



HOME VISITING
ALLIANCE

Early Childhood Home Visiting in Ireland

Feasibility Study - Executive Summary



Home Visiting Alliance
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Background, Rationale and Current Context

Early childhood home visiting is an evidenced-based service delivery strategy that helps children and families thrive and paves the way to a healthier, safer and successful future for families. It connects parents-to-be and parents of young children with a Home Visitor who guides them through the early stages of raising a family. It is a unique intervention, as outlined below in Figure 2. It is:

- Relational - It provides a trusted relationship between parents and a Home Visitor over time.
- Reduces barriers to engagement - It is positively acceptable to all families, resulting in high engagement and retention rates.
- Contextual – Information and coaching occur in the environment where Parents are parenting, making advice and guidance tangible and pragmatic.
- A whole-family approach –All the family are encouraged to get involved, and wider family needs are responded to, which, if not addressed, could limit engagement.

Home visiting has a long history since its origins in the United States (US) in the 1960s. During this time, home visiting has diversified, undergone significant research and grown internationally as providers, policymakers, researchers, philanthropists and commissioners seek solutions to many societal issues. Home visiting demonstrates a range of evidence-based outcomes that vary from Programme to Programme but are reflected in Figure 1 from the US Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programme.

- Improve: maternal & child health
- Prevent: child abuse & neglect
- Increase: family education & earning potential
- Promote: children’s development & readiness to participate in school
- Connect: families to needed community resources & support.

Figure 1 Home visiting outcomes for children & families (HRSA Maternal & Infant Health Bureau, 2023)

More recently, this longevity has generated considerable focus at a government level. In the US, the first legislation to advance funding models for home visiting commenced under the Obama presidency (Executive Office of the President of the United States, 2014)¹ In Ireland, home visiting was recognised at a national policy level in *First 5 – A Whole of Government Strategy for Babies, Young Children and their Families*² (Department of Children and Youth Affairs, 2018).

There is substantive scientific evidence for the importance of prevention and early intervention (PEI) initiatives, specifically home visiting from an individual and population level regarding health, education and an economic perspective. Systematic reviews and evolving neuroscience demonstrate the importance of early life contexts during pregnancy and up to 5-6 years, focusing more on the earliest stage represented by the phrase ‘*first 1000 days*’³. We know that responsive caregiving, reducing sources of stress, supporting maternal mental health and empowering parents to advance their child’s learning and development are essential for the best outcomes for all children⁴.

After decades of studying the longitudinal impacts of early childhood programmes from the 1960s, Heckman’s phrase ‘*skills beget skills*’ exemplifies the multiplying effect of the earliest interventions (Heckman, 2000; García et al., 2017; Zhou et al., 2021). Heckman (2007) outlined a 7-13% return on

¹ A list of sources referenced within this document is available in the full document.

² To be referred to as First 5 hereafter.

³ The first 1000 days represent the time frame from the start of pregnancy to 2 years.

⁴ Shonkoff & Phillips (2000); WHO, (2020); National Scientific Council on the Developing Child (2020).

investment through high-quality early childhood interventions (Heckman & Masterov, 2007; Heckman, 2000).

We also know that early intervention, such as home visiting, can mitigate the worst impacts of early life trauma or Adverse Childhood Experiences (ACEs) on mental, physical and social outcomes (Felitti et al., 1998; Lacey et al., 2020). From an economic perspective, research estimated that the costs attributable to Adverse Childhood Experiences (ACEs) in Ireland were \$7.7 billion or 2% of GDP (Hughes et al., 2021).

This study, compiled by members of the Home Visiting Alliance (HVA), demonstrates that home visiting in Ireland developed in response to needs identified at a local level against the odds. Home visiting programmes emerged in a policy and service delivery context that could not provide the necessary infrastructure, research, funding or strategic planning and support required. Relying on ad hoc funding opportunities does not enable sustainable, high-quality, evidence-based home visiting to maximise its impact and grow to any level scale necessary to reach a significant population of children and families.

The Home Visiting Alliance (HVA)

The HVA was developed in 2021 as a collective of five Irish evidence-based home-visiting programmes in response to shared challenges regarding sustainability and growth. Those programmes are:

- The Community Mothers Programme (CMP)
- Infant Mental Health Home Visiting – Let’s Grow Together!
- Lifestart
- ParentChild+
- Preparing for Life (PFL).



Building on the First 5 action to agree on ‘a national approach to home visiting’, the HVA recognised the need to outline the feasibility of home visiting in Ireland in 2023. A funding opportunity through the ‘What Works Sharing Knowledge Fund’ (DCEDIY, 2023) enabled the HVA to work collaboratively to explore the barriers and enablers to implementing home visiting.

