



Comissioning:

Introducing Commissioning in Ireland: Establishing a Baseline

BY
Dr Aileen Shaw and Dr John Canavan

The UNESCO Child and Family Research Centre, NUI Galway

MAY 2017

The authors of this report are:

Dr Aileen Shaw and Dr John Canavan, The UNESCO Child and Family Research Centre, National University of Ireland, Galway

How to cite this report

Any citation of this report should use the following reference:

Shaw, A, Canavan, J. (2017) *Introducing Commissioning in Ireland: Establishing a Baseline*. Galway: The UNESCO Child and Family Research Centre, National University of Ireland, Galway.

ISBN no: 978-9-905861-38-5

Copyright © UNESCO Child and Family Research Centre (UCFRC), 2017

For further information, please contact:

UNESCO Child and Family Research Centre

Institute for Lifecourse and Society

Upper Newcastle Road

National University of Ireland, Galway

Tel: +353 (091) 495398

E-mail: cfrc@nuigalway.ie

Web: www.nuigalway.ie/childandfamilyresearch

Published by the UNESCO Child and Family Research Centre.

"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."

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission in writing of the copyright holder.

For rights of translation or reproduction, applications should be made to the UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Upper Newcastle Road, National University of Ireland, Galway

DISCLAIMER

Although the author and publisher have made every effort to ensure that the information in this report was correct at press time, the author or publisher do not assume and hereby disclaim any liability to any party for any loss, damage or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident or any other cause.



The Development and Mainstreaming Programme for Prevention Partnership and Family Support

The research and evaluation team at the UNESCO Child and Family Research Centre, NUI Galway provides research, evaluation and technical support to the Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tusla, the Child and Family Agency as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centres' work focuses on research and evaluation on the implementation and the outcomes of the Tusla Development and Mainstreaming Programme and is underpinned by the overarching research question:

... whether the organisational culture and practice at Tusla and its services are integrated, preventative, evidence informed and inclusive of children and parents and if so, is this contributing to improved outcomes for children and their families.

The research and evaluation study is underpinned by the Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas within the Tusla Development and Mainstreaming Programme. The work packages are: Meitheal and Child and Family Support Networks, Children's Participation, Parenting Support and Parental Participation, Public Awareness and Commissioning.

This publication is part of the Commissioning Work Package.

About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland. Founded in 2007, through support from The Atlantic Philanthropies and the Health Services Executive, with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development.

The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

Contact Details: UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Upper Newcastle Road, National University of Ireland, Galway, Ireland.

Tel: +353 91 495398

Email: cfrc@nuigalway.ie

Web: www.nuigalway.ie/childandfamilyresearch

Twitter: @UNESCO_CFRC

Facebook: [cfrc.nuig](https://www.facebook.com/cfrc.nuig)

Acknowledgements

This research is part of the Development and Mainstreaming Programme for Prevention, Partnership and Family Support Research and Evaluation study led by Dr John Canavan at the UNESCO Child and Family Research Centre, NUI Galway.

The authors of this study are grateful to the contribution of the research team from the project for their ongoing support relating to the work and especially to Professor Caroline McGregor and Dr. Anne Cassidy who reviewed drafts. Special thanks to researcher John Reddy who undertook a significant amount of fieldwork and to Eileen Flannery for her assistance in the report design. Special thanks also to the members of the Expert Advisory Committee Professor Nigel Parton and Professor Bob Lonne for their invaluable feedback into the final report. We would like to sincerely thank our colleagues at Tusla especially Eifion Williams and Greg Ryan along with members of the internal Commissioning Team for their input. Finally and importantly, we especially thank all of the participants in the study who graciously took time to share their experiences and insights.

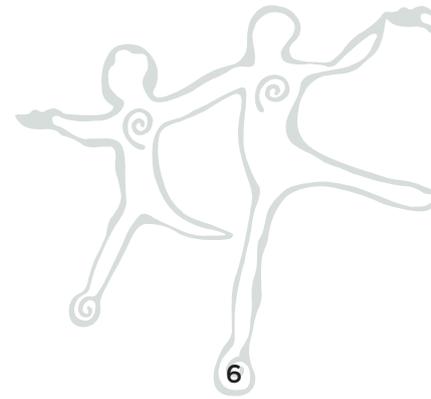


Table of Contents

1 Introduction	6
1.1 Overview and context	6
1.2 External Organisations: the Context for Commissioning	7
1.3 Purpose of Report	8
1.4 Methodology	9
2 Evidence, Evaluation and Outcomes	11
2.1 Introduction	11
2.2 Changing expectations	11
2.3 Outcomes: Trends and Complexities	12
2.4 Capacity Issues	15
2.5 Summary	16
3 Understanding Commissioning	17
3.1 Introduction	17
3.2 Communication	17
3.3 Challenges and Fears	18
3.4 Opportunities	20
3.5 Capacity	21
3.6 Summary	22
4 Management of Funding Relationships	23
4.1 General context	23
4.2 Reporting Requirements	23
4.3 Relationship-Based System	26
4.4 Value for money	27
4.5 Summary	30
5 Area Manager Perspectives	31
5.1 Introduction	31
5.2 General Reporting	31
5.3 Measuring Outcomes	32
5.4 Value for Money	34
5.5 Managing Change	35
5.6 Summary	37
6 Concluding Remarks and Recommendations	38
6.1 Introduction	38
6.2 Recommendations	38
6.2.1 Communication and Education	39
6.2.2 Use of Evidence	39
6.2.3 Capacity Building	40
References	41

1.0 Introduction

1.1 Overview and context

Established on 1 January 2014, through the Child and Family Agency Act, Tusla is responsible for improving well-being and outcomes for children.¹ In 2014, Tusla published the first nationally developed commissioning strategy for child and family services in the Republic of Ireland. The strategy defines commissioning as ‘the process of deciding how to use the total resources available for children and families in order to improve outcomes in the most efficient, equitable, proportionate and sustainable way’ (Gillen et al., 2013: 1). Based on the approach outlined in the strategy, Tusla undertook to develop a three-year commissioning plan (2015–18).

Among the functions set out for Tusla in legislation, the Act also creates a new framework for accountability for the use of resources; for financial arrangements between the agency and other organisations, including not-for-profit providers; and for non-financial service provision arrangements with other statutory bodies. This drive for an effective resource-allocation orientation takes place in the context of a national policy orientation towards greater management of constrained resources. In the area of children and family services, the Department of Children and Youth Affairs’ Statement of Strategy 2011–2014, acknowledging severe resource constraints, specifies the need for research evidence on effectiveness to inform the review, redesign or curtailment of such programmes and services (DCYA, 2012). The first overarching national policy framework for children and young people in Ireland, Better Outcomes, Brighter Futures, stipulates that Tusla must introduce the commissioning of services ‘by moving away from a grants system to outcome-based contracts, and offer support to build capacity within the children and youth sector to respond to the new approach’ (DCYA, 2014: 69). Outside of the children and youth sector, a key theme of the Department of Public Expenditure and Reform’s strategy is the need for a stronger emphasis on better outcomes for service users, and a commitment to change how services are designed and delivered (DPER, 2014).

Commissioning principles

Alongside the need to allocate resources based on outcomes and efficiency, Tusla’s commissioning strategy highlights a number of fundamental aspects that will shape the orientation of services. The Commissioning Guidance stipulates that commissioning of services will be informed by a consideration of evidence of effectiveness in both the planning and the monitoring and evaluation of services to meet needs (Gillen et al., 2013). Other significant elements include a commitment to providing services across the Hardiker framework (Hardiker et al., 1991) and an increased focus on prevention and early intervention at all levels of service delivery. In addition, the strategy is underpinned by a number of principles selected to ‘reflect the unique context faced by children and families in Ireland’ (Gillen et al., 2013: 11), namely:

1. All commissioning decisions must consider the social return on investment and be focused on improving outcomes for children and families, recognising the importance of stable, long-term relationships for vulnerable children with trusted adults.
2. The commissioning process will recognise the rights of children and parents and facilitate their participation in needs analysis, service planning and monitoring and evaluation.

¹ The creation of the Agency brought together 4,000 staff who were previously employed in Children and Family Services of the Health Service Executive, the National Educational Welfare Board and the Family Support Agency.



3. Whilst the commissioning process provides a national standardised approach, the principle of subsidiarity will apply so that decisions are made at the lowest level and are responsive to locally assessed need.
4. A partnership approach will be taken, engaging other statutory partners and respecting the unique role of community and voluntary organisations, including small-scale providers.
5. There will be a focus on a progressive universalist approach to providing a continuum of seamless support to all children and families. A balanced approach will be struck between developing primary prevention and early intervention services whilst maintaining secondary and tertiary services with a re-distribution of resources to areas of high need.
6. The commissioning of services will be informed by a consideration of evidence on effectiveness both in the planning and monitoring and evaluation of services to meet needs.
7. Value for money and long-term sustainability will be key considerations, and commissioning activities will adhere to all public sector procurement guidelines.

1.2 External Organisations: the Context for Commissioning

Tusla's commissioning strategy applies to its internal and external services. In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned by the agency to provide services on its behalf on a local, regional and national basis. In 2014, in its first year of operation, Tusla had a financial allocation of €601 million in current funding. From that budget, service providers and bodies delivering services on behalf of the agency received funding of €93.3 million (Tusla, 2014).

The planned onset of commissioning has raised concerns among Ireland's non-profit sector (O'Connor, 2016). In understanding the environment for the formal introduction of commissioning, a number of developments impacting the context for community and voluntary sector service providers are noteworthy. Firstly, in relation to the prevailing funding environment, the nature of resources available to the sector had already been shifting. In Ireland, state funding as a percentage of the income of non-profits is high, although declining in recent years. The most recent estimates of 60 per cent for 2012 (Power et al., 2014) represent a significant reduction from over 70 per cent in 1995. Beginning in the 1990s, the emergence of new statutory funding sources such as the Dormant Accounts Fund² and the growth of philanthropy provided a significant boost to the sector, particularly during the 2000s where the children and youth sector benefited from foundation-investment from The Atlantic Philanthropies and the One Foundation. These resources compensated for historical under-development and under-resourcing that had characterised Ireland's nonprofit sector, particularly in relation to funding of organisational core capacity and research and evaluation activities. However, from 2008, Irish non-profits began to be seriously affected by national and global economic downturns, as a consequence of which operating in a 'resource-constrained' environment became the norm (Keenan and Montague, 2010). Responses to these altered conditions of support, reflected in both reduced state funding and a downturn in the private fundraising landscape, included an 'economising response mode' in which organisations reported doing more with less, and, as a result, becoming increasingly introverted and focused on their own survival (Donnelly-Cox and Cannon, 2010). Consequently, the environment for the introduction of commissioning represented one where, from the early 2010s, the impact of these cutbacks had severely constrained the sector's capacity to operate.

² The Dormant Accounts Fund is a scheme for the disbursement of unclaimed funds from accounts in credit institutions in Ireland. The fund is administered under the 2001 Dormant Accounts Act, together with the Unclaimed Life Assurance Policies Act 2003 and the Dormant Accounts (Amendment) Act 2012.

Secondly, in a relatively recent development in Ireland, the opening up of the social care market to private providers and the ensuing outsourcing of services introduced a new element of competition into what had previously been seen as the domain of the state and the non-profit sector. Notwithstanding the state's principal role in social protection, by international standards Ireland's welfare state model relies on a high degree of involvement from non-profit bodies (NESC, 2005) in the development and delivery of services. In practice, resources were provided under Section 65 funding, to community and voluntary organisations for programmes consistent with government policies and objectives.³ Specifically, services for children and families are provided by both statutory and voluntary organisations, with a considerable amount of sub-contracting of specialised services and projects to community and voluntary organisations.

