

Better Together?
Philanthropy and Government
Lessons from The Atlantic Philanthropies
and Irish Government Partnership-based
Co-Investments

March 2018

Richard Boyle
Laura Shannon

Contents

Executive summary	3
Chapter 1 Study Background and Approach	10
1.1 Study background	10
1.2 Brief overview of The Atlantic Philanthropies and its involvement with government in Ireland	11
1.3 Government, nonprofits and philanthropy in Ireland	12
1.4 Study Approach	14
1.5 Report structure	16
Chapter 2 Overview of the 19 co-investments examined	17
2.1 Dementia and ageing co-investments	19
2.2 Prevention and early intervention co-investments	23
2.3 Social service delivery co-investments	26
2.4 Conclusion	28
Chapter 3 Partnership working and joined-up government	30
3.1 The governance of partnership: modalities and mechanisms for promoting partnership	31
3.1.1 Commitment letter and Memorandum of Understanding	31
3.1.2 Oversight/Advisory Group	33
3.1.3 Steering Group	34
3.1.4 Consortia	34
3.1.5 Progress reports	36
3.1.6 Informal governance arrangements	36
3.2 Improving joined-up government through partnership	37
3.3 Challenges associated with partnership and joined-up government	39
3.4 Atlantic's role in partnership building	40

Chapter 4	Enhancing the evidence base to inform policy and practice	42
4.1	The benefits and challenges associated with producing evidence	44
4.2	Using the evidence in developing policy and practice	46
Chapter 5	Capacity building to change organisational culture and practice	48
5.1	Identifying leaders, networks and structures to support capacity building	48
5.2	Challenges related to capacity building	50
5.3	Results to date of capacity building and cultural change initiatives	51
5.3.1	Cultural change	53
Chapter 6	Policy and practice change: developing innovative, alternative policies and methods of service design and delivery	55
6.1	Policy change	55
6.1.1	Critiques of policy influence	59
6.2	Practice change	60
6.3	Pace and nature of change	63
Chapter 7	Embedding change in policy and practice	66
7.1	Embedding system-wide change from pilots and area-based initiatives	68
7.2	Embedding change in existing structures and processes	69
7.3	Sustainability of organisations created by the Atlantic/Irish Government collaboration	72
Chapter 8	Conclusions	74
8.1	Assessing Atlantic's influence on government policy and practice	74
8.2	Lessons learned	76
8.2.1	Lessons for philanthropies	76
8.2.2	Lessons for government	78
8.3	Concluding remarks	78
	References	80
	Appendix 1 The Portfolio – Grant by Grant	85
	Appendix 2 List of interviewees and roundtable participants	125
	Appendix 3 Government and philanthropy working together: some lessons from the literature	129

Executive summary

Background

The Atlantic Philanthropies ('Atlantic'), established in 1982 by Irish-American businessman Chuck Feeney, is a global foundation dedicated to bringing about lasting changes in the lives of disadvantaged and vulnerable people. It has operated in Australia, Bermuda, Cuba, Northern Ireland, the Republic of Ireland, South Africa, the United States and Vietnam. Atlantic is a limited-life foundation which completed its grant making at the end of 2016, and will exit the scene completely in 2020. Atlantic has made grants of close to €7bn in total, with over €1bn invested in the Republic of Ireland.

Atlantic's grant making in Ireland began in 1987. In the first phase, up to 2003, the focus was on higher education. Phase two of Atlantic's grant making in Ireland, since 2003, has concentrated on three areas: ageing, children and youth, and human rights.

A central and distinctive feature of Atlantic's work in Ireland over its lifetime has been its partnership with government and civil society organisations to achieve its social goals. As part of its exit strategy, Atlantic has been working closely with government in Ireland to ensure a lasting legacy from its investments, and to mainstream good practices and lessons learned into policy and practice in the public service. To this end, since 2012 Atlantic has supported 19 significant co-investments with government in Ireland. Atlantic's €99m investment in the areas of children and youth, dementia, and disability has leveraged €260m in public funding. These are very substantial sums of money. This study is intended to allow Atlantic to communicate this model to others and complete the story, started in Boyle (2016), of co-investment with government in Ireland.

Questions addressed in this study include: (a) what is the learning from Atlantic's work with government as to how philanthropy, civil society organisations and government can work together to build capacity and enhance policy and service delivery, and (b) what has been the effect of Atlantic working with government on public service reform both within the activities covered by the grants and beyond across the wider public service?

Context

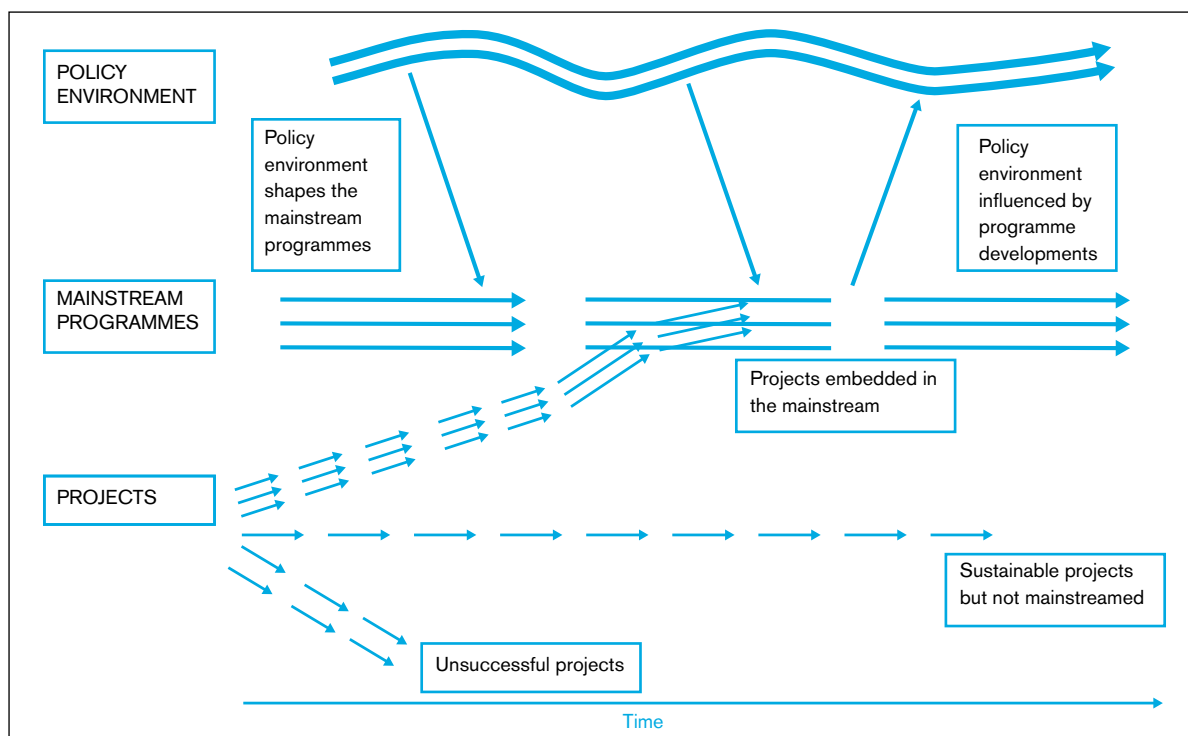
In setting the scene for examining the relationship between government and Atlantic in Ireland, it is important to understand that there is a strong historical relationship between government and nonprofits. The nonprofit sector relies heavily on the Government for funding, with approximately three-quarters of its revenue derived from public sector income. At the same time, the Government relies heavily on the nonprofit sector for the delivery of services.

Another distinguishing feature of the Irish context for government/philanthropy relationships is the political environment. The two main parties of government for most of the time since the foundation of the state are separated by the stance they took at the time of the Irish Civil War and other social factors, rather than deep ideological divisions with regard to economic or social policy. There have been no strong shifts in economic and social policy from one government to the next for many decades. This has helped create a relatively stable political environment for relationships between government and Atlantic to evolve.

Achieving policy and practice change

Atlantic's work with the Irish Government as it exits the scene, and as exemplified by the 19 co-investments examined here, is aimed at leaving a lasting legacy. The intention has been to influence and help shape mainstream government programmes, so that reforms in the public service contribute to better social outcomes.

The figure below, adapted from Geels (2002), provides a framework for summarising and understanding how this approach has worked.



Atlantic made a deliberate decision to work with government at both the policy environment and project levels to influence government policy and practice. One of these alone is unlikely to have been enough. If the concentration had been solely at the policy environment level, the evidence base to inform policy change would not have been strong, and it is unlikely that settled practices would have

been disturbed. If the focus had been on the project level only, it would have been harder for successful projects to break into the mainstream without a supportive policy environment. It was the attention to both levels, working in tandem, that contributed to progress towards mainstream programme change.

Taking the policy environment first, the significant role of Atlantic with regard to children's policy, as illustrated by the policy paper *Better Outcomes Brighter Futures* (2014) and policy for older people, as illustrated by the *National Positive Ageing Strategy* (2013) and the *National Dementia Strategy* (2014), is widely accepted. These and related policies have supported the creation of a policy environment where matters such as the personalisation of services, the need to emphasise the social model of care as well as the medical model, and an emphasis on early intervention and prevention rather than just protection, are stated as important government policies. Of course, Atlantic was not the only shaper of these policy directions, and other national and international actors were also promoting such changes. Atlantic has worked with the grain in this regard. But the weight of evidence from the interviews with policy makers and from documentary sources shows that the contribution of Atlantic has been highly influential.

What strengthens Atlantic's role in helping shape the policy environment is that it has also worked with government at the project level, on the co-investments, which provides evidence to support the desired policy and practice changes. Many of these are large-scale projects covering significant aspects of a policy field. A brief selection of some of the changes to date at the level of the co-investment projects includes:

- With regard to person-centred supports for people with disabilities and mental health difficulties, between 2010 and 2014, 12,510 people were assisted in terms of making self-directed living a reality; 4,248 individuals benefited from having their support services configured to enable them to lead more independent, fulfilling lives; and 8,262 individuals received capacity building supports.
- Each of the 31 local authorities has formally adopted the Age Friendly Cities and Counties Programme and has signed the Dublin Declaration on Age Friendly Cities and Communities in Europe 2013, making Ireland the first EU state to declare a national commitment to creating a country where older people's needs are recognised and addressed. In each of the local authority areas, an Age Friendly Alliance has been established to develop and oversee the realisation of a three to five-year Age Friendly Strategy which sets out to address the issues identified by older people in the local area.
- Preliminary draft findings from Year 1 of the outcomes strand of the national evaluation of the Area-Based Childhood (ABC) Programme found measurable benefits in terms of parenting outcomes, children's learning outcomes, and children's health and development outcomes.
- Up to the end of August 2017, 263 dementia integrated home care packages (IHCPs), aimed at keeping people with dementia at home for longer, have been provided. The number

of active cases at the end of August 2017 was 140. The average weekly cost of dementia-IHCPs during the period January to August 2017 was €904.25 per week. A sample of more than one-quarter of the dementia-IHCPs indicates that the vast majority are meeting the criteria for being individualised and effective and that the person and family carers are, in the main, satisfied with what has been provided.

- Within the Prevention, Partnership and Family Support Mainstreaming Programme, qualitative findings from an interim evaluation with a small sample size highlighted that families participating in a child support intervention called Meitheal were positive about their experience to date¹. This included both the process of taking part, as well as improvements in the families' well-being and outcomes that had already begun to occur in some cases (Rodriguez et al, 2017).

Stepping beyond practice change in relation to individual co-investments, a number of studies indicate that there have been system-wide impacts on practice arising from Atlantic and government working together. For example, work in the dementia field is helping to transform care for people with dementia wishing to remain in their own homes. And in the children and young people's sector, there is an increasing focus on outcomes, and scrutiny of the connection between what is delivered and what changes result for children.

Lessons learned

This study shows that there have been significant benefits arising from the work of Atlantic, in partnership with the Irish Government. Atlantic has made a significant contribution to helping government work better for many of the people it serves. This is not to say that there have not been challenges along the way, or that all interventions have been equally successful. But progress has been made, and lessons learned, from both the successes and the failures.

Lessons for philanthropies

What then are the general lessons for philanthropies that emerge from Atlantic's partnering with government?

- Work at both the policy and project levels, aiming to influence both policies and practice.
- Relationship-building between philanthropy and government takes time, and philanthropies should be prepared to invest in the relationship over many years. Atlantic's work with government started off in the 1990s, and this provided a firm base from which to evolve.

¹ Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks. In this context Meitheal is a national practice model that aims to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights.

- Individuals matter, especially those in senior management positions in government. They can make the difference between blocking an initiative and getting it implemented successfully. Identifying and working with those in government committed to change that accorded with the goals of Atlantic was one of the things done well.
- Change in government is slow. Most of the investments are running behind the initially agreed schedule, in some cases significantly so. This slow pace of change needs to be factored in by philanthropy in any joint venture with government.
- Accept that there will be staff turnover in government organisations, and that philanthropy will have to plan for and develop new working relationships with people coming in who may have little or no previous knowledge of the area.
- Atlantic would not have had the influence it had with government unless the scale of, and timescale for, investment was substantial. Also, Atlantic took its time deciding about investment, and engaged with government first on the issue to gauge whether or not it would be willing to partner.
- Phased payment of grants, linked to narrative progress reports and financial reports showing the schedule of expenditure, act as a learning and accountability mechanism both for philanthropy and for government. It provides an opportunity for structured dialogue about any delays, issues arising and so on.
- Co-funding of investments by government is important. This encourages government and officials to realise they have to seriously engage, and not just accept money that can be used for agreed purposes. But it also means that philanthropies will have to accept working within accountability rules that apply to public expenditure.
- Money alone is not enough. Engagement with government is needed if philanthropies want to move beyond establishing isolated pockets of good practice. Even with government engagement, moving beyond pilot sites, where used, can be challenging.
- Having a consistent focus on outcomes and evidence is vital. Risk aversion is a common trait of public servants, linked to their accountability norms. This can create tensions when philanthropies are looking to innovate and bring about change. Using evidence to show that interventions are effective is vital in winning support for change.
- Collaborations and networks play a pivotal role in embedding change, in terms of increasing buy-in from stakeholders and sharing of resources, knowledge and experience. Collaboration with other funders is also important. Managing relationships across public policy networks is central to effective implementation, where responsibility does not lie solely with one body.
- Adopt a firm but flexible approach. A firm approach is required with regard to securing the commitment of government and commitment to agreed outcomes. A flexible approach is

required with regard to addressing issues that arise and being willing to adapt as necessary within agreed boundaries.

Lessons for government

Lessons that emerge from the study for governments wishing to work with philanthropy include:

- Think strategically about in what areas it is appropriate to work with philanthropy. Identify priority issues where innovative thinking could be of most assistance. Spend time understanding the opportunities that working with philanthropy can bring, but also the challenges.
- The public sector can be driven by the need to respond to crises. Working with philanthropies to develop theories of change and examine the evidence base before committing investments can act as a counter to short-termism, and support longer-term thinking on policy.
- Looking at philanthropies as solely a source of cash to support existing programmes, and trying to limit their voice during implementation, will lead to a poor working relationship. Commit time to developing a good working relationship.
- Think through the challenges of implementation. Work with the philanthropy to ensure it understands the pressures and restrictions on the use of public money.
- Work at developing a willingness to operate across organisational boundaries and collaborate with civil society organisations. Facilitate collaborative learning networks that can build and support capacity.
- Support evidence generation and evaluation activities. These can help fill knowledge gaps and support change where the evidence favours the desired direction of change.
- Plan ahead for embedding change. Particularly where pilot projects or area-based initiatives are involved, clarify expectations and identify what mainstreaming might look like as early as possible.

Concluding remarks

This study, and the previous linked study (Boyle, 2016), brings to an end three years of tracking the effect of Atlantic working with the Irish Government to achieve policy and practice change. The studies clearly show that philanthropy and government joint funding of interventions can lead to long-term, lasting positive change. Better outcomes for citizens and service users have been noted, as have new ways of working.

Of course, the journey has not always been smooth. The pace of progress has been slower than anticipated, and some interventions have been more successful than others. But the overall sense from the evidence gathered is one of progress towards the achievement of desired social outcomes.

There has also been the creation of a group of 'champions of change' in both the public sector and civil society, committed to the principles and practices advocated in the co-funded investments. While these people may move on from their current positions, they represent a significant resource for the continued focus on change and reform of public services. While Atlantic exits the scene, the journey will continue.

Chapter 1

Study Background and Approach

1.1 Study background

The Atlantic Philanthropies ('Atlantic') has been working in partnership with the Irish Government towards the achievement of social goals since the 1990s. Atlantic is a limited life foundation which handed out the last of its grants in 2016 and will cease to exist in 2020. As part of its exit strategy, Atlantic has been working with the Irish Government to ensure a lasting legacy from its investments, and to mainstream good practices and lessons learned into policy and practice in the public service. In particular, since 2012 Atlantic has supported 19 significant co-investments with government in Ireland. Atlantic's €99m investment in the areas of children and youth, dementia, and disability has leveraged €260m in public funding. These are very substantial sums of money. Atlantic's work with government in Ireland is one of the most distinctive features of its funding approach, and this review is intended to allow Atlantic to communicate this model to others and complete the story of co-investment with government.

A previous study examined the approach adopted by Atlantic, between 2003 and 2014, of working with government to influence government policy and practice, with a particular focus on public service reform (Boyle, 2016). An overarching conclusion of that investigation was that Atlantic has made a significant contribution to influencing government, especially in terms of the development of a partnership approach, the development and use of evidence, and the reform of service delivery. This current study extends and builds on the previous study to examine the work of Atlantic with government in its final phase of grant giving.

Questions addressed in this study include: (a) what is the learning from Atlantic's work with government as to how philanthropy, civil society organisations and government can work together to build capacity and enhance policy and service delivery, and (b) what has been the effect of Atlantic working with government on public service policy and practice, both within the activities covered by the co-investments and beyond across the wider public service?

The study aims to inform immediate and longer-term practice amongst a number of key groups, notably:

- a) policy makers by making them more aware of the benefits and challenges of partnership-based working, and the opportunities provided for alternative service delivery and enhanced evidence to inform policy;
- b) nongovernmental organisations by highlighting the lessons learned from working with government to achieve their aims; and
- c) other philanthropic bodies by drawing out lessons on how to influence public service reform from the practice of working with government.

1.2 Brief overview of The Atlantic Philanthropies and its involvement with government in Ireland

Atlantic, established in 1982 by Irish-American businessman Chuck Feeney, is a global foundation dedicated to bringing about lasting changes in the lives of disadvantaged and vulnerable people. It has operated in Australia, Bermuda, Cuba, Northern Ireland, the Republic of Ireland, South Africa, the United States and Vietnam. Atlantic completed its grant making at the end of 2016, and has made grants of close to €7bn, with over €1bn invested in the Republic of Ireland.

Atlantic's grant making in the Republic of Ireland began in 1987. In the first phase, up to 2003, the focus was on higher education with investments in physical infrastructure across university campuses. This phase culminated in a signature investment in the Programme for Research in Third Level Institutions (PRTL), co-funded with the Irish Government. The partnership with government on PRTL was the first time that Atlantic had worked directly with a government anywhere in the world. The aim was to transform Ireland's capacity to undertake world-class research. Beginning in 1999, Atlantic co-funded the first three cycles of PRTL, with government funding a further two cycles.

In his book on Chuck Feeney, O'Clery (2007, pp.267-276) sets out the steps leading up to the establishment of the PRTL and notes that: 'For the first time in history, Atlantic was aiming to enter direct negotiations with a sovereign government, to do a matching deal'. Over the five cycles, the PRTL has helped to establish Ireland as a premier location for carrying out world-class research and development (International Assessment Committee, 2004; PA Consulting Group, 2011).

Phase two of Atlantic's grant making in Ireland began in 2003. Since then Atlantic has concentrated on three areas: ageing, children and youth, and human rights. As noted by Boyle (2016), to date during this phase, Atlantic has made a significant contribution to influencing government policy and practice. This is not to say that Atlantic is the only or even the main influence in most areas of its

engagement with government. Rather, Atlantic has contributed in a way that has made a difference (Collins, 2017).

1.3 Government, nonprofits and philanthropy in Ireland

In setting the scene for the relationship of government and Atlantic in Ireland, it is important to understand the large size and scope of activity of the nonprofit sector in Ireland and the role the sector plays in the provision of public services. Data gathered by Benefacts (2017) shows that in 2015, nonprofits employed at least 150,000 paid workers, and that nonprofits generated more than €10.9bn in turnover annually, including government funding of €5.3bn, which amounts to 8 per cent of all current expenditure by the Exchequer.

Breen and Carroll (2015) note that Ireland's nonprofit sector can best be described and classified by the corporatist model as set out by Salamon and Anheier (1998), with nonprofits working closely with the state in the provision of public services. Much of this activity dates back to the late 19th and early 20th centuries when religious orders and charities provided many essential services particularly in the fields of education, health and social welfare.

There is, therefore, a strong relationship between government and nonprofits. The nonprofit sector relies heavily on the Government for funding, with approximately three-quarters of its revenue derived from public sector income. At the same time, the Government relies heavily on the nonprofit sector for the delivery of services. Breen and Carroll note:

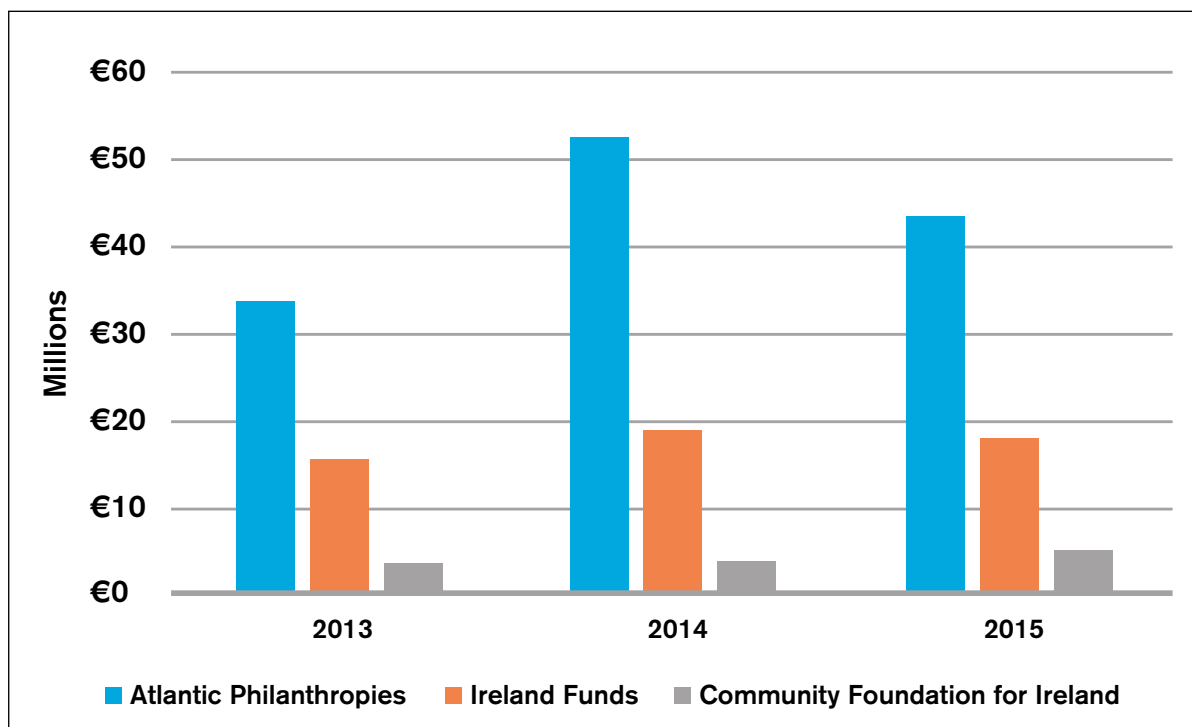
The state greatly relies on nonprofits to deliver core services, to a degree unique among developed countries. In Ireland, 96 per cent of primary schools are under Roman Catholic patronage with the state providing funding for these schools ... A similar pattern of state reliance on nonprofits can be seen in the health sector. In 2004, Irish nonprofits provided approximately 90 per cent of all intellectual disability services and about 60 per cent of physical and sensory disability services (2015, p.192).

Benefacts (2017) notes that a small number of nonprofits operate on special terms with government, in that their voluntary boards do not exercise control over the remuneration of their employees because these are treated as public sector workers. Benefacts identifies 44 section 38 providers of health and social care services², 22 higher education institutions, and 281 local providers of family support, drugs rehabilitation, citizens' advice and other local development supports and services, directly established by government. In aggregate, this small group of 347 organisations receives more than 70 per cent of reported receipts from government by all nonprofits.

² Agencies funded under section 38 of the Health Act 2004 are funded to provide a defined level of service on behalf of the Health Service Executive, and employees are classified as public servants.

Despite the strong history of nonprofit involvement in the provision of services, and of philanthropy, rooted in the religious tradition, corporate philanthropic giving in Ireland is small in comparison to many other countries. For example, the Forum on Philanthropy and Fundraising (2012, p.9) found that '[t]here are only about 30 active grant-making foundations in Ireland compared to more than 8,000 in the UK. With 0.7 charitable foundations per 100,000 inhabitants, the number of Irish foundations lags far behind the European average of about 20'. Benefacts (2017) identified 32 philanthropic organisations operating in Ireland in 2015. Three of these (Atlantic, the Ireland Funds and the Community Foundation for Ireland) dominated the scene, and made philanthropic gifts totalling €66.15m in 2015, accounting for approximately 80 per cent of philanthropic giving. Figure 1.2 illustrates the predominance of Atlantic amongst these three major philanthropies.

Figure 1.1 Philanthropic giving amongst the three major Irish philanthropies



Source: Benefacts

There is also the fact that Ireland’s two major philanthropic organisations of recent times have both been limited life ‘giving while living’ foundations. The One Foundation ceased its spending in 2013, and Atlantic distributed its final grants in 2016.

Another distinguishing feature of the Irish context for government/philanthropy relationships is the political environment. The two main parties of government for most of the time since the foundation of the state, Fianna Fáil and Fine Gael, are separated by the stance they took at the

time of the Irish Civil War and social factors, rather than deep ideological divisions with regard to economic or social policy (Mair, 1979; Byrne and O'Malley, 2012). Thus there have been no strong shifts in economic and social policy from one government to the next in recent decades, creating a relatively stable political environment for relationships between government and philanthropic organisations.

1.4 Study Approach

The aim of this study is to review the impact the 19 co-funded investments from 2012 have had on integrating and mainstreaming Atlantic's approach into the wider public service reform agenda³.

The study of the influence of Atlantic on government policy and practice presents methodological challenges. These include taking into account the role of other factors or conditions, attribution, the long timescale over which change takes place, and organisational capacity and engagement. It will not be possible to judge the full impact of many of the investments for a number of years. In these circumstances, what the study aims to achieve is to provide rigorous evidence of movement and progress, and the contribution made by Atlantic.

To address these challenges and questions, an approach based on contribution analysis was used. Contribution analysis is a methodology developed by Mayne (2001) whereby on the basis of evidence gathered, a reasonable person can draw conclusions as to the contribution an intervention has made to effectiveness and impact. Patton has a helpful description:

Where attribution requires making a cause/effect determination, contribution analysis focuses on identifying *likely influences*. Contribution analysis, like detective work, requires connecting the dots between what was done and what resulted, examining a multitude of interacting variables and factors, and considering alternative explanations and hypotheses, so that in the end, we can reach an independent, reasonable, and evidence-based judgement based on the cumulative evidence (2008, p.4).

With regard to tools and techniques, the following were used:

- *Literature review.* A review of relevant literature on the relationship between government and philanthropy was undertaken to provide an oversight of approaches, issues and challenges with regard to government and philanthropy working together (see Appendix 3).
- *Key informant interviews.* Interviews with stakeholders are an important source of information. Over 80 people were interviewed, many twice over the course of the study. Interviewees included senior officials from selected government departments and agencies, selected grantees, and staff members of Atlantic. A list of interviewees is included at Appendix 2.

³ The individual co-investments are listed and described in Chapter 2 and Appendix 1.

- *Roundtable session.* A session with senior policy makers and representatives of the nongovernmental organisation (NGO) sector took place in April 2017. A stand-alone report has been produced to capture the outputs from this event (Boyle, 2017).
- *Case vignettes.* Using this approach, particular interventions are examined and highlighted, to illustrate what contributed to their success or failure with regard to their impact on public service provision and reform. These case vignettes are presented in boxed text throughout the report.
- *Documentary analysis.* Careful review of relevant documentation (progress reports from grantees to Atlantic, evaluation reports, government policy papers, academic literature, etc.) was undertaken to provide supportive evidence of the contribution made by Atlantic to government reform.

These approaches are used to provide evidence to support or refute the theory of change established for the study, as outlined in Figure 1.2. This theory of change is designed to show how the interventions of Atlantic were intended to influence government policy and practice. The theory is that Atlantic's co-funding of projects with government in the areas of children and youth, ageing, and human rights, through its distinctive approach to project management, results in:

- more joined-up government and partnership working; an enhanced evidence base to inform policy; capacity building to change organisational culture and practice; and policy and practice change to encourage innovative, alternative models of service delivery. These changes in turn result in final outcomes in the form of:
 - Mainstreaming and sustainability of change to support:
 - Better social outcomes for children and youth, older adults and people with disabilities.
 - Public service reform.

In assessing the Atlantic/Irish government partnership it is important to determine what conditions maximise the potential rewards and minimise the potential risks. The general question to be addressed is how and to what degree Atlantic, civil society organisations and government work together to build capacity and enhance policy and service delivery. Particular issues for scrutiny include:

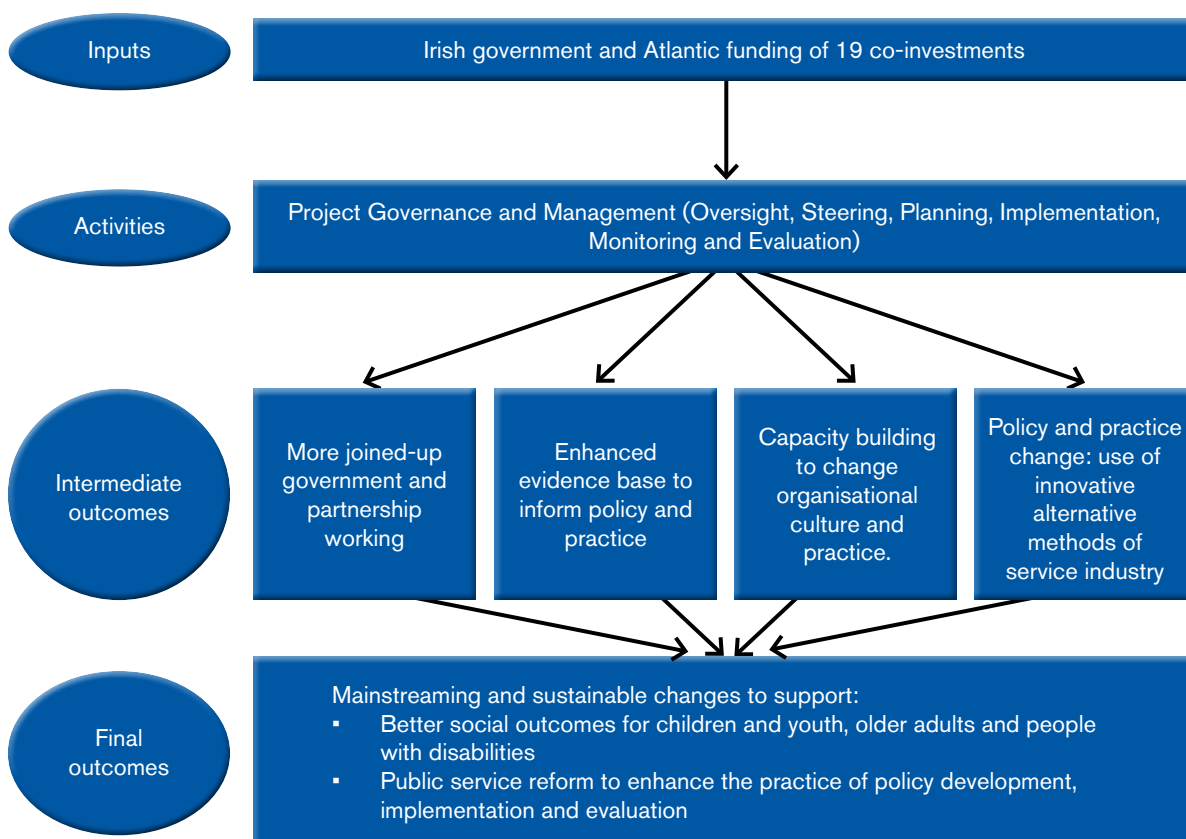
- Identifying the structures, processes and personal factors that facilitate or hinder government and Atlantic working together.
- Building trust in the relationship between Atlantic and government (and with grantees).
- At a time of public expenditure constraint and fiscal challenge, avoiding Atlantic grant funding being used as a replacement for government funding.

