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Child and Family Agency

Towards Better Outcomes for Children and Families: Evaluation of the Implementation of the ABC Outcomes Framework

June 2024

Towards Better Outcomes for Children and Families: **Evaluation of the Implementation of the ABC Outcomes Framework**

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Acknowledgements

The research team would like to acknowledge and thank all the staff members of the Area Based Childhood Programme, who agreed to participate in this project on the early implementation of the outcomes framework within their service sites. It is because of the participant's open-mindedness and willingness to share their views and experiences that this project can make valuable contributions to knowledge in this area.

The research team would also like to express gratitude to Tusla, the Child and Family Agency for their support as the commissioning and funding body. From the outset of the project, the Project Steering Committee, in particular, Marian Brattman, Dr John Maguire, Dr Stella Owens, and Cormac Quinlan have contributed by providing constructive feedback and guidance to the research team. The substantial support extended by the Tusla gatekeeper, Bernie Laverty, in the recruitment process was invaluable to the smooth progress of the study.

This project was also reviewed by School of Social Work and Social Policy Research Ethics Committee and Tusla independent Research Ethics Committee. The Research Team immensely appreciated the timely feedback and smooth process of approval from both Research Ethics Committees.

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Executive Summary

Background

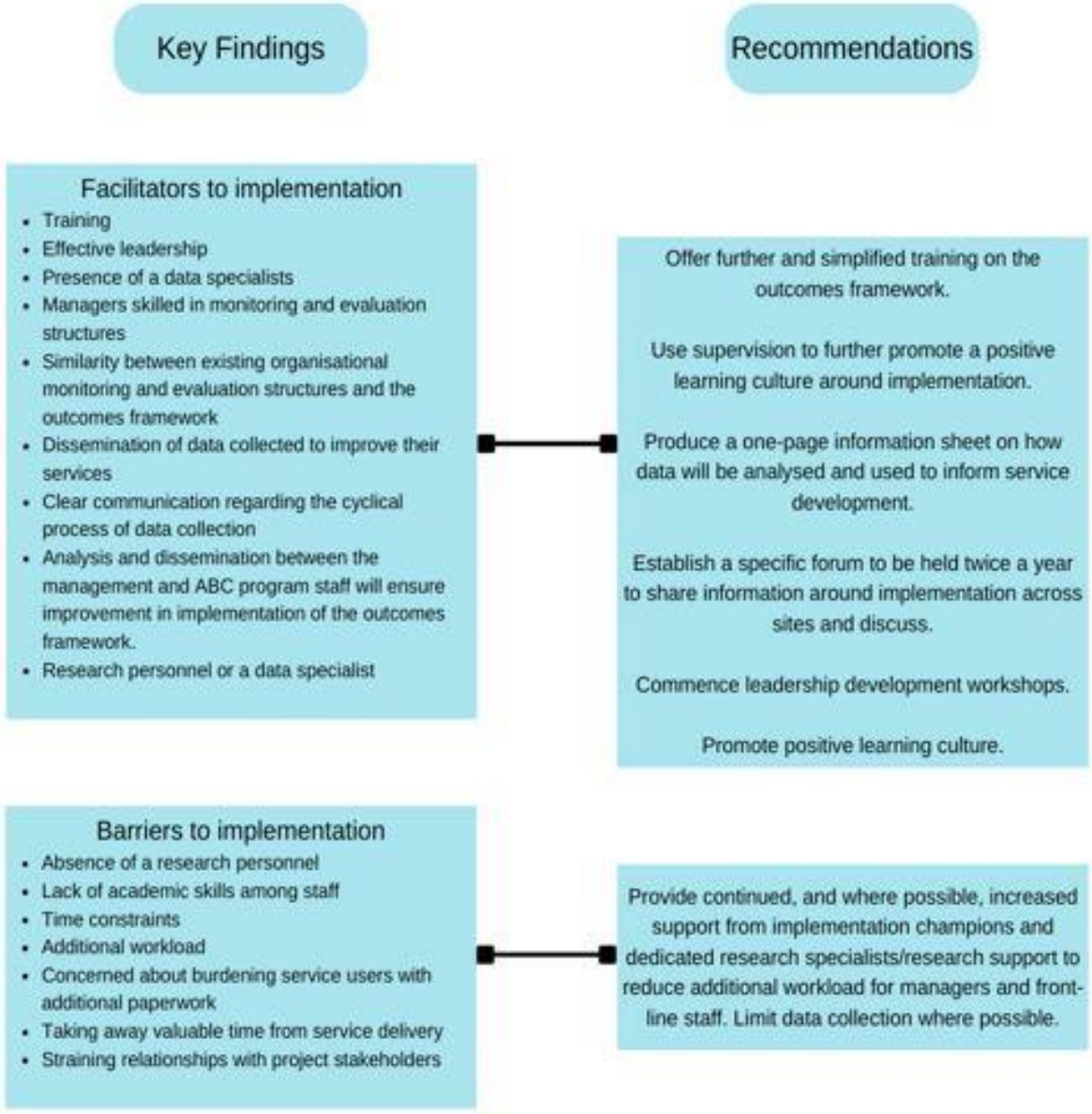
The study is a result of the partnership between Trinity College Dublin and Tusla, the Child and Family Agency, supported by New Foundations within the Irish Research Council. The primary objective of this study was to evaluate the implementation of an outcomes framework designed for the Area Based Childhood (ABC) programme. This study was particularly geared towards understanding the facilitators and the barriers to the successful implementation of the outcomes framework across the 12 key locations where ABC services are based, hereafter called 'ABC sites'. Therefore, the participants of this study were staff members of ABC service sites who had the experience of implementing the outcomes framework within their organisation. This executive summary will present a comprehensive, yet concise outline of the project.

Methods

This project used a mixed methods approach to meet the research objective. The study consisted of two dependent phases of data collection. First, two qualitative focus group discussions were conducted independently – with a group of five managerial staff and a group of seven front-line staff respectively. Data from the focus group discussions were analysed and broken down into themes. These findings were then used to design a survey for the second phase of data collection. The survey was circulated to all ABC programme staff members though a gatekeeper. The results of the survey were analysed. A summary of findings of the study will be presented below.

Key findings

As established by previous research, staff members expressed mixed views towards the outcomes framework. They perceived the framework to be moderately useful and indicated moderate comfort in using it in their work. Staff believed that the outcomes framework is a good tool to measure the impact of the ABC programme and standardise it. However, they also expressed concerns about the framework's capacity to capture a well-rounded image of the services. They were also worried about the possibility of producing misleading results due to implementation errors and that it could take away the flexibility of their work.



Among the factors that facilitated the implementation of the outcomes framework, it was found that ample training, effective leadership, the presence of a data specialist and a manager skilled in monitoring and evaluation structures were all very helpful in the implementation process. Additionally, similarity between existing organisational monitoring and evaluation structures and the outcomes framework enabled smooth implementation. Staff also valued the dissemination of data collected to improve their services. Clear communication regarding the cyclical process of data collection, analysis and dissemination between the management and ABC programme staff will ensure improvement in implementation of the outcomes framework.

The presence of a research personnel or a data specialist proved to be significant among staff members. Staff indicated that the absence of a research personnel, lack of academic skills among staff, time constraints and additional workload emerged as key hindrances to the implementation. Staff were also concerned about burdening service users with additional paperwork and that implementation may take away valuable time from service delivery.

Recommendations

After aligning the findings of the study with the existing literature the research team have formed a set of feasible recommendations. In addition to the recommendations stated below, this report will end by also providing an additional list of issues for consideration.

1. Offer further and simplified training on the outcomes framework including breaking down the complex process of outcomes measurement into smaller steps and providing simple explanations of concepts like logic models.
2. Provide increased support from implementation champions and dedicated research specialists/research support to reduce additional workload for managers and front-line staff. This additional workload derives from staff attempting to learn about the outcomes framework and implement it, as well as time spent by managers trying to explain the outcomes framework and materials, and coach staff around applying it in practice. Support that could be provided, includes not discontinuing the work of staff in these roles for at least a further year and providing dedicated data specialists to any service sites that don't have them. One to one support from managers and/or implementation champions and/or dedicated research specialists should also target staff comprehension of the outcomes framework and associated tools which were reported by participants to not be sufficiently clear to them.
3. Produce and circulate a one-page information sheet. This will outline how data that is collected from children and families by ABC staff, for the purpose of outcomes measurement, will be analysed and used to inform service development.
4. Have the promotion of a positive learning culture around implementation as an item on staff supervision agendas.
5. Establish a specific forum to be held twice a year to share information around implementation across sites and discuss. This would include sharing information on practices at a local level that are working well. This forum should be online to maximise participation and should be chaired to ensure effective time management.
6. Conduct leadership development workshops specifically related to outcomes measurement to contribute to a positive culture. These would be attended by managers who deliver supervision. Skills and knowledge developed in the workshop would include maximising manager's capacity to break down complex concepts like quantitative versus qualitative research, and logic models, into simpler, practical explanations for busy staff. Training may also focus on maximising leader's ability to create safe spaces for staff to ask questions, share concerns and innovate.
7. Where possible to do so, limit the data to be collected from families and external professionals by ABC staff by conducting a review exercise of existing data collection tools. The aim is to result in less time utilised in data collection and inputting, valuing of stakeholder's time and placing less burden on staff.

1. Introduction and Rationale

1.1. Background

This report is a result of a partnership project between Trinity College Dublin (hereafter, Trinity) and Tusla, the Child and Family Agency (hereafter, Tusla), supported by the Irish Research

Council, working towards evaluating the implementation of the outcomes framework (see Appendix 4), designed for the Area Based Childhood (ABC) programme. This project has been funded by Tusla with the aim of evaluating the implementation of the outcomes framework within the ABC programme.

The ABC programme is a prevention and early intervention programme implemented by 12 service sites across Ireland (CDI, 2022). The ABC outcomes framework has been developed to:

a) *Provide an opportunity to measure collective change and improve practice and learning within the ABC programme.*
b) *Provide standardised language, definitions and measures for the collective change articulated by the ABC programme.*
c) *Build evidence of what works and what may need to be adapted.*
d) *Support improved quality and evidence-based decision making.*
e) *Underpin external evaluation processes.* (CDI, 2022: 1)

After several consultations and reiterations, a common measurement framework has been designed to achieve the aforementioned objectives. The rationale for the present study will now be presented.

1.2. Context

To understand the context and the rationale for this research study, it is essential to throw light on two important concepts that form the foundation of this project – i) Outcomes evaluation and ii) Implementation research. This section will elaborate on the importance of these two concepts within the context of the human services.

1.2.1. Outcomes evaluation

An 'outcome' is the result of a process or action(s). In child and family services, desired outcomes from the process of service provision might include things like improved rates of school attendance or an increase in children reaching their developmental milestones. From here, desired outcomes are oftentimes put into an outcomes framework, which is an evaluative planning tool that often includes outcomes, indicators of those outcomes, data collection approaches, measures of change, data sources, and other things (Winter and Ohmer, 2014; Kellogg Foundation, 2017). Outcome measurement is the process used to determine if a programme has done what it set out to do with reference to its outcomes (Kellogg Foundation, 2017). In this context, objectives of a service can refer to desired outcomes which include the sought-after impacts of the service on the lives of service-users (Bovaird and Davies, 2011; Benjamin, 2012). In child welfare, outcome measures are tools that quantify the health, safety and wellbeing of the child, parent or family often used to evaluate the effectiveness of an intervention (Hood et al., 2020, p.319). An outcome measure often refers to a change in service-users' state, for example, a change to their behaviour or their knowledge that is measurable (Forrester, 2017).

An outcomes framework is used as an evaluation planning tool that contains outputs, outcomes, indicators, measures of change, data collection methods and frequency and data sources (Kellogg Foundation, 2017; Winter and Ohmer, 2014). The experience of Family First gathered by Winter and Ohmer (2014), illustrates the usage of evidence to set up a valid and reliable evaluation framework which allows clear decision making and improvement in the quality of services while

generating knowledge regarding effectiveness of established programmes. The actual implementation of outcomes, developed from evidence, may happen in an incremental and stepwise fashion, with interim and final outcome accomplishments in some cases (Tunstill and Blewitt, 2015).

Literature in outcomes frameworks indicate that the nature of outcomes evaluated may vary depending on the objective of the programme and the evaluation. In a review of performance (outcomes) frameworks in the non-profit sector by Lee and Nowell (2014), it was found that frameworks majorly focused on change in client behaviour or condition, client satisfaction, public value, and the efficiency in managing stakeholder relationships. The present study focuses on the implementation of outcomes framework focused on improvement in service user behaviour, circumstances, and conditions.

Outcomes measurement using an outcomes framework should not just be integrated into the work of a service in an unthinking way. Rather, advance planning will increase success including hypothesizing about causes, effects and relevant variables (Kellogg Foundation, 2017). In order to plan on a theoretical level for making change happen, it was required that each ABC service creates their own logic model. The logic model involves recording key information to inform a theory of change. This information generally includes recording the current circumstances of the service, desired outcomes, impacts, considering research evidence around what works well, and inputs like investment or funding from a particular source. Outputs expected are also written and the activities required. An example of an activity might be frontline service delivery. Short-term outcomes like improved service user coping, and long-term outcomes like belongingness in the community, can also be included in a logic model. For an example of a logic model, please see appendix 5 for the National ABC Logic Model.

1.2.2. Need for implementation research

In understanding the need for implementation research, it is first necessary to understand that there is a difference between actually implementing an outcomes framework, and implementation research. Implementing a framework, involves the work of putting the outcomes framework and outcomes measurement into the practice and work of the service such as staff changing the way they do tasks. Implementation research is the study of implementation and may include data gathering through the service for various reasons. While designing a programme or a framework (in the case of this study), the theoretical and the practical feasibility of the initiative is taken into consideration. However, it then becomes essential to assess the resource capacity of the agency (service site) to implement the said programme (Werner, 2004). This can be offered by implementation research.

'Fidelity' can be viewed as the extent to which a programme or intervention is implemented as per plan. Fidelity is defined by the agency's adherence to the programme, the 'dose' and the quality of programme delivery (Chambers, 2023). A well-designed programme can be truly evaluated to its potential only when it has been implemented with fidelity. Implementation researchers investigate the aforementioned facets of implementation, diagnose potential problems, and suggest solutions to improve implementation (Werner, 2004).

There could be many personal and structural barriers that impede the successful implementation of a programme (Chambers, 2023). Implementation research explores the factors that affect implementation process (Peters et al., 2013). Complex methods to capture the views of

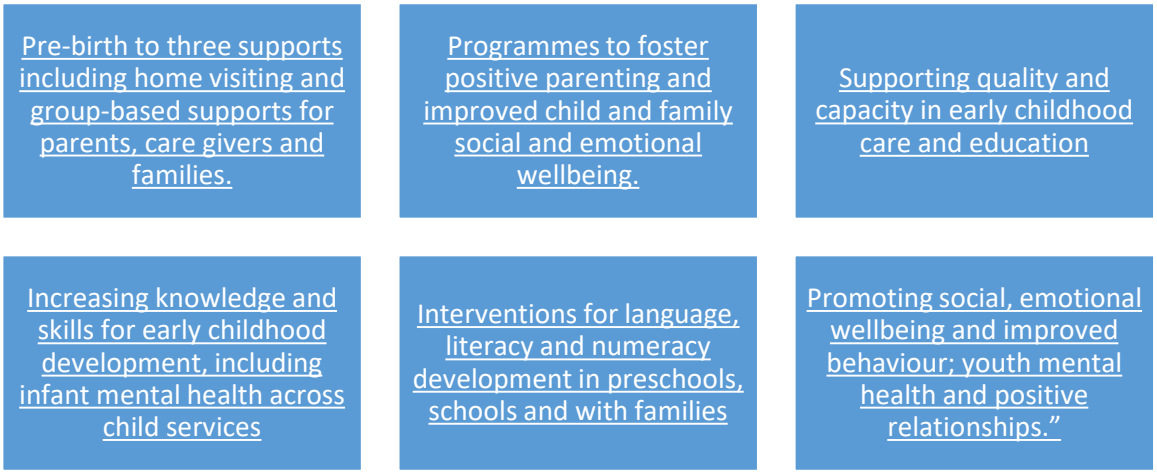
multiple-stakeholder perspectives on implementation is essential as different stakeholders have varied opinions about expected outcomes of the programme (Chambers, 2023). Implementation research assesses the "real world" implications of an intervention by working with those who are directly affected by the programme (Peters et al., 2013).

