Forum on Prevention and Early Intervention for Children and Youth
Forum on Prevention and Early Intervention for Children and Youth

hosted by
Office of the Minister for Children and Youth Affairs
and
The Atlantic Philanthropies

27-28th May 2008
Croke Park, Dublin
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FOREWORD

Barry Andrews, TD,
Minister for Children and Youth Affairs

I am delighted to welcome publication of this report on the proceedings of the inaugural Forum on Prevention and Early Intervention for Children and Youth, hosted in May 2008 by my Office in collaboration with The Atlantic Philanthropies.

Working with philanthropy is new to the OMCYA. The Atlantic Philanthropies’ special interest in disadvantaged children and youth makes it a natural partner for us. It is creating a very successful new dynamic in our efforts to improve the lives of children and young people. We look forward to continuing to work closely with Tom Costello and his team, and to co-hosting other such events in the future.

The role of my Office is to lead and guide the development of responsive, effective services for children and their families. As one of my first engagements in my new role as Minister for Children and Youth Affairs, I was excited by the innovative approaches I saw at the Forum Exhibition – projects that are already underway in the development of children’s services.

The speakers, panellists and exhibitors are all pioneers, pushing the boundaries in children’s services. Their initiatives and their willingness to engage with us in adopting and testing new approaches are significant. They came and shared their knowledge generously and both challenged and allowed themselves to be challenged. This openness made for a very rich discussion. The collaborative approach between statutory and non-statutory providers, philanthropists and academics across the island of Ireland provides both the ideas and the practical assistance needed to bring research learning into practice on the ground.

The aim of this report is to share with a wider audience what we know about prevention and early intervention, and the potential of cross-cutting approaches so that, working together, we can deliver on real change for children.

My hope is that we can continue to make better and better policy choices for children and their families in order that the investment made achieves the objectives we all share – that children reach their potential and grow up healthy; supported in active learning; safe; economically secure; secure in the physical environment; part of positive networks of family, friends, neighbours and the community; and included and participating in society.
FOREWORD

Marcia Smith,
Vice-President, The Atlantic Philanthropies

The Atlantic Philanthropies’ Disadvantaged Children and Youth Programme seeks to make lasting improvements in the lives of disadvantaged children through investment in prevention and early intervention.

As well as supporting a range of front-line demonstration of effective prevention and early intervention in action, the Atlantic Philanthropies’ Disadvantaged Children and Youth Programme seeks to strengthen the field through supporting technical assistance, applied research and evaluation, and building networks among service providers and policy-makers. We focus on giving voice to children’s needs by advocating strong prevention and early intervention policies based on evidence – while also supporting augmentation of the ‘voice’ of children by supporting rights-based advocacy.

For us at The Atlantic Philanthropies, the Forum at Croke Park presented an exciting opportunity to bring together our grantees throughout the island of Ireland and other similar projects with a host of national and international experts.

The Forum participants had a shared interest in exploring how to use evidence to design, implement and review best practice. We know already that ongoing support and intervention at key points during childhood and adolescence help build on early success and help prevent the onset of problem behaviours and underachievement.

I would like to extend our warm thanks and appreciation to Barry Andrews, TD, Minister for Children and Youth Affairs, to the Director General of his Office of the Minister for Children and Youth Affairs, Sylda Langford, and to her team led by Liz Canavan. Our close working relationship, built over the past two years especially, made the Forum possible, together with this rich publication of the proceedings and reflections on the event.

We look forward to continuing on this journey of discovery about what works for children and youth.
Forum on Prevention and Early Intervention for Children and Youth
PROGRAMME FOR FORUM

Tuesday, 27th May 2008

4pm   Forum registration
4pm-8pm Forum Exhibition
   Projects funded through the Prevention and Early Intervention Programme (OMCYA), Dormant Accounts Flagship projects, Children’s Services Committees and other demonstration projects supported by Governments (Ireland and Northern Ireland) and The Atlantic Philanthropies.

5pm-6pm Welcome
   - Barry Andrews, TD, Minister for Children and Youth Affairs
   - Gerry Kelly, Junior Minister, Office of the First Minister and the Deputy First Minister, Northern Ireland
   - Marcia Smith, Vice-President, The Atlantic Philanthropies

6pm-8pm Reception

Wednesday, 28th May 2008

9am   Keynote address
   Chair and Forum Rapporteur: Owen Keenan, Middlequarter Consultancy Ltd.
   The role of evidence in designing interventions for children
   Keynote Speaker: Sharon Landesman Ramey, Susan H. Mayer Professor of Child and Family Studies and Director of the Georgetown University Center on Health and Education
   Responses:
   - Suzanne Connolly, Director of Children’s Services, Barnardos Ireland
   - Paul Connolly, Professor of Education, Queen’s University Belfast

10.45am Coffee/Networking
11.15am Parallel workshops

- Early years
- Youth mental health
- Supporting local integration – Engaging providers
- Local engagement - Communities and families
- Evaluation/measuring success
- Sustainability and mainstreaming
- Service design and development

1pm Lunch

2pm-3pm Keynote address

Chair: John Dunne, Chairperson of youngballymun and Chief Executive of Chambers Ireland

Sustaining and mainstreaming Innovative Best Practice

Keynote Speaker: Sylda Langford, Director General, Office of the Minister for Children and Youth Affairs

Responses:

- Hugh Kane, Acting Assistant National Director, Primary Community and Continuing Care, Health Service Executive
- Daniel F. Perkins, Professor of Family and Youth Resiliency and Policy, Penn State University, Pennsylvania

3pm Open Forum – Agenda Setting

Chair: Dermot McCarthy, Secretary General to the Government of Ireland

Panel: drawn from speakers/workshop contributors

4pm Close of Forum
INTRODUCTION TO FORUM

Owen Keenan
Forum Rapporteur and Founder/Managing Director of Middlequarter Consultancy Ltd.

The Forum on Prevention and Early Intervention for Children and Youth – which was sponsored by the Office of the Minister for Children and Youth Affairs in collaboration with The Atlantic Philanthropies and took place in Croke Park on 27-28 May 2008 – was a significant and highly successful, professional event.

The purpose of the Forum was to actively support the networking of the many innovations currently taking place in the area of children’s services throughout Ireland. The Forum also provided an opportunity to convene and network other projects from both Northern Ireland and the Republic of Ireland, supported by The Atlantic Philanthropies, in order to demonstrate effective prevention and early intervention practice. This was facilitated by an exhibition of innovative projects, which was mounted in parallel with the presentation of professional papers and discussions.

Both the Office of the Minister for Children and Youth Affairs and The Atlantic Philanthropies are sponsors and promoters of a range of innovative projects and programmes, devising and providing services for children and young people. The experts and innovators selected to participate in the Forum are taking initiatives that promote one or more of the following key themes:

- the development of prevention and early intervention as part of children’s service design;
- service design which is outcomes-focused and based on evidence of effectiveness;
- the development of integrated thinking, planning and delivery of services across agencies and sectors for greater effectiveness and more holistic child- and family-centred provision.

The Forum was ground-breaking in attracting the participation of experienced practitioners and researchers from the children’s field, together with policy-makers and renowned international researchers. It provided an opportunity for these leaders in innovation to make linkages and to help crystallise the emerging thinking around the development of effective services for children and young people. The multi-agency, multi-disciplinary aspect of the programmes offered unique opportunities to observe how different perspectives can inform and guide the development of services.

From the perspective of the development of provision for children on the island of Ireland, the Forum can truly be considered historic. Previously, such professional gatherings have generally focused on how to respond to a range of intractable problems and crises encountered by children. In contrast, the concepts of
prevention and early intervention, development and potential were central to the Forum. Uniquely, the event brought together practitioners and researchers, policy-makers and funders, leaders and managers, from both statutory and non-statutory agencies. This profile was further strengthened by the all-island nature of the event and by the participation of international experts.

The Forum also provided an opportunity to acknowledge and celebrate the developing critical mass of innovation and expertise that has been nurtured in recent years in both jurisdictions, with the support of public funding and philanthropy. The development of this embryonic ‘movement’ was manifest in the Forum Exhibition and it was impressive to see such a range of innovative, evidence-based and outcomes-focused projects and programmes gathered in one place. These included programmes involving direct interventions with children and families, as well as initiatives focusing on the promotion of youth mental health and engagement with schools and communities in serving children and youth better. A list of the exhibitors and their contact details can be found in Appendix 4.

It follows, of course, that this critical mass of projects and programmes is matched by a developing cohort of leaders and innovators, some of whom are already highly experienced, while others bring new insights, skills and experiences to bear on the delivery of programmes. Similarly, the indigenous research community is growing and developing its calibre, including through increased collaboration with international colleagues. It is both exciting and reassuring to witness this growth of talent, commitment and expertise, which will be so critical to the sustainability of efforts to achieve measurable outcomes for children.

By the same token, the policy environment has been enhanced through the development of innovative strategies and structures in the public arena, which are shaping coherent policy and planning for children and families. The collaborative engagement of Government and philanthropy in encouraging and supporting a focus on prevention and early intervention is particularly noteworthy and has the potential to mark Ireland out as an international leader in policy and provision for children and young people.

The Forum provided an important opportunity to develop the increasing engagement and dialogue between policy-makers, practitioners and researchers – all of whom are essentially on the one journey, all contributing to improving the lives of children on the island. This relationship, indeed, is at the core of the current enterprise to achieve effective and measurable outcomes for children. It serves to emphasise that ultimate success will not only be a function of financial investment and the application of scientific rigour – critical though these are – but also a function of the calibre of the people and leadership in policy, practice and research, together with the quality of dialogue and relationships between them.
Even a quick perusal of this report will demonstrate that these perspectives and their interrelationship featured centrally in the presentations and discussions at the Forum. The need to design and implement programmes with leading-edge scientific rigour and to implement proven models with fidelity was a repeated theme, as was the validity of the ‘wisdom of the field’. We also had contributions from the policy perspective that clearly set developments for children within a broader policy framework, including the recent OECD report on *Ireland: Towards an Integrated Public Service* (OECD, 2008) and the current social partnership agreement, *Towards 2016* (Department of the Taoiseach, 2006).

While the importance of adopting scientific rigour in the design and implementation of programmes for children and young people was not disputed, we also heard of the practical difficulties of adopting this approach in the ‘real world’. These included the resistance of staff; the headaches that can be encountered in evaluation; the challenge of sustainability; the importance of maintaining positive communications and relationships with children, families and communities; identifying and overcoming barriers to success; and reconciling the sometimes contrasting perspectives and requirements of practice and evaluation (or, as one group asked, ‘Is there a risk of the evaluation tail wagging the intervention dog?’).

These and many other challenges and questions reflect the grounded and mature nature of the Forum’s deliberations. Equally, they indicate how far we have come in the development of considered and professional interventions, and are positive indicators of the continued and determined pursuit of excellence in the provision of services for children.

However, it is important to recognise that we are at the earliest stages of this endeavour and that there are no guarantees of success. If mainstream services for children and families do not adopt a scientific approach to the design and implementation of programmes (including the abandonment of programmes that do not work), we will have failed. If local funding decisions are not consistent with the policy of prevention and early intervention, we will have failed. If there is a lack of leadership and commitment to provide the level of resources required to benefit from the potential of prevention and early intervention, we will have failed. If the critical and strategically effective philanthropic investment is not sustained, we will have failed. If we allow complacency to enter the equation, we will certainly fail.

It has been a long hard road to bring us belatedly to a point of opportunity and potential. We now have the policies, strategies, structures, leaders, practitioners, researchers and resources that, with support and collaboration, can provide successful outcomes for children to the substantial benefit of our society. Our success, if achieved, will be of international significance.
To end this introduction to the Forum’s proceedings, I quote Ben Okri (1998) in *Eye to Eye: Children*:

‘Childhood is humanity’s secret. If you want to understand a nation, study the way it treats its children, the way it educates them, the way it moulds them. Study the children themselves. Are the children suspicious of the other, of different peoples, those of different colours? Then their parents are. Then society is. Are the children open to other, to differences? Then so, largely, are their parents. Their society. Children are the true thoughts of their nation, their people, their class – the true thoughts, untrammeled by diplomacy, politeness, politics and social manners. Children betray nations. Children betray families. Or they redeem them. They reveal them. They show what is good, what is true, what is pure, what is striven for and what is natural in nations and in families.’
Keynote Address:

THE ROLE OF EVIDENCE IN CREATING EFFECTIVE, SUSTAINABLE INTERVENTIONS FOR CHILDREN

Sharon Landesman Ramey
Susan H. Mayer Professor of Child and Family Studies
and Director, Georgetown University Center on Health and Education

I am deeply honoured and truly excited to be here today – a day I know is historic in its scope and its commitment to improving the well-being of children and families throughout the island of Ireland. This is a time in history when our scientific understanding of human development – the forces that shape the course of individual lives, entire communities and nations – is at an unprecedented high.

This new understanding is accompanied by deep caring and genuine optimism in every country I know – a caring and an optimism that is reflected in those of you who are here today and who are working at the local, national, and global levels, spanning the worlds of philanthropy, business, social and health service practitioners, from the public, private and philanthropic sectors.

You are the faces of this caring and this optimism. Who you are and what you are doing for children are the reasons I am so honoured to be included in this event.

The central thesis of this address is straightforward: namely, that the health, education, and well-being of children forecast the future of communities, countries, and cultures – in terms of their economic, social, and moral strengths.