- Examining the effectiveness of the modalities used by Atlantic in working with government (including governance arrangements, funding analysis, building knowledge and practice communities, building capacity, and supporting advocacy).

1.5 Report Structure

Chapter 2 briefly describes the 19 co-investments examined in this study. Chapters 3 to 7 then examine aspects of the theory of change set out in Figure 1.2. Chapter 3 explores partnership working and joined-up government. Chapter 4 examines the development of the evidence base to support policy and practice change. Chapter 5 looks at capacity building efforts to support organisational culture change. Chapter 6 investigates the evidence for actual policy and practice change. Chapter 7 looks at the issue of mainstreaming and sustainability of change. Finally, Chapter 8 draws together conclusions from the study.

Figure 1.2 Theory of Change for Influencing Government Policy and Practice



Chapter 2

Overview of the 19 co-investments examined

This chapter provides an overview of the 19 co-investments between Atlantic and government since 2012, and sets the context for the remainder of the report (Appendix 1 provides additional details of all the co-investments, including an assessment of what each has achieved, what Atlantic's contribution has been, and the potential for sustainability/mainstreaming). The investments can be divided into three main categories: dementia and ageing; prevention and early intervention; and social service delivery. Table 2.1 provides a listing of the investments, the amounts of money involved, and the main stakeholders alongside Atlantic in each case.

Table 2.1 List of 19 co-investments between The Atlantic Philanthropies and the Irish Government

Co-investment	Atlantic Grant Amount (millions)	Matched Government Funding (millions)	Government and NGO Partners
Dementia and ageing			
National Dementia Implementation Programme (NDIP)	€ 12.00	€ 15.50	Department of Health, Health Service Executive (HSE), Genio
Dementia Research Human Capital Development	€ 2.70	€ 1.38	Health Research Board
Dementia Integrated Supports	€ 1.60	€ 1.00	HSE, Genio

Co-investment	Atlantic Grant Amount (millions)	Matched Government Funding (millions)	Government and NGO Partners
Dementia Elevator	€ 0.90	€ 0.80	HSE, Dublin City University (DCU)
Single Assessment Tool (SAT)	€ 2.00	€ 0	HSE
Healthy and Positive Ageing Outcomes Initiative (HaPAI)	€ 1.74	€ 1.65	HSE, Department of Health, Middlequarter Ltd.
Advocacy Initiative	€ 1.75	€ 2.00	HSE, Sage
Age Friendly Cities and Counties (AFCC)	€ 1.87	€ 0	Local Authorities, Age Friendly Ireland
The Irish Longitudinal Study of Ageing (TILDA)	€ 5.00	€ 10.00	Department of Health, Trinity Foundation, Trinity College Dublin
Prevention and early intervention			
Area-Based Childhood (ABC) Programme	€ 14.85	€ 14.85	Department of Children and Youth Affairs, Pobal, Centre for Effective Services
Prevention Partnership and Family Support (PPFS) Mainstreaming Programme	€ 10.20	€ 100.00	Tusla, Department of Children and Youth Affairs, NUI Galway
Infant Health and Wellbeing (Nurture)	€ 10	€ 50.00	HSE, Katherine Howard Foundation, Community Foundation for Ireland, Centre for Effective Services
Growing Up in Ireland (GUI)	€ 2.00	€ 10.00	Department of Children and Youth Affairs
Centre for Effective Services (CES) Implementation Infrastructure	€ 2.25	€ 2.25	Department of Children and Youth Affairs, Centre for Effective Services

Co-investment	Atlantic Grant Amount (millions)	Matched Government Funding (millions)	Government and NGO Partners
Social services delivery			
Human Rights Education and Training Project	€ 0.70	€ 0	Irish Human Rights and Equality Commission
Person-centred Approach to Services for People with Disabilities and Mental Health Difficulties	€ 3.00	€ 10.15	HSE, Genio
Benefacts	€ 1.40	€ 2.40	Department of Public Expenditure and Reform, Benefacts, The Ireland Funds
Service Reform Fund (SRF)	€ 15.00	€ 35.00	Department of Health, HSE, Genio
Goal Public Service Reform	€ 10	€ 0	Department of Public Expenditure and Reform, Northern Ireland Civil Service, Centre for Effective Services

2.1 Dementia and ageing co-investments

One of Atlantic's main areas of focus in Ireland in the period under scrutiny is dementia. Atlantic's belief is that people with dementia should be able to get the care they need and for as long as they can while living at home, where they can stay connected to family and community. Atlantic has focused on informing policy, improving services, enabling people with dementia to have a say in their care and treatment, and reducing the associated stigma. The dementia-related co-investments examined in this study are:

National Dementia Implementation Programme (NDIP)

The NDIP supports the implementation of the Government's National Dementia Strategy and comprises a number of elements which include:

- The rollout of a programme of intensive home supports and homecare packages for people with dementia.
- The provision of additional dementia-specific resources for GPs, who are the critical and initial point of contact with the health system for those with dementia.
- Measures to raise public awareness, address stigma, and promote the inclusion and involvement in society of those with dementia.

A significant element of the investment programme focuses on the delivery of intensive home care packages for people with dementia, with up to 500 people with dementia and their families expected to benefit from these packages over the lifetime of the programme.

Dementia Research Human Capital Development

This investment supports a programme to develop independent applied research leadership and capacity linked to the rollout of the National Dementia Strategy (NDS). The programme comprises three interlocking activities:

- NDS Competitive Fund – The Health Research Board (HRB) to conduct a competitive call for proposals for applied research focused on questions of clear strategic relevance to the NDS.
- Leadership and Capacity Development – HRB to provide up to seven opportunities within three of its regular award programmes to support career progression by doctoral and post-doctoral level students, and, in addition, to make one award at senior/professorial level.
- Research and Practice Knowledge Exchange Network – HRB to host an independent multidisciplinary network of dementia-related researchers, practitioners, patients and families, policy makers and other stakeholders.

Dementia Integrated Supports

This programme is intended to demonstrate effective individualised supports and integrated care pathways for people with dementia by supporting targeted projects aimed at reducing the numbers of people with dementia in acute hospitals. There are three main activity streams associated with the investment:

- Integrated care pathways (ICPs). These pinpoint the key steps to be taken throughout a person's care journey. Three hospital sites have been selected and grants awarded of €500k to three consortia.

- Individualised supports. Five sites have been identified to support between 30-40 people with more advanced dementia in the community. Grants of €100k were awarded to consortia in the five sites.
- Evaluation and dissemination. The recording and dissemination of both interim and final results and commissioning of an external evaluation of a selection of the sites.

Dementia Elevator

Dementia Elevator is an education and empowerment programme run by Dublin City University which aims to build and expand on the efforts of education providers by addressing the current information and educational needs of the person with dementia and a very broad range of stakeholders, including community members. There are two main activities associated with the investment:

- Dementia Skills Elevator. Following an education needs analysis a number of priority areas for dementia education and training programmes are to be identified and developed.
- Dementia Champions Network. Training and deployment of a cadre of dementia champions acting as change agents within their settings (hospital, primary care, residential, and community).

Single Assessment Tool (SAT)

The SAT aims to improve the matching of older people living with dementia to the services they need by supporting a phased national rollout of a new IT-based standardised assessment framework for all vulnerable older people. Implementation of the SAT will underpin the future development of services for older people and provide a standardised base for the allocation and development of services to older people based on their assessed needs. The SAT project is being piloted in six 'early adopter' sites.

A phased programme of training and development is being put in place for 2,050 SAT assessors drawn from members of primary care teams, voluntary health personnel, and public health nurses. Training includes a specific focus on dementia and the use of SAT to recognise early signs of dementia.

With regard to ageing issues more generally, the following co-investments are also covered:

The Healthy and Positive Ageing Outcomes Initiative (HaPAI)

HaPAI promotes the use of evidence to inform policy and practice in ageing by supporting a co-funded initiative to provide systematic monitoring of older people's health and wellbeing outcomes,

accompanied by a programme of promotion and dissemination nationally and locally. Activities associated with the co-investment include:

- Development of an agreed set of national indicators of positive ageing and associated reports.
- Development of a set of local indicators of positive ageing and a series of county reports.
- Research and knowledge management to increase knowledge around the factors contributing to the health and wellbeing of older people and greater awareness of the areas in which additional change or action is required.
- A healthy ageing initiative including a health promotion communications campaign.

Advocacy Initiative

This initiative aims to strengthen the voice of older people in institutional care, with people with dementia as the priority focus, by supporting further rollout of personal advocacy to hospital, community and nursing home settings. Expected activities include:

- Scaling the coverage and reach of the Sage Support and Advocacy Service⁴. This involves recruitment of both paid and voluntary workers, and review and upgrade of best practice models of training for advocates in all settings, including specialist training in dementia.
- Strengthening governance and management.
- Embedding the right to advocacy in policy and systems.

Age Friendly Cities and Counties (AFCC)

The AFCC Programme supports local authorities in taking the lead on changing thinking about ageing, and how services are planned and delivered. The specific purpose of this investment is to complete the national rollout of the AFCC model and mainstream the service with state support.

The main activities include:

- Encouraging and facilitating all counties to access a growing suite of initiatives incubated through pilot AFCC initiatives to date.
- Providing supportive environments/test beds to enable mainstream service providers (the HSE and others) to demonstrate how integrated and innovative person-centred home care systems and relevant supports and services can be effectively tailored to meet the individual health and wellbeing needs of older adults, enabling them to remain in their own homes.

⁴ Sage is a civil society organisation providing a support and advocacy service for older people.

- Informing national policy by facilitating the Government's new framework for monitoring health and wellbeing outcomes, Healthy Ireland, to feed local innovation impacting older people's quality of life into its national monitoring of health and wellbeing, and by reorienting existing AFC planning and reporting systems towards an outcomes framework to facilitate this linkage.
- Supporting NGOs/Active Ageing Partnership to deepen older people's participation at local level through an NGO-led campaign in collaboration with regional managers to increase the diversity of participants in older people's councils, and building local grass roots leadership through education and mentoring.
- Extending the programme to all local authority areas and embedding the programme at national level.

The Irish Longitudinal Study of Ageing (TILDA)

The purpose of this co-investment is to build further capacity in ageing research infrastructure and promote sustainability by deepening and strengthening strategic activities of TILDA through the following three activities:

- Biomarker analysis. The added value of the TILDA bio-bank - resulting from the collection of blood and hair samples - lies in the ability to link the biomarker data to the other health, social and economic data in TILDA, for informing policy initiatives.
- Data management and dissemination. The proposed investment aims to ensure the creation of a dedicated data management and dissemination team (comprising statisticians, data managers, a bioengineer and data entry personnel), thus ensuring that this activity is properly resourced and supported.
- Research and technology translation. The provision of dedicated resources to enable the translation of TILDA research findings into policy and practice, to monitor and evaluate the impact of policy change, and to ensure that innovative and emerging health assessment technologies are nurtured and developed for national and international application.

2.2 Prevention and early intervention co-investments

Atlantic has funded in-depth work in the area of children and youth since 2003, primarily focused on prevention and early intervention, with a secondary focus on advancing children's rights. Atlantic's overarching goal is to improve services and public policy in support of the belief that all children have a right to education, health, safety and a comprehensive set of services to help them reach their full potential.

The co-investments examined here focus on the mainstreaming and embedding of evidence-based prevention and early intervention initiatives, improving the research evidence base, and supporting the strategic reform of universal health and wellbeing services for infants and their families. The co-investments cover:

Area-Based Response to Child Poverty (ABC) Programme

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 strongly emphasises the enhancement of interagency collaboration and service delivery to ensure services being delivered make the most impact, are timely and accessible, and have the potential to become sustainable and mainstreamed. Improvements are being sought in children's health and development, children's learning, and parenting.

Under the ABC Programme, investment has been extended from three sites in the former Prevention and Early Intervention Programme (PEIP) to nine additional areas. Each of the areas has formed a consortium and appointed a 'lead agency'. The consortia are comprised of statutory and voluntary stakeholders.

Prevention, Partnership and Family Support (PPFS) Mainstreaming Programme

The PPFS Mainstreaming Programme is aimed at embedding prevention and early intervention into the culture and operation of public services. In particular, the investment is intended to enable Tusla, the Child and Family Agency, established in 2014, to implement a nationwide programme to enhance area-based approaches to PPFS and a national practice model for all agencies working with children, young people and families. It is envisaged that the investment will enable Tusla to build better intra-agency and inter-agency capacity and deliver a high quality, standardised and nationally consistent service to children and families. Activities associated with the investment cluster in four areas:

- Building the capacity of the workforce of Tusla and its commissioned agencies.
- Programme delivery activities that involve staff in fully implementing the Meitheal model⁵.
- Information, research and evaluation activities.

⁵ Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks. In this context Meitheal is a national practice model that aims to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights.

- Externally directed activities geared towards public education on the level and nature of help that is available from Tusla for children and parents.

Infant health and wellbeing (the Nurture Programme)

The Nurture Programme aims to support parents and healthcare professionals in their caring and service provision roles from pregnancy through to the child's third birthday. The *Nurture Programme Implementation Plan 2016 – 2018* is being delivered through six interconnected implementation teams:

- Knowledge and communications.
- Antenatal to postnatal.
- Health and wellbeing promotion and improvement.
- Infant mental health and supporting parents.
- Standardised health records for parents and professionals.
- Training and resources.

Growing Up in Ireland (GUI)

GUI is Ireland's first longitudinal study of children, launched in 2007. The aim of the investment is to secure better outcomes for children and their families by improving the research evidence base that informs policy and practice. This investment supports Phase 2 of GUI.

In Phase 2, GUI aims to continue following the lives of the infant and child cohorts at critical transitions in their lives through (at least) three waves of data collection – one wave of data collection of the infant cohort (at age nine years) and two waves of data collection of the child cohort (at ages 17 years and 19 years).

Centre for Effective Services (CES) Implementation Infrastructure

This investment supports the Centre for Effective Services (CES)⁶ to enable it to work for the transformation of services for children, young people and communities by embedding an evidence-based approach in the development and implementation of government policy. Activities to be undertaken include:

- Supporting and influencing government, in Ireland and Northern Ireland, to develop and implement evidence-informed policies that affect the lives of children.

⁶ The Centre for Effective Services (CES) is a not for profit, intermediary organisation with offices in Dublin and Belfast.

- Strengthening the skills and capacity of policy makers and service providers to use evidence to inform their decisions.
- Working with practitioners to build and implement evidence-informed approaches to practice.
- Strengthening evaluation and cost effectiveness capacity.
- Leading and growing local, national and international collaborations to tackle complex problems.
- Delivering a dynamic all-island organisation with sustainable funding.

2.3 Social service delivery co-investments

A number of other co-investments have a wider reach across a range of citizens and across the public service more broadly as it relates to social service delivery:

Human Rights Education and Training Project (HRETP)

This investment is aimed at protecting and promoting human rights in Ireland by providing human rights education and training for the Irish civil and public service. The HRETP represents the first dedicated, evidenced-based and systematic multi-service programme of human rights training for the civil and public service. Phase III of the project runs from March 2014 – March 2017 and focuses on the embedding of meaningful Human Rights and Equality (HRE) training as part of the standard continuing education and training for all civil and public service workers in Ireland, using HRE methodology; and the dissemination and promotion of further reference guides for civil and public service workers.

As well as training, key activities supported by this investment include raising awareness of HRE standards and dissemination of materials, building existing relationships with NGOs to better utilise their expertise, and international collaboration.

Person-centred Approach to Services for People with Disabilities and Mental Health Difficulties

This investment aims to improve access to, and the quality of, services for people with disabilities and mental health difficulties by supporting the promotion and implementation of a person-centred approach to the design, delivery and funding of services. This involves a move away from traditional, often expensive, services which group and segregate people, focusing on their deficits rather than their strengths. There are three main areas of activity:

- Capacity building: building and combining the capacity of people with disabilities, service providers, policy makers and service commissioners to advocate for and implement change.
- Building the evidence base: research, evaluation and promotion of examples of national and international cutting-edge practice.
- Re-granting: supporting the transition and scaling of services in a person-centred direction through the provision of financial support through the Genio Trust⁷. In excess of €5m per annum has been provided through an open grants process across the areas of disability and mental health.

Benefacts

Benefacts has an overarching aim to improve accountability and awareness of the work of Irish nonprofits. Benefacts is a nongovernmental organisation that provides free public access to extensive information about the entire nonprofit sector in Ireland. The main activities supported are:

- To create and maintain a live database of Irish nonprofits, derived from the digitisation and aggregation of data from a range of licensed regulatory and voluntary sources.
- To re-publish current data on all listed entities on a highly accessible free public website.
- To develop data products and services in collaboration with a variety of government and philanthropic end-users, as a means of developing a self-reliant funding model.

Goal Public Service Reform Programme

The Goal Programme, coordinated by the CES, is intended to achieve better outcomes for citizens by further embedding Atlantic's investments in systemic change in public service delivery in the Republic of Ireland and Northern Ireland. The main activities associated with the investment are:

- Technical and implementation support on up to six major reform programmes.
- Advising on, co-designing and managing evaluations of government programmes.
- Capacity building and training on evidence, evaluation and implementation for civil and public servants, particularly middle management.
- Secondments and staff exchanges between civil and public service and CES and other collaborating partners.

⁷ Genio is an Irish-based nonprofit organisation working with government and philanthropy to transform social services.

- All-island steering group (of key stakeholders, North and South) to oversee progress, provide leadership and guidance, and overcome 'road blocks'.

Service Reform Fund (SRF)

This investment aims to improve the lives of people with disabilities and mental health difficulties. The SRF supports the implementation of reforms by providing funding to meet the costs of migration from an institution-based approach to a community-based, person-centred model of services and supports. There are three main priorities associated with the SRF:

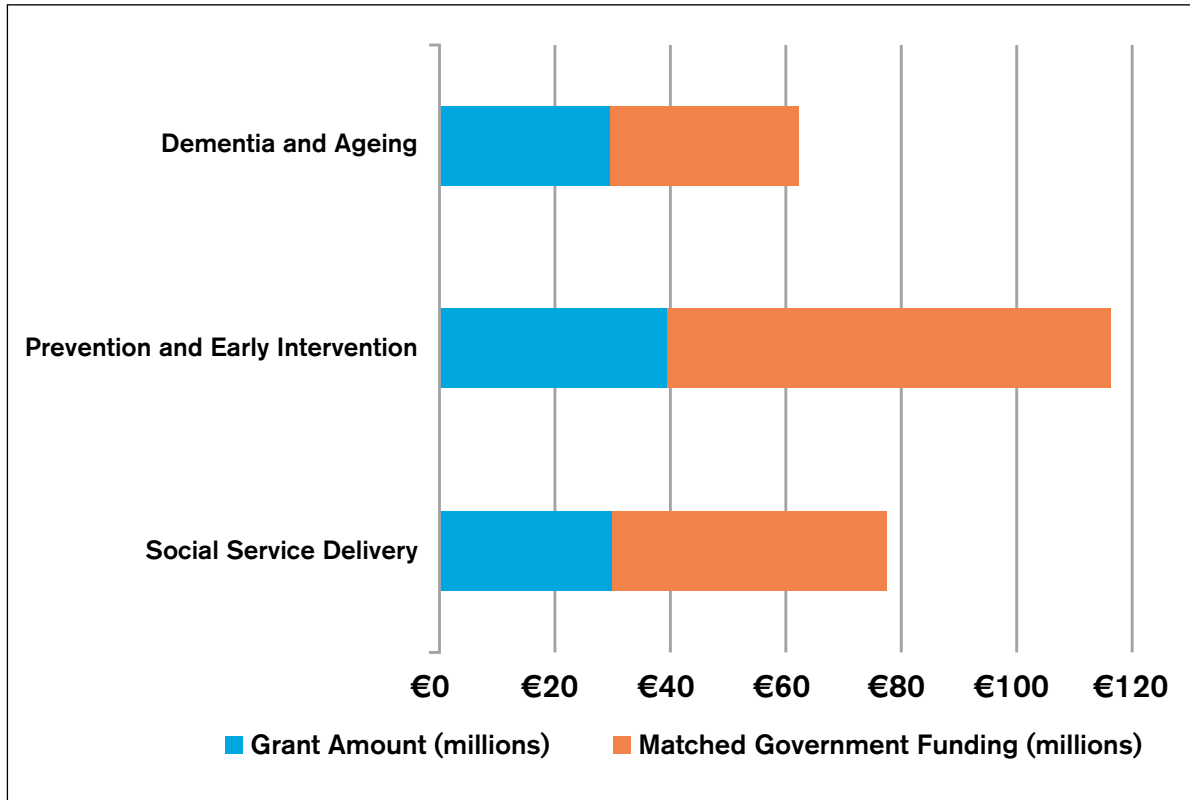
- Transition to a person-centred model of services and supports in the disability and mental health services.
- Developing capability. The aim here is to develop capability at local, regional and national levels, and free up champions to focus on rolling out the change programmes. Capability building is targeted at both staff and service users.
- Research and evaluation. The aim here is to generate evidence to support and assess the change programmes.

It is also intended to establish and leverage a funding reform dividend, as services transition to new models and release resources tied up in traditional centre-based models. Savings from decommissioned services are to be recycled into the SRF, with the aim of growing the SRF significantly over time.

2.4 Conclusion

As noted in Chapter 1, these 19 projects represent a significant investment on the part of Atlantic and the Irish Government in the policy fields affected. Figure 2.1 shows the breakdown between Atlantic grants and government matching funding for each of the three categories.

Figure 2.1 Atlantic Philanthropies and Government matching funding⁸



The remainder of this study assesses the impact of these co-investments. The focus is on general lessons learned rather than a detailed analysis of each investment, drawing on examples from the investments to illustrate issues emerging.

⁸ Note that matching government funding shown here excludes 'soft' support of €100m plus with regard to the Partnership, Prevention and Family Support Mainstreaming Programme, which covers family support services that Tusla fund to work towards achieving better value for money and better outcomes for children and families through ensuring that services are evidence-based and have prevention and early intervention at their core.

Chapter 3

Partnership working and joined-up government

Kernaghan (1993) defines partnership as 'a relationship involving the sharing of power, work, support and/or information with others for the achievement of joint goals and/or mutual benefits'. Wilson and Charlton (1997) refer to partnership as 'organisations – representing the public, private and voluntary sectors – acting together by contributing their diverse resources in the furtherance of a common vision that has clearly defined goals and objectives'. Huxham (1995) suggests that partnership is appropriate when seeking to achieve objectives that no single organisation can achieve alone.

A number of points emerge from these definitions. The notion of jointly agreed goals shared among the participants in the partnership is indicated. So too is the fact that participants have obligations under a partnership arrangement. Also apparent is the notion of actively working together in a spirit of common interest and common ownership. Plus, there is the sense that through collaboration, something can be achieved that no organisation can achieve on its own.

Atlantic took the view that working in partnership with government and its agencies was important if it was to achieve its objectives. This has meant working directly with government in terms of co-funding programmes. Atlantic has also encouraged grantees in the voluntary and community sector to work in partnership with government and its agencies to secure effective service design and delivery and to inform policy.

A major theme underpinning the 19 co-investments with government was the wish through a partnership approach to support more effective joined-up government, so as to enhance service delivery for those in need. Joined-up government, as Hood points out, is 'a new term... for an old administrative doctrine... that doctrine was conventionally called coordination' (2005, p.19). Concern about the lack of joined-up policy and the need for more coordination and partnership within and across all aspects of government, and those who work with government, is not new. But as MacCarthaigh and Boyle indicate:

What is new, however, is the scale of the task involved in contemporary attempts to join up government, and the variety of ways in which governments seek to overcome institutional, cultural, and other barriers to create a more integrated approach to policy creation, delivery, and implementation. Furthermore, governments now routinely engage in new forms of collaboration with non-government or civil society organisations in a bid to achieve a joined-up approach to policy problems (2011, p.214).

Here we first examine the formal and informal partnership governance arrangements put in place to underpin the relationship between Atlantic and government (and the civil society organisations funded by Atlantic working with government). This is followed by a review of the success of these arrangements in supporting and promoting joined-up government.

3.1 The governance of partnership: modalities and mechanisms for promoting partnership

On the formal front, a number of modalities and mechanisms have been used to promote partnership. Of particular note is the fact that all co-funded investments have a commitment letter and memorandum of understanding (MoU), setting out the framework for the partnership. The governance structures vary from investment to investment (see Appendix 1), but a common arrangement is (a) an oversight or advisory group, responsible for strategic decisions on the programme such as funding, and (b) a steering or project group, charged with oversight of implementation. Several investments also depend on the creation of consortia at a local level. Formal progress reports are required by Atlantic providing both narrative descriptions of progress and financial updates. These mechanisms are examined here, along with an examination of the informal governance arrangements used to support partnership.

3.1.1 *Commitment letter and Memorandum of Understanding*

Associated with the Atlantic grant element of the co-investment, all partnership co-funded investments are required to have a commitment letter, signed by Atlantic and the grantee, setting out:

- The requirements in terms of matching funding and expected outcomes, activities and evaluation.
- Reporting arrangements.
- Other requirements including copyright interests and use of data, dispute resolution arrangements, and expectations.

The focus on explicitly setting out outcomes was seen as particularly important. Both short-term (generally one to two years) and long-term (generally three+ years) outcomes are specified in the

commitment letter. This was seen as helpful in providing a sense of purpose and direction. The letter also spells out the main activities seen as important in achieving these outcomes, and which form the basis for reporting on progress.

Agreed outcomes as set out in the Commitment Letter for the Dementia Elevator project

Short-term Outcomes

- National workforce education and development needs scoped and specific urgent skills gaps addressed.
- Momentum built as education programmes reach more key workers in a wider range of settings including a growing cadre of committed dementia champions.
- Capacity in place to inform and advise on effective national rollout of a dementia education and development strategy as a key component of NDS implementation.

Long-term Outcomes

- A more educated dementia workforce spread across a wide range of health, social care and community settings including primary care as a priority.
- Enhanced capacity to plan, implement and evaluate best practice dementia services in collaboration with stakeholders.

As noted in Boyle (2016) all partnerships also have a memorandum of understanding (MoU) signed by both Atlantic and government agency senior managers which provides a performance-oriented framework for the work. MoUs are seen as important in terms of clarifying expectations and in effect laying the foundation for the partnership by:

- providing the vision (set out in terms of desired outcomes).
- making explicit what is expected of members in terms of commitments.
- indicating how the programme will be governed and evaluated.
- outlining dispute resolution procedures.

The commitment letter is often appended to the MoU. The significance of these documents is that they provide the foundation for the partnership, setting out the shared purpose, and making explicit

what is expected of members. The fact that continued funding is linked to the achievement of milestones set out in the commitment letter gives a hard edge to it and the MoU⁹. At the same time, they are not cast in stone, and it is possible to amend and adapt the documents if there is agreement on all sides.

Senior policy makers interviewed for this study welcomed the use of commitment letters and MoUs. Given the large amounts of money involved (both private and public), explicit governance arrangements were seen as important. The commitment letter and MoU was also seen as indicating that Atlantic was a serious partner with a professional, well-thought-through approach to engagement with government.

The formal dispute mechanism in the MoU was only invoked on one occasion by Atlantic for the 19 co-investments. This was in relation to the Service Reform Fund, where Atlantic had concerns about the pace and nature of implementation with regard to supports for people with disability, due to procedural, governance and communications difficulties. The Atlantic country director met with the secretary general of the Department of Health, and during subsequent contacts with relevant personnel, means of resolving the situation were identified.

3.1.2 Oversight/Advisory Group¹⁰

An oversight group was set up for most investments, particularly those involving large amounts of money and dealing with complex interventions involving several organisations. The oversight group is composed of high-level managers from Atlantic, government, and grantee voluntary and community organisations. For example, the Nurture Programme oversight group was established as a top level forum to oversee the development, implementation and evaluation of the programme. This group is chaired by Atlantic, and includes senior managers from the HSE, the Katherine Howard Foundation and the Community Foundation for Ireland. The oversight group reviews progress, monitors research and evaluation, signs off on final financial allocations, and agrees the release of matched funding. The group also makes arrangements for evaluation and research contracts where applicable.

One interviewee noted that the oversight group is particularly important for sending out the message about the seriousness of the project across the system. In the case of the Prevention, Partnership and Family Support Mainstreaming Programme, the group, through their commitment to the project, act as an enabler for local managers committed to the project to generate support for agency change, and aid them in getting across the emphasis on prevention/early intervention as opposed to simply responding to the day-to-day pressures that exist to focus on child protection. The endorsement provided by the group demonstrates high-level commitment and supports the implementation process.

⁹ Atlantic funding is generally given in tranches during the course of the co-investment, with payment linked to reports on progress.

¹⁰ For shorthand, referred to as the 'oversight group' subsequently in this report.

3.1.3 *Steering Group*

Whilst the oversight group is composed of high-level managers and has responsibility for strategic decisions, many investments also have a steering group as part of their governance arrangements¹¹. This group generally consists of managers more directly involved in the delivery of the programme, and is tasked with monitoring and ensuring implementation. One interviewee felt that this group is the 'real' partnership forum in many ways, as it is overseeing the implementation of the strategy on the ground, and concerned with embedding the desired practices.

There are usually a wide range of participants on the steering group, covering both the statutory and non-statutory sectors. An interviewee from the public sector noted that the voluntary and community representatives on the group in their project are strong participants who can make their voice known and their feelings clear, especially when not happy with delays.

Running a steering group

In the case of Benefacts, a steering group was set up of government departments and agencies, Atlantic, and the Ireland Funds, which meets every six weeks. In its early days, this was seen to be run very well, and by getting their active involvement, the chair won round the departmental representatives, who might have been inclined at the start to view this as 'just another inter-departmental committee'. It was seen as a group where they genuinely had a voice and could engage in setting the direction of the project. This points to the importance of the role of the chair of the group.

Another important element in securing an effective steering group identified by several interviewees is that there are mechanisms that can be employed to help the group work well. With regard to the NDIP, for example, there is an implementation plan report that uses a traffic lights system for reporting on progress. They also get people from areas that are receiving funding to come and present to the group.

Several interviewees noted the importance of the steering group from an accountability perspective – it holds the deliverers to account for their activities.

3.1.4 *Consortia*

For some of the programmes (for example, the ABC Programme and Dementia Integrated Supports Programme) consortia were set up which facilitate partnership working at the local level.

¹¹ The name for this group varies across programmes, including steering group, implementation group and advisory group. 'Steering group' is used for short in this report.

