



Home Visiting: A national vision for the future

Policy Briefing Paper

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1.1 Background

National policies such as Better Outcomes, Brighter Futures (2015), First 5 – A Whole of Government Strategy for Parents and Babies (2019) and Supporting Parents: A National Model of Parenting Support Services (2022), recognise the importance of, and reflect a strong and enduring commitment to, supporting early childhood development and wellbeing through the provision of accessible, high quality and evidence-led supports. For instance, a key goal of ‘First 5’ is to develop strong and supportive families and communities, including a commitment to the development of universal parenting supports (also reiterated in the National Model of Parenting Support Services) and, importantly, in the context of the current study, an evidence-led approach to home visiting services across a continuum of need (Department of Children, Equality, Disability, Integration and Youth (DCEDIY), 2022). Indeed, a wealth of both national and international evidence indicates that the home environment, and therefore services provided in the home, provide a crucially important context, and support, for healthy child development and wellbeing (e.g. Bradley & Corwyn, 2008).

Internationally, home visiting has grown in popularity as a model of family support aimed at: promoting health equity; reducing the effects of Adverse Childhood Experiences (ACEs); combatting child neglect and abuse; and improving developmental outcomes in children (Duggan et al., 2022). More specifically, home visiting which includes parent-focused provision at its core, has been found to improve the quality of the home environment, reduce child abuse and neglect and improve parenting skills and parent-child relationships, particularly in families with very young children (0-3 yrs) (e.g. Duffee et al., 2017). Home visiting has been found to result in positive child outcomes across multiple domains including physical, cognitive and linguistic development in infancy, as well as better social, emotional, behavioural and educational wellbeing in early and later childhood (e.g. Kirkland & Mitchell-Herzfeld, 2012). Nevertheless, a need for differentiated home visiting services and supports which can cater to the diverse circumstances and needs of families while ensuring cultural appropriateness and acceptability, has been recognised.

1.2 The UNITES project: Overall Aims



The UNITES project was commissioned in 2022 by the Department of Children Equality Disability Integration and Youth. The project involved two separate, but related stages, the aims of which were: **(1)** to profile and critically review home visiting provision in Ireland (**Stage One/Report Number One**); and **(2)** to elicit the insights, views and experiences of a wide range of stakeholders involved in managing, implementing, delivering or receiving home visiting programmes and services across the country (**Stage Two/Report Number Two**). The ultimate goal of this work was to identify a number of proposed actions or ‘options’ that would provide key stepping stones toward a more standardised, effective, and sustainable ‘model’ of home visiting service delivery in Ireland.

This Policy Briefing Paper summarises the key findings from both stages of the UNITES project which are presented and discussed in more detail in two larger companion reports (Hickey et al., 2023; McGilloway et al., 2024).

STAGE ONE

1.3 Stage One: Aims and Objectives

The aims of *Stage One* were to: (1) map/scope out home visiting service provision in Ireland; and (2) to critically examine relevant evidence of effectiveness and implementation in a national context.

The specific objectives of this desk-based study were to:

1. Profile, map and describe current home visiting provision across Ireland
2. Examine the development and nature of provision
3. Assess the evidence of impact/outcome achievement based on the national and international literature and
4. Explore aspects of implementation.

1.4 Method: How was the review conducted?

A scoping review was undertaken to map and review home visiting provision in Ireland. This approach was chosen because it can provide a broad overview of a given topic and enables mapping of key issues, concepts and frameworks, as well as a synthesis of findings/evidence from a range of data types (Arksey & O'Malley, 2005; Peters et al., 2015; Nilsen & Bernhardsson, 2019). A more limited traditional review of the international literature was also conducted, in parallel, in order to contextualise the findings and facilitate comparisons with other countries (where applicable).

