Dialogue on Effective *Prevention* and *Early Intervention* Approaches in Human Services

Working Towards a Shared Understanding

Mary Clarke and Fiachra Kennedy,

Prevention & Early Intervention Unit

July 2018

IGEES

Irish Government Economic & Evaluation Service

Under *A Programme for a Partnership Government*, the Department of Public Expenditure & Reform has established a Prevention and Early Intervention Unit (PEIU). The focus of the PEIU's work is on prevention and early interventions that can improve the life outcomes of children as well as the quality of life of older people dealing within long term conditions such as chronic illness (this is seen as being within the context of population health).

There is a strong common-sense appeal of such interventions. Most people are familiar with the idiom that "prevention is better than cure". However, effective prevention and early interventions rely on both knowing what to do (scientific understanding of cause and effect) and being in a position to act (the capacity of the government to intervene in social life).

The purpose of this report is to set out the main points that were raised by participants at two Dialogue sessions hosted by the Prevention & Early Intervention Unit in March and May 2018. This report is part of a broader work programme that is focusing on the design and delivery of effective prevention and early interventions.

Introduction

This document provides a summary overview of the points raised at the Dialogue sessions that were hosted by the Department of Public Expenditure & Reform's Prevention & Early Intervention Unit in March and May 2018.

While there is a large and deep literature on prevention and early interventions, the PEIU felt that it was important to engage with those who design and implement such interventions in Ireland to explore how their experiences resonate with the key elements of this literature.

The purpose of the dialogue sessions was to establish an opportunity for cross-sectoral sharing of the deep and broad experience and expertise of prevention and early interventions in Ireland. To this end, the PEIU invited a broad range of stakeholders from the policy areas of children, young people and population health. (See *Appendix A* for a list of organisations that participated at the dialogue sessions.)

The basic approach that the PEIU adopted was one of asking participants to engage with the issues by engaging with each other. The authors are very grateful to all of the participants, as well as colleagues from our Department, who gave so freely of their time, expertise and experience.

Methodology

Core Questions

The dialogue sessions were structured around three core questions.

What is meant by "prevention" and "early intervention"?

The purpose of the first question was to examine what people mean when they refer to "prevention" and "early intervention". In a background briefing note provided to participants[1], their attention was drawn to more formal definitions that focused on:

- *Primary Prevention –* In anticipation of a problem emerging, programmes or services seek to build protective factors that prevent or minimise the risk of the problem arising; and

- *Early Intervention* or *Secondary Prevention –* Programmes or services are targeted on those at high risk or showing early signs of a particular problem in order to prevent the problem from developing further by strengthening protective factors and reducing the impact of risk factors.

The briefing document also identified a number of elements that are associated with this approach to public policy:

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[1] The background notes provided to participants are available on the prevention and early intervention page on the IGEES website: https://igees.gov.ie/

Clear focus on the outcome for the individual - Prevention and early interventions hold out the promise of improved outcomes for individuals;

Theory driven - There is a logical rationale that sets out the underlying assumptions and provides an explanation of how the actions that are to be taken will deliver the intended outcome;

Evidence of efficacy and effectiveness - The promise of improved outcomes is supported by empirical evidence from rigorously conducted evaluations; and

Central role of evidence in informing implementation or delivery of service - Important to ensure ongoing monitoring of how well or otherwise the intervention is performing.

How do we know if prevention and early intervention works?

This question focuses on how policymakers can have confidence in claims that an intervention will deliver particular desired outcomes. In a background note provided to participants, their attention was drawn to what is meant by rigorously conducted evaluations (Randomised Controlled Trial and Quasi-experimental design) and the need for evaluations to be able to demonstrate statistically significant results (effectiveness and efficacy).

How can this information be used to inform decision-makers?

In a background note provided to participants, the point was made that, in an ideal world, decision-making should be informed by solid evidence of what works. However, the use of evidence in decision-making has been inconsistent. This inconsistency is in part because of ambiguity or complexity around the policy problem but also because of urgency as well as the need to consider other factors such as fiscal priorities, affordability, public opinion and electoral considerations. The attention of participants was also drawn to the challenges involved in developing an intervention from a pilot phase to a stage where it is implemented more broadly across the population.

While the first dialogue session focused directly on these questions, the second dialogue session sought to examine each question from two different perspectives. The first of these perspectives refers to "knowing what to do", that is, a scientific understanding that is used to inform the development of policies seeking to support human needs and avoid serious harm. Given the increasing knowledge about how and why problems emerge and evidence about how they can be tackled, there is almost an imperative on governments to intervene. As such then, the second perspective refers to "being in a position to act", that is, governments have available to them the necessary policies, resources and tools.