Methodology

This study explores the extensive literature and scientific best practice for implementing, replicating, adapting and scaling up home visiting. The science outlines a theoretical ideal of implementing and scaling home visiting that is currently well beyond the reach of all Irish home-visiting programmes. The history of how home visiting grew and was impacted by changing policy and strategic national developments in Ireland is outlined along with the current status of each home visiting programme. Finally, a consultation with a range of different stakeholders is included and resulted in addressing several factors, including the importance of clarifying the role and function of home visiting as a unique service delivery model that should be differentiated from other ways of working with parents in pregnancy and beyond (Figure 2 below).

The profile of home visiting in Ireland in 2023 is summarised in Figure 3 below. In addition to the information in Figure 3, it is essential to note that approximately 71% of funding received by the programmes is from Tusla, the Child and Family Agency (Tusla). Programmes also receive funding from the following sources: 11% from the Health Services Executive (HSE), 11% from philanthropy/corporate donation and 7% of 'other' funding consisting of one-off grants or smaller funding streams.

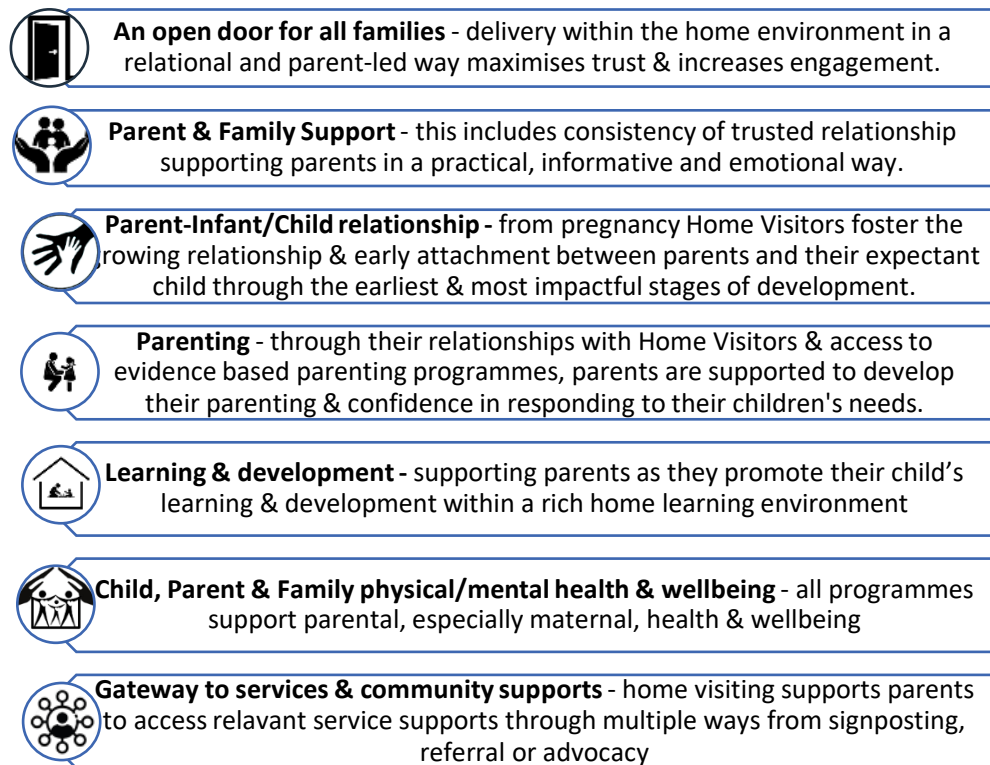


Figure 2 Unique role and function of Early Childhood Home Visiting

Summary of findings

1. **There is a lack of clarity about Early Childhood Home Visiting (ECHV) and the distinct role it can play in the lives of children and families.** The small scale of home visiting and the absence of a recognised 'sector' has resulted in a lack of clarity about ECHV and whether it is a programme, a service or both. Furthermore, the unique skill set and role of Home Visitors are undervalued in terms of pay and terms and conditions. Home visiting is not explicitly differentiated from other professions and functions working with parents from pregnancy to school age. Figure 2 above outlines the unique offering of ECHV.
2. **Current funding models for direct delivery of home visiting are insufficient to cover the 'real costs'.** Current funding models do not reflect the total implementation costs nor recognise the need for adequate remuneration for home visiting staff, programme development costs, training, ongoing professional development supports and ICT/database costs. Funding is negotiated on an annual basis, creating uncertainty for all programmes.
3. **The sustainability and growth of home visiting are dependent on effective national support structures for each home visiting Programme.** The study outlines the complex role required to support home-visiting programmes. This includes collecting and monitoring local data, ongoing training, practice development, overseeing fidelity and growing the Programme's evidence base

for all existing sites. It also delivers an essential role for new sites, ensuring fidelity to the programme by assessing implementation readiness and providing training and mentoring as organisations adopt the Programme into their service provision models.

