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Prevention and Early Intervention – Policy Design and Implementation

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Executive Summary

The purpose of this Working Paper is to set out key issues and provide insights into methods and approaches that lend themselves to the field of prevention and early intervention.

An evidence-for-policy focus underpins this Working Paper's consideration of the design and implementation of prevention and early intervention policies and programmes.

Acknowledging the inherent complexity and long-term nature of prevention and early intervention, the working paper is designed as a resource for a wide audience, in order to encourage informed long-term commitment. The intended audience is, but not limited to:

- Public officials engaged in designing and implementing prevention and early intervention policies and programmes (including scaling-up existing policies or programmes) that are or will be funded by public money;
- Public officials engaged in reviewing and approving prevention and early intervention policies and programmes (including scaling-up existing policies or programmes) that are or will be funded by public money;
- Public officials engaged in monitoring and overseeing the performance of prevention and early intervention policies and programmes funded by public money;
- Interested parties engaged in the appraise, planning, delivery or evaluation of prevention and early intervention policies and programmes funded by public money; and
- Members of the public who are interested in prevention and early intervention policies and programmes.

A policy cycle has been used to structure this Working Paper in order to consider methods, approaches, and issues surrounding PEI within a framework that is familiar to policy makers:



- “Define” the challenge that is to be addressed by the public policy. This is approached this from a variety of perspectives, including the use of quantitative evidence to describe the challenge (i.e., what is known about the challenge, identify gaps in the evidence), provide a clear statement as to why government action is necessary (rationale), set out clearly what it is the policy or programme is seeking to achieve (policy objective) and set out how the (proposed) policy or programme fits within the broader context of a government’s policy agenda (strategic alignment);
- “Develop” a range of alternative approaches to addressing the policy challenge and achieving the policy objective. (The policy objective should not be expressed in a way that points to only one policy response.) In setting out the alternative approaches, policy makers have an opportunity to begin thinking about the key questions of who should benefit from the services provided under the policy and the resources likely to be required to ensure the provision of an effective service. Furthermore, policy makers have an opportunity to consider innovative ways of designing and implementing policy;
- “Debate” or appraise the alternative approaches using a consistent evidence informed framework. That policy making decisions are to be informed by evidence requires a *leadership culture* that values and invests in the capacity of staff to gather and use policy relevant knowledge. Policy makers have an opportunity to consider the acceptability and risks associated with each alternative approach;
- “Implementation” is challenging and often involves a broad range of stakeholders. It is a process that translates ideas and evidence into the provision of services. Policy makers should set out an implementation plan detailing the key activities, responsibilities and timelines. In this Working Paper it is not possible to detail the “who” and “what” of implementation. Instead, the Working Paper focuses on a number of key issues, namely, governance, supporting implementation of cross government strategies and ensuring quality implementation.
- “Monitor and evaluate” is concerned with ensuring that processes are in place to provide evidence that the policy, programme or programmatic intervention is continuing to work as intended (i.e., intervention is being implemented as intended and is achieving the intended outcome) as well as with establishing the evidence base, examining the impact and replicability of the approach and making any necessary changes to the policy, programme or programmatic intervention.

These stages of the policy cycle are concerned with informing the discrete decision-making stages of the policy cycle:

- “Decision” stage when policy makers arrive at a decision to implement a particular intervention taking into account all of the information that has been presented to them; and
- “Revise and improve” stage when policy makers consider whether or not to continue with an intervention in its current form, modify how it is being implemented in order to improve its effectiveness or bring its implementation to an end.

While this Working Paper has been designed to aid the design and implementation of prevention and early intervention policies and programmes in a general way, it does not purport to describe all steps and requirements for delivering publicly funded PEI programmes and interventions, and in compliance with the *Public Spending Code*. There is a wealth of subject matter and policy expertise within Departments and Agencies, with which to engage further.

1. Introduction¹

1.1 Purpose of the Working Paper

The purpose of this Working Paper is to set out key issues that ought to be addressed by those involved in the design and implementation of prevention and early intervention policies and programmes. This practical approach has been informed by a work programme that has engaged with policy experts and practitioners to examine how they conceptualise such public policies² and examined and compared policies and programmes in the areas of health and children, young people and their families in Ireland.³

In general terms, this Working Paper seeks to stimulate an ongoing dialogue between all of those involved in the design and implementation of prevention and early intervention policies and programmes in a way that both understands the inherent complexities of doing so and encourages informed, long-term commitment.

1.2 Evidence-for-Policy Perspective

This Working Paper is underpinned by an evidence-for-policy perspective. This Working Paper seeks to convey the value of evidence and embed it within the policy making culture. It should be read in the context of range of initiatives to support and enhance the use of evidence within the policy making process in the Ireland.⁴

While discussions of public policy often focus on “the evidence” as if it were some homogenous bearer of truth, the reality is much more complex: there are various types or levels of evidence relevant to the design and implementation of prevention and early intervention policies and programmes; each of these is based on differing methodological approaches; and can be used to inform different stages of a policy cycle.⁵ (See *Box 1.*) Furthermore, the use of evidence-for-policy can also involve engaging with practitioners and experts who may be in a position to bring their experience and expertise to the various stages of how public policy is designed and implemented.

¹ The authors are grateful to the following who very kindly gave of their time and expertise to provide comments that informed the development of this Working Paper: Prof. Paul Cairney (University of Stirling), Dr. Richard Boyle (Institute of Public Administration), Dr. Lauren Kavanagh (Educational Research Centre), Dr. Fiona Keogh (NUI Galway), Dr. Claire Hickey and Katie Burke (Centre for Effective Services), National Advisory Council for Children & Young People, Executive Committee of the Prevention & Early Intervention Network, colleagues in Tusla who participated in a roundtable discussion and colleagues in the Department of Health, Department of Children & Youth Affairs and Department of Public Expenditure & Reform. As ever, all errors are those of the authors.

² Kennedy, 2020.

³ See: <https://igees.gov.ie/prevention-and-early-intervention-unit/>

⁴ This includes initiatives, such as, Public Spending Code (<https://www.gov.ie/en/publication/public-spending-code/>), Irish Government Economic & Evaluation Service (<https://igees.gov.ie/about-us/our-goals/>), Spending Reviews (<https://www.gov.ie/en/policy-information/7dc2b1-spending-review/>) also see Kennedy and Howlin, (2017), Public Service Performance Reports (<https://www.gov.ie/en/collection/68680c-public-service-performance-reports/>) and the inclusion of performance information in the Revised Estimates Volumes (<https://www.gov.ie/en/collection/e20037-revised-estimates/>).

⁵ Breckon, 2016. As will be outlined below, a policy cycle is used to structure this Working Paper. A lack of evidence is not a reason for inaction or inertia but should serve as a catalyst for undertaking actions to remedy the situation as part of design and implementation of policy.

The intended audience of this Working Paper is, but not limited to:

- Public officials engaged in designing and implementing prevention and early intervention policies and programmes (including scaling-up existing policies or programmes) that are or will be funded by public money;
- Public officials engaged in reviewing and approving prevention and early intervention policies and programmes (including scaling-up existing policies or programmes) that are or will be funded by public money;
- Public officials engaged in monitoring and overseeing the performance of prevention and early intervention policies and programmes funded by public money;
- Interested parties engaged in the appraise, planning, delivery or evaluation of prevention and early intervention policies and programmes funded by public money; and
- Members of the public who are interested in prevention and early intervention policies and programmes.

1.3 Structure of the Working Paper

This Working Paper follows a policy cycle structure, in particular, focusing on those stages that inform the decision-making stages.⁶ A policy cycle is used because it provides a framework that is familiar to policy makers. (It should be noted that the policy cycle describes an iterative series of overlapping and, at times, inseparable stages.)

The various stages of the policy cycle include:

- “Define” the challenge that is to be addressed by the prevention and early intervention policy or programme.

It is useful to approach this from a variety of perspectives, including the use of quantitative evidence to describe the challenge (i.e., set out what is known about the challenge and identify gaps in the evidence that need to be addressed), provide a clear statement as to why government action is necessary (rationale), set out clearly what it is the policy or programme is seeking to achieve (policy objective) and set out how the (proposed) policy or programme fits within the broader context of a government’s policy agenda (strategic alignment);

- “Develop” a range of alternative approaches to addressing the policy challenge and achieving the policy objective. (The policy objective should not be expressed in a way that points to only one policy response.)

In setting out the alternative approaches, policy makers have an opportunity to begin thinking about the key questions of who should benefit from the services provided under the policy and the resources likely to be required to ensure the provision of an

⁶ The two key decision making stages in the policy cycle are (1) “Decision” stage – when policy makers arrive at a decision to implement a particular intervention taking into account all of the information that has been presented to them; and (2) “Revise and improve” stage – when policy makers consider whether or not to continue with an intervention in its current form, modify how it is being implemented in order to improve its effectiveness or bring its implementation to an end.

effective service. Furthermore, policy makers have an opportunity to consider innovative ways of designing and implementing policy;

- “Debate” or appraise the alternative approaches using a consistent evidence informed framework. Policy makers also have an opportunity to consider the acceptability and risks associated with each alternative approach.

This requires a leadership culture that values and invests in the capacity of staff to gather and use policy relevant knowledge;

- “Implementation” is challenging and often involves a broad range of stakeholders.⁷

The implementation of the policy or programme is a process that translates ideas and evidence into the provision of services. Policy makers should set out an implementation plan detailing the key activities, responsibilities and timelines. In this Working Paper it is not possible to detail the “who” and “what” of implementation. Instead, the Working Paper focuses on a number of key issues, namely, governance, supporting implementation of cross government strategies and ensuring quality implementation.