However, especially in children's care, older persons' care and intellectual disability services, the recent entry of for-profit providers has introduced an element of marketisation into Ireland's social care sector (Mulkeen, 2016). Mulkeen cites children's residential care, an area once dominated by non-profit providers, as one where the growth of for-profit provision is particularly evident. Internationally, the prevalence of outsourcing has generated a number of concerns among non-profit service providers engaging in new or increased competition with private providers (Rees, 2013; Dickinson, 2014). In particular, debates about the difference in values and ethos between the for-profit and non-profit sectors, the overriding propensity of cost-effectiveness to factor highly in decisions to award contracts, and fears about reductions in staff quality feature among the developments that non-profit providers believe are exacerbated by the introduction of commissioning (Moulton and Eckerd, 2012; Martikke and Moxham, 2010; Chapman et al., 2008).

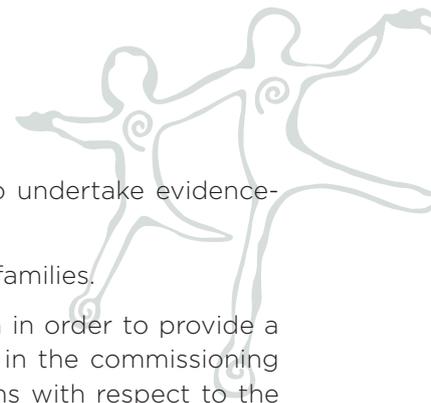
Finally, the trend towards more standardised processes and contracting is notable. While the Irish non-profit sector's relationship with the state had been characterised up until the late 1990s as largely informal, ill-defined and contradictory (Keenan, 2008), it had been changing to reflect more structured and formalised processes. Greater constraints have been noted in the Service Level Agreements provided by the state to external agencies and in the limitation of advocacy activities (Harvey, 2009). This has led to criticism that the state has limited its view of the function of non-profits to service provision and neglected their role in contributing to civil society through fostering innovation and diversity (Daly, 2008; Keenan, 2008). The addition of a move from a grant-based to an outcome-oriented, contractual system had led to concerns within the sector that commissioning would fail to take into account the full range of functions, including 'societal value' exercised (O'Connor, 2016).

1.3 Purpose of Report

In support of its commissioning strategy, Tusla aims to increase its capacity to undertake evidence-informed commissioning of services for children. Included among the agency's plans are the establishment of a commissioning unit; the provision of guidance and technical resources in the form of commissioning priorities; development of national and local-level plans; and enhancement of individual staff capacity through training and support. As part of a research and evaluation study, the Development and Mainstreaming programme that examines a number of system-wide changes underway at Tusla, the UNESCO Child and Family Research Centre at NUI Galway is undertaking a study on commissioning guided by the following aims:

- To determine whether Tusla's service commissioning is increasingly rigorous and evidence-informed and if it privileges prevention and early intervention.

³ These Section 65-funded organisations relate to agencies or groups undertaking services which are similar or ancillary to those of the HSE and to whom the HSE is providing grant aid to do so.



- To establish the value of Tusla’s activities in increasing provider capacity to undertake evidence-informed commissioning for services.
- To determine the impact on the service provision landscape for children and families.

Prior to the full introduction of commissioning, this study has been undertaken in order to provide a baseline upon which to interpret the experiences of stakeholders in engaging in the commissioning process. The objective is to document experiences of a sample of organisations with respect to the prevailing grant and contract arrangements and to establish attitudes to and awareness of the concept of commissioning. Interviews focused on a number of key areas:

- Management of funding relationships
- Requirements for tracking and demonstrating evidence
- Emerging new priorities and requirements
- Understanding of Tusla’s commissioning approach
- Opportunities and challenges presented.

The findings are intended to inform the ongoing development and implementation of Tusla’s commissioning strategy and provide a baseline against which the changes taking place over time can be assessed.

1.4 Methodology

Sampling

Organisations were randomly selected out of a population of approximately 400 organisations grant-aided by Tusla in 2014. From the 2014 Grants Register provided by the agency, potential interviewees were divided into categories of spend adopted by Tusla according to size of funding and randomly chosen within these bands (see Table 1 below). At the organisations selected, interview requests sought engagement of designated representatives with responsibility for the management of contracting relationships. The cohort of participants represented a level of seniority, with representation from 8 CEOs and 13 directors or managers of services: 21 individuals from 16 organisations participated in the interviews.

Within Tusla, services provided by what was formerly known as HSE Children and Family Services are delivered by staff in 17 administrative areas led by an area manager. The sample focused on these area managers as the primary group with responsibility for ensuring the procurement and delivery of services in each of these 17 units. Four individuals were randomly selected from this group, and all agreed to participate in an interview.

Table 1: External Service Providers by Band

Band	No. of Providers in Band	Organisations featured
Band 1: €2m+	10	3
Band 2: €1-€2m	13	5
Band 3: €500,00-€1m	15	2
Band 4: €250,000-€500,000	40	2
Band 5: €20,000-€250,000	170	2
Band 6 = <€20,000	400	2

Data Collection and Analysis

Data collection was carried out through a combination of in-person and telephone interviews conducted over a six-week period in spring 2016. Each potential participant was given a participant information sheet and a consent form in advance. Each interview took approximately 45 to 60 minutes. All participants were informed that interviews were confidential and the anonymity of respondents would be preserved. Data was submitted electronically for transcription and verified by the interviewer for accuracy. The interviews were subsequently coded in the qualitative software database NVivo, checked for intra-coder reliability and organised into themes.

While the interview data set did not pose significant ethical problems, one concern was that participants may have felt discomfort in answering questions in relation to their financial affairs. To mitigate this, the questions were kept at a general level and avoided asking for detailed information about financial health or funding sources; this guidance was provided to participants in advance of the interview. Overall, in reporting the data, close attention was given to protecting the anonymity of participants. Therefore, at times, references to specific instances or places were removed from the text. In other cases, in citing examples of practice or procedure, it was not possible to provide a level of detail that may have enhanced the narrative. In reporting the data from external participants, identifier numbers were assigned to the individuals involved. However, in the case of area managers, due to the small sample size, no identifier numbers were used, in order to protect those individuals from possible identification through patterns in their responses.

The remainder of the report is organised into four parts. Section 2 examines the experiences of external organisations operating in an environment where outcomes-based assessment is becoming the norm. It focuses on the experiences of respondents in working with evidence, evaluation and performance-based systems in order to demonstrate outcomes. Section 3 explores the levels of knowledge and understanding among external organisations of Tusla's commissioning approach both in strategic and implementation aspects. Section 4 considers the import of commissioning in the context of the overall management of funding relationships in place between Tusla and external providers. In section 5, in order to provide the perspective of Tusla staff with primary responsibility for the management of funding contracts and relationships with external stakeholders, the views of area managers are presented. The final section of the report, section 6, concludes with a set of recommendations for Tusla.



2. Evidence, Evaluation and Outcomes

2.1 Introduction

In an environment of heightened attention to the need for performance measurement, this chapter explores the experiences of service providers in working with both the processes in place and the expectations of Tusla with regard to the use of outcomes as the basis for assessment. Questions explored the systems for recording and monitoring information among service providers; the role of evaluation within their organisation; internal capacity to generate and analyse data; and participants' understanding of the use of evidence in Tusla's decision-making systems.

Across the range of organisations interviewed, respondents attested to a changing climate in which they were increasingly required by Tusla to produce evidence of the effectiveness, quality and standard of services funded. Specifically, this required information to be provided to demonstrate effectiveness in terms of the impact on clients. While traditionally providers had been subject to compliance with a number of requirements in relation to corporate governance and financial transparency (discussed in Chapter 4), organisations had received little scrutiny from statutory bodies as to the effectiveness of services. Participants indicated that in recent years, instances where organisations had funding reduced or discontinued were not performance-related; rather, were imposed as part of a series of cutbacks applied across services during the economic downturn.

Section 2.2 outlines the views of participants on a perceived change in the nature of expectations emanating from Tusla in reporting on progress. Section 2.3 outlines prevailing attitudes on the value of evidence-based assessment, while highlighting a number of complexities in defining and measuring outcomes encountered by study participants. Section 2.4 discusses the implications of using evidence for internal planning and assessment systems, in particular the need for a dedicated resource base.

2.2 Changing expectations

Key Findings:

- **Tusla's reporting requirements increasingly sought specific, outcome-oriented information on the services provided.**
- **An increased level of activity in the development of outcome-oriented measurements and performance indicators took place among service providers.**
- **A degree of uncertainty existed in relation to Tusla's expectations for outcomes.**
- **Despite the emphasis on outcomes, reporting requirements focused largely on service activity data.**

The responses revealed that organisations were grappling with the remnants of a prevailing culture, where in relation to HSE funding respondents were not expected to report on the outcomes of their services. Historically, requests for information on the nature of services provided had pertained mostly to activities and outputs, for example, numbers in receipt of the service, sessions attended, and length of engagement, with few questions asked about the impact of the particular intervention on clients. A distinct change, reported by several respondents, concerned emerging requirements within Tusla for specific, outcome-oriented information with which to assess services. This is summed up by the participant below:

They [Tusla] are looking for evidence, not just does it work but how do you know it works and how can you demonstrate it works. (P6)

Outcome-oriented assessment challenged recipients of funding to ask themselves the fundamental question whether their service made a discernible difference in people's lives. As articulated by the participant below, this involved an unprecedented degree of accountability:

At the end of the day, can we demonstrate that the input that we offer to our client groups is actually making a difference in their lives with specific reference to the issue we are working with? (P10)

Essentially, the new emphasis, based on performance, translated into an environment in which, as one provider stated, *'you need to prove yourself'*. Respondents reported an elevated organisational focus on developing outcome-oriented measurements and performance indicators, with the majority actively engaged in designing systems to monitor the effectiveness of their work. However, at the time of data collection for the study, little guidance existed to assist organisations in preparing evidence of outcomes achieved. In relation to the requirements for producing evidence, apart from the national outcomes included in Better Outcomes, Brighter Futures and a commitment to the Hardiker model, organisations struggled to understand Tusla's expectations in relation to the scope of outcomes. On the kind of evidence-related information requested by Tusla, which primarily referred to numerical indicators for services delivered, one participant commented:

I think when Tusla itself says outcomes, they actually talk outputs. (P2)

Similarly, another reflected: 'A lot is left to the service providers to determine what they give back as information' (P5). This lack of direction resulted in a high degree of variation across the sample in terms of what organisations were being asked for and what they could produce, with individual organisations largely free to define their own outcomes. Ultimately, organisations grappled with the challenge of developing realistic outcomes. A significant number of providers reported the need for external technical expertise to build capacity for measuring outcomes. The larger, better-resourced organisations sought evaluation expertise at private consultancies or, in the case of several, through partnering with universities, in some instances though pro bono assistance.