1.5 Key findings

1.5.1 Profile/mapping of home visiting provision

- We identified **10 individual home visiting programmes** that are currently being delivered across the country, many of which are provided and/or funded or associated with four national service initiatives, including: the ABC programme; the Home Visiting Alliance (HVA); Infant Mental Health Networks; and the Tusla Child and Family Agency (see *Table 1 and Appendix 1*).
- We also identified **5** of what we refer to here as '**other support services**' which incorporate a home visiting element as part of their day-to-day service delivery for young children, although these do not typically describe themselves as dedicated or traditional home visiting providers (see *Table 2 and Appendix 1*).
- The findings highlight considerable variation and complexity across the home visiting landscape, as well as differences in terms of programme/service availability and accessibility (e.g. we identified no coverage at all in Clare and Roscommon).
- There was substantial diversity across programmes in terms of their objectives, duration, age eligibility, populations targeted, staffing, mode of delivery, content and outcomes targeted.
- There was no consistent definition with regard to the purpose, objectives or role of home visiting practitioners (HVPs) across the country, nor uniformity in the information, supports and programmes/interventions provided to families in the home.

Table 1. Home visiting programmes and wider sector supports currently available in Ireland

Type of programme	Name of programme
<i>State and community/voluntary sector supports</i>	<ul style="list-style-type: none"> • ABC Programme • Home Visiting Alliance • Infant Mental Health Networks • Tusla Child and Family Agency
<i>Parent/Family-focused programmes</i>	<ul style="list-style-type: none"> • Homemaker • Incredible Years Home Coaching Programme • Partnership with Parents
<i>Early Childhood Home Visiting Programmes</i>	<ul style="list-style-type: none"> • Community Mothers* • Home-Start • Let's Grow Together Infant Mental Health Home visiting programme • Lifestart <ul style="list-style-type: none"> - Growing Child Programme - Lifestart At home in Transition Programme • ParentChild+ <ul style="list-style-type: none"> - ParentChild+ Home from Home Transition Programme • Powerful Parenting • Preparing for Life

*Soon to be re-named 'Community Families'

Table 2. Other education- and disability-focused home visiting support services currently available in Ireland

Type of home visiting support	Name of support
<i>Education-focused supports</i>	<ul style="list-style-type: none"> • Early Intervention Home Teacher Programme (Down Syndrome Ireland) • National Council for Special Education Visiting Teacher Programme for children who are Deaf/Hard of Hearing or Blind/Visually Impaired
<i>Disability-focused supports (profound cognitive delay or life limiting conditions)</i>	<ul style="list-style-type: none"> • Enable Ireland • Jack & Jill Foundation • Laura Lynn

1.5.2 Development/content of home visiting provision

- There was also considerable variation in approaches to home visiting which included mainly: infant mental health-focused delivery; parent training; child cognitive development and school readiness; and practical support (e.g. household management, reducing parent isolation).
- Programmes to support families were principally adapted/restructured from international models, although some 'homegrown' models were also identified.
- While the scope and aims of home visiting provision across Ireland varies considerably, programmes and services share a common goal in terms of attempting to improve a wide range of child, parent and family outcomes (see Figures 1 and 2). Some programmes and

supports specify narrow aims and objectives, some identify individualised goals, while others have very broad targets.

- Despite this variability, a number of common characteristics and shared principles/core aims underpinning home visiting provision in Ireland were identified as central to its successful operation and implementation, including: a strong focus on prevention and early intervention; the crucial role of the HVP in enhancing outcomes based on a trusting relationship; the adoption of a developmental perspective and continuum-of-care approach; the utilisation of a needs-based and responsive approach; the promotion of child wellbeing and development; the building of parenting capacity and resilience and assistance with household budgeting and management; flexibility of delivery; staff supervision and training; and the use of a collaborative, evidence-based and contextual approach.
- The vast majority of home visiting programmes and services may be described as ‘targeted’ at either an individual (e.g. targeted at families who experience risk, high need or particular conditions) or geographical level (e.g. typically areas of socioeconomic disadvantage). Programmes available within targeted areas of socioeconomic disadvantage are frequently delivered on a universal basis within those catchment areas.

