

# The Tallaght West Childhood Development Initiative (CDI) Process Evaluation Thematic Report No. 1:

## The Origins and Development of CDI and its Strategy *A Place for Children: Tallaght West*

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CHILDHOOD DEVELOPMENT INITIATIVE



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## The Origins and Development of CDI and its Strategy *A Place for Children: Tallaght West*

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2014



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The authors are responsible for the choice and presentation of views expressed in this report and for opinions expressed herein, which are not necessarily those of UNESCO and do not commit the Organisation.

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# **Chapter 1: Introduction**

## 1.1 Introduction

Children are now firmly at the centre of a variety of legislative initiatives and statutory and voluntary services working for families. Legislation in recent years has spoken about the paramountcy of the child, emphasising participation, and highlighting the need for organisations to collaborate towards the achievement of better outcomes for children and young people. Indeed, this collaborative spirit has witnessed new partnerships between the Irish State and philanthropic bodies in developing and promoting new responses and services to the needs of children and families. One such collaboration, between the Office of the Minister for Children and Youth Affairs (OMCYA), which operates the Prevention and Primary Intervention Programme for Children (PEIP), and the Atlantic Philanthropies Ireland (hereafter AP) (which operates the Disadvantaged Children and Youth programme) has witnessed the development of three innovative programmes of work. These programmes are the Tallaght West Childhood Development Initiative; Young Ballymun; and Preparing for Life. This report is the first of five thematic, process evaluation reports of the first of these programmes - The Tallaght West Childhood Development Initiative.

## 1.2 Background to Tallaght West Childhood Development Initiative

In 2003 a number of people were brought together in Tallaght West with a view to developing a strategy to improve outcomes for children and young people in the locality. Soon known as the Tallaght West Childhood Development Initiative (hereafter CDI), and with initial seed funding from AP and the Katherine Howard Foundation, the group undertook a process of consultation to inform the development of the strategy. Alongside this, a series of research papers was published throughout 2005 to inform the strategising process. In October 2005, the ten year strategy for CDI entitled *A Place for Children: Tallaght West* was launched. It is aimed at improving the health, safety, learning and overall wellbeing of children in the area and increase their sense of belonging to the locality.

A specific programme of work has been developed subsequent to the launch of the strategy and currently CDI is offering (through its staff working with commissioned organisations and/or community representatives) a number of services to the people of Tallaght West. These are:

- The Early Childhood Care and Education service;
- The after-school service to promote literacy ('Doodle Den');
- The after-school service to promote pro-social behaviour ('Mate-Tricks');
- The 'Healthy School' Programme;
- The Community Safety Initiative;
- Quality Enhancement Programme (QEP).

In addition, the strategy and subsequent activities by CDI emphasise the importance of evaluation and shared learning about its services. As part of its work it has launched an expansive evaluation programme of all its services and the Initiative itself.

## 1.3 Background to the Evaluation

In winter 2008 the Child and Family Research Centre (CFRC) was contracted for a three year period to undertake the Process Evaluation of the Tallaght West Childhood Development Initiative. Taking the strategy and CDI's principles of operation as a starting point, the CFRC developed an evaluation plan which is underpinned by a thematic approach. It is interested in establishing and documenting the work CDI undertakes in attempting to implement the strategy, and examining this work against the five principles<sup>1</sup> of the organisation, namely:

- That all aspects of the project, from service design, to management and delivery, are shaped by those living and working in Tallaght West;
- That every element of the CDI programme serves to enhance and strengthen interagency relationships and service integration;
- That CDI will inform Government thinking, policy making and curriculum development;

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<sup>1</sup> CDI has supplemented these five principles with a compass and mission statement since the evaluation plan was developed. Both the compass and mission statement are outlined on pages 37-38.

- That the CDI experience will impact on support and training for practitioners and service managers;
- That CDI will work to ensure that those services which are demonstrated to have a positive impact on the community, and meet an identified need, are continued beyond the life of the project.

Given that it is a process evaluation, the CFRC is also interested in the degree to which the services outlined above remain faithful to their original intentions, meet the needs of those they were designed for and reveal the organisation and delivery characteristics of each of the services. Thus, while a thematic approach is useful, a focus on the domains of fidelity, utilisation and organisation is also warranted. Hence, the overall aims of the evaluation are to:

1. Identify the origins and influencing factors of the establishment of CDI, its strategic intent as set out in its executive strategy and the policy and service environment in which it is implemented;
2. Establish and assess the involvement of the community of Tallaght West in the work of CDI, including service design, management and delivery of its five services, and its overall operation;
3. Assess the extent to which the work of CDI stimulates and sustains interagency working in the locality, the integration of services and identify the subsequent benefits and challenges which arise from such integration – policy and service implementation;
4. Assess the role of CDI in supporting and training local practitioners and service managers and the extent to which changes have occurred in management cultures relating to such training and support;
5. Assess how CDI is working (the extent of the work, what activities it is undertaking, its work processes) to impact upon the policy-making mechanisms at a local and national level through publicising its activities, engaging with both national and local policy actors to inform them of CDI initiatives and their experiences and difficulties in implementing the various programmes. Secondly, this objective will focus on the work of CDI to ensure that those programmes/services which are deemed to be successful are embedded in the community beyond the life of the project itself.

The methodology underpinning the entire evaluation is a mixed methods one. Both quantitative and qualitative research methods have and will be deployed alongside secondary data analysis and literature review work to inform the evaluation.

The outputs of the evaluation relate to each of the five points outlined above. Hence, this first report relates to the identification of the origins and influencing factors upon the establishment of CDI, its strategic intent as set out in its executive strategy and the policy and service environment in which it is implemented. The CFRC is of the opinion that it is important to document the origins of CDI so as to provide a solid base from which to undertake the rest of the evaluation. However, while this report is quite focussed, it and the other thematic reports should be viewed as part of a cumulative reporting structure envisaged for the evaluation. Each subsequent report will build on and supplement the previous one so that by the end of the evaluation a full, complete picture of CDI and its operation will have been compiled. The complete list of reports for the evaluation is as follows:

1. Origins and Strategy Development;
2. Interagency Working;
3. Training and Support;
4. Organisation;
5. Community;
6. Mainstreaming..

## 1.4 Methodology for Report One

As outlined in the evaluation plan, the research team has adopted a mixed-methods approach in undertaking the evaluation. Numerous definitions of mixed method approaches abound (Johnson et al 2007). For this evaluation, we take Creswell and Clark's (2007, p5) definition that mixed-methods as an approach "focuses on collecting, analyzing and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of

quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone.” For this report, in addition to a literature search, qualitative methods were employed: observation, documentary analysis and interview.

### **Literature Review**

Literature was examined in relation to two areas for this report. Firstly, a limited review of strategic planning in the public and non-profit sector was undertaken, before the evaluation team proceeded directly to outlining and using a selected model of strategic planning – the Bryson model – for the purposes of reviewing the process of strategy development in CDI. The Bryson model was selected directly due to its wide use in strategic planning processes in the non-profit sector across the world, Bryson’s own direct work with governmental organisations in the Republic of Ireland in the 1990s and the high number of citations his work receives in academic and practice literature.

Secondly, the literature pertaining to Comprehensive Community Initiatives was examined. It is important to highlight at this stage that what is presented in this report represents a first examination of the literature on CCIs. Given the known characteristics of CDI, the literature on CCIs will form a continuous reference point for the entire evaluation and therefore will be expanded on over the course of the evaluation. What is outlined in this report is the emergence of CCIs, their main characteristics and challenges in implementing them.

### **Documentary analysis**

Documentary analysis of a range of CDI documents was undertaken. Primarily, and given the nature and scope of this report, setting out the CDI strategy is foremost in this analysis. A close reading of the strategy was undertaken, examining its main principles and points for the development of interview schedules, before a thick, rich description is provided. The strategy forms the basis of Chapter Three. Also examined were the preparatory documents which chart the development of CDI, the consultation process which underpinned it and the audit of services in the area (as of 2005). An initial examination of these documents was undertaken to allow the team familiarise itself with the previous work of CDI. Additionally, minutes of team meetings and of other governance mechanisms were examined. Thematic analysis was used, with terms including strategy, outcomes, consultation, participation, community and service providers looked for. It should be noted that the usefulness of minutes of meetings after the development of strategy is limited given the scope of this report. However, these minutes will become increasingly important as the implementation process of the strategy unfolds and will form a stronger part of data collection and analysis as the evaluation proceeds.

### **Interviews**

The evaluation team sought the advice of CDI team members, past and present, to identify key informants who would provide useful information for the research, while also providing a balance to views expressed. The evaluation team contacted the key informants directly and undertook a mixture of face – to – face and telephone interviews with them. In total, ten interviews were undertaken for the research.

### **Observations**

Observations generated the least amount of data for this aspect of the evaluation. Understandably, the scope of the report relates to past events and therefore there was no opportunity to observe meetings about the development of the strategy. However, so as to familiarise itself with the workings of CDI, a number of meetings were observed. Unstructured observation was employed so as to begin to understand the wide range of activities which CDI undertakes. Notes generated from these observation sessions were examined for relevance to the themes outlined above.

### **Data Analysis**

Data analysis was undertaken in a number of different ways. The qualitative data was analysed using the qualitative data management and analysis package Nvivo. Nvivo permits the development of nodes and sub-nodes as data is entered, managed and analysed, thus creating a comprehensive list of key themes emerging in the interviews. Unstructured reading of documents was initially undertaken to so as to allow the team to familiarise themselves with the breadth and content of them. Following this, each document was re-read to identify a number of themes, in addition to those themes outlined above. Those observation notes which were applicable to the scope of the evaluation were also examined using the themes emerging. The interviews were semi-structured and thus it was more straightforward to thematically group

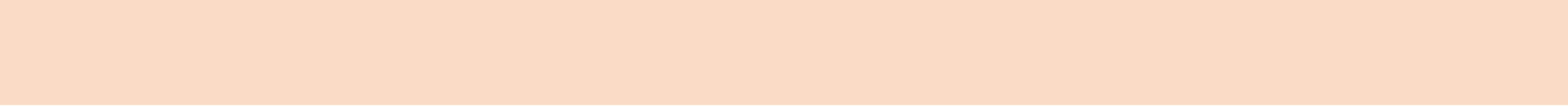
the data emerging from them. Nevertheless, the transcripts were initially sifted to identify common themes across all interviews before they were coded to ensure systematic analysis.

### **Limitations**

The evaluation team is aware of the limitations of its methodological approach, particularly that a number of key informants were not interviewed for this work. However, it appreciates that both it and the CDI team is concerned with not overburdening potential participants in the area. Also, the team itself is aware of the potential usefulness of key informants at other stages of the evaluation and therefore chose to delay certain key informant interview requests until later in the evaluation process. Therefore, what is presented here is a useful, albeit (at this stage) incomplete picture of the establishment of CDI and the development of its strategy. With ten interviews there is a limit to what can be learnt.

## **1.5 Layout of the Report**

Following this introduction, Chapter Two outlines the national policy context and local service landscape in which CDI operates. Chapter Three outlines the CDI strategy before Chapter Four highlights the key themes emerging in both the literature on Comprehensive Community Initiatives and the features and use of strategy and the strategic planning process in non-profit organisations. Chapter Five outlines the findings from the interviews before Chapter Six discusses these findings in the context of the literature review, with a short conclusion completing the report.



# **Chapter 2: Policy and Service Context**

## 2.1 Introduction

Policy in relation to children and adolescents, as is the case with the broader area of family policy, has changed significantly since the 1990s (Daly and Clavero 2002). Such a change can be seen as a result of many different factors: the rise of the rights-based agenda for children through the Irish government's ratification of the United Nation's Convention on the Rights of the Child (Canavan et al 2009; Kiely 1999); the emergence of scandals concerning children both in the care of their parents and the state (Richardson 2005); the emergence of new policy-making mechanisms, particularly 'social partnership,' which has allowed for a greater input from advocacy and community groups, although the level of input is somewhat contested (Adshead and Tonge 2009: 199); the rising need for childcare/early education services as a result of increased workforce participation, particularly by women (O'Connor 2008); and the proposed reform of the Irish Welfare State and the implications such reform will have for families (NESC 2005; Millar et al 2007; Murphy and Millar 2008).

CDI's strategy very much grounds the future work of the organisation in several inter-related policy areas: children; childcare; youth policy; education; family; community development; and poverty and social inclusion. It is beyond the scope of this report to provide an exhaustive account of all policy initiatives relating to these policy sectors. Instead, what follows are short synopses which provide policy context for the evaluation of CDI.

## 2.2 Policy Context

### 2.2.1 Children's Policy

Although the development of children's policy can be traced to before the foundation of the state, the most significant piece of legislation is the Childcare Act 1991. Regarded as a turning point, the Act established Health Boards as being duty-bound to act in the best interests of children/adolescents (Ferguson and O'Reilly 2004: 4). It also required each health board to provide a suite of services and supports for families, although it was sometime before such supports were actually defined (Richardson 2005; Hayes 2002). In addition, the Children Act 2001 served to strengthen elements of the 1991 act, while also addressing issues pertaining to children vis-à-vis the criminal justice system with the establishment of a children's court (Kilkelly 2008). There are a number of common themes which emerge under these two pieces of legislation:

1. the principle that where possible, a child should be raised in his/her own family;
2. health authorities should do all in their power to promote the welfare of children, especially those who are not receiving adequate care;
3. that health authorities have responsibility to provide childcare and family support services;
4. that the centrality of the child is paramount.

This legislation is also underpinned by a number of different sets of guidelines, initiatives and circulars. The Children First guidelines, published in 1999, replicate much of what was in the 1991 legislation, but also emphasise the role and participation of the child in any decisions affecting them. These guidelines also stress the importance of adopting a partnership approach between families and the range of services they interact with, and between agencies directly (DOHC 1999; 2004). Notwithstanding some issues regarding the implementation of the guidelines (OMCYA 2008a) they continue to echo a recommendation of the Commission on the Family in its report, *Strengthening Families for Life*, which viewed a coordinated, comprehensive and effective service approach to service delivery for families in adverse conditions as being crucial (1998: 31; Dolan and Holt 2002).

The National Children's Strategy (2000) and more recently, the *Agenda for Children's Services* (2007) are significant policy statements about children in Ireland. Both documents place a strong emphasis on the need to adopt an outcomes approach to planning services for children and protecting the voice of the child in such planning and delivery. The strategy (2000: 11) outlines three national goals for children:



1. Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity;
2. Children's lives will be better understood; their lives will benefit from evaluation, research, and information on their needs, rights, and the effectiveness of services;
3. Children will receive quality supports and services to promote all aspects of their development.

A national play policy, *Ready Steady Play* was launched in 2004 with eight key objectives outlined, including giving children a voice in the design of any policy relating to play; raising awareness of the importance of play; improving the quality and safety of playgrounds and play areas; and developing a partnership approach to funding and developing play opportunities. While an evaluation study of the strategy and its implementation are absent at the moment, many local authorities have proceeded to publish their own play and recreation policies for children.

This move away in Irish policy from a focus based solely on protection to one which seeks to empower children was underpinned by further institutional developments. In 2001 a National Children's Office was established within the Department of Health and Children (itself renamed from the Department of Health in 1997) and in 2005 the Office of the Minister for Children (later known as the Office of the Minister for Children and Youth Affairs (OMCYA)) was set up, with the Minister occupying a seat at the cabinet table. An Ombudsman for Children was provided for through legislation in 2002, with the first appointment made in 2004.

### 2.2.2 Education and Early Childhood Care

Childcare services (meant here to describe the range of childcare providers such as crèches and other preschool services), formal or informal, remained largely unregulated until 1997 when the pertinent section of the Child Care Act 1991 was implemented (Hayes and Bradley 2006). Further to this, the Commission on the Family produced a set of recommendations pertaining to childcare services and the needs of the family. There is little doubt, however, that the rise of female participation in the workforce through the late 1990s and early 2000s politicised the issue of childcare provision as never before, although there were some initiatives earlier than this [such as the Early Start Pre-School Project] (Considine and Dukelow 2009: 379). The National Childcare Strategy, published in 1999, aimed at increasing both supply and demand aspects of childcare provision and established a local mechanism (County Childcare Committees) to oversee implementation.

Established in 2000 under the National Development Plan, the Equal Opportunities Childcare Programme was largely viewed as an equality measure rather than one primarily focused on child development as it was aimed at those parents wishing to engage in training, education and/or employment and was operated under the auspices of the Department of Justice, Equality and Law Reform (Hayes and Bradley 2006: 168). This programme has since been replaced by the National Childcare Investment Programme 2006-2010 (aiming at producing 50,000 new childcare places). This programme has produced 33,582 new childcare places (Fitzpatrick Associates 2007) and subsidised existing places of 25,000 children (Considine and Dukelow 2009: 379), although issues around affordability and quality of childcare remain (Hayes and Bradley 2006: 171).

The need to appreciate the importance of childcare as a service for children and not alone a subsidy for the economy was stressed by the National Economic and Social Forum's report on the issue in 2005. Among other things, the report emphasised the need to focus on care and education and proposed a framework for Early Childhood Care and Education service development between 2005-2015. It builds on a number of earlier policy initiatives and recommendations, both in Ireland and internationally, including the Childcare Regulations 1996, the report of the Forum on Early Childhood Education, the white paper *Ready to Learn* (1999), the National Council for Curriculum and Assessment's *Towards a Framework for Early Learning*, the OECD's *Review of Childcare Provision* (2004), and the work of the now defunct Centre for Early Childhood Development and Education.

Current policy in relation to Early Childhood Care and Education rests on four main planks: the ongoing programme of investment (together with the recently announced free pre-school year); the Child Care (Pre-School Services) Regulations 2006 which came into effect in January 2007; the National Quality Framework for Early Childhood Education (also known as 'Siolta'); and Aistear, the Early Childhood Curriculum Framework.

In the broader education field, there has been much change over the past twenty years. The 1995 white paper *Charting Our Educational Future* followed a three year consultation process on the preceding green paper. What emerged, the 1998 Education Act, was wide ranging in focus but specifically contained significant sections on educational disadvantage, defined as "the impediments to education arising from social or economic disadvantage which prevent students from deriving appropriate benefit from education in schools" (Section 32 (9)). While some have argued that this definition is not specific enough (Kellaghan 2001, cited in Considine and Dukelow 2009: 319), Department of Education initiatives have nonetheless increased in recent years, with the acknowledgement of the need to invest additional resources and establish additional institutional structures to address the issue, such as the Educational Disadvantage Forum and the Educational Disadvantage Committee (Clancy 2005: 99). Some of the more prominent initiatives pertaining to educational disadvantage include Breaking the Cycle (extended and changed to 'Giving Children an Even Break') and the extension of the Home School Liaison Scheme (ibid). The Education (Welfare Act) 2000 serves to further enhance this focus on disadvantage by providing for the establishment of the National Education Welfare Board (NEWB), whose purpose, among other things, is to monitor and ensure that each child attends a recognised educational institution, thus counteracting (in theory anyway) early school leaving and absenteeism.

Finally, the Education for Persons with Special Educational Needs Act 2004 has relevance here. The result of a mix of litigation, advocacy and shifts in policy internationally, the act is described as a "milestone in education legislation" (Shevlin et al 2008:142). It aims to ensure that school provision is inclusive and underpinned by a rights-based approach and the principle of equality. It provides for the undertaking of needs assessments, the development of educational plans, various support services and the establishment of the National Council for Special Education (in 2003) (Ware et al 2005; Donnelly 2007). The Council is an independent statutory body charged with "planning and coordinating the provision and support of services for children with special educational needs" (Donnelly 2007: 98).

### 2.2.3 Youth Policy

In addition to those policy initiatives relating to children outlined above, Irish Youth policy has also been subject to reform in recent years. Most notable in this is the (eventual) full enactment of the Youth Work Act 2001. The legislation provides for, among other things, a definition of youth work, defines young people as those under 25 and also specifies that those between the ages of 10 and 20 receive particular help, as well as young people who are socially and economically disadvantaged. The Minister for Education is responsible for "ensuring the development and coordination of policies relating to youth work programmes and services" (Lalor et al 2007: 276), with VECs being responsible for coordinating youth work in local areas and monitoring and evaluating expenditure in relation to youth programmes. In addition, the act establishes a National Youth Work Advisory Committee and related local committees.

Launched in 2003, the National Youth Work Development Plan remained unimplemented until 2005. Building on the 2001 act, the plan identifies youth work as having developmental and educational aspects to it. Furthermore, it identifies a number of principles which should underpin services which work for youth: the coordination of services in a locality which young people can access; equality and inclusiveness, valuing diversity; rights and citizenship, including the right to participate; and the principle of young people being enabled, through youth work, to make a positive contribution to their community and society.

Youth Justice policy is shared between three departments, Justice, Health and Children and Education (Cotter 2005). In addition to those aspects of the Children's Act 2001 outlined above, it proposed a range of community based initiatives and sanctions for young offenders, including the statutory implementation of the Garda Diversion Programme (initially established in 1991 and run in conjunction with youth organisations), the principle of detention as a last resort, and the better coordination of services for young offenders and those at risk of offending. In addition, the recently published National Youth Justice Strategy 2008-2010 (OMCYA 2008b) seeks to build on the mission of the Irish Youth Justice Service to reduce offending and create a safer society through the achievement of high-level goals, including:

- Diversion of young people from offending behaviour;
- And the promotion of greater community sanctions and initiatives deal with young people who offend.

### 2.2.4 Family Policy

Prior to the 1990s, elements of family policy could be reasonably located in other areas of government activity (e.g. child benefit and welfare; taxation; health services) but it as a single policy sector was 'unfamiliar' (Fahey 2006: 401). Yet, the 1990s are described as 'watershed' for social policy generally, and family policy in particular (Daly and Clavero 2002: 50). Following on from the International Year of the Family, the Commission on the Family was established (CDI 2005b) with a view to providing recommendations for changing family life in Ireland in the ensuing years (The Constitution Review Group was also established around this time, with its detailed consideration of the definition of the family receiving attention, if not being implemented). The Commission's work was intrinsic in promoting the establishment of Community based Family Resource Centres to deliver on aspects of the four principles outlined in the report of a) building strengths in families; b) supporting families in carrying out their functions; c) promoting continuity and stability in family life; and d) protecting and enhancing the position of children and other vulnerable, dependent, family members. These resource centres are funded by the Family Support Agency, established in 2003, to support ongoing local family support, prevent marital breakdown and support ongoing parenting relationships for children.

In addition to the development of the agency, a number of other initiatives have also emerged in the family support domain. McKeown and Sweeney (2001) provide a useful list of the various family support services provided in the state. Alongside mainstream social policy provision, specific family support provision includes family mediation services, services provided by community and family support centres, the family services project, the springboard initiative, teen parent support projects, family support workers employed by various state bodies, neighbourhood youth projects, Youth Reach, teen health initiatives, home-school liaison supports, and a variety of parenting programmes provided across the state. As can be seen from this not-exhaustive list, and as Millar comments (2006: 91) family support services "incorporate a wide range of [prevention and] intervention initiatives [.....]. Whilst most are state funded the delivery is largely provided by the community development and voluntary sector."

Other initiatives pertaining to family life have also received attention of late. The Department of Social and Family Affairs' *Proposals for Supporting Lone Parents* (2006), indicative of broader changes in welfare policy, have received mixed reviews from a range of policy and community actors, due mainly to the lack of consideration given to issues around the nature and 'ethic of care' (Millar et al 2007).

### 2.2.5 Community Development

While the statutory sector is responsible for much of the funding assigned to services in Ireland, and in some cases direct provision, the historical legacy of Irish social policy development is the central role played by the community and voluntary sector in service provision. Building on the Combat Poverty Agency's definition of Community Development, "a process whereby those who are marginalised and excluded are enabled to gain in self confidence, to join with others and to participate in actions to change their situation and tackle the problems that face their community," Motherway (2006) provides a useful review of the state of the art in 2006. Community development is viewed as providing some redress for the democratic deficit which affects marginalised groups (distributing power) as well as enhancing participation so as to achieve better outcomes.