- “Monitor and evaluate” is concerned with ensuring that processes are in place to provide evidence that the policy, programme or programmatic intervention⁸ is continuing to work as intended (i.e., intervention is being implemented as intended and is achieving the intended outcome)⁹ as well as with establishing the evidence base, examining the impact and replicability of the approach and making any necessary changes to the policy, programme or programmatic intervention.¹⁰

⁷ “Stakeholders” refers to all organisations that have a direct interest in the public policy (including government departments, public service agencies, community and voluntary organisations and any other relevant organisations) and service users (both adults and children) who are the focus of a policy or programmatic intervention.

⁸ A distinction is drawn between prevention and early intervention policies and programmes, and programmatic interventions. Essentially, programmatic interventions are the services that are delivered under a particular policy or programme (e.g., the vaccines or health screenings delivered as part of a public health policy; the parenting programmes delivered as part of family services policy).

⁹ There are other models such as National Clinical Effectiveness Committee’s *Hexagonal Tool* (<https://www.gov.ie/en/collection/cd41ac-clinical-effectiveness-resources-and-learning/?referrer=/national-patient-safety-office/ncec/resources-and-learning/ncec-implementation-guide-toolkit/>)

¹⁰ *Public Spending Code Value for Money Review and Focused Policy Assessment Guidelines; Guidelines for Evaluating, Planning and Managing Current Expenditure*, Chapters 9 (<https://www.gov.ie/en/publication/public-spending-code/>). Departments or Public Service Agencies may also develop their own Monitoring and Evaluation Framework, for example, Tusla (https://www.tusla.ie/uploads/content/2016_Sept_26_-_ME_Evaluation_Framework_WLD_Version_1_0.pdf).

Box 1 – Summary of Levels of evidence-for-policy, strategy, and programmes

The types or levels of evidence can range from:

- Potential or Descriptive Stage - descriptive studies that set out the core elements of an intervention such as objectives, target groups and activities;
- Plausible or Theoretical Stage - engage with experts or 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 Stage - present preliminary evidence that the intervention works in practice, that is, can lead to the intended outcome; and
- Efficacious or Causal Stage – Randomised Controlled Trials (RCT) or other methodologies demonstrate clear evidence that the intervention is responsible for the observed effect;¹¹

as well as

- Practice wisdom – whereby practitioners draw on their own clinical or practice knowledge and expertise to make professional decisions; knowledge and expertise that has been developed through on-the-job training and experiences as well as from theory, research and life experience.

There is a wide range of methodologies available including:

- Randomised Controlled Trials minimise 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;
- Quasi-experiments resemble experimental research but participants are not randomly assigned as the research is being undertaken in settings in which random assignment is difficult or impossible;
- Natural experiments are often used in situations where controlled experimentation is not possible but people are sorted by the context in which they live into something like a control group and a treatment group;
- Observational studies are used when the investigator does not intervene directly (i.e., does not assign participant to treatment or control groups) but instead observes those who have and who haven't received the exposure of interest and the outcomes for both groups. Cohort studies and case-control studies are examples of this methodology;
- Ethnography is a qualitative method where researchers observe and / or interact with a study's participants in their real life environment;
- Theory based - an approach to evaluation that focuses not only on what works but why and how it worked as the theory of change that underlies the intervention sets out the transformational relations between the services or treatments provided and the intended outcomes as well as the contextual factors;
- Realist evaluation - seeks to understand why policy or programmatic interventions do or do not work in different contexts;

¹¹ Veerman and van Yperen, 2007; Connolly et al., 2017. An alternative description of levels of evidence is available at: <https://libguides.winona.edu/c.php?g=11614&p=61584>

- Contribution analysis - explores the contribution a policy has made to an observed outcome given that there are other paths to the intended outcome which may or may not include the intervention;
- Qualitative comparative analysis - establishes what factors, common across cases, can explain similar or different observed outcomes (identifying the preconditions and making sense of the diversity of observed results) across a small number of cases when there are several but not many causal factors;
- Meta-analysis is a systematic review of evidence that uses quantitative methods to summarise results;
- Systematic review systematically search for, appraise and summarise all of the literature for a specific topic;
- Scoping reviews is a type of research synthesis that aims to map the literature on a particular topic providing an opportunity to identify key concepts, gaps in the literature and types and sources of evidence to inform practice, policy-making and research;
- Rapid reviews process have been developed to support policy-makers who require valid evidence in a timely and cost-effective manner to support time-sensitive decisions.

The role of 'evidence-for-policy' in programmes, services, and interventions includes:

- Identifying people's needs (e.g., consulting with stakeholders, conducting community needs analyses);
- Identifying gaps in service provision (e.g., combining a community needs analysis with a scoping out of the range of relevant services provided in an area);
- Developing strategies to enhance people's engagement with the service (e.g., comparing those who do and do not access the service and developing ways of engaging hard to reach cohorts);
- Ensuring ongoing needs continue to be met (e.g., as people transition between services, put in place appropriate systems for the transfer of relevant information);
- Ensuring quality of service delivery (e.g., formal inspection reports, engagement with staff and service users);
- Understanding what the policy is seeking to achieve (e.g., demonstrate impact of the intervention).¹²

¹² Breckon, 2016; Hickey et al., 2018; Centre for Effective Services, 2019.

1.4 Limitations of the Working Paper

While this Working Paper has been designed to aid the design and implementation of prevention and early intervention policies and programmes, it does not purport to describe all of the necessary steps and issues that may need to be addressed in delivering such policies and programmes.

Expertise in specific policies and programmes resides within the responsible Departments and Public Service Agencies. What is offered here is not a substitute for that expertise nor can it address all of the challenges encountered in policy making.

In reading this Working Paper it should also be borne-in-mind that:

- The focus of the work that supported the development of the Working Paper was confined to policies and programmes in the areas of health and children, young people and their families. Further development of this work should consider other prevention and early policies and programmes (e.g., safety, crime, climate action, security, homelessness, employment activation).
- The policies and programmes examined did not include public information communication campaigns aimed at enabling people to increase control over and improve various aspects of their lives (e.g., health literacy, mental health, sexual health, overweight and obesity, substance misuse, vaccines).¹³
- There is a need to examine the relationship between prevention and early intervention policies and programmes and other types of policies and programmes (e.g., treating diagnosed illness, providing primary and secondary education, meeting needs of children and families that may be in crisis). For any given policy challenge, the problems that it poses for people are endemic in society. As such then, policy makers require a suite of policy options: some options to reduce the likelihood of the policy challenge emerging or worsening; other policy options to address or treat the impact it has on people's lives.
- While the Working Paper draws on an examination of a range of aspects of prevention and early intervention in Ireland, it has nevertheless been developed in the abstract. It would benefit from being applied in a "real life" policy making setting. This would allow the Working Paper to be refined in light of any challenges that policy makers might encounter in designing and implementing such policies and programmes.

Finally, all Government Departments and Public Service Agencies and all bodies in receipt of public money must comply, as appropriate, with the relevant requirements in the *Public Spending Code*.¹⁴

¹³ See: Health Service Executive (2011) *The Health Promotion Strategic Framework* (https://www.healthpromotion.ie/hp-files/docs/HPSF_HSE.pdf); *Healthy Ireland* (<https://www.gov.ie/en/policy-information/706608-healthy-ireland-policies/>)

¹⁴ The *Public Spending Code* is available at: <https://www.gov.ie/en/publication/public-spending-code/>.

2. Define

This first stage of the policy cycle is concerned with defining the challenge that is to be addressed by the prevention and early intervention policy or programme. It is useful to approach this from a variety of perspectives. Firstly, policy makers should use quantitative evidence to describe the challenge (i.e., set out what is known about the challenge and identify gaps in the evidence that need to be addressed). Second, policy makers should also provide a clear statement as to why government action is necessary. Policy makers should also set out clearly what it is the policy or programme is seeking to achieve. Finally, policy makers should set out how the (proposed) policy or programme fits within the broader context of a government's policy agenda.¹⁵

2.1 Describe the challenge

The challenges that prevention and early interventions seek to address are often complex.¹⁶ (See *Box 3* and *Box 4*.) Despite this complexity, policy makers should utilise the available evidence to describe the challenge they are seeking to address. By drawing on available evidence, policy makers can set out, for example:

- The current state of the challenge (or status quo) that they are seeking to address:-
 - Prevalence - the number of cases in a population at a given point in time; and
 - Incidence - the number of new cases in a population at a given period of time;
- How this has changed over time.

This approach to describing the challenge allows policy makers to set out the potential consequences of further inaction, or continuing with an existing policy or programme. In general terms, an evidence informed description of the challenge provides policy makers with a “business as usual” benchmark (or counterfactual) against which alternative policy approaches can be appraised.

In describing a challenge, policy makers may draw on a variety of different sources of quantitative data, such as:

- Data collected over many years allows policy makers to describe how the nature and extent of a challenge has changed over time;¹⁷

¹⁵ *Guidelines for Evaluating, Planning and Managing Current Expenditure* (<https://www.gov.ie/en/publication/public-spending-code/>)

¹⁶ For example, the needs of some children and young people as well of their families and communities are associated with factors that are deeply entrenched in society (e.g., structural inequality and poverty) and may be outside the scope of an individual policy or programmatic intervention.

¹⁷ 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.

- Longitudinal studies observe particular cohorts of people over a prolonged period of time in order to describe their lives and establish what is typical and what is problematic;¹⁸ (See *Box 5*.)
- Survey data can be used to estimate descriptive parameters for a population at a given point in time.¹⁹

Some may argue that this focus on available quantitative data, risks narrowing policy makers' considerations to "what can be measured". The awareness of this risk provides policy makers with an opportunity to:

- Reflect on the extent to which their understanding of the challenge has been shaped by "what can be measured"; and
- Identify and consider other aspects of the policy challenge that may have either been ignored (or received less attention) because of measurement difficulties.

