee is critical. Just as with the 'Big Brothers, Big Sisters' mentoring programme, where young people have

?
Definition:

Mentoring: a relationship-based process often provided by someone without line management responsibilities. It requires knowledge and expertise in the subject matter, and is often compared with an apprenticeship-type relationship (Clutterbuck, 2014).

Coaching: This is usually performance-related, with specific skills or competencies identified as the focus for development. It can be provided in-house where the appropriate expertise is available, or sourced externally. Coaching 'is unlocking people's potential to maximise their own performance' (Whitmore, 2009, p. 10). It does not require expertise in the specific subject area, as coaching assumes that the client is the expert.

a mentor to support and guide them, the matching process needs to include not only subject matter (does this person have expertise in the areas I need to develop in?) but also at a fundamental relationship level: Can I talk to this person? Do I respect them? Do I trust them? The following focuses on the formal mentoring relationship, although the principles will apply to an informal engagement too.

Research has shown repeatedly that receiving honest feedback enhances practitioners' performance. For example, Lochman et al. (2009) carried out a study comparing methods of supporting practitioners to deliver a particular programme for school-aged children. They found that practitioners who received specific, regular feedback on their practice achieved better outcomes for children compared with practitioners who received initial training followed by regular meetings to discuss how the programme was being delivered. Feedback in the latter focused on whether the components of the programme were delivered, the extent to which children were supported to participate, and facilitation skills. However, it lacked specific discussion on practice and how to improve it, which seems to be a critical element in promoting quality delivery and should therefore be a central component of a mentoring relationship.

Mentoring in relation to implementation of quality services should allow us to assess how we integrate training into our daily practice. While feedback is one element of this (Showers, 1982; Truesdale, 2003), role modelling (showing by example) is also an important aspect of the mentoring relationship. Both of these components require regular and frequent engagement between the mentor and the mentee, and opportunities for working closely should be considered when identifying mentors.

5.5.1 Key Skills and Qualities of a Mentor

An effective mentor requires the following competencies:

- To build positive working relationships

- To communicate specific feedback in a non-judgemental way (see Table 16 below)

- Openness to different opinions

- To take a strengths-based approach, requiring the identification and development of practitioners' abilities and resources

- To be supportive and encouraging

- To set standards by example

- To provide specific guidance regarding desired behaviours

- To demonstrate/role model relevant implementation skills, such as planning, engaging children (or the relevant target group) and delivering from a manual or curriculum, while maintaining enough flexibility to enable responsiveness to the particular needs of the participants, and to ensure that delivery remains rooted in effective relationships.

Table 15: Examples of Feedback (note the ideal feedback is top right)

	High Judgement, Low Specificity 'You worked brilliantly in that session.'	**High Judgement, High Specificity** 'You worked brilliantly in getting the children involved in that session.'
	Low Judgement, Low Specificity 'The session was delivered effectively.'	**Low Judgement, High Specificity** 'You had all the art resources available and facilitated a discussion on the art activity with the young people by asking a range of open questions.'

Judgement (vertical axis)

Specificity (horizontal axis)

5.5.2 Observing Practice

Observing practitioners delivering an intervention and giving feedback in a way that is fair, accurate, and supports positive development is a key role for a mentor. One way of ensuring that feedback is done in this way is to develop an observation template that details the key behaviours required to deliver the intervention or service as intended, and which therefore maintains fidelity and maximises quality (see detailed discussion on fidelity in Chapter 3). Observation templates can be used by mentors, trainers or those with quality assurance roles to support quality delivery, shape feedback to an individual practitioner, and identify training needs. It can also inform practitioners' monitoring of their own practice. (Reflective Practice is discussed in Chapter 6.)

5.5.3 Developing an Observation Template

The process of developing a site observation template requires a staff member to take responsibility for the process. It is important to include all relevant people during the development stage, but the lead staff member will facilitate input from qualified practitioners, managers, trainers and possibly participants. Holding several workshops to identify key elements for inclusion and to review draft templates is beneficial. It is important to ensure that the template components align with the Logic Model or theory of change and the strategies detailed to achieve outcomes – that is, that what you are going to focus on in observations matches the core programme elements. In addition, observation templates should be reviewed regularly to ensure they are proving to be useful and comprehensive in identifying practices associated with fidelity and quality delivery of the service.

Key steps in the process of developing a site observation template:

- Identify the reasons for having a site observation template in terms of benefits for service users, practitioners and the organisation.

- Identify any concerns practitioners, managers and trainers may have and work through the issues identified.

- Provide an opportunity for practitioners, managers and trainers to shape the site observation template, possibly at a dedicated workshop, or through a regular team meeting or Community of Practice (See Exercise below).

- Provide a period of time to test and refine the template to ensure it is useful and supports both the assessment and promotion of quality implementation.

- Establish a mechanism to review the observation template in terms of its components and how it is being used.

The exercise below provides information on how to develop an observation template for your intervention or service. We strongly recommend that knowledgeable practitioners who deliver the intervention with quality contribute to the development of a site observation template.

> *I've always regarded myself as very organised, efficient, someone who does things by the book. But once I started the checklist I realised there were things I was missing, I just hadn't realised. Over time it's easy to forget things, or get comfortable with the pieces of the work you particularly enjoy.*
>
> *(Highscope Early Learning and Care Practitioner)*

Exercise: Developing a Site Observation Template

Step One

Identity key tasks and break down each task into observable behaviours. What exactly are the practitioners expected to do?

TASK	OBSERVABLE BEHAVIOUR
For example, provide participants with an opportunity to learn how to manage conflict situations	• Provides clear directions on the nature of activity • Role plays conflict situations with participants • Demonstrates to resolve the conflict in the role play using the evidence-informed processes • Facilitates a discussion on possible ways to respond to conflict situations • Checks in with participants during activity • Asks open-ended questions to explore participants' experiences
Your Example:	

Step Two

Identify key features of processes and describe in observable behaviours. How do we want to carry out the activity?

PROCESS	OBSERVABLE BEHAVIOUR
For example, value each participant and ensure all have the opportunity to share opinions	• Thanks or affirms each participant when they offer a contribution • Provides a range of opportunities for all participants to offer opinions such as working in pairs and small group discussion
Your Example:	

Step Three

Identify features of participation. While participation levels can vary depending on personal characteristics, practitioners need to be aware of participants' engagement and respond to it to ensure quality service delivery. How will we know the participants are engaged in the activity?

PROCESS	OBSERVABLE BEHAVIOUR
For example, participants are engaged in activities	• Participants take part in the activities • Participants state that they enjoyed, liked, or benefited from the activity • All participants contribute to the discussion • The facilitator notices when individuals are not engaging, and intervenes appropriately • The facilitator effectively manages any participants who are dominating the discussion
Your Example:	

Step Four

Identify target outcomes for the session. This can be time-consuming, especially as outcomes vary between each session, but doing this contributes to clarity of purpose. What exactly are we trying to achieve?

PROCESS	OBSERVABLE BEHAVIOUR
For example, participants learned skills to manage conflict	• Using a worksheet, participants identified key skills associated with managing conflict • Participants identified personal strengths associated with managing conflict • Participants practised ways to de-escalate conflict
Your Example:	

5.5.4 Giving Feedback

Mentors should provide feedback in a way that reinforces positive practice and supports change where behaviours do not support quality service delivery. Ideally, this feedback will be given immediately after the observation session, and in a quiet, private space.

Feedback should include the following:

- The practitioner being provided with an opportunity to reflect on their own practice, identifying areas of strength and areas for development

- Discussion of practice focussing on observable behaviours

- Highlighting both positive practice and those areas that require improvement

- Identifying areas for development and agreeing an action plan, which may include the mentor modelling skills or the practitioner agreeing to reflect on specific behaviours or skills or to try out a different approach

- Agreeing when and how to review the areas agreed.

5.5.5 Maximising Mentoring

Using mentoring to enhance implementation (service delivery) is likely to be most effective if the following are in place:

- The observation template is developed with relevant stakeholders so that they understand it, see its value and feel ownership of it.

- The mentor and mentee have a positive, trusting relationship.

- The mentor is skilled at giving specific feedback that includes both positive aspects and those that require attention.

- The frequency and length of observation is tailored to the needs and experience of the individual staff member. For example, a new member of staff is likely to need more regular engagement than someone who has been involved in the service for some time. However, those who have been delivering the same programme for several years are much more vulnerable to 'programme drift' and so this may be a specific focus of the mentoring. The mentor may need to look particularly at how to enable the practitioner to refocus, engage with the original materials and take a fresh look at their delivery.

- For those needing more support, role modelling and working side by side is useful, so that observation is not the only source of information for the mentor.

- Feedback includes agreement on 'what next?' and clarity about how this will be progressed, by whom and when. Ideally, this will be recorded in writing and should definitely form part of the follow-up from the mentor.

> **?**
> ## Definition:
> **Programme Drift:** when the focus or core components of a programme/intervention get blurred or lost.

5.6   Coaching

Coaching is associated with a number of outcomes, including staff reflecting more on their work, increased self-efficacy and improvements in collaboration with colleagues (Edwards, 2008).

5.6.1 Who Can Be a Coach?

While any of us can draw informally on coaching skills, a formal, structured coaching process is generally led by someone with a particular skill set and a professional coaching qualification. (See Chapter 10 for related resources and websites.) Unlike a mentor, the coach does not need expertise in the particular subject area, as their role is to enable the client to identify the solutions themselves. Coaching is based on the fundamental principle that the client is the expert and has the answers and the role of the coach is to support them in finding those solutions (Whitmore, 2009).

> *To get the best out of people, we have to believe the best is in there.*
>
> *(Whitmore, 2009. p14)*

5.6.2 The Role of the Coach

The role of the coach is to support practitioners to achieve competency in all skills required to successfully carry out their responsibilities, although sometimes coaching sessions will have an agreed focus such as developing delegation skills, improving communication or enhancing capacity to manage multiple stakeholder relationships. In many ways, the coach is simply facilitating the individual to reflect on their practice, but with the added component of being able to ask challenging questions, probe the member of staff, question their perspective and encourage them to consider other viewpoints.

Coaching for quality implementation is likely to focus on strategic aspects of the process, such as getting buy-in for something new, replication or scaling up of services, fundraising and marketing, and so on. It may also be an appropriate place to consider difficult working relationships and how to better manage them. This differs from the more detailed focus that mentoring tends to take. Coaching may involve any of the following:

- Supporting practitioners and/or managers to reflect on their practice, critically appraise their own performance and identify ways to enhance this

- Identifying with practitioners the key behaviours required to deliver their targets effectively. Often this will involve consideration of 'triggers' or patterns of behaviour that might go beyond the work setting, but which impact on how we engage

- Helping the coachee to identify actions aimed at improving performance.

Fixsen et al. (2005) highlight the importance of training and supporting those who use a coaching approach to ensure that they provide coaching that is beneficial.

More information on coaching is available from resources referenced in Chapter 10.

5.7   Communities of Practice

A Community of Practice (CoP) is a space where a group of people come together to share their experiences and knowledge in creative ways that foster new and improved approaches to delivering services and programmes (Wenger & Snyder, 2000). It has become a popular approach to fostering collective learning in many organisations, and can be known under different names, e.g. peer learning networks or thematic groups. CoPs can be a key support for service providers and may include sessions involving invited speakers on relevant topics, case study presentations or facilitated sessions on issues identified as affecting service delivery.

The objectives of a CoP include:

- To support fidelity to a manual/programme/intervention

- To provide technical assistance in programme delivery, for example discussing whether a suggested adaptation or change to the programme is appropriate or not

- To offer a space for reflection, consideration and sharing the learning

- To identify and respond to training and support needs

- To collectively identify solutions to issues impacting on service delivery

- To inform the development of best practice guidelines for services

- To improve practice and programme delivery.

Facilitation of CoPs requires skills in focusing and supporting productive discussions. Effective CoP facilitation is enabled by:

- Participation (support and validate each participant, encourage contributions from all participants)

- Focus (encourage the development of shared practice, but remember that effective CoPs go beyond simply sharing experiences; they innovate, solve problems and develop new knowledge, tools and practices, so that members get high value for their time)

- Equity (encourage variety and attend to alternative perspectives to avoid perpetuating accepted practice, by saying, for example, 'Let's hear from some people who haven't shared their views yet' or 'Has anybody had a different experience?')

- Trust (acknowledge participants' feelings and learning experiences, and always follow through on the agreed actions)

- Cohesion (link each session with the learning from previous sessions; link the learning with participants' practice).

Ensure that each participant has several opportunities to contribute, by facilitating individual and paired reflections and introducing a range of small and large group activities. Use small-group structured activities to manage challenging group dynamics (e.g. divide members into groups of three if some participants dominate discussion or are completely disengaged).

It can be challenging to sustain continued participation in CoPs. In its initial stages, it is important to define the scope of the CoP and to identify what common knowledge is needed for quality service delivery. When the CoP is established, it is important to identify avenues for generating and sharing new learning so the CoP brings tangible benefits to its participants. In the mature stage of the CoP it is important to stay focused on its core purpose and to systematise its practices. At this stage, it can be useful to bring in new energy, for example by inviting a guest speaker. It is also helpful to periodically reflect on group processes, e.g. how could we improve our meetings? Do we need to improve our follow-through on the agreed actions? CoPs encourage reflective practice, which we will discuss in detail in the next chapter.

5.8   Conclusion

Integrating quality processes such as those outlined in this chapter into the organisation's core mode of working is key to ensuring staff are supported in delivering quality service. If we expect our practices to achieve the intended outcomes, then we need to invest in building the capacity of those who deliver these practices. This chapter discussed a range of capacity-building strategies such as training, coaching (including technical assistance in relation to a specific programme), and tools that promote individual and collective reflections on the quality of our work (e.g. supervision and CoPs). Organisations that embrace these processes and concepts can avoid a disjointed, piecemeal approach. While individual practitioners have

responsibility for taking the time and space to consider how they do their work and identifying colleagues who can support them in this, an effective, cohesive approach to supporting quality delivery by supporting our staff will greatly improve the chances of achieving our desired outcomes.

Chapter 6:

Reflective Practice
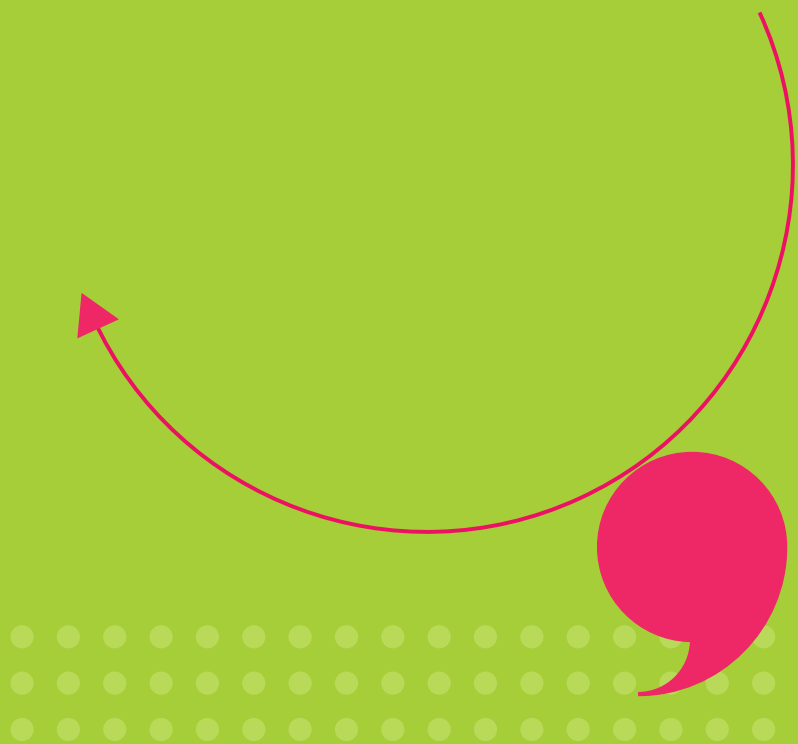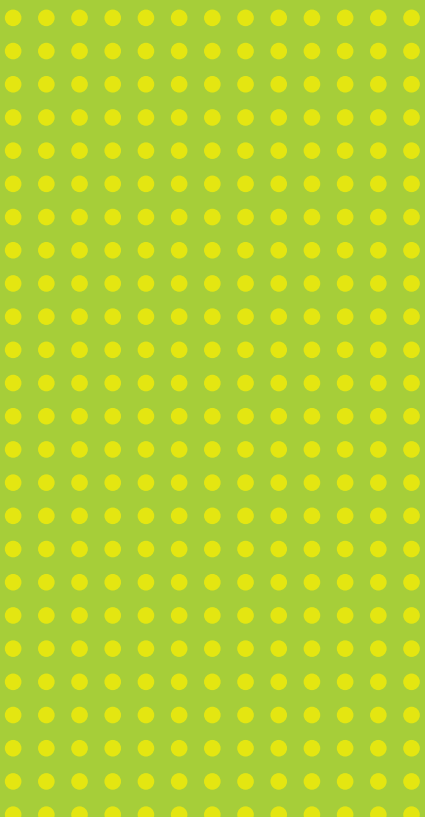
At the end of this chapter you will:

Know about: methods to support reflective practice

Understand: the value and benefits of reflective practice

Be able to: support and promote reflective practice.

6.1 Overview

Reflective practice is about learning through experience. Our practice, or how we do our job, is shaped and informed by a range of behaviours, skills, dispositions, assumptions and theories we use to carry out our professional duties (Larrivee, 2008). Reflection is the process of exploring and analysing our practice, including our feelings and perceptions. It helps us to better understand what is happening and how we are working (Barnett & O'Mahony, 2006). Reflective practitioners aim to use learning to improve their future practice:

> "Reflection is triggered by experience, which then produces a new understanding, and the potential or intention to act differently in response to future experience … it offers an opportunity to consider one's strengths and weaknesses, and to determine learning needs," Mann et al, (2009).

In any moment of decision, the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing.

(Theodore Roosevelt)

This chapter details how organisations can introduce practitioners to reflective practice and support their engagement in the specific mechanisms that facilitate the process. It explores the benefits of this way of working, and how these processes can support practitioners and organisations to deliver high-quality interventions and services. The coaching and mentoring process described in the previous chapter can support individuals in developing more awareness about their behaviour and how to change it. Reflective practice complements these processes by providing practitioners with a structure to monitor their own work. From CDI's experience, regular reflective practice helps individuals to develop a greater awareness of their behaviour, be more cognisant of issues that may affect implementation (such as group dynamics or personal motivation), and thus promote programme fidelity and quality. Simply put, reflective practice provides individuals with a space to ask themselves the hard questions about their delivery, such as 'Was I effective today?' In programme implementation, reflective practice is often supported by end-of-session fidelity checklists. (See Section 3.5 in Chapter 3 on how to *measure* fidelity.)

> *I have always thought about my work and talked with a colleague when something went wrong. The difference now is that I think about my work in a structured way. I don't wait for a problem to arise, and I follow up on my reflections with actions.*
>
> (Early Learning and Care Practitioner)

6.2   Introducing Reflective Practice

A key task for any organisation seeking to introduce reflective practice is to develop a shared understanding of what it is and to support staff in feeling comfortable utilising a variety of processes that support reflective practice. An organisation can introduce and embed this way of working through a common understanding of its benefits and the expectations of staff in relation to how it is used. The following questions will help a team to explore these issues:

- Why are we reflecting on our practice? What do we hope it will offer us?

- Is the working environment conducive to this approach? How can it be improved? What needs to change?

- How will reflections on practice be used?

- What do we expect of each other in terms of taking part in reflective practice?

- What do we expect from the person supporting reflective practice?

- How will the organisation support reflective practice? What do we need?

- What are our fears/concerns about this process? How can these be resolved?

- What do we need in order to really engage in reflective practice?

> *Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful.*
>
> (Margaret J. Wheatley)

The Exercise below describes a process of creating a shared definition of reflection and how to agree a set of principles that guide reflective practice within your organisation.

Engagement in collective reflection at an organisational level (e.g. at team meetings) is as important as individual self-reflection. Consider 'How are we doing as a team?' in addition to 'How am I doing?'

Exercise:

- Ask each person to think about a recent meeting or service they were involved in.

- Ask each person to write on a piece of paper how they felt they performed during the meeting or interaction. Let them know they will not be required to share what they write.

- Ask each person to share with the group their thoughts about their performance and how the activity went overall.

- Facilitate a discussion on the similarities and differences in how people judged their performance. Are there common concerns? What are our strengths?

- Ask when and how the group members normally review or reflect on their work.

- Divide the group into groups of three or four people. Each small group will work on a definition of reflective practice.

- Each group is asked to provide feedback on their definition of reflective practice. Facilitate the group in coming up with a shared definition. The facilitator may contribute to this, possibly using Daudelin's (2006) definition to support the development of a comprehensive definition.

6.3   Benefits of Reflective Practice

The aim of reflective practice is to provide a mechanism to achieve the following tasks (or outcomes):

- High-quality service delivery, utilising best practice

- Maintain high level of fidelity, ensuring programme effectiveness

- Clients are at the centre of the intervention/programme

- Learning is monitored and tracked as part of quality assurance practice

- Practitioners feel invigorated and energised about their work

- Staff have access to ongoing professional development

- Staff are aware of their work practices and areas of development

- Regular review and planning processes are in place as part of quality assurance practice

- Change is managed effectively

- Staff, services and programmes are working in an integrated way

- Staff are applying theory to practice.

Reflective practice can support the delivery of evidence-informed and integrated services (Canavan, et all, 2009). Canavan et al. (2009) have

> *Reflection is a process of stepping back from an experience to ponder, carefully and persistently, its meaning to the self through the development of inferences; learning is the creation of meaning from past or current events that serves as a guide for future behaviour.*
>
> (Daudelin, 2006, p. 39)

highlighted that reflective practice provides a valuable mechanism that supports the delivery of complex interventions and/or interagency work. This is because reflective practice supports us in identifying discrepancies between our stated beliefs, values and practice and what we actually do or achieve in practice.

Research on the benefits of reflective practice has been carried out across a range of professions, with findings such as supporting enhancements in service delivery to palliative care patients (Bailey & Graham, 2007); enabling residential care staff to focus on service user needs (Thorne, 2007); and supporting staff and managers in navigating complexities in a purposeful and solution focused way (Thomas, 2008).

It can be useful to periodically review the benefits of reflective practice. This motivates staff to re-engage with the process and stay focused on its value. The following questions can be helpful, either to prompt personal reflection or as part of a supervision or team process.

Exercise: Identifying the Benefits of Reflective Practice

The following questions can help identify the benefits of reflective practice:

- What have I learned from reflecting on my practice?
- What have I changed due to my reflections? For example, in relation to:
  - o My engagement with service users
  - o My engagement with colleagues
  - o How I plan my work
- How do I feel about my practice?
- Have I gained any insights from my reflections?
- How do I feel when I reflect?

6.4   Facilitating Reflective Practice

Individuals facilitating reflective practice within an organisation (e.g. service managers, trainers, coaches) are required to 'hold a space for reflections' (Miller, 2005). This involves creating a space (i.e. a dedicated time) that focuses on practice issues rather than tasks.

Holding a space for reflection involves creating a space that:

- Creates and works from a shared understanding of the purpose of reflective practice
- Asks questions that support reflection (see exercise below: Reflective Questioning)
- Creates opportunities to identify practice successes and challenges

- Offers a space in which challenges can be named and solutions sought in a creative, non-threatening way

- Maintains a focus on learning and avoids creating a blame environment

- Supports all participants in contributing to the discussions

- Is open to change, depending on the needs and personalities of the participants, i.e. there is flexibility in how the space gets used

- Uses feedback from practitioners on the reflective process to determine whether it is beneficial not only to them but to the organisation and target group

- Distils learning from reflections and supports practitioners in altering their practice as a result of their own or their colleague's reflections as well as data arising from evaluation of the programme. (See Chapter 9 for programme evaluation.)

Exercise: Reflective Questioning

Reflection will be most effective when it is not seen as blaming or finding fault. Questioning in this way will be not helpful, so avoid things like "Why didn't you…?" "When will you….?". Being non-judgemental is central to this, and accountability and finding solutions will emerge naturally through discussion. The following offers open questions which can be used and adapted in individual or group settings.

How am I getting on?