Regarding this latter point, the involvement of such groups in any process affecting services and policies can result in the provision of more accurate information regarding service operation or relevant situations, can create heightened commitment, and can shorten the feedback loops between decision, action and effect. Wider impacts can also be noted, such as earlier, more effective interventions and lower levels of poverty (Motherway 2006: 4-5).

Regarding service provision, the community development programme provides funding for over 150 resource centres across the country who engage in a number of activities, including support for local enterprise, provision of practical assistance to community groups, and notably, the provision of information, advice and support to specific groups including lone parents and young families (ibid: 15). In addition, the Local Development Social Inclusion Programme provides a range of services for socially marginalised groups. Until 2003, the funding and coordination of the Family

Resource Centres was also the responsibility, indirectly, of the Department of Rural, Community and Gaeltacht Affairs (and previously the Department of Social, Community and Family Affairs).

Community Development as a state policy owes its development to the EU sponsored area-based partnerships which emerged in the 1970s, a model which was readily adopted by the Irish government at the local level through the partnership agreements of the 1990s (Varley and Curtin 2006). While the practice of partnership has its critics (See Cradden and Roche 2003 for a succinct account) it is viewed as a suitable mechanism to address issues of poverty and social exclusion. The 21st century has witnessed the proliferation of partnerships to respond to the needs of those socially excluded, largely based on community development principles. This has been mostly done through two programmes, the Community Development Programme and the above cited Local Development Social Inclusion Programme. Following the 'cohesion process' of the late 2000s (which served to rationalise the number of partnership and LEADER companies across the country), these two programmes have been replaced with one combined delivery mechanism – the Local Community Development Programme to provide in theory for an integrated response to poverty and social inclusion. It is to this final policy domain that we now turn.

### 2.2.6 Poverty and Social Exclusion

O'Riain (2008: 175) remarks of the Irish welfare state in the 1990s that "in some respects it strengthened for the middle classes even as it remained a minimalist support for the most excluded. The state did not withdraw – it provided crucial supports but in a highly unequal manner." In response to the challenge of poverty, and commitments made at a UN summit in 1995, the Irish government published the National Anti-Poverty Strategy in 1997. It was viewed as the most important strategic document in combating poverty at the time (Johnston 1999), unprecedented in that it perceived poverty as a multi-dimensional issue requiring a number of coordinated responses. Central to the strategy was the identification of targets by which the extent of poverty could be assessed. However, despite significant economic growth, the proportion of the population at risk of poverty peaked at 22% in 2001, with almost 20% living below the poverty line by 2004. Twenty-two percent of children living in Ireland were at risk of poverty at this time, or almost 190,000 children, and 48.3% of single parent households, (Collins 2006: 135-141), this despite poverty targets being revised in 2002.

Despite these revisions, a new Anti Poverty strategy was published in 2007, focusing very much on the need to 'socially include' people who experience poverty. The NESC document *The Developmental Welfare State* (2005) provided much of the blueprint for the revised strategy, stressing as it does tailored services with supports for employment. With the target of eradicating poverty entirely by 2016, the strategy proposes to 'activate' people of working age to varying degrees through employment. While this perspective is a common one, it tends to undervalue other activities, notably that of care in the home or 'unpaid' labour, and takes the focus off those not of 'working age' such as children (Considine and Dukelow 2009: 233). The full implementation of activation has yet to occur.

At the national level, there are numerous structures with relevance to social inclusion. The overarching institutional arrangement is the Office for Social Inclusion based in the Department of Social and Family Affairs (in March 2010 this Department was renamed the Department of Social Protection). The office coordinates and works with a number of different units and committees, including the Cabinet Committee on Social Inclusion, the Senior Officials Group on Social Inclusion and social inclusion units across a number of different departments and other government bodies (e.g. social inclusion units at city/county development board level). More recently, the Combat Poverty Agency was integrated with the Office for Social Inclusion with the office being rebranded as the Social Inclusion Division. This division became part of the Department of Community, Equality and Gaeltacht Affairs in May 2010.

The emergence of County and City Development Boards, following the recommendation to integrate the local development and local government systems in 1998, can be viewed as a particularly local response to the problem of social inclusion (Madden 2003). In devising ten year strategies for the economic, social and cultural development of the locality, each CDB is required to pay due regard to the National Anti Poverty Strategy and its successors. On particular aspects of social inclusion work, the CDBs work in tandem with RAPID programmes where present (Madden 2003: 398).

Also under the banner of social inclusion, the National Drugs Strategy 2001-2008 provided for the establishment of 14 local drugs task forces initially, and then the establishment of ten regional drugs task forces based on the old health board

areas. In September 2009, an interim Drugs Strategy 2009-2016 was launched. Building on the five-pillar approach of the previous strategy (treatment, prevention, supply reduction, rehabilitation and research) the interim strategy recommends the establishment of an Office of the Minister for Drugs, the establishment of twenty Local Policing For a by 2012 and greater coordination of policy implementation across the country (Loughran 2005: Department of Community, Rural and Gaeltacht Affairs 2009).

## 2.3 The Service Context for Tallaght West<sup>2</sup>

CDI's *Audit of Services in Tallaght West* (2005a) identifies 214 services in the locality which cater for children, young people and families. The audit is broken down into four headings related to CDI's activities: Early Years services; In-School Supports for Learning; Out-of-School Time Supports; and Family Support Services. In addition the audit provides information on the supports provided by 11 primary schools in the locality.

### 2.3.1 Early Years Services

The audit identifies different categories which fall under the broad definition of Early Years as defined by the OECD (CDI 2005a: 13). These categories are: creche and nursery services; drop-in centres; Early Start centres; parent and toddler groups; playgroups; Naionraí (Irish language playgroups); pre-schools; early years services for children with special needs; child-minding; after-school services; and summer programmes. In total, they serve 1,076 children from the area, or approximately 30% of the 0-6 year olds (CDI 2005a: 17). The distribution of services by type, location, number and numbers of children accessing each type is presented in the table below. Of the 44 services operating, the vast majority (37) operate over a five-day week, one operates a four-day week, two operates a three-day week, one operates a two-day week and three operate a one-day week. In total, five services are provided by schools while 24 are provided by voluntary/community organisations, (three of which are outside the locality but accessed by residents of Tallaght West). The remainder are accounted for by a number of organisations providing more than one service. 35 of the 44 services are community based, seven are school-based and two are delivered in more than one setting.

**Table 2.1: Distribution of early years services by type, location, number and number of children accessing them**

Type of service	Brookfield No. of services/ No. of children	Fettercairn No. of services/ No. of children	Jobstown No. of services/ No. of children	Killinarden No. of services/ No. of children	Outside Tallaght West No. of services/ No. of children	Total number of Services/No of children
Creche/Nursery	1/23	1/18	2/139	3/33	4/126	11/339
Drop-In	-/-	-/-	-/-	1/?	2/49	3/49
Early Start	-/-	-/-	1/60	1/60	-/-	2/120
Naionra	-/-	-/-	1/14	2/68	-/-	3/82
Parent&Toddler	2/3	-/-	1/15	-/-	-/-	3/18
Playgroup	-/-	-/-	1/18	1/20	-/-	2/38
Pre-school	3/84	2/81	1/13	-/-	2/46	8/224
Special needs	-/-	-/-	-/-	-/-	3/27	3/27
Childminding	-/-	-/-	1/?	-/-	-/-	1/-
After-school	-/-	-/-	1/22	2/45	-/-	3/67
Summer programme	1/20		1/25	1/15	2/52	5/112
<b>TOTAL</b>	<b>7/130</b>	<b>3/99</b>	<b>10/306*</b>	<b>11/241</b>	<b>13/300</b>	<b>44/1076*</b>

\*Number of children accessing childminding facilities in Jobstown not provided, hence this and totals are provisional numbers.

Table adapted from CDI Audit of Services (2005a).

<sup>2</sup> This section is based on data collected by CDI and published in its report *Audit of Services* (2005a). The numbers contained within this report are based on research in 2004 and do not reflect current supply and demand.

### 2.3.2 In-School Supports for Learning

Two main providers of In-School Supports are featured in the audit: those provided statutorily by the Department of Education and Science and those provided on a voluntary basis. Regarding the former, these supports can range from resource teaching and learning supports to particular initiatives listed in the policy context above. Voluntary organisations' provision of supports include transport to and from school, financial assistance towards school trips, school meals and targeted programmes.

A range of supports are provided across the 11 primary schools serving Tallaght West. On the statutory side resources are both universal and targeted. These resources, their distribution and the number of children receiving the support (where applicable) are set out in the table below.

**Table 2.2: Distribution of In-School Supports for Learning by type, location, number and number of children accessing them**

Resource/Support	Brookfield No. of schools/ No. of students	Fettercairn No. of schools/ No. of students	Jobstown No. of schools/ No. of students	Killinarden No. of schools/ No. of students	Total No. of schools/ No. of students
Disadvantaged Status	2	1	3	5	11
Early Start	0	0	1	1	2
Breaking the Cycle	0	0	2	2	4
Home-School-Community Liaison	2	1	3	5	11
School Completion Programme	2/175	1/326	3/269	5/146	11/916
Learning and Special Educational Needs	Students 61	Students 0	Students 23	Students 141	Students 225
-Support Team (hours)	1/22	1/0	2/5	2/42	6/69
-Resource and learning Support	1/39	0/0	1/18	3/99	5/156
Special Needs Assistants	2 /5	0 /0	3/17	5/31	10 /53
Resource Teacher for Travellers	2/78	1/22	2/43	2/29	9/172
Language Support	2/41	1/15	2/39	2/21	7/116
Support Teacher (average weekly figure)	2/39	1/-	2/115	5/115	10/269
Giving Children and Even Break					
-Grant	2	0	2	5	9
-Staff	0	0	1	3	4
School Books Grant	2	1	3	5	11
School Meals	2	1	3	5	11

Table adapted from CDI (2005)

In addition to these initiatives, a number of programmes are operated by schools on an individual basis. These include breakfast clubs, positive attendance initiatives, transfer programmes, book rental schemes, youth work activities and collaborative programmes run with other organisations in the area.

Eight of the eleven schools receive some form of voluntary support from a number of bodies. This support ranges from meal provision, the funding of psychological assessments, art therapy and youth diversion and drugs awareness programmes. While the support is 'voluntary' the organisations providing the support are a mix of statutory and voluntary/community organisations, including the HSE, the Garda Síochána Tallaght, the Department of Social and Family Affairs, Barnardos, Lucena Clinic and the Society of St. Vincent de Paul.



### 2.3.3 Out-of-School-Time Supports

Defined as “structural provision for children aged 3-12 years before or after school hours, organised either on school premises [...] or in community-based settings”(CDI 2005a: 48), these activities range from those focusing on physical exercise, to creating safe places to play, to mentoring services. CDI’s *Audit* identifies 13 different activities which fall under this category, with 88 services meeting the needs of over 4,700 young people (between the ages of 5-17). The types, locations and numbers of young people availing of these supports are detailed in the Table below. Those categories for which there is no provision in Tallaght West are: after-school childcare; English language skills development; literacy development; educational and recreational trips; and mentoring (adult-child and peer).

**Table 2.3: Distribution of out-of-school-time supports by type, location, number and number of children accessing them**

Resource/ Support	Brookfield No. of Services/ no. of Children	Fettercairn No. of Services/ no. of Children	Jobstown No. of Services/ no. of Children	Killinarden No. of Services/ no. of Children	Outside Tallaght West No. of Services/ no. of Children	Total
After-school projects	3/178	1/-	2/330	7/168	-/-	13/676
Recreation	3/205	6/197	11/162	9/805	4/85	33/1454
Extra Curricular	2/50	1/40	2/200	3/50	-/-	8/340
Special Needs	-/-	-/-	1/-	-/-	1/-	2/-
Targeted Youth Work	1/45	-/-	3/47	1/45	-/-	5/137
Youth Clubs	1/45	3/12	3/188	1/50	-/-	8/295
Holiday Provision	5/285	4/625	4/385	5/375	-/-	18/1670
Practical Assistance	-/-	-/-	-/-	-/-	1/150	1/150
<b>Total</b>	<b>15/808</b>	<b>15/874</b>	<b>26/1312</b>	<b>26/1493</b>	<b>6/235</b>	<b>88/4722</b>

Table adapted from CDI (2005a)

These services are provided predominantly by voluntary and community organisations. Complete details are not available on all services’ days of operation and opening hours. Of the 70 services detailed under opening hours, 57 operate for between one and five hours a day, while 13 operate for between six and ten hours a day. Two services operate over seven days, two over six days, 19 over five days, seven over four days, 121 over three days, 6 over two days, and 23 services operate one day per week.

### 2.3.4 Family Support Services

While acknowledging Canavan et al’s (2006) definition of Family Support, the *Audit* adopts the 1999 *Children First* guidelines definition of the policy which is narrower in focus (CDI 2005a: 67) before outlining a number of family support initiatives and services in Tallaght West. These initiatives and services cover numerous areas of activity, including individual work with children, parents and carers, group work, family work, parenting programmes, drop-in centres, health care and education (the emergence of interagency collaboration between family support services is also considered in the audit). In total, nine categories are identified for the audit, with a total of 82 services within 56 initiatives serving the needs of 970 families in Tallaght West and 1,446 families if the wider area is included. The types, locations and numbers of young people availing of these supports are detailed in the table below:

**Table 2.4: Distribution of out-of-school-time supports by type, location, number and number of children accessing them**

Resource/ Support	Brookfield No. of Services/ no. of Children	Fettercairn No. of Services/ no. of Children	Jobstown No. of Services/ no. of Children	Killinarden No. of Services/ no. of Children	Outside Tallaght West No. of Services/no. of Children	Total
One-to-one support	1/-	-/-	4/35	5/15	5/85	15/135
Group Work/ Support	1/10	-/-	2/56	-/-	6/90	9/156
Parental Learning and Support	4/73	1/69	8/129	7/235	2/2	22/508
Family Work	1-	-/-	3/37	1/5	3/85	8/127
Drop-in/ information	2/5	1/10	-/-	1/-	3/200	7/215
Financial/ material provision	-/-	-/-	-/-	-/-	-/-	-/-
Education & raining	2/5	1/-	4/251	3/-	8/14	18/270
Healthcare	1/35	-/-	1/-	1/-	-/-	1/35
Inter-agency networks	-/-	-/-	-/-	-/-	-/-	-/-
<b>TOTAL</b>	<b>12/128</b>	<b>3/79</b>	<b>22/508</b>	<b>18/255</b>	<b>27/476</b>	<b>82/1446</b>

Table adapted from CDI (2005a)

Of the 47 initiatives which provided feedback on their days and times of operation, 18 are open for between one and five hours a day, 29 are open between six and ten hours a day, and one operates for between eleven and fifteen hours a day. The vast majority (35) of initiatives operate a five day week, with eleven operating a one-day week, two operating a seven day week and one each operating a two and a four day week. The nature of service provision is mixed between statutory and voluntary providers.

In summary, the *Audit* makes a number of observations regarding the 'complex' service landscape in Tallaght West (2005a: 78):

- Services, particularly out-of-school-time and family support, are described as 'thin,' meaning they are poorly funded and supported, relying entirely on voluntary support provided by residents;
- Gaps in service provision exist, emphasising the need for an increase in high-quality, well resourced and integrated services for greater numbers of people;
- Despite considerable investment in the area, there is no commensurate improvement in outcomes for children;
- There is fragmentation of services across all sectors.

## 2.4 Conclusion

The aim of this chapter has been to map the national and local policy context as it relates to the stated work of CDI as set out in its strategy. Drawing on CDI's *Audit* this chapter also maps the service space, both in the immediate Tallaght West area and wider Tallaght. It is clear that there are numerous, interrelated policies and institutional structures which have relevance and importance for CDI, both at the service and policy levels. The flurry of policy activity in many different domains or sectors in recent years provides fertile ground which CDI can plug into through working within the parameters of the policies and providing useful feedback (alongside service providers) on how they work in practice, and how the Initiative's work impacts on them. The chapter also details the myriad of services provided by a range of service providers, both statutory and voluntary, across the sectors of family support, education, early years and out-of-school activities. The



identification of these services by CDI serves two specific aims among others: firstly, to gain an idea of what services are out there 'on the ground;' and secondly, to begin the process of thinking how the Initiative can fit with these organisations and craft a strategy which recognises the benefits of such a service landscape, and the gaps and challenges which emerge from it as well. It is to CDI's strategy document that we now turn.



**Chapter 3:**  
**Outlining CDI and its Strategy –**  
***A Place for Children: Tallaght West***

## 3.1 Introduction

The primary focus of this chapter is to outline and detail the content of the CDI strategy *A Place for Children: Tallaght West*. Beginning with a short description of CDI and its governance structure, the chapter follows the strategy in a linear fashion, although some deviation occurs in parts. The main purpose of outlining the strategy is to provide detail on what it contains, and alongside information gathered in the interviews, assess its development against the key points outlined in the strategising literature review in chapter four.

## 3.2 The Tallaght West Childhood Development Initiative – Structure and Functions

CDI is a legal entity and a limited company. It is funded equally through two sources: from the OMCYA through the Prevention and Early Intervention fund; and through a matching grant provided by the AP.

CDI operates through commissioning and facilitating the delivery of a number of services it funds. These are:

- The Early Childhood Care and Education service;
- The after-school service to promote literacy ('Doodle Den');
- The after-school service to promote pro-social behaviour ('Mate-tricks');
- The 'Healthy Schools' Programme;
- The Community Safety Initiative;
- Quality Enhancement Programme.

A number of structures oversee and support this programme of work<sup>3</sup>:

- The CDI Board;
- The Services Sub-Committee;
- The Finance and Risk (audit) sub-Committee;
- The Expert Advisory Committee;
- Community Forum;
- Community Safety Initiative Sub (steering) Committee and related Youth Forum;
- The Implementation Support Group;
- The CDI Team;
- Healthy Schools Steering Committee.

### 3.2.1 The CDI Board

The Initiative is overseen by a board comprised of a range of actors from the community, community sector, academia, the private sector, and a philanthropic organisation. As set out on CDI's website the functions of the board are:

- To provide leadership and responsibility for the strategy's implementation, overall governance and accountability;
- To be responsible for staffing, finance, programmes, learning and evaluation;
- To have a reporting relationship to the OMCYA and The AP;
- And to report on strategy implementation, spending, the attainment of targets and learning.

It should be noted that in addition to the reporting requirements outlined in the last point, the OMCYA and AP also provide an advisory and support relationship CDI and vice versa (CDI governance chart). The Board also feeds into the local Children's Services Committee.

A number of committees and fora meet under the Board, incorporating board members and other actors from the locality. These are detailed below.

<sup>3</sup> Current membership of all structures can be found in CDI's Annual Report 2008. This can be downloaded at <http://connect.southdublin.ie/cdi/images/stories/Publications/cdis%20annual%20report%202008%20.pdf>. Membership of structures for period under consideration can be located in CDI (2005c) in bibliography.

### 3.2.2 The Services Sub Committee

Comprised of three Board members alongside statutory and community organisation representatives and a school principal, the functions of the Services Sub-Committee are:

- To advise on the development and implementation of CDI services;
- Ensure CDI services reflect national policy and government thinking;
- Make recommendations to CDI Board.

### 3.2.3 The Finance and Risk (Audit) Subcommittee

Comprised of three individuals, this committee has a number of functions, which fall under three categories, in addition to its overall function of financial management. Under Finance, the committee is responsible for :

- Agreeing budget/budget revisions;
- Reviewing periodic accounts;
- Reviewing the annual audited accounts - including the report of the CEO - for presentation to the Board;
- Approving internal financial procedures;
- Reviewing summary finance reports from service providers;
- And discussing other financial and compliance matters in relation to the company.

Under Audit it is expected to:

- Meet with the External Auditor;
- And discuss the management letter from the External Auditor (following the annual audit) and agree the reply for presentation to the Board.

Finally, under Corporate Governance the committee is expected to monitor progress related to risk management and other areas of corporate governance.

### 3.2.4 Expert Advisory Committee

The Expert Advisory Group is made up of a number of national and international academics whose main function is to support the evaluation and research strand of the set of activities of CDI. The group is also free to make observations on other aspects of CDI's work programme, including the adoption of standards in the development and implementation of services.

Specifically, the role of the EAC is to:

- Provide advice and support in the design, commissioning and implementation of the evaluation strand of the programme;
- Support oversight of the research/evaluation programme;
- Review emerging results from the research and evaluation programme;
- Advise on changes to, or augmentation of, the research and evaluation programme if the need arises, and
- Make observations on the design and review of services as it sees fit.

### 3.2.5 The Community Forum

Designed as a mechanism by which CDI can link continuously with the community, the forum serves the purpose of allowing the CDI team to hear the views and opinions of the community regarding the Initiative's activities.

### 3.2.6 The Community Safety Initiative Sub (steering) Committee

As part of the Community Safety Initiative, the steering committee contains representatives from the four main areas of Tallaght West, as well as representatives from the statutory and voluntary sector.

### 3.2.7 The Implementation Support Group (ISG)

The ISG is comprised of a number of representatives from the statutory and voluntary sector. Its main functions are to:

- Promote the implementation and development of the CDI strategy;
- Provide advice and support to the Board and team of CDI on the delivery of the CDI strategy;
- Identify blocks to the implementation of the CDI strategy within individual agencies locally and nationally and propose strategies to address them;
- Ensure a two-way flow of information between CDI and the member organisations in relation to service delivery;
- Create a shared vision of service delivery and of the models and understandings which underpin these;
- Maintain an overview of the implementation of the CDI strategy;
- Co-operate and integrate its work with the South Dublin Children's Services Committee and have learning from Tallaght West applied across South Dublin County;
- And actively support the work of CDI in promoting integrated service delivery.

### 3.2.8 The CDI Team

There are nine people on the CDI team fulfilling a variety of roles central to the implementation of the CDI strategy. The functional roles they perform are:

- Chief Executive Officer;
- Finance and Corporate Services Officer;
- Research and Evaluation Officer;
- Quality and Services Officer;
- Two Quality Specialists;
- Community Engagement Coordinator;
- Office Administrator and Communications Coordinator;
- And a Finance and Administration Assistant.

## 3.3 The CDI Strategy: *A Place for Children: Tallaght West*

Published in 2005, the CDI strategy *A Place for Children: Tallaght West* is described as a 'living document' which identifies a number of outcomes it aspires to achieve through a planned programme of work over the ensuing ten years. It aims to achieve a number of broad and specific outcomes for children initially, and adolescents over a longer period, through working with other services in the community, drawing on international research and best practice, and working with statutory and community actors to devise new and innovative responses to identified needs in the community. For ease of following, this section on the strategy is broken down into its constituent parts.

### 3.3.1 Introduction

The introduction to the strategy outlines the geographical and socio-economic characteristics of Tallaght West, identifying some of its social problems before proceeding to outline the emergence of CDI. The strategy identifies the coming together of a number of different groups – community leaders, residents and professionals – who recognised the absence of "sufficient developmental and educational support" for children to reach their potential. This observation, combined with an awareness of international evidence which suggests that intervention in the early years can potentially be the best time to develop a range of supports to improve outcomes for children, provided the spur for these groups to organise together to "improve the health, learning, and safety of our children, and to increase their sense of belonging to their community" (2005c: 5). The introduction also serves to outline the intentions of CDI to fit in with the local and national policy context and offer itself as a 'test-site' for innovative interventions for children and young people; to act as an advocate for service reform where the CDI experience has produced positive learning and outcomes. In particular, the strategy is critically aware of the European and national policy agendas, both directly pertaining to children, and wider social policy objectives. Such policy objectives include those outlined in the National Anti Poverty Strategy, the National Action Plan on Social Inclusion and national social partnership agreements.

The introduction outlines the developmental process for the strategy, indicating the role of a) evidence from best practice models and experiences of communities in other countries; b) research [including audits of existing services in the area]; c) inputs from working groups; d) and inputs from local and national politicians and policy-makers. All of these mechanisms fed into a consultation process with children and other members of the community which together produced the strategy document. Some of this work was published by CDI separate and previous to the strategy document, including the documents *The CDI Report of the Stakeholder Consultation Process* (August 2005), *The National Policies Paper* (February 2005), *CDI Audit of Services in Tallaght West* (October 2005) and *The Childhood Citizenship Report* (n.d.).