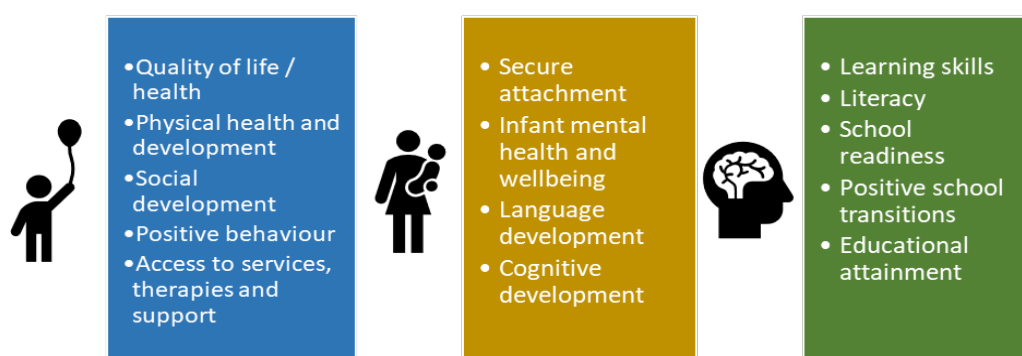


Figure 1. Child outcomes targeted by home visiting programmes and other support services in Ireland



Figure 2. Parent and family outcomes targeted by home visiting programmes and other support services in Ireland

1.5.3 The evidence base for home visiting programmes and other support services in Ireland

- The collective evaluation/impact findings that are currently available, suggest that home visiting is beneficial for families.
- However, only a small number of programmes and other support services have been rigorously evaluated within a domestic context (although some have been evaluated elsewhere).
- Limitations in the evidence base include the use of non-experimental, observational studies without comparison groups, use of non-standardised outcome measures, or other methodological design issues.
- Evidence for impact on parent and household outcomes includes: improvements in parent knowledge of child development and parenting practices; enhanced parent-child relationships; reductions in parenting-related stress; improved routines and parental discipline practices; enriched learning environment in the home; improved health behaviours and vaccine uptake as well as lower health risks. Evidence of improvements in child outcomes was mixed.
- Most of the 10 home visiting programmes described here are/have been implemented within a context of broader service provision of “early help”/additional support.
- The evidence-base focuses largely on targeted/at-risk groups.
- Little is known about the differential effects of programmes or services for different groups or patterns of participation/drop out.
- There is a marked lack of evidence of economic effectiveness or Value for Money (VfM).

1.5.4 Implementation

- Resources and attributes such as funding, staffing, facilities, materials and equipment, were identified as important implementation facilitators. HVP skills, and particularly their interpersonal competencies and relationship building and collaborative working practices, were highlighted as crucial factors in promoting the effectiveness and the success of home visiting provision.
- Capacity building for HVPs and supports/resources to support implementation were also identified to be important in the embedding and scaling of implementation efforts.
- The existing evidence points toward high levels of satisfaction with, and acceptability of, home visiting programmes/services in Ireland. However, a number of important barriers were also identified, including inadequate/uncertain funding, challenges to engaging parents/families and the need for sustained commitment and resources for ongoing implementation and delivery.

1.6 Summary

This is the first national review and detailed mapping of home visiting programmes and other support services in Ireland. It is based on a comprehensive scoping review of the national literature coupled with a more limited traditional review of international evidence conducted in order to add context, aid interpretation and facilitate comparisons with other countries. Several other data/information sources were also used when available, including reports, policy briefings, and key documentation collected from service provider websites and publications. However, it is important to note that there may be some omissions or inaccuracies due to a reliance on publicly available documentation at the time of writing.

The review identified many key strengths of home visiting provision in Ireland. Reassuringly, most home visiting programmes and other support services in Ireland have adopted an evidence-based approach to, and have accumulated considerable expertise around, the development and implementation of home visiting tailored to community delivery contexts across the country. There is also a growing number of support networks to promote collaboration, cohesion and high quality, effective delivery of home visiting programmes, services and supports. The findings further illustrate the considerable variability of home visiting programmes and other support services in terms of their scope and aims, target populations and reach, programme content, degree of flexibility, implementation/delivery, practitioner skills and available resources/funding.

Importantly, the collective evaluation/impact findings that are currently available, indicate that home visiting programmes and services developed and delivered in Ireland, are beneficial for



families. However, a number of gaps and challenges were also identified, including: the fragmentation of service delivery (e.g. relatively fewer supports available outside the Leinster region); limited data on programme implementation; the lack of an evidence base to guide or support the work of some programmes; and considerable variation across programmes in terms of theoretical underpinnings, content, eligibility criteria and staff qualifications.