Finally, efforts to use quantitative data may be hampered in a variety of ways, including:

- Data may not be publicly available, or even available.

Policy makers may have to rely on findings presented in published research. While this can contribute to a better understanding of the challenge, it may also be limited (e.g., the data may not be recent or may be of partial relevance); or

- The nature of the challenge may be complex and involve a multiplicity of factors.

Policy makers may need to draw on a broad range of metrics from different sources in order to develop a robust and comprehensive understanding of the challenge and the context in which it occurs.

¹⁸ For instance, the *Growing Up in Ireland* study has followed the progress of two groups of children: 8,000 in the Child Cohort (aged 9 years when the study commenced and are now about 21 years old) and 10,000 in the Infant Cohort (aged 9 months at commencement and are now about 11 years old). *The Irish Longitudinal Study on Ageing* has 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).

¹⁹ 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).

Box 2 – Complexity: Challenges and Interventions²⁰

The complexity of a challenge can be understood in terms of:

- What might happen, that is, challenges may vary in terms of the 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
- *Complex interventions* – involve multiple components that may act independently and interdependently (characterized 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).

Box 3 – Systemic Thinking²¹

'Systemic thinking' offers an integrated perspective to understanding complex systemic issues. It has its origins in a critique of established approaches to policy analysis and formulation that separate complex day-to-day realities into specialised disciplines, fields of research and policy responsibilities of specific government departments and agencies. When policy makers are faced with the challenge of formulating an effective policy response to address complex policy challenges, they are confronted with the need to pull together all disparate views.

Systemic thinking provides a methodological approach that is well-suited to the complex and long-run nature of investment in prevention and early intervention policies and programmes. (It is important to note that systems thinking is not simply a means to improve multidisciplinary, cross-sectoral collaboration.) In particular, it sets out various concepts, tools and methods that seek to disaggregate, understand and act on connected systemic issues as well as identify and understand the critical linkages, synergies and trade-offs between issues that are generally treated separately; contributing to a reduction in unintended consequences. The systems approach also supports better understanding of the behaviour of complex, dynamic systems so as to anticipate how they may change over time, and assess and manage risks.

²⁰ HM Treasury, 2020; Ling, 2012; Stirling, 2010.

²¹ OECD, 2020.

Box 4 – Forecasting and Modelling

In making the case for prevention and early intervention, there is an expectation that it will rely be evidence-informed case that considers the long-term consequences of the counter-factual (do nothing or do-minimum).

Longitudinal and cohort studies not only provide the possibility of modelling the trajectory of outcomes into the medium and longer-term, data linkage provides the opportunity to test policy scenarios.

In Ireland, longitudinal studies such as *Growing Up in Ireland* and *The Irish Longitudinal Study on Ageing*, and panel data from the *European Survey of Income and Living Conditions* (EU-SILC) offer considerable opportunities for forecasting and modelling in prevention and early interventions.

2.2 Rationale for intervening

Increasing knowledge about how and why certain policy challenges emerge, and evidence about how they can be tackled, creates expectations that policy makers are in a position to design and implement effective policies.²² 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?).

There should be a clear rationale as to why public resources should be allocated to support a particular policy or programme. One rationale may be that the good or service is a “public good or service”. Private producers 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.

The 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).²³ In particular, policies and programmes may be 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.²⁴ Over the longer term, these interventions and experiences may contribute a cumulative benefit to both the individual and society.

²² Freeman, 1999; Fergusson et al., 2011; Gough, 2013.

²³ *Value for Money Review and Focused Policy Assessment Guidelines*, Section 4.1.5 (<https://www.gov.ie/en/publication/public-spending-code/>)

²⁴ Cunha and Heckman, 2007.

A considered examination of the rationale for intervening provides policy makers with the opportunity to examine:

- Who should intervene and why they should do so (should it be public or private actors)?
- Who should benefit (should the service be provided on a targeted or universal basis or some mix of both approaches)? and
- Who should pay for the service (should it be free at the point of delivery or involve an out-of-pocket payment)?

The evidence provided to support a rationale for intervening should outline the benefits of using public resources to intervene (e.g., benefits for the individual and society (immunisation), mitigation of socio-economic or early life experiences that may harm or hinder long-term well-being (educational welfare), enhance the productivity of later public policies (early learning)).

In setting out a rationale for government intervention, policy makers also have an opportunity to critically review the policy response and consider how people's concerns may challenge the legitimacy of the policy.²⁵ By considering these issues, policy makers have an opportunity to identify potential risks to the design and implementation of an effective policy and outline how to best communicate the purpose and benefits of the intervention.

2.3 Policy objective

A policy objective is an explicit statement of the intended result of the policy or programme.²⁶ The process of setting out the policy objective provides policy makers with the opportunity to clearly state the benefit of the policy, programme or programmatic intervention to individuals and wider society. The policy objective should be framed in terms of outcomes or results (i.e., the expected benefit of the policy, programme or programmatic intervention for those who access the service).

Clear policy objectives are important for successful policies and programmes. For instance, decision making is enhanced when policy objectives are expressed in a way that facilitates the consideration and analysis of all relevant policy approaches (i.e., should not be expressed in a way that points to only one policy response). The absence of clarity about a policy objective can undermine later efforts to plan and deliver a public service as well as monitor and evaluate its performance.

Clearly stated policy objectives can also have a motivational effect on those charged with delivering the policy or programme. When the purpose of a policy is clear, those involved in the delivery of services are more likely to have a greater sense of ownership and commitment because they are better able to observe its impact on people's lives.²⁷

²⁵ An intervention may be contested: is what is being offered "good" (e.g., "vaccine hesitancy") (Freeman, 1999; Cairney and St Denny, 2020); how it balances the "good" against any risks associated with the intervention (e.g., medical interventions) (Andermann, Blancquaert, Beauchamp and Déry, 2008; Scally, 2018; Health Information and Quality Authority, 2009; Kramer, 2014); how it balances the rights of the individual and society ("nanny state") (Gough, 2013); the intervention may fail to address the root cause of the policy challenge (e.g., social inequality) (Marmot, 2010; Roe, 2005; Miller, 2001).

²⁶ *Guidelines for Evaluating, Planning and Managing Current Expenditure*, Section 3.1; *Value for Money Review and Focused Policy Assessment Guidelines*, Section 4.1.3 – 4.1.9 and 5.1.10 (<https://www.gov.ie/en/publication/public-spending-code/>)

²⁷ Scott and Boyd, 2017.

Policy makers should endeavour to ensure that the policy objective is:

- Specific (a clear statement of the intended results or outcomes of the intervention including direction of change i.e., it should define what success looks like);
- Measurable (define results or outcomes in ways that can be quantified, that is, develop and / or identify a coherent set of quantitative metrics to measure the impacts, results and benefits of the intervention);
- Achievable / Attainable (the intended results or outcomes should be within the control of those tasked with implementing the intervention though there should also be an awareness of the limitations and constraints involved in doing so e.g., resources and time).

Given that time is often a key factor in achieving policy objectives, policy makers may consider identifying intermediary outcomes that will provide evidence of whether or not the policy, programme or programmatic intervention is progressing toward the intended outcome;

- Relevant / Realistic (while focused on the specific policy challenge, it should also be part of the overall work of the department and government); and
- Time-bound (provide clarity on how long it is likely to take before the intervention will have its intended impact, in particular, noting whether or not the impact is likely to be discernible within the lifetime of a government).

As policy objectives are usually set out in strategic or high-level policy documents, there is a risk they may be overly general to be meaningful in the context of day-to-day delivery of services. Policy makers may need to consider how best to make the objective relevant for those who are engaged in the delivery of services. One approach might be to use workshops or facilitated seminars with stakeholders to explore what the policy objective means in order to develop a shared understanding and ownership of the intervention (e.g., what the intervention is trying to achieve, the nature of the policy challenge, the needs of the community, what can be achieved within a regional or local context, how it fits with existing service provision).²⁸ It may also be necessary to manage expectations about what can be achieved and the inability of the policy or programme to “do everything”.

2.4 Strategic alignment

Finally, policy makers should set out how a prevention and early intervention policy or programme aligns with the government’s policy agenda (“strategic alignment”). Strategic alignment provides policy makers with the opportunity to:

- Demonstrate the policy objectives “relevance” in the context of the government’s policy agenda;²⁹

²⁸ Centre for Effective Services, 2019.

²⁹ A government’s policy agenda provides the context within which the policy or programme is designed and implemented. This agenda may be shaped by programmes for government and budgetary policy; departments’ Statements of Strategy and Business Plans; broad policy principles and aims as set out in high level policy and strategy (including sectoral or cross-sectoral strategies as

- Identify key stakeholders (i.e., relevant government departments, public service agencies and non-governmental organisations as well as those who are likely to be users of the service).

These stakeholders can play key roles in the design and implementation of the policy or programme (e.g., ensure collaborative policy leadership within and across government departments and agencies³⁰ and support opportunities for cooperation and collaboration between all relevant stakeholders as part of a policy community³¹ as well as drawing on their experience and expertise to better inform the policy making process).

- Set out policies and programmes that have already been tried or policies and programmes that are currently being implemented that are focused on similar outcomes;
- Consider how the policy or programme may have unintended consequences on other policy areas.

well as the work of international organisations); other requirements such as legislation, court rulings, professional standards, codes of practice and regulations.