Finally, the operation of two philanthropic organisations in the area, AP and the Katherine Howard Foundation, in implementing a small grants programme to build capacity and good will in the community towards CDI, is highlighted as an important aspect of the work. The programme provided resources to existing service providers to meet already identified needs in the community while at the same time working to enhance cooperation between the services. Through the staff of the Katherine Howard Foundation the groups in receipt of these resources were enabled to feed into the strategy planning process by way of meetings and reflections on themes of common concern.

### 3.3.2 Building on Strengths, Identifying Weaknesses

The strategy document engages in a short strengths and weaknesses analysis of its locality, identifying a number of resources which are deemed crucial to its successful implementation and the overall operation of CDI. Identified through the consultation process for the document's development, the strategy outlines the people and services of Tallaght West – parents, teachers, schools, community and professional services - as a key resource for the organisation. Furthermore, the opportunity to dovetail with existing state investment in the area is highlighted as a further positive. However, a number of weaknesses also exist in the area, including the fragmentation of services directed at children, the existence of what are described as 'thin' services which possess little technical support and no tendency towards outcomes-focussed independent evaluations, and an overall lack of high-quality and well-resourced services for children capable of meeting the needs of greater numbers of children.

### 3.3.3 Vision and Outcomes

Identified as 'aspirational' by nature, a number of visions or broad desires arose out of the development process outlined above. In short, these are:

- That those who live and work in Tallaght West have high expectations for all children living in their communities;
- That the children of Tallaght West love who they are and are cherished, irrespective of social background, cultural difference and country of origin;
- That every child and every family is provided with support, opportunities and choices to meet the expectations;
- That the whole community is responsible for the quality, beauty and safety of the local environment;
- And that children are encouraged and cherished by the whole community.

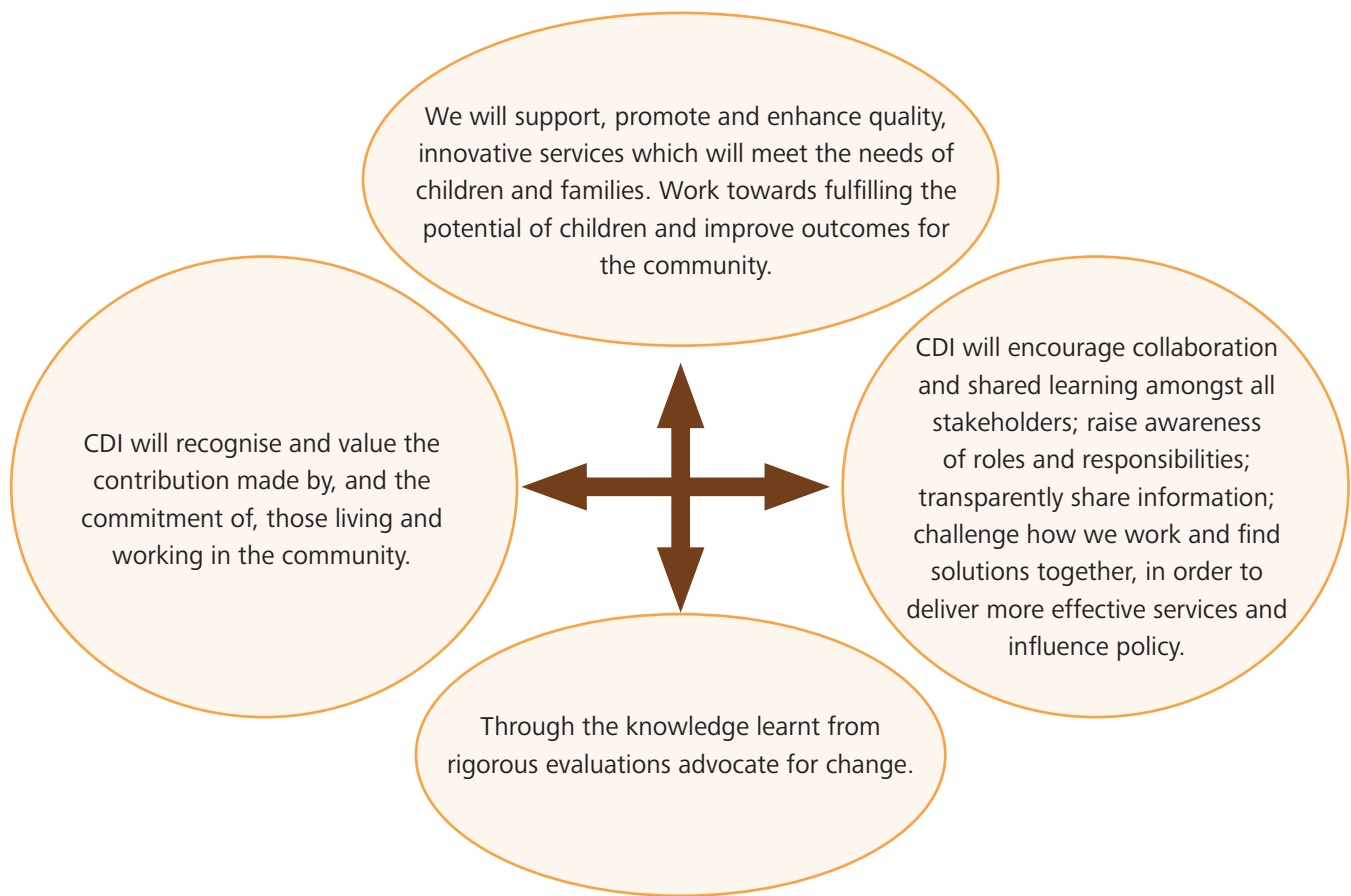
These principles have since been supplemented by a CDI 'compass' and separate vision statements. The vision statements are:

- CDI, in partnership with the community will promote needs based services using an evidence-based approach;
- CDI will establish and build on what works;
- CDI will recognise and value the contribution made by, and the commitment of, those living and working in the community;
- CDI will support the children and families of Tallaght West by promoting and enhancing quality, innovative services;
- CDI will encourage collaboration and shared learning amongst all stakeholders; raise awareness of roles and responsibilities; share information; challenge how we work and find solutions together, in order to deliver more effective services and influence policy.

In addition, a number of value statements are outlined:

- CDI will have meaningful, honest discussions;
- The community will feel heard;
- CDI will take risks and challenge service providers;
- CDI believes we all have the same goal;
- CDI believes that children are our greatest resource;
- CDI focuses on strengths and capacity;
- CDI wants to empower;
- CDI will have synergy by coming together, being solution focused, we can be more effective.

**CDI Compass:**



Closely related to these visions or aspirations is the adoption of an outcomes-focused approach to strategy development. Described as innovative, an outcomes-focussed approach marries well with recent policy initiatives in relation to children in Ireland (the *National Children’s Strategy* and latterly, the *Agenda for Children’s Services*) and elsewhere (UK, Australia, and various states in the United States). CDI’s four outcomes are:

- Children are healthier;
- Children are safe in the home, school and community;
- Children are learning and achieving;
- And children have a sense of belonging to home and community.



Further to these outcomes, the strategy identifies a number of specific sub-outcomes:

1. Be better prepared for school – primary and post-primary;
2. Be using fewer drugs, alcohol or other substances;
3. Have lower levels of depression;
4. Attend school more frequently;
5. Be taller;
6. Be more engaged in learning outside school;
7. Be more engaged in volunteering outside school;
8. Report to like living in Tallaght West;
9. Be less likely to be victims of bullying or anti-social behaviour in the home, school or community;
10. Experience enhanced relationships with their parents.

### 3.3.4 The Areas of Activity

A programme of work is identified in the strategy to map out the connections between the four broad outcomes and the ten specific outcomes listed above. This logic model offers a short, graphical representation of the links between activities and expected impacts or outcomes. Under each activity, a number of planned initiatives are outlined, alongside a selection of the specific outcomes hoping to be achieved, and a set of prospective indicators associated with each outcome. The linking of established research in particular fields [be it early education, health promotion or community interventions more broadly] with CDI's own research and existing/recommended policy interventions, is also outlined before a final link is made to the four broad outcomes, and other activity-specific outcomes (e.g. those related to evaluation for example).

The first five areas of activity are represented in Table One on the next page.

The sixth area of activity, 'Evaluating What Works and Applying the Learning' does not conform to the same layout as the other five activities. The strategy outlines CDI's strong commitment to research and evaluation and highlights the importance of a diversity of evaluation methods reflective of the diverse approach adopted in improving child outcomes. The development of a research and evaluation framework, the strategy outlines, will contain the following elements:

- The undertaking of a baseline study at the beginning of the implementation in 2006. This will be informed by expert advice on a realistic degree of change in child outcomes;
- The preparation of implementation programmes outlining the range of activities for 2006-09. Such programmes serve to ensure programme fidelity and permit the sharing of the CDI experience with the community of practitioners in the locality;
- The subjection of key activities to experimental evaluation so as to rigorously estimate their impact on child outcomes;
- The undertaking of annual community surveys, combined with the use of internationally recognised measures pertinent to particular activities;
- The exploration of developing a single management information system across all children's services which also supports the integration agenda of CDI;
- The establishing an Expert Advisory Group to advise CDI on the evaluation process;
- A commitment to de-commission those services which have been demonstrated not to contribute to improving child outcomes.

ACTIVITY	SUB-ACTIVITIES	OUTCOMES	POTENTIAL INDICATORS	END OF 2009 INDICATORS	BROAD OUTCOMES
<p><b>1. Providing Early Childhood Care and Education for All</b></p> <p><i>Research</i>            CDI Policies paper            CDI Audit of Services.</p>	<p>1. Designing a Quality ECCE programme for 3 &amp; 4 year olds.            2. Commission Partnership to deliver programme to 220 children            3. Accessing suitable premises to facilitate Provision.</p>	<p>Children will be using fewer drugs, alcohol and other substances;            Children will be taller;            Children will be better prepared for school;            Children will be engaged in learning outside school.</p>	<p>None            Indicator on nutritional outcomes to be developed by National Children's Office.            Indicator on number of children (3 &amp; 4yrs) engaged in ECCE arrangements as a proportion of all children in the same group.</p>	<p>300 3-year old children and 100 4-year old children will have accessed and participated in this high quality model of service provision – a first step in CDI's commitment to providing early childhood care and education for all children in Tallaght West.</p>	<p>Sense of belonging            Healthier Children            Safer Children</p>
<p><b>2. Integrating services in schools and child and family services</b></p> <p><i>Research</i>            Audit of Services            How are our Kids?            Cost benefit Analysis            National policies Paper</p>	<p>1. Three hours of high quality after-school provision daily;            2. Location of health professionals on school premises;            3. Development of well-maintained and safe environment around Schools;            4. Schools as access points for child and family services.            5. Employment of Integrated services co-ordinators and development of partnership protocols and agreements</p>	<p>Children will be engaged in learning outside school;            Children will have lower levels of depression;            Children will report to like living in Tallaght West;            Children will attend more frequently;            All of the above</p>	<p>The number of children who report to be physical active for a) at least two hours; and b) more than four hours a week, as a proportion of children in the same age group.            The number of children referred to child and adolescent mental health services as a proportion of all children.            None            The number of children who are absent from school for 20 days or more in the school year as a proportion of all children.            None</p>	<p>By 2009, every child will have the choice to engage in three hours daily in out-of-school activities during school term.            By 2009, schools in two of the four communities will have integrated primary health care services on the school campus            By 2009, clusters of schools in each of the four communities will be hubs for integrated services.            By 2009, all of the schools will have a specified geographic area surrounding them that is well maintained, aesthetically attractive and safe.</p>	<p>Learning and achieving;            Safety            Sense of belonging</p>

ACTIVITY	SUB-ACTIVITIES	OUTCOMES	POTENTIAL INDICATORS	END OF 2009 INDICATORS	BROAD OUTCOMES
<p><b>3. Developing New Services Targeted at the Identified Needs of Children</b></p> <p><i>Research</i></p> <p>Consortium work through the Parental Support and Learning Working Group</p>	<ol style="list-style-type: none"> <li>Services to support new mothers and fathers to cater for the health and developmental needs of their children</li> <li>Services to reduce bullying and anti-social behaviour.</li> <li>Services to improve parenting skills and reduce harm experienced by children</li> </ol>	<p>Children will be taller;</p> <p>Children will be less likely to be victims of bullying or anti-social behaviour in home, school or community;</p> <p>Children will experience enhanced relationships with their parents.</p>	<p>None</p> <p>The number of children who report to have been bullied in school as a proportion of children in the same age groups.</p> <p>The number of children who report finding it easy to talk with a) their mother and b) their father when something is really bothering them as a proportion of all children in the same age group</p>	<p>By 2009, all new parents will be receiving mentoring support, some children will have learned social and relational skills to counteract bullying and anti-social behaviour, and a number of parents will have strengthened their parenting skills significantly.</p>	<p>Learning and achieving</p> <p>Health</p>
<p><b>4. Working Together to Improve Quality of Existing Service Provision</b></p> <p><i>Research</i></p> <p>CDI National Policies Paper Public Consultation Report</p>	<ol style="list-style-type: none"> <li>Training local people in early years and after-school provision.</li> <li>Sponsoring evaluation of early years and after-school services</li> <li>Learning Forum on Early Childhood Care and Education</li> </ol>	<p>Children will be more engaged in learning in school;</p> <p>Children will have lower levels of depression;</p> <p>Children will be better prepared for school;</p> <p>Children will be less likely to be victims of bullying or anti-social behaviour in the home, school or community</p>	<p>Indicator concerning quality of childhood care and education to be developed by National Children's Office</p> <p>None</p> <p>Performance in relation to reading literacy in primary school.</p> <p>None</p>	<p>None</p>	<p>Quality services leading to positive outcomes.</p> <p>Learning and achieving</p>

ACTIVITY	SUB-ACTIVITIES	OUTCOMES	POTENTIAL INDICATORS	END OF 2009 INDICATORS	BROAD OUTCOMES
<p><b>5. Advocating to Reduce Major Stresses on Children and Families</b></p> <p><i>Research</i> How Are Our Kids? CDI National Policies Paper Children's Consultations</p>	1. Advocating improvements in housing and accommodation	Children will have lower levels of depression	None	None	Health Sense of belonging
	2. Advocating for increased safe play spaces	Children will report to like living in Tallaght West	The number of children who report being happy with their life at present as a proportion of children in the same age group.		
	3. Advocating for enhanced Garda presence	Children will be less likely to be victims of anti-social behaviour in the community	The number of children who report to feel safe in the area where they live, expressed as a proportion of children in the same age groups.		
	4. Advocating for more effective use of resources in primary school	Children will attend school more frequently	None		
	5. Training in community advocacy.	All of the above	None		

### 3.3.5 What is Needed – What's Next?

The Strategy recognises the need for significant investment in financial, human and structural resources. Under the people heading, the requirement to include and 'bring along' a number of groups is emphasised, including the children of the area, their parents, community members, the CDI consortium responsible for developing the strategy, service providers, regional bodies – both generally and those with a specific remit in children's services, national institutions, experts and other stakeholders. Financially, the strategy outlines that the "extent of capital investment [required] has not yet been identified." However, the document contains a concise analysis of current investment levels in the area of child and family services nationally and locally, its efficiency and effectiveness, and current service deficiencies. Structurally, the strategy recognises the need to establish an executive staff to implement the document over the time period, and the need to establish itself as a charitable entity so as to distribute funds from a variety of sources to ensure the best possible return on investment. To this end, it also recognises the need to maintain links with key political institutions at national, regional and local level to integrate itself into the current policy and service landscape so as to advocate for change through the dissemination of key learning from its programme of activities and evaluation findings.

The strategy also envisages a programme of work commencing from 2009 to 2012 initially, and the expected changes to be achieved, visible over the period 2012-2016. In concluding, the document highlights a number of 'next steps' to be taken. These include:

- Ongoing development of community leadership;
- The establishment of CDI as a legal entity;
- Hypothesising the effect of the CDI strategy;
- Preparation of implementation programmes for the six areas of activity;
- Building on the on-going support for the strategy in the community and with government;
- Supporting partnership.

The document concludes that the programme of work ahead is a challenge not to be underestimated, and for it to be achieved discipline, innovation and spontaneity, an openness to learning new things, and most importantly, remaining on the path of positive change, will be required.

## 3.4 Conclusion

The aim of this chapter has been to outline, firstly, CDI – what it is and its structures. The second aim has been to provide a detailed account of the contents of the strategy so as to enable, along with data from the interviews, an assessment of it and its development against the principles and practice of good strategising. It is to these principles, and those of Comprehensive Community Initiatives, that we now turn.



# **Chapter 4: Literature Review**

**Comprehensive Community Initiatives  
and Strategising in Non-Profit Organisations**

## 4.1 Introduction

The purpose of this chapter is to provide an overview of the literature on Comprehensive Community Initiatives (CCIs), detailing what they are, how they emerged, the basic characteristics of CCIs, and the potential they offer.<sup>4</sup> The second part of the literature review refers directly to the theme and focus of this report – the development of CDI and in particular, its strategy. This aspect will begin by discussing what is meant when terms like voluntary, non-profit, and community organisations are used, before proceeding to chart the development of strategising in non-profit organisations. The features of a strategy process are outlined before a model of good strategising – the Bryson Model - is detailed.

## 4.2 Comprehensive Community Initiatives (CCIs)

### 4.2.1 The emergence of CCIs

Comprehensive Community Initiatives (CCIs) have been described as recent initiatives that began as a reaction to a model that represented a top-down, technocratic way of doing business (Kubisch, 2005). However, other authors have identified that their origins can be traced back before the emergence of technocracy. Stagner and Duran (1997) refer to the settlement houses established in the early 1900s by social reformers as being the first comprehensive community initiatives in the United States. Yet, the settlement houses model, despite many residents benefiting from it, was problematic in several ways. Staff members attempted to respond to everyone's interests, including the business community, local government officials and residents, while settlement houses were funded and operated by individuals from outside the community who often failed to include key community organisations in their plan for the neighbourhood.

The model became less popular in the 1920s with the emergence of specialised fields of social work treating specific problems of individuals. Neighbourhood programmes re-emerged in the 1930s and again in the 1960s with the war on poverty. Neighbourhood-based initiatives, guided by community action agencies, were part of the federal strategy to achieve the war on poverty's objectives. Community action agencies were successful in providing new services but still experienced difficulty working with service agencies while trying to empower residents to demand service agency reform (Stagner and Duran, 1997: 134).

Kubisch et al. (1995) argue that the emergence of CCIs as a concept and method of delivering services to disadvantaged communities was as a result of a number of trends: the fragmentation and categorisation of services which were limiting the potential for success; an increase in service provision costs with questionable or uncertain success; and the regeneration of physical landscapes needed to be coupled with service regeneration.

In addition, the leadership shown by those within the philanthropic sector, combined with federal programmes such as the War on Poverty and Community Action Programme, were instrumental in their establishment (Kubisch 2002). These leaders were joined over the years by social service agencies, local coalitions, public/private partnerships, community organising groups, progressive churches and specially created local organisations such as community development corporations. An increased focus on a number of factors prompted the desire for comprehensive community change. These factors included: concerns about racial justice and equality; concerns regarding the persistence of urban poverty; the emergence of the philanthropic sector; acceptance of the role of government as an agent of social change; and the strength of neighbourhood organisations (Kubisch et al, 2002). The concern about the deterioration of inner-city neighbourhoods also influenced the 'new wave' of CCIs (Stagner and Duran, 1997).

In the late 1980s, CCIs were created to bring together, borrow from, build on and revisit the experiences and lessons of previous approaches to community change. In the United States, they emerged in an era of new federalism, which emphasised individualism and self-help and signalled a general shrinking of the federal government's role. (Kubisch et al, 2002)

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<sup>4</sup> It should be noted within the context of the overall evaluation that this aspect of the review is not exhaustive; rather, in line with the thrust of the evaluation overall, the work on developing CCIs will be cumulative, forming a continuous part of the evaluation process which will feed into the overall report at the end of the study.



## 4.2.2 What is a CCI?

### 4.2.2.1 The Idea of Community

The notion of community evokes “powerful images and emotions. It suggests a sense of identity, belonging, shared circumstances and common cause” (Kubisch et al, 2002: 9). Communities are an important entry point for social change as poverty and related social problems tend to be concentrated in certain neighbourhoods: economic distress is strongly correlated with racial segregation, political disempowerment, and social problems (Kubisch et al., 2002). Communities provide infrastructure, facilities, goods and services for residents. They also define political representation and administrative functioning (ibid).

As Cortis (2007) stresses, inter-neighbourhood inequality is a characteristic of the United Kingdom, North America as well as in Australia. Yet this notion is challenged in some literature. Jack (2005) argues that it is important to realise that most disadvantaged individuals do not actually live in disadvantaged areas. Some distinguish between “people poverty” and “place poverty”. (Powell et al., 2001, cited in Cortis 2007). Such perceptions can be taken further in that, if Jack asserts that ‘most’ disadvantaged people do not actually live in disadvantaged neighbourhoods, it would suggest that some do. Furthermore, it could also suggest that intra-neighbourhood inequality be a feature of modern estates and communities.

Chaskin (2006) underlines the importance of the context provided by local communities in which children, youth and families grow, develop and function. The built environment can promote or inhibit a sense of safety, connection and interaction among community members. Relationships among neighbourhood residents can provide important social, emotional and psychological support (Kubisch et al., 2002). The knowledge, skills and leadership that community members represent can be engaged in the community, focused beyond it, or left dormant (Chaskin, 2006). The goods, services and facilities provided by formal organisations can enrich or fail to support child and family functioning (Chaskin, 2006). Local organisations and institutions can act to advocate for community needs or as conduits to other resources (Kubisch et al., 2002). Informal relationships, such as networks of association among neighbours, peers, and groups can provide or constrain access to information, opportunity, and collective endeavour (Chaskin, 2006).

Chaskin (2006) identifies two factors that seem to matter on the community contexts influencing child and family well-being: *compositional* aspects - which include levels of concentrated poverty, crime, the concentration of single-parent families, housing quality, residential stability, and the presence of relatively affluent families and professional and managerial workers; and *social organisational* aspects such as organisational participation, the number and quality of social ties, and the degree of “value consensus” among community members.

Further to this, Chaskin (2008: 69) defines resilient communities as “communities that can “act” in response to adversity to protect and promote their well-being.” Various sources of risk and adversity for communities exist at different levels: macro-level influences such as demographic trends, the development of new technologies and the globalisation of capital; policy and social intervention practice which can be sources of either support or adversity; natural events such as natural disaster or climate change.

The response of community to adversity will depend on the magnitude of the influence and the “community capacity”. Chaskin (2008: 70) explains “community capacity” as “the interaction of human capital, organisational resources, and social capital within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community.”

Chaskin (2006) explores different ways to think about community, in the context of providing community-based family support programmes:

- Community may be seen as a context to be “taken account of” in planning and providing support services to families;
- Community may be defined as a target of intervention in which particular aspects of the community environment are identified to be changed through planned intervention in support of families;
- Community may be treated as a unit of identity and action, an organised social system with particular actors and capacities that can be brought to bear to support families and promote broader change.

In the latter case, beyond changing particular aspects of the community environment and attempting to promote discrete outputs in particular domains, the focus is on enhancing the “capacity” of the community to manage, promote, and sustain particular kinds of change and to provide for the well-being of its members over time.

Family support programmes have for the most part viewed community largely as a critical context to understand and inform their strategic orientation in working with families, rather than as a target or medium of change. Nevertheless, proponents of family support have increasingly sought to move beyond a community-as-context framework to argue for family support’s role in promoting community change more broadly through, for example, the creation of comprehensive community initiatives. Indeed, as Brady et al (2008) argue, there is much common ground in the fields of community development and family support. Although it may not appear obvious at first, individual or family-focused family support programmes can put the individual or a family in the position to engage with the wider community so as to contribute to community change (McGrath 2003; 2004).