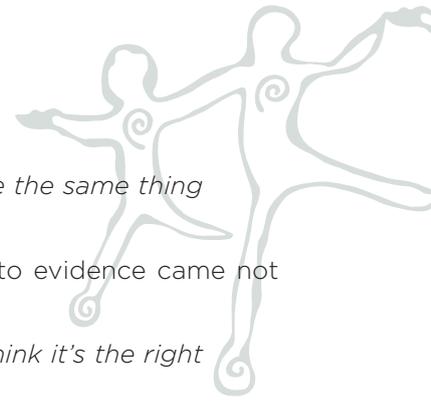
2.3 Outcomes: Trends and Complexities

Key Findings:

- **The benefits of evidence-informed and evidence-based practice had largely permeated the sector, with several organisations working within frameworks such as the Logic Model to monitor outcomes.**
- **In practice, the complexities of attributing a specific result to a particular intervention are challenging, especially for services operating at higher levels of need.**
- **Measures for developmental outcomes relating to social and emotional well-being are critical, and dialogue is needed to ensure expectations are understood by all stakeholders.**

The focus on outcomes took place in the context of a broader trend towards evidence-based and evidence-informed practice in the children and youth sector. Interviewees spoke consistently about the need for an evidence-base:

We have been moving toward that anyway, and I think it's good. I think it's time that people were held to account for what they are doing and what they are doing continues to be



informed by the evidence and not just taken for granted that you continue the same thing you have been doing for the last ten years or whatever. (P8)

Interestingly, a number of organisations reported that their own commitment to evidence came not from Tusla or the HSE. As noted by one participant:

To be honest, they have never asked for it. We have done it because we think it's the right thing to do and it informs the work that we do. (P6)

This distinction between outputs and outcomes outlined by the participant below highlighted what for many encapsulated the critical difference made by evidence-based operation:

It is basically that we are not just number crunching, that there actually is evidence out there that people are progressing and we can show and demonstrate that ... it is not just a case of putting numbers into a computer and printing off reports. (P17)

As noted in the section above, however, in moving to outcome-oriented reporting, respondents received little guidance from Tusla. The lack of clear direction from statutory agencies on outcomes and expectations contrasted with the approach of other funders, notably philanthropic foundations. Organisations that had benefited from philanthropic investment had developed systems to report to a Logic Model framework. The Logic Model, a tool to precisely define programme objectives, including the role of services and their impact on clients, offered a structure for the framing and articulation of outcomes (Kellogg, 2004). Among several organisations it had become standard practice. For the organisation below, using the Logic Model approach provided a practical basis on which to monitor their activities:

We get one grant where we use it [the Logic Model], and that has actually been illuminating. They require us not to say that we will see twelve clients and five children and parents over the next year, but rather that five children will have their [...] symptoms reduced and their parents will be better able to cope with the effects of [...] on their family. (P1)

Measuring Outcomes

Outcome-measurement posed a number of practical challenges for organisations in the study. The difficulties in reporting progress in relation to outcomes were compounded for service providers tackling multiple disadvantage. A number of these providers stressed the need for performance measurement systems to account for the complexity of the socio-economic challenges facing children, young people and families. Some respondents noted that in the context of such structural issues, services represented a 'tiny part of the picture'. As articulated below:

The people in agencies setting policy need to be working with clinicians, the service deliverers on the ground to access and develop the measures appropriate for this cohort. (P5)

In recognising the complexity of services addressing multiple disadvantage, respondents viewed collaboration and interaction among stakeholders as important elements in determining what outcomes Tusla want and can reasonably expect. The respondent below offered a pragmatic response:

And I'm saying to Tulsa, you know what we are dealing with, you tell me what you expect by way of outcomes and I'll tell you what I think we can get, and we will try to see how we can work together. (P12)

In a performance-related culture, several respondents experienced pressure to demonstrate a specific result and, moreover, to attribute that to their particular programme. For some, the drive to demonstrate

outcomes detracted from opportunities to reflect on more fundamental questions, such as: 'What is a good enough outcome?' (P2). As observed by one informant, 'Sometimes the outcome is that you get the child safely to 18' (P4). Establishing indicators of these outcomes is more difficult than for other, more narrowly defined criteria. A number of providers cited the development of a trusting relationship with an adult as the most critical factor for a high-risk young person. As observed below:

One thing that is really important is that a child has a significant relationship with one adult whose focus is on meeting their needs ... I do think that is an outcome and therefore the outcome is developmental, and how do you measure that? (P2)

In relation to measuring outcomes at a higher level of need, participants reported a number of problematic issues in the collection of data and metrics used to present their work. Critically, this included the need to differentiate between 'soft' and 'hard' outcomes. Soft outcomes comprise the shifts in attitudes, beliefs and skills that enable service users to reach their goals; such changes are often predictive of long-term success. Respondents provided examples of 'soft' outcomes, including, as below:

A lot of the outcomes that we would be looking for would be in terms of building resilience in young people, building self-confidence, and a lot of these are self-determined or self-assessed. (P7)

However, the wider social and environmental outcomes that may be associated with the longer-term benefits of such an intervention are difficult to predict and typically occur outside of the timeframe of the service contract.

With a lot of our interventions we are hoping that you are planting a seed that grows when they hit 19 or 20 and then you see some of the outcomes. (P14)

In addition, respondents reported having to justify to funders the importance of 'soft' outcomes. As one provider explained, while a 'hard' outcome such as acquiring a housing place for a client may be preferred by a funder as an indicator of progress, that hard outcome may prove difficult to maintain or prove to be a short-term gain, without the supports in place to ensure the client can maintain that placement.

Respondents underscored the importance of ensuring that 'soft' or developmental outcomes in relation to physical, emotional or psychological well-being are given due weight and consideration in assessing the effectiveness of services. In measuring such outcomes, respondents cited the use of indicators such as increases in personal competencies in these areas as well as measurement of factors such as access to community networks as indicators of progress. They called for dialogue and interaction among stakeholders in articulating soft outcomes as well as setting standards for the measurement of relevant social and emotional well-being indicators, while acknowledging the need for honesty in setting outcomes. Several participants also highlighted the value of incorporating service-user perspectives where self-determined or self-assessed indicators are counted; for example, focusing on changes in young people's behaviour as reported by themselves, social workers or carers.

Some organisations reported linking in with national membership bodies or umbrella organisations as a way of accessing support for the development of indicators, including ones that could apply within the sector or for specialist services. A common mechanism for reporting on outcomes within specialist areas, some believed, would be especially beneficial for smaller services that lacked the capacity to develop these indicators on their own. One respondent described the benefit of developing for its client base a social and emotional well-being framework for outcomes that could be approved by Tusla and used nationally:

Now they haven't been signed off, but the hope I would have is that is how it could be done and that we would have some mechanism put together for reporting those in. (P16)



2.4 Capacity Issues

Key Findings:

- **Service activity data involved organisations in increasing levels of record-keeping, data management and monitoring functions.**
- **Internal resources and skill sets are required for collecting, collating and analysing data.**
- **The availability of research support is critical in enabling providers to generate the necessary evidence to demonstrate whether a programme is achieving its intended outcomes.**
- **Organisations require a data system with capacity to record progress towards outcomes.**

The emphasis on performance measurement required the use of dedicated resources across a number of areas. Interviewees frequently referred to the increasing amount of time spent on audit and monitoring functions in organisations. Participants reported having record-keeping systems in place for intake, uptake and referrals, with the need for online systems and data management becoming greater. Staff were engaged in a significant amount of tracking and monitoring activity that included practices such as maintaining daily record sheets or a parent-child inventory as well as completing individual client measures such as Strengths and Difficulties Questionnaires.⁴ For the most part, data systems in use were designed to record activity-related information (number of clients seen, nature of intervention, sessions and discharge). They did not have the capacity to record progress towards outcomes or, where outcome indicators did exist, to enable data to be managed in a meaningful way. Organisations that looked to engage external expertise in this area reported exploring tools such as Outcomes Star, a client-based self-evaluation tool from the UK. However, financial resources for the training activities and for the use of such materials were notably absent.

Even for those with the capacity to engage external providers, the lack of internal resources required to support collecting, collating and analysing data required for evaluation was viewed as challenging. According to the participant below, such tasks:

mean that somebody has to be taken away from service delivery, and that has a resource implication. (P5)

Organisations with internal research capacity, or access to it, appeared largely convinced of the importance of an outcomes-based approach to planning and delivering services:

At the moment we are planning to pilot one or two new services in 2016, and from the very beginning, [...] would be looking at the service we are going to deliver and they would be planning to evaluate that as they go along ... to say to us, 'Well actually, these interventions? They are/are not going towards your outcomes. (P3)

However, in utilising this approach, as in the instance above, the availability of research support was critical in enabling the organisation to generate the necessary evidence to demonstrate that the programme is achieving its intended outcomes. Organisations that had staff with a dedicated research function generally had secured income from non-statutory sources. The absence of funding for research emerged as a core theme in the study, with a number of participants highly critical of a lack of resources from Tusla in this area:

To date, Tusla have absolutely refused to fund our research work. Yet our researcher is the person that generates and analyses and monitors all our data, so for that we have had to find independent funding or philanthropic money for that. (P8)

⁴ The Dormant Accounts Fund is a scheme for the disbursement of unclaimed funds from accounts in credit institutions in Ireland. The fund is administered under the 2001 Dormant Accounts Act, together with the Unclaimed Life Assurance Policies Act 2003 and the Dormant Accounts (Amendment) Act 2012.

Commenting on the prevailing pressure to assess performance coming from Tusla, another commented, 'You can't have an evidence base if you don't have somebody to do the work' (P16). Organisations with dedicated research capacity had largely been supported by The Atlantic Philanthropies and benefited from designated staff and funding lines to support research and evaluation. Despite an overall advance in knowledge of evaluation concepts and design within the children and youth field, the planned closure of the foundation in 2016 and the phasing out of many of these grants had, since 2014, posed challenges. One beneficiary explained that while it acquired a good deal of 'academic rigour' and benefited from putting systems in place to generate evidence:

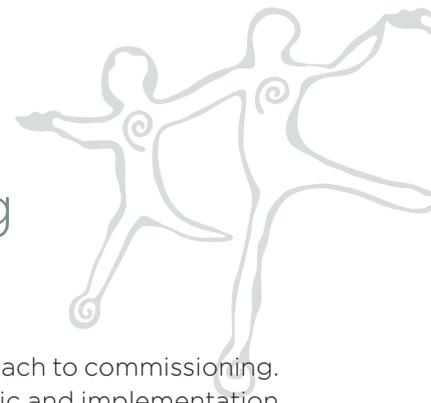
We don't have difficulty gathering the evidence, that is not a problem, we are better at that, but we don't have the capacity to manipulate it and make something useful out of it, I would say we are not in such a good position anymore. (P3)

Demonstrating results requires organisations to use measurement tools and evaluation frameworks to document and monitor activities. Respondents reported using validated assessment tools, robust evidence-based measures, anecdotal evidence including service user experience and, in some organisations, competency in working to an organisational evaluation framework. Where such mechanisms were in use, significant attention had been paid to staff training and education. In addition to these technical skills, participants also emphasised the importance of having internal quality control systems in order to measure impact and outcomes:

It doesn't matter how good a programme is if you don't have an effective, supportive and facilitative organisation to enable you to do it. (P20)

2.5 Summary

For the most part, service providers were supportive of the principles behind the need for greater accountability and the value of evidence-informed practice. However, they also recognised the challenges that adoption of management and evaluation practices posed to a resource-deprived sector. Critically, the emphasis on data generation, upon which outcomes measurement depended, called into question the capability of organisations to produce, analyse and utilise information. Lack of clarity on the difference between outcomes and outputs pervaded the responses, with the need for leadership from Tusla highlighted. Participants required guidance in defining and measuring outcomes as well as training and expertise in evaluating outcomes. At the same time, the respondents emphasised the need for ongoing dialogue between stakeholders in order to ensure that the complexities of understanding areas such as soft outcomes are not subsumed under generalised notions of efficiency and results.



3. Understanding Commissioning

3.1 Introduction

This section explores participants' understanding of and attitudes to Tusla's approach to commissioning. The data elicited information on three areas: the level of knowledge of the strategic and implementation aspects of Tusla's commissioning framework; recommendations on the training and support systems needed to assist the transition to a commissioning approach; and views on the perceived impact on children and families. For the most part, respondents expressed a relatively limited understanding of commissioning. The opportunities afforded by a commissioning approach, contained in the commissioning strategy and identified in a body of literature, characterise it as a process of identifying and filling area-based needs that takes place in collaboration with stakeholders (Dickinson, 2014; Bovaird et al., 2012; CSP, 2009). However, these wider elements of commissioning had not permeated the field, with most respondents instead equating commissioning with procurement practices. Accordingly, the responses in this section reflect the general understanding of commissioning as largely a mechanism for managing funds. Section 3.2 outlines the communication from Tusla on its commissioning strategy. The perceived challenges and opportunities associated with commissioning are explored in Sections 3.3 and 3.4 respectively. Section 3.5 identifies a number of capacity issues for organisations to participate in a commissioning environment.

