YOUNG KNOCKNAHEENY

Preparing for a Whole Community Prevention and Early Intervention Programme

2011-2015

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Glossary of Terms

ABC	Area Based Childhood Programme
CAN	Community Action Network
CCC	Cork City Council
CES	Centre for Effective Services
CNWQR	Cork North West Quarter Regeneration Plan
DCYA	Department of Children and Youth Affairs
ECEC	Early Childhood Education and Care
HSE	Health Service Executive
NICHE	Northside Community Health Initiative (Cork) Ltd.
PEIP	Prevention and Early Intervention Programme
PHN	Public Health Nurse
RAPID	Revitalising Areas through Planning, Investment and Development
TUSLA	Child and Family Agency
UCC	University College Cork
yb	youngballymun
YK	Young Knockhaneeny

Acknowledgements

YOUNG KNOCKNAHEENY
Let's Grow Together...

Section 1: Introduction

It is the vision of Young Knocknaheeny that all children have an equal start in life. Young Knocknaheeny takes a whole community, prevention and early intervention approach to service delivery and practice in child development. Young Knocknaheeny aims to create lasting change to Knocknaheeny and surrounding areas by building on the skills and capacity of practitioners, services, and parents to get every childs' life off to the best possible start.

Young Knocknaheeny is a community prevention and early intervention programme, working on the Northside of Cork City, which commenced in January 2015. The programme aims to measurably improve the lives of all children (pre-birth to six) and their families. It does this by building on the work of our many partners across services and disciplines through a whole community approach to respectfully enhance the skills of parents and the workforce of all those who come into the life of the child.
The Young Knocknaheeny Programme is underpinned by an innovative Infant Mental Health Framework and draws on best international evidence and practice. The implementation of the Programme is achieved through community and systems change.

This means Young Knocknaheeny works firstly, through a relationship based model, directly with families, guided by an Infant Mental Health interdisciplinary framework complimented by the delivery of evidence based parent programmes and groups, and secondly, by supporting the development quality skills and environments using coaching, modelling, mentoring and continuous professional development of practitioners working with children 0-6 and their parents.
The Young Knocknaheeny Programme consists of four interconnected strategies, supported by an integrated research and evaluation process. The strategies are connected by their common approaches of capacity building, integration and quality improvement so that all children can be happy, well and able to learn and reach their full potential.

1: Infant Mental Health and Wellbeing	2: Speech, Language and Literacy
Capacity Building **Integration** **Quality Improvement**	
3: Early Childhood Care and Education	4: Prosocial Behaviour and Self-Regulation

Figure 1: YK's Four Interconnected Strategies

Report Purpose and Methods

Young Knocknaheeny (YK) is now fully implementing its programme of work and is part of the national Area Based Childhood (ABC) Programme (see Appendix 2 for details of the ABC programme). This report will explore how the YK Consortium has got to the point of programme implementation and what factors supported this process. It is timely to try to reflect on this process, and to remember, acknowledge and celebrate with all those involved in the journey. It is important to articulate the key components necessary for the development of an area based prevention and early intervention programme, particularly with the utilisation of an interagency consortium which was at the heart of the planning, resourcing and governance of YKABC

Creating change through prevention and early intervention practice requires a development process taking into account many different push and pull factors which determine long-term viability and impact. This report shares the story and the learning of the development of the YK Consortium to further inform and cement its own practice and growth, and to support others who wish to engage in sustainable, meaningful interagency prevention and early practice.

Section 2 of this report sets out the national and international knowledge and policy base for the YK Programme. Section 3 outlines the local contextual factors from which the programme emerged. YK is a dynamic implementation programme working within a set timeframe and expected outcomes. Its programme implementation strategy is underpinned by an Implementation Science framework. In addition, section 4 thematically describes the early work of forming the consortium, designing the programme and getting ready for implementation. -A process which is located within Implementation Science Framework at Stage 1 'Exploring and Preparing', and Stage 2 – 'Planning and Resourcing'. Section 5 links the early phase of implementation to the YK practices now taking place and concludes by setting out the learning opportunities available through the process that has taken place.

The report has been informed by reviewing all associated documentation since 2011 such as minutes of meetings, facilitated sessions, activity reports, planning documents and application processes. It also draws on literature of implementation science, early brain development, studies in to evidence based programmes, processes and preventions and early intervention policy and practice.

Section 2: Early Childhood Development and Intervention
Policy Context

Young Knocknaheeny (YK) emerged at a time when research evidence was informing a policy shift, both nationally and internationally, supporting a rebalancing of resources towards prevention and early intervention.

In the UK, Frank Field's 2010 review of child poverty stated, 'The things that matter most are a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. Good services matter too...' (Field, 2010).

In 2013 the European Commission adopted the recommendation 'Investing in children: Breaking the cycle of disadvantage'. This recommendation states that 'preventing the transmission of disadvantage across generations is a crucial investment in Europe's future as well as a direct contribution to the Europe 2020 strategy for smart, sustainable and inclusive growth'. It further states, 'early intervention and prevention are essential for developing more effective and efficient policies, as public expenditure addressing the consequences of child poverty and social exclusion tend to be greater than that needed for intervening at an early age'. Moreover, it goes on to suggest guiding horizontal principles to 'tackle child poverty and social exclusion through integrated strategies that go beyond ensuring children's material security and promote equal opportunities so that all children can realise their full potential' and to 'support parents in their role as the main educators of their own children during the early years and encourage ECEC services to work closely with parents and community actors involved in the child's upbringing such as health and parenting support services' (EU Commission, 2013).

