



## Key commonalities in relation to Home Visiting Programmes

This document summarises the key commonalities for the 5 evidenced based Home Visiting Programmes, who are members of the Alliance: Community Mothers, Infant Mental Health, Lifestart, ParentChild+ and Preparing for Life. Its purpose is to outline the vision, ethos and practices that are similar across all programmes. It is aimed at assisting Government, statutory agencies and other organisations understand the core features of Home Visiting in order to scale them up across Ireland.

<p><b>Origin story – how did Home Visiting Programmes start? What was the original problem they were set up to address?</b></p>	<p>All programmes came into being based on the need in their local communities to address issues impacting child development that prevented children from reaching their full potential in education and life. Proven evidenced based programmes were developed to support parent learning in the home and to improve outcomes for children. All programmes have the following aims in common:</p> <ul style="list-style-type: none"> <li>• Community needs based</li> <li>• Addressing intergenerational poverty and disadvantage</li> <li>• Support parents as the primary carers and educators of their children</li> <li>• Targeting first five years of a child’s life</li> </ul>
<p><b>What are the key challenges that Home Visiting Programmes seeks to address?</b></p>	<p>Antenatal to five is the most critical period in a child’s life. 60,000 babies are born in Ireland each year with 20,000 to first time parents and 10,200 (17%) at risk of poverty or social exclusion. Immigration and homelessness increase risks. Home Visiting programmes mitigate child poverty, developmental delays, educational disadvantage, domestic violence, parental isolation, trauma and poor mental health on a daily basis.</p> <p>Initial challenge to mitigate against risk of poverty and disadvantage.</p> <ul style="list-style-type: none"> <li>• Helping children to be school ready.</li> <li>• Having an essential tool in Primary Prevention (and intervention) in reducing Adverse Childhood Experiences in early life across the whole island of Ireland.</li> <li>• Raising awareness based on neuroscience evidence clearly outlining that what happens in the first 2 years of life is critical in the lifespan of human development.</li> <li>• Recognising that all parents need support in understanding child development and the important influence on child outcomes of what they <i>do</i> as parents.</li> </ul>

	<p>Ongoing challenges include:</p> <ul style="list-style-type: none"> <li>• Parent- child relationship (not always to do with poverty and disadvantage).</li> <li>• Parental Isolation, particularly during COVID-1.</li> <li>• Unique and challenging parenting situations which might not be as a result of poverty or disadvantage.</li> <li>• Health challenges either physical or mental health of parent/s or physical/developmental or post birth needs of baby.</li> <li>• Disabilities and additional needs of the parent, child or family members (focus is the needs of the family member with a disability and not on the baby and young child)</li> </ul> <p>Present day challenges:</p> <ul style="list-style-type: none"> <li>• Home Visiting Programmes have evolved as essential community lifelines, particularly now with Covid-19, long waiting lists (4,000 children &amp; 25 months wait for assessment of need; 16,466 SLT; 9,554 primary care psychology &amp; 3,065 CAHMS) and Ukrainian refugee crisis. Home Visitors now face and rise to challenges that they were not initially trained or expected to deal with.</li> <li>• 12,000 (20%) mothers experience mental health challenges during or after pregnancy. The data for fathers is similar, though usually undiagnosed and untreated.</li> <li>• Since 2014, the number of children living in emergency accommodation grew by 221% with 2,811 children homeless in March 2022.</li> <li>• With referrals to Tusla rising by 23% to 70,000 cases and 23% of families having at least 1 parent with a mental health disorder, highly skilled Home Visitors are required to support even more families with multi-faceted interdisciplinary complex needs.</li> </ul>
<p><b>What is the cost of doing nothing? How much does not supporting children and families through Home Visiting cost the State and society?</b></p>	<p>Costs to the <b>individual child</b> can include poor physical and mental health, reduced quality of life, employment &amp; income prospects &amp; possible incarceration, substance misuse along with the negative impact on their relationships, family and their own children.</p> <p>The cost of ACEs in <b>society</b> is becoming more and more apparent. For government to act it needs to be seen in terms of economy. Recent research suggests the cost to the economy in Europe attributable to ACEs is in excess of €500 billion per year. €11.5 billion in Ireland. The <b>long-term intergenerational cost</b> of not intervening where preventable complex problems become even more entrenched. Social, economic and community costs of individuals not being able to make a positive contribution as active citizens to their communities and society</p> <p>Cost of not intervening for parent health as they themselves are participants, again not always to do with disadvantage and poverty but a really stressful time post birth can have impacts on the physical and mental health outcomes for parents too * note this leads to exploring the concept of two generational programmes like the Ascend Programme in Canada</p>
<p><b>What is needed to support the most at-risk families across Ireland through Home Visiting?</b></p>	<p>Sustained investment in early years Home Visiting, in particular secure long-term funding for existing and expansion of Home Visiting e.g.</p> <ul style="list-style-type: none"> <li>• Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) – established in the US in 2010 to fund evidence-based home visiting</li> <li>• Section 39 or similar funding that is provided year on year</li> <li>• Joint HSE/Tusla funding to sustain and grow existing home visiting programmes</li> </ul>

