ON THE RIGHT TRACK

Produced by CES

On the right track

Learning from investment in Prevention and Early Intervention in Ireland

Child Health

About this summary

This summary outlines learning from programmes which aimed to improve child health outcomes. Programmes were delivered under the Prevention & Early Intervention Initiative. This summary identifies some of the features of effective programmes which are transferable to wider services dealing with children and young people. Key messages are based on findings from independent evaluations, but also draw from CES's experience of working with government and service providers in implementing a range of programmes and services for children and young people.

The final report **On the right track: Child health (2016)** and this summary will be of interest to policy makers, service commissioners and providers, agencies and organisations involved in the delivery of services which work with parents to improve outcomes for children and young people.

To read all of the reports produced in the **On the right track** series, visit www.effectiveservices.org

From 2004 to 2016, The Atlantic Philanthropies together with government and other organisations invested in 52 programmes and services aimed at improving outcomes for children across the island of Ireland. These programmes used prevention and early intervention approaches in various areas of children's lives, including learning, behaviour, health and development, parenting and inclusion. This investment was known as the Prevention and Early Intervention Initiative.

Organisations receiving funding under the initiative were required to evaluate the programmes they provided. Since 2008, CES has liaised with organisations delivering the programmes, to summarise learning from the experience of implementing individual programmes. Individual evaluations from each programme were used to inform a series of initial reports in six outcome areas which CES published in 2012 and 2013. This summary is based on an updated report produced by CES in 2016, which now includes findings of twelve programmes which supported children's health (physical, mental and social wellbeing).

Learning from the initiative has already been used to inform the design and delivery of new programmes in Ireland and Northern Ireland, including the Area Based Childhood (ABC) Programme, an initiative introduced by the Irish Government in 2013 which aims to improve outcomes for children living in disadvantaged areas, the Nurture Programme – Infant Health and Wellbeing, a programme delivered by the Health Service Executive to improve universal services provided during pregnancy and the first three years of infants' lives, and the Early Intervention Transformation Programme, an Executive Office programme which aims to transform mainstream services in Northern Ireland.

Introduction

Key Messages

When commissioning services

- **A number of factors influence children's health before they are born, during pregnancy and as they grow up.** Commissioners need to be clear on what aspects of health they want to address, the evidence for a particular approach and what outcomes will be measured.
- **No one programme, service or discipline can address all of the health needs of children and young people.** Children's health benefits when services in maternity and midwifery, primary care, education and community settings work together in a co-ordinated way. Clear referral pathways between universal, targeted and specialist services ensure that providers can identify needs early and respond quickly. Service structures and policies need to be flexible to enable co-ordination.
- **Improving child health needs a whole of government approach.** Health departments and agencies need engagement from a range of other departments to develop a shared vision and agree plans.
- **Services need to adapt in order to address the health needs of vulnerable groups and to improve health outcomes for children and young people in areas of social disadvantage.** The location and timing of service provision can improve uptake and engagement with health services.

When implementing services

- **All practitioners interacting with parents, children and young people have the potential to influence children's health.** For example, teachers and educators in early years' services and schools can support healthy eating, exercise, and safety. Practitioners need training and development to support children's health.
- **Services can have a greater impact when they work with parents to strengthen their capacity to improve their children's health.** Children have a better chance of good health outcomes when they grow up in safe, nurturing, warm home environments. Activities such as home visiting can improve the quality of the home environment and support parent child interaction.
- **Services should include activities which encourage children to take responsibility for their own health at different stages of their development and as they grow up.** Examples include health education, peer support programmes and media literacy initiatives.
- **Ongoing engagement with a range of stakeholders is needed.** It is critical to engage with all relevant services in the design of health initiatives and to build lasting connections and partnerships.

"Certainly... it has enhanced the workings of the agencies together." Practitioner

When engaging with children, parents and professionals

- **Awareness and outreach activities can be effective in promoting the benefits of services to hard-to-reach families and encourage them to engage with community and other specialist services.** Public health nurses, midwives, GPs, family support workers, early years' practitioners and home school liaison officers can all play a key role in promoting and referring parents to services.
- **Other family members, including fathers, play a valuable role in their children's health.** The accessibility and timing of services, and how appropriate and effective they are in working with other family members, need to be considered.
- **How services are perceived in the community can affect how people engage with them.** In some cases, a stigma can be associated with targeted services. Service settings, and strategies such as the co-location of targeted initiatives with more mainstream services, can reduce stigma.

