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Understanding Prevention and Early Intervention as Public Policy: A Comparison of Policies and Programmes in Ireland

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Executive Summary

Despite the myriad of interventions supported by governments, international organisations and philanthropic organisations, enthusiasm for prevention and early intervention policies and programmes is often at a general or abstract level and can wane when confronted with the reality of implementing effective policies.

This paper compares a range of key prevention and early intervention policies and programmes in Ireland to examine the extent to which a general understanding of prevention and early intervention reflects the reality of designing and implementing effective policies and programmes.

A general understanding of prevention and early intervention is based on common sense (act to prevent a challenge from emerging or worsening) to which more formal approaches emphasise the role of experts and how they can act in ways that are likely to deliver desired policy outcomes. It may be characterised as a set of:

- top-down policies and programmes
- informed by evidence of what works
- that provide the individual with an almost immediate benefit of avoiding (serious) harm.

When account is taken of the reality of designing and implementing such policies and programmes (in the areas of health and children, young people and their families), this paper finds that:

- While government departments play a key role, they are not the sole source of ideas, expertise and resources for such policies and programmes and they operate in a context of strong expectations of engagement with local level stakeholders.
- While evidence demonstrating what works is at the core of efforts to design and implement such policies and programmes, in a context of complex policy challenges and complex policy interventions, familiar rigorous evaluations (e.g., Randomised Controlled Trials (RCT)) may not be available or appropriate and policy makers may need to rely on evidence derived from more incremental approaches that are focused on achieving a better understanding of the policy challenge and the factors that influence it.
- While these policies and programmes are associated with an almost immediate benefit of avoiding (serious) harm, such benefits may take some time before they are realised, extend beyond the individual to society more generally and may also include the promotion of factors that support an individual's development rather than simply the avoidance of harm.

Given complex policy challenges involving complex interventions, informed and long-term commitment to such policies and programmes requires an openness about the limits of what is known, what can be done and what can be achieved.

1. Introduction[1]

The purpose of this paper is to examine the extent to which a general understanding of prevention and early intervention reflects the reality of designing and implementing effective policies and programmes. This is an important question because, despite the long-standing appeal of prevention and early intervention, and the myriad of interventions supported by governments, international organisations and philanthropic organisations, enthusiasm for prevention and early intervention policies and programmes is often at a general or abstract level and can wane when confronted with the reality of implementing effective policies.[2]

As a phrase, prevention and early intervention may not necessarily trip of the tongue but people tend to have a sense of what is meant by such policies and programmes. Typically, immunisation comes to mind and as an example of this type of public policy it fits reasonably neatly within a general understanding of prevention and early intervention as a set of:

- top-down policies and programmes
- informed by evidence of what works
- that provide the individual with an almost immediate benefit of avoiding (serious) harm.

This general understanding is, in part, based on a long-standing common sense perspective of how acting early can contribute to preventing a challenge from emerging or worsening and is perceived to be cheaper and more efficient (the familiar idioms "prevention is better than cure" and "a stitch in time saves nine").[3] More formal approaches to defining prevention and early intervention build on this common sense foundation by emphasising the role of experts and how they can act in ways that are likely to deliver desired policy outcomes.[4]

In order to examine the extent to which this general understanding reflects the reality of designing and implementing such policies and programmes, this paper begins by setting out a framework that will be used to compare a range of key prevention and early intervention policies and programmes in Ireland. As this paper is concerned with designing and implementing public policy, the themes set out in the framework were identified by drawing on insights from the policy making literature as part of an examination of the assumptions underpinning a prevention and early intervention approach to public policy (i.e., these interventions are predicated on the capacity of the state to intervene and the effectiveness of policy interventions is informed by scientific and professional expertise[5]). These themes have

[1] The author would like to thank Prof. Yvonne Galligan, Prof. Alan Barrett, Prof. John O'Hagan, and Assoc. Prof. Oral Doyle as well as colleagues in the Department of Health, Department of Children and Tusla for their valuable insights and comments on earlier drafts of this paper.

[2] Freeman, 1999; Head and Alford, 2015. Cairney and St Denny (2020) have noted that policy makers tend to encounter a range of obstacles when trying to develop general principles of prevention and early intervention into policy and practice, including: addressing problems whose root causes are not straightforward; benefits that are difficult to measure and observe; ethical questions regarding the appropriate level of intervention in people's lives; competition for resources (i.e., time and money); uncertainty around how to produce and select "best" evidence as well as how to implement and scale-up evidence from best practice.

[3] For instance, Dr. Elizabeth Blackwell who established the *National Health Society* in the 1870s and Dr. Charles Childe's (1907) *The Control of a Scourge, or How Cancer is Curable*.

[4] For instance, the health sector distinguishes between *primary prevention* (anticipate the emergence and lessens the severity of diseases *e.g.* vaccination); *secondary prevention* (focus on early disease detection to increase opportunity for less costly and invasive interventions *e.g.* screening); and *tertiary prevention* (reduce the negative impact of an already-established disease by restoring function and reducing disease-related complications). (OECD, Eurostat and WHO, 2017)

[5] Freeman, 1992 and 1999; Gough, 2013.

been shown to resonate with policy experts and practitioners when they conceptualise prevention and early intervention.[6]

The empirical part of this paper compares policies and programmes from the policy areas of health and children, young people and their families. (See Box 1.) This empirical analysis provides an opportunity to focus attention on what is common, and what is different. What is common between these policies and programmes helps to set out the broad elements of prevention and early intervention as public policy. What is different highlights what policy makers might learn from each other; lessons that can serve to improve the design and implementation of public policy, and contribute to improved outcomes for people.

When compared against a general understanding of prevention and early intervention as public policy, this paper finds that:

- Government departments play a key role in the design and implementation of prevention and early intervention policies and programmes but they are not the sole source of ideas, expertise and resources for such policies and programmes. Instead their role is one of providing leadership (informing government prioritisation, coordinating action across government) within a multi-centric policy environment composed of various policy communities often in a context of strong expectations of engagement with local level stakeholders.

- Evidence demonstrating what works is at the core of efforts to design and implement prevention and early intervention policies and programmes but in a context of complex policy challenges and complex policy interventions, familiar rigorous evaluations (e.g., Randomised Controlled Trials (RCT)) may not be available or appropriate. Instead, policy makers may need to rely on evidence derived from more incremental approaches that are focused on achieving a better understanding of the policy challenge and the factors that influence it.

- Such policies and programmes are associated with an almost immediate benefit of avoiding (serious) harm but such benefits may also include the promotion of factors that support an individual's development, take some time before they are realised and extend beyond the individual to society more generally.

Given that prevention and early intervention is often concerned with complex policy challenges involving complex interventions, informed and long-term commitment to such policies and programmes requires an openness about the limits of what is known, what can be done and what can be achieved.

[6] Kennedy, 2020.

Box 1 – Summary of Policies and Programmes

Family Services Supporting Children and their Parents – For the most part, parents find raising children a positive and fulfilling experience and children identify a close bond with their parents and are happy in their families. However, parenting can be challenging and sometimes parents need support and advice. Ireland's National Child and Family Agency, Tusla, works in partnership with families, other agencies and professionals to identify the needs of children and support the provision of a range of services that address the needs of children and their families.

Aftercare – An intervention that supports young people in preparing to leave State care and making the transition to adulthood and independent living.