The accumulation of evidence (1968 – 2008) about the early years of life

The scientific evidence that has accumulated over the past 4 decades is compelling and vast. Without doubt, we know the following to be irrefutable:

- That experiences early in life are critical in establishing the foundation for later learning and positive health outcomes. Although the early period is not necessarily the only, or perhaps even the most important, period, early development is extremely important. This is because of the inherent developmental neuropasticity in our central nervous systems (which are far from finalised in the early months and years of life) and the fact that early in life, infants and young children are almost entirely dependent upon the care of others.
That there are some known essential or universal experiences all children need to become capable and contributing citizens. The universality of these experiences does not deny that there are many diverse ways to provide these – love and learning can be shared fully in many different styles – but their essence does transcend time and culture. When children are deprived of sufficient amounts of love and learning and healthy environments, they suffer, no matter where they live or when they were born.

That early enrichment (planned early interventions), as well as continued supports and focused (targeted) interventions throughout life, can yield large and lasting benefits for children, families and communities. This conclusion is the major reason we are gathered here today – to help establish even stronger alliances and more effective strategies to ensure that collectively we work in ways that, in fact, deliver these large and lasting benefits. The word in this major conclusion is the word ‘can’. It is not that these programmes just ‘might’ yield benefits – which would suggest that we are still waiting for results to find out if these interventions actually produce meaningful results. Neither is it that these programmes always ‘will’ yield benefits. Rather, the word ‘can’ captures the finding that under the right conditions, with full implementation of the key features of these interventions, positive outcomes can be realised. It is vital that we acknowledge that, in practice, there are efforts where people try to implement ‘proven practices’ in ways that fail – often because there is not sufficient expertise, cooperation, supports or ongoing information to help achieve the level of implementation essential to produce positive outcomes.

What makes today – this time in history – so distinctive is that almost all of us here realise the magnitude of this challenge: namely, to transform the scientific evidence into visible practice so that large numbers of children and families realise significant benefits.

Some scientific findings about the early years of life

A lot is occurring in the first 3 years of life. Some of the dynamic forces occurring in the early years of life include:

- rapid brain development;
- critical language foundation;
- mutual influence of genes and experiences;
- increasing evidence about role of prenatal environment and risk for later learning and health problems.

The first 3 years of life is a time of breathtaking changes in the anatomy and the physiology of the brain. A baby transforms from a crying-burping-squeaking entity to a babbling-cooing-laughing partner to an amazingly skilled listener and speaker of any one of the world’s great languages. Increasingly, some of our children are learning to understand and to express themselves in two languages at a time (sometimes even more). I think this is ‘rocket science’ – because this happens...
within only about 2 or 3 years of time. Yes, there are genetic factors that unfold and contribute to each child’s individuality and the experiences en route serve to differentiate the expression of each child’s genetic and biological potential. Indeed, increasingly we have evidence about the importance of the prenatal environment, not only about the harmful effects of teratogens and other toxic influences, but the potential positive influences of experiences and the mother’s own psychological and emotional well-being. The Barker Hypothesis, stated simply, posits that many adult-onset illnesses have their origins in prenatal life. Just as vital is the hypothesis that has been supported for nearly 50 years now, that prenatal maternal stress can influence the development of offspring, including their learning abilities, and these maternally mediated prenatal influences can transcend generations – and, in theory, may go on to influence the learning potential of children born to children whose mothers were not directly stressed.

The work of Dr. Peter R. Huttenlocher (1999) shows that different areas of our brains develop at different rates (see Figure 1). The timetable for synaptogenesis related to higher cortical functions (shown by the grey line), such as reasoning and decision-making and complex language, takes a lot longer to develop than that, for example, associated with brain areas representing auditory and visual processing (orange and blue lines respectively). Brain development is not only about generating more connections, but also increasingly involves processes of selective refinement or pruning – a loss of connections – that occur over time, are experience-dependent and are thought to increase neural efficiencies.

Figure 1: Synaptogenesis is active in first 3 years of life

Source: Adapted from Huttenlocher in Ramey and Ramey, Right from Birth (1999a)
Studies by Huttenlocher show how children from similar family backgrounds (i.e. middle-class children) diverge in their development of vocabulary (see Figure 2). There is a very remarkable relationship between young children’s exposure to language (or enrichment) provided by the mother in interactions with her baby in the first 2 years of life – which closely relates to the number of words a child learns. This important finding has been replicated many times in many different ways – and a similar finding emerges from research about the language transactions of childcare providers (who are not the children’s parents) and the growth in the vocabulary of the children in their care.

Figure 2: Mother’s speech determines growth of infant’s vocabulary

Evidence-based perspectives on brain development have changed over the past 4 decades (see Figure 3). The old type of determinism and simplistic reasoning said that most of brain development depended on genes, had little relationship to what occurred in the first 5 years of life (which most of us seem to forget) and benefited from, but was not highly linked to, the types of attachment we have to our parents and other adults. The new consensus says that these old ways of thinking are, frankly, no longer accurate. The evidence is decidedly in support of the view that genes influence brain development through the ways in which experiences interact with genetic potential. In other words, some experiences can serve to turn on or turn off the expression of certain genes; some genes make an individual exceptionally sensitive to certain positive influences or particularly vulnerable to certain negative experiences. In fact, it is the combination of experiences and genes that shapes the developing brain’s architecture (structure) and functioning (physiology). Similarly, the nature of caregiver–child attachments directly affects aspects of the ‘wiring’ of the central nervous system.
Stories about revolutionary changes related to environment

I would like to share a few examples of how this revolution in understanding brain development has contributed to major shifts in our care of young children. First, children who were born profoundly deaf in my era (the 1940s and ‘50s) did not begin to learn sign language until the age of 5 or 6 when they went to formal school (often a boarding school, away from their family). Most of these children were later recognised as being mildly retarded or substantially below average in their intellectual and cognitive development. Most physicians considered that this retardation was part of a type of generalised brain damage that was associated with many forms of hearing loss/deafness. In fact, we know today that this intellectual retardation was caused almost entirely by the early deprivation these children experienced of not having a means of symbolic communication (e.g. sign language) early in life. Fortunately, children with profound hearing impairments nowadays begin learning to use formal signs at about 6 months of age and as a result their intellectual development progresses normally.

Comparable benefits are also seen in relation to the timing for cochlear implants for children: surgeons used to wait until children were about 5 years old to perform this surgery, which allowed them to hear. Even with this miraculous shift in their ability to hear, most of these children showed major speech production deficiencies (their speech was informally characterised as ‘deaf speech’). We now have evidence that this speech pattern was secondary to early extended auditory deprivation. Today, cochlear implants are given in the first 2 years of life and these later problems are thus prevented. The brain–environment research indicates that early exposure to the full range of phonemes and the multifaceted subtle features of language – inflexion, intonation, pacing – help to shape the brain in the first 3 years of life; the research also shows that major deficits in early experiences create life long processing deficits that are very difficult to overcome.

Another dramatic example concerns children born with Down’s Syndrome due to Trisomy 21 abnormalities. In the 1960s, when I was in graduate school, every textbook stated that children with Down’s Syndrome could not learn to read, could not acquire most self-help skills and rarely, if ever, would become independent...
adults, capable of working or living on their own. Accordingly, many generations of paediatricians, social workers, educators, psychologists and other therapists held very low expectations for these children and saw their primary role as one of helping parents accept these ‘innate’ limitations in their children. In the early 1970s, there were some demonstration projects (a famous one was conducted by Alice Hayden at the University of Washington) that began teaching babies with Down’s Syndrome in ways that adapted to their special needs and continued throughout the first 5 years of life. These ‘pilot projects’ resulted in children whose development was vastly higher than textbook expectations. Indeed, in many places throughout the world, almost all infants born with Down’s Syndrome now routinely receive early educational and therapeutic interventions. The course of their development reveals that the majority can become quite skilled in caring for themselves and in communicating (including learning to decode symbols and thus read – areas in which they have a genetically based talent) and many are able to be gainfully employed and to live on their own as adults.

Figure 4 illustrates a conceptual framework for thinking about children’s development, known as Applied Biosocial Contextual Development (ABCD) (Ramey et al., 2006). The large box at the ‘heart’ or centre of Figure 4 shows a child’s ‘transactions with others and environments’. The scientific evidence confirms that it is these daily transactions that are very powerful in shaping a child’s brain and life competencies. There are also more distal factors (along the top row) that are influential: from the prenatal environment and biological inheritance a child receives to the community norms and practices and the surrounding stressors and supports for a child’s family, neighbourhood and community. Fellow-colleagues in developmental neurobiology are working overtime to help complete the details for the two boxes at the bottom of Figure 4 – to document how an individual child’s experiences are represented and transformed biologically – thus leading to greater or lesser receptivity to future experiences, greater or lesser health and well-being, as shown by the arrows indicating a feedback loop. Indeed, the child is a system within the system of the family, the community and a larger society.
Figure 4: Responsive transactions are central to children's biological and behavioural development

Level of Influence:

Prior generation: Cumulative biological & social histories

- Heredity
- Prenatal environment
- Sociocultural norms & practices
- Community norms & practices
- Current biological & behavioural status of individual
- Current biological & behavioural status of family members

Intergenerational historical context

Current biological & behavioural status

Social & environmental transactions

Subsequent development status

WITHIN FAMILY supports

TRANSACTIONS WITH OTHER & ENVIRONMENTS

EXTRA-FAMILIAL supports

WITHIN FAMILY stressors

EXTRA-FAMILIAL stressors

Changes in individual's developmental status

Delayed - - - - - - - Enhanced

Perceptions, memory, neurobiology

Changes in family members' developmental status

Delayed - - - - - - - Enhanced

Perceptions, memory, neurobiology

Source: Ramey and Ramey (1998a)

The children and youth programmes that have brought us together here today are seeking to increase the supports, to minimise the stressors and to enhance the daily transactions that children have with their caregivers and environments. There is strong evidence that a child's lifelong well-being and achievement depend on:

- responsive and sustained care;
- opportunities to promote resilience and adaptability;
- avoidance of harmful events and agents;
- provision of the ‘7 daily essentials’ for brain development and intelligence (see below).

Daily essentials that promote children’s positive outcomes

The ‘7 daily essentials’ represent a synthesis of the research findings that my husband and colleague, Dr. Craig T. Ramey, and I completed nearly 20 years ago. We reviewed nearly 1,000 studies of children from birth through to the age of 5 in an attempt to find out which experiences produced better child development outcomes. At first, we identified almost 100 different types of experiences; we kept combining these into categories that appeared to be truly universal and required for children to show normal development. The research included studies of deprivation, laboratory experiments, naturalistic or ethological observations in children’s homes and communities, and experiments. We finally reduced the list to the following 7 major essentials:
to be encouraged to explore;
to be mentored in basic skills;
to have new skills celebrated;
to practise and extend new skills;
to be protected from harsh, inappropriate treatment;
to engage in rich, responsive language;
to be guided in learning social rules.

Each of these 7 essentials is backed by many independent scientific investigations: children who receive more of these ‘daily essentials’ do much better in life. (We do not yet, however, know the precise amounts or dosage for these at any given age.) Each essential can also be associated with neurobiological mechanisms or consequences.

**Cross-cultural evidence about the efficacy of early interventions**

Drawing on examples from the research we have conducted over the past 35 years, my husband and I have led many projects that test the efficacy of programmes to improve children’s outcomes, in the USA and in other countries. The following discussion illustrates some of these educational and enrichment studies of young children.

**Romanian orphanage studies**

We were called to Romania in 1990 to assist in providing help for the thousands of children who were placed in vastly understaffed leagans (orphanages). The scientific question we addressed was, ‘To what extent can children who have experienced devastating deprivation recover?’ We modified a programme that Dr. Craig T. Ramey had created 20 years earlier and provided this systematic educational enrichment for 6 hours a day, 5 days a week. Figure 5 shows that at the start of the study, children who were 15-months-old on average showed language development that was delayed or retarded by about 50% (compared to normative development in the USA) due to the deprivation they experienced; their language skills were like those of a 7-month-old. For the children who received the educational enrichment for the next 12 months (the intervention group), they showed large improvements, gaining more than 10 developmental months in their language skills, while the comparison group of children gained only 2.5 months in the next year.
Similarly, the institutional experience of Romanian children in orphanages caused major delays in their social-emotional development (Borkowski et al., 2002). After a year of intervention, children advanced significantly, although they still lagged behind the level that would be expected of typically developing children (see Figure 6).

**Figure 5: Language development of Romanian children in orphanages**

![Graph showing language development](image)

**Figure 6: Personal–social development of Romanian children in orphanages**

![Graph showing personal-social development](image)
This is one of the two major studies we conducted in Romania. As in all our work, the controls (comparison group) did receive enhanced services and supports, but not at the same level as those in the treatment (intervention) group. The findings from this research confirm that children do not lose the capacity to learn and benefit, even after extreme deprivation. But we also learned that total catch-up is extremely unlikely (Sparling et al, 2005).

**Abecedarian Project**

Our research in Romania was one of many extensions or adaptations of a programme known as the Abecedarian Project, which Dr. Craig Ramey started in 1971. (The term ‘Abecedarian’ refers to ‘one who learns the basics, such as the alphabet, ABC’.) There were 2 major questions that guided this project:

1. To what extent can systematic early educational enrichment for children from extremely impoverished homes prevent intellectual and learning disabilities?
2. Does prevention of disabilities lead to practical improvements in academic achievement and social competence? If so, will these be maintained as the children become older?