³⁰ Collaborative leadership can help secure the participation of key service delivery agencies; provide strategic direction and clarity; support the introduction of change and new ways of working. (Hickey et al., 2018; Centre for Effective Services, 2019)

³¹ Cooperation and collaboration can facilitate organisations participating as equal partners; supporting complementary elements of different services (reducing the risk of duplication or hindering effective implementation); and building on earlier successes (learn from past failures). Policy makers should ensure that there is broad policy leadership both within and across government departments and agencies. (Hickey et al., 2018; Ling, 2012) While an individual “charismatic” leader may serve as a catalyst for a policy, the ongoing commitment by their organisation may wane (when they are no longer in position, or if they themselves lose interest and “walk off the pitch”) and the policy may suffer reputational damage.

3. Develop

This second stage of the policy cycle is concerned with developing alternative approaches to addressing the policy challenge. Policy makers have the opportunity to set out the realistic ways of achieving the policy objective. (The policy objective should not have been expressed in a way that points to only one policy response.) In setting out the alternative approaches, policy makers have an opportunity to begin thinking about the key questions of who should benefit from the services provided under the policy and the resources likely to be required to ensure the provision of an effective service. Furthermore, policy makers have an opportunity to consider innovative ways of designing and implementing policy.

3.1 Identify alternative approaches to achieving the policy objective

Policy makers have an opportunity to identify all realistic ways of achieving the policy objective.³² (This should be done with an open mind.)

In terms of prevention and early intervention policies and programmes, setting out a range of alternative interventions provides policy makers with an opportunity to translate the results from research into policy relevant knowledge by:

- Describing the policy, programme or programmatic interventions in a way that compares the:
 - Services to be provided;
 - Available evidence demonstrating efficacy in achieving the policy objective; and
 - Various elements that are significant to implementing effective interventions (e.g., fidelity, resources and context specific factors); and
- Mitigating the risk that policy discussion is restricted to considering a specific programmatic intervention and the benefits that it can deliver.

In order to generate alternative approaches to achieving the policy objective, policy makers may find it useful to:

- Consider existing policy, programme and programmatic interventions and their evaluations.
- Engage with stakeholders and experts. For instance:
 - Open Policy Debates are a way of promoting regular, open discussion between policy makers, practitioners, academics and other experts.

For example, the Department of Children & Youth Affairs has held a number of such 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.³³

³² *Guidelines for Evaluating, Planning and Managing Current Expenditure*, Sections 3.1 – 3.2 (<https://www.gov.ie/en/publication/public-spending-code/>)

³³ <http://csvision.per.gov.ie/open-policy-debates/>

- Peer Reviews are a way of considering areas of “good practice” or gathering advice from other countries.

For example, in 2016, the Department of Children & Youth Affairs utilised a 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, in this case prevention and early intervention services to address children at risk of poverty.³⁴

- Consider reports and systematic reviews that examine a range of policy, programme or programmatic interventions and their evaluations.³⁵
- Innovative ways of developing alternative approaches might include:
 - Policy laboratories – Intended to drive innovation through experimentation by bringing together civil servants, entrepreneurs and citizens to develop novel solutions to a policy challenge. The “laboratory” practice of investigating a situation (exploring how it occurs and testing solutions in a safe and controlled environment) provides policy makers with the opportunity to better understand what works in public policy design and delivery.³⁶
 - Transformation teams - To focus on urgent or priority projects, “delivery units” have been established to oversee and co-ordinate the use of technology in radically transforming service delivery for people and businesses. The civil servants in these units work with other professionals who have specialised skills and experience in innovative technologies.³⁷

While it may be some time before policy makers have a clear idea about how the policy, programme or programmatic intervention can be scaled-up so that more can benefit, policy makers have an opportunity to begin considering how to develop an intervention so that the lessons from any future evaluation can be embedded into both local and national service provision (e.g., how to mainstream each alternative approach (develop services and practices so that they are integrated into existing services) in a sustainable way (continue to be delivered to an appropriate level of quality over time)). In this context, it may also be worth thinking about how to ensure that mainstreaming does not either reduce the quality of implementation and service delivery or result in a loss of focus as an intervention becomes part of a larger or more general public service or policy agenda.³⁸

³⁴<https://ec.europa.eu/social/main.jsp?catId=1024&langId=en>

³⁵ For example, the Centre for Effective Services has produced a series of analyses that bring together the findings from a range of programmatic interventions in the area of children, young people and their families: <https://www.effectiveservices.org/work/on-the-right-track-learning-from-prevention-and-early-intervention-in-ireland> Also see Department of Children & Youth Affairs “What Works” portal: <https://whatworks.gov.ie/>

³⁶ Ferreira and Botero, 2020; OECD, 2017 and 2019.

³⁷ OECD, 2017 and 2019.

³⁸ The scaling up of effective policy, programme or programmatic interventions is complex and can vary from rigorous empirical evidence (“policy emulation”); people’s experiences and expert knowledge (“storytelling”); and a combination of the scientific and experiential knowledge (“improvement methodology / science”). (Gottfredson et al., 2015; Cowen et al., 2017; Cairney and St Denny, 2020; Fergusson et al., 2011; Cairney and Oliver, 2017; Cairney, 2012 and 2016; Gough, 2013)

3.2 Describe who benefits from the intervention

Each of the alternative approaches should describe who will benefit from the service. This provides policy makers with the opportunity to link the high-level policy objective to its impact on people's lives.

The focus of prevention and early intervention policies and programmes is on the intended outcome for the individual (i.e., programmatic interventions hold out the promise of improved outcomes for individuals though policy makers sometimes present this in terms of a cohort, community or population).

This question of access provides policy makers with the opportunity to engage with those who are likely to access the intervention and consider how to provide services in a way that best meets differing levels of need and is as barrier free as possible.³⁹ Policy makers will need to set out criteria determining access and balance arguments favouring targeted access (by those cohorts most likely to benefit) with preferences for more inclusive or universal access (associated with a more marginal overall impact as the impact may be strong for some but weaker for others).⁴⁰

Hardiker et al. (1991: 46-49) have illustrated how services can be provided at different levels based on different levels of need: In general terms, these can be described in terms of:

- Universal or mainstream services (Level 1) – services available to all and offer the potential for targeting resources to communities or areas, especially disadvantaged communities;
- Targeted provision of specific support services (Level 2) – service for those who have been assessed as having some additional needs;
- Targeted specialised services (Level 3) – services provided to those with chronic or serious problems through a complex mix of providers (who usually need to work well together in order to provide the best support); and
- Intensive long-term support and rehabilitation services (Level 4) – for people with established difficulties and at serious risk.

While the criteria for accessing services tend to focus on individual or family characteristics, access may also be determined by where the service is to be provided (i.e., implemented on an area basis rather than at national level). Sometimes an area-based approach is favoured because it enables service providers to:

- Better identify and address local needs,
- Encourage service providers to engage with defined communities,
- Build and strengthen interagency relationships, and
- Increase awareness among local practitioners of the breadth of available services.

³⁹ For example, *Housing First* is a strategy that is committed to reducing and eliminating rough sleeping and long-term homelessness by providing immediate access to housing without preconditions. (<https://www.housing.gov.ie/housing/homelessness/housing-first-national-implementation-plan-2018-2021>)

⁴⁰ Rose, 1985.

However, any decision to adopt an area-based approach would need to address how such an approach is often limited to a small number of areas, the defined boundaries of an area can result in the exclusion of people who live close-by, the multi-agency nature may be hindered by competing priorities and the interventions delivered under an area-based programme may duplicate or displace services already being provided by other organisations in an area.⁴¹

3.3 Resources

In order to implement a policy, policy makers need access to financial and human resources. The difficulties encountered in securing long-term funding from both private and public sources are often cited as obstacles to planning of effective prevention and early intervention programmes.

In the main, resources are consumed through the provision of day-to-day services (e.g., salaries and wages of staff, rent and utilities, consultancy and professional fees) but sometimes are invested in buildings or equipment.

Initially, there is likely to be uncertainty in estimating costs of the policy or programme. As the design of the policy or programme becomes clearer, it is expected that there will be increasing levels of certainty regarding the resources required to deliver the intervention. As part of this process, policy makers should:

- Develop estimates of resources required to deliver the policy objective under each of the alternative approaches under consideration;
- Set out the levels of uncertainty associated with the cost estimates; and
- Engage from an early stage with colleagues in their department's finance office to understand how affordable the estimated cost is in the context of the resources available to the department taking account of the economic and fiscal constraints at the time and other government priorities.

In terms of prevention and early intervention policies and programmes, policy makers may also need to consider:

- Expectations that the policy or programme will lead to future expenditure savings because of reduced future demand for services. When these grounds are used to justify a prevention or early intervention policy or programme, policy makers should outline:
 - The evaluation findings of cost-effectiveness or cost-benefit on which this is based; and
 - The analysis and assumptions underpinning this justification.

In cases when this justification is relied upon but the evaluation does not describe the returns associated with the investment, it should be stated why this analysis was not provided, the difficulties encountered and the actions to mitigate against such risks with future investments.

⁴¹ Hickey et al., 2018

- Policy makers should outline the likely cost to the Exchequer of resourcing the intervention once it has been fully established.

This should be part of a general focus on planning over the medium term. In the absence of an increase in their Estimate, policy makers will need to be able to resource the policy or programme from existing resources. This issue is of particular importance in cases where the initial phase, or later phases, of the implementation has been resourced either in partnership, or solely by non-governmental organisations (e.g., philanthropic organisations).

It should be clearly acknowledged if the initial investment is focused on establishing the policy, programme or programmatic intervention (i.e., the impact of the intervention is likely to be limited during this initial phase).