Programmatic Interventions for Children, Young People and their Parents – There is an increasing focus on developing public policy in ways that support and improve the well-being of children. There is a wide range of evidenced-based universal and targeted early intervention models of practice and tailored programmes for children, young people and their families focused on supporting: child health and development, children's learning, parenting and integrating service delivery.

Early Learning and Childcare – Interventions that seek to support the optimal development of children; narrow the gap in attainment between more and less advantaged children; enable parents to participate in paid employment, training and / or education and, as a consequence, reduce poverty.

Educational Welfare (Educational Welfare Service, School Completion Programme, Home-School-Community Liaison Scheme, Delivering Equality of Opportunity in Schools (DEIS)) – Interventions that seek to support students in addressing impediments to their education that have the potential to prevent them from deriving appropriate benefit from their education.

Prevention and Early Interventions Supporting Health and Well-Being in Older Age – A focus on supporting health and well-being in older age is not simply about the absence of disease and infirmity. Instead, it is about a person's complete physical, mental and social well-being. Prevention and early intervention approach to designing and implementing policies can support positive health and well-being outcomes for older people.

Immunisation Programmes – An intervention that seeks to produce immunity to potentially life threatening or life limiting diseases and their associated complications.

Cancer Screening (*BreastCheck*, *CervivalCheck* and *BowelScreen*) and *Diabetic Retinopathy Screening* - Interventions to discover latent disease among those who are predominantly asymptomatic.

2. Comparative Framework

The comparative framework used in this paper focuses on a number of themes that are central to designing and implementing public policies: the rationale for a public policy response; the policy environment both in terms of current position on the policy agenda and provision of resources as well as how this environment has changed over time; the openness of policy makers to engaging with a broad range of relevant stakeholders; the quality of evidence used to inform the policy process; and how evidence is utilised within the policy making process. These themes were identified by drawing on insights from the policy making literature and have been shown to resonate with policy experts and practitioners when they conceptualise prevention and early intervention.[7]

2.1 Rationale

Prevention and early intervention policies and programmes are part of the modern welfare state. Increasing knowledge about how and why certain policy challenges emerge, and evidence about how they can be tackled, creates expectations that policy makers will be in a position to design and implement effective policies.[8] However, policy decisions involve more than simply knowing what to do. Policy makers need to decide between many demands for limited public resources and part of any decision includes being clear about why it is necessary to use public resources to address the challenge (i.e., why are private actors unwilling to provide the relevant service or good, or why are they unwilling to do so without the support of public resources?).

One rationale may be that the good or service is a "public good or service". Private producers will tend to undersupply such services (relative to what is socially optimal) because it is not possible or convenient to charge all beneficiaries or restrict access to it; public intervention is required to ensure the provision of such services. A policy or programme may also be justified on the grounds that it facilitates or encourages people to access services that they would otherwise ignore ("merit goods and services"), and, by doing so in large numbers, confer an overall benefit on society as a whole ("positive externalities"). Other justifications are associated with efforts by policy makers to support a more equitable society (e.g., policies and programmes that seek to achieve a more equal distribution of income, reduce levels of poverty, mitigate the negative impact of socio-economic background or early life experiences).[9]

2.2 Policy Environment

The context in which policy-makers operate is one limited in terms of time, capacity and resources; with a budgetary process focused on allocating limited additional money. While this context can make it difficult for existing policies and programmes to achieve greater

[7] https://igees.gov.ie/dialogue-on-prevention-and-early-intervention-approaches-in-human-service/; Kennedy, 2020.
[8] Freeman, 1999; Fergusson et al., 2011; Gough, 2013.
[9] The rationale for an intervention may be contested: is what is being offered "good" (e.g., "vaccine hesitancy") (Freeman, 1999; Cairney and St Denny, 2020); balance the "good" against risks associated with the intervention (e.g., medical interventions) (Andermann, Blancquaert, Beauchamp and Déry, 2008; Scally, 2018; Health Information and Quality Authority , 2009a; Kramer, 2014); balance the rights of the individual and society ("nanny state") (Gough, 2013); the intervention fails to address the root cause of the policy challenge (e.g., social inequality) (Marmot, 2010; Roe, 2005; Miller, 2001).

prominence or increase the allocation of public resources (or for new initiatives to grab the attention of policy makers in advance of seeking resources for the delivery of services),[10] over time, the policy environment does change.

In addition to describing the current policy environment (i.e., describing how policy is currently articulated and resources allocated), a comparative approach can also take a long-term perspective to illustrate how the policy environment has changed over time (i.e., how long standing policies and programmes have changed over time or how newer policies and programmes have gained increased prominence within the policy environment).

2.3 Openness of the Policy Process

When a particular public policy is being examined, there is a tendency to focus attention on the government department that is responsible and accountable for that policy. This top-down approach to thinking about public policy is concerned with the central decision makers who frame the policy decision and tends to ignore other actors.[11] However, many of the policy challenges that governments face do not fall neatly within the remit of a single government department. Furthermore, there is often a broad range of actors, both governmental and non-governmental, within significant policy expertise, involved in efforts to address (aspects of) the policy challenge.

The capacity of government to intervene is influenced by the ways in which policy-makers from different institutions interact with each other as well as with a broad range of other non-government stakeholders. Rather than a government department being at the top of a policy structure issuing instructions, it is often one of several institutions with central roles within networks of government and non-governmental organisations.[12] Government departments play a key role in fostering cross-sectoral and multi-agency cooperation and partnerships, and developing shared aims across relevant departments, public bodies and other stakeholders.[13] There is also an increased recognition of the importance of engaging with a broad range of stakeholders including those at a local level who deliver and who are the intended beneficiaries of the policy or programme. (These types of policy interventions encourage and support people in designing, shaping and delivering policy solutions to address the needs of their own areas.)[14]

From this perspective, a comparison of policies and programmes can examine how holistic policy makers are in terms of identifying relevant stakeholders and how they engage with stakeholders.

2.4 Quality of Evidence

Discussions of public policy often focus on “the evidence” as if it were some homogenous bearer of truth. The types of evidence available to policy makers can vary from potential or descriptive (descriptive studies that set out the core elements of an intervention such as objectives target groups and activities); plausible or theoretical (engage with experts or

[10] Cairney and St Denny, 2020; Hogwood and Peters, 1983; Rose, 1990.
[11] Sabatier, 1986; Cerna, 2013.
[12] Jordan et al., 2004.
[13] Cairney and St Denny, 2014 and 2015.
[14] Cairney and St Denny, 2014, 2015, 2016 and 2020; Cairney, 2012, 2015, 2016 and 2019; Scott and Boyd, 2017; Exworthy and Powell, 2004; Giddens, 1998; Cairney and Oliver, 2017; Lipsky, 1980; Freeman, 1999; Ocloo and Matthews, 2015.

conduct meta-reviews of evidence to outline a programme logic model or theory of change explaining why the intervention should work and for whom); functional or indicative (present preliminary evidence that the intervention works in practice, that is, can lead to the intended outcome) and efficacious or causal (RCTs or other methodologies demonstrate clear evidence that the intervention is responsible for the observed effect).[15] (And this is without considering the question of how well or otherwise the research has been conducted.)