- Did I do what I set out to do? If not, why not? If I did, what helped?

- Am I clear about the intervention's objectives and the outcomes I am trying to achieve?

- Am I achieving the intended outcomes? If not, why not? If I am, how?

- Are there areas of my practice that are effective? How do I know they are effective?

- Are there areas of my practice that are ineffective? How do I know they are ineffective?

- Does my practice fit with the organisational approach?

- Does my practice fit with evidence-informed practice?

- Am I responding to the needs of the target group?

What do I need to do?

- Do I need to change anything about the way I am working?

- If no, do I need to do anything to maintain or enhance my practice?

- If yes, what aspect of my practice do I need to change? How will I make the right changes? What do I need?

Reflective practice can be supported by data collected during Monitoring and Evaluation activities. (See Chapter 4.) For example, questions such as 'Am I achieving the intended outcomes?' or 'Did I do what I set out to do?' cannot be fully answered without looking at data collected during the implementation of your intervention.

You can also rephrase these questions to facilitate collective reflection at team meetings, which will serve several functions. In addition to improving practice, it will improve team functioning and team effectiveness, which in turn positively impact on quality service delivery.

6.5　Key Elements of Reflective Practices

At an individual level, there are a variety of processes to support reflection, but key elements include the following:

- **Be Proactive** – Reflect on your practice regularly and avoid only reflecting when something goes wrong. This involves setting up and taking part in regular processes that support reflective practice. Build it into your diary and routines.

- **Search for Reality** – Searching for the reality of what happened in a particular situation requires you to be as honest and objective as possible and to ask questions about: (1) What actually happened? (2) Am I judging things fairly? (3) How did I act in the situation? (4) How did others act?

- **Question** – Question your practice and explore alternative ways of doing or looking at things. Be open to the possibility that there may be another way to approach the situation you are reflecting on.

- **Explore Uncertainties** – Allow yourself to be puzzled, challenged or confused when you consider your practice. Reflection involves pondering, taking your time, thinking and not rushing to find an answer.

- **Link to Theory** – Explore whether your practice fits with the theory underpinning your work. Ask yourself some of the following: How often do I think about the theory behind this work? Do I know enough about the evidence underpinning the approach? Does the research adequately inform my practice?

- **Be Supported and Challenged by your Colleagues** – Invite colleagues to question your practice; ask for their help in identifying alternative ways to approach challenging issues.

- **Have Explicit Plans** – Make conscious choices about future actions and be explicit about these choices.

CASE STUDY 1: Reflective Practice

Anne had a parent information session last night and three out of the ten parents came. She shortened the session because of the lower number of parents than expected and thanked the parents repeatedly for coming. The parents who attended were highly engaged and gave positive feedback on their evaluation forms. Anne is disappointed with the attendance, as the last session had full attendance. She decides to reflect on the session.

Be Proactive – Anne doesn't normally review sessions unless she feels something has gone wrong. She wishes now she had given some thought to what worked well the last time, when she got full attendance.

Search for Reality – Anne thinks about everything that happened, including comments from parents who attended and those who cancelled. She also thinks about the session content and how she informed parents about it.

Question – When Anne is questioning what happened during the session, she begins to think about the other sessions and what made them work. Anne also wonders whether some parents feel that the last parent session wasn't helpful and if that's why some parents didn't return.

Explore Uncertainties – Anne explores the possibility that some parents did not find the last session of benefit. She reviews previous feedback forms and finds that most were positive. Was it right or fair to shorten the session for parents who did attend? She covered topics more briefly than she would normally.

Link to Theory – Anne examines how her work with parents fits into theories around building links with parents. She asks herself what she understands about how to engage parents meaningfully, and to what extent she adhered to this.

Be Supported and Challenged by Colleagues – Anne discusses her concerns about parental attendance at a team meeting and invites colleagues to help her unpick this issue by questioning her current practice. Anne finds her colleagues do not question her practice but rather emphasise how engaging with parents is difficult.

Explicit Action Plans – Anne decides to talk to parents informally to get a better sense of their experience of the parent information sessions and to identify ideas for future sessions. She also decides to ask a couple of the very engaged parents to champion the sessions and encourage others to attend.

Lessons from the Case Study:

- What supported Anne to reflect?
- What would enhance Anne's reflective practice?

6.6 Characteristics of a Reflective Practitioner

Reflective practitioners have a variety of skills and characteristics that support them in working this way. It might be useful here to revisit Section 5.3 on emotional intelligence in the previous chapter. Many of the characteristics of a reflective practitioner highlighted below overlap with those associated with emotional intelligence, including openness to experience, flexible coping styles, conscientiousness and agreeableness.

Characteristics of a reflective practitioner include:

- Having an openness to learning, being prepared to accept making a mistake and being willing to change your practice

- Having a desire to deliver high-quality services that respond to the participants' needs

- Having an ability to question your own work

- Being receptive to hearing others' views on your work

- Being disciplined about taking part in reflective practice; i.e. making regular time and space for it

- Utilising reflection to support improvements in practice, through consideration of theory and research, and using this theory and research to identify actions.

While some personal attributes support reflection, organisational processes and dynamics also play a vital role in supporting, developing and maintaining reflective practice. These are discussed in Chapter 7.

The Exercise (below) provides some guidance on how to 'self-reflect'.

Exercise: How Reflective Am I?

Take some time to think about how reflective you are on a weekly basis.

- Do I make time to think about my practice and my work-related behaviour?

- Do I question my practice?

- Do I have clearly defined objectives to work towards? Do I assess whether I am achieving them?

- Do I consider changing my practice? If so, based on what?

- Do I listen to other people's views on my practice, whether positive or negative?

- Do I ask other people for their views on my practice?

- Do I consider the theory or evidence that might inform my practice?

- Do I explore alternative methods of working?

- How can I do more of this?

This exercise should be used regularly to assess and promote engagement in reflective practice and acknowledge positive changes. It can also be used as part of one-to-one supervision or at team meetings.

6.7 Challenges of Reflective Practice

In CDI's experience, reflective practice is essential for implementing quality services for children and families. A key responsibility of an organisation and its leaders is to provide staff with the necessary time, space and resources to become the best practitioner they can be. However, there may be challenges that prevent staff from fully understanding, valuing or engaging in reflective practice, some of which are discussed below along with how organisations can support staff to overcome these challenges.

- **Defining reflective practice**
  Creating a common understanding of reflection can be difficult, as it is an abstract concept that means a variety of things to different people. These multiple perspectives make it all the more important to develop a shared understanding, so that people do not have unrealistic expectations of each other. Helping to come to a common understanding of reflective practice is discussed in Section 6.2 above.

- **Making reflection part of the daily routine**
  Finding time to reflect can be difficult, given how busy our days are. In order to prioritise reflective practice, we need to see it as integral to delivering quality services and not an added extra 'when time allows'. Often creativity is required to support time to reflect, such as working lunches or setting up online mechanisms. Encouraging staff to use the first 15 minutes of their journey home to mentally go through a 'checklist' of reflective questions could lead very quickly to a simple but integrated way of working. In programme delivery, introducing a discipline of reflecting on each session is crucial to supporting programme fidelity. (See also Chapter 3.)

- **Motivation to reflect even when things are going well**
  Research indicates that people tend to reflect on their practice when something goes wrong. We are less inclined to reflect when programme delivery is going well. The focus on negative experiences can be draining and demotivating for staff. It also limits the opportunities to learn from and identify good practice. Promoting the concept of reflection as an integral part of practice should create opportunities to identify positive outcomes and experiences. In supervision and team discussions, attention should be paid to recognising and celebrating what's going well rather than only considering how to address difficulties.

- **Knowledge**
  Deep understanding and an awareness of the complexities of the practice issue (such as challenging addictive behaviour or promoting positive decision-making) can support a person's ability to reflect. It is not necessary to be an 'expert' to reflect on your practice. Instinct, observation and analysis all facilitate greater awareness and understanding. The process itself will also highlight knowledge gaps to be addressed.

- **Safety**

  Creating an environment that supports practitioners in their reflection requires the development of trust and openness, and these in turn can be supported by establishing and maintaining boundaries around how reflection is used. Staff can be fearful of negative consequences. They can worry that admitting a mistake or acknowledging that they are struggling with an area of work will leave others thinking less of them or questioning their overall ability. Reflection needs to be seen as an opportunity for learning and development for the whole organisation. An ability to acknowledge that we don't know it all can be regarded as a strength. Leadership in being able to admit mistakes and identify learning and solutions will be important in this process. Avoiding the use of 'should' and 'must' and instead using 'could' and 'may' will also help.

6.8   Process of Reflection

There is an array of structures and methods to support reflective practice, some of which are described below. For these systems to be a support to organisations and individuals, the organisational context needs to be considered to ensure that it facilitates and values reflective practice.

Reflective tools can be used to support regular reflections and can be either very specific in their focus (such as those relating to fidelity), or generic and wide (for example, asking open questions about the nature and level of participant engagement). (See Section 5.6.3 in Chapter 5 on developing an observation template.) Reflective tools should form part of supervision, review or planning meetings, and should include a space for action plans to improve understanding and shape future practice.

6.8.1 Sample Reflective Tool I: Monitor Quality and Fidelity (Adapted from CDI's Doodle Den Checklist)

Date: _____ Facilitator Name: _____

Programme/Session:

Planning and Preparation:		
1. I planned the session with my co-facilitator, dividing up delivery and group management tasks evenly (as per planning template).	Yes ☐	No ☐
2. I prepared suitable resources to carry out all activities. Completely ☐ Partially ☐ Not at all ☐		
3. All parts of the learning environment were clearly labelled, charts were at eye level and the visual timetable was present. Completely ☐ Partially ☐ Not at all ☐		

Quality of Learning Environment:			
4. I created a warm, friendly, relaxed environment.	Yes ☐	Mostly ☐	Rarely ☐
5. I used labelled praise.	Yes ☐	Mostly ☐	Rarely ☐
6. I encouraged the participants to join the session.	Yes ☐	Mostly ☐	Rarely ☐

Group Management:			
7. The participants were active (optimises effective learning).	Yes ☐	Mostly ☐	Rarely ☐
8. I used positive discipline methods such as praise and clear instructions.	Yes ☐	Mostly ☐	Rarely ☐
9. I moved around the room to monitor the participants' progress and offered support and praise.	Yes ☐	Mostly ☐	Rarely ☐
10. I worked with my co-facilitator to ensure all participants were supported.	Yes ☐	Mostly ☐	Rarely ☐
11. The participants moved easily from one activity to another.	Yes ☐	Mostly ☐	Rarely ☐

Facilitation:			
12. I ensured that the participants were actively engaged in their own learning, i.e. less 'chalk and talk'.	Yes ☐	Mostly ☐	Rarely ☐
13. I utilised collaborative learning where the participants could learn from each other.	Yes ☐	Mostly ☐	Rarely ☐
14. I asked 'probing' questions to encourage the participants to elaborate on what they were talking about and to give their own opinion.	Yes ☐	Mostly ☐	Rarely ☐
15. I made use of the participants' learning environment to engage and extend their learning.	Yes ☐	Mostly ☐	Rarely ☐
16. I completed the activities in the session as per the manual.	Yes ☐	Mostly ☐	Rarely ☐

Assessment and Reflection:			
17. I made use of informal assessment methods such as observation, to ensure that all participants' needs were being catered for.	Yes ☐	Mostly ☐	Rarely ☐
18. I adapted my facilitation as required after reflecting on previous sessions.	Yes ☐	Mostly ☐	Rarely ☐

6.8.2 Sample Reflective Tool II: Engagement and Quality

Please complete each section in terms of acknowledging strengths, areas for development and making suggestions.

Did I maintain the interest of the children throughout the session? Did all children actively participate?

_____
_____
_____
_____

What worked well in my delivery of activities?

_____
_____
_____
_____

What did not work well in my delivery of activities?

_____
_____
_____
_____

Did I deliver all elements of the programme as intended? Did I do everything I intended to do? If not, why not?

_____
_____
_____
_____

How did my co-facilitator and I work well together?

_____
_____
_____
_____

Action Plan to enhance delivery of future sessions: What do I need to do now?

_____
_____
_____
_____

6.8.3 Reflective Journaling/Writing

A reflective journal is a personal record of your learning experiences. It is a space where you can record and reflect upon your observations and responses to situations, which can then be used later to explore and analyse ways of thinking and behaving. Journals, although generally written, can also contain images, drawings and other types of reference materials.

Reflective journals are used to:

- **Record:**
  Record the development of your ideas and insights and/or those of a group, including concepts, ideas and main learning points from experience and theory. Questions to think about when recording:
  - What happened?
  - Who was involved?
  - What was their involvement?
  - When did it happen?
  - What was my role?
  - How did I feel?

- **Reflect:**
  Think about and interpret the experience – the values, beliefs and assumptions you are writing about. This aims to show the development of your ideas over time. Questions to think about when reflecting include:
  - Why did this happen in this way?
  - How could it be improved? How could I improve the way I do things?
  - How could the situation be improved?
  - What effects would these improvements have?
  - What values, beliefs and assumptions would explain this behaviour/incident/occurrence, etc.

- **Analyse:**
  Analysis in a reflective journal may involve three things:
  - Analysis of experience or content – e.g. what happened? What was I thinking? How did I respond?
  - Integration of experience with theory – e.g. what might have been a more effective way to respond? Was my behaviour in line with best practice? What would support me in doing this?
  - Demonstration of improved awareness and self-development – e.g. I am now more considered and measured in my responses and approaches to situations.

Questions to think about when analysing:

o What are the advantages/strengths/disadvantages/weaknesses of my practice? The programme? The organisation?

o How could the weaknesses/disadvantages be improved?

o How can strengths be maximised and nurtured?

o What does the research and theory say? How can this help me to improve my practice?

o How could this experience/theory contribute to improving this?

o What do I need to do now?

• **Use of filming/audio:**
Research has shown that using video technology enhances practitioner preparation, examines cognitive and decision-making processes, and fosters reflection and critical analysis among practitioners. It enables practitioners to sharpen their skills of observation and reflect on important contextual factors that influence service delivery (de Mesquita et al., 2010).

Sherin and Van Es (2005) found that when using a DVD analysis support tool, mathematics and science teachers became more attuned to classroom events, paying greater attention to what was occurring and how they interpreted interactions.

While the use of filming has been shown to be effective in informing practice, it does not come without challenges. Apart from the issue of parental consent (when used with children present), practitioners may feel uneasy about being recorded and may have a fear of criticism. Some people simply do not like seeing or hearing themselves on record! These fears can be overcome by a well thought out, planned approach. See the exercise below for using film to promote reflective practice. Advice for the service manager on using film includes:

• Discuss with practitioners what may help to inform and enhance their practice.

• Propose the idea of filming – have evidence to prove its efficacy (as noted above).

• Be clear about:

o The purpose of filming

o Who will film

o What will be filmed

o Who will watch the footage

o Who chooses what gets viewed: emphasise that the individual is always in control of this. Nothing will be shared without permission

o Who will review the DVD

    o   How feedback will be given (always noting the positive elements of interactions)

    o   How and for how long the footage will be stored, and other elements of compliance with GDPR legislation in relation to recording video material (including explicit consent).

- Have a set of questions to ask on each piece of DVD:

    o   What is going on in here?

    o   What do you think is happening for the participants?

    o   Are you happy with the scene?

    o   Is there anything you would do differently?

- Volunteers: get a couple of people to offer to be the first 'guinea pigs', but don't force people.
- Demonstrate leadership: offer to be filmed yourself if volunteers are slow in coming forward.
- Practice: allow the group time to get used to being filmed before using any footage to prompt reflection.

CASE STUDY 2: Reflective Journaling

Session: Session 12 of 'Sligo Giants', After-School Group for 12 to 15 year olds

Date: 6th May 2017

Completed by: A.W. Other

What Happened?

Towards the end of the session, a fight broke out between Jamie and Fintan. There were nine young people in the group, with Dorothy and I facilitating. There was a lot of pushing and pulling but no one was hurt.

What was Going On?

Dorothy and I had planned the session well. We were following up on last week's session when we began looking at communication skills. We did a couple of exercises this week to build on awareness of non-verbal communication. It was all going well until something kicked off between Jamie and Fintan. I'm not sure what happened, but Jamie started swearing at Fintan. The fight happened a few minutes later.

Now I think about it, Jamie was in bad form when he arrived. He has always been difficult to engage but there have been improvements lately. What might I have done differently? I should have checked with Jamie when I realised he wasn't in good form. I should also have separated himself and Fintan after the swearing started. I could have put one of them into a different group to work. Dorothy and I got such a fright when they started

belting each other that I'm not sure either of us gave enough attention to how the other group members felt. We gave all our attention to Jamie and Fintan. That wasn't fair and was possibly a missed learning opportunity.

What research/theory might inform my practice? I'm not sure, except to focus on rewarding positive behaviour. We did exactly the opposite!!

What do I need to do now?

- Complete incident report
- Talk to Dorothy and agree follow-up, e.g.: talk to Fintan and Jamie
- Talk to Fintan's and Jamie's parents
- Facilitate a discussion with the whole group about how they felt and what we should do about it.

Exercise: Using film to Promote Reflective Practice

Reflect on film footage of practice relevant to your work either alone or with a peer, supervisor or group of practitioners.

- Identify the context: What was happening in the intervention session? What were the learning objectives? Did anything significant happen prior to this session?
- Play the clip back. You may want to watch the clip more than once.
- Take time to reflect. Think about the following:
    - How did the intervention go overall? What went well? What did not go well?
    - How did I feel during the intervention?
    - Did I have clear objectives? Were they met? Did everything happen that should have happened?
    - What about the process? What was the quality of interactions between the group/individual and me? How did the group or individuals participate?
    - Would I change anything about my practice? Could I have done anything better?
    - What was good about my practice? What do I need to keep doing?
- Record reflections by writing them down, or share them with your peers or supervisor at an allocated time.
- If you are reviewing the DVD with others, ask for their observations. What was good? What could be improved or changed? Do others interpret dynamics and behaviour in the same way that you do? Do their perceptions change how you would approach things?
- Identify all the learning from your own reflections and the reflections of others.

- Identify an action plan to incorporate the reflections into your practice. In a group setting, other practitioners may reflect on their own practice and identify their own action plan.

6.9   Conclusion

The ability to reflect on one's work is an important skill in professional practice. This chapter defined the concept and processes of reflective practice and how to implement these in your organisation. While you attempt to keep on top of the ever increasing demands of your work, take a deliberate pause. Allow and develop in yourself and your staff an ability to examine the beliefs, goals and assumptions surrounding your actions.

Chapter 7:
Organisational Context
and Change

At the end of this chapter you will:

Know about: the factors that impact on organisational context and change

Understand: how organisational context affects change

Be able to: assess and enhance organisational readiness for change.

7.1 Overview

The previous chapters described some of the ways to support staff in adopting a quality-driven and outcomes-focused approach to service delivery. Having the capacity to deliver quality services to achieve better outcomes for children and families not only requires development or capacity-building at an individual level but may also necessitate change at the organisational level. There are several perspectives from which we can view organisational change. For example, change can be viewed in terms of its context – is the organisational context 'ready' for change; is the organisational culture receptive to change? Or change can be viewed in terms of its *process* – what are the steps and activities that should be carried out to effect successful change? It is important to understand both (context and process), because both the existing organisational context and the manner in which change is implemented will strongly influence successful change management in human services.

Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.

(Joe Barker)

In this chapter we will firstly focus on the interface between organisational context and change, identifying some of the challenges or barriers to change and suggested strategies to overcome these. We will then introduce the concepts of 'readiness for change' and 'implementation climate' as important aspects of organisational context that shape our responses to change, and will propose methods for assessment of these aspects. We will then present specific approaches and methods that support the process of implementing successful change, and practical tools that will guide successful change management.

7.2   Organisational Context and Change

Changing organisational structures and cultures or changing our everyday practice is undeniably challenging. Such change requires time, commitment and self-belief on the part of staff in addition to good planning, a shared vision and the delivery of consistent messages in relation to the change. Most importantly, it requires individual and organisational 'readiness for change'. Are you and your organisation ready to change the way you work, think, organise, plan and deliver? Are you personally open to change? Is the *culture* in your organisation supportive of change? Is there sufficient capacity in your organisation to deliver change? Do you and your staff feel capable of implementing a change? The following sections will provide you with practical tools to reflect on all of these questions and to assess whether the intended change will have sufficient contextual support to be successful.

7.2.1 Introducing Change

Change can be difficult for many reasons. At an individual level, in our personal, social and professional lives, we all respond to change differently, with some of us embracing it and others resisting it. Sometimes we may personally embrace change but experience resistance to it (or simply a lack of support for it) at an organisational level (e.g. when our line manager is not interested in whether we change, or if the policies and procedures are too inflexible to support change). It is worthwhile reflecting on both our individual attitudes to change (e.g. 'I like things the way they are') and considering if and how the culture in our organisation supports change.

A fun and easy team exercise to consider responses to change draws on Johnson's (1998) *Who moved my cheese?* This short book tells the story of three mice and their various reactions to change. For many years, it was required reading for all CDI staff! Ask all team members to read the book, and then use the following questions to prompt discussion:

- Which of the mice do you most relate to?

- Do you tend to have a typical response to change or does it vary a lot? If it's the latter, what influences this?

- Are there any surprises in what we've heard from each other?

- As a team, what are our strengths in relation to change? In thinking about implementing evidence- informed interventions, and knowing the different phases of this work (Section 1.4), what are the optimal

circumstances or developmental phases for us?

- What are our challenges? How can we address these?

The way in which change is approached by organisations and leaders can have a huge impact on how individuals within the organisation respond to change. According to Balogun and Hope Hailey (2004), 70% of all change programmes initiated fail to reach intended outcomes. This means that they either do not get 'off the ground' or are not sustained in the long term. This may be due to a lack of thinking or planning in relation to implementing organisational change (Todnem, 2005). The supports needed to enable positive change to occur at either an individual or organisational level are often underestimated or not considered at all. We discuss some of these later on in this chapter. Note, however, that change is an ongoing process. Thus, in a way, this whole Workbook is intended to guide a process of successful change implementation.

Change introduced in a sudden, piecemeal or inconsistent manner can create a range of emotional responses from staff, including a sense of apprehension or caution (Burnes, 2004; De Wit & Meyer, 2005). The consequences of poor organisational change management can be detrimental to the organisation and result in reduced trust, job satisfaction and openness to change among staff (Bordia et al., 2011). So while there are individual personality traits that can support or militate against change (as discussed in Chapter 5), the style of leadership and culture of the organisation are also important factors in implementing change and, in effect, transforming organisations. Positive leadership is critical for creating a strong context for quality implementation. (We discuss leadership in detail in Chapter 8.) This includes an ability to problem-solve when challenges occur and use strategies that aim to maximise and sustain motivation for the change, such as celebrating quick wins and regularly discussing the benefits of the intervention being implemented. The Tip Sheet below outlines some other specific strategies for managing resistance to change.

> *If you want to make enemies, try to change something.*
>
> (Woodrow Wislon)

Tip Sheet 2: Strategies to Manage Resistance to Change: (adapted from Guerrero et al., 2016):

- Engage stakeholders in identifying the need for change throughout the process. This might include undertaking a Needs Assessment; consulting with staff and service users; evaluating an intervention; or responding to new research or a new policy.

- Provide opportunities for people to identify the reasons for resistance (theirs or others).

- Reframe the implementation of new practices, for example by not referring to a new practice as a 'change in how we do things' but rather as 'adding something new to the services we offer'.

- Be cognisant of the resources required to plan and introduce new approaches, and set realistic time frames and targets.

- As part of the dialogue about the new intervention, elicit feedback on how the plans can be improved and use this information to adjust intervention.

- Ask about the challenges staff and stakeholders face and then discuss how the new intervention will address these challenges.

- Encourage staff to adapt new interventions to fit in with and support the work they are already doing (discuss any major adaptations with programme developers beforehand).

- Use alternative funding sources (grants, donations) to implement new practices.

- Collaborate with external agencies and engage them in the delivery of new practices.

- Develop tools to track progress during the course of implementing a new approach. This should include a focus on both the achievement of intended outcomes and the process of introducing the new approach. A new approach could be effective, but at a cost in terms of staff time that may render it unfeasible.