What is a consortium? Example of a dementia consortium

A dementia consortium is a group of organisations, agencies and individuals who come together around the agreed goal of supporting people with dementia to live well in their local community. ... The realisation that no single organisation has the knowledge, skills and resources necessary to holistically support the person with dementia, their families and their communities formed the basis of the HSE & Genio Dementia Programme. This programme encouraged consortia to come together to develop a range of individualised responses and improve service delivery for people with dementia and family carers. There are at least seven key groups that are involved:

1. People using services – people with dementia and family carers
2. Primary health care services
3. Acute care services
4. Community health and social care services
5. Mainstream service agencies such as Gardaí, education, etc.
6. Non-health agencies, such as transport and county councils
7. Community and voluntary sector groups and organisations.

The dementia consortia... have demonstrated the significant and lasting changes that can be made both to existing services and in terms of new initiatives which can be developed locally. Their work has helped make the vision of 'living well with dementia' a reality for over 2,000 people with dementia and family carers.

Source: Keogh et al. (2016)

The benefits of consortia are illustrated by the findings of an evaluation of the Genio Dementia Programme (Brady et al., 2015a):

The interviews with service providers highlighted the importance and strength of the consortium in bringing together stakeholders some of whom had not previously met around a meeting table. The consortium enabled problem solving that was informed by greater awareness of the perspectives of different stakeholders and the constraints and boundaries within which they worked. Membership included senior administrators, managers in addition to those who were providing care and an informal carer (p.74).

The project has been a valuable experiment in bringing together stakeholders from the HSE, and for-profit and not-for-profit agencies involved in dementia care, support and advocacy. In interviews, consortium members highlighted the value of this, and the learning gained from learning about each other and the boundaries within which each works. This bodes well for greater awareness of and collaboration between agencies and services (p.80).

3.1.5 *Progress reports*

As part of its governance arrangements, Atlantic insists on regular progress reports on each of the grants. These progress reports consist of a narrative report and a financial report. The narrative report is expected to follow a common template:

1. Organisation – changes in the organisation e.g. leadership.
2. Update on outcomes.
3. Update on activities.
4. Update on key accomplishments and successes.
5. Update on evaluation.
6. Update on sustainability.
7. Update on re-granting (where applicable).
8. Update on budget.

The financial report is expected to set out an update on the project budget, and actual and expected income and expenditure broken down by line item. These reports, along with information obtained through the other governance arrangements, enable Atlantic to decide if the next tranche of a grant should be allocated. In practice, the timeliness and quality of progress reports varied considerably across the co-investments. Whilst an agreed schedule for progress reports was set out in the commitment letter, this was not always adhered to.

3.1.6 *Informal governance arrangements*

While the formal governance arrangements were seen as important in developing the partnership approach, interviewees also stressed the importance of the informal side of the partnership. Senior government officials welcomed the fact that, if needed, they could pick up the phone and make contact with Atlantic staff. These informal engagements were seen as necessary in the context where, in a changing environment, new priorities may emerge, or issues or problems with scheduled activities may arise.

Interviewees described Atlantic staff as facilitative and flexible in their informal discussions. This was seen as very important from the perspective of government, as it facilitated a good working relationship. This was not to say that Atlantic did not hold them to account for achieving agreed objectives, but rather there was an understanding of the way government operates, and no sense of Atlantic trying to impose their will against the wishes of others. Generally, there was a sense of working together to address any issues that arose.

Similarly, from Atlantic's perspective, developing good, informal relationships with senior officials from government departments was important. This enabled Atlantic to make contact if there were problems with a particular project at an operational level, and get senior level commitment to address the issue. Significant effort was put into developing good working relationships and ensuring that the personal factor was a positive support for the partnership.

3.2 Improving joined-up government through partnership

Several interviewees and evaluation reports from the 19 co-investments gave examples of where the partnership arrangements had resulted in perceived improvements in collaboration, leading to improvements in service provision where more than one area or organisation is involved in delivery. Examples include:

- A work stream in the NDIP regarding the development of a dementia awareness campaign. This is being led by HSE communications and health and wellbeing divisions, but they are also involving the Alzheimer Society of Ireland and Genio. This would not have happened in the past.
- In the Dementia Integrated Supports Programme there has been a significant increase in shared learning, communication and cooperation among the different health care disciplines in the Stillorgan-Blackrock area. This has resulted in better health care planning for the person with dementia.
- There was strong evidence of enhanced multi-agency working among those who had actively participated in a Meitheal¹² process associated with the Prevention, Partnership and Family Support Mainstreaming Programme. Participants felt it had enabled practitioners to work together in a more collaborative manner. In addition, there was evidence that Meitheal processes provided opportunities for participants to build relationships that had begun to be drawn on in other situations outside of Meitheal (Cassidy et al., 2016a p.59).

¹² Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks. In this context Meitheal is a national practice model that aims to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights.

- The Nurture Programme has pushed primary care and health and wellbeing divisions in the HSE to work more closely together to develop a model of care for infants. Interviewees suggested it would not have happened without the Atlantic grant, or if it did, it would have been much slower without it.

Improving the mental wellbeing of young people through joining up government

The government picked this topic as one of three high profile Pathfinder projects aimed at addressing cross-agency collaboration as part of its civil service renewal programme. It was also included as one of the nine projects in the Goal programme of public service reform supported by Atlantic.

The pathfinder group was composed of nominees from the participating organisations: the departments of Health, Education and Skills, Children and Youth Affairs; the HSE; and the Centre for Effective Services. A distinctive element of the project was the emphasis placed on collaboration, group working, and facilitation.

Pathfinder group members used 15 days of working together over a 6-month period to get to the heart of a problem. The group came up with a small number of actions that the secretaries general of the government departments involved believe can have a disproportionately positive impact on the underlying problem of youth mental health. At the start of the pathfinder project, more than 150 uncoordinated policy commitments existed across Government on youth mental health. At the point of concluding the project, the pathfinder team had identified six areas for action across these commitments (Gaynor et. al., 2017).

A general point made frequently in the interviews was that collaboration would not have happened or would have happened much more slowly in the absence of Atlantic. A further point raised by several interviewees was that the inclusion of voices from outside the public service also enhanced the discussions within the public service. For example, in the Benefacts project, one interviewee noted that in their view if there had been project groups of just public servants, the main items on the agenda would have been what data do we need for our own individual organisations – the more general issue of how to make compliance easier for the community and voluntary sector, and in particular the importance of ‘file-once’ rather than having to provide multiple forms for different organisations, would not have been seen as a priority. It was seen to be useful to have people from philanthropy and the community and voluntary sector involved.

3.3 Challenges associated with partnership and joined-up government

While the majority of interviewees felt that Atlantic has made a significant and positive contribution to partnership working and joined-up government, a small number felt that in practice little had changed. And those that were positive in their views noted challenges associated with this way of working.

One challenge is that the traditional inertia and silo-based approach to policy and service delivery that affects not only Ireland but most countries is very resistant to change. An example of this cited by an interviewee relates to inter-working between divisions of the HSE, where the division of the medical care and social care streams within the HSE is seen to make joined-up thinking harder, as the medical view is seen to trump all else once a person is in the healthcare system. The 'softer' issues of social care can effectively be put to one side. Atlantic is seen as being very helpful in linking medical professionals with others and getting different players around the table (e.g. local organisations, community care workers, users' families) and recognising there is a mutual benefit for these people to work together. Bringing the service users themselves to the table has helped immensely in keeping people focused on the end recipient.

Another challenge is getting the inter-departmental and inter-agency groupings to work effectively. In relation to the ABC inter-departmental working group, for example, some interviewees noted a tendency for the interest of some departmental representatives to wane, and for there to be an element of 'turf protection' in their participation, with less frequent meetings occurring as time went on. Having said that, interviewees also cited this group as an example of how joined-up government can work, as a number of participating areas were looking for HSE secondments which were being stymied by a levy arising from the application of a Department of Public Expenditure and Reform (DPER) circular. When discussed at the group, the DPER representative undertook to investigate the issue and resolved the problem.

A significant challenge noted by several interviewees across different programmes is that of the constantly changing personnel involved from the public service organisations. People are regularly moved for career development, on promotion, to solve problems elsewhere etc. and this means relationships have to be built with new people. For example, in relation to one of the consortia established to progress the Dementia Integrated Supports Programme:

The consortium membership continues to be affected by staff changeover with staff moving to different positions, resignations, and retirements from the initial consortium. Membership numbers are maintained through replacements and the consortium currently consists of 17 members. ... However, the changeovers inevitably have an impact on ability of individual members and the consortium as a whole to provide effective support to the project (Brady et al., 2016a, p.33).

Similar issues of staff turnover in the public service occurred in relation to the Benefacts oversight group and the ABC Programme amongst other examples. One interviewee noted that while this was a frustration at first, they gradually came to realise this is just the way it is, and you have to find a way to deal with it.

These issues of staff turnover, plus the issue of varying levels of commitment amongst agencies, are captured and summarised in evaluations of the Meitheal process, part of the Prevention, Partnership and Family Support Mainstreaming Programme. The evaluations found a relatively low level of engagement with the Meitheal process by some statutory services. For example, while in some areas representatives from local authorities were participating in Meitheal processes, in others they did not appear to fully value the process, as they failed to attend meetings in which they had agreed to participate. This problem was exacerbated by the high turnover of staff in many services, which reduced levels of awareness of Meitheal and increased the need to constantly re-build inter-agency relationships (Cassidy et al., 2016a; Rodriguez et al., 2017).

More fundamentally, some partnerships failed to be effective in progressing their basic tasks. In the case of a Mayo dementia consortium for example:

The theory behind the consortium was that there would be shared responsibility for the delivery of objectives, but, unfortunately, the reality has proven to be somewhat different. A parallel service has now developed from the work of the consortium... that is outside mainstream provision and is not embedded in existing clinical, medical or HSE practices or structures (O'Shea and Murphy, 2014, p.25).

The ABC Programme attempted to avoid such issues particularly in those areas that were new to the process of establishing consortia. During the service design phase consortia had to develop a logic model, implementation plan and budget together, and the Centre for Effective Services (CES) was employed to help them do this. CES ran implementation readiness workshops, and used experience gained from previous area-based work to give guidance to others.

3.4 Atlantic's role in partnership building

Atlantic's approach to partnership with government, as outlined in previous work (Boyle, 2016), is widely seen as positive and pragmatic, blending both formal (MoU, consortia etc.) and informal approaches (easily accessible, adaptable) to achieve effective collaboration.

There is no doubt that as well as the style of the approach adopted by Atlantic, the fact that it was contributing substantial amounts of funding gave it influence to promote joint working. Several interviewees mentioned that without Atlantic's involvement the national dementia strategy would not have had any additional funding attached to it. Atlantic money and the formal signing of an agreement were symbolic of a partnership between Atlantic, the HSE and the Department of

Health to provide resources to support implementation. This was compared to the carer's strategy, where there is no additional funding, and which is seen to have progressed much less positively than the national dementia strategy.

Another interviewee said it was very interesting to see how much government listen to Atlantic, and that they would not listen to other funders in the same way, as they are not bringing enough money to the table. At the same time, it is recognised that while money is important, it is not necessarily the defining factor. Atlantic has worked hard at developing relationships with government, particularly at senior official levels, and recognising the pressures on government agencies and officials. This has led to government being more receptive to Atlantic's ideas and suggestions.

Atlantic has received praise for its willingness to 'work with the grain' in relation to building relationships with government. A good example of Atlantic's approach is the Single Assessment Tool. This was seen as a core initiative for the HSE, and as a way of building best practice nationally for how to deal with people with dementia. Atlantic saw this made a lot of sense and did not try to develop its own tool but just insisted as part of its funding that there should be a good process for introducing and evaluating it.

Atlantic's partnership approach was also seen as having helped to shift the traditionally negative views that stakeholders can hold of each other, particularly as between government agencies and civil society organisations (though of course some resistance/suspicious remain, especially at an individual level). One interviewee involved in the dementia programmes felt that Atlantic opened the door for collaborative working. Before Atlantic involvement, there were plenty of reports saying there should be more cooperation but little follow-through. Atlantic acted as a catalyst. But the same interviewee cautioned that there are ongoing barriers.

One particularly striking aspect of the Atlantic partnership with government, noted by several interviewees, is its long-term nature. Atlantic has a sophisticated understanding of the complexity involved and the amount of time it takes to work with government and to change national systems. One interviewee noted they were not sure other philanthropies appreciate this to the same extent.

Chapter 4

Enhancing the evidence base to inform policy and practice

Historically, Ireland's public services have a relatively poor track record when it comes to gathering and using evidence to inform policy development and practice. Ruane (2012, p.7) points out a data deficit in Ireland: 'Compared to the UK, Ireland has been very poor in building data sets to inform policy design and evaluation'. The challenges this can cause are highlighted in the case of dementia care by O'Shea and Monaghan (2016):

Finding optimal levels of community and institutional care is further impacted by a lack of robust evidence on the relative cost-effectiveness of community and institutional provision. Information on what people get, where and when, is sparse and unit cost data is uniformly absent, especially in respect of community-based supports. This is particularly so for people with dementia where little is known about costs or outcomes in either community-based care or residential care facilities (p.6).

Atlantic has put considerable effort into supporting the development of a robust evidence base for its co-investments with government. This work has supported additional rigour on the analysis front within government (Boyle, 2016). An example would be the evaluation of the Preparing for Life early childhood intervention (Preparing for Life, started under the Prevention and Early Intervention Programme (PEIP), was subsequently absorbed into the ABC Programme).

Evaluation can make a difference

The evaluation of Preparing for Life (PFL) is one of the most extensive randomised control trials of an early childhood intervention conducted in Europe. At its heart, the PFL programme seeks to provide families with a helping hand in getting their children

ready for one of the most important transitions of their life – starting school. Run by Northside Partnership in north Dublin, PFL has shared the lives of over 200 families, from pregnancy through to when the children started school.

Findings from the 48-month evaluation show that PFL has had dramatic impacts on children's IQ, obesity levels and social behaviour, as well as parenting skills and the home learning environment.

PFL makes an important contribution to the international evidence-base by demonstrating that intensive family support from pregnancy onwards is key to improving the outcomes of disadvantaged children.

PFL impacted on multiple dimensions of children's lives, demonstrating its capacity to contribute to the five national policy outcomes outlined in the *Better Outcomes, Brighter Futures* national policy framework for children and young people. PFL is closely aligned to the *Better Outcomes, Brighter Futures* commitment to prioritise supports for parents, prevention and early intervention, and investment in programmes that have strong evidence of effectiveness.

The Minister for Children and Youth Affairs stated she will take account of the learnings from PFL, alongside the findings from the other areas funded through the ABC programme, to inform government plans to embed prevention and early intervention in services for children.

Source: <http://preparingforlife.ie/>

Atlantic has also put significant emphasis on the need to develop baseline data from which progress can be measured. For example, in the case of the Prevention, Partnership and Family Support Mainstreaming Programme, tracking shifts in spend towards prevention is a key element of the programme goals. NUI Galway has worked with Tusla to develop a baseline of spending that will allow changes over the coming years to be assessed. They have also produced other baseline studies of the state of play before the programme, so as to allow progress to be tracked.

Building baseline data from which to measure change

As part of the Prevention, Partnership and Family Support Mainstreaming (PPFS) programme, a baseline survey of children and young people's participation in decision-

making within Tusla presents findings in relation to children's participation in decisions on their personal welfare, protection and care, and in service planning and review. It also sets out challenges faced by Tusla professionals when involving children and young people in decision-making, and on their skills-development needs and awareness of Tusla's programme of action to embed children and young people's participation. The baseline study shows the extent to which children's participation was embedded in Tusla's culture and operations, prior to the implementation of the PPFs programme of action to embed participatory practices.

Source: Kennan, D., Forkan, C. and Brady, B. (2017)

4.1 The benefits and challenges associated with producing evidence

Atlantic's approach to ensuring evidence was generated to inform government policy and practice included an insistence that evaluation be built into co-funded investments from the start. Arrangements for evaluation were set out in the commitment letters and MoUs. For larger scale programmes, these arrangements often included the appointment of an evaluation advisory panel composed of both national and international experts, to provide advice and guidance. Interviews and documentary evidence revealed a number of benefits as a result of Atlantic's emphasis on ensuring evaluation and evidence gathering was built into any agreements reached with government on their co-investments.

Atlantic's contribution in building research evidence to support an ageing population

All of the evidence to date suggests that an exciting process of systemic, transformative change within aging research in academia is now well underway in Ireland as a result of the investments made by Atlantic during an approximate 12-year period. The program has successfully enhanced research knowledge and built critical mass and infrastructure while helping to develop skills and networks, all of which, collectively, have helped to establish the international standing of Ireland as a center of excellence for aging research. Of importance, research evidence is now available, and will continue to emerge, to inform the development of policies, practices, and services to support the aging population, not only in Ireland but also farther afield.

Source: Cochrane and McGilloway (2017, p.273)

One senior policy maker noted that in their organisation there is now more of an emphasis on evidence rather than anecdotal stories – this ‘harder’ evidence is seen as more robust, reliable, thorough and representative. They see the evidence being used to help to allocate scarce resources and to develop comparisons across geographical and thematic areas. They see the evidence base created as very important in terms of getting other departments engaged, through being able to show the programme is based on reliable evidence.

In the case of the Single Assessment Tool (SAT), it was noted that the data produced by the assessments will be used to inform policy and plan services within the HSE. At the moment the HSE can only work from general demographic trends (such as changes in the elderly population, numbers accessing services and so on). The SAT data will allow them to base decisions on the actual needs of older people, producing evidence that can be benchmarked against other areas. Similarly, in relation to the NDIP, a suite of key performance indicators to measure impact has been developed, and they are ready to be used in the reporting and verification process.

With regard to moving towards more personalised services for people with disabilities, Healy and Keogh (2014) note the benefits of the emphasis on evidence gathering prompted by Atlantic:

Providing evidence was also seen as important, particularly to inform budgetary allocations... In terms of assessing the case for this new paradigm, there is a need to test whether it is more beneficial for service users and also if it is more cost-effective. Evidence was seen as central to this new paradigm, and that therefore there was a need to ‘walk the walk’ on this. Having hard evidence of impact was also seen as important to enlisting the support of the Department of Public Expenditure and Reform and private funders (pp.79-80).

Evidence gathering can, however, also present challenges. It can be quite demanding and resource intensive. In the ABC Programme, a number of areas reported a lack of resources to undertake data entry, while others reported encountering difficulties finding the time to complete evaluation tasks e.g. preparing questionnaire packs, coding of questionnaires etc. In addition, the capacity of lead agencies to provide significant support to local practitioners was reported as problematic in some areas. There has been variability in areas’ ability to engage with the evaluation supports offered by CES. Specific actions have been identified by the evaluation team to respond to area needs.

Another challenge is maintaining the evidence base. One interviewee mentioned that the HSE tend not to be so good at evaluation: the pressure is on to deliver services and deal with the next crisis, and it is difficult to give the time or priority to gathering evidence. So there is a danger that when Atlantic exits the scene, trials and evaluation will diminish as budgets tighten and the emphasis is on spending money to maximise services and keeping the business going.

4.2 Using the evidence in developing policy and practice

There were examples of evidence produced through the support of Atlantic being institutionalised in government agencies. In the HSE, for example, the service planning process is very important, particularly in terms of informing discussions with the Department of Health on what they want to do and fund in the coming year(s). Evidence produced from the Atlantic supported programmes has successfully fed into this process. For example, with regard to intensive home care packages, through Atlantic's influence, and the work of Genio, the HSE now has key performance indicators available which have been used in the service planning process to help answer questions such as 'is the support effective, what needs changing, what to retain' etc. This in turn underpinned and supported the announcement by the Minister for Health in June 2016 of the decision to allocate an additional €40m to home care, as the evidence showed that intensive home care packages were cost effective.

The Government has committed to publishing a national Positive Ageing Indicators report every two years

HaPAI will monitor changes in older people's health and well-being linked to the goals and objectives of the National Positive Ageing Strategy. This will be done primarily through the development of Positive Ageing indicators to be published every two years. ... The first national Positive Ageing Indicators report was published in 2016 and highlights many of the positive and negative aspects of growing old in Ireland.

The National Positive Ageing Strategy and the activities of the HaPAI are strongly embedded within the vision and actions set out for Healthy Ireland, the Government-led initiative which aims to create an Irish society where people of all ages can enjoy good physical and mental health, and where wellbeing is supported at every level of society.

Source: McEntee (2017)

A variety of means are being used to ensure the evidence produced is used by policy makers. One interviewee mentioned that the co-production of end reports (as opposed to just handing over a report outlining the evidence) to distil the learning from evaluations has helped partners, such as the HSE, to implement change on the basis of the evidence produced. This is seen as an important approach in ensuring that evidence is used and is seen as useful by stakeholders. It involves engaging with stakeholders such as the HSE and generating evidence that assists their decision-making.

Atlantic has also specifically co-funded the creation of data sets that are being used to inform policy, notably TILDA, Growing Up in Ireland, and Benefacts. In the case of Benefacts, for example, in May 2016, the database of Irish nonprofits was launched online as a free public resource. As of October 2017, the database contained information on 19,360 nonprofit organisations in Ireland. Benefacts' 2016 annual report notes that in 2016 there were 40,266 visits to Benefacts.ie, made by 27,475 users. On the website, individual nonprofit organisation profiles were viewed more than 71,000 times, and their reports or constitutional documents were downloaded more than 19,000 times.

Another interviewee, commenting on initiatives such as HaPAI and TILDA, expressed a view that there was a disconnect previously with the translation of research into policy but the Department of Health is now starting to develop its research capacity. This interviewee sees Atlantic as having had an impact on this development through its general investment in evidence and implementation science. Through the use of intermediary organisations such as CES, it has helped to make research digestible and relevant to practitioners and policy makers. Atlantic has also created an appetite for good data and evidence among practitioners. In the view of this interviewee, not only is policy more evidence informed, but the evidence being produced is also being used to make resource allocations/decisions.

Embedding research evidence into decision-making processes for supporting people with dementia

Evaluation was embedded within the delivery of care, which is one of the unique elements of the Atlantic model. Grantees were expected to initiate and support evaluations of their project and respond to those evaluations by changing the nature and focus of their work if necessary. As a result of the emphasis on evaluation, outcomes and impact became central to grant writing and funding awards. The person with dementia became centre stage in the decision-making process. The funding calls instigated by Atlantic also resulted in more direct engagement between the Department of Health and the HRB (Health Research Board) regarding the role of research, data and evidence in policy formulation and policy implementation.

Source: O'Shea and Carney (2017)

One interviewee noted that you cannot always make a direct connection between the research information gathered and the policy decisions and actions taken. Gathering data can change things like people's perceptions, which have an effect over time, but can be difficult to track. For example, TILDA data is seen as important in terms of providing good data that can be used to influence policy, but not necessarily in a linear or straightforward way. Dissemination and demystification of data is crucial. This needs to involve things like policy briefs for internal use in the departments affected, if they are to ensure that data is used to inform policy.

Chapter 5

Capacity building to change organisational culture and practice

Capacity building is central to the sustainability of efforts to change the way policies are developed, implemented and evaluated, and services delivered. The intention is to help build an organisational culture that is open to change and to new practices. Within the public services, Molloy (2011) notes that: 'a long list of institutional failures have been attributed ultimately to the prevailing culture of those institutions'.

A feature of Atlantic's work with government has been that in many cases a portion of the co-investment has gone into capacity building initiatives to support cultural change and to build up competences in new ways of working. This is based around supporting leadership (at all levels) to drive cultural change, recognising, as Schein (2004, p.10) notes, that leadership and organisational culture are 'two sides of the same coin'.

The importance of support for capacity building is highlighted by what happens (or does not happen) in its absence. In a study of partnership between government and NGOs at a subnational level in Australia, Gilchrist (2016, p.75) notes that 'lack of funding made available to support the change management process represents a challenge... and this lack will likely have an impact on the ongoing move towards person-centred care and individualised funding in future years'.

5.1 Identifying leaders, networks and structures to support capacity building

One interviewee mentioned the importance of identifying key people in government departments and agencies who can act as exemplars in terms of building leadership capacity and linking up thinking. These people are examples of champions who have been exposed to the issues being promoted by Atlantic and are pushing them in their organisations (both in practice and in the type

of language they are using in reports etc.). The interviewee further commented it was not just the money Atlantic provided to assist strategy implementation that was important, but all the groundwork that had been done beforehand to identify and promote champions of change.

Good project leaders are central to success

A review of the youth mental health project, one of the projects making up the Goal public service reform programme, highlights the importance of good leadership:

Project leadership was subtle, respectful, collaborative and crucial. In the view of the external advisers, the leadership and intellectual input of the head of the core team was critical. It would be easy to take this quality of leadership for granted. Our main concern about the replicability of the success of this pathfinder in another part of government would be: Who will bring the leadership and other qualities that we relied on the head of team for at key points?

Source: Gaynor et al (2017)

The dementia programmes were mentioned by several interviewees as providing examples of where networking is being used as an important means of building capacity. The dementia learning network, for example, is seen as a very useful means of building communities of practice around the ways of working being promoted by Genio and Atlantic. Similarly, Atlantic's funding has helped develop a dementia research community that was not there before. The Research and Practice Knowledge Exchange Network, in particular, has been very useful and, in the view of one interviewee, would not have happened without Atlantic.

Genio dementia learning network

The Learning Network is a network of individuals across Ireland interested in learning about dementia and sharing skills and knowledge with others. It is supported by an online facility established by Genio which offers opportunities to:

- Learn about how to provide person-focused supports for people with dementia and their carers in a cost-effective, integrated way in a variety of settings;
- Share learning, experience and ideas for problem solving; and
- Access peer support and connect with others in a similar field.

A range of resources are available to access including research & evaluation papers, learning and briefing papers, films, podcasts and presentations, all of which have been informed by the learning that has occurred across the 12 demonstration sites involved in the HSE & Genio Dementia Programme.

Source: <http://www.genio.ie/learning-skills/dementia-learning-network>

On the theme of networking, in the Nurture Programme, CES is coordinating the bringing together of the chairs of the implementation groups across the country periodically. This is seen as important for capacity building, to get cross-learning and sharing of experience.

As well as new networks and the identification of champions, several interviewees stressed the need to work with existing structures to promote capacity development and culture change. This is in line with academic reviews that suggest working to adapt from within the existing culture to support its movement in the desired direction (O'Riordan, 2015). For example, in both the Nurture Programme and the mental health side of the Service Reform Fund, the nine Community Healthcare Organisations (CHOs) established by the HSE in 2015 to provide healthcare services outside of acute hospitals (such as primary care, social care, mental health, and other health and wellbeing services) are seen as a crucial mechanism through which the programmes are to be delivered. Similarly, with regard to the ABC Programme, the inter-departmental group is seen as having a key role to play in picking up the learning, as do Children and Young Peoples Services Committees – an existing mechanism at county level used by the State for NGOs and state agencies working together.

5.2 Challenges related to capacity building

Of course, capacity building and culture change is not a straightforward process. The interviews and evidence from evaluation reports highlight a number of significant challenges. For example, in the case of the dementia programmes, one interviewee noted that while Atlantic has 'sowed the seed' and shown how capacity can be developed within the system (and in the wider community in terms of dementia awareness), there is still a long way to go. This interviewee identified three main issues:

1. Priorities – There is always something more urgent that needs to be tackled. While there is an awareness that we need to tackle ageing issues, it is not always the priority.
2. Funding/resources – Links to the above, as priority/urgent issues attract the funding. However, it was recognised Atlantic has helped immensely with this, as during the recession its funding allowed a lot of projects to happen which never would have got off the ground otherwise.

3. Undergraduate training of nurses – nurses are not being trained enough to deal with community and clinical settings. There is still a focus on acute care and hospital-based training.

The issues of prioritisation and resourcing were identified by others, particularly the challenge presented by the urgent driving out the important, and the pressures that exist, particularly in the health services, to respond to the latest crisis. In relation to the Dementia Integrated Supports Programme, for instance, the pressures on hospitals were recognised as impacting on capacity building efforts:

While both the hospital and community sites have delivered these programmes with remarkable success, in the hospital sites, assuring staff attendance, staff attrition and other factors have impacted on attendance and the potential for ongoing capacity building and sustained impact on practice. This has resulted in individual sites developing their approaches depending on their circumstances. The educational programmes continue in all three hospital sites (Brady et al., 2016b, p.15).

Wider issues affecting the public service more generally, especially in the context of the years of cutbacks due to austerity measures to address the fiscal situation, also impact on efforts to build capacity: 'Certainly staff shortages will no doubt create challenges in terms of reach and releasing staff to attend education initiatives as planned in the project' (Brady et al., 2015b, p.109).

And the continuing turnover of people within government departments, cited in Chapter 3, was raised by some interviewees with reference to its impact on capacity building. One interviewee noted that a lot of time and effort had gone into informing people and building knowledge to ensure they understood the importance of TILDA and what it is trying to achieve, only for important individuals to move on. This interviewee suggested that in future there should be a more structured system for mobility which sees more gradual movements and allows time to pass on knowledge.

5.3 Results to date of capacity building and cultural change initiatives

The Dementia Elevator Programme was felt by several interviewees to be supporting the development of a more informed and educated workforce in terms of how it deals with people with dementia. The Elevator project is seen as providing a suite of training that can be for a range of different places and people, from shop assistant to dementia specialist. The training has been positively received overall, with one voluntary organisation using the training for around two-thirds of its staff nationally. Students who have taken the Dementia Champions training course suggested their participation on the course had increased their confidence as practitioners. They indicated that the training has enabled them to become leaders in their specific vocational field, capable of transferring learning to colleagues and implementing their learning in practice (Innes and Poyner, 2016, p.23).

Harvey (2016) notes that the human rights education and training for the civil and public service has had a positive impact on capacity to date:

An independent evaluation of the Irish Human Rights Commission programme showed among participants an improved knowledge of human rights principles and law, self-awareness of their own prejudices (e.g., race and gender) and an expectation of improved future policy, practice, governance, monitoring and evaluation from a low level (reduction in derogatory behaviour) to high level (policy). The programme provided reinforcement for those in the civil and public service committed to the highest human rights standards and challenged those previously unsympathetic. Several NGOs pointed to practical outcomes of training: there were many fewer examples of routine or low-level abuse in prisons or garda (police) stations compared to 2004 (p.7).

Similar, broadly positive comments about the capacity building benefits of the dementia programmes have been noted in evaluation studies (O'Shea and Monaghan, 2015):

There has been a significant improvement in the integration of the four projects with existing formal provision within the HSE. ... What is particularly noteworthy is the development of a better understanding amongst existing health and social care providers in all four sites of the social model of provision underpinning the work of the Genio projects. This has, in turn, led to a more nuanced appreciation amongst all stakeholders of the importance of individualised supports for people with dementia and their family carers (p.31).

Significant knowledge on dementia, on the services available, on desirable services, about delivering integrated care and about creating links across communities has already built up over a year within participating organizations. This knowledge will widen and deepen over the life of the Genio programme and will remain in communities long after the end of the funding (p.37).

There was also a suggestion in some interviews with senior policy makers that capacity building efforts will be continued after the co-investment period. One interviewee in the HSE said that they were optimistic about capacity building on the training and education front: there will be dementia champions and there is the ability in the HSE to roll out the programme to GPs and the HSE workforce more generally; the dementia awareness campaign will produce material and there will be a legacy benefit from this, and the HSE will continue this work. Similarly, 'an education needs assessment which was originally planned and developed for Kinsale primary care team is now part of the National Dementia programme that will be linked to the roll out of the National Dementia Strategy' (O'Shea and Monaghan, 2015, p.18).

5.3.1 Cultural change

With regard to culture change specifically, the Person-centred Approach to Services for People with Disabilities Programme, which is the longest running programme investigated here, and hence the one which has had the most time to have influenced culture, shows some positive results:

Within the scale of resources available to them Genio has been effective in demonstrating what espoused policy should look like in terms of practice on the ground. A particular strength has been addressing culture constraints and changing mind-sets as to how the service user is perceived at all levels within service organisations, which is viewed to be critical to building the capacity for system-wide change, consistent with public sector reform intentions (MorrowGilchrist Associates, 2014, p.60).