Hierarchies of evidence provide one way of comparing quality of evidence. In particular, they are shaped by how well or otherwise the methodology addresses the issue of causality (i.e., is it possible to attribute the programmatic intervention as the cause of the outcome). From this perspective, RCTs are regarded as being at the top of the hierarchy of evidence. The design of an RCT minimises the risk of variables other than the intervention influencing the results as one group is randomly allocated to participate in the programmatic intervention and another is allocated to act as a control.[16] That said, this "classic" RCT model (treatment group v control group) is not always applied as the approach to testing some interventions. When testing interventions in social or human services, the control group may receive a lower level of treatment than the treatment group.

It may not always be possible to use an RCT in the evaluation (e.g., not possible to identify a control group) or it may not be appropriate to do so because of ethical issues[17]. While RCTs provide evidence about whether an intervention worked to improve outcomes, they do not set out how or why it worked. Different types of research questions are more amenable to some study designs than others (e.g., RCTs and systematic reviews for questions around causality; prospective cohort studies for epidemiological questions not amenable to randomisation; qualitative research for questions around service delivery and appropriateness; survey research for satisfaction with the service).[18]

Furthermore, policy challenges and policy interventions are often complex.[19] The *complexity of a challenge* can be understood in terms of what might happen (i.e., number of possible outcomes) and how likely it is that something will happen (i.e., probability of observing a specific outcome).

The *complexity of a policy intervention* can be understood in terms of:

- *Simple interventions* - rely upon a single (a coherent set of) known mechanism with a single (a coherent set of) output whose benefits are understood to lead to measurable and widely anticipated outcomes;

- *Complicated interventions* - involve a number of interrelated parts with processes that are broadly predictable and outputs that arrive at outcomes in well-understood ways; and

[15] Veerman and van Yperen, 2007; Connolly et al., 2017.
[16] Gottfredson et al., 2015; Breckon, 2016; Bagshaw and Bellomo, 2008; Petticrew and Roberts, 2003.
[17] On the one hand, it may be unethical to remove a service from someone who is already entitled to it or when there is clear and robust evidence that the intervention is effective. On the other hand, with a new intervention (about which there is little or no evidence of its efficacy), it may be unethical not to evaluate it using robust methodologies such as an RCT (i.e., the opportunity cost of offering an intervention on a wide scale that may have no effect or negative effects).
[18] Petticrew and Roberts, 2003; Bagshaw and Bellomo, 2008; Muir Grey, 1996; Stern, 2015; Breckon, 2016.
[19] HM Treasury, 2020; Ling, 2012; Stirling, 2010.

- *Complex interventions* – involve multiple components that may act independently and interdependently (characterised by feedback loops, adaptation and learning by both those delivering and those receiving the intervention), a portfolio of activities (a large number of different actors are delivering a range of different interventions at more than one level) and multiple desired outcomes (involves more than one policy domain, no one organisation has overall control over an intervention and its outcomes, and outcomes may change over time as the context in which the policy or programme is being implemented changes).

Complex policy challenges and interventions are unlikely to be straightforward or easily amenable to duplication and replication.[20] Evaluations of such interventions may result in findings that are contingent and focused on improving understanding of the policy challenge (reducing uncertainties) and the services and practices that are provided by the intervention (i.e., define and test the parts of the programme responsible for the impacts on key outcomes). Such evaluations may also be more concerned with identifying lessons about how to adapt interventions so as to better achieve policy objectives.[21]

2.5 Evidence in the Policy Making Process

The role of evidence in policy making is about more than the stage at which decisions are made. Evidence can be an input at all stages of a policy process: setting out the challenge that is to be addressed; identifying and appraising alternative approaches; monitoring and reviewing implementation and delivery of services; evaluating the impact of policies and programmes; and recommending changes.[22] Different types of evidence can be used to inform these phases in a policy process (e.g., policy makers use evidence collected or published by others to describe the policy challenge; collect and analyse data as part of monitoring or evaluating the performance of a policy or programme).[23]

However, the use of evidence within the policy making process is not straightforward. Policy makers have to make decisions under pressure of time and with limited knowledge (in particular, the available evidence may not point to a clear and obvious policy response; there may be ambiguity about what to do and uncertainty about achieving the desired impact).[24]

The utility of evidence in the policy making process is largely dependent on having a clear policy objective from the outset (i.e., SMART). Clear policy objectives set out what the policy or programme is trying to achieve and as such are key to future efforts to monitor or evaluate the policy or programme. However, the policy objective may not be stated as clearly as policy making guidelines might recommend because of difficulties defining and measuring an

[20] Outcomes may be many, difficult to define and encompass a number of different policy areas; services are provided by large number of different organisations; and the context in which the services are being delivered changes over time. The success of an intervention may also be influenced by how well it harnesses supportive factors from other interventions that have the same or similar policy goals. (HM Treasury, 2020; Ling, 2012; Stirling, 2010.)

[21] Supplee and Duggan, 2019; Ling, 2012. Also see Better Evaluation: https://www.betterevaluation.org/en/plan/approach/developmental_evaluation

[22] Pawson and Tilley (1997) have argued that decision makers require evaluations to not only determine if an intervention works but for whom, in what respects, to what extent, in what contexts and how.

[23] Breckon, 2016.

[24] Zahariadis, 2007; Simon, 1976; Rittel and Webber, 1973; Freeman, 1999; Cairney and St Denny, 2016 and 2020; Cairney 2016 and 2019; Glasby et al., 2007; Williams and Glasby, 2010; Spoth et al., 2013; Gluckman, 2013 and 2017. A "rapid review" process has been developed to support policy-makers who require valid evidence in a timely and cost-effective manner to support time-sensitive decisions. (Tricco et al., 2017)

outcome (e.g. well-being), it may not be clear what "success" looks like (e.g., the non-emergence of a problem; multiple related outcomes[25]) or an objective may be the result of negotiation and compromise between various stakeholders (i.e., it is not a scientific hypothesis).

The role of evidence in the policy process also shapes the relationship between those who are accountable for the policy (i.e., government department) and those who are charged with delivering services. The monitoring and evaluation of policies and programmes are practical ways of communicating evidence into the policy process and may also provide practitioners with useful information to support how they develop and improve their services.[26]

3. Comparative Analysis

This paper compares a range of key prevention and early intervention policies and programmes in Ireland. (See Box 1.) Each of these policies and programmes has been examined separately in a series of descriptive reports that focused on the rationale for the intervention; public resources provided to support the delivery of the intervention; outputs and services provided; and achievements of the intervention relative to its stated goal.[27]

3.1 Rationale

In Ireland, some prevention and early intervention policies and programmes are "merit services". Yet, these policies and programmes are not simply about encouraging access to services the benefits of which may be underestimated by individuals. They are also concerned with conferring an overall benefit on society. Immunisation programmes are the most obvious example of this (providing a benefit to both the individual and society through herd immunity). A less obvious example is the range of policies and programmes that support health and well-being in older age. Some of these policy interventions provide a direct benefit to the individual (e.g., through early detection of frailty, retrofitting houses of older adults with chronic respiratory conditions) while others provide a benefit to the wider community (e.g., more age friendly streetscapes benefit those with mobility challenges irrespective of their age).

Other merit services are associated with efforts to promote social equality. For instance, educational welfare policies and programmes seek to address the impact of socio-economic background on educational attainment and achievement ("educational disadvantage"[28]); health screening programmes use population-based call and re-call approaches (as well as referral and treatment pathways).