Engagement with Participants

Participants in the first dialogue session were initially asked to examine each of these questions as part of a small group of three people. They were then asked to consider one of these questions in greater depth as part of a facilitated discussion involving between 10 and 12 people. While it was intended that each group would shape its own discussion, the role of the facilitator was to ensure that the discussion focused on the core question and covered the key aspects.

Participants at the second dialogue sessions were divided into six groups. Each of these groups focused on a "dialogue board" that examined one of the core questions from one of

the perspectives outlined above. The groups were rotated until each group had considered all six dialogue boards.

Data Collection

There were two data collection methods employed. The first involved participants writing down their own responses to the various questions. At the first dialogue, respondents were asked to summarise the discussion in their small group (3 person groups) while at the second dialogue they set out their views on large sheets of paper (building on or adding new ideas to what other groups had already set out).

The second method involved note-takers making a record of the points raised by participants. The role of the note-takers was to capture in sufficient detail the substance of the group's discussion. It was not possible to create a verbatim account of what was said. In part, this was because the focus was on creating a space where people would feel free to speak openly about their experiences and a commitment was made that comments would not be attributed to any one person.

Data Analysis

The data collected at the dialogue session was organised into text units of single statements. An *a priori* hierarchical coding structure was developed and applied to these text units. The text units were then reordered based on this coding structure.

Working Towards a Shared Understanding of Effective Prevention and Early Intervention Approaches in Human Services

Prevention and early interventions have the potential to be powerful policy tools

Not accepting the status quo - through policy we can affect change on problems

Can happen across the life-cycle - prevention always talked about in terms of health and children but need to invest long-term from before birth to when people are older

Impacts can spill over into other areas for instance the mental health benefits of physical activity

…prevent harm

Prevention is education

Stopping harm happening – steering someone from a dangerous path to a safer one

Knowing there is a problem and doing something about it

…anticipate problems

Work with parents and children – focus on developing emotional skills – empowering families

Building resilience in families and children – not just reacting to the negative

If we get it right with children, it will contribute to supporting their health in adolescence and when they are adults

…identify those at risk

Target high risk groups by identifying risk factors (e.g. neglect, poverty, addiction) and provide access to appropriate services

Children of parents who were in care are at risk themselves of going into care

…utilise progressive universalism

Universal services help providers access the hard to reach groups

Provide some universal supports that are supplemented by targeted supports across the life cycle

Help to limit the stigma that can sometimes discourage people from engaging with prevention or early interventions by having a universal approach with proportionate response for those with greater needs

However, there are concerns about what can be achieved…

Some things cannot be "solved" and there is a need for adequate resources to deal with issues as they are

Some service users are in a constant state of crisis: longer-term outcomes are pushed into the background as reacting to the problem must be prioritised in the moment

In disadvantaged areas, education and awareness programmes don't have the same effects

…and with accessing resources

It is difficult to set out multi-annual plans when you only get money in budget each year. No commitment to run programme for five years and see how it works

There is a need for long term planning and design and this includes funding – not year on year funding (annual cycles) but longer term cycles

Get bits of funding from various departments and other funding schemes

Difficult to convince people to shift investment to (or change the balance between) prevention measures from reactive intervention measures because outcomes take time to become apparent

It is a struggle to promote a prevention and early intervention focus in a context of crisis and a political cycle that has a short-term focus

Prevention and early interventions rely on knowledge and understanding

PEI is about knowing the warning signs and having the appropriate actions to take

Our focus is on empowering professionals to deliver evidence-based programmes

Knowledge and expertise are crucial to knowing when, how much and what to deliver

There is a focus on the outcome for the individual…

Policy should be designed around the end user

It is important to define the problem that's being addressed

Outcomes for individuals are the focus

The outcomes should be outlined at start

Money needs to follow the individual

Need to keep talking to service users – need feedback to know if the interventions are acceptable and useful to service users

There is a gap in baseline and national data - need to disseminate national welfare outcomes for children and develop supports to meet these outcomes

Need to distinguish between population level health and that of the individual

…on understanding how that outcome could be achieved

A theory of change (or logic model) is helpful for forming a collective vision

The logic model approach is very useful for including theory and evidence and providing a basis for determining impact – provides focus on the people and process

Doing programmes on "how to do well", communication skills and so on aren't going to help them get the leaving cert but it might help get them to point where they can take the leaving cert

Change the parents' behaviours and the child's will follow

…being able to show that the outcome can be achieved

Important to have the scientific evidence to support the policy

Scientific evidence is peer reviewed and can include qualitative as well as quantitative evidence using methodologies that are appropriate to the intervention

Evidence and evaluation can get a commitment to support

...that said, some participants expressed concerns about the emphasis being given to evidence based approaches...