- Have an 'open door' policy and always be available for staff if they have questions or concerns about the new intervention, whilst also proactively seeking feedback and updates.

- Assist staff with their duties (e.g. paperwork) while they adjust to the new intervention.

- Praise staff for implementing a new practice, while offering space to discuss difficulties.

- Designate a staff member who is well suited to implementing a new practice as a 'champion' for change.

- Be open to the possibility that the new approach or intervention may not address the issue at hand, and that further review and/or change might be necessary.

7.2.2 Organisational Readiness for Change

Our most successful work arises from collaborative and collective efforts. It is important to look at organisational readiness for change, as well as our individual responses to change. One of the key strategies for enabling organisational change is to assess the readiness for change *within the organisation*, as this is continually demonstrated as being key to the success or otherwise of implementing change.

Readiness for change is defined as a function of *change commitment* (we are committed to implementing this change, we believe that it is worthwhile, important, needed, etc.) and *change efficacy* (we believe that we are capable of implementing this change, given the balance between the demands of this innovation and our resources) (Weiner, 2009). Organisational readiness for change means that organisational commitment to change is present. This commitment is shown, for example, in the provision of necessary resources or the presence of engaged leadership. As mentioned above, we may be personally enthusiastic about change, but the structures or cultures within which we work may not be supportive. Without this wider motivation, it is extremely difficult to introduce and embed new ways of working. Table 17 will assist you in conducting a comprehensive assessment of your organisational context to see whether it is 'ready' for change.

The table presents the Organisational Context Checklist, adapted from Austin and Claassen (2008) and Barwick (2011). Working through this checklist will assist you in laying the groundwork for a change initiative and in identifying areas for development. The checklist will take less than an hour of reflection time to complete, and it can be completed either individually or collectively. Either way, it should be completed by everyone in the organisation who is expected to implement the change being introduced.

This assessment aims to facilitate critical reflection and identify specific areas that may require action. There is no overall score that dictates whether the organisation is or isn't ready. Rather, you need to consider the scores across the areas and judge whether you are ready. Be realistic, though. If the assessment shows that the organisational context is 'not ready' to implement the intended change, should you wait?

Table 16: Organisational Context for Implementation Checklist

	Factors	Not even close	Some way to go	Nearly there	We're there
	SCORE	1	2	3	4
	A: NEED				
	To what extent:				
A1.	Do you think the organisation needs this change initiative?				
A2.	Do you have any evidence of the need for this change in the organisation?				
A3.	Has any member of staff or stakeholder expressed an interest in this change initiative?				
A4.	Other (*specify*):				
	Total for NEED (Max = 16)				
	B: FIT				
	To what extent:				
B1.	Will this change build on the organisation's existing work?				
B2.	Are you confident that this change will not undermine the organisation's existing work?				
B3.	Are there staff or other stakeholders who will facilitate the implementation of this change initiative?				
B4.	Other (*specify*):				
	Total for FIT (Max = 16)				
	C: RESOURCE AVAILABILITY				
	To what extent:				
C1.	Are there people available to lead this change initiative?				
C2.	Are resources and funding available to implement this change initiative?				
C3.	Are there people available and interested in promoting and implementing this change initiative?				

	Factors	Not even close	Some way to go	Nearly there	We're there
	SCORE	1	2	3	4
C4.	Other (*specify*):				
	Total for RESOURCE AVAILABILITY (Max = 16)				
	D: EVIDENCE				
	Do you have evidence:				
D1.	Of beneficial outcomes from similar change/s in a similar organisation?				
D2.	Of the cost-effectiveness of this kind of change in a similar organisation?				
D3.	Other (*specify*):				
	Total for EVIDENCE (Max = 12)				
	E: READINESS				
	Do you have:				
E1.	Leaders/mentors/trainers and/or practitioners available to support the change initiative?				
E2.	Other useful expertise or technical assistance, e.g. • Programme management skills				
	• Human resources expertise				
	• Financial management expertise				
	• Other (*specify*):				
E3.	Other (*specify*):				
	Total for READINESS (Max = 24)				

	Factors	Not even close	Some way to go	Nearly there	We're there
	SCORE	1	2	3	4
	F: CAPACITY				
	To what extent:				
F1.	Are individual staff and stakeholders open to new learning and ways of working?				
F2.	Will the intended change be easily developed and maintained over time?				
F3.	Other (*specify*):				
	Total for CAPACITY (Max = 12)				
	OVERALL SCORE (Max = 96)				

Adapted from Austin and Claassen (2008) and Barwick (2011)

?

Definition:

Implementation climate: Shared perceptions of the importance of evidence-based practice and the organisational supports necessary for its implementation.

7.2.3 Implementation Climate

You may be lucky to work in an organisation that typically welcomes and supports change and where staff and stakeholders are open to learning. But what are your organisation's attitudes to a *specific* practice that you intend to implement? Perhaps it is believed that a particular planned innovation will not work in your particular context. This innovation could be a new way of working, a new programme or intervention or a new approach to existing work. It is important to consider our attitudes towards a specific planned change in addition to our attitudes to change in general.

We know that a positive work environment is related to positive implementation outcomes (e.g. that people work with greater confidence and commitment if they feel supported). Conversely, we know that a negative work environment (e.g. overall work stress) generally leads to poorer outcomes. There is now a growing body of literature showing that implementation outcomes are influenced not only by the general organisational climate, but even more so by the so called 'implementation climate'. Implementation climate is focused on the attitudes to a specific practice, and its measurement is important if we want to improve the success of implementation of evidence-based practices.

The measurement of implementation climate should capture the extent to which the organisation values successful implementation of the specific practice. Effective implementation climate is achieved when staff believe and feel that a specific practice (or a specific evidence-based programme) is valued, rewarded and supported in their organisation.

Exercise: Think of a specific practice, programme or intervention that you or your organisation is considering implementing. Facilitate the staff who will be expected to implement this new intervention to answer the following questions in order to assess the 'implementation climate' for its adoption (adapted from Implementation Climate Scale, Ehrhart, Aarons & Farahnak, 2014).

- Is this an important development for our organisation?
- Do we want to implement it effectively?
- Does our organisation provide or support training in this intervention?
- Does our organisation view staff who use this intervention as experts and are they held in high esteem in our organisation?
- Does our organisation actively recruit staff who have used and/or value this intervention?
- Does our organisation select staff who are open to implementing this intervention?

The above questions address the five key aspects of implementation climate (Ehrhart et al., 2014), namely:

1. Focus on the intervention – i.e. we think that this intervention is important/we want to implement it effectively

2. Educational support for the intervention – i.e. our organisation provides or supports training in this intervention

3. Recognition for the intervention – i.e. staff who use this intervention are seen as experts/are held in high esteem in our organisation

4. Selection for the intervention – i.e. our organisation actively recruits staff who have used and/or value this intervention

5. Openness to intervention – i.e. our organisation selects staff who are open to this intervention.

7.3   Initiating and Supporting a Change Process

This section will guide you through the process of managing change. As highlighted in the sections above, a key requirement in any change process is that the organisation in which the change is taking place provides a receptive context or an environment that values innovation and reflection, demonstrating to its staff a culture of openness and flexibility. Context can support or inhibit the adoption, fidelity and sustained use of programmes and practices, and so we provided practical tools to assess these factors in the previous sections. But what are the specific tactics to implement a successful change?

There are plenty of existing change management models to guide our activities during a change process. Most organisations will choose at

If we want things to stay as they are, things will have to change.

(Giuseppe di Lampedusa)

least one of these to support them during a change process. Two classic change management models were proposed by Lewin (1943) and Kotter (1996; 2012), and both are still widely used today. CDI recommends Kotter's Change Management Model as a simple, direct and usable guide to the activities and tasks included in successfully managing a sustainable organisational change. We describe this model in detail below.

According to Kotter op-cit, creating change is supported by a 'dual operating system' that includes both 'horizontal' and 'vertical' elements. Vertical elements are those that operate from top to bottom in an organisation and potentially from bottom to top. Horizontal factors are those that influence across the organisation. Kotter regards the vertical elements as 'accelerators' and the horizontal ones as principles, which promote participation and leadership. These accelerators and principles are outlined in Tables 18 and 19 below.

The eight accelerators are listed in sequential order and are meant to (to a certain extent) guide a planned, staged change management process. However, implementation in the real world is rarely linear, and so the accelerators will not be followed in a rigid fashion. Think of them as your change management strategies that need to be active continuously throughout the whole change, rather than steps that you follow one at a time.

? Definition:

Vertical elements: Those that operate from top to bottom in an organisation and potentially from bottom to top.

Horizontal factors are those that influence across the organisation.

Table 17: Kotter's Eight Accelerators of Change (Vertical Hierarchy)

Establish a sense of urgency: people will not change if they cannot see the need to do so.
Form a guiding coalition: leading change needs to be done collaboratively, so bring together a group of people who will lead this.
Develop a change vision: create a vision of what the change is about.
Communicate the vision for buy-in: tell people about the why, what and how of the change.
Empower broad-based action: involve others in implementing the change.
Generate short-term wins: show people the benefits of the change.
Never let up: consolidate improvements and produce still more change; build on your successes.
Incorporate changes into the culture: institutionalise new approaches to support sustaining change using some of the mechanisms to support quality and fidelity.

The five principles relate to those factors which can influence changes across the organisation, and are defined as follows:

Table 18: Kotter's Five Principles of Change (Horizontal Network)

Many change agents, not just the usual few appointees: 10% of managerial and front-line staff is plenty.
A want-to and a get-to – not just a have-to – mindset: enthusiastic change agents will energise the whole change process.
Head and heart, not just head: you cannot rely only on logic; you must appeal to change agents' emotions as well.
Much more leadership, not just more management: the change agents form a change 'strategy network' and this will need lots of leaders.
Two systems, one organisation: develop a constant flow of information and activity between the network of change agents and the hierarchy.

Accelerator 1: Establish a sense of urgency for change.

It is important that a need for change is communicated and understood. The reasons for change may include the results of the Needs Assessment, changes in national policy, new evidence on 'what works', and results of an evaluation. This is the stage in which the current situation is reflected on and assessed for its strengths and weaknesses. During this stage, areas identified for improvement or requiring change are highlighted. For example, we might ask staff to consider an issue that has been recurring a lot lately ('What's going on? What's the problem?') and then reflect on what specific change we might try to achieve. This might lead to the development of a Logic Model as described in Chapter 3, which is typically developed during Kotter's Accelerator 3. CDI has found that this will not be a finite stage; it will be necessary to maintain an ongoing sense of urgency throughout the change process.

When people are financially invested, they want a return. When people are emotionally invested, they want to contribute.

(Simon Sinek)

Accelerator 2: Form a powerful coalition.

You cannot single-handedly manage successful change. Create a group with enough interest and influence to lead the change. Involve your stakeholders, including those who will be affected by the proposed change. Involve opinion leaders in your organisation and seek out people who are good at problem-solving. In this stage, CDI has found it useful to establish an Implementation Team to oversee the implementation of the new initiative. (See Chapter 1.) This won't always be necessary, and obviously will depend on the extent and scale of change, but if it is a considerable task, and particularly if it involves multiple stakeholders, this is a very useful structure to lead, mentor and support change. If establishing an Implementation Team, you will need to agree Terms of Reference at the outset that explicitly state:

- The purpose and function of the group: What is its exact role?
- Who does it report to? Who reports to the group?
- Who needs to be a member of the team?
- Who does the team need to engage with?
- How often will it meet?

- Who will lead the group and provide administrative support?
- How will differences of opinion be dealt with?

Change will not come if we wait for some other person or some other time, we are the ones we've been waiting for. We are the change we need.

(Barack Obama)

Accelerator 3: Create a vision for change.

A vison for change needs to be positive and realistic and should be developed with the range of stakeholders informing this process. It is very important to formulate clear objectives. You will be able to do this when you have agreed on what exactly you want to change, e.g. introduce a new evidence-based programme or a new approach at work, set up a new community initiative, change the way programme staff do their work. Again, this is the step where you create a Logic Model if there isn't one in place. (See Chapter 3.) Regularly reviewing your Logic Model will help to both progress your change initiative and keep it on track.

Accelerator 4: Communicate the vision for change

A good, clear communication plan will help to ensure that the vision is widely understood and regularly reflected on. CDI has found that consciously and continually talking about the benefits of the change and its fit with the organisation's core values, as well as communicating positive outcomes from another service, helps to both maintain a sense of urgency and ensure that people know what is happening. Be prepared to answer challenging questions about the change in a clear and open manner – this will help to reduce ambiguity and uncertainty. This ongoing communication about the change initiative will help you to identify change champions who can help form your change strategy network within the organisation or community.

Accelerators 1, 2, 3 and 4 are all related to the preparation necessary for a successful change initiative or process. Before moving on to Accelerators 5 to 8, it is recommended that your Implementation Team work through the Preparing for Change Checklist (Table 20) to assess the organisation's overall readiness and capacity for the change.

Table 19: Preparing for Change Checklist

	Absolutely yes!	Could do more	Oops!! Need to review this
All relevant stakeholders have been engaged with to consider the issue at hand.			
All available local data and information have been used to inform the discussions.			
Current research and best practice have been considered and have informed deliberations.			
Those most closely involved with or concerned about the issue have been kept informed of progress and are on board with the concept of change.			
Champions have been identified to form an Implementation Team that will support the implementation of change.			

	Absolutely yes!	Could do more	Oops!! Need to review this
Possible resistance to change has been identified and measures taken to address this.			
There have been ample opportunities for people to raise concerns about the proposed change – both formally and informally.			
Any concerns raised have been properly addressed.			
There is confidence that key stakeholders are supportive of plans.			

Accelerator 5: Empower others to act on a vision.

This step is about enabling and empowering your staff to deliver change, and it includes training and setting up coaching and mentoring systems and other structures necessary to implement a new or changed way of working. (See Chapters 5 and 6.) This step is also about removing barriers to implementation (e.g. inadequate training or support for staff; resistance from key stakeholders). Various types of support may be required at this stage to enable successful implementation or delivery of change. For example, an adequate amount of time should be dedicated to identifying the resources necessary for staff to engage in the change process, including having a sufficient number of staff to carry out the task or freeing them up to participate in training.

Accelerator 6: Create short-term wins.

This step is often about 'testing' innovations (e.g. piloting new initiatives or ways of working). In this stage you should review your assumptions, vision and targets. For example, review performance indicators to monitor implementation (see Chapter 4), review the Logic Model following a pilot project (see Chapter 3). Celebrate 'early wins' or adjust your strategy if these are not forthcoming. Collect data to support your decision-making in this early stage of implementation (e.g. fidelity data, stakeholder feedback). Reward staff who support change. Continue addressing barriers to change. Effective problem-solving is crucial in this stage.

By the end of the Accelerator 6 phase, a number of processes should be in place. Accelerators 4, 5 and 6 relate to the implementation of the change initiative and the Implementation Team can use the Change Implementation exercise below to assess where the organisation is at.

Exercise: Change Implementation

	Absolutely yes!	Could do more	Oops!! Need to review this
A Logic Model has been developed and agreed with all stakeholders and communicated appropriately.			
An Implementation Plan has been developed that sets out: • Targets to be achieved • Timelines for delivery • Who is leading on and accountable for each action or activity • Resources required and how these will be accessed • Staff/volunteers to be involved • Training and capacity building required • Financial and administrative supports and where these will be sourced from.			
A monitoring plan has been agreed and data collection and analysis systems are in place.			
Implementation champions/change agents (or those leading the delivery) have appropriate training, skills and support.			
An Implementation Team has been established and is working effectively.			
Supervision, mentoring and mechanisms for reflective practice are in place for all involved in delivering a new approach.			
A communication plan has been agreed, setting out who we need to communicate with, when we need to communicate, what about and how.			

Accelerator 7: Consolidating improvements and producing still more change.

This step is about sustaining the momentum for change. It is important to support staff in their efforts to change or while they are implementing a new initiative. (See Chapters 5 and 6.) Continue collecting data; continue talking about the change. Resist the temptation to declare victory too soon! This Accelerator will include the following specific activities:

• Supporting staff and rewarding their efforts, e.g. continuing with CoPs and other processes to support quality delivery; providing booster training; giving staff opportunities to present to peers or train others in new practices (see Chapters 5 and 6)

• Collecting, analysing and considering evaluation data (see Chapter 9)

• Maintaining an ongoing commitment to the new approach or initiative.

Accelerator 8: Institutionalising new approaches.

The final stage of a change process sees the new approach, programme or way of working being bedded down or stabilised. The consolidation or embedding of new processes, systems or procedures requires ongoing training, support and reinforcement from the organisation's leader(s).

Strategies that help to *maintain* commitment to the new initiative will include:

- Communicating the ongoing need for the new initiative – use data to continue communicating the initial need for this new practice or programme, e.g. the results of a Needs Assessment

- Celebrating quick wins (e.g. emerging outcomes from early change implementation)

- Continuing discussing the benefits of the innovation (e.g. positive outcomes from a pilot project or from another service)

- Supporting staff (provide supervision, mentoring and coaching)

- Continuing collecting data to monitor and evaluate change (fidelity data, impact data).

Accelerators 7 and 8 relate to embedding and sustaining change. The Implementation Team can use the Embedding and Sustaining Change exercise below to reflect on the success or otherwise of the organisation in achieving this new practice or programme becoming business as usual.

Exercise: Embedding and Sustaining Change Exercise

	Absolutely yes!	Could do more	Oops!! Need to review this
All staff required to implement the change are fully competent in the new approach or programme.			
Implementation Team continues to work effectively.			
Ongoing monitoring systems are in place and operating effectively.			
Ongoing reflective practice, mentoring and any required Continuing Professional Development (CPD) for practitioners of the new approach or programme are in place and operating effectively.			
Feedback loops informing the wider organisation and key stakeholders of progress and successes with the change initiative are operational and effective.			
Successes are celebrated appropriately.			
Challenges are addressed effectively.			

Below you can see a Case Study that illustrates a change process in practice. As previously noted, the 'steps' involved in managing a change process are rarely linear. They frequently overlap and require revisiting. Successful change management requires extended planning, time to engage stakeholders, and strategies to maintain commitment. Be sure to factor in time for this.

CASE STUDY 3: Change Process

The 'Centre for Supporting Adolescents' (CSA) is a small, not-for-profit organisation seeking to improve mental health outcomes for young people in the community. One of the main programmes delivered to young people, called 'Our Lives, Our Confidence', focuses on building their self-confidence and self-esteem. While a majority of participants report getting on well with the facilitators, and improvements in how they feel about themselves in the short term, these improvements are not maintained. CSA knows this because of the number of participants who require specialist services when they're older. The programme is also turning out to be less cost-effective than originally thought and, with cuts to funding imminent, the organisation needs to decide which programmes to stick with and which to let go of.

The manager of the organisation undertakes a review of the research evidence on building confidence and self-esteem among young people and realises that part of the issue is the failure of the existing programme to involve opportunities for meditation. Based on this, the manager decides that a different approach is needed in order to improve the outcomes for participants.

What the manager did:

Over lunch, the manager suggests the idea of delivering a number of sessions on meditation as part of the 'Our Lives, Our Confidence' programme. She is met with a few nods and 'hums and haws' around the table before taking it to her Board of Management for approval. Over the next month, the manager signs all facilitators of the programme up to a two-day training course on meditation. Not everyone is enthusiastic about the idea of sitting in silence with their group of young people. Most feel that things are already difficult enough and there is so much programme content to get through – now this?! As the first month of delivering sessions on meditation rolls out, the manager notices that some staff are directly or indirectly reporting negative feelings or thoughts about these changes to the programme. Indeed, there is a noticeable increase in sick leave. Over the next three months, the manager observes a decrease in young people's participation rates as well as low staff morale. She is surprised and briefly contemplates that something that she felt was well thought out is in fact not being embedded.

What the manager might have done:

Steps 1–6: Conduct an inclusive consultation process with staff and other stakeholders in terms of the added value in changing the programme/ their practices. Delegate the task of researching effective models to some keen and interested staff. Undertake an assessment of their readiness to change. Develop or revise the Logic Model with the team to incorporate this new programme element. Identify a natural 'leader' among the staff who is highly motivated and really supportive of the change. Give that person responsibility for managing/coordinating aspects of the change process. Provide staff with sufficient training in meditation practice (if this is the agreed change), ensure they understand its evidence, and provide ongoing supervision to support them through the change process.

Steps 7–8: Develop guidelines and procedures for integrating the change into the programme's daily activities. Agree with the staff how to build in opportunities for review and reflection, with a real commitment to collectively responding to concerns or difficulties that emerge.

Team Exercise: Reflect on a recent change initiative introduced in your organisation. How was it implemented? What could have been done differently? Use Kotter's model to guide your reflection.

Finally, when reflecting on organisational change, do remember that almost any change, whether it be in how a service is delivered, the target group or even how staff get trained, will have implications for the organisation. For example, facilitating reflective practice while implementing evidence-based programmes may require organisations to change existing practices to include opportunities for reflection. The process of change is not finite. It needs constant innovation and ongoing collaborative effort.

7.4   Conclusion

This chapter described how the organisational context can impact on implementation, how to assess the organisational context and approaches to support organisational change. We presented key aspects relating to the concepts of organisational readiness for change and the climate for implementation and described how these create enabling contexts for our work. Assessing readiness for change, when effectively undertaken, paves the way for practitioners and organisations to truly look at the need for and the 'how to' of organisational change. We looked at some of the challenges faced by practitioners and organisations in the process of change and highlighted specific tactics and strategies to overcome these challenges. For change to be considered, welcomed and implemented, effective leadership is required. The next chapter will look at leadership and its role in considering, implementing and driving change within organisations.

Chapter 8:
Leadership
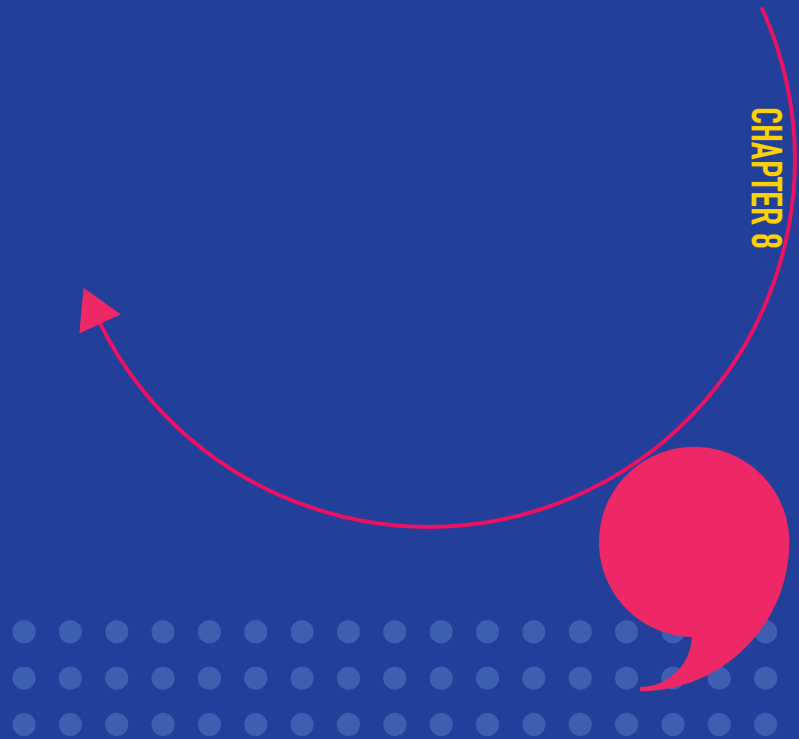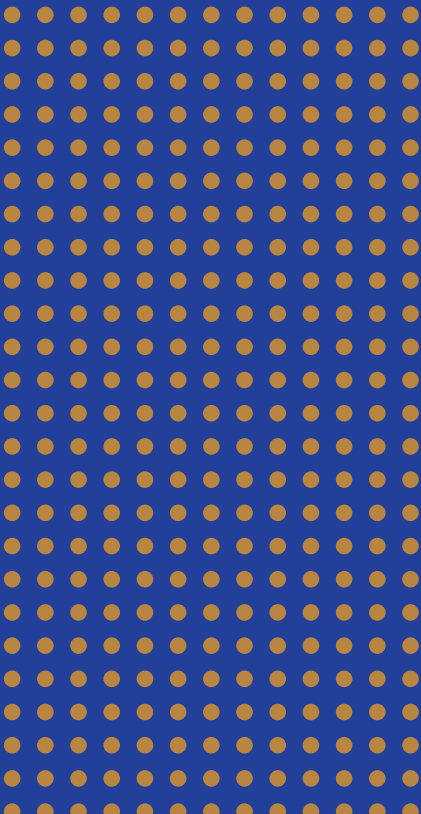
At the end of this chapter you will:

Know about: various leadership styles and which ones are effective

Understand: the importance of effective leadership in your work

Be able to: recognise your own leadership style and identify areas for development.