A recurring theme was the major culture shift that had occurred in the organisation, usually phrased as a shift from 'dependency to empowerment'; from 'doing things for people to supporting people to look after themselves'. This was particularly evident in long-established agencies such as HSE services or major voluntary organisations (McConkey and Keogh, 2014, p.97).

The Nurture and Prevention, Partnership and Family Support Mainstreaming programmes provide examples of where a clear path to culture change is envisaged, but it is recognised it will be a long process. One interviewee sees Nurture as a forerunner of change that they would like at a broader level in health services: taking strategic planning of health services to a different level where it is not subject to immediate demands all the time, and looking at things in a more evidence-based manner.

Moving to early intervention and prevention in child welfare

Meitheal (part of the Prevention, Partnership and Family Support Mainstreaming programme) is a deliberate attempt to intervene early in the life of a child, re-orienting child welfare services from risk oriented to support within a children's rights and child development framework. As such, it involves a considerable culture change for participating organisations.

A study of early implementation found that effective implementation of Meitheal was viewed as having the potential to re-orient the child welfare system and reduce the child protection waiting list. The opportunities for structured early intervention and a more collaborative systematic approach in the system generally were emphasised.

Notably participants suggested that in many instances the introduction of the Meitheal model allowed for more prompt assessments with the practice of early intervention

and prevention embedded in the system and social workers were available to work with families with high levels of need at an earlier stage than previously. Participants observed evidence of some systems change such as the fact that more appropriate referrals were being made as practitioners are more aware of the supportive responses available and the threshold for referrals to the child protection system.

Source: Devaney et al. (2017)

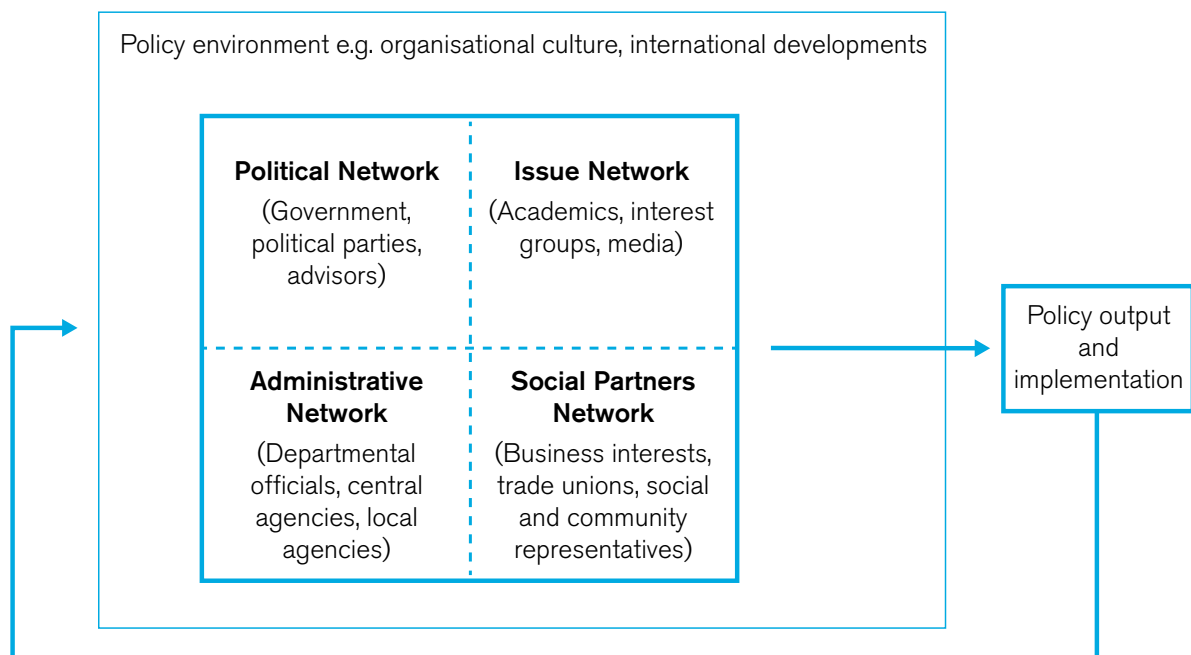
Chapter 6

Policy and practice change: developing innovative, alternative policies and methods of service design and delivery

6.1 Policy change

Achieving policy change requires influencing a number of actors in what have been termed policy networks (Rhodes, 1997). Elaborating on this idea, Pemberton (2000) has developed a schema for analysing the role of policy networks which is outlined in adapted form in Figure 6.1.

Figure 6.1 A policy network schema



Source: Adapted from Pemberton, 2000.

The central box in Figure 6.1 represents the policy making terrain, comprising a number of policy networks (political, administrative, social partners and issues networks), each of which has a number of policy actors. The second element of the schema is the outer box, representing the environment within which policy makers act. Factors such as organisational culture, and historical and political contextual issues, both shape and constrain policymakers and the institutions and networks within which they operate. The third element of the schema is the policy feedback loop, where the implementation of policy can change the environment, which in turn can affect the subsequent actions of policy actors.

Atlantic, whilst it may be placed in the issue network box, has through its work with government influenced the other policy actors and hence the policy environment. There is evidence of the influence of Atlantic's work with government on policy development. As mentioned in a previous study (Boyle, 2016) and reiterated here by several senior policymakers interviewed, the *Irish National Dementia Strategy* and *Better Outcomes Brighter Futures* (a national policy framework for children and young people) were significantly influenced by Atlantic's involvement. In the view of one senior health manager interviewed, the dementia strategy would have gone the way of a lot of strategies and ended up on a shelf without Atlantic's support: having people around the table with funding brings more reality to the process. Within the strategy, they emphasised that integrated home care packages have been a big success; the Single Assessment Tool will facilitate a national standardised approach to assessment of the needs of people with dementia; and the Dementia Elevator project will result in a more informed and educated workforce to deal with people with dementia.

Influencing policy review

The influence of Atlantic's work with government can be seen in an extract for a tender drawn up by the Department of Health in 2016 for an external evidence review to inform future policy revisions with regard to mental health policy as currently set out in *A Vision for Change* (Report of the Expert Group on Mental Health Policy, 2006). The language of the tender document reflects the priority themes promoted by Atlantic and colleagues in the health services in the course of their co-investments, emphasising prevention and a rights-based approach:

A revised policy approach should take account of the broader health and wellness approach to mental health in society, consistent with the increasing focus on prevention. This would confirm and enhance the focus on prevention and community-level care across the health services, and be situated within both the health and wellbeing and rights-based approaches to healthcare generally.

The preventive, and health and wellbeing approaches are informed by the shift internationally from a medical to a rights-based model of mental health, with the

emphasis on autonomy and non-discrimination. It is recognised that *A Vision for Change* was ahead of its time and consistent with these approaches. However, the policy will be reviewed through the prism of further recent advances in these areas ... Finally, consistent with a rights-based model, mental health policy should advance the need to mainstream and embed policy in areas such as housing and employment, and other areas of cross-sectoral co-operation which could underpin a whole-system and whole-of-society approach to mental health.

In the case of the work of the Age Friendly Cities and Counties and HaPAI programmes, a policy document outlining an action plan for housing and homelessness – *Rebuilding Ireland* (2016) – specifically cites the work of these programmes, and provides a good example of working closely with the administrative network:

There is, therefore, a requirement for a range of housing choices and options for older people. In developing that aspect of this Action Plan, account has been taken of a number of strands of Age Friendly Ireland's work, including:

- Findings from the Housing for Older People: Future Perspectives research study (2016)
- Initial results emerging from the Healthy and Positive Ageing Initiative survey which has involved c.10,500 household-based interviews,
- Learning from Age Friendly City and County multi-agency projects. (p. 54)

With regard to the Advocacy Initiative, a progress report to Atlantic outlines a role in influencing the policy process at a political level. This is illustrative of direct work to influence both the political and administrative networks:

Arising from engagement with the political/administrative systems Sage¹³ managed to persuade the Oireachtas (both houses of parliament) Joint Committee on Health to hold hearings into the development of advocacy services in Ireland. As a result, Sage was asked to make a submission to and appear before the Joint Committee in November 2015 along with the Ombudsman, the National Advocacy Service for People with Disabilities and Inclusion Ireland. ... The Assisted Decision Making (Capacity) legislation moved through both houses of the Oireachtas during 2015 and was finally passed on December 17th. ... Sage played a significant role in building awareness of the implications

¹³ Sage is a civil society organisation providing a support and advocacy service for older people, which is part-funded by Atlantic under the Advocacy Initiative.

of the emerging legislation throughout 2015 and lobbied extensively for inclusion of a ban on chemical restraint and for the Decision Support Service, being established to replace Wards of Court, to be taken away from the jurisdiction of the Courts Service. This has been achieved and the Decision Support Service will now be linked to the Mental Health Commission which has considerable understanding and experience in issues of capacity.

The progress report from Sage to Atlantic goes on to note further influence on policy as set out in the HSE annual service planning process:

The HSE service plan for 2015 indicated a plan to develop a National Volunteer Advocacy Programme for people with intellectual disabilities in adult disability residential settings ('congregated settings') and the Director-General of the HSE, in the context of his appearance before the November hearings of the Joint Oireachtas Committee on Health into advocacy services, referred to plans to develop this service based on the 'Sage Model' during 2016. The 2016 service plan for the first time formally refers to Sage and states that it will 'Work alongside SAGE, the National Advocacy Service for Older Persons, and the new proposed National Advocacy Body, to strengthen existing advocacy services for older persons'.

Also, and again as referenced in a previous study (Boyle, 2016), work supported by Atlantic has influenced programmes for government, the policy programmes published by new governments at the start of their term in office. Drawing on concerns raised in the issue and social partners networks, but emanating from the political network, programmes for government directly influence the administrative network tasked with implementing the programme. There are several examples in the 2016 *Programme for a Partnership Government* of commitments influenced by Atlantic-supported initiatives.

Programme for Government commitments aligned with Atlantic's work with government

We will establish an independent patient advocacy service (p.62).

Disability policy and supports cross most government departments and agencies resulting in complexity for service users. A review of State structures and delivery will take place to respond to the introduction of personalised budgeting tailored specifically to the needs of the individual (p.70).

We will move people with disabilities out of congregated settings to enable them live independently and be included in the community. Currently 2,725 people live in

congregated settings and our objective is to reduce this figure by at least one-third by 2021 and to ultimately eliminate all congregated settings. The movement of those with high dependency needs will start in parallel with that of others and will not wait until higher function people have been moved. This will be done in full consultation with families to ensure all moves are appropriate (p.72).

We will support and continue programmes in disadvantaged areas similar to those currently supported by Atlantic Philanthropies (in section on giving vulnerable young people the best chance in life) (p.81).

Due to the winding down of major philanthropic organisations, such as Atlantic Philanthropies and The One Foundation, a potential gap has opened up in the funding of social projects designed to achieve a more inclusive and fairer society. To close this gap, through Social Innovation Fund Ireland, we will seek to raise a minimum of €50million to provide growth capital to Ireland's best social innovations and to invest in ongoing innovation that improves social outcomes and contributes to world-class social infrastructure (p.132).

We will fund and expand existing schemes such as the Area-Based Childhood Programme, which have been successfully developing innovative services and programmes for children in areas such as Ballymun, the north inner city and Tallaght West. We will ensure the sharing and implementation of learning from such programmes to other initiatives as they expand their reach (p.132).

Source: A Programme for a Partnership Government, 2016

Of course, there are other influencers of these policy developments – Atlantic is not the only, or necessarily the main influence. But the weight of evidence from the interviews and documentation suggests that Atlantic has been a significant influence on policy development in the areas in which it has been active.

6.1.1 *Critiques of policy influence*

Producing policy statements is one thing, but getting these translated into practice is another. Some critiques of progress in this regard, and of how the policy may, in fact, play out in practice were present in the interviews and literature.

One departmental policy maker interviewed, for example, felt that TILDA has yet to have a significant practical impact on policymaking. This view is backed up by the fact that, in preparation for

commissioning waves five and six of TILDA, the Health Research Board asked various departments and the HSE what practical impacts TILDA had resulted in so far. There was a sense from the responses that not enough use is being made of TILDA at present. One reason for this is the long-term nature of the work. As the study continues and more long-term data is produced it will have the potential for greater impact. But the interviewee notes it can be extremely difficult for policy makers to look beyond the term of government, the annual budget cycle and the day-to-day pressures and priorities.

There are some good examples of how the TILDA data is being used but these are more focused on the clinical side e.g. looking at how blood pressure is monitored by GPs. To address such issues, TILDA has recruited a policy translation officer, which is intended to help with engagement and cross-fertilisation and provide more concrete suggestions for policies. The Health Research Board also intends to set up a Knowledge Translation Group which will be chaired by the Department of Health and involve all government departments. This group is intended to bridge the gap between research and policy, and allow policy makers to influence the design of studies to ensure the end data will be beneficial to them.

A critique of personalisation as an espoused policy highlights potential dangers from its application, being used, in effect, to weaken the role of the State and public services in practice:

From this perspective, personalisation is a way of breaking up large public sector bureaucracies, weakening the power base of care professionals, neutralising criticism of state performance in relation to poverty and inequality, and achieving all of these without significantly altering the 'gift' relationship between individuals in need of support and the resource-holding state. Personalisation is thus understood as a way of the state abdicating its responsibility for the welfare of individuals through the privatisation of risk. ... Cast in this light, personalisation arguably demonstrates more rhetorical than emancipatory potential (Williams and Dickinson, 2015, pp.151-152).

These critiques point to the danger of the application of policy in practice being different to the espoused policy, and emphasise the importance placed by Atlantic on monitoring and evaluating policy and programmes, so that such issues can be raised and addressed if they arise.

6.2 Practice change

Details of practice changes that have taken place to date for each of the 19 co-investments between Atlantic and the Irish Government are set out in Appendix 1 (under the 'what has been achieved' section for each investment). Given that it will take a number of years for changes in practice to fully work through, and also given the delays in implementation in many cases, it is possible in most cases to indicate progress but not to arrive at a definitive conclusion as to practice change. A brief selection of some of the changes to date at the level of the co-investment projects includes:

- With regard to person-centred supports for people with disabilities and mental health difficulties, between 2010 and 2014, 12,510 people were assisted in terms of making self-directed living a reality; 4,248 individuals benefited from having their support services configured to enable them to lead more independent, fulfilling lives; and 8,262 individuals received capacity building supports.
- Each of the 31 local authorities has formally adopted the Age Friendly Cities and Counties Programme and has signed the Dublin Declaration on Age Friendly Cities and Communities in Europe 2013, making Ireland the first EU state to declare a national commitment to creating a country where older people's needs are recognised and addressed. In each of the local authority areas, an Age Friendly Alliance has been established to develop and oversee the realisation of a three to five-year Age Friendly Strategy which sets out to address the issues identified by older people in the local area.
- Preliminary draft findings from Year 1 of the outcomes strand of the national evaluation of the ABC Programme found measurable benefits in parenting outcomes, children's learning outcomes, and children's health and development outcomes.
- Up to the end of August 2017, 263 dementia integrated home care packages (IHCPs) have been provided in total. The number of cases active at the end of August 2017 was 140. The average weekly cost of dementia-IHCPs during the period January to August 2017 was €904.25 per week. A sample of more than one-quarter of the dementia-IHCPs indicates that the vast majority are meeting the criteria for being individualised and effective and that the person and family carers are, in the main, satisfied with what has been provided.
- Within the Prevention, Partnership and Family Support Mainstreaming Programme, qualitative findings from an interim evaluation with a small sample size highlighted that participants were positive about their experience of Meitheal to date. This included both the process of taking part as well as improvements in the families' well-being and outcomes that had already begun to occur in some cases (Rodriguez et al, 2017).

Stepping back from practice change in relation to individual co-investments, a number of studies indicate the system-wide impacts on practice of Atlantic and government working together. For example, an overview evaluation of interventions in relation to dementia by O'Shea and Carney (2017, p.3) found:

Atlantic's dementia programme is helping to transform care for people with dementia wishing to remain in their own homes. This has been achieved by supporting the provision of community-based, personalised care services and supports that respond directly to individual-care needs as articulated by people with dementia and their family carers. While it is true that not enough people yet get to impact directly on their own care plan in Ireland, for those who have been given that opportunity, through access to Atlantic-funded personalised care programmes the results have been very positive. ...

The establishment of integrated care pathways between community care and acute care admission is also making it more likely that placement decision making supports home care first before consideration is given to residential care options. Moreover, creating an awareness of dementia within acute care settings and developing protocols for care relationships will lead to shorter stays in hospital and less costly treatment for people with dementia. ... Education and training initiatives for public and private agencies and organisations have increased awareness of dementia, thereby making it easier for people with dementia to remain visible, integrated and respected in their own communities. Education programmes for healthcare professionals ensure that care is more tailored to the needs of the person with dementia and that healthcare providers are aware of the various attributes of person-centred care. Training for public sector workers ensures a broader understanding among non-healthcare professionals dealing with the public, thereby supporting people with dementia to engage in, and connect with, their community while living at home.

Indirectly influencing practice change

As well as directly influencing practice, interventions can also lead to indirect effects. One interviewee, in the context of the NDIP, noted that the HSE has produced an Integrated Care Programme for Older People (ICPOP) which reflects the evidence produced by Genio in the course of its work. They also commented that the person responsible for this work in the HSE had worked with Genio on the service design/dementia consortia project.

A study of changes in the children and young people's sector in Ireland (Rafferty and Colgan, 2016, p.17) found practice benefits arising for the sector:

Opportunities for policymakers and practitioners to work together directly, gathering and sharing learning about the detail of what is working, where and why, is a key mechanism for developing effective, outcomes-led implementation. Local, expert, continuous and structural supports for evidence-based practice are required for successful and sustainable implementation. The focus on outcomes has been made real in the development of the Children and Young People's Services Committees and this policy and practice engagement supports effective implementation.

There is an increasingly strong focus on outcomes and a scrutiny of the connection between what is delivered and what changes result for children. There is a new scrutiny of government capacity to have a clear, evidence based rationale for what it is funding.

Roundtable view of long-term, lasting change from Atlantic and government co-investments

In April 2017 a roundtable session brought together participants from government departments and agencies and civil society organisations to discuss a range of issues aimed at learning lessons from the experience of The Atlantic Philanthropies and the Irish government working together.

There was a general view that a number of positive benefits will arise over the longer-term. These include better outcomes for citizens and service users; more innovation; better systems; a better evidence base; and more focus on policy areas such as prevention and early intervention. In terms of lasting benefits across programme areas, collaboration was seen as in some cases transforming ways of working, and developing sustainable partnerships and relationships.

Participants also noted the creation of an 'Atlantic network' – champions of change in both the public sector and civil society who are committed to the principles and practices advocated in the jointly funded initiatives. While these people may move around within/across organisations, participants noted that a lot of the same people stay involved in different capacities. They represent a significant resource to facilitate support for and delivery of reform.

Source: Boyle, 2017

6.3 Pace and nature of change

While the general consensus is that the co-funded investments have had a positive impact on policy and practice, one significant point that came up frequently in interviews was the slow pace of change with regard to policy and practice in the public service. O'Shea and Monaghan (2016, p.9), for example state that: 'The reality is that progress has been painstakingly slow in recalibrating the social care system in Ireland towards a personalised, needs-led, person-centred model of care for PWD (people with dementia)'. Changing culture and practice is a job that requires a commitment for the long-haul. Indeed, one interviewee contrasted Atlantic's willingness to work long-term with government with other philanthropies that they were aware of, and identified this as one of the distinguishing characteristics of Atlantic.

On a more day-to-day level, there are many examples of delays in programme implementation, including:

- Under-expenditure on the provision of dementia-specific intensive home care packages of €7m to mid-2016 due to the time required to put packages in place (this will require an extension into mid-2018 to achieve the full expenditure under the programme).
- With regard to dementia consortia, progress at Connolly Hospital was significantly delayed due to delays in recruiting the coordinator for the project. Whilst generally the community sites have progressed well, the project in Mallow was delayed due to the process of setting up the consortium as a limited company and difficulties in finding a host organisation to employ the volunteer coordinator.
- There have been delays in implementation in a small number of the ABC areas (Ballyfermot and Grangegorman) which may impact on the scale and scope of what was intended within the timeframe of the ABC Programme.
- Several of the programmes have developed extended timelines for implementation, for example, the Service Reform Fund, Prevention, Partnership and Family Support Mainstreaming Programme, and the Nurture programme.
- The Single Assessment Tool has been significantly delayed due to issues with the vendors producing the software. However, they still aim to roll out the programme as initially planned.

Another issue, associated in part (but not entirely) with the time taken to implement the programmes, is the need to change direction in some instances:

As we deliver ELEVATOR, we find that some elements are starting later, or requiring fewer resources, than originally planned... (and)... there are several complementary activities that have naturally arisen since the commencement of this project. For example, we established a Dementia Innovation Award (Progress report to Atlantic, November 2014).

In a new HSE initiative in 2015, linked to the National Dementia Strategy, approximately €10 million was made available for the provision of Intensive Home Care Packages, of which €3 million was allocated to dementia-specific supports, covering approximately 70 people with dementia by the end of that year. The packages were worth between €800 and €1200 per week and were focused on people with dementia in eight acute hospitals to facilitate their return to their own homes following treatment. However, that initial focus is about to change, as the HSE has concluded that once a person is discharged from hospital, carers are often too fatigued to resume caring for them at home, irrespective of the availability of a home care package. Consequently, for 2016, the HSE will prioritise people in the community at risk of admission to the eight acute

hospitals, with a view to putting in place supports earlier in the care continuum, before people are admitted to acute care facilities (O'Shea and Monaghan, 2016, p.8).

These changes of direction point to the need for flexibility on the part of Atlantic and government in their management of the co-investments. This is where the role played by the governance structures – oversight and steering groups etc. – is important in providing fora within which such issues can be teased out, and agreement reached on the most appropriate way forward.

Chapter 7

Embedding change in policy and practice

To a large extent, issues concerning the embedding of the goals set out in the programmes co-funded by Atlantic and government into policy and practice have been raised in the previous chapters on partnership, evidence building, capacity building, and policy and practice change. It is in the context of these issues being tackled that embedding change is addressed. Many positive examples have been identified where the views expressed in interviews and in documentation such as evaluation reports suggest that some degree of lasting change is likely to occur. Appendix 1 sets out an overview of the outlook for sustainability and mainstreaming of each of the 19 co-investments.

Embedding age friendly initiatives

Embedding the Age Friendly Cities and Counties (AFCC) Programme within existing local authority structures was one of the primary aims of the investment, and good progress is being made in this regard. Some of the more established AFCC programmes have begun to develop coordinated reporting relationships with both elected members of their local authority and the city/county local community development committees (LCDCs). To secure further momentum and embedding in mainstream structures, established Age Friendly Alliances have sought to position key age friendly commitments within relevant policy documents such as local authority corporate plans, local economic and community plans, and city/county development plans, where appropriate.

Consequently, in this chapter, the focus is on some of the challenges arising with regard to embedding change and how these might be addressed. What are the difficulties that arise in embedding change

into practice in public services, and particularly in the situation of a limited life philanthropy such as Atlantic coming to the end of its term? How will government respond once Atlantic has left the scene, and co-funded investments become the responsibility of government?

Some of these challenges of embedding change in a complex public service setting are encapsulated in a quote from a review of dementia care in Ireland:

When savings are required, cuts are often directed at an already fragmented community care services for older people rather than areas where costs are largely fixed and difficult to reduce, such as spending on acute care services or residential care services. ... The paradox is that cutbacks in primary and community care services make it more likely that people with dementia are admitted to expensive acute care or long-stay care facilities, as family carers find it difficult to cope without adequate home-based supports. Preventing costly in-patient admissions requires investment in community care, not cutbacks to the very services that enable people to live longer in their own homes. While the health system recognises this paradox, the challenge of reconfiguring spending is difficult to address in the face of on-going 'crisis' management (O'Shea and Monaghan, 2016, p.6).

Similarly, an evaluation study (Morrow Gilchrist Associates, 2016) notes that despite stated policy intentions, by the summer of 2014, the reallocation of resources towards person-centred models/ individualised supports for people with disabilities had not occurred at scale and had not yet achieved significant momentum. They cite multiple issues underlying the reasons for this, including institutional inertia, resistance to change, uncertainty arising from austerity and a perceived need to better understand the benefits to be gained from newer models of individualised supports. While progress has been made since 2014, the basic challenges described remain, though there is evidence of increased momentum.

One issue that surfaced in the interviews was a diversity of views concerning what is meant by embedding change. On the one hand were those who interpret embedding change as the continuation of the particular projects they are involved with, be it for example a particular consortium or a specific area-based project. This might more correctly be seen as sustainability of the particular project, in that it addresses the continuation of the project but does not guarantee that it will have a wider impact. On the other hand, there were those who interpret embedding change as the embedding of learning and practice into the wider system. In this latter context, particular initiatives may be discontinued, but the lessons learned absorbed into general practice. This would conform with the general literature on mainstreaming, which refers to integration into normal policies, programmes and activities.

Where there is consensus is in the view that embedding change requires the securing of a critical mass of support within organisations for the direction of change. In the case of the Person-centred Approach to Services for People with Disabilities Programme, interviews with those involved in the project identified that:

... [I]f a tipping point was not achieved, backsliding was a distinct possibility. These interviewees highlighted that the progress to date was based on locating and supporting champions but that the desired 'user-centric' beliefs and practices were yet to become the new norm in the wider social services, and that if this wider culture was not addressed there would be a reverse to an approach more centred on service providers. From this perspective, there is a need to create a critical mass in one area of social service and then move to another to ingrain the beliefs and practices more widely (Healy and Keogh, 2014, p.82).

7.1 Embedding system-wide change from pilots and area-based initiatives

An issue arises of how to secure system change from situations where there are pilot sites or projects, a common experience for philanthropies working with government. This is illustrated, for example, in the context of the NDIP, and the pilot sites used there to promote dementia-related initiatives. One interviewee dealing with intensive home care packages got constant calls from people outside the pilot areas asking that they be provided with similar packages. Intensive home care packages are expensive, and need political support to provide the funding. Roll-out presents a real challenge. This interviewee mentioned that the eight pilot sites show eight different ways of doing things, and that the HSE is struggling with common standards and approaches. The interviewee did also mention, though, that the strategy is gradually forcing them to change, and highlighted the Single Assessment Tool as one means of bringing consistency and collaboration across areas and disciplines.

Another interviewee referring to the pilot project experience suggested that, in retrospect, it would have been preferable to go for a smaller number of pilots applied in places where learning could be maximised. This interviewee gave the example of one pilot site, where there is an excellent project, but in the context of a prosperous small rural area with good supports. It would be a challenge to replicate this experience in more populous and deprived inner city areas, and would need significantly more resourcing, which is unlikely to be available. Initiatives would have been better tested in more disadvantaged and populated areas, to find out what could be done in those circumstances, if you want a product that could go into every town and city. There is a need now to look at what elements from the pilot sites – the key pieces of learning – can be translated across the system.

With regard to the ABC Programme, which by its nature is an area-based initiative rather than a whole of country one, the Department of Children and Youth Affairs (DCYA) has established a mainstreaming group to examine how learning from the ABC Programme (previously the Prevention and Early Intervention Programme) and other related initiatives can be mainstreamed. A Quality and Capacity Building Initiative (QCBI) is being developed, which aims to take a co-ordinated approach

to enhancing capabilities and quality in prevention and earlier intervention across the policy and practice domains working with and for children, young people and families, based on the five national outcomes for children and young people and findings from the ABC Programme and other related programmes. Tusla, with its early intervention remit, may have a role to play here in the future.

7.2 Embedding change in existing structures and processes

One significant lesson emerging from the Dementia Integrated Supports Programme is the need to embed change into existing structures and processes if it is to be sustainable. Particularly at a time when public resources are under pressure, and requests for additional funding are subject to intense scrutiny, managing within existing parameters where possible presents the greatest chance of success:

Given that the HSE are the dominant partner in managing funding for and delivering services to older people, it is important that at least one HSE representative is an active member of the management committee, if not the chairperson/lead person. This structure could then become a sustainable framework that could continue on in the various sites after the end of this project and could potentially be rolled out nationally. For example, the consortium in Stillorgan-Blackrock is embedded within the HSE and builds on pre-existing relationships between the project leader and both the formal care sector... and community organisations... and other statutory organisations... In South Tipperary, the consortium was built primarily on existing relationships, where a high level of trust already existed between the Psychiatry of Old Age team, geriatricians, public health nurses, GPs and the Advanced Nurse Practitioner in dementia (O'Shea and Murphy, 2014, p.35).

In terms of the embeddedness of the project, from its inception, PHNs (public health nurses) in the Stillorgan-Blackrock area have absorbed the key-role function for dementia with the support of the Consortium, particularly the project lead and the project manager. As a result, no additional posts needed to be added during the year. This speaks strongly to sustainability and the potential for scalability of the various activities in the longer term (O'Shea and Monaghan, 2015, p.3).

What can be noted at this point is that the DNS (dementia nurse specialist) and CDCC (community dementia care coordinator) appear to be emerging as potential critical links in terms of facilitating both adoption and implementation of project components across settings (Brady et al., 2015c, p.107).

The Nurture Programme is also very much focused on embedding change into existing structures. As one interviewee noted it is not about it having a life of its own - they have not given it its own

branding. The focus is on mainstreaming the programme within the HSE, and in particular across its nine Community Healthcare Organisations. From that point of view, it is not important that people understand what the Nurture Programme is, it is more important that they understand what changes are happening for themselves and their services. The success will be if aspects of the programme are embedded within the HSE after the grant finishes.

Embedding structural and process change

The HSE has committed to maintaining the National Dementia Office as a central point within the organisation, to champion and promote all matters related to dementia.

The HSE has also indicated its commitment to maintain an ongoing number of approximately 120/130 intensive home care packages (IHCPs) for people with dementia. They are also taking the learnings from the evaluation of IHCPs to inform better methodologies of their provision such as the targeting of people who live in the community with dementia and who need a higher level of support to remain at home.

But embedding change in existing structures and processes brings its own challenges, as exemplified by the Community Outreach Dementia Project Leitrim (CODPL):

There are some indications of significant challenges concerning adoption for CODPL particularly in the longer term. These relate to mainstreaming supports and the tensions that inevitably arise between the spirit of CODPL's innovative responsiveness to informal carers' needs, and the reality of integration with a bureaucratic system such as HSE's community care. The CODPL steering group have limited the scope of the hours provided to informal carers in terms of the amount in recognition of what is feasible post-mainstreaming. This is well justified on the basis that providing greatly increased supports for a limited period before having these suddenly removed would simply add to the carer burden in the longer term. The downside is that ultimately, the original vision of the project is lost and the supports for the PwD (people with dementia) and informal carer remain routinised with little scope for flexibility and individualised care planning. Ultimately, the gains for the PwD and the informal carer will be a few additional hours of home help support. As very clearly illustrated in the interviews, additional hours however limited are precious to informal carers. However, perhaps a greater potential loss in limiting the scope of individualising support is veering too much towards responding to the needs of the system rather than the individual informal carer (Brady et al., 2015a, p.78).

The National Dementia Office, established within the HSE to coordinate the NDIP, received mixed reviews from interviewees as a source of embedding change. Some saw it as vital and a source of coordination and drive for implementation of the dementia strategy in a complex organisational environment. Others saw it as insufficiently integrated into the HSE hierarchy, without the authority needed to secure cooperation in circumstances where there may be inertia or resistance due to other pressures or priorities.

Embedding change where there are resource implications at a time of budgetary restraint presents particular challenges. In the case of the Prevention, Partnership and Family Support Mainstreaming Programme, a progress report to Atlantic with regard to implementation of the Meitheal project indicated structural set-up gaps in some areas in Tusla. A submission was made to the Estimates process for 2017¹⁴ to address these gaps. The submission was not carried over into Tusla's Estimates process, but a commitment was given to assist the areas in working towards the national standardised service delivery structure, and Tusla received additional funding as part of the Estimates process in 2018.

