Prevention & Early Intervention in Children & Young People’s Services

Child Health and Development
# Key Messages

1. By and large, the children of Ireland and Northern Ireland are very healthy, certainly in a global context. However, poor child health outcomes remain concentrated among poor children.

2. Learning from the Initiatives shows that integrated working – for example between primary care teams and public health nurses, or Early Years’ Services and a range of health care services – offers many potential benefits to children and their families.

3. Locating services in areas of disadvantage could make an important contribution to public health goals in tackling both child and adult health inequalities.

4. The evaluation evidence suggests that programmes have potential in addressing both immediate health and development outcomes as well as broader aspects of children’s capacity to thrive and develop.

5. Prevention and Early Intervention services worked particularly well in supporting parenting skills – this may result in a substantial health dividend for families raising children in disadvantaged communities.

6. Many programmes that aim to improve children’s health involve working with mothers. Programmes could seek to develop in ways that are inclusive of fathers.

7. A common learning outcome from the Initiative directed at adolescents is the importance of empowering young people to share the responsibility for their own health rather than being passive recipients of services.

8. Boys and girls experience interventions differently and support for staff on how to design, implement and evaluate programmes with both genders can be beneficial.
For over a decade, a group of organisations has been running more than 52 prevention and early intervention programmes throughout the island of Ireland. This Initiative funded by The Atlantic Philanthropies, sometimes in conjunction with Government and other organisations supports diverse services working to influence a wide range of outcomes for children. ‘Child Health and Development is the sixth report in the series ‘Prevention and Early Intervention in Children and Young People’s Services’ produced by the Centre for Effective Services. The briefing paper provides a summary of the key learning from 10 programmes that have been evaluated. It contains 8 key messages and 8 recommendations.

Why is it important to have a prevention and early intervention approach to improve children’s health?

By and large, the children of Ireland and Northern Ireland are very healthy, certainly in a global context, and there have been some very considerable improvements in child health over the last century. Children are far less likely to die at birth, in infancy and childhood and far more likely to enjoy a childhood that is free of potentially preventable infection and injury. However, considerable challenges remain in ensuring that children have the opportunity to grow up healthy and develop to their full potential. Urgent challenges in child health include high levels of childhood overweight and obesity, increases in demand for child protection services and teen mental health issues including deliberate self harm and suicide. Despite overall improvements in child health, stark inequalities remain a feature of many public health outcomes for children.

Research evidence shows that ‘universal child health services’ are a key cornerstone of what is sometimes called “proportional universalism”. This is a concept based on the idea that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently, and that to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

Although reducing health inequalities was not a specific goal of the programmes, the location of many of the initiatives in areas of disadvantage and the scope for the programmes to address social determinants of health and foster equality in child development means that the findings are of particular relevance to health inequality concerns.

Early intervention programmes have the potential to improve child health in a number of ways. They can directly support behaviours that promote the health and development of children. They can also act indirectly by affecting the social determinants of health – for example by facilitating children to access the wider benefits associated with a better education including opportunities for later employment and income. Prevention and early intervention approaches have enormous potential to level the playing field for health of both children and adults by tackling health inequalities at their root.

Key Recommendations

Enhancing the referral pathway

The majority of children in Ireland and Northern Ireland are healthy and well, however there is a small number who require greater support. International evidence shows that providing support to mothers and children with high needs during the prenatal period and in their first year is vital.

Enhancing the referral pathway can contribute to what services are doing already and can help in the planning of new services. Initiatives like the Prevention and Early Intervention Initiative enhance referrals and support people to access services and ultimately are good value for money1.

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1. Provide a dedicated investment in home visiting and clinic based services antenatally and postnatally

**Improving Access to Child Health Services**

Many aspects of mainstream service delivery for children can compound existing health inequalities, including waiting lists, service accessibility and cost. Early intervention programmes appear to present innovative solutions to inequalities relating to health service delivery for vulnerable young people and families. The location of comprehensive early child development services within a non-stigmatising setting appears to have been an element of the success of many programmes.

2. Policies and structures that support integrated working in childcare, education and health services – at local and national levels – need to be put in place

3. Children’s health is not the sole responsibility of the health services. Common child health priorities need to be developed and communicated

4. Consider the co-location of child health and development services to improve service acceptability and accessibility

**Creating Opportunities for Health in the Education Setting**

Many aspects of school life can influence the health and well-being of children and young people. Schools can have a major effect on children’s health, through education and through the creation of a health promoting school environment. However, health promotion initiatives in the school setting can be complex and challenging.

There is considerable learning from the Prevention and Early Intervention Initiative with regard to informing practice in designing and implementing school-based programmes.

5. Schools need support in identifying the health needs of their pupils, their role in evaluating the effectiveness of programmes and its resourcing

6. Children need to become empowered agents of change in their own health rather than passive recipients of school policies and services

7. Facilitate early assessment by primary care teams of children referred through schools and pre-school/early years services

**Understanding and Measuring Health**

Appropriate child health indicators and comparative data are essential in gaining a better understanding of child health and development. Health was understood and measured in many different ways in the Prevention and Early Intervention Initiatives. In some cases the selection and measurement of appropriate child health indicators measure was challenging. Learning from the Prevention and Early Intervention Initiative found that any indicators that are measured, need to be relevant to and integrated with national health strategy targets and local health and social care services.