In Ireland 'Better Outcomes, Brighter Futures', the national policy framework for children and young people, makes explicit, the states commitment to investment in prevention and early intervention with a clear focus on investment in the early years as a mechanism for reducing intergenerational disadvantage (DCYA, 2014).

Why is Early Brain Development Important?

The brain is not fully formed at birth and the most intensive periods of brain development which start in the ante-natal period and continue through the first years of life. Children are born with over 100 billion brain cells or neurons. For these neurons to function they must form connections or neural pathways. During the early years up to 100 new pathways are formed every second. These pathways are formed in response to external stimuli. The opportunity for the various pathways to develop is broadly sequential - those necessary for sensory functions (sight, hearing etc.) form first followed those for higher function. When pathways are used or stimulated they strengthen and if not, they become redundant and are pruned or abandoned. If a baby gets too little nurturing, stimulation, affection and interaction the formation and strengthening of these pathways will be negatively affected resulting in compromised developmental outcomes (Cohen et al., 2016). Conversely, warm affectionate care-giving and a positive home learning environment strengthens early development and thereby enhances lifelong health and well-being.

A considerable proportion of developmental delay is avoidable, particularly when we consider the strong evidence linking child development with parental socio-economic circumstances. Of particular concern is the widening gap between children from lower and upper income families, resulting in children from poorer backgrounds doing less well in school and entering into an inter-generational cycle of reduced employment opportunities, higher fertility and health inequalities (Leventhal & Brooks Gunn, 2000).

The Importance of Speech and Language and the Role of Early Relationships

Children's emotional expression and language both develop during infancy and early childhood, yet researchers note these two communication systems have been studied mainly in isolation (Kubicek & Emde, 2012). Recent studies have addressed this gap and advocated greater attention to the role of preverbal vocal and early language competence and the quality of parent-child communication, especially during play. Traditionally speech and language therapy services in Ireland offer targeted assessments and interventions for children when a speech and/or language difficulty may be presenting (e.g. from 18 months onwards). 'Research findings support the provision of high-quality supports to parents and families before children start to talk, rather than waiting until a delay or disorder emerges' (Rafferty, 2014). Research has further states that early intervention and prevention strategies for language should begin even in the first year of life (Wolllwerth & Papoušek, 2008) (Papoušek, 2012).

Evidence from longitudinal Studies on Early Interventions

There is now a strong body of scientific evidence demonstrating the effectiveness of early childhood intervention programmes in preventing delay in cognitive development and increasing readiness to learn, as assessed by reductions in grade retention and placement in special education classes (Anderson, 2003). There is a substantial weight of evidence from randomised control trials (RCTs) and systematic reviews demonstrating the effectiveness of high quality and rigorous early intervention programmes (Hutchings & Gardner, 2012). Head Start in the United States has been subject to ongoing longitudinal research including the large scale collaborative project 'The Consortium of Longitudinal Studies'. The results from these longitudinal studies showed that participation in a high-quality and cognitively orientated preschool programme demonstrated benefits for the child in later school competence (O'Flaherty, 1995). In addition to this evidence, a number of international studies found that partnership between parents and staff increases cognitive development and academic achievements for children. (Lamb-Parker et al., 2001; Ghate & Hazel, 2002; Sylva et al., 2004).

The Economics of Prevention and Early Intervention

There is a powerful economic case for investment in prevention and early intervention approaches in the earliest years. Heckman makes the argument that financial return is highest in the 0-3 age group and progressively diminished thereafter (Heckmann & Masterov, 2007). In a cost benefit analysis, it was calculated that in current terms the value in economic returns to society from the Perry Preschool Project was approximately $17.00 for every dollar spent on the preschool programme (Schweinhart, 2004). This economic return to society comes about because of savings in the costs associated with welfare spending, crime and education, and also in the collection of higher taxes from the programme participants.

Strengthening Effectiveness

Early years' interventions are more successful in breaking the poverty cycle when they are part of a more general anti-poverty and community development strategy including links to job training, housing policy, substance misuse programmes and other social and community supports. Early childhood development is influenced by a range of individual, familial, social, economic and cultural factors and the broader social environment is central to the success of early childhood interventions. Given these complexities evidence from systematic reviews indicates that centre-based early childhood interventions will be most effective if they are 'part of a coordinated system of supportive services for families, including child care, housing and transportation assistance, nutritional support, employment opportunities, and health care' (Anderson, et al 2003).

Evidence-Based Programmes for Early Intervention

There has been an increase in the number of evidence-based programmes which have been commissioned by both statutory and non-statutory organisations in the UK and Ireland. There is increasing evidence that such programmes are more effective when they are implemented with fidelity to the original programme content and with effective delivery skills:

Key issues for successfully ''scaling up'' these evidence-based interventions, which require a high level of skill to deliver with fidelity, include the need to build capacity for high-quality training, and most crucially, to ensure sustained supervision and organisational support for staff in their efforts to help families and children (Hutchings and Gardner, 2012).

