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Report Number One

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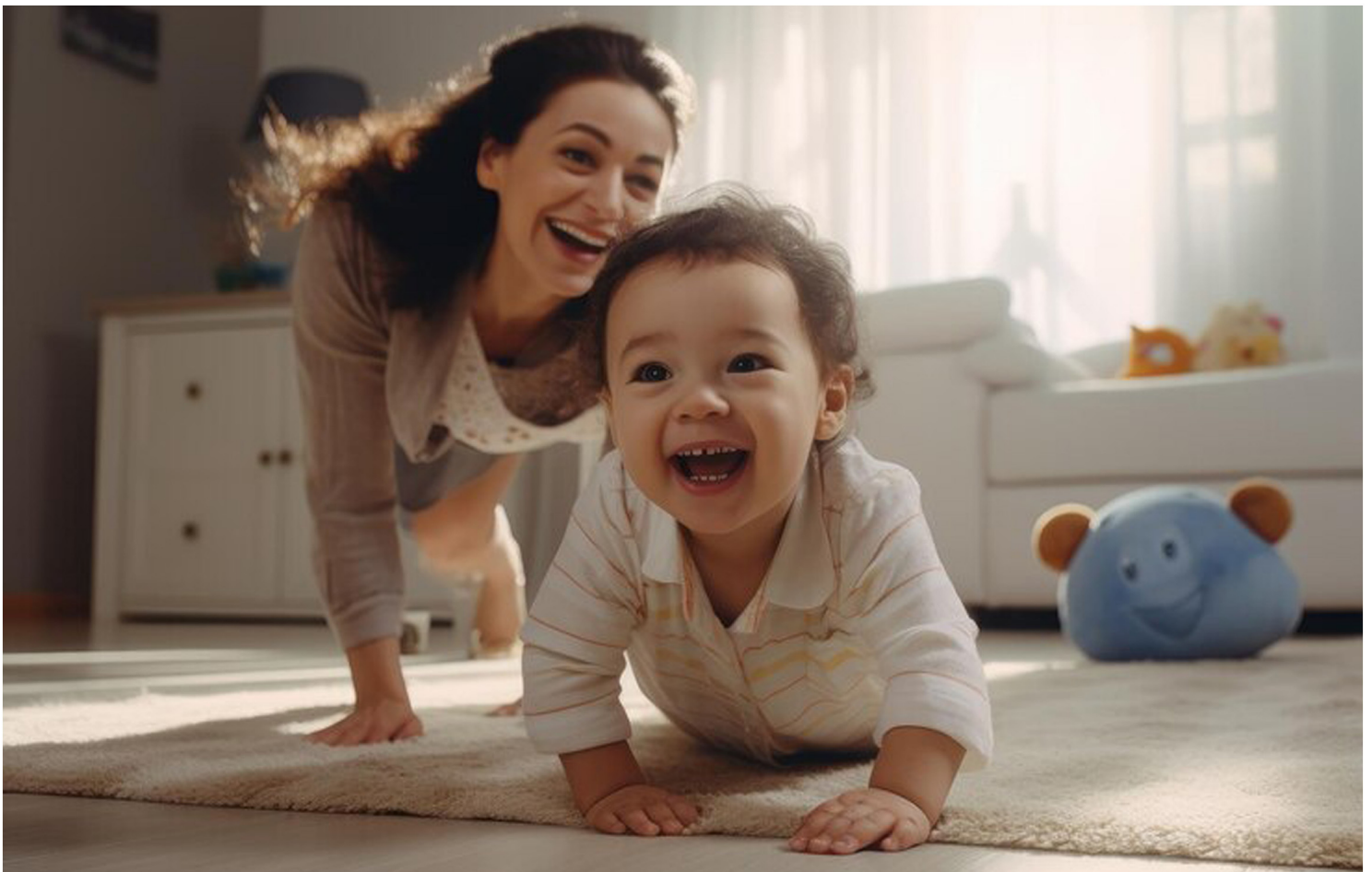


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UNITES Project: National Mapping and Review of Home Visiting Provision in Ireland

Report Number One

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List of Abbreviations

ABC – Area Based Childhood Programme
ACEs – Adverse Childhood Experiences
CM – Community Mothers (soon to be Community Families)
CPD – Continuous Professional Development
CYPSC – Children and Young People’s Services Committee
DCEDIY – Department of Children, Equality, Disability, Integration and Youth
DCYA – Department of Children and Youth Affairs
FRC – Family Resource Centre
FSW – Family Support Worker
HM – Homemaker programme
HS – Home-Start programme
HSE – Health Service Executive
HVA – Home Visiting Alliance
HVP – Home Visiting Practitioner
IMH – Infant Mental Health
IYHCP – Incredible Years Home Coaching Programme
LGT – Let’s Grow Together
LS-AHST – Lifestart At Home in School Transition programme
LSGC – Lifestart Growing Child programme
MRC – Medical Research Council
NCSE – National Council for Special Education
PC+ - Parent-Child Plus programme
PC+- HHT - Parent-Child Plus Home from Home Transition programme
PEIP – Prevention and Early Intervention Programme
PHN – Public Health Nurse
PP – Positive Parenting programme
PfL – Preparing for Life programme
PPFS – Prevention, Partnership and Family Support
PwP – Partnership with Parents programme
VfM – Value for Money

Executive Summary

Background

The UNITES project was commissioned (in 2022) by the Department of Children Equality Disability Integration and Youth (DCEDIY). 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**); 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 with a view to identifying some proposed actions or ‘options’ that may provide key stepping stones toward a more standardised, effective and sustainable ‘model’ of home visiting service delivery in Ireland (**Stage Two**). **This report presents the findings from Stage One of the UNITES project. The results of Stage Two are described in a second companion report (McGilloway et al., 2024).**

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 produced in a national context. The specific objectives of this desk-based study (each of which corresponds to a separate section in this report) 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 academic literature and
4. Explore aspects of implementation.

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 & Bernhardtsson, 2019).

Key findings

1. Profile/mapping of home visiting provisions

- 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 (in alphabetical order): the ABC programme; the Home Visiting Alliance (HVA); Infant Mental Health Networks; and the Tusla Child and Family Agency (see *Table 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.
- 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 A: 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 B: 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

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 A and B). 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 shared principles/core aims underpinning home visiting provision in Ireland were identified, including: an emphasis on early intervention; engaging families through home-based supports; strengthening parent and child skills; promoting an enriched home environment; using an evidence-informed or evidence-based approach; and ensuring appropriate standards of care and practitioner skills.
- 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.

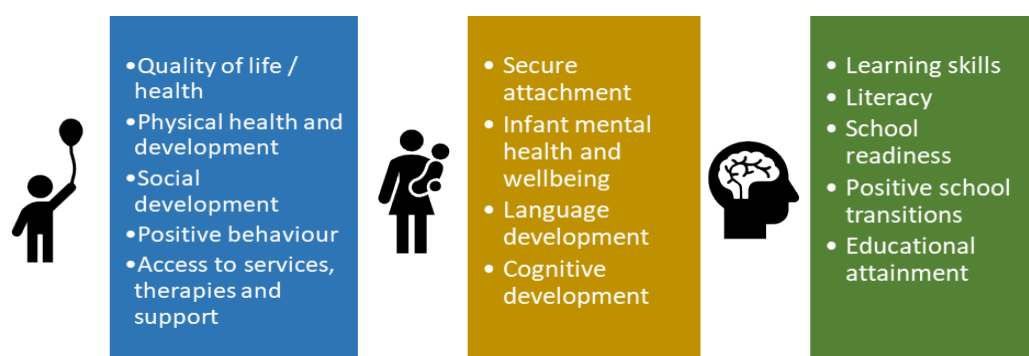


Figure A: Child outcomes targeted by home visiting programmes and other support services in Ireland

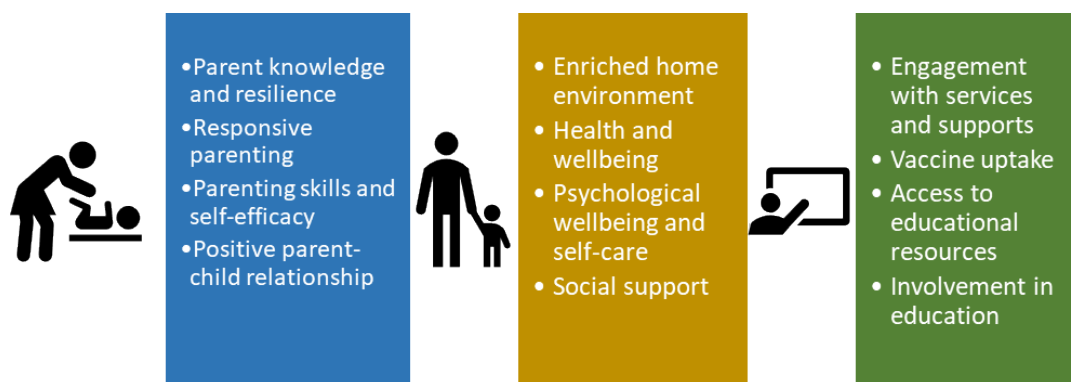


Figure B: Parent and family outcomes targeted by home visiting programmes and other support services in Ireland

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 homevisiting 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.
- There is little 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.

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.

Conclusion

This review has identified many key strengths of home visiting provision in Ireland as well as a number of risks and challenges. Reassuringly, an evidence-based approach to the development and implementation of most home visiting programmes and other support services in Ireland, is evident. Considerable expertise has been accumulated over the last number of years in relation to the development and implementation of home visiting that is 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. 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, as outlined above, major barriers 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. Furthermore, only a small number of programmes and services have been rigorously evaluated in an Irish context, thereby demonstrating a need for more evidence to address the all-important question of what works best for whom, under what circumstances and at what cost (relative to outcomes). **Report Number Two** (McGilloway et al., 2024) provides a number of stakeholder-informed options based on the findings reported both here and in Stage Two of the UNITES project, all of which should help to inform and enhance the standardisation, optimal effectiveness and sustainability of the home visiting sector in Ireland.



Section 1: Introduction and Methodology

1.1 Introduction

This report presents the findings of a two-part review undertaken as part of the larger UNITES project, commissioned (in 2022) by the Department of Children Equality Disability Integration and Youth (DCEDIY). The UNITES 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*); 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*) with a view to identifying some proposed actions or ‘options’ that may provide key stepping stones toward amore standardised and sustainable ‘model’ of home visiting service delivery in Ireland.

The overarching aims of *Stage One* of the UNITES project, which is reported here, were to: (1) map/scope out home visiting provision in Ireland; and (2) to critically examine, in parallel, relevant evidence around the effectiveness and implementation of home visiting programmes, services and supports in a national context (and with reference to the wider international literature). **A second companion report (McGilloway et al., 2024) presents the findings from the Stage Two of the project** which focused on exploring the attitudes, views and experiences of multiple stakeholders within the home visiting sector in Ireland.

The specific objectives of *Stage One* (each of which corresponds to a separate section in this report) 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 academic literature and
4. Explore aspects of implementation.

1.2 Study Background

1.2.1 The importance of the home environment in the early years

The home environment provides a crucially important context in which child development occurs (Bradley & Corwyn, 2008), while parenting is also a key factor in shaping the quality of that environment. For example, caregiving (e.g. proper hygiene, safety, nutritional practices, breastfeeding and engagement in other health behaviours) can strongly influence a child’s development and health outcomes (Britto et al., 2017).



The stimulation, support, responsiveness, structure, and socialisation provided by parents are also vital and highly predictive of young children's developmental wellbeing and subsequent cognitive, academic, psychological and behavioural functioning (Britto et al., 2016). Social interactions, the presence of educational materials and provision of learning opportunities can further influence neurological and educational development. Overall, these interdependent dimensions of parenting shape the child’s potential to learn and thrive (Bakermans-Kranenburg et al., 2005). Furthermore, the knowledge, attitudes, practices and resources of parents are one of the most influential factors in a child’s

development while parenting also mediates the impact of risk factors such as disadvantage, deprivation and marginalisation on child outcomes (Bornstein et al., 2022).

Supporting parents in order to promote early childhood development and reduce inequality and disadvantage, is an important public policy priority both nationally and internationally (Department of Children, Equality, Disability, Integration and Youth, 2022; Government of Ireland, 2019; European Commission, 2013). In Ireland, the responsibility for child and family wellbeing at governmental level is distributed across a number of Departments and is addressed within a broad range of strategies and policies. Undoubtedly, this field has undergone significant development in recent years, following key policy developments such as *Young Ireland: National Policy Framework for Children and Young People 2023 – 2028 (2023)*, *Child Poverty and Well-being Work Plan (2023)*, *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 (2022)*, all of which focus on the promotion of child wellbeing through high quality evidence-led policy and practice, research and evaluation.

Furthermore, a changing demographic and sociocultural landscape in Ireland, coupled with evolving family roles and the “intensification” of parenting, have arguably increased the need for parent support in order to ensure that families achieve optimal outcomes (Connolly & Devaney, 2017; Hickey & Leckey, 2020). Indeed, research and consultation with parents in Ireland has demonstrated a strong and persistent demand for parenting supports (Katharine Howard Foundation, 2018; Hickey et al., 2019) and there is an increasing political commitment to public investment in parenting supports from the earliest years in order to strengthen child development and reinforce family and community wellbeing. 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 (DCEDIY, 2022).