8. When implementing a prevention and early intervention initiative to improve child health, indicators of health improvement need to be based on evidence and linked with national policy targets
Further Information on the learning from this Initiative

The full report *Prevention & Early Intervention in Children & Young People’s Services: Child Health and Development* accompanies this briefing paper and is available to download from [www.effectiveservices.org/prevention/child-health-development](http://www.effectiveservices.org/prevention/child-health-development). This is the first in a series of reports on this outcome and subsequent reports will be issued as more evaluations are completed between now and 2016.

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**CES Briefing Paper Series**

- Organisational Learning
- Parenting
- Child Behaviour
- Children’s Learning
- Promoting Inclusion
- Child Health and Development
Summary of evaluations from this Initiative so far

**GROWING CHILD PARENTING PROGRAMME** delivered by Lifestart aims to support the child’s physical, intellectual, emotional and social development, and to promote school readiness

**TARGET AUDIENCE**
Parents of children aged 0–5 years

**HOW IT IS DELIVERED**
Monthly home visits of between 30–60 minutes delivered by trained family visitors in the parents’ own home

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Some positive effects observed in cognitive development, fine motor development, language development and socio-emotional development

**EAGER AND ABLE TO LEARN** delivered by Early Years aims to impact on children’s eagerness and ability to learn by supporting their physical, social and emotional language and cognitive development in partnership with parents

**TARGET AUDIENCE**
Children aged 2–3 years

**HOW IT IS DELIVERED**
Delivered in a child care setting and at home, it involves a series of activities as well as workshops for parents

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Significantly improved social emotional development

**THE EARLY INTERVENTION SPEECH AND LANGUAGE THERAPY (SLT) SERVICE** was developed by the Childhood Development Initiative and is supported by the HSE

**TARGET AUDIENCE**
Children aged 3–6

**HOW IT IS DELIVERED**
Through Early Years services and primary schools, as well as providing training and support to parents, practitioners and teachers

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
The service model was successful in facilitating disadvantaged children to access early intervention for language difficulties by shortening waiting times, facilitating referrals to other services and accessing children at an earlier age

**HEALTHY SCHOOLS** designed by the Childhood Development Initiative aims to improve health outcomes for children, ensure access to local health provision and strengthen links with community

**TARGET AUDIENCE**
Children aged 4–13 years

**HOW IT IS DELIVERED**
Healthy Schools Coordinator based in the school

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
The challenges and opportunities to the development of health promoting schools in disadvantaged areas have become better understood

**PREPARING FOR LIFE** aims to improve child development, school-readiness and parental skills

**TARGET AUDIENCE**
All pre and post natal women in several communities in North Dublin

**HOW IT IS DELIVERED**
Home visiting mentor

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Significant positive effects on immunization rates and chest infection outcomes, asthma and childhood development, home safety and the establishment of healthy eating patterns. Significant decrease in the number of births by Caesarean section

**EARLY YEARS** delivered by the Childhood Development Initiative aims to develop children’s physical, psychological and social well-being

**TARGET AUDIENCE**
Children aged 2½–3 years, their parents and Early Years staff

**HOW IT IS DELIVERED**
Integrated healthcare wraparound supports. Also works with child’s family

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Staff training resulted in a wider range of child development activities implemented in the service

**BIG BROTHER BIG SISTER** is a youth mentoring programme delivered by Foroige that aims to impact the social, emotional, identity and cognitive development of young people at risk

**TARGET AUDIENCE**
Young people aged 10–18 years

**HOW IT IS DELIVERED**
Weekly meetings between young person and matched volunteer for a year or more

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Mentored children reported better outcomes relevant to mental health and resilience including higher levels of hope and ambitions for the future as well as a higher level of perceived social support. Mentoring relationships were effective in providing practical as well as emotional support and guidance

**BROOK SEXUAL HEALTH PROGRAMME** aims to improve and increase awareness of sexual health and sexual relationships

**TARGET AUDIENCE**
Young people under 25 years

**HOW IT IS DELIVERED**
Clinic based service

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Increase in hard-to-reach groups accessing the service e.g., younger and less informed clients, particularly young males, engaged in the service

**READY, STEADY, GROW** delivered by Younballymum is an area-based infant mental health strategy with a particular focus on the parent-infant relationship and social and emotional development

**TARGET AUDIENCE**
Pregnant women, children aged 0–3 years and their parents

**HOW IT IS DELIVERED**
Community-based antenatal classes with Infant Mental Health focus, clinic-based parent-child psychological support program delivered by Public Health Nurses and Speech and Language Therapists and infant mental health training and capacity building of health and community service practitioners

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Language development increased and the negative impact of developmental delay was reduced with the number of programme visits

**PROTECTIVE BEHAVIOURS PROGRAMME** delivered by MCI Ireland is a living skills and personal safety programme which aims to strengthen the resilience of children as they develop

**TARGET AUDIENCE**
Children and young people aged 4–18 years, childcare practitioners and youth workers

**HOW IT IS DELIVERED**
In primary and post primary schools

**WHAT’S CHANGED IN IMPROVING CHILD HEALTH AND DEVELOPMENT**
Programme effectively raised awareness of family conflict issues and responses among children, young people, schools and their parents. Programme effectively engaged with students on their personal safety