Most of the evidence supporting early interventions is based on 'model programs' which were provided with higher levels of funding and supervision than large scale public programs and a limitation of the generalizability of the results of these studies is that successful demonstration projects are funded at higher levels and for a longer duration (Currie, 2001). The majority of scale-up and expansion efforts have not replicated the outcomes of 'model programmes' primarily due to poor and incomplete implementation (Ramey et al., 2008). It has become increasing clear that short programmes provide insufficient supports for long-term poor academic achievements for socio-economically disadvantaged children. The impact of any intervention programme is compounded by the negative effects of poverty on the child. Also the stability of a long-term programme is conducive to creating a learning environment to increase school performance and social functioning (Reynolds & Temple, 1998). Another crucial consideration in the adoption of evidence-based programmes is the local context. The local population, identified local needs, existing practices, and suitability of content need to be considered. The best approach when considering the use of evidence-based programmes is to choose programmes which best fit the local context, for which the relevant delivery skills are available or can be gained and for which adaptations can be confined to those which do not alter the core components of the programme (Kilburn & Mattox, 2016).

Successful adaptation of evidence-based programmes is a key component of the ABC programme. From the outset, Young Knocknaheeny had an interest in adapting the learning from successful approaches. At the same time, the level of experience and local knowledge available within the consortium meant that any programme implementation was set firmly in the context of enhancing existing early childhood services, sustainably meeting locally identified needs and delivering within an interdisciplinary framework.

Conclusion

Given the strength of the evidence, it becomes imperative that those concerned with addressing inequality consider interventions which will enhance early childhood development and give children the best chance in life. Prevention and early intervention programmes are well placed to achieve this goal. Research demonstrates that community-based good quality interventions which support parents and children can have positive impact on child development. The economic arguments are also well established internationally. Furthermore, there is a strong policy environment and commitment from the state toward early intervention and prevention.

Section 3: The Context in which the Young Knocknaheeny Consortium Emerged

History

There is a history of 35 years or more of provision of early years' family support and education in the north-western part of Cork city in the geographical area in which Young Knocknaheeny (YK) now operates. Early examples were the Family Centre established by the Daughters of Charity with the community; Before 5 Preschool in Churchfield, founded over 40 years ago; Northside Community Health Initiative Ltd (NICHE) which provided early parent and baby supports, facilitating PHN lead antenatal classes, and who later piloted and evaluated an early intervention community based speech and language project, and now facilitates the Kidscope community consultant paediatric child development clinic; Barnardos established a prevention and early intervention crèche, preschool and family support service. There is also a long history of organisations and practitioners in the area trying to work together in an integrated way and in collaboration with the community, and a long history of good working relationships between workers in health, education, social and community services and the local authority. These relationships developed in circumstances in which national administrative and managerial structures often operated in a non-integrated, separate silo approach.

On the part of those working in the area, there has long been an understanding and admiration of the powerful commitment of parents to provide the best possible care and development of their children, often in difficult circumstances; an understanding of the very damaging impact of early adversity in a child's earliest years; and an acceptance that many parents who have experienced adversity themselves benefit from collaborative, respectful, practical support in their care of their children. There has also been a very informed understanding of the growing knowledge base regarding early child development and early relationships. From the early 2000s, the developing knowledge base regarding the psychology and neuroscience of infants' earliest relationships and development were particularly influential in informing understanding and practice across a range of disciplines.

There was therefore a well-informed understanding that life-long educational, social, physical health, mental health and general well-being outcomes are all powerfully negatively influenced by the experience of early adversity. There was also an understanding of the mechanisms through which early adversity operated, and an understanding that preventive and early interventive approaches were not only essential, but practically feasible and evidence-based.

From 2011

Funding of community, health, educational and educational services and resources in this part of Cork city (as of course in many other areas) has always been inadequate considering the level of need. But following the economic recession of 2008/09 and the financial cutbacks to public services which ensued, such funding was even further reduced.

In these circumstances, as the existing public services seemed unable to respond innovatively, a few people from different services who had worked together for a number of years, started to discuss the possibility of alternative ways of working and organizing in early 2011. The next section documents how, within an Implementation Science Framework, the group developed, the process it addressed, and work it accomplished in establishing a comprehensive prevention and early intervention programme.

Section 4: Stages of Implementation and the Young Knocknaheeny Programme

Stages of Implementation

Implementation Science refers to the process of applying evidence in existing practice to improve quality and effectiveness (Nilsen, 2015). Within an Implementation Science Framework there are four stages of implementation. This section of the report locates the early work of forming Consortium, designing the programme and getting ready for implementation. This work can be positioned within the first two stages of the Implementation Science Framework:

• Stage 1 – Exploring and Preparing
• Stage 2 – Planning and Resourcing.

Figure 2 illustrates the interconnected nature of the stages. What happens in Stage 1 can influence Stage 2 and so on. It is therefore important to understand the processes in the first two stages as implementation science tells us that the quality of the outcomes is determined by the quality of the process. Knowing at what stage implementation should occur is important in matching what is required to move forward once again.