"I think its good that she knows she has an older person in the school to go to, even if only saying hello passing in the hallway. You could say it gives a sense of security." Mentor

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Children's experiences in the early years lay the foundation for future physical and mental health and wellbeing. Babies and infants thrive where there is good early nutrition, a warm loving family with secure attachment, and environments where they can play, learn and interact with others.

Whilst early childhood experiences are critical to development, transitions to adolescence and adulthood are also key periods that influence health and development outcomes. Over three quarters of all mental health problems have emerged by the age of twenty, making childhood and youth a critical period for determining future health.

Children and young people living in areas of social disadvantage are less likely to experience positive health outcomes. These inequalities are determined by structural factors such as income inequality and access to education and employment, and if left unaddressed can become costly. Prevention and early intervention programmes alone cannot address these structural factors, but can contribute to improving health outcomes of children and young people experiencing disadvantage, thereby tackling health inequalities. Initiatives which encourage healthy eating, address safety in the home and community, promote positive physical and mental health and support parents, can protect children from harm and prevent the development of some health problems as they grow up.

Health – invest now or pay later?

What programmes were delivered to improve children's health?

Programmes delivered under the Prevention and Early Intervention Initiative which addressed children's health included international programmes with an existing evidence base, some of which were adapted for delivery in particular communities. Programmes which were developed locally drawing on evidence of 'what works' were also delivered. Programmes aimed to improve physical, mental and social wellbeing in communities experiencing social disadvantage and addressed areas such as breastfeeding, child development, mental health, sexual health and nutrition. All programmes were independently evaluated.

They included both universal and targeted programmes, such as home-visiting programmes, community-based health clinics, mentoring and group-based programmes for young people, and capacity-building with early years practitioners and teachers to promote and support health. Programmes were delivered in a range of settings including the family home, early years settings, schools, health services, and youth and community settings. Four of the programmes worked with young people in schools and community settings, three worked with parents and their infants in centre-based or home settings, three were delivered primarily with children in early years settings, and two primarily involved health promotion in schools.

"...my daughter loves the play mat... she likes pulling at the things and all. It's great for colour, like and hand eye coordination and everything. [She] absolutely loves it." Parent

Four of the programmes evaluated changes in health outcomes using Randomised Controlled Trials (RCTs) whereby people are randomly selected to either receive an intervention or be part of a control group who do not. Two were evaluated using quasi-experimental approaches which compare the outcomes of people who receive an intervention to a group who do not; assignment to the intervention and control group is not random. The remaining six programmes were evaluated using non-experimental designs which incorporate a range of quantitative, qualitative or mixed methods approaches.

Two of the programmes demonstrated significant positive effects on health outcomes, six demonstrated positive trends, two had mixed findings, and two found no differences in health outcomes.

"I eat healthy stuff. I eat my nanny's apples, I eat nanny's bananas... And I eat carrots and grapes. I don't even eat peppers, they are too hot." Child, 5

Findings from the evaluations suggest that programmes which improve health include the following five features:

- They work in partnership with other services to develop shared approaches
- They address the multiple aspects of children and young people's lives (home, school and community)
- They tailor their approach to age and developmental stage
- They are based on a clear understanding of need and a theory of how they work
- They provide training and ongoing support for practitioners to develop their skills and promote health.

Five features of effective programmes

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"It was just a case of meeting other parents and sharing their concerns and knowing that they're not alone and it was really good it worked really well." Parent

The evaluations provide useful insights for service providers, commissioners & practitioners involved in planning & delivering programmes and services to improve health outcomes.

1. Programmes worked to improve parental health and parental capacity to improve child health. Some programmes found that increasing parental capacities and competencies had a significant impact on child health.

2. Using specialists in universal services can reach a wider number of children and young people. A number of programmes used specialist services to develop the skill of practitioners in areas such as speech and language development, social and emotional development, domestic violence and sexual health. For example, Chit Chat (CDI Speech and Language Therapy Service) used speech and language therapists to support educators and parents to improve children's language skills.