- How the criteria that determine access to a service impact on the estimated cost due to the volume of service delivery (e.g., a more inclusive approach to access may require more people to meet demand for the service) and intensity of service (e.g., more targeted services may involve more specialised interventions);⁴²
- Investment required to enhance service provision through:
 - The use of evidence (i.e., collection of data and invest in training people to conduct research, monitor performance and interpret data);
 - The professional development of staff (i.e., provision of training, coaching and mentoring); and
 - Interagency working (i.e., facilitate the release of staff to attend training and participate in other networking events; employ a coordinator to organise intervention delivery across different locations and build collaboration and coordination with related service providers).⁴³
- When considering resources, there is a tendency to think only about future needs. However, prevention and early intervention policy, programmes or programmatic interventions are likely to be supported by earlier public investment and, in such cases, a proposal for additional resources should set the context by noting:
 - Resources that have already been provided directly (e.g., to support the development of a policy or programmatic intervention through a series of pilot phases); and
 - Details of resources allocated to similar or related policy or programmatic interventions (e.g., other policy or programmatic interventions identified at the strategic alignment stage that focus on a similar set of outcomes); as well as
 - Details of resources provided by non-governmental organisations (e.g., philanthropic organisations) and matched or co-funded by government.⁴⁴

⁴² Proctor et al., 2011.

⁴³ Hickey et al., 2018.

⁴⁴ For example, co-funding arrangements between The Atlantic Philanthropies and governments in Ireland, North and South <https://www.atlanticphilanthropies.org/wp-content/uploads/2016/03/Prevention-Early-Intervention-Ireland-NI-Report.pdf>

3.4 Innovation

Within the public service there is an increasing focus on the need for greater innovation and collaboration.⁴⁵

Prevention and early intervention policies and programmes provide policy makers with an opportunity to consider ways of promoting a culture of innovation and collaboration.

The broad range of stakeholders involved in the design and implementation of public policy prompts consideration of the potential for:

- Developing alternative service delivery options through:
 - Fostering interagency working by either strengthening existing relationships or building new ones so as to bring key service providers together and develop more efficient and effective ways of working together.⁴⁶

For instance, the development of a consortium can be useful in terms of bringing stakeholders together by providing a structure that facilitates interagency working and supports a more effective approach to service planning and delivery.⁴⁷

This approach may require time and effort to develop, especially if stakeholders have little or no experience of working in partnership.⁴⁸

Also, efforts to establish greater cooperation and collaboration can be hindered if key stakeholders are unwilling to engage (the issue may not be a policy priority) or are not as committed as others (not providing resources to support the implementation of the policy and as such do not have a vested interest).⁴⁹

- Supporting the development of a shared vision and understanding of stakeholders' roles in service provision so as to better guide the planning and delivery of services.

However, this may be hindered by organisations' differing mandates and perceptions of community needs.⁵⁰

⁴⁵ <https://www.ops2020.gov.ie/what-is-ops2020/pillars/> and

https://www.ops2020.gov.ie/app/uploads/2019/09/SRSS_SC2018-018-Innovation-report-1.pdf

⁴⁶ There are a number of ways in which cooperation and collaboration can be facilitated: practitioner-to-practitioner (individual practitioners form informal working relationships with other practitioners across services); agency-to-agency (formalised working relationships between statutory and non-statutory agencies); and interagency service delivery (agencies jointly planning and strategically delivering services). (Hickey et al., 2018)

⁴⁷ The Children and Young People's Services Committees are an example of a strategic interagency structure that brings together the main statutory, community and voluntary providers of services for children, young people and families in the county / local authority area. (<https://www.cypsc.ie/>) Also see Keogh et al., 2016; Kania and Kramer, 2011.

⁴⁸ It would appear that collaboration is more successful amongst those who had already built trusting relationships from previous experiences of working together. It is suggested that this may be because trust reduces transaction costs associated with monitoring performance and that organisations are more likely to commit their own time and resources when they have confidence that those they are collaborating with will do the same. (Scott and Boyd, 2017)

⁴⁹ Hickey et al., 2018; Ling, 2012.

⁵⁰ Hickey et al., 2018; Centre for Effective Services, 2019.

- Service design approaches to develop user-friendly and responsive services and interventions;⁵¹
- Sharing and learning from experience (e.g., day-to-day delivery of services, governance, finance, sustainability) including local knowledge and expertise;⁵²
- Leveraging data to better address the needs of people, improve awareness and understanding of services provided in an area, and identify any gaps in local service provision;⁵³
- Changing the way in which service providers interact with clients;⁵⁴
- Developing partnerships between government and non-governmental organisations.

The development of partnerships that go beyond traditional approaches to designing and implementing public policy can be supportive of efforts to develop innovative ways of delivering services, enhance collaboration, transform ways of working and contribute to an increasing emphasis on the use of evidence and impacts of public policy.⁵⁵ If policy makers are considering developing such a partnership, it is important that they not only ensure that appropriate accountability and governance arrangements are in place but that they also examine the extent to which public policy and resources are used to address the policy challenge that is the focus of the proposed partnership (e.g., strategic alignment, resources already expended on similar policy initiatives), the purpose of the partnership (e.g., the rationale for adopting such an approach), and expectations about scaling-up an initiative following an evaluation (e.g., alternative approaches to designing the intervention, setting out an implementation plan) and for ongoing use of public resources beyond the period of partnership (e.g., potential future costs for the Exchequer post-partnership).

- Promoting cross government working (e.g., establishment of a cross-departmental unit with responsibility for a cross-cutting policy issue)⁵⁶ or accessing finance (e.g., Social Impact Bonds (a payment-for-results approach in which private investors fund an innovative approach to addressing a social need); wellness trusts (the creation of a funding pool to support interventions that seek to prevent poor health behaviours and improve health outcomes in a population); and accountable care organisations (provide a continuum of care for a designated population of patients with reimbursements based on improved outcomes rather than to units of service provided)).⁵⁷

However, policy makers considering any such innovations must ensure that they are acting within public financial rules and regulations and that appropriate accountability and governance arrangements are in place (i.e., ensure that the relevant departmental Secretaries General are not impeded in the performance of their duties as Accounting Officers).⁵⁸

⁵¹ Kershaw et al., 2017; Thoelen et al., 2015; Observatory of Public Sector Innovation (<https://oecd-opsi.org/guide/service-design/>);

⁵² Hickey et al., 2018; Centre for Effective Services, 2019; Ling, 2012.

⁵³ Hickey et al., 2018; Centre for Effective Services, 2019.

⁵⁴ Hickey et al., 2018; Centre for Effective Services, 2019.

⁵⁵ Boyle, 2017; Boyle and Shannon, 2018: 63.

⁵⁶ For example see Children and Young People's Services Committees <https://www.cypsc.ie/>

⁵⁷ OECD, 2017 and 2019.

⁵⁸ See: Section 22 of the Exchequer and Audit Departments Act 1866, read in conjunction with s.1 of the Comptroller and Auditor General (Amendment) Act 1993; Section A5 of *Public Financial*

4. Debate

This stage of the policy cycle is concerned with how policy makers can decide between the alternative approaches to achieving the policy objective. There is also a need to articulate a broad range of arguments in favour of public investment, including the economic and normative arguments for intervening as well as setting out evidence demonstrating efficacy.⁵⁹ Appraising alternative approaches involves the use of a consistent framework. That policy making decisions are to be informed by evidence requires a leadership culture that values and invests in the capacity of staff to gather and use policy relevant knowledge. Policy makers have an opportunity to engage with stakeholders and consider the risks associated with each alternative approach.

4.1 Appraise alternative approaches to achieving the policy objective

Once policy makers have identified a set of alternative approaches to achieving a policy goal, they need to set out a way of deciding between them. Appraisal involves the use of a consistent framework to compare and assess each alternative approach.⁶⁰ There are a variety of frameworks available, including:

- *Cost Benefit Analysis* – supports the identification of a preferred option by comparing the costs and benefits associated with alternative ways of achieving a specific objective. As a way of appraising alternative approaches it makes explicit assumptions that may be overlooked and requires all costs and benefits to be expressed in monetary terms; something which may not always be possible.
- *Cost Effectiveness Analysis* – compares the relative costs of alternative ways of achieving an outcome. It is used when it is difficult to express benefits in monetary terms.
- *Cost Utility Analysis* – measures the relative effectiveness of alternative interventions in achieving two or more objectives. Health appraisals compare Quality Adjusted Life Years (a combination of quality and quantity of life lived).
- *Multi-Criteria Analysis* – scores each of the alternative approaches on a set of criteria derived from the policy objective including affordability and value for money. The criteria are weighted on the basis of their relative importance to the policy objective.
- *Regulatory Impact Analysis* – the structured exploration of different options to change existing regulations or introduce new regulations.

Procedures (<https://govacc.per.gov.ie/public-financial-procedures-booklet-by-section>); *The Role and Responsibilities of Accounting Officers: A Memorandum for Accounting Officers* (<https://govacc.per.gov.ie/wp-content/uploads/2014/06/Accounting-Officers-Memo.pdf>).

⁵⁹ Frazer, 2016.

⁶⁰ *Guidelines for Evaluating, Planning and Managing Current Expenditure*, Chapters 2 and 4; *Overview of Appraisal Methods and Techniques*; *A Guide to Economic Appraisal: Carrying Out a Cost Benefit Analysis*; *Central Technical References and Economic Appraisal Parameters*; *Regulatory Impact Analysis Guidelines* (<https://www.gov.ie/en/publication/public-spending-code/>).

Other resources include: UK Treasury's *The Magenta Book* (<https://www.gov.uk/government/publications/the-magenta-book>) and *The Green Book* (<https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government>).

- *System Modelling Methodology* - the development of computer simulation models that portray processes of accumulation and feedback and that may be tested systematically to find effective policies for overcoming policy resistance and relying on robust data and insight from the relevant sector(s).