Age Friendly Cities and Counties: divergent views as to how best to embed change

The primary aim of Atlantic's grant to the Age Friendly Cities and Counties (AFCC) Programme was to complete the national rollout of the AFCC model and mainstream the service with state support.

In 2014, responsibility for coordinating the AFCC Programme was transferred to a newly established company, Ireland's Age Friendly Cities and Counties Programme Ltd (trading as Age Friendly Ireland) with Dublin City Council acting as hosts.

The programme has been successful in its initial aim as all 31 local authorities are now participating in the AFCC initiative. To that extent it can be seen to have achieved the goal of mainstreaming. The focus has now turned to the second part of the overall aim: sustaining the service with state support.

There was a difference of opinion among interviewees regarding the trajectory of the programme and the best means of sustainability. One view expressed was that the central coordinating group, Age Friendly Ireland, established by Atlantic to manage the grant and drive the embedding process, should be retained. From this perspective, having a central coordinating group would help to maintain the awareness and visibility of age friendly policies and practices, which was mentioned as a key factor to the success of the AFCC Programme. This view was supported by a number of interviewees.

¹⁴ The Estimates outline planned government spending for the coming year and are part of the budget process.

On the other hand, another interviewee and several local authorities regard the AFCC Programme as sufficiently embedded within the local authorities and thinks it will not require the support of a central team to continue. From this perspective, the programme should be seamlessly integrated into the everyday work of the local authorities if it is to be considered as fully mainstreamed. Maintaining a separate support structure in the long-term is, in this view, recognition that the programme is not fully embedded and mainstreamed.

This raises questions regarding the most effective method of embedding an initiative and sustaining the programme after the funding cycle has ended. These issues need to be considered in the planning stages of the initiative, and consensus sought amongst all stakeholders where possible. The advantages and disadvantages of differing mainstreaming strategies need to be teased out.

7.3 Sustainability of organisations created by the Atlantic/Irish Government collaboration

A significant number of interviewees raised the issue of the long-term future for a number of organisations that had been created during the course of the co-investments between Atlantic and the Irish Government. The future of bodies such as CES, Genio and Age Friendly Ireland, set up to facilitate and support implementation, was raised in the context of what happens to them post Atlantic's exit from the scene. They tend to be seen as Atlantic-inspired structures, which would not have appeared on the scene without Atlantic's funding support, combined with that of government. The support for each of them within government varies across a spectrum from strong to weak, and their continued funding by government is a source of discussion and debate.

Of those with a view that there is a need to scrutinise the continuing need for such structures, one interviewee noted that there is something of a sense that Atlantic, in coming to its exit, has set up a number of supported organisations, some operating less economically than others, particularly with regard to staffing and process. In the last round of investments, there is also a sense that Atlantic is trying to bed in these structures¹⁵. Some of the issues raised are illustrated by a quote from an evaluation of Genio: 'As Genio sits outside (the) HSE it is perceived that it can be difficult to practically embed the innovation, with projects sometimes failing to be mainstreamed because they don't always have a corresponding HSE budget line' (MorrowGilchrist Associates, 2014, p.78).

¹⁵ It should be noted, however, that in some co-funded programmes, Atlantic has funded limited-life structures rather than specifically aiming to introduce new long-term structures into the system, such as in the case of Older & Bolder, a national alliance of eight nongovernmental organisations that aimed to champion the rights of older people and to combat ageism, and which had a limited life and ceased to exist in 2013.

Conversely, the independent role of Genio has been cited positively in a subsequent overview study:

...[G]rantees in Atlantic's disability programmes (for instance Genio) have played an important role in terms of establishing a 'can do' attitude, energising people, building appetite and delivering engagement in demonstration projects to test espoused reform intentions. In effect they have demonstrated the 'art of the possible'. A key learning point from this is the added value of having a 'demonstration and challenge' function independent of government to promote espoused reform and policy imperatives. Specifically, the juxtaposition of Genio between the private and public sectors (and the degree of independence it has offered) enabled Genio to gain a perspective on barriers to change and then create pressure within the system to move towards a more person-centric approach consistent with reform intentions. Indeed, it is clear that the status of support from Genio backed by the Health Service Executive and the Department of Health, yet independent of both, has been important in providing 'respected space for innovation' to test and demonstrate reform intentions (Morrow Gilchrist Associates, 2016, p.14).

Consequently, mixed views exist within government as to the benefits of keeping such organisations in the future. For some, it is important they are maintained, to continue to act as drivers and supporters of change, with a clear mandate to work alongside government departments and agencies. For others, mainstreaming means that their functions should be absorbed into the day-to-day activities of government, rather than having a separate life.

Within the organisations themselves, they have obviously invested significant time and effort into developing a role which is seen as supportive and important in the development of policy and delivery of services for the areas in which they operate. There is also the understandable response that they want to keep going after co-funding stops, for both altruistic reasons (to achieve the social goals) and for personal reasons (job security). One interviewee felt that as part of the embedding process, there should be strategies to integrate people from such organisations into the mainstream system.

In the case of CES, in the context of government procurement arrangements, it is likely that in the future CES will be required to bid for tenders for work like other potential providers, and will survive or not on the strength of its capacity to respond to opportunities that arise.

HaPAI provides another example of the challenges around maintaining separate structures, newly created under the joint programmes. One interviewee felt that the relationship with the Department of Health has been challenging, especially in relation to its funding commitments. Some views have been expressed that it might make more sense for HaPAI to be absorbed within TILDA rather than have two separate structures doing similar work.

Chapter 8

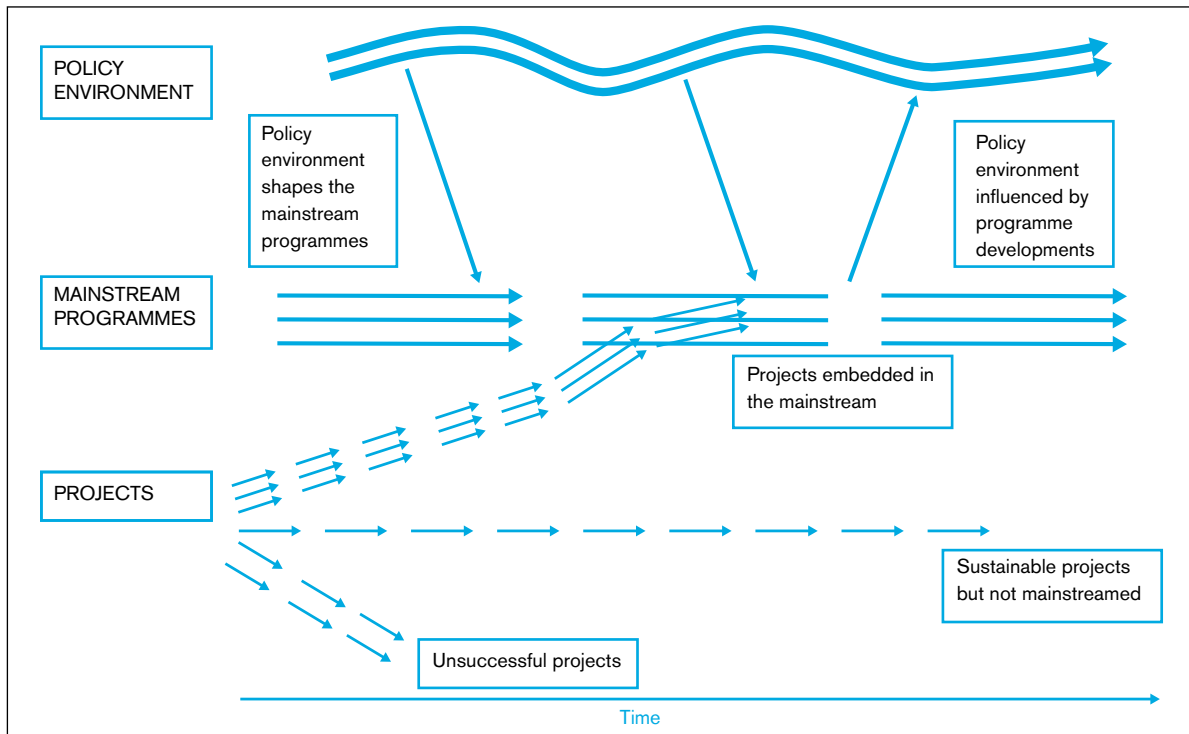
Conclusions

8.1 Assessing Atlantic's influence on government policy and practice

Atlantic's work with the Irish Government as it exits the scene, and as exemplified by the 19 co-investments examined here, is aimed at leaving a lasting legacy. The intention has been to influence and help shape mainstream government programmes, so that reforms in the public service contribute to better social outcomes. Figure 8.1, adapted from the work of Geels (2002) on the multi-level perspective, is concerned with how major technological changes come about and provides a framework for summarising and understanding how this approach has worked.

The multi-level perspective as envisaged by Geels concerns three levels: landscape, regime and niche. The macro-level of landscape is the most stable and slow changing level, and relates to issues such as culture and politics, which shape the regime level. The meso-level of regimes relates to systems of settled behaviours and practices that provide a certain degree of stability, but which can be perturbed through new ideas and practices that arise at both the landscape and the niche-level. The micro-level of niches is the setting for the generation and development of innovations. Some of these innovations may lead to a reconfiguration of the regime level, which may in turn influence the landscape level.

In Figure 8.1, the policy environment is the equivalent of the landscape level, and concerns the settled government policies that provide direction for public services. Mainstream programmes are the equivalent of the regime level, being the means by which public policy is translated into practice. The Atlantic and government co-funded investments (projects) are the equivalent of the niche level, being the level where innovative practices and ideas are developed with a view to becoming embedded in mainstream programmes, and also influencing the policy environment. In line with the thinking behind the multi-level perspective, it is expected that some projects at the niche level will be successfully embedded in and influence mainstream programmes; some projects may be sustainable but not become embedded in the mainstream; and some projects will be unsuccessful and cease to exist after a period of time.

Figure 8.1 A multi-level perspective

Source: Adapted from Geels (2002)

Examining the Atlantic/Irish Government relationship from this multi-level perspective helps to explain why the approach adopted to partnership working between Atlantic and government has been largely successful. Atlantic made a deliberate decision to work with government at both the policy environment and the project level to influence government policy and practice. One of these alone is unlikely to have been enough. If the concentration had been solely at the policy environment level, the evidence base to inform policy change would not have been strong, and it is unlikely that settled practices would have been disturbed. If the focus had been on the project level only, it would have been harder for successful projects to break into the mainstream without a supportive policy environment. It was the attention to both levels, working in tandem, that contributed to progress towards the mainstream programme change outlined in previous chapters.

Taking the policy environment first, the significant role of Atlantic with regard to children's policy, as illustrated by *Better Outcomes Brighter Futures*, and policy for older people, as illustrated by the National Dementia Strategy, is widely accepted. These and related policies have supported the creation of a policy environment where matters such as the personalisation of services, the need to emphasise the social model of care as well as the medical model, and an emphasis on early intervention and prevention rather than just protection, are stated as important government policies. Of course, Atlantic was not the only shaper of these policy directions, and other national and

international actors were also promoting such changes. Atlantic has worked with the grain in this regard. But the weight of evidence from the interviews with policy makers and from documentary sources shows that the contribution of Atlantic has been highly influential.

What strengthened Atlantic's role in helping shape the policy environment is that it has also worked with government at the project level, on the co-investments, which provides evidence to support the desired policy and practice changes. Learning from these investments, based on sound monitoring and evaluation, provides the basis for decisions as to whether or not to embed the project. For example, the fact that intensive home care packages for people with dementia were shown to be cost effective, that personalisation produces better outcomes than congregated care for people with disabilities, and that children's learning outcomes can be improved by early intervention, all provided supportive evidence for the desired changes to mainstream programmes. Embedded change to mainstream programmes happens as a result of linkages between developments at different levels.

8.2 Lessons learned

In considering lessons learned from the study of Atlantic's work with the Irish Government, it is important to put them in the context of the historical development of government/philanthropy/civil society relationships in Ireland. In particular, they should be viewed in light of the long history of civil society (mainly religious groups) playing a role in health and education services. Also of significance is the fact that Ireland has tended to have 'centrist' governments with no strong ideological positions, left or right. These conditions provide a relatively stable environment for philanthropy and government relations.

8.2.1 *Lessons for philanthropies*

What, then, are the general lessons for philanthropies that emerge from Atlantic's partnering with government?

- Work at both the policy and project levels, aiming to influence both policies and practice.
- Relationship building between philanthropy and government takes time, and philanthropies should be prepared to invest in the relationship over many years. Atlantic's work with government started off with PRTL in the 1990s, and this provided a firm base from which to evolve.
- Individuals matter, especially those in senior management positions in government. They can make the difference between blocking an initiative and getting it implemented successfully. Identifying and working with those in government committed to change that accorded with the goals of Atlantic was one of the things done well.

- Change in government is slow. Most of the investments are running behind the initially agreed schedule, in some cases significantly so. This slow pace of change needs to be factored in by philanthropy in any joint venture with government.
- Accept that there will be staff turnover in government organisations, and that philanthropy will have to plan for and develop new working relationships with people coming in who may have little or no previous knowledge of the area.
- Atlantic would not have had the influence it has with government unless the scale and timescale of investment was substantial. Also, Atlantic took time to decide about investment, and engaged with government first on the issue, to gauge whether or not they would be willing to partner.
- Phased payment of grants, linked to narrative progress reports and financial reports showing the schedule of expenditure, acts as a learning and accountability mechanism both for the philanthropy and for government. It provides an opportunity for structured dialogue about any delays, issues arising and so on.
- Co-funding of investments by government is important. This encourages government and officials to realise they have to seriously engage, and not just accept money that can be used for agreed purposes. But it also means that philanthropies will have to accept working alongside accountability rules that apply to public expenditure.
- Money alone is not enough. Engagement with government is needed if philanthropies want to move beyond establishing isolated pockets of good practice. Even with government engagement, moving beyond pilot sites (where used) can be challenging.
- Having a consistent focus on outcomes and evidence is vital. Risk aversion is a common trait of public servants, linked to their accountability norms. This can create tensions when philanthropies are looking to innovate and bring about change. Using evidence to show that interventions are effective is vital in winning support for change.
- Collaborations and networks play a pivotal role in embedding change, in terms of increasing buy-in from stakeholders and sharing of resources, knowledge and experience. Collaboration with other funders (such as the Ireland Funds, Community Foundation Ireland, and Kathleen Howard Foundation) is also important. Managing relationships across public policy networks is central to effective implementation, where responsibility does not lie solely with one body.
- Adopt a firm but flexible approach. A firm approach is required with regard to securing the commitment of government and commitment to agreed outcomes. A flexible approach is required with regard to addressing issues that arise and being willing to adapt as necessary within agreed boundaries.

8.2.2 *Lessons for government*

Lessons that emerge from the study for governments wishing to work with philanthropy include:

- Think strategically about in what areas it is appropriate to work with philanthropy. Identify priority issues where innovative thinking could be of most assistance. Spend time understanding the opportunities that working with philanthropy can bring, but also the challenges.
- The public sector can be driven by the need to respond to crises. Working with philanthropies to develop theories of change and examine the evidence base before committing investments can act as a counter to short-termism, and support longer-term thinking on policy.
- Looking at philanthropies as solely a source of cash to support existing programmes, and trying to limit their voice during implementation, will lead to a poor working relationship. Commit time to developing a good working relationship.
- Think through the challenges of implementation. Work with the philanthropy to ensure they understand the pressures and restrictions on the use of public money.
- Work at developing a willingness to operate across organisational boundaries and collaborate with civil society organisations. Facilitate collaborative learning networks that can build and support capacity.
- Support evidence generation and evaluation activities. These can help fill knowledge gaps and support change where the evidence favours the desired direction of change.
- Plan ahead for embedding change. Particularly where pilot projects or area-based initiatives are involved, clarify expectations and identify what mainstreaming might look like as early as possible.

8.3 **Concluding remarks**

This study, and the previous linked study (Boyle, 2016), brings to an end three years of tracking the effect of Atlantic working with the Irish Government to achieve policy and practice change. The studies clearly show that philanthropy and government joint funding of interventions can lead to long-term lasting positive change. Better outcomes for citizens and service users have been noted, as have new ways of working.

Of course, the journey has not always been smooth. The pace of progress has been slower than anticipated, and some interventions have been more successful than others. But the overall sense from the evidence gathered is one of progress towards the achievement of desired social outcomes.

There has also been the creation of a group of 'champions of change' in both the public sector and civil society, committed to the principles and practices advocated in the co-funded investments. While these people may move on from their current positions, they represent a significant resource for the continued focus on change and reform of public services. While Atlantic exits the scene, the journey will continue.

References

- Almog-Bar, M. and Zychlinski, E. (2012) 'A façade of collaboration: relationships between philanthropic foundations and the government in social policy-making in Israel', *Public Management Review*, 14(1), pp.795–814.
- Anheier, H. K. and Leat, D. (2006) *Creative Philanthropy: Towards a New Philanthropy for the 21st Century*, London: Routledge Taylor & Francis Group.
- Benefacts (2017) *Benefacts Nonprofit Sector Analysis*, Dublin: Benefacts.
- Boyle, R. (2016) *Philanthropy Working with Government: A Case Study of The Atlantic Philanthropies' Partnership with the Irish Government*, Dublin: Institute of Public Administration.
- Boyle, R. (2017) *Learning Lessons from The Atlantic Philanthropies and the Irish Government working together*, Report of a roundtable dialogue held on 21st April 2017, Dublin: Institute of Public Administration.
- Brady, A. M., Hynes, G., Keogh, B., Daly, L., Kennelly, B., Bracken-Scally, M., Ciblis, A., McCarron, M. (2015a) *Evaluation of the Genio Dementia Programme 2014–16 Community Outreach Dementia Project Leitrim Early Findings*, Dublin: Trinity College Dublin.
- Brady, A. M., Hynes, G., Keogh, B., Daly, L., Kennelly, B., Bracken-Scally, M., Ciblis, A., McCarron, M. (2015b) *Evaluation of the Genio Dementia Programme 2014–16 DemPath Integrated Care Pathway Project Early Findings*, Dublin: Trinity College Dublin.
- Brady, A. M., Hynes, G., Keogh, B., Daly, L., Kennelly, B., Bracken-Scally, M., Ciblis, A., McCarron, M. (2015c) *Evaluation of the Genio Dementia Programme 2014–16 Cork Integrated Dementia Care Across Settings (Cork-IDEAS) Initiative Early Findings*, Dublin: Trinity College Dublin.
- Brady, A. M., Hynes, G., Keogh, B., Daly, L., Kennelly, B., Bracken-Scally, M., Ciblis, A., McCarron, M. (2016a) *Evaluation of the Genio Dementia Programme 2014–16 Connolly Hospital Integrated Care Pathway for People with Dementia Initiative Early Findings*, Dublin: Trinity College Dublin.
- Brady, A. M., Hynes, G., Keogh, B., Daly, L., Kennelly, B., Bracken-Scally, M., Ciblis, A., McCarron, M., (2016b) *Evaluation of the Genio Dementia Programme 2014–16: Interim Report*, Dublin: Trinity College Dublin.
- Breen, O. B. and Carroll, J. (2015) 'Giving in Ireland: A nation of givers in a largely unregulated arena' in Wiepking, P. and Handy, F. (eds) *The Palgrave Handbook of Global Philanthropy*, Basingstoke: Palgrave Macmillan.
- Byrne, K. P. and O'Malley, E. (2012) 'Politics with Hidden Bases: Unearthing the Deep Roots of Party Systems', *British Journal of Politics and International Relations*, 14, pp.613–629.
- Cassidy, A., Devaney, C. and McGregor, C. (2016a) *Early Implementation of Meitheal and the Child and Family Support Networks: Lessons from the field*, Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.
- Cassidy, A., Devaney, C., McGregor, C. and Landy, F. (2016b) 'Interfacing informal and formal help systems: Historical pathways to the Meitheal model', *Administration*, 64(2), pp.137–155.

Cochrane, A. and McGilloway, S. (2017) 'The Role of Philanthropic Funding in Building Research Evidence to Support an Aging Population: A Case Study from Ireland', *Journal of Aging & Social Policy*, 29(3), pp.262–275, DOI: 10.1080/08959420.2017.1312207.

Collins, L. (2017) *The Atlantic Philanthropies – Republic of Ireland*, Dublin: The Atlantic Philanthropies.

Department of Health (2016) Request for Tenders for the provision of an external evidence review to inform the parameters of a revision of A Vision for Change mental health policy, June 2016.

Devaney, C., McGregor, C., and Cassidy, A. (2017) Early Implementation of a Family-Centred Practice Model in Child Welfare: Findings from an Irish Case Study, *Practice*, DOI: 10.1080/09503153.2017.1339786.

Ferris, J. M. (2014) *The Intersection of Philanthropy and Government*. A Briefing Paper Prepared for the California Foundation Leaders Gathering November 9–10, 2014 Sunnylands, California. University of Southern California: Center on Philanthropy & Public Policy.

Ferris, J. M. and Williams, N. P. O. (2012) *Philanthropy and Government Working Together: The Role of Offices of Strategic Partnerships in Public Problem Solving*, University of Southern California: Center on Philanthropy & Public Policy.

Fiester, L. (2017) *Roles of Engagement: Strategies and Tactics for Philanthropic-Government Relations in Policy Reform*, The Atlantic Philanthropies.

Forum on Philanthropy and Fundraising (2012) *Report of the Forum on Philanthropy and Fundraising*, Dublin: Forum on Philanthropy and Fundraising.

Gaynor, R., Thomas, P. and Templeman, A. (2017) *15 Days: A practical guide to leading accelerated, high-impact collaboration in the Irish civil service*, Dublin: Centre for Effective Services.

Geels, F. W. (2002) 'Technological transitions as evolutionary reconfiguration processes: a multi-level perspective and a case-study', *Research Policy*, 31, pp.1257–1274.

Gilchrist, D. J. (2016) 'Partnerships between Government and the Third Sector at a Subnational Level: The experience of an Australian subnational government' in J.R. Butcher and D.J. Gilchrist (eds) *The Three Sector Solution: Delivering public policy in collaboration with not-for-profits and business*, Australian National University Press.

Government of Ireland (2016) *Rebuilding Ireland – Action Plan for Housing and Homelessness*, Dublin: Department of Housing, Planning, Community and Local Government.

Grantcraft (2010) *Working with Government: Guidance for Grantmakers*, www.grantcraft.org.

Harrow, J. and Jung, T. (2011) 'Philanthropy is dead: long live philanthropy?', *Public Management Review*, 13(8), pp.1047–1056.

Harvey, B. (2016) *Making a Difference: Capturing the Learning from The Atlantic Philanthropies Human Rights Programme in Ireland*, Dublin: The Atlantic Philanthropies.

- Healy, J. A. and Keogh, F. (2014) 'Exploring a model of public services reform – A case of the Genio organisation', *Administration*, 62(1), pp.55–90.
- Hood, C. (2005) 'The idea of joined-up government: A historical perspective' in Bogdanor, V. (ed.) *Joined-Up government*, pp.19–42, Oxford: British Academy/Oxford University Press.
- Huxham, C. (1995) 'Pursuing collaborative advantage', *Journal of the Operational Research Society*, 44(6), pp.599–611.
- Innes, A. and Poyner, C. (2016) *Impact of 'Dementia Elevator' in collaboration with Dublin City University (DCU) Final Evaluation Report*, Sterling: University of Sterling.
- International Assessment Committee. (2004) *The Programme for Research in Third Level Institutions (PRTL) Impact Assessment – Vol 1*, Dublin: Higher Education Authority.
- Kennan, D., Forkan, C. and Brady, B. (2017) *Children and Young People's Participation in Decision-Making within Tusla: A Baseline Assessment Prior to the Implementation of the Programme for Prevention, Partnership and Family Support*, Galway: UNESCO Child and Family Research Centre, NUI Galway.
- Keogh, F., Howard, E., McGuire, M. and de Siún, A. (2016) *Dementia Consortia*, Dublin: Genio.
- Kernaghan, K. (1993) 'Partnership and public administration: conceptual and practical considerations', *Canadian Public Administration*, 36(1), pp.57–76.
- Knott, J. H. and McCarthy, C. (2007) 'Policy venture capital: foundations, government partnerships, and child care programs', *Administration & Society*, 39(3), pp.319–353.
- Knox, C. and Quirk, P. (2017) 'Partnership With Government: An Exit Strategy for Philanthropies?' *The Foundation Review*, 9(1), pp.23–39.
- MacCarthaigh, M. and Boyle, R. (2011) 'Joined-Up Government in Ireland: From Un-Strategic Choices to Patriotic Imperatives', *International Journal of Public Administration*, 34(4), pp.213–220.
- Mair, P. (1979) 'The Autonomy of the Political: The Development of the Irish Party System', *Comparative Politics*, 11(4), pp.445–465.
- Mayne, J. (2001) 'Addressing attribution through contribution analysis: using performance measures sensibly' *Canadian Journal of Program Evaluation*, 16(1), pp.1–24.
- McConkey, R. and Keogh, F. (2014) 'Transforming organisations to deliver more personalised housing and accommodation supports in disability and mental health services', *Administration*, 62(1), pp.91–117.
- McEntee, H. (2017) Minister of State at the Department of Health, Deputy Helen McEntee (20 June 2017), National Positive Ageing Strategy, Written Answer No.1539 [28804/17], <http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail2017062000131?opendocument#WRYYYY02900>.

- McGregor, C., and Nic Gabhainn, S. (2016) *Public awareness of parenting, prevention and family support services: Population survey baseline report 2016*, Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.
- Molloy, E. (2011) Paper presented to the 2011 Magill Summer School, <http://www.macgillsummerschool.com/>.
- MorrowGilchrist Associates (2014) *External Evaluation of Genio: Final Report*, Dublin: Genio.
- MorrowGilchrist Associates (2016) *Making a Difference in the Lives of People with Disabilities: Capturing the Learning from Funding on the Island of Ireland*, Dublin: The Atlantic Philanthropies.
- Mulkeen, M. (2016) 'Going to market! An exploration of markets in social care', *Administration*, 64(2), pp.33–59.
- O'Clery, C. (2007) *The Billionaire Who Wasn't: How Chuck Feeney Secretly Made and Gave Away a Fortune*, New York: PublicAffairs.
- O'Riordan, J. (2015) *Organisational Culture and the Public Service*, State of the Public Service Series Paper No. 16, Dublin: Institute of Public Administration.
- O'Shea, E. and Carney, P. (2017) *Paying Dividends: A Report on The Atlantic Philanthropies Investment in Dementia in Ireland*, Galway: National Centre for Social Research on Dementia, National University of Ireland Galway.
- O'Shea, E. and Murphy, E. (2014) *Genio Dementia Programme Evaluation of Year 1*, Galway: Irish Centre for Social Gerontology, National University of Ireland Galway.
- O'Shea, E. and Monaghan, C. (2015) *Genio Dementia Programme Evaluation of Year 2*, Galway: Irish Centre for Social Gerontology, National University of Ireland Galway.
- O'Shea, E. and Monaghan, C. (2016) *An Economic Analysis of a Community-Based Model for Dementia Care in Ireland: A Balance of Care Approach*, Galway: National Centre for Social Research on Dementia, National University of Ireland Galway.
- PA Consulting Group. (2011) *Ten Years On: Confirming Impacts from Research Investment*, Dublin: Higher Education Authority.
- Patton, M.Q. (2008) 'Advocacy impact evaluation', *Journal of Multidisciplinary Evaluation*, 5(9), pp.1–10.
- Pemberton, H. (2000) 'Policy networks and policy learning: UK economic policy in the 1960s and 1970s', *Public Administration*, 48(4), pp.771–792.
- Person, A. E., Strong, D. A., Furgeson, J. and Berk, J. A. (2009) *Maximizing the Value of Philanthropic Efforts through Planned Partnerships between the U.S. Government and Private Foundations*, Washington D. C.: U. S. Department of Health and Human Services.
- Rafferty, M. and Colgan, A. (2016) *Capacity Building in the Children and Young People's Sector in Ireland: A Field-Level Study*, Dublin: The Atlantic Philanthropies.

- Report of the Expert Group on Mental Health Policy (2006) *A Vision for Change*, Dublin: Stationery Office.
- Rhodes, R.A.W. (1997) *Understanding Governance: Policy Networks, Reflexivity and Accountability*, Buckingham: Open University Press.
- Rodriguez, L., Cassidy, A. and Devaney, C. (2017) *Interim Report on the Meitheal Process and Outcomes Study*, Galway: UNESCO Child and Family Research Centre, National University of Ireland, Galway.
- Rogers, R. (2015) 'Why the social sciences should take philanthropy seriously', *Society*, 52(6), pp.533–540.
- Ruane, F. (2012) 'Research Evidence and Policymaking in Ireland', *Administration*, 60(2), pp.119–138.
- Salamon, N. M. and Anheier, H. K. (1998) 'Social origins of civil society: explaining the nonprofit sector cross-nationally', *Voluntas*, 9, pp.213–248.
- Schein, E. H. (2004) *Organizational Culture and Leadership*, San Francisco: Jossey-Bass.
- Schmitt, M. (2015) 'Philanthropy, politics and democracy', *Society*, 52(6), p.549.
- Thümler, E. (2011) 'Foundations, schools and the state: school improvement partnerships in Germany and the United States as legitimacy-generating arrangements', *Public Management Review*, 13(8), pp.1095–1116.
- Williams, I. and Dickinson, H. (2015) 'Going It Alone or Playing to the Crowd? A Critique of Individual Budgets and the Personalisation of Health Care in the English National Health Service', *Australian Journal of Public Administration*, 75(2), pp.149–158.
- Wilson, A. and Charlton, K. (1997) *Making Partnership Work: A Practical Guide for the Public, Private and Community Sectors*, York: York Publishing Services for the Joseph Rowntree Foundation.
- Young, D. R. (1999) 'Complementary, supplementary, or adversarial? A theoretical and historical examination of nonprofit-government relations in the United States' in Boris, E. T. and Steuerle, C. E. (eds.) *Nonprofits and Government: Collaboration and Conflict*, Washington D.C.: The Urban Institute Press.

Appendix 1 The Portfolio – Grant by Grant

Grant: Person-centred Approach to Services for People with Disabilities and Mental Health Difficulties Grantee: Genio	
<p>Purpose:</p> <p>To improve access to, and the quality of, services for people with disabilities and mental health difficulties by supporting the promotion and implementation of a person-centred approach to the design, delivery and funding of services. This involves a move away from traditional, often expensive, services which group and segregate people, focusing on their deficits rather than their strengths. There are three main areas of activity:</p> <ul style="list-style-type: none"> • Capacity building: building and combining the capacity of people with disabilities, service providers, policy makers and service commissioners to advocate for and implement change. • Building the evidence base: research, evaluation and promotion of examples of national and international cutting-edge practice. • Re-granting: supporting the transition and scaling of services in a person-centred direction through the provision of financial support through the Genio Trust. In excess of €5m per annum is being provided through an open grants process across the areas of disability and mental health. 	
Start date	July 2012
End date	December 2015
Grant amount	€3 million
Matching government funding	€10.15 million
Stakeholders	Atlantic, Genio, HSE
Governance structures	No separate governance structures for this particular grant – comes under the wider governance structures of Genio
<p>What has been achieved?</p> <p>In the areas of disability and mental health 213 projects were supported with €19m in innovation funding. Between 2010 and 2014, 12,510 people were assisted in terms of making self-directed living a reality; 4,248 individuals benefited from having their support services configured to enable them to lead more independent, fulfilling lives; and 8,262 individuals received capacity building supports.</p> <p>An evaluation of the programme by McConkey et al (2013)¹⁶ found, amongst other things, that the programme had demonstrated that:</p> <ul style="list-style-type: none"> • Personalised housing and support options are feasible to implement in Ireland. • Personalisation produces better outcomes than congregated care. • Personalisation can save on costs but not for everyone. 	