3. Social and cultural factors influence how health messages affect people's ability to change their behaviour. For example, evaluations showed that breastfeeding rates did not change over the course of the initiative, in spite of considerable efforts. The wider influences on health need to be addressed to support more effective interventions.

What can we learn from the programmes which were implemented?

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4. Some programmes did not demonstrate the intended outcomes on certain aspects of physical and cognitive development. Other approaches need to be considered to influence these outcomes.

5. Some approaches were particularly effective in engaging groups and individuals 'at risk'. For example, mentoring was effective for young people with social and emotional difficulties. Community and home based services helped to reach more vulnerable families.

6. Providers identified how the location of services can increase accessibility and engagement with vulnerable families. For example, locating child development clinics or sexual health clinics in accessible community locations was seen to improve uptake and engagement in health services.

7. Boys and girls experience interventions differently. With this in mind, experience from the initiative showed that supporting staff on how to design, implement and evaluate programmes was beneficial.

"I found the information on how to understand child's emotional stages useful, gave me confidence to take a step back and try to take the right approach" Parent

"We know how to act if something, a situation happens... like for example, if your friends were fighting and you were in the middle of it, how to sort it out."
Girl, 14

	Who did the programme work with?	Age Range	Setting	Programme Duration	Change in Health Outcome	Main Evaluation Approach
The Parent Child Psychological Support Programme youngballymun	Children & their parents	0 to 18 months	Home	7 x 30-60 minute sessions from birth to 18 months	↕	Quasi-Experimental
Preparing for Life (PFL) Northside Partnership	Parents of children in a disadvantaged area	0 to 5	Home	Monthly home visits & other supports from pregnancy to 5 years	↑	Randomised Controlled Trial
Growing Child Programme Lifestart	Parents in the catchment area	0 to 5	Home	Monthly home visits from birth to 5 years	↗	Randomised Controlled Trial
Eager & Able to Learn Early Years	Children, families & practitioners in participating centres	2 to 3	Early Years Settings	8-9 months with 3 home visits	↕	Non-Experimental
CDI Early Years Childhood Development Initiative (CDI)	Children & their families in a disadvantaged area	2 to 5	Early Years Settings	Various supports over 2 years	↔	Randomised Controlled Trial
CDI Speech & Language Therapy Service Childhood Development Initiative (CDI)	Early years practitioners, teachers, parents & children referred in a disadvantaged area	2 to 6	Early Years Settings	Various lengths	↗	Non-Experimental
Healthy Schools Programme Childhood Development Initiative (CDI)	Schools in a disadvantaged area	4 to 13	School	During the academic year	↔	Quasi-Experimental
Protective Behaviours Mayo Children's Initiative (MCI)	Primary & post primary children, young people, professionals & the community	4 to 17	School	10 weeks	↗	Non-Experimental
Big Brothers Big Sisters Ireland Foróige	Young people referred to the programme	10 to 18	Community	1-2 hrs per week for at least a year	↑	Randomised Controlled Trial
Big Brothers Big Sisters Ireland Peer Support Foróige	Young people	12 to 14	School	1 x 40+ minute session weekly for one school year	↗	Non-Experimental
Real U Foróige	Young people	12 to 18	Community	90 minutes per week for 12 weeks	↗	Non-Experimental
Brook Sexual Health Programme Brook NI	Young people	14 to 24	Community	Varied depending on need	↗	Non-Experimental

This table provides an overview of the programmes evaluated and the changes reported in health outcomes in the evaluations. While the evaluation studies used a range of methods, this table shows the main evaluation approach relevant to this particular outcome area.

More details about the findings within individual evaluations are available in the longer report on Child Health. The On the right track series is available on the CES website www.effectiveservices.org

Changes in health outcomes are presented as follows:

↑ **Significant Improvement,** if the evaluations reported a statistically significant improvement on one or more measures of child health

↗ **Positive Trend,** if there was a positive result on one or more subscales of measures of child health used, or improvements shown but not reaching statistical significance

↕ **Mixed Findings,** if there were some positive and some mixed effects for measures of child health

↔ **No Difference,** if there were no statistically significant effects observed for measures of child health

↓ **Negative Impact,** if there were one or more significant negative effects on one or more measures of child health

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