3.2 Communication

Key Findings:

- **Communication between Tusla and external agencies, initially frequent, focused on its intent and vision.**
- **Agencies sought practical information on the implementation of commissioning, including the processes and procedures involved.**
- **Attention to a customised training approach targeting the different capacity needs of the diversity of organisations participating in the model would be important.**

Respondents reported that, in the initial stages, they experienced excellent communication from Tusla on the introduction of commissioning. The exercise of sharing information on a regular basis, which took place during the first 18 months of the new agency, created a sense of transparency and generated goodwill among community and voluntary sector organisations. Information-sharing events, for example network meetings for service providers held on a regular basis during this period and hosted by senior Tusla management, were considered to be consultative and undertaken in the spirit of partnership. However, this initial engagement largely focused on the intent and vision behind commissioning. The subsequent lack of detail on plans for implementation, together with the amount of time taken to begin a commissioning process, caused a degree of frustration. This was noted by one participant, who observed: 'The talk is there, the strategy is there, but I don't see anything translating' (P18).

At the time of the interviews, participants reported receiving little on-the-ground training on the processes or procedures involved in a commissioning model, aside from communication events. Where training had taken place, feedback suggested that future planning would need to take account of the full range of organisations, rather than a one-size-fits-all approach. One provider commented that, having attended several sessions hosted by Tusla:

They are just pitching at one level and yet there are four or five different levels of organisations.
(P1)

Several participants linked the ceasing of initial dialogue with the development of an element of trepidation among stakeholders. In the absence of concrete information, speculation emerged that commissioning would be used as a blunt instrument:

Lack of communication just creates this huge anxiety, because you don't know what it means. Nobody has actually sat down and said, 'This is what it is going to be like.' (P15)

We all thought our funding would be stopped and there'd be some new advertisement that we'd all have to bid for. (P12)

We were waiting someday to be told, 'Sorry, in six months your funding is off and you will have to apply from scratch.' (P16)

Such comments often acknowledged that, in reality, fears that commissioning would be implemented in this fashion were ungrounded; that, on the contrary, indications were that Tusla was looking at it 'in a considered way'. However, the general unease prevailing highlighted the need for more information. Aside from its narrower, procurement-related aspects, a minority of participants reported a more nuanced understanding of the intent of commissioning, describing it as 'holistic' and oriented to redirecting resources to where they were most needed and to ensuring a geographical spread of services.

3.3 Challenges and Fears

Key Findings:

- **The predominant perception of commissioning, focused on the financial and contracting elements, viewed it as a cost-saving exercise.**
- **This understanding raised concerns about the impact on quality of services and on the professionalism of the social care sector.**
- **The anticipation that services would be put out to tender heightened concerns about increased competition from private providers.**

The perception of commissioning as primarily a mechanism to cut funding and reduce costs associated with service delivery, resulting in what several characterised as a 'rush to the bottom', pervaded the responses. For the majority of participants in the study, commissioning implied competitive tendering. In such an environment, questions arose as to whether commissioning would prove beneficial for clients. The primary concern related to outsourcing and a perceived deterioration in quality:

The only advantage I can see is for the national level and for the exchequer. I don't see an advantage for the clients that we serve. (P5)

What can happen is, in that instance, you can have organisations who may choose to undercut the price in order to win the service. So that will save Tusla money, there is no doubt about that. The risk, I think, to organisations doing that would cut back on the quality of the service to be able to do it with a smaller amount of money. That kind of tendering and pitching us against each other can actually impact on quality. (P11)

This impact on quality of care, a majority of respondents underscored, would ultimately be felt by the service user. It would be important, they believed, for Tusla to have in place processes to maintain standards to avoid shortfalls in the calibre of staff, as pointed out by one participant:



So at the end of the day the impact has to be one that's positive for the client, and the only way that that's going to happen is if the best possible service is offered to them by the most qualified and experienced staff. (P9)

Concerns about the impact of commissioning on the professionalism of the sector pervaded the responses of providers. Several participants spoke of the high standards of professional knowledge and expertise among their staff and queried how that could be accounted for in submitting funding requests. Participants believed that quality assurance should be a critical factor in the assessment. Several highlighted the need for including a mechanism for organisations to demonstrate that they have the best qualified staffing component as an important criterion for inclusion. As elaborated below, they also asked for clarity on the ranking of cost in future awards:

We would like to know and understand, what is the weighting, what is the priority of things when it comes to commissioning a piece of work? Is cost going to be the determining overriding factor? (P3)

Implicitly or explicitly, the responses of participants referred to different values and interests at play in the areas of non-profit and for-profit care. They revealed a sense of unease as to whether private providers operated with an ethos to care for vulnerable groups. In residential care in particular, the growth in private services was noted, with participants experiencing pressure to compete with market-based providers. Referring to the skill set and level of professional qualifications of their staff, participants feared that services would be contracted out to providers from the private sector operating with a less trained workforce, which would have consequences for standards of care:

Commissioning can be very black and white and hard to see the 'unspoken value' pieces such as better qualified staff. (P1)

In this regard, respondents expressed concern about a potential decreased professionalism in the social care sector and a loss of staff morale.

Overall, the use of the word 'tender', prominent in the responses of participants, communicated a negative association with the awarding of services to the lowest-cost provider. This perception prevailed despite assurances that Tusla would be looking at services capable of delivering good outcomes 'as opposed to just the cheapest tender'. Even among those respondents who viewed the introduction of competition as beneficial, it came with the proviso that '*healthy competition is not about who can do it cheaper but who can do it best*' (P17).

A number of participants spoke of their knowledge or direct experience of commissioning in the United Kingdom. While acknowledging that the practice of automatically awarding a contract to a particular organisation solely because 'they are in that space' was not ideal, one interviewee commented that the opposite appeared to have happened in the UK, with services going to tender '*just for the sake of it*', and further reflected:

I believe that the way the UK went about commissioning has been absolutely devastating to the community and voluntary sector. There has always been competition for funding in Ireland and there was always competition for funding in the UK, and competition is healthy. But the way that commissioning went about it, it put an awful lot of community organisations out of the mix and brought in a lot of for-profit organisations, and it became a race to the bottom to provide a number of services. (P3)

For the majority of participants in this study, a sense of cautious optimism prevailed depending on how commissioning would be implemented. In essence, most viewed the principle of commissioning as a good idea, with the proviso that it is focused on delivering outcomes and not used as a cost-cutting mechanism.

Among the challenges associated with the commissioning approach, respondents believed that it could constrain the extent to which providers operated with autonomy. The practice of commissioning, some cautioned, could become a purely paper-based exercise reduced to the collection of numbers and metrics, resulting in an overly procedural system. The reliance on data should not be to the detriment of connectedness to issues on the ground.

The only concern I would have is that the gap between the people who make these decisions and what goes on on the ground is too great. I would have sat there wondering what type of a picture will somebody pick from the information that I'm giving them and will it be like, not the correct information. No, that's the wrong word, but will they get the same picture as actually what's going on on the ground? (P10)

Reflecting on the perceived lack of opportunity for dialogue and engagement about the particular service or intervention, the interviewee noted:

I am not sure I am that keen on the awarding of tenders without any contact with people. I know the idea is to make it that it is not influenced by people, but it ends up influenced by something else. (P2)

In the area of collaboration, while no concrete information had been provided about expectations for collaboration among providers, participants commented on the expectation that it would be encouraged as part of tendering processes. The responses indicated that collaboration among providers was perceived as potentially challenging. Even within a particular area of specialist provision, respondents indicated, providers may come from different starting points and may embrace a different ethos. Others noted an expectation for smaller organisations to come together to bring about greater efficiencies in management and administration, yet queried how these arrangements would work in practice, especially in relation to the need for performance frameworks.

3.4 Opportunities

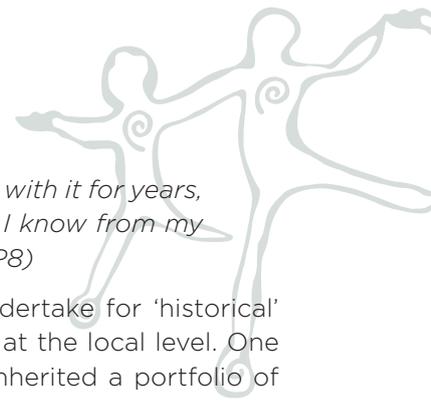
Key Findings:

- **A culture of 'legacy' grants pervaded the sector, in which services, once instigated, tended to continue to receive funding.**
- **The creation of a new agency provided a welcome opportunity to address and reassess the relevance of some of these services.**

For some participants, the creation of a new entity in the form of Tusla provided a welcome opportunity for a reassessment of spending priorities. Respondents referred to the prevalence of a culture in which, historically, funding for programmes, once instigated, tended to continue without question. Participants acknowledged that services routinely renewed would have included those that did not necessarily represent current best practice, even if they may have done so in the past. One organisation spoke of the need to re-evaluate and revisit the rationale for their services in the current environment:

In relation to ourselves, it does mean that we have to be clear that the services we provide are relevant, are necessary, are effective, and we need to be able to evidence that and in an environment of commissioning. (P11)

A number of respondents referred to an element of complacency in the sector, where the 'automatic assumption that because you are in the space you are going to get funding' prevailed. Referring to their past engagement with the HSE, one provider described a culture where:



Once you got in there, you kind of were left to your own devices to get on it with it for years, and there were some really good organisations but there were some that I know from my own work in [...] where I worked, that had no idea what they were doing. (P8)

While change was required, it was acknowledged that this was difficult to undertake for 'historical' reasons, as outlined above, and politically, due to the possibility of interference at the local level. One respondent, when reflecting on the timing of change and the fact that Tusla inherited a portfolio of services funded under the HSE, suggested:

It's a chance for Tusla as a new organisation to say, 'How are we spending this portion of money that we have?' Is that still consistent with this new direction, this new entity? (P7)

Linked to the principles of relevance and effectiveness, participants highlighted a perceived transparency and the introduction of uniformly applied national standards as other potential benefits. However, respondents frequently commented on the need for the commissioning strategy to be based on a long-term view, as demonstrated in the quote below:

I'd like to think that if we were an organisation that was putting ourselves forward to deliver a service, that there would be some expectation of a reasonable length of contract so that you don't feel that your service is kind of literally existing from year to year. (P20)

Tusla's creation resulted in the centralisation of a number of funding streams that previously would have been channelled through various parts of the HSE. As a result, some participants perceived Tusla's sole focus on children and families as an opportunity to gather consolidated data for the sector. The production of new information, while time-consuming for providers to collect, could benefit the field. Expectations that Tusla would use the data provided served as an incentive to collect information:

That idea of taking the evidence that is generated, taking the data that is generated from all those reports and all those forms and turning it into something useful. So instead of it just being dead information on a page, that it is turned into something more meaningful, so that when you are looking at the report for a project for a year, we can provide the actual numbers or the frameworks or whatever. But somebody else can actually go and analyse it independently. (P3)

Data utilisation emerged as an issue, with participants highlighting the opportunities as well as the challenge for information collected to be of value internally and externally. Also, as discussed in the previous section, management and interpretation of data require specific skills and competencies. In several instances, the lack of contact or feedback on information provided to Tusla as part of data-gathering requirements was noted.