8.1   Overview

Leaders play a vital role in creating a positive organisational culture and a shared vision among staff, and these are essential for effective change management and quality implementation. This chapter explores definitions and styles of leadership, qualities of a leader, and the behaviours and processes associated with effectively leading quality implementation, including the implementation of change. In addition, issues related to balancing leadership and management roles are discussed.

Traditionally, changes within organisations were imposed on staff by those in roles of authority. However, there is a growing recognition that dictating change that involves staff altering their practice or behaviours can often be unsuccessful, and that involving them in identifying needs and responses offers a far greater chance of effective delivery. A leader's interactions with others and both the explicit and unspoken messages they

> *If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.*
>
> (John Quincy Adams)

convey can support or hinder organisational change (Benyamin et al., 2006). The complexities of organisational change were discussed in detail in the previous chapter, but they require further consideration from a leadership perspective. This chapter focuses on leadership as a key driver in quality implementation.

8.2 What is a Leader?

Leaders are those individuals who, through social interactions, create a shared vision or purpose within an organisation (Berson et al., 2006). These leaders exist at all levels of an organisation. They can be in managerial and non-managerial roles and may or may not hold positions of authority. While those who are not in management roles may not have the mandate to introduce change, they can act as a stimulus for change by working with and encouraging others in the organisation (Benyamin et al., 2006). They can play an extremely important role, as they will often be regarded as an 'honest broker', or will not have their views questioned or doubted in the way management perspectives might be.

Many organisations now take a much less hierarchical approach, expecting personnel at all levels to review systems and practice and to propose and drive measures that will improve efficiency and effectiveness, thus effectively expecting them to lead change. This is at the core of **shared leadership** (or distributed leadership), which is based on mutual influence and shared responsibility. The concept of shared leadership recognises that few organisations now rely on one single leader to drive the whole organisation (this is especially true in the public and community and voluntary sectors), while also promoting the value of enabling leadership to operate at all levels.

Problem-solving is a key function of effective leaders, and the kinds of issues that leaders tend to grapple with are generally categorised as being one of the following:

- **Technical challenges** refer to those that require specific knowledge to find a solution using logic, intellect and expertise. They have clearly defined solutions. For example, designing a Monitoring and Evaluation system can be considered a technical challenge.

- **Adaptive challenges** are those that require people to change their beliefs, behaviours, ways of working, etc. These tend to be more challenging for leaders and can be characterised by disagreement regarding how to define the issue, values underpinning practice, and the possible solutions. Adaptive challenges require deep thinking and reflection. For example, implementing a significant practice change in your organisation is a type of adaptive challenge.

At any given time, leaders can face numerous technical problems, e.g. setting up a website, accessing and managing finances, establishing monitoring systems or an effective database, or providing appropriate technical training. However, a range of adaptive challenges will also inevitably be experienced, especially during a change process. Often,

leadership challenges that we face have both technical and adaptive components, e.g. introducing a new evidence-informed programme will have both technical problems (e.g. setting up a data collection and analysis system) and adaptive problems (e.g. getting buy-in for the new development, especially if it means letting go of something else). Attending to adaptive problems is necessary to effect a thorough and sustainable organisational change, but adaptive problems can rarely be solved by a single approach. They require teamwork and creative efforts (often simultaneously directed at many levels of the organisation and often including external stakeholders too), as they are complex and involve people's beliefs, behaviours and emotions.

Some would say that attending to technical problems is essentially **management** (or task-oriented leadership), while working on adaptive challenges is true **leadership**. We will discuss various leadership styles in the following section. What is important for now is that leadership in the context of our work (focused on making social changes, not on making profit) is not only about making decisions, but also about motivating and inspiring others to do their best work.

According to Heifitz and Linsky (2004) **don't do it alone** is a key strategy to managing adaptive challenges. Working together is key to effective leadership in human services and we have highlighted opportunities for collaboration throughout this Workbook. The following sections are aimed at supporting you in reflecting on and learning about what constitutes effective leadership, the extent to which your leadership style and approaches are consistent with effective leadership and how to enhance your leadership skills. There are no perfect leaders. However, by examining your current leadership style honestly and identifying strengths and areas for development, you can strive to be a more effective leader, whatever your position in your organisation. Our work in CDI is based on a behavioural theory of leadership, namely that leaders are made, not born. We believe that all of us can learn to be a leader by increasing our knowledge of effective leadership strategies, reflecting on our behaviour and getting support to adjust our approach.

8.3   Balancing Leadership and Management

There are two well-known broad categories of leadership, namely **people-oriented leadership** and **task-oriented leadership**. People-oriented leadership is focused on meeting people's needs, valuing and developing relationships, listening to others and fostering positive organisational culture. Task-oriented leadership is focused on getting the job done and is more about project managing your activities, planning, monitoring, etc. Effective implementation needs *both* leadership styles, and effective leaders balance both. Below are some further characteristics of these two types of leadership:

People-oriented leadership:

- being accessible and approachable
- listening to others' opinions
- enabling open communication

Task-oriented leadership:

- scheduling work to be done
- monitoring performance
- developing standards.

Reflection: As a leader in your daily work, are you focused on people or on getting the job done? Where would you identify yourself on the following leadership grid? Where would you place your leaders or the leaders you would have worked with in the past? (Note that the ideal leader is in the top right.)

Figure 4: People- vs Task-Oriented Leadership
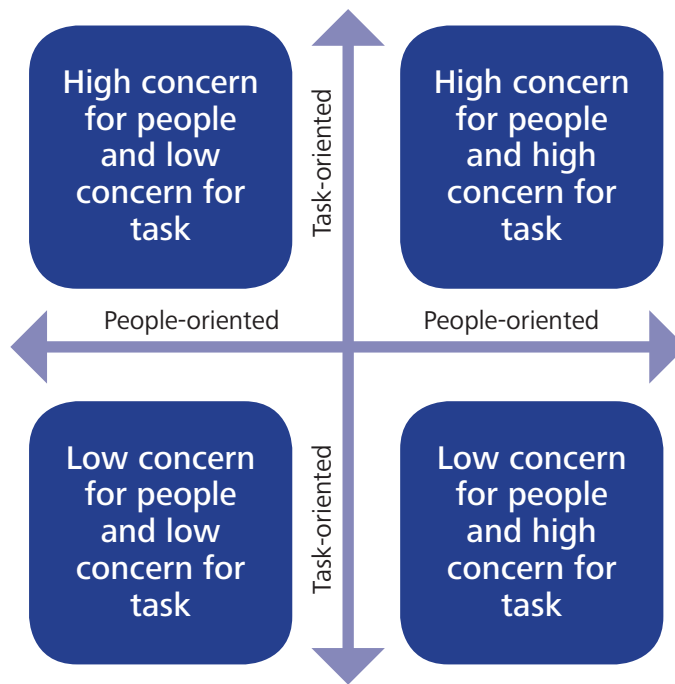
As noted in the previous section, some regard task-oriented leadership as being a **management** style. Leadership and management are often distinguished as follows: Management is about structures, systems and processes, and so it includes planning, organising and supervising activities. Leadership is more about the people-oriented dimensions of our work, vision, culture and communication. Leadership activities include, for example, motivating others and working collaboratively. (See Figure 5 below.) In other words, leadership is about **getting people to do the right things**, while management is about **getting things done through other people**. Inevitably, however, there is overlap between the two elements and, to be effective, we need both.

Figure 5 Management vs Leadership Activities

Exercise: Review how you typically balance leadership and management, through consideration of the following:

		No, never	Sometimes	Yes, often
1.	Am I so action focused that I ignore concerns raised by staff?			
2.	Am I so focused on motivating people that I don't attend to targets and timelines?			
3.	Do I utilise team members' skills and interests?			
4.	Do I delegate appropriately and allow others to lead, even if that risks allowing mistakes to be made?			
5.	Do I take the time to check in with team members regularly about their perceptions on organisational activities and issues?			
6.	Do I make assumptions about our collective goals and principles?			
7.	Do I judge performance by quantitative data, e.g. number of parents participating; number of training sessions delivered?			
8	Do I expect emails to be responded to immediately?			
	Total:			

Score your answers as follows:

Question	No, never	Sometimes	Yes, often
1	0	1	2
2	2	1	0
3	2	1	0
4	2	1	0
5	2	1	0
6	0	1	2
7	0	1	2
8	0	1	2

The lower you score, the more likely you are to have a well-balanced approach to managing people and tasks. A high score (i.e. 10 or more) indicates a tendency to overly focus on one or other element.

Quality implementation and effective change management require a balance of both management (task-oriented leadership) and leadership (people-oriented leadership), and we hope that this Workbook supports you in this. In the following sections we encourage you to reflect on your leadership style in relation to working with people.

> *Things do not happen. Things are made to happen. Leadership and learning are indispensable to each other.*
>
> (John F. Kennedy)

8.4 Your Leadership Style

You have probably heard of many leadership styles, for example: inclusive, participative, autocratic, democratic, collaborative, facilitative, directive, controlling, etc. You may have even heard of transformational (inspiring) leadership, or of terms such as compassionate leadership. Most of these are essentially about your relationship with the people you work with. What does it mean to be focused on people while working towards the achievement of specific goals? How do you motivate other people to work towards the intended goals? What specifically do participative, collaborative or facilitative leadership styles mean? Before we discuss this, consider the exercise below. What is your leadership style? Think about your behaviour patterns: what are the positive and negative aspects in terms of effectively achieving targets, motivating people to be involved and supporting shifts in beliefs and behaviours?

Exercise: Reflection on Your Leadership Style

	Usually	Sometimes	Every Once in a while	Rarely	Never
1. When someone does not share my viewpoint, I tend to use logical reasoning to change their viewpoint.					
2. I get people's views before I introduce or suggest a change in work practices.					
3. I tend to avoid naming difficult issues in order to get the task completed.					
4. I stick to targets irrespective of feedback, in order to get the job done.					
5. I name issues and take time to explore divergent viewpoints.					
6. I encourage and support other team members to lead activities.					
7. I am open and honest about factors affecting my organisation.					
8. I tend to blame other people's behaviours or views for issues within the organisation.					
9. I allow ambiguity and take time to discuss issues before deciding on actions.					
10. I find it hard to trust people to deliver on time.					
11. I am good at balancing getting the job done with giving time for decision making.					
12. I find it difficult to admit making a mistake.					
13. I readily look for support.					
14. I give praise and affirmation readily and publicly.					

Once you have responded to all of the statements, interpret them as follows:

- Statements 1, 3, 4, 8, 10 and 12 are indicative of a **controlling leadership** approach;

- Statements 2, 5, 6, 7, 9, 11, 13 and 14 reflect a **facilitative leadership** approach.

The controlling (also termed autocratic) leadership style produces a limited, depressed organisational culture that does not enable effective work, while the facilitative style enables and empowers staff, giving them responsibility and authority (thus creating a culture of 'shared leadership'). **Facilitative leadership** encourages people to reach their full potential and to do their best work possible. In practice, this is about encouraging collaboration and giving people autonomy and scope for making decisions. This type of leadership can also be termed **participative leadership** (which is about including others in leadership decisions and actions). Facilitative leadership is known to foster positive organisational culture, with committed staff open to learning and innovation. This in turn enables effective management of organisational change. Trust is the foundation of this type of leadership.

Revisit your answers to the exercise above and the definition of facilitative leadership style and think about the following:

- Identify your areas of leadership strength and areas for development.

- Focus on practices that help you get the best from the resources at your disposal, including your staff and your time.

- What habits or behaviours from the list are not generally effective? How can you do less of these? (We discuss leadership development plans later on in this chapter.)

8.5   Adjusting your Leadership Style

Different leadership components (and indeed different styles of leadership) may be needed at different stages of change implementation. For example, inspiring and motivating others to think about issues in new ways is key in the early stages of change management and implementation. Once the change is embedded in an organisation, reinforcing and rewarding staff in their implementation efforts, as well as monitoring progress, gains greater importance.

Furthermore, your leadership style should be adjusted to your team. If you are lucky enough to work with highly skilled and motivated staff, you may not need an extensive performance management system (which may hinder their work efficiency). Highly skilled and motivated employees thrive in a **shared leadership** environment, where they are given autonomy and authority to make decisions. On the other hand, new staff, or competent staff who are less motivated or unmotivated may need more structure and frameworks to guide their work. Most leadership styles and approaches have advantages and disadvantages, depending on the context in which they are applied. Adapting your leadership style to both the circumstances and the individual needs of staff will maximise your efficacy and time. This doesn't require 'pretending' to be someone else – being authentic (or 'real') is always important – but tailoring our behaviour and actions to best fit the specific circumstances can make a real difference. Consider the following examples: what style of leadership approach would be helpful here and why? What would this look like?

- A Transition Year student coming to your organisation for a two-week placement

- A peer in an external organisation who works with a client group you have concerns about

- An experienced practitioner who is new to your organisation and the models you deliver

- A member of staff who has been in the same role for many years and is 'stuck'.

8.6   Motivation and Values

Below we encourage you to further reflect on your own or your team's leadership values. This reflection will help you understand your approach to leadership, as our values or beliefs and the often unconscious assumptions we make can significantly shape our behaviour and relationships. The following two exercises (adapted from Siebold, 2017) will facilitate leaders, staff teams, boards of management and other group structures with leadership functions to:

- Clarify their leadership values

- Explore the driving force behind their leadership decisions

- Consider their own leadership approach.

Exercise: Consider the values listed in the Personal Leadership Values in Table 21 below. With the group, discuss the role of values in your organisation and at a personal level. How do your values inform your practice and decisions? Ask everyone to choose five values from the list that they feel they are most closely aligned to. From these five, ask everyone to choose the one value that they feel most strongly about, so that this value completes the following sentence for them:

' _____ is a 'cornerstone' in my approach to leadership.'

People can use their own word if it isn't on the list.

Ask everyone to write each of their five words on a sticky note, using one colour for their 'top' value and a different colour for the remaining four. Invite them to place the sticky notes on the wall and then ask everyone to review all the values. With the group, put any duplicates together, and group those that are similar, e.g. those that relate to personal endeavour, or any that are about social justice.

Discuss the responses, for example:

- Are there any surprises?

- Are these in line with our organisational values?

- Is the level of difference/commonality among us a strength or a difficulty?

Table 20 Personal Leadership Values

Achievement	Affection	Predictability
Adventure	Comfort	Responsibility
Accountability	Conformity	Responsiveness
Challenge	Cooperation	Personal development
Control	Directness	Positivity
Creativity	Expertness	Power
Economic balance	Excellence	Recognition
Fairness	Flexibility	Risk
Freedom	Friendship	Self-respect
Happiness	Helpfulness	Variety
Hard work	Independence	Security
Honesty	Integrity	Tradition
Harmony	Leadership	Trust
Involvement	Morality/ethics	Wisdom
Order	Loyalty	Other values?

This exercise encouraged you to reflect on the things that motivate you as a leader. Would your staff/colleagues/peers choose the same values for you? Have you ever thought about how others perceive you as a leader? Do you ever try to see things from the perspective of other people? Do any of these questions raise issues you might want to address? If so, how will you do that?

8.7   Leadership in Implementation

So far we have discussed general leadership styles and approaches, but we will now focus on specific leadership qualities that are known to be effective in establishing and *maintaining* quality implementation of evidence-based programmes and practices. These are specific qualities for **implementation leadership**, which is a more strategically focused leadership that impacts on the success or failure of embedding and sustaining new programmes and practices, and thus ultimately on whether or not we achieve the intended outcomes for our target populations.

There is growing literature in implementation science on this type of leadership. What approaches are most effective in quality implementation, especially the implementation of evidence-based practices? Implementation leadership, as opposed to general leadership, is specifically about a

leadership approach to the implementation of a specific practice or programme that you intend to implement. Think about how you initiate new practices and programmes in your work (i.e. effectively a *practice* change), how you support their quality implementation and fidelity to their evidence-based principles, and how you support their long-term maintenance. What is important when leading successful implementation of an evidence-based programme or practice?

Ehrhart, Aarons, and Farahnak (2014) propose four leadership qualities that are most critical in the implementation of practices and programmes with quality and fidelity, namely:

- Being proactive (anticipating and addressing implementation challenges)
- Being knowledgeable (having a deep understanding of the new practice)
- Being supportive (supporting staff to use the new practice)
- Being perseverant (carry on implementation despite challenges).

Leadership is a two-way street, loyalty up and loyalty down. Respect for one's superiors; care for one's crew.

(Grace Hopper)

Table 22 (adapted from Ehrhart et al., 2014) will support you in reflecting on these qualities and in identifying areas to develop as a leader in implementation. (You can also encourage your staff to evaluate you as a leader on these qualities.) If you are not in a leadership position, you may want to answer the following statements in relation to the leadership in your organisation; this may give you an indication of the degree of success of a planned programme or practice implementation. These four leadership qualities have been evidenced in the literature to affect fidelity and sustainability of implementation (i.e. that practices and programmes are implemented with the intended quality and that they are sustained long term).

Table 21: Quality of Implementation Leadership

	Never	Sometimes	Usually
Being Proactive			
I establish standards for the implementation of the programme (e.g. I ensure that staff are appropriately trained and supported to implement).			
I develop a plan to facilitate programme implementation.			
I remove obstacles to programme implementation (as far as practicable) (e.g. I ask staff about challenges they face and identify how the new intervention will address these challenges).			
Being Knowledgeable			
I know what I am talking about when it comes to implementing this programme (e.g. I know what it takes to deliver this intervention).			
I am knowledgeable about this programme (e.g. I know its content).			
I am able to answer questions about this programme.			
Being Supportive			
I support staff who want to implement this programme.			
I support staff to learn more about this programme (e.g. to attend booster training).			
I recognise and appreciate staff efforts (e.g. I give positive feedback).			
Being Perseverant			
I persevere through the ups and downs of implementing.			
I persist with a task until we get it right, rather than always looking for the next 'big idea'!			
I respond to critical issues regarding programme implementation (e.g. I have an open door policy for staff so they can communicate their concerns that I need to respond to).			

Reflection: Think of a specific practice, programme or approach that has recently been introduced in your organisation (by yourself or someone else). Go through the statements in Table 22 above. Did you (or the people leading this implementation) display the given qualities?

Being supportive (e.g. mentoring and coaching your staff) and proactive (e.g. developing plans and standards) are important leadership qualities in general (and indeed this whole Workbook is intended to support you in strengthening these qualities). In implementation, in addition to being supportive, proactive and knowledgeable about the planned practice or programme, you also need to be perseverant. Tenacity and proactivity in implementation may indicate the degree to which you anticipate implementation challenges. Supported with appropriate knowledge, tools and resources, you are then able to address these challenges, an important element in minimising difficulties and intervening before they escalate (as far as practicable).

Human disciplines are complex to work in and one of our greatest tasks is to maintain quality and fidelity in how we implement. Think about new initiatives that were introduced in your work (by you or someone else). Are they still being implemented? Are they still being implemented with quality? How do you know this? Did people persevere to establish these practices? Does the climate of your organisation (fostered by a facilitative style of leadership) encourage people to be perseverant and proactive? Motivating and inspiring others to do their best, to be proactive and to stick with a project or development is at the core of **adaptive leadership**.

Implementation scientists often talk about adaptive leadership as a key driver of effective implementation. Adaptive leadership is about mobilising others to tackle problems and supporting them to persevere in this process. An effective leader doesn't have to have all the answers or identify the solutions. They need to have built up and mentored a team who have the right skills to do their job; the confidence to speak their mind; the trust to take a risk; and the ownership to want to try. What are your skills in building, mentoring and coaching an effective team? (See Chapter 5 for more on this).

Consider the scale of **technical** and **adaptive leadership** below (adapted from Fixsen et al., 2015). This scale assesses specific leadership behaviours that have been evidenced to be effective in establishing and sustaining new practices. Think of a specific innovation that you or someone else intends to establish in your organisation. Are these leadership behaviours active in this process?

Exercise: Scale of Technical and Adaptive Leadership

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Technical Leadership					
Leaders within the organisation have provided specific guidance on technical issues giving us sufficient clarity about what needs to be done.					
Leaders within the organisation are respected because of their knowledge.					
Leaders within the organisation have been very good at giving reasons for changes in policies, procedures or staffing.					
Leaders within the organisation have been actively engaged in resolving any and all issues that got in the way of using the innovation effectively.					
Leaders within the organisation have been very good at focusing on the issues that really matter at the practice level.					
Adaptive Leadership					
Leaders within the organisation have continually looked for ways to align practices with the overall mission, values and philosophy of the organisation.					
Leaders within the organisation have convened groups and worked to build consensus when faced with issues on which there was little agreement about how to proceed.					
Leaders within the organisation have established clear and frequent communication channels to provide information to practitioners and to hear about their successes and concerns.					
Leaders within the organisation have been fair, respectful, considerate and inclusive in their dealings with others.					
Leaders within the organisation have actively and routinely sought feedback from practitioners and others regarding supports for effective use of the innovation.					
Leaders model behaviours and engagement and set the tone for the organisation.					

Organisational leadership is never just one person, and this is equally true in relation to implementation leadership; it is always about a team of people collaborating, bringing different skill sets, different approaches and different dynamics. This may include motivating and inspiring others to change existing practices and establish new ones, setting fidelity standards, monitoring the work, etc. These activities are often performed by more than one person, and this is at the essence of 'shared leadership'.

You may want to refer also to Chapter 7 on organisational change when reflecting on leadership in implementation. Chapter 7 describes specific activities and practices that can support the process of change management (i.e. in different implementation stages) in order to improve the chances of implementation success. The following section will focus on those that are particularly important in relation to leadership.

8.8   Effective Leadership during Organisational Change

8.8.1 Leadership and Organisational Identity

Organisational identity relates to the group's collective definition of the types of behaviours, values and beliefs that are considered acceptable or expected within the organisation. If a proposed change doesn't fit well with the organisational identity, the implementation process will be far more difficult and more complex. This doesn't mean we should only do things that are comfortable in our current context: sometimes this level of change is necessary. For example, a charity deciding to develop a social enterprise in order to sustain its work might struggle with taking a more commercial perspective, but that doesn't mean it is wrong. A key task for a leader is to support others in developing a new shared vision of how the organisation works. A shared vision can only be created if all members have an opportunity to shape the vision and actions required to achieve it.

We discussed the implementation of change, including specific activities that should be carried out in order to create an enabling context for change, in the previous chapter. The leaders play a crucial role in leading these activities, from creating urgency for change and engaging stakeholders to sustaining the momentum for change. Take some time to review the previous chapter, especially the exercises on implementing, embedding and sustaining change.

Case Study 4 below illustrates that a change being in line with research or best practice may not be enough to convince individuals to change their beliefs or behaviours. Supporting people to change their values and ways of working requires leaders to genuinely engage in a process of collaboration where all team members contribute to the process. Consider the Case Study in the context of the processes and approaches to change management outlined in the previous chapter.

CASE STUDY 4: Leading Change

David wants to introduce a new way of supporting children's participation in an organisation that in the past has had difficulty achieving this. He has come up with a new approach based on research and best practice. David holds a meeting to train the staff in the new method of working. Below are some of the responses to the suggested change:

'This is not how we do things.'

'We have always done things this way and it works.'

'I don't think it will work.'

'I am qualified; I don't need to do this.'

'I am doing it the way I always have.'

'We tried that before and it didn't work.'

David talks about how the research supports the new method of improving participation, but the team continues to voice many negative comments about the new method.

Exercise: With your team, discuss the following questions:

- Do you think the team is going to take on the new method of working long term?
- Do you think David handled the change effectively?
- What could he have done differently?

What did David do?

He researched evidence-based practices in relation to supporting children's participation. Based on this, he devised a new approach for his organisation. He held a meeting to train staff in the new practices.