Irrespective of the number of alternative approaches examined, the set of options must be compared against a “do nothing” / “do minimum” option (i.e., the likely outcome if the intervention was not implemented).

The appraisal should:

- Demonstrate that each alternative approach delivers the intended outcome(s);
- Specify methodological constraints (e.g., how a pilot-cohort differs from the population that is intended to benefit from the proposed intervention; differences in factors that are central to effective implementation, for instance, fidelity, appropriateness, feasibility); and,
- Draw from as wide a range of data and insight as possible in order to capture the dynamic complexity of prevention and early intervention, and likely impact over time.

4.1.1 Quality of Evidence

A core concern is quality of evidence. Given the range of methodologies available, the developing field of preventive science has set out a range of standards that are intended to better understand the effects and potential impacts of programmatic interventions.⁶¹

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, Randomised Controlled Trials (RCT) 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.⁶² 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.

While there may be a tendency to focus only on RCT based evaluations, policy makers when seeking evidence of the impact of interventions on complex policy challenges may need to widen their scope to include evaluations that include other methodological approaches:⁶³

⁶¹ Gottfredson et al., 2015; Early Intervention Foundation (<https://guidebook.eif.org.uk/eif-evidence-standards>).

⁶² Gottfredson et al., 2015; Breckon, 2016; Bagshaw and Bellomo, 2008; Petticrew and Roberts, 2003.

⁶³ Other methodological approaches include theory based (an approach to evaluation that focuses not only on what works but why and how it worked as the theory of change that underlies the intervention sets out the transformational relations between the services or treatments provided and the intended outcomes as well as the contextual factors); realist evaluation (seeks to understand why or policy or programmatic interventions do or do not work in different contexts); contribution analysis (explores the contribution a policy has made to an observed outcome given that there are other paths to the intended outcome which may or may not include the intervention); qualitative comparative analysis (establishes what factors, common across cases, can explain similar or different observed outcomes

- RCTs provide evidence about whether an intervention worked to improve outcomes but they do not set out how or why it worked.
- It may not have been possible to use an RCT in the evaluation (e.g., not possible to identify a control group) or it may not have been appropriate to do so because of ethical issues.⁶⁴
- 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).⁶⁵
- The use of familiar approaches to evaluating complex policy challenges and interventions may result in frustration as they may be unlikely to produce the anticipated high levels of certainty.

Complex policy challenges and interventions are unlikely to involve fixed, linear sequences of activities capable of duplication and replication.⁶⁶ The evaluation of such interventions may require approaches that, while resulting in more contingent findings (than the familiar evaluation methodologies), are 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); and
- Supporting more informed adaptation of policy or programmatic interventions to better achieve policy objectives.⁶⁷

For example, 'contribution stories' focus on how those involved in an intervention understand the causal pathways connecting the intervention to intended outcomes. As part of this process:

- Practitioners and service users describe how their activities produce intended and unintended outcomes;

(identifying the preconditions and making sense of the diversity of observed results) across a small number of cases when there are several but not many causal factors. (Stern, 2015; Breckon, 2016)

⁶⁴ 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).

⁶⁵ Petticrew and Roberts, 2003; Bagshaw and Bellomo, 2008; Muir Grey, 1996; Stern, 2015; Breckon, 2016.

⁶⁶ 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.)

⁶⁷ Supplee and Duggan, 2019. Also see Better Evaluation:

https://www.betterevaluation.org/en/plan/approach/developmental_evaluation

- Policy makers explore with practitioners and service users how they think the different aspects of the intervention interacted with each other and with other systems;
- Policy makers can then develop theories of change tracing the causal pathways linking the resources used to the outcomes achieved; and
- Policy makers can also identify the key uncertainties associated with the intervention (are the uncertainties are due to “ignorance”, “lack of evidence”, “ambiguity”, “risk”) and provide for data collection and analysis in order to reduce these uncertainties.⁶⁸

Box 5 – Addressing the Challenges of Evaluating Complex Interventions

Complex interventions present evaluators with a number of specific problems in addition to the practical and methodological difficulties that any successful evaluation must overcome. In particular, these problems relate to difficulties standardising the design and delivery of the interventions, their sensitivity to features of the local context, organisational and logistical difficulties applying experimental methods to service or policy change, and the length and complexity of the causal chains linking interventions with outcomes.

There are a range of international tools available to support the assessment of evidence for complex interventions. These have been designed to guide and enhance the process of evidence appraisal, intervention development and evaluation when RCTs are not feasible or acceptable.

In the United Kingdom, the Medical Research Council and the National Institute for Health Research (2000, 2019) have developed frameworks that are intended to help:

- Researchers to choose appropriate methods;
- Research funders to understand the constraints on evaluation design; and
- Users of evaluation to weigh up the available evidence in the light of these methodological and practical constraints.⁶⁹

The practice of evidence appraisal is also supported by published techniques frameworks. For instance, the Confidence in the Evidence from Reviews of Qualitative Research (GRADE-CERQual) provides guidance for assessing how much confidence to place in findings from systematic reviews of qualitative research (or qualitative evidence syntheses) based on consideration of methodological limitations; coherence; adequacy of data; and, relevance. A fifth component dissemination (or publication) bias, may also be important and is being explored.⁷⁰ Other approaches and frameworks include GRADE⁷¹, the DECIDE evidence-to-decision frameworks⁷² and the SURE guide to using evidence-based policy briefs.⁷³

⁶⁸ Ling, 2012.

⁶⁹ <https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/>

⁷⁰ <https://implementationscience.biomedcentral.com/articles/supplements/volume-13-supplement-1>

⁷¹ <https://www.gradeworkinggroup.org/>

⁷² <https://www.decide-collaboration.eu/evidence-decision-etd-framework>

⁷³ <https://www.who.int/evidence/sure/guides/en/>

In summary, policy makers should:

- Consider the quality of the research design. Irrespective of the design of the study (RCT, survey or qualitative), not all research is of the same quality or applies the required rigorous standards and therefore suitable evidence appraisal techniques should be adopted.
- Be aware of the risk of placing too much confidence in a small number of evaluations.⁷⁴ When policy makers have the opportunity to consider a number of evaluations, they can focus on the coherence of the evidence (i.e., is the evidence point in the same direction) and any uncertainty about the impact of the policy or programmatic intervention.

4.2 Engage with stakeholders

Policy makers have an opportunity to engage or consult with stakeholders regarding the alternative approaches. Such an “open” approach can allow policy makers to:

- Take account of the views, needs, rights and choices of those who are the focus of the intervention (including children and young people);⁷⁵
- Understand the social context in which the intervention is to be delivered;
- Identify key stakeholders who can make a contribution and bring various perspectives to the design and implementation of the intervention; and, where relevant
- Support local communities tailor national policies to meet their area’s needs (including “entrepreneurial” efforts to meet challenges within their own communities).⁷⁶

In planning this and other types of engagement, policy makers should seek to clearly communicate:

- What the intervention is trying to achieve;
- How it meets the needs of the community;
- How it fits with existing service provision; and
- Limitations about what can be achieved and the time required to achieve the intended outcomes.

Workshops and facilitated seminars can be a useful way of engaging with stakeholders on issues relating to the purpose, goals and services to be provided by the policy or programmatic intervention.

⁷⁴ Early Intervention Foundation, 2016; Cowen et al., 2017; Cairney and Oliver, 2017.

⁷⁵ Ocloo and Matthews, 2015.

⁷⁶ Cairney and St Denny, 2020; Lowndes and Pratchett, 2012; Evans et al, 2013; Hickson, 2013.

4.3 Risks

Finally, as prevention and early intervention policies, programmes and programmatic interventions tend to be complex, often involving a range of different actors and actions that need to be operationalised in very specific ways, policy makers have an opportunity to reflect on the risks and to set out a series of actions that are intended to mitigate these risks.⁷⁷

In terms of the design and implementation of policy, programme or programmatic interventions, policy makers might consider:

- Uncertainty – There is a tendency to publish and focus attention on the positive impacts of an intervention (what it can achieve) rather than negative findings. This means that lessons regarding “what works” may be skewed, that is, the intervention may not be as effective as the published evidence suggests.

Policy makers should note how likely the intervention is to achieve the intended outcomes (i.e., unlikely to be successful in all cases) and to identify potential unintended negative or adverse effects.

In particular, the effect sizes associated with an intervention observed under the conditions of a rigorously conducted evaluation may not be realised when the intervention is scaled up and implemented in a real-world setting or adapted to a different context from that in which it was evaluated.

When there is only a small number of evaluations, there is a risk of putting too much emphasis on their findings.

When the results of a number of evaluations differ in terms of demonstrating efficacy, policy makers need to be careful that decisions are not being made on the basis of “cherry picking” evidence that supports a particular position or confirms a pre-existing view.

- Assumptions – Policy makers should be clear about the assumptions underpinning an intervention. The efficacy of an intervention may vary because of differences between how the pilot phase was implemented and how it is proposed to deliver a scaled-up version of the intervention (e.g., differences in terms of the social context or the level of fidelity required).
- Bias – As policy making is a human endeavour it can be shaped by subjective thoughts and opinions, such as:
 - Cognitive bias – inability to be entirely objective;
 - Confirmation bias – favour information that confirms previous existing beliefs or biases;
 - Default choices and settings – the status quo is preferred over less familiar alternatives; or
 - Optimism bias – tend to overestimate the likelihood of positive events.

⁷⁷ <https://govacc.per.gov.ie/wp-content/uploads/2016/02/Risk-Management-Guidance-February-2016.pdf>; *Guidelines for Evaluating, Planning and Managing Current Expenditure*, Sections 3.3, 5.3 and 10.1; *Overview of Appraisal Methods and Techniques*, Section 2.6 (<https://www.gov.ie/en/publication/public-spending-code/>).