1.2.3. Context of implementation

Before moving into the aims and objectives of this study, it is important to understand the context in which this study is being conducted. This section will provide some context on the ABC programme and its effectiveness, the need for adopting the outcomes framework and the stage of implementation. As outlined in the introduction, the ABC programme has been designed to be a prevention and early intervention programme. One of the strengths of the ABC programme is that it uses evidence-informed interventions to work with children and families from areas where outcomes are poorer. This is critical considering the limited resources programmes have in terms of funding, time, and staff.

Currently, the ABC programme has approximately 170 – 200 staff, both full time and part-time across the 12 sites. The occupational roles that the ABC programme encompasses are practitioners, coordination, training and support, coaching and mentoring, and research. The three levels that work pertains to, includes (1) direct service delivery, (2) workforce capacity building, and (3) systems change. All ABC sites have a manager with a range of other staff roles including home visitors, infant and early childhood mental health workers, early years mentors, parenting support, family support, speech and language therapists, public health nurse, language and literacy supports, social and emotional development worker, restorative practice workers, research / data officers and administrative staff.

The figure below illustrates broad areas of work that the ABC programme undertakes (ABC programme, 2020).



The features of the ABC programme include: an area-based approach, addressing local needs, early interventions, using evidence-based and evidence-informed interventions and using a structured approach to deliver services (Hickey et al., 2018). A national evaluation project commissioned in 2016 found evidence that indicated that the ABC programme had a positive impact on parenting outcomes,

learning, health, and development outcomes of participating children. Parents of children reported improved home learning, and social-emotional well-being after the intervention (Hickey et al., 2018).

Design and implementation of the outcomes framework

At the centre of the ABC outcomes framework is the socioecological theory that provides a conceptual frame to child wellbeing. This has resulted in interventions that prioritise children by placing them at the centre, acknowledging the influence of multiple contexts on their well-being and understanding the interactions among these contexts. This approach is widely accepted and valuable for research with children (CDI, 2020: 2). The outcomes framework has been designed to focus on outcomes with a measurable contribution to the national programme. The ABC outcomes framework has been initiated from August 2022. ABC areas have integrated the outcomes into their organisational logic models. A 'logic model' refers to a theory of change, which for the ABC services, should link to the ABC outcomes framework. Ongoing training has also been provided for the staff members across all ABC sites. At the time of writing, the ABC sites are in their early stages of the outcomes framework implementation.

Further scope for outcomes framework

The context to the implementation of an outcomes framework within the ABC service, is the wider agency-wide outcomes framework in Tusla. The ABC outcomes framework is also, rather than being a separate entity, a framework that will work in harmony with the agency-wide framework.

1.3. Aims and objectives of the study.

The central research question that this study explored is 'What are the barriers and facilitators in the implementation of the outcomes framework across the ABC programme?'

The specific project aims are to:

- Identify strengths, barriers, enablers, gaps, and opportunities in the implementation of the outcomes framework.
- Produce clear, practical, realistic, and implementable recommendations for Tusla that will allow them to inform future implementation of outcomes frameworks at and above the ABC programme level.

1.4. Structure of the report

This document will present a detailed review of literature on this topic (Section 2), followed by a brief presentation of the research methodology (Section 3) employed in the study. The findings (Section 4) will present themes from the focus group discussions and statistical findings from the survey conducted with the staff members of various ABC sites. Section 5 on discussion and conclusion locates the findings of this study in context of existing literature and previous research conducted on this topic. Section 5 will also present useful recommendations towards improving the implementation of outcomes frameworks. The appendices attached at the end of this document contain important resources and instruments used throughout the course of the project.

2. Literature review

2.1. Evidence-based practice in child and family services

Kellogg Foundation (2017: 27) describes an outcomes evaluation as a process that is used to investigate whether a programme achieved its intended objectives. Bovaird and Davies (2011: 93–4) refer to outcomes as being 'the results that services provide that have an impact on the lives of service users and citizens.' As such, outcomes evaluation offers a way to embed a clear evidence orientation (Monson et al. 2022). Here evidence can be used to support programme decision making across various lines including, assessing programme accessibility and service-user needs (Rossi et al. 2004). Outcomes evaluation as evidence-based practice allows a programme to determine whether it has done what it set out to do, with regard to predetermined objectives, that can be assessed via indicators (Kellogg Foundation, 2017).

Evidence-based practice (EBP), more generally, is conceptually rooted in the natural sciences, initially called 'evidence-based medicine' (Forrester, 2017; Marks, 2002; Monson et al., 2022). Sackett (1996: 71) defines evidence-based medicine as "the conscientious, explicit and judicious use of best evidence in making decisions about the care of individual patients" which integrates knowledge from relevant research along with clinical expertise to inform the clinician's decisions. Human services and professions like social work and social care are increasingly focusing on EBP to meet the growing need for accountability and programme effectiveness in the sphere of public services (Cnaan, 1991; Drake and Hodge, 2022; Groth Andersson and Denvall, 2016; Head, 2008; Lee and Nowell, 2014; Munro, 2004; Soydan, 2007; Tilbury, 2004; van der Zwet et al., 2016). Within this, the term 'human services' is commonly used to refer to a wide variety of interdisciplinary services that serve to meet human needs, which would include the ABC programme.

Over the years, the practice of generating and using evidence has grown in family support, social work, social care, and human services practice due to several reasons. Most prominent reasons that are identified in the literature are (1) Informed decision making: Organisations could use the best evidence to design programmes targeting complex issues (Drake and Hodge, 2022), while they may use outcome measurement for decision making and knowledge generation regarding the effectiveness of the research based intervention (Winter and Ohmer, 2014); (2) Accountability to funders and government: Outcome measurement demonstrates proper usage of resources (Drake and Hodge, 2022; Kellogg Foundation, 2017; Lee and Nowell, 2014; Monson et al., 2022; Owczarzak et al., 2016; Tilbury, 2004); (3) Professionalisation of social work and social care: Using evidence makes social work and social care a rational and standardised professional practice that can be subjected to empirical inquiry (Drake and Hodge, 2022; van der Zwet et al., 2016) and to improve the transparency in the functioning of practice (Soydan, 2007). As Head (2008) notes, good interventions are grounded in evidence at all stages of the programme - design, implementation, and evaluation.

It should be noted that Tusla and the ABC programme take an evidence-informed approach rather than an evidence-based approach, although the majority of ABC interventions could be classed as evidence-based.

2.2. Outcomes measurement in child and family services

"Human services are accustomed to periodic extravagant claims of discovery of some new 'most potent' treatment" (Cnaan, 1991: 51). Child and family welfare programmes are shaped not just by empirical evidence but also by values and beliefs of the local context (Littell and Shlonsky, 2009). Therefore, it is pertinent to empirically test the effectiveness and fallacies of programmes. This is particularly the case because programmes may often be theorized to be successful as the consequences of ill-informed programmes are irreparable.

Child welfare and family support service providers navigate the forces of stakeholders and community context to help families and children, they are also required to think critically and make sensitive decisions to improve the outcomes for their clients (Lwin and Beltrano, 2022). Due to the contextual nature of child welfare and family support services, outcomes measurement has certain benefits and limitations. Outcome measurement is beneficial as it is an objective tool to check service provider's judgement of effectiveness and it facilitates consistent assessment of progress (Hood et al., 2020). However, there are concerns in using quantitative tools in child welfare and family support service evaluation due to the validity of the measures used (Hood et al., 2020). There are mixed views regarding the measurement of outcomes given the subjective nature of these services.

Previous literature regarding the attitudes of service providers indicates that ambivalent and negative attitudes towards outcomes measurement is a common concern for the successful implementation of outcomes measurement (Gray et al., 2012; van der Zwet et al., 2016). Evidence from the United Kingdom also demonstrates that outcomes for children's social care can be very general whilst research evidence is much more narrowly focused such as pertaining to experiences of services. This results in an unhelpful disconnect between research evidence and broader outcomes (La Valle et al., 2016).

Although this is a complicated endeavour, there are fortunately examples of outcome measurement to consider, many of which derive from the United Kingdom. In congruence with the design of the ABC outcomes framework, Centre for Social Care (2018) in the United Kingdom developed an outcomes framework around children's rights while taking into consideration all the stakeholders who play a role in the child's healthy development. Here, outcomes measurement work is seen to be a developmental process achieved with consultation with stakeholders such as children and young people, practitioners, and researchers. Even so, there can be a lack of consensus and shared understanding about outcomes that are expected for service users within human services (Mensing, 2017). There are also generally multiple types of outcomes, from child outcomes to service outcomes that may result in varied implementation needs and experiences (Tunstill and Blewett, 2015). Alignment of the service provider's and the manager's understanding with respect to the meaning of each outcome, the objective of the measurement and the intricacies involved can be very challenging to achieve.

Another helpful example of outcomes implementation is the Troubled Families Programme which was a large-scale initiative launched in 2012. In phase one it sought to change the lives of 120,000 families. In this initiative, outcome measures were clustered such as pertaining to children in need of support, or to families involved in crime (Day et al., 2016). The United Kingdom Government Outcomes Lab, established in 2016, was an initiative aimed at guiding practitioners to produce outcome-oriented models such as this, within public service provision. The Lab outlined that an

effective outcomes framework ought to encompass, among other qualities, measures by which each outcome can be determined to have been achieved or not, as well as clear targets for each outcome.

2.3. Factors influencing the implementation of an outcomes framework.

Measurement of outcomes is a structured process (Benjamin, 2012). Increased focus on outcome-based measurement and commissioning of external groups in undertaking this work falls within a wider performance management agenda in the public sector, which is evident in the United Kingdom with respect to payment or contracting of work (Rees, 2013). In Ireland, Tusla have a model of commissioning work that is grounded in achieving measurable, sustainable, efficient outcomes. In doing so, available resources are a key consideration (Gillen et al., 2013: 1).

While developing an outcomes framework may not appear complex, operationalising outcomes and measuring outcome implementation is highly challenging and complex. Social care and human services are complicated and therefore the difficultly of implementing and measuring outcomes for these services is often not appreciated enough by policy makers (Forrester, 2017). In the National Policy Framework for Children and Young People 2014-2020 Better Outcomes Brighter Futures: (BOBF) in Ireland, high level outcomes such as that children are safe and protected from harm, seem intuitively correct for instance, and not particularly challenging to monitor (Department of Children, Equality, Disability, Integration and Youth [DCEDIY], 2014). The actual implementation of such outcomes and measuring progress towards these outcomes is not as simple.

Outcomes frameworks can positively impact child and family welfare services only when they are implemented with fidelity (Côté and Gagné, 2020). Implementation has an important role to play in the assessment of the value of a well-designed framework. The implementation process is shaped by multiple forces and interactions within an organisation. In Tusla, the implementation of their commissioning model requires, in the first instance, an overarching outcomes framework. This framework must be efficient but also complemented by meaningful and usable guidance internally as well as adequate engagement with internal and external stakeholders (Shaw and Canavan, 2018). Once these measures are in place to a high quality, then the implementation of the outcomes framework can be expected to work better. It is essential to understand the factors that influence implementation to increase facilitators and reduce the barriers to the implementation process. Literature in this area points out several factors at the organisational level and the professional level that may act as facilitators and barriers to the implementation of an outcomes framework.

Several studies in implementation research have found attitudes of frontline staff to be related with the way the practice is being implemented (Acri et al., 2020; Gray et al., 2012; van der Zwet et al., 2016). Frontline staff have expressed concerns regarding the capacity of outcomes measurement to capture the quality of their work meaningfully (Benjamin, 2012) and perceive it to be an expression of hierarchical control (Burton and van den Broek, 2008; Groth Andersson and Denvall, 2016). The way staff used the measurement tools also depended on their perception of how parents may respond to it (Hood et al., 2020). Bovaird, Dickinson, and Allen (2012) found that even though it is logical for organisations to set goals to improve performance at a managerial level, it is challenging to design measures on the ground. More research and theoretical work is needed around

implementation measurement and monitoring to help scholars, policymakers, managers, and practitioners in this process (Nuffield Foundation, 2019).

Moreover, there are a number of organisational issues that contribute to the suspicious attitudes of staff (Marks, 2002). These include staff having high workload (Monson et al., 2022) and time constraints (Gray et al., 2012; Monson et al., 2022; Oh et al., 2021), lack of understanding of the evaluation tool (Monson et al., 2022), training and resources for effective implementation (Gray et al., 2012; Hood et al., 2020; Marks, 2002; Oh et al., 2021; Perrin, 1998) and lower educational exposure to EBP (Finne and Malmberg-Heimonen, 2021; Oh et al., 2021). Literature shows that outcomes measurement enthusiasm and interest at the practitioner level is lower than that of policy and management levels. Prioritisation of outcomes is also gaining increasing disapproval (Tunstill and Blewitt, 2015).

Additionally, previous research indicates that a shift in the organisational culture (Bertram et al., 2014; Gray et al., 2012; Nicholas, 2003; Oh et al., 2021) and adequate supervision (Gray et al., 2012; Hood et al., 2020; Monson et al., 2022) is necessary to change frontline staff's perception of outcomes measurement from being an 'audit' of their work to a learning activity. Studies have found that involvement of staff and stakeholders in the process of designing evaluation tools combined with sufficient time to apply the tools in practice encourage staff to use the tool (Cnaan, 1991; Munro, 2004; Nicholas, 2003; Perrin, 1998; Yardley, 2014). Yet, some authors argue that prescribing outcomes can be limiting and damaging to the ethos of frontline work and that value for money and evidence-base focuses can be harmful to the quality of work. Soft outcomes, like a sense of being cared for in a relationship with a professional, need to be accounted for, as well as 'hard outcomes' which refer to clearly measurable, quantifiable results (Crawford and Pollack, 2004; Kiely and Meade, 2018). In Sebba et al. (2017) for instance, where 45 United Kingdom projects were evaluated, hard and soft outcomes were both measured, with an example of a hard outcome referring to a reduction in youth crime and an example of a soft outcome referring to improving family resilience.

Overall, the purpose of this review was to consider factors associated with investigating the implementation of an outcomes framework within a service like the ABC programme. The intention is not to evaluate the outcomes framework itself, but to investigate barriers and facilitators to its implementation. The outcomes framework might be described as a mid-level outcomes framework. In this context, literature suggests that many factors may impinge upon the implementation of such a framework, including staff attitudes, coordination and common understanding, availability of resources, guidance, measures, and targets.

2.4. Conclusion

From previous research in the areas of EBP, outcomes measurement in child welfare, human and family support services and implementation research, it is understood that empirical evidence can be used to inform the design of an evaluation tool such as the outcomes framework as well as testing its implementation. Within this, various factors play a role in the implementation process of an outcomes framework.

3. Methods

3.1. Research method and rationale

It was decided that a mixed method study design would be best suited for the study's aims. The study contained two phases with different data collection tools within each. Information on the research participants, the design and use of the data collection tools employed in this study will be explained below.