What could he have done differently?

- Consult with staff.
- Conduct a Needs Assessment on the existing practices that support youth participation.
- Form a team to consider and drive a change of practice.
- Delegate researching of evidence-based practices to the staff.
- Communicate the results to the whole organisation (and stakeholders).
- Devise a new model in collaboration with the staff (and stakeholders).
- Identify and nurture champions of the new approach.
- Then train the staff in the new approach, supported by existing staff.

Note: This example shows only the initial stage of introducing a change. As we have described in previous chapters, attention is needed at all stages of implementation to ensure that staff remain focused, motivated and committed.

Note the emphasis on **participative leadership** style in the above example.

8.8.2 Leadership Skills in Leading Organisational Change

An effective leader facilitates change through building relationships; creating a shared understanding of purpose, strengths and barriers; and employing strategies that facilitate change. Chapter 7 described in detail how organisations might initiate and support change processes, while the discussion in Chapter 5 on emotional intelligence is of particular relevance for leaders. The following highlights key behaviours and skills for those leading organisational change. You may want to reflect on these in relation to a specific change initiative in your organisation or use them to support you in future implementation.

Relationships:

- Put time into developing respectful relationships with your colleagues, volunteers and managers.

- Take on other people's perspectives and incorporate their ideas.

- Acknowledge that you are asking others to do something that is difficult.

- Name the elephant in the room, that is, any issues that are impacting on the proposed change, which people are fearful of identifying. Do this with sensitivity and a focus on acknowledging fears, offering reassurance and finding solutions.

- Question norms, beliefs and assumptions, and provoke exploration of issues in a non-threatening way.

- Support people in looking at the situation from different angles.

- Be clear about your role. How much is up for discussion? What are the boundaries? Is anything off limits?

- Be clear that the change is not about blame or things having been done poorly to date, but rather improving delivery, using newly available information, and being responsive to current needs.

Understanding:

- Be aware that asking people to change behaviours may require them to acknowledge that what they did in the past was ineffective or unhelpful or that circumstances and context have changed.

- Understand that people don't resist change; they resist loss. Loss may be related to changes in belief, lack of confidence in completing new

tasks, or fear of moving out of a comfort zone.

- Accept that some people will choose not to be involved in the change.

- Try to understand individual and group reactions. What are they feeling? What's really going on?

Strategies:

- Talk to the people who don't share your vision. Try to understand their perspective.

- Identify and support champions who are advocates for the proposed change. Use them as allies.

- Test out a change as a pilot in a setting that welcomes it; celebrate quick wins.

- Provide more than one opportunity for individuals to identify concerns; explicitly list all concerns and barriers and try to address each one.

- Nurture partnerships and seek to understand others' positions on relevant issues.

- Identify and name the gap between espoused behaviours and reality.

- Provide opportunities to evaluate changes. Once the change in question has commenced, ensure you set up feedback loops and monitoring mechanisms. Being proactive is important; don't wait for problems to emerge.

- Maintain and share your knowledge of best practice and research and retain a focus on the needs of service users.

- Be aware that the change may not work. You may not have got it right, so be open to acknowledging that. Review, reconsider and try again.

Exercise: This exercise is aimed at reflecting on your leadership behaviours and skills. You are encouraged to build a leadership skills development plan. This is a valuable exercise that can help further develop effective approaches in leadership. Review the leadership skills listed below and add to it if needed. Then select three that you feel need attention. Enter those three into the chart below and fill in the necessary information – an example is provided on the chart. You may want to work with a peer to complete this exercise. Working with a peer would allow you both to check each other's progress, keep each other focused and motivated, and provide constructive feedback.

Table 22: Leadership Skills and Competencies

Create a vision	Establish team values	Make meaningful decisions	Coach others	Set norms	Conduct effective meetings
Identify expectations	Communicate successfully	Assess performance	Manage change	Give constructive feedback	Train for competency
Nurture collaboration	Manage conflict	Problem-solve efficiently	Set goals	Plan effectively	Share information
Build trust	Anticipate difficulties	Join the dots	Challenge others	Role model	Promote collaboration

Exercise: Leadership Skills Development Plan

Leadership Skill to Improve	Growth Objective(s) for Each Skill	Activities	People Who Can Help	Indicators of Success	Timeline
Example: Conduct effective meetings	To conduct team meetings where more people participate	**1.** Ask selected team members for honest feedback **2.** Have one of the management team critique a meeting	Management and peers	Increase in team members speaking at meetings by the end of the quarter	**1.** Obtain feedback after the first three meetings **2.** Try at least one new strategy every two meetings

Note that skills development is an ongoing process, so we encourage you to review and update your skills development plans regularly (e.g. each quarter).

Finally, consider the following questions that summarise effective leadership skills and actions:

- Do you continually communicate the vision in your organisation?

- Have you established clear goals for the work, and clear plans for measuring your progress and success?

- Do you act supportively towards your staff? Do you support their

learning and development? Do you allow them to make decisions? Do you encourage innovation?

- Do you make decisions with others? Do you support people working collaboratively?

8.9 Conclusion

Leaders are instrumental in facilitating positive organisational culture and are key in developing plans, practices, structures and strategies to support quality implementation. Positive leadership is associated with greater collective commitment, positive organisational culture and reduced burnout. Change and development will rarely be easy, but it can be far more effective if it is supported by a facilitative leadership approach, which recognises the need for buy-in and engagement, and where there are people throughout the organisation with the skills and motivation to drive these processes.

Chapter 9:
Evaluation
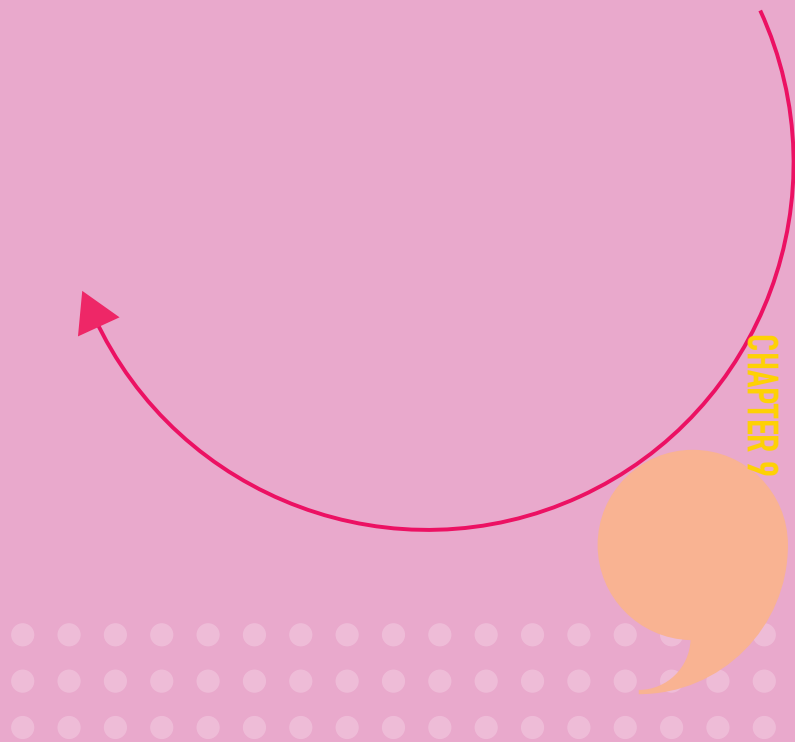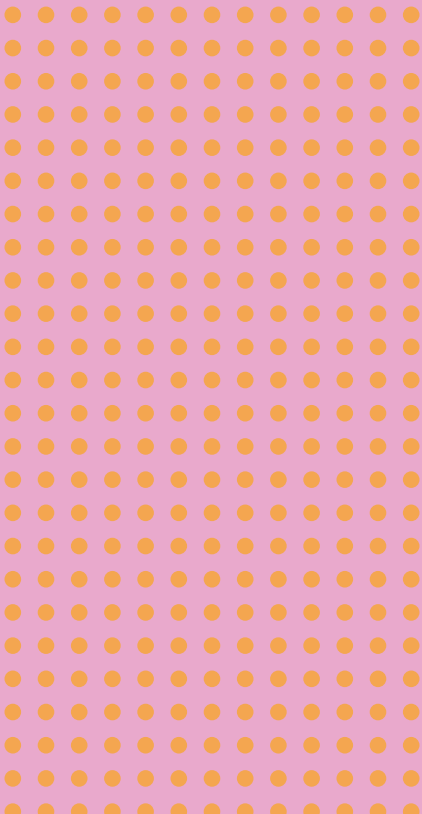
At the end of this chapter you will:

Know about: different evaluation approaches and the factors that inform decisions about the kind of evaluation to undertake

Understand: the key terminology in relation to programme and service evaluations

Be able to: plan your own evaluation.

9.1 Overview

This chapter provides general guidance on conducting a credible, user-friendly and cost-effective evaluation of your programme or intervention, as well as key terminology used in these processes.

For over a decade, CDI has been in the very privileged position of commissioning independent evaluations of our work, being exposed to academic experts from all over the world, and working with teams from some of the very best third level institutions. Through trial and error, and sometimes a wing and a prayer, but mostly with the support and guidance of fantastic people, we have learned about process evaluations, outcome evaluations, qualitative and quantitative data, informed consent, managing attrition and so much more. We've had evaluations with brilliant outcomes and evaluations of services that didn't do what they set out to do. We have

> *If we knew what it was we were doing, it would not be called research would it?*
>
> (Albert Einstein)

used the data to inform front-line practice, service manuals, policy and resourcing. We share the key aspects of all of these processes with you here.

It is important to differentiate between on the one hand an evaluation that is concerned with finding out whether a specific programme or project is achieving the intended change or not, and on the other hand routine organisational monitoring that is designed to promote evidence-based planning and practice and support an organisational culture of continual improvement. This chapter is concerned with the former, specifically the steps involved in carrying out a service or programme evaluation. We discussed ongoing programme monitoring in Chapter 4.

9.2   Definitions and Types of Evaluations

Evaluation is about determining the value of a specific practice or activity. In its methods, evaluation is similar to conducting research (and indeed some evaluations are large-scale research projects), though the purpose of research is typically to generalise beyond the immediate environment, while the evaluation's key purpose is to guide decision-making. Simply put, evaluations should answer a simple question: 'Does my programme (or service) work?'

There are many different types of evaluation. Which is the best fit for you and your organisation will depend on a number of factors including: what exactly is being evaluated; the purpose of the evaluation; the resources and expertise available; and relevant history or dynamics in the organisation and its community.

One common distinction in evaluation types is between formative and summative evaluations. Formative evaluations are conducted while the intervention is in progress, often during its early stages when the intervention activities are forming. The goal of formative evaluation is to gather data that will improve and enhance the ongoing intervention. Summative evaluations are conducted when an intervention has been in existence for some time, often after it has been completed. The goal of summative evaluation is to examine the effect and achievements of the intervention.

Another important distinction is between **process** and **outcome evaluations**. Process evaluation investigates the way in which the intervention was delivered, i.e. whether the intended activities were implemented fully and with quality, and how they were implemented. It often starts by looking at the activities and outputs in your Logic Model, but it may go far beyond that. For example, it might look at the training and support needed by staff to deliver the service, the extent to which the target group took up the service, or the level of fidelity to the programme in terms of quality of delivery. Process evaluations can be conducted early in implementation, after the introduction of a new programme (in order to improve it) or as a summative evaluation (after the programme is completed). Refer to Section 9.8 in this chapter for detailed guidance on evaluating implementation processes and programme fidelity.

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Definition:

Evaluation: 'Systematic and objective assessment of on-going or completed interventions … It assesses how well a specific measure has worked (or is working) and whether it is still justified or should be changed' (OECD, 2009, p. 5).

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Definition:

Formative evaluation: evaluation that is conducted during the development or early implementation stage of an intervention, in order to provide information that is subsequently used to enhance and improve its ongoing implementation.

Summative evaluation: evaluation that is conducted when an intervention has been in existence for some time, in order to examine the effects of the intervention.

An outcome evaluation investigates whether the project or service leads to demonstrable outcomes that are specifically defined, i.e. did the change happen that you were hoping for? To plan an outcome evaluation, look at the desired outcomes in your Logic Model, but again don't be restricted by this. There may be outcomes from your interventions that you didn't anticipate, but that are welcomed and should be tracked. We will discuss how to design an outcome evaluation to determine the effect of the intervention in Section 9.7.

Some evaluations are focused on the process, some on outcomes, and many include elements of both. You can see examples of questions guiding different types of evaluations in Table 24 below. (Remember that while formative and summative evaluations are conducted at different times of the intervention, the process and outcome evaluations are not mutually exclusive and thus can be conducted at the same time.)

Table 23: Focus and Timing of Different Types of Evaluations

Formative process evaluation	Summative process evaluation
For example, did the intended participants engage in the programme?; are they attending each session?; are the facilitators managing to deliver the intended intervention content at each session?	For example, was the target population reached by the programme?; did all participants complete the programme?; were all intended sessions delivered?
Formative outcome evaluation	**Summative outcome evaluation**
For example, do the participants report that they are making progress?; are the participants satisfied with the progress they are making?; do others judge the participants to be making improvements in the targeted attitudes and skills?	For example, did the intervention achieve its intended outcomes, i.e. did it bring gains in the intended skills, attitudes and behaviours? Note that this type of evaluation often needs a specific design. (See Section 9.7 below.)

? Definition:

Outcome evaluation: measures the desired outcomes of our planned activities, i.e. is anyone better off? For example, whether an intervention has made a difference for the target population, and what type of a difference it has made.

Process evaluation: measures various aspects of the service delivery including what we implement, i.e. 'how much do we do?' and how we implement our intended activities, i.e. 'how well do we do it?'

Friedman (2009) suggests that we can think about most interventions in terms of their effect (i.e. impact) and the effort that is put into producing this effect (i.e. the volume and quality of our work). Our efforts are about 'How much did we deliver?' and 'How well did we deliver?' while the effect of our work is about 'Is anyone better off?' (which Friedman captures in the questions 'How much change for the better did we produce?' and 'What quality of change for the better did we produce?'). All of these questions can be answered using either numbers (e.g. we delivered five programmes to 60 participants) or more descriptive terms (e.g. we reached our target population, or the programmes weren't well attended because …).

Friedman's domain of 'effect' corresponds to 'outcome evaluation', while the domain of 'effort' corresponds to 'process evaluation'. See Table 25 below.

Table 24: Evaluation Framework (adapted from Friedman, 2009)

	Quantity	Quality
Process Evaluation (Effort)	How much service did we deliver?	How well did we deliver the service?
Outcome Evaluation (Effect)	How much change for the better did we produce?	What quality of change for the better did we produce?

Team Exercise: Discuss how you could apply Friedman's evaluation framework in your own work. Think about any evaluations undertaken by your organisation or any you might like to do. What did/would they focus on? Where would they sit in Friedman's framework? Would you change anything about that?

9.2.1 Internal vs External Evaluation

Depending on available resources and other factors such as ethics, previous experiences of evaluation and local relationships, you may decide to contract the evaluation in its entirety to an independent evaluator or evaluation team. (This is called **commissioning an independent evaluation**.) This is often considered the most appropriate approach for outcome evaluations, as it minimises the chances of conscious or unconscious bias influencing the approach or findings. An evaluation should be objective and able to avoid being influenced by context, history or professional investment. It is generally much easier for someone independent to achieve all of this, and so findings from external evaluations tend to have greater credibility. The evaluation team may take full responsibility for planning, developing, implementing and concluding the evaluation, consulting with you (the commissioner) when necessary. (For guidelines on commissioning research, see Quinn et al, 2018).

If you contract an external person/team, they will almost certainly still require your support, particularly in terms of engaging with key stakeholders such as schools, parents and community residents. The actual data collection, input and analysis, however, are generally undertaken by the evaluation team. How much you shape the evaluation, in terms of the key questions to be asked, the methodology to be used, and participants to target, is something you need to consider carefully. We will discuss this further below.

There may be elements of the evaluation that you or your staff prefer to undertake internally (e.g. gathering referral data or tracking attendance rates) while handing over some of the more technical aspects of the evaluation (e.g. analysing the data) to an external evaluator. Miller et al. (2006) propose this **insourcing model** as a way of conducting a relatively economical evaluation that stands up to scrutiny, while at the same time minimising the burden on staff. In this case, the evaluator is generally assigned the task of identifying the appropriate methodology and suitable instruments, developing data collection protocols, analysing data and writing up reports, while in-house staff (which could include volunteers and parents) collect the data, having received training and support. This model offers value for money in that it is based on the contracting of a single evaluator whose task is to undertake those aspects of the evaluation that would be challenging, inappropriate or unrealistic for programme staff and stakeholders to conduct, while supporting them in undertaking some aspects of the process. This approach is more economical than an entirely independent evaluation; it develops staff capacity and has a level of independence that offers greater credibility than an internal process.

9.3   Why Evaluate?

This probably sounds like a daft question; because of course we all recognise the importance of evaluation, right? But actually, we can often also be absolutely convinced that our work is making a difference, that we are changing people's lives and that our efforts are bearing fruit, without a single scrap of evidence! We can misinterpret facts such as people turning up every week and enjoying the service as meaning that it is doing what it is intended to do. However, parents might attend education classes because they are lonely, but may not actually learn anything by being there, because they are not able to engage with the language; children might attend their homework club every Tuesday because their parents insist on it, but it may not improve their attention span or academic levels, because they are bored and unmotivated; and practitioners might attend regular learning communities and supervision but not integrate the new approaches, because they don't trust the mentor.

So, how do we know when the intervention we are delivering is working well? How do we know whether we are making a difference? How do we determine if we are using resources wisely? How can we tell if our services and interventions are efficient? We may believe that our 'gut instinct' can answer these questions, but our sense of how an intervention is impacting is not a sufficient test of its effectiveness. The concepts of being effective and efficient are at the core of most evaluations.

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Definition:

Effective: successful in producing the intended result = doing the right things.

Efficient: performing in the best possible manner, i.e. achieving maximum productivity with minimum expense and effort = doing things right.

Most existing evaluation frameworks (for example the RE-AIM framework explained in Section 9.9) include a dimension of effectiveness. In simple terms, effectiveness is about whether we have achieved what we intended to achieve, i.e. did we attain our objectives? Did our population achieve the intended outcomes? Friedman (2009) includes effectiveness in the quadrant where quality and effect intersect. (See the question 'What quality of change for the better did we produce?' in Table 25 above.)

Efficiency measures programme outputs in relation to the inputs, i.e. did we deliver our best work with the resources that we had? We can evaluate efficiency by, for example, seeing whether the programmes were delivered on time (see also Chapter 4), but most cost-efficiency evaluations are too complex for internal evaluations. Friedman (2009) includes efficiency in the quadrant intersecting quality and effort. (See the question 'How well did we do it?' in Table 25 above.)

Introducing an evaluation process, and particularly one being undertaken externally, can be met with resistance for a whole range of reasons. For staff, these include:

- Don't you trust me?
- What if the outcomes aren't good?
- What if my group doesn't do as well as your group?
- Is this a way of getting rid of me?
- How much work is this thing going to create for me?

For service users (or their parents/carers), and those who advocate on their behalf, concerns might incorporate:

- You can't use us as guinea pigs!
- I thought you were supposed to know what you're doing!
- What's wrong with the way it's always been done?
- Is this going to affect our access to the service?
- What happens if we don't want to participate?
- Will people get to know about my problems?

At the core of these responses is fear – of the unknown; of being judged; of additional burden. It is vital that stakeholders are allowed to name these concerns and are involved in working out a process that offers reassurance and clarity without losing the purpose of the evaluation.

It is therefore advisable that consultation with those receiving, delivering and managing the intervention is carried out early in the process. In preparing for these sessions, consider the following:

- Who is likely to be supportive of an evaluation? How can I enable them to be a champion?
- Where are the concerns most likely to come from?

- Can I offset any of these concerns in advance?

- Who can I invite to speak about their own experience of evaluation, who will offer reassurance and practical insights, and who has credibility with the group?

- How can I highlight the benefits of evaluation?

Establishing an advisory group to oversee the evaluation should also be considered at this early stage, and having representation from the above stakeholders, as well as one or two colleagues with research or service evaluation expertise, may prove to be extremely helpful.

Conducting an evaluation of your service or programme is beneficial, because the information and knowledge generated has the potential to:

- Enhance the overall quality of your service or programme, thereby improving outcomes for the target group

- Motivate your staff through feedback and informing reflective practice

- Inform decision-making and strategy development (e.g. what elements of our work do we need to prioritise?)

- Increase transparency and accountability to your key stakeholders (i.e. we are open to looking at how we can be more effective)

- Maintain current funding or secure future funding by demonstrating that your programme is achieving its key objectives (i.e. that it's working)

- Inform policy and practice internally as well as at local and national levels.

9.4 Planning an Independent Evaluation

If you plan to commission someone external to undertake an evaluation of a service or programme provided by your organisation, you will need to be clear about procurement rules (especially if you are in receipt of public funding). Contractual issues such as frequency of progress reports and meetings, deadlines, payment schedule, etc. all need to be thought through and clarified as well, but there are also several factors specific to evaluation that you will need to consider, as outlined below (adapted from Quinn et al., 2018).

- **Who will own the data?**
  In the past, academic institutions and even independent consultants have tended to own the data and any products (reports, policy papers) arising from them. This has changed in recent years, with the commissioners increasingly expecting to have this ownership. There are two separate issues to be considered here, namely ownership of evaluation data and ownership of the final evaluation report and its inherent intellectual property (or ideas). When data are collected from service users (which might include, for example, child assessments or interviews with parents), it is important to have clarity about

who 'owns' and has responsibility for this data. If the evaluation team have ownership, they are responsible for the data storage, archiving, destruction, etc. If you own the data, the evaluation team will be required to hand the data over to you to hold and manage. This arrangement must be reflected in the consent which is sought from participants and (where relevant) ethical approval. In CDI, the research team generally owns the data and has responsibility for this process. We only ever see anonymised data (i.e. no names or identifying information), which reduces the burden and responsibility on us, but also protects the identity of those participating in the evaluation.

The second aspect relates to ownership of the final report. Again, academic institutions have previously assumed this ownership, and indeed some still do. This needs careful consideration, and ideally your expectations regarding intellectual property (i.e. ownership of the ideas in the report) and ownership of the data (e.g. who looks after the assessments, etc.) will be included in your invitation to bid for the work. Who owns the final product (i.e. the evaluation report) has implications for how it gets disseminated, who leads this process and so on, and so it is an important issue. In CDI we have always sought ownership, but also agree that the evaluation team can utilise and disseminate the work, with our permission. Indeed, we actively encourage our colleagues to disseminate the evaluation findings through journals, conference presentations, lectures, etc., and see this as an important aspect of promoting evidence-informed policy and practice.

- **Consent**
  Gaining informed consent from participants is an important aspect of any evaluation, and this is discussed further in Section 9.4.1 below. Consent in external evaluations will, however, be informed by the decisions on ownership of the evaluation. For example, consent will be required to allow the evaluators to hand over assessment data to your organisation. If you plan to use anonymised quotes in your literature this needs to be explained in the consent process. The consent process will also need to reflect any potential for archiving the evaluation data. There are national repositories for data (qualitative and quantitative) in which anonymised data can be stored so that other researchers and students can access them. This is an incredibly valuable way of maximising research and allows follow-up, comparison studies, etc. However, it requires specific consent and can also create a lot of work in getting the data ready ('cleansed') for archiving. We advise that you include the option to archive in your consent form and discuss the possibilities for this with your researchers. For more information on archiving data, see CDI's Best Practice Guide to Archiving Qualitatve Data (2016).

- **Legislation and regulations**
  What are your obligations under national/regional data protection legislation, for example the Data Protection Acts 1998 and 2003 and GDPR? How can you ensure that the evaluation team is compliant

with these regulations? As a general rule, writing these expectations into contracts is useful.

- **Ethical approval**
  Academic researchers, and increasingly public agencies, are required to receive ethical approval before they can conduct research (usually from a designated Research Ethics Committee). This process can involve the provision of very detailed documents about how consent will be sought and how the participants' identities will be protected during and after the evaluation process. The evaluation team will probably need your help in completing this, and you should see a copy of the application before it is submitted as well as a final copy of the approved proposal so that you are clear about what is expected of you.