3.5 Capacity

Key Findings:

- **A disparity in internal capacity and infrastructure between different-sized organisations saw larger providers better placed to compete in a commissioning environment.**
- **For smaller organisations, including core costs into bids for funding was essential to their sustainability.**

Across the sample of interviewees, the need to have an organisational infrastructure in place to compete successfully in the commissioning process featured as a primary concern. In order to bid for competitive tendering processes, organisations would be required to have the requisite internal capacity and skills.

The availability of information systems, financial management expertise and human resource personnel is essential for organisations to be able to devote attention to critical internal functions such as planning and resource-allocation, alignment of plans with targets, and staff training. Such competencies are essential in order to compete in a commissioning-oriented or competitive environment. However, respondents in this study reported that investment in these core functions had not been, nor was expected to become, a priority of statutory funders. Rather, state funding sources were directed towards programme grants and activities. As highlighted above in Section 2, a number of the organisations featured had received external investment in their administrative and operational capacity, a factor they acknowledged as giving them an advantage over smaller organisations in a future commissioning environment.

Many commented on the lack of time or resources to dedicate to these internal functions. The internal administrative capacity of organisations in the study varied according to size. The primarily larger organisations that had benefited from philanthropic investment believed they had a distinct advantage and voiced concerns on behalf of the smaller providers. Acknowledging that readiness to tender for contracts left the bigger, better resourced organisations with a favourable advantage, one participant stated:

You know, we have been doing proposals and funding applications on a sort of large, multi-annual ones with some of the philanthropic funders, so we have built some capacity within the organisation to do that, but I don't think there's been any real support for organisations around it. (P8)

However, even larger organisations struggled with the lack of dedicated staff to non-service-related roles, and CEOs and directors reported considerable time spent on administration and information gathering. The mid-level organisations operating with flat structures reported very little spare capacity for administration.

A key issue related to core costs. Larger organisations operating with human resource, financial and information management systems already in place could, with core operational costs covered, produce more cost-efficient tenders. Likewise, with systems in place to administer these functions, they could manage contracts awarded more effectively. In contrast, as one of the smaller providers reported: *'If we don't have our core costs, we can't provide the service'* (P7). Participants from smaller organisations expressed concern that they would have to bid for contracts based on the full cost of incorporating such expense and would, therefore, be at a disadvantage when competing against larger providers. In addition, a related issue concerned the levels of responsibility in governance and compliance required of competitive tendering that could be inhibiting for smaller organisations.

3.6 Summary

The responses above highlighted the need for ongoing communication between Tusla and external agencies on all aspects of commissioning, including the timeline for implementation and the scope of training and capacity-building activities planned. Overall, respondents demonstrated a limited perception of commissioning that focused on its procurement and monitoring dimensions without reference to the consultation, needs assessment, service planning and design elements. The most negative perception of commissioning was a fear that it would signal a 'race to the bottom' among providers. At the same time, in a culture that had not sought evidence of the impact of services funded, it offered a distinct opportunity that the instigation of a new agency could provide to take stock of the nature and relevance of services for children and families.



4. Management of Funding Relationships

4.1 General context

This section examines the overall systems in operation between Tusla and external agencies in relation to the oversight and regulation of funding. The interviews explored a number of areas to ascertain the impact on service providers of moving from the HSE to Tusla management systems, including current and past operational practice and perceived changes taking place in Tusla priorities. Under the HSE system of Grant Aid and Service-Level Agreements (SLA), structures and standards in place for reporting and renewal of funding were largely concerned with broad compliance and legal issues rather than, as outlined in Chapter 2, the measurement of the effectiveness of services. For the most part, prior to the establishment of Tusla, the data requirements for the performance of services appeared to vary widely, with providers largely free to present information in a format of their own choosing. Reflecting variations across the local levels and the predominance of relationship-based practice, the responses diverged from reports of excessive reporting requirements, to several (including large organisations) experiencing a 'light touch' in terms of documentation. However, expectations appeared to be changing, with respondents indicating that from 2015 onwards, the importance of targets and performance indicators for services began to assume a central place in contractual arrangements with Tusla.

While the transition to a new agency brought some disruption, several participants attributed these adjustments to a temporary phase in the development of relationships with a relatively new agency. However, a number of changes regarding greater control and accountability were identified in the nature of the engagement with Tusla. To some degree, these can be characterised as part of a more managerialist culture appearing at Tusla and the manifestation of what some perceived as a 'corporate' model of operation. At the same time, it should be acknowledged that a partnership ethos did not feature as a strong element of participants' past interaction with the HSE. Rather, these developments should be seen in the context of broader monitoring and evaluation requirements that had been part of the HSE structure and intensified under the aegis of Tusla. Overall, the nature of the changes underway placed increased demands on managers, who noted the introduction of greater specification in the SLAs (renamed in 2016 as the Service Agreement) and the complexity of documentation required. While regarding the need for greater accountability as a positive development, some believed the cumulative effect was resulting in a compliance ethos rather than an environment characterised as a 'learning culture' that fostered dialogue among stakeholders about what did and did not work.

Section 4.2 below outlines the changing nature of reporting relationships between Tusla and its service providers. Section 4.3 presents views of participants on the importance of relationship-based systems and dialogue between stakeholders, while Section 4.4 examines the interpretation of value-for-money criteria as perceived by providers.

4.2 Reporting Requirements

Key Findings:

- **Before Tusla was set up, the compliance and accountability standards sought by statutory funders had been increasing.**
- **This trend continued under Tusla, with new monitoring and evaluation requirements such as**

setting of targets, Key Performance Indicators, audit and business planning functions.

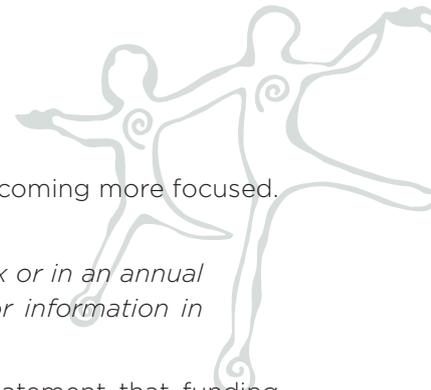
- **The systems and human resources required to support high-level management and administrative functions were under-resourced.**
- **The SLA process provided an opportunity for Tusla to request changes in the nature of service provision, including undertaking specific services in geographic areas.**

The environment into which commissioning was introduced had been already shifting towards greater accountability in both organisational compliance and service activity. These included inspection and audit requests from the Health Information and Quality Authority (HIQA)⁵ and increased monitoring of the quality of service, especially in residential care and high-risk areas. To a large extent, the requirement introduced in 2016 on the part of Tusla's Service Arrangement for providers to 'evaluate the effectiveness, efficiency and value for money of the provision of its services on a regular basis' (Tusla, 2016: 21) represented the culmination of a period of increased statutory regulation.

In relation to contract management, SLAs served as the primary instrument for the collection of data from service providers. Under the HSE, systems in place for managing SLAs were described as satisfactory. External agencies experienced the processes involved, complemented by an annual review meeting, as largely consistent, comprehensive and operating with clear parameters. The imposition of a new agency into an established process brought with it some disruption, which most participants anticipated would be transitory. Initially, for instance, particularly for 2015, participants experienced delays in the receipt and processing of SLAs. The delay reflected a change in Tusla to introduce a prospective payment system rather than the retroactive system that had been in place under the HSE – a development broadly welcomed, as it allowed organisations to plan better. However, this shift in procedure coincided with a perceived high level of staff transition in Tusla and a subsequent lack of one-to-one communication with the national office. The quote below reflects a degree of exasperation felt by several organisations:

One minute you are dealing with body A, and six months later you are dealing with body B, and then you are back to the start again. And body B is requesting all the information that is already gone, because in fairness they have just taken up the post. (P16)

Respondents noted that requirements for greater accountability for the quality of services were placing organisations under pressure. The majority of respondents commented on the increasing amount of staff time and level of expertise required to comply with Tusla's contractual processes through the medium of the SLA. In the past, information required included a range of financial and compliance documentation (audited accounts and tax clearance certificates) as well as information on the governance, policies and procedures of organisations funded. Many of these were standard documents that referred to the provision of information in relation to quality assurance or codes of practice. However, compliance with a number of new provisions called for areas of expertise and exactitude that, for small and medium organisations in particular, required greater reliance on the skills of CEOs or board members or needed advice from external agencies. Moreover, greater specification was required in a number of key areas, for example, developing an audit function and an annual compliance statement or the requirement for annual reports to include detail on the implementation of an organisation's business plan (agreed with Tusla in advance). In relation to services, activity data sought by Tusla included geographic data, provision across the Hardiker levels of need, summary programme data, and client detail on the numbers of sessions, targets, referrals, and discharge rates. New monitoring and evaluation elements, notably the setting of targets, required organisations to establish a performance measurement framework including monthly Key Performance Indicators. The SLA linked the achievement of targets to Tusla's right to withhold payment.



Most participants reported that the requests for information from Tusla were becoming more focused. One provider indicated that:

while previously a couple of sentences would have sufficed as an appendix or in an annual report, currently Tusla were looking for delivery targets with requests for information in relation to contact, figures, finance and stuff like that. (P9)

Another provider indicated a change from past practice, whereby a broad statement that funding received was spent on intended activities would have sufficed:

Obviously we would have presented it in the context of overall activity and an annual report, but it would be in a method of our choosing. They are now requiring the information in a specific way. (P12)

Also new, as outlined below, were requirements about future needs:

Like for example, I have been asked to do a business plan up until about 2019 indicating where we see our organisation developing and what the capacity building for that is. To do that we will need to quantify what that might look like and what the cost would be. So that's something that I will be developing with one individual who is our liaison person within Tusla. (P8)

Interview respondents acknowledged that core functions associated with compliance and good governance, while critical, were typically under-resourced in terms of both systems and human resources. In addition, the nature of the new data requests called for staff with statistical skills and experience in areas of financial and data management. In an environment where the state agency only funds direct services, these functions typically have to be funded through other sources:

That is something that we have done ourselves, because we believe in good governance and in having data, having insurance, having proper financial service. (P6)

In organisations described as having 'flat' structures, with little capacity outside of clinical staff for management or administrative functions, complying with funders' requirements placed pressure on senior management. One director of services commented that in relation to the SLA, *'I'm probably going to spend 15 to 20 hours just gathering information'* (P20). Requests for unanticipated or additional data posed problems, especially when accompanied by tight deadlines. In particular, compliance with one request for information, an extensive questionnaire on the nature and type of service provision, conducted in 2015 through an online SurveyMonkey mechanism, was linked to the renewal of funding. A number of respondents commented that while the information request was reasonable and, in principle, not difficult to gather, the data instrument was not effective and made for an 'arduous' process. In smaller and mid-sized organisations with little administrative support, the task of compiling such materials often fell to the CEO. In relation to requests for information, one recommended that Tusla *'need to be looking for it in a way that we are collecting it'* (P17).

The emphasis on performance data, while more pronounced in the form of documentation requests, had been part of an emergent trend in the HSE. Several organisations contextualised Tusla's requirement for performance indicators as part of a changing funding culture over the previous five years. They described how, prior to this focus on performance, allocation of monies had been largely automatic:

Before, they used to give it out pro rata on your population, and there was some partnerships that mightn't have been working so well, but because of where they were or their geographic area they were getting funds. (P15)

⁵ The Health Information and Quality Authority (HIQA) is an independent authority established to develop standards, inspect and review health and social care services, and support informed decisions on how services are delivered in Ireland.