1.2.2 Home visiting: definitions and outcomes

Home visiting has a well-established history across Ireland as in the rest of Europe and the US (Duffee et al., 2017). However, the landscape of home visiting provision both in Ireland and elsewhere is complex, and services, programmes and supports can differ considerably in terms of their staffing, aims, duration, implementation, intensity, and timing. Home visiting can also take many forms, ranging from universal support through to specialist targeted programmes and services for families who experience particular conditions or circumstances. Thus, definitions of a ‘home visiting service’ vary considerably within both the national and international literature. Indeed, recent work conducted in Ireland (Brocklesby, 2023) highlights a lack of clarity around the term in an Irish context and, for example, whether home visiting constitutes a ‘service’, a ‘programme’ or both. The same is true with regard to the labels assigned to staff who work within the home visiting sector.

For purposes of this study, we have adopted the broad definition of a ‘home visiting service’ provided by Sweet and Appelbaum (2004) who refer to it as “an umbrella term that implies a strategy for delivering a service [in the home], rather than a type of intervention...” (p. 1435). The term ‘home visiting programme’, on the other hand, is used throughout this report to refer to a structured intervention/approach which is delivered typically *as part of* a wider home visiting or family support

service (although these programmes can also operate as stand-alone provision). We have also included within this report, what we describe as 'other support services' (or 'services' for short) to refer to a smaller number of services that incorporate a home visiting component as part of their work, but which are not home visiting providers as such and therefore, do not follow a traditional or dedicated home visiting service model. Lastly, we use the term 'Home Visiting Practitioner' (HVP) throughout, to refer to all staff who work within the home visiting sector, regardless of their background or qualifications.

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. Doyle et al., 2015; Eckenrode et al., 2017; Duffee et al., 2017). Home visiting has also 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 (Sweet & Applebaum, 2004; Kirkland & Mitchell-Herzfeld, 2012). These programmes appear especially promising for high-risk families, such as those who are disadvantaged or who have children with disabilities (Peacock et al., 2013). 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 also been recognised.

1.3 Objectives of the review

Home visiting is a growing area of service provision in Ireland, but as in other countries and jurisdictions, programmes and services can vary considerably with regard to, for example, the nature of the supports provided, the frequency and duration of visits, governance, social inclusiveness, the manner in which they are funded and delivered, and their links to wider healthcare and other services.

From a research perspective, home visiting provision can be evaluated at a range of levels (e.g. individual v. society) and from a number of different perspectives (e.g. efficacy, effectiveness, theory based, and/or systems perspectives). Indeed, evidence of "what works" in respect of home visiting programmes (and the wider services within which they are embedded) is vital for decision makers, but encompasses many different elements. These can range from ascertaining whether a given approach or programme achieves its intended outcomes and building an understanding of its impact, to delineating the theory underpinning a programme or service, the resources required to deliver it and how it is implemented, and interacts, within the wider service context (Skivington et al., 2021).

The objectives of this review, which are shown graphically in Figure 3 below, were to examine some of these elements in a national context. The findings are presented and discussed here in four sections corresponding to each of these four objectives.

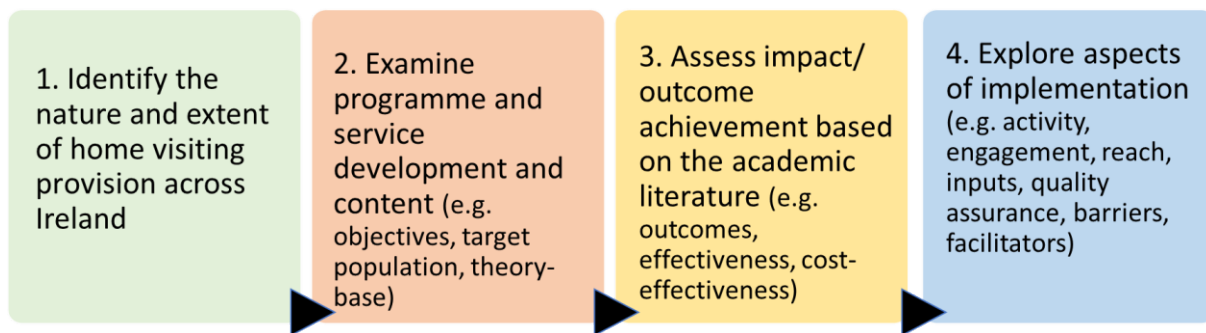


Figure 1: Key objectives of the review

1.4 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).

1.4.1 Search strategy

A multi-stage, iterative search strategy was adopted, involving a series of steps and sources which were followed/used to compile a list of relevant home visiting services and programmes and to extract appropriate data/evidence.

1. Firstly, we engaged in a series of informal conversations with key stakeholders (e.g. policy makers, researchers, service providers) to identify relevant data sources and avenues for data extraction and to compile reports and papers relevant to home visiting programmes in Ireland.
2. A review of the academic literature was undertaken to identify studies and evaluations conducted in Ireland from 2005 onwards (i.e. when a policy and practice focus on early intervention and prevention in Ireland was beginning to emerge). This included any experimental, quasi experimental, or non-experimental evaluations of home visiting services in Ireland. Preliminary searches were conducted in JSTOR Archive Ireland, Open Library of Humanities, British Education Index and Oxford University Press. This was subsequently expanded to include ProQuest, PsychInfo, Sagepub, the National Library of Medicine, Scopus and Google Scholar. Search terms included for example, 'home visits', 'home visiting', 'house calls', 'home visiting programme', 'child/children', 'kids', 'youth', 'Ireland', 'Irish', and 'Republic of Ireland'.

Once this search process was exhausted, a comprehensive list of home visiting services and attendant programmes plus relevant supporting data, was compiled (n=102). The review process was also expanded on a purposive basis to explore relevant international literature (e.g. peer reviewed scientific papers) which may have relevance to the evidence base for programmes which are implemented in a national context, but which were evaluated elsewhere. This broader purposive search was conducted using Scopus and Google Scholar and guided by the name of the home visiting programme coupled with additional terms such as 'RCT', 'effectiveness', 'trial', 'implementation', 'process', and 'costs'.

3. Databases such as the *What Works Evidence Hub/ Early Intervention Foundation Hub* were also used to identify relevant reports, evaluations, effectiveness evidence and costs information.
4. Simultaneous scoping exercises involved exploring service provider websites, webpages and web-based documents and reports (e.g. annual reports, evaluations, position papers, policy briefings).

1.4.2 Inclusion and exclusion criteria

- Information and data were only included in the review if they provided information relevant to the development, availability, evaluation and/or implementation of a home visiting service, support, or programme that is currently being delivered in an Irish context.
- Any materials/documents outlining programmes which were no longer active in an Irish context (n=1) were excluded from the review.
- All duplicates (of materials/evaluations) were excluded.
- Programmes for which there was no available material relating to provision and operation, were also excluded from the review.

1.4.3 Analysis

Numerous studies and reports (n=56) as well as other data sources were reviewed to identify the number of home visiting programmes and other support services available in an Irish context, as well as their content, the evidence supporting their effectiveness/impact (where available) and factors shaping implementation.

Section 2: Profiling home visiting provision in Ireland:

A focus on the nature and extent of delivery

2.1 Introduction

This first section provides a profile of home visiting provision that is currently available in Ireland and the key statutory and voluntary sector stakeholders involved in its delivery, including agencies, networks and individual service providers. As noted earlier, there is a lack of clarity in both an Irish and international context as to whether home visiting constitutes a ‘service’, a ‘programme (or /intervention’ or both. Thus, we have adopted a broad inclusive approach within this review in order to fully capture the range, scope and extent of home visiting provision that is available across the country, as well as any available evidence of effectiveness, cost-effectiveness and implementation. We have included, in line with the definition provided earlier, the whole range of services, programmes and other related supports that employ, or are based on, one or more home visiting strategies for delivering a service (or part thereof).

It is important to note, from the outset, that this review was based on literature and documentation that was available to the research team at the time of writing. Thus, in the absence of available documentation, it is possible that some programmes and services (e.g. those provided on a limited basis only) may not be captured here. Additionally, the landscape of home visiting continues to evolve

and our findings from available documentation/literature may be dated and/or may not capture or convey accurately the details of every service, including any recent adaptations or changes to services or their delivery across the country.

Overall, we identified **10 home visiting programmes** that are currently being delivered in Ireland, typically as part of, or in association with, one of the following four broad State & community/voluntary sector initiatives/services: the ABC programme; the Home Visiting Alliance (HVA); Infant Mental Health Networks; and Tusla Child and Family Agency (see *Table 1*). These may be broadly categorised as: **(i) parent/family-focused programmes (n=3)** which are delivered entirely or partially in the home and aim to promote positive parenting, early learning and/or enriched home environments; and **(ii) early childhood programmes (n=7)** that specifically target families from the earliest years (e.g. from pregnancy up to school entry) and typically aim to support parents to enhance their child's and their own health and wellbeing. We recognise, however, that there may be some degree of overlap between the two categories.

An additional **5 other support services** were identified and included here because they describe services which provide home visiting support for young children and their families as part of their routine delivery, albeit these services do not describe themselves as home visiting service providers as such and neither do they focus solely on young children and their families. Nonetheless, there is a home visiting element to their work that involves delivery to young children and their families. These include **two education-focused services** which are mainly of a niche/specialist nature and designed to target specific educational needs (e.g. disability, language development) and **three disability-focused services and supports** aimed at supporting families of children with a severe to profound cognitive delay or life limiting condition (*Table 2*).

A brief description of each of the above programmes and other support services is provided in this section of the report (in alphabetical order), based on information that was available to the research team at the time of writing. A map showing the geographical spread of provision and approximate location of each programme/service (by county) is also provided in *Figure 2*. A brief overview of provision in terms of a number of simple characteristics is also provided in *Tables 1 and 2* (below) and later in *Tables 3 and 4* (pp.28-29). A more detailed 'at-a-glance' summary table is also provided in *Appendix A*.

2.2. Broader State & Community/Voluntary Sector (CVS) supports

A small number of umbrella organisations/initiatives provide home-based statutory and voluntary sector support for young children and their parents across the country, each of which is briefly described below. It is also important to note that the Public Health Nursing service delivers home-based advice and supports to parents and children. Indeed, international literature recognises Public Health Nurses (PHNs) as a type of HVP for prenatal and post-natal care in relation to supporting breastfeeding, forming initial mother-baby attachments, promoting health and nutrition for mothers and infants, and addressing physical care or medical needs (Sheppard-LeMoine, 2015). PHNs in Ireland also provide these supports for families, although they have a broader "cradle to grave" role and operate under the remit of the Health Service Executive (HSE). They offer home visits within the weeks immediately following a child's birth. This home visit is important to support the mother and baby and indeed, existing evidence suggests that this visit is vital for relationship-building and empowering mothers' child-care and self-care abilities (Giltenane et al., 2021).

Table 1: Home visiting programmes and sector-wide 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> <i>Early Childhood Home Visiting Programmes</i>	<ul style="list-style-type: none"> • Homemaker • Incredible Years Home Coaching Programme • Partnership with Parents • 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 supports currently available in Ireland