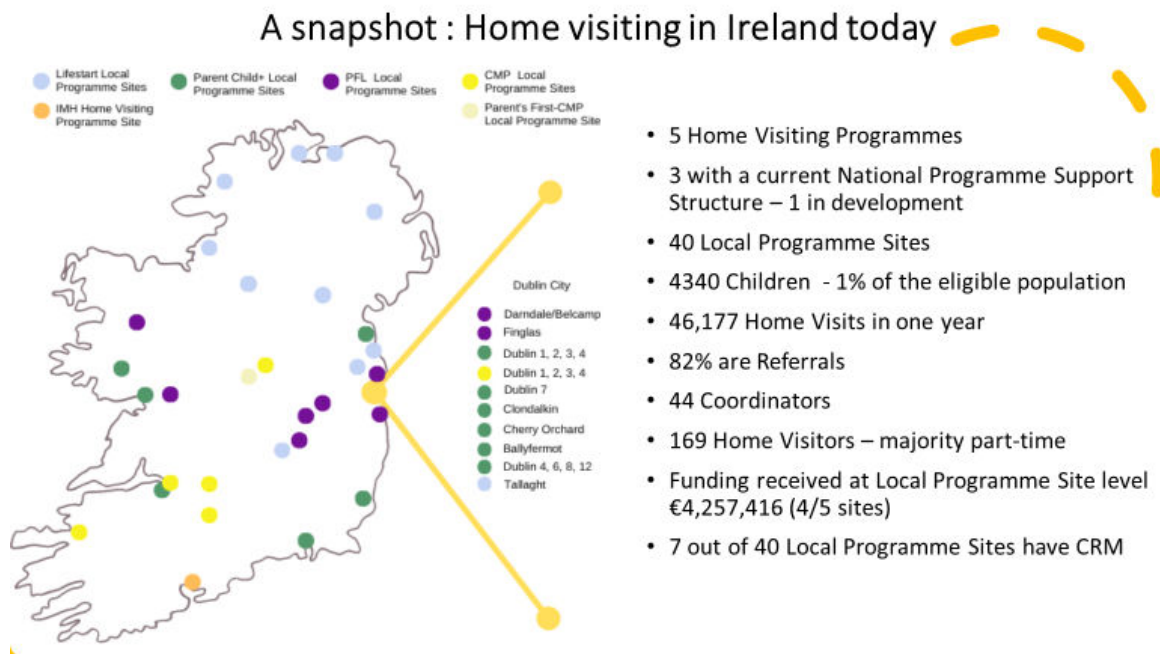


Figure 3 A snapshot of home visiting in Ireland in 2023

4. **There is no dedicated or sustainable funding for national programme support structures.** Funding for the delivery of home visiting programmes is commissioned at a local level. There is no formal recognition of the role and necessity of national programme support structures. As the report outlines, programmes fund this function in ad hoc and unsustainable ways.
5. **The ‘development mechanism’ for programmes is not sustained once efficacy is proven.** Development mechanisms for home visiting programmes frequently include partners working together, such as implementation organisations, philanthropy or funders and research or academic institutions. Such partnerships are essential for programme development but also for ongoing programme support. While there can be enthusiasm to develop new models of practice with a range of funded partners available at the start of a programme, this is frequently not sustained, leaving national implementation organisations without the necessary research or funding support to grow, improve or continue to evidence new developments within the Programme⁵.
6. **Securing an evidence base for programmes is challenging and expensive, making it unfeasible and out of reach for many programmes.** Securing the necessary funding for research relies heavily on philanthropy or ad hoc funding through chance opportunities. An additional challenge unique to home visiting is the requirement for lengthy and complex research methodologies due to its duration of intervention and its integration into local service delivery infrastructures. This makes RCTs for home visiting more expensive than for other shorter-duration parent support initiatives.