#### 4.2.2.2 A comprehensive and community based approach

CCIs are based on two principles: comprehensiveness and community building (Perkins 2002). Comprehensiveness is an attempt to maximise the likelihood of achieving positive results by simultaneously addressing the social, economic and physical conditions of neighbourhood. It recognises that individual, family and community circumstances are linked, and by linking the response to those circumstances, CCIs could create a whole response that is more than the sum of its parts (Kubisch et al., 2002 ; Kubisch, 2005) Being comprehensive means viewing problems and solutions through a comprehensive lens and approaching the work strategically. Comprehensiveness should evolve along with the capacity to implement changes. Aiming for comprehensiveness means deliberately making connections across all aspects of the work and looking for opportunities to create synergy (Kubisch et al., 2002).

“Community building refers to locally focused approaches to collective problem-solving that aim to solve public problems and to promote socially valuable forms of connectedness, sustained stakeholder engagement, a sense of common purpose, and greater institutional capacity” (de Souza Briggs, 2002: 16). It emphasises participatory processes that develop leadership, enhance “social capital” and personal networks, and strengthen a community’s capacity for improvement (Kubisch et al., 2002). Community building’s central theme is to obliterate feelings of dependency and to replace them with attitudes of self-reliance, self-confidence, and responsibility. Furthermore, community building addresses both the pathologies and the institutional failure while keeping the macroeconomic forces in focus (McNeely, 1999).

Community building responded to traditional top-down, externally driven anti-poverty efforts by recognising that neighbourhoods contained their own capacities and relationships that could and should be mobilised. Community building is an overarching conceptual framework, not a programme or technique. Nevertheless, community building is not an abstract concept; rather it contains concrete elements such as building the knowledge and abilities of individuals, building on existing relationships among residents, strengthening community institutions and creating links between them. Resident engagement is critical: it promotes trust and legitimacy. However, it is not always essential in every facet of work (Kubisch et al., 2002). Focusing on building community capacity permits expectations of greater responsiveness, fairness, democracy, efficiency and cost (Chaskin, 2001).

CCIs have a multifaceted approach to family poverty as it assumes that the needs of poor families result from a conglomeration of different but related problems, not from a single problem (Stagner and Duran, 1997). The focus on communities builds on the recognition that they shape the residents’ – and therefore children and families – experiences and well-being. Specifically, CCIs have been described as “multi-year enterprises in poor, urban communities where physical and economic decline, social isolation and political disempowerment are the norm (Kubisch 2002).” They are comprehensive in the sense that they can either serve to incorporate or develop different aspects of activity (be it social, educational, economic, cultural or other) in a community, or that they attempt to either provide or coordinate a range of services in a particular locality (Perkins 2002).

CCIs are generally guided by a set of broad principles rather than a “well-specified intervention model”. They highlight the need for comprehensive planning and asset development rather than categorical provision and deficit reduction. They stress the importance of fostering collaboration among community-serving organisations as well as between the sources

of support and expertise beyond the community. Finally, they emphasize the centrality of meaningful resident participation in the change process and the importance of developing their human and social capital as a condition for sustainable community change (Chaskin, 2001). CCIs also have goals that go beyond the individual level, which distinguishes them from most social programmes (Kubisch, 2005).

Opportunities for significant improvement in communities rely on two essential factors. First, communities need to seek to maximise their ability to bring about any forms of change which they have control over, yet be aware that it could require large amounts of community capacity. Second, communities must seek to interact with structures, resources, and other influences beyond their boundaries to extract maximum advantage for the community itself. In short, “community-change efforts must develop more sophisticated analyses of political, economic, and social dynamics and find better ways to tap into them, benefit from them, make demands on them, and improve their operations in distressed communities” (Kubisch et al., 2002: 4).

CCIs are viewed as affecting change within four principal levels:

- Among community residents;
- Within and among community-level institutions;
- Among those who provide technical, financial, practical and other supports; and
- In broad policies and structures that have enormous influence on community residents and institutions (Kubisch et al 2002).

### 4.2.3 Characteristics

From the literature a number of common characteristics can be identified:

- **Comprehensive:** multifaceted, addressing many issues at once;
- **Coordinated, integrated and collaborative:** not operating in isolation;
- **Accountable:** focusing on improving the outcomes for children and families, not simply providing services, largely through participation and evaluations;
- **Flexible:** having the ability to use funds to address the locally determined needs of poor families;
- **Preventive:** focusing on prevention and early intervention to lessen the need to deal with crises;
- **Family and/or community focused:** focusing on children as individuals and as part of a family and on families as part of neighbourhoods and communities;
- **Inclusive of citizen participation:** encouraging active participation by community residents, clients of the service system, and other community stakeholders in planning, designing, and implementing initiatives;
- **Strengths-focused:** building on the strengths of families and communities;
- **Responsive to individual differences:** responsive to the needs of individuals with disabilities and of culturally, ethnically, linguistically, and economically diverse populations;
- **Universally available:** making services available to anyone in the community who wants or needs to access them;
- **Can be characterised by public-private partnerships:** a range of actors and organisations across sectors can be involved.

In addition, CCIs tend to get their energy from the desires or objectives of a key person; they rely on governance structures or collaborative partnerships within the community; they draw on an array of external organisations for technical assistance, research, and other supports; they seek partnership between the community and external sources of political and economic power; and they seek to incorporate learning via independent evaluations. Such evaluations are usually funded by the sponsor.

The involvement of participants can vary in CCIs, with the literature identifying two broad ways in which it can occur. Some initiatives begin from a single existing organisational unit which attempts to establish connections with other organisations. Other types of initiatives begin with the creation of a new entity. These initiatives bring the relevant participants to a neutral table and give community residents a larger voice. Collaborative mechanisms can be used which

include residents to assess the neighbourhood's strengths and weaknesses, its needs, develop a shared vision for the neighbourhood and devise short and long-term strategies for realising that vision. Kubisch et al (2002) argues that initiatives have become more strategic about how to operationalise the community-driven approach: while the high value placed on resident engagement and organisational collaboration is key, not every resident has to be involved all the time. Collaboration takes so much time and energy that it is important to understand when and why it is really needed and when it is not.

#### 4.2.4 Implementing CCI

All community programmes need to be grounded in an understanding of the ways that people living in the same geographical locations interact with one another, their local environment and the influences that these interactions have upon their behaviour and attitudes. Jack (2005) argues that this requires the application of an ecological approach to understanding human development, in which the mutual influences between individuals, families, groups, organisations and communities, and the wider society in which they are set, are all fully considered.

The starting point in implementing community-based programmes is to develop a detailed picture of how people perceive themselves and their neighbours and the area in which they live. This requires that information is collected from a variety of sources, starting with residents themselves, but also including socio-economic and demographic data and information from organisations that serve the population concerned. Such information should add to the understanding of the multiple and interconnected problems that are experienced in the area.

Jack (2005) indicates that the design and implementation of community programmes are difficult, particularly in relation to reaching all those who are in need and achieving successful interorganisational partnership-working arrangements between different agencies and between professional and local people. He argues that the process for gathering and analysing information, both at individual and community levels, needs to be improved, and more encouragement needs to be given to community development practice within mainstream services. A wide network relationship is required to work with disadvantaged communities.

#### 4.2.5 Challenges in Undertaking a CCI.

Although CCIs can foster valuable change in communities, the literature reveals that they have not always been hugely successful in achieving that change. There are challenges right across the spectrum when undertaking a CCI (Stagner and Duran 1997; Chaskin 2008; Cortis 2007):

- Launching and sustaining a CCI is difficult work, in particular regarding cooperation of participants who have not traditionally worked together, especially when money and power must be shared;
- While establishing a CCI can present certain advantages, it is not beholden to any particular community group but because it is new, it may lack credibility and power;
- The need to balance short-term and long-term goals. Early short term successes build support and maintain funder and community interest in the process of seeking to achieve long-term goals (Sviridoff and Ryan, 1996);
- The creation of flexible financial support that will remain available once the start-up funding is gone. Often CCIs begin with a single source of flexible funding which enables them to combine several categories of funds and leverage funding from other sources;
- Managing change can be a difficult thing. This can be further complicated when an understanding of community is incorporated into the equation. Communities are not monolithic. Although community members may agree at a general level about basic priorities, they may not agree on the details. Gains for some are losses for others (Chaskin 2008);
- Capacity building within participating organisations is often required, particularly where funds are being used entirely to provide services, meet existing needs, or where they are over- stretched;
- Fear of taking on too much, of being perceived as over ambitious, can hamper CCIs and reduce their impact. The scope of the CCI being confined to the local can sometimes limit the real potential:

One of the central criticisms of CCI is that they run the risk of failing disadvantaged people who live outside the most disadvantaged areas, or that the concept of “community” has been colonised by the state and therefore they are being tightly regulated around top-down priorities set by government (criticisms of the Irish Social Partnership Process – and particularly that the voluntary and community sector has been co-opted into the governmental process and thus ‘captured’ – resonate here). Another criticism of CCI is that they rarely do what they intend to. However, this is, in the words of some, implicit of a failure to understand their true nature – that they take time. In particular, those CCI which have long term goals, or aim to affect the social capital of a locality, can take years to have an impact (Kubisch 2005).

Finally, critics of CCI point to the lack of definitive proof that they – and they alone

– affect change at the community level. Some authors (Kubisch et al 1995 most notably; Stagner and Duran 1997) have highlighted that CCI are notoriously difficult to evaluate due to horizontal and vertical complexity, the context in which they are implemented, the changing nature of individual interventions, the wide range of outcomes being pursued and the absence of control groups. Additionally, part of the reason for CCI not having proven to be agents of major community transformation so far is that “we have been at this for at most fifteen years, and the strategies and operations have not yet run their course” (Kubisch, 2005: 22).

## 4.3 Strategic Planning for Non-Profit Organisations

### 4.3.1 History and Development

Owing its origins to Greek thought and, more prominently, to Sun Tzu’s *The Art of War*, a Chinese military strategy document dating from the 6th century BC, the term strategy and its use has witnessed something of a revival in recent years. While the role of strategising for success in the private or business sector has been well documented, its deployment as a management tool in other sectors is a relatively recent phenomenon, only having taking off in the 1970s (c.f. Mintzberg 1994; 1996; 2000; Bryson 1995; 2004; Courtney 2002; Stone et al 1999). Initially termed ‘planning’, the process of using strategy and/or strategic planning as a guiding tool underwent different theorisations and interpretations as its role in the business world was tested and expanded. In short, the first attempts to ‘do’ strategy failed due to a lack of awareness about fluctuations in the environment within which organisations operated. The Planning and Practice school (the name given to these first attempts to develop strategies as plans for future activity) viewed the development of a strategy as a relatively informal process which had a clear beginning and end. Furthermore, it appreciated that an analysis of the environment within which the organization operated was key to successful implementation of the strategy. However, it was the inability of this school to consider changes in the environment and build-in a response capability to such changes which was the primary reason for the development of the Learning school’s approach to strategy development.

In response to the Planning School, the Learning School viewed the strategy process as being formal (in attitude towards the process, rather than a formal linear procedure) and emergent, rather than informal and deliberate; strategies do not and cannot evolve in either a vacuum or without paying due regard to the *changing* environment within which they are to be implemented, thus they, and those that shape them, must have the capacity to respond to such changes (Mintzberg and Waters 1985).

In addition to problems identified with the Planning School, scholars of the Learning School identified other influences that impinged upon the planning process: chance, power and politics, and organisational behaviour amongst them (McKiernan, 1997: 792).

More importantly, Mintzberg identified the need to explore, think, trial and learn from new experiences. In his view (1994) he sees the importance of actions informing strategic thinking rather than thinking simply informing action. Despite criticisms of the Learning School (c.f. Porter 1980 for an elaborate criticism), the main thrust of its approach - that strategies are not finite end points but rather necessarily flexible guides to organisations in doing their work – retained much purchase.

Alongside the development of different schools of thought regarding the utilisation of strategy, greater coherency was achieved around using and defining terms which lent themselves to this discipline. Yet, Hax and Majluf (cited in Hughes 2003: 133-35), reflecting on the literature on strategy, highlight that five overarching phrases tend to dominate:

1. budgeting and financial control;
2. long-range planning;
3. business strategic planning;
4. corporate strategic planning;
5. strategic management.

Much of the theoretical and empirical work on analysis of strategy in the private sector identified that by the 1980s, *strategic management* was the concept which was most in use. It seeks, as a term, to move beyond the strategic planning process to focus on producing “strategic results: new markets, new products, and/or new technologies [...]. Rather than merely drawing up a plan it [strategic management] aims at integrating planning with all other parts of the organisation” (Hughes 2003: 135). It is a process which aims to inculcate the values and goals underpinned in the strategy statement within every element of the organisation, and recognises the critical role to be played by individuals and the culture of the organisation in the strategy’s implementation.

### 4.3.2 What is a Strategy?

But what is a strategy? What does it aim to do? Strategy can be defined as “the process of taking an organisation from its present position to its desired position, that is from point A to point B of its stated objectives. [...] It is the tool for actualising the mission” (Akingbola 2006: 266). They are statements of intent about seeking change. Generally, a strategy’s aim is to provide an overarching plan for an organisation for a number of years (usually three to five) and provides a detailed account of its operating environment, vision or mission, its strengths, weaknesses, opportunities and threats, and specific objectives to be achieved over the plan’s lifetime. It may or may not have indicators attached to specific objectives, although their existence is generally viewed as a positive attribute – either in the strategy or subsequent annual plans.

More specifically, Mintzberg identifies a number of characteristics of a strategy:

- It is a *Plan* - a conscious, intended course of action;
- It is a *ploy* – a specific manoeuvre/set of manoeuvres;
- It is a *pattern* – a pattern in a stream of actions;
- It is a *position* – a way by which an organisation is located in its environment;
- It is a *perspective* - a way of seeing the world.

Moreover, the literature provides a sound justification for the use of strategy, strategic planning and management (Allison and Kaye 2005; Worth 2009):

- It forces the organisation to think about its vision, its mission, where it wants to go and what it wants to do;
- It requires the organisation to think beyond its own boundaries, to its environment, to examine broader trends in economy and society;
- It provides a basis for rational decision-making; It provides a blueprint for action;
- It highlights broad milestones by which to monitor achievements and assess results;
- It can lead to the generation of information to inform potential funders (and political actors).

However, it does not predict the future, is no substitute for judgement or leadership, and will not be a straightforward, linear process.



While most of the discussion above has related to the development of strategic thought in the private sector, many of the writers, Mintzberg in particular, have adapted their work to fit with the shift from public administration to public management in the western world. The public sector differs from the private sector in many ways, as does the voluntary sector. It is to a consideration of this latter sector, internationally and in Ireland, which we now turn.

### 4.3.3 The Non-Profit Sector, the Non-Governmental Sector – What is it?

Although seemingly straightforward at first, the non-profit sector, it has been argued, lacks definitional clarity. Although the term itself would appear to be self-explanatory, i.e. those organisations which work for a particular cause without the goal of accumulating profit, Courtney (2002) identifies many different terms in use across the western world which imply non-profit activity, yet which have differences. The Voluntary sector is used widely in Ireland and Britain, as is the Community sector (indeed Donoghue (1998: 11) has identified the rise of the community sector, particularly in response to various stimuli regarding the development of area-based responses to social problems). However, some voluntary organisations retained paid staff, sometimes highly paid professional staff, which can problematise the 'voluntary' nature of its activities. The Charitable sector also suffers from the same tendencies. The non-profit sector also encompasses some aspects of state activity, but not others (think of semi-states and the focus of some to 'break even' or turn a profit). 'Value-led' is a phrase which defines some organisations which would be broadly interpreted as being in the Non-profit sphere. However, with the rise of corporate social responsibility, many private sector organisations may claim to be value-led, or be 'for' something. The oft mentioned Non-governmental moniker is not discriminatory enough. Kendell and Knapp (1995) highlight that there may be no single, correct definition, but rather we need to adopt a more discretionary and discriminate role when analysing individual organisations.

However, we can begin to identify how all these organisations collectively differ from private sector organisations. There are a number of unifying characteristics (Courtney 2002: 45-51):

- No emphasis on profits, or at least no emphasis on the distribution of profits to anyone in the organisation;
- Indicators of success are something other than turnover and profit; They have numerous and varied stakeholders;
- Resource acquisition and transactions tend (normally) to be one-way – to the client;
- Governance mechanisms tend to be less-straightforward, with boards often populated by non-executive directors or people not receiving any stipend;
- Activities are governed by a tendency towards collaboration, not competition.

In addition, Acheson et al (2003), referring to voluntary organisations on the island of Ireland, identify further characteristics:

- Self-governing;
- Independent (excluding non-departmental public bodies, educational establishments);
- Non-profit making;
- Benefiting from a meaningful degree of philanthropy;
- For wider public benefit (excluding bodies that exist solely for their own members);
- Non-sacramental (but including activities of public benefit performed by religious organisations, for example in the area of social services).

Acheson et al (2003) discuss the nature of the relationship between the sector and the state. Building on the work of Donoghue (1998), and historical observations of Irish social policy, they highlight that the relationship between the Irish state and the voluntary sector began to solidify somewhat in the 1970s with the emergence of the poverty programmes from the then EEC and the formalisation of the regional social services councils into the National Social Services Board in 1981 (which was to change names and guises many times subsequently). The nature of this relationship altered and became increasingly political as voluntary and community groups became incorporated into the partnership process at a local level (Keogan 2003). Additionally, from 1986 the Combat Poverty Agency became a key driver in progressing state – voluntary sector interaction (albeit arms-length state activity) through the adoption of a community development approach to local social activity, working from the principles of community building and empowerment.

#### 4.3.4 Non-Profit Organisation and Strategy

While much of the discussion on strategy so far has been concerned with its use in the private sector, consideration of its use in the public and non-profit sector is important. While there are examples of some form or another of strategic planning in public organisations in the late 1950s in the United States it is not until the 1970s and 1980s that first strategic planning and then strategic management began to take hold. Initially as a result of the nascent trend to incorporate private sector techniques into the public sector, strategising really began to take hold with the development of the New Public Management /Managerialism in the late 1980s and early 1990s (indeed the 1990s witnessed the proliferation of strategy documents in the Irish public sector). Similarly, in the non-profit sector, while the trend to use strategy as a guiding principle for operations can be traced back to the mid-20th century, it is not until the 1970s that its use becomes regular or well-established and even then, it was not used by all (Stone et al 1999). However, recent research has indicated that its use in the non-profit sector is increasingly important, particularly in constrained financial times (Akingbola 2006).

Much theorising around the application of strategic management/strategising in the voluntary sector highlights the need to adapt private sector techniques for voluntary sector use. However, the use of strategy within a non-profit organisation is neither simplistic nor direct. While a private company's chief motivation is profit, non-profit organisations must adhere to a wider number of criteria. Their focus must be on maximising output, as opposed to profit, with resources already assigned. Where goal identification in the private realm is a minor task, the plethora of options posed to a non-profit organisation cause what some term goal-mania (Nutt and Backoff, 1992), often resulting in ambiguity. Environmental positioning is also problematic. Where business is usually free to position itself, non-profit organisations are placed within an environment with limited room to manoeuvre, their functions often already being set out for them.

In truth, there are many different forms of analysis useful in undertaking a strategic planning process. In one survey in the UK (Courtney 2002) the most common form was the SWOT (strengths, weaknesses, opportunities and threats) analysis followed by gap analysis and PEST (political, economic, social and technical trend) analysis. Not included but also important is the stakeholder analysis, particularly where the process is a collaborative one, with the indicator of success being stakeholder satisfaction (Bryson 2004: 107). Yet, above these forms of analysis, a number of steps are readily identifiable across the different models of strategic planning (Bryson 1995; 2004; Allison and Kaye 2005; Worth 2009):

- Preparation – planning to plan;
- Mission, values, vision;
- Assessing the situation;
- Strategic issues/priorities;
- Setting the goals – objectives and strategies to achieve them;
- Writing the strategic plan;
- Implementation–developing operational plans;
- Monitoring and evaluation.

It is unfortunate that, given the extent of non-profit activity in Ireland, there is very little published literature on the application of strategic management (including the formulations of strategies) in the sector. Indeed, the observations found at this stage of the CDI evaluation relate to Northern Ireland only. However, Godfrey (2003) makes some interesting observations on the application of a strategic planning model to the development of Children's Services in that jurisdiction. She notes the emphasis required on leadership, the need to be cognisant of the actual 'doing' of planning, and the need to overcome hesitancy around the task at hand.

#### 4.3.5 The Bryson Model for Non-profit Organisations

The Bryson model has been selected as a model of strategic management and planning for this literature review for a number of reasons: (1) John M Bryson has been identified as one of the foremost thinkers and practitioners of strategy development and strategic planning in the non-profit sector, with numerous journal articles and books aimed at both the academic and practice fields. Indeed he is one of the most cited thinkers and publishers of strategic related articles (Worth 2009); (2) in their treatise on reform in the public sector *Reinventing Government* Osborne and Gaebler (1992) build much



of their theorising on the work of Bryson (Bovaird 2003); and (3) Bryson himself has a history of advising organisations throughout the 1990s, when strategy development and strategic management were in the ascendancy, most notably in this context with the Irish Government and wider Public Service (1996).

Bryson (1995; 2004) lists four major benefits of strategising for non-profit organisations:

- *The promotion of strategic thought and action:* enables systematic information gathering about both the external and internal environment and the establishment of organisational priorities for action;
- *Improved decision-making:* focuses attention on crucial issues and facilitates managers in addressing these issues, making decisions today while allowing for their future consequences;
- *Enhanced organisational responsiveness and improved performance:* A related benefit from the two above, with a concerted execution of duties increasing performance;
- *Enhanced employee's relationship with organisation:* process is likely to increase teamwork and expertise among employees (Bryson, 1995; 7).

Prior to introducing Bryson's model of strategy formation for non-profit sector organisations, a few uncertainties need to be addressed. Many authors use the terms strategy, strategic planning, strategic thinking and strategic management synonymously. So for ease of understanding the terms will be used within this section as follows:

- *Strategy/strategy statement* - the document itself;
- *Strategic planning* - the facilitation of strategic choices once they have been decided (the formulation of the plan itself);
- *Strategic thinking* - the process identifying major strategic issues;
- *Strategic Management* - the entire process itself, encompassing planning, thinking and implementation.

The Bryson model (Bryson, 1995; 2004) is based around ten key steps through which all the requirements of a strategic process are fulfilled:

a) *Initiating and agreeing on a planning process* - both internal and external decision makers agree on the need for a strategic focus. Local opinion leaders may have an influence at this stage, particularly over controversial issues, as it would increase the chance of successful implementation later in the process. At this point role, function and membership of the planning committee, the timing of interim reports/draft strategies, and the commitment of resources to the process should all be identified. This stage also includes deciding who should be involved. In 'actioning' this stage, there are a number of process steps recommended (2004: 82-3):

1. A person or group to champion the process to give it energy;
2. Assessment of the group/organisation's readiness to do strategic planning;
3. Sponsoring of the process gives it legitimacy;
4. Initial stakeholder analysis to develop the right group of people;
5. Decisions around the need to jointly negotiate an agreement around how to do the planning.

b) *Clarifying Mandates* - identifying what the organisation is supposed to do. Such a step usually involves the examination of legislation, articles, charters and contracts that have an effect on the workings of the organisation.

c) *Outlining and clarifying missions and values* - the mission statement justifies the existence of the organisation; what are the social/political needs that the organisation addresses? Through identifying a purpose you identify boundaries within which the organisation works, while also charting its future course. At this stage a stakeholder analysis is useful as the key to successful implementation (and the continuing existence of the organisation) and satisfaction of key stakeholders. Questions key to the identification of stakeholders are outlined below. In analysing stakeholders' claims on the organisation, the following question is of significant importance: to what extent is the organisation's survival dependent on the stakeholders' satisfaction (2004: 107)?