Several major barriers also exist to effective delivery and scaling-up, particularly in relation to the availability of adequate funding/resources and reaching/engaging with parents and families who are most in need. A marked absence of economic evaluations highlights a need for much more information on costs to properly understand the VfM of home visiting programmes/services and the extent to which any positive outcomes may lead to potential cost savings in the short, medium or longer term, thereby guiding important investment decisions.

Overall, a number of key learnings for policy and practice were identified from this work including, at a strategic level: the longer-term investment needed to develop, deliver and evaluate home visiting programmes/services; a need for *both* universal and targeted supports (given the heavy emphasis on the latter); the importance of the local context when addressing families' needs; and the role of programme monitoring and routine data collection. These were amplified and supported, and are further discussed below, as part of Stage Two of the research.

STAGE TWO

2.1 Stage Two: Aims and Objectives

The specific objectives of Stage Two of the project were to: (a) elicit, using multiple methods, the insights, views and experiences of a wide range of stakeholders involved in managing, implementing, delivering or receiving home visiting programmes across Ireland; (b) to critique the findings in the context of both our earlier national (scoping) review as described above (i.e. Stage One) and a smaller separate review of the international literature which was undertaken in parallel; and (c) to identify and report a number of largely stakeholder-informed options designed to enhance the standardisation, effectiveness and sustainability of home visiting services in Ireland.

2.2 Method

A large sample of approximately 100 stakeholders took part in a number of different components of



Stage Two of the project including: **(1)** a ‘What Works’ workshop conducted as part of the Collaborative Action Research Network (CARN) Conference on 28th October 2022 (n=88); **(2)** a national online survey (n=41); **(3)** a series of one-to-one interviews (which included a small sample of mothers), focus groups and group discussions (n=59); **(4)** a small number of observational/shadowing in-home visits with HVPs (n=5) and families (n=10); and **(5)** a co-participatory ‘stakeholder engagement’ workshop which was held in late 2023 (n=25).

All data collection elements of the study received ethical approval from Maynooth University’s Social Research Ethics Sub-Committee and were conducted in line with the ethical code of conduct of the Psychological Society of Ireland (PSI). An additional detailed application was prepared and submitted to Tusla for approval of the home visit observation/shadowing work and interviews.

2.3 Key findings

Collectively, a number of key themes were identified from the qualitative data (i.e. relating to activities 1, 3, 4 and 5 above) including: **(1)** the benefits of home visiting programmes and other support services; **(2)** multi-level and sector-wide challenges; **(3)** interagency partnerships and collaboration; **(4)** qualifications, training and supervision; and **(5)** macro-level and sector-wide challenges/barriers. The results from the, albeit disappointingly small, online survey were broadly consistent with, and were amplified and supplemented by, the qualitative findings from the larger sample of stakeholders who took part in the one-to-one interviews (including a small sample of mothers), focus groups and group discussions.

Overall, the findings highlight **the importance and considerable benefits of home visiting programmes** for strengthening child health and development, supporting parent health and improving parenting skills. Home visiting was seen as particularly beneficial for socially isolated or more at-risk families, who may be less likely, or unable, to engage with more traditional healthcare or parenting programmes.

The role of HVPs in supporting, and promoting, child and family wellbeing, particularly among the most vulnerable populations, **is wide-ranging, focusing on child development, parent-child relationships, family care, advocacy and the provision of both practical and social support.** An example of the support provided by HVPs is outlined in the pen portrait below (Box A) which was one of a number developed on the basis of the shadowing/observation element of this project.

Importantly, our findings reflect **a generally highly qualified workforce** that regularly engages in Continuous Professional Development/training and who are committed to supporting, and advocating for, the families in their care. However, the albeit smaller than expected number of responses to the national survey showed that while most participants were satisfied in their current role, two-thirds indicated that their **salary did not adequately reflect the responsibilities** of their role, and a similar proportion felt that **their service was “filling a gap”**. More detailed data gathered through the one-to-one interviews and focus groups illustrate how these issues are compounded by both structural and personal challenges for which HVPs are often ill-prepared (e.g. high levels of mental health difficulties, alcohol and substance abuse, domestic violence) and/or a lack of formal protocols or mechanisms for referral on to other support services.