Figure 7 summarises the differences in the supports and services that children in the Educational Treatment Group received compared to those in the Control Group. Please note that in the Abecedarian Project – and in all of the other studies – the children in the Control Group were not untreated. Continuous and high-quality social services were provided to the families and unlimited amounts of free formula (none of these mothers chose to breast-feed and formula was a major financial expense for these families), as well as regular and full healthcare, at no cost to the families. This is because the scientific question focused on the effects of _early educational enrichment_ – not the full package of health and social services combined with educational enhancements. In other words, this research design provided a rigorous test of how much impact was associated with early, continuous, systematic education for children from families that were highly impoverished and had multiple-risk conditions. (We recognise that the differences between ‘treated’ and ‘untreated’ children very likely would have been larger if no supports were given to control families, but we knew that all children needed good nutrition, good healthcare and assistance with urgent issues related to the family as a whole.)
The intervention involved a full day (8 hours) of a structured and nurturing programme, offered 5 days a week for 50 weeks each year. This began at 3 months of age and continued until children started kindergarten. The curriculum (known as ‘Learningames’ and then later revised to ‘Partners for Learning’) was informed by a series of literally hundreds of experiments about young children’s learning. There was a high level of professional development for the teachers and staff, some of whom had teaching degrees and some of whom were from the community and not formally educated as teachers. The educational programme was documented carefully, weekly staff meetings were held, supervision was highly active and supportive, and children’s attendance was maintained at very high levels due to active staff support and providing transportation to and from the children’s homes.

Figure 8 is a summary of the results on children’s early cognitive development. It illustrates the significant benefits associated with children participating in the Abecedarian early educational programme (with effect sizes ranging from .73 to 1.45 from the ages of 18 to 54 months). These differences in the performance of children in the two groups represent an average of about 10 IQ points during most of the children’s pre-school years.
Figure 8: Early cognitive development of children in Abecedarian Project

Figure 9 illustrates a way of looking at the cognitive benefits in clinical terms – what percentage remain in the normal range? Only 45% of controls are in the normal IQ range by 4½ years of age, while 95% of the children in the intervention condition have IQs of 85 or higher. This illustrates a very large impact on primary prevention of intellectual disabilities.

Figure 9: Percentage of Abecedarian sample in normal IQ range (>84), by age

Source: Martin et al (1990)
The benefits of the Abecedarian Project also include practical educational outcomes. For example, there have been large reductions in rates of being retained in grade (repeating a grade) and being placed in special education (see Figure 10); the latter was reduced by a factor of 75% – from nearly half (48%) to 12% (close to the US national average).

**Figure 10: Practical educational outcomes of Abecedarian Project, by age 15**

Children’s scores on reading achievement on standardised tests from age 6 through to 21 are also improved by the Abecedarian intervention at all ages assessed (see Figure 11). Similarly, there were benefits in their maths achievement at all ages.

**Figure 11: Reading achievement over time, by age (Abecedarian Project)**

Those who received the early intervention for the first 5 years of life showed greater likelihood of employment or advanced education at the age of 21 (see Figure 12). We are currently analysing the data from the 30-year-old assessments on this valuable group of children.
These key findings from the Abecedarian Project indicate the wide range of benefits derived from such early interventions for children and young people, aged 18 months to 21 years (Ramey and Ramey, 2004; Ramey et al., 2000 and 2006). Besides the benefits to mothers of these children (education, employment), the direct cognitive and social benefits to children can be summed up as follows:

- **An increase in:**
  - intelligence (IQ);
  - reading and maths skills;
  - academic locus of control
    (sense of control over one’s performance in school);
  - social competence;
  - years in school, including college;
  - full-time employment.

- **A decrease in:**
  - repeating grades;
  - placement in special education;
  - teen pregnancies;
  - smoking and drug use;
  - teen depression;
  - criminal activity in early adulthood.

For a televised presentation of the Abecedarian Project, please see the National Geographic programme called 'Brain Child', broadcast in 2007.
Infant Health and Development Program

In science, one of the hallmarks of major contributions derives from replications. Can the same results be obtained again? Can the benefits be shown to occur under different conditions? Will the intervention or treatment work with children who are somewhat different in their characteristics, but who appear to be a good match for the type of treatment or intervention that worked with other children?

The Abecedarian Project has had at least 11 replications, each with some variations. One such project, known as the Infant Health and Development Program, was an expansion of the Abecedarian (ABC) Project adapted to fit the needs of 985 low birth weight and premature children in 8 cities, with large differences in population, policies and practices (Infant Health and Development Program, 1990). The study was guided by common protocol and rigorous initial and ongoing training. It relied on detailed information gathering and analysis to obtain and sustain ‘fidelity of implementation’.

The key results affirm similar benefits to the Abecedarian Project and that the children who benefit the most are those whose families had the lowest levels of educational resources (which also correlates with financial resources in most cases). Full implementation was achieved at all 8 sites, although the level of supports to obtain this varied. The comparison group (controls) received much different supports across the sites. The benefits of the ABC intervention were demonstrated in all 8 sites. However, the magnitude of benefits varied considerably across sites and sub-groups of children.

Figure 13 illustrates that in each of the 8 cities, the heavier low birth weight children who received the intervention scored much higher on a test of intelligence at age 3 (36 months) than those in the control group, who received only high-quality healthcare and social services.

Figure 13: Stanford-Binet IQ scores at 36 months for heavier low birth weight children (2,001-2,500g), by site

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<tr>
<th>SITES</th>
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<th>Control</th>
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<td>ARK</td>
<td>105</td>
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<td>EIN</td>
<td>102</td>
<td>85</td>
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Figure 14 shows that the children who benefit the most are those whose mothers had the lowest levels of education themselves. Thus, by providing the high-quality early educational programme, children whose mothers range from having ‘some High School’ (i.e. not completing high school) to having ‘some College’ performed at national average (100), while their peers in the control group who did not receive the programme performed far below the norm. For children whose parents had 4-year College degrees, the programme neither benefited nor harmed them – presumably because these families were highly resourceful in meeting the needs of their premature/low birth weight babies, both with home resources and use of other professional supports outside the family.

Figure 14: IQ benefits are largest for children whose mothers have least educational attainment

Participants in the Infant Health and Development Program have been followed longitudinally through to the age of 18 years and the results show continued benefits that last far beyond the early years (McCormick et al, 2006). A summary of the long-term benefits of the programme is given in Figure 15.
Other studies we have conducted test the efficacy of other treatments developed for specific types of children with disabilities. A major conclusion from this line of scientific inquiry is that, time and again, conventional clinical wisdom and predictions about how capable a child can become have been wrong – in the direction of vastly underestimating human potential for growth. In each instance, the programmes that we have developed were guided by scientific evidence and then combined into intensive and systematic treatment modalities, with results that show larger and more lasting benefits than were thought possible. Figure 16 shows some randomised controlled trials conducted with special populations of children.

**Special populations and their potential**

In some cases, this research has led to major changes in how practitioners were trained, as well as helped to support new public policies that ensured universal education for all children (who once were considered not worthy of the effort of receiving a formal education). In many of these studies, one of the most important factors was providing an adequate dosage or intensity of treatments to produce measurable benefits (outcomes).

**Figure 15: Long-term benefits of Infant Health and Development Program**

**INTERVENTION GROUP**

- Improved academic outcomes through age 18
- Benefits directly related to dosage (intensity) or level of participation (after controlling for demographic variables)
- Children at greatest risk showed highest level of benefits over time
- Only 1 of 8 sites voluntarily sustained and expanded programme

**Figure 16: Randomised controlled trials for special populations of children**

- Children with profound disabilities, judged to be ‘hopeless’
- Children with major neuromotor impairments
- Head Start (poverty) children and their families during transition to school
- Low-performing schools and classrooms
- Childcare providers in rural, isolated areas
Summary of major conclusions from international scientific studies

- Poor quality experiences have serious and cumulative effect on children’s competence.
- The intensity (amount), timing and coordination of early educational and social-emotional supports are crucial.
- High-quality early interventions can produce far-reaching benefits for children and their families.
- However, majority of scale-up and expansion efforts have not achieved (replicated) desired outcomes; many have produced no measurable benefits.
- Primary reason for failure to produce evidence about benefits is poor and incomplete implementation.

Future challenges

All countries face challenges in meeting the multiple needs of young children and youth. The scientific findings provide a solid basis for planning and monitoring interventions. Cost/benefit studies confirm the value of early and sustained investments in human capital. But along with the tremendous optimism, dedication and positive evidence from numerous studies, I bring today something that is a reality check. We still have a lot to learn about scale-up and about translating the so-called ‘hothouse’ or ideal research studies into everyday, real-world and well-maintained programmes for children and families.

We have extraordinary opportunities to build a better future for children. The challenges transcend the boundaries of countries and occur in all cultures and communities. We need to share the scientific evidence broadly and clearly, and then combine the positive news with practical and locally adapted assistance, so that services and programmes known to be beneficial can become part of the ongoing supports we provide.

There is now a new wave of research about factors that promote more versus less success in implementing evidence-based interventions – or the science of ‘scale-up’ or implementing efficacious programmes in real-world settings. The KAIS Model by Ramey and Ramey (2007) provides one systematic approach to the professional development and training of the educational and childcare workforce. KAIS theory refers to ‘Knowledge Application, Information and Systems’ and uses active information gathering, feedback and modification – and incorporates having providers and families participate in ensuring high-quality services that produce measurable positive outcomes (see Figure 17).
Conclusions

This moment in history in Ireland is also a moment of history for the world. You have excellent levels of supports for many of your initiatives. Some are brand new; others are expansions and extensions of efforts already underway. You have visionary and strong leaders, yet you are in the midst of political and global changes that make some things far from certain. The new Centre for Effective Services is an exciting idea – and one of the ways that early and continuous assistance can be planned for and provided. Also, through your own willingness to change and to collect objective and practically useful information, you have an extraordinary opportunity to both help your own programmes succeed and to provide information for others who will follow in your footsteps.

This is an era in which the old ways of conducting evaluations and accountability checks are being transformed to provide helpful and timely information that can drive up the quality of the programmes and services you provide – and help you to identify the areas where you are achieving your goals and others where you may be less successful. In competitive business, continuous quality checks are considered essential as an integral part of doing ‘good business’. The workforce needs to be able to learn about changes and then be supported in changing quickly, so that as we learn about better ways to meet children’s needs, we can deliver services and programmes that truly help.

I would end by reminding us all that ‘the totality of a child’s experience lays the foundation for a lifetime of greater or lesser competency, health and happiness’ (Ramey and Ramey, 1999a).
Response 1 to Keynote Address:

INTRODUCING EVIDENCE-BASED SERVICES INTO EXISTING SERVICE PROVISION

Suzanne Connolly
Director of Children's Services, Barnardos Ireland

Barnardos is a national organisation that delivers services to children and families whose well-being is under threat. In Ireland, Barnardos is present in 14 of the 50 most deprived electoral divisions throughout the country (see Figure 18). We have 42 projects in 6 regions across the country. In 2007, we worked with over 5,000 children and families. Our key partners include the Health Service Executive (HSE), Government agencies and the foundation organisations of The Atlantic Philanthropies and One Foundation.

Figure 18: Location of Barnardos children's services in Ireland
In 2006, as part of developing our Children’s Services Family Support Strategy, we decided that the life opportunities of children who attended our services would be greatly enhanced if we delivered services that resulted in improved emotional well-being and improved learning and development. We were aware that in making a commitment to developing services that would deliver on these outcomes, we were beginning a period of major change in the organisation and that it would be a learning process for us all.

**Use and promotion of evidence-based practice in Barnardos’ work**

We realised that it would be important to bring staff with us on this journey of change and appropriate training and support was provided in order to introduce the changes in thinking and practice that are necessary to become outcomes-focused. To help in this, we developed a Barnardos Quality Framework, which is a key mechanism for changing the way we think about and deliver services (see Figure 19). This framework is the bedrock on which our evidence-based practice is being built. For example, the Assessment Framework provides a standardised method of assessing children’s needs and the Practice Standards promote common understanding of our expectations in relation to child protection, supervision and promoting positive behaviour.

**Figure 19: Barnardos Quality Framework**
We have the advantage of having a Service Design and Development Team, whose members provide core training for staff and support staff in implementing all elements of the Quality Framework. We also have a Research Manager who leads on evaluation and champions rigorous evaluation throughout the organisation. During the process of developing our services, we have learnt that the quality of the technical assistance we receive is crucial. We now have in place a mutually rewarding and supportive relationship with the Prevention Research Center at Penn State University.

As part of the development of the Family Support Strategy, we reduced what had been a broad range of services to a portfolio of 16 services, which we considered we could implement across the life of the strategy. This number has, in fact, been further reduced to 8 services since our experience of implementing the first couple of service designs demonstrated that evidence-based service design can meet a broader range of needs than originally anticipated. Thus, our service portfolio currently consists of:

- Wizards of Words (WoW)
- Friendship Group
- Tús Maith
- Parent Coaching
- GUST (individual work with children)
- Partnership with Parents
- Transition to secondary school
- Building Blocks

For the purpose of this discussion, I will focus on the successes and challenges in implementing the first 3 services – WoW, Friendship Group and Tús Maith. (The Barnardos stand at the Forum Exhibition has information on all the services mentioned above.)

**Wizards of Words (WoW)**

Wizards of Words (WoW) is a programme in which older volunteers (over 55 years) work in the school, offering a 1:1 tutoring programme to children aged 6-9 with literacy difficulties. The programme has been rigorously evaluated in the USA and we assumed it was a defined manualised programme. This was not the case. What was consistent was that a retired volunteer tutored the child in reading. However, the reading curriculum used varied from location to location. This meant that we had to develop a programme that would be suited to the Irish context. Also, since literacy is not our area of expertise, we needed to give time to develop an understanding of the issues involved that would contribute to the design of the programme, all of which took several months longer than anticipated.

We were surprised at the resistance met with (unexpectedly coming from internal sources) about the notion of using older volunteers, aged over 55, which is a key aspect of the logic model and theory of change. Objections were raised in terms of discriminating against younger people and older people possibly not being healthy
enough to give the commitment needed. With the support of our Best Practice Advisory Committee, we stuck to the logic inherent in using older volunteers and the demonstration pilots in 3 schools in Dublin have gone very well. Teachers have reported that children are showing increased confidence and improved literacy. Another success has been that all of the volunteers have stayed (and are) healthy! Both children and volunteers have benefited from the intergenerational relationship.