Under the aegis of the HSE, respondents reported a shift away from personal, relationship-based meetings to more structured interaction based on standards and metrics. The respondent below characterised this change in the nature of conducting business:

But since Tusla, and before actually Tusla was formed, they stopped meeting, they would tell you what you were getting and that is it; there was no discussion or no negotiation or whatever. Over the last few years, as you know, there has been a lot of cuts, we are all now suffering because of these cuts, we are all going into deficit and there is just no communication whatsoever anymore. So there is a deterioration in two-way communication. (P16)

To a large extent, the heightened emphasis on performance had been anticipated:

I remember when they changed the service-level arrangements with the HSE, there was a big shift from a very basic SLA to something that was a lot more complex and looked a lot more at outcomes and what was required, and there was similar upset and distress among providers around how to actually meet that. But then we worked out what was required and we did it and everything was fine. So to some extent it is about getting used to a new process. (P4)

Another participant, describing the experience of reporting to Tusla as ‘being audited to death’, expressed a view that expectations for accountability also needed to be applied internally within the agency. Indeed, a number of respondents couched their response in terms of accepting heightened standards for reporting as long as they were not targeted at external organisations:

The real risk is that with commissioning, the standards expected of the voluntary sector would be phenomenal and it won't be the same internally. (P11)

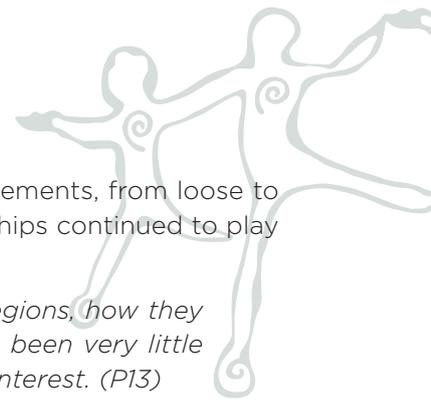
Aside from the production of new information, the interviews revealed subtle shifts in Tusla’s expectations. A number of respondents indicated that as part of the SLA renewal process, a perceptible change took place in the form of requests from Tusla to undertake specific services or to serve particular geographic areas. Some reported experiencing pressure to direct activities to a population with a higher level of need than previously served. One such respondent noted the element of coercion as follows: ‘And I think had we not agreed to do that, Tusla would have said, “We are not going to fund you then’ (P2). Another characterised the change as geared towards ‘meeting more their priorities than ours’ (P10). Importantly, organisations were requested to undertake these activities without any additional funding. Few organisations had experience of services being discontinued by Tusla. However, the requirements to undertake additional work with the existing resource base caused organisations to curtail activities in certain areas.

4.3 Relationship-Based System

Key Findings:

- **At the local level, personal relationships played a key part in determining the pace and the level of change.**
- **The opportunities for exchange and interaction provided by personal meetings and review mechanisms were highly valued.**

The interviews revealed major variations in practice in the degree to which providers had interacted with HSE and subsequently Tusla staff. The centrality of a relationship-based culture is notable, with



differing levels of engagement taking place across a myriad of reporting arrangements, from loose to focused. In engaging with the new agency, as outlined below, personal relationships continued to play a part in determining the process for change at the local level:

Because we are a national organisation we have sight of all the various regions, how they differ quite considerably in their interactions, so in some areas there has been very little change, and in other areas much more a sense of purpose and a sense of interest. (P13)

For the most part, established relationships were still in place at the time of the data collection, with little change in personnel among local area or senior managers. However, at the national level, providers described challenges in responding to changing personnel and turnover in roles and positions at Tusla, with a number commenting on the complexity of administrative arrangements at the agency.

The value of personal relationships emerged as a critical factor in what providers characterised as ‘getting business done’. The nature of engagement under the HSE had provided a context for one-to-one relationships, where providers had the opportunity to meet with managers as part of annual or bi-annual (or in some instances quarterly) review meetings – a process many valued as both ‘meticulous’ and ‘personable’. While such meetings were primarily focused on finances, they nonetheless, allowed for an element of flexibility and transparency for both parties, as outlined below:

We'd have to make a business case for it if we were looking to change the money to do something else, but it was at that meeting that it all got agreed and sorted and discussed. (P1)

Every year we would go through the budget and he would say to me things like, ‘Why are you spending money on this?’ or ‘Explain to me why that is so high compared to last year’, or whatever, and there would be a requirement to have a sound reason for that before they would pass your budget. (P8).

Respondents also highlighted the importance of relationship-based systems in providing the opportunity to advocate for projects. The respondent below cited an example of how Tusla had been questioning the continuing funding of their programme, which on paper appeared as a single service that would not fit Tusla’s priorities:

We had to argue for it because it was just seen as [an Educational Service]... It is not [an Educational service], it is a programme that children really benefit from. But I could see why Tusla might take that position, but at the same time we had to argue back. (P2)

In an environment where organisations reported coming under increasing pressure to justify what they do, participants underscored the need for personal interaction and dialogue with Tusla in order to ensure adaptability in the system and to act as a counterbalance against an overly bureaucratic, paper-based process.

4.4 Value for money

Key Findings:

- **The requirement to demonstrate value for money appeared incompatible with delivering better outcomes.**
- **Organisations experienced pressure to serve larger numbers of clients and questioned the impact on quality.**

- **Following a period of financial austerity, organisations had little capacity to invoke further cost efficiencies.**

The introduction of the term ‘value for money’ signalled a change in the funding environment that focused attention on the cost of services. A value-for-money provision in Tusla’s service agreement required organisations to produce evidence of effective use of funds, value achieved in the application of funds, and the avoidance of waste and extravagance. In response to this drive towards efficiencies and cost-effectiveness, service providers queried the extent to which economic considerations, voiced in terms of value and rationalisation, appeared to be dominating the justification for funding. Respondents raised a number of concerns, notably whether a value-for-money rationale is compatible with the objective of delivering better outcomes for clients.

The majority of organisations reported feeling pressure to demonstrate ‘value for money’. After a period of financial austerity, as a result of which expenditure had already been pared down to unsustainably low levels, the capacity for further efficiencies was limited. Cutbacks incurred included voluntary reductions in staff pay, and in one organisation, practices where *‘all our managers are monitored against each other in relation to expenditure’* (P18). Citing average cuts of 5–7 per cent per year since 2009 and the cost of services rising, the following response typified the situation for providers:

We are at the bone, we can’t cut anymore, we are into a deficit now which is not sustainable.
(P20)

A number of respondents framed the value-for-money issue in terms of quality or quantity. One noted, ‘Just doing more things doesn’t give you value for money.’ The biggest challenge related to the fact that:

Some people think value for money is quantity and some think it is quality, and it is trying to strike that balance constantly. (P3)

Asked to give examples of how Tusla looked for demonstrations of value for money, participants reported an emphasis on metrics:

They look at it as contacts, so episodes, how many people did we see between this time and that... It might look like average sessions per person is coming in at 11 or 12 sessions, so that would be how it is done. (P15)

In the area of cost efficiencies, respondents expressed reservations about competing with the private sector due to the differing goals and ethos. Examples included instances where private organisations worked towards a goal such as a placement for a client that might come with a financial incentive, with no subsequent follow-up to ensure the particular outcome was sustained. The respondent contrasted this with their own organisation’s approach of moving at a ‘slower pace’ to support clients over the longer term.

Respondents questioned the application of strict value-for-money criteria that takes place without considering the full trajectory of investment. For instance, organisations working with high-risk young people in the care of the state grappled with the lack of funding or attention to managing their aftercare. These were one participant’s views on the subject:

For five kids we get €700,000... the amount of kids that got that money spent on them for five years and then ended up in our homeless services. That is not value for money. (P4).



The import of opening up the cost factor invited debate as to what 'value' actually means. In discussing a high-cost-per-child service operated by their organisation, the interviewee below reflected on this, having outlined how the service met the child's right to have their voice heard and their interests articulated:

This is an expensive service, no doubt about it. Is it value for money? You could debate what is meant by that. Is it a better investment for the state to put all its money for a child or young person whose long-term outcomes are going to be quite poor versus putting a lot of money into early years? No, it is not, but who is going to make the choice? That is the challenge. (P6)

A consistent theme across the range of organisations interviewed related to indirect costs. Tusla funding streams restricted expenditure to frontline staff with 'no understanding of the fact that it costs money to employ that staff person' (P9). The 'hidden' cost of providing services, including time spent managing staff as well as expenditure on payroll and general overheads, was often questioned. One respondent, reflecting the experience of several providers, noted, 'We find ourselves having to defend that part of the money' (P10).

As a result of stricter adherence to accounting for cost per service or service user, participants experienced a lack of flexibility in re-allocating or re-assigning resources internally:

Funding has become more limited, less diverse and less creative in its application, and therefore service deliverers are more constrained in how they meet the differential needs of a very disadvantaged group of people. (P5)

Similarly, requirements for targets and client outcomes engendered a loss in flexibility:

So the funding continues to roll in; however, the opportunities for service tweaking, service development and accessing funds for that type of service development are much more limited now than they ever were. In my experience service development doesn't happen anymore. (P16)

For some, this impeded their ability to innovate:

The Tusla funding now only really runs the service. So if we want to put on any additional programmes or need to pay for something, we need to go searching for external funding. (P10)

In an environment focused largely on cost efficiencies, some participants reported experiencing pressure to demonstrate effectiveness through providing ratios of staff-to-client allocations. One service director described how the service used to work with a staff-to-client ratio of 1:15, a case load that was manageable and enabled them to meet the needs of young people. However, Tulsa required the ratio to be raised to 1:25, which the organisation believed was not workable or effective. The overriding insistence on reducing time spent with clients came at a time when the complexities of working with individuals had increased as a result of external, complicating factors such as difficulties in the housing sector. At the time of the interviews the organisation in question was in negotiation with Tulsa to resume the lower ratio, arguing that the principle of 'value for money' would not be served through spending less time with clients.

4.5 Summary

Balanced against the overall set of requirements, the data suggests that a multiplicity of reporting structures and systems are causing difficulties for organisations that have experienced significant staff cutbacks and are under-resourced, particularly in administrative capacity. As in several areas of this report, internal capacity emerged as an issue in responding to the changing environment. While the need for greater transparency and accountability was acknowledged and had been largely anticipated, participants cautioned that strict imposition of criteria such as value can hinder honesty and collaborative learning. Finally, many of the concerns emanating from providers attest to the danger of equating 'performance' with compliance to contract specification, in the process losing opportunities for reflection and evolvement of the meaning of genuine outcomes for children and families.



5. Area Manager Perspectives

5.1 Introduction

This final chapter presents the views of a sample of area managers. Interviews explored a number of areas, including:

- arrangements in place concerning the management of funding contracts
- expectations for performance monitoring and assessment
- perceived changes with the system that operated under the HSE.

In advance of the formal introduction of a commissioning framework, the interviews also sought participants' views on the capacities required in Tusla to operate this model effectively. Participants highlighted a number of key areas, including:

- the complexities of outcome measurement
- skills required to work in an evidence-based culture
- the opportunities and difficulties encountered in managing change.

5.2 General Reporting

Key Findings:

- **More rigorous and intensive review processes were required with providers in order to comprehend and comply with the information requested for SLAs.**
- **Managing the processes would require ongoing debate among Tusla staff about standards and systems across areas.**

While the area managers occupied the lead role in negotiating and liaising with external agencies, those interviewed were keen to point to a team approach in their areas and to credit the expertise of Prevention, Partnership and Family Support (PPFS) managers, principal social workers and business managers in monitoring relationships and assessing performance.

Since the transition to Tusla, participants reported an increase in the frequency of review meetings held with providers. In part, this was attributed to the increasing complexity of the data requirements contained in SLAs and the need for both parties to discuss the standards and performance indicators that could be practicable. For the most part, these interactions were described as taking place in partnership, while acknowledging that the approach also depended on the style of the individual area manager:

I have heard some organisations say that area managers have come in and very much saying, 'We are funding you. You have to do this, that and the other.' I don't take that approach.

