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

Working Towards a Shared Understanding

7 March 2018

Introduction

Firstly, thank you for agreeing to take part in this dialogue session.

The purpose of this document is to set out how the dialogue session will run and to provide you with some summary background information on the issues we would like to focus on.

We are calling this event a "dialogue" because we want people to engage with the issues by engaging with each other.

The dialogue is seeking to establish an opportunity for cross-sectoral sharing of the deep and broad experience of and expertise in prevention and early interventions in Ireland.

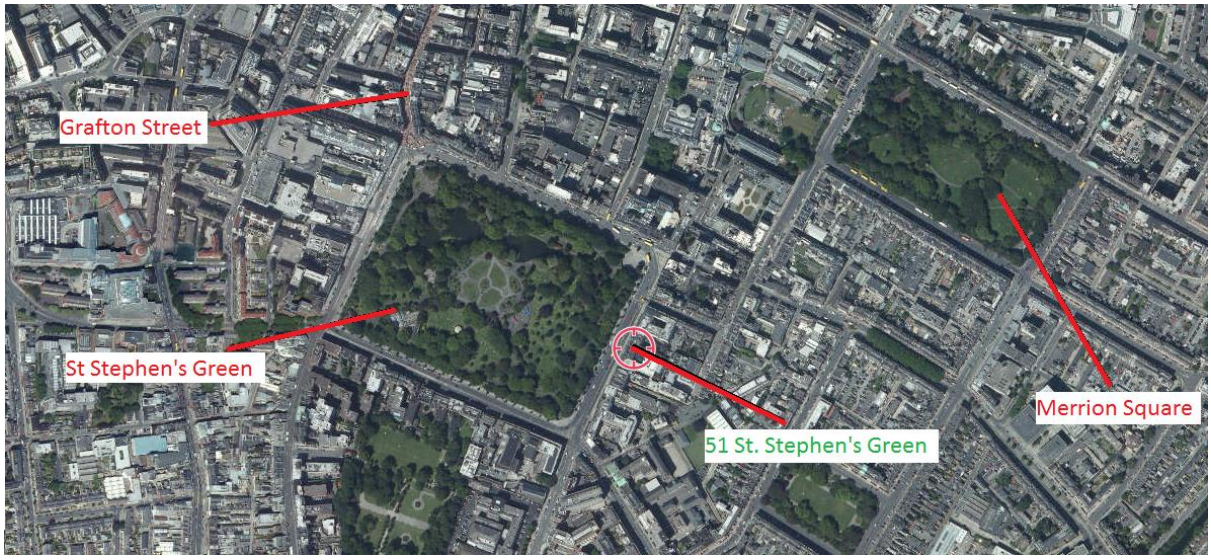
It is intended that the dialogue will work toward the development of a shared understanding of prevention and early interventions in Ireland and support the future development and implementation of effective policies.

If you have any questions please do not hesitate to contact Mary Clarke (Mary.Clarke@per.gov.ie).

Timetable:

- Registration opens 9:15
- Commence session – introductions 9:45
- Commence Part I 10:00
- Break 10:45
- Commence Part II 11:00
- Plenary 11:45
- End 12:30

Location: 51 St. Stephen's Green



Structure of Dialogue Session

The dialogue session is divided into three parts.

Part I – Pod Discussions (45 minutes)

Everybody participating in the dialogue will be assigned to one of 20 "pods" (groups of three people). (When the list of participants is finalised we will let you know which "pod" you have been assigned to.)

Each "pod" will discuss the three core questions:

- What is meant by "prevention" and "early intervention"?
- How do we know if prevention and early interventions work?
- How can this information be used to inform decision-makers?

Each member of a "pod" will be asked to note the points made by their colleagues in response to one of the three core questions. That is, each of the 3 people will be responsible for a single question. For example, John, Mary and Patricia will discuss each of the 3 questions over the 45 minute period. During this discussion, John will make a note of their discussion on "What is meant by…", Mary will do the same regarding "How do we know if…" and Patricia will note the points raised regarding "How can this information be…".

The notes you make will help inform your contribution during Part II of the dialogue session.

At the conclusion of the dialogue session, you will be asked to leave these notes behind - they will form part of the data-collection process, on a non-attributable basis.

Part II – Facilitated Discussions (45 minutes)

Everybody participating in the dialogue will be assigned to one of 6 discussion groups of ten people. (Again, we will let you know which discussion group you have been assigned to once we have a final list of participants.)

Each of these groups will focus on one of the three core questions.

Each group will have a facilitator who will support the discussion and two officials who will listen to the discussion and record a summary of what is being said on a non-attributable basis. Building on the example above, John will take part in a group discussion of "What is meant by…", Mary will do the same regarding "How do we know if…" and Patricia will participate in a discussion of "How can this information be…".