The increasingly **complex and heavy workloads of HVPs**, coupled with a **perceived lack of recognition** within the early years sector were particular sources of frustration, and raise concerns about their continuing capacity (and remit) to provide early intervention support to high-risk families. This perceived lack of understanding and recognition of their contribution within the early years sector is also reflected, to some extent, in existing government policy which fails to recognise explicitly the role and impact of home visiting on family and child outcomes.

Box 1: Pen Portrait One (based on shadowing/observation and interview)

Name of programme: Community Mothers, Athlone
Referral source: PHN (due to poor mental health/ postnatal depression)
Duration of engagement with service: Approximately 18 months

The family in receipt of home visiting support comprised a young single mother (pseudonym ‘Ciara’) in her early 20s and her 18-month-old child, both of whom were living in an apartment complex with the child’s maternal grandmother who was also present during the visit. The HVP (pseudonym ‘Jean’) had been visiting the family for over 18 months and on this occasion, she carried two large bags of developmentally appropriate toys to the home.

It was clear from the body language, tone and level of familiarity, that Jean and Ciara shared a close relationship; their interaction was very comfortable, informal and relaxed. They discussed the events of the previous week, including progress with accommodation, the child’s developmental progress and the mother’s mental health. Ciara described her difficulties with parenting alone and remarked that she would not know what to do without Jean’s support.

During the visit, Jean sat on the floor and engaged with the baby while providing positive feedback to both the baby and Ciara regarding the child’s developmental progress. The child was very comfortable and positively responsive towards Jean and she stated a number of times how Ciara was doing ‘a good job’. Ciara also talked about her positive experience of a baby and toddler group (delivered by Jean). The grandmother spoke positively about the help and support provided by Jean which had helped to alleviate some of her stress and worry concerning her daughter and granddaughter.

Ciara described the difficult living situation where three generations were sharing one bedroom, which was further compounded by her own poor mental health as well as her mother’s ill health. The family have been residing in Ireland for 16 years, 10 of which were in Direct Provision. Ciara’s mother said that her daughter had no friends and that they would not be able to manage without Jean’s kindness and friendship. Jean later informed the researcher that in previous weeks, she had attended meetings with the council and a local TD regarding the family’s cramped and unsuitable living circumstances and that the situation was now under review.

Despite the widely reported benefits of home visiting, there is **considerable variation across the sector in terms of overall governance and funding streams which pose a significant barrier to optimal effectiveness/impact and sustainability**.

Furthermore, while most programmes (as mentioned by participants and also identified in Stage One of the project) were either evidence-informed or evidence-based, there was **limited evidence of up-to-date evaluations** (especially economic studies). A need was indicated for more comprehensive standardised assessments **and regular monitoring and evaluation activities** to assess outcomes over the longer-term and to support programme development, effectiveness and sustainability.

The **lack of a national home visiting infrastructure**, including appropriate governance and policy support, coupled with continuing funding instability and uncertainty - fuelled by a reliance on fluctuating public funds and other socioeconomic factors - are significant barriers to the successful delivery/implementation, effectiveness, impact, availability and sustainability of home visiting provision. These challenges appear to have been compounded by the COVID-19 pandemic and the cost-of-living crisis, both of which have added to the vulnerability of many families and intensified the demand for home visiting support, while requiring HVPs and services to adapt rapidly to meet many new challenges.

An at-a-glance summary of all of the findings is provided below in Table 3 (in line with the five overarching themes mentioned above).