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

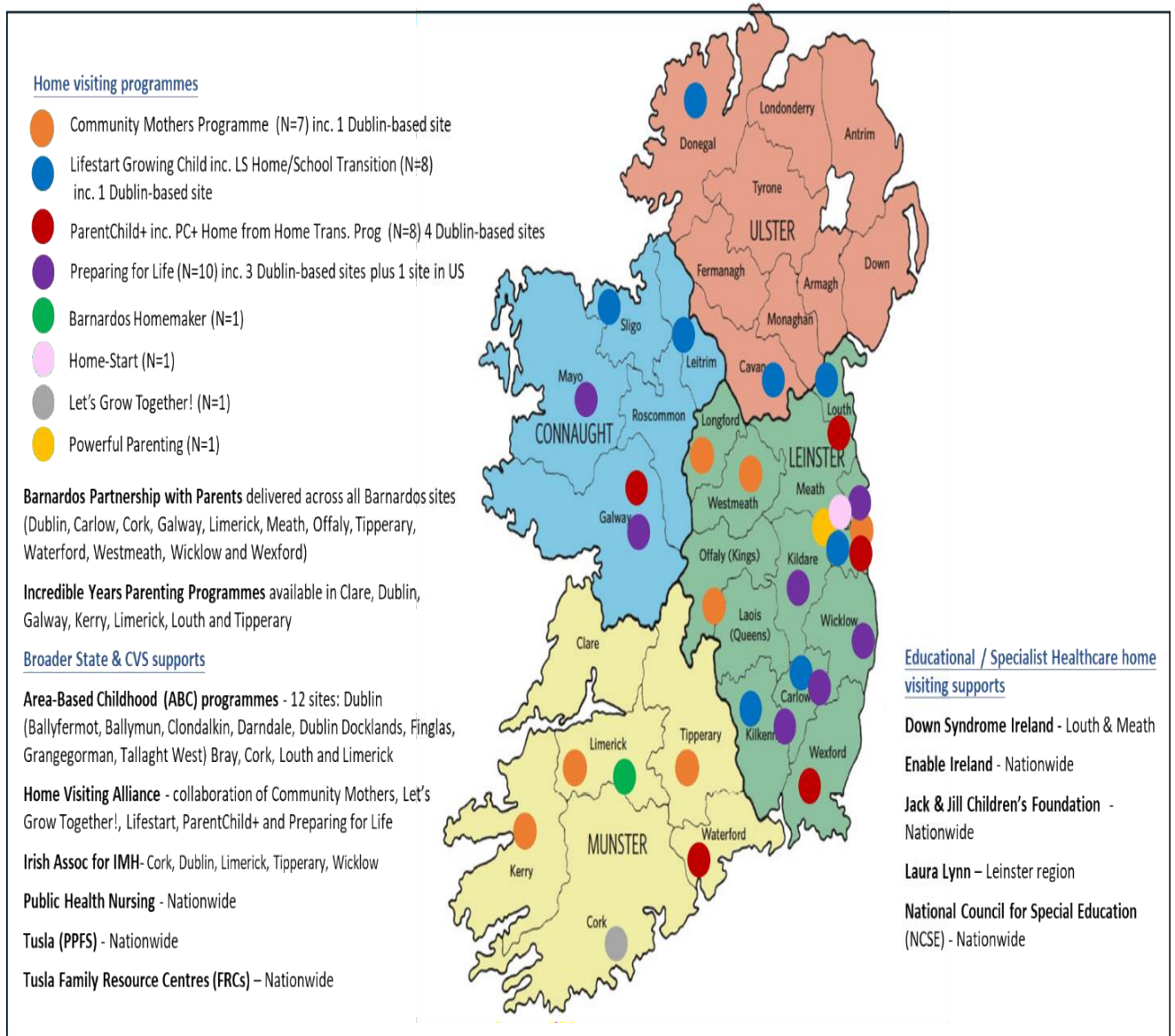


Figure 2: Geographical spread of home visiting provision across Ireland

ABC Programme

Historically, a significant milestone in Ireland within the child and family field, was the establishment of the Prevention and Early Intervention Programme (PEIP) funded by The Atlantic Philanthropies (2006-2013). This drew on international evidence highlighting the importance of prevention and early intervention for child development and well-being, including the implementation of a range of parenting support services (Department of the Taoiseach, 2006). A number of rigorous national evaluations carried out around the same time, demonstrated the overall effectiveness of preventative and early interventions and supports in an Irish (and global) context (e.g. Biggart et al., 2012; Comiskey et al., 2012; McGilloway et al., 2014; Rochford, Doherty & Owens, 2014). In 2013, this pilot initiative evolved into the now well-known national Area Based Childhood (ABC) programme which incorporates a range of evidence-based programmes for families, designed to target child development and well-being, disadvantage, and parent supports, most of which cater for children under six (DCYA, 2018).

The ABC programme is currently funded by the DCEDIY and delivered through Tusla's Prevention, Partnership and Family Support (PPFS) strategy (see below). The programme involves frontline service delivery, capacity building and systems change in order to deliver better outcomes for children and families living in areas of entrenched poverty. The individual ABC programmes are delivered by a consortium of local stakeholders working in partnership to promote capacity development and systems change within the community. These are currently available in 12 sites across the country, 8 of which are based in Dublin/the greater Dublin area including: *Better Finglas* (Finglas/Dublin 11); *Blue Skies* (Clondalkin/Adamstown/Ballgaddy); the *Childhood Development Initiative* (Tallaght West); the *Early Learning Initiative* (Dublin Docklands and East Inner City); *Family Matters* (Ballyfermot/Palmerstown); *Grangegorman* (Grangegorman/Dublin 7); *Preparing For Life* (Dublin 5, Dublin 17); and *Youngballymun* (Ballymun/Dublin 9). The remaining four sites include: *ABC Start Right* (Limerick City Centre, Limerick Northside/Southside); *Genesis* (Louth); *Let's Grow Together* (Knocknaheeny, Co. Cork); and SPECS-Supporting Parents and Early Childhood Services (Bray, Co. Wicklow).

Six of the 11 parent/family focused programmes listed earlier in Table 1 and described below (i.e. Community Mothers, Homemaker, Let's Grow Together-Infant Mental Health, ParentChild+, Powerful Parenting and Preparing for Life) are delivered as part of the ABC programme.

A national evaluation of the programme demonstrated that it achieved positive social and emotional wellbeing outcomes and improved learning and school readiness for children, as well as enhanced parent-child relationships (Hickey, C., et al., 2018). Notably, this evaluation highlighted the increased use of evidence in service planning and implementation in the early intervention and prevention sector, as well as capacity development for service providers and managers, and enhanced interagency working as a key outcome of the ABC programme (ibid). Overall, key outcomes from this period in respect of the service provision landscape, included increased availability and mainstreaming of evidence-based prevention and early intervention supports, services, and information to support child development and positive family relationships and to enhance and prioritise better outcomes for children (O'Connor et al., 2021); the initiative was also found to reduce fragmentation and increase coordination and collaboration across services and sectors (op cit).

Home Visiting Alliance

The HVA was established in 2021 to provide a collective voice for Irish home visiting services. It involves a collaboration of five early childhood home visiting programmes (i.e. Community Mothers, Infant Mental Health Let's Grow Together!, Lifestart Growing Child, ParentChild+, and Preparing for Life), each of which is described in more detail in the next section. The HVA aims to: promote home visiting for children, parents and families; support its member organisations to strengthen and broaden the impact of home visiting; contribute to positive development and implementation in relation to early childhood home visiting; and to share learning on 'what works' in early childhood home visiting.

Recently, the HVA undertook a feasibility study to explore the facilitators and barriers of home visiting programme implementation and to identify the conditions necessary to support the expansion and scaling up of early childhood home visiting programmes across Ireland (Brocklesby, 2023). This study focused solely on the five early childhood home visiting programmes that form part of the HVA as listed above. The key findings highlight the importance of support structures at a national level to facilitate and promote high quality implementation, whilst barriers to sustainability such as inadequate funding were also identified. More recently, the HVA were also awarded funding under the 'What Works Building Evidence Fund' for a '*Collaborative Exploratory Study of Data Definitions, Knowledge, Frameworks and Practices across Early Childhood Home Visiting Programmes*' (personal correspondence).

Infant Mental Health Networks

The Infant Mental Health (IMH) Networks are learning networks which support training and Continuous Professional Development (CPD) in infant mental health skills and practice for frontline practitioners (Hayes et al., 2015). The first IMH network was established in north Cork in 2009 and since then, a number of networks have been established throughout the country which incorporate many of the ABC programme areas. An umbrella network (of IMH networks) has also been established and meets on a quarterly basis to support capacity development across the network membership and to contribute to national best practice.

Tusla Child and Family Agency

Prevention Partnership and Family Support (PPFS)

Tusla was established in 2013 under the Child and Family Agency Act. This statutory authority provides a continuum of wide-ranging, direct and indirect supports, programmes and services for children, parents and families which are delivered by family support workers, social workers, youth workers, Family Resource Centres (FRCs), support groups and counselling services. Specifically, Tusla's Prevention Partnership & Family Support (PPFS) strategy comprises a suite of early intervention and prevention services provided by Tusla and its partner agencies that are delivered locally and provide practical help and support to mitigate the risk of poor outcomes in children and young people. PPFS aims to deliver services within a coordinated, multi-disciplinary and multi-agency framework, from universal to targeted interventions to support children at risk. The programme actively supports children and young people and promotes parenting skills. This is achieved by adopting an area-based approach where Child & Family Support Networks facilitate the implementation of Meitheal¹ and support parents and children to access support services locally. CYPSCs and local Child and Family Support Networks (CFSNs) also work, in tandem, to ensure that all families in a locality receive easily accessible support.

Family Resource Centres



The Family Resource Centre (FRC) programme is Ireland's largest national family and community-based support programme (core-funded by Tusla). There are currently 121 FRCs across Ireland, typically located in areas characterised by poverty and marginalisation. Each FRC operates autonomously and works inclusively with individuals, families, communities, and both statutory and non-statutory agencies to develop and deliver a range of community-based services aimed at

children, their parents and the broader community, including home-based services and supports. FRCs are managed by local voluntary management committees which facilitate meaningful participation within communities and ensure the availability of local knowledge and accountability.

There is no single unified or national FRC model or prescribed services, but all adopt a needs-led approach to working with families, to empower individuals, build on family strengths, and promote self-esteem as well as a sense of agency in life. A range of universal and targeted services is delivered by FRCs including: the provision of information, advice and support to families on available services; advice on accessing rights and entitlements; delivery of education courses, counselling support and

¹ Meitheal is a Tusla-led early intervention and multi-agency Practice Model which is implemented in partnership with families and is designed to identify, and provide, timely supports tailored to the needs of the child/young person.

training opportunities; set-up of community groups to meet local needs; referral to mainstream service providers; provision of childcare facilities and after-school clubs; delivery of practical assistance to individuals and community groups; support of personal development; and capacity building within communities. Each FRC actively involves local communities in tackling their problems and creates partnerships between voluntary and statutory agencies at community level.

2.3 Individual Home Visiting Programmes

2.3.1 Parent/family-focused programmes

Homemaker (HM)

Homemaker (HM) is a Barnardos-led programme/service which was established in Limerick in 2013 as part of its Children and Young People's Services Committee's (CYPSC) Parenting Strategy. The HM programme is knitted into the StartRight Community Wraparound Model in Limerick which is part of the ABC programme (described earlier) which provides prevention and early intervention supports for parents and children from pre-birth to six years. This is an early, home-based intervention which involves working with parents (within the catchment area of Limerick city and its environs) in a practical way to support them in their parenting capacity and with household routines. The programme aims to: promote child health and wellbeing (hygiene, nutrition, positive behaviour, self-worth, self-esteem); enhance child learning (e.g. school readiness, school attendance, increased parental involvement in child academic and cognitive development); improve parents' capacity to manage household budgets effectively and maintain a safe, secure home environment; improve parent-child relationships; and promote child engagement in community and social activities (Connolly, 2017).

The programme is available to families with children aged 0–8 years where there are additional needs (i.e. levels 2-3 on the Hardiker Model²) and with the overarching goal of intervening early to prevent an escalation of parenting and family difficulties. It is a flexible programme that involves working with families at key periods during the day, such as mornings/getting ready for school and evenings (family meals, homework and bedtime), or at other critical times identified in partnership with the family. The programme involves short, intensive interventions for up to a maximum of 24 weeks and is delivered by a Family Support Worker (FSW). This role involves supporting the head(s) of the household to perform a variety of household management tasks (e.g. meal planning, grocery shopping, food preparation, house cleaning, etc), supporting the family to establish household routines in order to support the educational, social and emotional needs of the children, and helping families to acquire household management, self-care and parenting skills through teaching, demonstration and encouragement. The FSW receives designated supervision at regular intervals and works collaboratively and in co-operation with other agencies to ensure that the family receives cohesive wraparound support (Connolly, 2017).

Specifically, the HM programme is guided by a service delivery and case management framework to ensure that the work remains focused on achieving outcomes. The intervention begins with an assessment to confirm needs and to identify the focus of the work. This is reviewed at 6–8 week intervals and cases are then closed upon achievement of desired outcomes (i.e. no longer than 24 weeks).

² The Hardiker Model is a planning framework for the provision of family supports used by UK and Irish governments. Within this model, Level 1 refers to the provision of universal preventative supports, and Level 4 represents intensive, long-term supports including children who looked after by social services. Families may move up and down the continuum of need at different points in time.

Incredible Years Home Coaching Programme (IYHCP)

The Incredible Years home coaching programme (IYHCP) is part of the now well-known and evidence-based suite of Incredible Years (IY) interventions designed to address emotional and behavioural problems in young children (Webster-Stratton & Reid, 2010). The IY programmes are currently available across a number of locations in Ireland, including Clare, Dublin, Galway, Kerry, Limerick, Louth and Tipperary and are delivered in four ABC sites (Cork, Grangegorman, Limerick and Louth). The one-to-one home-based parent-coach model can be delivered in a number of different ways including: as a standalone parenting curriculum and/or as a supplement to the IY group-based parenting programme to initiate parent engagement and learning prior to group participation; to provide ‘make-up’ sessions for parents who have missed group sessions; and to enhance learning and provide additional at-home practice for high-risk families and/or child welfare-referred families. Like other IY programmes, the home coaching model is informed by a logic model (see *Appendix B*) and rooted in behavioural and social learning principles (Bandura, 1977) whereby parents of preschool and school aged children are helped to acquire behavioural management techniques to help break coercive parent-child cycles of interaction and to reduce child disruptive behaviours.

Delivery involves home coaches establishing a collaborative partnership with parents, learning about their concerns, culture and goals as well as child challenges and strengths, whilst also showing video vignettes, engaging in role play between the coach and parent, scaffolding parent play with the child, and coaching parents and children during play practices. The manualised programme can be delivered by facilitators who have received training in delivery of the IY group programme. Programme length and intensity depend on whether the intervention is delivered as a standalone programme or in tandem with the group parenting programme. As a standalone intervention, the programme comprises 6–12 weekly sessions (60 – 90 minutes each), although when delivered as a complementary support to the group-based programme, a minimum of 3 to 4 sessions is recommended.