Innovation being lost if insist on only tested approaches

Pressure only to spend on proven measures

Sometimes fetishize evidence

...and while some participants said that RCTs...

Are very important to avoid bias

Provide quality and standardisation

...other participants were more questioning of their value...

Certain things we know work, don't need RCTs for them

The language of RCTs is pseudoscientific

RCTs are not owned by the people and take too long

How we deal with "wicked problems" needs to be adaptive, situational, trial and error

There is no desire to fund RCTs – Atlantic Philanthropies did but they're gone now

...in terms of implementing programmes developed in other countries, some participants talked about how...

Evidence based programmes from other jurisdictions need to be contextualised to the Irish context

...but other participants questioned this approach...

Not always necessary to go outside the country. Grassroots has been generating evidence bases

Having to contextualise international programmes in Irish context in order to get people to think that it will work in Ireland, even UK programmes. Waste of resources

Ireland is a small country, big evaluations all the time are difficult. Sometimes international studies should be enough, especially if context similar, these studies can be used to help push policymakers

Not a fan of bought in programmes

…some participants highlighted the importance of professional experience and knowledge…

PEI is informed by evidence and practitioner experiences

Need the right person even if you have a good programme

There is too rigid an application of having evidence before action - having expertise and something worth trying is also important

People want to provide services - they have enough knowledge to make a stab at what to do - to make reasonable judgements

…though other participants noted that there are risks if become too reliant on particular experts…

If trained staff leave, the programme collapses

…and continues to be achieved

There is a need to develop an evaluation framework

Evaluation should be used to support improved services for users and not just provide feedback to policy-makers

Gather data relevant to the work you're doing to help you improve, and also collect data in real time so can adjust services

Evaluation is a function of planning - in order to evaluate efficiently need to gather data form start, doesn't come out of the blue

…some participants raised concerns about how interventions are monitored…

Providing funding for the service but not following up in the longer term to assess whether outcomes have been achieved. Monitoring needs to be funded to determine if the promised outcomes have been achieved

People running programmes are told that they will need to evaluate the programme at some point but are told that they don't need to worry about it – then they get landed with having to carry out an evaluation

We tend not to measure outcomes for established interventions. A lot of effort goes into gathering evidence for initiating a measure but very little for the maintenance of older ones

Service providers don't have resources or the capacity to undertake evaluations

Frontline workers need to know how to collect data

Technical support would be very useful to ensure good quality data is collected and analysed

It is difficult to secure funding for long-term monitoring so there should be money set aside as part of every new scheme to assess its effectiveness over the long-term

...other participants questioned the value of ongoing monitoring...

You shouldn't have to show the impact of your programme year-by-year when people know it is successful year-on-year

People don't want to get bogged down in longitudinal data collection and evaluations – it is a lot of work

The amount of paperwork needs to be looked at as it is getting in the way of the person the service is for

Sometimes it is difficult to clarify what the outcome should be...

Many prevention areas promise everything to everyone. In realm of prevention the objective needs to be defined

There is a need to agree what we want - then we can say whether or not we have achieved the result

Design for success – what are you doing? What are you looking for? What is the intermediary result? What is the sign posting?

...for some participants there were additional difficulties...

Soft outcomes that are hard to show

Behavioural change can be more nuanced and difficult to capture

Social issues or problems don't have a mathematical approach

Need to capture some soft outcomes using qualitative research and feedback mechanism (e.g. children and their improved wellbeing, confidence, ability to adapt)

Some programmes have grown organically without targets being set or without anyone, at any point, asking what are we trying to do?