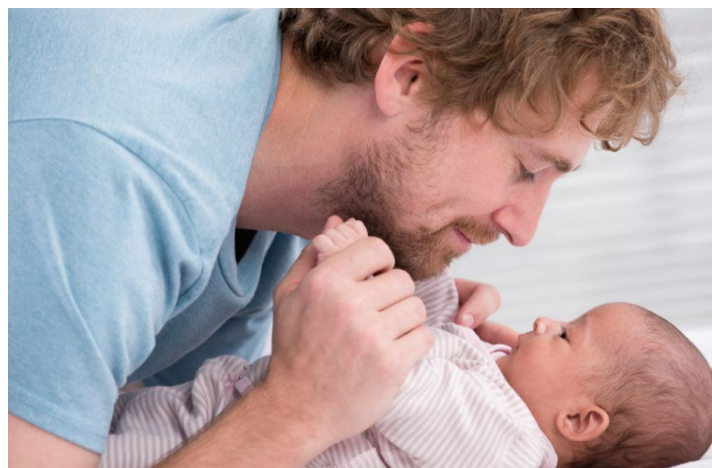
⁵ While PFL has a sustained relationship with the Geary Institute in UCD, this is limited to the longitudinal study of programme delivery in one area with the original cohort. To date, no research mechanism is mapping the delivery of home visiting programmes at scale in Ireland.

7. **There is a lack of clarity on what evidence-based means across sectors and government departments.** The term is used frequently but sometimes differently in Health, Children and Families, Child Welfare and Prevention and Early Intervention sectors. This can result in differing expectations from different government departments and agencies.
8. **Investing in newer programmes at the risk of pre-existing programmes in the same area has led to the closure of some local sites.** Some programmes experienced poor long-term ongoing developmental investment. The absence of a strategic approach connecting national policy priorities to local and national commissioning has resulted in overlooking these programmes in favour of newer initiatives. Instead of building on existing programmes, there are examples where the delivery of home visiting has been displaced, leaving some areas without access and an overall diminishing of some Programmes.
9. **Collating data across and within home visiting programmes is difficult due to an absence of data collection mechanisms at local and national levels.** Funding at a local level is directed to day-to-day costs, predominantly staffing costs, rather than once-off or ongoing development investments. The initial and ongoing cost of having an adequate ICT system is beyond the reach of many local and national programme structures.

Recommendations

1. **Establish a national four-layered infrastructure with targeted actions at each level to sustain, implement and bring home visiting programmes to scale.** This is outlined within the document (Figure 6). Such a structure could be considered under the First 5 reference to agree '*a national approach to home visiting*' coordinated by the Parent Support Policy Unit. This proposal aims to build on existing structures, ensuring integration across Government departments at a national level and sectors, agencies and structures at a local level, ensuring top-down and bottom-up connectivity. It aims to address the following:
 - a. national strategic planning and coordination
 - b. strategic inter-agency/departmental approach to commissioning aligned with data gathering
 - c. develop national programme support structures to develop and scale home visiting
 - d. access to national and local research.
2. **Build on the First 5 action to '*agree a national approach to home visiting*' through the creation of a centralised national office within the Parenting Support Policy Unit** with responsibility for home visiting in Ireland, reporting to a cross-departmental policy structure to:
 - a. strategically lay the foundations for the implementation of home visiting to meet a range of child outcomes through a joined-up Government approach ensuring cross-departmental funding for home visiting from Children, Health, Education, Community and Rural Affairs and Justice
 - b. collect and collate national data on home visiting and enable a bottom-up influencing of national policy, aligning it to national data on outcomes for children and families
 - c. coordinate the gap between national funding for programme support structures and collaborate with local commissioners to align this with implementation site funding at the local level.

3. **Adequately fund the implementation of home visiting programmes at a local level through a multiannual cross-sectoral mechanism.** Additionally, fund the national programme support structures required to oversee, support, develop and scale home visiting.
4. **Professionalise the home visiting sector to develop and advance home visiting in Ireland.** Invest in the sector's professional development through home visiting qualifications, training and professional development across all levels of practice.
5. **Recognise the full potential of home visiting in engaging and supporting all parents across the continuum of need to reach those families less likely to engage in centre-based or more structured external supports.** HVA members outline their programmes support many families with higher levels of need whilst also providing preventative, early intervention and universal support. Acknowledge the wider role of home visiting in health and education, e.g. child, parent and family mental and physical health and early home learning, language and building the foundations for literacy and positive school engagements.
6. **Agree a national definition of 'evidence-based', which enables innovation and is practice-focused rather than programme-focused.** This should be a pragmatic definition that does not stifle innovation and needs to be 'feasible' with accessible mechanisms for all programmes to secure the necessary efficacy research.
7. **Develop and fund national and reciprocal local data collection methodologies:**
 - a. define key national metrics for all home visiting programmes
 - b. as part of local commissioning, provide funding for the design and implementation of CRM/data gathering mechanism to ensure accurate real-time data collection at a local level.
8. **Support Programmes to achieve, grow and sustain an evidence base by establishing a national research function as outlined above.** Programmes should be supported either directly or through the provision of funding to carry out the following:
 - a. initial and longitudinal research
 - b. innovative supports to ensure adaptations or programme changes can also be reflected in the evidence base to ensure home visiting programmes are innovative and responsive to new emerging research and population-level needs
 - c. carry out replication evaluations of international programmes in Ireland and replications of Irish programmes in different contexts in Ireland, e.g., urban areas of disadvantage to rural areas.