Table 3. Thematic summary of the findings

<p>Benefits of home visiting programmes (and other support services)</p>	<ul style="list-style-type: none"> • Provides unique support that adopts holistic and family-focused approaches. • Promotes child development and wellbeing, enhances parent-child relationships and supports parent well-being. • Builds trusting relationships with parents/families that facilitate ongoing engagement and access to wider supports. • Reduces stigma and negative intergenerational outcomes. • Incorporates, and responds to, ‘the voice’ of the parents and children; advocates for children/parents and provides regular practical support. • Uses evidence-based and evidence-informed programmes and practices.
<p>Multi-level and sector-wide challenges</p>	<ul style="list-style-type: none"> • Increasing levels of need and complexity (e.g. homelessness, poverty, greater family diversity, increase in parental and child mental health) are placing greater demands on staff. • The HVP role increasingly involves “holding families” such as those on waiting lists, or who require more specialised services (e.g. Speech & Language Therapy, Occupational Therapy, psychology, social work and mental health service support). • There is a perceived lack of professional recognition of the value and impact of the HVP role, particularly with regard to their work with vulnerable and at-risk populations.

Interagency partnerships and collaboration	<ul style="list-style-type: none"> • Interagency working is crucial for effective service coordination and for enhancing family outcomes. • There is a lack of formal protocols around engaging families and facilitating more effective interagency working. • Limited availability of, and widening gaps in, service provision negatively impact HVPs' capacity to provide adequate support. • Children with disabilities and additional needs are not receiving appropriate targeted care and services.
Qualifications, training and supervision	<ul style="list-style-type: none"> • HVPs are generally well-qualified and regularly engage in ongoing training/CPD and reflective practice. • There is considerable variation in terms of staff qualifications and level of experience across programmes. • Regular CPD is essential to meet the increasingly diverse and changing needs of families. • There were mixed views regarding the minimum level of qualifications, although all participants highlighted the importance of personal attributes and 'soft skills'.
Macro-level and sector-wide challenges/barriers	<ul style="list-style-type: none"> • Funding and resource constraints (e.g. insecure and short-term funding streams): <ul style="list-style-type: none"> ○ Hinder expansion and the long-term provision/sustainability of services ○ Negatively impact staff salaries and retention ○ Mean that HVP salary levels are not seen as commensurate with their level of responsibility and expertise. • Monitoring and evaluation: <ul style="list-style-type: none"> ○ Evidence-based and evidence-informed programmes are considered important, but there is a need for some adaptability/flexibility to meet families' needs. ○ There is a lack of standardised measurement frameworks and monitoring systems to support programme development, implementation and impact. ○ There are very few long-term follow-ups. ○ There is a marked absence of economic evaluations.

2.4 Summary and Conclusion

This study is the first to provide an in-depth exploration of home visiting at a national level in Ireland. The findings provide important and useful insights into home visiting programmes in Ireland as well as the views and experiences of some of the wide range of stakeholders who work in the home visiting sector (and the challenges of, risks to, their role); these include not only the many frontline practitioners, but also those occupying managerial/co-ordinator, research and other support/advocacy roles. Government policy in Ireland highlights a continuing commitment to improve child outcomes through the provision of coordinated and timely prevention and early intervention services and supports (DCYA, 2014; DCEDIY, 2019; DCEDIY, 2022), while interagency

collaboration is also widely acknowledged to be fundamental to ensuring a consistent and coordinated approach to service delivery. However, our findings suggest that there remains a disconnect between policy and practice in the home visiting space in Ireland. Whilst the landscape of broader policies has moved toward equality, arguably, there still exists a contested space between the rights conferred upon vulnerable children and their families and their lived realities.

Stage Two had a number of limitations which should be noted here. Firstly, the response rate from the online survey was disappointingly low and, therefore, generated less representative findings than originally anticipated. Secondly, while the initial CARN ‘What Works’ workshop provided the research team with an initial, unique and once-off opportunity to assess the views and experiences of a large and diverse cohort of staff working in, or associated with, the home visiting sector, the group-based and informal nature of the discussion and the hybrid model of interaction may have impacted the responses provided by attendees and inhibited their sense of freedom to engage openly. Thirdly, the observational and HVP shadowing study was small-scale in nature, although it was based on a heterogeneous sample in terms of geographical location, family composition, programmes, and types of setting; this work also provided some interesting insights into the day-to-day activities and realities of the work of frontline HVPs and the varying needs of the diverse families whom they support. The inclusion of the service user voice is important and should be incorporated on a larger scale, into future research.