- Costs – In estimating the costs of a policy, programme or programmatic intervention there is a level of uncertainty. Policy makers should be clear about the level of contingency built into estimated costs and the assumptions underpinning these.
- Governance – An intervention may fail to deliver a policy objective because governance arrangements are not sufficiently robust to ensure the required level or quality of service.
- Previous experience – While canvass the experience of those who have been involved in the design and implementation can prove useful, the lessons of the past should be examined critically; what has worked previously may not be inappropriate for the current policy challenge or context.

5. Implement

The implementation of the policy or programme is a process that translates ideas and evidence into the provision of services. Implementation is challenging and often involves a broad range of stakeholders.⁷⁸ Policy makers should set out an implementation plan detailing the key activities, responsibilities and timelines.⁷⁹ In this Working Paper it is not possible to detail the “who” and “what” of implementation. Instead, the Working Paper focuses on a number of key issues, namely, governance, supporting implementation of cross government strategies and ensuring quality implementation.

5.1 Policy and financial governance

There is a need for strong policy and financial governance. Firstly, it is unlikely that those who design the policy or programme, or are accountable for the use of public resources, will be engaged in the day-to-day provision of the service.

Secondly, as a broad range of stakeholders may be involved, there is a risk that the policy or programme will be seen as “everyone’s business”; making it difficult to determine who is accountable for the implementation of the policy, the delivery of services and the achievement of the desired results.

Policy makers need to ensure that appropriate accountability and governance processes are in place⁸⁰, including:

- Clear definitions and assignment of the roles and responsibilities of each organisation involved in the design and implementation of an intervention (e.g., based on the logic model setting out the actions to be taken to deliver the intended outcomes), including ensuring that appropriate contracts are in place;
- Strategies for managing and coordinating the work of various stakeholders including interdependencies between the intervention and other related government activities and taking account of any constraints that they may face;
- Processes to share information in a timely manner to better inform decision-making (e.g., monitor and manage the delivery and quality of outputs and outcomes, accounting for budgets and other resources, active management of expenditure and

⁷⁸ Implementation strategies can form the basis for an implementation plan that maps out the implementation process. Baker et al. (2010) have note that there is little evidence on how to choose the most effective implementation strategies. For instance, Leeman et al. (2017) have set out five groups of implementation strategies (Dissemination strategies, Implementation process strategies, Integration strategies, Capacity-building strategies, Scale-up strategies) and the *Expert Recommendations for Implementing Change* (ERIC) study defined 73 discrete strategies (Powell et al., 2015). Instead, choosing an implementation strategy tends to focus on understanding the stage of implementation and identifying strategies that may be most useful and effective in a specific context (e.g., conduct a needs assessment because of a paucity of relevant data, communication and stakeholder engagement in order to maintain or enhance support for the policy or programme). See: <http://implementation.effectiveservices.org/strategies>

⁷⁹ *Guidelines for Evaluating, Planning and Managing Current Expenditure*, Chapters 8 (<https://www.gov.ie/en/publication/public-spending-code/>). Also see: https://www.effectiveservices.org/assets/CES_-_Implementation_Stages_Key_Activities_Tool.pdf

⁸⁰ See: <https://govacc.per.gov.ie/>, <https://www.gov.ie/en/publication/public-spending-code/> and <https://circulars.gov.ie/pdf/circular/per/2014/13.pdf>

ensuring that appropriate actions are implemented to address adverse developments (e.g., potential cost overruns or delays));

- Compliance with public procurement legislation and policy.⁸¹

Box 6 – Principles for those in Receipt of Public Funding

<p>Clarity</p> <p>Understand the purpose and conditions of the funding and the outputs required</p> <p>Apply funding only for the business purposes for which they were provided</p> <p>Apply for funding drawdown only when required for business purposes</p> <p>Seek clarification from the grantor where necessary – on use of funds, governance and accountability arrangements</p>	<p>Governance</p> <p>Ensure appropriate governance arrangements are in place for:</p> <ul style="list-style-type: none"> - Oversight and administration of funding; - Control and safeguarding of funds from misuse and misappropriation and fraud; - Accounting records which can provide, at any time, reliable financial information on the purpose, application and balance remaining of the public funding; - Accounting for the amount and source of the funding, its application and outputs / outcomes.
<p>Value for Money</p> <p>Be in a position to provide evidence on:</p> <ul style="list-style-type: none"> - Effective use of funding; - Value achieved in the application of funds; - Avoidance of waste and extravagance. 	<p>Fairness</p> <p>Manage public funds with the highest degree of honesty and integrity</p> <p>Act in a manner which complies with relevant laws and obligations (e.g., tax, minimum wages)</p> <p>Procure goods and services in a fair and transparent manner</p> <p>Act fairly, responsibly and openly in your dealings with your Grantor</p>

Source: DPER Circular 13/2014 – *Management of and Accountability for Grants from Exchequer Funds*. <https://circulars.gov.ie/pdf/circular/per/2014/13.pdf>

5.2 Quality of implementation

As it may be some time before policy makers can observe the impact of the policy, programme or programmatic intervention, by focusing on implementation outcomes policy makers may be able to observe how well the intervention is being implemented and to introduce changes that enhance the quality of the service being provided (i.e., a poorly implemented policy or programme will not be effective in achieving its policy objective).

Implementation outcomes are the effects of deliberate and purposive actions to implement new treatments, practices, and services. They help policy makers understand how the

⁸¹ The Office of Government Procurement has responsibility for sourcing all goods and services on behalf of the Public Service and for procurement policy and procedures.

delivery of the intervention influences its overall impact.⁸² For instance, implementation outcomes include:

- Fidelity - the extent to which the delivery of an intervention adheres to the programme model as intended by those who developed it;⁸³
- Cost - the resources and funding required to implement the intervention, and the net cost impact of implementing and delivering the intervention;
- Acceptability – the extent to which stakeholders have a positive perception of the policy and its services, practices or treatments;
- Sustainability - the extent to which the intervention will be renewed and institutionalised into the organisation/setting's ongoing operations;
- Appropriateness - extent to which an intervention is perceived as relevant or compatible in terms of being delivered by a particular service provider or to address a specific policy challenge;
- Feasibility - the extent to which an intervention can be successfully used or carried out within a given organisation or setting,
- Penetration or Reach - the integration of an intervention's services and practices within an organisation's overall delivery of services.⁸⁴

Furthermore, the capacity of people to deliver high quality services is central to the delivery of effective programmatic interventions (e.g., professional development and training on “how to” deliver an intervention, deal with change, enhance communication and collaborative working; coaching or mentoring to facilitate the application of new skills).⁸⁵ For highly individualised services, the quality of “therapeutic alliance” or “therapeutic relationship” between the provider and participant is important to achieving progress. The capacity of providers to develop these relationships can be enhanced, for example, through “observation feedback” (practitioners analyse, critique, practice, reflect, and revise practices) and “client informed feedback” (practitioner draw on participants’ feedback to reflect on their assumptions, the extent to which the agreed tasks are working and progress toward achieving the agreed goals).

Finally, policy makers should acknowledge, at the outset, the necessity of investing time. It can take a number of years before a service is fully implemented or embedded, and even longer before the promised benefits become evident. The promised benefits are more likely to be achieved when time is invested in increasing the capacity of staff to deliver the service (e.g., training, coaching, mentoring and/or professional development opportunities) and

⁸² Proctor et al., 2011.

⁸³ There are a variety of factors that influence fidelity, including *adherence* (the extent to which the various components of the intervention are delivered as prescribed by the programme model), *exposure* (“dosage”, the amount (the number, frequency and duration of sessions) of the intervention delivered compared to the amount prescribed by the programme model; *quality of delivery* (the manner in which the intervention is delivered); *participant responsiveness* (the manner in which participants engage with the intervention); *programme differentiation* (the degree to which the critical components of a programme are distinguishable from each other and from other programmes).

⁸⁴ National Clinical Effectiveness Committee. 2018. *Tool 5 – Monitoring and Evaluating Implementation: Planning Tool*.

<https://assets.gov.ie/11842/8a62c1a90c03436f8c977200e7391068.pdf>

⁸⁵ For example see Tusla's Empowering Practitioners and Practice Initiative

https://www.effectiveservices.org/downloads/Crowe-EPPI-Evaluation-Report_03.10.2019.pdf

achieving long-lasting changes to professional practices; collecting and reflecting on evidence and data (i.e., to support planning and designing the provision of services and reporting on the performance and impact of the service) and developing and building relationships with local communities and other relevant agencies.⁸⁶

5.3 Supporting the implementation of cross governmental strategies

The “open” approach to designing and implementing prevention and early intervention policies and programmes is likely to involve a large and diverse range of stakeholders. Policy makers may need to consider developing a set of structures that can ensure stakeholders contribute their skills and expertise at the most appropriate time.⁸⁷

For instance, in order to drive and support the implementation of the cross governmental strategies, *Better Outcomes, Brighter Futures* (the national policy framework for children and young people) and *Connecting for Life* (national strategy to reduce suicide), the Department of Children & Youth Affairs and the Department of Health have put in place processes to support timely and appropriate engagement with stakeholders. (See Table 1)

Table 1 – Summary of Structures for Informing and Driving Implementation of Cross Government Strategies

	<i>Better Outcomes, Brighter Futures</i> ⁸⁸	<i>Connecting for Life</i> ⁸⁹
Government	Cabinet Committee on Social Policy and Public Service Reform	Cabinet Committee on Social Policy and Public Service Reform
Cross Government	<p>The <i>Children and Young People’s Policy Consortium</i> is comprised of high-level representation from government departments and agencies as well as key experts and representatives from a range of sectors.</p> <p>It is responsible for driving cross-government implementation of the strategy and reporting to the Cabinet Committee.</p> <p>A sub-group of the <i>Policy Consortium</i>, a <i>Sponsors Group</i>, comprises representatives of six government departments with</p>	<p>The <i>National Cross Sectoral Steering and Implementation Group</i> is comprised of senior officials from key government departments and statutory agencies as well as representatives of the NGO sector.</p> <p>It monitors and evaluates implementation over time, provides clear communications channels across Government and reports to the Cabinet Committee.</p> <p><i>Cross Sectoral Working Groups</i> focus on delivering key cross sectoral actions within the strategy and report to the</p>

⁸⁶ Hickey et al., 2018; Centre for Effective Services, 2019.