**Table 4.1: Key questions in the identification of stakeholders**

- 1) Who are the stakeholders?
- 2) What is their stake in the organisation, or its output?
- 3) How will stakeholders judge the organisation's performance?
- 4) How well does the organisation perform from the stakeholders' point of view?
- 5) To what extent do stakeholders influence the organisation?
- 6) How important are the stakeholders to the organisation survival?

Adapted from Bryson (1995) p27-28

Further to this is the development of a mission statement from answering a set of questions outlined in Table 4.2.

**Table 4.2: Key questions in the formulation of a mission statement**

- 1) Who are we as an organisation?
- 2) We exist to fulfil what needs?
- 3) What do we do to recognise these needs and respond to them (Are there mechanisms in place for the organisation to stay in touch with both employees and stakeholders? Does it encourage employees to report everything 'for the good of the organisation')?
- 4) How should we respond to key stakeholders?
- 5) What are our core values and philosophy?
- 6) What makes us unique?

Adapted from Bryson (1998)

d) *Environmental Analysis* - essential for identification of strengths, weaknesses, opportunities and threats (although recent literature talks of challenges as opposed to threats), particularly those that present themselves in the external environment. Bryson comments that it may be useful to have people outside the organisation involved at this stage to inform the environmental analysis. Identification of strengths and weaknesses is usually simplified by a close examination of resources, its present strategy (if available) and performance indicators, all located within the internal environment.

e) *Identification of Strategic issues* - this step is the culmination of the previous four. Strategic issues are "fundamental policy questions or critical challenges that affect an organisation's mandates, mission and values, product or service level and mix, clients, users or payers, cost, financing, structure, processes, or management" (2004: 153). It is often at this stage that the mission statement reveals itself to be unworkable or inappropriate, usually from drastic environmental instability. In identifying strategic issues a direct approach is most pertinent in multi-function organisations as it allows for division and conflict. It also facilitates the emergence of strategic issues through dialogue, while appreciating that insight is not also inherent when facing these tasks.

f) *Formulating strategies for issues identified* - Bryson identifies five useful questions in the development of the strategy (2004: 199-200):

- What are the practical alternatives, dreams, visions, we might pursue to address the particular strategic issue identified?
- What are the barriers to realising those alternatives?
- What major proposals may we pursue to achieve those alternatives?
- What major actions (with existing staff working within existing job descriptions) must be taken within the next 12-24 months to implement the major proposals?
- What specific steps must be taken within the next six months to implement the major proposals, and who is responsible?

g) *Review and adopt the strategy* - usually a straightforward process as long as all major stakeholders are accounted for in the plan.

h) *Establishing an effective organisational vision* - also known as a vision of success, this step allows the organisation to envisage itself after full implementation of the plan, assists in the implementation of the plan and informs employees of what is expected of them. Such visions can refer back to the vision, mission and mandate previously stated, while also succinctly highlighting how its (proposed) work can contribute to the achievement of desired outcomes, the performance criteria, its operational rules and ethical standards by which it expects its employees to abide by.

i) *Formulation and implementation of action plans* - allow for more complete implementation to take place, these plans specify the minute details required to achieve goals, and should include specific standards, numbers expected, milestones to be reached, timeframes and accountability procedures. The model works on the principle that implementation and strategy formulation are dependent and not mutually exclusive. Action plans (or where applicable 'programme plans') should have the following components (2004: 244):

- Definition of purpose;
- Articulation of the logic behind initiative;
- Clarification of programme or project organisation and mechanisms for resolving conflict;
- Calculation of inputs/resources desired;
- Definition of the outputs to be produced;
- Identification of target clients;
- Clarification of the process by which inputs are to be converted to outputs;
- Timelines of activities and decision points;
- Specification of objectively verifiable indicators;
- Wider indicators that are key to the success of the programme.

j) *Reassessing strategies and the planning process* - agencies should always be looking to improve the process and adjusting strategies accordingly.

In addition to these steps, Bryson has paid particular attention to strategic planning in a collaborative setting. In undertaking the steps outlined above, he has identified a number of additional steps which those taking part in the process should be cognisant of:

- Successful collaboration takes huge amounts of time, effort, nurturance and communication;
- Consider reframing current reality to show what might be achieved through collaboration (e.g. that issues pertaining to children are actually issues pertaining to everybody);
- Understand the importance of leadership;
- Be prepared to devote huge amounts of attention to the initial phases;
- Work to build a strong constituency for collaboration – i.e. a group of people who believe that collaboration is worthwhile and advantageous. Importantly, this can often mean that "added consultation and consensus decision making are needed, especially for community collaborations" (2004: 389);
- Develop a roadmap for success; Create a governance structure;
- Manage meetings effectively;
- In order to leave a legacy coordinate staffing, budgeting, information systems, and performance measures and management;
- Nurture, Nurture, Nurture – pay attention to relationships. Trust, understanding, and commitment among all stakeholders should be aimed for.

## 4.4 Conclusion

This chapter has outlined some preliminary thoughts on the development and characteristics of CCIs before progressing to consider the development and use of strategy and strategic planning within non-governmental organisations. The question at this stage is what can we take from the literature? What can we say about the use of strategy, strategic planning and strategic management for non-profit organisations?

- Ensure you are aware of who needs to be involved. Who are your stakeholders?
- Is there a leader in place? Energy and dynamism are required, particularly if the process is new for some participants.
- View it as a process. The plan is only half the story. Effective implementation is equally as significant. How do you propose doing the work after you have identified the strategic issues and drawn up the document?
- How do you know you are going to be successful, and how do you know you are *on the way* to achieving that success?

Regarding CCIs, it's clear that both the thrust and characteristics outlined resonate strongly with the work of CDI. It serves a purpose to highlight some of the key characteristics again:

- The characteristics, including: comprehensive, community-featured, coordinating, accountable, evaluation-focused, flexible, preventable, family and/or community focused;
- The need to have an appreciation of what the community wants, and how it sees itself;
- The importance of leadership in the early stages;
- An appreciation that it can take time; commitment and resources
- Be aware of the risks and challenges which can present themselves.

# **Chapter 5: Findings from Interviews**

## 5.1 Introduction

This chapter presents the findings of ten semi-structured interviews conducted over the period April-June 2009. Individuals were identified through the membership of the consortium and the various roles they played in the development of the strategy and the establishment of CDI more generally. Given the theme of this report, participants were asked a range of questions regarding the development of CDI and its strategy, the consultation process, community involvement and aspects of the strategising process overall, such as the selection of outcomes, the crafting of the vision, the identification of particular activities and the envisaged implementation process. The findings presented here, along with aspects of the literature review, will form the basis of the discussion chapter which follows. All information contained in this chapter is as identified and provided by interviewees - their perceptions, memories and recollections of the process - in their individual interviews unless otherwise stated or referenced.

## 5.2 The context in which CDI developed

Participants described the social context of Tallaght West as being an important factor in the establishment of CDI. The area is described as being disadvantaged, with unemployment rates higher than the national average. Related to this, participants identified the degree of inequality which emerged, both between Tallaght West and other parts of the country, and within West Tallaght itself. Such inequality was viewed as presenting additional challenges for families in the area:

*[...] a very significant group of families were left behind. And that their needs were what they had always been and if anything they were becoming more isolated from their community, their community was progressing and they were being left behind*

(Interview 7)

The level of inequality within Tallaght West was discussed in terms of economic inequality; however, financial stress was not the only issue affecting families:

*There were loads of dysfunctional families, domestic violence, a lot of mental health issues that aren't supported, like depression.*

(Interview 6)

*I mean that despite their incomes they still had some social difficulties, so we have quite a mixed bag in West Tallaght*

(Interview 4)

Participants also spoke of the high number of children in the area, the relatively low level of service provision for this cohort, and more broadly the poor expectations for them, and poor outcomes being achieved. While participants spoke of the long-standing practice of services addressing community needs, the overall service landscape was described as confusing, with duplication and fragmentation being common themes identified:

*There were so many services, an awful lot of community-based services, voluntary organisations, statutory services. For me it was unclear of what fitted in what and what was going where. There needed to be some sort of coming together. There was an awful lot of different fundings going in and maybe there was duplication of services or maybe gaps*

(Interview 9)

*People in organisations were doing some work here and there but there wasn't a unifying theme across the organisations*

(Interview 6)

Additionally, one participant identified a lack of resources as affecting service implementation (Interview 7).

Despite the lack of interagency work, some participants referred to agencies' willingness to collaborate as one of the opportunities which allowed the process to begin.

*There was opportunity in terms of number one, the needs that existed in West Tallaght, a sense of relationships, which is absolutely key, between agencies and a willingness to collaborate*

(Interview 7)

This willingness to collaborate was further enhanced by the participation of a representative from the National Education Welfare Board (NEWB) in the consultative group of CDI which enabled it to access learning from work already underway on interagency collaboration in the area. Before the establishment of CDI a group from NEWB was working on interagency network in West Tallaght. Dr. Katherine Zappone invited a representative of the group to be part of one of CDI's consultative group.

The review of National Policies by CDI in 2005 also brought a solid understanding of the policy context to the process. The interviews confirm that the research was undertaken to support the consortium by giving an overview of the state of the policies and the government themes emerging at that time to be able to develop a coherent strategy. Central themes were identified such as the importance of interagency work, family support and children's consultation. As stated by one participant the report proved critical in designing a strategy coherent with the political context.

*The purpose of that research was for people to see where the policies were and what were the government themes emerging from that... so the core themes arising consistently across the policies at that time were: the importance of integration, work across services and across government departments, the emphasis on supporting the family to care for the children in the best possible way, focus on children being consulted... We saw them as being critical in terms of enabling us to think about how ever we wanted to design the strategy. These themes would be central to our thinking*

(Interview 5)

The research mapping policies in relation to children was also a significant piece of work at a national level as a 'map' of this like did not already exist (CDI 2005b: 4). It revealed the "lack of joined-up thinking and practice between government departments" (Interview 1). Beyond helping the consortium to develop a coherent strategy, this mapping exercise also aimed to influence policies to support the initiative by working towards a joined up integrated approach at national level:

*I think that [...] is a very significant document for us and I think it was also significant at a national perspective because, the way we drew that picture hadn't been drawn before. (...) an analysis of the policies and mapping from that practice perspective created a map, I think, that gave us a much clearer picture to help us continue to plan, but also produce the evidence that we really needed something different going on nationally in order to support what we were trying to do locally*

(Interview 1)

The resulting strategy "it had the potential to tick a lot of policy boxes" (Interview 7). Most of the participants in the study seemed aware of the political context at that time. In addition to the expressed understanding of the National Children's Strategy and its focus on outcomes (interview 9), a participant mentioned that the CDI strategy embraced quite well the spirit of the Child Care Act 1991:

*Well, I suppose, it would have fitted into the whole area of prevention and early intervention, it would have fitted into quality service delivery, it would have fitted into the national children strategy, it would have fitted under the various agreements with the unions and employers and things like that so and it would fit very much with the Childcare Act 199.*

(Interview 7)

Participants highlighted an awareness about the changing policy debate, from childcare to early childhood education, and the difficulties with existing policies around childcare. Additionally, the new focus on providing quality services for children rather than arranging services for parents was also cited as challenging:

*The challenges of early childhood care and education were very strong. The strategy for creating childcare was not doing local communities any service ... not disadvantaged communities any service. So there were very big challenges about childcare, and there was then this other challenge about "well is this only about parents or is this also about children" so the early education debate was coming into play.*

(Interview 3)

## 5.3 The Early Beginnings of CDI

CDI, before being a limited organisation, started with the creation of a consortium. The members of the consortium which were interviewed came from various backgrounds but were gathered around the table by the same person: Dr. Katherine Zappone.

### 5.3.1 From Atlantic Philanthropies and An Cosán to CDI

As stated by a participant, in 2003, AP designed a new strategic approach. They had decided to invest their monies in to four programmes, including the Children and Disadvantaged Youth programme. A letter acknowledging the new direction was sent to those who had received previous funds from them. Dr. Katherine Zappone, as the Chief Executive of An Cosán as well as the National Women's Council, received the letter. She gathered with members of the management committee of An Cosán (described as an integrated multiplex community education development organisation) to discuss ways in which to build a project fitting in the new directions of AP funding:

*So we came together and we sat here, lovely Saturday and we said "What could we do? Is there some way we could look for Atlantic to support the issues here?" and we had a clear understanding at that time of what the issues were and what we wanted. So that was the beginning. Letter written, process begun, and the rest is history*

(Interview 2)

The availability of monies was crucial to the project. The new direction of AP's investment was a great opportunity to start a project with sufficient resources to have a research-based planning process and foresee the possibility to implement the strategy. In addition, AP's investment served as leverage to get the State on board (Interview 1).

Some interviewees emphasised that despite the importance of the funding, money does not make a project. Still, knowing that funds are available is a support to creative and extensive thinking:

*I've learnt over the years that money is a crucial driver but it is not the driver. But it is difficult sometimes to think creatively and extensively if you can't see some possibility of the money. So I think the money, knowing that Atlantic were influencing before CDI came into line so I think the money did matter*

(Interview 3)



Participants indicated that Dr. Katherine Zappone contacted AP highlighting ideas which were emerging from the development of models of children and family early education in An Cosán. Further to this contact, the co-founders of An Cosán – Katherine Zappone and Dr. Ann Louise Gilligan (who some participants highlighted as being influential in the development of CDI) – met with AP to discuss possible fits between An Cosán’s existing work and AP’s desire to invest in children’s services. It was decided that the best way to proceed was to see if a representative group of the whole community of Tallaght West could be brought together to take a look at the possibility of developing a regional initiative for the programme:

*Well, this goes back right to the very beginning when we received a letter from Atlantic Philanthropies. They had funded us for a particular programme here (An Cosan). And out of that or because of our association with them we received a letter saying they were changing the focus of their funding. And we looked at what the change of focus was and there was a very clear outline that they were going to be funding children and responding to children’s needs and that whole area*

(Interview 2)

Although most of the participants refer to Katherine Zappone being approached by AP, some remember a call of interest being advertised in the news papers (Interview 4). Notwithstanding this assertion, it is clear from the interviews that participants identified her as central to the initiative’s beginnings.

Some participants highlighted the role the Tallaght Partnership played in the early discussions. It was revealed that when it appeared that AP was going to invest in CDI, there was a conscious effort by the partnership to avoid any potential duplication of services which may have occurred as a result of its own activities, and integrate some of its work and funding into the Initiative’s plans and programme work (interview 3).

### 5.3.2 Developing the Consortium – Working in Partnership

*From the very early stages, I would think, a new way of doing business began to emerge. And that was the recognition of the importance of working in partnership. A collaborative process was significant. Now, in the community sector that was both new and challenging*

(Interview 2)

Once the contact was made with the Atlantic Philanthropies, the next step was to develop a feasibility report on the possibility of establishing a consortium. The process of gathering people around the table took approximately one year. All the participants highlighted that Katherine Zappone was their point of contact for getting involved in the project, either personally, or through nomination by their organisation. Additionally, the variety of representatives on the consortium, and the local knowledge it possessed, was described as one of the strengths of the project:

*I think it was an interesting coming together because there was both representatives of national services and local services as well as the community and voluntary services and residents. There were representatives there from Education, from Health, from South Dublin County Council [.....] I think there’s no doubt that ... and I think that is part of its success, that it was such a wide-ranging consortium*

(Interview 2)

*There was a mix of statutory organisations, voluntary sector, services providers, community members...*

(Interview 5)

*It started with An Cosan but there was quickly a consortium, there was Barnardos, Tallaght Partnership, travellers support group, RAPID.[...] Most of the people on the consortium lived or worked in the area, or both. I think we had a good idea of what we were going to find*

(Interview 4)

Indeed, many participants remarked on the excellent leadership shown by Dr. Zappone, her “capacity to find talent and get them on board” (Interview 7) and her ability to impress and convince potential partners of the worthiness of the process:

*I know the directors of the council were very impressed with her... “She knows where she wants to go, we are happy to go there with her*

(Interview 8)

Her problem-solving capacity was also highlighted as significant to the initiative’s success, particularly when challenges were experienced in the early stages of the consortium’s work:

*If we managed to overcome the challenges [it] is because we had an incredibly strong leader at that time and that was Katherine. With Katherine, there is no such thing as no solution, Katherine Zappone is a textbook and if there is a problem, it’s only a problem and it’s overcome.*

(Interview 10)

Even if the project started within An Cosán’s walls, a participant underlined the importance of collaboration among the various organisations involved to create the momentum necessary to start the project:

*I think that the various initiatives that worked with Atlantic including ourselves prior to the establishment of the office I think were very significant in supporting momentum towards the establishment of the office.*

(Interview 1)

Such an important project could not go forward without the support of the politicians. Part of the work involved trying to generate support for the project’s development through meetings with Ministers and Secretaries General. A number of ministers’ offices were involved:

*The Department of Social Welfare, Seamus Brennan was the Minister at the time, the Minister for Children, Brian Lenihan was the Minister at the time, a number of Secretary Generals from Gerry Kearney in Community, Brigid McManus in Education, Sylva Langford who was Assistant Secretary in Justice, and... Dermot McCarthy, Taoiseach’s Department, Mary Doyle, Taoiseach’s Department, so going in and out of their offices trying to talk about and persuade this need for something different going on at national level in that environment*

(Interview 1)

A professional communication’s company was hired to help:

*It was decided early on that it would be very helpful to have a professional communication’s company working with us, we were trying to change policy, look for new investment, get government interested and as a result of that we did get Hugh [communications company personnel] and a company that opened doors for us in terms of politicians, particularly those in power*

(Interview 1)

The development work involved in the process, including the consultation period, lasted approximately two years. Then a board was established and CDI became a limited company so as to receive the investment from government. When CDI became established as an entity, Katherine Zappone resigned from her role of project leader and became the chair of the Ad Hoc Advisory Committee (and subsequently the CDI Board). The Ad Hoc Advisory Committee was a group to which the consortium had devolved responsibility to translate the strategy into an implementation plan.

For many consortium members, she had embodied the spirit of the project and doubts were expressed around the transmission of the passion around the project:

*At the conclusion of the consortium phase... when Katherine said she was taking herself out of the picture, she would be on the board etcetera there was a degree of astonishment because most people had very closely associated the strategy and the implementation with herself. I suppose that dynamic went out and the spirit of it – which was embodied I think with her - might not be transmitted as clearly, as passionately now that if Katherine was there*

(Interview 8)

## 5.4 The community: people living and working in Tallaght West and their involvement

Engaging the community from the start is highlighted in the strategy document as an important part of the vision. Community members are perceived as experts and have been integrated in various ways. The interviews underline a real will to provide a community- based strategy rather than a service response:

*So it was really, initially it was on who was engaged and we were really focused on the community. This was not just going to be an integrated service response. This was going to be a community response. And I think that was there right from the beginning.*

(Interview 2)

In the strategy document, community is defined as people living and working in Tallaght West. Interviews mention that both service providers and residents – more specifically parents – were involved in the development of the strategy. Most of the participants describe this aspect as one of the greatest strengths of the project, and a great resource for the initiative to work with and draw on. Yet, the need to foster community involvement, and support it, was highlighted by one participant as important:

*A strong belief [...] that people living in the community ought to have a place at the table to participate and to govern and to vision. So we consistently from day one found ways to get people from the different four communities of West Tallaght who are living in the community and also experienced within some form of provision of services to sit at the table and to be supported to sit at the table.*

(Interview 1)

The interviews reveal that the work of An Cosán in promoting residents' involvement was significant, particularly in developing networks for their involvement. This legacy provided a good resource for CDI to tap into, with one participant describing involving community representatives as "easy" (Interview 2). Therefore, the residents involved from the very beginning were somehow involved in the structure. As residents willing to take part in the project were identifiable, there was no need to advertise:

*Some residents were already participating in An Cosán in different courses, some were working in early childhood services in the area. We involved them by identifying people really, it wasn't advertised*

(Interview 4)

Yet, if the first residents involved were clearly linked to An Cosán, the network got wider subsequently. The service providers involved created further opportunities to establish contact with parents who got involved at different stages of the process:

*The people living in the community at the heart of the governing were also experts and practitioners in children services and then they helped us with finding other ways to involve parents at all stages of the process.*

(Interview 1)

Furthermore, an expert in community development was recruited in January 2005 to facilitate the community's engagement and consultation (Interview 3).

## 5.4.1 Different forms of Community Involvement

As it has been previously mentioned, the community was engaged at different stages of the process.

### 5.4.1.1 The Consortium - A wide range of community representatives

The consortium was a structure established to think about, discuss and design the strategy. It was pre-CDI and involved various participants. It appears that a very strong community link was created with several community organisations involved in the consortium, including An Cosán, Tallaght Partnership and RAPID. Participants indicated the strong community base which these organisations have as being a strength of the process overall:

*Oh yes, from early on you had a number of community organisations and community participants in the consortium and so on. The Partnership has a strong community base, RAPID has a strong community base, An Cosán has a structure... you know there was a number of community engagements that were important*

(Interview 3)

Some participants mentioned the importance of involving community organisations to create a balance between local and national organisations. The mix of organisations and community members provided a great diversity to the consortium, blending culture, class, professionals, volunteers, community, voluntary and statutory organisations, and created a great "learning space" (Interview 2)

A participant underlined the difference between community representatives and representing the community. As they explained, community members invited to join the consortium would have been engaged in several committees. Although they would express opinions and contribute to the debate, these representatives would not be going back into the community to get further feedback. Community representatives were playing an active part in the consortium but for some participants it seems questionable whether they were truly representing the community:

*And most of the people who are brought into that role tend to be people who are already sitting on fifteen different committees and get invited to everything and there aren't channels particularly to link back to their community so that they are not representing the community, they are representative of the community, so they're a cross-section of people from within the community but there's no expectation that they come and do anything other than say "this is what we think, this is what we see, this is what we would like to happen" as opposed to "I'll go and talk to my neighbours or I'll talk to my community association or I'll go and talk to my relatives association you know*

(Interview 7)

This issue of representativeness was identified as a challenge by some participants. The challenge of speaking out for some of the community residents, especially in a context where very different social and economic backgrounds were represented, was cited as a challenge. A support worker provided some help to enable some community residents to express their opinion during the meetings who were not experienced in either developmental or collaborative work (Interview 4).

### 5.4.1.2 Ensuring the residents' voices were being heard

Measures were taken to facilitate the community residents' participation in the consortium. Parallel meetings were organised with the residents for two reasons. First, it gave them the opportunity to express their doubts about themes identified in the proposed agenda for the next meeting. These meetings served two purposes: one, they ensured that the level of language used was not too technocratic and allowed the agenda to be accessible to non-specialists; and two they enabled residents to articulate their own issues and speak with confidence in the consortium. Not only were the residents involved in the consortium, but measures were taken to ensure their participation, to ensure their voices were heard:

*The consortium was very weighed down with agencies, and yet at the same time the community voice was very much valued within it. And I think the parallel support work that was done with them [community representatives] really facilitated them participating in that process. I think if that hadn't been there they could have been just talking to people sat around a table who were just ... who made everyone feel good but didn't actually have their voices heard. But their voices were being heard*

(Interview 7)

The community was perceived by participants to be involved in other ways too. Some participants highlighted that community members became contracted staff of CDI, while others referred to the process of training residents to partake in the research for the Initiative (CDI 2004) as interviewees. They also played a role in interpreting the data.

### 5.4.1.3 The community consultation

The formal consultation with the community was cited by participants as a big piece of work. A participant considered that the first formal community consultation came after the strategy was already well developed. Nevertheless, various types of consultation took place in the consortium phase, from public meetings to small groups meetings, and the community was being consulted in some informal ways as well, mainly through organisations talking to their services users (interview 3). Other participants highlighted the scale of work and the innovative aspect (through drama), of the consultation process with children (see below).

### 5.4.1.4 Children's consultation

The research phase also included children's consultation. Some participants retain a very strong memory of the children's consultation which has even been described as one participant's "favourite piece of work" (Interview 7).