Policies and programmes are also justified in terms of how productivity gains can alleviate the impact of social inequality. For instance, early learning and childcare helps prepare children for formal education. What children learn at this stage may not only persist into the future but may also augment learning at subsequent stages of education.[29] Over the longer term, these interventions and experiences may contribute a cumulative benefit to both the individual and

[25] Cairney and St Denny, 2020
[26] OECD, 2012; Hickey et al., 2018; Boyle and Shannon, 2018.
[27] https://igees.gov.ie/peiu-focussed-policy-assessments/
[28] Educational disadvantage encompasses the idea that factors associated with socio-economic status represent impediments to students deriving appropriate benefit from their schooling. (Kellaghan, 2001).
[29] Cunha and Heckman, 2007.

society. Policy interventions by child and family services recognise the crucial importance of parental and family relationships to child development outcomes and the adoption of a strengths-based approach to supporting the coping capacity of parents and families. In the case of young people leaving statutory care, the Aftercare programme helps identify and provide or advocate for ongoing supports (depending on whether the supports in question are part of Tusla's statutory remit or that of other providers) to help them transition to adult life, achieve their potential and reduce the risk of poor outcomes (e.g., homelessness, addiction, early mortality).

3.2 Policy Environment

In terms of their place on the policy agenda, each of the prevention and early intervention policies and programmes is the subject of ongoing consideration and development by policy makers. (See Table 1) The implementation of these policies and programmes is supported by the allocation of public resources. In 2020, some €745m was allocated to policies and programmes in the area of children, young people and their families (an increase of 68% compared with 2014) with almost €140m allocated to the National Screening Service and health protection vaccines (an increase of 63% compared with 2014). In order to provide some context, for the same period, the increase in total expenditure on the provision of day-to-day services (excluding pay and pensions) was 19% (a 27% increase in such expenditure by the Department of Health / Health Service Executive and a 65% increase by Department of Children and Youth Affairs).

In Ireland, there have been long standing prevention and early intervention policies and programmes in the areas of educational welfare and immunisation. A vaccine against small pox was introduced in 1863. The Irish Education Act 1892 required parents in cities and urban areas to send children to school for at least 75 days a year. Since the 1920s, policy in these areas has continued to develop. New vaccines have been introduced to the immunisation schedule.[30] The focus of educational welfare has shifted from penalties to identifying children and young people with school attendance difficulties and addressing those needs in their schools and communities.[31]

Over the course of the last three decades or so there has been a notable increase in the number and variety of prevention and early intervention policies and programmes. These changes to the policy environment came about in a number of different ways:

- Informed by the results of pilot projects - For instance, cancer screening services built on the Eccles Breast Screening Pilot Programme (1989).[32]

- Change in how people think about policy challenges and social norms - For instance, the Commission on the Family's *Strengthening Families for Life* (1998) is seen as having had a seminal influence on the development of policy supporting children, young people and their families. In particular, it highlighted the need for a national programme to help parents with the day-to-day challenges of family life and set out

[30] https://www.hse.ie/eng/health/immunisation/whoweare/vacchistory.html
[31] For example, the Education (Welfare) Act 2000.
[32] The development of this programme was also supported by significant policy work, such as, *Cancer Services in Ireland: A National Strategy* (1996), *A Plan for Women's Health: 1997-1999* (1997), *Cancer Support Services in Ireland: Priorities for Action* (1999) and *Caring about Women and Cancer* (1999).

principles to guide the development of policy in this area with an overall focus on family well-being.[33]

- Developed incrementally – For instance, the current range of early learning and childcare programmes, and the supporting policy framework[34], has its foundations in substantial policy work and efforts to ensure quality provision[35]. Furthermore, a partnership between Atlantic Philanthropies and the Irish Government[36] supported organisations that sought either to replicate manualised, evidence informed programmes developed in other countries[37] (with minor adaptations related to cultural context) or new programmatic interventions that were underpinned by a sound and robust theoretical evidence base[38].

- Highlight an emerging policy challenge and potential ways of addressing it – For instance, the issues of health and well-being in older age have become more salient in recent years and they are also part of a wider focus on increasing the proportion of people who are healthy at all stages of life and across the broader determinants of health (i.e., *Healthy Ireland*).[39]

[33] Up until the 1970s, government policy took its lead from the Catholic Church and until the publication of the Commission's report had been slow to articulate any overarching statement on family. (Canavan (2012: 10-11)

[34] Programmes such as *Early Childhood Care and Education* (ECCE) Programme, *Access and Inclusion Model* (AIM) and the *National Childcare Scheme* and policy strategies such as *Better Outcomes, Brighter Futures* and *First 5.*

[35] For example, Child Care (Pre School Services) Regulations 1996 and Child Care (Pre School Services) (Amendment) Regulations 1997; *Ready to Learn, White Paper on Early Childhood Education* (1999), *National Childcare Strategy* (1999), *Our Children – Their Lives: The National Children's Strategy* (2000-2010).

[36] In 2004, Atlantic Philanthropies commenced its *Prevention and Early Intervention Initiative* (2004-2013) to build a track record of effective prevention and early intervention services. Subsequently, Atlantic Philanthropies and the Department of Children & Youth Affairs co-funded the *Prevention and Early Intervention Programme for Children* (PEIP) and the *Area Based Childhood* (ABC) *Programme*.

[37] Triple P, Functional Family Therapy, Incredible Years, Lifestart Growing Child Parenting Programme, Wizards of Words.

[38] Preparing for Life, The Odyssey – Parenting Your Teen, Doodle Den, Time to Read

[39] The *National Positive Ageing Strategy* sets out a vision of an Ireland that "celebrates and prepares properly for individual and population ageing."

Table 1 – Key Government Policy and Strategy Documents underpinning Prevention and Early Interventions

Immunisation	Primary Childhood Immunisation Programme (https://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/) School Immunisation Programme (https://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/) Healthy Ireland, 2013-2025
Cancer Screening	National Cancer Strategy, 2017-2026 Healthy Ireland, 2013-2025
Diabetic Retina Screening	Diabetes Expert Advisory Group First Report (2008) Framework for the Development of a Diabetic Retinopathy Screening Programme for Ireland (2008) HSE National Clinical Programme – Diabetes (https://www.hse.ie/eng/about/who/cspd/ncps/diabetes/)
Supporting Health and Well-Being in Older Age	National Positive Ageing Strategy (2013) Healthy Ireland, 2013-2025 Irish National Dementia Strategy (2014) Project Ireland 2040 - National Planning Framework (2018) SláinteCare (2017) Housing Options for Our Ageing Population – Policy Statement (2019) Strategy to Prevent Falls and Fractures in Ireland's Ageing Population (2008)
Early Learning & Childcare	Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 Report of the Inter-Departmental Group on Future Investment in Childcare in Ireland (2015)
Programmatic Interventions for Children, Young People and their Families	First 5, A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028
Family Services for Supporting Children & their Families	Children First – National Guidance for the Protection and Welfare of Children (2017) Hidden Harm Strategic Statement. Seeing Through Hidden Harm to Brighter Futures (2019) Prevention, Partnership and Family Support (PPFS) Programme (http://www.childandfamilyresearch.ie/cfrc/projects/completedprojects/preventionpartnershipandfamilysupportppfsprogramme/) High-Level Policy Statement on Support Parents and their Families (2015) Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020. First 5, A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028
Aftercare	National Aftercare Policy for Alternative Care (2017) Best Practice and Guidance Documents for Aftercare Services (https://www.tusla.ie/services/alternative-care/after-care/national-aftercare-policy-for-alternative-care/) Every Child A Home – A Review of the Implementation of the Youth Homelessness Strategy (2013) Listen to Our Voices – Hearing Children and Young People Living in the Care of the State (2011)
Educational Welfare	Delivering Equality of Opportunity in Schools: An Action Plan for Educational Inclusion (2005) Aims and Principles of the School Completion Programme. The Home, School, Community Liaison Scheme in Ireland from Vision to Best Practice (2005-2006)

3.3 Open Policy Process

In developing and implementing prevention and early intervention policies and programmes, the Department of Health and the Department of Children & Youth Affairs are central actors of wider policy communities. These policy communities are composed of a variety of other governmental and non-governmental organisations, including:

- Other government departments - The policies and programmes under the remit of both of these departments are influenced by intersecting policies and programmes in other government departments. For example, a number of departments have responsibility for National Outcomes under *Better Outcomes, Brighter Futures*[40]; educational welfare is informed by the Department of Education & Skills' *Delivering Equality of Opportunity for Schools*; and several departments have responsibility for services that may be identified as part of the young person's aftercare plan[41].