3.2. Research participants

As this study aimed to understand the facilitators and the barriers in the implementation of an outcomes framework, the participants of the study were both managerial and frontline staff members who had the experience of implementing the outcomes framework and the willingness to participate.

3.3. Data collection methods

In the first phase of the study, two focus group discussions were conducted. A focus group guide (see appendix 2) was designed based on a preliminary literature review. The focus group discussions were conducted online using Microsoft Teams. It was decided to hold the focus groups online to improve participant attendance. The automatic speech to transcript function on Microsoft Teams and sister technology Microsoft Stream was used to transcribe. The recording was cross-checked to ensure that the transcript is accurate and free of errors. The transcript was then fully anonymized. Information that could lead to participant identification was removed.

In the second phase of the study, a survey was designed using the thematic findings of the two focus group discussions. This survey was distributed to all staff members within the ABC programme.

3.4. Sampling and recruitment

In both phases of the study, recruitment of participants was done through a gatekeeper appointed by Tusla.

3.4.1. Focus group arrangements

For the focus group discussions, an invitation letter was sent to the gatekeeper who shared this to all ABC programmes. Interested participants were asked to communicate interest by returning the signed consent forms to the research team by email. It is ideal to conduct focus group discussions with six – eight participants (Krueger, 2014). The first focus discussion had five participants and the second discussion had seven participants.

3.4.2. Survey

The survey was created on Qualtrics. Since the participants of the survey were geographically distributed, it was decided that an online survey will be most effective to ensure maximum response rate.

3.5. Data analysis

3.5.1. Focus group method

For the Focus Group Discussions (FGD), this study applied qualitative thematic analysis to examine and interpret the data, aiming to provide a detailed and comprehensive understanding of the information shared by participants. The analysis followed the principles outlined by Braun and Clarke (2006). The FGDs were recorded and transcribed. The researchers were familiarized with the data. The verbal data was coded using 'descriptive coding' method to break down the data into manageable packages. The codes were then analysed to identify specific 'themes'. The different codes were collated, and the process of 'searching for themes' was initiated (Braun and Clarke, 2006).

3.5.2 Survey

The survey data was downloaded onto Microsoft Excel for analysis. The data was checked thoroughly for any identifiable information and cleaned before analysis. Since the survey contains both open-ended and closed questions, two kinds of analysis were performed – statistical data analysis techniques and qualitative thematic analysis (for open-ended questions).

3.6. Ethical considerations

This project has been conducted with a primary intention to reduce and minimize any risk of harm for participants. Ethical approval for this study has been obtained from two independent Research Ethics Committees (Trinity and Tusla).

Participants of this study are employed by Tusla. Since this study has also been commissioned by Tusla, the participants could have been cautious with their opinions on the implementation of the outcomes framework. The participants may have felt that their opinion may impact their position within the organisation negatively. However, this ethical concern has been minimized by informing participants in their information sheet (see appendix 1) under the 'disadvantages of participating' so that they can make a well-informed decision. Further, participants were also assured that their names, positions (role within their organisation) and gender will be changed or removed to ensure full protection of their identity.

Participants were provided with a detailed information sheet which explained the voluntariness, benefits, and disadvantages of participating in the study. The information sheet also explained the limits to confidentiality and the participant's rights to withdraw from the study. All data sets were thoroughly screened for identifiable information to protect the identity of participants. Identifiers such as gender and positions/capacity within the organisation were removed.

4. Findings: Focus groups

4.1. Introduction

The previous chapter of the report outlined the methodological considerations taken over the course of this project. This chapter will present the thematic findings from the two focus group discussions (FGD). The first focus group with managerial staff (n=5) at different ABC sites was conducted in July

2023. The second focus group with front-line staff members (n=7) was conducted in September 2023. Across both focus groups, 3 themes were found – Facilitators to the implementation of the outcomes framework: Barriers to the implementation of the outcomes framework and Perspectives on the outcomes framework. First, we present here the findings from the FGD with managerial staff, followed by the FGD with front-line staff.

4.2. Focus Group: Managerial staff

The FGD with managers was conducted first as it was important for the participants to have had the experience of implementing the outcomes framework within their service sites. At this stage, it was only the managers of the ABC service sites who had interacted with the outcomes framework to any great extent. Five managers across different ABC service sites participated in the FGD. The thematic findings of this first FGD are presented below.

4.2.1. Facilitators

Among the facilitators or factors that helped in the implementation of the outcomes framework, the most significant factor identified as being necessary for successful implementation was a named member of staff, whose role it was to guide other staff members in navigating implementation within their ABC programme. Managers found interactions with this staff member insightful and helpful. Liam said, *"He fed us the elephant one bite at a time… step by step… staff really found that helpful to wrap their heads around it..."*. Sinéad discussed how managers valued the presence of implementation facilitators called 'QIT [quality implementation training] champions', *"I can refer to them…instead of one person trying to bring the team along, there's three people…"*. Simultaneously, effective leadership was deemed essential in offering a clear sense of direction, *"I think having a national person with a national lead responsibility that's critical"* (Éabha).

Prior familiarity with the outcomes framework proved to be advantageous in easing into the implementation process. Éabha, a manager from one such service site, thought they *"had a bit of an advantage on others and because we've been kind of living and breathing it"*. Finally, among important facilitators, similarity between the outcomes framework and existing working patterns within organisations was found to be advantageous. This was evident, for instance, in the case where the workings of one chapter of ABC already aligned with the outcomes approach: *"that's the way we've been working for a long time"* (Aisling).

4.2.2. Barriers

Managers were asked to reflect on the factors that hindered successful implementation of the outcomes framework. Resource deficits were one of the barriers identified. Budgetary constraints were a challenge as managers observed that implementation was accompanied by the additional costs that different sites or chapters of ABC would incur. To this, Liam added, *"because it requires additional resources that we don't have…I mean that's a barrier to implement it, right*".

Resources were short, not only in terms of finance but also in terms of time and staff. Turnover of staff meant time was exhausted on training new people repeatedly, whilst staff shortages were also taxing, Liam said that their team *"had problems inputting it because we don't have the staff for that"*. In some ABC sites, the absence of research personnel and expertise was a barrier to the

implementation of the outcomes framework, *"... staff… will either need more direct research resources or staff will have to be more skilled."* (Sinéad).

Being a smaller chapter of the service also had its drawbacks, including delays in decision-making and more reliance on the national team. In agreement with this, Sinéad stated they *"had to wait for national decisions to be made because we're just not in a position to be able to develop our own systems and frameworks"*. Practitioner unavailability was also cited as a barrier, *"trying to get very busy practitioners like teachers and early years involved"* (Sinéad).

The intricacy of the tasks presented difficulties, particularly in showcasing and accurately depicting this complexity. Participants demonstrated awareness of the complexity of how change and improvement occur. The limitations of outcomes measures for demonstrating the causal impact of the programme were recognized. Despite these limitations, their utility was also recognized:

> *"Can we demonstrate that we have, you know, prevented children from not achieving their milestones? No, we can't do that. But what we can demonstrate is that children in disadvantaged communities are achieving their milestones where they previously haven't. So, I think there are complexities to that"* (Éabha)

Changing years of practice habits was also a challenging task. Éabha felt that *"asking people to change after a number of years is very difficult…is going to be a slow process"*. There was also a reported lack of clarity among the practitioners regarding what the outcomes framework fully entailed, *"when we talk about fully implementing the outcomes framework, I'm still myself kind of not sure what that means…and that relates to the barriers"* (Éabha). Further, manager's strength in social and relational skills, rather than research competency was noted. Sinéad thought *"it would always be the research element that people would struggle with…because usually our talents or our personalities are more towards the fact that we can understand people and work with people"*.

4.2.3. Perceptions towards the Outcomes framework

The third and final theme of the analysis was manager's perspectives towards the outcomes framework. This theme captures both attitudes to the framework and the way in which it is understood. Consequently, the findings within this theme will be presented in two sub-categories: Attitudes towards the outcomes framework; and Understanding of the outcomes framework.

Attitudes towards the outcomes framework

From the analysis of the discussion, it was found that the managers' attitudes reflected ambivalence. Managers held positive attitudes with a 'welcoming' aesthetic to them, *"we welcome the outcomes framework development because it's going to help us…to ensure we're not doing our own thing"* (Liam). To this, Sinéad added, *"we really do welcome the development of this outcomes framework…to demonstrate the positive impact"*.

However, there was an unspoken pressure experienced while implementing the framework. Managers (Aoife and Liam) felt 'overwhelmed' by the outcomes framework before any training. For Aoife, *"Initial thoughts, overwhelming project… 'how are we going to do this?' So much is being asked of us"*. Further, managers (Aisling and Liam) reported that staff are worried about implementing the outcomes framework properly. Among managers, concern about negative feedback and not being

able to demonstrate a positive impact emerged, *"it's getting clear about the value of getting feedback that you don't want to hear…to improve*" (Aisling). The possibility of being compared with other ABC sites, was worrying despite the context and capacity of each being different, and Aisling believed that *"something that people are naturally afraid of, is comparison"*.

Understanding of the outcomes framework

Implementation was perceived as a process which required an open mind. Liam felt that *"we just have to be really open that the data we're going to be collecting is going to be weak".* Managers felt that for implementation, constant effort would be needed, *"it's not a one-off piece of work, this is going to be constantly evaluated and is evolving* " (Sinéad). Three out of five of the participants (Sinéad, Aoife, Liam) expressed concerns over the capacity of the framework to capture a comprehensive picture of their work including its complexities. Most of their concerns were centred around the quantitative nature of data collection used to measure success in meeting outcomes within the framework. In agreement with this, Liam said *"without the qualitative piece that's well implemented to go along with the pre and post, we're not going to know the impacts of our interventions. We're just not"*. Here, the understanding was that qualitative data would not be gathered on service-user experiences, but instead quantitative measures of outcomes will be used.

There were also apprehensions that the framework could produce misleading or inaccurate results if the implementation was flawed, *"sometimes the post can be worse than the pre and you don't know what's happening, but it can be something as stupid as the way it was administered or whatever, not the actual impact"* (Liam). For the outcomes framework to be implemented with fidelity, good communication and understanding were deemed necessary, and Aisling felt that *"there was a lot involved in getting everybody up to speed"*.

Finally, the focus group results revealed that the managers perceived the outcomes framework to be an impact measurement tool (considering the monetary investment) of the work they did, *"we are investing all this money and we want to know what the impact is"* (Aisling). Further, the framework was also seen as a means to standardise the diverse operations of the ABC sites, and Aisling argued that *"this is really showing us how to use more standardised measures that will support us."* Sinéad added, *"it helps with streamlining and making it easier"*.

4.3. Focus Group: Front-line Staff

On considering the views of the managers of different ABC sites, the voices of front-line staff were taken to complement and contrast these views. From the literature within human services, an absence of consensus and recognition of the outcomes that are expected to be achieved for service-users is not unusual (Mensing, 2017). It was therefore deemed important to establish possible areas of consensus or divergence on the implementation of the outcomes framework between managers and frontline workers. We now present the findings of the second FGD with front-line staff members.

4.3.1. Facilitators

The first theme identified were the facilitators and motivators for implementation of the outcomes framework. Echoing the facilitators and barriers identified by managers, having dedicated personnel and championing staff was beneficial to the front-line staff members. The management team,

coordinators, research department staff, research specialists as well as good interagency collaboration were identified as facilitating factors.

Cara explains, "*we have* [dedicated staff member] *and* [service site] *… we do have a data specialist... she's fantastic and supporting everybody and getting this up and running and reviewing all of our tools and our documents...after that really programme coordinator level are taking on lots of the preparation for this.".* This indicated the value that a designated person for managing data and tools added to the implementation process. Cian adds that having a manager who understands research and is educated was highly valuable. Maeve also observed that simplifying the complex nature of the framework and implementation processes made it more digestible, particularly with regard to training that really broke it down with respect to particular programmes. Such discussion *"really points out the chasm between organisations who have that research staffing and those that don't"* (Cara).

Within this context, it became evident that the sharing of knowledge represented a significant asset. Maeve remarked that, *"I can share that learning with the other programme coordinators and vice versa…it's been really handy to be able to reach out."* Ultimately, motivators worked in conjunction with facilitators to propel the implementation forward. Cillian adds that it is important that the data comes back to people in terms of informing them and that *"there are systems in place to analyse the data".* Otherwise, it could be demotivating if *"it can feel you just gather data, and it goes off to funders...there has to be that cyclical process."* The caveat for Cillian was that staff would need additional time to complement understanding and motivation, and not just benefit from training but also having additional time allocated. For Cian there was a concern, *"if I was confident that the system or the resources were in place to use this information effectively, that would ultimately result in better outcomes for families, then you'd suffer through it.".* For staff, the reassurance that the data would be used effectively would motivate them to implement the framework.

4.3.2. Barriers

The second theme emerging from the focus group were the barriers to implementation for practitioners. Front-line staff members observed that there was a lack of clarity and understanding about aspects of the outcomes framework and associated measures. Maeve threw light on the role of training and conversations to alleviate lack of clarity, *"trainings and the more we talked about it the clearer it became"*. Cian adds, "*you don't want to come across confused. It's about as clear as mud"* whilst Cillian remarked that he *"found it a bit difficult – I'm not very academic*". Throughout participant's narratives was the reoccurring notion that an academic background was needed or at least preferential for outcomes measurement work. Cian reflects, *"I found it at first difficult and I still struggle…I'm not the most academic person...it's very daunting".*

Additional evidence of obstacles to implementation was apparent in perceived ethical barriers. Cillian raised questions about the collection of data related to the outcomes framework, "*how ethical is it for us to be asking families all this information?"* He expressed worry about the ethical obligation to utilize collected data effectively, especially considering their past experiences, [we] "*collected data in the past and it's just sitting there."* In this context, frontline participants felt left in the dark about the actual usage of data collected, as Niamh remarks, "*I feel like there's a disconnect with the front line"* and are left questioning, *"what are we doing with the data?"* Cillian adds in agreement that results are, "*not coming back to support our work for the communities and families".*

Lack of clarity persisted for Cian who said, "*we're going collecting the data, but we have no idea how it's going to be input, who's going to do it and what's going to happen after that. So, it's that big, you know, moral issue"* and we wonder, *"what the hell's going to happen to this data?"*

The front-line staff have a need to collaborate with stakeholders such as teachers and school principals. Cian said, *"it's new and challenging to get other stakeholders on board…that's a mammoth task really to be honest…it takes an awful lot of time…in addition to the full-time job.".* Staff members were worried that stakeholders would no longer be willing to collaborate. Further, Maeve adds, *"English as an additional language, it's really difficult"* when completing the forms. This provides additional insight into the difficulties faced by practitioners. For Cian, such factors could ultimately corrode critical therapeutic relationships with clients that "*could be damaged."*. Orla conceded that colleagues oftentimes held a relational practice orientation but did not always have academic prowess, *"we're not academics…we are more empathetic, I suppose …that's the reason that we're in the job…to support people…that's why we found it cumbersome, I think to do the forms and stuff".*

Cara commented that, despite time constraints placing pressure on staff implementing the outcomes framework, there was also a significant amount for them to grasp about the implementation process. This encompassed aspects such as handling data protection issues, like... *"thinking about GDPR [General Data Protection Regulation] and the information that we're giving to parents…So, we actually did a whole additional layer"* of work. Decisions on administering, organizing, and storing associated data was also troubling and taxing. Cian questioned, *"are we going to do them online?"* and *"what's the safest way to disseminate them?"* Some sites had less research support which made implementation more challenging. This is evident in Cian's observation that, *"we don't have a research person"*. Cillian elaborates, *"I'm the research person in my area and it's a full-time job and I also have somebody else who's working half time. So, for services that don't have a research person, I really feel for them."*

4.3.3. Perceptions

This final theme is concerned with the overall perceptions and understandings of the outcomes framework among front-line staff of various ABC sites. While Niamh was aware *"of the benefits of using these measures and having an outcomes framework",* other participants expressed concerns that the framework would *"take away the flexibility"* regarding practice (Cillian).