During the break for coffee / tea we will need to re-arrange the seating, so please don't be shy about getting some refreshments!

Part III – Feedback and Discussion (45 minutes)

Each of the large groups will be asked to provide a short overview of the issues raised during their discussion. An opportunity will also be provided for participants to make additional points.

Summary briefing: What is meant by "prevention" and "early intervention"?

The purpose of this first question is to examine what it is you mean when you refer to prevention and early interventions.

From a public policy perspective it would appear that there is no standard definition of prevention and early intervention.

By drawing together a range of domestic and international descriptions of prevention and early interventions, it is proposed that such interventions can be described as:

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

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

Both of these are in keeping with the general purpose of undertaking actions intended to prevent a problem from emerging or developing beyond an initial phase.

The dialogue is seeking to examine how well or otherwise this chimes with your experience of developing and implementing such policies and programmes.

Prevention and early interventions would appear to have a number of key features:

Clear focus on the outcome for the individual Prevention and early interventions hold out the promise of improved outcomes for individuals. The focus on outcomes means that there is a clear emphasis on what is happening in people's lives now and what may happen in the future. For instance, some interventions are focused on improving child behaviour and try to do so by engaging with parents and their children, often in their homes and over prolonged periods of time. Other interventions, such as health screening programmes are delivered to a broad cohort of people to identify those who are displaying symptoms and direct them towards treatment. Even those interventions that may be implemented on a nation-wide scale are essentially aimed at trying to alter people's own negative behaviours (e.g., smoking or alcohol abuse) in order to improve their potential health status before illnesses emerge that require treatments.

Theory driven As the focus of these interventions is on improving outcomes for individuals, it is important that there is a logical rationale that sets out the underlying assumptions and provides an explanation of how the actions that are to be taken will deliver the intended outcome.

Evidence of efficacy and effectiveness The promise of improved outcomes needs to be supported by empirical evidence from rigorously conducted evaluations. That is, there is a need for evidence demonstrating that the intervention's set of actions and tools have had the intended impact on the specified individual level outcomes.

Evidence-based programmes are those that have consistently been shown to produce positive results by high quality independent research studies. To be effective, these interventions

need to be delivered by trained personnel who have sufficient capacity to do so with fidelity and consistency to a manual.

Evidence-informed programmes draw on the best available research and knowledge to guide the design and implementation of the intervention. In a way, this is the integration of the best available external evidence from systematic research with the experience, judgement and expertise of those who are charged with delivering the service.

Central role of evidence in informing implementation or delivery of service While it is important that there is evidence of an intervention's effectiveness, it is equally important to ensure ongoing monitoring of how well or otherwise the intervention is performing, especially in terms of delivering on improved outcomes.

Can you talk to us about …

Given the absence of a single definition of prevention and early intervention, we have set out a high-level summary view of what is meant by such interventions. In order to achieve a broader understanding of what people mean when they use these concepts, it would be useful if you could tell us what you mean by "prevention" and "early intervention" in the context of your day-to-day work.

We have also identified a number of "key features" of prevention and early interventions. In what ways are each of these relevant to your day-to-day work? Based on your experience, are there other important elements or features that ought to be included?

Thinking about the broader picture encompassing the full range of government policies and programmes, why is it important that policy-makers should support prevention and early interventions?

Summary briefing: How do we know if prevention and early intervention works?

A core challenge for policy-makers is to ensure that limited public resources are allocated to support the implementation of effective prevention and early interventions.

This question focuses on how policymakers can have confidence in claims that an intervention will deliver particular desired outcomes.

The dialogue is seeking to understand how relevant or otherwise these approaches and standards are for those who have day-to-day responsibilities for such policies and programmes.

A rigorously conducted evaluation can be either:

- *Randomised Contolled Trial (RCT)*. Generally considered to provide the most valid and reliable evidence because it minimises the risk of variables other than the intervention influencing the results. The findings of RCT studies are seen as better reflecting the effect of the intervention as one group is randomly allocated to participate in the programme and another is allocated to act as a control.

- *Quasi-experimental design*. Participants are not randomly allocated to either the intervention group or the control group. Instead, the researcher usually decides which participants receive the intervention and which do not.

In order for there to be confidence in the ability of a programme to deliver the expected outcomes, the evaluation needs to be able to demonstrate statistically significant results. In general terms, within those evaluations that have statistically significant results it is possible to distinguish between programmes that have:

- *Effectiveness* – evidence from at least two high-quality evaluations demonstrating consistent statistically significant positive impacts across populations and environments lasting a year or longer; and those that have

- *Efficacy* – evidence from at least one high-quality evaluation demonstrating a statistically significant positive impact.

While there are other levels of evidence[1], it is only by using that which demonstrates effectiveness or efficacy can policy-makers have confidence in claims that the particular intervention led to the outcome.