Partnership with Parents (PwP)

Partnership with Parents (PwP) is an intensive, home-based parenting programme developed by Barnardos and delivered across all 12 of its sites (i.e. Carlow, Cork, Dublin, Galway, Limerick, Meath, Offaly, Tipperary, Waterford, Westmeath, Wicklow and Wexford). The programme content is tailored to meet the specific needs of parents and their children aged 0–18 years. More specifically, the programme is designed to meet the needs of families with multiple and complex needs and aims to improve parenting skills and parent-child relationships by: enhancing parent-child communication; increasing parental understanding of, and ability to manage their child’s behaviour; improving child’s social development; introducing consistent routines; increasing parental involvement in their child’s education; improving parental ability to meet their child’s physical needs; and increasing parental ability to manage crises effectively.

The development, implementation and evaluation of PwP is underpinned by a logic model (see *Appendix B*) and the programme is rooted in the principles of Social Learning Theory. It aims to support health child development by strengthening parents’ knowledge, skills, motivation and self-belief in relation to the core tasks/activities of parenting across three key dimensions of: ‘care’ (i.e. meeting the physical, emotional and social needs of children across the different developmental stages); ‘control’ (i.e. setting age and culturally appropriate boundaries, limit setting, modelling appropriate behaviour and self-regulation); and ‘development’ (i.e. nurturing child potential in all areas of functioning including fostering values and learning opportunities) (Prendiville, 2009a, 2009b, 2009c, 2009d).

The programme consists of six separate “plug ins” or components that are used flexibly to individualise and tailor the programme to address the needs of different families. These relate to the following six key areas for families: Parent-Child Relationship, Behaviour, Education, Routines, Social Development and Physical Development. Programme activities include an initial assessment to identify which components of the programme will be offered to enable parents to engage in a guided conversation regarding their needs and the needs of their children. Subsequently, parents receive one or more plug-ins depending on their individual needs. Each plug-in is delivered through reflective, participatory activities delivered over a number of sessions (approximately 11 – 15 sessions depending on the plug-in being delivered). During programme sessions, parents and staff complete an activity booklet to promote reflection and strengthen targeted parenting skills. Parents are also provided with a notebook to use as a parenting log to increase their awareness of what is happening in their world, their role and the role of others. Crisis management and practical support are also provided to participating families as needed.

This manualised programme is delivered by community-based, social care workers who are fully trained in programme delivery and receive a guidance booklet which outlines the purpose, focus and evidence behind each programme session. Practitioners support parents through a partnership-based approach, modelling warmth, respect, patience, positive communication, reflection and self-awareness. Collaboration and interagency working is also a key feature of the programme. Practitioners are supported in their delivery through programme resources, supervision and training.

2.3.2 Early Childhood Home Visiting Programmes

Community Mothers (CM)³

Community Mothers (CM) was one of the first home visiting programmes to be established in Ireland in 1983. A useful overview of the evolution of the programme is provided by Brocklesby (2019), which outlines how early iterations which proved too expensive to sustain, had to be changed to incorporate a largely volunteer-led home visiting programme for families with young children, particularly in communities of disadvantage. The original CM model, which was based on a UK service called the



‘First Parent Health Visitor Scheme’ (FPHVS), involved trained, local, volunteer mothers (i.e. ‘community mothers’) who provided a peer-to-peer support programme using resources derived from the FPHVS. Community mothers who first delivered the programme in Ireland were supported and supervised in their home visiting role by a Public Health Nurse (PHN) who held a coordinating and professional development support role within the programme. The original version of the programme was delivered to parents of children aged 0–1 years, although with a possibility of also including children up to two years old. The programme originally targeted first-time parents, although this requirement was later relaxed.

Currently, the CM Programme is available in 7 sites across Ireland including one in the Dublin Docklands and the remainder located mainly in the midlands and south of the country (i.e. Kerry, Limerick, Laois/Offaly, Longford, Westmeath, and Tipperary). The programme has been adapted to local needs and has different delivery modes across the sites. Parents who receive CM are provided with a one-hour visit in their home every month, during which they receive support, information and guidance in relation to maternal and child health and development, as well as the availability of local

³ Soon to be re-named ‘Community Families’

services/supports. The core aims of the programme are to inform and empower parents, enhance maternal physical and mental health, build parent confidence, promote positive child health, vaccine uptake, infant stimulation and development (Brocklesby, 2019). The programme is grounded in principles of empowerment and aims to support parents in learning to cope with the challenges of child rearing (Deave, 2003; Pollock et al., 2002). Core processes involved in programme delivery include relationship/trust building, a non-judgemental approach, and a strengths-based perspective. At the time of writing, we are aware that CM will be transitioning to a standardised national 'Community Families' model (Broderick, 2023) following a review funded by the Katherine Howard Foundation and the Community Foundation for Ireland (Brocklesby, 2019, 2021).

Home-Start (HS)

Home-Start (HS) is a family support organisation that is part of Home-Start Worldwide (HSW) and is based in Dublin (Dublin 15). As part of the HS programme, trained volunteers from the local community in Blanchardstown provide support and friendship to families with at least one pre-school child through regular home visiting. Tailored support is provided in line with families' needs and the programme targets first-time parents, lone parents and those experiencing loneliness/isolation and ill-health. The weekly visits also aim to promote parental confidence and wellbeing, strengthen the parent-child relationship and encourage links within the community. Crèche facilities are also available for pre-school children. The organisation delivers a number of other activities including parenting programmes, music sessions, play therapy and speech & language services, Healthy Food Made Easy and a 'Swap Shop' of used baby equipment. The organisation also collaborates with PHNs and social workers. Trained volunteers receive ongoing support and supervision from the Home-Start Co-ordinator.

Let's Grow Together! Infant Mental Health (LGT-IMH)

The Let's Grow Together! Infant Mental Health (LGT-IMH) home visiting programme is delivered by Infant & Childhood Partnerships CLG, (incorporating Young Knocknaheeny ABC) based in Cork (part of the ABC programme). This service specialises in infant mental health and its strategy is underpinned by an Infant Mental Health (IMH) framework which draws on international evidence and practice. The aims of this strategy are to: (1) develop capacity and provide training for practitioners in the principles of IMH; and (2) deliver a multidisciplinary home visiting service to families. The LGT-IMH programme is part of a wider group of community wraparound services provided by Infant and Childhood Partnerships which also include group-based, evidence-based supports for families/parents, as well as enhanced early learning provision (Martin et al., 2022).

The LGT-IMH programme is modelled on the Michigan Association for Infant Mental Health (MI-AIMH) Home Visiting Framework, a manualised programme developed in the US in the late 1970s and which later influenced the development of the Early Head Start home visiting intervention in the 1990s, as well as other home visiting models (e.g. Child First, Minding the Baby) (Weatherston et al., 2020). The programme is informed by a logic model (see *Appendix B*) and is rooted in psychoanalytic and attachment theory as well as social work practice and developmental psychology, and pays particular attention to the concept of "ghosts in the nursery" (Fraiberg, Adelson, & Shapiro, 1975). Thus, the programme addresses how the quality of parent-child relationships may be influenced by parents' own experiences of childhood or past trauma. Core intervention strategies of the MI-AIMH model focus on building an alliance between home visitors and parents, providing for families' material needs, offering emotional support, providing guidance in child development, engaging in infant-parent psychotherapy and promoting the development of coping skills and social support (Weatherston & Tableman, 2015). In line with this model, the LGT-IMH programme adopts a relationship-based approach to supporting parents in meeting the developmental needs of their children (Buckley & Curtin, 2018).

This programme is delivered by a multidisciplinary team comprising four 'Infant Parent Support (IPS)' practitioners, two 'Oral Language Development Officers', a 'Child Health Development Worker' and an 'IMH Specialist'. Parents receive visits starting in pregnancy until the child reaches the age of four, with the aim of supporting emerging parent- infant relationships and the development of secure and stable attachments (Curtin, O'Shea, Hayes, 2022).

Lifestart

The Lifestart Growing Child (LSGC) programme is a structured, home-based, child-centred intervention which is delivered on a universal basis to parents of children from birth to six years of age in order to strengthen parent-child attachment and foster a nurturing, enriched home environment that can support infant development and learning. The programme was originally developed in the US (in Purdue University) and was subsequently adapted for the Irish context (McClenaghan, 2012). It is currently delivered across 8 sites, 5 of which include the border or western seaboard counties of Cavan, Louth, Leitrim, Donegal and Sligo; the remaining services are located in Carlow, Dublin and Kilkenny.



The Irish adaptation of the programme involves monthly home visits (30 – 60 minutes) delivered by paid 'Home-Visitors' who deliver age-appropriate information on all aspects of child development and learning, as well as assessing parent practice, engaging in discussions, demonstrating practical activities, prompting parent reflection and goal setting, and discussing problems and concerns with parents. The programme is guided by a logic model (see *Appendix B*) and supported by a library of age-appropriate books, toys, music, art materials, and learning resources that are accessible to parents and which can be used to promote and support positive parent-child interaction whilst also empowering parents to scaffold learning and child development. Home visitors also model play and learning activities for parents using everyday household items.

The Lifestart At Home in School Transition (LS-AHST) programme, developed as an adaptation of the above, was designed to specifically target school readiness. It aims to promote a positive home learning environment, facilitate a smooth transition from preschool/early learning centres to formal schooling and foster parent involvement in education. Families receive 12 home visits in total, 6 of which take place prior to school entry and 6 after the transition to formal education. During visits, 'Family Visitors' demonstrate learning activities through age-appropriate learning resources which parents can use in the home with their child, including practical activity packs and library books. A range of resources such as toys, music, art materials, and learning resources are also made available to parents. Interactive parent/child workshops which provide experiential learning in art, story, music and messy play, can also be delivered in partnership with the specific schools where children involved in the programme will be attending.

ParentChild+ (PC+)

ParentChild+ (PC+) (originally called The Mother-Child Home Program and later the Parent-Child Home Program) was developed in the US in the mid-1960s. The programme is a targeted-selective intervention involving the delivery of an intensive 'learning through play experience' for parents and pre-school children (18 months–3 yrs). The aims of the programme are to promote school readiness and school success, support reading and play activities within the home environment, strengthen language and literacy and foster enriched home learning environments. The programme, which is informed by a logic model (see *Appendix B*), was adopted by ELI docklands in the late 2000s and has

subsequently been rolled out across 8 sites in Ireland, including four in Dublin (as part of the ABC programme), and one in Galway, Meath, Wexford and Waterford respectively.

The programme involves trained volunteers who are local women and who visit families twice weekly over the course of a school year (i.e. approximately 46 weeks of twice-weekly visits or 92 visits in total). The programme curriculum is based on selected books and educational toys provided to the family and designed to enable them to continue their activities in their own time and at their own pace (Fagan, 2012). Sessions focus on enriching the home learning environment through the provision of educational reading/play materials (e.g. a new book or toy each week) and modelling for parents how these can be used with their children to encourage language development and learning.

A 12-week adaptation of the PC+ programme, called the 'Home from Home Transition (HHT) programme', was also developed in 2018 to support the needs of families experiencing homelessness or transitional housing. This adapted version of the programme provides a shorter, 12-week intervention period in order to overcome barriers to engagement with the longer programme which may be experienced by families living in insecure accommodation. 'Home visitors' model positive parent-child interactions during weekly visits and promote the use of educational books and toys aligned with the developmental stage of the child. Collaboration and interagency work with other community professionals, particularly statutory and voluntary organisations with experience and knowledge in the area of homelessness, is a key programme component in order to facilitate wraparound family support.

Powerful Parenting (PP)

Powerful Parenting (PP) is a parent support programme delivered as part of a larger early years intervention/quality childcare provision programme through the Childhood Development Initiative (CDI) in Tallaght West (one of the 12 ABC programme sites). The programme is delivered within early childhood education and care (ECEC) services and is aimed at children aged 2–6 years. Parents are supported by a 'Parent/Carer Facilitator (PCF)' or early years practitioner (with at least a FETAC Level 5 qualification in childcare or equivalent) whose role is to liaise, and develop a relationship, with parents, identify parent and family needs and provide information for parents on topics such as education, services or extra supports. The role of the PCF is designed to bridge the gap between the early years and home learning environment, to support parents in their children's development, promote child developmental outcomes, enrich the home learning environment and enhance parents' capacity (e.g. reduce parent stress).

Supports can be delivered in a group format or on a one-to-one basis either in the home or ECEC service over the course of the two years. Parents are also linked/referred, where appropriate, to health and Speech and Language Therapy (SLT) supports. The PCFs also deliver the group-based Parents Plus Early Years programme to parents (Hayes, Siraj-Blatchford, Keegan & Goulding, 2013).