Niamh adds that the implementation "*will impact service delivery by taking time away from what the community needs*", a point which Cillian develops, *"I feel ethically we have a responsibility to think about that, to minimize disruption for staff and for families."* It is important to acknowledge the apprehensions and concerns that participants had with regard to possible comparisons being made between theirs and other ABC sites. However, Cara reassured the group saying. "*We have been reassured and certainly by the Tusla staff member, and the training that this isn't a comparative exercise."*

In a similarly positive vein, Cillian observed that the framework had the capacity to encourage *"learning within each area and the uniqueness and specialness of each one, but also the wider learning of the whole"*. Some front-line practitioners, however, perceived the outcomes framework to be a tool for accountability to check *"whether we're doing what we should be doing".* The outcomes framework

was designed to improve organisational accountability however some staff perceived it as related to their own accountability. It is possible however that the use of the term 'accountability' in the focus group discussion may have caused staff to think about their own accountability and thus comment upon it. More broadly, Cillian wondered *"whether we miss an opportunity for learning"* beyond ensuring accountability.

Niamh further explained her worry about the fact that intake forms, utilized for assessing outcomes implementation, requested extensive personal information from clients. *"I'm going to use the words 'intrusion'…in our team like they're going to be undertaken quite reluctantly…".*

Similar to what managers thought about the outcomes framework, Cian shared that a missing qualitative element to outcomes measurement, might not capture a holistic picture of their practice, *"talking to parents face to face, talking to people, face to face, talking to group leaders, face to face, that piece is missing*". Within the theme of perspectives on the outcomes framework, staff expressed both concerns and welcoming attitudes. Nevertheless, a distinct and widespread agreement emerged that the benefits of outcomes measurement were significant when the process was appropriately executed, and when the resulting insights were effectively communicated to the relevant sites.

5. Findings: Survey

5.1. Introduction

The quantitative survey was conducted using Qualtrics and circulated to staff through the gatekeeper appointed by Tusla. This chapter will present the results of the survey. The survey recorded 69 responses in total. As is the case with most online surveys, surveys which did not have 100% completion rate were also considered for analysis. 16 surveys out of the total 69 surveys were partially completed and the remaining 53 were fully completed. The exact number of responses recorded will be presented along with each set of results.

5.2. Results

Staff members' role within the ABC service site

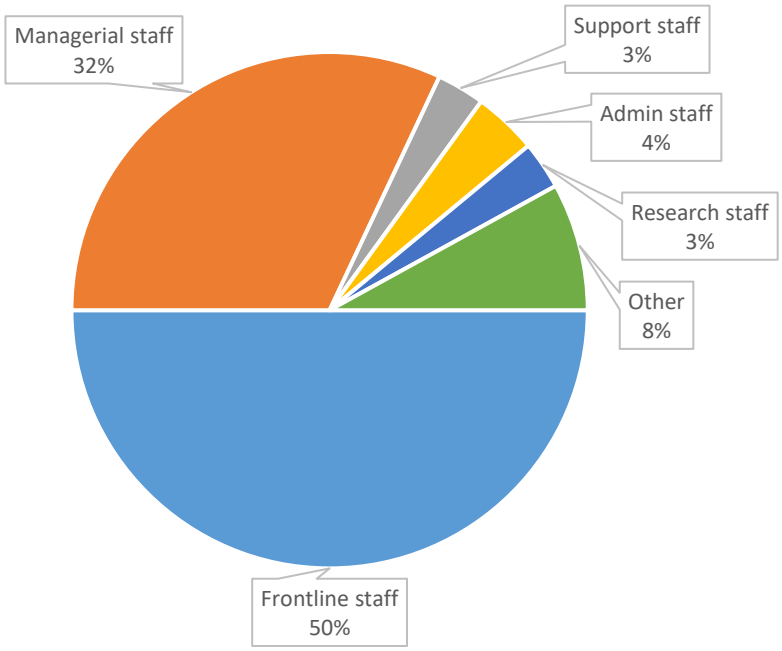
This section will present the descriptive outline of the staff members. Table 1 presents the distribution of participants across different roles within different ABC service sites. It was found that the highest participation was from front-line staff members (50%, n=33) followed by managerial staff (32%, n=21).

Table 1. Distribution of participants by their role within ABC service sites

Role within the ABC service site	Percentage	Count
Frontline staff	50%	33
Managerial staff	32%	21
Support staff	3%	2
Research staff	3%	2
Admin staff	4%	3
Other	8%	5

Total	100%	66

Figure 1. Staff members' role within ABC service site



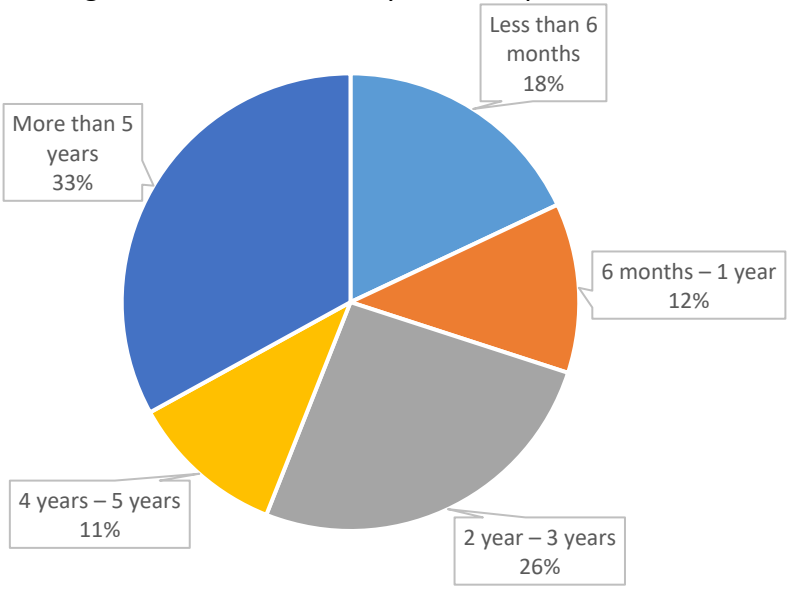
Years of experience

The staff members who participated in the survey were asked about the amount of time they had served in their role. It was found that a third of the staff members (33%, n=22) had more than 5 years of experience. About 11% (n=7) had between 4 and 5 years of experience. 26% (n=17) of the staff had 2 to 3 years of experience. Table 2 and Figure 2 below present this data.

Table 2. Distribution of staff members by their years of experience

Years of experience	Percentage	Count
Less than 6 months	18%	12
6 months – 1 year	12%	8
2 year – 3 years	26%	17
4 years – 5 years	11%	7
More than 5 years	33%	22
Total	100%	66

Figure 2. Staff members' years of experience



Region of service site

Participants were also asked to provide the regions within which their ABC service site was located. From Table 3, it can be observed that maximum participation was from the 'Dublin Northeast' region with 47% (n=31) of responses from this region. This was followed by the 'Dublin Mid Leinster' region which contributed to 30% (n=20) of the responses.

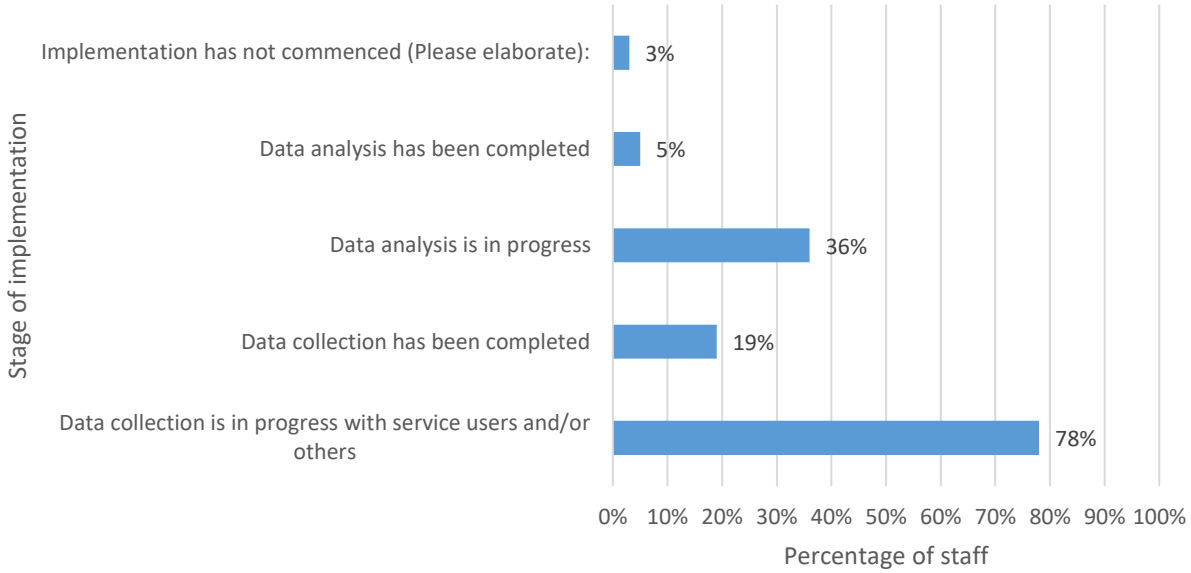
Table 3. Distribution of staff members by location/region

Region	Percentage	Count
Dublin Mid Leinster	30%	20
Dublin Northeast	47%	31
South	20%	13
West	3%	2
Total	100%	66

Current stage of implementation

Participants were then asked to describe the current stage of implementation of the outcomes framework within their service site. Figure 3 presents this distribution graphically through a bar chart. It was found that most of the staff members (78%) reported 'Data collection is in progress with service users and/or others'. 36% of the participants also said 'Data analysis is in progress'. As little as 3% of the staff reported that implementation had not commenced yet. Finally, a small proportion of staff members (5%) reported that data analysis had been completed.

Figure 3. Current stage of implementation as reported by staff



This section of the results chapter discussed the context and background of the participants of the survey. The next section of the chapter will present the factors that facilitate the implementation process.

5.2. Facilitators

As the survey was designed using the findings of the focus group discussion, participants of the survey were asked to choose all the factors that they believed to be helpful in the process of implementing the outcomes framework. Participants were given 11 options (including 'Other' and 'Don't know'). 53 participants responded to this question.

It was found that more than half of the participants (58%) found training sessions to be very helpful. Following training sessions, two factors were identified as most valuable – Having a data specialist or data expert (43%); and similarity of the outcomes framework to the existing structures of the ABC site (42%). Contrary to the finding of the focus groups, 'Conversations with staff member or members' was identified as a facilitator by around 21% of the staff members.

Those who chose 'Other' to this question have elaborated on their responses. A participant has shared that implementation is a 'process that we will learn more as it is used and begin to understand it better' while another participant added that 'previous management change experience' would help in the implementation process. This section discussed the factors that facilitate the implementation process. The next section of the results chapter will present the barriers and concerns that were identified in the survey.

5.3. Barriers

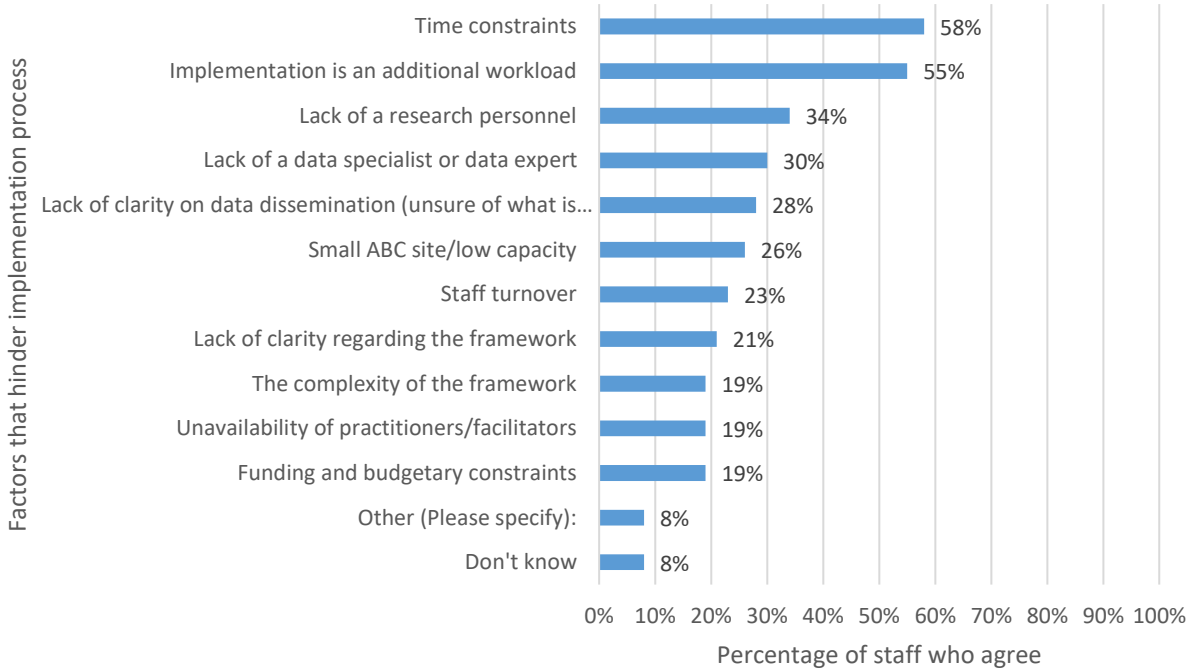
Participants were asked to express whether they agreed that a list of factors hindered the implementation of the outcomes framework. Participants were provided with a list of 13 options (including 'Other' and 'Don't know') to choose from. 53 staff members responded to this question.

The bar chart below shows the percentage distribution of the factors. These factors are ranked from highest to lowest depending on the percentage of staff members who have agreed that a certain factor is a hinderance to the implementation process.

More than half of the participants (58%) believed that 'Time constraints' makes implementation difficult – making this the biggest barrier to implementation. This barrier was complimented by the fact that 'Implementation is an additional workload' (55%). As the process of implementation takes additional time and is extra workload for staff members, it becomes challenging to implement the framework aside from their main workload.

Around a third of the staff believed that a lack of research personnel (34%), lack of data specialist (30%), and a lack of clarity on what is going to happen with the collected data (28%) were additional barriers to the implementation process. The small size of the ABC service site (26%), staff turnover (23%), lack of clarity regarding the framework (21%), complexity of the framework (19%), unavailability of practitioners/facilitators (19%), and funding/budgetary constraints (19%) were all identified as barriers by a quarter of the staff members or less. Several of these barriers were identified by managerial staff members during the focus group discussion. However, lower ranking of these factors can be a result of lower manager participation in comparison to front-line staff members. A participant who chose 'Other' stated that the time between communication regarding the outcomes framework and the intake forms was very short and they felt 'rushed' in the process. Figure 5 presents this graphically.