- **Ethical compliance for independent researchers**
  If you commission an independent researcher or company, what assurances will you need regarding the ethics of their approach, methodology, storing of data, etc. in the absence of an institutional ethics review process? They might not have the same accountability that an academic institution will have, so you may need to be more vigilant about this. Agreed ethical standards are available on a number of websites, including https://www.psychologicalsociety.ie/ and https://www.hrb.ie/, but it might also be very helpful to access some pro bono academic expertise to guide you in this.

9.4.1 Being a Gatekeeper

Independent researchers and evaluation teams need help from the commissioning organisation, those working with and involved in the lives of the service users, and those who are the focus of the evaluation. Generally, this role is described as a 'gatekeeping' one, whereby the commissioning organisation and your key stakeholders facilitate engagement between the service users and the evaluation team.

For example, the key gatekeepers for CDI's Doodle Den evaluation included the programme facilitators, school principals, School Completion Programme staff, home–school liaison teachers and classroom teachers. The evaluators should explain to gatekeepers how the evaluation will work, what consent means, what is being asked of the participants (e.g. parents and children), and how people can withdraw from the evaluation. Often the evaluators will discuss draft information sheets or fliers with the gatekeepers and be advised by them about any necessary changes in language, so that the information is as accessible and clear as possible. The gatekeeper's role is then to provide this information as objectively as possible to the parents or potential participants. The gatekeeper should not put pressure on anyone to participate, or indeed put people off taking part, but should provide factual information clearly and simply. If people have more questions, they should have the option of contacting one of the evaluators directly.

While explicit consent is always required from parents or guardians, it is best practice to also explain the evaluation to the children and seek their 'assent'

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Definition:

Explicit consent: any freely given, specific, informed and unambiguous indication by which a person signifies agreement to the processing of personal data relating to him or her (GDPR, 2017).

Assent: an expression of agreement that is given by participants who are too young to give informed consent (e.g. young children may indicate approval by drawing or pointing to a happy face).

to participate. Just like adults, children should be able to withdraw from the evaluation at any stage, without it affecting their participation in the service. See also Section 9.10 below about consent.

Team Exercise:

1. Draft a 'frequently asked questions' leaflet that you could give to parents, teachers and other relevant educational support staff about an evaluation of in-school wraparound supports for children and young people which you have commissioned.

2. Identify potential gatekeepers for the following evaluations. What might their concerns be and how would you address them?

    • An evaluation of a home-visiting service for struggling parents delivered by local volunteers and managed by Public Health Nurses and Family Resource Centres

    • An evening group run by youth workers for a small group of teenagers who have been involved in criminal activity and who are considered by the Gardaí, schools and youth service to be at high risk of going to detention

    • A county-wide literacy programme for parents of children attending early learning and care services, delivered by the libraries and adult education services.

9.5   Planning an Internal Evaluation

9.5.1 Your Capacity to Evaluate

Few would argue against the value of undertaking a robust, objective external evaluation, but resources for independent evaluations (i.e. conducted by someone from outside the organisation) are limited and, in some cases, absent. It is important that we build our own capacity for data collection and analysis. Conducting an **internal service** or **programme evaluation** need not be an onerous task. Probably the most time-consuming and resource intensive task is identifying what you want to evaluate, when you want to evaluate it, and how you want to evaluate it. The following sections will support you in this.

When planning for an internal evaluation, it is important to consider how prepared the team and structures within the organisation are for the process, because they will be central to driving and delivering it. The first step is to take some time for you and your staff to become familiar with evaluation practice and thinking 'evaluatively'. Preskill and Boyle (2008) propose a model of 'evaluation capacity-building' that not only seeks to help programme staff learn about and engage in good evaluation practice, but may also support the sustainability of evaluation processes within an organisation. The following can be developed over time, and will help an organisation to develop the skills and knowledge needed to undertake effective evaluations:

- Written materials (e.g. literature on previous evaluation studies, documents on evaluation processes)

- Technology: This relates to accessing websites and e-learning courses on evaluation, but also includes having the Information Technology (IT) and skills to use technology effectively, e.g. Excel spreadsheets, SPSS, etc.

- Meetings (creating a space for discussing evaluation)

- Appreciative inquiry (focusing on the positive aspects of the organisation through collaborative thinking and learning)

- Communities of Practice (see Chapter 5)

- Training and awareness raising (attending activities and events on evaluation)

- Internship (practical experience in evaluation)

- Involvement in an evaluation process (participating in the design and/ or implementation of an evaluation)

- Technical assistance (receiving support from an internal or external expert in evaluation)

- Coaching or mentoring (see Chapter 5) (Preskill & Boyle, 2008).

Chapter 10 provides information about useful resources including publications, websites and organisations that can further support you in developing capacity to undertake evaluations.

Preparing for an evaluation within your organisation does not necessarily mean working alone. Many organisations are well placed to form partnerships with researchers from academic and other settings. For many academic researchers, engaging in applied research in organisations is part of their routine activity, and partnerships aimed at conducting high-quality research that has both local and wider implications can be mutually beneficial.

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Definition:

Appreciative inquiry: a collective inquiry (e.g. group conversation) focused on strengths (i.e. 'what's working well' as opposed to 'what's the problem', or 'what would work' as opposed to 'what's not working').

Exercise: Consider the capacity for evaluation in your organisation. What partnerships are possible? Who should be involved in an advisory group? Consider also the statements in Table 26.

Table 25: Capacity for Evaluation Checklist

	Absolutely yes!	Could do more	Oops!! Need to review this	Next Steps?
Everyone thinks it's a good idea to do this evaluation.				
We have people in the organisation who understand evaluations and have practical experience of undertaking them.				
We have enough knowledge and expertise in the organisation to clarify what we need from an evaluation and to plan how to go about conducting it.				
We have sufficient knowledge about research methods to agree these ourselves.				
We have a good understanding of consent issues, GDPR and other legislation and are able to put these processes in place without external support.				

9.5.2 Focusing your Evaluation

Once you are clear that you want to evaluate an aspect of your work or a specific service, you need to think about the key questions you would like the evaluation to answer. In other words, what specifically would you like to find out? What is it that you would like to know? These questions may be broken down further into outcomes, i.e. changes in attitudes, knowledge or behaviour; and processes, i.e. what worked and why?

Examine your Logic Model and the data you might have gathered during your monitoring activities. (See Chapters 3 and 4.) A Logic Model can be used in both formative and summative evaluations. In a summative evaluation (conducted on the completion of a programme or when a programme is well established), a Logic Model guides the examination of the intended outputs and outcomes. In a formative evaluation (conducted early in programme implementation in order to improve the programme), a Logic Model helps to monitor programme quality and fidelity, and identify the supports needed to enable effective implementation.

In terms of changes (outcome evaluation), you might want to determine whether there are demonstrable improvements in the areas the intervention is targeting. This will require asking specific, measureable questions, for example:

- Does the intervention lead to improvements in children's perceptions of safety in their community? If not, why? What did we learn?

- Are there improvements in children's reading and writing achievement?

- Does training delivered to parents have an impact on their knowledge and skills in managing parent–child interactions and discipline? Has this impacted positively on their parenting style? Have there been changes in the parent–child interactions as a result?

Remember, though, that you cannot simply attribute any improvements in your target population's skills, attitudes or behaviours to a single intervention. Refer to Section 9.6 below for further discussion on this.

Similarly, you might want to examine the way in which the intervention was implemented (**process evaluation**). Again, this requires some attention being given to ensuring you ask very specific questions. For example:

- Was the intervention delivered with consistency across locations? If yes, what helped? If not, why not?

- Were all the required sessions delivered to the group? If not, why not? What were the challenges?

- Did all of the participants attend? Why/why not?

- Did we reach the intended participants? What helped? What was difficult?

- What capacity-building activities, events or training for staff occurred via the intervention? Were staff appropriately equipped to deliver this service?

- What factors influenced fidelity to the intervention? (See Section 9.8 below on fidelity.)

Don't be overwhelmed! If you are conducting an internal evaluation with limited resources, focus your evaluation on one or two dimensions that you and your stakeholders consider to be important. These can be a combination of both outcomes and process evaluations (e.g. the population who participated and the achieved outcomes). A common mistake with evaluations is trying to do too much. Choose a focus, informed by the stated objectives of the work, and stick to it!

9.5.3 Sources and Types of Information

Having identified the research questions you want to ask, you will now need to identify the appropriate sources of the information, i.e. who or what can help you answer these questions. You may need to gather data from a variety of stakeholders, including children, young people, parents, front-line staff, service managers, teachers, school principals, etc., depending on the range of questions you have set yourself.

These are all primary sources of data, i.e. you (or the researcher) are getting information specifically for this evaluation directly from those involved. It is new information not previously collected. Secondary sources of information may also be relevant and useful. These are data which already

? Definition:

Primary data source: a source of information that was created at the time of study to generate data for a specific purpose of this study.

Secondary data source: a source of information that contains data collected by someone else for another purpose (which may be used, for example, in comparisons with your primary data).

exist, for example, census data, school attendance records or findings from other studies such as the Growing Up in Ireland longitudinal study. Often evaluations will use both primary and secondary data, with the latter being useful as a comparative framework, or something against which to measure the new findings.

Collecting either primary or secondary data will require consideration of consent issues, and both require a high level of skill, albeit of quite different kinds. We discuss consent in Section 9.10.1 of this chapter, whilst the various forms of data collection are outlined below.

9.5.4 Literature Review

When we ask ourselves whether our programme or service 'is working' or 'has worked' (questions at the core of any evaluation), it is helpful to know what has worked in *other* places. That is why most evaluations include a literature review. A literature review examines the current knowledge on a particular area of interest, and it includes reviews of scholarly articles, books and policy documents. A comprehensive literature review includes a wide range of elements and is a time-consuming process. It requires strong analytical and writing skills as well as access to good-quality documents and academic literature. In an ideal world, a literature review will provide a comprehensive context for a service evaluation and will include:

- The policy context

- Evidence for the rationale underpinning the intervention (i.e. the Needs Assessment indicating the issue to be addressed and the research indicating the types of interventions best placed to do so)

- Reference to best practice and evaluations of similar interventions and their findings.

Few organisations have the capacity to undertake an in-depth review of relevant literature, but the following should be noted:

- Referring to relevant policy and how your intervention supports it may be helpful in terms of accessing support and funding

- Identifying evaluations of similar interventions gives you something to compare your findings with

- You may find that there is already a programme or service that is addressing the issue you have identified, and that has either been proven to be effective (in which case you don't need to 'reinvent the wheel') or ineffective (in which case you may need to avoid making the same mistakes!)

- Mapping national data, such as educational attainment or incidence of hospital admissions, gives an opportunity to compare your target group with the national 'norms' both before and after delivering an intervention.

Several organisations provide a 'menu' of interventions that have been evaluated. They offer commentary on these evaluated interventions in relation to a range of factors, such as the quality or 'rigour' of the evaluation, the strength of the outcomes, and the replicability of the service. Many of these are listed in Chapter 10, but the following are particularly relevant:

www.pein.ie

www.eif.org.uk

www.blueprintsprograms.org

https://educationendowmentfoundation.org.uk

www.thecommunicationtrust.org.uk

www.effectiveservices.org

In addition to online guidance, there are existing summaries of literature called 'systematic reviews'. These are systematically conducted comprehensive reviews of existing evidence on a given topic. If you do not have the capacity to engage in an extensive literature review, search for articles that are 'meta-analyses' or 'systematic reviews'. These articles integrate the results of several independent studies, and so will save you having to read them individually. Some organisations also produce more user-friendly reports that summarise existing research on a particular topic in plain language (e.g. Centre for Effective Services (CES) Weekly Knowledge Exchange; Children's Research Digest produced by the Children's Research Network of Ireland and Northern Ireland). See Chapter 10 for more places to access supporting resources.

9.6   Evaluation Methods

There are a range of methods that can be used in evaluation. In fact, most evaluations use a mixed-methods approach, i.e. they collect both qualitative and quantitative data, using a range of research instruments. The level of data collected by the evaluation team, in terms of both quantitative data (e.g. child assessments) and qualitative data (e.g. classroom observations) will largely be dictated by the available resources. This will include consideration of the amount of data to be collected (e.g. number of questionnaires/interviews/assessments) and the depth of data (e.g. online standardised questionnaires/focus groups/one-to-one interviews). Many organisations (e.g. schools) already collect large amounts of data, though not all of these are used. If your intervention has a well-developed Monitoring and Evaluation system (see Chapter 4), the data gathered as part of this system can also be incorporated in your evaluation.

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Definition:

Research instrument: a research tool that facilitates data collection (e.g. survey, questionnaire, assessment, focus group). See Table 28 below to see advantages and disadvantages of different data collection methods.

Quantitative data: These are data about numeric values, i.e. how many, how much, how often? For example, the number of participants, percentage of participants achieving a particular outcome, frequency of attending a specific intervention, etc.

Qualitative data: These are data that provide insights into and understanding of the perceptions of the participants or the meaning of how the participants experience a particular intervention, e.g. what people think, feel or perceive about something. Remember that qualitative data can be 'quantified', i.e. presented in numeric values. For example, percentage of participants who were positive about the intervention, number of interviewees who expressed concerns about safety in the community.

> **?**
>
> **Definition:**
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> **Standardised assessment:** a pre-existing assessment that has been rigorously tested by researchers so that, if administered in the identical format, it can be expected to reliably and consistently measure a given hypothesis.

Table 26: Examples of Evaluation Instruments

Quantitative evaluation instruments	Qualitative evaluation instruments
Surveys	Surveys
Standardised surveys	Interviews
Questionnaires	Focus groups
Checklists	Observation
Assessments	Document reviews
• Standardised	
• Bespoke	

Qualitative methods are typically aimed at understanding the barriers, enablers, advantages and disadvantages of programmes and interventions. Stakeholder feedback is essential in programme evaluation, both in formative and summative evaluations. In early stages of programme implementation this feedback can be used to identify the potential barriers to the programme being implemented well. This can result in subsequent adjustment to the programme to address these barriers (formative evaluation). Stakeholder feedback is also used in summative evaluations (i.e. with a well-established intervention) to assess the impact of the intervention (and, for example, satisfaction with the programme). Involving your stakeholders in an evaluation gives them a sense of ownership of the findings and implications. It is particularly important to seek the opinions of both those who provide and use the intervention (e.g. staff feeling more satisfied or clients feeling more able to deal with challenges).

You do not need to conduct lengthy interviews or focus groups to gather stakeholder feedback. Quantitative methods such as satisfaction or feedback surveys can be valuable in this process, and they can be as brief as asking a simple question: 'Are you satisfied with our service?' They have recently gained increasing attention as quality improvement tools in health sciences. You can use an existing standardised satisfaction questionnaire, develop your own survey, or indeed assess satisfaction through interviews or focus groups (with either staff or service recipients) to gain more insights into what worked and why.

Table 27: Definitions, Advantages and Disadvantages of Different Data Collection Methods

Data Collection Method	Definition	Advantages	Disadvantages
Individual Interview:	Conversation with a purpose that is conducted between two people either face-to-face or by telephone	• Interviewer can ask what they want to know • Can tell if questions are understood • Can ensure questions are answered • Interviewees might say things they would not write on a survey	• Time-consuming • Must transcribe notes after interview • Person being interviewed may give answers they assume the interviewer wants to hear • The interviewer may be leading or biased. It's difficult to be objective • Difficult to anonymise
Focus Groups:	Involves gathering information and opinions from a small group of people (8 to 10 per group)	• Can assess body language • Observers can be present without distracting participants. If filmed, can share with others who couldn't attend • Have participants' undivided attention • Group discussions often provide insights that might not emerge in interviews • Group dynamics can produce energised discussion and creative solutions	• Participants lose anonymity • Higher travel expenses when participants come from multiple locations • Logistical challenge in rural areas or small towns, or where there are childcare requirements for participants • Requires skilled facilitation • Issues re objectivity as for one-to-one interviews
Observation:	Data collection method that allows you to use the events around you to gather clues and generate conclusions about specific locales, target groups or experiences	• Relatively inexpensive • Efficient • Can be conducted on foot	• Provides only an overview of the specific community or context – hard to generalise findings • Requires closer observation to identify previously unrecognised assets/issues • May require other approaches to validate conclusions • It may not be sufficiently focused on the identified issue
Postal Survey:	Mailing self-completion questionnaires to a targeted group of people (e.g. members of particular committees or people living in a certain area)	• Relatively inexpensive • Less potential for people to give answers they assume the interviewer wants to hear • No interviewer training required	• Suitable only for short and straightforward surveys • Data collection takes a long time • Low response rates • Requires the responder to be well motivated to participate • Moderate literacy level required • Can be hard to prevent consultation with and/or interference from others

Data Collection Method	Definition	Advantages	Disadvantages
Telephone Survey:	Collection of data from a sample population using an agreed questionnaire by telephone	• Minimises missing data • Can use open-ended questions and more complex interviewing schedules • Can record reasons and characteristics of non-consenters • Quick and inexpensive • Does not require a high level of literacy	• Need to keep questions few and short • Unable to ask questions requiring visual cues • Some likelihood of socially desirable responses • Low response rates • Time-consuming
Face-to-face Survey:	This is a telephone survey without the telephone! The interviewer physically travels to the respondent's location to conduct a personal interview	• Allows flexibility in number and style of questions • Minimises missing data • Allows physical measurements and direct observations • Minimises literacy level issues	• High likelihood of socially desirable responses (i.e. giving responses that the researchers want to hear) • Can be hard to prevent consultation with or interference from others • Very expensive, especially if respondents are widespread geographically • Time-consuming
Web-based Surveys:	Data collection method that allows you to use the events around you to gather clues and generate conclusions about specific locales, target groups or experiences	• Inexpensive • Relatively quick method of data collection • Minimises social desirability biases, i.e. people saying what they think you want to hear • Can be readily anonymised	• Useful for relatively large-scale surveys • High level of literacy and basic computer skills required • Requires access to good hardware, programming and support services • No information on non-respondents • Best suited to pre-coded questions • Low response rates

9.6.1 Surveys/Questionnaires

Survey research is an especially useful approach if the evaluation aims to describe or explain the features of a very large group, as it is a cost-effective way to gather data from large numbers of people and for obtaining information regarding attitudes, perceptions, opinions, preferences and beliefs.

Surveys may also be used as a way of quickly gaining general details about one's area of interest to help prepare for a more focused, in-depth study using more time-intensive methods such as interviews. Surveys can be carried out online or face-to-face, but both have inherent difficulties. While online surveys are relatively easy to put together using programmes such as 'Survey Monkey' and can be widely circulated to lots of people, the response rates are generally poor, often with under 25% being completed. Other limitations include the reliance on both a level of literacy and access to the internet. However, much of the analysis can be done within the

programme package, thus reducing the need for expertise in such analysis.

It is a good idea to pilot questionnaires or surveys with a small number of people who are similar to your target group. Use your networks to find colleagues who will facilitate this for you (e.g. in a different school or community) and, if possible, get feedback directly from the pilot group. What seems obvious to you might be confusing or interpreted very differently by others.

Surveys can also be used face-to-face, for example asking people to complete them when they attend training, which still enables large numbers to participate. Having people in the room when you hand out questionnaires or ask them to go online to complete them does improve the response rate, but maximising the anonymity of the process will be important to facilitate honest answers. Surveys can also be used on a one-to-one basis, which helps if there are language or literacy issues, but the chances of the respondent providing the answers they think you want is greatly increased. It's also very resource intensive. See Table 28 above to read about other types of surveys (e.g. telephone surveys).

CDI's series of research studies (*How are Our Kids?, How are Our Families?* and *How is Our Neighbourhood?*), which explore the perceptions and experiences of people who live and work in Tallaght West, include the use of surveys with local residents. The data collection process was carried out by local residents who received training and support in their role as fieldworkers. Fieldworker training involved attending information sessions, ensuring surveyors had a good understanding of the objectives of the research and research protocol (i.e. the rationale, methodology and organisation of the research), and their role as fieldworker in the research process. A key aspect of this was ensuring that fieldworkers understood the importance of not influencing responses, knowing how this can happen (even unconsciously) and giving them tips to minimise the risk of surveyor bias. The surveyors worked in pairs to carry out the surveys and were assigned specific streets of houses. Involving local residents in the research process had numerous benefits for both the fieldworkers and the research process. Many fieldworkers had prior established rapport with members of the community, and their local knowledge of the area was immensely advantageous in carrying out the surveys. Fieldworkers reported feeling a sense of empowerment in their community and greater self-confidence as a result of developing a new skill set. It also gave them a better understanding of community life in their own areas.

Consider also using existing standardised surveys/questionnaires. These are instruments that have been rigorously tested by researchers. They contain a set number of specific questions that cannot be changed (i.e. you cannot add or rephrase any questions). Some include guidelines on how to administer them (e.g. that they need to be administered face-to-face). Standardised instruments come with accompanying scoring instructions (and some online versions may generate visual reports). You can purchase a license to a standardised instrument (e.g. via www.gl-assessment.co.uk), and some are available online free of charge (e.g. the widely used Strengths and Difficulties Questionnaire, see www.sdqinfo.com).

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Definition:

Research protocol: a document that details the background, rationale, objectives, methodologies and organisation of the research.

Surveyor bias: conscious or unconscious ways of influencing the findings of the research process, for example shaping the questions that get asked, who gets asked, or how they get asked.

Some further considerations:

- Ensure that the methods employed are age, literacy and culturally appropriate for your participants.

- Think about the length of time it will take an individual or group to complete the survey. Anything over two pages might be considered too much depending on who the participants are.

- Consider whether you and/or your staff will require training to administer the survey. You might already be familiar with completing forms with parents, children and staff, which provides you with a good head start, but some standardised instruments require specific training.

9.6.2 Interviews

Interviews are a prime source of data for in-depth exploration and are among the most challenging and rewarding forms of measurement. They require personal sensitivity to emotional responses and an ability to empathise and set people at ease. An ability to stay within the bounds of the evaluation and resist the temptation to stray into 'interesting' but unrelated issues is also important, alongside the need to be flexible in allowing the conversation to evolve and not sticking rigidly to the format.

Interviews are excellent tools to use in evaluating, because they use an open-ended, discovery-oriented method, which allows the interviewer to explore the respondents' feelings and perspectives on a subject. This results in rich background information that can shape further questions relevant to the topic. The key characteristics of in-depth interviews are the following:

Open-ended questions: Questions need to be worded so that respondents expand on the topic, not just answer 'yes' or 'no'. Many open-ended questions begin with 'why', 'what' or 'how', which gives respondents freedom to answer the questions using their own words, e.g. Why do you think the programme wasn't well attended? What were the key barriers? How would you improve it?

Semi-structured format: Although it is important to plan the key questions, the interview should also be conversational, with questions flowing from previous responses when possible.

Seek understanding and interpretation: It is important to use active listening skills to reflect on what the speaker is saying. The interviewer should try to interpret the conversation and seek clarity and understanding throughout the interview. Repeat what you think the respondent is saying to check you are understanding correctly, e.g. 'So what I'm hearing you say is …'; 'Am I right that your experience was…?' Use the respondent's own words as much as possible rather than introducing your own language.

Recording responses: Interviews are typically audio-recorded and complemented with written notes (i.e. field notes). Written notes

include observations of both verbal and non-verbal behaviours as they occur, and immediate personal reflections about the interview.

In summary, in-depth interviews involve not only asking questions, but also systematically recording and documenting the responses to probe for deeper meaning and understanding. As an evaluation method, they are time-consuming and challenging to analyse. (See Tip Sheet 3 below.) However, they often do provide insights that other evaluation methods may not capture.

Tip Sheet 3: How to Analyse Qualitative Data

Interpret data by looking at the following categories:

- Population (e.g. parents of pre-school children, secondary school students, etc.)

- Issues (e.g. lack of parenting supports, speech and language delays in children, teen pregnancy)

- Determinants (e.g. long waiting lists for appointments, lack of sexual health awareness programmes)

- Other (e.g. respondents mentioning potential solutions, existing barriers and enablers to accessing services, etc.).

Search for quotes that seem important. This will help you illustrate summaries of data in reports:

For example, more than half of respondents mentioned prevalence of speech and language problems among children attending local early learning and care services:

'I think this is a huge area of concern. The waiting lists for the kids. We had a child here who waited longer than a year for the assessment', (Early Learning and Care Services Manager).