	<p>Prevention and early intervention approach starting antenatally i.e., enabling all children to grow and develop in a secure positive home learning environment</p> <ul style="list-style-type: none"> <li>• Additional targeted supports for vulnerable parents with a Home Visitor as an non-judgemental objective trusted guide as they navigate the first five years of their child's life</li> <li>• Non-judgemental user-friendly progressive universal approach delivered and embedded in the community.</li> <li>• Recognise that that the first 3 years are the most critical in shaping the child's brain architecture and provide parents with knowledge and support on how to help their child's development at this key stage of their development i.e. antenatally to 5 years, depending on need.</li> <li>• Making provision across the full spectrum of parenting support needs</li> <li>• HV able to address issues across the continuum of need</li> </ul>
<p><b>What does Home Visiting Programmes do?</b></p>	<ul style="list-style-type: none"> <li>• Provision of a consistent, stable and trusted relationship in the lives of parents during this crucial window of a child's life.</li> <li>• Provides consistent, responsive and quality one-to-one parenting support, mentoring and coaching</li> <li>• Recognises parents as key agents and experts in their children's lives</li> <li>• Raises parents' awareness of key aspects of their children's care, development and education.</li> <li>• Gently encourages parents and supports them to observe and tune into their child's personality, needs and development</li> <li>• Improved parenting skills by modelling and encouraging best practice</li> <li>• Supporting the parent in their constitutional role as the primary educator of their children and as a key nurturer of their development, resilience and growth</li> <li>• Focus on improving child outcomes and resilience across all areas of development</li> <li>• Differentiation depending on the parents' and children's needs and support networks</li> <li>• Earliest awareness and prevention of developmental delays, additional needs, ACEs and other social issues</li> <li>• Community wraparound with an emphasis on collaborative/interagency and trauma-informed work practices</li> <li>• Aligned with and supports national policy e.g., BOBF; First Five, National Healthy Childhood Programme, Women and Infant Programme and Healthy Ireland etc.</li> <li>• Two generational approach by building parents' confidence, capacities and ambitions in relation to their own personal life and career goals.</li> </ul>
<p><b>What does the evidence say about the impact of Home Visiting Programmes? What are the key results?</b></p>	<ul style="list-style-type: none"> <li>• Years of evidence of effectiveness, including multiple RCTs and other evaluations</li> <li>• Empirically proved to generate predicted outcomes consistent with theories of change</li> <li>• Improved parenting attitude, competency and practices</li> <li>• Increased parental understanding of and ability to support children's early learning, and development</li> <li>• Increased parent confidence and self-esteem</li> <li>• Improved child outcomes across all areas of development</li> <li>• Increased uptake on immunisations</li> <li>• Greater access to supportive networks and multiagency services</li> <li>• Increased parental trust and engagement in multiagency supports</li> <li>• Huge savings on health as ACEs have clear links to physical health outcomes and mental health outcomes later in life</li> </ul>