Figure 2: Stages of Implementation (Burke et al, 2012)

Stage 1 - Exploring and Preparing

Exploration in Stage 1 centres on the match between community needs, evidence based practice and programme needs, resulting in a decision (or not) to proceed. The result of this stage is a clear plan, tasks and resources to facilitate installation and initial implementation (Fixsen et al., 2005).

The types of activity that takes place in Stage 1 include: Decisions regarding commitment to adopting the program/practices and supporting successful implementation such as the make-up of the Implementation Team, developing communication plans, assessing readiness and capacity to implement (Fixsen et al., 2005).

2011:

In 2011 a small group of practitioners familiar with the work of the Prevention and Early Intervention Programme (PEIP), made links with youngballymun (yb). At the same time the group identified all of the main stakeholders in services in the geographical area and informally invited them into discussions locally. These parallel relationships developed over the course of the year.

2012:

On foot of an offer by yb, on 28 March 2012, a 'Knocknaheeny Prevention and Early Intervention' workshop was held in Knocknaheeny to explore the youngballymun model and the potential to replicate elements of this approach in the Knocknaheeny setting. Initially envisaged as a workshop and discussion with 10 or 15 services and community representatives and parents, the seminar grew into a much larger event attended by over 50 participants. Youngballymun presented overviews of their approach. Participants identified resources, opportunities and obstacles to developing a prevention and early intervention programme in Knocknaheeny. There was an overwhelmingly positive response indicating, even at this early stage, a determination to develop a network of existing services and resources to focus on prevention and early intervention.

The seminar made two key decisions:

1. Endorsement from the seminar for a Knocknaheeny prevention and early intervention strategy with a holistic, whole community approach to child and family integrated services, the inclusion of parents, and a commitment to evidence-based practice.

2. A steering group, mandated by the seminar participants who represent a broad range of sectors and interests, established to progress thinking and decisions about next steps.

(Source: unpublished Knocknaheeny Prevention and Early Intervention Seminar Report (2012))

A steering group which would later lead the development of Young Knocknaheeny, was established at the workshop. The membership of the Steering Group that was established and which later became the Consortium has remained largely unchanged with the exception of the addition of some key stakeholders who were invited to join to enhance the representative and inclusive nature of the group.

Steering group members:
- Dr. Aileen Malone, Paediatrician, Kidscope Child Development Assessment Clinic and Department of Paediatrics and Child Health, UCC
- Dr. Louise Gibson, Consultant Paediatrician, Kidscope Child Development Assessment Clinic and Department of Paediatrics and Child Health, UCC
- Ms. Angela Kalaitzake, Co-ordinator, The Hollyhill/ Knocknaheeny Family Centre
- Ms. Anne Horgan, Speech and Language Therapy Manager, HSE Cork North
- Ms. Ailbhe Creedon, Senior Speech and Language Therapist, HSE Cork North
- Dr. Dermot Casey, Counselling Psychologist, Springboard, TUSLA
- Dr. Margaret Curtin, School of Nursing and Midwifery (Formally Department of Epidemiology and Public Health) UCC
- Ms. Eileen Kearney, Assistant Director of Public Health Nursing, HSE Cork North Sector 4.
- Mr. Eugene O' Connor, Community Work Department, HSE Cork North
- Mr. Ger Donovan, Principal, St. Marys on the Hill National School
- Mr. Ger Phillips, Manager, Springboard, TUSLA
- Ms. Ingrid O' Riordan, Le Cheile, School Completion Programme, TUSLA.
- Ms. Jenna Russell, Project Leader, Barnardos Brighter Futures Centre
- Ms. June Hamill, Co-ordinator, Before 5 Family Centre
- Ms. Katherine Harford, Manager NICHE (appointed YK interim manager, 2014 & YK Programme Manager 2015)
- Ms. Nuala Stewart, Co-ordinator, RAPID/ Cork City Council
- Dr. Pat Corbett, Clinical Psychologist (appointed YK Chairperson and NICHE Board Member 2014)

Early Work of the Young Knocknaheeny Steering Group

During the Exploring and Preparing phase the Steering Group of Young Knocknaheeny (YK) brought together a wealth of experience from the perspective of education, health, social care, community development and research in an inclusive format which was representative of the various agencies concerned with early childhood development in the Knocknaheeny area. The broad representation allowed the group to effectively identify and build, on the successful aspects of on-going work in the community as well as identifying gaps and examining innovative ways of addressing those gaps in a co-ordinated manner.

Building a Shared Value Base and Collective Vision

As a first step towards integrated working it was essential to develop shared values and build a common understanding of the purpose of the initiative between all the organisations involved. While this process could potentially have been slow and resource intensive, the goodwill and openness within the organisations allowed this phase of the project to progress rapidly. Regular steering group meetings, where all voices were valued, allowed members to build an understanding of each other's work and how each member organisation contributed to enhancing childhoods in the local area. As such the steering group developed a non-hierarchical structure, which was important in the building of trust and confidence in relationships and the process.

A visit to youngballymun in June 2012, during which the Knocknaheeny group met all staff members and key partner organisations, inspired and motivated the group greatly. Experiencing first-hand what was possible by the people on the ground, implementing the programme, was of significant benefit. Through seeing what another Irish programme had achieved, the steering group saw the potential for what could be pursued on a scale. This was seen one of the key moments that cemented relationships and strengthened the resolve of the group that it could significantly improve outcomes for children and families in Knocknaheeny.