- Statutory bodies - Tusla and the Health Service Executive, have key roles in the delivery of day-to-day services and can inform the policy process by drawing on significant expertise and experience from within their own organisations.

- Expert advice, research and quality assurance from a variety of public service agencies and professional organisations[42] as well as individual professionals and voluntary and community organisations with direct experience of delivering services within their communities (e.g., medical and other professionals, early learning and childcare providers, community and voluntary organisations).

The Department of Health and Department of Children & Youth Affairs have utilised a variety of ways to opening the policy process to engage with stakeholders' expertise and experience. For instance, these departments have sought to:

- Support the development of public policy by:

    - Engaging directly with stakeholders (e.g., with adults regarding the *National Cancer Strategy* and children and parents regarding *First 5*; children when examining the issue of after-school care; young people when examining homelessness; and parents regarding parenting); and

[40] In addition to the Department of Children & Youth Affairs, the Sponsors of *Better Outcomes, Brighter Futures* are the Department of Health, Department of Employment Affairs & Social Protection, Department of Education & Skills and the Department of Housing, Community & Local Government.

[41] The provision of supports identified as part of a young person's aftercare plan relies on cooperation and partnership between key government stakeholders, in particular, Tusla, the HSE, the Department of Employment Affairs & Social Protection, the Department of Education & Skills and Student Universal Support Ireland (SUSI), and the Department of Housing, Planning & Local Government, as well as voluntary groups and community groups.

[42] In the health sector such bodies include, for example, National Immunisation Advisory Committee, National Centre for Pharmacoeconomics, Health Information & Quality Authority, Health Protection Surveillance Centre and National Cancer Registry Ireland. Tusla's Early Years Inspectorate is the independent statutory Regulator of early learning and childcare services in Ireland and the Department of Education & Skills' inspectorate has responsibility for evaluating the quality of education provision of the ECCE programme (as well as evaluating the quality of education provision in primary school).

- Used a variety of different approaches to engage with stakeholder representative organisations and international experts, such as, Open Policy Debates and Peer Reviews.[43]

- Support and drive the implementation of cross governmental strategies by putting in place processes for timely and appropriate engagement with stakeholders (e.g., *Better Outcomes, Brighter Futures* (the national policy framework for children and young people) and *Connecting for Life* (national strategy to reduce suicide)).[44]

With prevention and early intervention policies and programmes, policy makers have also sought to be open with stakeholders through communicating general and specific information, such as, quality assurance standards[45], annual reports[46], other statutory reports[47], reviews by inspectorates[48] and performance information[49].

3.4 Quality of Evidence

In the health sector, there is a need for robust evidence as screening and immunisation interventions are being provided to large numbers of healthy (asymptomatic) people.[50] These types of interventions have significant international support as part of public health policy.[51] The design and implementation of such interventions is supported by the clinical and scientific

[43] The Department of Children & Youth Affairs has held a number of Open Policy debates as part of its approach to policy formation in the areas of parenting, early years and childminding policies as well as with regard to the Area Based Childhood programme (http://csvision.per.gov.ie/open-policy-debates/). The Department has also utilised a Peer Review process established within the European Union whereby a Member State engages with other Member States, the European Commission and other stakeholders to inform the process of preparing a major policy reform, for example, prevention and early intervention services to address children at risk of poverty (https://ec.europa.eu/social/main.jsp?catId=1024&langId=en).

[44] https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/; and https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/cfl-implementation-plan-jan-2018.pdf

[45] For example, National Screening Service's quality assurance in diabetic retinopathy screening (https://www.diabeticretinascreen.ie/_fileupload/Documents/Standards-for-Quality-Assurance-in-DRS-Rev-5--04-12-19.pdf) and the Department of Children & Youth Affairs' What Works website (https://whatworks.gov.ie/).

[46] For example, the National Screening Service (https://www.screeningservice.ie/publications/index.html)

[47] For example, Tusla's *Annual Reviews of the Adequacy of Child Care and Family Support Services Available* (https://www.tusla.ie/publications/review-of-adequacy-reports/)

[48] Tusla's Reports of the Early Years Inspectorate (https://www.tusla.ie/publications/annual-reports-of-tusla-child-and-family-agencys-early-years-inspectorate/) and Department of Education & Skills' Early Years Education Inspections (https://www.education.ie/en/Publications/Inspection-Reports-Publications/Early-Years-Education-Reports/)

[49] This type of information includes the nature of the policy challenge (e.g., data on school attendance published by Tusla and trend data published by *Health Protection Surveillance Centre* and *National Cancer Registry Ireland)*, the services provided (e.g., the HSE and Tusla publish various performance and activity reports) and people's experiences with services and aspects of the policy challenge (e.g., surveys published by *Healthy & Positive Ageing Initiative* and *Age Friendly Ireland).*

[50] RCTs are used to determine if medical interventions are not only effective but safe. Clinical and scientific evidence is collected over a number of different phases (exploratory, pre-clinical and several phases of clinical trials with randomised assignment).

[51] *Council recommendation of 2 December 2003 on cancer screening* (2003/878/EC), OJ L327/34-38; Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 Establishing a European Centre for Disease Prevention and Control; World Health Organization, 2017 and 2019.

expertise available in domestic bodies (e.g., Health Information & Quality Authority,[52] Health Products Regulatory Authority[53] and National Immunisation Advisory Committee[54]) and international agencies (e.g., European Medicines Agency[55]).