The children's consultation was supported by drama and took place with children from 5th class from eleven primary schools across the community. To allow the children to express their views a story was built around a character called Christy who is living in a similar community and gets injured. The story didn't take place in the children's community to avoid the children feeling that their community was inadequate. The children had the opportunity to become involved with the character at a personal level by taking different roles within the story to tell how Christy's community could make him better. Through drama children were allowed to reflect on their own community in a creative way (Interview 5).

The children's consultation fed into a report and it was also presented to Minister Brian Lenihan in a school in the community. Some participants described a very powerful moment:

*The sense of having a group of children being consulted in that way and they acting ... presenting something to a Minister and then physically having the minister sitting out in the middle of a hall surrounded by 200 children, being told that this is what our community needs and that was an incredibly powerful process and I just think it was a beautiful piece of work, it really was*

(Interview 7)

### 5.4.1.5 Limitations of the community engagement process

Some participants have expressed reservations on the effectiveness of engaging a variety of community members. Although the community is feeding into the project, a participant questioned the expectation of parental involvement. In their point of view, involving active parents is neither difficult nor sufficient. The real challenge in community projects comes from trying to involve parents experiencing difficulties themselves. The interviewee wondered if this challenge has been overcome:

*And we've had lots of examples in the past of high parental involvement of parents who were more able and more motivated but the real challenge is parental involvement of parents who might be experiencing difficulty and so on. So I'm not sure if any of those issues have been jumped. I just don't know*

(Interview 3)

Other participants, despite underlining the support offered to community members such as the training provided, seemed to consider that involving community members via the consortium was a limited approach to community consultation. The participant highlighted a lack of imagination in the process:

*The community on the consortium - one of the weaknesses. Pulling a couple of residents on the consortium was maybe not the most effective approach to consult the community. I think maybe a more radical approach was required. The consultation of the community probably lacked a huge commitment, more imagination on how it could go. It's a very limited strategy*

(Interview 6)

## 5.5 Launch of the Initiative

Once the report *How Are Our Kids?* was put together, a public meeting was held to discuss the results. This meeting was mentioned several times by the participants and can be described as a strong moment in the process. A great number of community members assisted in the meeting which was attended by over 400 people, a figure some participants interpreted as resultant of the hard work put in by all consortium members in encouraging and supporting community involvement. The degree of excitement at this meeting, some participants felt, had a knock-on effect of encouraging others, including politicians (the Taoiseach's attendance was noted by a number of participants), to become involved in some way in the work of CDI:

*I think another way of persuasion and moving beyond is to get politicians, political support from the local community as well as at national level, they could see that something different was going on. When we launched the strategy for example – actually this is now when one of the Secretary Generals (sic) who was there – said to me later it's the first time he had ever seen people who were from the community at an event who, when he was talking to them, knew why they were there and could explain to you why they wanted to be there and the hope that they felt. So something different was going on*

(Interview 1)

Yet, this meeting also had some negative effects due to media coverage. Many participants described the impact which negative media coverage of some of the report's findings had on the community and the strong reactions which resulted from it. One participant more specifically mentioned the damage done to the community's confidence by the media coverage, which was characterised as stigmatising. Yet, the media are central in the communication aspect of the work and the challenge which emerged was difficult to avoid:

*There was a major public meeting to present the findings. The headlines in the media did a lot of damage to the community's confidence and the reputation of people in West Tallaght. That was one of the challenge we faced and it's difficult to know how to avoid that*

(Interview 6)



Some participants expressed doubts on the findings presented. Despite being a community consultation, an interviewee felt that, from their own experience, there was divergence between the way some issues were presented in the report and how those issues were communicated directly to them:

*But I know that the community was furious when there was this hit back about how all our children are depressed and nobody can go outside the door... people were hopping mad. And I wasn't sure whether... you know, these were based on a community consultation process. But I wasn't sure how far some of the process was led. Now I don't know that because I wasn't asked. But I'm not sure in my discussion with people in the community whether these would have all come back in the same way... I think the way that 'being safe' is being articulated is not the way I think that people talked about it*

(Interview 3)

Yet, a participant underlined that if the report did not emphasise the difficulties of the community it would not have been possible to get the resources to start the project:

*There was controversy in the community about were we painting the community as being a bad place. And the bottom line is that if you don't do that you don't get resources. If you say this is a wonderful place, why would anyone want to invest in it? And yet, if you paint it too negative, people get very upset about that so we had a lot of discussion on that*

(Interview 7)

Following the negative media coverage, a special focus was made on hearing the community's concerns which would appear to have resulted in continuing community involvement. The second public meeting, held about a year later to present the strategy, was still well attended by community members who expressed their points of view on the document. Community engagement work remained a feature of the process, following on from the community consultation previously mentioned:

*We did a lot of work for the year after speaking to groups who had been working in the community to hear their concerns. In light of that, we would have done as much as we could to circumvent that negative portrayal because I would be aware of the potential impact that is, you don't have a lot of control on media. So anyhow, then we held another public meeting, it was probably a year later when we had the draft strategy and yet again a couple hundred people came, very engaged and with their criticisms and affirmations and then we continued to go back to them in smaller group settings with the ongoing community consultation*

(Interview 1)

## 5.6 Developing the strategy

Before CDI was established a strategy document was produced to present the vision, the outcomes and the activities identified by the consortium. This key document was used to convince the government to become involved in the project. A participant described the strategy document as being a communication and selling document:

*It was intended to be a communication and selling document. Because when we produced this there wasn't an office, there wasn't the government saying yes, when Bertie came to accept it in this big tent alongside the N81, the purpose of that day and this whole document was to say, okay, will you help, will you start to really talk business with the Philanthropy*

(Interview 1)

### 5.6.1 A ten year strategy and a 'living' document

Several participants have underlined that CDI's project is a long term strategy spanning ten years. As the vision is looking at improving social standards and children's well-being, it is willing to tackle deep social issues. An interviewee highlighted that due to the ten-year lifetime of the strategy, it was sometimes difficult to see the connection between the current interventions and some particular outcomes such as fewer drugs and alcohol misuse (Interview 3). Indeed tackling deep-seated social problems takes time:

*The vision was to break the cycle of disadvantage. You can't make a difference to children and family systems in twelve months*

(Interview 6)

The ten year strategy is divided into three phases. This approach allows the structure to reflect on what are the current needs at different stages of the strategy. The learning component accounts for the lack of precision in the description of the next two phases:

*The next phase will work from 2009 to 2012. We were reasonably vague in some of what we were saying there so that we could learn from experience and capture needs then currently. And for 2012-2016 we were very vague. But I'm very clear that we're delivering a plan which is only fully delivered in 2016. And we're only delivering phase one of a three-phase plan*

(Interview 7)

However, the participant explained that the real reason for having a three phase plan was finance. This allows the funders to withdraw if the project is not impacting on the community:

*No no no, let's be very honest about that. Certainly my understanding is that the funding discussions which were going on were saying "O.K., yes, we know you've got a plan until 2016. But initially we're going to invest in phase one of it and we'll see how that does and then we'll look at phase two and then we'll look at phase three*

(Interview 7)

The reappraisal of the funds after each phase of the strategy creates a challenge with the economic downturn. Yet, a participant underlined that the funders need to hear the logic of investing in children now to avoid stronger costs in the future:

*The logic in investing well in children's lives and the economic benefits of that need has to be heard as well. If we don't invest in this work now, then we're creating significant costs for the State in the long term*

(Interview 7)

Furthermore, the recognition of the strategy being an evolving document, one which can be applied flexibly to meet the changing needs of children in an ever-changing environment, is important:

*And I suppose the sense of living document is that it should not be set down in stone, that the needs of children are ever-evolving and the circumstances are ever-evolving ... you know, when we were planning this we wouldn't have seen that the economy would be in its current state and things like that*

(Interview 7)

Besides, challenges can emerge in the implementation process (these challenges will be outlined below). Yet, it is important to emphasise that, beyond the occurrence of circumstance, specific implementation challenges pertaining to achieving outcomes, individually or collectively, can require the strategy to evolve. One participant identified that where



outcomes relating to the subsequent Early Years programme developed by CDI may be easily identifiable, those pertaining to another CDI programme, Healthy Schools, may not (Interview 1)

Furthermore, the interests of the funders as well as the individuals involved in the implementation of the strategy can change over time. The strategy is also subject to changes coming from those who are sitting at the table:

*At each stage that is influenced by both a realism supported by the vision as well as the interests of those who are funding and those who are trying to do the work and integrate the work at local level [...] because who sits at the table changes over time*

(Interview 1)

### 5.6.2 A blueprint for future projects

One of the strategy's aspirations is that, if successful, the project will serve as a blueprint for other initiatives in the future. CDI is about developing a model which will hopefully be beneficial for other communities in the country. While this aspect of the strategy was not mentioned by every participant, some emphasised the importance of it:

*One of the things that I have always felt very strongly about CDI was ... that it is a test site that should become a beacon for other similar communities in the country. [...] and if we can do this and do this right, then this can shift policy nationally*

(Interview 7)

### 5.6.3 Science and spirit

The strategy document is described as combining science and spirit. Interviews underline the passion and dynamism brought to the vision developed by the consortium members. However, the strategy was research based which provided the science necessary to create it:

*The strategy in my view captures extraordinary passion and vision and dynamism as well as the embracing of a community to have focus on the common good and also to use scientific tools to devise a strategy*

(Interview 1)

The Dartington Research Unit undertook a number of research activities to feed into the identification of outcomes. The findings of the research would be outlined to the consortium so that the members could advocate for their views regarding what was important (Interview 7). Indeed the interviews show that, despite the importance conceded to scientific research, participants were according a great emphasis to the community's creativity. Best practice models were examined and research was undertaken. Still, participants would not accept the predominance of science and consider that it was necessary to combine it with the community's own creativity. In short, a balance between approaches was to be achieved:

*I think that in following that process then which always respected and made room for the community's creativity and again didn't allow for the predominance of what has been developed elsewhere and also under that controlled laboratory context. I'm not putting that down but I'm not accepting the predominance of that. That's to be used and to be meshed with community creativity ...*

(Interview 1)

### 5.6.4 The vision: Raising social standards, focusing on early childhood education and developing services

Strategy development started with the elaboration of a vision (interview 7). Individuals around the consortium gathered to think about what they would want for the community. A strong aspect of this vision concerned raising social standards (Interview 1). A specific focus was brought to early childhood education. A participant reported that An Cosán co-founders, Dr. Ann Louise Gilligan in particular, had a specific interest in development programmes in that area:

*But I do think that Anne Louise Gilligan and Katherine Zappone had a particular vision. Anne Louise in particular, about early childhood education that she wanted to further develop and An Cosán from day one had a particular focus on early childhood education. I think there was that vision about 'we can do this all better' which was very important*

(Interview 3)

The vision of the strategy, beyond the focus on children, had to be based on a specific approach. A participant explained that the consortium asked itself what type of approach should be advocated in the strategy: either streamlining the existing services and funds or completely reshaping the service landscape:

*So one of the core areas of activity that became highlighted within the strategy was the need to support existing provision, to look at quality enhancement opportunities for existing service providers. And a specific quality enhancement programme has emerged whereby... training, sharing experience of best practices... Supporting the existing service providers as oppose to creating something new*

(Interview 5)

Other interviewees mentioned a solution focused approach building on the strengths of the community (Interview 6). As is referred to in the next section, the vision was elaborated through time while putting the strategy together. A participant gave a good statement of what the community's vision is based on:

*We, who live and work in Tallaght West, have high expectations for our children, we want our children to love who they are, be cherished, irrespective of their social background so that's the language of a community vision for children*

(Interview 1)

### 5.6.5 Identifying the outcomes from a logical approach to change: from the identified needs to the key activities

#### 5.6.5.1 Identifying the needs

Participants identified that the various elements of the consultation phase, the context within which CDI emerged, along with the preparatory research undertaken (points 5.2-5.4 above), had a strong impact on the subsequent identification of needs in the locality. Interviews recalled a strong emphasis on the use of need-oriented rather than service-orientated programming (Interview 5).

Some participants underlined that this aspect is one of the strengths of CDI as it allowed a model to emerge from the needs identified in the community:

*I think the strength was how firmly it was based on research and going in to really look .... I think one of its strengths again was a model that started from the ground and worked from there to see what was needed*

(Interview 2)

### 5.6.5.2 Turning the needs into outcomes

Once needs were identified and gathered in the document *How Are Our Kids*, the consortium was convened to examine and analyse the findings. From their analysis they would develop outcomes which would meet these needs. Community engagement was a very important aspect of the process as the identified outcomes would be brought back to the community to be discussed. A participant describes this outcome-focused approach as very innovative:

*And, you know, most people weren't used to working in that outcome-focused way and that was a huge benefit to the community, to learn that way of thinking and planning*

(Interview 1)

However, another participant described the process of identifying needs and outcomes as time-consuming and somewhat unnecessary given the context within which CDI proposed to work:

*I'm not convinced that there was the need for such an intensive design process. The needs and the outcomes were pretty clear cut, and what needed to happen was pretty clear cut. I think it could have been a little bit quicker*

(Interview 5)

### 5.6.5.3 The "What would I want for my child?" exercise

Workshops were undertaken to allow the consortium members to reflect on the needs identified and on what they would want for the children of Tallaght West. These exercises fed into the vision presented in the strategy document. Participants described a specific exercise that ensured that the highest expectations would emerge. At first, the consortium members were asked to reflect on what they would want for their own child. Then they were asked to examine how their expectations could be different from the expectations for the children in Tallaght. Lastly, they were asked to put into words their expectations for the children in Tallaght. A participant highlighted that this exercise also contributed to work towards a shared vision:

*And I think that gave us a shared vision and created our individual agendas to work towards that vision. Now that was a very exciting process, it was actually a very exciting time*

(Interview 2)

Once the vision became more defined, the consortium had to examine the difference between the vision and the current situation. They would then think about the steps to put in place to allow them to identify the outcomes. A participant gave an example relative to the early years' education. The outcome was based on the theory that if children accessed early years' education they might enjoy education, engage in their own development and be ready for school:

*So what comes out at the end? A child who enjoys education and is engaged in their own development, who is ready for school, who moves into school in a way that anticipates pleasure, is actively engaged in their development and then we know the output way down the road and that has a massive impact*

(Interview 2)

### 5.6.5.4 The chain effect exercise

Another participant mentioned a chain effect exercise proposed by Dartington Research Unit. Based on research which interviewed 80 families, members of the consortium and staff members were invited to reflect on individual cases. The needs experienced by the families were classified into different groups. The exercise involved using software which enabled the participants to draw a profile of the group they were working on based on statistics of the families' situation. The participants were then encouraged to hypothesise on the causes and draw a chain of effects between the different factors. An interviewee gave an example of one of these chains:

*We were encouraged to draw a kind of chain of effects, to hypothesise about what's causing what here. So if you had a good income as a feature, perhaps that's impacting on the quality of housing, if the quality of housing is a feature perhaps that's impacting on parents' health as they may be unemployed, if parents' mental health is a problem that maybe contributes to the child's depression as may be bullying and anti social behaviour....*

(Interview 5)

From there, the consortium was invited to think about potential interventions to prevent or break these chains:

*And out of that came some of the particular services, like the pro social behaviour, initiative around developing after school services with strong focus on literacy. Those services were designed specifically in response of what those chain effects were telling us*

(Interview 5)

Nonetheless, the interviewee seemed to be sceptical towards this particular exercise. Even if the process is described as interesting, the participant highlighted that there is nothing scientific about it. The participant questioned many aspects of this exercise:

*I'm not sure about the process because I've never seen any agency or organisation proposing it. And I'm not sure how relevant that grouping was, how the people came together to perform that grouping, how qualified we are all to do that is questionable to me. One of the things that emerged is when you look at those chain of effects, they reveal a very complex situation for children and families and yet what emerged is the development of 'A' particular service*

(Interview 5)

### 5.6.5.5 Identifying the outcomes

The outcomes emerged from the two exercises described in the previous section. The consortium was very much involved in the whole process. Still, some participants consider that the immediate outcomes emerged from intense discussions within a small group of experts, specifically the leader of the project along with members of Dartington Research Unit. Yet, the process still included the consortium which had the opportunity to discuss the outcomes proposed:

*It was a funny process because there were very intense discussions happening elsewhere where Michael [from Dartington] and Katherine and a couple of others were meeting and doing very intense drafting work and then that was coming back to the main group*

(Interview 7)

A participant highlighted that the work involved in identifying the outcomes would still be done by the consortium through negotiations. A two day workshop was mentioned:

*Particularly at the two days workshop [which] was done outside of Tallaght, there was a going back to the community all the time to double check: these are the issues and that's what we need to be thinking about. The four key outcomes areas emerged from that process*

(Interview 5)

An interviewee indicated that the outcomes had to respond to two criteria. First, they had to be meaningful and have a positive impact. Secondly, they had to be easily measurable (Interview 7).

### 5.6.5.6 Developing the key activities from the outcomes

Once the identified needs were translated into outcomes the next step of the process was to design the key activities which would serve to operationalise the outcomes. As a participant underlined, this process was very innovative. In more traditional ways, the activities would be drawn from the needs and outcomes would be subsequently 'hoped' for:

*Once the outcomes were identified, we tried to design the activities to meet them. At that time it was quite a new way of [doing] business. People would normally look at needs, then look at activities and then hope for outcomes*

(Interview 9)

### 5.6.5.7 Refining the expectations

The last step of the strategy would involve a process of refinement. The outcomes and key activities were drawn from negotiations within the consortium, based on research but also reflecting the vision that CDI embraced. The vision had very high and global expectations which were not always applicable in the field for various reasons, including the limits of funding and the need to evaluate (Interview 2).

The outcomes were drawn within what is named a logical approach. During the interviews some participants encountered difficulties outlining this approach. Others described it as a simple process:

*I mean, very clearly, the logical approach is that you identify what the needs are, you decide what the outcome is you are trying to achieve for those needs, you look at – from your own experience and research – what are the services that create those outcomes, you then put those services in place and you evaluate them, and if they work then you mainstream them and if they don't work you either change them or stop them. Very simple*

(Interview 7)

## 5.7 Challenges in developing the strategy

### 5.7.1 Getting people around the table

In previous initiatives, time has been spent on planning a strategy which was not necessarily implemented due to the lack of resources. Some participants mentioned that getting community people to gather once again was a challenge (Interview 1). It took good communication and motivational skills to involve organisations in the consortium. At that early stage, CDI was only a project. Long hours were spent over the phone convincing individuals to join despite the amount of work they had in their own organisations (Interview 2).

Nevertheless, the funding opportunity provided by AP reassured the community members:

*On the one hand it was a great challenge to get people around the table together again, but on the other hand they could see that well maybe this time it might be different*

(Interview 1)

However, other participants identified difficulties in getting individuals and groups around the table:

*I do think that one of the things that absolutely bedevilled CDI in its early days is that the CDI drivers had very good access at very senior levels in government and civil service, had built good access in the consortium with a whole pile of local actors but had absolutely failed to get the middle managers. Didn't look for them. Until when for example the support structure was first convened under the County Development Board, there was a lot of very pissed-off people, who were saying "here, this was just landed on our doors and nobody's had the grace to talk to us about it"*

(Interview 5)

Other interviewees again mentioned the difficulties in getting community representatives around the table. They spoke of community representatives' fears of speaking up in the large group. Their participation was facilitated through the provision of extra supports (*Interview 10*). Others again spoke of the difficulties bringing in community representatives as 'representatives' as referred to previously (p.83).

### 5.7.2 Dealing with different methodological approaches: evidence-based approach vs community empowerment approach

Participants identified the tension they felt existed between two different methodological approaches within the project - an evidence-based approach and a community empowerment approach – and the challenge, if possible, to reconcile both. Interviews reveal that much of the support for adopting an evidence-based approach emanated from the funders, AP and subsequently the OMCYA. Yet despite this, some members valued the community empowerment approach equally:

*The Philanthropy was very clearly on the side of evidence-based. My own perspective always was that the two are equally important. That we were willing as a community to learn the skills of this other way [evidence-based] that wasn't as predominant in the country as it is now[.....]. Science is never going to work unless people are empowered and engaged in my view and in my experience. And there was always that tension because we held that that was equal and I think the funders did not accept that they were equal. But they allowed us to have that flavour*

(Interview 1)

This challenge emerged in the early phases. Some participants consider that it was overcome by creating a balance between the two approaches (Interview 1). Yet, another participant stated that AP had a clear vision about its strategic investment having a measurable and visible impact for the State. Even if the interviewee did not disagree with the AP's agenda, it seems that some pressure emanating from their agenda was clearly sensed despite the fact it was not clearly stated. The participant described "very tight prescriptions" coming from AP, in particular in relation to the manualised approach to services. Furthermore, the interviewee mentioned the engagement of experts coming from outside Ireland to impose their thinking and approach on the process. Nevertheless, the participant pointed out that AP seemed prepared to shift somewhat from the prescriptive model they had advocated:

*One of the things that happened just when I think about Atlantic, is they came with a very very very tight prescription. With all kinds of manualised work, there were no control trials, the engagement of people from outside Ireland to tell us how to do it, all that kind of stuff [...] [we] may jump over the 'everything has to be evidence-based' in that very formal [...] I think Atlantic have imposed a model – had imposed a model, I suspect they are prepared now to shift it a bit – which was very very prescriptive*

(Interview 3)

The nature of community empowerment also arose when participants offered their considerations of the role of CDI as service provider or service enabler. The nature of the relationship between CDI and existing services in the locality was viewed as important. Some participants described CDI as being service delivery focussed (Interview 3); others believed that CDI was *providing* services along with other organisations in the area, such as the Tallaght Partnership (Interview 5). This focus on service provision, for some, did not sufficiently focus on empowering the community or working with existing services:

*Maybe one of the challenges for CDI is that it was focusing so much on services: service design, service delivery that it didn't really focus on community empowerment sufficiently. What we have done with CDI is create professional services for children, in doing that we have labelled these communities somehow deficient, we sort of professionalised them rather than looking at what are the key strengths and how do we enable those*

(Interview 5)

### 5.7.3 Focusing on a common concern: going from an organisational perspective to a community perspective

The consortium gathered a number of individuals representing local or national organisations. The diversity of its membership was also a challenge. Indeed, “everybody was bringing their shopping list to the table” (Interview 7)

Yet, the challenge was perceived as being well addressed. Participants mentioned the strong leadership of Katherine Zappone as being a central factor to enable the strategy to be inclusive of everyone’s views. Some participants also mentioned the Dartington Research Unit as having a key role in supporting the development of a shared agenda (Interview 5). Participants feel confident that everybody’s voices had been heard:

*And I think again from the leadership that Katherine gave in particular, I think that she had a capacity to maintain a momentum and deliver the product and at the same time to synthesize people’s views into it [...] But I can see myself and my views and issues that I put forward*

(Interview 7)

Yet, the challenge of creating a shared vision in the way CDI had was every present. A participant described the dynamism of such a process, particularly in relation to encouraging participants to think outside of their own organisational goals and roles:

*Well, what I would say to that is that it was always a balancing act and what I mean by that is that some days we did and then we lost it and then we got it back again and then we lost it and I think, and then we got it back again*

(Interview 1)

Besides, a participant revealed an issue which arose during the consortium phase. Some national agencies would have a representative on the consortium. However, the complexity of some of these agencies’ structures impacted on the ability of representatives to speak out for their agency. Such organisational issues made the elements of the process, such as negotiations around investment, challenging (Interview8)

### 5.7.4 Supporting the residents to speak out

Beyond the number of organisations involved in the consortium, residents were also sitting at the table. As was underlined by various participants, the difference between the different socio-cultural backgrounds created a major challenge:

*I think a key challenge – and how to name this – was the challenge of class, profession, resources, language, experience that was experienced by community people engaged in the process. I think that was a major challenge*

(Interview 2)

While instruments to overcome this challenge have been identified above (section 5.4.1) one interviewee considers that such instruments were insufficient. The interviewee states that reflection still needs to be done regarding community engagement overall. Assuming that the community should be raised to the professional standards was not, in the participant’s views, the right assumption. Furthermore, the interviewee identified that what work had been done to ensure that everybody’s voice around the table was being heard “to some extent hasn’t continued” (Interview 2).