The next step in the process was to agree a collective vision. The steering group engaged in a number of facilitated sessions, at times led externally and others internally. In September 2012, the Steering Group engaged an independent facilitator from the Community Action Network (CAN) to assist with some focused discussion on these issues. However, this was simply an initial springboard and discussion continued at steering group level over a number of months. Through these processes there was a collective agreement that the group would focus on capacity building, integration and quality improvement of services. However, there was a need to reach a shared understanding of what this meant in practice (whose capacity would be build, what were the implications of increasing integration) and also to take some practical decisions such as the geographical spread and the age group on which to focus.

Underpinning this strategy development at all times was the vision that services could and should be reorganised towards prevention of child and family difficulties with interventions put in place as early, as appropriately and as effectively as possible.

Key Principles and Values

The commitment of all steering group members to the process resulted in very constructive engagement. This was crucial in progressing the project in developing a coherent strategy of long-term co-ordinated working based on the agreed principles which were drawn from a NICHE led facilitated session with the steering group. The key principles and values were:

- Prevention and early intervention
- Evidence based
- Multi-agency
- Integrated
- Capacity building
- Empowerment
- Community engagement
- Innovation
- Value for money

These values were important and deemed closely aligned to what research studies have identified as central for effecting change in programmes and practice (Knapp-Philo, Hindman, Stice & Turbiville (2006).

Stage 2 - Planning and Resourcing

In Stage 2 of the Implementation Science Framework: Planning and Resourcing, structural supports are put in place, including policy development, funding streams, human resources, referral mechanisms and outcome and reporting frameworks. This generally happens before a single beneficiary is engaged. In essence, this involves the establishment of the infrastructure to support successful implementation.
This is a key stage of the process. In studies discussed by Fixsen et al. (2005), positive experiences of later stages of implementation (i.e. Stages 3 and 4) are related to fidelity to the programme, culture of learning, technical support, high expectations and inclusive decision making. Therefore the approaches taken by the consortium at this stage impacted on the later success of implementation and sustainability.

Implementation Planning for Young Knocknaheeny

Agreeing and documenting core values, principles and strategic direction to which all of the steering group could relate, was an essential first step before YK progressed to designing a workplan and applying for funding. When funding did become available through the ABC Programme, YK had significant groundwork covered to enable the development of an implementation plan that was based on local strengths, opportunities and needs and to which there was strong local commitment.
The necessity to build capacity for change within organisations and practice was considered by the steering group to be a key feature of any local programme of work,

but there was concern about how that would be received. The openness toward capacity building was evident when the steering group hosted a pivotal training programme was a workshop on Infant Mental Health held at the Secondary School Library in 2013 and attended by 42 stakeholders across a wide range of disciplines. This not only created a precedent for interagency engagement with the concept of capacity building for change, the workshop also introduced a common language of Infant Mental Health across the organisations that would become the framework for the YK programme

Design Work

The steering group as a whole engaged in the process of developing the funding proposal but at the same time engaged in a parallel (and complimentary) process of developing the implementation plan. In 2013, through a facilitated session, during a planning meeting, members engaged in an exercise of setting out their "wish list" for their own service if funding was available. During the same session, the "wish lists" were joined and aligned into an area based strategies rather than an individual service approach. Four key strategies emerged, which eventually became the implementation strands in the ABC funded programme.

They were:
1. Infant mental health and well-being
2. Speech, language and literacy interventions
3. Early childhood care and education
4. Pro-social behaviour and self-regulation

Design groups were formed for each strand. Each design group was led by a member of the steering group and brought together key stakeholders and professional expertise from within and outside the steering group to focus on developing a detailed, achievable, locally appropriate programme of work for that strand. It was agreed that the strands should be underpinned by a cross-cutting research and evaluation strand. A fifth design group was therefore formed to focus on research and evaluation. The design groups opened up the possibility of working formally with different levels within statutory services and with people outside of the consortium. Here we were able to include the expertise and strategic links with Kathryn O'Riordan, Cork City Childcare Company; Dr. Shirley Martin, Department of Applied Social Studies, UCC; and Dr. Siobhan O'Sullivan, Department of Applied Social Studies, UCC and CCC.

The process of forming design groups had a dual effect. Whilst primarily focused on developing a work plan based on the core values and vision of the initiative, it was also effective in achieving the aim of developing interagency engagement and moving from individual service-led provision to a universal multidisciplinary, cross community approach. Once the design phase was complete and resources were in place, the design groups became implementation groups supporting the work of the five strategies. The membership at this later stage contributed to designing roles, job descriptions and recruitment processes for key posts in the implementation stage, offering links through clinical and supervisory governance roles.

Development Funding

Despite the significant level of commitment from all of the organisations involved in Young Knocknaheeny, the level of planning and development required in Stage 2 could not have been undertaken without external resources. NICHE provided a small programme budget with a co-ordinating and administrative function. Following an application process, Cork City Council (CCC) provided important resources through the City North West Quarter Regeneration (CNWQR) budget. A grant of €23,000 was provided to NICHE to support the development of the programme of work. The grant enabled the steering group to pay for dedicated Human Resource hours for the development of the programme, to host consultative events, practice events (Infant Mental Health Workshops) engage with the relevant national platforms and support the establishment of the governance structures.