We had expected that there would be some challenges in engaging with the schools, but this has not been the case and the programme has been fully embraced by them. (One of the schools we are working with – St. Ultan’s – has a stand in the Forum Exhibition.) We were also concerned that children might feel stigmatised and, again, this has proved unfounded.

We are now planning to roll out the WoW programme in another school in Dublin in 2008 and a further 4 schools in the Limerick area in 2009. The process evaluation will begin in October 2008, with an RCT beginning in September 2009.

To sum up, the challenges on the WoW project were:
- making assumptions;
- being out of our comfort zone;
- resistance coming from unexpected places.

**Friendship Group**

Friendship Group is a 22-week group work programme for children aged 6-9 experiencing difficulties with friendships. It was developed by Dr. Karen Beirman of the Prevention Research Center, Penn State University.

Working with children within this age group is a major part of Barnardos’ work and this was the first service design that would change an existing way of working. It was important to bring staff with us and to this end we brought together a group of staff and managers who went through the service design process. Staff assumed that there would be a need to adapt the US programme to an Irish context. We agreed with staff that we would run an 11-week demonstration pilot to test the materials in practice with children. This began in February 2008 in 3 locations – Ballyfermot, Tallaght and Thurles.

A good example of an aspect of the Friendship Group programme which staff thought would need to change was the Compliment Circle, which involved children, at the end of each session, being encouraged to give each other compliments. It was thought that in Ireland children would not like this. In fact, they loved it! What we think was happening here was that Irish adults can have difficulty in giving and receiving compliments, something I am glad to say we do not seem to have passed on to the younger generation.

At the end of the demonstration pilot, it was agreed with staff that there was no need to change the programme details. It was important that staff, using their own experience and expertise, came to this conclusion themselves rather than having those leading the service design process tell them that change was not necessary.
The demonstration pilot has gone very well. The children have developed emotional literacy skills and their parents have reported benefits. The Friendship Group programme is thus being expanded to 8 sites in September 2008. The process evaluation of the programme will happen at the same time as this expansion, with the rigorous evaluation starting in 2009.

To sum up, the challenges on the Friendship Group project were:
- changing an existing way of working;
- assumptions made by staff of need to change the US programme.

Staff commitment to the project was successfully secured.

**Tús Maith**

Tús Maith is an Early Years programme for children aged 3-5, with the aim of ensuring that children are ready for school.

In designing this programme, we wanted to build on what was best in our current service provision, which uses the High Scope Curriculum, only adding additional components if necessary. Following an extensive review of the literature, it became evident that the High Scope Curriculum did not meet all the developmental outcomes that we wished to achieve for our target group of children. The REDI programme developed by the Penn Research Center has been proven to achieve extra outcomes in the domains of social and emotional competence and emergent literacy for 3-5 year-olds. Thus, for this reason, we decided to add the REDI programme to the High Scope Curriculum.

Initially, there was strong internal resistance by some staff to introducing extra components. This would appear to be based on their incredibly strong ideological commitment to High Scope.

A key part of the change management process in implementing this service design has been to allow hostility and misgivings to be expressed and worked through, which resulted in some uncomfortable meetings at times. We kept focusing on the logic of the additional components and while some resistance is still present, the vast majority of managers and staff now agree with the logic that children from disadvantaged backgrounds need the added social and emotional and literacy components that REDI can offer.

The demonstration pilot of Tús Maith is due to commence in 3 projects in September 2008.

To sum up, the main challenge on the Tús Maith project was internal resistance and that resistance was successfully overcome.
Leadership, followership and teamwork

Leadership, followership and teamwork are all central to ensuring the delivery of evidenced practice. The leadership needed in introducing service designs involves the skills and abilities familiar to all of you – good planning, strong vision, good project management skills, an understanding of adult learning, a commitment to one’s own learning and development, and an ability to engage with a variety of stakeholders and maintain their interest.

In order to deliver needs-led, outcomes-based services in Barnardos, leadership needs to be practised at all levels of the organisation. For example, in my role as Director of Children’s Services, I can speak of the value of the Friendship Group in developing children’s social skills; however, my statement does not have as significant an impact on a member of staff as one from a colleague who works alongside her every day and can speak from direct practice experience of its value and effectiveness. Similarly, enabling a staff member to explore their resistance to introducing the REDI components in our Early Years service design is best achieved in conversation with their line manager, who knows the staff member well and can give them the space to work through the frustration and loss that can be part of letting go of the familiar and recognising the value of the new.

Active followership is also essential. We need followers who will challenge and question us, ensuring that when we bring in the new, we are building on what is best about the old. As leaders, we need to be able to respond to both positive and negative questioning because an ability to do so gives us the credibility which is essential when we are asking people to change the way they think and behave in relation to their work.

Teamwork is essential not only to ensure that we benefit from a variety of skills and abilities, but also it is important in managing the stress that any change process, no matter how positive, inevitably brings.

I have talked about these concepts in the context of Barnardos only. I would now like to say how much I value the leadership that has been shown by the OMCYA and by The Atlantic Philanthropies in introducing evidence-based practice. I also value the relationships that we are developing with other sites engaged in this ground-breaking work – projects such as ‘Preparing for Life’ in Darndale, youngballymun, the Childhood Development Initiative and Archways. I would also like to thank my colleagues in the HSE and schools who have shown such interest and support in evidence-based practice and in understanding what is needed to support its introduction in an organisation.
Response 2 to Keynote Address:

BUILDING RESEARCH CAPACITY IN HIGHER EDUCATION TO SUPPORT THE DEVELOPMENT OF EFFECTIVE CHILDREN’S SERVICES

Paul Connolly
Professor of Education, Queen’s University Belfast

I would like to thank the organisers of the Forum – the Office of the Minister for Children and Youth Affairs and The Atlantic Philanthropies – for inviting me to respond to Professor Ramey’s talk this morning. As a researcher here in Ireland, I certainly found the talk inspiring. What Professor Ramey has clearly demonstrated is the powerful role that research can play in informing the development of effective services for children. The research that she has described sets the bar very high for us here in Ireland in terms of what we wish to achieve. However, with the unprecedented investments in the development of preventive and early intervention services on the island of Ireland, there is now a unique opportunity for the research community to take up this challenge.

I am based at Queen’s University Belfast and am Director of the Centre for Effective Education (www.qub.ac.uk/cee), which is currently running a number of research projects aimed at supporting organisations locally in developing effective services for children. It is this experience that I would like to draw upon today in my brief response to Professor Ramey’s talk. In particular, I have been asked to provide a higher education perspective on developments in Ireland and to consider the following:

- how we, as universities, can support the development of children’s services;
- what capacity-building we need to engage in so that we can be in a position to provide that support;
- how we might link in with the new Centre for Effective Services.

Before I begin, however, I should make it clear that I am not speaking on behalf of all the universities here in Ireland. Rather, I am simply going to share with you some of the experiences and developments that are taking place in my own university, with the aim of giving you some sense of the challenges that lie ahead. However, it is likely that at least some of my comments will resonate with my colleagues in the room from other universities, but it is for them to talk about the particular issues and challenges that they face from the particular perspectives of their own institutions.
The role of research in supporting effective children’s services

There are at least four key roles that higher education can play in supporting the development of children’s services:

- supporting organisations in relation to outcomes-focused strategy development and service design;
- baseline research;
- research syntheses and systematic reviews;
- rigorous evaluation.

The first is in relation to working alongside local organisations to support them in developing an explicitly outcomes-focused and evidence-informed approach to their own initial strategic development and planning, and also the more detailed service design work that follows.

A significant part of the support that universities can provide, especially in relation to an organisation’s initial strategic development, is in the provision of baseline research that seeks to provide robust evidence of the nature and extent of the problems that it wishes to address. In particular, baseline research of this type can help to establish whether there is actually any need for a specific intervention and, if so, where precisely the problems lie. Thus, for example, if we are interested in poor educational outcomes among children, then we need to ascertain whether these poor outcomes tend to be spread generally across the population of children or whether they tend to be concentrated among particular subgroups of children or among children from particular areas.

In addition, this type of baseline research is also important in helping to identify some of the factors that tend to be associated with poor outcomes and, equally importantly, those factors that we may assume are related but are not. All of this information is crucial in helping organisations to identify the outcomes that they wish to improve among children and also the broader nature of the service to be developed and the type of approach to be taken by it.

Once organisations have developed an overall strategy and focus and have moved on to the more detailed work of service design, there is a need to find out what other potentially relevant interventions already exist and what evidence there is in relation to their effectiveness. This takes us on to the third key role that universities can play in terms of interpreting the available research evidence and providing clear and
accessible research syntheses of the key findings from this. While programmes may have been proven to work elsewhere, it would be wrong simply to assume that they can just be picked up and applied here in Ireland. One of the skills required in undertaking these research syntheses, therefore, is the ability to critically assess in systematic reviews the evidence that is provided and to make sound judgements on the potential applicability of particular interventions to the specific contexts for which a proposed service is being planned.

The final key role that universities can play in supporting children’s services is to provide a rigorous evaluation on whether the services that have been developed have actually been effective in improving outcomes for children and young people. On the island of Ireland, as elsewhere, the problem is not that there is a lack of attention being paid to evaluation, but rather the type of evaluation that tends to take place. Currently, most children’s services will undergo some form of evaluation, but this typically involves describing the nature of the service itself, how it was delivered, to how many children and how the service providers and possibly the parents and children themselves felt about the service. What is currently lacking is any focus on outcomes. Thus, rather than simply describing the outputs of a service, there is also a need to ask the fundamental question of whether the service has actually worked in improving outcomes for children? This type of approach requires very different forms of evaluation, typically using randomised controlled trials and quasi-experimental methods, which are capable of providing strong and robust evidence of the effects of a particular service in leading to real and measurable improvements in children’s development.

Existing research capacity at Queen’s University

At Queen’s University Belfast, we have identified the four key roles mentioned above and have used them, over the past few years, to critically reflect upon our own existing capacity to support the development of effective children’s services and to identify priority areas for capacity-building. Existing research capacity encompasses the following:

- wealth of expertise in applied disciplines, such as education, social work and nursing;
- strong track record in epidemiological research and social surveys;
- expertise in systematic reviews (links with Cochrane and Campbell Collaborations);
- experience in clinical trials, experimental research and randomised controlled trials.

In terms of our own existing capacity, the first point to make is that it is very important to recognise the wealth of expertise that already exists in many of the applied disciplines, such as education, social work, law, medicine and nursing. In my own field of education, for example, most of my colleagues in the School of Education at Queen’s have many years experience working as teachers, heads of department and school principals. They are now engaged in training future
generations of teachers and also in providing continuing professional development for those already teaching in schools. Through all of this work, they have developed excellent contacts and relationships with schools and other educational organisations across Northern Ireland. It is this practical expertise and knowledge – not just found in education but available across the range of the professions – that exists at Queen’s, and equally in universities elsewhere, and it is this expertise that can provide such an important resource to organisations attempting to develop new and effective services for children and young people.

In addition, and across the disciplines at Queen’s, we have a strong track record in epidemiological research and in conducting large-scale social surveys – all skills that we are now attempting to harness and apply in relation to the type of baseline research described above. Also, we have particular expertise in undertaking research syntheses and systematic reviews across a range of disciplinary areas. In this regard, we are particularly fortunate to have a direct link at Queen’s with the Developmental, Psychosocial and Learning Problems Cochrane Review Group, through Professor Geraldine Macdonald in social work who is its Coordinating Editor. Also, and through a new international research journal that I am editing called Effective Education, we are establishing strong links with other organisations involved in conducting systematic reviews, including the Campbell Collaboration and the EPPI-Centre in London.

Finally, while it has only been during the last few years that we have started to run randomised controlled trial evaluations of social and educational interventions at Queen’s, it is important not to forget that our colleagues in health and psychology already have a wealth of expertise in running complex clinical trials and experimental studies.

Priority areas for capacity-building at Queen’s

Given all of this existing expertise, the question arises as to what are the priority areas for developing our capacity further at Queen’s to support the development of effective children’s services? This can be summarised as follows:

- link this existing expertise together;
- develop outcomes-focused strategy development and service design expertise;
- consolidate and enhance existing skills;
- develop strategic networks, both nationally and internationally.

The first priority is to begin linking this expertise together. At one level, we need to provide the mechanisms for those conducting baseline research on social and educational outcomes to learn from and be informed by the many techniques that our colleagues in epidemiology have developed over the years. Similarly, those of us currently conducting randomised controlled trials of social and educational interventions need to be connected up with colleagues in health and psychology to
benefit from their existing expertise. Also, there is a need to develop the expertise we have in relation to conducting research syntheses and systematic reviewing across the many different disciplines at Queen’s.

However, and on another level, perhaps the greatest challenge is linking up all of this research expertise with the professional expertise found among colleagues in applied areas such as education, social work and nursing. In this sense, there is currently little connection between those involved in the type of research approaches described – whether that be conducting baseline surveys, systematic reviews or rigorous evaluations of existing services – and the research being undertaken by many of our colleagues in the applied disciplines. Such colleagues are ideally placed to work with organisations on the ground and to understand the issues and challenges they face. As such, by creating meaningful collaborative links within Queen’s whereby research and practice expertise are shared, they have a very important role to play not only by having a direct input into the research itself, but also by then being able to communicate that effectively to the local organisations we are working with.

Beyond this need to link people together at Queen’s, a number of more specific areas have been identified as priorities for capacity-building. These include the consolidation and enhancement of our skills in supporting organisations wishing to develop outcomes-focused approaches to strategy development and service design. It also includes building further our expertise in the types of research methods and approaches already outlined. However, and this leads on to the final priority area, to do all of this we need to make use of the expertise that already exists nationally and internationally in these areas. As such, there is a need to develop strategic networks with other universities across Ireland to be able to learn from their particular areas of expertise and also to share ours. There is also the need to link with other research centres internationally that have considerable expertise in prevention science.