	<ul style="list-style-type: none"> <li>• Long-term national, regional and local benefits re: inclusive communities; engaged and competent citizens; skilled workforce with the benefits passing on to the next generation</li> </ul>
<p><b>Why do Home Visiting interventions work?</b></p>	<ul style="list-style-type: none"> <li>• One non-judgemental trusted person in a parent’s and child’s life at a critical time for both of them</li> <li>• The relational way of working recognises, appreciates and champions parents’ role in their child’s development.</li> <li>• Strengths based positive relationships are at the core of the work</li> <li>• Non-didactic dialogic approach accepts parents where they are at, listens and encourages them to move forward and scaffolds their learning so that they are the best parents they can be for their children wellbeing, resilience and development</li> <li>• Professional Staff Trained/CPD/ reflective practice and supervision build the capacity of the Coordinators and Home Visitors to deliver a high quality supportive service to children and parents that is adapted to meet their individual needs.</li> <li>• Quality Resources are provided to the family to enable them to interact more positively and in a developmentally appropriate way with their children</li> <li>• Quality Assurance processes are built into each programme, thereby ensuring that children and families are receiving a consistent high-quality supportive service in line with First Five, Aistear, Síolta and BOBF principles and values.</li> <li>• Interagency/collaborative services are incorporated into each programme with referrals from local professionals, engagement in Meitheals and signposting pathways to local services and supports key elements</li> <li>• Wrap around community support is provided through the links Home Visitors have with local services and professionals in the statutory, community and voluntary sectors. Home Visitors support isolated parents to access parenting support groups and other relevant activities in their community.</li> <li>• Evidence-based with systematic evaluations, including RCTs, are the foundation of each programme with data collected regularly on participation, learning outcomes, educational aspirations, programme satisfaction, and impact</li> </ul>
<p><b>How is Home Visiting worth the investment for Government ?</b></p>	<p>Better education, health, social and economic outcomes increases revenue, attracts inward investment, enhances citizenship and reduces the need for costly social spending. Also provides employment across the country by upskilling local people, thereby has a multiplier effect on communities.</p> <p>Investment in Primary Prevention and intervention provides cross-sectoral savings across the lifespan of the human. Many studies have proven this – most notably Heckman. Heckman et al found 13% ROI for comprehensive, high-quality, birth-to-five early education, substantially higher than the 7-10% return previously established for preschool programs serving 3-4 year old children.</p> <p>In the U.S. it was estimated that the savings from the reduced needs for special education services for ParentChild + graduates was \$210,000 per child (Hevesi, 2001). Through engagement in Parent Child+ there were estimated that the economic return in terms of a participant’s lifetime earnings were between \$600,000 and \$1M (Hevesi, 2001). Further work estimated that if the programme was rolled out nationally by 2099 there would be an economic return of 3,000 jobs, \$53 billion in generated earnings and \$42 billion in annual government revenue.</p> <p>Barlow et al’s (2007) cost-benefit analysis of a home visiting program for families at risk of child abuse and neglect in the UK found that the mean ‘societal costs’ in the control and intervention arms were £3,874 and £7,120, respectively (a difference of £3246). The mean ‘health service only’ costs were £3324 and £5685 respectively (a difference of £2,361). Barlow et al (2007) notes that as well as significant improvements in maternal sensitivity and infant cooperativeness there was also a non-significant increase in the likelihood of the intervention</p>

group infants being removed from the home due to abuse and neglect. These incremental benefits were delivered at an incremental societal cost of £3,246 per woman.

The ROI for every \$1 invested in Healthy Families America (a programme similar to Community Mothers) is \$1.46, or \$3.16 for families involved with child welfare. The annual cost of cost of €1-3K for home visiting a family compares favourably with €250K a year for a young person in residential care.