Commenting on the disparity of practice across areas, participants reported that they could benefit from the opportunity to discuss with colleagues a more unified approach to managing and implementing the SLA process. The participant below suggested that Tusla facilitate workshops to provide opportunities

to reflect on and discuss issues:

I think there's training and support for area managers and business managers and PPFS managers and staff. Even about the SLA - sitting down and reflecting on, well what does your SLA review process look like? I mean, this is the way we are doing it in our area. Is that the right way? Is it the wrong way? Getting feedback about that. I think that's important.

At the time of the interviews, a formal commissioning approach had not been implemented. However, area managers reported taking the initiative in instigating change. In the absence of formal guidance, the participant below spoke about having gone ahead in anticipation of the changes and developed their own key commissioning team:

That is what we have been calling it within our area, and that comprises of myself, the business manager, the principal social worker for PPFS but also the other principal social workers, because obviously they want to be involved and they are commissioning, as I keep having to remind them, but you know in terms of... They often say, 'Well, we are not getting a chance to do commissioning', and I'm saying, 'Yes, you actually are.' So what we have done is we have divided up all the voluntary community organisations that we are funding and we have given a lead person that's assigned to each particular grant.

Another key aspect of the renewal process required an element of 'organisational readiness' which increasingly appeared to factor in review processes:

Another thing we look at is the organisation's capacity to manage an injection of funds. For example, some of the smaller organisations, sometimes they struggle with a business model, so that does matter.

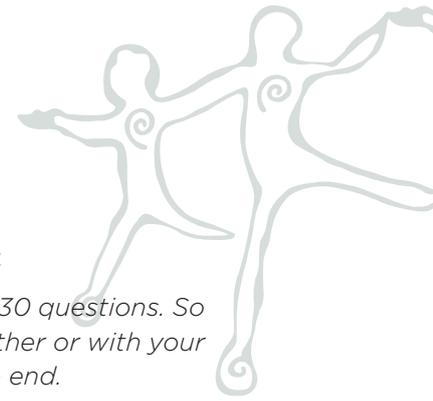
5.3 Measuring Outcomes

Key Findings:

- **Practical outcome measures to determine whether a service made a difference in the lives of families are needed and require ongoing development and debate.**
- **Access to the skills with which to evaluate evidence would be critical, particularly in negotiating with large providers operating with in-house research staff.**

As with the external interviewees, Tusla respondents noted the emphasis on metrics as the basis of monitoring meetings that took place at three-month, six month or annual intervals. The primary source of information used in these review processes was data on the number of children seen in the period, the caseload of workers, numbers of referrals, waiting lists and cases closed. Such information, required as part of the SLA instrument, provided a system for standardisation and comparison. However, interviewees acknowledged that further development was needed in order to determine what everyone identified as the fundamental issue: the question of whether the service made a difference in the lives of families involved. In practical terms, the need for outcome measures to determine what improved for families provoked discussion with providers about what factors could be measured. While it was conceded that these could be difficult to determine, tangible suggestions included the following:

There's usually something you can focus on, and attendance is a good one, or as I say, participation in the community or even something simple like relationships within the home.



In looking for evidence of improvements, the use of scales featured prominently:

You have these standardised tests. You know, so you ask them to do those 30 questions. So one of them might be: How would you rate your relationship with your mother or with your parents? On a scale of 1-10. So you do that at the start and you do it at the end.

Even among those who relied on such measures, questions arose as to the reliability of self-reported improvements. As suggested below, recommendations in soliciting user feedback included the need for multiple perspectives:

You probably need to get a 360 view. You know, young person, family, worker, agency – the whole lot.

The view was shared by the participant below, who had the following critique of relying on self-assessed reporting:

The starting point, which I fully agree with, is obviously they get feedback from the young person and the family, which is absolutely important, but I suppose I sometimes think that there is a power imbalance in that conversation and that we can all be a little bit predisposed to people-pleasing.

Of particular importance, another participant highlighted the need to ‘dig deeper’ and access the views of referring staff. One participant spoke of a heightened new emphasis on corroboration with frontline staff taking place, in order to solicit feedback on their experiences in working with the funded organisation, and provided the example below of why this was needed:

At one meeting recently they [the funded organisation] were saying that the young people that they were engaged with were showing really positive outcomes. They had written it up and circulated it everywhere and I was saying, ‘Did you check back with the referrer?’, who was the social worker, but in this particular group the social worker experience would be quite negative of the organisation.

Across the interviews there was consensus that in using outcome measures, the larger, national organisations operating with designated staff or access to research expertise could leave commissioners feeling at a disadvantage. In several instances, area managers alluded to a sense of disempowerment they experienced in dealing with these organisations. One spoke of the unease of beginning the dialogue of developing outcome measures for a service where the provider ‘came with a package’. Another participant referred to a level of insecurity experienced in engaging in dialogue about research results:

Because they have all the jargon, you know. If people haven’t had the training or whatever, they might feel a little bit reluctant to drill into that because they don’t have the understanding themselves, you know?

All respondents expressed a desire to access the skills with which to interpret evidence. In particular, some believed this would be critical in challenging provider assessments of their own programmes. Such views are indicated by the respondents below, referring to what they experienced as pressure to support ‘proven’ programmes as well as lack of capacity to criticise them:

So we need to be able to get to a point where we can say, ‘Well actually, The Incredible Years isn’t working’, or ‘It’s working actually for low-level welfare families and it’s making them more resilient, but it’s not working for high-level families and we to have Strengthening Families for that.’ So we need to be able to differentiate some of these and not see them as

a fix all for everything.

Like say for example the bigger ones, Parents Plus, Incredible Years. I think even what they say is a lot of that anyway; it's not really the content of the programme but the relationship approach that's taken with families is probably that bigger area, you know? Or what really contributes to the positive outcome.

Participants highlighted the need for training among Tusla staff in the use of evidence to evaluate services. While the rationale and rhetoric of evidence-based thinking had permeated the organisation, participants perceived a 'disconnect' between the emphasis on outcomes and the capacity within Tusla to set or to manage standards. The resulting lack of clarity on expectations pervaded the responses:

I do think we need training around what is evidence-based. What are we talking about evidence, what sort of evidence are we looking for? Are we looking to build up our own evidence? Are we talking about external evidence, and who is going to do that?

There's a lot of talk about outcomes at the moment, but I'm not sure if we are really, really drilled into exactly what that looks like, to be honest.

And people are saying, 'It's evidence-based', but I'm not sure that's necessarily correct or if there's a full understanding of what 'evidence-based' means.

5.4 Value for Money

Key Findings:

- **Avoiding duplication and ensuring a better spread of services were perceived as the key elements in ensuring value for money.**
- **More sophisticated tools would be needed to assess value for money.**

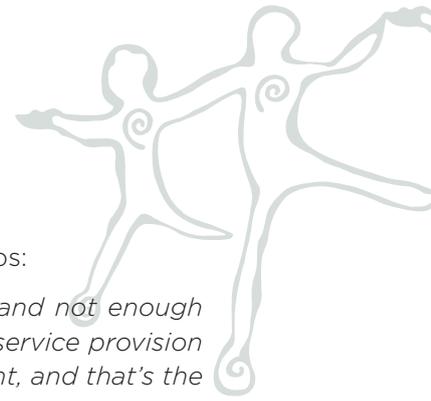
In examining value for money for services provided, as with all elements of performance measurement, the emphasis on numbers provided the main barometer for assessment. However, participants demonstrated awareness of the rudimentary nature of such tools:

The things we are looking at is really the number of children, the number of hours they might see for the amount of money, and literally dividing that into the funding, seeing how much money per child it's going to cost. That's kind of what we look at, but again we don't have a sophisticated model for that yet.

In particular, participants highlighted the difficulties of applying value-for-money criteria in both engaging and measuring outcomes for hard-to-reach families:

The outcomes of working with them could be very small, but the leg work to engage with them is very high, so the energy levels to engage with them that's required is very, very high, which then can be a higher cost. Then at the same time the outcomes mightn't be amazing, and I suppose I just have a concern that the market could move to trying to work with more voluntary clients as a result.

Among the area manager group, all participants identified the key element of value for money to be the avoidance of duplication and ensuring a better spread of services. All respondents reported issues in managing service duplication. Interviewees cited examples of particular constituencies in their areas that had overlaps and duplication of services, in some instances contrasting with parts of their area that



had service deficits. In some cases, this could be found with particular age groups:

So if it is showing that we have too many services working with 0 to 5 and not enough working with 10 to 17, then we have to look at how we can reorganise the service provision to meet the need. So I suppose that's really where we are at, at the moment, and that's the only way we are going to get 'value for money'.

Other examples related to the nature of the service, with parenting classes and parenting support programmes cited as examples of services where multiple, sometimes competing providers operated in the same geographic area. Criticism of areas that had multiple services included speculation that some had been developed to secure philanthropic investment:

I think there was needs assessments done, but I think a lot of it was responding to something as opposed to necessarily kind of a planned delivery of services.

Referring to the importance of avoiding duplication of services, one manager reported an emphasis on encouraging local providers to work in collaboration:

So if we have a number of small agencies that are working there on limited funding, we try and get them to meet with each other and I suppose look at how they are duplicating or to avoid duplication of what they are providing. If they are working with a family, what another service could do to support that, or if they are working with a family then another service doesn't need to work with that family.

5.5 Managing Change

Key Findings:

- **The onset of commissioning provided a welcome opportunity for taking on needs assessment within areas.**
- **Commissioning is a means of introducing new services.**
- **Efforts to introduce change took time and typically met with resistance.**

The dominant theme emerging from the area managers concerned the opportunity afforded by commissioning to address issues of supply and demand and, where necessary, to undertake a much-needed reappraisal of services. As illustrated in the comment below, the process of conducting a needs assessment, required by a commissioning approach, offered a renewed opportunity for managers to assess the nature of services in need of development or promotion.

It would link in more with what families actually need. I think that's a real opportunity. Identifying gaps, building links with different organisations, you know? Being a bit more inventive, there's a lot of opportunity for that.

As part of this process of needs assessment, respondents were asked about their experiences in discontinuing services in the past year and about the factors that influenced the decision-making process. Not surprisingly, attempts to introduce changes in the nature of services met with resistance. In particular, the imposition of sudden change proved problematic, with managers reporting that a gradual approach worked more effectively. One recalled a typical response by external agencies to the manager's request for restructuring a service:

'No, we are not doing it. We are not getting paid for that.' So it's only over the process of time where they are worn down and it was made plain to them that, 'Well, you have to do this. This is what everyone is doing. It's a nationally accepted standard; it's in our national policy.' You don't want to get to the point where you are saying, 'We are not going to fund you for it'; or, 'We are going to take away your funding.' You are trying to avoid that sort of nuclear option.

Area managers reported having previously had little to no opportunity to introduce or commission new services. Rather, they spoke of inheriting 'legacy' grants that had been established under the HSE. The interviewee below took on a proactive role on taking up the post and proceeded to make significant cutbacks with providers in their area:

I started to restructure the funding when I took responsibility for the job, to look for more sort of value, rather than some of what I felt I inherited was, 'Well this is how it's being done, and we have always had this and that's how it's got to stay.' There was a bit of that attitude. So I started looking at what we actually needed – you know, consulting, staff and also looking at value.

In some instances, withdrawing funding or restructuring services resulted in political interference:

Like we tried to finish a grant to decommission an organisation last year, and it went to the Minister for Children and I suppose we weren't allowed to do it.

Another interviewee outlined a situation where a service had its funding withdrawn based on low numbers participating and the availability of alternatives in the area, but the board of management exerted considerable pressure on Tusla to resume the service and sought media coverage to support their case.