The Improving Children’s Lives initiative

These priority areas have provided the rationale for the development of a major new interdisciplinary initiative at Queen’s entitled *Improving Children’s Lives*. Through an initial investment of €2.6 million (which includes a significant amount of direct investment from the university itself), this initiative is drawing colleagues together from a range of disciplines, including education, psychology, social work, sociology, nursing, medicine, pharmacy and law. Underpinning the initiative is a commitment to ensuring that all of the work is

- children’s rights-based;
- outcomes-focused;
- evidence-informed.
It is particularly in relation to the emphasis on children’s rights that we feel we can make an important contribution to the wider field of prevention science. By linking in with the broader work of the Research Forum for the Child at Queen’s, led by Dr. Laura Lundy, we hope to develop new and innovative ways of ensuring the meaningful participation of children and young people in all aspects of the design, delivery and evaluation of children’s services, as well as developing children’s rights indicators and outcomes for such services. In fact, the work that my own research centre – the Centre for Effective Education – is currently undertaking with Barnardos, Northern Ireland (under the joint direction of Drs. Laura Lundy and Sarah Allen) is in part a demonstration project exploring just how we might apply a children’s rights framework to the strategic planning work that Barnardos is undertaking.

More generally, and over the coming years, we see the key roles of Improving Children’s Lives as:

- providing the infrastructure that will link existing research centres, institutes and clusters together across Queen’s to build research capacity and promote interdisciplinary working;
- supporting local organisations in relation to outcomes-focused strategy development and service design;
- making links with other universities and research centres, both nationally and internationally;
- engaging in advocacy on effective children’s services, which are children’s rights-based, outcomes-focused and evidence-informed, and also in disseminating existing knowledge.

Potential links between higher education and the Centre for Effective Services

So far, I have outlined the existing expertise we have at Queen’s and the priority areas identified in relation to capacity-building. It is with this in mind that I would like to conclude by saying a few brief words about how potential linkages could develop between higher education and the new Centre for Effective Services and, in particular, what role the Centre could potentially play in supporting the work of universities on the island. Again, my comments here are restricted to the particular experiences and needs we have at Queen’s and thus the type of support that we would particularly welcome.

There are at least four key roles that the Centre could play an important role in:

- linking existing research centres within the island of Ireland together;
- linking together international and local expertise;
- being a portal for research on children’s services within the island of Ireland;
- coordinating training, advocacy and dissemination work.
The first is in relation to linking relevant research centres together across the island of Ireland. In walking around the Forum Exhibition, I have been struck by just how many new interventions are currently underway on the island and thus the number of research studies and evaluations that must be accompanying them. Some of these interventions are addressing similar outcomes and/or also similar age ranges of children. They are certainly all producing large amounts of high-quality data. One of the things we could all urgently benefit from is a mechanism that can link the various research teams together so that we can begin to share our experiences and learn from one another. Moreover, it would be highly beneficial if we could begin to find ways of linking projects together, even in terms of agreeing the use of similar measures where possible that would allow for comparisons to be made across projects.

Second, while there already exists considerable research expertise within universities in the island of Ireland, there are clearly areas that require consolidation and/or further development. Some of these can no doubt be addressed by linking together relevant research centres so that we can mutually benefit from the different and often complementary expertise that we bring. However, there is also a need for us to learn from the wealth of expertise that exists elsewhere. In this sense, the Centre for Effective Services could play a key role in auditing existing expertise and skill sets that exist in Ireland, identifying areas for further development and providing the mechanism for drawing in international expertise to facilitate this development.

Third, there is a need to ensure that the vast amount of new evidence generated by projects across the island of Ireland is made available and effectively disseminated, not only nationally but also internationally. In this sense, the Centre for Effective Services could play a leading role in providing a portal for those seeking information on existing or completed interventions and the research evidence generated by them. Given the unprecedented amount of innovative work that is currently being undertaken and that is also planned over the coming years, a unique and exciting opportunity exists for us here in Ireland to make a major contribution to the field of prevention science internationally. However, this contribution depends on us having a very clear and effective method for publicising and disseminating the work that we are doing.

A fourth role that the Centre for Effective Services could play in supporting universities is in relation to the coordination of training, advocacy and dissemination work. There are clearly going to be some overlaps in terms of the types of training and capacity-building required across universities and also in relation to the advocacy and dissemination work that individual research centres and universities will be engaging in. There is certainly a role for the Centre here, not necessarily in terms of taking direct responsibility for all of this work, but certainly in relation to helping to facilitate and coordinate such work across universities.
Conclusions

In conclusion, what I have tried to do in this talk is to give you a sense of the type of support that higher education can provide to organisations in the development of effective services for children. In doing this, I have not only described some of the expertise that already exists, but also the areas where we need further capacity-building in order to be able to fully meet the needs of organisations locally. As outlined, there are many challenges that lie ahead for higher education in this regard and we are very much aware of these and are being proactive in identifying and beginning to address them. However, there is clearly a need for some type of body to help link together and coordinate the work being undertaken across research centres on the island of Ireland. It is with this in mind that we at Queen’s very much welcome the establishment of the Centre for Effective Services and look forward to working in partnership with it in the years ahead.
Keynote Address:

SUSTAINING AND MAINSTREAMING INNOVATIVE BEST PRACTICE

Sylida Langford
Director General, Office of the Minister for Children and Youth Affairs

OMCYA role

The role of the OMCYA is to take a proactive approach to the development of cross-cutting policy development, implementation and service delivery for children and their families. The underpinnings of this approach can be found in the National Economic Social Council’s report, The Developmental Welfare State (NESC, 2005), which introduced the lifecycle concept to the national social partnership agreement, Towards 2016 (Department of the Taoiseach, 2006). This is a holistic approach that places the individual at the centre of policy development and service delivery.

Specifically, the OMCYA supports the Minister for Children and Youth Affairs in:

- implementing the National Childcare Investment Programme (2006-2010);
- developing policy and legislation on child welfare and child protection;
- driving implementation of Children Act 2001 (children before the Courts);
- implementation of Youth Work Act 2001 and other initiatives;
- driving implementation of National Children’s Strategy (2000-2010);
- implementing Towards 2016 commitments in relation to children’s services.

In this context, the OMCYA is trying to work in innovative ways, with a wide variety of statutory and non-statutory partners, to develop cross-cutting policies that actually make a difference to outcomes for children and families. Our focus is on driving and promoting the implementation of policies that work, policies that improve children’s life chances. We ask the questions, ‘What works?’ and ‘Why does it work?’ and then promote what we learn so that it influences policy and practice. The OMCYA is focused on:

- building on our understanding of children’s lives by continuing to research the real needs of children and families today;
- finding out what is effective in having an impact on outcomes for children in a positive way and promoting the use of proven or promising models that we want to test in the Irish context;
- fostering the capacity of both the statutory and non-statutory sectors to modernise services;
- facilitating interagency approaches and joined-up thinking in order to reflect on our learning of what works and to collaborate more effectively with each other;
- facilitating mainstreaming of innovations for the longer term.
Mainstreaming

We know innovation is not easy. We tend to ‘pilot’ innovations rather than seek to challenge or change the mainstream. So how can we mainstream and make good innovations that will be sustainable in the longer term? How can we get ourselves off the hook of ‘pilots’? I believe there are a number of aspects to this:

- The first is to create the proper policy context. We tried to do that with The Agenda for Children’s Services.
- Secondly, we are aiding the networking of people involved in innovative projects within the mainstream context, such as this OMCYA Forum.
- Thirdly, we are working to build up the necessary alliances, relationships and practical experiences through the development of:
  - Children’s Services Committees (CSCs);
  - ‘nesting’ of Prevention and Early Intervention Programme (PEIP) projects within CSC areas and promoting alliances with the statutory sector as part of the design and delivery of these new interventions.

- This is ultimately about accountability of both the statutory and non-statutory sectors in terms of sustainable outcomes for children and their families.
- Finally, we are of the view that we need to build ‘a knowledge bank’ on the technical capacity for this kind of work and it is hoped to achieve this through our support of the Centre for Effective Services.

Some of these initiatives are elaborated upon below.

The Agenda for Children’s Services

The publication of The Agenda for Children’s Services (OMCYA, 2007) is part of, and reflects, the fundamental change now underway in how Government policy in relation to children is formulated and delivered. The Agenda has been developed drawing on research and best practice at home and internationally.

Key aspects of the policy document include the setting out of the 7 National Outcomes for Children in Ireland, namely that our children should be:

- healthy, both physically and mentally;
- supported in active learning;
- safe from accidental and intentional harm;
- economically secure;
- secure in the immediate and wider physical environment;
- part of positive networks of family, friends, neighbours and the community;
- included and participating in society.
The Agenda includes a list of Reflective Questions for policy-makers, HSE Senior Managers and front-line staff. This is a unique feature of The Agenda and these questions are also being made available separately to the main document. The aim of these questions is to assist people working in the system to check and change the way they work in the light of learning from past experience; they will also allow people to understand where their own work on behalf of children fits into the wider system and the national policy framework.

The framework provided in The Agenda underpins the evidence-based, outcomes-focused approach. But it also emphasises the need for a dynamic approach to service design and delivery – at every level, we need to reflect and respond to emerging or changing needs of individual children, families and communities. The Agenda provides a framework that is relevant not just to the HSE, but also to other sectors and agencies working to improve children’s lives.

Children’s Services Committees

As mentioned earlier, the National Economic Social Council in its report The Developmental Welfare State introduced the lifecycle approach to social policy discourse in Ireland (NESC, 2005). This is a holistic approach that recognises the need to develop services that are centred on those receiving services, rather than the artificial divides of professional, sectoral or agency boundaries.

The concept of ‘tailored universalism’ is promoted in the NESC’s report, where mainstream providers adjust their services to accommodate a more diverse public, including people who are socially disadvantaged – in other words, the provision of flexibly provided services which socially disadvantaged people access and benefit from, thanks to supplementary supports integrated into their provision. This approach provided the basis for the lifecycle approach contained in the national social partnership agreement, Towards 2016.

This new approach was adopted against a backdrop of a growing body of international research, which emphasises the importance of early interventions in securing better longer term outcomes for children. We know prevention and early intervention with children is likely to be most successful when nested within integrated supports for families – to provide parents experiencing difficulties with the personal resources and skills they need and to foster positive family environments in which children can develop and achieve.

The practical application of the lifecycle approach and the related prevention agenda is to be seen in the establishment of the Children’s Services Committees (CSCs). These will be focused on using a streamlined, cross-cutting approach to the design and delivery of services for children and their families across sectoral and agency boundaries.
A National Children’s Strategy Implementation Group (NCSIG) was established at the end of 2006 under Towards 2016 to support these developments. It approved the establishment initially of 4 multi-agency CSCs in the following areas: Donegal County Council, South Dublin County Council, Dublin City Council and Limerick City Council. Ultimately, it is planned that CSCs will be set up in each City/County Development Board area. The CSCs are charged with progressing the implementation of strategic plans and policy documents already devised in relation to children’s services in their respective areas. The aim is to test models of best practice that promote integrated, locally led, strategic planning for children’s services across agencies. Each area is working towards the identification of shared priorities and, in time, an implementation plan for children’s services in the area.

The view of the NCSIG is that the development of CSCs should be locally determined and led within a flexible framework, devised and agreed at national level. We are not asking providers to provide anything new; what we are asking is that they all try to work more effectively, both individually and collectively – i.e. ‘work smarter’.

The Centre for Effective Services

As part of ongoing collaborations with The Atlantic Philanthropies, the OMCYA and the Department of Community, Rural and Gaeltacht Affairs spent some time exploring how Ireland could develop the competencies and capabilities for the design and evaluation of services so as to achieve better outcomes.

One much-discussed issue is how to encourage more of the innovations we have seen and heard discussed at this Forum. A related issue is how can we have confidence that innovations are soundly based? How can we bring research and evaluation to bear on the design of services and the development of practice on-the-ground?

Working in collaboration with The Atlantic Philanthropies and the OMCYA’s counterparts in the Department of Community, Rural and Gaeltacht Affairs, the concept of a Centre for Effective Services is being explored, consisting of a North/South project to be jointly funded by Government and The Atlantic Philanthropies. The purpose of the Centre is to provide coordinated and appropriate scientific, technical and organisational expertise to support full implementation of evidence-based services, with a particular focus on children’s services. We need to build capacity within the system – academic, policy-making and practice capacity – in order to design more effective services that reflect the outcomes we want to achieve, founded on evidence of what we know works.
OMCYA’s purpose in devising the Forum

So why are we all here today? We know change is required and we know some of the things we need to do better. But this project goes beyond the narrow traditional view of statutory child welfare services. What is required is a change in thinking across a wide range of stakeholders. We want to influence that thinking: it is our belief that changes required are less about systems than they are about people. To change thinking, we need to have a vision – a picture of the future. During this Forum, we have had a ‘snapshot’ of what the future might be like. The question we need to ask is, ‘Are we ready for the future?’ Readiness can only be achieved by:

- leadership and good management;
- an approach that takes a long-term view;
- a focus on outcomes, especially long-term outcomes, for children and families.

The projects on view in the Forum Exhibition suggest possible new ways of achieving these outcomes – outcomes which I think we are largely agreed on. The converse of looking at new ways has to be an acknowledgement that we may have to consider stopping doing some things – we need to focus on outcomes and not activities, and we need to base our decisions on data and a real assessment of effectiveness.