In the policy area of children, young people and their families, there has been variation in the different types of evidence available to inform the policy process:

- The use of rigorous evaluations of programmatic interventions was a requirement of funding under the *Prevention and Early Intervention Initiative* (PEII) and *Prevention and Early Intervention Programme for Children* (PEIP) (i.e., RCTs and quasi-experimental studies).[56] These evaluations demonstrated statistically significant positive impacts on one or more of parenting, child behaviour and children's learning outcomes.[57]

- A national-level evaluation of the *ABC Programme* (a programme that included many of the programmatic interventions funded by PEII / PEIP) focused on the impact of the overall national programme. It did not evaluate the impact of the individual programmatic interventions included within the *ABC Programme*. The evaluation used a common measurement framework with outcomes data collected by area-based practitioners using standardised questionnaires. The evaluation was concerned with exploring what, if any, contribution the *ABC Programme* made to improving outcomes for children and parents, for practitioners and managers, and to improving strategic planning and service delivery locally and nationally.[58]

- Evaluations of educational welfare have compared educational outcomes for students in schools located in communities at risk of disadvantage and social exclusion with either national level outcomes or schools not located in such communities. The use of a RCT methodology has not be possible because a control group was neither available (the schools with the highest levels of disadvantage were included in the programme) nor ethical (withhold treatment from pupils who had an identified need).[59] Other reviews of educational welfare programmes have tended to gather data from school

[52] As part of its work, the Health Information & Quality Authority sets national standards and publishes guidance (to promote practice that is up to date, evidence based, effective and consistent) and develops national Health Technology Guidelines (to promote the production of assessments of health technologies (i.e., drugs, medical devices, diagnostics and surgical procedures) that are reliable, consistent and relevant to the needs of decision-makers and key stakeholders).
[53] The Health Products Regulatory Authority is responsible, *inter alia*, for regulating human medicines, including vaccines, and granting licences for their distribution having reviewed their safety, quality and effectiveness. https://www.hpra.ie/homepage/about-us
[54] The National Immunisation Advisory Committee is an independent body within the Royal College of Physicians of Ireland that provides expert, evidence-based, impartial guidance to the Chief Medical Officer in the Department of Health. https://www.rcpi.ie/policy-and-advocacy/national-immunisation-advisory-committee/ and the NIAC's *The Immunisation Guidelines for Ireland* https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html
[55] Within the European Union, the European Medicines Agency is responsible for the evaluation of the quality, safety and efficacy of medicinal products for human use as well as supervision and pharmacovigilance of medicinal products. https://www.ema.europa.eu/en/about-us
[56] Many evaluations also included qualitative process evaluations to provide additional information on implementation of the programme and how it was experienced by staff and services users alike.
[57] The evaluation reports for each of these programmatic interventions are publicly available. While they are too numerous to list here, a useful place to start is with the Centre for Effective Service's *On the Right Track* reports which synthesised the learning available from the evaluation reports. (Statham, 2013; Sneddon and Harris, 2013; Sneddon and Owens, 2012)
[58] Hickey et al, 2018.
[59]

principals and programme coordinators and chairpersons[60] with few focusing on pupils.[61] Researchers have highlighted the need to facilitate better monitoring and rigorous assessment of these programmes.[62]

- However, some stakeholders have highlighted how the absence of comprehensive information on children in the care system and their outcomes has hindered efforts to evaluated the Aftercare programme.[63]

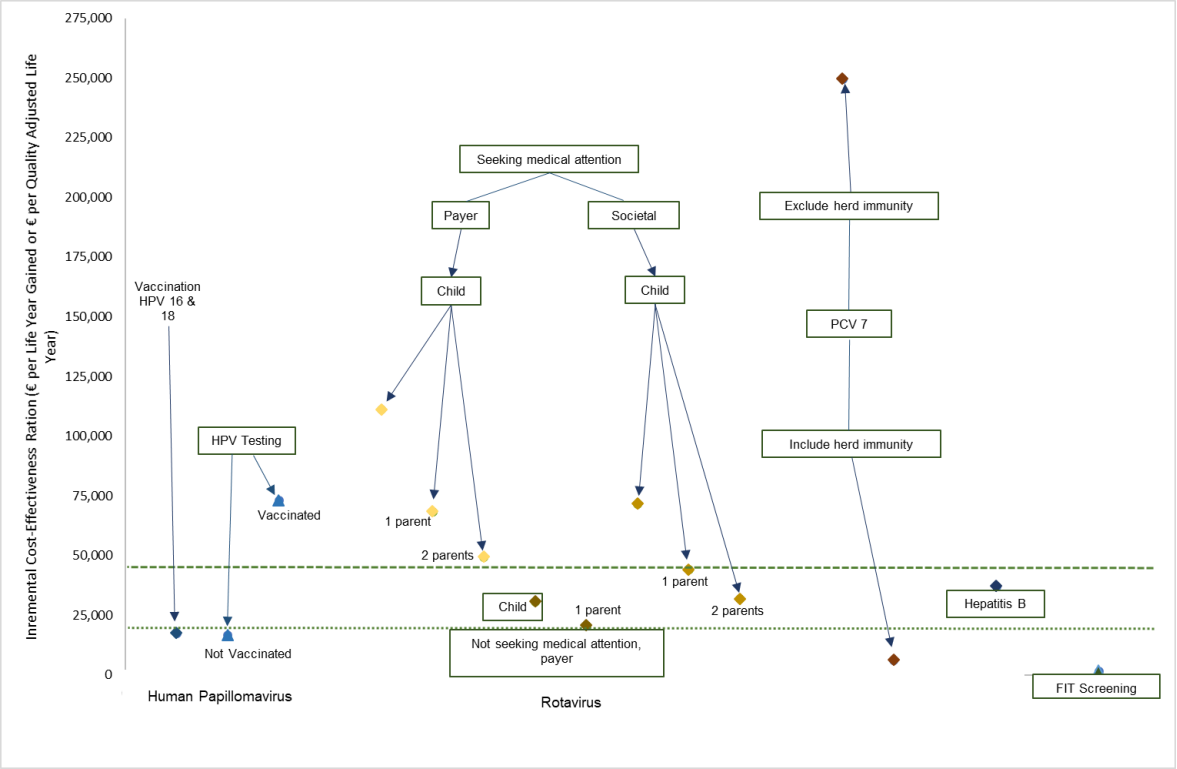
3.5 Evidence in Policy Making

Evidence demonstrating effectiveness is important to winning policy makers' support for change and innovation, and developing longer-term thinking on public policy.[64] In terms of prevention and early intervention, one of the oft cited advantages of such policies is their cost-effectiveness. However, for the policies and programmes considered in this paper, only a limited number of evaluations included such information. Furthermore, evaluations providing cost-effectiveness analyses tend to be associated with evaluations of health technologies.[65] Figure 1 provides a summary of some of these evaluations. The Incremental Cost-Effectiveness Ratio (ICER) used in the health sector are expressed in terms of the cost to achieve either an additional year of life that a person lives as a result of receiving a treatment (Life Year Gained, LYG) or changes in the quantity and quality of life (Quality Adjusted Life Years, QALY). The guidelines provide threshold ratios to inform decision making (between €20,000 and €45,000 per QALY or LYG). These evaluations also allow for the consideration a variety of different scenarios; some of which pass the thresholds for supporting the intervention.