A Vision for Early Childhood Home Visiting in Ireland

The recommendations above set the stage to advance home visiting in Ireland in a gradual and sustained way. Ultimately, the vision for Ireland is that every child in Ireland would be offered a home visiting programme. This vision requires considerable scaling, and the overarching principle should be ‘**sustainable strategic scaling**’ rather than an unplanned race to scale. There is much to learn from the literature regarding scaling too fast. Learning from the complex scaling of services and projects will be essential, and a sustainable and strategic approach to the scalability should be a priority if we are to achieve a vision of providing a service to all children in Ireland.



Cost to Deliver High-Quality Home Visiting Across Ireland

This document outlines estimated costs for direct implementation and the essential investment in supporting infrastructure to ensure scaling is effective, quality assured and meets the needs of children, families, communities and commissioners.

The starting point is to secure sustainability whilst delivering to nearly 5,000 children, costing €15,240,000⁶.

Table 3 (within the document) outlines a long-term approach to sustainable scaling, ensuring all children who need the programme (30% of the population) should have access to a programme within 10 years at a total cost of €339,247,092. There are multiple caveats about these cost estimations, as outlined in detail within the document. However, they provide broad indicators of cost requirements for a sustainable ECHV sector. Securing a solid foundation for this ambition is required, as outlined in Figure 11 in the document and summarised below.

- 1. Ensure sustainability of existing services & learn from real-time data gathering.**
- 2. Build national & local infrastructures to support scaling.**
- 3. Adopt & fund mechanisms for the development of an evolving real-time innovative evidence base aligned to national outcomes.**

⁶ Cost for local implementation €14,740,000 in addition to infrastructure costs of €500,000 per Programme.

Conclusion

The current policy context in Ireland allows a unique opportunity to develop an integrated strategic approach to early childhood home visiting. The recommendations outlined herein align with the aspirations of First 5 across all goals, particularly:

- Goal A, action 2.2 specifically - *‘an approach to home visiting will be agreed’* as part of a tiered model of parenting services supporting a continuum of need.
- Goal D, building blocks 3 and 4 as foundational steps towards an effective early childhood system - Building Block 3: Skilled and sustainable workforce.
Building Block 4: Research, data, monitoring and evaluation

Irish home-visiting programmes are listed across three HSE catchment areas⁷ as valued parental support before and after a baby is born within the HSE response to the Maternity Experiences Survey, Listening, Responding and Improving (HSE, 2020). Home visiting is also outlined as an action within the Tusla Parenting Support Strategy Implementation Plan 2021-2023 (Tusla, 2022a) regarding implementation and scaling. A final policy window is within the HSE Mental Health Promotion Plan as a ‘Starting Well’ action is to:

‘Increase coverage of home-visiting programmes nationally in line with the goals of Supporting Parents, the national model of parenting support services’ (HSE, 2022).

Home visiting is not adequately funded at a local level as it delivers a service to 1% of the current eligible child population. It is clear from this report that a strategically funded approach supporting these programmes at a national level is required. A top-down – bottom-up integrated national and local level infrastructure is needed to equip home visiting programmes to implement high-quality, evidence-based services and to grow sustainably in response to national policy and local needs. An aspiration to ensure all children and families have access to a home visiting programme from pregnancy to 5 years of age seems dauntingly ambitious. However, by building a viable infrastructure to support the sustainable growth of home-visiting incrementally over the next ten years and beyond, it is hoped that access to such invaluable parental support could grow from its current 1% reach to 30% of the eligible population with clear benchmarks of how to ensure the whole child population are offered a programme.



⁷ Limerick Community Mothers Programme – University Maternity Hospital
Clonmel Community Mothers Programme – South Tipperary General Hospital
Preparing for Life - CHO 9: Dublin North City & County Public Health Nursing Services

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