Thus, to sum up on the purpose of this Forum from the OMCYA’s point of view, it is:

- to influence thinking;
- to bring service providers together;
- to focus on what is actually happening;
- to challenge existing concepts to see what really works;
- to focus on better outcomes;
- to encourage joined-up thinking and smarter working;
- to encourage evaluation and innovation;
- to discuss among key stakeholders what services should be prioritised in a tight fiscal environment.

The next steps

We know that we need to work smarter and more strategically. We also know that we need to work in ‘ways that work’ – ways in which children and families are at the centre of our service design and delivery. Children and families who need support only care about what works; they do not care who delivers it. We have to join up our thinking about the ‘What?’ and the ‘How?’ of the services delivered for them.

It is our hope that this Forum will help to provide support for the pioneers here today and also cross-fertilise ideas and solutions. We hope that in gathering together innovators and critical thinkers from policy, practice and academia, we can begin to create a ‘critical mass’ around the conditions and relationships we need to foster for the future.
To sum up, the next steps might be:

- Learning to work smarter.
- Reflect now on what we want for the future.
- Ask ourselves what changes we need to make.
- More joined-up thinking – less duplication of services.
- Cross-fertilisation of ideas.
- Decide to work together to improve outcomes through new innovative evidence-based approaches.
- Embrace change and flexibility of services to meet changing demands.

**Conclusions**

While the Forum was all about informing people, what we hope to leave you with are questions – questions about what we have learned here and what it means for our organisations, our professions, our policies, our resource allocation, our services. Following today, reflection is needed. Can we improve our readiness and give leadership for the changes likely to be needed for the future?
Response 1 to Keynote Address:

THE HSE PERSPECTIVE

Hugh Kane
Acting Assistant National Director, Primary, Community and Continuing Care, Health Service Executive

The holistic approach set out in the OMCYA’s Agenda for Children’s Services (2007) places the individual at the centre of policy development and service delivery. This approach provides challenges, particularly at a time when the sector is under some pressure. But in my experience, times such as this can be times of opportunity.

The underpinnings of The Agenda’s approach can be found in the National Economic Social Council’s report, The Developmental Welfare State (NESC, 2005), which introduced the lifecycle concept to the national social partnership agreement, Towards 2016 (Department of the Taoiseach, 2006).

The HSE Transformation Programme (HSE, 2006) fits well with the holistic approach of The Agenda and the lifecycle concept in Towards 2016. It has 6 priorities, namely:

- to develop integrated services across all stages of the care journey;
- to configure Primary, Community and Continuing Care services so that they deliver optimal and cost-effective results;
- to configure hospital services to deliver optimal and cost-effective results;
- to implement a model for the prevention and management of chronic illness;
- to implement standards-based performance measurement and management throughout the HSE;
- to ensure all staff engage in transforming health and social care in Ireland.

I am speaking today from the perspective of children and family services in the Health Service Executive (HSE), which is responsible under the Child Care Act, 1991 and other legislation to promote the welfare of children who are not receiving adequate care and protection. The HSE provides and supports a wide range of services in that regard.

I have been involved in service planning and delivery for more years than I care to remember. I have been part of two major organisational restructurings and have seen various trends and, dare I say, fashions coming and going right back to the 1970s when I worked with Travellers. However, what I always do when I encounter new concepts and ideas in regard to services for children and families (such as the NESC’s ‘tailored universalism’, referred to earlier) is to go back to first principles. Having built a house, I know that if the foundations are not sound the house will fall down.
Our work with children and families should be based on certain ethics or core principles, which are at the centre of all our thinking and actions. If this is the case, then our practice should not go too far wrong. These principles are:

- The inherent worth and dignity of all people and the rights that follow from this.
- Respecting the right to self-determination.
- Promoting the right to participation.
- Treating each person as a whole.
- Identifying and developing strengths.

When I came to consider the focus of this part of today’s deliberations – sustaining and mainstreaming innovative best practice – and the extent to which the services provided by the HSE are supporting the implementation of the National Children’s Strategy (2000) and related policies to improve outcomes for children and young people, I went back to check out my foundations. I compared and contrasted the service characteristics set out in *The Agenda for Children’s Services* with my core principles and I found that they were consistent.

The service characteristics set out in *The Agenda* are:

- connecting with family and community strengths;
- ensuring quality services;
- opening access to services;
- delivering integrated services;
- planning, monitoring and evaluating services.

These service characteristics are entirely consistent with the core principles mentioned above.

**Primary Care Strategy**

The development of Primary Care Teams and Social Care Networks is, again, consistent with the concept of tailored universalism:

- at local level, the Primary Care Team will address the generic needs that we all have;
- where our needs are more complex, the Team will work together on these;
- the Primary Care Team will be supported by colleagues working in the larger area who will provide consultation/service to meet specific needs of clients;
- the key success will be the ability of the Primary Care Team to support families/individuals.

Figures 20 and 21 illustrate how the Primary Care Teams (PCTs) will interact and how the Primary and Social Care Networks (PSCNs) will link PCTs together. Each network will generally support 4 or 5 PCTs and will include a shared pool of specialised resources.
Teams will have core members that interact more frequently and extended members less frequently or as required, but are easily accessible and fully integrated to the PCTs' ‘way of working’. These extended members are typically for specialised services, e.g. orthodontics, psychology/counsellors, addiction, etc.

PCTs and PSCNs are integrated with hospitals, multi-agencies, private providers, voluntary agencies and support groups.
Evidence-based projects for children in care

The HSE has responsibility for 5,300 children and young people who are in our care, in the form of residential and foster care. A small group of these young people need special care and high support because they exhibit behaviour which is challenging to the extent that it can be difficult to ensure their safety and welfare, as well as the safety and welfare of staff and others. An unfortunate reality is that there is a small group that we cannot engage. We try to keep them safe and as they mature, hope for some positive intervention. So far, the focus of care initiatives has been residential:

- **High Support** - 13 units, capacity 85
- **Special Care** - 3 units, capacity 30

It is a huge challenge to devise effective interventions for young people with established patterns of anti-social behaviour.

At a service planning and delivery level, and thinking in terms of best outcomes that promote a ‘whole child’ approach, it is clear from extensive research that a residential care model that brings together children with challenging behaviour is placing considerable obstacles in the path of successful outcomes. Evidence-based research has shown that there is a more effective care and treatment model for children with challenging behaviour. This model is community-based, has a whole child perspective, is strengths-based and is responsive to the needs of the young person.

The model I am referring to is Multidimensional Treatment Foster Care (MTFC). This programme was developed in the early 1980s as an alternative to institutional, residential and group care placements for boys with severe and chronic criminal behaviour. Subsequently, the MTFC model has been adapted for and tested with children and adolescents with severe emotional and behavioural disorders, with girls referred from juvenile justice for severe delinquency, and with youths in regular State-supported foster care. We have 2 programmes underway, one in the Midlands and one in Dublin North. Two more are at planning stage, with a target to have 10 programmes ultimately.

Besides MTFC, the HSE has a range of other evidence-based projects in place:

- Family Support;
- Neighbourhood Youth Projects;
- Youth Advocacy Programmes;
- Family Resource Centres;
- Community-based Wrap-around Supports.
Many interventions that we know work well are not ‘rocket science’. Examples include:

- provide access to good pre-school services;
- provide basic support inputs to families at appropriate times;
- make sure children are up for school;
- make sure children are fed.

We all know the longer you are at school, the outcomes improve:

- for older children – after-school clubs are helpful;
- practical/fundamental inputs make a huge difference.

**Interagency working as supported by OMCYA**

Children’s Services Committees are currently being piloted in 4 areas and can have a significant impact at a policy level, at a planning level, at community level and at individual/family level. We all know this. However, as individuals and agencies, we all must step up to the plate:

- we must take responsibility to ensure things happen;
- we must get around the table and agree who will lead and how we all will support the agreed actions.

The HSE is supporting its staff who are members of these Children’s Services Committees through a development programme. We are preparing to expand the number of HSE areas where these committees will operate.

**The challenge**

The challenge for practitioners and organisations alike in my view can be summed up as follows:

- In all human behaviour, we operate within fixed systems and patterns.
- We are comfortable in this space.
- Why do we continue to repeat patterns and actions that have not resulted in best outcomes?
- Let us agree on what has not worked and STOP doing these things.
- We know what works, even without the evidence sometimes, so DO these things.
- If all of us could leave today agreeing to do this, a positive change will occur.
Response 2 to Keynote Address:

SUSTAINING QUALITY PREVENTION PROGRAMMES IN COMMUNITIES

Daniel F. Perkins
Professor of Family and Youth Resiliency and Policy,
Prevention Research Center, Penn State University, Pennsylvania

The work of implementing evidence-based programmes with quality and fidelity is hard work, which takes time and commitment. Moreover, sustaining those programmes with high quality and fidelity means that we need to be prepared for a marathon, not a sprint. The challenges are keeping the programme implementers from drifting and adapting the programmes so much that they no longer include the core elements that made that programme successful.

Prevention is a young, but strong field, with two decades of rigorous scientific research informing our knowledge of epidemiology, etiology, methodology and prevention practice. Indeed, the past 20 years have seen major advancement in our understanding of what it takes to prevent problem behaviours in children and youth and what it takes to foster positive development. Currently, there are over two dozen programmes from around the world that have been proven effective in well-designed studies and through the gold standard of randomised controlled trials. One thing that has not been accomplished is that most of those programmes still need to be independently evaluated. Reviews of these programmes are now widely available.

This work is a marathon because the challenges require persistent attention and thoughtful action. The three major challenges to this work are:

- to implement programmes with high quality and fidelity;
- programme integration with ongoing programmes;
- building sustainability of these evidence-based programmes, practices and policies (i.e. transforming these evidence-based programmes into standard operating procedures for the organisation).

Thus, like a marathon, this kind of work requires stamina and long-term commitment to change.
Implementing programmes with high quality and fidelity

Evidence-based programmes are most effective when they are implemented with high fidelity and quality. Fidelity means that the practitioners implementing the programme use all the core intervention components skilfully. Quality relates to how the programme is delivered. There is strong research to support the value-added element of enthusiasm when implementing with fidelity evidence-based projects and programmes. Thus, the outcomes are even better when the programme is implemented with quality and enthusiasm.

For example, Figure 22 examines the effects of levels of quality and fidelity on implementation of the Midwestern Prevention Project. It is seen that not only do the Control and Low Implementation (low fidelity and quality) groups fare worse than the High Implementation group, but the Low Implementation group has the highest increase in marijuana use from the base year to the end of Year One (an even higher percentage than the Control group). Thus, as Figure 23 shows, not only might you get little effect, but you may actually do more harm than good. The message is, therefore, implement it with high fidelity and quality, or do not implement it at all.

Figure 22: Effects of fidelity on implementation of Midwestern Prevention Project re. marijuana used in last month (n = 42 schools*)

*Approximately 5,000 6th and 7th grade students at baseline and follow-up.

Source: Pentz et al (1990)
Building and maintaining sustainability

Concurring with the literature, our experiences in moving evidence-based programmes to being sustained and maintained indicate that there are at least 7 factors that influence their sustainability:

- Change is a challenging process and requires sufficient attention and planning upfront before implementation begins. Recent data indicate that those who spend time pre-planning have higher implementation quality and fidelity than those who just move into implementation.

- Administrators have a key role to play in promoting quality implementation. For example, data from several studies of PATHS (a school-based violence prevention programme) indicate that the School Principal’s level of knowledge and enthusiasm towards the programme influenced the outcomes. All students significantly improved, but students did even better in schools where the Principals were highly engaged in the programme and promoted its use.

- Programmes increase their likelihood of success if they are implemented with high quality and fidelity in a few places first and then expanded. Start small and implement with high quality and fidelity. (To reiterate the analogy, if you run at a sprint in a marathon, you will never make the finish line.)

- Spend time explaining the theory of change and providing evidence of how the programme meets practitioners’ needs. This is likely to increase buy-in and enthusiasm.

- Provide ongoing mechanisms for help or technical assistance. Because the


Figure 23: Effects of fidelity on implementation of Life Skill Training Programme re. alcohol

6 year follow-up data:
Baseline data: N = 5,954, 7th Grade Students (56 schools)
Full Experimental Group N = 3,597, 12th Grade Students (60% of baseline sample)
High Fidelity Group N = 2,752
work of implementing evidence-based programmes in the real world is very
difficult work, there is a need for practitioners and researchers to provide help
to each other. Systematic technical assistance mechanisms are an important
part of keeping everyone on track with high programme implementation (this
really points out the importance of the newly developed Centre for Effective
Services). One mechanism that we have found useful in our experience with
conducting similar efforts in the USA is establishing ‘learning communities’.
These provide an ongoing venue for capturing and sharing the accumulated
knowledge practitioners and researchers gain in the process of engaging in a
comprehensive prevention effort. This model further empowers a peer support
network for each other and encourages the development of field-initiated
expertise.

- Sustainability is a process – at no point does one get to say, ‘We have reached
  sustainability, our work is done’. This is a marathon relay race. In order to
  continue to improve the well-being of children, all must continue to implement
  with high fidelity and quality, and guard against adaptations (especially those
  that change the core elements) that dilute impact.

- For these efforts to take hold in our community and receive the necessary
  advocacy to continue, we need to engage parents, community leaders and
  others in these efforts. We must be deliberate in building a cadre of local
  champions to assist us with moving these programmes from ad hoc efforts to
  standard operating procedures.

Finally, three characteristics have been found to influence sustainability: expertise
on teams, sustainability attitudes and funding plans. Figure 24 shows the
correlation between these characteristics and money raised per youth to sustain
the programme. Thus, team members’ expertise in implementing programmes
was highly correlated with sustainability of the programmes three years later.
Moreover, team members’ positive attitudes that they could achieve sustainability
were highly correlated with sustainability (another example of the importance of
enthusiasm). Furthermore, planning early on for sustainability was significantly linked
to sustainability.
Figure 24: Correlations between sustainability planning and money raised (per youth)
WORKSHOP REPORTS

The following pages contain brief summaries of each of the 7 Workshop Groups that took place during the Forum. Please note that the CD accompanying this report contains details of all workshop presentations, including PowerPoint presentations where provided by presenters.