...too much emphasis is placed on outcomes

Too much dependence on evidence-based approaches – it sounds good but sometimes it is not fit for purpose

The language can be a bit too scientific - sometimes it has to be more about the quality of experience for the person as opposed to measurable outcomes

It is not just about cost effectiveness, it is also about quality of life for clients – there is an individual person at the heart of the service

...too much effort is expended in testing rather than implementing

Government needs to build on pilots, not re-run them

There is a sense of constantly reinventing the wheel - a sense of exhaustion from constant piloting

The research seems to be following intellectual curiosity and no one is thinking beyond the pilot

We need to develop programmes that can be scaled

Need to plan for success if something works

Governments have the capacity to intervene effectively in people's lives

Prevention is about acting on knowledge to improve outcomes

Prevention is about public policy - significant behaviour changes have been policy led e.g. smoking, plastic bags

It's about giving people the tools to self-manage – it's their responsibility

…but some participants noted the challenges involved…

The pace of change is too slow – 30 years to recognise the importance of early intervention and the need for a qualified workforce

It is necessary to recognise what it takes to introduce, deliver and integrate new approaches – in particular, the resources needed and the length of time it takes to see the impact of interventions

…while other participants questioned the role of government intervention…

There are ethical issues as well as a need to be transparent – the rights of the individual and society need to be balanced - to avoid the "nanny state"

The term "intervention" is seen as intrusive and it and "prevention" are rarely used - more positive language is used

There is a need for government to work in a different way

There is a need to join up evidence, create a framework and a whole system approach, to link different interventions

Across government, a joined up approach means that impacts can be understood in a more holistic way – there are different layers of impact and needs

There should be one port of call for people rather than them having to apply to 5 different places

…however, some participants described the challenges involved…

There is a lack of inter-departmental cooperation

So many agencies, nothing really being implemented

New strategies are introduced on top of existing strategies. How do you keep up with all of these initiatives?

There is a need for a common understanding and breaking down the "silo" culture between policy so that an action in one strategy can impact upon other strategies or initiatives

Ensure the legislative framework is appropriate for the prevention and intervention required

Introduce cross-departmental budgets to make sure that programmes get funded

There is a strong role for local communities

Community should be seen as a resource as well as a space

Connection to the community is crucial as a lot of interventions are about guiding people to community resources that are already available

Invest in building community participation by listening to their needs, supporting them in taking their own measures and strengthening commitment to the community

Early interventions need to be brought up from grassroots level – need to join the dots between what is happening on the ground and what is happening at a national policy level

…while some respondents noted that national level policy is important…

Loads happening at local but direction needs to come from the top down

…other respondents felt that national policy makers need to have a better understanding of people's day-to-day realities…

When you are bringing in a policy, you need to know the reality on the ground

You need to bring people into the process, rather than imposing processes on them

In policy development & implementation, there is a lack of consultation with practitioners – front facing consultations that are a bridge between national and local level

People providing service should be forewarned about policy coming down the tracks – and need to be consulted not just imposed on providers – get buy in

Services were set up to be innovative and respond to the situation on the ground – but now they're doing the State's work and it is hard to fit within the State's value-for-money frameworks and so on

The State has expectations about how it wants to see policy implemented but community services often don't work like that

Policy changes as well as issues around resourcing and demands for short-term solutions mean that there is a pattern of building and then dismantling local infrastructure - that is harmful for communities

Not only must evidence be used; it must be seen to be used

You need to help people understand the purpose of data and using evidence; to be able to see that this does impact on decision making and practice

…but some participants had questions about how evidence is used…

Everyone looks for evidence but once you get it then nobody knows what to do with it or follows up on it

Asking for evidence and then not being able to do anything about it is the crux of the issue

At the moment it's like gathering statistics and feeding it into a black hole - it might come out in a report three years later

Data may be relevant to someone but not always relevant or useful to practitioners

…for some participants, questions around how evidence is used raised doubts about decision making…

There is no transparency in the decision making process

Need clarity on rationalisation for decisions

Evidence can be counterproductive – it can be used against you

Too much policy, too much of a burden being placed on different sectors especially in terms of collecting evidence

No time to fill in lots of forms

There is a need to de-clutter the policy space - introduce sun-sets and life-cycles for all programmes

The perception is that once a programme is funded it is very hard to lose that funding, this makes it difficult to obtain funding for new programmes

Rarely have people said that something doesn't work. We need professional trust to say to a funder that this doesn't work

Even when there is evidence of a better approach, nobody is willing to take it up the line and run with it

Lack of courage to end pilots, instead other things get tagged on. We need to stop some programmes and do something else

Policy makers need to be prepared to use evidence to reorient resources

There are political and practical issues with closing programmes and pilots

There are opportunities to learn from the experience of others…

Knowledge sharing can be supported by developing repositories of guidance documents as well as learning networks and workshops