Despite these limitations, the triangulation of data across the various elements of the study and across Stages One and Two, suggests that the findings may be considered broadly generalisable even though we may not have accurately or adequately captured all of the key ‘voices’ or relevant information in our data collection. For instance, when conducting our national review, little information was publicly available on the development, governance and funding of some programmes. As outlined above, our Stage One review also indicates a marked lack of information on programme implementation (e.g. the resources being used to deliver programmes), as well as considerable variation in terms of programme components and delivery, thus making it difficult (and perhaps not appropriate) to make like-with-like comparisons. The lack of rigorous evaluations in an Irish context also limits our understanding of the influence of the local context and wider constraints on programme replication and roll-out. Furthermore, it was not within the remit of this study to collect or review any routinely held data which may have helped to fill some of the knowledge gaps identified here, although our findings may be helpful in terms of highlighting avenues for future exploration in this regard.

There was a clear message from our findings that HVPs and their services view themselves as



positive change agents and see value and direct impact from their day-to-day work in supporting and fostering the health and wellbeing and development of vulnerable young children and families. However, they clearly need additional support and clarification of their role and responsibilities to help them manage their increasing and more diverse and complex workloads (and needs) and an attendant shift toward more specialised provision.

Furthermore, despite the widely reported benefits of home visiting, there is considerable variation across the sector (also noted by Brocklesby, 2023) in terms of overall governance and funding streams which pose a significant barrier to optimal effectiveness, impact and sustainability. There has been an increasing focus internationally on the sustainability of interventions particularly as the full effects of programmes may not be evident in the short-term. It is important, therefore, to be mindful that any possible discontinuation or underfunding of programmes may be counterproductive and pose obstacles to future health promotion efforts at local and population level (Walugembe et al., 2019).

2.4.1 Key learnings and directions for the future development and optimal effectiveness of home visiting in Ireland

Overall, the collective findings highlight a need to consider whether home visiting programmes/services (and the role of staff therein) should be more cohesive or standardised at a national level. Most participants in our study were broadly in favour of greater regulation and standardisation and stronger governance within the home visiting sector in the form of minimum standard policies, procedures and practices to support and enhance the quality of their work. At the same time, however, this was tempered with concerns about how this might be best achieved and accommodated within the considerable diversity across the sector. Furthermore, while regulation and standardisation can often be beneficial for maintaining quality, there is also a risk of over-regulation which can stifle flexibility and adaptability in meeting diverse family needs in a timely and effective manner (Azzi-Lessing, 2011). Arguably therefore, it is important to strike a balance between ensuring a high-quality, professional and broadly standardised service, and maintaining the flexibility and community connection that are key to the success of early childhood interventions more generally (Yousafzai et al., 2018). Both should be front-and-centre when considering any new proposed national model of home visiting.

There is no ‘one size fits all’ approach to home visiting programmes in Ireland, or indeed elsewhere (Morrison, Hughes & Doi, 2022), but this does not preclude the development of a national approach in order to strengthen and possibly standardise critical elements or aspects of home visiting provision. The combined findings from Stages One and Two of the UNITES project provide, for the first time in a national context, an important basis to inform the identification of some proposed actions/goals that can (and should) be used as key stepping stones toward **a more standardised and optimally effective ‘model’ of home visiting service delivery**, ultimately with a view to maximising reach, ensuring sustainability and enhancing outcomes for vulnerable children and their families in Ireland.



To this end, we identified (in Report Number Two), a largely **stakeholder-informed ‘menu’ of options** which may be implemented on a short-, medium- or longer-term basis, with the support of appropriate funding and other requirements (e.g. appropriate and effective leadership, commitment and creativity). These suggested options/actions straddle several broad topic areas including: **(a)** the HVP role (including definitions and visibility), training and qualifications, and the need to support frontline staff; **(b)** funding and its relationship to the viability, accessibility and sustainability of services (including economic (VfM) considerations and research, monitoring and evaluation); **(c)**

interagency, cross-disciplinary and multi-sector working and collaboration; and **(d)** the implementation of collaborative intra-sector mechanisms and structures (e.g. Implementation Teams, a Home Visiting Network of Excellence).