Figure 5. Distribution of staff members' beliefs about factors that hinder the implementation process



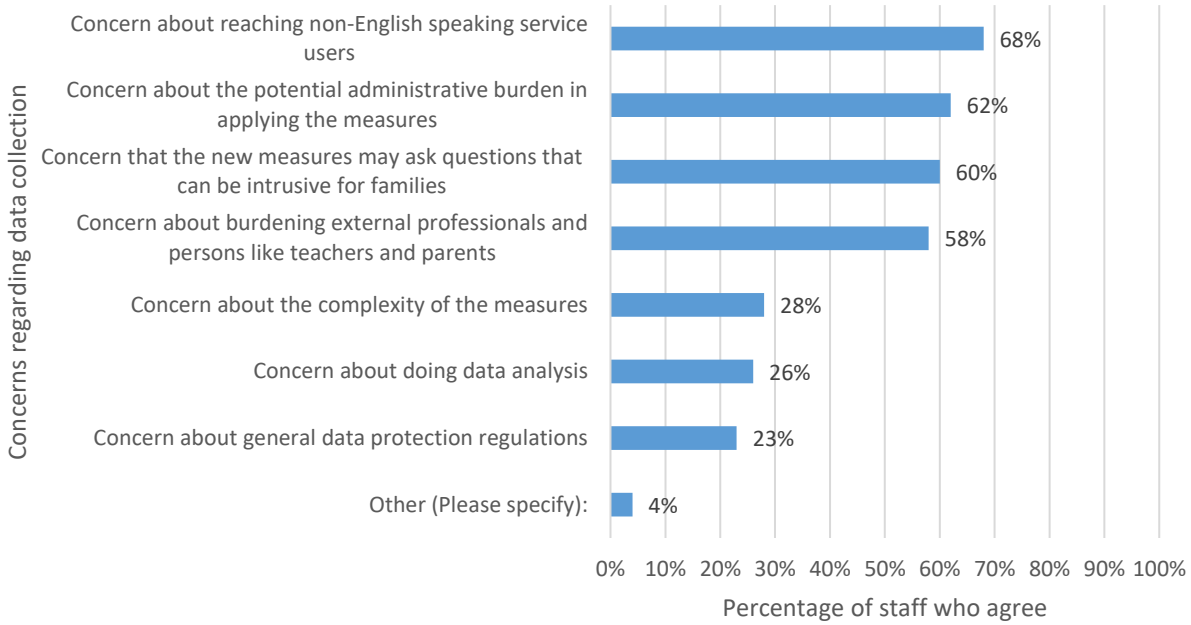
Concerns

Staff members expressed certain concerns they had about data collection (through the intake forms). Although this did not emerge as a structural barrier within organisations, there are certain personal and systemic barriers that emerge from these concerns. 53 responses were recorded for this question.

Interestingly, a majority of staff members agreed that these four aspects of data collection were concerning – a) Reaching non-English speaking service users (68%) b) Potential administrative burden in applying the measures (62%) c) Potential intrusiveness of the questions asked (60%) d) Burdening external professionals, teachers, and parents (58%).

The complexity of the measures (28%), data analysis (26%) and data protection regulations (23%) were concerning for around a quarter of the staff members.

Figure 6. Staff members' concerns about the data collection



5.4. Perspectives towards the outcomes framework

Staff members were asked about their perspectives on the outcomes framework. Staff were asked to express their initial feelings towards the framework. This also included them reflecting on how similar or different the outcomes framework is, to their existing monitoring and evaluation operations. Further, they were also provided with questions about the positive value of the outcomes framework and their understanding of it.

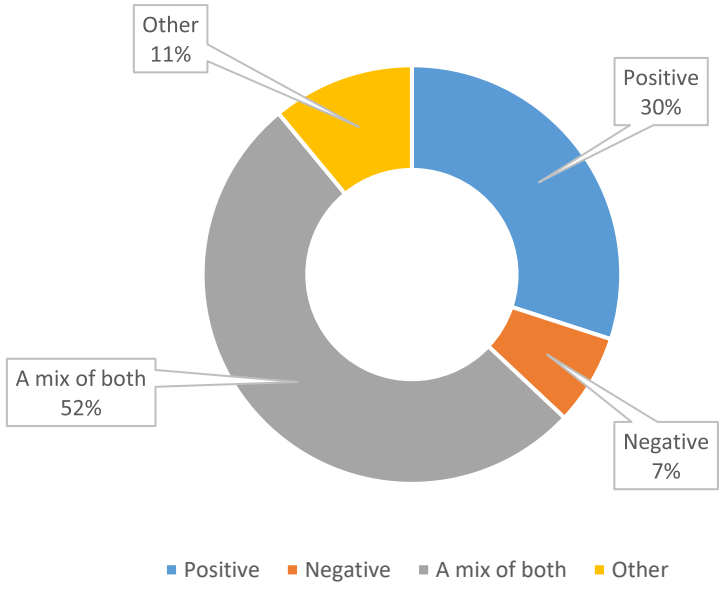
Staff members' initial feelings towards the outcomes framework

First, the findings of staff members' initial feelings towards the outcomes framework (n=56) will be presented. Half of the staff members (52%) expressed that they were feeling a mix of both positive and negative feelings. This is an expected finding as participants have displayed both welcoming attitudes and the concerns they had regarding the implementation process. Around 30% of staff felt positive. This might include feeling welcoming, excited, hopeful, confident, or enthusiastic. Very few staff members (7%) expressed that they felt negative feelings initially. This might include feeling stressed, overwhelmed, afraid, anxious, or confused.

Those who responded 'Other' explained that they '*felt positive'*. However, it was found that the initial mixed feelings were related to staff being 'stretched out' and the difficulty of implementing the framework due to '*interagency work in delivering the ABC services'*. Finally, it was also found that staff experienced mixed feelings as they had previous experience of '*not receiving official responses*

for the information sent' in the past. The figure below illustrates the breakdown of staff members' initial feelings.

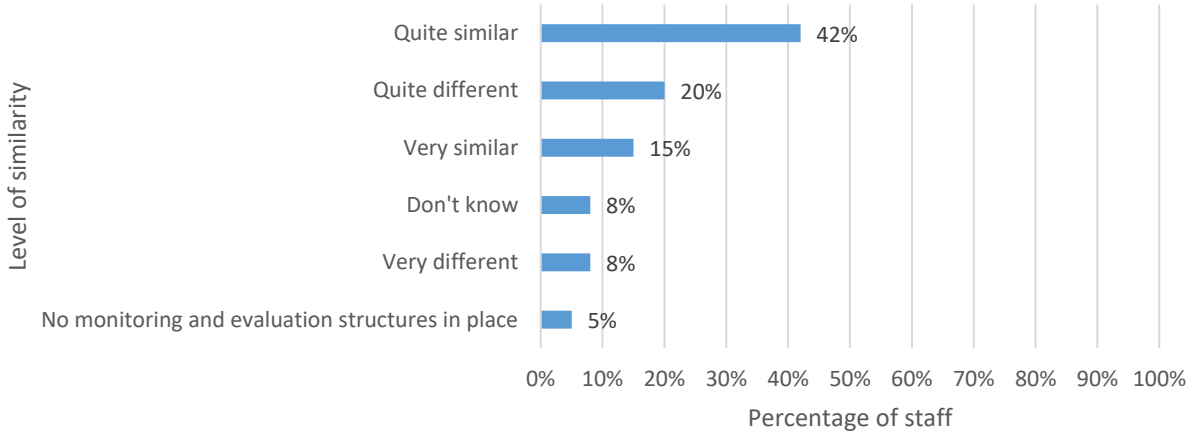
Figure 7. Staff members' initial feelings towards the outcomes framework



Similarity between current monitoring operations and the outcomes framework

Staff were asked to share their opinion on how similar or different the outcomes framework was to their usual monitoring and evaluation (M&E) structure. 59 staff members responded to this question. They were asked to choose one out of 5 options that can be observed from the figure below. 42% of the staff felt that the outcomes framework was 'Quite similar' to their M&E. Only 15% of the staff felt that it was 'Very similar'. 20% of the staff felt it was 'Quite different' while only 8% felt that it was 'Very different' from their usual M&E structures. Finally, around 5% of the staff shared that they did not have an M&E structure in place to compare the outcomes framework with.

Figure 8. Staff perspectives about the similarity between the outcomes framework and current M&E structures

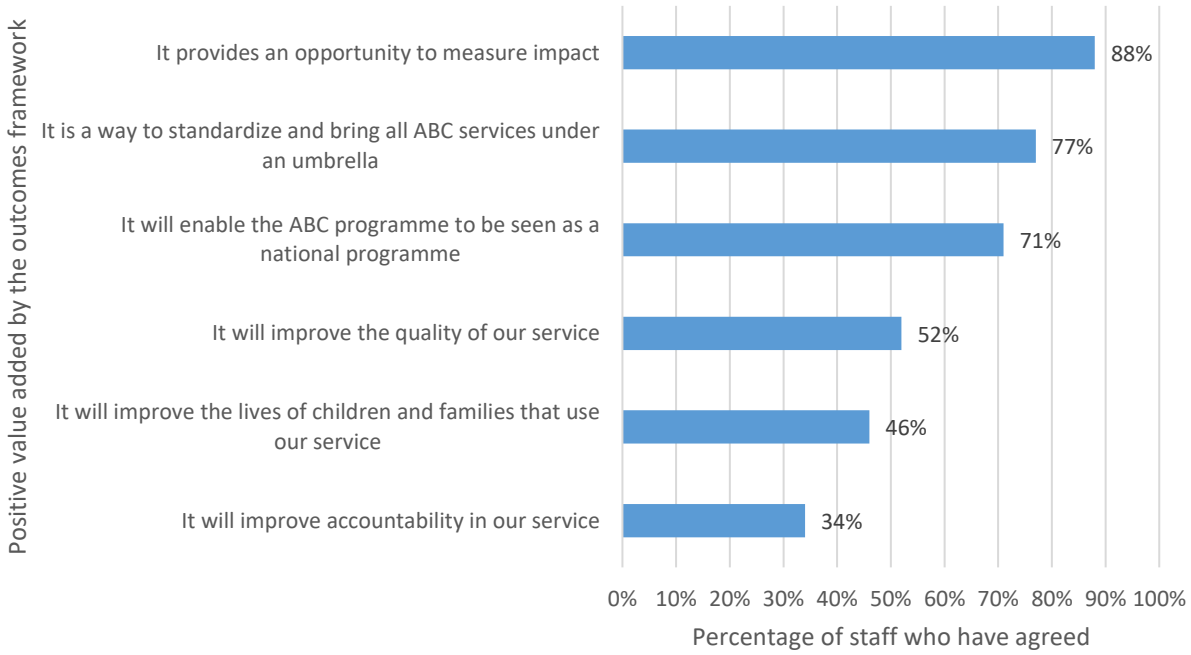


Staff perceptions about the positive value of the outcomes framework

Staff members were then asked to report on the ways in which they believed that the outcomes framework will add value to their operations (n=56).

A majority (88%) of the participants believed that the outcomes framework will 'Provide an opportunity to measure impact'. Around three-quarters of staff believe that the outcomes framework is a 'Way to standardise and bring all ABC services under an umbrella' (77%) and that the framework will 'Enable the ABC programme to be seen as a national programme' (71%). About half of the staff members believed that the framework would improve the quality of service (52%) and the lives of children and families that use the service (46%). Finally, only 34% of staff felt that the outcomes framework would improve accountability. The figure below provides a graphical representation of staff perceptions about the positive value that the outcomes framework brings.

Figure 9. Staff perceptions about the positive value of the outcomes framework



Level of comfort in using the outcomes framework

Participants were asked to indicate their level of comfort in using the outcomes framework on a 10-point rating scale in which '1' indicated 'Extremely uncomfortable' and '10' is 'Extremely comfortable'. Table 4 presents the statistical results of this question.

The mean comfort level was found to be 6.44 indicating a moderate level of comfort with using the outcomes framework. However, the median was found to be 7 aligning with the mean and suggests a concentration of respondents with a moderate to relatively high comfort level.

The standard deviation is 2.50 indicating some degree of variation in the responses. In summary, the overall finding is that there is a moderate level of comfort with the outcomes framework, with some variation in individual responses.

Table 4. Level of comfort in using the outcomes framework	
Mean	6.44
Median	7
Standard Deviation	2.5

Usefulness of the outcomes framework

The mean usefulness rating is 7.03. This suggests that, on average, participants rated the outcomes framework as moderately useful. This is accompanied by the median usefulness rating, which is 8. Greater median value in comparison to the mean indicates a slight skew in higher values. This suggests that a higher number of staff have found the outcomes framework to be useful.

The standard deviation is 2.12. Therefore, we can say that there is some degree of variability in the responses. In summary, the overall observation is that staff members find the outcomes framework moderately useful. Table 5 presents the statistics of this scale.

Table 5. Staff rating of the usefulness of the outcomes framework	
Mean	7.04
Median	8.00
Standard Deviation	2.12

Participants views on the outcomes framework.

Participants were asked to indicate their level of agreement with statements regarding their worries about the outcomes framework (n=55). The overall results are presented in Figure 10.

Figure 10: Percentage of respondents in agreement with statements

Figures 11 and 12 present a more in-depth analysis of this data. Figure 11 provides the percentage of respondents either 'strongly' or 'somewhat' agreeing with each question, compared to other responses for each question. Figure 12 presents the percentage of respondents 'somewhat' or 'strongly' disagreeing with each statement, compared to the other responses for each question. It illustrates that the issue of most concern to participants was the worry that 'the outcomes framework does not measure all aspects of our service', with 76% of respondents agreeing with this statement. 11% of respondents stated that this was not a concern for them, while 13% selected 'neither agree nor disagree'. More than half of respondents (62%, n=34) were concerned that 'the results of the outcomes framework could be misleading'. Only 15% of respondents indicated that this was not a concern for them. A significant minority of participants were concerned that the framework 'may take away the flexibility in their work' (42%) or that 'the results would become a tool for accountability' (40%). Here it should be noted that participants could interpret 'accountability' to refer to staff accountability or organisational/service accountability.

A smaller minority of participants were concerned that 'the results may be compared to other ABCs' (27%) or that 'the framework may result in negative feedback' (20%), but these remained concerns for one fifth or more of respondents.