¹⁶ R. McConkey, B. Bunting, F. Ferry, E. Garcia-Iriarte and R. Stevens (2013) *An evaluation of personalised supports to individuals with disabilities and mental health difficulties*, University of Ulster.

A report on capturing the learning from Atlantic's funding of supports for people with disabilities (Morrow Gilchrist Associates, 2016)¹⁷ noted that:

- The combination of the innovation funding and training has enabled a major cultural shift amongst participating organisations from 'doing things for people' to 'supporting people to look after themselves' and an environment in which positive risk-taking is more legitimised.
- The emerging evaluation evidence from funded innovation projects suggests improved outcomes, especially evident in indicators of social inclusion and quality of life and in relation to individual aspirations. In terms of cost comparisons, on the whole personalised options are proving to be less costly than congregated settings or group homes.
- There is added value in having a 'demonstration and challenge' function independent of government to promote espoused reform and policy imperatives. The juxtaposition of Genio between the private and public sectors (and the degree of independence it has offered) enabled Genio to gain a perspective on barriers to change and then create pressure within the system to move towards a more person-centred approach.
- Feedback from senior policy makers suggests that Genio's capacity building expertise has had a central role in its success in 'seeding' new person-centred approaches, in building confidence and in anticipating and tackling resistance to change.

What was Atlantic's contribution?

The contribution of Atlantic in this case has been a strong influencing factor in the delivery of the results achieved. It is unlikely that the personalisation agenda for people with disabilities would have been advanced to anywhere near the same degree without Atlantic's support. Atlantic support has enabled grantees to develop and test new models of person-centred support and service delivery, consistent with espoused government policy.

What is the outlook for sustainability/mainstreaming?

The intention is that the Service Reform Fund (SRF), established in 2015, will enable the reform efforts which Genio has promoted, with Atlantic support, to be scaled. The SRF is one of the other investments examined here, and progress is discussed under that heading.

In terms of policy development, Genio influenced the Government's 2013 'Value for Money and Policy Review of Disability Services' with the resulting report identifying Genio's model of individualised supports as the way forward for future state service provision. The National Implementation Framework, which is a roadmap to take action on the Government's Value for Money and Policy Review of the Disability Services Programme, reaffirm the intention to 'fundamentally reform the system from top to bottom'. The Genio model and approach has similarly informed the 2017 'Evidence Review to Inform the Parameters for a Refresh of A Vision for Change', the existing policy framework for mental health policy.

However, practice still lags some way behind policy. One evaluation study (Morrow Gilchrist Associates, 2016) notes that despite stated policy intentions, by the summer of 2014 the reallocation of resources towards person centred models/individualised supports had not occurred at scale and had not yet achieved significant momentum. They cite multiple issues underlying these challenges, including institutional inertia, resistance to change, uncertainty arising from austerity and a perceived need to better understand the benefits to be gained from newer models of individualised supports. While progress has been made since 2014, the basic challenges described remain, though there is evidence of increased momentum.

The danger remains that if a sufficient degree and momentum of change is not maintained, vested interests in the medical and union arenas could lead to the Genio approach failing to achieve wider traction and growing to a sufficient scale.

¹⁷ Morrow Gilchrist Associates (2016) 'Making a Difference in the Lives of People with Disabilities', www.atlanticphilanthropies.org

Grant: Single Assessment Tool
Grantee: Health Service Executive

Purpose:

To better match older people living with dementia to the services they need by supporting a phased national rollout of a new assessment framework for all vulnerable older people.

The Single Assessment Tool (SAT) is a comprehensive IT health and social care needs assessment tool for frail older persons seeking access to the Nursing Home Support Scheme and home support in the form of home care packages or home help. Implementation of a SAT will underpin the future development of services for older people and provide a standardised base for the allocation and development of services to older people based on their assessed needs.

The SAT project is being piloted in six 'early adopter' sites, including two of the four local Genio supported sites, and two Dublin sites proposed by the HSE to target reductions in admissions to hospitals and long term care as part of the overall Government reform of health services.

A phased programme of training and development is being put in place for 2,050 SAT assessors drawn from members of primary care teams, voluntary health personnel, and public health nurses. Training includes a specific focus on dementia and the use of SAT to recognise early signs of dementia.

Start date	January 2013
End date	July 2017
Grant amount	€2 million
Matching government funding	None
Stakeholders	Atlantic, HSE
Governance structures	National Steering Group: comprised of all stakeholders to oversee the Project Team. Project Team (HSE): led by full-time project manager and comprising regional leads to coordinate local implementation. Research Advisory Group.

What has been achieved?

The SAT uses the interRAI assessment system which stands for 'international Resident Assessment Instrument'. interRAI is a not-for-profit organisation consisting of a collaborative network of clinicians and researchers in over 30 countries.

Notable deliverables of the SAT project are:

- **Information system platform** – the delivery of a software system to enable use of the interRAI instruments, and the carer assessment, and to support users in the field via the e-learning system as well as to enable shared records and work-flow efficiencies. The HSE experienced approximately a 1.5-year delay, due to software development delays.

- **Irish editions of relevant parts of the interRAI suite** – the delivery of specifically adapted Irish editions of the interRAI Home Care, Long Term Care, Acute Care and CAPs (Clinical Assessment Protocols), in order to meet Irish clinical, policy or administrative requirements. This has been completed, with a special focus on dementia.
- **Carer needs assessment supplement** – the delivery of an interRAI Carer Needs Assessment supplement which provides a standard multi-point structured assessment of the needs of a carer of an older person.
- **Education and development programme** – the development and delivery of an ongoing programme of education, development, support, and coaching for SAT assessors. This element of the project has been completed but will be reviewed with a view to continuous improvement. The programme to date demonstrates the significant progress made for SAT training and education which has been directly supported by Atlantic Philanthropies funding and demonstrates that Ireland is above international average in terms of staff competency.
- **Report of a feasibility study regarding the use of RUGs in Ireland** – the delivery of a report of a study to define, map and conclude as to the requirements necessary for the implementation of Resource Utilisation Groups (RUGs) in residential care in Ireland. The implementation of RUGs would require legislative and policy direction.
- **Hardware delivery and upgrade** – the provision and delivery of mobile devices to enable access (both online and offline) to the SAT Information System.

In May 2016 three acute hospitals started a trial implementation of SAT. An evaluation of the pilot demonstrated that the introduction of a standardised assessment and implementation of associated technologies has the potential for significant transformational change, and can bring opportunities and benefits for the older person, clinicians and service providers. Wider rollout was significantly delayed by problems with ICT hardware and software, with national rollout on a phased basis commencing in 2017, and scheduled for completion in 2019.

What was Atlantic’s contribution?

Atlantic’s funding has made a notable contribution to the development of the SAT, primarily through enabling additional aspects of the SAT to be developed such as the education and development programme including an eLearning online software system, and the development of the Carers Needs Assessment. It also supplemented funding to enable clinical workers to gain experience on software and to enable clinical training programmes.

What is the outlook for sustainability/mainstreaming?

The rollout of the SAT has been significantly delayed but the intention remains to roll it out nationally. The implementation of SAT is now a priority action of HSE National Services for Older People and is detailed in both the national service plan for 2017 and in the nine Community Healthcare Organisations’ (CHO) operational plans. SAT is intended to form the basis for service planning and contribute to resource allocation into the future¹⁸. The prospects for sustainability of the SAT and for its mainstreaming nationally appear strong.

¹⁸ Long Term Support and Care: Facilitating Independent Living, Current Practices in Ireland – How to Access the System, Paper of Pat Healy, Health Service Executive (HSE), delivered to The Citizens’ Assembly on 10 June 2017.

Grant: ABC Programme**Grantee: Pobal****Purpose:**

To advance system change in favour of prevention and early intervention and to secure the mainstreaming of evidence-based programmes and practices by supporting the implementation of an area-based response to childhood poverty.

The ABC Programme strongly emphasises the enhancement of interagency collaboration and service delivery to ensure services being delivered make the most impact, are timely and accessible, and have the potential to become sustainable and mainstreamed. Improvements are being sought in children's health and development, children's learning and parenting.

Under the ABC Programme, investment has been extended from three sites in the former Prevention and Early Intervention Programme (PEIP) to nine additional areas. Each of the areas has formed a consortium and appointed a lead agency. The consortia are comprised of statutory and voluntary stakeholders.

Start date	June 2013
End date	November 2017
Grant amount	€14.85 million
Matching government funding	€14.85 million
Stakeholders	Atlantic, Department of Children and Youth Affairs (DCYA), Pobal, Centre for Effective Services
Governance structures	Cross-departmental Project Team: supports the implementation of the programme, under the auspices of the Cabinet Committee on Social Policy. Working Group: includes representatives from DCYA, Atlantic, Pobal and the Centre for Effective Services. Independent External Advisory Committee (EAC): guides project selection, evaluation and performance measurement of the programme.

What has been achieved?

Progress with the programme has been good, though somewhat delayed from what was originally planned, with extended timelines in many cases.

Preliminary draft findings from Year 1 (2015-2016) of the outcomes strand of the national evaluation of the ABC Programme found statistically significant positive differences in the following:

- Parenting outcomes
 - The child-parent relationship in both the closeness and conflict subdomains.
 - The total difficulties scores observed for children and young people aged four to 17 years and for children aged two-four years, as reported by their parents.
 - Levels of parental stress.
 - Parents' self-reported self-efficacy in managing discipline and setting boundaries.

- Children’s learning outcomes
 - Children’s social and emotional development, language development and approaches towards learning.
 - Total difficulties scores for children aged four-17 years.
 - Total difficulties scores for children aged two-four years.
- Children’s health and development outcomes
 - For all subdomains, except the conduct problems subdomain.
 - Between pre- and post-programme total difficulties scores.

A final outcome and implementation evaluation is due in 2018.

What was Atlantic’s contribution?

Through its support for the former Prevention and Early Intervention Programme (PEIP) and the ABC Programme, Atlantic has been a driver in establishing area-based interventions for disadvantaged youth. Atlantic funding of the programme as a whole, and interventions such as Preparing for Life and Doodle Den has provided an evidence base to inform policy making that did not previously exist.

The programme, and its predecessor, is a good example of Atlantic taking a long-term view and having a good understanding of the complexity and amount of time it takes to work with government and to change national systems.

What is the outlook for sustainability/mainstreaming?

With regard to sustainability of the ABC sites, Atlantic funding was scheduled for completion in 2017. The final progress report to Atlantic noted that all areas have had their contracts extended to 31st December 2017. This development along with a government commitment in Budget 2018 of an additional €2.7m to support the programme to maintain all existing sites in 2018 has offered some assurance to the programme areas and has assisted in many cases with staff retention and service continuity, which have been identified as significant risks. However, the progress report notes that there remains an overriding concern in respect of the medium to long-term position of the ABC Programme sites themselves.

There has been some scaling up of successful interventions. For example, Preparing for Life and Doodle Den (initiatives which were started under the PEIP) are being applied in a number of areas now that they have been shown to be successful in the pilot sites.

DCYA has established a mainstreaming group to examine how learning from the ABC Programme, previous prevention and early intervention programmes, and other related initiatives can be mainstreamed in relevant policy and practice domains.

One issue that emerges is differing interpretations of mainstreaming. Public servants tend to see mainstreaming as transposing learning from a programme into the system, not necessarily sustaining the programme in selected sites. However, in terms of communities on the ground, in the context of time-limited programmes, mainstreaming tends to be interpreted in terms of securing continued funding for the programme in an area.

The engagement and future role of the inter-departmental working group will be important for mainstreaming the lessons learned from the ABC Programme. Discussions with some public servants suggested that interest and commitment amongst members of the group varies and the strength of engagement waxes and wanes. The final progress report also notes uncertainties with regard to management/governance attention to the programme.

There was a sense amongst some interviewed that with Atlantic's withdrawal, there is a lack of a longer-term plan, vision, and drive for how the programme should evolve. As lessons learned from the programme will only begin to fully emerge in 2018, it will be important to see at that stage the extent to which engagement with the findings influences thinking and practice on mainstreaming. Tusla may have a role to play in the future given its early intervention remit.

One positive aspect is the commitment in the Programme for Government to support and continue programmes in disadvantaged areas similar to those currently supported by Atlantic Philanthropies: 'We will fund and expand existing schemes such as the Area-Based Childhood Programme, which have been successfully developing innovative services and programmes for children. ... We will ensure the sharing and implementation of learning from such programmes to other initiatives as they expand their reach'.

Grant: Dementia Elevator

Grantee: Dublin City University Educational Trust

Purpose:

The purpose of this co-investment is to develop an educated dementia workforce and promote collaboration among existing stakeholders by supporting development of a dementia hub.

The Dementia Elevator project aims to build and expand on the efforts of education providers by addressing the current information and educational needs of the person with dementia and a very broad range of stakeholders, including community members.

There are two main activities associated with the investment:

- Dementia Skills Elevator. Following an education needs analysis, a number of priority areas for dementia education and training programmes are to be identified and developed.
- Dementia Champions Network. Training and deployment of a cadre of dementia champions to act as change agents within their settings (hospital, primary care, residential, and community).

Dementia Elevator is an education and empowerment programme to help communities (for example, individuals, health systems and organisations) engage with people with dementia.

Start date	October 2013
End date	October 2016
Grant amount	€935,000
Matching government funding	€800,000
Stakeholders	Atlantic, Dublin City University (DCU), HSE
Governance structures	Management Committee: Atlantic Philanthropies, Dublin City University, HSE. Stakeholder Board: represents those organisations with which the Elevator Programme collaborates.

What has been achieved?

Significant progress has been made towards the goals of reaching key workers in a wider range of settings, including a growing cadre of committed dementia champions, which are core expected outcomes for the project. The project has also made progress on the longer term objectives of building a more educated dementia workforce, spread across a wide range of health, social care and community settings (including primary care as a priority).

The final evaluation report¹⁹ states that:

It is clear the DCU project team have achieved much in the time since the Dementia Elevator project was launched and that there has been a high level of engagement and reflection by individual team members suggesting the project has helped to achieve personal growth and contribute to capacity

¹⁹ Innes, A. and Poyner, R. (2016) Impact of 'Dementia Elevator': Final Evaluation Report, Dublin: Dublin City University.

building in the field. A plethora of educational courses have been devised and delivered to a wide range of stakeholders, informed by a person-centred approach to dementia care, having the potential to tangibly impact upon the experience of living with dementia in Ireland. Indeed, many students reported transferring knowledge learnt on modules into practice and having their perspective about dementia challenged. Despite this, issues did arise throughout the course of the project, as identified by students, members of the project team and other stakeholders and not all objectives had been completed on time by the DCU team.

The Dementia Elevator project is seen to have been useful in building skills and capacity for dealing with people with dementia, who need support in lots of places – hospital, primary care, home care, assessment, etc. The Elevator project now provides a suite of training that can be for a range of different places and people, from shop assistant to dementia specialist. While it has resource implications, it is transferable.

Progress was slower than expected in some areas, and the project ran on into 2017 with the agreement of all involved.

What was Atlantic's contribution?

Atlantic promoted a significant step forward in that, in the view of participants, DCU and the HSE would probably not have worked together on this project without the carrot of funding provided by Atlantic – they would not have had sufficient incentives and shared interests.

What is the outlook for sustainability/mainstreaming?

The immediate outlook for mainstreaming of large elements of the project are good. Some of the training materials have been integrated into *Understand Together*, a campaign to increase awareness of dementia launched by the HSE in 2016. The HSE National Dementia Office has taken on some of the education programmes. It has also taken on the Elevator website, so from the point of view of the public they will see no difference here, just a continuity of the service.

An example of a new initiative developed during the course of the project which has strong potential for mainstreaming, is that there was no training for home care workers, and DCU developed an extra bespoke programme as part of the project (via a small grant from the HSE). This will be owned and governed by the HSE, and should be a good legacy. For example, home care companies that tender for work with the HSE in this area will have to show that they have done the training.

One potential challenge to mainstreaming in the longer term relates to the longevity and sustainability of training and educational materials post-Dementia Elevator, in terms of requirements for updating information, such as key figures, policies and practices. How this updating will be resourced and carried out is unclear at present.

Grant: Dementia Integrated Supports

Grantee: Genio

Purpose:

The purpose of the Dementia Integrated Supports co-investment is to demonstrate effective individualised supports and integrated care pathways for people with dementia by supporting targeted projects aimed at reducing the number of people with dementia in acute hospitals. There are three main activity streams associated with the investment:

1. Integrated care pathways (ICPs). These pinpoint the key steps to be taken throughout a person's care journey. Three hospital sites have been selected and grants awarded of €500k to three consortia.
2. Individualised supports. Five sites have been identified to support between 30-40 people with more advanced dementia in the community. Grants of €100k were awarded to consortia in the five sites.
3. Evaluation and dissemination. The recording and dissemination of both interim and final results and commissioning of an external evaluation of a selection of the sites.

Prior to the Dementia Integrated Supports grant, Atlantic provided supports to Genio to develop a Dementia Demonstration Initiative. They also provided support for additional outcomes from the Dementia Programme including additional learning and insights. Together, these grants make up what Genio describe as the HSE & Genio Dementia Programme.

Start date	December 2013
End date	October 2017
Grant amount	€1.6 million
Matching government funding	€1 million
Stakeholders	Atlantic, Genio, HSE
Governance structures	No separate governance structures for this particular grant – it comes under the wider governance structures of Genio

What has been achieved?

With regard to integrated care pathways, early findings from the three hospitals involved show:

- Surveys of staff found quite high levels of dementia knowledge and a positive attitude towards people living with dementia.
- Participants were found to be universally supportive of the projects and their objectives.
- Within the three hospitals, new educational and awareness programmes were undertaken, based on more personalised approaches to people living with dementia²⁰.

With regard to individualised supports, early learning from the sites²¹ indicates that:

- Benefits for family carers arise from the co-creation of an individualised support plan.
- The person benefits more from a one-to-one engagement at this stage of their dementia.

²⁰ <https://www.genio.ie/our-impact/research-evidence/evaluation-integrated-care-pathways-dementia>

²¹ Genio (2016) HSE & Genio Dementia Support Programme 2012-2018, Dublin: Genio

- Collective working with existing services to ensure responsiveness and alignment to need has encouraged a transition to a flexible and responsive service. This approach supports a move towards reconfiguration as opposed to additionality of services.
- Collaboration between individuals, family, healthcare, community and voluntary groups contributes to a supportive circle of support.
- Processes that provide prompt access to supports are having good outcomes for families and individuals with dementia and family members.
- Integrated working with formal service colleagues requires specific attention.

There is no hard evidence yet of the impact on outcomes for people with dementia, with the final evaluation due in 2018. However, evidence from the whole HSE & Genio Dementia Programme shows both superior outcomes for patients and families and reduced costs for the Government²².

A significant element of the operation of the investment has been the establishment of dementia consortia in each site. An evaluation of the impact of consortia found that they led to the development of a better understanding amongst health and social care providers of the social model of provision. The evaluation also showed that this has led to a better appreciation amongst consortia members of the importance of individualised supports for people with dementia and their family carers²³.

What was Atlantic's contribution?

Prior to Atlantic's involvement, investment in dementia care was relatively weak and un-coordinated, particularly with regard to community-based care. Through the grant-making process, Atlantic has been able to influence the development of the social model of care and the benefits from such an approach.

What is the outlook for sustainability/mainstreaming?

Experience from the five sites to date, when combined with evidence from four sites funded through a previous grant, has led to publication by the Health Service Executive and Genio of the first comprehensive Community Supports Model for People with Dementia in Ireland²⁴. This model is intended to inform practice across the system. An important context for the implementation of the model is the development of the Integrated Care Programme for Older Persons (ICPOP) by the HSE. The purpose of the ICPOP is to shift the model of care towards supporting older persons to live in their own community. The focus and ethos of ICPOP is in line with the proposals that have come from the HSE & Genio Dementia Programme.

Budget 2018 saw a commitment to integrated care for older people: 'Throughout 2018 there will be a continued emphasis on providing home care and community support services to enable older persons to live independently, in their own homes, for as long as possible. Work will continue to develop more integrated models of care for the elderly including integrated hospital and community responses to meet their needs' (Part II - Expenditure Allocations 2018-20).

²² O'Shea, E. and Monaghan, C. (2016) An Economic Analysis of a Community-Based Model for Dementia Care in Ireland: A Balance of Care Approach, Galway: National Centre for Social Research on Dementia, NUI Galway

²³ O'Shea, E. and Monaghan, C. (2015) Genio Dementia Programme Evaluation of Year 2, Galway: Irish Centre for Social Gerontology, NUI Galway.

²⁴ HSE and Genio (2016) Community Supports Model for People with Dementia - Service Design Summary Document, Dublin: Genio.

There is currently at least one Dementia Consortium in all of the HSE Community Healthcare Organisation areas. This represents an important resource and body of experience in supporting the implementation of the National Dementia Strategy into the future.

The Genio approach is seen as influencing mainstream thinking, as the formal system becomes more familiar with the social model of dementia, leading to the development of more integrated, embedded and transformative models of care²⁵. However, its sustainability in the future depends on how rapidly and effectively it is linked to the rollout of the National Dementia Strategy.

²⁵ O'Shea, E. and Carney, P. (2016) Paying Dividends: A Report on The Atlantic Philanthropies Investment in Dementia in Ireland, Galway: National Centre for Social Research on Dementia, NUI Galway.

Grant: Advocacy Initiative
Grantee: Third Age Foundation

Purpose:

To strengthen the voice of older people in institutional care, with people with dementia as the priority focus, by supporting further rollout of personal advocacy to hospital, community and nursing home settings.

Activities include:

- Scaling the coverage and reach of the existing Third Age National Advocacy Programme (TANAP) (which is now referred to as Sage Support and Advocacy Service). This will involve recruitment of both paid and voluntary workers, and review and upgrade of best practice models of training for advocates in all settings, including specialist training in dementia.
- Strengthening governance and management including agreeing a MoU with the HSE.
- Embedding the right to advocacy in policy and systems.

Start date	December 2013
End date	December 2017
Grant amount	€1.75 million
Matching government funding	€2 million
Stakeholders	Atlantic, Third Age Foundation, HSE
Governance structures	National Advisory Committee (NAC): Membership drawn from Third Age Ireland, legal experts, clinical experts, Nursing Homes Ireland, HSE, HIQA, and the volunteer sector.

What has been achieved?

In its final progress report to Atlantic in September 2017, Sage outlined the following as its main outcomes and achievements:

- A nationally available support and advocacy service has been established through a network of regional coordinators/case managers and volunteer Sage Representatives, working to quality standards and a comprehensive set of policies and operational guidelines.
- An effective database has been developed capable of recording and reporting on both activities and outcomes.
- A case management process has been established with a system of quarterly case review and external audit, support from a practice and guidance group and an Independent Complaints Panel to handle complaints which cannot appropriately be handled internally.
- A 'Sage Model' is being developed whereby a core of versatile multi-skilled staff are supported by a range of volunteers trained in support and advocacy roles.
- A 'critical mass' of legal skills and expertise has been developed with regard to capacity/decision-making, safeguarding and legal issues.
- The practice of advocacy for vulnerable adults and older people is slowly but increasingly being accepted as valid and useful.

What was Atlantic’s contribution?

Atlantic provided independence that allowed Sage to carry out its advocacy services and promote issues in a way which may have been difficult without nongovernmental funding. While government has committed to establishing an independent patient advocacy service²⁶, this has not yet occurred. With Atlantic’s support, Sage had the ability to develop its services with certainty of funding over a four-year period.

What is the outlook for sustainability/mainstreaming?

The Sage advocacy service has established itself as a key player in promoting and protecting the rights, freedoms, and dignity of older people. Sage is involved in and exercises leadership with regard to the Assisted Decision Making (Capacity) Act 2015, the Disability (Miscellaneous Provisions) Bill 2016 and the Safeguarding Adults Bill 2017. It plays a prominent role in the inter-sectoral National Safeguarding Committee, and leads on its public awareness campaign and on promoting understanding of advocacy at state level, and practical collaboration at ground level between advocacy service providers. In its final progress report to Atlantic, Sage notes that the range of systemic issues it has tackled and the level of ‘value added’, in terms of inputs to training and the practice of professionals, could be seen as unique.

In 2018, Sage will operate without funding support from Atlantic and under a new governance structure. Sage will rely almost solely on funding from its current co-funder, the HSE, and it is reasonably confident at this point that the Service Level Agreement (SLA) currently in place with the HSE will continue for 2018 and subsequent years.

²⁶ The 2016 Programme for a Partnership Government states: ‘We will establish an independent patient advocacy service’ (p.62).

Grant: Age Friendly Cities and Counties**Grantee: Ireland's Age Friendly Cities and Counties Programme Ltd****Purpose:**

To complete national rollout of the Age Friendly Cities and Counties (AFCC) model and mainstream the service with state support.

The AFCC Programme is part of the World Health Organisation (WHO) inspired movement which embraces the challenges and opportunities that our ageing population presents by facilitating local authorities to take the lead on changing thinking about ageing, and how services are planned and delivered. The main activities include:

- Encouraging and facilitating all counties to access a growing suite of imaginative and proven national initiatives incubated through pilot AFCC initiatives to date;
- Providing supportive environments/test beds to enable mainstream service providers to demonstrate how integrated and innovative person-centred home-care systems and relevant supports and services can be effectively tailored to meet the individual health and wellbeing needs of older adults, enabling them to remain in their own homes;
- Informing national policy by facilitating the Government's new framework for monitoring health and wellbeing outcomes, Healthy Ireland, to feed local innovation impacting older people's quality of life into its national monitoring of health and wellbeing, and by reorienting existing AFCC planning and reporting systems towards an outcomes framework to facilitate this linkage;
- Supporting NGOs/Active Ageing Partnership to deepen older people's participation at local level through an NGO-led campaign in collaboration with regional managers to increase the diversity of participants in older people's councils, and build local grass roots leadership through education and mentoring;
- Extending the programme to all local authority areas.

Start date	January 2014
End date	December 2016
Grant amount	€1.87 million
Matching government funding	No matching funds, however the Government has provided support through hosting of the programme (Dublin City Council), and provision of programme administrators and other expenses, including in-kind support.
Stakeholders	Atlantic, Ireland's Age Friendly Cities and Counties Programme Ltd (t/a Age Friendly Ireland (AFI)), Dublin City Council and local authorities
Governance Structures	The National Implementation and Integration Group provides oversight. Responsibility for the development, improvement and mainstreaming of the programme lies with the Age Friendly Ireland board.

What has been achieved?

Each of the 31 local authorities has formally adopted the AFCC Programme and signed the Dublin Declaration on Age Friendly Cities and Communities in Europe 2013, making Ireland the first EU state to declare a national commitment to creating a country where older people's needs are recognised and addressed. In each of the local authority areas, an Age Friendly Alliance has been established to develop and oversee the realisation of a three to five-year Age Friendly Strategy which sets out to address the issues identified by older people in the local area.

The AFCC Programme now provides a robust framework to pioneer and drive innovation and improvement. Initiatives undertaken include:

- Alternative housing models so that older people can age comfortably in the community they belong to. AFI is currently supporting, with senior officials from Dublin City Council Housing, the Department of Housing, and the Department of Health, the development of a prototype model of 'Housing with Care' for older people with the appropriate wrap around supports required to enable older people to remain living in their communities.
- Transport services to hospitals, primary care clinics and shopping centres; these include customised bus routes, community car schemes, and shuttle and lift services to provide access to in- and out-patient services and support older people in living independently and staying connected.
- Systems (many informed by the joint experience of both the Older People Remaining at Home (OPRAH) and Cúltaca (Age Friendly Louth/Netwell Centre) programmes) which allow for effective local integration of formal and informal systems of care in order to maximise older people's quality of life and enable them to sustain independence and control.
- District registers of isolated older people to support effective engagement and emergency planning and ensure older people have the confidence to age in place.

What was Atlantic's contribution?

Atlantic's funding enabled the establishment of a central coordinating agency, Age Friendly Ireland (AFI). AFI was hosted by Dublin City Council for the duration of the co-investment. It provided national coordination of the programme to support the rollout of the programme to all 31 local authorities. Many of the interviewees commented that a central agency was crucial in rolling out the programme nationwide and maintaining the visibility and awareness of the AFCC model, and that the programme would not have had its nationwide reach without Atlantic's intervention.

Atlantic also filled a gap in terms of bringing together key senior executives from NGOs, academia and the public and private sectors to discuss the challenges and promises of an expanding older population.

What is the outlook for sustainability/mainstreaming?

The AFCC Programme has been formally established in every local authority in Ireland. Atlantic's funding ensured that local authorities provided in-kind support, primarily in the form of Age Friendly Coordinators at middle management level. Local authorities have shown their commitment to the programme by agreeing to establish a shared service to continue providing central support.

Embedding the programme within existing local authority structures was one of the primary aims of the investment, and good progress is being made in this regard. Some of the more established AFCC programmes have begun to develop coordinated reporting relationships with both elected members of their local authority and the City/County Local Community Development Committees (LCDCs). To secure further momentum and embedding in mainstream structures, established Age Friendly Alliances have sought to position key age friendly commitments within relevant policy documents such as local authority corporate plans, Local Economic and Community Plans, and City/County Development Plans, where appropriate.

AFCC initiatives have been committed to in various national-level policy documents. Older People's Councils (OPCs), which have been established in parallel to the Age Friendly Alliances, are recognised as the voice of older people within the rollout of the National Positive Ageing Strategy. The Housing Action Plan affirms the position of the Dublin City Age Friendly Housing Working Group proposal as a 'pathfinder' project which is to inform similar proposals across other local authorities and the development of a new cross-departmental/inter-agency approach to progressing housing initiatives for older people.

Grant: Centre for Effective Services (CES) Implementation Infrastructure
Grantee: Centre for Effective Services

Purpose:

To support the transformation of services for children, young people, families and communities by embedding an evidence-based approach in the development and implementation of government policy.

Activities to be undertaken include:

- Support and influence government, in Ireland and Northern Ireland, to develop and implement evidence-informed policies that affect the lives of children.
- Strengthen the skills and capacity of policy makers and service providers to use evidence to inform their decisions.
- Work with practitioners to build and implement evidence-informed approaches to practice.
- Strengthen evaluation and cost effectiveness capacity.
- Lead and grow local, national and international collaborations to tackle complex problems.
- Deliver a dynamic all-island organisation with sustainable funding.

Start date	January 2014
End date	December 2016
Grant amount	€2.25 million
Matching government funding	€2.25 million
Stakeholders	Atlantic, Department of Children and Youth Affairs, Centre for Effective Services (CES)
Governance structures	No separate governance structures for this particular grant. Key performance indicators agreed with the CES board and stakeholders.

What has been achieved?

The final progress report associated with this grant from CES to Atlantic in 2016 set out a number of achievements, including:

- Work with the Department of Children and Youth Affairs (DCYA) in the area of supporting policy development and implementation. For example, CES provided support to DCYA in developing *Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014 – 2020*.
- Production of *Prevention and Early Intervention in Children and Young People's services – Ten Years of Learning*.
- Expansion of work with statutory service organisations, including the HSE and TUSLA, the Child and Family Agency. CES is providing support for a number of other investments examined here, including Nurture, the ABC Programme, and the GOAL public service reform programme.
- Significant developments in the work of CES in Northern Ireland. For example, work in the Early Intervention Transformation Programme as a partner with the Department of Health, Social Services and Public Safety, the Department of Education, the Health and Social Care Board and the Public Health Agency.

- International and local leadership in the field of Implementation Science.
- Establishment in 2016 of a Programme Management Office, together with the HSE Mental Health Division, to support mental health services in Ireland.

What was Atlantic's contribution?

CES would not exist if it were not for Atlantic's intervention. During this phase of its existence, Atlantic's support has enabled CES to establish itself as an implementation partner with government on a number of policy initiatives across the island of Ireland.