⁸⁷ Scott and Boyd, 2017.

⁸⁸ <https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/> A review of these structures and related recommendations is available in the *Mid-Term Review of Better Outcomes, Brighter Futures* <https://assets.gov.ie/38401/b6fd3f579d514bb79f65d692970b55e6.pdf>

⁸⁹ <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/cfl-implementation-plan-jan-2018.pdf>

	responsibility for national outcomes, is a forum for the development of a shared agenda and provides an opportunity to identify synergies and areas for collaboration, and address barriers to the fulfilment of commitments.	<i>Cross Sectoral Implementation Group.</i>
Driver of Implementation	<p>A DCYA <i>Implementation Team</i> project manages reporting on implementation and coordinates and facilitates dialogue and consultation between departments, agencies and stakeholder groups.</p> <p>It also identifies emerging themes and trends relating to implementation and ensures knowledge transfer across the implementation infrastructure.</p> <p>The Implementation Team reports to <i>Sponsors Group</i> and <i>Policy Consortium</i>.</p>	<p>The <i>National Office for Suicide Prevention</i> is part of the HSE's Mental Health Division. In driving implementation, it supports, informs, coordinates and monitors the implementation of strategy.</p> <p>Within the HSE, a <i>Cross Divisional Implementation Group</i> progresses a HSE cross-divisional implementation plan.</p>
Advise on implementation	<p>The <i>Policy Consortium</i> is supported in its work by: <i>Children and Young People's Services Committees National Steering Group</i> (represents local level agencies engaged in joint planning of services); <i>Advisory Council Early Years, Children and Youth</i> (expertise from the community and voluntary sector, academia and independent experts); <i>Structured Dialogue Working Group</i> (national participation and consultation process whereby young people feed into European youth policy); and <i>Comhairle na nÓg National Executive</i> (national participation structure for young people).</p>	<p>Local implementation structures support the preparation and implementation of local suicide prevention action plans. Membership and support for each local structure comprises senior and middle management from service delivery agencies (both statutory and NGO), service user representatives, family/carer representatives and families bereaved through suicide.</p>

6. Monitor and Evaluate

The final stage of the policy cycle considered in this paper is concerned not only with ensuring that the policy or programmatic intervention is continuing to work as intended (i.e., intervention is being implemented as intended and is achieving the intended outcome) but also establishing the evidence base, examining the impact and replicability of the approach and making any necessary changes to the policy, programme or programmatic intervention.⁹⁰ As outlined earlier (Section 4.1.1), it is not straightforward to monitor and evaluate complex interventions.

6.1 Ensure the intervention is working

When designing the policy or programme, policy makers have an opportunity to consider how best to provide for:

- Ongoing monitoring and reporting of a policy's performance (e.g. volume of resources consumed, level and quality of outputs provided, impact of the intervention).⁹¹

This type of information allows policy makers and other interested parties to assess whether the policy or programme is within budget and progressing towards its policy objective.

- Periodic evaluations to examine if:
 - It is providing value for money, that is, public resources are being used efficiently to deliver effective public services; and
 - There is a continuing relevance, that is, there is a rationale for government intervention and the policy is addressing an ongoing policy challenge.

For example, the *National Evaluation of the ABC Programme* has described how training, supports and practical experience to increase the capacity of service providers to collect data and use evidence to inform service delivery contributed to:

- Increased capacity and confidence amongst practitioners to collect evidence and data;
- Greater use of evidence and data to:-
 - Inform service planning and delivery;
 - Assess the quality of service delivery; and
 - Adapt their services; and
- Sharing of data and evidence through the consortium structures.⁹²

⁹⁰ *Public Spending Code Value for Money Review and Focused Policy Assessment Guidelines; Guidelines for Evaluating, Planning and Managing Current Expenditure*, Chapters 9 (<https://www.gov.ie/en/publication/public-spending-code/>). Departments or Public Service Agencies may also develop their own Monitoring and Evaluation Framework, for example, Tusla (https://www.tusla.ie/uploads/content/2016_Sept_26_-_ME_Evaluation_Framework_WLD_Version_1_0.pdf).

⁹¹ OECD, 2012; Damschroder et al., 2009.

⁹² Hickey et al., 2018.

Finally, on occasion uncertainties around the role of evidence in the policy making process contributes to tensions between policy makers and stakeholders. In order to reduce the likelihood of such tensions arising policy makers should be clear about the ongoing need to collect and analyse data (including following the completion of an evaluation) and communicate how this evidence is used to inform the development of policies and programmes.

Policy makers and stakeholders have an opportunity to engage on how *evidence* is utilised to inform public policy (e.g., impact of intervention, reflect on services, inform planning and delivery of services, support development of policies or programmes) as well as issues around the collection and analysis of data (e.g., enhancing existing supports and training) and use of the broad and developing evidence base to inform the ongoing delivery of services.

7. Summary

This Working Paper seeks to stimulate an ongoing dialogue between all of those involved in the design and implementation of such policies and programmes in a way that both understands the inherent complexities of doing so and encourages informed, long-term commitment.

Central to this dialogue is the use of evidence. In general terms, this Working Paper is part of a series of efforts to enhance the use of evidence within the policy making process. More specifically, it has sought to focus attention on the use of different types of evidence to inform the various stages of the design and implementation of policies and programmes. While there may be a tendency to focus on very technical types of evidence, it should not be forgotten that evidence drawn from the experience and expertise of experts and practitioners may also make valuable contributions across the various stages of the policy cycle. Furthermore, this Working Paper is focused on progressing efforts to ensure that the use of evidence is valued and embedded within the policy making culture of each stakeholder organisation.

By relying on a policy cycle approach to public policy making, this Working Paper has sought to highlight key issues that ought to be addressed in the design and implementation of prevention and early intervention policies and programmes. (See Table 2.)

Table 2 – Summary of Role of Evidence in the Policy Cycle for Prevention and Early Intervention Policies and Programmes

Policy Cycle	Role of Evidence
Define	<p>Describe the challenge that the policy, programme or programmatic intervention is seeking to address.</p> <p>Review extent to which “what can be measured” has shaped understanding and definition of the challenge.</p> <p>State 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?).</p> <p>Set out the policy objective in a way that clearly states the benefit of the policy, programme or programmatic intervention to individuals and wider society.</p> <p>Engage with stakeholders (including those who are to benefit from the intervention) to develop a shared understanding of the policy objective.</p> <p>Locate the policy, programme or programmatic intervention in the context of the government’s policy agenda to identify stakeholders and related policies, and ensure broad policy leadership across government.</p>
Develop	<p>Identify and describe alternative approaches to achieving the policy objective.</p> <p>Begin to consider how the intervention might be adapted in the future so that it is mainstreamed (i.e., develop services and practices so that they are integrated into existing services) in a sustainable way (continue to be delivered to an appropriate level of quality over time).</p>

For each of the alternative approaches, describe who will benefit from the policy, programme or programmatic intervention and set out how access will be determined.

For each of the alternative approaches, estimate the resources required in the context of the overall resources available to the Department.

Examine expectations of the policy, programme or programmatic intervention will lead to future reductions in public expenditure as well as the impact on costs of issues such as the complexity of the intervention, criteria for determining access and investment in increasing the capacity of service providers as well as setting out previous investment in piloting the intervention, investment in similar or related interventions and investment by non-governmental organisations.

Consider ways of promoting a culture of innovation and collaboration in the design and implementation of prevention and early intervention policies and programmes.

Ensure that the alternative approaches to achieving the policy objective are within public financial rules and regulations and that appropriate accountability and governance arrangements are in place (i.e., Accounting Officers are not impeded in the performance of their duties).

Debate

Set out a consistent appraisal framework and compare each of the alternative approaches to achieving the policy objective.

Describe the evidence demonstrating the efficacy of the policy, programme or programmatic intervention, noting methodologies, assumptions and quality of research design used in each evaluation.

Critically review the alternative approaches in order to identify and mitigate risks that may hinder the design and implementation of the policy, programme or programmatic intervention.

Implement

Ensure that appropriate accountability and governance processes are in place.

Identify relevant implementation outcomes that will facilitate monitoring the quality of implementation and inform any changes that may be required to improve the quality of services being provided.

Set out supports for enhancing the capacity of people to deliver effective services.

Acknowledge the length of time required to develop an effective intervention.

Consider how process and structures might be developed to ensure stakeholders contribute their skills and expertise at the most appropriate time in order to support the implementation of cross governmental strategies.

Monitor / Evaluate

Put in place processes that will support ongoing monitoring and evaluation of the intervention (i.e., the intervention is being implemented as intended and is achieving the intended outcomes)

Engage with stakeholders about the ongoing need to collect and analyse data.

Examine how this data may be used to inform delivery of services as well as how could be used to inform the design and implementation of policy, programme or programmatic interventions.

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Quality Assurance Process

To ensure accuracy and methodological rigour, the authors 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 Department of Public Expenditure & Reform, a roundtable discussion with colleagues in Tusla and line management in the Department of Public Expenditure & Reform.



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