Preparing for Life (Pfl)

Preparing for Life (Pfl) is an intensive five-year home mentoring programme delivered to parents of children from birth to school age and designed to promote school readiness in children by equipping parents with the skills needed to strengthen child development across five key domains including: cognitive development; language development; approaches to learning; social and emotional development; and physical wellbeing and motor development. The programme, which is informed by a logic model (see *Appendix B*) (Northside Partnership, 2005), was originally developed as part of the

pilot PEIP⁴ funded by The Atlantic Philanthropies (AP) and the, then Department of Children and Youth Affairs (DCYA). Pfl was developed collaboratively by a range of local agencies (e.g. early years experts, the local community, service providers and families) and informed by a number of psychological theories, including attachment theory (Bowlby, 1969), socio-ecological theory of development (Bronfenbrenner, 1986), and social-learning theory (Bandura, 1977).

The Pfl home mentoring programme involves trained professionals visiting parents in their homes from the antenatal period through to when the child reaches school age. Home visits last 30 minutes to 2 hours and are delivered on a weekly to monthly basis depending on parent preferences. The programme materials include tip sheets which provide guidance on promoting child development and self-care for mothers. Mentors also use strategies such as role play, modelling, demonstration, coaching, discussion, encouragement and feedback to build rapport with parents, promote skill development and build parent connection with other community-based services and empower parents.

Currently the programme is available across 9 sites, 3 of which are located in Dublin (Balbriggan, Darndale and Finglas) and which form part of the larger ABC programme. In these sites, a number of other parenting supports and services are available to parents alongside the home mentoring programme, including the Triple P⁵ suite of parenting interventions, Circle of Security⁶, and baby massage, as well as quality childcare and early learning provisions. The other Pfl sites include Bagenalstown (Co. Carlow), Newbridge, Athy (Co. Kildare), Castletown (Co. Mayo), Ballinasloe (Co. Galway) and Bray (Co. Wicklow).

2.4 Other home visiting support services

2.4.1 Education-focused supports

As indicated earlier, we identified three home-based supports that involve educational provision for vulnerable or at-risk children.

Early Intervention Home Teacher Programme (Down Syndrome Ireland)

The Early Intervention Home Teacher Programme (EIHTP) is provided by Down Syndrome Ireland (in the Louth and Meath areas only) for preschool children (aged 1-6 years) with Down Syndrome. This play-based programme involves 'Early Intervention Home Teachers' visiting the home of the child for one to two hours on a fortnightly basis during the school year (approximately 20 visits per year). The trained Home Teacher, who is a volunteer parent of a child with Down Syndrome, joins the parent-child dyad at play to maximise the child's play relationship with parents. The Home Teacher can also liaise with early education centres and professions in pre-schools and primary schools to promote the best possible early education experience for children on the programme.

⁴ Between 2007 and 2013, The Atlantic Philanthropies (AP) and Department of Children and Youth Affairs (DCYA) jointly resourced the Prevention and Early Intervention Programme (PEIP) in three areas (Darndale, Ballymun and Tallaght). Significant investment was allocated over a six-year period in the design, planning, implementation and evaluation of evidence-informed practice to improve child learning and wellbeing outcomes. In 2013, PEIP transitioned to the ABC Programme.

⁵ Triple P is a multilevel suite of evidence-based interventions designed to prevent behavioural, emotional and developmental problems in children aged 0-16 years.

⁶ Circle of Security is an evidence-based parenting programme (for children aged 0-5 years) that supports and strengthens parent-child relationships.

National Council for Special Education - Visiting Teachers for Children who are Deaf/Hard of Hearing or Blind/Visually Impaired

The NCSE aims to develop schools' capacity to support students with special educational needs and to promote a continuum of educational provision which is inclusive and responsive. 'Visiting teachers' provide tuition (nationwide) to pre-school children who are deaf/hard of hearing or blind/visually impaired, and to assist them in the acquisition of cognitive, social, language and communication skills. Visits are undertaken by qualified teachers with particular skills and knowledge of the development and education of children with varying degrees of hearing loss and/or visual impairment. They offer longitudinal support to children, their families and schools from the time of referral through to the end of post-primary education. These Visiting Teachers fulfil a number of roles including: providing information and advice to parents about their child's health or visual impairment; reinforcing and modelling good communication and language support; informing parents about communication/technology; promoting child educational development; helping parents to monitor and celebrate their child's progress; advising parents on educational supports/options; and facilitating the development of social support networks. The teachers also work in partnership with schools and provide advice and guidance on individual education planning, curriculum implementation, teaching/learning strategies and on specific approaches to cognitive, linguistic, physical, social and emotional development.

2.4.2 Disability-focused supports

A small number of disability services also deliver at-home supports for children and parents to cater to their unique needs and requirements.

Enable Ireland

Enable Ireland is a national voluntary organisation which provides services for children with a range of disabilities (i.e. autism, Down syndrome, cerebral palsy, developmental delay) and their families. Services are provided through a combination of home, centre and community bases. Supports are provided by an interdisciplinary team and include individual sessions (e.g. physiotherapy, speech and language/occupational therapy), as well as home visits or visits in community settings. Parents are provided with information and training to develop skills for working with their child.

Jack & Jill Children's Foundation

The Jack & Jill Foundation provide in-home nursing care and respite support for children nationwide with severe to profound cognitive delay, as well as end-of life care to all children regardless of diagnosis (up to the age of six years). The service provides individualised, holistic care through a team of 'Specialist Liaison Nursing Staff' who co-ordinate an extensive range of at-home nursing care supports in order to provide families with the best quality of life while caring for their child at home. Supports include: home visits; respite; practical advice on nursing issues and access to services; information and advice on entitlements and benefits; hearing the parents' voice; and advocating on behalf of the family and the provision of bereavement support.



LauraLynn

LauraLynn provides hospice services (nationwide) for children with life-limiting conditions as well as residential care for young adults with disabilities. The LauraLynn@HOME Programme was launched in

2014 and is provided by two teams of paediatric nurses covering the Leinster area. Eligible families receive an at-home assessment and are then allocated a targeted number of home visits. This programme includes: symptom assessment and management; specialist palliative care and end-of-life care at home; at home respite; bereavement support; post-discharge support from acute setting/transition to home; emotional, psychological and social support for families; and supported access to specialist services (e.g. OT, music therapy, etc).

2.5 Summary

Currently, there are many and varied home-based programmes and other support services actively working toward supporting families and enhancing outcomes for children across the country, although with some geographical variation in terms of availability and accessibility. For example, Dublin city and the greater Dublin areas are generally well-served, but some counties (e.g. Clare and Roscommon) have no home visiting programmes available to them. Even within counties/areas where such provision is available, it is possible that families in need are unable to access supports due to programme eligibility criteria and/or delimited catchment areas.

Most of the 10 individual home visiting programmes described above, include a focus on the earliest years. These are supported and embedded within a range of agencies, networks and service providers locally and nationally. It may be the case that home visiting was/is being used by agencies (e.g. PHNs, NGOs, community-based services) on an ad-hoc, small scale or targeted/localised basis, but it was not possible to capture the extent of these activities in this review. A smaller number of education-focused and disability-focused supports, typically delivered on a nationwide basis (insofar as we are aware) and which include younger children (and their families), are also available.

Notably, most of the parent/family-focused home visiting programmes which are available involve adaptations of international evidence-based interventions, whereby they have been restructured to meet the needs and cultural context of the Irish communities in which they are located. A smaller number of programmes were also developed nationally with the needs of the families and children in the communities at the forefront of their development. Overall, and as also reported recently by Brocklesby (2023) in a report on the five HVA programmes, there is substantial diversity in the objectives, duration, populations targeted, staffing, mode of delivery and outcomes targeted across these programmes. Furthermore, there is no consistent definition with regard to the aims and objectives or role of HVPs across the country, nor uniformity in the information, supports and interventions provided to families in a home context.



Section 3: Development and Content of Home Visiting Provision in Ireland

This section explores the development and content of home visiting provision available in Ireland in order to gain a better understanding of its common constituents. This element of the review involved: (a) identifying and examining the components of the programmes and other support services described earlier (e.g. their aims and objectives, as well as the approaches and resources involved in achieving key targets); and (b) exploring the processes involved in their development and delivery more generally across the country.

3.1 Irish-developed vs international programmes

Despite increasing coordination in general across child and family services in Ireland, home visiting provision is delivered largely in a piecemeal fashion. Little has been published or made public on the 'real world' processes that have been involved in the development and/or selection of home visiting programmes and other support services nationally. However, it should be noted that the design and development processes involved in some programmes developed as part of the PEIP/ABC initiative (e.g. Pfl, LGT) have been documented and explored as part of a larger national evaluation (e.g. Hickey, C. et al., 2018; Curtin et al., 2015; Pfl Evaluation Team, 2016).

As outlined earlier, some home visiting programmes may be described as "home grown" and have been developed by Irish stakeholders/service providers within a local Irish context, while others have been developed elsewhere and transported to/implemented in an Irish context. The Pfl programme described earlier, is a good example of a locally developed initiative which was originally established by a group of local agencies operating in the Dublin 17 area as part of the, then pilot, PEIP (as mentioned previously). PC+, on the other hand, has been transported from the US where it was originally developed, and adopted for use by ELI docklands and subsequently several other sites throughout the country. Most programmes transported to an Irish setting have been developed in the US, although the CM programme was originally based on a UK-developed programme (the FPHVS). The kinds of adaptations vary. For example, the CM programme was adapted to incorporate a volunteer-led model of delivery due to the need to make the programme more cost-efficient and sustainable in an Irish context. The Lifestart AHIS programme, as outlined earlier, was adapted from the LSGC programme to address an identified gap in service provision by targeting school readiness. Likewise, the PC+ 'Home from Home Transition Programme' was developed from the PC+ programme to address barriers to engagement that had been identified by local service providers as prevalent amongst families living in insecure accommodation, transitional housing and homelessness.

3.1.1 Evidence-informed service development

Arguably, the development of home visiting provision in Ireland has largely involved a "bottom up", evidence-informed process driven at a local/service level. Some of the key activities that have been involved in evidence-informed planning, include some or all of the following: surveys/research to identify needs at a local level; use of international empirical literature; advice from area experts (e.g. academics, programme provider specialists); review and selection of evidence-based programmes to transport to an Irish context; and logic modelling/theory-based programme development (see *Appendix B*).

For example, the development of the Pfl programme involved a commissioned research process exploring the lives of children in the local community, focus groups with local parents, children and teachers, a review of international and national policy and evidence on effective early years intervention programmes for children in the early years, and consultation with international early years experts and international visits to sites where promising programmes are operating (Northside

Partnership, 2005). This process was led by a group of local stakeholders including local policymakers, managers, practitioners, researchers, and families. A logic modelling process was also subsequently used to identify target outcomes, as well as activities and resources needed to achieve target outcomes (see *Appendix B*).

Similar evidence-led processes are also evident in the development of PwP and other home visiting programmes which were part of the PEIP/ABC initiative (e.g. CM and LSGC). Furthermore, although not solely focused on home visiting, the national evaluation of the ABC programme demonstrated that the increased use of evidence and data as a result of that work, was important in informing quality improvements more generally within the prevention and early intervention sector (Hickey C. et al., 2018). Indeed, ongoing evaluative and data monitoring processes have been put in place by a number of services delivering home visiting programmes (e.g. CDI, CM, HM, Pfl, PwP, PC+) as a means of enhancing programme quality and impact (e.g. through practitioner and parental feedback mechanisms). The availability of funding has been highlighted as an important factor in promoting such evidence-based planning, local needs analyses, ongoing data monitoring and research and evaluation (Curtin et al., 2015; Hickey, C. et al., 2018). Perhaps unsurprisingly, a key feature of this approach to evidence-based planning is strong collaboration between relevant organisations, local stakeholders and national and international experts. Despite these improvements, however, inadequate funding for high-quality research and evaluation (e.g. long-term, sustained funding) has been identified as a key barrier to strengthening the evidence-base for home visiting programmes in Ireland (Brocklesby, 2023).

3.2 Content and processes

3.2.1 Scope and aims

As mentioned earlier, the scope and aims of the home visiting programmes and other support services that are available across Ireland, vary considerably, but collectively, they share a common aim in attempting to improve a wide range of child, parent and family outcomes (see *Figures 3 & 4*). While some programmes and other support services specify narrow aims and objectives or identify individualised goals, others have very broad targets. For example, the HM programme addresses individualised goals that are identified in collaboration with the family and are targeted by means of an intensive intervention delivered for a specified duration (e.g. up to a maximum of 24 weeks). Pfl on the other hand, targets a wide range of outcomes over a longer timeframe from pre-birth through to school transition, including outcomes related to both parents (parenting skills and knowledge, parent and child health & wellbeing) and children (physical, social, behavioural, cognitive, educational development).

It should also be noted that some programmes target more immediate goals (e.g. HS), while others have longer term or distal aims which they set out to achieve through a pathway of more proximal goals. These distal goals (e.g. school readiness) may be targeted with or without ongoing service provision. For example, LSGC provides ongoing support for service users until the child reaches 6 years of age with the longer-term aim of fostering school readiness in children. The PP programme delivered by CDI aims to support parents in promoting their child's developmental milestones in order to bridge the gap between the early years and facilitate the child's transition to primary school.