Reduce your data by looking at 'themes' or 'codes'

- Code what's repeated (this will confirm the extent of a problem).

- Code what's interesting/what stands out (this will reveal new information).

- Code what's explicitly referred to by respondents as 'important' (code everything that respondents themselves refer to as 'key', 'critical', 'important', 'pressing', etc.).

- Code what reminds you of what you've heard or what's already anecdotally known (this will confirm what's known).

9.7   Designing an Outcome Evaluation

If you want to conduct an outcome evaluation, the central challenge is to design the evaluation so that you can credibly attribute any changes found to the activities or practices you undertake within your organisation. For example, if you have introduced a homework support programme for children and you want to know if it is making a difference, you will want to minimise the influence of other initiatives going on in the school, homes or local community, on the findings. For example a new teacher, the introduction of whiteboards in classrooms or a parent education programme that has been delivered could all be the reason for improvements. The most valid mechanism for identifying and attributing outcomes to specific programmes or practices (inputs) is a randomised controlled trial (RCT). RCTs are commonly used in medical research and involve identifying a sample of people, randomly assigning them to receive an input or not, measuring them all before any intervention and then repeating the assessment after the intervention.

RCTs are considered to be the 'gold standard' in assessing outcomes associated with specific inputs and are central to evaluations of medical, educational, psychological and social interventions, though in real-world settings (as opposed to laboratories), a true RCT design is challenging to implement. Several factors contribute to this, including the fact that the participants are rarely truly randomly selected, the experimental and control groups are rarely equal, and there are a multitude of factors affecting the measured performance. An RCT is nevertheless a way to compare the performance of your target or 'intervention' group with the performance of a 'control group'.

An RCT is very resource intensive and may not be suitable or indeed necessary. So how can you maximise your ability to identify outcomes from specific inputs without the cost and demands of an RCT? An important feature is to undertake an assessment before and after the input. This kind of comparison is called a pre-post design, or a 'within subject design'. An example of a within subject design is when you administer a particular test to a group of participants both before and after the intervention, and you then compare the changes in test performance for each participant and across the whole group. Remember that this can prove challenging, as some people may not be accessible to you both before and after they have received the input you are assessing, and tracking participants when they have finished a programme or service may be difficult and very time-consuming. In a within subject design you still need to recognise the limitations of this attribution, in that without a 'control' group you cannot determine that the changes would not have happened anyway. However, if a large group of diverse people show improvements on a particular outcome, you can make this attribution with more certainty. A within subject design is a way of comparing the performance of your target group after the intervention to their 'own' performance before the intervention.

If you are able to compare the 'post intervention' assessment with similar groups, for example data from *Growing up in Ireland* or any published data, and your group demonstrates greater improvement, this strengthens the case for the intervention having a positive impact. Comparing your data with that from other communities, cities, or national or international trends (i.e. comparing the performance of your target group with the performance

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Definition:

Randomised Controlled Trial (RCT): a scientific research method, commonly used in medical studies, that involves identifying a sample of people, randomly assigning them to receive an input ('intervention group') or not ('control group') and then measuring outcomes before and after the input. This type of study seeks to measure and compare the outcomes of both groups in order to make conclusions about the effectiveness of the intervention.

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Definition:

Within subject design: a research method in which the participants are tested in relation to their response to the intervention, and each participant acts as their own 'control'.

of 'other' similar groups) can be very helpful in evaluations of prevention programmes whose impact (i.e. in preventing something from occurring) is challenging to estimate.

Team Exercise: Consider the following examples: What information could you use to compare the outcomes for each of these?

- An initiative to improve uptake of baby immunisations

- A literacy programme for 4th class children

- A campaign to increase the numbers of women breastfeeding

- A community programme to reduce racial tension and hostility

- An after-school service to support 1st and 2nd year children to stay in school.

You can use any of the methodologies described above in Table 27 to collect this data. As already noted, be realistic about what you can collect and analyse. Be focused in your plans!

9.8   Planning a Process Evaluation

Before commencing a process evaluation, be clear what it is you want to find out. This type of evaluation will not tell you whether the programme or intervention is making the desired change or not, but it can tell you whether the various elements are in place to ensure it is delivered appropriately. A process evaluation might include some or all of the following elements:

Focus:	Possible Questions:
Did the intervention engage with the target group?	• What were the attendance rates? • Did the intended target group attend? • If not, why not? • If they did, what helped? • Did all participants engage in activities? What would help?
Was the intervention delivered with Quality?	• Were all elements of the intervention delivered? If not, what aspects were not delivered and why? • Was the environment conducive to participation and learning? • Was there sufficient space for individual discussion and group dialogue? • (See 9.8.1 for further discussion on Fidelity).
Were staff appropriately trained and supported to deliver the intervention?	• Did staff have the appropriate skills to deliver the intervention? Eg putting people at ease; facilitating discussion; enabling participation; • Were staff knowledgeable in the subject? • Were staff confident in their delivery?

Focus:	Possible Questions:
Was the organisation of the intervention effective?	• Did everybody receive the correct information in a timely fashion? • Was the room set up in advance, with all materials in place? • Were the facilitators organised and clear about their roles?

Having identified which of these areas your process evaluation needs to focus on, you can then identify the appropriate methodology. This could include for example, a focus group with parents to hear about their experience of a parent education programme, or an on-line survey with family support workers to find out if they felt appropriately trained to deliver a new service. As noted previously, do not try to do everything! The more data you collect, the more analysis will be needed to understand the responses and draw conclusions.

9.8.1 Fidelity Assessment

Considerations of fidelity should be incorporated into any evaluation of an evidence-informed intervention, as failure to achieve the intended outcomes is often due to poor delivery rather than the wrong service. (See Chapter 3 for a definition of and discussion on fidelity.) This is particularly important to check if an outcome evaluation of a programme that is already evidence-based (i.e. has previously been rigorously tested and proven 'to work') did not show improvements. The following dimensions of fidelity are typically considered, and these may provide a useful framework for a process evaluation. When assessing the level of fidelity, the following should all be considered:

- **Adherence:** i.e. was the intervention delivered as it was designed or written? Were there any changes to the intervention content or its recommended 'script', however small? If so, were these changes carefully considered and agreed as appropriate? (See Section 3.5 on programme adaptation.)

- **Exposure:** i.e. were the intended number of sessions delivered in the prescribed number, length and frequency? Were there any elements of the intervention skipped over? If so, which ones and why?

- **Quality:** i.e. how was the programme or intervention delivered by staff? Did staff maintain their professional standards? Did they utilise the required techniques (e.g. solution-focused interaction)? Were they appropriately trained, committed and motivated?

- **Participant responsiveness:** i.e. Were service recipients engaged? How did they rate the intervention? Were they encouraged to participate, and did they do so? Were there any elements of the intervention that participants were more engaged in than others? If so, why?

Recent considerations of fidelity look at how these dimensions interact with each other, e.g. can we deliver programmes with fidelity if the participants are not engaged in them? Information about such barriers to quality implementation can be captured by conducting interviews or focus groups. CoPs, on-site observations and mentoring, all of which are discussed in detail in Chapter 5, are also important mechanisms by which to both assess and promote fidelity.

9.9   RE–AIM Evaluation Framework

The RE-AIM Framework (Glasgow, Vogt, & Boles, 2011) provides an evaluation framework that specifies aspects of implementation that should be considered as part of a large-scale programme or service evaluation. This framework is widely used by researchers and is frequently used to guide evaluations of health programmes, but it can be adapted for use in diverse settings (see for example www.re-aim.org). Table 29 below describes each of the five RE-AIM dimensions.

Table 28: Dimensions of RE-AIM Evaluation Model and Examples of Evaluation Questions

RE-AIM Dimension:	Examples of evaluation questions:
Reach	Who participated in the programme? Were they the intended participants? What was the attendance and completion rate?
Effectiveness	Was the programme effective in achieving the intended outcomes? Did the participants gain new skills? Did the programme change their behaviours?
Adoption	Did all approached services implement the programme? How many trained practitioners delivered the programme?
Implementation	Did we implement the intended activities? Were they implemented with fidelity?
Maintenance	Is the programme still ongoing in all services? Are the facilitators regularly using the fidelity checklists after each session?

Exercise: Select an aspect of your work, or a specific service, and use the RE-AIM Framework to develop an evaluation plan.

Evaluations have evolved in recent years in that they seldom look at just one component (e.g. outcome or fidelity evaluation). Instead, they often focus on the complex interactions of the different components of a programme (e.g. the interaction between outcomes and fidelity, or the interaction

between participant responsiveness and quality of delivery). Organisations that work towards improving outcomes for children and families operate in complex and dynamic systems with a multitude of contextual factors affecting their success, and it is important to acknowledge this complexity in an evaluation.

Exercise: Match the following evaluation terms with their definitions.

Either as a team exercise or individually, try to come up with the terms for the following approaches. If you get stuck, you'll find all definitions in Chapter 10.

Terms	
evaluation	formative evaluation
summative evaluation	process evaluation
outcome evaluation	effective
efficient	primary data source
secondary data source	research instrument
anonymised data	explicit consent
Randomised Controlled Trial (RCT)	within subject design
quantitative data	qualitative data
standardised assessment	

Definitions	
Evaluation that is conducted when an intervention has been in existence for some time, in order to examine the effects of the intervention.	
Evaluation that measures various aspects of the service delivery, including what we implement (i.e. 'How much do we do?') and how we implement our intended activities (i.e. 'How well do we do it?')	
Successful in producing the intended result = doing the right things.	
Evaluation that measures the desired impact of our planned activities (i.e. 'Is anyone better off?'), e.g. whether an intervention has made a difference for the target population, and what type of a difference it has made.	

Definitions	
Evaluation that is conducted during the development or early implementation stage of an intervention, in order to provide information that is subsequently used to enhance and improve its ongoing implementation.	
A research tool that facilitates data collection (e.g. survey, questionnaire, assessment, focus group).	
A source of information that contains data collected by someone else for another purpose (which may be used, for example, in comparisons with your primary data).	
Performing in the best possible manner, i.e. achieving maximum productivity with minimum expense and effort = doing things right.	
These are data about numeric values, i.e. How many? How much? How often? For example, the number of participants, percentage of participants achieving particular outcomes, frequency of attending a specific intervention, etc.	
A source of information that was created at the time of study to generate data specifically for this study.	
Any freely given, specific, informed and unambiguous indication by which someone signifies agreement to the processing of personal data relating to them.	
Data in which identifiable personal information has been deliberately removed (e.g. names were deleted or coded).	
Data that provide insights and understanding into the perceptions of the participants or the meaning of how the participants experience a particular intervention. For example, what people think, feel or perceive about something.	
A research method in which the participants are tested in relation to their response to the intervention, and each participant acts as their own 'control'.	
A pre-existing assessment that has been rigorously tested by researchers so that, if administered in the identical format, it can be expected to reliably and consistently measure a given hypothesis.	
A scientific research method, commonly used in medical studies, that involves identifying a sample of people, randomly assigning them to receive an input ('experimental group') or not ('control group') and then measuring outcomes before and after the input. This type of study seeks to measure and compare the outcomes of both groups in order to make conclusions about the effectiveness of the intervention.	

9.10 Ethical and Legislative Considerations

As with all practices, it is important that organisations are confident that their evaluation activities are ethical and conducted in line with relevant legislative and best practice frameworks. Ethical evaluation is underpinned by a respect for people's rights (e.g. right to privacy and anonymity, right to withdraw from the evaluation) and a commitment to do no harm.

With the introduction of the GDPR legislation, this is something that all organisations have become more conscious of, but it does not need to limit us or be complicated. Quite simply, you can only share or use information about people if they've explicitly agreed to it. So consent to use data for service evaluation purposes is important and should be included in any engagement with service users as early as possible. We discuss consent in more detail in Section 9.10.1 below.

If data are published and publicly available (for example, on a website or in an annual report), you are free to use them provided you reference where they came from. If you are asking other organisations to share their data with you (e.g. school attendance records or referrals to a particular service), it will be easiest if they give you anonymised information, i.e. information that cannot be attributed to any one person. The GDPR legislation refers to personal and sensitive data. Anonymous data (i.e. data from which individuals cannot be identified) is not subject to the Data Protection Acts, so you do not require consent to process or share this form of data. If you collect, process or archive any personal or sensitive data (i.e. information which is clearly about an identifiable person), you must have explicit consent for this purpose.

> **?**
> **Definition:**
> **Anonymised data:**
> data in which identifiable personal information has been deliberately removed (e.g. names were deleted or coded).

How you collate, input and manage data in your evaluation, and indeed in your service in general, is very important under GDPR. Consider the following:

- From whom do you already receive data?
- With whom do you share these data?
- What new data can you access?
- Can you use these data for evaluations?
- Can you store these data? For how long? How do you destroy/anonymise them?
- What type of consent do you need? Does the consent meet the GDPR criteria?

Refer to the www.dataprotection.ie website for further details. See also the checklist at the end of this chapter.

9.10.1 Consent

It is very important that all research and/or evaluation participants give explicit consent to their involvement. (See 9.4.1 for definition).

The following are the core principles of explicit consent:

- That the research purpose has been explained

- That participants know what will happen with the research, e.g. will it go on a website? In a publication? Will it be archived?

- What (if any) level of confidentiality is the researcher committing to? Will participants be named anywhere? Is the information being sought of such a specialised nature that it will be difficult to guarantee anonymity (e.g. parents of identical twins with genetic disorders)?

- Under GDPR legislation, you must have a system that facilitates permanent deletion of any personal data on any individual who requests it, so you need to have a system that allows you to do this at any stage of the evaluation.

The logistics of gaining signed consent forms should not be underestimated. You will need to think about the following:

- Who will distribute the consent forms?

- Will they know enough about the research to answer any questions? If not, how will this get managed?

- Who will remind participants to complete and return consent forms?

- Who will collect signed forms and return them to the researcher or organisation?

- What will you do with consent forms of participants who subsequently withdraw from the research?

Where children under the age of 18 years are involved, parental consent should be sought first, but it is also best practice that the children and young people themselves also have a choice in this. This is known as assent. An age appropriate version of the information and forms should therefore be provided.

Generally, the people best placed to explain and distribute consent forms are those who know the parents/children/stakeholders well. This will significantly increase the response rate, whereas information coming from an unknown source is likely to be either dismissed, put on the 'long finger' or treated with suspicion. Providing an information session to those best placed to hand out the forms and discuss expectations is therefore probably an extremely good investment to make.

9.10.2 Other Ethical Considerations

Another issue that has potential ethical considerations relates to the provision of incentives for participants. Generally, it is regarded as unethical to offer anything that could be regarded as a 'bribe' for participating. For example, targeting families in disadvantaged communities and offering shopping vouchers for each completed questionnaire would raise concerns about the motivations of those taking part. However, attaching a tea bag to each questionnaire with a note suggesting you take ten minutes 'and a

cuppa' to fill out this form would be seen as a legitimate encouragement. Similarly, entry into a draw is regarded as appropriate and can help to boost the number of respondents.

Once you are confident that your evaluation methodology is thorough, it is good practice to seek ethical approval to conduct the evaluation from a recognised ethics committee. If you are commissioning an independent evaluation team, it is their responsibility to secure ethical approval from their research ethics committee. For an internal evaluation, it might be helpful to consider the code of human research ethics of the Psychological Society of Ireland (www.psihq.ie) or the National Disability Authority (www.nda.ie) as a start.

Finally, it is also important that you 'pilot' or test your evaluation methods with a small sample of participants (both adults and children), for example, to determine whether your instruments are age appropriate and provide you with reliable and useful information, and to check whether the interview questions are valid and comprehensible.

Other issues to consider:

- Identify a space that is appropriate to assess/interview participants.

- If you are conducting group assessments, consider the ratio of fieldworkers (or staff) to participants.

- Consider the length of time to administer instruments, (e.g. to complete surveys) and ensure that this is a realistic ask of participants.

Many of the issues relating to consent, storage of data, and so on are also considered in CDI's *Best Practice Guide to Archiving Qualitative Data* (2016).

9.11 Using Your Evaluation

Undertaking an evaluation is a significant task for any organisation, so you will want to be sure that you maximise its use. You should use the evaluation findings to make informed decisions in your work, but you can also use them to gain support and influence others. For example, you could use your evaluation findings to advocate for funding, replication or expansion of your service or programme (e.g. to advocate for additional funding for existing or new services, to deliver your programme or service in a different context or location, to advocate for increased resources to work with new populations).

If you can't explain it to a six year old, you don't understand it yourself.

(Albert Einstein)

If you intend to use the evaluation as an instrument of persuasion, you should plan how to disseminate the report and/or findings before you begin the evaluation process. Key things to consider at the outset are:

- Who needs to see this evaluation (e.g. your funders; your Board of Management; the participants)?

- What kind of report format needs to be produced so the target audience will read it? Do you need more than one product, e.g. one

for children; one for your funders?

- Who do you hope will consider the evaluation and its findings (e.g. funders; politicians; policymakers; other similar organisations)?

- Knowing these audiences, are there any implications for how we seek consent?

- What are the best ways to engage with these different audiences?

The following is an overview of activities associated with the use of an evaluation:

- Present the findings to the research participants and facilitate an open discussion focusing on:

  o Does this make sense?

  o Can you hear your voice in this?

  o What does this mean for your organisation/ community?

  o Who else needs to hear about this?

- Invite key stakeholders to participate in interpreting and analysing the information, thereby increasing credibility of the findings and ownership of the recommendations. If you commissioned an external evaluation, ask the researchers to meet with programme staff to discuss evaluation findings and their implications. Collaborations between programme staff and evaluators increase the likelihood of evaluation findings being understood and put into use. Have realistic expectations about this, though; not all evaluation recommendations get implemented!

- Develop an action plan for making use of evaluation findings and sharing results with a wider audience, for example through:

  o Presentations at conferences and seminars

  o Short papers in professional journals

  o A short video on YouTube

  o An article in the local newspaper

  o Circulating a summary of key findings to academics, politicians, media.

- Use the evaluation to inform decisions in your own service, e.g. do you need to modify your programmes, improve service fidelity or engage more target participants? Do you need to adjust your Logic Model? Is there anything that you need to stop doing?

9.12 Managing Negative Findings

It may be that the evaluation findings show that the intervention makes no impact on the participants, or indeed brings negative outcomes. In this instance, there is a responsibility on all to act professionally and with integrity, and this could be difficult to do, because we can all get very invested in our work and committed to the way we do things. It is difficult

to accept that we are not making the difference we anticipated we would, and so managing negative findings needs to be handled sensitively.

In the event that an evaluation demonstrates that the desired outcomes are not being achieved, and on the basis of the fundamental principle of 'do no harm', you will need to consider the level of risk of continuing with the service. You may decide, based on the information available to you, that the intervention does not offer any risks to its recipients or staff. However, you should also consider any reputational risk to the organisation, and most fundamentally ask yourself why you would continue to deliver a service or programme that is probably not resulting in any positive change.

Inevitably, in CDI we have received evaluation findings that were disappointing, including some that indicated very little change despite considerable effort and resources. We also had one RCT that concluded that very little was different following a new intervention, and that in fact some behaviours were possibly disimproving.

We have likened the responses to these latter findings to those experienced in various stages of grief:

Disbelief: I don't believe the evaluation.

Blame: You asked the wrong questions; the evaluation was all wrong.

Anger: You don't know what you're doing.

Guilt: What did I do wrong? Should I have tried harder?

And eventually … **Acceptance**.

If you or your organisation frequently engages in innovation, is an early adopter, or is creative in your practice, you are bound to have the experience of ineffective delivery, or at least delivery in which the level of change resulting from your efforts doesn't justify the cost and resources required. As has been noted several times in this Workbook, poor evaluation findings can often be a result of poor implementation rather than of the core components of the intervention itself. However, in the event that you conclude it is indeed the intervention, and that this needs to cease, the following questions will help to guide you:

- How urgent is this? Do we need to stop delivery immediately or can we finish this month/term/year?

- Who needs to hear about the findings? Having listed all your stakeholders, who needs to hear them first? What's the appropriate sequence for informing people?

- Do we need legal advice? Do we need to check our professional liability insurance?

- Is there any likelihood of this going to the media (local or national)? If so, how can we prepare for that?

- Who is going to find this difficult to hear? How can we help that?

- What can we learn from this? How can we grow from it?

(Adapted from Kiernan & Quinn, 2018).

9.13 Summary Steps

Having decided to undertake an evaluation of your service, or an element of your work, use the following checklist (Table 30) to ensure you have considered all key aspects:

Table 29: Evaluation Checklist

|	Not necessary/ appropriate	Haven't started yet	In progress	Sorted
Stakeholders:				
Have you identified the stakeholders who need to be involved in this evaluation?				
Have you worked out how you will get their buy-in?				
Have you identified any champions who can help with this?				
Resources:				
What budget have you for this evaluation?				
Are you clear about the expertise and skill sets available to you, and developed a plan to address any gaps?				
Have you thought creatively about how and where to get specialist support?				
Getting the Basics Right:				
Have you (and your advisors) agreed the key questions you want to answer?				
Have you had support in scrutinising these?				
Have you identified and shared any contextual factors that might impact on the evaluation, e.g. previous local history; difficulties engaging the target group; resistance from key players?				

	Not necessary/ appropriate	Haven't started yet	In progress	Sorted
Type of Evaluation:				201
Have you considered the tools you want to use/avoid in this evaluation?				
Are you clear about any that must or must not be used? Are you clear about why?				
Have you decided who will conduct the evaluation and do you have a rationale for this?				
Ethics:				
Are you clear who you want to participate in this evaluation?				
Have you developed a plan to maximise consent?				
Have you prepared explicit, informed consent in plain language?				
Do you need to get ethical approval? If so, do you have a plan for doing so?				
Will your proposed methodology (i.e. the tools you plan to use) be appropriate for these participants?				
Do you have a clear system for collection, storage and retention of evaluation data?				
Dissemination:				
Are you clear what you are going to do with the evaluation once it's finished?				
Do you have a list of those who need to see it before it's finalised?				
Do you have a list of people who should be informed of the findings?				
Will you publicise the report? If so, have you a plan for that?				

9.14 Conclusion

This chapter provided guidance in relation to conducting either an external or internal evaluation and the benefits and limitations of each. It described key evaluation terms to assist you in understanding how evaluations are designed and how they are conducted. We worked through a series of steps, providing tools and examples along the way to help service managers and/or staff develop a valid evaluation plan that draws on existing resources within the organisation. Undertaking an evaluation of a service requires several decisions that this chapter has hopefully equipped you to work through.