The initial grant by CCC continued to stretch into and support initial implementation and ongoing quality governance practice. A relatively small investment by CCC reaped significant rewards in terms of laying the foundation for what was to come. Furthermore, the investment is representative of the commitment of CCC to the social regeneration of the area as well as that of the physical regeneration through CNWQR. From here on in, the Master Plan and YK are regarded as complimentary and working hand in hand.

Leadership

During the whole planning and resourcing period, different members of the steering group took up leadership roles at different times, depending on need as it arose, and building on the strengths of the group. Again, this is a practice which has continues to be present – the Consortium members stepping in and stepping up to support the complex process within the implementation stage. As well as individual leaders, in terms of organisation leadership, NICHE played a pivotal role by providing support to YK in terms of facilitation, co-ordination and administration.

Governance

Membership of the steering group, formed after the initial workshop, remained consistently engaged throughout the formation of the programme. However, the group recognised that some key local stakeholders were not represented and in early 2013 the steering group was expanded to include 3 new members (June Hamill, Eugene O Connor and Nuala Stewart). The governance structure at this stage consisted of the steering group – which later became the consortium and a smaller task group (Pat Corbett, Ingrid O' Riordan, Katherine Harford and Ger Philips) which was focused on funding, networking and strategic development. The task group reported to the steering group.

In early 2013, a decision was made that YK should adopt formalised roles of Chairperson and Secretary. Pat Corbett was appointed as Chairperson and Ingrid O' Riordan Secretary. The task group had, up to this point, acted as an Executive of the steering group but, with the design groups taking active roles in the development of the programme, the chairs of the design groups would join the task group (Jenna Russell, Margaret Curtin, Anne Horgan).This expanded group became the Management Committee of YK. It was agreed that the steering group would now become the Consortium, responsible for the overall strategic direction of the programme while the Management Committee would assume the Executive role.
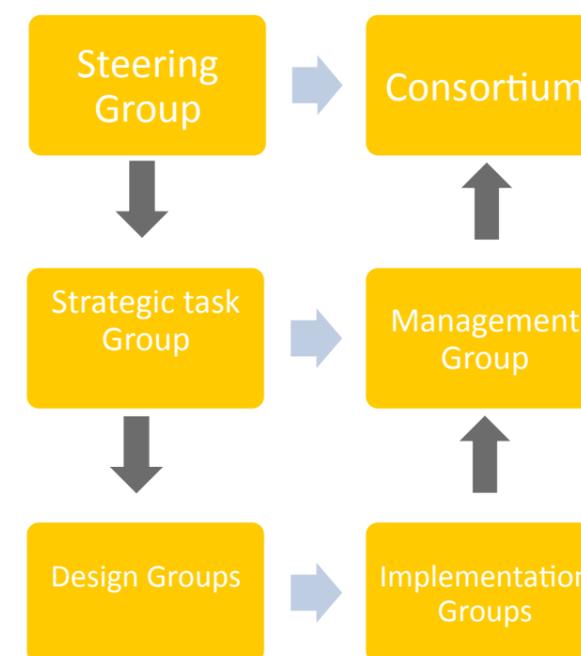
Figure 3: The Establishment of the Governance Structures for YK

Following communication with the ABC Programme Management, it was decided that YK would not be set up as an independent organisation but would rather be constituted as a sub-group of NICHE and would be governed by the NICHE policies and procedures. Two members of the Young Knocknaheeny Consortium were also members of the NICHE Board of Management. This governance arrangement was proposed and adopted by the NICHE board in 2014.

Now as a sub-group of the Board of NICHE, the final stage in the development of the governance structure was the agreement and documentation of 'Young Knocknaheeny ABC terms of reference and memorandum of understanding for Young Knocknaheeny ABC governance structure'. A participatory process was used in developing this document. This took time and dedicated meetings in 2014. The end result was that all members of the Consortium were involved in the process and in agreement with the roles, structures and functions outlined in the final document. The final governance document of the Consortium was signed off by senior management of all consortium member organisations, further cementing the by-in across disciplines, services and systems.

Readiness for Implementation

As part of the contract preparation with ABC, YK was required by CES and Pobal to produce a logic model, implementation plan and detailed budget. The implementation plan and logic model for YK were developed by the Consortium, with initial assistance from yb As a result of the high level of engagement of key stakeholders in the design phase and the trust that had developed between partners, the process of implementing changes in practice and engaging in innovative approaches within existing services was a seamless progression rather than a perceived threat to existing work practices. Therefore once funding from the ABC programme was in place, there was no question with regard to the process that would now take place.