### 5.7.5 Hearing the consortium voice when disagreeing on outcomes

As was previously underlined by some participants, the decision making process regarding the outcomes seemed to have taken place within a small group of experts. The proposed outcomes were taken back to be discussed by the consortium. Yet, some participants question the degree of influence of the consortium:

*I'm not sure that the consortium had the degree of influence that it is thought as having had. We were acting... we were feeding in, comments and observations and ideas, which didn't appear to come out the other end and certainly were never... and people didn't come back to them and say "look we thought that was important but we're not going to use it"*

(Interview 5)

The participant more specifically referred to disagreements in relation to the outcome stating that children should be taller:

*The famous one... there was this ambition that children would grow taller in ten years and we said that's stupid. You know, that's just nonsense. And we wanted it out*

(Interview 3)

The debate surrounding this particular outcome has been mentioned at times by several participants. Still, some participants could see the scientific approach to such an outcome with children's height being an indicator of better nutrition. Research was cited showing that children in low-income families were smaller and slighter (Interview 5). Despite the discussion, the outcome was not removed from the document and the reasons for its inclusion not explained. An interviewee felt that the reason this particular outcome remained was so as to serve the need of having measurable outcomes, as it was a health indicator (Interview 3). Some participants consider that the outcomes were well accepted by the community (Interview 5). Yet, participants highlighted that the decision making process regarding outcomes was taking place in a smaller group:

*And I think influence was very much more held in a much smaller inner group of people who were writing, were drafting, were talking*

(Interview 3)

Some participants mentioned the tight timeframe as being a factor influencing decision making on outcomes. The process had to go forward and decisions needed to be made even if they did not satisfy or please every member of the consortium. Sub-group meetings were providing some very valuable feedback. Still, decisions were made by a small group of experts. A participant underlined that if there wasn't a level of rush, there might have been a greater opportunity for participation:

*At the time there was also a strong sense of "we need to get something at the end of this, we need to complete this"*

(Interview 7)

### 5.7.6 Threats identified prior to formulation

#### 5.7.6.1 The fear of not getting the funds

Even if negotiations were opened with The AP funds were not secured before the strategy was produced. One of the threats to the process was to propose a strategy which would not be considered as sufficiently aligned with, or relevant to, the government's programme of work:



*I suppose another threat would have been ... we could have eventually gone down a certain road and the Philanthropy could have decided that that wasn't sufficient. We could have gone down a road and government would have decided that wasn't sufficient so it was never a shoo-in for sure*

(Interview 1)

The threat of working on something which ultimately may not have been implemented as one which many interviewees were quite cognisant of. Nevertheless, those interviewed for this research reported of being committed to the process overall.

### 5.7.6.2 A transient population

As mentioned previously the strategy is a living document as the circumstances of the community can change. One of the threats identified prior to the formulation of the strategy was the possible movement of the population within the area. Families experiencing social and economic disadvantage, such as immigrant populations, ethnic minorities and asylum seekers, could be moving into and out of the area. This threat would have impacted on the statistics and made the outcomes more difficult to measure. Yet, the participants underline that the development of services should, on the other hand, lead to better practice with those populations:

*Maybe ultimately the statistics might not shift in the way that I had hoped for, [...] but at the same time there was an opportunity that, even with consistently vulnerable and disadvantaged populations continuing to come in [to the area] disproportionately to other geographic regions, that the infrastructure of services would have been developed to the extent, much more so and so therefore stronger to work with those kind of populations than in the past we weren't able to do*

(Interview 1)

### 5.7.6.3 Interagency problems

Furthermore, some participants identified the multi-agency aspect of the work undertaken within CDI as a possible threat. The potential for tensions to emerge which resulted in infighting and possible forum collapse was very real. However, such potential was not realised due to the process and focus of the work. One of the threats regarding interagency work identified by participants is that the high quality services provided by CDI would cost existing services. First, families might want to remove their children from existing services to enrol them in what would be considered as the "Rolls Royce" of local services. One participant remarked on the perceived implication of the CDI programme for other services in the area:

*There is a loss of resources [for other services] because that there is a perception that West Tallaght has loads of resources. They [government] look at the CDI intervention and think there must be enough. Some organisations can't go and ask for money because they won't be given more money because the perception is that West Tallaght, "look at the amount of money which is coming in through CDI"*

(Interview 6)

## 5.8 Envisaged and Early Implementation

### 5.8.1 Initial expectations

Despite the identification of threats/challenges prior to the formulation of the strategy the participants' initial expectations of the implementation process were quite idealistic. Some were expecting a simple process responding to the needs of the community (Interview 4). Various participants described a holistic approach to the project hoping that services would be quickly responding to every need for every child in the community. Some participants highlighted that their initial expectations were coming from the availability of important funds which would really make a difference to the lives of all families who would want to use the services (Interview 6).

Such a high level of initial expectations could hardly be fulfilled:

*I think on one hand I'd say expectations were not met because we thought we were going to change everything for every child*

(Interview 2)

## 5.8.2 Early challenges

Various challenges arose during the implementation process. In some participants' opinion, the implementation phase was not expected to be as difficult as it was:

*I think that the implementation from strategy to action has been much more torturous than people anticipated*

(Interview 3)

### 5.8.2.1 Moving from Strategy to Action

The implementation of the different strands of the CDI strategy was through the development of services underpinned by a manualised approach. Each service would be accompanied by a manual, a step-by-step guide to ensure quality and consistency of service across different implementation sites. Some participants mentioned that challenges arose regarding following such an approach. For example, an interviewee mentioned the statement that the senior practitioner for ECCE services must be qualified to degree level. The reality on the ground is that not many practitioners in community childcare services are qualified to that level. The "smack of academic idealism about how it should all work" (Interview 5) failed to match on-the-ground experience. A conflict emerged between the instructions coming from the manual and what could really be expected. A participant felt that following the science – the manual – could be at the cost of the spirit:

*Now, if the manual says this and if the manual is the Gospel according to [whomever] we have a problem. So what do we do? Do we say we can't do it? Because the manual says and we can't? Or do we find some mechanisms in the science to say "look we went all the ways down the road to this point and we now are clear about why we are changing this point, we are going to change it to make it possible and adaptable" so I think there's a real challenge in the programme about CDI... with science, will science become the dominant influence in the programme to the cost of spirit*

(Interview 3)

Other participants underlined the difficulties to deliver services exactly as was prescribed in the strategy, with it being perceived as the "only map in town." (Interview 6). The implementation process was lacking flexibility when some issues were raised from the field. The participant referred to the use of drama as a medium for the after schools work on pro-social behaviour. Despite the reported concerns of people to the interviewee about the limits of that medium – for example some of the boys did not want to get involved – the implementation process continued. The participant underlined that in the "panic" of the early days, the implementation process was lacking flexibility when it was confronted with the reality of practice:

*I think they struggled with trying to roll out the strategy. I think they were paralysed, they panicked in CDI as an organisation at that point [the early stages of CDI as organisation] with an agenda they'd yet to deliver. They wouldn't listen and they couldn't listen at that point. After a few months where they really couldn't listen, it changed and they moved beyond that I think and they successfully did that. They have matured beyond that*

(Interview 6)

### 5.8.2.2 Losing Momentum

As mentioned in the initial expectations, participants were hoping for a prompt implementation process. Many participants mentioned the process was slower than expected. A participant described the frustrating process of establishing the infrastructure that was "long, slow and tedious". This aspect of the project was not as exciting as the strategy writing phase but yet had to be done (Interview 7). Despite acknowledging the necessity for the depth of thinking in the strategic planning process, participants consider that it impacted on the momentum created:

*It was too long! Almost two years after the strategy in 2005... There is a big hurrah around the process and people have expectations. I think one of the risks is that those expectations were probably undermined by the distance between announcing the strategy with political fanfare and actually getting the strategy [implemented]*

(Interview 5)

This participant highlighted that the substantial emphasis on the design of manuals and cohorts made the implementation process robotic, made the strategy less relevant to the community, and removed the human aspect of relationship building and service delivery with the community. Furthermore, participants consider it slowed down the process, although for some there is an inevitability about this:

*It's been slow. But in the end programmes of that sort are always slow, and we all forget it at our cost*

(Interview 3)

### 5.8.2.3 Personnel Issues

A participant mentioned that the cap on employment in the public sector was a barrier to the implementation process. Indeed, CDI wanted to employ a health professional in the Healthy School programme under one organisation but the cap on employment in the public sector did not permit it. However, this was overcome by getting another employer for the position that would be supervised by the Health Service Executive (Interview 1).

### 5.8.2.4 Financial and Structural Issues

One of the issues emerging during the implementation process was the lack of space to implement the services. Various participants mentioned this issue. Some commented on the lack of a capital investment strategy. An interviewee considers that a budget constraint underpinned this default:

*I think the view was probably that we knew ... a point was reached I think where it became very clear the amount of money that was going to be on the table for the first three years, and then it became fitting the plan to the money. That's a clear point that was reached where, you know, to ask for more was becoming unrealistic, we had a very significant amount of funding. And we then had to go away and say "O.K. that's what's on the table, what can we achieve with that". And that was fine as well because I think that helped focus minds*

(Interview 7)

However, despite what investment there was from government, some participants underlined that the national policy [the relative autonomy of schools] emanating from the Department of Education was not really helping. A participant describes it as a block which made incorporating school principals into the process difficult:

*It's a whole culture you're trying to change there.*

(Interview 1)

Additionally, another interviewee felt that the disbanding of the consortium was a negative aspect of the early implementation phase and that re-establishing it would prove a useful exercise (Interview 6).

Some buildings were not suitable in terms of safety issues. Capital funding had to be secured, planning permission had to be obtained, and capital work always takes longer than expected. The space issue, which had not been identified during the strategy phase, is also an identified reason for the delays in implementation:

*At one stage last year we agreed to open two new services in June and we had them open in November and in both cases that required major capital work with the buildings, planning permission*

(Interview 7)

### 5.8.2.5 Enrolling children in the services

Participants mention a fundamental practical problem about the roll-out of the early childhood care and education places. It was highlighted that the number of children receiving CDI's services is not as high as was originally envisaged in the strategy. This issue is getting to a point where if the number of children within the community is not reached, children from outside of Tallaght West might be enrolled to ensure the validity of the randomised controlled trial evaluation approach for this service (Interview 1; Interview 3).

A participant mentioned the government's requirement for new places rather than providing support for existing places and the lack of capital funding to support the redevelopment of certain centres in order to have these programmes (Interview 1). The difficulties around enrolling children were not anticipated. In one participant's opinion, CDI failed to understand the community's perception of pre-school engagement:

*[What] we have realised is that in the middle classes pre-school education is seen as a very good thing in itself. It's not seen like that in this community*

(Interview 2)

However, information supplied by CDI highlight that all services now have waiting lists.

Another challenge faced by CDI related to the fees to access the services. At first, CDI required that families pay a fee. An interviewee considers that this approach was inhibiting access by families who most needed the services. The challenge was overcome when CDI reduced the fees. Yet, as the interviewee highlights, it created a drift by the families who could pay from previously paying to now not paying (Interview 3).

### 5.8.3 Communicating CDI's strategy

Participants highlighted that residents engaged in some programmes such as Doodle Den or Mate Tricks do not always see the wider framework of a community strategy formulated to improve the life opportunities for children and families. This issue is considered as a challenge by some participants who underline the possible lack of awareness of CDI's vision and strategy amongst the wider community – both working and living in the area:

*I spend a great deal of time with my own colleagues who are very active in the community saying "I don't know what CDI does". And I spend my time saying "well, read the documents"*

(Interview 3)

This participant also highlighted that the great number of opportunities presented by CDI's work - such as community practice and training opportunities - can be a possible hindrance to the communication of CDI's strategy:

*And I think they need to think a bit more strategically about what their messages would want to be to the wider community. The community of practice and the wider community. There's a bit of... there's a bit of a 'there's something you can do with CDI every week' syndrome at the minute. And in the end people will do none of it.*

(Interview 3)

### 5.8.4 Losing the community's engagement

Once CDI was established, various groups were created to support the implementation of the strategy. Some participants mentioned that a cutting off of the agencies and the implementers from the community occurred in the implementation phase. Furthermore, CDI did not integrate a structure enabling children's consultation despite the commitment to consult with them every year. As the interviewee underlines, an annual consultation might not be realistic. Still, undertaking a children's consultation every three years would prove very useful and should not be lost in the implementation process:

*I think that was very much part of what we were planning to do and I think that got lost along the way because I think people got very busy in the nitty gritty of getting the plan operational. I think the trick at that stage is to be able to maintain a sense of vision at the same time as doing the nuts and bolts of getting the services together*

(Interview 7)

Yet, recent efforts were made to support the community's engagement. One participant mentioned that, while the board appeared to be expert-led in the past, the recent decision taken at the AGM to formally incorporate community member representation onto the board is a positive thing. Additionally, specific programmes such as the Community Safety Initiative have formal processes to support the community's involvement (Interview 3).

### 5.8.5 Accepting the evaluations' constraints

Some participants underline that the evaluations are key to improving the services over the long-term (Interview 1). Furthermore, their findings could be used to propose a new model of provision to other communities:

*If we can capture that things worked well here and also what went wrong we can... and if other communities are thinking about this and people from other communities ... that piece of work, I think will become a reference for other communities*

(Interview 7)

The implementation process had to integrate some evaluation components such as facilitating the randomised controlled trials. A participant expressed concern regarding the time spent in organising control groups, the complexity of the process and the impact they have on budgets (Interview 4). Furthermore, concerns were expressed in the community about control groups, and that the overall service provision aspect was constrained by the requirements of the evaluation (Interview 2). Other participants remarked that the provision of support should not be governed by the requirements of research (Interview 6).

### 5.8.6 Mainstreaming the project

One of the challenges arising, which is currently being examined by CDI is the mainstreaming of the project. As stated earlier, CDI developed a ten year strategy. Some participants highlight that the project has now reached a significant stage where it is time to examine if CDI is fulfilling its vision. Others felt, however, that the most important thing is to mainstream the CDI experience:

*So I think that is going to be the most significant thing that we mainstream it and that we mainstream it, not just for whatever the number of sites but for the children.*

(Interview 2)

## 5.9 Factors contributing to the implementation

### 5.9.1 Funding

The participants emphasised that the availability of guaranteed funds was a crucial factor contributing to implementation. Given the current economic situation, some interviewees specified that guaranteed funding was exceptional even if they do not know if they will be able to maintain that longer (Interview 1). A participant referred more specifically to services provided by CDI for children which would not exist otherwise:

*If that wasn't there you couldn't do what you're doing. Between [x] centres we have [y] children coming in every day who wouldn't have a service basically and they're children with significant levels of needs in communities and significant levels of age*

(Interview 7)

## 5.9.2 Commitment

Participants have highlighted the importance of having high quality staff to ensure the implementation of the project. Participants more specifically referred to the Chief Executive:

*The chief executive has a very good head on her shoulders. She is a very very able person. But for her, we would be in a very bad place, as I said earlier, limited experience... Marian has solid shoulders, she is doing a really good job and that's been important.*

(Interview 6)

*I think they have got an outstanding CEO with the right experience in terms of community and State*

(Interview 2)

Interviews also highlight the high quality work provided by CDI's staff team:

*I think there's a good staff team, I think that they're working well and creatively. I think they've done everything fairly right.*

(Interview 3)

A participant mentioned the importance of the commitment across agencies to make the project work. The participation of senior officials in key agencies in the locality was described by the interviewee as being really important, in and of itself but also in contributing to the successful implementation (Interview 7).

## 5.9.3 Structures supporting implementation

### 5.9.3.1 CDI's structure

CDI's Board is different to other initiatives' boards as it was not designed to be representative of interests but to be a Board of "experts" (Interview 1). Furthermore, as was mentioned previously, three new members who live in the community were recently welcomed onto the Board:

*I'm happy to say that after two years of having set up as a company that we are now welcoming on three members who live in the community on to our board of governance. Which is huge, you know, it takes a long time but I think the process has been good and they've been supported and that will be a change*

(Interview 1)

Other participants remarked that the Board is not fully immersed in the community (Interview 4), while another participant commented that the relationship between the CDI Board and the County Development Board (CDB) appeared to shift overnight, with the CDB being replaced by the newly-established Children's Services Committee (interview 3).

The Board is supported by the Implementation Support Group (ISG). The ISG is composed of regional people such as the HSE, Tallaght Partnership, and other larger community and voluntary organisations. Some participants describe it as a support committee made up of the agencies that would play a role in the implementation of the strategy: the Department of Education, various other State Agencies, the South Dublin County Council, Barnardos, the Children Services Committee, and the South Dublin Childcare Committee. (Interview 7)

The ISG is perceived by some participants as a good response to the failure to involve 'middle managers' in the consortium. Indeed, the interviewee underlines that the consortium was composed of local senior management. The interviewee mentions some angry "middle managers" who felt they didn't have the opportunity to take part in the

development process, or even be aware of it, and still had to now work with the new organisation. This failure was overcome subsequently with the creation of a support structure at first convened under the County Development Board (Interview 3, see also quote on p. 97).

Yet, some participants regret the lack of community representation on the ISG. Despite underlining the importance to get organisations involved in the committees, so that they can give feedback and learn from CDI in a mutual learning process, a participant describes the predominance of big agencies in the structure: “The biggest sharks are involved in that [ISG]” (Interview 6).

Another participant describes a different level of involvement among the members of the group. Some members would have the opportunity to meet each other at the Children’s Services Committee for example. The interviewee believes that, with the exception of one or two people, all the members of the ISG are on the Children’s Services Committee. Furthermore, the ISG group is described as an information-giving space where not much happens. The issues would be addressed on the Children’s Services Committee and within CDI itself. Not convinced of the value of such a group, the participant wonders if it’s not an added burden to CDI:

*I think it’s very much an information-giving space. I think the real issues are probably worked on at the Children’s Services Committee and within CDI itself*

(Interview 2)

The Services Sub-Committee is a less formal group that advises CDI’s staff on the development of services. One participant who commented on this remarked that, according to their knowledge, the role of the sub-committee was to advise CDI on its services and provide a space where CDI staff could propose things in relation to service delivery in confidence, and in this sense is a good thing (interview 3).

Less mentioned in the interviews was the community forum on which people who live within the community sit and who have been supported and trained to come together and to continue to discuss the issues relative to children and families (Interview 1). However, this is understandable as it is a relatively new structure when compared to the other structures mentioned.

### 5.9.3.2 The creation of the Children’s Services Committees

When the CDI project started Children’s Services Committees had not been established. The establishment of the four pilots across the country – one of which was the South Dublin Children’s Services Committee (SDCSC) – had an important impact on CDI’s structure. A connection was established. Different sub-committees were devised to work to support the executive (Interview 1). A participant highlights the positive impact of the SDCSC on CDI:

*It has created another forum and a larger forum which CDI is a subset of. But it’s a very useful forum for the planning for children*

(Interview 7)

Furthermore, the participant considers that part of the reason that a Children Services Committee was established in South County Dublin was because CDI was already in existence there (Interview 7). Other participants who shared that belief added that the OMCYA decided to put the Children’s Services Committee where AP’s finances had been previously directed. Yet, the interviewee also believes that the Children’s Services Committee has created a further “reference point” to CDI (Interview 3).



## 5.10 Achievements

### 5.10.1 A new way of working and contributing to the debate

In regard to the early implementation phase of the strategy, participants highlighted that CDI provided a new way of working on community projects. Members developed new habits, developed a common focus on children and families in the community using an outcome based approach. The collaborative aspect of the work is also underlined as contributing to the regional and national debate:

*I think there is a common focus on children and families in the community. I think it is contributing towards the debate at regional and national level*

(Interview 1)

### 5.10.2 Delivering high quality programmes

On a more practical aspect, one of the most important achievements for the participants is the creation of a number of significant opportunities for children by putting in place what are perceived, at this stage, to be key high-quality programmes. At this stage of the project, children and families are being offered services based on their needs. A new environment has been created:

*I think they're also really impacting again on the local community with the programmes that they've put in place and the initiatives in terms of creating a space that really... an environment that really welcomes children.*

(Interview 2)

Some participants outlined that by doing so, CDI is providing an opportunity for every child because once a community knows what it has a right to then they will find the voice to demand it (Interview 2)

### 5.10.3 Empowering the community

A number of aspects of the implementation programme were devised to support community empowerment. The improving quality programme, the seminars that are provided for practitioners, the evening conferences and the communities of practice have been perceived as being strong elements to support the community's empowerment (Interview 1). Furthermore, a participant highlighted that providing high quality services enables the community to understand their rights which will bring them to act on their own behalf:

*Offering some children the service that we know is needed is providing an opportunity for every child because once a community knows what it has a right to, what ought to be in place to support it, then they will find the voice to demand it.*

(Interview 2)

## 5.11 Conclusion

What emerges in these in-depth interviews is a detailed account of the development of CDI, and its strategy. The strategic process has been described in participants' own words, and the processes by which the views, opinions and identified needs of the community were incorporated into the development, were outlined. The fears of some participants regarding the degree and nature of community involvement have been detailed, as has the envisaged long-term implementation process and early experiences of this implementation. The following chapter will consider the findings from these interviews alongside the salient points from the literature.



# Chapter 6: Discussion

## 6.1 Introduction

The aim of this aspect of the process evaluation was to document and analyse the origins of the Tallaght West Childhood Development Initiative, paying specific attention to the development and content of the CDI strategy *A Place For Children: Tallaght West*. Given the particular characteristics of the initiative, the evaluation team felt it was worthwhile considering a number of aspects in undertaking this work. The evaluation is interested in documenting the strategic planning process, in telling the story of how the strategy itself emerged. It is important to reveal the role of the community in the strategic process, and how that strategic process was undertaken. It is interested in examining to what extent the initiative aligns with what the literature terms Comprehensive Community Initiatives.

Moreover, and as set out in the plan of NUIG for the process evaluation, this part of the work sought to answer the following questions:

- What was the local and national political, economic and policy environment at the time of CDI's establishment?
- What were the origins of the Initiative?
- What theories or concepts underpinned the development of the strategy, and more widely, the initiative?
- What did the strategy propose for the work of CDI?

It is important to highlight that the discussion which follows does not seek to offer a definitive judgement on the strategy's content. Instead, at this early point in the overall process evaluation, an analysis of the strategy can provide a sound base from which to progress the rest of the study. It is also useful to identify issues which, while occurring some time ago, may have resonance for the initiative as it moves through phase II (2009-2012) as identified in the strategy.

In drawing together the findings from all these methods, a number of key themes emerge for discussion:

- Comprehensive Community Initiatives, Community involvement and using 'what works';
- The overall context in which CDI emerged;
- CDI and the strategising process – origins, influences and content; Strengths of the strategy;
- Envisaging the implementation process.

These themes are now discussed in turn.

## 6.2 Comprehensive Community Initiatives, Community involvement and using 'what works'

The literature review chapter identifies the principles of CCIs. In short, they are a reaction to top-down technocratic models of policy making (both formulation and implementation) and a response to fragmentation of services (Kubisch 2005); a response to the need for service integration (Kubisch 1995); a response to questionable success of current investment; and a desire to involve the community. They are "locally focused approaches to collective problem solving" (de Souza Briggs, 2002: 16). They are comprehensive in that they take a strategic approach, evolving to implement change; "they stress the importance of fostering collaboration [.....] and they emphasise the centrality of meaningful resident participation" (Chaskin 2001). It is also useful to recall the characteristics of CCIs from chapter four. CCIs are:

- **Comprehensive:** multifaceted, addressing many issues at once;
- **Coordinated, integrated and collaborative:** not operating in isolation;
- **Accountable:** focusing on improving the outcomes for children and families, not simply providing services, largely through participation and evaluations;
- **Flexible:** having the ability to use funds to address the locally determined needs of poor families;
- **Preventive:** focusing on prevention and early intervention to lessen the need to deal with crises;
- **Family and/or community focused:** focusing on children as individuals and as part of a family and on families as part of neighbourhoods and communities;
- **Inclusive of citizen participation:** encouraging active participation by community residents, clients of the service system, and other community stakeholders in planning, designing, and implementing initiatives;

- **Strengths-focused:** building on the strengths of families and communities;
- **Responsive to individual differences:** responsive to the needs of individuals with disabilities and of culturally, ethnically, linguistically, and economically diverse populations;
- **Universally available:** making services available to anyone in the community who wants or needs to access them;
- **Can be characterised by public-private partnerships:** a range of actors and organisations across sectors can be involved.