Chapter 10:
Additional Information
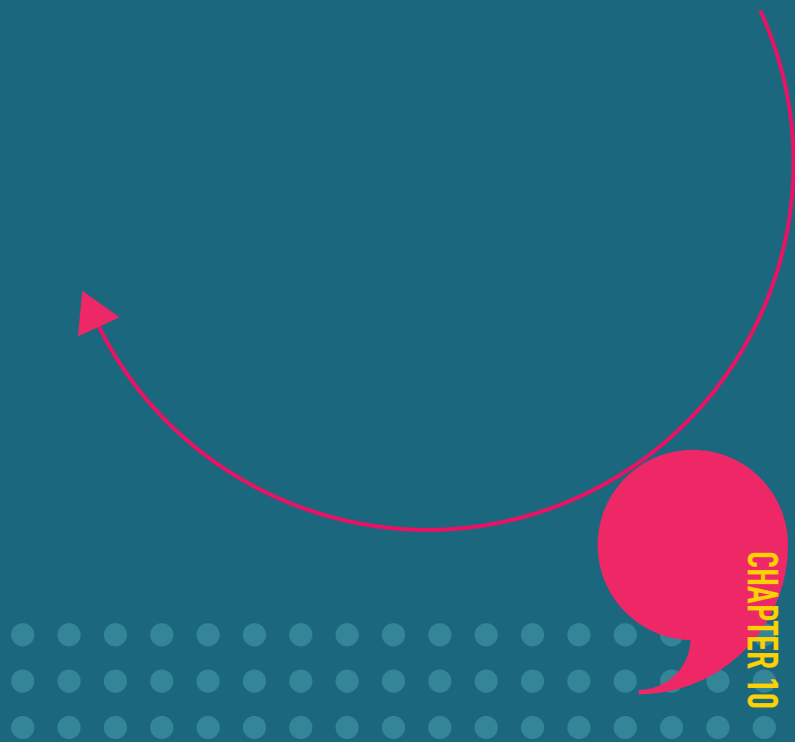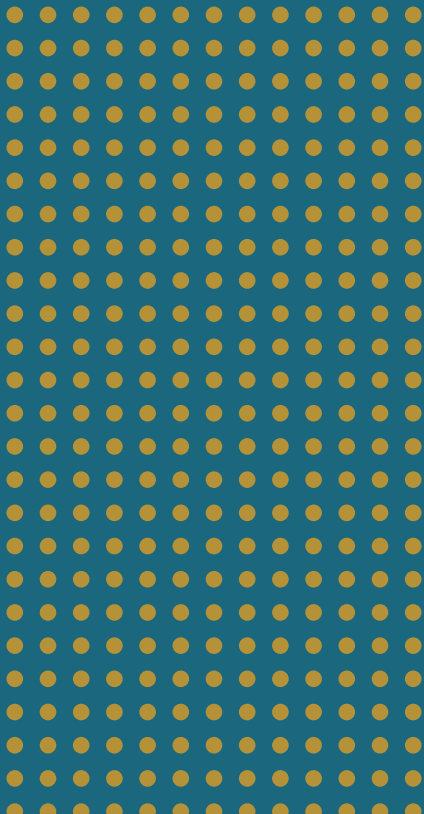
This chapter sets out a number of resources that can support you in your journey to explore and integrate evidence and quality enhancing processes. A range of relevant websites are referenced, before we set out the various definitions used throughout the Workbook. We then list all the acronyms utilised and finally provide a full list of references as noted in earlier Chapters.

10.1 Websites

- Annie E Casey Foundation

    o https://www.aecf.org/

    o A private philanthropy based in Baltimore, United States, they make grants that help national agencies, states, counties, cities and neighbourhoods create more innovative, cost-effective responses to the issues that negatively affect children. The website includes research, webinars, policy and effective models for addressing a wide range of issues.

- Blueprints

    o https://www.blueprintsprograms.org/

    o Blueprints for Healthy Young Development helps the user easily identify evidence-based programmes that help young people reach their full potential. Interventions are rated as either 'promising' or 'model' depending on the level of evidence, and you can search by age or theme.

- Campbell Collaboration

    o https://campbellcollaboration.org/

    o Campbell promotes evidence-based policy and decision-making through the production of systematic reviews on the effects of social interventions. These are largely academic documents, but are useful for research on a range of interventions.

- The Centre for Effective Services

    o www.effectiveservices.org

    o The Centre for Effective Services is an independent, non-profit, all-island intermediary organisation, and aims to connect policy, research and practice, to help agencies and government bodies design and plan services for children and young people.

- The Center for Implementation

    o https://thecenterforimplementation.com

    o This was set up to accelerate the application of implementation science to improve outcomes across a range of areas including health, juvenile justice and education.

- Childhood Development Initiative

    o www.twcdi.ie

    o CDI works with organisations that deliver services in the children,

families and communities sector. They provide practical, hands-on 'know how' in how to design, deliver, adapt and evaluate high-quality, effective interventions. They offer tailored packages of needs analysis, service design, staff training, ongoing mentoring, and capacity building in relation to evaluation, monitoring and quality assurance.

- Child in the City.org
  - o https://www.childinthecity.org/
  - o Focusing on how our environments can support healthy child development, this website and regular mailings showcases examples of innovative practice globally.

- Children's Database.ie
  - o http://www.childrensdatabase.ie/viewc.asp?DocID=2
  - o The DYCA link to online documents and publications relating to a range of areas including disabilities, family life, cultural diversity and education.

- Children's Research Network of Ireland and Northern Ireland
  - o https://childrensresearchnetwork.org/
  - o The aim of the Network is to support the research community in Ireland and Northern Ireland and to better understand and improve the lives of children and young people, by creating and maintaining an inclusive, independent, non-profit network.

- Cochrane Library
  - o https://www.cochranelibrary.com/
  - o The Cochrane Library is a collection of high-quality, independent evidence to inform healthcare decision-making. Whilst very medical in focus, there is a section on child health.

- The Communication Trust
  - o http://www.thecommunicationtrust.org.uk/
  - o A coalition of over 50 not-for-profit organisations that focus on supporting children and young people who struggle to communicate because they have speech, language and communication needs as well as supporting all children and young people to communicate to the best of their ability. It includes really practical tipsheets for practitioners and parents.

- Centres for Disease Control and Prevention
  - o https://www.cdc.gov/
  - o This includes a section on adolescent and school health with practical resources for introducing substance use, sexual health and obesity interventions, including materials for young people, parents and teachers.
  - o The CDCP provides data and research on a wide range of health related issues, including youth behaviours, school policies and obesity. Whilst the data are American, the website includes many

standardised tools, tracked responses, and toolkits to enable use of the assessments, as well as comparisons.

A *Community Needs Assessment* identifies the strengths and resources available in the community to meet the needs of children, youth, and families. The *assessment* focuses on the capabilities of the *community*, including its citizens, agencies, and organisations.

- Centre for Effective Philanthropy
  - o https://cep.org/
  - o This organisation aims to improve the development and use of data so that Philanthropy is best utilised. Whilst largely aimed at donors, it has resources to support strong messaging of your work, particularly in the areas of health, social justice and advocacy. The website includes resources on how to best use data to inform campaigns.

- Communities That Care
  - o https://www.communitiesthatcare.net/
  - o Focusing on protective factors, the CTC offers an evidence-based online service with instructional videos, materials, and latest research, along with ongoing strategic consultation and coaching support to communities and states on organisational change.

- Community Tool Box
  - o https://ctb.ku.edu/en/table-of-contents/assessment
  - o The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. Their mission is to promote community health and development by connecting people, ideas, and resources. It is a service of the Center for Community Health and Development at the University of Kansas.

- Digital Repository of Ireland
  - o https://www.dri.ie/
  - o This is a national digital repository for Ireland's humanities, social sciences and cultural heritage data.

- Early Intervention Foundation
  - o www.eif.org.uk
  - o The Early Intervention Foundation (EIF) is a dynamic and ambitious charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes. The EIF website includes a 'Guidebook' which lists evaluated interventions which have been carefully assessed for impact and cost. You can search by age group, theme or setting.

- Education Endowment Foundation

- o https://educationendowmentfoundation.org.uk

- o The Education Endowment Foundation (EEF) is an independent charity dedicated to breaking the link between family income and educational achievement by facilitating research.

• Evidence-Based Prevention and Intervention Support Center

- o http://www.episcenter.psu.edu/

- o The EIPS Center is based in Pennsylvania and works with Government and NGO's to improve the evidence underpinning interventions for children and young people. Particularly focusing on anti-social/criminal behaviour and health related issues, the website offers guidance on choosing an existing programme; standardised assessments, and videos to support your planning processes.

• Eurochild.org

- o https://www.eurochild.org/

- o Underpinned by the UN Convention on the Rights of the Child, Eurochild seeks to promote children's rights and well-being. The website provides information on their campaigns and events, as well as updates on relevant Europe-wide policy and research.

• European Implementation Collaborative

- o www.implementation.eu

- o The European Implementation Collaborative engages a broad range of individual and organisational stakeholders in the field of implementation. It builds links and exchanges learning about implementation science and practice within Europe.

• GL Assessment

- o https://www.gl-assessment.co.uk

- o GL Assessment is the leading provider of formative assessments to UK schools, as well as providing assessments for overseas ministries and British, bilingual and international schools in over 100 countries worldwide.

• Global Implementation Initiative

- o https://globalimplementation.org/

- o This website promotes evidence-informed implementation across a range of sectors and target groups, and also helps connect people across jurisdictions.

• Growing up in Ireland

- o https://www.growingup.ie

- o The website for Ireland's longitudinal study of children, it includes the many publications which have been produced from the research, as well as the questionnaires used in the completed studies, so enabling replication and comparison.

• Health Evidence Network

- o http://www.euro.who.int.com

- o This WHO website aims to provide policy makers with accessible, reliable and independent data and information to inform policy decisions, covering everything from climate change to obesity. This is a medical-focused website but includes research on primary care, child health and supporting an effective workforce.

- Health Research Board

  - o https://www.hrb.ie/

  - o The HRB aims to improve people's health and to enhance healthcare delivery through research and applied knowledge. As well as providing grants, the website publishes data at local, regional and national levels.

- HR Guide Training Needs Analysis

  - o http://www.hr-guide.com/data/G510.htm

  - o Training Needs Analysis is a process of identifying training needs in an organisation for the purpose of improving employee job performance.

- Implementation Science

  - o https://implementationscience.com

  - o Implementation Science aims to publish research relevant to the scientific study of methods to promote the uptake of research findings into routine healthcare in clinical, organisational or policy contexts.

- Institute of Education Sciences

  - o https://ies.ed.gov/

  - o The Institute of Education Sciences is the independent, non-partisan statistics, research, and evaluation arm of the United States Department of Education. It offers research, policy documents and journal articles on education issues, many of which would not otherwise be freely available.

- Innovation Network

  - o https://www.innonet.org/

  - o This network provides knowledge and expertise to help social sector organisations to improve their results.

- Irish Qualitative Data Archive

  - o https://www.maynoothuniversity.ie/iqda

  - o The Irish Qualitative Data Archive (IQDA) is a central access point for qualitative social science data generated in or about Ireland. The archive frames the parameters and standards for archiving qualitative data within the Irish research community.

- The Irish Social Science Data Archive

  - o https://www.ucd.ie/issda/

  - o The Irish Social Science Data Archive (ISSDA) is Ireland's leading centre for quantitative data acquisition, preservation, and dissemination. Based at UCD Library, its mission is to ensure wide

access to quantitative datasets in the social sciences, and to advance the promotion of international comparative studies of the Irish economy and Irish society.

- Joseph Rowntree Foundation
  - o https://www.jrf.org.uk/
  - o The Joseph Rowntree Foundation is an independent social change organisation working to solve UK poverty. It focuses on a collaborative approach to research to alleviate poverty.

- The Kings Fund Commission
  - o https://www.kingsfund.org.uk
  - o A UK organisation focused on health, this website includes information on specific areas of health (eg mental health), as well as more generic research, policy and analysis, such as leadership, volunteering, inequality and funding approaches.

- Mathematica Policy Research
  - o https://www.mathematica-mpr.com/
  - o Mathematica Policy Research is a US policy research organisation which regularly publishes with office. They regularly publish research from health, education and community settings.

- National Children's Bureau
  - o https://www.ncb.org.uk/
  - o The NCB works to support improved equality for children, with a particular focus on the early years. The website contains descriptions of the various projects they are engaged with in supporting direct service delivery through local authorities, and research which informs this work.

- National Disability Authority
  - o www.nda.ie
  - o The NDA is an independent statutory body whose functions include research, development, and collaboration with other agencies to ensure the best possible care for people with disabilities.

- National Framework for Qualifications
  - o https://www.qqi.ie/Articles/Pages/National-Framework-of-Qualifications-(NFQ).aspx
  - o The Irish NFQ, established in 2003, is a framework through which all learning achievements may be measured and related to each other in a coherent way.

- National Implementation Research Network (NIRN)
  - o https://nirn.fpg.unc.edu/
  - o The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organisation change, and system reinvention to improve outcomes across the spectrum of human services. The website includes information on a range of implementation approaches.

- Pobal

  - https://www.pobal.ie/

  - Pobal works on behalf of the Irish Government to provide management and support services in the areas of Social Inclusion and Equality, Inclusive Employment and Enterprise, and Early Years and Young People. Their website includes a link to 'Pobal Maps' which illustrate the location of childcare and other services, demographic and deprivation data.

- Prevention and Early Intervention Network

  - www.pein.ie

  - The Prevention and Early Intervention Network (PEIN) harnesses the commitment, expertise and experience of its many members, and the various perspectives they bring. PEIN networking events offer opportunities to learn, share, challenge and collaborate in a supportive environment that seeks to promote effective approaches and provide a collective voice for the sector.

- Psychological Society of Ireland

  - https://www.psychologicalsociety.ie/

  - The PSI is the learned and professional body for psychology and psychologists in the Republic of Ireland. The website includes information on events for members and vacancies in the field and provides professional learning, development and networking opportunities.

- Strengths and Difficulties Questionnaire

  - www.sdqinfo.com

  - The Strengths and Difficulties Questionnaire (SDQ) is a standardised brief behavioural screening questionnaire used for 3 to16 year-olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists.

- Survey Monkey

  - https://www.surveymonkey.com/

  - Software that allows you to create your own surveys, send them to curated mailing lists, receive their responses, and analyse the findings.

- RE-AIM

  - http://www.re-aim.org/

  - The goal of RE-AIM is to encourage programme planners, evaluators, readers of journal articles, funders, and policymakers to pay more attention to essential programme elements that can improve the sustainable adoption and implementation of effective, generalisable, evidence-based interventions.

- Research Gate

  - www.researchgate.net

  - ResearchGate is a social networking site for scientists and

researchers to share papers, ask and answer questions, and find collaborators.

- TED Talks
  - o https://www.ted.com/talks
  - o TED is an organisation committed to the spread of ideas, usually through short talks given by experts in their respective fields. There have been over 26,000 talks in over 100 languages. You will find talks here on leadership, motivating staff, change management, mentoring, knowledge transfer, and many other topics.

- University of Michigan Centre for Positive Organisations
  - o https://positiveorgs.bus.umich.edu/
  - o A research centre that brings transformational research to students and leaders through articles, books, events, tools, teaching, and organisational partnerships.

- University of Wisconsin-Extension, 'Enhancing Program Performance with Logic Models'
  - o http://www.uwex.edu/ces/lmcourse
  - o UW-Extension works with the people of Wisconsin to solve their most pressing issues and uncover their most promising opportunities through hundreds of programmes and initiatives state-wide. The website provides access to some of the online resources for courses taken by students.

- United States Department of Health & Human Services – Child Welfare Imagination Gateway
  - o https://www.childwelfare.gov/
  - o Promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering related topics.

- What Works Clearinghouse
  - o https://ies.ed.gov/ncee/wwc/
  - o The WWC reviews the existing research on different programmes, products, practices and policies in education. Their goal is to provide educators with the information they need to make evidence-based decisions.

10.2 Definitions

Anonymised Data	Data in which identifiable personal information has been deliberately removed (e.g. names were deleted or coded).
Appreciative Inquiry	A collective inquiry (e.g. group conversation) focused on strengths (i.e. 'what's working well' as opposed to 'what's the problem', or 'what would work' as opposed to 'what's not working').
Assent	An expression of agreement that is given by participants who are too young to give informed consent (e.g. young children may indicate approval by drawing or pointing to a happy face).
Audit	Assessing current activities or processes against explicit standards, e.g. legislation, policies, procedures, standard business processes, national standards, etc. (Tusla, 2016, p. 14).
Baseline	The measurement or conditions at the start of a project, against which subsequent progress can be assessed.
Booster Training	Follow-up training for practitioners subsequent and complementary to initial training.
Coaching	This is usually performance related, with specific skills or competencies identified as the focus for development. It can be provided in-house where the appropriate expertise is available, or sourced externally. Coaching 'is unlocking people's potential to maximise their own performance' (Whitmore, 2009, p. 10). It does not require expertise in the specific subject area, as coaching assumes that the client is the expert.
Community of Practice	A space where a group of people come together to share their experiences and knowledge in creative ways that foster new and improved approaches to delivering services and programmes.
Data Source	The resources or tools used to gather the data against the indicator. This can be through your own routine collection of data, such as a database of training participants, or through the use of a standardised tool.
Dosage	The amount of intervention or service received by a participant (e.g. the number and duration of intervention sessions).
Effective	Successful in producing the intended result = doing the right things.
Efficient	Performing in the best possible manner, i.e. achieving maximum productivity with minimum expense and effort = doing things right.
Evaluation	'Systematic and objective assessment of on-going or completed interventions ... It assesses how well a specific measure has worked (or is working) and whether it is still justified or should be changed' (OECD, 2009, p. 5).
Evidence-Based Programmes	Programmes that are based on research evidence and are proven to work.

Evidence-Based Intervention	An intervention that has been tested through rigorous evaluation and found to achieve the stated outcomes under particular conditions.
Evidence-Informed Intervention	An intervention that has been developed based on research and best practice, but which has not had a solid, rigorous evaluation that determines whether it achieves the stated outcomes.
Evidence-Informed Practice	'An approach that helps people and organisations make well informed decisions by putting the best available evidence at the heart of practice development and service delivery' (Nutley, 2010).
Evidence-Informed Programme	A programme that has been developed based on research and best practice, but which has not had a solid evaluation that determines whether it achieves the stated outcomes.
Explicit consent	Any freely given, specific, informed and unambiguous indication by which a person signifies agreement to the processing of personal data relating to him or her (General Data Protection Regulation (GDPR), 2017).
Formative evaluation	Evaluation that is conducted during the development or early implementation stage of an intervention, in order to provide information that is subsequently used to enhance and improve its ongoing implementation.
Fidelity	The degree to which a programme is delivered compared with the essential elements of the original programme.
Implementation Science	The study of methods to promote the systematic uptake of research findings and other evidence into routine practice, in order to improve the quality of services.
Indicator	An indication of whether you have achieved your outcomes in the short, medium and long term.
Impact	The long-term change or overarching effects of a programme or intervention (e.g. improvements in school retention levels).
Informed consent	An informed permission given for participation in a specific activity (e.g. interview or intervention) that one freely gives, equipped with detailed knowledge of the purpose, content and processes surrounding this activity.
Inputs	Resources used to implement a project or programme. They can be staff, budget, premises, transport or materials.
Iterative Processes/ Thinking	A process for arriving at a decision or finalising a product (in this case an intervention or approach) by going through a cycle, which might include considering ideas, analysing data, reviewing information, consultation and so on.
Likert scale	A scale that represents the respondents' attitudes to a given topic, where respondents rate themselves according to a level of agreement with given statements (e.g. strongly agree, agree, somewhat agree, somewhat disagree, disagree, strongly disagree).

Licensed Programme	A programme or intervention that can only be delivered by those who have signed a licence agreement with the programme owner. This may include a fee and will almost always include a commitment to deliver the intervention with fidelity. The level of monitoring undertaken as part of this agreement can vary considerably.
Logic Model	Explains why a programme works. Usually it is based on rigorous research and testing or by careful service design using high-quality local and international research.
Mentoring	A relationship-based process often provided by someone without line management responsibilities. It requires knowledge and expertise in the subject matter and is often compared with an apprenticeship-type relationship (Clutterbuck, 2014).
Monitoring	'The ongoing assessment of services and programmes to ensure that they are reaching the populations they aim to serve and that they are being implemented according to their original design and to quality standards' (Department of Health and Children, 2007, p. 38).
Monitoring and Evaluation Plan	A document that helps us track and assess the process and results (outputs and outcomes) of a programme or programmes. It should be referred to and updated on a regular basis.
Outcome	An outcome should focus on the 'impact' your service/project will have on a person, group of people, organisation or community. Short- and medium-term outcomes can be measured in terms of changes in knowledge, skills, behaviours or attitudes of the person, organisation or community as a result of a programme or activity run by the project/service. Medium- to long-term outcomes can be measured in areas such as education, relationships, health, social conditions, safety or service provision.
Outcome evaluation	Measures the impact of a programme or intervention in terms of whether it achieved its intended outcomes.
Outputs	Products or services provided as a direct result of activities, described in terms of their size or scope (e.g. the number of planned workshops, programme participants, meetings held or distributed materials).
Primary data source	A source of information that was created at the time of study to generate data for a specific purpose of this study.
Process evaluation	Assesses whether a programme was delivered, whether it was implemented effectively and, if not, why not.
Programme Adaption	Adapting specific elements of a programme or intervention in response to individual, organisational, social, cultural, or environmental needs.
Programme Developer	The individual or organisation who designed a programme, approach or intervention.
Programme Drift	When the focus or core components of a programme/intervention get blurred or lost.
Programme Implementation	Implementing a programme with the target group.

Protective factors	Traits, conditions or environmental resources that buffer or block the negative effect of a risk factor (e.g. engagement in extracurricular activity is a protective factor against early school leaving).
Quality	The standard of something as measured against other things of a similar kind.
Quality Assurance	A process that enables the monitoring and promotion of appropriate, effective and efficient services.
Qualitative data	These are data that provide insights and understanding into the perceptions of the participants or the meaning of how the participants experience a particular intervention. For example, what people think, feel or perceive about something. Remember that qualitative data can be 'quantified', i.e. presented in numeric values. For example, percentage of participants who were positive about the intervention, number of interviewees who expressed concerns about safety in the community.
Quantitative data	These are data about numeric values, i.e. how many, how much, how often? For example, the number of participants, percentage of participants achieving a particular outcome, frequency of attending a specific intervention, etc.
Randomised Controlled Trial (RCT)	A scientific research method, commonly used in medical studies, which involves identifying a sample of people, randomly assigning them to receive an input ('experimental group') or not ('control group') and then measuring outcomes before and after the input. This type of study seeks to measure and compare the outcomes of both groups in order to make conclusions about the effectiveness of the intervention.
Research instrument	A research tool that facilitates data collection (e.g. survey, questionnaire, assessment, focus group).
Research protocol	A document that details the background, rationale, objectives, methodologies and organisation of the research.
Risk factors	Events, conditions or experiences that increase probability of a problem (e.g. poverty is a risk factor for early school leaving).
Secondary data source	A source of information that contains data collected by someone else for another purpose (which may be used, for example, in comparisons with your primary data).
Stakeholder	Individual, group or organisation having a significant interest in how well a programme or project functions (e.g. funders, staff, volunteers, community participants or intended beneficiaries).
Summative evaluation	Evaluation that is conducted when an intervention has been in existence for some time, in order to examine the effects of the intervention.
Standardised assessment	A pre-existing assessment that has been rigorously tested by researchers so that, if administered in the identical format, it can be expected to reliably and consistently measure a given hypothesis.

Standardised instruments	A pre-existing research tool, such as a survey or assessment, which if administered in the identical format, will reliably and consistently measure the given hypothesis.
Standardised questionnaire	A pre-existing questionnaire that has been rigorously tested by researchers so that, if administered in the identical format, it will reliably and consistently measure the given hypothesis.
Supervision	A process that aims to enable the member of staff to name problems, identify solutions, improve practice and increase knowledge of professional and (where relevant) clinical issues. It is usually provided on a one-to-one basis by the line manager, and so includes accountability. Peer supervision is also useful, whereby colleagues at the same level in an organisation offer support to each other.
Surveyor bias	Conscious or unconscious ways of influencing the findings of the research process, for example, shaping the questions that get asked; who gets asked, or how they get asked.
Targets	The expected specific quantified level of achievement you are working towards at a particular time point.
Vertical elements	Those that operate from top to bottom in an organisation and potentially from bottom to top. Horizontal factors are those that influence across the organisation.
Within subject design	A research method in which the participants are tested in relation to their response to the intervention, and each participant acts as their own 'control'.

10.3 Acronyms

ASB	Antisocial Behaviour

CDI	The Childhood Development Initiative

CES	The Centre for Effective Services

COP	Community of Practice

CPD	Continuing Professional Development

CSA	Centre for Supporting Adolescents

CYPSC	Children and Young People's Services Committee

DES	Department of Education and Skills

ED	Electoral Division

EEF	Education Endowment Foundation

EIF	Early Intervention Foundation

EQI-i	Emotional Quotient Inventory

ETB	Education Training Board

GDPR	General Data Protection Regulation

HR	Human Resources

HRB	Health Research Board

HSE	Health Service Executive

IQDA	Irish Qualitative Data Archive

ISSDA	Irish Social Science Data Archive

IT	Information Technology

NFQ	National Framework for Qualifications

NIRN	National Implementation Research Network

NQSF	National Quality Standards Framework

PEIN	Prevention and Early Intervention Network

PSI	Psychological Society of Ireland

QSBO   Quality Services, Better Outcomes

RCT   Randomised Control Trial

SDQ   Strengths and Difficulties Questionnaire

SLT   Speech and Language Therapist

SPSS   Statistical Package for Social Sciences

WWC   What Works Clearinghouse

10.4 References

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