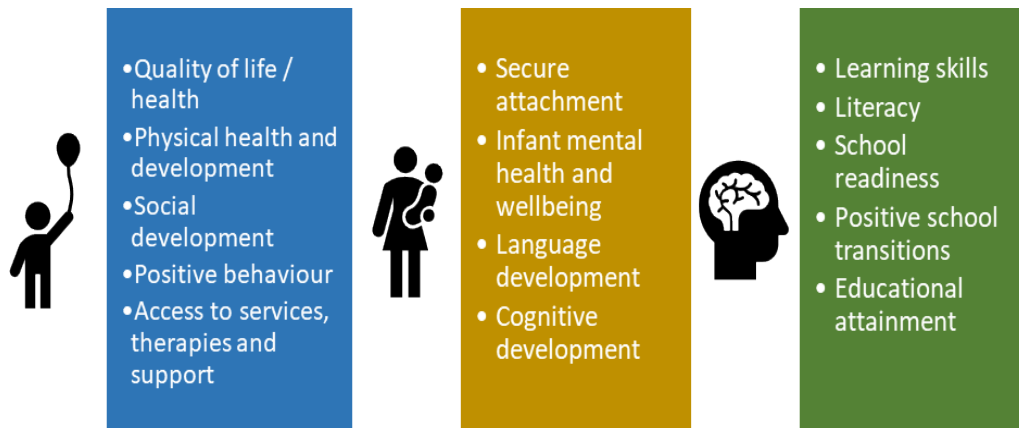


Figure 3: Child outcomes targeted by home visiting programmes and other support services

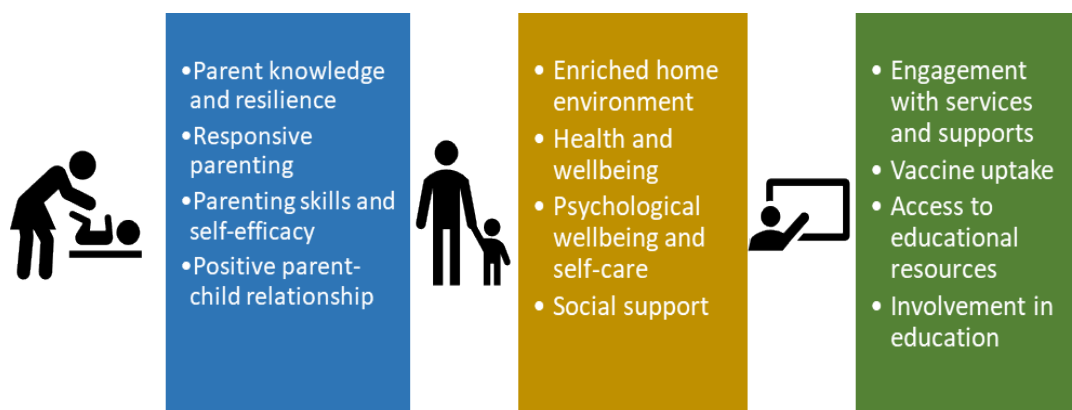


Figure 4: Parent and family outcomes targeted by home visiting programmes and other support services

3.2.2 Key theories and principles

A range of theories underpin the home visiting programmes and other support services described here, including those related to parenting, social learning, attachment, family systems/family dynamics, and child development. For example, the PwP and IY models are rooted in the principles of social learning and parenting theory, and aim to promote positive child outcomes by strengthening parent outcomes. Typically, home visiting programmes tend to draw on multiple blended theoretical frameworks. For example, the LGT-IMH programme is based on a pluralistic approach combining psychoanalytic and attachment theories, social work practice and developmental psychology. This theoretical framework is used to help promote a focus on high quality parent-child relationships through support for parents and fostering parent reflective skills (Shonkoff & Fisher, 2013). Play-based, child and family-centred approaches also feature in programmes and other support services aimed at promoting school readiness and educational success (e.g. PC+ and the Early Intervention Home Teacher Programme delivered by Down Syndrome Ireland). These aim to “activate” or put in place important protective, nurturing factors in a child’s life. Parents have been shown to play a key role in preparing their children for the transition to primary school. For example, a study of school readiness in disadvantaged areas in Ireland found that that poor parenting skills were correlated with children’s cognitive abilities and

up to one-third of parents lacked the skills to support their child's development and education (Kiernan et al., 2008).

3.2.3 Availability - Target populations and reach

Most of the home visiting programmes and other support services available across the country can be described as 'targeted' or 'targeted universal' provision (see earlier *Tables 2 and 3*). Some of these operate at an individual level whereby they are delivered to children-parents/families with particular/specified needs; others operate at a community/group level and aim to support targeted populations, such as disadvantaged communities (usually defined as areas characterised by poverty/socioeconomic disadvantage) or marginalised groups (e.g. ethnic minorities, homeless families, at-risk families). Some programmes provide direct support to children (e.g. health/educational interventions) and/or parent/child dyads, while others indirectly target children through parent-focused provision.

A small number of programmes (e.g. PC+, Pfl, LGT-IMH), all of which are delivered as part of ABC-funded provision, may be described as 'targeted universal' in the sense that they are available to all community members living in areas of recognised socioeconomic disadvantage. It is also of note that the CM programme was originally provided on a targeted basis only, but has now moved towards a progressive universalism model whereby the programme is universally available within catchment areas while additional targeted supports are also offered to more at-risk families. Two of the ABC-funded home visiting programmes (e.g. HM and PC+) are targeted and available only to high-risk groups within these communities/areas. Other programmes and supports also cater for families with specific experiences/identified risks (e.g. homelessness, behavioural challenges, parenting challenges), or particular needs such as Down Syndrome, disability, or life limiting conditions (e.g. PC+, Home from Home Transition Programme, Jack and Jill Foundation and Laura Lynn). LSGC is a good example of a universal early intervention which is delivered to parents without any assessment of risk or adversity.

Overall, the availability of programmes and other support services tends to be delimited by service catchment areas, and while a small number of programmes (e.g. CM, LSGC, PC+, PwP) are delivered across multiple sites, these do not cover all counties (see *Figure 2, p.7*). The only support delivered nationwide is provided by the Jack and Jill Foundation which provides in-home respite for children up to the age of six, with severe to profound neurodevelopmental delay or who are receiving end-of-life care (irrespective of diagnosis).

3.2.4 Duration and frequency

Programmes and other support services delivered using home-based approaches also vary considerably in terms of their duration and frequency. Shorter programmes, typically delivered over a small number of weeks (e.g. HS) tend to be "narrower" in focus, targeting more specific goals, such as parenting challenges or child disruptive behaviour. Longer programmes, on the other hand, tend to target a diverse range of goals across differing domains of child and family outcomes (e.g. LSGC). Delivery may also be linked to specific developmental stages and/or may aim to guide and track families across different stages with evolving targets in line with changing family needs. For instance, the delivery of Pfl begins at pre-birth and targets maternal health and wellbeing during this period. Delivery continues across early childhood to target goals across child and family health, child physical, mental, social and educational development. The frequency of visits also varies, although programmes typically involve the delivery of home visits on a weekly to a monthly basis. The intensity of visits in some programmes (e.g. CM, HM and Pfl) also vary depending on need/family preferences.

3.2.5 Characteristics and delivery

Most of the home visiting programmes and other support services described here, are guided by a set curriculum or model of care. Overall, and as might be expected, content varies depending on the nature of the issue targeted and/or programme/service goals. However, key to all types of provision is the role of the HVP, albeit these roles vary considerably. Home visiting staff are typically categorised within the international literature as ‘professionals’ or ‘para-professionals’. The term ‘professional’ is typically used to denote nurse-led services/programmes or roles that requires specialist professional training, whereas ‘paraprofessional’ programmes and services are delivered by a community-based workforce with aligned background qualifications (e.g. Olds et al., 2004; Rusch et al., 2019)). This differentiation of home visiting roles has also been used in the national literature (Brocklesby, 2019). However, in an Irish context it is important to note that home visitors are typically recruited on the basis of tertiary qualifications (minimum Level 5, typically level 7 /8 degree). Therefore, for purposes of this report, we categorise home visiting roles into the following:

- Specialist professionals/service providers (e.g. trained nurses/educators);
- Professionals and/or community-based service providers (e.g. social care professionals, child care professionals); and
- Paraprofessionals/volunteers/peers (e.g. local community members, mothers, people with lived experience).

In an Irish context, specialist professionals are largely involved in the delivery of disability-targeted services, while parent/family-focused programmes are principally delivered by community-based professionals although a small number of programmes use a volunteer/peer-led or paraprofessional model. Notably, training and supervision in intervention delivery is provided for HVPs by all programmes and support services. Online webinar training sessions have also been delivered by the HVA (and are due to continue into 2024/25).

While home visiting provision is typically characterised by highly variable delivery processes and mechanisms, programmes and other support services are typically rooted in a strengths-based perspective aimed at empowering parents/families; they also share common features that include advice for parents/families on key issues, as well as discussion and problem solving between the HVP and programme or service recipient. In several programmes (LSGC, PC+, Pfl and PwP), materials such as tip/advice/activity sheets are provided to parents to help them build knowledge/awareness and to support them in attaining key goals (e.g. parenting knowledge, parenting skills). LSGC and PC+ also provide resources such as educational/developmentally appropriate books and toys (as a gift or on a loan basis) to help parents engage with their children and to promote positive child developmental outcomes. These resources provide useful tools for HVPs to demonstrate key skills for parents, encourage positive parent-child interactions and enable parents to enrich the home learning environment. Other processes which form part of the home visiting programmes, include role play, demonstrations, modelling and feedback for parents (e.g. HM, IY and Pfl).

Relationship building between HVPs and families features prominently in all programmes and other support services. For instance, according to Buckley and Curtin (2018), a flexible and understanding approach to supporting parents and to developing trusting, positive relationships with families, is central to the role of the home visitor in the LGT-IMH programme. The relationship between the home visitor and families is identified as crucial in creating feelings of support, as well as reducing barriers to participation and engagement. Indeed, research exploring the delivery of home visiting programmes within a national context, has highlighted the importance of positive home visitor-family relationships in programme efficacy. For instance, the ability of the HVP to reassure parents, provide appropriate

information and to flexibly accommodate family needs, has been identified as a key mechanism in fostering parenting knowledge and self-efficacy within the LSGC programme (Miller et al., 2015).

3.2.6 Fidelity and Flexibility

Programme fidelity (i.e. the degree to which an intervention is implemented as originally intended by the programme developer) is considered to be a core feature of high-quality programme delivery. However, programme adherence, namely frequency, duration, and coverage are, in turn, influenced by a number of factors including intervention complexity, facilitation strategies and resources, quality of delivery, and participant responsiveness (Carroll, Patterson & Wood, 2007). A high level of skill is required to ensure that home visiting programmes and other support services reach their goals and there is a continuing need at an organisational level, therefore, to provide appropriate sustained training and supervision to support staff in maintaining fidelity. There is some evidence to show that in several of the home visiting programmes in Ireland (e.g. HM, PC+, Pfl, PwP), fidelity is supported through training and ongoing coaching/supervision for HVPs. Additionally, new networks (e.g. HVA, IMH Networks) are providing important capacity-building supports to some home visiting providers.

The maintenance of fidelity and programme quality with complex interventions is more difficult than more simple interventions due to the greater variation across programme components and delivery (Carroll et al., 2007). Some programmes, such as the IV programme, are more structured, short-term interventions, whereas others (e.g. CM, PP) adopt a more individualised or tailored approach for service users in order to address families' needs. Even manualised programmes may be flexible in their application. For example, as described earlier, the PwP programme consists of a set of "plug ins" which can be flexibly implemented depending on parent and/or child needs.

It should also be noted that it can be beneficial to adapt interventions in order to meet the varied social, psychological and health needs of high-risk populations (Saías et al., 2012; von Thiele Schwarz et al., 2021). Arguably however, fidelity and adaptation should be managed so that the intervention retains its core components, but also meets service user and contextual requirements. Thus, efforts and resources to support quality and fidelity are still necessary, but challenging in the context of home visiting provisions. For instance, resources, such as appropriate financial support, are often needed to ensure that programmes and services can continue to be delivered to a high standard, as suggested by Brocklesby (2019, 2023), who reports a number of challenges to ensuring the continued high-quality delivery of the CM programme due to funding uncertainties.

3.2.7 Continuity of care/integrated provision

Most of the home visiting described here, operates within a continuum of care approach that guides families over time and through a range of appropriate supports. Linking families in with services and supports is common feature of many programmes (e.g. CM, LGT-IMH, PwP) and typically involves collaboration and interagency work between HVPs and other services. For example, a key aim of the CM programme is to link mothers into community-based services in order to bolster their social support and build a sense of community connection. Indeed, home visiting supports are often provided within a larger programme of community-based child and family support (e.g. group-based parenting support, enhanced childcare provisions) to help families beyond the home environment. Similar interagency and multidisciplinary working is also a feature of specialist home-based healthcare supports such as Jack & Jill and LauraLynn, which advocate for the family/child and establish links with other services.