In the policy area of children, young people and their families, a cost-effectiveness analysis of *Incredible Years* focused on the cost of achieving a one-point reduction in either the ECBI Intensity score or the SDQ score. This estimate was used to calculate the cost of bringing the average child participating on the programme to below the clinical cut-off point for serious behavioural problems (at baseline, all eligible children had to score over the clinical level). The cost of doing this was compared against the expenditure per primary school children for 2007.[66]

[60] Weir et al., 2018; Archer and Shortt, 2003; Weir et al., 2018; Kavanagh and Weir, 2018; McAvinue and Weir, 2015; Smyth et al., 2015.
[61] Ryan, 1994.
[62] Smyth et al., 2015; Archer and Shortt, 2003.
[63] Joint Committee on Health and Children, 2014.
[64] Boyle and Shannon, 2018.
[65] Immunisations – Vaccines for Human Papillomavirus, Rotavirus, Pneumococcal Conjugate, Meningitis B and Hepatitis B (Health Information and Quality Authority, 2008; National Centre for Pharmacoeconomics, 2007, 2010 and 2014; Tilson et al., 2008.); Screening – Human Papillomavirus Testing and Colorectal Cancer Screening (Health Information & Quality Authority, 2009b and 2017).
[66] McGilloway et al, 2010; O'Neill et al. 2013. It is also worth noting a hypothetical cost-benefit analysis of a pre-school programme in Ireland. By incorporating a methodology established by Karoly and Bigelow (2005), Chevalier et al. (2005) drew on the evaluative evidence from the Chicago Child-Parent Centre (CPC) programme to construct a cost-benefit model for an early childhood care and education programme. They inferred a benefit-cost ratio of €7. The ABC evaluation team investigated the potential for conducting a cost-effectiveness study. However, the data on service users were found to be inconsistently recorded across the ABC areas. The evaluation team noted that the collection and analysis of cost data are not often included in Irish evaluation studies of this type. (Hickey et al., 2018).

Figure 1 – Summary of Cost Effectiveness of Health Sector Interventions



Nevertheless, over the course of the last decade or so, across both policy areas, there have been significant efforts to publish evidence that can be used by policy makers to inform various stages of the policy process. When it comes to describing a policy challenge, policy makers can use:

- Data published by statutory organisations to describe changes in the nature and extent of a challenge over time;[67]
- Survey data to provide a point-in-time description of the challenge;[68]
- Longitudinal studies to describe the lives of particular cohorts over a prolonged period of time and establish what is typical and what is problematic;[69]

[67] For instance, data published in Ireland by the *Health Protection Surveillance Centre* and the *National Cancer Registry Ireland*, and comparative data published by the *World Health Organization*, can be used to describe the overall challenge certain diseases pose for both individuals and the health services in Ireland.

[68] For instance, the *Healthy Ireland Survey* is an annual representative survey of a sample of the population living in Ireland aged 15 years and older. The survey seeks to provide current and credible data on a variety of health-related topics (e.g., smoking, physical activity, general health, health service usage).

[69] The data from Irish longitudinal studies have been used to develop a deeper understanding of policy challenges, and inform the development of policy, in the areas of children, young people and their families and supporting health and well-being in older age. *Growing Up in Ireland* followed the progress of two groups of children - 8,000 were aged 9 years (are now about 21 years old) and 10,000 were aged 9 months (are now about 11 years old) at commencement). *The Irish Longitudinal Study on Ageing* followed a cohort of people aged 50 years and older in 2009/10; over 8,500 people took part in the first wave of the study. (The sixth wave of TILDA is underway. For details of earlier waves see: https://tilda.tcd.ie/about/where-are-we-now/)

- In-depth studies of particular issues (e.g., youth homelessness[70], after-school care in disadvantaged areas[71] and hidden harm);[72]

- Research published in academic journals (e.g., challenges posed by diabetes, dementia and frailty[73] and broader discussions of related policy issues and themes).[74]

In terms of setting out how policy and programmes might be developed, reviews of evidence and policy-to-date have been undertaken (e.g., early learning and childcare[75], family life[76] and experiences of adversity[77], educational welfare[78] and achievement[79], and health outcomes[80] and behaviours).[81] Evidence has also been published on various aspects of implementation[82], including inspection reports.[83]

Moreover, investment over the last decade or so to increase the capacity of practitioners working with children, young people and their families to gather and examine evidence has contributed to the increased use of evidence to inform service planning and delivery, assess the quality of service delivery and adapt accordingly, and learn from the evidence shared by others.[84]

At a more fundamental level, when policy objectives lack clarity it is very difficult to monitor performance, evaluate efficacy or estimate cost-effectiveness. Across the policies and programmes considered in this paper there is some variation in the clarity of objectives. While some policy objectives set out clear statements of the intended outcome, others tend to reference the services to be provided (and may or may not refer to the intended outcome) or set out a high-level aspirational statement about the future.

Table 2 suggests that the clarity of policy objectives is associated with the complexity of the policy intervention. On the one hand, while the science underpinning the health-related interventions is complex, the interventions themselves are reasonably straightforward and the policy objectives are clearly stated. On the other hand, the policy objectives for policies and programmes focused on children, young people and their parents are less clear as they tend to focus on the service to be provided. These interventions are "complex" in that they involve a range of different interventions and are focused on not only promoting the development of

[70] Mayock and Corr, 2013.
[71] Hennessy and Donnelly, 2005
[72] Hogan and O'Reilly, 2007; McGee et al., 2002; Shannon and Gibbons, 2012; Naughton et al., 2010
[73] Tracey et al., 2016a, 2016b; Kelliher et al, 2006; Pierce and Pierce, 2017; Hickey et al, 2010;
[74] Wolfe et al., 2013; McKeown et al, 2015; McAuley and Layte, 2012; Hyland et al., 2013; Gibney, 2019.
[75] National Economic and Social Forum, 2005; Ring et al., 2016; Sneddon and Harris, 2013; Statham, 2013.
[76] Commission on the Family, 1996; Watson et al., 2012; Sneddon and Owens, 2012; Devaney et al., 2013.
[77] Mongan et al., 2009; Morgan et al., 2016
[78] Weir et al., 2017; Archer and Weir, 2005; Weir and Archer, 2005.
[79] Eivers et al., 2005.
[80] Scarlett et al., 2014; Goodman, 2011; Walsh et al, 2016.
[81] Hudson et al., 2015.
[82] Scally, 2018; Archer and Shortt, 2003; Perry et al., 2012; Brierley, 2010; Denyer et al., 2013; Russell et al., 2018.
[83] Inspection reports relevant to the Aftercare programme have focused on children in foster care (Health Information and Quality Authority, 2015) and children's residential centres (Irish Social Services Inspectorate, 2000).
[84] Hickey et al., 2018; Centre for Effective Services, 2019.

all children but are also concerned with a variety of other policy goals (e.g., narrow the gap in attainment, enable parents to return to work by participating in training, education and other activation measures, support families in making work pay, reduce poverty).

Table 2 – Comparing Clarity of Policy Objectives and Complexity of Interventions

	Direct reference to result / outcome including direction of change	Reference an output that will contribute to achieving an outcome	Reference outputs	Vision
Immunisation	Reduce the incidence of vaccine preventable disease in children and babies…			
Diabetic RetinaScreen	...reduce the risk of sight loss among people with diabetes…			
Cancer Screening	…reduce deaths from breast cancer… …reduce the incidence of cervical cancer…	…detect signs of bowel cancer at an early stage…		
Educational Welfare		To improve the quality of participation and educational attainment… To promote partnership between… in order to enhance pupils' learning …raise awareness in parents… to enhance their children's educational progress	To secure better educational outcomes for… …promote active cooperation between… …disseminate the positive outcomes of the scheme…	
Aftercare		…to promote better outcomes… as the young people leaving care… the necessary life and social skills… a level of resilience necessary to cope with adversities… encouraged and supported in training, employment and … education… suitable accommodation…		
Family Services Supporting Children and their Families		…supporting and promoting the development, welfare and protection of children… To promote and protect the health, well-being and rights of… and prevent avoidable entry of children into the care system To combat disadvantage and improve the functioning of the family unit	…responsibility for offering care and protection for children… To prevent risks to… through building sustainable intellectual capacity and manpower within Tusla… and provide an organising framework to … …to intervene proportionately to support families to keep children safe from harm	
Early Learning & Childcare		Implement… to address the impact of child poverty and improve child outcomes…	To transform the effectiveness of existing policies…; Profile key risk factors… to assist professionals in identifying and… mitigating these risks Training and up-skilling of professionals… to be in a position to identify… Babies and young children have access to… Families will be assisted and enabled to nurture… and support…	To ensure that children get the best foundation… …early years will be valued as…
Supporting Health and Well-Being in Older Age	Increase the proportion of people who are healthy at all stages of life	Enable and support… people to enjoy physical and mental health and well-being… Promote and respect… people's engagement in economic, social, cultural, community and family life ...optimise and standardise assessment and intervention… to reduce the incidence of falls in older people	…policies will be developed with a focus on meeting the needs and opportunities of an ageing population …encourage and facilitate timely planning… to support older people to remain living independently… To improve dementia care… die with comfort and dignity... have services and supports delivered in the best way possible	Celebrate and prepare properly for individual and population ageing Foster better solidarity between generations A society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times