These suggested options are not designed to be exhaustive, but rather, to highlight a number of critical areas that should be prioritised for the future development, optimal effectiveness and sustainability of the home visiting sector in Ireland. Further information on these is provided in Figure 3 and in our larger report (Report Number Two, McGilloway et al., 2024).



Figure 3. Key learnings and options for the future development and sustainability of home visiting provision in Ireland

In conclusion, the evidence from the UNITES project indicates that home visiting providers continue to play a critical role in supporting vulnerable families in Ireland. However, their full potential and impact can only be realised by developing a more standardised, sustainable, and ideally, progressive universal, national model of service delivery based on the suggested options/goals outlined here and informed by a diverse and committed collective of stakeholders at all levels. By addressing these critical needs and requirements, home visiting providers can be empowered and supported to more effectively meet the needs of increasing numbers of vulnerable children and families in Ireland, ultimately improving their outcomes and promoting healthier and more resilient communities in the longer term.

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Appendices

Appendix 1: Brief Overview of Home Visiting Provision in Ireland

1. Parent/Family-focused and Early Childhood Home Visiting programmes

Programme	Population	Universal / targeted	Availability	Practitioner	Evidence
Home-based Parent/Family-focused programmes					
Homemaker	Families with children 0–8yrs	Targeted	Single site	Professional	Casefile analysis
IY Home Coaching Programme	Parents of preschool and school-aged children	Targeted	Unknown	Professional	RCT in Irish context within multicomponent intervention
Partnership with Parents	Parents of children 0–18yrs	Targeted	Multiple sites	Professional	Single group evaluation (pre-post comparisons)
Early Childhood home visiting programmes					
Community Mothers	Parents with children aged 0-2yrs	Progressive universal in catchment areas	Multiple sites	Professional	RCT in Irish context with long-term follow up
Home-start	Families with children 0-5yrs	Targeted	Single site	Volunteer	Not evaluated in an Irish context; some evidence from elsewhere
Let's Grow Together! Infant Mental Health	Pregnant/post-natal parents with children 0–4yrs	Universal within targeted area of disadvantage	Single site	Interdisciplinary team; Specialist professional & professional	Evidence-based but not evaluated in an Irish context
Lifestart – Growing Child Programme	Parents of children 0-6yrs	Universal	Multiple sites	Professional	RCT evaluation in Ireland
Lifestart Adaptation At Home in Transition Programme	Parents of children transitioning to primary school	Universal	Multiple sites	Professional	Single group evaluation (pre-post comparisons)
ParentChild+	Parents of children 1.5-3yrs	Targeted	Multiple sites	Paraprofessional	Evidence-based but not evaluated in an Irish context
ParentChild+ Adaptation Home from home transition programme	Parents of children 1.5-3yrs who experience homelessness	Targeted	Multiple sites	Paraprofessional	No evidence of evaluation

Powerful Parenting	Parents of preschool children	Universal within targeted area of disadvantage	Single site	Professional	RCT in Ireland within multicomponent intervention
Preparing for Life	Pregnant parents and children 0–6yrs	Universal within targeted area of disadvantage	Multiple sites	Professional	RCT in Ireland with long-term follow up

2. Other Education-and Disability-focused Home Visiting Support Services

Service	Population	Universal / targeted	Availability	Practitioner	Evidence
Early Intervention Home Teacher Programme (Down Syndrome Ireland)	Parents and children with Down Syndrome 1-6yrs	Targeted	Multiple sites	Peers	No evidence of evaluation
National Council for Special Education (NCSE) Visiting Teachers for Children who are Deaf/Hard of Hearing or Blind/Visually Impaired	Parents of children who are Deaf/Hard of Hearing or Blind/Visually Impaired	Targeted	Nationwide	Professional	No evidence of evaluation
Enable Ireland	Children with a range of disabilities	Targeted	Nationwide	Specialist professional & paraprofessional.	No evidence of evaluation
Jack & Jill	Parents and children 0-6yrs with severe/profound cognitive delay and those who require end of life care	Targeted	Nationwide	Professional	Service evaluation
Laura Lynn	Children 0-18yrs with life limiting conditions	Targeted	Multiple sites	Professional	Process evaluation



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