There is local evidence of practical implementations that work but this isn't being transferred

It should be a condition of funding that projects should have to mentor each other

…but some participants spoke about their concerns around sharing…

These organisations do not have shared agendas

Some organisations have a culture of protecting their scientific knowledge

Organisations are competing with others to source funds and therefore not keen to share scientific evidence, as they want to use it to make their own case

There is a need for a culture of evidence informed policy and critical thinking

We must create a culture of evaluation

Programmes which are 'popular' are not necessarily effective – these need to change

If you want to create a capacity for people to innovate then you need to make sure that the organisation has an improvement cycle built into how they do their work

You can't be too prescriptive; you require a capacity to innovate

...but some participants spoke about the challenges they encounter accessing data...

Ireland does not have an evidence based database that captures previous research projects

Ireland requires longitudinal research programmes to gauge appropriate outcomes

No facilities for sharing data resources

The inconsistencies in the data mean that it is difficult to be able to pinpoint the areas of programmes that are working and those that are not working and need to change

...while other participants felt that these challenges could be addressed by...

Developing a central resource that could be used to inform other practitioners

Publishing and monitoring quality of life measures by community – this will translate quickly into political imperatives and social mobilisation

Need to recognise that many other factors inform policy decision-making

You need to have a strategy to get what you want on the agenda and over the line

Even with the "best evidence" the decision is determined by other external factors

Need to remember that TDs and public servants are not specialists – better to use a narrative rather than present complex evidence and problems

It can be difficult to keep political will behind the action, particularly for long term investments

Much easier to engage with politicians than policy makers as they are interested in evidence but also in the experience of practitioners and beneficiaries of initiatives

Evidence taken more seriously from certain organisations than others

International studies and partnerships with universities can help shape decisions

Media can help get a message across but becomes a political football

Prioritisation is often done not on evidence of the best use of resources but rather because of a public outcry

The difficulty is demonstrating the evidence in relation to cost savings. Policy makers see through the lens of costs and not necessarily overall outcomes

Seemingly small barriers such as the use of the word "disability" on an application form may dissuade people from participating

Abhaile Project

Active Retirement Ireland

Age & Opportunity

Age Action Ireland

Age Friendly Ireland

Alcohol Action Ireland

Alone

Alzheimer Society of Ireland

Archway

Arthritis Ireland

Ballyfermot Partnership

Barnardos

Better Finglas

Bray Area Partnership

Cabra for Youth (Garda Diversion Scheme)

Centre for Effective Services

Childhood Development Initiative (CDI)

Children's Rights Alliance

COPD Support Ireland

Department of Children & Youth Affairs - Early Years

Department of Children & Youth Affairs - Family Functioning and Children Rights Policy

Department of Children & Youth Affairs - Participation & Youth Reform

Department of Children & Youth Affairs - Policy Innovation Unit

Department of Children & Youth Affairs - Research, Evaluation and Information

Department of Health - Cancer, Blood and Organs Policy

Department of Health - Community, Pharmacy, Dental, Optical and Aural Policy

Department of Health - Disability Unit

Department of Health - Drugs and Social Inclusion

Department of Health - Health & Wellbeing Programme

Department of Health - Older People Projects

Department of Health - Tobacco and Alcohol Control

Diabetes Ireland

Dublin Docklands and East Inner City Programme

Early Childhood Ireland

Early Learning Initiative

ENRICH Research Programme (Maynooth)

EPIC

Foroige

Grangegorman ABC Programme

Healthy You

HSE - Healthy Childhood Policy Priority Programme

Institute of Public Health Ireland

Irish Association of Social Workers

Irish Cancer Society

Irish Foster Care Association

Irish Heart Foundation

Irish Nutrition and Dietetics Institute

Irish Osteoporosis Society

Irish Penal Reform Trust

ISPCC

Jigsaw

Katherine Howard Foundation (Nurture Programme)

Lifestart

Mental Health Ireland

Merchants Quay Ireland

Migrant Rights Centre Ireland

National Centre for Pharmacoeconomics

National Childhood Network

National Women's Council of Ireland (Y-factor)

Northside Partnership (Preparing for Life)

One Family

Parents Plus

Pavee Point

Seas Suas

Siel Bleu

Spunout.ie

The Genesis Programme - Louth Lead Partnership

Third Age Ireland

Triple P Midlands Area Parenting Partnership

Young Ballymun

Young Knocknaheeny

Youth Work Ireland