Across the group, the reasons provided for curtailing or changing services included those that no longer fit with Tusla priorities, those where duplication occurred, and those where concerns had been expressed about the governance of the organisation involved. Overall, the views expressed pointed to a changing environment in which area managers were exerting a greater degree of control in determining priorities for services required under their jurisdiction. Several observations pointed to a shift in balance away from external organisations towards Tusla in determining need. This dynamic is illustrated by the participants below, who articulated their views on the change management required for a commissioning approach:

It's around looking, identifying specific needs as opposed to what the organisation feels that's required.

It's really about differentiating between want and need at the end of the day, so rather than us giving loads of money to a service and letting them go out and decide what the need is.

I would have what I would describe as a commissioning approach, is that you have got a market position. You look at your market position and you look at what you need and what's available and see what you can tie in with the organisations that you have.

In particular, respondents were critical of the practice of providers creating their own niche areas rather than responding to community needs. The example below reflected a past practice where the area manager identified an opportunity for reform:



Now that particular organisation, how they operate is they distribute a flier and say things like they are running some class in the evening and if... You need to apply early because [if] there's not enough numbers they won't be running the class. Now that's the exact opposite to what we want. Isn't it? What we do is we gather the people and then we run the class. We don't decide to run the class and then get the people.

The responses also saw managers grappling with making decisions about services that they believed no longer fit the priorities established by Tusla, yet they required funding from other state departments:

Now with these community crèches, now that's what they inherited. Very, very difficult to get out of, because who's going to do it? Who's going to take over it? So from my point of view receiving some guidance.

5.6 Summary

To date, area managers have occupied and will continue to play an instrumental role in the commissioning process both in instigating and implementing change. While presenting opportunities, this also highlighted the challenge of operating at least in the short term with a degree of uncertainty. The importance of providing support to area managers in the transition to a commissioning model emerged as an issue.

In several respects, and especially in relation to the uncertainty prevailing over the expectations for measurement of outcomes, the responses from area managers reinforced the views of the participants at external agencies. The participants revealed a certain degree of vulnerability in relation to their own capacity for leadership and guidance in areas such as evidence-informed and evidence-based decision-making. Respondents suggested that Tusla provide opportunities for internal discussion and reflection among staff charged with commissioning responsibilities. They also highlighted a need for specific competencies and skills in using and interpreting evidence. As an opportunity for reform, the issue of duplication of services emerged as one of overriding importance for each area and one where the term 'value for money' could be meaningfully applied. Finally, the introduction of commissioning signalled a shift in the dynamics of power in the determination of local priorities taking place in some communities between Tusla and external organisations.

6. Concluding Remarks and Recommendations

6.1 Introduction

This study reflects the perspectives of individuals on a funding landscape that, in many respects, pre-dates the introduction of Tusla's commissioning strategy. Conducted during a six-week period in spring 2016, they represent a snapshot of the operational environment at that time. However, in order to establish the culture for funding into which Tusla's commissioning strategy would be introduced, the data also solicited participants' reflections on historical practice. This was in keeping with the intention of the report, namely: to establish a baseline from which to identify factors that may facilitate the desired systems change inherent in Tusla's strategy, as well as those factors that could impede reform. In line with these objectives, the balance of the report presents the views of external stakeholders characterised within the broad environment.

In contextualising the data, it should be noted that these community and voluntary organisations delivering services to children and families were facing a number of challenges. As highlighted in the introduction to this report, and evident in the responses of providers, organisations were operating in an environment where, in the preceding five-year period, statutory funding sources had been constrained and cutbacks imposed across the board. Moreover, the exit of philanthropic organisations represented a threat to the availability of alternative sources of income. The under-resourcing, reflected in a lack of core capacity and a deficit of infrastructure for research and evaluation, left many organisations uncertain as to their own sustainability. To a certain extent, therefore, the introduction of a commissioning approach appeared to exacerbate concerns already facing the sector and speculation that it would constitute another unfavourable development.

Finally, several of the criticisms expressed by external agencies at the time of the data collection, such as the complexity of the Service Level Agreement, have since been acknowledged by Tusla and, at the time of print, are undergoing revision. In addition, the commencement of the Commissioning Pilot Programme, which took place in six pilot sites and involved external agencies, provided intense training and support that, it could be anticipated, broadened their understanding of the approach that Tusla will use in commissioning.⁶

6.2 Recommendations

Findings from this study suggest a number of recommendations for consideration by Tusla across the following areas:

⁶ The Commissioning Pilot Programme took place in six sites between January and October 2016 with the support of the Institute of Public Care in the UK.



6.2.1 Communication and Education

At a broad level, understanding of commissioning is limited to those elements related to procurement, contracting and cost-effectiveness of services. While a shift towards rationalisation and value forms an integral part of the rationale behind commissioning, it should be seen in the context of the overall commissioning process that includes providers in meaningful planning and determination of need. In the absence of education and training on these constituent parts, an emphasis on the financial aspects can engender negative perceptions. Education is required on the meaning and application of commissioning and the differentiation with procurement.

A consistent programme of communication should be put in place, focused on the implementation of commissioning, to educate service providers on all elements of the process and to highlight opportunities for meaningful engagement.

6.2.2 Use of Evidence

Demonstrating effectiveness of services requires organisational capacity to develop a well-evidenced body of programmes and practices. Both for those producing and interpreting evidence, particular competencies are needed to work in an evidence-based environment. The resources required to evaluate and assess programmes include skills in evaluation concepts and service design; expectations of providers will need to account for the different levels of expertise present across a range of organisations. The change from reporting indicators such as activity rates and number of clients served, to measuring the difference made by an intervention on a particular individual or family, represents a fundamental shift in orientation. Indications are that the data systems and instruments required for demonstrating outcomes are in their infancy.

Recommendations include the following resources:

- Provision of guidance on defining outcomes and goal setting
- Data systems and tools that can record progress towards outcomes
- Training and expertise on outcomes evaluation
- Access to specialised staff and professionals skilled in research and evaluation, in particular for medium to small organisation lacking in-house capacity.

They also include adherence to Principles for Partnership working that encompass:

- Recognition of the complexities involved in outcome measurement, and setting standards that are practicable in partnership with providers.
- A framework for evaluation, developed from the outset, acknowledging the need for progress to be determined in milestones.
- Fostering a learning culture that includes provision of opportunities for dialogue and reflection on the perceived success or failure of an intervention.
- Understanding the importance of personal relationships balanced against the need for standardisation and data.

6.2.3 Capacity Building

The need for building organisational capacity to engage in commissioning emerged, with strong administrative and operational functions highlighted as critical elements of 'commissioning-ready' organisations. Alongside the requirements for demonstrating accountability and performance, the related emphasis on goal-setting, planning and delivery has heightened attention on organisations' internal functions and development. Sound structures and internal governance are needed to meet the conditions attached to funding. However, the funding available for core costs, particularly for supporting these high-end administrative functions, is extremely limited.

Recommendations for Tusla:

- Provide training or access to expertise in resource management and efficiency, quality and performance standards.
- Assist organisations in developing systems and infrastructure to report on progress in the form of demonstrable outcomes.
- To the extent possible, ensure requests for documentation on compliance and governance are streamlined.
- Align the reporting process and information collection through the Service Agreement with a robust data instrument that is replicated annually.



References

- Bovaird, T., Dickinson, H. and Allen, K. (2012) *Commissioning Across Government: Review of Evidence*. Research Report 86. Birmingham: Third Sector Research Centre.
- Chapman, T., Brown, J. and Crow, R. (2008) 'Entering a brave new world? An assessment of third sector readiness to tender for the delivery of public services in the United Kingdom', *Policy Studies*, 29(1), 1-17.
- Commissioning Support Programme (CSP) (2009) *Achieving Better Outcomes: Commissioning in Children's Services*. Available at: http://dorsetyouth.com/commissioning_in_childrens_services_csp1.pdf.
- Daly, S. (2008) 'Mapping civil society in the Republic of Ireland', *Community Development Journal*, 43(2), 157-76.
- Department of Children and Youth Affairs (DCYA) (2012) *Statement of Strategy 2011-2014*. Dublin: The Stationery Office.
- Department of Children and Youth Affairs (DCYA) (2014). *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*. Dublin: The Stationery Office.
- Department of Public Expenditure and Reform (DPER) (2014). *Public Service Reform Plan 2014-2016*. Available at: <http://www.reformplan.per.gov.ie/>.
- Dickinson, D. (2014) 'Public Service Commissioning: What can be learned from the UK Experience', *Australian Journal of Public Administration*, 73(1), 14-18.
- Donnelly-Cox, G. and Cannon, S.M. (2010) 'Responses of non-profit organisations to altered conditions of support: The shifting Irish landscape', *Voluntary Sector Review*, 1(3), 335-53.
- Gillen, A., Landy, F., Devaney, C. and Canavan, J. (2013) *Child and Family Agency Commissioning Strategy*. Dublin: Child and Family Agency.
- Hardiker, P., Exton, K. and Barker, M. (1991) *Policies and Practices in Preventative Child Care*. Aldershot: Avebury.
- Harvey, B. (2009) 'Ireland and Civil Society: Reaching the limits of dissent', in Ó Broin, D. and Kirby, P., eds., *Power, Dissent and Democracy: Civil Society and the State in Ireland*. Dublin: A & A Farmar, 25-33.
- Keenan, O. (2008) *Relationships and Representation: Challenges and Opportunities for the Voluntary and Community Sector in Ireland*. Dublin: Centre for Nonprofit Management, Trinity College Dublin.
- Keenan, O., & Montague, P. (2010). *The Advocacy Initiative Project Report*. Dublin: Montague Communications, Middlequarter.
- Martikke, S. and Moxham, C. (2010) 'Public sector commissioning: Experiences of voluntary organizations delivering health and social services', *International Journal of Public Administration*, 33(14), 790-99.
- Moulton, S. and Eckerd, A. (2012) 'Preserving the publicness of the nonprofit sector resources, roles, and public values', *Nonprofit and Voluntary Sector Quarterly*, 41(4), 656-85.
- Mulkeen, M. (2016) 'Going to market! An exploration of markets in social care', *Administration*, 64(2), 33-59.
- National Economic and Social Council (NESCC) (2005). *The Developmental Welfare State*. Dublin: Stationary Office.
- O'Connor, N. (2016) *Commissioning for Communities: Valuing the Community and Voluntary Approach to Human, Social and Community Services*. Dublin: Clan Credo - the Social Investment Fund, The Community Foundation for Ireland and The Wheel.
- Power, A., Kelleher, S. and O'Connor, D. (2014) *Fundraising Performance: The Fourth Annual Report on Fundraising in Ireland*. Dublin: 2into3.

Rees, J. (2013) 'Public sector commissioning and the third sector: Old wine in new bottles?', *Public Policy and Administration*, 29(1) 45-63.

Tusla (2014) Annual Review of the Adequacy of Child Care and Family Support Services. Available at: http://www.tusla.ie/uploads/content/Tusla_Annual_Review_of_Adequacy_Report_2014_V1_June_2016.pdf

Tusla (2016). Service Arrangement.. Available at: <http://www.tusla.ie/commissioning>

W.K. Kellogg Foundation, (2004). *Logic model development guide*. Available at: <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>





United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair in
Children, Youth and Civic Engagement
Ireland
CHILD AND FAMILY RESEARCH CENTRE



NUI Galway
OE Gallimh

UNESCO Child and Family Research Centre
Institute for Lifecourse and Society
Upper Newcastle Road
National University of Ireland,
Galway, Ireland

T. +353 91 495398
E. cfrc@nuigalway.ie
Twitter: @UNESCO_CFRC
Facebook: [ucfrc.nuig](https://www.facebook.com/ucfrc.nuig)

www.nuigalway.ie/childandfamilyresearch



TUSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Tusla - Child and Family Agency

Floors 2-5
Brunel Building
Heuston South Quarter
Dublin 8

T. +353 1 771 8500
E. info@tusla.ie
www.tusla.ie