Workshop 1: Early years

Why is investment in early years of vital importance in improving the life chances of children? Where is this investment happening in Ireland at present – and how is it drawing on evidence of best practice in its design and implementation?

Chair:
Heino Schonfeld  
Director, Centre for Early Childhood Development and Education

Presenters:
Siobhán Fitzpatrick  
Chief Executive, Early Years, Northern Ireland
Louise Warde-Hunter  
Head of Policy Division, Department of Education, Northern Ireland
Catherine Hynes  
Principal Officer, Department of Education and Science

MAIN DISCUSSION THEMES

1. Child-centred services
- Policy shift to include meeting children’s developmental needs
- Public investment to achieve better outcomes for children
- More parental involvement in services

2. Programme quality
- Programme quality is essential to secure better outcomes for children
- A definition of quality has to go beyond mere health and safety standards
- Implementation of Síolta and the forthcoming Early Years curriculum

3. Workforce quality
- The importance of well-prepared and qualified practitioners was emphasised
- Implementation of the forthcoming National Childcare Training Strategy
- Continuing professional development and support/mentoring

4. Shared responsibilities
- A more informed public discourse around childcare/early childhood education
- A partnership approach to policy-making and service delivery
- Public funding creates responsibilities for service providers
**Workshop 2: Youth mental health**

Growing evidence of high incidence of mental ill-health among young people has stimulated community-based responses in recent times. What are the promising models emerging and how should they be designed to meet the specific needs of young people?

*Chair:*

**Deirdre Mortell**
Co-Founder, One Foundation

*Presenters:*

**Tony Bates**
Chief Executive, Headstrong

**Martin Rogan**
Assistant National Director, Health Service Executive

**Context**

- The importance of early recognition/identification
- 15-18 year-old age group in greatest need – many inappropriate referrals being made in this age group
- Medicalisation of mental health discourse – needs reframing to allow people to seek help for themselves and their children without incurring stigma or feelings of being ‘wrong’
- Fixing the problem outside of its context and returning the person to the same context is not effective – more of the same won’t work

**Solutions**

- Need to be multifaceted and, in particular, requires a joining-up of services across mental health, child welfare, youth justice and other youth and social services
- More innovative approaches, e.g.
  - Building resilience by early support services – recognise and support the organic sources of support, including peer and community-based resources
  - Web-based resources
- Be clearer on type of admissions being made – short (crisis management or place of safety-type admissions) or longer term for treatment.

**Issues**

- How to mainstream effective pilots and especially to guard against losing the ‘soft’ elements that made them effective in the first place?
- Need to re-organise resources to achieve desired outcomes, which includes the engagement of business and local fund-raising
- Governments want to deliver results. Communities want solutions that solve problems. The business model can deliver both at a reduced cost per person if inappropriate referrals are taken out of the process
Workshop 3: Supporting local integration – Engaging providers

Achieving outcomes for children requires providers to work holistically and provide joined-up services, transcending agency and funding boundaries. Can joined-up policy achieve joined-up implementation? Can a shared Agenda for Children’s Services work in practice? What are the barriers to success in this new way of working and what are useful models?

Chair:
Liz Canavan  Principal Officer, Office of the Minister for Children and Youth Affairs

Presenters:
Sheelin McKeagney  Board member, Together4All, Northern Ireland
Marian Quinn  CEO, Tallaght West Childhood Development Initiative
Brendan Kenny  CEO, Limerick Regeneration

MAIN DISCUSSION THEMES

1. Getting integration working is a complex interplay between:
   - policy
   - structures
   - governance and accountability arrangements
   - activities
   - behaviours

2. What helps?
   - Vision – leadership and top-to-bottom organisation commitment to what we are trying to achieve and accountability for it
   - Outcomes framework – where all the players can buy into and agree what it is we are trying to achieve
   - Behaviour/cultural – focus on making and maintaining relationships; challenging and being challenged and constant reflection on what we are trying to achieve and whether we all agree on the way forward
   - Practical/Activities
     - as much local determination as possible – decision-making closest to service;
     - planning together/jointly;
     - information as a tool to support and unite efforts around the key issues;
     - recognising capacity-building for this kind of work is needed for dealing with resistance to change and the status quo, for networking and for reflection/reflective practice.

3. Context is important
   - Community engagement is connected and relevant to provider engagement
   - Dynamic reflective approach is crucial
Workshop 4: Local engagement – Communities and families

How do we build on the innate resilience of children, their families and communities? Can engaging on a ‘strengths’ basis and building community and family capacity influence the success of interventions? What models of engagement with families and communities work?

Chair:
Pat Dolan  Director, Child and Family Research Centre, National University of Ireland, Galway

Presenters:
Eleanor McClorey  CEO, youngballymun
Sean McDonnell  Research and Training Manager, Archways
Nuala Magee  CEO, Together4All

MAIN DISCUSSION THEMES

1. Why is family/community engagement important?
   - Strong relationships with families and community groups are key to assisting prevention and intervention programmes
   - Community involvement is essential in building ‘identity’ and to openness and accountability
   - A vibrant and diverse community with different personal, organisational and community cultures is important

2. How should family/community engagement happen?
   - The idea of a ‘learning community’ is key – i.e. harnessing diverse skills, knowledge and energy to achieve outcomes
   - Consultation with communities and families – including reflective practice – should be an essential part of service design and development
   - It is important to work collaboratively with families and always be respectful – tactics include collaboratively establishing rules and parameters, regular follow-up contact

3. ‘Community’ is more than geographical
   - It also includes the community of services, e.g. the HSE
Workshop 5: Evaluation/measuring success

Measurement of progress in implementation and evaluation were seen as ‘nice to do’ and not considered as part of programme design. Now, more and more services are drawing on the results of robust evaluation as a basis for programme design. How are best practice services incorporating evaluation thinking into the way they conceive, design and implement services? How can mainstream services incorporate this thinking to improve quality and effectiveness?

Chair:
Roger Courtney Consultant, Courtney Consulting

Presenters:
Mark Dynarski Vice-President, Mathematica
Marjorie Smith Co-Director, Thomas Coram Research Unit
Sean Redmond Director of Community Programmes, Irish Youth Justice Service

MAIN DISCUSSION THEMES

- Evaluation should assist in ‘improving’ as well as ‘proving’ the concept of engaging families and communities
- There needs to be a clear understanding of what randomised controlled trials (RCTs) can do and not do, and the need to combine RCTs with process evaluations
- Finding that a programme does not have a positive impact (i.e. ‘failure’) is a successful result of the evaluation and one to be disseminated
- The results of evaluation are perceived differently by different people
- Need to find ways of ensuring that people delivering programmes feel positively engaged with evaluation (and service design)
- You cannot manualise enthusiasm! Bringing programmes to scale means to maintain the ‘specialness’ and enthusiasm to deliver effectively

DISCUSSION POINTS

- Evaluation is an ongoing process of improvement
- There is no one way to evaluate, but a family of tools exist – it is a hierarchy, with RCTs at the top
- RCT should be the final step in evaluation. Programme should be working before RCT kicks in
- How can evaluation be employed to engage front-line staff?
Workshop 6: Sustainability and mainstreaming

No matter how excellent in themselves, individual initiatives that serve small numbers of children and families may have limited impact on the mainstream and may not be sustainable once funding runs out. What are the challenges to mainstreaming good ideas that work and what strategies for mainstreaming are most promising?

Chair:
Lynda Wilson  
Director, Barnardos, Northern Ireland

Presenters:
Tony Crooks  
Former CEO, Pobal
Daniel F. Perkins  
Professor of Family and Youth Resiliency and Policy,  
Penn State University, Pennsylvania

MAIN DISCUSSION THEMES

1. How to achieve sustainability and mainstreaming
   - Critical twin factors – a rigorous business plan outlining return on investment for private sector and an alignment with Government policy, existing and emerging
   - Should not duplicate work being carried out elsewhere
   - Engage Government stakeholders from the outset
   - Be realistic - sustainability or mainstreaming may not be achievable in the pure sense
   - Sustainability may be a relay of linked funding and policy agendas rather than reaching an ultimately secure position. If this perspective is the more likely, adjustments in planning, project construction, etc. are required
   - Do not underestimate the challenge – things go well when there is money and control

2. What is sustainable and how it is sustained?
   - Fidelity to the belief and vision is key, making whole system change happen – don’t pick parts of the systems
   - Technical assistance is a critical component, as is team functioning and coordination
   - Lose the vision and what is sustained is not worth having
   - Sustainability is as much about the thinking as the specific model or project

3. Learning to date
   - Projects need a champion within the system
   - Time lag involved in getting projects through the system – from pilot to general implementation
   - Integrity of programmes must be maintained – risk of changing a programme to ‘fit’ the funding
Workshop 7: Service design and development

More and more organisations represented at the Forum are using evidence of need and what works to shape the services they offer. How do they do this in practice? What are the challenges in marrying high-quality service design with delivery to clients? How do service design and good evaluation practices work together?

Chair:
Noel Kelly  
Manager, Northside Partnership Preparing for Life (PFL)

Presenters:
Graeme McKimm  
Education Manager, Business in the Community, Northern Ireland

John Canavan  
Associate Director, Child and Family Resource Centre, National University of Ireland, Galway

Ann Stellenberg  
Programme Manager, youngballymun

MAIN DISCUSSION THEMES

1. Positives

- Building ownership of strategy/programme through the service design process
- Engagement with good service design slows down desire to jump straight to intervention, without planning and reflecting
- Service design builds the foundations that facilitate the effective delivery of programmes
- Service design approach can be effectively applied to existing programmes and the learning from service design and evaluation helps guide future practice
- It is important to have a balance between designing programmes to meet needs and designing programmes to facilitate effective evaluation

2. Learning

- There is a need for piloting of new initiatives (even evidence-based ones) to develop programmes, take account of local circumstances and report to local needs (12-month bedding-in period suggested)
- Service design facilitates front-line staff training
- Logic model approach now being applied to other areas of organisations that have been through the service design process
3. Challenges/Questions

■ Does emphasis on evaluation run the risk of the ‘evaluation tail wagging the intervention dog’?
■ Purpose of evaluation should be more to improve rather than to prove
■ What will happen to all the learning from the programmes? Role of Centre for Effective Services?
■ Can evaluation have a negative effect on programmes’ chances of success?
■ What happens if results do not indicate desired outcomes?
■ Need for good baseline evidence to be collected in advance
Selected References


Forum on Prevention and Early Intervention for Children and Youth
APPENDICES

Appendix 1: Prevention and Early Intervention Programme for Children

Background

A growing body of international research emphasises the importance of early interventions in securing better longer term outcomes for children. For children disadvantaged by background or family circumstance especially, positive supports provided in the very first years positively impact life chances by promoting child emotional and physical development. Prevention and early intervention with children is likely to be most successful when nested within integrated supports for families – to provide parents experiencing difficulties with the personal resources and skills they need and to foster positive family environments in which children can develop and achieve.

Following approaches from The Atlantic Philanthropies, the Government agreed to the establishment of the co-funded Prevention and Early Intervention Programme for Children in February 2006, with the aim of examining innovative methods for helping children who are risk of social disadvantage and poverty.

Prevention and Early Intervention Programme for Children

The Office of the Minister for Children and Youth Affairs (OMCYA) is managing and overseeing the programme, which will run for an initial 5-year period and has a fund amounting to €36 million in total. €18 million of this is being provided by Government and €18 million is being provided by The Atlantic Philanthropies.

Initially, the programme is focusing on a small number of projects in severely disadvantaged communities. The particular areas identified have a very strong level of community development, where there is a real impetus to improve outcomes for disadvantaged children. The 3 projects funded under the programme are:

- Childhood Development Initiative – A Place for Children in Tallaght West;
- Preparing for Life – Northside communities of Belcamp, Darndale and Moatview;
- youngballymun.

In general, service implementation for the 3 projects will typically require action among a range of local service providers in collaboration with their local communities. This means a range of statutory and non-statutory agencies working across sectors and collaborating in both service design and interagency delivery.

The intention is that the learning from these projects can be benchmarked and evaluated, thus providing an important input to policy and service development.
Learning will be captured both in terms of what works (the services and interventions that lead to better outcomes for children) and why it works (in terms of the processes that contribute to successful outcomes). The latter includes learning about how services are best designed, offered, organised and integrated, and the effect of community input to their commissioning and ongoing review. If these projects prove successful, the results may provide the basis for enhanced resource allocation processes and policy changes that will improve the outcomes for every child in Ireland.

**Childhood Development Initiative – A Place for Children in Tallaght West**

The Childhood Development Initiative (CDI) Audit of Services in Tallaght West (2005) and the How are our kids (2004) reports considered the extent to which services currently available in Tallaght West met the needs of the community. In 2005, CDI published a 10-year strategy aimed at improving the health, learning and safety of children in Tallaght West and to increase their sense of belonging to their community. The CDI approach encompasses the following activities:

- providing early childhood care and education for all children in Tallaght West;
- integrating services in schools and child and family centres in the four communities;
- developing new services targeted at the identified needs of children;
- working together to improve the quality of existing service provision;
- advocating to reduce stresses on children and families;
- evaluating what works and applying that learning.