Section 5: Key Components of the Young Knocknaheeny Process

The Consortium which now leads the Young Knocknaheeny (YK) ABC funded programme was built on fertile ground. Before embarking on any programme of work YK was able to establish its evidence base, core purpose, values, approach, programme design and governance structures. As a result the YK Consortium began operating within the ABC programme from a position of loyalty, solidarity, trust, mutual respect and built up infrastructure, which has significantly enhanced the ability of the programme to deliver outcomes for children. During the whole planning and resourcing stage of YK's development different members of the steering group took on leadership roles at different times, depending on need as it arose, and building on the strengths of the group. Again this is a practice which continues to be present. The literature on Implementation Science outlines eleven key factors which enable effective implementation. The first nine of these should be present from Stage 1 of the process with the final two coming into play in Stage 3. The presence of these enablers enhanced the impact of early work of building the consortium on subsequent effective programme delivery in Young Knocknaheeny. They represent key components of the process YK Consortium addressed which were necessary to its development

1. **Stakeholder Consultation and Buy in:** Consultation and buy in was achieved before ABC programme. This was achieved by collectively identifying the need; developing a collective vision, attending the prevention and early intervention workshop facilitated by yb; participating in the site visit to yb; learning widely about prevention and early intervention and the language of Infant Mental Health; and collective planning. Consultation and buy-in facilitated non-hierarchal process which in turn built trust and confidence. The level of stakeholder involvement is evident from the structure of the consortium and the fact that those who became involved in the early days, continue to lead the programme. Moreover, their involvement is having a ripple effect drawing in collaboration from a wide range of partners (see Appendix 3: Service Delivery Partners)

2. **Leadership:** NICHE played an integral role in the early development and support to the programme, both human resource, programme resources and governance. There was also significant local individual leaders from a range of services and organisations, statutory and non-statutory, from within the Consortium. Building on their skills and competencies, they quickly emerged to drive the various stages of the programme in the form of design, management and technical, financial, research and strategic leadership.

3. **Resources:** The initial forming of the Consortium and vision of the programme was built with no additional monetary resources. Non-monetary resources were a very significant contribution from the Consortium partners, including their time, participation, venues etc. Technical support was provided by yb. Later NICHE provided initial small budget for facilitated sessions, CCC through the Knocknaheeny Regeneration fund provided predevelopment monies as did Pobal through pre-contract grants. These were all small grants which fostered capacity and positioning for larger scale programme implementation to follow.

4.   Implementation teams: The development of design teams which evolved into implementation teams bringing expertise in each of the work areas was an important structure. It allowed for stakeholders including practitioners and experts in a particular area of the programme, to be fully engaged and contributing to the design and later supporting implementation of the YK plan. Membership of these teams formalised relationships with practitioners and managers inside and external to the Consortium.

5.   Implementation plan: The Consortium worked together to develop a locally appropriate, evidence informed plan. This plan informed the YK Logic Model. The plan was developed in such a manner as to be dynamic and responsive to a changing local environment. The ability to maintain this level of responsiveness is in many ways a result of the trust which exists between the various agencies involved in the programme.

6.   Staff capacity: YK has created a very strong team of staff, many of whom are seconded from organisations who were already committed to the Consortium and who provide clinical governance and external supervision. The opportunity to align and mainstream the implementation practice is built on an interconnected foundation of the Consortium. All staff members are guided by the implementation plan and logic model for their particular strand of work put together by the Consortium. Evidence-based practice was a strong element of the Consortiums' core values. With this in mind, the staff are all trained and supported to implement best practice processes and programmes.

7.   Organisational support: The dedicated time and effort of the Consortium in developing systems, policies and procedures has resulted in YK being a well-structured supportive organisation. Moreover, having NICHE, a long-established organisation, as lead agency has provided a strong organisational base. Organisational supports also came from the experience of statutory and non-statutory members of the Consortium feeding into budget design, governance structures, recruitment and management for example.

8.   Supportive organisational culture: The principles, values and beliefs which were agreed as core to the Consortium, have resulted in an organisational culture within YK, which is conducive to embedding the programme in the local community and to linking staff to existing services. The culture of the organisation is to include the practice wisdom of the staff and Consortium, to respectfully engage with the community and foster a community partnership approach.

9.   Communication: Trust, mutual respect and an understanding that each Consortium member comes from an organisation with its own objectives and approaches has been built up in the process of negotiating the programme plan. This has resulted in an openness and ease of communication which has allowed new working relationships to form and strengthened the approach to interagency engagement within the Knocknaheeny area.

10.   Monitoring and evaluation: The Implementation Science Framework states that monitoring and evaluation comes into play in Stage 3 of the process. However, it is the view of YK that this needs to be considered at all stages. For this reason, the consortium established research and evaluation as a cross cutting programme strategy from the outset of the programme.

11.   Learning from experience: Despite the Implementation Science Framework stating that this should come in to play in Stage 3, YK has taken this enabler on board from the outset. The development of YK built on a history of working together over many years and seeing the impact of childhood adversity. It also sought to align with existing research, policy and practice of early childhood development and interventions.

Conclusion

This Report has documented the process of establishing the Young Knocknaheeny Area Based Childhood Programme. Focused on the period before the implementation phase it documents the very significant process of establishing a Consortium, a committed group which could lead the Programme in a manner that built on current community-based structures and simultaneously enhanced capacity building and interagency working for improved outcomes for early childhood development. In the initial development of the Consortium explicit attention was given to the development of trust in working relationships. Lack of trust was explicitly addressed when necessary. The potential advantages for each service, of working in an integrated way, to a cohesive plan, were teased out. The potential costs and benefits for each service were openly considered and discussed. Best practice and the applicability of the recent developments in the science, policy and practice for early development and early relationships informed the process.