[1] For instance, descriptive evidence involves a clear description of the core elements of an intervention, such as the goals, activities and target groups; theoretical evidence provides a sound theory which underpins the intervention, as well as an identification of how and why this particular intervention will lead to specific outcomes; and indicative evidence show that the desired changes have occurred with the clients engaged with the intervention but that it is still unclear which elements of the intervention cause the outcome.

Can you talk to us about …

In this note we provide a somewhat formal definition of "effectiveness". In order to achieve a broader understanding of what people mean when they use this concept, it would be useful if you could tell us what you mean by "effectiveness" in the context of your day -to-day work. You might also indicate how relevant this concept is to your work. Based on your experience, can you talk to us about how you know that your interventions are achieving the intended results?

There is a risk that some prevention and early interventions are overly reliant on a programme manual and ignore practitioners' experience and expertise. Thinking about your work to date, we would be interested in hearing about times when you have encountered this problem and your efforts to try and overcome it. Perhaps you sought to introduce improvements or innovations, and if so, we would be interested in hearing about the opportunities that were available to you to do so, how you went about setting out a rationale for your proposed changes, the challenges you faced implementing your changes and the solutions you found, and how you determined if your changes had had the desired effect.

It has been suggested that there is a need to shift the emphasis from testing prevention and early interventions to getting on with the job of implementing that which has been shown to work. What are your thoughts on this point of view?

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

This question looks at a number of issues around how evidence can be translated into public policy making. The intention is to promote a discussion of issues around how this information can be used to inform the development of policy to the greater benefit of society, in particular, how to enhance the ways in which evidence is communicated to policy-makers.

In an ideal world decision-making would be informed by solid evidence of what works. Despite the obvious value of research and evidence, its use has been inconsistent. There is not a simple or linear relationship between evidence and policy. The inconsistency of its use may in part be due to ambiguity around the issue that policy-makers are trying to address. It may also be due to policy-makers having to react to an urgent situation. Policy problems are often very complex and randomised controlled trials very expensive. This can contribute to doubts about the value of spending significant sums of money on policies in cases where it is difficult to assess the impact and effectiveness of programmes, especially if the benefits might not be observed until many years after the initial expenditure.

The inconsistent use of evidence may also be because it is just one of many inputs into the complex, iterative process of policy formation. In a democracy policy decisions also include other choices such as those relating to fiscal priorities, affordability, public opinion, political ideology and electoral considerations.

Pilot projects are often used to evaluate whether or not a programme is effective. When the evidence shows that a programme is effective, it is likely that policy makers will begin to consider how this information can be used to inform how policy is developed over the coming years.

An intervention that has shown itself to have a significant impact on outcomes at a pilot phase may not do so if there are problems with how well or not it is implemented. There are a number of factors that shape how well a programme transitions from a pilot phase to a wider setting:

> *Fidelity* ("adherence", "integrity" and "quality of implementation") – is the extent to which the delivery of an intervention adheres to the model underlying an evidence-based programme.
>
> *Acceptability* – the perception among implementation stakeholders that a given treatment, service, practice or innovation is agreeable, palatable or satisfactory.
>
> *Adoption* – the intention, initial decision or action to try or employ an innovation or evidence-based practice. Adoption also may be referred to as "uptake".
>
> *Appropriateness* – the perceived fit, relevance or compatibility of the innovation or evidence based practice for a given practice setting, provider or consume; and/or perceived fit of the innovation to address a particular issue or problem.
>
> *Cost (incremental or implementation cost)* – the cost impact of an implementation effort. The cost of implementing a treatment depends on the costs of the particular intervention, the implementation strategy used and the location of service delivery (overheads).

Feasibility – the extent to which a new treatment or innovation can be successfully used or carried out within a given agency or setting.

Penetration – the integration of a practice within a service setting and its subsystems.

Sustainability – the extent to which a newly implemented treatment is maintained or institutionalised within a service setting's ongoing, stable operations.

Can you talk to us about …

Evidence can be used to inform how an organisation goes about its work both in terms of monitoring and identifying ways to improve performance. Can you talk to us about how evidence informs your work?

Evidence can also be used to shape how policy is developed. We would like to hear about the opportunities you have had to communicate evidence to policy-makers. In thinking about these opportunities, perhaps there was a specific discussion when the evidence you presented was particularly effective in informing the policy process. Thinking about this time, what was it that made this presentation so effective and why? Have you experienced occasions when things did not go quite so well and what might it be about these that proved to be such a hindrance and why?

Often, prevention and early interventions are implemented on a pilot basis. The challenge is to find ways in which the learnings from the pilot can be used to develop a programme that can be delivered to a much larger group of people. What do you think are the core issues that need to be addressed when trying to up-scale or roll-out a programme or service to a larger group of people? In considering this question, you might tell us about those factors that are most likely to support such an effort and those that are most likely to prove a hindrance.