**Preparing for Life – Northside communities of Belcamp, Darndale and Moatview**

Preparing for Life (PFL) is focused on getting disadvantaged children ready to be able to benefit from school by the age of 5. This initiative will target 140 children (prenatal to age 5) and their families to improve the well-being and behaviour of these children, particularly their health, education, personal competencies and relationships. PFL taps into existing resources and is based on addressing the needs of the children at each stage of their development; working with parents as the children grow; and conducting rigorous evaluation to discover what works. To evaluate what works, two service packages will be offered on a random allocation basis: 70 parents will receive intensive support via mentors and will participate in a programme of parent training, while the other 70 will have the services of a family support worker. All parents will benefit from enhanced pre-school and related services.

**youngballymun**

The objective of the Ballymun Development Group for Children and Young People in its youngballymun initiative is to put in place structures, delivery mechanisms and funding arrangements for the successful implementation of a comprehensive 10-year plan of action (2006-2016) for the children and young people of Ballymun.
The objective of *youngballymun* is to improve the outcomes for children and young people through adopting a dynamic and iterative approach to child development. Three key transition points have been identified for interventions – at the ages of 0-4, 5-11 and 12-18 years. Six outcome clusters have been identified: cognitive and non-cognitive skills; mental and physical health; safety; and a positive attitude and disposition to life. The activities to support the achievement of these outcomes are currently being developed by *youngballymun*.
Appendix 2: Biographies of speakers at Forum

Minister Barry Andrews was born in May 1967 and educated at Blackrock College, Dublin. He completed a Masters degree in History at University College Dublin in 1990 and became a secondary school teacher, teaching History for seven years in Ballyfermot Senior College, Sutton Park School and Bruce College. He qualified as a Barrister in 1997 and practised at the Bar until July 2003. He entered politics in 1999 and was elected to Dun Laoghaire/Rathdown County Council by the Blackrock Ward area. In May 2002, he was elected to represent the people of the Dun Laoghaire constituency as their TD in Dáil Éireann. In September 2002, he was appointed Convenor of the All-Party Education and Science Committee. In November 2004, he was appointed Vice-Chairman of the All-Party Committee on European Affairs. In October 2007, he was appointed Chair of the Joint Administration Committee. He was appointed as Minister for Children and Youth Affairs in May 2008.

Marcia Smith is Vice-President of The Atlantic Philanthropies. In addition to serving as a key member of Atlantic’s senior management team, Marcia oversees Atlantic’s programmes on Disadvantaged Children and Youth, and Population Health. She has a long and diverse history of working for change in the lives of disadvantaged and vulnerable people. Prior to joining Atlantic earlier this year, she was President of Firelight Media, an independent not-for-profit documentary film production company. Before that, she served in a variety of leadership positions at the Ford Foundation and in senior positions in New York City government. Educated at Brown University, Smith holds a degree in the self-designed major ‘Media and Social Education’ from Emerson College (1980) and a Masters degree in Social Research from Hunter College, City University of New York (1985).

Owen Keenan is Founder and Managing Director of Middlequarter Consultancy Limited, an independent consultancy that specialises in providing strategic advice and support to private, philanthropic and non-profit organisations both in Ireland and internationally. Originally trained as a social worker, Keenan has had a 30-year career in positions of non-profit leadership, including as Chief Executive of Barnardos in Ireland (1990-2005). He has also been active at an international level. He currently sits on the Boards of several organisations, including the Centre for Effective Services, the Children’s Research Centre at Trinity College Dublin, and the Dartington Social Research Unit (UK).

Sharon Ramey is the Founding Director (along with Dr. Craig Ramey) of the Georgetown University Center on Health and Education and the Susan H. Mayer Professor of Child and Family Studies. She holds a Ph.D. in Developmental Psychology from the University of Washington. As a developmental scientist, she studies children’s intelligence and well-being, early experience and early intervention, pregnancy outcomes and innovative treatments for children with disabilities. Drs. Sharon and Craig Ramey have launched a large-scale programme of randomised clinical trials that test the efficacy of professional development designed to promote teaching excellence and raise student achievement. Dr. S. Ramey has written more than 200 scientific papers and 7 books (2 of which became television series for parents and teachers in the USA).
Suzanne Connolly is the Director of Children's Services at Barnardos since September 2001. She is responsible for the strategic development of Children's Services, with a particular emphasis on delivery of needs-led and outcomes-focused services, and has a specialist interest in the provision of child protection and family support services with multi-ethnic/racial communities. She has previously worked as a social worker in Children's Services London, in the Boroughs of Southwark and Hounslow, and in Toxteth, Liverpool. She has a BSS CQSW and MSc in Systemic Management, Practice Teacher Award (CCETSW) and is currently undertaking a MA on 'Consultation and the Organisation' with the Tavistock Clinic in London.

Paul Connolly is Professor of Education at Queen's University Belfast and Director of the Centre for Effective Education (www.qub.ac.uk/cee) at the Queen’s Centre for Educational Research. He is the founding Editor of a new peer-reviewed international research journal, to be published by Routledge from 2009, entitled Effective Education and his Centre is currently running a number of large-scale randomised controlled trials. He is also Director of a major new interdisciplinary initiative called Improving Children’s Lives being established at Queen's University, with an initial investment of £2.1 million. It aims to develop an approach to the design, delivery and evaluation of children's services that is outcomes-focused, evidence-informed and children’s rights-based. For more information on his research and publications, see www.paulconnolly.net.

John Dunne is Chairperson of youngballymun and a Director of the Irish Youth Foundation. He is a former Chief Executive of the National Youth Federation (now Youth Work Ireland) and is currently Chief Executive of Chambers Ireland, the Irish Chamber of Commerce network.

Sylda Langford is Director General of the Office of the Minister for Children and Youth Affairs since December 2005. Prior to this, she worked in the Department of Justice, Equality and Law Reform for nine years. She previously worked in the Department of Social Welfare, Office of the Ombudsman and the Eastern Health Board. She has a background in social policy and social work, and is a graduate of University College Cork and the London School of Economics.

Hugh Kane is the Acting Assistant National Director, Primary Community and Continuing Care, Health Service Executive (HSE) Dublin Mid-Leinster Area, with responsibility for children and families and palliative care nationally. He has worked in the health services since 1980. He joined the management team of the former South West Area Health Board and became Deputy Chief Executive Officer in late 2003, with responsibility for community care, special hospitals and some acute services. In 2006, he took up the post of Local Health Manager, HSE Wicklow, with regional lead responsibility for disability services, children and families, and oral health.
Daniel F. Perkins is Professor of Family and Youth Resiliency and Policy at Penn State University, Pennsylvania, USA. His scholarship involves the integration of practice and research into three major foci: positive youth development, healthy family development and community collaboration. Dr. Perkins has a particular interest in examining the transitioning of evidence-based programmes tested in tightly controlled environments to their large-scale expansion into real-world settings.

Dermot McCarthy is Secretary General of the Department of the Taoiseach and Secretary General to the Government of Ireland. He previously served as Assistant Secretary in the Department of the Taoiseach, with responsibility for the Economic and Social Policy Division, following service in the Department of Industry and Commerce and the Department of Health. He is also Chairperson of the National Economic and Social Council.
## Appendix 3: List of participants at Forum

Participants are arranged alphabetically by surname.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Kelda Barnes</td>
<td>Northside Partnership Preparing for Life (PFL)</td>
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<tr>
<td>Gillian Barwise</td>
<td>Office of the Minister for Children and Youth Affairs (OMCYA)</td>
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<td>Tony Bates</td>
<td>Headstrong</td>
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<td>David Begley</td>
<td>OMCYA</td>
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<td>Gail Birkbeck</td>
<td>The Atlantic Philanthropies</td>
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<td>Fergal Black</td>
<td>Health Service Executive (HSE)</td>
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<td>Siobhan Bradley</td>
<td>Dublin Institute of Technology</td>
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<td>Joan Broder</td>
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<td>Vicky Brown</td>
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<td>Lynn Brown</td>
<td>Together4All</td>
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<td>Aidan Browne</td>
<td>Children Acts Advisory Board</td>
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<td>Brendan Buggy</td>
<td>Department of the Environment, Heritage and Local Government</td>
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<td>Carmel Burke</td>
<td>Mayo Women’s Support Services</td>
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<td>Sean Campbell</td>
<td>Foróige – Big Brother/Big Sister</td>
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<td>Jordan Campbell</td>
<td>Philanthropy Ireland</td>
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<td>John Canavan</td>
<td>National University of Ireland, Galway</td>
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<td>Elizabeth Canavan</td>
<td>OMCYA</td>
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<td>Louise Carroll</td>
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<td>National University of Ireland, Maynooth</td>
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<td>Paul Connolly</td>
<td>Queen’s University Belfast</td>
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<td>Louise Connolly</td>
<td>St. Ultan’s Cherry Orchard</td>
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<td>Madeleine Connolly</td>
<td>Tallaght West Childhood Development Initiative</td>
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<td>Suzanne Connolly</td>
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<td>Roger Courtney</td>
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<td>Tara Cunningham</td>
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<td>Patricia Del Grosso</td>
<td>Mathematica Policy Research, Inc.</td>
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<td>Clare Devlin</td>
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<td>Loreto Douglas</td>
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<td>Marie Dullea</td>
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<td>John Dunne</td>
<td>youngballymun</td>
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<td>Declan Dunne</td>
<td>youngballymun</td>
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<td>Mary Early</td>
<td>Department of Community, Rural and Gaeltacht Affairs</td>
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<td>Beth Fagan</td>
<td>National College of Ireland Flagship (Early Years)</td>
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<td>Eamonn Farrell</td>
<td>HSE Longford/Westmeath</td>
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<td>Joanne Farrell</td>
<td>Extern, Treo Nua – Multidimensional Treatment Foster Care</td>
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<td>Margaret Finch</td>
<td>North Kerry Together</td>
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<td>Siobhan Fitzpatrick</td>
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<td>Sabrina Fogarty</td>
<td>South Dublin County Council</td>
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<td>Jane Forman</td>
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<td>Siobhan Greene</td>
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<td>Sheila Greene</td>
<td>Trinity College, Dublin</td>
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<td>Irene Gunning</td>
<td>IPPA – The Early Childhood Organisation</td>
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<td>Jacqui Gury</td>
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<td>John Hayes</td>
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Appendix 4: Exhibitors at Forum

Archways – The Incredible Years: Developing a mainstream intervention for children aged 3-11 with emotional and behavioural difficulties.
Website: www.archways.ie

Barnardos: Supporting organisational development and the development of outcomes-focused and evidence-based children’s services.
Website: www.barnardos.ie

Barnardos Brighter Futures Centre: A new innovative centre in Knocknaheeny, Co. Cork, which will offer high-quality early years and pre-school services to toddlers and pre-school children, and support programmes to school-age children and parents, with the specific aim of improving educational outcomes for children in the area.
Website: www.barnardos.ie

Brook Belfast: Supporting the development of a sexual health outreach service in Belfast, the opening of a new clinic in Coleraine and the carrying out of an evaluation.
Website: www.brook.org.uk

Business in the Community, Northern Ireland: Evaluating Business in the Community’s ‘Time to Read’ programme, a school-based literacy mentoring scheme.
Website: www.timetoni.com

Cooperation and Working Together (CAWT): A partnership arrangement that facilitates collaborative working between health and social care organisations and staff on a cross-border basis.
Website: www.cawt.com

Cherishing All Children Equally – St. Ultan’s: Aims to provide an ambitious integrated model of education and care for the children and families of Cherry Orchard, from infancy to Leaving Certificate.

Children’s Law Centre (CLC): Seeks to improve the lives of children by using the law to deliver their rights through strengthening CLC’s Advice Line for Kids and Youth (CHALKY).
Website: www.childrenslawcentre.org

Children’s Services Committees: Initially, four multi-agency Children’s Services Committees (CSCs) have been established in the following areas: Donegal County Council, South Dublin County Council, Dublin City Council and Limerick City Council. The aim is to test models of best practice that promote integrated, locally led, strategic planning for children’s services across agencies.

Early Learning Initiative – National College of Ireland: A community-based educational initiative aimed at addressing educational disadvantage through the provision, from birth, of an integrated programme of activities, training and supports for children, their parents and families, and child care/education providers.

Early Years: Supporting the evaluation, by randomised control, of three services for 0-6 year-olds on the island of Ireland. These services are focused on eagerness to learn, physical and emotional health, and respecting difference.
Website: www.early-years.org

Foróige – Big Brother/Big Sister (BBBS): Community-based and school-based youth mentoring programmes for young people at risk.
Website: www.bbbs.ie

Headstrong: Youth mental health and well-being services.
Website: www.headstrong.ie

HSE Longford/Westmeath – Lifelong solutions: Aims to strengthen children’s resilience by delivering developmentally sequenced, evidence-validated programmes through themed interagency partnerships.

Lifestart: Supporting an evaluation of the Lifestart home-based parenting and child development programme by randomised controlled trials.
Website: www.lifestartfoundation.org

Northside Partnership Preparing for Life (PFL): Aims to get disadvantaged children ready for school through a targeted initiative for children from pre-natal through to age 5.
Website: www.preparingforlife.ie

Rialto Out-of-School Programme: Aims to increase the quality and capacity of out-of-school services in the Rialto and Fatima areas of Dublin’s inner city.
Website: www.frb.ie

Tallaght West Childhood Development Initiative (CDI): Developing five new services for children, designed to lead to better outcomes for children and promote community engagement and cross-agency working.
Website: www.twcdi.ie

Together4All: Aims at improving children’s outcomes in the Lurgan/Brownlow area of Northern Ireland through new services addressing behavioural issues, bullying and mutual respect.
Website: www.together4all.org
**Treo Nua – Multidimensional Treatment Foster Care:** An evidence-based community programme that has positive outcomes for young people and their families. It offers a high-support fostering programme for young people, aged 12-17 years.

**youngballymun:** Developing six key services that cater for age groups from pre-birth through to young adults, with the aim of improving outcomes for children and young people, and promoting community engagement and cross-agency working. Website: www.youngballymun.ie