This Report has identified that to build an effective whole community prevention and early intervention programme, a process which initially emerges from practitioners who share a similar view, requires factors summarised in the following table.

Collaboration	• Emerging from a shared history of working together • A coming together across sectors, services and disciplines • Forging close, trusting relationships in a non-hierarchical structure • Supporting the leadership roles offered across the membership of the Consortium • Building on existing capacities and skills
Learning	• Scoping out and understanding existing policy and best practice • Learn from and build on the science and knowledge of early childhood development
Planning	• Developing a vision and a set of values • Planning together, moving beyond gap filling to a different way of working and resourcing
Decision-Making	• Deciding on geography and reach (population & age range/targeted & universal) and strategies at an early stage in the process. • Area based v's service approach • Development of a governance structure.
Resources	• Seeking out technical and strategic assistance • Securing small but continuous funds that support pre-development into early implementation; • Creating opportunities to be motivated and inspired

Table 1: Process Factors which Contributed to the Development of YK

The time and deliberate steps taken to develop YK has resulted in a Programme which is aligned with existing science, research, policy and practice as set out in Section 2 of this report. Ultimately it is a Programme that is emerging as being effective in creating change in practice and service delivery for all; a programme which seeks to give every child an equal start and aims to improve the life chances for children and families in the Knocknaheeny area and beyond.

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Appendix 1:
Research and Evaluation Advisory Group

Chairperson: Dr Margaret Curtin, School of Nursing and Midwifery

(formally Dept. Epidemiology and Public Health), UCC

Dr Shirley Martin Dept. of Applied Social Studies, UCC

Dr Siobhan O' Sullivan, Cork City Council & Dept. Applied Social Studies, UCC

Dr Maria Dempsey, School of Applied Psychology, UCC

Dr. Pat Corbett, Chairperson Young Knocknaheeny

Appendix 2:
Area Based Childhood (ABC) Programme 2013-2017

The ABC Programme is an innovative prevention and early intervention initiative consisting of committed funding for an area-based approach to helping to improve outcomes for children by reducing child poverty.

The ABC Programme builds on previous work in the area of prevention and early intervention and runs from 2013-2017.

1.   How is the ABC Programme funded and managed?

The ABC Programme is co-funded by the Department of Children and Youth Affairs and The Atlantic Philanthropies on a matched basis with €29.7m being provided over the life-cycle of the programme.

The Centre for Effective Services and Pobal are the Programme Managers for the ABC Programme and are involved in the implementation, support, governance and evaluation of the Programme.

2.   What is the focus of the work in the ABC areas?

The focus of the work under the ABC Programme covers in the main:
•   Child Health & Development
•   Children's Learning
•   Parenting
•   Integrated Service Delivery

Areas are implementing a range of programmes and services in a variety of settings including schools, early year's settings, and in the home. Emphasis is being placed on enhancing interagency collaboration to ensure services being delivered are timely, accessible, and have the potential to become mainstreamed. The National

3.   Where are the ABC Programme Areas?

The table below lists the relevant area-based consortia and lead organisation providing or to provide services on ABC and their location. All of the organisations are now under contract and operational (DCYA, 2014).

Lead Agency	Geographic area
youngballymun	Ballymun
Preparing for Life (PFL)	Dublin Northside
Tallaght West Childhood Development Initiative Ltd	Tallaght West
Clondalkin Behavioural Initiative Ltd. t/a Archways	Clondalkin
Louth Leader Partnership	Louth
Northside Community Health Initiative (Cork) Ltd - NICHE	Knocknaheeny
Early Learning Initiative, National College of Ireland	Dublin Docklands and East Inner City
Barnardos Republic of Ireland Ltd	Finglas
Bray Area Partnership (BAP)	Bray
Dublin Institute of Technology DIT	Grangegorman
HSE Midlands Area	Midlands
People Action Against Unemployment Ltd. (PAUL Partnership)	Limerick City
Ballyfermot/Chapelizod Partnership	Ballyfermot/Chapelizod

Appendix 3: Young Knocknaheeny Service Delivery Partners

- Parents and communities of Gurranabraher, Churchfield, Knocknaheeny, Hollyhill
- NICHE **Lead agency
- Tusla/ Springboard
- Tusla/ North Lee Social Work Department
- Tusla/ School Completion Programme
- HSE Speech and Language Department
- HSE Community Work Department
- HSE Public Health Nursing
- HSE Cork University Maternity Hospital
- HSE Primary Care, Child Adolescent and Family Psychology.
- General Practitioners
- Cork City Council/ City Northwest Regeneration
- Kidscope
- ABC programme sites and structures
- Hollyhill Library
- A Plus Education
- Archways
- Youthlinks
- UCC School of Nursing and Midwifery
- UCC Department of Epidemiology and Public Health
- UCC Department of Applied Social Studies
- UCC Department of School of Applied Psychology
- North Cork Infant Mental Health Network
- Barnardos Brighter Futures Centre
- Before 5 Family Centre
- Padre Pio Early Start
- Hollyhill/ Knocnkaneehy Family Centre
- St Mary's on the Hill Crèche
- Paisti @ No 3 Preschool and Crèche
- St Mary's on the Hill National School
- Sundays Well Girls National School
- Sundays Well Boys National School
- Scoil Padre Pio

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