3.3 Summary

Overall, home visiting programmes and other support services can be understood as complex interventions. Sources of complexity and variability include: scope and aims; the number of components involved; the range of behaviours/outcomes targeted, the expertise and skills required by those delivering and receiving the programme; the number and type of persons, settings, or levels targeted; the degree of reach; and the overall level of flexibility within the programme (see Appendix A). For example, the Jack & Jill home-based service targets children, parents and the family as a whole, as well as liaising with other services and advocating for families. The service is flexible in that it differs depending on child and family need. Likewise, LauraLynn provides a range of supports for the family, including respite, bereavement, and referral to services and supports.

The vast majority of these types of provision are targeted and delivered to families on the basis of characteristics/needs, while most are also area-delimited. However, there are approaches and processes common to all, including the central role of the HVP and the interactive processes and mechanisms with families, including, for example, discussion, problem solving, role playing, modelling and relationship building. We have identified a number of core principles and objectives that would appear to underpin and support home provision in Ireland, all of which demonstrate how these programmes and other support services broadly work in practice (see Box 1).

Box 1: Core aims/principles underpinning home visiting provision in Ireland

- **Intervene early to facilitate healthy development:** Adopting a preventative perspective at the earliest possible juncture, can help to prevent or ameliorate negative outcomes.
- **Engage families through home-based supports:** Home-based supports are better able to engage and reach families, particularly those most at risk.
- **Strengthen parent and child skills:** Strengthening parent skills and knowledge promotes positive child outcomes. Typically, home-based interventions aim to build parent knowledge of child needs and equip them with appropriate skills and resources to meet those needs. Parent self-efficacy is also frequently identified as a central change mechanism; that is, equipping parents with the ability to cope with the challenges of parenting is seen as helping to promote positive child outcomes.
- **Promote an enriched home environment to achieve positive child outcomes:** An enriched, nurturing home environment promotes positive development in children and enables them to reach their developmental potential.
- **Use evidence-informed approaches to promote positive outcomes in children and families:** Programmes and other support services rooted in evidence, and which use data monitoring and evaluation, have been consistently shown to achieve positive outcomes.
- **Ensure appropriate standards of care and practitioner skills:** HVP skills and expertise are also vital to ensuring positive outcomes. For example, ‘hard’ skills such as expertise and knowledge of programme delivery, are core programme mechanisms. Skills and expertise should also be commensurate with the programme aims and the needs of the target population.
- **Engage in CPD to reinforce skills and knowledge and enable quality intervention.** ‘Soft’ skills such as an ability to build positive relationships with parents, and reflective capabilities, are also seen as vital ingredients and in encouraging and facilitating effective parent/family participation, engagement and benefit. Most home visiting programmes and other services support HVP capacity development by ensuring that appropriate expertise supervision and training are provided to ensure high quality delivery and, in turn, strengthen programme effectiveness.

Section 4: The evidence base for home visiting provision in Ireland (impact/outcomes)

4.1 Introduction

This section provides a summary of the evidence base underpinning home visiting provision in Ireland, with a particular focus on the 10 programmes described earlier. We were unable to locate any evaluations of two of the five other support services which included the Early Intervention Home Teacher Programme provided by Down Syndrome Ireland and the NCSE Special Education Visiting Teachers for Children who are Deaf/Hard of Hearing or Blind/Visually Impaired. In addition, only limited information is available for the remaining three support services (see *Table 4*).

As noted earlier, recent decades have seen a significant accumulation of research and evaluation activities focused on prevention and early intervention programmes in Ireland. Indeed, participation in rigorous evaluation was often a requirement of prevention and early intervention funding schemes (e.g. from The Atlantic Philanthropies) and evidence began to take a more central role, therefore, in practice and policy development.

We identified three home visiting programmes that have been evaluated using a rigorous randomised controlled trial (RCT) methodology implemented in Ireland, including CM, LSGC, and the Pfl programmes (see *Table 3* and *Appendix 1*), all of which may be categorised as ‘homegrown’ programmes. A multi-site pilot RCT evaluation of the IY Home Coaching model was also conducted in an Irish context (Leckey et al., 2022), but only as a supplement to the group-based programme (evaluated on a national basis by McGilloway and colleagues) rather than as a standalone intervention. A further group RCT was conducted to explore the impact of a parent/carer facilitator role on parent outcomes arising from the PP programme, but only in the context of a larger Early Years programme.

With regard to other methods, the PwP programme has been evaluated using a before-and-after design without a comparison group (Connolly et al., 2019). In addition, the HM and LS-AHIS programmes have been evaluated using a survey methodology and/or case file analysis to assess participant outcomes (Connolly, 2017; Keenaghan, 2012). We were unable to locate any effectiveness studies conducted within an Irish context, of the PC+ or LGT-IMH programmes, but these ‘imported’ programmes have been rigorously evaluated elsewhere using a range of methodologies, including both RCTs and quasi-experimental studies (e.g. Levenstein et al., 2002; Ribaudó et al., 2022). Survey methods involving the reporting of performance indicators (e.g. participant engagement, satisfaction, and perceived benefits) have also been used to assess these and other programmes/services in an Irish context.

Several qualitative studies were also identified; these were conducted either to supplement a quantitative study or as a standalone evaluation/service review.

Notably, only 3 of the 10 programmes (CM, Pfl and LSGC) were found to have evaluated outcomes over the long-term, a common knowledge gap in the international literature more widely. For example, the evaluation of the CM explored post-intervention effects over a 7-year period while the evaluation of Pfl tracked participants up to age 9 (5 years post-programme completion). The evaluation of LSGC also followed up participants over a number of years, but only up until the point that intervention delivery was complete. Overall, a challenge to the evaluation of these programmes is their duration, as longer follow-up periods are typically required (e.g. up to 5–6 years while a programme is being delivered) (Brocklesby, 2023).

4.2 How effective is home visiting provision in Ireland?

4.2.1 Parent outcomes

All of the evaluations conducted in an Irish context report positive (often overlapping) outcomes for parents, including: reductions in parenting related stress (Miller et al., 2015/2023); positive changes in parenting mood (Miller et al., 2015/2023; Hayes et al., 2013; Johnson, Howell & Molloy, 1993; Fitzpatrick et al., 1997); improvements in parent knowledge of child development and parenting practices (Leckey et al., 2022; Connolly, Adams & Fleming, 2019; Miller et al., 2015/2023); enhanced parent-child relationships (Connolly et al., 2019; Johnson et al., 1993); and improved routines, parental discipline practices and enriched learning environment in the home (Connolly, 2017; Doyle et al., 2014; 2015; 2019; Orri et al., 2019; O’Farrelly et al., 2018). While no evaluations of HS have been conducted in Ireland, evidence from elsewhere has demonstrated considerable post-programme improvements in terms of parental wellbeing, sense of isolation and coping skills, although with high rates of drop out for higher risk families, including those with substance misuse problems, asylum seeking refugees and families experiencing domestic violence (Warner, 2019, Young, 2015).

Table 3: Brief Overview of Parent/Family-focused 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

Table 4: Brief Overview of Other Education-and Disability-focused 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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However, the parent/parenting outcomes which have been reported, differ across the various trials/evaluations and there is attendant variability in the measures used to assess these outcomes across the trials. For example, the LSGC programme led to positive post-programme changes in parent knowledge of child development, higher levels of parenting self-efficacy and lower levels of parenting related stress (Miller et al., 2015/2023). Hayes et al. (2013) and Leckey et al. (2022) also report from both of their trials, that home-visiting supports can result in reductions in parental stress, although in both studies, parents received group-based parenting supports, while children also received enhanced childcare supports in the former evaluation. Johnson et al. (1993) report that the, mainly first-time, mothers who received the CM programme were more likely to report positive feelings and less likely to report negative feelings than their control group counterparts.



Positive changes in parenting practices, such as improved routines, less permissive behaviours and improved parent-child interaction, were also reported by Doyle and colleagues (PfL Evaluation Team, 2012, 2013a, 2013b, 2014). Notably however, differences in respect of parenting between those who took part in the PfL programme versus the control group, had diminished when the children were 48 months old (when compared to earlier follow-up

time points). The PfL programme effects on maternal wellbeing and parenting self-efficacy were also found to be limited at the 48-month follow-up time point (Doyle et al., 2017; PfL Evaluation Team, 2016a) and had faded out when children were 9 years old (approximately 5 years post-programme completion) (PfL Evaluation Team, 2019). The evaluation of the PwP programme also reported positive changes in parenting outcomes, although this trial was limited due to the lack of a comparison group and high levels of attrition (Connolly et al., 2019).

4.2.2 Family health outcomes

Positive outcomes in respect of family health have also been reported. For example, evaluations of the CM (Johnson et al, 1993) and PfL (Doyle et al., 2017; PfL Evaluation Team, 2015) programmes have shown improvements in maternal and child diet/nutrition. To the best of our knowledge, only one study explored the impact of home visiting on breastfeeding, reporting no impact on either uptake rates or duration (PfL Evaluation Team, 2011). The PfL evaluation demonstrated that children in the intervention group were more likely to eat appropriate food during early childhood and less likely to be overweight at school entry (PfL Evaluation Team, 2016). However, these early benefits in respect of child health reported by Doyle et al. (2017) were later found to have faded out when assessed at 9 years of age (PfL Evaluation Team, 2019).

Both CM and PfL, as well as the PP Parent/Carer Facilitator support service, also demonstrate improvements in the home learning environment (e.g. more stimulation, reading, more daily reading, more cognitive games, and greater exposure to nursery rhymes) (Hayes et al., 2013). Likewise, the evaluation of the HM intervention demonstrated that families achieved positive home environment outcomes, including better family health, greater engagement in educational/learning activities and improved living circumstances, although these findings were obtained using a casefile methodology, and no findings based on standardised outcome measures were reported. Similarly, other

trials/evaluations of programmes (e.g. LSGC) did not explore their impact on the home environment using quantitative measures/methods.

4.2.3 Child outcomes

Overall, the collective findings on child behavioural outcomes are more mixed. For example, evaluations of both the PwP and HM programmes, demonstrate positive outcomes for child behaviour, although these findings are based on the use of non-standardised outcome measures. Early findings from the Pfl trial indicated improvements in child internalising and externalising behaviour, although further analysis indicated these positive outcomes were limited to boys with the more severe level of problems, while no effects were found for girls (Doyle et al., 2017). Later reports indicated reductions in children's internalising and externalising behaviour problems from the 24- to 32-month follow-up stages (Pfl Evaluation Team, 2015), although these findings were attenuated at 48 months, while according to teacher reports, there were no programme effects on child social and emotional wellbeing at school entry (Pfl Evaluation Team, 2016b). A follow-up of participants in the Pfl trial found no differences between groups in respect of social and emotional wellbeing at 5 years post programme completion (Pfl Evaluation Team, 2019).

Similarly, the findings from the evaluation of the LSGC programme are indicative of small, but not statistically significant changes in child development outcomes related to behaviour and social skills (Miller et al., 2015; 2023). Changes in child development and behaviour were also reported by Hayes et al. (2013) for PP, although these outcomes may be attributable to the provision of high-quality early learning and childcare supports which were delivered in tandem over a prolonged two-year period.

However, more definitive evidence exists with regard to positive physical health, cognitive development and educational outcomes for children, including improved vaccination rates and a reduced risk of accidents and hospitalisation (Johnson et al., 1993; Fitzpatrick et al., 1997; Doyle et al., 2017). Benefits in respect of cognitive functioning, language development and literacy were also reported by Doyle et al. in their evaluation of Pfl (2016). Thus, children in the Pfl programme were better able to manage their attention and were less hyperactive and inattentive at school entry (Pfl Evaluation Team, 2016b). Sustained cognitive gains at age 9 have also been reported, as well as improvements in school and academic outcomes (Pfl Evaluation Team, 2019). Likewise, a UK-based evaluation of HS showed large post-programme improvements in children's school readiness (in terms of language and cognition) and behavioural adjustment, with children from families with mental health difficulties making the greatest improvements (Young, 2015).

4.3 Summary: Key gaps and limitations in the evidence-base

Collectively, the evaluation findings that are currently available, suggest that home visiting programmes developed and delivered in Ireland are beneficial for families, although only a small number of typically parent/family-focused programmes have been rigorously evaluated in an Irish context. Moreover, some of the evidence is now dated. For example, while the CM programme has been shown to have positive outcomes through a rigorously conducted RCT, there here have been changes to the delivery of, and materials used in, the CM programme since its RCT evaluation in 1990 (Brocklesby, 2019) which may limit the extent to which the findings can be generalised to its current version. Only preliminary evidence exists to support the other 'homegrown' programmes due to a number of factors including a lack of impact on child outcomes (LSGC, PwP), use of non-standardised outcome measures, or other methodological design issues (PwP, HM, LS-AHIS).

There is limited evidence to support the effectiveness of the other education-focused and disability-specific supports, although some qualitative studies and/or evaluations/reviews provide information

on performance indicators such as outputs and/or feedback from parents or providers specific to the service goals. For example, an evaluation of the Jack and Jill home-based service found that it helped to empower parents and enhance family wellbeing (Coventry University, 2017). Overall however, further and appropriately funded evaluations of these kinds of services (as well as dedicated home visiting programmes) would help to address some important knowledge gaps.