Residents are not simply beneficiaries or clients, but agents of change and leaders in the change process. Communities become empowered (Stagner and Duran 1997: 134).

It is clear from the documentary analysis and the findings of the interviews that CDI fits comfortably within the outlined description of CCIs. All the main characteristics identified in the literature have some purchase with the modus operandi of CDI and its operation. Indeed, many of its committees are underpinned by a partnership approach. The importance of leadership, as outlined in the strategic planning literature, is to be emphasised; public – private partnership is a feature of its funding and governance mechanisms. While not all of its services are universally available, the thrust of the initiative is to serve and enhance the community in its entirety. The need for the community to identify its own needs and perceptions was a feature of the early planning process.

Documentary analysis of the strategy reveals that the community of Tallaght West was consulted in a number of different ways; through links with parents, through links with practitioners; and through a consultation process with the community at large and with children specifically. The interviews provide greater detail on the nature of this community involvement.

Many participants emphasised the ‘living and working in Tallaght West’ aspect of the strategy and stressed that the community was largely involved through formal community structures. The diversity of individuals on the consortium was cited as being a further strength and enhancing community representation, particularly through consortium members such as An Cosán and the Tallaght Partnership which, participants highlighted, had their own representative structures. Some participants spoke of a very thorough process where public meetings were held, with issues and suggestions brought to the community. They spoke of the need to harness the creativity that the community offered, and of involving the community more, particularly after the negative media exposure the launch of a CDI report received.

The interviews have revealed a significant tension between adopting an evidence-based, in some cases, manualised approach to delivering prevention and early intervention programmes and the need to underpin the initiative with an ethos of community empowerment. While many participants spoke of the funder’s requirement that an evidence-based approach to all interventions be adopted, the need to find a balance was a common concern. Participants spoke of the need for the services, particularly in their implementation, to explore and be cognisant of how individuals react with prescriptive models, both parents and professionals. Participants stressed that an evidence base is important, but an appreciation of what a community wants is significant.

To this end it is important to note the mechanisms by which the outcomes were selected for the children of the area. Participants spoke of two public meetings, one at which the original *How are our Kids?* results were presented (October 2004), and the second where the draft strategy was presented year later. A subsequent process of consultation was entered into as documented in the community consultation report. In short, there was a significant degree of consultation with various groups in the community, including 13 groups with parents and 29 meetings with different stakeholders. At the parent meetings the four outcomes as identified through the consortium’s analysis of *How Are Our Kids?* were put to the families as instigators for discussion, to elaborate on what each outcome meant to the participants. Meetings with key stakeholders largely focused on service aspects in the locality, while two cluster meetings focused on the overall thrust of the strategy and potential funding lines (CDI 2005).

However, some participants were critical of the relatively small number of families interviewed for the *How are our Kids?* report (80) considering the population of the area. Other participants highlighted that the inclination to stress services, manuals, and professional training tended to be to the detriment of community empowerment. While many participants felt that the work emerged from a needs basis, others were of the opinion that it did not focus on the empowerment/

engagement aspect sufficiently. The need to ensure that the community (and largely parents) participate across all of CDI's programmes should be of importance as programmes bed down after their initial implementation phase; this, as commissioners, should be a consideration for CDI into the future.

### 6.3 The overall context in which CDI emerged

The research undertaken for this part of the evaluation has identified the significance of the local and national policy and service context as a key instigator for the emergence of CDI. That national policy documents existed, particularly the National Children's Strategy, which promoted an outcomes-focussed approach for the development of the 'whole-child,' was a key influencing factor on setting the parameters within which CDI emerged. Yet, as the policy and service context highlighted, and as corroborated by the participants, many other national legislative initiatives which preceded the Children's Strategy enriched the context in which the initiative emerged. Participants mentioned the Child Care Act 1991 as significant, the plans as outlined in various partnership documents dating from the mid-1990s, and the interest expressed by national policy actors such as the then Director General of the OMCYA, through their presence in the locality and role in enhancing the provision of childcare services in the State. Indeed, childcare and the developmental aspects of pre-school education - the focus of which was shifting from childcare as a labour market and equality policy to one where child development and well-being were of paramount importance - was viewed by many participants as very significant. Additionally, the research undertaken in preparation for the strategy highlights the importance of fitting the initiative within the wide array of policies affecting children and families - as one participant identified, the fit with the "emphasis on supporting the family to care for children in the best possible way." Thus, what arises out of the interviews is an appreciation of the whole-child perspective as a policy driver and contextual factor for the emergence of CDI.

Equally important at the national level was the fostering of collaboration, not just in the policy formulation stage but at the implementation stage as well. It is notable that some participants highlighted that while collaboration was beginning to happen at a local level, the absence of joined-up thinking at the national level could inhibit the development of successful projects which attempted to take a whole-child perspective. In this regard, the establishment of the National Children's Office and subsequently the OMCYA in late 2005, after arguments for such an approach were being advocated both inside and outside the statutory sector, is viewed as contextually significant for CDI's emergence and is seen as a key opportunity to develop connections with other organisations and more generally participate collaboratively in this arena. Underlining this is the role of Philanthropic organisations – the Katherine Howard Foundation initially, and more prominently AP – in partnership with the OMCYA in initially providing the seed funding and then matching funds to ensure the initiative progressed beyond strategy development to implementation. Under the Prevention and Early Intervention Programme for Children, Tallaght West is one of three pilot sites whose experience and learning is proposed to provide a template for other initiatives in the future.

More important, however, was the local policy and service landscape in which the initiative would emerge. The paucity of services in the area, and the poor expectations which existed were cited as challenges to overcome. The level of unemployment<sup>5</sup> in Tallaght West, and particularly its rise since January 2009, was cited by some participants as a reaffirmation of the need to work for children and families. While some participants acknowledged the collaborative opportunities which presented themselves with the variety of organisations on the ground in Tallaght West, the absence of integration between the key services for children and families – both statutory and community – was an important factor in the emergence of the initiative. That is not to say that some services did not link up in the past, but rather that there has been little consistency in such an approach. The positive impact that early childhood services could have for the children of the area, and the counteracting effect that these services could have on the then perceived outcomes for children, was very influential.

Despite the relative economic upsurge at the time, a number of participants spoke of parts of the population in Tallaght West being 'left behind'. Hence, the need to examine and address the potentially divisive effects of different parts of the community experiencing different economic positions, alongside the need to focus on the future of the community, the 3000 children under three years of age in particular, provided a particular focus for CDI. In this sense, the need to adopt

<sup>5</sup> Accurate figures for the level of unemployment in Tallaght West is difficult to generate as individuals may continue to sign on in the Tallaght Office, or neighbouring offices. The CSO reported figure for those unemployed and signing on at the Tallaght Social Welfare Office for May 2009 is 9,025. The comparable figure for May 2005 was 3,321.

a community development or community-based approach to what is essentially a family support inspired suite of services is notable. The references made to other operations and organisations in the locality, such as An Cosan and the Tallaght Partnership, and the involvement of actors from such organisations in the development process, emphasises this.

It is interesting to note the political awareness which permeates both the documentary analysis and interviews undertaken for this research. The understanding which existed at the beginning of CDI's development of the need to plug into current policy paradigms on children and families, and of the wider political and policymaking context, is interesting. It indicates an appreciation not to 'reinvent the wheel' when it comes to supporting children and families, but rather to build on what has gone before and have CDI act as a pilot site for future interventions and implementation mechanisms nationally. That the originators of CDI who participated in this research all highlighted the national and local policy context as being important, as well as bringing the community along, at organisational and (where possible) individual level, is a strong aspect of the development of CDI. Indeed, when one considers family support in its widest sense, the importance of community involvement and development is readily emphasised (cf. Gilligan 2000; 1995, McGrath 2003). It is to a discussion of this idea of involvement, and the development of strategy overall, that we now turn.

## 6.4 CDI and the Strategising Process

As alluded to above, the value of having the community play a role in every part of the strategy process –development, implementation, evaluation – is detailed in the strategy and referred to in the participants' interviews. Furthermore, in any collaborative process there are challenges, foremost amongst which is the challenge of involving everybody, of addressing different agendas, and of developing a common vision. CDI proposes itself to be a commissioner of services and a mechanism by which inter-agency and inter-sectoral collaboration can become the norm so that in the future the CDI experience can be mainstreamed.

The strategy itself outlines a detailed process by which it was developed. Research briefs were prepared and an audit of services undertaken to establish the policy landscape on which CDI would emerge. Parents, children and practitioners were consulted regarding what they desired for Tallaght West. An evidence base was built regarding the particular types of interventions proposed for the area. National and local policy actors and institutions were consulted regarding their views on the process. Working groups were established. Most significantly, however, a consortium consisting of representatives from local statutory and voluntary organisations was viewed by respondents as being a key driver in the emergence of the initiative and the selection of activities outlined in the strategy. But how does all this measure up to the concept and practice of strategic planning? The following section serves to blend the analysis of the interviews on the strategising process with the literature on strategic planning as set out in the above chapter.

When examined against the Bryson model of strategic planning for NGOs, the CDI experience would appear on paper to conform to what a sound strategising process should look like:

- Participants spoke of the requirement for a strategic focus, of the need to engage in a process whereby many different organisations were brought on board. The role of the consortium, in particular, as a 'planning committee' emerged quite quickly, as did the role of Dartington Social Research Unit in facilitating the strategising process. Critical to all this also is the role played by the leader of the consortium, Dr. Katherine Zappone. Both the literature on strategic planning and on integrated/joint/partnership working highlight the importance of leadership at all stages in the process (Step A of the Bryson model). Yet some participants spoke of the missed opportunity at the beginning of the process by excluding middle managers from some statutory organisations and local statutory structures. However, this appears, from the interviews, to have been overcome. Although there is a lack of clarity around how the Atlantic Philanthropies came to be involved (whether they were requested, or whether they sought the work to be done), it appears that from their involvement, the subsequent involvement of the Irish government, and the prefacing work with the Katherine Howard Foundation, resources were committed to the planning process, if not immediately to the entire implementation phase.
- The preparatory work which was undertaken clearly relates to the clarification of mandates (step B). The documentary analysis of the strategy, as laid out in the previous chapter, highlights the level of research which went into the pre-strategising phase. The interviews have revealed that there was a degree of negotiation regarding what the consortium would exactly be about. Participants spoke of a certain degree
- of conflict between participants, that 'shopping lists' were, to a certain degree, being brought to the table. Indeed, some participants spoke of the challenge they faced in shifting their thinking from their own organisational

interest to that of a common one. Again, the significance of leadership and a willingness to overcome divisions and conflicts is important to highlight. Participants highlighted how other organisations in the area which had a declared programme of work for children and families discontinued these programmes and rowed in with the consortium and the strategy. It appears that the goal of service integration and the subsequent benefits that such integration can bring was apparent from the outset with some participants.

- The crafting of a vision, or in the strategic planning literature, a mission and values (step C), is a solid aspect to the strategy. However, arriving at such a vision can often be a difficult process, and the interviews reveal that the CDI process was no different. Again, participants spoke of the energy which particular individuals placed in pushing the stated vision towards reality in the development of the strategy, that there were stated aims of what this group of people wanted for children and families in the locality. The vision is clear in what the initiative is about, what it aims to achieve, and how it proposes to impact on the population of Tallaght West. The collaborative aspect of the work, as many participants highlighted, fostered a common agenda, a shared understanding of what the process was about.
- The model refers to the usefulness of stakeholder analysis to guide implementation. While this is referred to below in the section on community involvement, it is also documented in the CDI publication Report of Stakeholder Consultation Process (2005). It is important to highlight here that interviews revealed a degree of uncertainty regarding how existing services in the locality would receive the initiative. One interviewee highlighted the need to do something for current service provision, to enhance standards, as a mechanism of bringing all existing services along and not interpret CDI as solely a threat.
- Again, the issue of environmental analysis (step D) is critical to successful planning. Participants highlighted that a full SWOT analysis was not a feature of the work engaged in; it tended to be more strengths based and building from that base. However, it is clear from the policy context section above that careful consideration was given to the political and service climate in which the initiative was proposing to develop. The strategy is clear in how national policies relate to the activities of the initiative, and the policies paper is a prominent feature of the document. Further to this, the audit of services, which the interviews reveal was a challenging document to complete, underpins the list of activities which the initiative proposes to undertake. Where many organisations which engage in strategic planning are in existence for some time, the challenge facing CDI was to anticipate changes in an internal environment which did not really exist at that stage, i.e. the internal environment of CDI as an organisation had yet to be fully constituted. Yet, as the strategy outlines, the appreciation of what was needed to ensure that this document was implemented is clear. Committed funding arising out of the strategy has provided stability to the implementation process.
- The identification of strategic issues (step E) can relate in this process to the selection of both broad and specific outcomes. It is fair to say that the four broad outcomes highlighted in the strategy document relate broadly to those outcomes which are commonly found in children's policy documents, both nationally and internationally. Further to this, the identification of the ten specific outcomes emerged through dialogue and a direct, albeit lengthy process. Participants spoke, as the strategy does, of a logical approach/chain of effects to defining the outcomes. While some participants were suspect of this approach, most were accepting of it. The interviews reveal that, while the broad outcomes emerged from a dialogue with the community, the ten specific outcomes emerged out of work undertaken by The Dartington Research Unit and a small group within the consortium, which were then presented to consortium. The interviews reveal some tension around the selection of some of these outcomes, particularly 'children will be taller.' It is important to note too, as some participants highlighted, that a number of local organisations were already working towards the achievement of many of the outcomes identified, and initiatives by the state were seeking to address some of these outcomes as well. While this could be interpreted as replication, it could equally reveal that there was a cognisance around building on what was in the community towards achieving these outcomes and integrating services as a mechanism to do so.
- Formulation of specific strategies for the outcomes (step F) reveals itself in the development of the activities in the strategy which aim to progress the well-being of children in the locality and move towards the achievement of these outcomes. As already documented, the selection of activities was part of a logical approach to achieving the outcomes identified.



- The adoption of the strategy (step G) appears to have been a straightforward process. Although there were some expressions of concerns about particular aspects of it, overall participants spoke of being broadly happy with the document and committed to the initiative.
- Step H –creating an effective organisational vision – is a feature of the strategy in so far as the overall vision fulfils these criteria. However, this step is difficult to analyse as CDI as an entity does not plan to be in existence post the lifetime of its strategy. Yet, the strategy and interviews do speak of a vision which details what is desirable for the children of West Tallaght in ten year’s time.
- The strategy speaks of developing implementation plans (step I). However, the examination of such plans is outside the focus of this report. It is interesting to note the presence of performance indicators (P.I.s) in the strategy itself for some aspects of some activities. Yet, P.I.s are absent for others, e.g. under activity one there is no P.I. for ‘children will be using fewer drugs and alcohol, or ‘children will be engaged in learning in school.’ What has emerged and distributed to the evaluation team is a set of documents pertaining to the development of particular programmes related to the activities. These documents feature a literature review around the particular issue, and the development of a manual. It will be interesting to examine the existence of such action plans and their content in future evaluation work.

## 6.5 Strengths of the Strategy

As previously stated, the strategy as a document conforms to the main thrust of good strategising as set out in the literature review chapter. Also, as echoed before, the importance of strong leadership in the strategising process was highlighted as a key aspect of the development of the initiative. Participants cited the committed team which partook in the development process as being a key factor in the process, as well as the role each played and the expertise brought to the table by each individual and the organisation they represented. Additionally, the literature, and the Bryson model in particular, emphasises the need for a leader to provide energy and dynamism to the process. This energy appears to have been provided by Katherine Zappone, whom many of the participants identified as being central to the initiation of the development phase of both CDI and its strategy. Moreover, in terms of the collaborative effort, literature on joint planning and partnership working has equally indicated the importance of a driver in bringing groups together and maintaining focus.

Furthermore, strength of the strategy is its flexibility. The strategy speaks of the need to be aware of potential changes in the environment in which it is to be implemented, and that in a true sense it is a living document. There is an awareness of the ten year nature of the plan for CDI, and that milestones will have to be achieved along the way for it to be maintained. To this end, the strategy is clear on the need for evaluation and learning. Evaluation is an increasingly common feature of many services, yet incorporating such learning from evaluations into the services is often less clear-cut. As Bryson remarks, “strategies are hardly ever implemented as intended. Adaptive learning is necessary to tailor intended strategies to emergent situations so that appropriate modifications are made and desirable outcomes are produced (2004: 255). That evaluation and a willingness to learn are singled out as a core activity/feature of the strategy is certainly one of its strengths.

## 6.6 Envisaging the Implementation Process

The Evaluation team sought to get the opinions of those involved in the development process regarding how they viewed the implementation process almost four years on from the launch of *A Place for Children*. It is interesting to hear how the implementation plan was initially envisaged and the barriers and challenges which emerged in moving from strategy to action.

The literature on strategic planning and management indicates the importance of developing implementation plans, but also on highlighting that the strategies themselves, particularly those for organisations where there is uncertainty (over funding, over authority for example) need to be flexible. More accurately, there needs to be an appreciation that environments can change, and thus implementation plans need to have a certain degree of flexibility. As highlighted in the literature on strategy, they can be deliberate and emergent; in reality there is usually a mixture of intention and what emerges in practice.

Some participants revealed a real appreciation of the implementation environment, that plans as outlined in the strategy were relatively vague so that experience could be absorbed, learned from and future or changing needs could be captured and responded to. Additionally, the interviews revealed that the strategy identified a three-phased approach largely due to the uncertainty of funding. While some participants expressed frustration about the gap between developing the strategy and actually implementing it, again most highlighted the need to understand that getting implementation right can be a slow process, that putting the infrastructure in place can take time, and that addressing the needs of every child immediately was not realistic.

Most participants spoke of the need for capital investment and physical infrastructure and the requirement that what was being offered financially had to be used efficiently and proven to work, to work towards the achievement of the stated outcomes. Having said that, some participants highlighted the absence of a capital investment strategy, and the absence of a commitment to contribute directly to the infrastructure in the area, as a challenge to the implementation process. However, these comments were made in the context of the first year experience of implementation and difficulties identified, including securing space for some of the services.

Again, the literature highlights the importance of resource implications when implementing a plan. It is understandable, therefore, that a full implementation plan could not be finalised due to uncertainty regarding resources, financial and other. For example, physical resources were an issue in delivering some of the services. Human resources had to be put in place, with some interviews revealing the importance of having a full complement of staff in place before full implementation could be contemplated. Putting in place a proper organisational structure, including a governance mechanism, was also a consideration. Some participants highlighted that this was a challenge, with governance structures changing a number of times. The evaluation team is aware that a full staff compliment is now in place, effective from late in 2008.

An aspect of the human resource environment for this strategy was also the role of the community. Given CDI's commitment to be a community-led organisation, the role of the community in the implementation of the document is worth considering. It is clear from the interviews, and observing a variety of meetings in the past months, that community representatives have been co-opted on the board of CDI, in addition to the community forum (a designated sub-committee of CDI) as a mechanism liaising upwards to the board and downwards to the CDI team. These institutional innovations are to be welcomed. Yet the interviews also highlighted some concerns about the absence of community representatives on the Implementation Support Group (as distinct from the representatives from community organisations), and the lack of focus at the moment about joining up all the different committees, groups and forums to hear what each other has to say, and make more informed decisions. Furthermore, the evaluation team is aware from documentation provided to it (strategy implementation alterations) that the Community Forum no longer has service provider representation on it. While this move may resolve the confusion regarding the purpose of regular meetings between community members and service providers, it is important to ensure that links are established between all the individual governance structures. This document also states that engagement with service users will occur through service providers as they have established relationships already. Continuous engagement with the wider community will require some thought.

Additionally, the absence of a mechanism to hear children's voices was highlighted as a gap in the structure of the organisation, although the evaluation team is aware – as was highlighted in the research for this report – of the innovative and progressive mechanism by which children were consulted with for the development of the strategy. Keogh's (2008) publication *CDI: Documenting the Consultation Process* reveals various mechanisms by which a variety of actors were consulted for the development of services over the period January 2007 to April 2008. In this document, a Community Engagement Plan is referred to, and a number of principles by which CDI would be guided in consulting with the community, are listed. They are:

- Participation;
- Child-Centred;
- Empowerment;
- Openness and Transparency;
- Integration



The evaluation team notes that one of the key challenges outlined by Keogh (2008: 29) is that of engaging parents and children under 13 in the community, and that as of 2008 “CDI has not had significant consultation with children and parents.” However, it is welcoming of the commitment outlined to involve parents and children in the development and operation of services - particularly given the policy context of having children participate (as distinct from being consulted) in services and policies which affect them - and is aware that this may be a focus of individual service evaluations being undertaken at the moment.

## 6.7 Conclusion

It appears from the evidence amassed for this report that the development of the CDI strategy, broadly speaking, conforms to the principles and practice of good strategic planning. However, as implied by the limitations of the methodology, it is difficult to come to a definitive conclusion on all aspects of its development. Key informants involved in the early stages of CDI have yet to be consulted about this aspect of the evaluation. Furthermore, the process evaluation itself is an ongoing piece of work, covering a number of different themes while also hoping to incorporate process information from the outcome evaluations of the services. Nevertheless, some preliminary observations or themes can be made at this stage:

- It appears that, from the outset, those involved in the process had a good awareness of the local policy and service context within which they hoped to launch CDI. Furthermore, the identification of particular needs for the local population, and the aligning of local effort with philanthropic and political-administrative resources, reflected an awareness of national policy developments and of the partnership between AP and the OMCYA. The role of these resources in equipping the organisation to establish itself and commission services is not insignificant.
- However, as many participants identified, thought may be required as to how CDI can build on its positive programme of consultation undertaken for the development of the strategy, and subsequently, so as to fully aspire to the principles underpinning its operation and those of its community engagement plan. Hence, the extent to which CDI is rooted in the community and the ongoing processes it uses to facilitate the participation of the community in its services – and the initiative overall – warrants further exploration. A theme to be examined by the process evaluation is the extent to which Community Engagement forms part of the ongoing procedures and practices of the organisation. This report has further highlighted an important issue which can serve to add to the evaluation team’s work on the community engagement theme, and has uncovered some important data which can be built on to develop a more complete picture of CDI’s endeavours to include the community in its work.
- The process evaluation has also committed to examine CDI’s services through the domains of utilisation, organisation and fidelity. This will be important data for the evaluation team to receive. Of particular relevance here is fidelity – the extent to which the programmes are being implemented as designed. The role of the local service providers, parents, children and practitioners in feeding into the operation of each service will be important to consider when this data is examined and added to by the process team.

## 6.8 Overall Conclusion to the Report

In line with the overall process evaluation plan, this report has outlined the origins and development of the Tallaght West Childhood Development Initiative, and its strategy *A Place for Children: Tallaght West*. Central to CDI’s establishment - as espoused in the strategy - has been the desire to improve outcomes for children living in the locality through the identification of a set of activities which gave rise to a number of new services commissioned by CDI. It is clear from the foregoing analysis in this report that the strategy’s development was infused by the commitment of those involved, leadership and overall a solid strategising process. Numerous stakeholders were consulted in the development of the strategy, and the process was also infused with a sound awareness of the policy and service context within which the strategy would be implemented and the Initiative established.

The evaluation team believes that this report provides a sound base from which the remainder of the process study can be completed. As a resource it provides important historical and contextual information on the development of CDI and how its particular activities were envisaged to meet the needs of the children of Tallaght West and work towards the achievement of both broad and specific outcomes as outlined in the strategy document.

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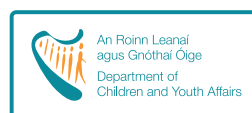
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