Figure 11: Percentage of respondents selecting 'somewhat agree' or 'strongly agree' about the statements below

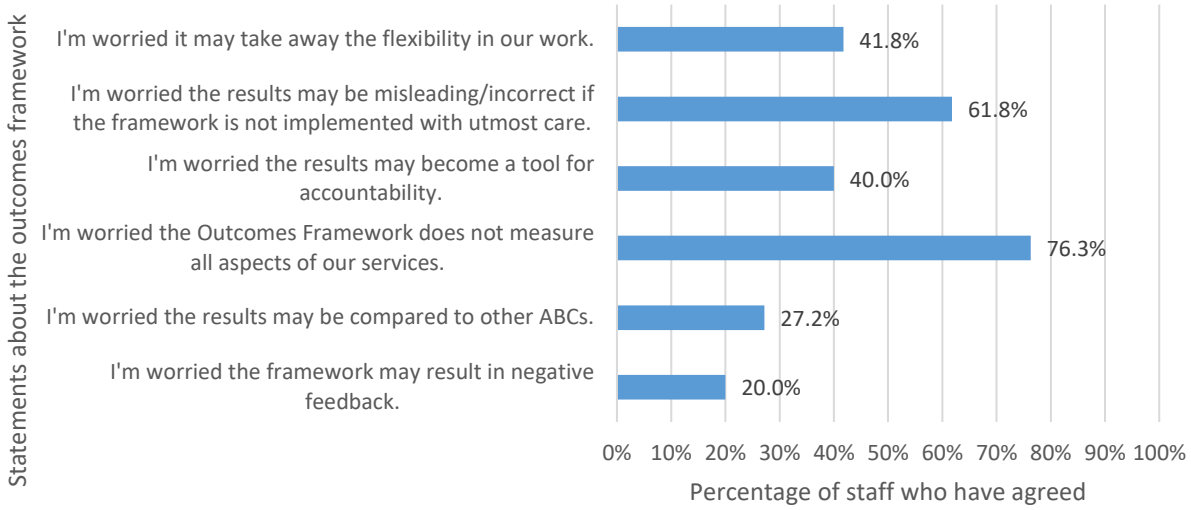
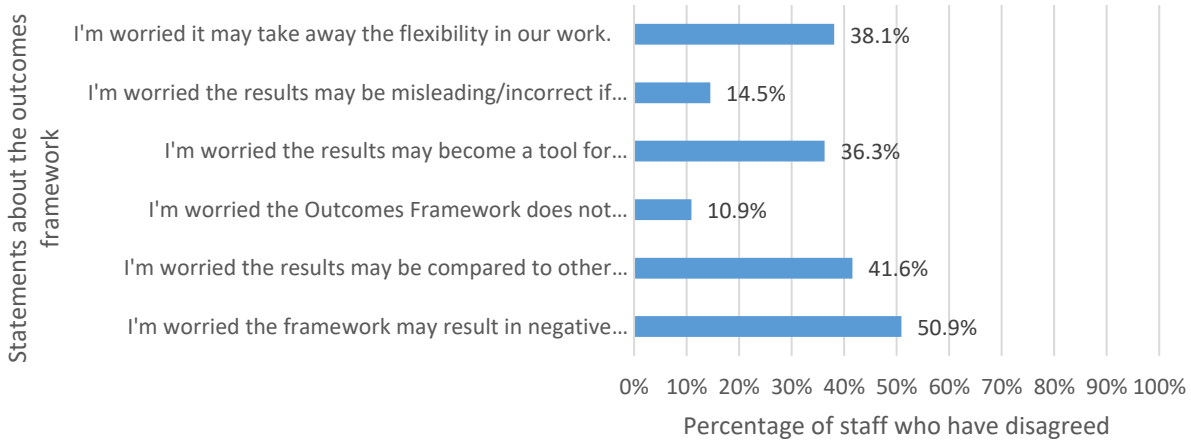


Figure 12: Percentage of respondents selecting 'somewhat disagree' or 'strongly disagree' about the statements below (N=55)



Service-user voice

An open question asked participants to share their qualitative thoughts on the involvement of service users in the implementation of the outcomes framework. Several diverse themes are evident in the responses. Some respondents emphasized here their perception that the perspectives of service-users should be included in the evaluation of programmes, alongside the outcomes framework. In total eight out of 30 participants responding to this question made this point. For example:

> *"[…] I do think that without the voices, opinions and experiences of service users we would have a very weak and skewed report at the end of the process".*

> *"Think it's essential to include the service users in the framework from the perspective of evaluating the programmes on offer".*

Eleven responses highlighted concerns about the requirement to collect personal data on service-users. Specifically, socio-economic data, ethnicity and questions about gender identification were highlighted as potentially problematic. Language was also reported as a barrier to successful completion of the form and it was reported that parents may be concerned about data protection.

Some participants reported that staff were reluctant to collect this data as they felt nervous to ask questions and due to time constraints. Barriers were also reported in relation to parents themselves. Some participants were concerned that the number of questions could be a barrier to parents engaging with services. For example:

> *"Far too many questions which is intrusive in our families lives. I feel that this will be a huge barrier in engaging with our services, for families with literacy struggles this will cause further embarrassment and stress."*

Others reported concerns regarding the validity of the data collected, reporting that parents "*may not be hones*t" in their responses. Further, parents may be *"reluctant to fill in the pre and post measure questions due to their personal nature"* or that they may not be willing to fill out the form as *"filling in the paperwork can take time away from the actually programme itself, parents just want to get straight into the session, paperwork can be a nuisance".*

These concerns were not held by all respondents and some respondents highlighted their experience that with the right supports, parents were happy to participate. For example:

> *"To date parents have been happy to engage in our outcomes framework data collection. We have factored in enough time for parents to fill out forms and explained to parents rational for data collection and been available to answer any question."*

> *"Staff having reported some reluctance by parents initially with the extra questions on intake forms, but when handled sensitively and by explaining the need for this information, they say it is mostly going ok".*

Overall, while some participants held strong views that collecting this data was a problem for service-users, and others reported no problems, a middle ground group were unsure and emphasized the "*need [for] more feedback from parents/service users on how they find answering the questions".*

Finally, one participant highlighted the potential benefits of the outcomes framework to parents as a means *"for parents and children to be able to understand the goals behind service delivery and to be able to see their own measurable progress."* However, several also emphasized the need for "feedback loops so they learn about the findings".

Ways to improve the implementation of the outcomes framework.

28 participants opted to provide a qualitative response to the open question, *"In your opinion, how do you think implementation of the outcomes framework can be improved?"*. Among more common reported concerns was time availability, for instance, one participant reported that *"the framework has not given us enough time"* whilst another simply responded through the single word, *"time"*. Also to the fore was data specialist support, *"continuous access and support from a data specialist would be ideal".* Finally, a key concern for participants was capturing the relational, intangible qualitative nature of the work. Here one participant queried, "*how do you measure improvement in happiness, feeling more cared for?"* In this context, more clarity was reportedly needed about how outcomes measurement ought to work in day-to-day practice within complex contexts.

Resources to support implementation of the outcomes framework

Participants were asked to provide responses to the open question, *"What are the things that must be in place to support the implementation of the outcomes framework?"* 31 participants chose to respond. It is perhaps unsurprising that responses to this question echoed feedback given by participants to other parts of this research. One participant, for instance, summarised what were among the leading resources sought, through a concise response: *"clarity; training; resources to collect, input and analyse data."* Many responses also gave practical directions as to how to support implementation, for instance, "*research/data staff to support smaller ABCs, the freedom to submit data incrementally rather than annually"* and *"data collection template for areas that don't have a specific research/data person."* Arising from these responses was a sense of the importance in recognising the diversity of needs and issues across different ABC sites.

Practices and expectations to eradicate

Another open-ended question that participants were asked, related to practices and expectations that needed eradication. Specifically, participants were asked, *"In your opinion, what practices and/or expectations need to stop and/or slow down if implementation is to be supported fully?*" 20 participants chose to respond, some of which gave detailed responses. Thematic across the responses was the sentiment that implementation is not easy and that on the ground level, challenging complexities present. Here one participant wished they could dispense of "*the assumption that data collection is an easy task.*" Featuring at the forefront of concerns was also the utility of paperwork and tools which were deemed to need further refinement. Here one participant stated that, *"the intake forms need to be reconsidered in terms of length and appropriateness of questions asked."*

Thinking about children and families

Participants were also asked, *"in your opinion, what would children and families say are the most important things for us to focus on if we are to implement the outcomes framework well?"* There were 27 respondents to this question, some of which felt that ease of use of materials was key: *"making it easy for them/no extra time."* A push for more focus on qualitative information gathering was also evident, *"parents and children would say that we should focus not on multiple choice survey answers, but on hearing their actual voices and opinions on our services."* Participants further reported that parents and children might find the process intrusive, time-consuming, and burdensome, might need more clarity around its purpose and how exactly data would be used.

Parting thoughts

The final qualitative, open ended survey question to address is one geared toward allowing participants to share any parting thoughts or issues that they had not had the opportunity to share. Many participants chose to share positive thoughts regarding the value of the implementation of the outcomes framework. One participant commented that, *"I am more positive about this outcomes framework than my previous experience."* Another participant remarked, *"a very positive development"* whilst a third participant stated, *"I think it is a move in the right direction for ABC and will ultimately feed into better data practices and M and E processes across the board."* Some participants emphasized the importance of the outcomes framework, such as stating, *"the outcomes framework is necessary and important"* or in another case that, *"it provides a good framework for all ABCs to provide consistent quality service to families, also great that we will be collecting the same data and scan compare that data across different communities."*

5.5. Conclusion

Chapters 4 and 5 presented a detailed account of the qualitative findings of the focus group discussion and the quantitative survey. The next chapter will connect these findings and compare them to the existing body of literature in the area. Finally, a section on recommendations for smooth implementation of the outcomes framework will be presented.

6. Discussion and conclusion

The purpose of this project was to gauge barriers and facilitators in the implementation of an outcomes framework. As such, the framework itself was not the research's focus but the process of implementation that brings it to life in practice. The mixed method findings of this study have yielded valuable insights into what works in implementing outcome measurement tools within complex, changing frontline practice and organisational contexts. Findings reflect existing international research in showing that tangible steps can and should be taken to maximize the success of implementation efforts across the lifespan of outcomes measurement work. From the first inklings of outcome measurement, early participation and familiarity with evaluation tools encourage the later usage of the tool (Cnaan, 1991; Munro, 2004; Nicholas, 2003; Perrin, 1998; Yardley, 2014). By the time outcomes frameworks become well-worn and deeply embedded on multiple levels in functioning organisations, steps are still plentiful that can be taken to improve implementation such as continued use of supervision as a review mechanism.

Findings of this specific study showed that making implementation successful involves removing specific barriers and maximising facilitators at multiple organisational levels. At a direct practice level, for instance, lack of understanding of an evaluation tool or tools (Monson et al., 2022) or indeed the perception that service users could respond adversely to it (Hood et al., 2020), reportedly inhibited staff around using the tool or tools effectively. It was also clear from findings that staff could lack confidence in their intellectual capacity, such as having lower educational exposure to outcomes measurement type work (Finne and Malmberg-Heimonen, 2021; Oh et al., 2021). To the fore here, is the obstacle of creating a positive learning culture whereby staff will feel confident in reporting their own perceived knowledge gaps.

In this context, it was also clear from findings that extensive but varied efforts to support staff with the implementation process had been made across ABC programme sites, and in general findings of this study suggest that those active measures had a very positive impact. In particular, participants highlighted the value of training that was provided, of specialist research support personnel, and of staff that took a dedicated or championing role with respect to implementation. It was more so the absence of measures that gave rise to some criticism, for instance, insufficient time allocation or not enough research specialist support. One exception to this rule was the outcomes framework itself and the suite of tools accompanying it. Whilst it was clear that a comprehensive and well researched suite of materials were provided for staff, in practice, some participants found this overly complex and intellectually intimidating to engage with. Staff were also concerned that it was potentially intrusive and burdensome for families and external professionals. Breaking these materials down into simpler forms, to be managed 'bite by bite', was one suggestion for improvement.

In particular, survey results afforded rich statistical insights into the implementation process as the sample of participants were suitably situated to provide insightful feedback. Participants generally saw the positive value of outcomes measurement when providing an opportunity to measure impact (88% agree), and to standardise ABC services (77% agree). Unfortunately, staff also

reported significant reservations about the value of outcomes measurement, for instance, only 34% agreed that it would improve accountability of the service and a minority (46%) thought it would improve the lives of children and families. It is reasonable to conclude, therefore, that more work is needed so that conditions are met for staff to report more positively on these aspects of the framework.

Overall, this project yielded key insights into the human reality of implementation. Many of the findings of this study strongly reflect findings of similar international research. This includes the finding that attitudinal, knowledge and perception barriers can prevent staff from implementing outcomes frameworks into practice. Reported practical impediments such as high workload (Monson et al., 2022) and time constraints also reflected indications of current research (Gray et al., 2012; Monson et al., 2022; Oh et al., 2021), as did the need for training and resources to support effective implementation (Gray et al., 2012; Hood et al., 2020; Marks, 2002; Oh et al., 2021; Perrin, 1998;). Some findings of this study were unique, however, in reflecting the unique context of the service. This included staff's level of concern about provisions potentially not yet being made for data analysis, as well as staff's reported happiness with unique measures that had been put in place such as the approach of key staff in place to support implementation.

In entirety, quantitative findings of this study fit well with qualitative results, in that together they offer a multi factorial picture of the challenges and opportunities associated with implementation of the outcomes framework. The qualitative data also fleshes out statistics by offering a fuller rationale for views expressed. In many ways, the results of this study are what one might expect, as they offer a portrait of staff teams supportive of the broad idea of measuring outcomes, but often feeling ill prepared, under supported/resourced in operationalising the measures, whilst remaining unsure as to how the resulting data might be used to enhance practice. It is important to note here that there were limitations to this research, such as that children, families, and non-ABC professional stakeholders were not consulted. Moreover, although a good sample was achieved, more participation would have increased the reliability of findings. Findings are also dependent on the timeframe in which the research was conducted and therefore responses might be different if the research was conducted earlier or later in the implementation process.

With all these varied aspects of findings now alluded to in discussion, what remains to be considered are key recommendations arising from this research. These will be presented in bullet point format next.

7. Final issues for consideration

Findings demonstrate that existing measures already taken to promote implementation, such as training and dedicated implementation personnel, were working well. Therefore, results indicate that regular and consistent provision of these existing measures will be helpful. In addition, it is recommended that the following measures are taken as learning derived from this research, which are ordered in priority with number one being the highest priority:

Specific measures to enhance implementation in the ABC Programme

8. Offer further and simplified training on the outcomes framework including breaking down the complex process of outcomes measurement into smaller steps and providing simple explanations of concepts like logic models.
9. Provide increased support from implementation champions and dedicated research specialists/research support to reduce additional workload for managers and front-line staff.

This additional workload derives from staff attempting to learn about the outcomes framework and implement it, as well as time spent by managers trying to explain the outcomes framework and materials, and coach staff around applying it in practice. Support that could be provided, includes not discontinuing the work of staff in these roles for at least a further year and providing dedicated data specialists to any service sites that don't have them. One to one support from managers and/or implementation champions and/or dedicated research specialists should also target staff comprehension of the outcomes framework and associated tools which were reported by participants to not be sufficiently clear to them.

10. Produce and circulate a one-page information sheet. This will outline how data that is collected from children and families by ABC staff, for the purpose of outcomes measurement, will be analysed and used to inform service development.
11. Have the promotion of a positive learning culture around implementation as an item on staff supervision agendas.
12. Establish a specific forum to be held twice a year to share information around implementation across sites and discuss. This would include sharing information on practices at a local level that are working well. This forum should be online to maximise participation and should be chaired to ensure effective time management.
13. Conduct leadership development workshops specifically related to outcomes measurement to contribute to a positive culture. These would be attended by managers who deliver supervision. Skills and knowledge developed in the workshop would include maximising manager's capacity to break down complex concepts like quantitative versus qualitative research, and logic models, into simpler, practical explanations for busy staff. Training may also focus on maximising leader's ability to create safe spaces for staff to ask questions, share concerns and innovate.
14. Where possible to do so, limit the data to be collected from families and external professionals by ABC staff by conducting a review exercise of existing data collection tools. The aim is to result in less time utilised in data collection and inputting, valuing of stakeholder's time and placing less burden on staff.

Broad items of learning about implementation that may be applied in Tusla and beyond:

This research provides a valuable opportunity to learn. Recommendations listed above generally have a strong focus on staff learning and training, measurement and leadership. More practically, the ABC programme needed to change to facilitate the move to outcome measurement, away from a more output and activity measurement approach. All ABC services already had logic models in place, but additional work has entailed processes to support the collection of data through the use of validated measures. Other practical changes involved additional personal and new policies, procedures and paperwork, forms for information collection and rolling out practices like additional paperwork completion with service users. New data protection measures were also required such as categorising data collected in line with general data protection regulation. Within the following list of items of learning, these practical changes are also included as considerations. Overall, the following items of learning are listed as broad considerations for how services at and beyond an ABC level, such as Tusla, could improve chances of successful implementation of outcomes frameworks:

1. Provide training on the outcomes framework including how to practically implement outcomes and outcomes measurement into practice across varied settings.