What is the outlook for sustainability/mainstreaming?

Policy makers in government departments have generally found CES support in developing an evidence base on issues, and capacity building supports, to be very helpful. Some officials feel that such expertise should more appropriately sit within government departments than in an independent organisation, so that expertise is developed within government rather than outsourced. Others believe that being an independent organisation enables CES to focus on evidence in a way that is not possible in government agencies with other pressures on them.

While CES continues to receive funding from the Department of Children and Youth Affairs in the immediate future, there has been no agreement to a multi-annual funding programme, as previously existed. In the context of government procurement arrangements, it is likely that in the future CES will be required to bid for tenders for work like other potential providers, and will survive or not on the strength of its capacity to respond to opportunities that arise.

Grant: Human Rights Education and Training Project
Grantee: Irish Human Rights and Equality Commission

Purpose:

To protect and promote human rights in Ireland by providing human rights education and training for the Irish civil and public service

The Human Rights Education and Training Project (HRETP) represents the first dedicated, evidenced-based and systematic multi-service programme of human rights training for the wider civil and public service. Phase III of the project ran from March 2014 – March 2017 and focused on the embedding of meaningful Human Rights and Equality (HRE) training as part of the standard continuing education and training for all civil and public service workers in Ireland, using HRE methodology; and the dissemination and promotion of further reference guides for civil and public service workers.

As well as training, key activities supported by this investment include raising awareness of HRE standards and dissemination of materials, building existing relationships with NGOs to better utilise their expertise, and international collaboration.

Start date	January 2014
End date	November 2017
Grant amount	€700,000
Matching government funding	None
Stakeholders	Atlantic, Irish Human Rights and Equality Commission
Governance structures	Evaluation Advisory Committee: including experts in human rights and education from Europe and key government departments and agencies. Monitors and evaluates training materials.

What has been achieved?

The implementation of the HRETP was delayed by the merger of the Irish Human Rights Commission and the Equality Authority to form the IHREC. The Commission has collaborated with the Institute of Public Administration to develop a one-year part-time Professional Diploma in Human Rights and Equality (Level 8 Special Purpose Award on the National Framework of Qualifications). This has been accepted for accreditation by University College Dublin and had its first intake of students in September 2016. A student bursary scheme has also been established to support those not covered by the Civil Service Refund of Fees Scheme. For the 2016/2017 academic year, 18 candidates have been awarded; 12 of the successful applicants work in public sector organisations, with the other six coming from civil society organisations. The bursary is expected to continue until 2018.

The IHREC has actively promoted awareness of the 'Public Sector Duty'²⁷ through publication of guidance booklets, targeted advertising, and face-to-face promotional events. It also provides a free online e-learning course, designed to provide frontline staff with an introduction to equality law in service delivery. It is a practical resource to help make equality real in the day-to-day workings of the public service.

²⁷ All public bodies in Ireland have responsibility to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This is a legal obligation, called the Public Sector Duty, and it originated in section 42 of the IHREC's founding legislation, the Irish Human Rights and Equality Act 2014.

In an unusual occurrence, the IHREC returned a significant amount of the grant to Atlantic in October 2017, following lengthy but ultimately unsuccessful attempts to repurpose the funds.

What was Atlantic’s contribution?

This initiative is a continuation of Atlantic’s previous funding to protect and promote human rights in Ireland. A review of Atlantic’s human rights grants between 2004 and 2014 found that it is possible for a philanthropic funding programme in human rights to make progress, achieve distinct gains and contribute substantially to the ‘good society’ where human rights are valued²⁸.

What is the outlook for sustainability/mainstreaming?

During 2015 the IHREC carried out an extensive public consultation to inform the development of its first strategic plan, which was launched on the 26th January 2016. This three-year plan contains five goals. Goal 4 of the strategy statement (making equality and human rights real) commits the Commission to promoting best practice and the highest standards of human rights and equality education. The Commission also commits to promoting the creation of an environment of respect for human rights and equality in Ireland through efficient implementation and monitoring of human rights and equality standards. Goal 5 (intercultural understanding and diversity), along with Goal 4, focuses on the public duty placing human rights and equality education central to the organisation’s strategic direction over the coming years.

²⁸ Harvey, B. (2016) ‘Making a Difference: Capturing the Learning from the Atlantic Philanthropies Human Rights Programme in Ireland’, Dublin: The Atlantic Philanthropies.

Grant: Dementia Research Human Capital Development**Grantee: Health Research Board****Purpose:**

To improve the care and wellbeing of people with dementia by supporting a programme to develop independent applied research leadership and capacity, linked to the rollout of Ireland's National Dementia Strategy (NDS). The programme will comprise three interlocking activities and associated outputs:

- NDS Competitive Fund – The Health Research Board (HRB) will conduct a competitive call for proposals for applied research focused on questions of clear strategic relevance to the NDS.
- Leadership and Capacity Development – The HRB will provide up to seven opportunities within three of its regular award programmes to support career progression by doctoral and post-doctoral level students, and in addition will make one award at senior/professorial level.
- Research and Practice Knowledge Exchange Network – The HRB will host an independent multidisciplinary network of dementia-related researchers, practitioners, patients and families, policy makers and other stakeholders.

Start date	July 2014
End date	November 2017
Grant amount	€2.7 million
Matching government funding	€1.38 million
Stakeholders	Atlantic, Health Research Board.
Governance structures	No separate governance structures for this particular grant

What has been achieved?

The Applied Research Projects in Dementia 2015 call was developed and launched at the end of 2014 with the aim of supporting applied research projects in dementia. In June 2015, five projects were approved for funding by the HRB Board.

Two SPHeRE (Structured Population and Health-Services Research Education) dementia scholars were recruited to the SPHeRE Programme in September 2014 and two more in September 2015.

As part of the collaborative agreement between the HRB, Atlantic and the Department of Health to support dementia research aligned with the National Dementia Strategy, it was agreed that funding for one award would be ring-fenced for a dementia project should it be deemed fundable in the HRB's 2015 assessment process (€702,000 contribution from Atlantic). Following a successful call in 2014/2015, one award was recommended for funding.

A HRB Research Leaders Award was made to Professor Eamon O'Shea in NUI Galway to establish the *National Centre for Social Research on Dementia (NCSRD)*.

HRB staff met with representatives from the Irish Network for Research in Dementia and Neurodegeneration (INRDND) and SPHeRE during 2015 to see if it were possible to establish a network that would span all types of dementia research, and would engage with policy and/or practice communities in dementia. Funding for the network was awarded in December 2015. A dementia research community that was not there before

has been created. The Dementia and Neurodegeneration Network Ireland (DNNI), an all-Ireland network running since February 2016, is also contributing to this networking. DNNI links leading researchers across several disciplines in the areas of dementia and neurodegeneration, and is novel in its multi-disciplinary focus, with an objective to enhance research co-operation and co-ordination across the island of Ireland.

Several of the projects funded under the investment took longer to get started than originally anticipated, and a couple have been affected by illness or staff leaving. But overall progress has been good and broadly in line with agreed schedules.

As the research grants are scheduled for completion over the period 2017 to 2020, it is not possible to assess the impact of the research at this stage.

What was Atlantic's contribution?

The view from the Health Research Board is that the dementia research community would be nowhere near the state of development it is at without the influence of Atlantic. There now exists a substantial research capacity with regard to dementia.

What is the outlook for sustainability/mainstreaming?

The fact that a research community focussed on dementia research now exists, and that networking is taking place to enhance cooperation and coordination, are positive developments with regard to the longer-term sustainability of research capacity. Ultimately, the viability of the research community will depend on its ability to access and win research grants from the HRB and other national and international institutions.

Grant: National Dementia Implementation Programme**Grantee: Health Service Executive****Purpose:**

To improve the care and wellbeing of people with dementia by supporting a National Dementia Strategy Implementation Programme.

The National Dementia Strategy Implementation Programme contains a number of elements which include:

- The rollout of a programme of intensive home supports and homecare packages.
- The provision of additional dementia-specific resources for GPs, who are the critical and initial point of contact with the health system for those with dementia.
- Measures to raise public awareness, address stigma, and promote the inclusion and involvement in society of those with dementia.

A significant element of the investment programme focuses on the delivery of intensive home care packages for people with dementia, with up to 500 people with dementia and their families expected to benefit from these packages over the lifetime of the implementation programme.

Start date	September 2014
End date	November 2017
Grant amount	€12 million
Matching government funding	€15.5 million
Stakeholders	Atlantic, Department of Health, HSE, Genio
Governance structures	NDIP Monitoring Group: chaired by the Department of Health. Joint Board Oversight Group: Department of Health/Atlantic Philanthropies/HSE. Programme Implementation Board: HSE National Dementia Strategy Implementation Office. Independent Advisory/Evaluation Group.

What has been achieved?

A National Dementia Office has been established within the HSE to co-ordinate the implementation of the strategy.

The rollout of Dementia-Specific Intensive Home Care Packages (IHCPs) commenced in January 2015. The initial target was 120 IHCPs but this was increased to 145, as it was found that the average cost of packages was lower than expected. The projects funded under this programme will run until the fourth quarter of 2018, due to a delay in commencing them.

Genio has been tasked with carrying out a study on the implementation and impact of IHCPs for people with dementia. The data collected so far show that up to the end of August 2017, 263 dementia-IHCPs have been provided in total. The number of cases active at the end of August 2017 was 140. The average weekly cost of dementia-IHCPs during the period January to August 2018 was €904.25 per week. A sample of more than one-quarter of the dementia-IHCPs indicates that the vast majority of dementia-IHCPs are

meeting the criteria for being individualised and effective and that the person and family carers are, in the main, satisfied with what has been provided. However, there are some issues relating to the consistency and quality of care provided by some approved providers.

The HSE has developed a nationwide support campaign aimed at people with dementia and their carers, working in collaboration with a range of partners. The campaign strategy is entitled 'Dementia Friendly Ireland' and *Understand Together*, a national public awareness and information campaign, was launched in October 2016 (www.understandtogether.ie).

Under the Primary Care Education, Pathways and Research in Dementia (PREPARED) Programme a number of initiatives have been undertaken, including: working with a team of six GP facilitators located around the country, the PREPARED project has been delivering dementia workshops to GPs in their practices; working in collaboration with the ICGP on the development and launch of online GP dementia modules which will be available on the ICGP e-learning website; a three-hour workshop entitled 'Dementia Care in Primary Care – An Inter-professional Approach' has been developed by PREPARED working with the HSE and DCU, and the workshop is being rolled out nationally to primary care teams in 2017 and 2018; and a clinical web resource, <http://dementiapathways.ie/>, has been developed, which is specifically designed for GPs and primary care health professionals.

One study presents a positive picture of achievements to date²⁹:

What we do know from Ireland is that the dementia landscape has changed significantly in less than a decade. Where once there was pessimism, now we can be cautiously optimistic that dementia has gained important traction in government public policy... . There has been a paradigm shift in policy towards personhood and the social model of care linked to evidence-based research and evaluation.

What was Atlantic's contribution?

A summary report on dementia related initiatives summarises the situation³⁰:

At a time when public expenditure was being curtailed and dementia numbers were increasing, Atlantic intervened to provide a stimulus to dementia care in Ireland, not only directly through the money it spent, but through its ability to leverage additional spending from government and government agencies. Atlantic also played a critical role in supporting and effecting change through funding a wide coalition of stakeholders in dementia to lobby for a new direction in dementia care and in commissioning the Creating Excellence in Dementia Care research review which played a major role in the development of the Irish National Dementia Strategy.

What is the outlook for sustainability/mainstreaming?

Initiatives at both departmental and agency level suggest the outlook for sustainability is good.

In 2017, the Department of Health committed to extending the lifetime of the National Dementia Strategy to five years. The development of a new strategy and its associated implementation will be the test of the long-term mainstreaming of dementia as a strategic health priority.

The HSE has committed to maintaining the National Dementia Office as a central point within the organisation, to champion and promote all matters related to dementia. The HSE has also indicated its commitment to maintaining an ongoing number of approximately 120/130 IHCPs for people with dementia. It is also taking the learning from the evaluation of IHCPs to inform better methodologies of provision such as the targeting of people who live in the community with dementia and who need a higher level of support to remain at home.

²⁹ O'Shea, E. and Carney, P. (2016) *Paying Dividends: A Report on The Atlantic Philanthropies Investment in Dementia in Ireland*, Galway: National Centre for Social Research on Dementia, NUI Galway.

³⁰ Ibid.

Grant: Healthy and Positive Ageing Outcomes Initiative (HaPAI)**Grantee: Middlequarter Limited****Purpose:**

To promote and sustain the use of evidence to inform policy and practice in ageing by supporting a co-funded initiative to provide a systematic monitoring of older people's health and wellbeing outcomes, accompanied by a programme of promotion and dissemination nationally and locally.

Activities associated with the co-investment include:

- Development of an agreed set of national indicators of positive ageing and associated reports.
- Development of a set of local indicators of positive ageing and a series of county reports.
- Research and knowledge management to increase knowledge around the factors contributing to the health and wellbeing of older people and greater awareness of the areas in which additional change or action is required.
- A healthy ageing initiative including a health promotion communications campaign.

Start date	October 2014
End date	December 2017
Grant amount	€1.74 million
Matching government funding	€1.65 million
Stakeholders	Atlantic, HSE, Department of Health, Middlequarter Ltd.
Governance structures	Oversight Group: chaired by the Department of Health, responsible for high level leadership. Steering Group: to oversee implementation of the programme.

What has been achieved?

HaPAI has been established within the Department of Health and published the first national report containing indicators of positive ageing in November 2016. A set of local indicators have also been produced.

20 local authorities participated in local surveys resulting in a dataset of 10,500 people aged 55 and over. Data collection was completed in June 2016. This, for the first time, provided data that can be disaggregated on a county by county basis, providing information to local authorities which can promote action at a local level. Some local authorities have already begun to embed this data within their plans and policies. For example, a number of local authorities held public launches of their survey reports (Fingal, Cork and Kilkenny) and have disseminated the reports publicly and through their stakeholder networks.

Five research grants were awarded in 2016 and a further round of research awards commenced in 2017 with decisions due at the end of 2017.

In a study of Atlantic's wider contribution in building research evidence to support an ageing population, Cochrane and McGilloway (2017, p.273)³¹ concluded:

All of the evidence to date suggests that an exciting process of systemic, transformative change within aging research in academia is now well underway in Ireland as a result of the investments made by Atlantic during an approximate 12-year period. The program has successfully enhanced research knowledge and built critical mass and infrastructure while helping to develop skills and networks, all of which, collectively, have helped to establish the international standing of Ireland as a center of excellence for aging research. Of importance, research evidence is now available, and will continue to emerge, to inform the development of policies, practices, and services to support the aging population, not only in Ireland but also farther afield.

What was Atlantic's contribution?

One interviewee commented that Atlantic acted as the 'lynchpin' between the core partners, while another commented that it acted as a catalyst for ideas, promoted working on the ground outside of the department, identified gaps and kick-started implementation of the initiative. Atlantic's funding was also seen to provide 'space to get things right'.

What is the outlook for sustainability/mainstreaming?

HaPAI has maintained links to existing data providers (e.g. TILDA, CSO) to ensure the data needed to support continued reporting on national indicators will continue beyond the duration of the initiative.

The Government has committed to publishing a national Positive Ageing Indicators report every two years:

As part of the NPAS implementation process, a Healthy and Positive Ageing Initiative has been established in collaboration with the HSE's Health and Wellbeing Programme and the Atlantic Philanthropies to measure the impact of the Strategy and establish an ongoing system for measuring and reporting on Positive Ageing. The Initiative will monitor changes in older people's health and wellbeing linked to the Goals and Objectives of the National Positive Ageing Strategy. This will be done primarily through the development of Positive Ageing indicators to be published every two years. The Initiative is intended to provide evidence of the factors contributing to positive ageing, including at local level and ultimately inform policy responses to population ageing in Ireland. The first national Positive Ageing Indicators report was published in 2016 and highlights many of the positive and negative aspects of growing old in Ireland.

The National Positive Ageing Strategy and the activities of the HaPAI are strongly embedded within the vision and actions set out for Healthy Ireland, the Government-led initiative which aims to create an Irish society where people of all ages can enjoy good physical and mental health, and where wellbeing is supported at every level of society³².

During 2017, the HaPAI team has been working with the R&D and Health Analytics divisions in the Department of Health to put in place the necessary infrastructure and processes to ensure delivery of the follow-on report in 2020, following the disbandment of the HaPAI team.

Some views have been expressed that it might make more sense for HaPAI to be absorbed within TILDA rather than have two separate structures doing similar work.

³¹ Cochrane, A and McGilloway, S. (2017) 'The Role of Philanthropic Funding in Building Research Evidence to Support an Aging Population: A Case Study from Ireland', *Journal of Aging & Social Policy*, 29(3), pp.262-275, DOI: 10.1080/08959420.2017.1312207

³² Minister of State at the Department of Health, Deputy Helen McEntee (20 June 2017), National Positive Ageing Strategy, Written Answer No.1539 [28804/17], <http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail2017062000131?opendocument#WRYYYO2900>

Grant: Prevention Partnership and Family Support (PPFS) Mainstreaming Programme
Grantee: Galway University Foundation

Purpose:

To transform child and family services in Ireland by embedding prevention and early intervention into the culture of the new national family support system. In particular, the investment is intended to enable Tusla (the Child and Family Agency) to implement a nationwide programme to enhance area-based approaches (ABA) to PPFS and a national practice model for all agencies working with children, young people and families. It is envisaged that the investment will enable Tusla to build better intra-agency and inter-agency capacity and deliver a high quality, standardised and nationally consistent service to children and families. Activities associated with the investment cluster in four areas:

1. Building the capacity of the workforce of Tusla and its commissioned agencies.
2. Programme delivery activities that involve staff in fully implementing the Meitheal model.
3. Information, research and evaluation activities.
4. Externally directed activities geared towards public education on the level and nature of help that is available from Tusla for children and parents.

Start date	October 2014
End date	December 2017
Grant amount	€10.2 million
Matching government funding	€100 million. This is 'soft' support, focused on the €100m plus of family support services that Tusla spends on family support.
Stakeholders	Atlantic, Tusla, Department of Children and Youth Affairs, NUIG
Governance structures	Working Group: oversee implementation on behalf of Galway University Foundation (GUF), chaired by an Atlantic Philanthropies representative. GUF employed a programme director. Independent External Advisory Committee (EAC): guide the research and evaluation plans of the programme.

What has been achieved?

Central to this programme are five work packages:

Establishing the Meitheal model – a study of the early stage implementation of Meitheal found that it was broadly welcomed by participants as providing a mechanism to intervene at an earlier point of time where a child or young person had unmet needs. One of its key strengths is that it builds a structured continuum of support for children, young people and their families³³. The study also found that agencies that previously had automatically referred child protection concerns to TUSLA had begun to view themselves as having an active part to play in working to resolve issues. There has been enhanced multi-agency working among those who had actively participated in a Meitheal process. However, there has been a relatively low level of engagement with the Meitheal process by some statutory services, exacerbated by the high turnover of staff in many services.

³³ Devaney, C., McGregor, C., and Cassidy, A. (2017) 'Early Implementation of a Family-Centred Practice Model in Child Welfare: Findings from an Irish Case Study', Practice, DOI: 10.1080/09503153.2017.1339786

As at the end of 2016, Tusla has achieved fifty per cent of the approved staffing framework for the national implementation of ABA & Meitheal. 67 staff were appointed or reconfigured into the PPFS system. However, there is both regional and area variation in terms of staffing.

Findings from an interim evaluation highlighted that participants were positive about their experience of Meitheal to date. This included both the process of taking part as well as improvements in the families' wellbeing and outcomes that had already begun to occur in some cases³⁴.

Parental support – An evaluation in 2017 showed that levels of awareness around Tusla's programme of work in the area of parenting support and parental participation are mixed³⁵. Inadequate dissemination and the need for further training were highlighted as issues.

Public awareness – A baseline survey carried out in 2016 showed a low level of awareness of Tusla (only 25 per cent of respondents had heard of Tusla); a small number of respondents were aware of PPFS (almost 80 per cent had not heard of it); and very few people knew what Meitheal was³⁶.

Enhancing child and youth participation – A survey of a small sample of educational welfare officers concerning meetings held in relation to school attendance found that more than half the children and young people did not attend the meetings. Of those that did attend, the majority of the Educational Welfare Officers (75 per cent) were of the view that the children and young people participated in decisions taken in accordance with the Lundy Model of participation³⁷.

Commissioning – The predominant perception of commissioning, as illustrated by a baseline study in 2016³⁸, is that it is focused on the financial and contracting elements, and viewed it as a cost-saving exercise. This understanding raises concerns about the impact on quality of services and on the professionalism of the social care sector.

What was Atlantic's contribution?

Atlantic's role, building on previous work, was to support an initiative underway in Tusla, in partnership with the UNESCO Child and Family Resource Centre at NUI Galway. This work was seen as contributing to its goal of advancing child welfare by shifting the focus, in a structured way, more towards early intervention and prevention. Support with implementation in the early years of Tusla's establishment was seen as helping set the direction for the next decade, shaping how its family support budget of €100m is spent.

What is the outlook for sustainability/mainstreaming?

There is a strong commitment to Meitheal within Tusla. The vast majority of posts established to support the programme have been made permanent by Tusla, to signal its intention to mainstream prevention policies and practices. Effective implementation of Meitheal is viewed as having the potential to re-orient the child welfare system and reduce the child protection waiting list. The opportunities for structured early intervention and a more collaborative systematic approach in the system generally are seen as major benefits.

³⁴ Rodriguez, L., Cassidy, A. and Devaney, C. (2017) Interim Report on the Meitheal Process and Outcomes Study, Galway: UNESCO Child and Family Research Centre, NUI Galway.

³⁵ Crosse, R., Devaney, C. and Connolly, N. (2017) Parental Participation Survey Report, Galway: UNESCO Child and Family Research Centre, NUI Galway.

³⁶ McGregor, C. and Nic Gabhainn, S. (2016) Public Awareness of Parenting, Prevention and Family Support Services: Population Survey Baseline Report 2016, Galway: UNESCO Child and Family Research Centre, NUI Galway.

³⁷ McGreal, B. and Kennan, D. (2017) The Perspectives of Educational Welfare Officers on Children and Young People's Participation in Decision-Making, prior to the Implementation of the Programme for Prevention, Partnership and Family Support, Galway: UNESCO Child and Family Research Centre, NUI Galway.

³⁸ Shaw, A. and Canavan, J. (2017) Introducing Commissioning in Ireland: Establishing a Baseline, Galway: UNESCO Child and Family Research Centre, NUI Galway.

One significant potential limitation is that participants suggested that much of the responsibility for communication and the implementation of Meitheal appears to lie with individuals rather than being embedded yet in a formal, structured systems-level way. This raises some questions about the sustainability of the model on a cross-agency basis. Meitheal relies heavily on individual champions at all levels of the system. This does not necessarily translate to a systematic level of engagement with the model. And if champions leave their position, support for the initiative across the agencies involved may reduce or disappear³⁹.

³⁹ Cassidy, A., Devaney, C. and McGregor, C. (2016) Early Implementation of Meitheal and the Child and Family Support Networks: Lessons from the field, Galway: UNESCO Child and Family Research Centre, NUI Galway.

Grant: Infant Health and Wellbeing (Nurture)**Grantee: Katharine Howard Foundation****Purpose:**

To improve health and wellbeing outcomes by supporting the strategic reform of universal health and wellbeing services for infants and their families. The Nurture Programme was launched in May 2016 with an aim to support parents and healthcare professionals in their caring and service provision roles from pregnancy through to the child's third birthday. The Nurture Programme Implementation Plan 2016–2018 will be delivered through six interconnected implementation teams:

1. Knowledge and Communications
2. Antenatal to Postnatal
3. Health & Wellbeing Promotion and Improvement
4. Infant Mental Health and Supporting Parents
5. Standardised Health Records for Parents and Professionals
6. Training and Resources

Start date	January 2015
End date	November 2018
Grant amount	€10 million
Matching government funding	€50 million
Stakeholders	Katharine Howard Foundation, Community Foundation for Ireland, HSE, Centre for Effective Services (CES)
Governance structures	Oversight Group: high level oversight, quarterly meetings. Steering Group: chaired by Katharine Howard Foundation.

What has been achieved?

The Nurture Programme was launched in May 2016, following an extensive period of scoping and preparation of an implementation plan for 2016-2018. The six implementation teams mentioned above have commenced their work and are all partaking in training in an effort to embed the programme across their work areas. Membership of the implementation teams comprises HSE staff and representatives from voluntary organisations and academia.

Progress has been slower than anticipated, but is being made. Activities which have been completed in the first half of 2017 include:

- Establishment of six implementation teams.
- Commencement of the e-learning modules of the training programme and scoping for the blended learning component.
- Drafting of an antenatal booklet for parents.
- Development of content for the new child health website.
- Consultation and surveys with community medical doctors and public health nurses in relation to training requirements/resources, content requirements for a child health website and perspectives/knowledge of infant mental health.

- Review of content of Caring For Your Baby books in advance of review later this year.
- The first stage of a staff awareness campaign saw the publication of an article on the importance of infant mental health.⁴⁰

In late 2017, nine posts – one in each of the HSE Community Healthcare Organisations (CHOs) – were advertised to lead out on the programme. The Nurture Programme is a key area for implementation of the National Healthy Childhood Programme.

What was Atlantic's contribution?

Over the past decade, there has been a range of investments in the development of services for children and families, principally initiated by strategic investments by Atlantic, and focused primarily on early years services and on communities and groups who experience disadvantage. Through the Nurture Programme, Atlantic is now seeking to build on the successes of its previous investments and to embed and mainstream the learning in creating long-term, sustainable systemic change in universal as well as targeted services for children and families.

What is the outlook for sustainability/mainstreaming?

The Nurture Programme requires large-scale, system-wide change. The capacity to support and undertake this scale of work and maintain pressure for change, following on from Atlantic's departure, will be an important determinant in the mainstreaming of the programme.

The recent report of the Oireachtas Committee on the Future of Healthcare⁴¹ recommended funding of €41m over the next five years to resource and develop a universal child health and wellbeing service. The report specifically cites the Nurture Programme and states:

Investing in child health and well-being services is the best way to influence better health outcomes. ... The Committee is proposing that funding be provided for an additional 900 generalist nurses to work in the community. This will free up PHNs to do child health work as part of the current Nurture-Infant Health and Wellbeing programme and the HSE's National Healthy Childhood Programme.⁴²

There is no indication at present, however, of the Government implementing the recommendations of the committee. The outlook for the sustainability and mainstreaming of Nurture remains somewhat unclear at present. However, one positive indication is that for the nine posts advertised to lead on the programme in each CHO in late 2017, whereas Atlantic had signed up to pay for these posts for two years, they have been created as permanent posts in the HSE.

As part of this investment, the Community Foundation for Ireland (CFI) has established an *Infant Health and Wellbeing Development Fund* in partnership with the Katharine Howard Foundation and Atlantic. CFI has committed to raise €1.5m to match the €1.5m being invested by Atlantic. This will be a ring-fenced, permanent fund of €3m and up to €5m by 2020 within CFI, with potential for further long-term growth. The fund will support projects that were initiated by the HSE and other organisations to meet the objectives of Nurture that are deemed to have resulted in positive outcomes for young children and their families, as well as other relevant projects. As the fund grows it may be focused on other initiatives and interventions that also meet the overall objectives ensuring that innovative and strategic initiatives and interventions in the early childhood field can access a flexible and responsive source of funding.

⁴⁰ The National Healthy Childhood Programme, Newsletter 2: Summer 2017. <http://www.hse.ie/eng/about/Who/healthwellbeing/Our-Priority-Programmes/Child-Health-and-Wellbeing/news2.pdf>

⁴¹ Houses of the Oireachtas Committee on the Future of Healthcare Sláintecare Report, May 2017.

⁴² Ibid. p.63

Grant: Growing Up in Ireland (GUI)**Grantee: Department of Children and Youth Affairs****Purpose:**

To secure better outcomes for children and their families by improving the research evidence base that informs policy and practice.

This investment supports Phase 2 of Growing up in Ireland (GUI), Ireland's first longitudinal study of children, launched in 2007. A consortium of researchers led by the ESRI and the Children's Research Centre at Trinity College Dublin has been commissioned to carry out the study. In Phase 2, GUI aims to continue following the lives of the infant and child cohorts at critical transitions in their lives through (at least) three waves of data collection - one wave of data collection of the infant cohort (at age nine years) and two waves of data collection of the child cohort (at ages 17 years and 19 years).

Start date	January 2015
End date	December 2016
Grant amount	€2 million
Matching government funding	€10 million
Stakeholders	Atlantic, Department of Children and Youth Affairs (DCYA)
Governance structures	Steering Group and Project Team (both chaired by DCYA and comprising senior officials from key government departments including Education and Skills, Health, and Social Protection).

What has been achieved?

A report by the Irish Government Economic and Evaluation Service⁴³ found that GUI 'represents a significant and strategic state investment in policy relevant research that has generated a high quality and robust evidence base on the development of children and young people in an Irish context'.

The Growing Up in Ireland dataset is the only national longitudinal dataset on children in Ireland and it has informed the development of a number of Department of Children and Youth Affairs led policy initiatives relating to children and young people, most notably the development of *Better Outcomes Brighter Futures*, the national policy framework for children and young people (2014-2020). Growing Up in Ireland data has also been used for example to analyse and understand take up and impact of participation in the free Early Childhood Care and Education preschool scheme.

What was Atlantic's contribution?

Atlantic contributed a relatively small amount of funding to support Phase 2 of GUI. One interviewee commented that the phase would have gone ahead without this funding but it allowed more to be done within the study.

What is the outlook for sustainability/mainstreaming?

GUI is now established as part of Ireland's data infrastructure. Funding of €4.1m was committed in Budget 2018 to further progress the National Longitudinal Study 'Growing up in Ireland'.

⁴³ Hayes, T. and Behan, J. (2017) Spending Review 2017, The Irish Government Economic and Evaluation Service (IGEES): Selection of IGEES Output. <http://www.per.gov.ie/wp-content/uploads/Final-IGEES-Output-Paper.pdf>

Grant: TILDA
Grantee: Trinity Foundation

Purpose:

The purpose of this co-investment is to build further capacity in ageing research infrastructure and promote sustainability by deepening and strengthening strategic activities of the Irish Longitudinal Study on Ageing (TILDA) through the following three activities:

- Biomarker analysis. The added value of the TILDA bio-bank - resulting from the collection of blood and hair samples - lies in the ability to link the biomarker data to the other health, social and economic data in TILDA, informing policy initiatives, in particular, HaPAI and the NPAS.
- Data management and dissemination. The proposed investment would ensure the creation of a dedicated data management and dissemination team (comprising statisticians, data managers, a bioengineer and data entry personnel), thus ensuring that this activity is properly resourced and supported.
- Research and technology translation. Dedicated resources should be provided to enable the translation of TILDA research findings into policy and practice, to monitor and evaluate the impact of policy change, and to ensure that innovative and emerging health assessment technologies are nurtured and developed for national and international application.

Start date	January 2015
End date	December 2018
Grant amount	€5 million
Matching government funding	€10 million
Stakeholders	Atlantic, Trinity Foundation, Trinity College Dublin, Department of Health
Governance Structures	Oversight Board. Steering Committee. Scientific Advisory Board: comprised of international experts to provide scientific advice and also act as independent, external peer-reviewers of the TILDA project.

What has been achieved?

TILDA is recognised internationally as one of the most comprehensive longitudinal studies undertaken. A wide range of information on physical, mental, and cognitive health, as well as extensive economic and social data, are collected over time on more than 8500 participants aged 50 and older. TILDA is providing important high-quality evidence to inform and evaluate the impact of policy initiatives over time⁴⁴.