4. Discussion

This paper has compared a range of prevention and early intervention policies and programmes in the policy areas of health and children, young people and their families. The purpose of this section is to step back from the detail and set out what is common across these policies and programmes and to highlight differences to support learning between specific policies and programme and across policy areas.

As the central appeal of prevention and early intervention is of acting early to prevent a policy challenge from emerging or worsening, it seems reasonable that evidence demonstrating efficacy should be at the core of efforts to design and implement prevention and early intervention policies and programmes. An expectation of evidence demonstrating efficacy focuses attention on the use of rigorous evaluation methodologies (e.g. RCTs) as well as the need for clear statements of intended outcomes (i.e., improved outcomes for the individual) and clear understandings as to why the policy or programme could achieve the intended outcome (i.e., logic model, theory of change). Of the two policy areas considered in this paper, the health area is more likely to have this type of evidence available to inform policy decisions. While this provides a useful illustration for policy makers in other policy areas of the standards that can be achieved, there is a need to exercise some caution especially regarding expectations of what research can deliver.

In the area of children, young people and their parents, both the challenges that policy makers are seeking to address, and the interventions they are seeking to design and implement, are complex. This context raises questions about the appropriateness and applicability of methodologies, such as, RCTs. Differences in the *complexity of policy challenges* means that it can be more difficult to define and measure the intended outcome for some policy challenges than it is for others. Differences in the *complexity of interventions* means that for some policies and programmes the policy objectives are more clearly stated than is the case for others. As such then, it is important that policy makers and other stakeholders recognise and acknowledge the limits of what they know. In particular, with complex policy challenges and interventions, the evidence available to policy makers is likely to be derived from an incremental approach that is focused on achieving a better understand of the policy challenge and the factors that influence it rather than pointing to a "cure".

The comparison of policies and programmes in Ireland also shows that prevention and early intervention is about more than an almost immediate benefit to an individual of avoiding (serious) harm. First, the benefits can be seen in terms of promoting factors that support an individual's development over a prolonged period. Second, such benefits may not be obvious at the point of consumption but may only become clear over the long-term or across the lifecycle (i.e., avoid the negative consequences of illness, support the ongoing development of the individual in terms of their health, education, and emotional and physical development). Third, a benefit can extend beyond the individual to society more generally (e.g., herd immunity, the aggregation of individual-level benefits).

The idea of an immediate benefit poses a reputational risk to prevention and early intervention as public policy. The promise of better outcomes may encourage some to 'roll up their sleeves and dive in' but the reality of the time required[85] may cause them to lose patience with a policy or programme before it has had the opportunity to demonstrate its benefits.[86] In terms of

[85] For example, increase the capacity of staff to deliver the service, achieve long-lasting changes to professional practices, collect and reflect on evidence and data and developing and building relationships with local communities and other relevant agencies. (Hickey et al., 2018; Centre for Effective Services, 2019)

[86] Freeman, 1999; Head and Alford, 2015; Cairney and St Denny, 2020; Proctor et al., 2011; National Clinical Effectiveness Committee. 2018. *Tool 5 – Monitoring and Evaluating*

setting expectations, policy makers need to be clear that an investment of time is required to design and implement effective policies and programmes.

Finally, the comparative analysis shows that government departments are not the sole source of ideas, expertise and resources for prevention and early intervention policies and programmes. The origins of prevention and early intervention policies and programmes are many, ranging from, for example, global scientific efforts to tackle disease to interventions developed in other countries or cities to efforts by local people to tackle challenges in their own communities to changes in how people think about policy challenges, social norms or emerging issues.

Furthermore, the experience in Ireland shows how government departments tasked with designing and implementing prevention and early intervention policies have sought to develop processes to support engagement with a broad range of stakeholders (from policy experts in other government departments, public service agencies and a wide range of non-governmental organisations to the experiences of those who deliver and receive services on a day-to-day basis). While this expectation reflects how government departments tend to operate within multi-centric policy environments, it might be posited that when compared to other types of public policy, the strong "local" element to prevention and early intervention accentuates expectations of an open policy process (especially in the area of children, young people and their families).

5. Conclusion

The common sense underpinning of prevention and early intervention combined with more formal approaches that emphasise the role of experts and how they can act in ways that are likely to deliver desired outcomes, suggests that such policies and programmes can be characterised as top-down, informed by evidence of what works and capable of providing individuals with an almost immediate benefit of avoiding (serious) harm.

This paper has compared prevention and early intervention policies and programmes in Ireland in order to examine the extent to which this general understanding reflects the reality of designing and implementing effective policies and programmes. In this paper, the differences between a general understanding and reality focuses attention on the need for greater appreciation and understanding of the inherent complexities of such policies and programmes and, in particular, the need for informed, long-term commitment. This is particularly so as immunisations programmes are often people's off-hand example of prevention and early intervention as public policy. While focusing on some fundamental features such an example may also lead them to underestimate the effort required to address complex policy challenges using complex policy interventions. Compared to the general understanding, the reality of prevention and early intervention policies and programmes is one in which:

- Government departments play a crucial leadership role within a network of policy communities where there are strong expectations of engagement with local stakeholders and multiple sources of policy ideas, expertise and resources;

Implementation: Planning Tool.
https://assets.gov.ie/11842/8a62c1a90c03436f8c977200e7391068.pdf

- Evidence of efficacy is central to knowing what to do but the type of evidence available, and its appropriateness, is related to the complexity of the policy challenges and policy interventions; and

- While the individual is likely to derive positive benefits (in addition to avoiding harm), these benefits may not be obvious for some years and extend to society more generally.

Finally, in addition to addressing issues of design and implementation, efforts to promote informed, long-term commitment are likely to require an openness about the limits of what is known, what can be done and what can be achieved. This is particularly so in the case of complex policy challenges and complex policy interventions. There is much that needs to be done to understand the nature of these policy challenges (e.g., what is meant by well-being in a specific policy area and how it might be measured), the factors that impact the desired policy outcome (e.g., what factors support or undermine well-being) and what public policy can realistically be expected to achieve (as well as having clarity of purpose and appropriate measurement and assessment tools).

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Quality Assurance Process

To ensure accuracy and methodological rigour, the author engaged in a quality assurance process that involved taking account of observations received from a number of different external experts, colleagues in the Department of Health, Department of Children & Youth Affairs and Tusla, and line management in the Department of Public Expenditure & Reform.

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