2. Ensure staff understand how any data they collect from service users and stakeholders will be analysed and used.
3. Once analysed, provide staff with findings from data they collect from service users and stakeholders.
4. Minimise the workload placed on service users and external stakeholders associated with implementation, e.g. having them complete questionnaires or having them give information for data gathering.
5. Ensure sites conduct a review of their implementation work regarding general data protection regulation, for instance, not collecting unnecessary information and planning for appropriate storage and classification of data.
6. Provide dedicated personnel that are available to advise and support staff and who have expertise on the outcomes framework and the outcomes measurement process being implemented.
7. Explicitly address potential staff concerns highlighted in this research such as that outcomes measurement may be used to hold them accountable for perceived under-performance.
8. Include qualitative outcome measures and qualitative data gathering so that staff are assured that processes like relationship, trust and rapport building with service users are being valued and incorporated.
9. Involve staff in the development of implementation tools and resources.
10. Consult staff on implementation.
11. Provide aids to build staff competence and confidence around outcomes measurement such as a glossary that explains terms in simpler language and affording considerable time to staff to read and understand the outcomes framework.
12. Encourage a culture of open knowledge sharing across service sites where relevant, such as providing a forum to share learning.

8. Conclusion

Existing research demonstrates that implementation of outcomes measurement tools and frameworks into human services is both complex and challenging (Peters et al., 2013). This Tusla funded study demonstrated multiple and diverse barriers and facilitators to this process within the ABC service. Findings demonstrate that existing measures taken to promote implementation have generally been well-received by staff. Staff, however, conveyed mixed views about the outcomes framework, and the value of outcomes measurement, for the service. Issues for consideration arising from this research indicate further steps that can be taken to promote implementation within the ABC service, and indeed, where desired, in the roll out of other outcomes frameworks at a similar or larger scale.

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Appendix

Appendix 1

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

INFORMATION LEAFLET AND CONSENT FORM: FOCUS GROUP DISCUSSION PARTICIPANTS

NAME OF STUDY:

Towards Better Outcomes for Children and Families: A Research Review of the Implementation of an Outcomes Framework within the Area Based Childhood (ABC) Programme.

I am Dr Susan Flynn, and I am an Asst. Professor in Trinity College Dublin. I would like to invite you to participate in a research study. Before you decide whether you wish to participate in the study, it is important for you to understand why the research is being done and what taking part for you involves.

Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether to participate in this research.

Background information to the study

This study is a result of Tusla's partnership with Trinity College Dublin. The study aims to produce knowledge regarding the implementation of the outcomes framework for the Area Based Childhood programme. The outcomes framework designed by Tusla aims to act as a tool for the ABC programmes to focus on the high-level outcomes that have been chosen to improve child wellbeing. The present study aims to generate knowledge on the factors that facilitate and hinder the usage of the outcomes framework in various ABC sites. The project aims to identify strengths, barriers, enablers, gaps, and opportunities in the implementation of the outcomes framework for the ABC programme and produce clear, practical, realistic, and implementable recommendations for Tusla that will allow them to inform future implementation of outcomes frameworks at and above the ABC programme level.

Benefits

There is no direct, immediate benefit to the participants of the study. However, we hope the study will result in benefits to the ABC organisations, since an efficiently designed and evaluated programme will benefit them and their service users in the longer term.

Disadvantages

This study does not have any major disadvantages associated to it. However, since participants are indirectly staff working for Tusla, they may feel that an unfavourable comment on the outcomes framework might reflect poorly on them as employees. To reduce this risk, we will be anonymizing data. When reporting the data, real names will be replaced, and any identifying information removed.

Although participants names will not be provided in the reporting of findings, there is a small risk to participants that they might be identified where the findings provide information on their specific roles within the ABC programme and specific sites of the ABC programme. This risk pertains primarily to the report that will be provided to Tusla on completion of the project. Every measure will be taken to ensure that the identity of the participant is not revealed. The researchers will be mindful of mentioning the specific role of the participants if, for instance, there are fewer than 5 people fulfilling the role. Every effort will be made to fully anonymise findings presented in any manuscripts written for wider publication, such as through not reporting site details.

Do I have to take part?

Participation is voluntary. If you do not wish to participate, you do not have to give a reason and you can change your mind before your participation in the focus group discussion. Due to the nature of focus groups, it is not possible to extract your data (from recordings or transcripts) without exposing other participant's personal information. Therefore, if you decide that you do not wish to be part of the study, now or later, you can contact the principal investigator before data collection.

What happens if I take part?

Taking part in the research involves participating in a face-to-face or virtual focus group discussion regarding your experience and thoughts on the implementation of the outcomes framework in the ABC programme. This is expected to take you between approximately 1.5 to 2 hours.

The discussion will be recorded using an audio recorder device and computer software (Microsoft Teams) to ensure accuracy in capturing data.

To ensure your anonymity as a participant, as well as the anonymity of anyone you talk about, identifying information such as names and locations will be changed when we report results of this study. A report of findings presented to Tusla may include your role within the ABC programme and the site in which you work to contextualize the results.

Will my records remain confidential?

The signed consent forms will be stored in a secure cabinet or password protected computer in Trinity College Dublin which only the researcher and the research assistant have access to.

The focus group discussion will be recorded on Microsoft Teams and an audio-recorder device. The recordings and transcripts will be stored on Microsoft Stream before it is downloaded to a password protected computer at Trinity and permanently deleted from Microsoft Stream. Only the principal investigator and the research assistant will have access to the non-anonymised data. All the data related to the study will be stored safely in Trinity College Dublin for a period of 5 years after which they will be permanently destroyed. Any reported information will have the name removed so that your identity remains confidential.

All data will remain fully confidential. Kindly note that the confidentiality will be broken if you disclose any criminal/punishable activities or indicate to be potentially harmful to yourself or others during data collection. In these situations, the researchers are obliged to report the same to the necessary authorities.

What will happen to the results of this research?

In all publication and dissemination of results of the study your information will be anonymised. The plan to disseminate findings includes the provision of a report of findings to Tusla. While your name and identifiers will be anonymized, your role and site of work in the ABC programme may be used to contextualise the findings. The researchers will be mindful of mentioning the specific role of participants if, for instance, there are fewer than 5 people fulfilling the role. It is envisioned that findings may also be disseminated at conferences and/or seminars, in the researcher's teaching, and in further publications. If this is the case, your identity will remain completely confidential, and no one will know that you took part in the study.

What do I do if I have any further questions?

Dr Susan Flynn, Assistant Professor, Trinity College Dublin, the University of Dublin, Room 3034, Arts Building, College Green, Dublin 2. Email: sflynn7@tcd.ie Telephone: 018963241

What do I do if I wish to take part?

Kindly send an email to Sowmia Sundaresan (Email: sundarso@tcd.ie), Research Assistant, School of Social Work and Social Policy, Trinity College Dublin to convey your wish to participate in this study.

DATA PROTECTION INFORMATION

Data Controller	Trinity College Dublin
Data Protection Officer	Data Protection Officer Secretary's Office Trinity College Dublin Dublin 2 dataprotection@tcd.ie

What is the lawful basis to use my personal data?

We will use the information you provide to us for this research study which is social research the public interest[4].

What are my rights in relation to your use of my personal data?

You are entitled to:

- The right to access to your data and receive a copy of it.
- The right to restrict or object to processing of your data.
- The right to object to any further processing of the information we hold about you (except where it is de-identified)
- The right to have inaccurate information about you corrected or deleted.
- The right to receive your data in a portable format and to have it transferred to another data controller.
- The right to request deletion of your data.

unless the request would make it impossible or very difficult to conduct the research. You can exercise these rights by contacting the PI at sflynn7@tcd.ie/Telephone: 018963241 or the Trinity College Data Protection Officer (contact details above).

Please note that these rights relate to data which could identify you (personal data). If your data has been anonymized, we will not be able to access or delete it, as we will have no way of being able to link the data to you.

[4] *(Article 6(1)(e)*

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

STUDY NAME: Towards Better outcomes for Children and Families: A Research Review of the Implementation of an Outcomes Framework within the Area Based Childhood (ABC) Programme. **Centre ID:** **Identification Number for study:**

Consent Form

The below section should always be included in consent forms. The consents should be reviewed by the Principal Investigator and research team and amended as appropriate in line with the specific requirements and consents being sought from participants.
There are 2 sections in this form. Each section has a statement and asks you to tick the box if you agree. The end of this form is for the researchers to complete. **Please ask <u>any</u> questions you may have when reading each of the statements.** **Please leave the box blank if you do not agree.** **Thank you for participating.**

General	**Tick box**
I confirm I have read and understood the **Information Leaflet** for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that this study **is entirely voluntary, and if I decide that I do not want to take part, until my participation in the focus group discussion, I can do so without providing a reason. After participation, I understand it will not be possible to extract my personal data to withdraw my participation.**	
I agree to use verbatim quotations from focus groups in published material once anonymised.	

I understand that I **will not be paid for taking part in this study**.	
I agree to take part in this research study having been fully informed of the **risks, benefits and alternatives** which are set out in full in the information leaflet which I have been provided with.	
I know how to contact the research team if I need to.	
I agree to being contacted by researchers by email/telephone as part of this research study.	
I agree to take part in an **audio recorded focus group discussion** as part of this research study	
Data	**Tick box**
I understand that any identifiable information about me (personal data), including the transfer of this personal information about me outside of the EU, will be protected in accordance with the General Data Protection Regulation (GDPR).	
I understand that anonymous information from this study may be shared with third party academics worldwide for research and learning purposes.	
I understand that the anonymised audio recording and transcript of my focus group discussion will be retained by Trinity College Dublin for 5 years for use solely by Trinity College Dublin, and then destroyed.	

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Participant Name (Block Capitals) Participant Signature Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above participant, the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the information leaflet and consent form to the participant with contacts of the study team.

Researcher name: Dr. Susan Flynn

Title and qualifications: Asst. Professor; Bachelors of Arts (Honours) Social Care Practice; Advanced Certificate in Management; Master in Social Work and CORU registration as a Social Worker - DW006473; PhD.

Signature:

Date

| | |

2 copies to be made: 1 for participant, 1 for PI

Appendix 2

Focus group guide

Broad picture - current implementation levels

- To start us off, could you each tell me about where your team is currently at in working with the ABC Outcomes Framework?
  - How have you found or are you finding integrating the ABC outcomes framework into you monitoring and evaluation plan?
  - How are you feeling about doing data collection and analysis?

Commitment to outcomes approach

- What do you think of the ABC outcomes framework approach?
  - How helpful do you find the framework for monitoring and evaluating outcomes of your programme in this way? Why/why not helpful?
- A menu of outcomes, indicators, and measures, as well as indicator reference sheets were provided as part of the framework. How helpful have you found this? Why/why not helpful?
- In your experience, how easy or difficult has it been for you and your team to understand the ABC outcomes framework and your role in implementing it?
  - What has been easy/difficult to understand, why? What would help?
- Do you or your teams have any concerns about the framework that would make you or them hesitate to implement it? Tell me about these.

Leadership

- In your organisation who (if anyone) champions the outcomes framework?
  - How do they do this? What difference does it make?
  - What in your experience, makes people feel motivated to implement the framework?
  - For those of you with one in your organisation championing it, does this affect implementation? How?

Capacity

- For those of you who have a dedicated researcher, what difference has this made to implementing the ABC outcomes framework?
  - Could you tell me about some specific examples of what the researcher has helped with and will help with?
  - Would it be possible to implement the ABC framework without the researcher? If not, why not – what would have been missing (expertise, time, something else)?
- For those of you who do not have a dedicated researcher, who is responsible for implementing the framework?
  - Is there sufficient capacity for this?
  - What is their background? do they have experience in monitoring and evaluation?
  - How do these individuals feel about this role? / Is anyone here doing this role – how do you feel about it?
- Is there any training that would help your teams in implementing the framework?
  - Is so, would you have any advice on how to develop and implement training?
- How and when should the training be provided, for example online or in person, at times?
- To whom should it be provided?
- What topics should be included in the training?
- What level or levels should be training be provided at?
- Are you using the monitoring and evaluation template[1]? How have you found this?

Shared learning

- Have you used shared learning platforms to share and learn about research, monitoring and evaluation successes and challenges?
    - Tell me about this. What has worked well? What could be improved?
- If not, why not?

Competing interests

- Is there anything else in your organisation that is taking priority over implementing the framework? Why is this?

Wind up

- In your organisation, what are the most important barriers to implementing the framework? Why?
- What in your experience, would best support implementation of the framework? Why?
- What's the most important thing for Tusla as it aims to support implementation of this framework?
- Is there anything we haven't spoken about that you think is important for me to understand about barriers and facilitators to implementing the ABC framework?

Appendix 3

Survey of implementation of outcomes framework

Start of Block: CONSENT

Q1 **Please read the following information carefully and provide your consent to participate**

Name of the study: Towards Better Outcomes for Children and Families: A Research Review of the Implementation of an Outcomes Framework within the Area Based Childhood (ABC) Programme.

I am Dr Susan Flynn, and I am an Asst. Professor in Trinity College Dublin. I would like to invite you to participate in a research study. Before you decide whether you wish to participate in the study, it is important for you to understand why the research is being done and what taking part for you involves. In the first phase of this study, two focus group discussions were conducted. This survey is the second and final phase of the study.

Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything unclear or if you would like more information. Take time to decide whether take part in this research.

Background information to the study.
This study is a result of Tusla's partnership with Trinity College Dublin. The study aims to produce knowledge regarding the implementation of the Outcomes Framework in the Area Based Childhood (ABC) programme. The Outcomes Framework designed by Tusla aims to act as a tool for the ABC programmes to focus on the high-level outcomes that have been chosen to improve child wellbeing. The present study aims to generate knowledge on the factors that facilitate and hinder the usage of the Outcomes Framework in various ABC sites. The project aims to identify strengths, barriers, enablers, gaps, and opportunities in the implementation of the Outcomes Framework for the ABC programme and produce clear, practical, realistic, and implementable recommendations for Tusla that will allow them to inform future implementation of Outcomes Frameworks at and above the ABC programme level.

Benefits.
There is no direct, immediate benefit to the participants of the study. However, we hope that the study will result in benefits to ABC organisations since an efficiently designed and evaluated programme will benefit them and their service users in the longer term.

Disadvantages.
This study does not have any major disadvantages associated to it. However, since participants are indirectly staff working for Tusla, they may feel that an unfavourable comment on the Outcomes Framework might reflect poorly on them as employees. To reduce this risk, we will be anonymizing

data. When reporting the data, real names will be replaced, and any identifying information removed. Although participants names will not be provided in the reporting of findings, there is a small risk to participants that they might be identified where the findings provide information on their specific roles within the ABC programme and specific sites of the ABC programme. This risk pertains primarily to the report that will be provided to Tusla on completion of the project. Every measure will be taken to ensure that the identity of the participant is not revealed. The researchers will be mindful of mentioning the specific role of the participants if, for instance, there are fewer than 5 people fulfilling the role. Every effort will be made to fully anonymise findings presented in any manuscripts written for wider publication, such as through not reporting site details.

Do I have to take part?

Participation is voluntary. If you do not wish to participate, you do not have to give a reason. If you wish to withdraw from the study, you can do so before your participation in the survey. Since your data is collected anonymously, it is not possible for us to identify, extract or remove your information from the data set after the completion of the survey. If you decide that you do not wish to be part of the study, now or later, you can contact the principal investigator before data collection.

What happens if I take part?

Taking part involves completing an online survey questionnaire regarding your experience and thoughts on the implementation of the Outcomes Framework in the ABC programme you work in. This is expected to take you approximately 10 - 20 minutes.

To ensure your anonymity as a participant, as well as the anonymity of anyone you talk about, identifying information such as names and locations will be changed when we report results of this study. A report of findings presented to the outcomes framework steering group in Tusla may include your role within the ABC programme and the site in which you work to contextualise the results.