TILDA published its key findings from Wave 3 in March 2017. Engagement with practitioners and policy makers is a key objective of TILDA in order to ensure that research findings are disseminated to the wider policy community. TILDA senior staff have been involved in regular briefings with key stakeholders in the

⁴⁴ Cochrane, A. and McGilloway, S. (2017) 'The Role of Philanthropic Funding in Building Research Evidence to Support an Aging Population: A Case Study from Ireland' *Journal of Aging & Social Policy*, 29(3), pp.262-275, DOI: 10.1080/08959420.2017.1312207.

Department of Health and HSE and the Healthy and Positive Ageing Initiative (HaPAI). Evidence from TILDA has been used to influence policy and practice. The following list contains a snapshot of some of these:

- Based on TILDA findings, the duration of the amber light has been increased at over 30 crossings in Dublin and the Dublin City Council policy of traffic light setting timings has been changed in favour of increasing the amber light. The Road Safety Authority commissioned a study and report about older road users, using TILDA data, supplemented by focus groups carried out in conjunction with Age Friendly Ireland.
- In August 2015, HIQA published a health technology assessment of a national screening programme for atrial fibrillation, recommending opportunistic screening of men and women aged 65+ in a primary care setting. The recommendation drew heavily on TILDA data and research.
- TILDA Research Nurse, Mary O'Shea, has continued to deliver a one-day educational course entitled 'Recognising Frailty: Insights from The Irish Longitudinal Study on Ageing' throughout Quarter 1 and Quarter 2 of 2017. This course was developed to provide health care professionals with the knowledge to understand, recognise, and treat frailty and includes a combination of lectures, demonstrations and practical sessions.

What was Atlantic's contribution?

Atlantic has provided funding to the study since 2006 (for a feasibility study) and co-funded the implementation of the study with the Department of Health and Irish Life in 2008. It is unlikely TILDA would exist if not for the support of Atlantic.

What is the outlook for sustainability/mainstreaming?

In March 2017, at the launch of the Wave 3 findings, continued funding for two further waves of data collection by the Department of Health, to match funding provided by Atlantic, was announced. Preparation for Wave 5 began in January 2017. This non-health assessment wave will run from January to December 2018 with the pilot-study taking place in January and the main wave running from March to December.

One interviewee commented that while TILDA will continue without Atlantic funding, there will likely be a cutback of scope when government has to pick up the funding (such as a smaller sample size, fewer questions etc.).

Ageing is increasingly viewed as a research priority in many university settings⁴⁵, and TILDA's continuing role in supporting academic research looks secure. On the policy front, while recognising the contribution made by TILDA to policy development and practice, many policy makers feel that the policy influences have been relatively small to date, and that more needs to be done to ensure a good linkage in to the policy process and to ensure that TILDA does not become overly academically focused.

⁴⁵ Ibid. p.271.

Grant: Benefacts**Grantee: Irish Nonprofit Project Ltd****Purpose:**

To improve accountability and awareness of the work of Irish nonprofits by supporting the development phase of the Irish Nonprofits Project Ltd [Benefacts Ltd].

Benefacts has agreed a three-year plan (2015-17) with all stakeholders. The main activities are:

- To create and maintain a live database of Irish nonprofits, derived from the digitisation and aggregation of data from a range of licensed regulatory and voluntary sources.
- To republish current data on all listed entities on a highly accessible free public website.
- To develop data products and services in collaboration with a variety of government and philanthropic end users, as a means of developing a self-reliant funding model.

The project involves consultation with end users to produce bespoke services including, for example, core data registry or online data procurement services. Benefacts will also run up to five pilot/sub-projects working with specific end user groups to develop scalable solutions.

Start date	January 2015
End date	December 2016
Grant amount	€1.4 million
Matching government funding	€2.4 million
Stakeholders	Atlantic, Benefacts, Department of Public Expenditure and Reform, The Ireland Funds
Governance structures	<p>Project Advisory Group: chaired by the Department of Public Expenditure and Reform. The group includes the philanthropic funders, along with representatives from government departments and agencies that have an active engagement with Irish nonprofit organisations.</p> <p>Project Stakeholders Forum: chaired by a nonprofit sector leader. Members of the forum serve in a personal capacity, and are drawn from the community and voluntary sector, the media, public advocacy, and local and international development.</p>

What has been achieved?

In May 2016, the database of Irish nonprofits was launched online as a free public resource (www.benefacts.ie). As of October 2017, the database contained information on 19,360 nonprofit organisations in Ireland. From May 2016 to year-end, the website was live 24/7 with no downtime. There were 40,266 visits to Benefacts.ie, made by 27,475 users. On the website, individual nonprofit organisation profiles were viewed more than 71,000 times, and their reports or constitutional documents were downloaded more than 19,000 times⁴⁶.

⁴⁶ Benefacts (2017) Benefacts Annual Report 2016, Dublin: Benefacts.

In its 2016 Annual Report, Benefacts provides an overview of its strategic impact, including:

- Benefacts Nonprofit Sector Analysis: Launched in April 2017, this report is the 'most comprehensive ever analysis of nonprofits including registered charities in Ireland'⁴⁷.
- Benefacts Open Data: Republished open data is provided as single open dataset. This is kept current and can be freely downloaded from Benefacts.ie or from data.gov.ie in human or machine-readable formats.
- Benefacts Data Services: Standardised data products devised in cooperation with nonprofit lead bodies and with the CSO.
- Benefacts Bespoke Solutions: Individual solutions have been developed in cooperation with partners in government and in the sector.
- Benefacts Analytics: This is a dashboard for registered users to explore structured, domain-specific data about nonprofits, developed in cooperation with institutional partners in government and philanthropies. The regulatory, financial and governance data for this tool can be tailored specifically to each user's unique needs, and includes alerts and other automated analysis features, derived from three years' regulatory data.

What was Atlantic's contribution?

Interviewees noted many benefits arising from Atlantic's partnership in this initiative:

- Having ring-fenced funding.
- Non-public sector bodies can be more responsive and provide expertise that may not be as readily available within the public sector.
- Government is traditionally not very good at maintaining databases/websites.

What is the outlook for sustainability/mainstreaming?

Benefacts has produced a business plan for 2018-2020 for existing and prospective new funders, showing how it proposes to continue to create value for the nonprofit sector and its stakeholders on a cost-recovery basis.

The sustainability of Benefacts will depend on its ability to persuade potential funders, including government agencies, that the benefits arising from the resource it provides are worth the investment.

⁴⁷ Benefacts (2017) *Benefacts Nonprofit Sector Analysis 2017*, <https://benefacts.ie/Downloads/benefacts-nonprofit-sector-analysis-2017.pdf>

Grant: Service Reform Fund**Grantee: Genio****Purpose:**

To improve the lives of people with disabilities and mental health difficulties by catalysing the development of a Service Reform Fund (SRF) to embed and scale the Genio model of service transformation. The SRF supports the implementation of reforms by providing funding to meet the costs of migration from a centre-based approach to a person-centred model of services and supports.

There are three main priorities associated with the SRF:

- Transition to a person-centred model of services and supports in the disability and mental health services.
- Developing capability. The aim here is to develop capability at local, regional and national levels, and free up champions to focus on rolling out the change programmes. Capability building is targeted at both staff and service users.
- Research and evaluation. The aim here is to generate evidence to support and assess the change programmes.

It is also intended to establish and leverage a funding reform dividend, as services transition to new models and release resources tied up in traditional centre-based models. Savings from decommissioned services are to be recycled into the SRF, with the aim of growing the SRF significantly over time.

Start date	July 2015
End date	June 2018
Grant amount	€15 million
Matching government funding	€35 million
Stakeholders	Atlantic, Department of Health, HSE, Genio
Governance structures	Oversight Group: chaired by the Department of Health, it includes the HSE and Genio, reviews ongoing progress, monitors research and evaluation, and signs off on funding. Implementation Group: chaired by the HSE and comprised of delivery partners (Genio, the HSE Social Care Directorate, the HSE Mental Health Directorate) and provider representatives.

What has been achieved?

A challenging work environment, communications difficulties in some areas, and the time taken to develop an implementation plan and to get agreement on funding arrangements, have meant that the SRF is significantly behind where it was envisaged at the start of the process. Progress has run more smoothly in relation to the mental health side than on the social care (people with disabilities) side.

The main focus to date has been on agreeing transition funding to enable projects to commence or for commissioned work to be undertaken with regard to mental health, social care (people with disabilities), and social inclusion (homelessness). This funding includes but is not limited to the competitive type arrangements operated by Genio.

Mental health – in August 2017, non-competitive funding of €2.248m was approved for proposals for Advancing Recovery in Ireland (ARI) and Individual Placement and Support (IPS). IPS is intended to support the return of people to paid employment in the open labour market. With regard to competitive funding, some preliminary funding in 2016 supported the readiness of sites in each of the nine national HSE Community Healthcare Organisations (CHOs) to bid for more substantial funding. Subsequently in 2017, successful applications for round 2 funding included funding for pulling services into one overarching service, including some transitional posts. Posts for providing recovery orientation services were also included. One project's funding includes a programme for developing advocacy services.

Disability – in 2017 there was approval of €10m for disability projects, concerning acceleration of the closure of 10 priority congregated settings, and €4.5m in competitive funding was approved for additional projects.

Social inclusion (homelessness) – funding is being advanced on the basis that there will be an invitation for proposals before the end of 2017, with approved projects being agreed early in 2018.

What was Atlantic's contribution?

The important role of Atlantic in supporting the move by the Irish Government and public services to person-centred services and supports was recognised by the Minister for Primary and Social Care, Kathleen Lynch TD, in a speech marking the establishment of the SRF in June 2015. The Minister said:

The Atlantic Philanthropies has been a valued supporter and enabler of person-centred services. Refocusing services by putting the person at the heart of the delivery of care takes investment as well as behavioural change. The Service Reform Fund will provide financial support towards this change, in line with the Government's policies for these sectors.

The SRF is intended to scale-up previous initiatives in relation to people with disabilities and mental health problems, focusing on ensuring that person-centred and recovery-oriented services and supports are embedded.

What is the outlook for sustainability/mainstreaming?

Given the substantial delays in the development of the SRF, it is difficult to give a rigorous assessment of the prospects for sustainability and mainstreaming.

Included in the criteria applied to the review of funding allocation proposals is the criterion of sustainability, which indicates there must be: 'Robust sustainability plans to sustain changed support arrangements for individuals, reconfigure resources and to sustain and embed change within the organisation'. The emphasis is being put on how resources can be reconfigured through the commissioning and development of person-centred and recovery oriented services.

On the mental health side, an agreement has been reached to align two significant national programmes in employment and housing with the SRF. This alignment will enable the SRF to create implementation pathways for mainstream national programmes. It places the work of the SRF at the centre of fundamental reforms of how mental health services across Ireland will deliver employment and housing supports.

Budget 2018 provided positive news on the prospects for de-congregation: 'The implementation of national standards and improved models for providing care through de-congregation of institutional settings will also be a priority' (Part II - Expenditure Allocations 2018-20).

Grant: Goal Public Service Reform
Grantee: Centre For Effective Services

Purpose:

To achieve better outcomes for citizens by further embedding Atlantic's investments in systemic change in public service delivery in the Republic of Ireland and Northern Ireland.

The main activities associated with the investment are:

- Technical and implementation support on up to six major reform programmes.
- Advising on, co-designing and managing evaluations of government programmes.
- Capacity building and training on evidence, evaluation and implementation for civil and public servants, particularly middle management.
- Secondments and staff exchanges between civil and public service and CES and other collaborating partners.
- All-island steering group (of key stakeholders, North and South) to oversee progress, provide leadership and guidance and overcome 'road blocks'.

Start date	July 2015
End date	November 2018
Grant amount	€10 million
Matching government funding	None
Stakeholders	Atlantic, Department of Public Expenditure and Reform, Northern Ireland Civil Service, Centre for Effective Services
Governance structures	Advisory Group: oversee implementation of the programme, provide leadership and support to the programme, align it to the public sector reform programmes, advise and guide on overcoming 'roadblocks' and identify opportunities for cross-sectoral and cross-jurisdictional learning.

What has been achieved?

Nine projects have received the go-ahead under this programme, six in the Republic of Ireland and three in Northern Ireland. The projects cover a range of topics:

- Developing evidence and knowledge management (Department of Health).
- Youth mental health and wellbeing pathfinder project (Department of Health).
- Building collaborative working practices (Department of Education and Skills).
- Enhancing the use of data to inform policy development and implementation (Department of Education and Skills).
- Reform of youth funding programmes (Department of Children and Youth Affairs).
- Expanding evaluation training programme (Department of Children and Youth Affairs).
- Leadership programme (Northern Ireland Civil Service).
- Development and implementation of Children and Young People's strategy (NI Department of Education).
- Embedding innovation and reform (NI Department of Finance).

As the projects are mostly still at an early stage of development, it is too early to assess their effect on the ground. However, as an illustrative example, one of the earliest projects, the youth mental health and wellbeing pathfinder project, provides a positive outlook. 12 pathfinder group members used 15 days of working together over a six-month period to get to the heart of a problem. The group came up with a small number of actions that the secretaries general of the departments involved believe can have a disproportionately positive impact on the underlying problem of youth mental health. At the start of the pathfinder project, more than 150 policy commitments existed across Government on youth mental health. At the point of concluding the project, the pathfinder team had identified six areas for action across these commitments.

What was Atlantic's contribution?

Most of the projects were in existence or planned before Atlantic's involvement. In these cases, Atlantic's role has been to provide supplementary support and resources to help build capacity to address the issues under examination. Atlantic's involvement has led to an acceleration of some projects, and additional resources being devoted to support capacity building and learning.

What is the outlook for sustainability/mainstreaming?

Given the early stage of development of many of the projects, it is not possible at this stage to assess the prospects for longer-term sustainability and mainstreaming.

Appendix 2 List of interviewees and roundtable participants

This listing shows people interviewed during the course of the study (a large number of whom were interviewed twice, once in 2016 and once in 2017) and those who participated in a roundtable on learning lessons from Atlantic's work with the Irish Government held on 21 April 2017.

Name		Organisation
Tom	Boland	Director, Benefacts
Jim	Breslin	Secretary General, Department of Health
David	Burke	Programme Manager, Pobal
Katie	Burke	Senior Manager, Centre for Effective Services
Elizabeth	Canavan	Assistant Secretary General, Department of the Taoiseach
John	Canavan	Associate Director, UNESCO Child and Family Research Centre, NUIG
Francis	Chance	Programme Manager, Katharine Howard Foundation
Madelaine	Clarke	Chief Executive, Genio
Claire	Collins	Assistant Principal Officer, Department of Health
Ned	Costello	Chief Executive, Irish Universities Association
Mairead	Creed	Assistant Principal, Services for Older People, Department of Health
Grainne	Cullen	Principal Officer, Department of Education and Skills
Kevin	Daly	Principal Officer, Department of Public Expenditure and Reform
Donal	de Buitleir	Director, Publicpolicy.ie
Colm	Desmond	Principal Officer, Department of Health
Carmel	Devaney	Principal Investigator, Partnership, Prevention and Family Support programme, NUIG
Ian	Devlin	Assistant Principal, Department of Public Expenditure and Reform
Nuala	Doherty	Chief Executive, Centre for Effective Services
Mary	Doyle	Deputy Secretary General, Department of Education and Skills
Claire	Finn	Head of Research, Department of Children and Youth Affairs

Name		Organisation
Michael	Fitzgerald	Head of Operations and Service Improvement Services for Older People, HSE
Tony	Foley	General Practitioner
Caitriona	Fottrell	Director, The Ireland Funds
Martin	Fraser	Secretary General, Department of the Taoiseach
Deirdre	Garvey	Chief Executive Officer, The Wheel
Rhona	Gaynor	Principal Officer, Department of Health
Aisling	Gillen	Regional Service Director, Tusla
Patrick	Glackin	Area Director, Nursing, Midwifery, Planning and Development, HSE
Brian	Harvey	Independent Social Researcher, Brian Harvey Social Research
John	Healy	Director of Change, Genio
Pat	Healy	National Director, Social Care Division, HSE
John	Hennessey	National Director, Primary Care, HSE
Éilis	Hession	Manager of Services for Older People, HSE
Claire	Hickey	Senior Project Specialist, Centre for Effective Services
Mary	Higgins	Chief Executive, Caranua
Kate	Irving	School of Nursing and Human Sciences, DCU
Phil	Jennings	Director of Public Health, HSE
Owen	Keenan	Director, Middlequarter Ltd
Kevin	Kelleher	Assistant National Director Public Health/Child Health, HSE
Adrian	Kelly	Assistant Principal, Department of Public Expenditure and Reform
Brendan	Kenny	Assistant Chief Executive, Dublin City Council
Fiona	Keogh	Senior Research Fellow, NUI Galway
Tony	Leahy	Senior Operations and Service Improvement Manager, Mental Health, HSE

Name		Organisation
John	Linehan	Regional Specialist Services for Older People, HSE
Fergal	Lynch	Secretary General, Department of Children and Youth Affairs
Teresa	Maguire	Principal Officer, Research Services, Department of Health
Sarah	Mahon	Senior Dementia Strategy Projects Manager, HSE
Mary	Manning	Director/National Nursing Lead for Dementia, HSE
Fred	McBride	Chief Executive, Tusla Child and Family Agency
Danny	McLoughlin	Chief Executive, South Dublin County Council
Barry	Murphy	Principal Officer, Services for Older People, Department of Health
Conn	Murray	Chief Executive, Limerick City and County Council
Éilis	Murray	Chief Executive Officer, Philanthropy Ireland
Jack	Nolan	Assistant Commissioner, An Garda Síochána
Maurice	O'Connell	Chair, Age Friendly Cities & Counties NGO Forum
Rory	O'Donnell	Director, National Economic and Social Council
Mairead	O'Driscoll	Director Research Strategy and Funding, HRB
Anne	O'Connor	National Director, Mental Health Division, HSE
Hugh	O'Connor	Chief Executive Officer, Age Friendly Ireland
Siobhan	O'Halloran	Chief Nursing Officer, Department of Health
Stella	Owens	Project Specialist, Centre for Effective Services
Anne	Pardy	Programme Lead, The Nurture Programme - Infant Health & Wellbeing, HSE
Greg	Price	Director of Advocacy, HSE
Patricia	Quinn	Chief Executive, Benefacts
Ger	Reaney	Area Manager, HSE
Patricia	Rickard-Clarke	Solicitor, Former Law Reform Commissioner (Chair, National Advisory Committee, SAGE)

Name		Organisation
Tina	Roche	Chief Executive, Community Foundation for Ireland
Sinead	Shannon	HaPAI Project Manager, Department of Health
Aileen	Shaw	UNESCO Child and Family Research Centre, NUI Galway
Aisling	Sheehan	Project Specialist, Centre for Effective Services
Frances	Spillane	Assistant Secretary General, Department of Health
Noelle	Spring	Development Director, Katharine Howard Foundation
Mary	Sutton	Country Director, The Atlantic Philanthropies
Ian	Talbot	Chief Executive, Chambers Ireland
Mervyn	Taylor	Manager SAGE (Support and Advocacy for Older People in Ireland)
Katherine	Thackaray	PREPARED Project Manager
Brendan	Tuohy	Chair of TILDA Oversight Board
Natalie	Vereker	National Specialist, Services for Older People Care Group, HSE
Jim	Walsh	Principal Officer, Department of Social Protection
Robert	Watt	Secretary General, Department of Public Expenditure and Reform
James	Williams	Research Professor, ESRI

Appendix 3 Government and philanthropy working together: some lessons from the literature

Introduction

In recent years there has been a growing interest in how government and philanthropic organisations can work together to achieve social goals. Philanthropy in this context is concerned with the use of private funds for the advancement of social change, whereas government is concerned with the use of public funds for a range of social and economic purposes.

In examining the state of study of government and philanthropy, Knox and Quirk (2017) note that: 'Overall, in a European context, research on philanthropic/government partnership working, from the paucity of published work, is... underdeveloped' (p.7).

Working together is not a straightforward task. Governments and philanthropies have different perspectives and emphases that need to be understood and addressed if they are to cooperate effectively. Ferris and Williams (2012), drawing on work by GrantCraft (2010), emphasise these different worlds as set out in Table 1.

Table 1 The different worlds of philanthropy and government⁴⁸

Philanthropy	Government
We have a certain amount of flexibility about timing	We have to adhere to annual budget cycles
We see this work as a long-term commitment	An election can change everything
This initiative is a top priority	This initiative is one of hundreds of responsibilities
We can be selective about what we focus on	We do not have a lot of flexibility in setting priorities
We do not pick up the tab for defunded services	An important program got cut; let us get philanthropy to fund it
Government is mysterious	Foundations are mysterious

Source: Ferris and Williams, 2012

⁴⁸ Ferris and Williams note that their table is adapted from *Working with Government* (GrantCraft, 2010).

These different worlds of philanthropy and government are not static, however, and can change over time. Philanthropy has often been viewed by government as a niche activity, supplementing government or filling gaps not served by government. However, as Anheier and Leat (2006, p.14) note: 'In many countries, changing ideas about the role of the state in meeting the social, educational, cultural and environmental challenges of modern societies have brought private voluntary action and philanthropy closer to the centre stage of policy debates'. Harrow and Jung (2011) suggest that in the UK philanthropy is undergoing a 'neo-Victorian' revival whereby philanthropy is intended to play a central role in the goals of empowering citizens and local communities to work together with government, with less emphasis on government as the sole or main provider of services. Harrow and Jung go on to state that this new interest in philanthropy by government is an international phenomenon and that:

This change from the 1960s position towards philanthropy should not be misconceived as simple, reversed polarization. Rather it reflects a wider redefining and reconfiguring of the respective roles and responsibilities of governments, civil society and the private sector towards more strategic and collaborative alliances (2011, p.1048).

Many governments are struggling with the ever-increasing demands on the welfare state, while at the same time managing control of public expenditure in an unstable economic environment significantly influenced by the widespread global recession from 2008. In this context, philanthropy is seen by government as one of the potential contributors to addressing the challenges faced.

At the same time as government's views on philanthropy have been evolving, the world of philanthropy has also been changing. Knott and McCarthy (2007) state that philanthropic foundations employ two broad strategies to create new public goods: they develop their own initiatives, or they act as funders for experimentation and innovation of other organisations. But regardless of the strategy chosen, they face limitations due to the often small size of spending compared to the size of the social problems faced. This had led to a realisation amongst some foundations that they will not affect social problems on a large scale unless they work with government to address the issue. Rogers summarises important aspects of this changing role:

We are said to be living in the second golden age of philanthropy. Though it is impossible to pinpoint an exact year the new era of philanthropy began, by 2006 ideas about philanthropy that germinated in the late 1990s were starting to bloom. In that year, Matthew Bishop, the Globalization Editor at the *Economist* ... coined the term 'Philanthrocapitalism' to describe an emerging form of philanthropy by the very rich that focused on using the tools of capitalism to address social problems (2015, p.533).

According to Schmitt (2015) philanthropy is moving from a situation where it is viewed as somewhat akin to the research and development arm of government, funding pilot programmes and evaluations in the expectation that government would mainstream good practice, towards a realisation that '[i]t wasn't enough for foundations to produce good ideas or test them, without actively pushing them as better public policy' (2015, p.549). In this scenario, philanthropies are much more active in engaging with government and civil society to achieve their aims.

In summarising the move towards more interaction between government and philanthropy, Ferris and Williams note:

While government and philanthropy have a history of joining forces to address critical problems, these efforts have often been informal and episodic with a good dose of happenstance. There is growing evidence that foundations of various types and scale are taking active steps to engage with government on a more formalized and continuous basis. At the same time, governments are exploring new ways to leverage philanthropic assets and to advance innovative solutions to public problems in the context of spiralling budget deficits that are compelling governments to 'do more with less' (2012, p.1).

The evolving nature of interactions between government and philanthropy

Young (1999) sets out three different strands of economic theory to support alternative ideas of the nonprofit sector relationship to government that can equally be applied to the relationship between philanthropy and government:

- The supplementary model, whereby philanthropy is seen as fulfilling demand for public goods that government does not provide.
- The complementary model that views philanthropies as partners to government, helping deliver public goods largely financed by government.
- The adversarial model in which philanthropy prods government to change public policy and government attempts to influence philanthropy through regulation.

Young makes the point that these three perspectives are not necessarily mutually exclusive.

The complementary model has gained particular emphasis in recent years. Knott and McCarthy make the point that philanthropies, aware of the limitations of their impact on a national scale, often want to work in partnership with government to achieve their broad societal goals:

It is not surprising, then, that foundations seek to target funding in a way that leverages a much broader impact on society. A key strategy for achieving this goal is to influence policy makers to support changes in public funding, legal statutes, and government regulations that enhance the likelihood of success of the foundation's goals (2007, p.322).

In a study of US federal government and philanthropic foundation partnership, Person et al. (2009) identified five main types of interaction between the United States Government and foundations:

- Incidental overlap: government and foundation goals overlap and they work on the same problem or target population, but their activities are not otherwise aligned.

- Supplementary action: one donor seeks to 'fill a gap' in other donors' activities.
- Communication: donors share goals and communicate about their strategies, resources, and implementation without necessarily formally aligning them.
- Coordination: goals, strategies, and resources are formally aligned to some degree, but implementation is not shared.
- Collaboration: full and formal partnership, in which different donors' goals, strategies, resources, and implementation are aligned.

Person et al (2009, p.xiii) emphasise that

only the latter three types of interactions represent true partnerships, and each comes with its own opportunities and challenges. In particular, there is a trade-off between stronger partnerships and higher transaction costs. Hence, there is no 'best' partnership model for all situations - and in some program areas or initiatives, partnerships may not be appropriate or possible.

There are a variety of ways in which philanthropy and government can work together in partnership. Ferris (2014, p.2) identifies four main approaches:

- Influencing the policymaking process – Foundations work to impact the public policymaking process at various stages, in different venues, and different jurisdictions.
- Building public-philanthropic partnerships – Foundations collaborate with government in an intentional and sustained way – through initiatives, programs, and projects – to accomplish a shared goal.
- Enhancing democratic processes – Foundations undertake efforts to increase the robustness of democracy and its ability to govern through voter participation and civic engagement and reform of the political process.
- Improving government performance – Foundations help to improve the performance of public organisations and systems.

However, partnership and collaboration between philanthropy and government is not without its challenges as the case of the Yaniv project, outlined by Almog-Bar and Zychlinski (2012), illustrates (see boxed text).

The Yaniv project: when collaboration between government and philanthropy goes wrong⁴⁹

The Yaniv project was established in 2003 and headed by three Israeli philanthropic foundations. Its aim was to promote a new policy for dealing with children and youth at risk. The foundations undertook to raise 250 million dollars over a period of five years, with this total matched by the national government, which supported the project. In November 2004 the foundations terminated the collaboration with government. The project was reduced to several independent, largely locally based programmes. The project ended in 2007.

While both government and the foundations viewed the relationship that developed as collaboration, each had very different views about the nature of the collaboration. Government representatives considered the collaboration to be one in which the government ultimately had the right to veto decisions, choosing the time and place for the involvement of the foundations. They saw the main role of the foundations as being engaged in the development and implementation of services, not to 'interfere' in the policy making process. The foundations, on the other hand, viewed the collaboration as one between equal partners. They did not see themselves as passive investors, but as autonomous entities with new ideas and administrative abilities and as key actors in the policy making process.

The study indicated that a mixture of structural and personal factors affected the operation and ultimate breakdown of the partnership:

- The absence of a legal framework or arrangement in Israel for cross-sector collaboration based on matching funding was mentioned by both representatives of the government and the foundations as a serious obstacle.
- The lack of clear policy regarding governance of cross-sector partnerships was a major obstacle in the view of both government and foundation representatives. There was no clear government policy with regard to dealing with philanthropic foundations with regard to issues such as roles and desired relationships. Linked to this point, there was no clear discourse during the project regarding the content and structure of the collaboration.
- Personal factors played a major role. The dynamics between the representatives of government and the foundations were characterised by suspicion and

⁴⁹ Adapted from Almog-Bar and Zychlinski, 2012.

mistrust. This created an atmosphere that was not conducive to dialogue. The foundations also placed particular emphasis on using their political connections and informal access to influential politicians. In retrospect they learned that connections with senior staff of government ministries are no less important. As an illustrative example of the issues, staff of the foundations decided that there would be two levels of membership on the steering committee set up to oversee the project: regular members and observers. Government representatives were observers and the seating was arranged in two circles, with regular members in the inner circle and observers in the outer circle. This was seen as a formative event, reflecting the gap between the perceptions of the two partners.

Based on learning from a partnership between the Mott Foundation and the US Department of Education to support the Twenty-First Century Community Learning Centers (CCLC) Program (designed to support the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools) the Mott Foundation decided to take a more strategic approach to government partnerships and developed criteria for entering partnership with government:

- a) How close is the proposed partnership to the priorities of the foundation?
- b) How many grant dollars need to go into the partnership and how many dollars will it leverage?
- c) How does the foundation situate itself in the larger constellation of government activities?
- d) Is there a population or intervention opportunity that is new and promising? (Knott and McCarthy, 2007, p.350)

With regard to the roles played by philanthropy and government, Fiester (2017) identifies a set of roles that can be played in any partnership engagement, and these are set out in Table 2.2. She notes that roles change according to context: 'If government leaders have already decided to move in a particular direction, for instance, philanthropy's role is not to initiate change but perhaps to support it through investments in learning and by building proof points. At other times, philanthropy's role may be to challenge the status quo, lift up options, and open new doors' (Fiester, 2017, p.22).

Table 2.2 Roles played by philanthropy and government in working together

Philanthropy	Government
Risk taker	Listener
Developer of capacity	Thought partner on needs and solutions
Catalyst, thought leader, convener, bridge	Vehicle to scale up solutions
Investor in research, data, analysis, evidence	Data provider
Silent partner	
Challenger	
Watchdog	

Source: Fiester (2017)

Risks and rewards in collaborations between government and philanthropy

There are risks and rewards for both government and philanthropy in the development of partnership working. With regard to government, potential rewards of working with philanthropies include the fact that philanthropies have sufficient resources and space to allow them to innovate, be flexible and creative, take risks, fail and take the longer-term view, all things that governments traditionally are not so good at (Anheier and Leat, 2006; Thümler, 2011). Government can use the relationship with philanthropies to work across disciplines, organisations and sectoral boundaries in a more flexible way than might otherwise be possible. This is linked to the move in some countries to a re-appraisal of the role of government and the role of civil society.

Risks for government working with philanthropy include the fact that philanthropies can walk away from, as well as choose to stay with, particular areas (Harrow and Jung, 2011). And depending on the political perspective of government, the possibility that the very wealthy can use their money to reshape social institutions may present a risk, putting power in the hands of the donor and presenting jurisdictional challenges to the public sector (Rogers, 2015). In this scenario, philanthropic foundations may become policy entrepreneurs advocating private, entrepreneurial solutions to public problems (Thümler, 2011). The extent to which this is welcomed by government will very much depend on the political perspective and philosophy of the government.

Rewards for philanthropy in working with government include the fact that it is often only at national government level that activities can achieve sufficient magnitude to bring about large-scale change to address social problems. Acting alone, philanthropy is often small-scale in nature compared to

the size of the problem (Knott and McCarthy, 2007). Government can provide the resources, structures, technologies and ability to diffuse innovative approaches across systems and make them sustainable (Thümmler, 2011).

Risks for philanthropies in working in partnership with government include the challenge that government may be motivated to develop partnerships as a way of compensating for budgetary restrictions in state welfare (Almog-Bar and Zychlinski, 2012). This is particularly the case at times of economic downturn when public expenditure comes under particular scrutiny. More generally, governments and politicians change and new governments bring different perspectives, making long-term relationship building difficult, particularly if a philanthropic foundation becomes closely identified with one administration (Knott and McCarthy, 2007).



Cover design by Anu Design (www.anu-design.ie)