Home Visitors provide an essential service to children and parents in their communities. They are critical frontline support lifelines to the most vulnerable children and families across Ireland. The scale and complexity of the need being experienced at the moment is unprecedented as is the lack of other services. The impact of Covid-19, waiting lists for specialist services, increase in child protection/domestic violence referrals are experienced by Home Visitors in their daily interactions with families. Ukrainian refugee referrals to our Home Visiting services are increasing as numbers entering Ireland grow daily.

The following objective data (PEIN 2022) is a stark reality for Home Visitors and the families they support and can, at times, be overwhelming and very difficult to deal with for all concerned:

1)210,363 children living in poverty.

2)2,811 children in homeless emergency accommodation.

3)Referrals to Tusla rose by 23% to 70,000 cases.

4)Waiting lists:

a. 4,000 children waiting on an Assessment of Need, average waiting time of 20 months

b. 16,466 children awaiting Speech and Language Therapy assessment.

c.9,554 children waiting on Primary Care Psychology

d. 3,065 children waiting on CAMHS

Government investment in Home Visiting is providing essential prevention and early intervention supports to 5,000 at-risk children and parents across the country, thereby ensuring that these children will meet their developmental outcomes and will thrive in education and life as well as supporting their and their parents' mental health and wellbeing.

**How can the Home Visiting Programmes be scaled up across Ireland?**

All five programmes are operating in multiple areas of the country. With significant and sustained Government investment, they can be scaled up across the country. However, existing sites needed to be financially secure and potential sites need to know that multi-annual funding will be available for long-term development and delivery. Funding is also required for ongoing and evolving national and local evidence base, research and evaluation. CYPSC's are just one mechanism through which Home Visiting can be scaled up with interdepartmental funding through Tusla, HSE, SICAP and other local community employment and development initiatives.

Limited knowledge exists about how to build the infrastructure and service systems necessary to scale up, implement and sustain evidence-based home visiting programs with fidelity to their models. For home visiting interventions to have the greatest effects possible, the systems in which home visiting programmes operate must be integrated and supportive to participating children, parent and families. They must also be conducive to collaborative interagency service delivery that provides holistic wraparound parent support services at local level.

A systems approach rather than a programmes approach is required as it tends to support greater coherence and communication and will provide localised operational function and strategic policy development and implementation in a coherent and collaborative systemic framework (Indecon, 2021). A structured and integrated system also reduces duplication and fragmentation. Integration at a national level will ensure alignment with national policy and key HSE and Tulsa service delivery priorities

2022 is a significant year for early childhood home visiting in Ireland with on the development of a National Standardized Model as part of the First 5 | A Government Strategy For Babies & Young Children. This model will shape the delivery of home visiting at both local and national level for the foreseeable future.

The UNITES project, Maynooth University is underway and will inform the development of an agreed national approach to home visiting services, having regard to the international and national evidence on the implementation and effectiveness of prevention and early intervention initiatives

[gov.ie](https://www.gov.ie) - [Minister O’Gorman announces the first national study of home visiting services for families with babies and young children \(www.gov.ie\)](#)

[UNITES Project - Centre for Mental Health and Community Research \(cmhcr.eu\)](https://www.cmhcr.eu)

As part of the What Works Sharing Knowledge Project 2022 and the development of the national model of Home Visiting as per the First Five, the Home Visiting Alliance (HVA) is engaged in a collaborative feasibility study on programme replication, scaling and expansion. Our aim is to ensure that the new national model for home visiting includes the infrastructure, processes and funding for the replication, scaling up and expansion of our home visiting programmes across Ireland so that every child, parent and family can avail of a home visiting programme that meets their needs. For more information, contact Josephine Bleach ([josephine.bleach@ncirl.ie](mailto:josephine.bleach@ncirl.ie)) or Susan Brocklesby ([susanc.brocklesby@gmail.com](mailto:susanc.brocklesby@gmail.com) )