Will my records remain confidential?

The survey data will be collected anonymously. All the data related to the study will be stored safely in Trinity College Dublin for a period of 5 years after which they will be permanently destroyed. Any information that leaves Trinity will have the name removed so that your identity remains confidential.

Kindly note that the confidentiality will be broken if the participants disclose any criminal/punishable activities or indicates to be potentially harmful to themselves, others, or a child. In these situations, the researchers are obliged to report the same to the necessary authorities. It is the researcher's responsibility to report crime under criminal legislation such as the Criminal Justice Act, 2011 and Children First Act, 2015 and you will be directed to Tusla's Protected Disclosure Policy if you wish to make a disclosure.

What will happen to the results of this research?

In all publication and dissemination of results of the study your information will be anonymised. The plan to disseminate findings includes the provision of a report of findings to Tusla. While your name and identifiers will be anonymized, your role and site of work within the ABC programme may be used to contextualise the findings. The researchers will be mindful of mentioning the specific role of the participants if, for instance, there are fewer than 5 people fulfilling the role. It is envisioned that

findings may also be disseminated at conferences and/or seminars, in the researcher's teaching, and in further publications as agreed within Tusla's dissemination policy and procedure. If this is the case, your identity will remain completely confidential and no one will know that you took part in the study.

What do I do if I have any further questions?

Dr Susan Flynn, Assistant Professor, Trinity College Dublin, the University of Dublin, Room 3034, Arts Building, College Green, Dublin 2. Email: sflynn7@tcd.ie Telephone: 018963241

Research Assistant: Sowmia Lakkshme Sundaresan, Trinity College Dublin, The University of Dublin. Email: sundarso@tcd.ie

For complaints and feedback:

Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2. Email: dataprotection@tcd.ie

Tusla Tell us: https://portal.tusla.ie/feedback

After reading the above information sheet, do you agree to participate voluntarily in this study?

If you agree to participate, please choose 'Yes, I provide my consent to participate in this survey'.

- ○ Yes, I provide my consent to participate in this survey. (1)
- ○ No, I do not consent to participate in this survey. (2)

Skip To: End of Survey If Q1 = No, I do not consent to participate in this survey.

End of Block: CONSENT

Start of Block: ROLE WITHIN ORGANISATION

Q2 Please choose the option which best describes your current role within the Area Based Childhood programme.

- ○ I am a frontline staff member. (1)
- ○ I am a managerial staff member. (2)
- ○ I am a support staff member. (3)
- ○ I am a research staff member. (4)
- ○ I am an admin staff member. (5)
- ○ Other (Please specify): (6) _____

Q3 How long have you been working in this position?

- Less than 6 months (1)
- 6 months – 1 year (2)
- 2 year – 3 years (3)
- 4 years – 5 years (4)
- More than 5 years (5)

Q4 Please choose the region in which your ABC project is located.

- Dublin Mid Leinster (1)
- Dublin Northeast (2)
- South (3)
- West (4)

End of Block: ROLE WITHIN ORGANISATION

Start of Block: IMPLEMENTATION OF THE OUTCOMES FRAMEWORK

Q5 Dear participant,

When we refer to 'Outcomes Framework', we mean the framework that provides outcomes or goals for children, families, and the service, such as within being 'safe and protected from harm', children will have 'improved resilience and coping skills' due to ABC work. The framework includes indicators and measures where information is collected and analysed from service users to measure the impact of the ABC programmes with respect to these outcomes. 'Implementation' refers to the process of putting in place the Outcomes Framework in the work of ABC sites such as choosing specific outcomes (e.g., 10 % growth in literacy), collecting pre and post intervention data and processing these numerical measures so that ABC sites can see if they have made progress toward achieving the outcomes. We acknowledge that each organisation might be at different stages of implementing the Outcomes Framework such as being at the very start. Due to this reason, we understand that some questions may not apply to you. In that case, you could choose the 'Don't know' option.

The following series of questions aim to understand your experience and perspectives while implementing the Outcomes Framework. The research team would like you to know that this survey is not a test by any means. Your honest experience and views will contribute to better implemented monitoring and evaluation frameworks in the future.

Q6 Please select the statement that best describes the current stage of implementation of the Outcomes Framework in your project.

In case your project is undertaking more than one of the activities at present, you can choose all the options that apply. If the options listed below are not applicable to your project, please use the 'Other' option to explain your response.

- [ ] Data collection is in progress with service users and/or others. (1)
- [ ] Data collection has been completed. (2)
- [ ] Data analysis is in progress. (3)
- [ ] Data analysis has been completed. (4)
- [ ] Implementation has not commenced (Please elaborate): (5) _____
- [ ] Other (Please specify): (6) _____
- [ ] Don't know. (7)

Q7 In your opinion, how similar or different is the Outcomes Framework to your own project's usual monitoring and evaluation structures?

- ○ Very similar. (1)
- ○ Quite similar. (2)
- ○ Quite different. (3)
- ○ Very different. (4)
- ○ Don't know. (5)
- ○ No monitoring and evaluation structures in place. (6)

Q8 In your opinion, to what extent do you feel you are comfortable with monitoring and evaluation related to the Outcomes Framework?

Rate your level of comfort on a scale of 1 to 10, where 1 is 'Extremely uncomfortable' and 10 is 'Extremely comfortable'.

	Extremely uncomfortable	Somewhat uncomfortable	Neither uncomfortable nor comfortable	Somewhat comfortable	Extremely comfortable
	1	3	6	8	10
Comfort level ()					

End of Block: IMPLEMENTATION OF THE OUTCOMES FRAMEWORK

Start of Block: VIEWS ON THE OUTCOMES FRAMEWORK

Q9 On a scale of 1 to 10, where 1 is 'Not at all useful' and 10 is 'Extremely useful', how useful do you think the Outcomes Framework is?

Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful

	1	3	6	8	10
Usefulness of the Outcomes framework ()					

Q10 Please indicate if you agree with any of the following statements related to the positive value of the Outcomes framework. Please tick all that apply.

- ☐ It provides an opportunity to measure impact. (1)
- ☐ It will improve the quality of our service. (2)
- ☐ It is a way to standardise and bring all ABC services under an umbrella. (3)
- ☐ It will improve accountability in our service. (4)
- ☐ It will improve the lives of children and families that use our service. (5)
- ☐ It will enable the ABC programme to be seen as a national programme. (8)
- ☐ Don't know. (6)
- ☐ Other (Please specify): (7)

_____

Q11 Please indicate your level of agreement with the following statements.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I'm worried that the framework may result in negative feedback. (1)	○	○	○	○	○
I'm worried that the results may be compared to other ABCs. (2)	○	○	○	○	○
I'm worried that the Outcomes Framework does not measure all aspects of our services. (3)	○	○	○	○	○
I'm worried that the results may become a tool for accountability. (4)	○	○	○	○	○
I'm worried that the results may be misleading/incorrect if the framework is not implemented with utmost care. (5)	○	○	○	○	○
I'm worried that it may take away the flexibility in our work. (6)	○	○	○	○	○

Q12 What were your initial feelings when you learned about the Outcomes Framework and its implementation process?

- ○ Positive - This might include feeling welcoming, excited, hopeful, confident, or enthusiastic. (1)
- ○ Negative - This might include feeling stressed, overwhelmed, afraid, anxious, or confused. (2)
- ○ A mix of both. (3)
- ○ Other: (Please specify): (4) _____

End of Block: VIEWS ON THE OUTCOMES FRAMEWORK

Start of Block: FACILITATORS AND BARRIERS

Q13 Please indicate if any of these factors helped, supported and/or eased your efforts to implement the Outcomes Framework. Please tick all that apply.

- ☐ Training sessions. (1)
- ☐ Conversations with a staff member or members. (2)
- ☐ Implementation champions. (3)
- ☐ Similarity of the Outcomes Framework to the existing structure of your ABC site. (4)
- ☐ Having involvement in the design phase of the Outcomes Framework. (5)
- ☐ Presence of a research personnel. (6)
- ☐ Presence of a data specialist or data expert. (7)
- ☐ Having previous relevant academic experience and/or academic qualifications. (8)
- ☐ Having previous knowledge of Outcomes Framework implementation. (9)
- ☐ Don't know. (10)
- ☐ Other (Please specify): (11)

_____

Q14 Please indicate if any of these factors hindered or made the implementation of the Outcomes Framework more challenging for you. Please tick all that apply.

- [ ] Time constraints. (1)
- [ ] Implementation is an additional workload. (2)
- [ ] Funding and budgetary constraints. (3)
- [ ] Staff turnover. (4)
- [ ] Unavailability of practitioners/facilitators. (5)
- [ ] Small ABC site/low capacity. (6)
- [ ] Lack of clarity regarding the framework. (7)
- [ ] The complexity of the framework. (8)
- [ ] Lack of clarity on data dissemination (unsure of what is going to happen to the data). (9)
- [ ] Lack of a research personnel. (10)
- [ ] Lack of a data specialist or data expert. (11)
- [ ] Don't know. (12)
- [ ] Other (Please specify): (13) _____

Q15 Are any of the following a concern for data collection? Please tick all that apply.

- ☐ Concern about burdening external professionals and persons like teachers and parents. (1)
- ☐ Concern that the new measures may ask questions that can be intrusive for families. (2)
- ☐ Concern about general data protection regulations. (3)
- ☐ Concern about doing data analysis. (4)
- ☐ Concern about the complexity of the measures. (5)
- ☐ Concern about the potential administrative burden in applying the measures. (6)
- ☐ Concern about reaching non-English speaking service users. (7)
- ☐ Other (Please specify): (8)

_____

Q16 Kindly share your thoughts on the involvement of service users such as parents and children in the implementation of the Outcomes Framework?

_____

Q17 In your opinion, how do you think implementation of the Outcomes Framework can be improved?

_____

Q18 What are the things that must be in place to support the implementation of the Outcomes Framework?

_____

Q19 In your opinion, what practices and/or expectations need to stop and/or slow down if the implementation is to be supported fully?

_____

Q20 In your opinion, what would children and families say are the most important things for us to focus on if we are to implement the Outcomes Framework well?

_____

Q21 Please use this space to share any thoughts or comments that you may have about the Outcomes Framework.

_____

End of Block: FACILITATORS AND BARRIERS

Appendix 4

Child	• Children meet age-appropriate development milestone • Children's nutritional needs are met • Positive physical and mental wellbeing.
Parent	• Positive perinatal wellbeing • Secure parent-child attachment • Positive parental mental wellbeing.

Child	• Improved resilience and coping skills • Improved sense of safety (at home, at school and in the community).
Parent	• Improved parenting competence and confidence (self-efficacy.
Service	• Improved use of conflict resolution skills.

Child	• Timely access to quality ABC speech, language and communication development supports • Children achieve age-appropriate speech, oral language, and communication abilities • Achieved key literacy skills. • Improved emotional regulation and prosocial behaviours
Parent	• Improved parental engagement in children's learning and development.

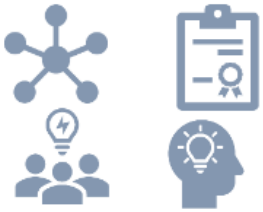
Economic Security and Opportunity

Child	• Children and families have a sense of belonging to their communities.
Parent	
Service	• Children and families experiencing homelessness and poverty are prioritised within ABC services.

Connected, Respected &Contributing

Child	• Children have a positive sense of self. • Positive peer relationships.
Parent	• Positive parent-child relationships.
Service	• Participatory culture and practice is embedded across ABC services

Cross Cutting



Service	• Improved interagency collaboration • Quality child well-being supports, and interventions are implemented • ABC services adopt and embed trauma-informed practices.

Appendix 5

Vision/ & Mission of the ABC Programme; Vision; An Ireland where no child is impacted by poverty and all children are supported to reach their full potential. **Mission:** Through prevention and early intervention approaches, the Area Based Childhood Programme aims to work in partnership with families, practitioners, communities, and national stakeholders to deliver better outcomes for children and families living in areas where poverty is most deeply entrenched.

Monitoring and Evaluation: (1) Monitoring processes for Tusla; (2) Outcomes Framework; (3) Local needs analysis and outcome reports, building of Irish evidence base – programme reports.

Objectives

To target investment in area-based approaches for children and families to address intergenerational child poverty.

Support children at critical stages of their development and wellbeing and through key transitions, with a particular focus on pre-birth to six years of age.

Embed evidence-informed practice into locally appropriate programmes and approaches.

Take a progressive universal approach Work in partnership with parents as the primary caregivers in their children's lives.

Build workforce capacity in Early Intervention and Prevention.

Enable multi-sectoral systems change.

Use monitoring and evaluation systems to inform our practice and measure impact.

Share the learning and work to embed effective practices in all children's services.

Inform policy development at local and national level.

Inputs

Investment by DCEDIY through Tusla.

Funding and collaboration with HSE / Dept of Ed / community partners.

Principles / Assumptions.
Local communities in ABC Areas – parents, families and children.

Staff, programme and resource inputs.

Experience, expertise and leadership of consortia / lead agencies in 12 ABC Areas.

Learning Communities.

ABC Managers Forum.

National ABC Programme Team.

PPFS Structure (local & national).

Fiscal management, grant administration, and governance by Tusla SLA.

Tusla / CDI Outcomes Oversight.

Key Activities & Outputs
Structure & Governance

Continued support of governance and financial control arrangements by Tusla
Ensuring sustainability
Replicating and mainstreaming evidence-based programmes and approaches

Outcomes / Evidence
Completion and integration of ABC Outcomes Framework.
Local collection of outcomes, implementation and cost data

Service Delivery across,
- **Frontline delivery**
- **Workforce capacity building**
- **Systems change**

1. Pre-birth to three supports.
2. Positive Parenting supports.
3. Supporting quality and capacity in early childhood care and education.
4. Supporting Infant Mental Health knowledge and skills for practitioners.
5. Language, literacy and numeracy initiatives.
6. Promoting social, emotional wellbeing and improved behaviour.
7. Sharing of practice and learning across ABCs.
8. Link to national policy initiatives to promote and strengthen Prevention and Early Intervention approaches

Short-term outcomes (up to 1 year)

Active and Healthy:
Positive perinatal well-being.
Children's nutritional needs are met.
Secure parent-child attachment.
Positive parental mental well-being.
Children meet age-appropriate development milestones.

Achieving:
Timely access to quality ABC speech, language & communication development supports.
Improved emotional regulation and pro-social behaviours.
Improved parental engagement in children's learning and development.
Achieved literacy skills.

Safe and Protected:
Improved resiliency & coping skills.
Improved parenting competence and confidence (self-efficacy)

Economic Security:
Children & families experiencing homelessness & poverty are prioritised within ABC services.

Connected and Respected:
Positive parent-child relationships.
Positive Peer relationships.

Longer Term Outcomes (up to 3 years)

Active and Healthy:
Positive physical and mental well-being.

Achieving:
Children achieve age-appropriate speech, oral language, and communication abilities.

Safe and Protected:
Improved sense of safety (at home, at school and in the community).
Improved use of conflict resolution skills.

Economic Security:
Children & families have a sense of belonging to their communities.

Connected and Respected:
Children have a positive sense of self.
Participatory culture and practice are embedded across ABC services.

Service Outcomes
Improved inter-agency collaboration.
Quality child well-being supports, and interventions are implemented.
ABC Services adopt and embed trauma-informed practices.

Evidence of need: Local needs/situation analyses and community consultation
Evidence of approach: Evidence from evaluations of the Prevention and Early Intervention Programme (PEIP), the Prevention and Early Intervention Initiative (PEII), national ABC Evaluation, and other Irish and international evidence.

TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

www.tusla.ie