4.3.1 Imported programmes

Two parenting-focused programmes, the LGT-IMH and PC+, have not been rigorously evaluated in an Irish context, but are underpinned by strong findings from evaluations conducted elsewhere. For example, a recent RCT trial of the LGT-IMH model involving 58 mother-infant/toddler dyads in the US, showed that the programme led to statistically significant improvements in social and emotional wellbeing in children of parents who have experienced trauma (Ribaudo et al., 2022).



Rosenblum et al. (2020) also demonstrated improvements in maternal sensitivity over time with a dose-response relationship, suggesting that sustained participation in IMH-HV sessions was associated with greater parenting sensitivity. Longitudinal findings at 12 months further suggest that the IMH-HV intervention may be particularly effective for families with mothers who have experienced childhood adversity, as participation was found to mitigate the negative impacts of maternal adversity on toddler language development (Riggs et al., 2022). While this study was based on a retrospective report of childhood adversity, the findings point to the benefits of participation in the IMH-HV programme and especially for mothers who report higher levels of childhood adversity.

Similarly, the PC+ programme has been well researched in the US, with a number of studies conducted since the 1980s showing post-programme and longer-term improvements in child language and cognitive development (Levenstein, 1998; Madden et al., 1984; Manz et al., 2016), as well as parent behaviour (Gfellner et al., 2008). For example, research with at-risk families (i.e. ethnic minorities, families experiencing poverty) has indicated that participation in the programme helped to prevent/ameliorate the risk of poor educational attainment and promote school readiness. Allen and colleagues (2007) in their, albeit now dated, longer-term follow up study, reported that socioeconomically disadvantaged children who received the Parent-Child Home Programme, were indistinguishable from their more advantaged peers five years later. Likewise, Levenstein et al. (2002) report improved post-programme improvements in school performance in at-risk children.

These findings suggest that the PC+ programme can successfully target and reach some of the most at-risk families, while helping to bridge educational gaps and eliminate the risk of inadequate school readiness amongst socioeconomically disadvantaged and other marginalised groups. A baseline assessment of the PC+ programme in Ireland highlighted the benefits for participants in respect of enjoyment of reading and playing (Share et al, 2011). Although this evaluation included pre- and post-outcome measures assessing child cognitive development and school readiness, it was not possible, due to the small sample size and diverse age range of the children included in the study, to properly assess the impact of the programme on child outcomes. However, this and other reports (e.g. feedback on programme implementation/annual reports) indicate that children who received the PC+ programme in Ireland were reaching developmental milestones and demonstrating language, literacy and numeracy skills at expected levels; they also showed increases in positive verbal interactions and

behaviour during programme delivery, suggesting that the programme was reducing the risk of educational disadvantage/inadequate school readiness in an Irish cohort (McNally et al., 2016).

Thus, there are a number of positive indications that imported parenting programmes (e.g. PC+) are achieving their key objectives (e.g. perceived positive outcomes, feedback) (e.g. Early Learning Initiative, 2022; Kent & Pitsia, 2018; Kent Bleach & Fagan, 2016; Buckley & Curtin, 2018; Curtin et al., 2015), although, it should be noted that these programmes have been adapted for delivery with Irish parents and families and/or target populations. A recent qualitative study of the PC+ programme in an Irish context (O'Neill, 2023) illustrates its positive impact on the development of child communication, social-emotional and learning skills, as well as benefits for parenting skills. Arguably however, a lack of quantitative evaluation of these programmes within a national setting, may limit our understanding of the extent to which they may be considered effective in an Irish context.

4.3.2 Universal versus targeted provision

The vast majority of home visiting programmes in Ireland have been implemented and evaluated within areas of disadvantage and/or have involved targeted, indicated samples. Only the LSGC programme has been evaluated as a universal intervention. Notably, this programme was found to be effective with regard to parent outcomes regardless of demographics or family characteristics (marital status, parity, child gender, educational attainment, mental health difficulties) (Miller et al., 2015; 2023), although no significant findings on child development and behaviour were reported. Likewise, a recent systematic review in this area highlights the benefits of universal interventions on parent outcomes, but a lack of evidence with regard to child outcomes (Hurt et al., 2018). Overall, while gaps remain in our understanding of the universal effectiveness of home visiting programmes, there are some promising findings, to date, as to who is likely to benefit most.

Differential effects of programme outcomes have also been reported within the context of the Pfl intervention. As noted earlier, child behavioural outcomes were found to be limited to boys with the greatest level of problems, while no effects were found for girls (Pfl Evaluation Team, 2016a). Children of older and non-depressed mothers were also more likely to benefit in respect of their cognitive and emotional development (Orri et al., 2019). In addition, children of first-time mothers were more likely to exhibit good social skills, to have fewer behavioural challenges and peer problems (Pfl Evaluation Team, 2016a). Notably, participants in the CM trial were also first-time mothers limiting, to some extent, the generalisability of the findings to parents/families with multiple children.

4.3.3 Adapted programmes

Despite home visiting programmes being adapted for and/or targeting marginalised groups (e.g. homeless families, ethnic minorities), very little is known about their effectiveness in this regard. For example, an extension of the CM trial which explored the effectiveness of the programme for members of the Irish Traveller community (n=39 mother and baby dyads), found that Traveller mothers fared better than their control group counterparts and were comparable to the non-Traveller intervention group mothers, albeit with some differences between the groups in terms of socioeconomic status and family characteristics (e.g. parity, number of children). Positive outcomes for Traveller mothers and their babies included increased exposure to cognitive games and nurse rhymes, better diet/nutritional practices and improved maternal wellbeing (Fitzpatrick et al., 1997). Notably, no other national studies have explored moderating effects/differential outcomes for various populations or groups within the context of home visiting programmes.

4.3.4 Longer-term impact

Finally, little is known about the longer-term impact of home visiting programmes in an Irish context. Three programmes (CM, LSGC and Pfl) have evidence of impact over a multi-year period. In the case of the LSGC, this follow-up period captures the intended duration of the programme (between prenatal/early infancy and school going years) and indicate that home visiting can result in positive family outcomes when children are 3 – 6 years old. It is possible that these outcomes may be linked to the ongoing delivery of supports *throughout* the early years. Results on the impact of PFL up until 48 months found diminished effects when compared to 36 months, particularly in the areas of parenting, child health and social, emotional and behavioural development, maternal health and wellbeing (Pfl Evaluation Team, 2016), although effects on child cognitive development were sustained beyond the duration of the programme (Pfl Evaluation Team, 2019). We understand that another longer-term follow-up is being planned.

A 7-year follow-up involving a small subsample of parents (n=76) who participated in the original CM trial and who were no longer receiving supports, indicated that the programme led to sustained benefits in terms of parenting skills, maternal self-esteem and child outcomes (Johnson et al., 2000). Positive trends included a reduced risk of intervention group children having an accident or requiring a hospital visit as well as improved vaccination uptake. Children in the intervention group were also more likely to visit a library on a weekly basis, while their mothers were more likely to regularly check their homework. More favourable attitudes to motherhood and parental discipline were also highlighted as well as extended benefits to subsequent children of programme participants (Johnson et al., 2000).

Section 5: Home Visiting Programme Implementation

5.1 Introduction

The adoption and effective delivery of evidence-based interventions within ‘real world’ community-based settings are of crucial importance (Damschroder, 2022). Despite considerable evidence, internationally, that early intervention programmes can help to promote positive child development and family outcomes, there remain significant “know-do” gaps. In this final section, we explore primarily the implementation of the 10 home visiting programmes in Ireland with a view primarily to identifying facilitators and barriers to delivery.

Evidence from the field of implementation science, in general, illustrates that a wide range of factors influence the quality and success of programme implementation efforts, including aspects of the programme itself, as well as the characteristics of the individuals and organisations involved in delivery and the context in which implementation occurs (Bauer et al., 2015). Indeed, there are considerable challenges to embedding early intervention and prevention programmes in primary care and community-based early years’ service settings both in Ireland and elsewhere (Halle et al., 2013). There is, however, increasing recognition that the effective implementation of evidence-based programmes and practices is vital to ensure positive outcomes for children and families (Fixsen et al., 2013). Indeed, a failure to do so has been shown to undermine the potential benefits for programme participants, particularly more vulnerable groups (Bach-Mortensen, Lange and Montgomery, 2018).

A central issue in the field of implementation science involves understanding and identifying the mechanisms that facilitate implementation success. Several process evaluation studies have focused

on the implementation of home visiting programmes in an Irish context. These largely qualitative studies explored issues relevant to programme delivery, such as indicators of success (e.g. the experiences of programme participants, the perceived impact of the programme on parent, child and family outcomes), fidelity, and the experiences and views of programme providers, as well as challenges and barriers to programme engagement and delivery. Other documentary sources (e.g. programme materials, organisational reports) also provide useful insights into the resources, processes and mechanisms that support the implementation of home visiting programmes. Below, we explore specifically the evidence in relation to programme resources and characteristics, as well as person level, organisation, and system/context level factors that influence the implementation of home visiting programmes nationally.

5.2 Programme resources and characteristics

Programme resources and attributes such as funding, staffing, facilities, materials and equipment, as well as implementation characteristics, are key to the implementation and delivery of evidence-based programmes and service innovations. Below, we provide an overview of the types of resources needed and made available to home visiting programmes in Ireland and discuss how resource availability can influence/impact implementation.

5.2.1 Funding

As mentioned earlier, a number of funding bodies support (or have supported) the development (where applicable) and delivery of home visiting programmes in Ireland including: Tusla; ABC funding (via Tusla); the HSE; Social Inclusion and Community Activation Programme (SICAP); CYPSC funding; and philanthropic/charitable funds (e.g. The Atlantic Philanthropies; Tony Ryan fund). A range of funding arrangements exist across the country and the same programme may be funded through different agencies/arrangements depending on location. Although not solely focused on home visiting programmes, funding was highlighted in the evaluation of the ABC programme as critical to acquiring and leveraging implementation resources (e.g. purchasing materials, staffing), as well as supporting high quality delivery (e.g. training) (Hickey C. et al., 2018). As outlined earlier, funding has also been identified as an important catalyst in promoting greater evidence-led programme planning and data use (e.g. evaluation activities), as well as increased interagency working

Overall, the manner in which home visiting programmes are primarily funded, means that services are typically targeted towards areas of socioeconomic disadvantage. Although there are benefits to this approach in terms of meeting the needs of the most vulnerable families, some limitations must also be noted. These include a lack of supports in some disadvantaged areas, particularly rural areas. In addition, where areas are served by specific home visiting programmes, high-risk groups may not meet programme eligibility/entrance criteria. Generally, ABC-funded programmes tend to be universally available in areas of disadvantage, while other programmes such as Community Mothers have also adopted a universal proportionate approach within disadvantaged catchment areas.

It is also important to question the extent to which specific groups may be best served by the home visiting programme/model available within a community. For instance, young, first-time mothers may need more targeted, tailored approaches which can serve their unique needs, while traveller families and other ethnic minorities may need culturally sensitive approaches. For instance, despite the strong evidence-base for the effectiveness of the Nurse Family Partnership in reducing child maltreatment in the UK, recent evidence (also from the UK) found no reduction in this regard amongst young (<20) first-time mothers (Robling et al., 2019). Although a later follow-up study demonstrated small benefits in terms of children's school readiness, the overall findings point to high rates of children and families in need (Robling et al., 2022). Recent research in an Irish context has also shown that young mothers

may be less likely to engage in early interventions delivered on a universal, community-wide basis, suggesting a need for targeted approaches to meet the needs of specific family cohorts (Hickey et al., 2024). Overall, this raises questions as how home visiting service funding may be best allocated to ensure that those most in need are best served by home visiting programmes.

Additionally, the HVA, amongst others, has highlighted insecure funding to be a significant barrier to programme delivery and sustainability (HVA, 2022; Brocklesby, 2023). In general, annual funding does not take into account the costs associated with programme development or implementation (including training). For example, a recent review of the CM programme conducted by Brocklesby (2019) also underscores the extent to which uncertain and insufficient funding was perceived as negatively impacting staffing/staff replacement, as well as programme providers' ability to plan/develop new supports, services or to access training.

5.2.2 Providers/staffing considerations & capacity building

As outlined earlier, three main categories of staff are involved in the delivery of home visiting programmes and other support services in Ireland including: specialist professionals (e.g. trained nurses/educators), professionals (e.g. social care workers, child care professionals) and /paraprofessionals /volunteers (e.g. local community members, mothers, people with lived experience). Programmes that are part of the ABC initiative (CCTS, HM, LGT-IMH, Pfl and PwP) require a Level 7 qualification (i.e., an ordinary Bachelors degree). For other programmes, including the CM, LSGC, PC+ and PP, a minimum Level 5 qualification is necessary. Only one programme (HS) recruits volunteers from within local communities.

One study exploring the implementation of the PC+ programme in Ireland, showed that parents respond positively to the home visitors' knowledge/expertise drawn from their own personal experiences (Share et al., 2011). Moreover, most home visiting programmes have selection criteria, training and induction programmes available to support quality delivery. For instance, the PC+ programme selects their HVPs on the basis of their personal attributes and ability to engage with parents in a non-judgemental and adaptable way. Ideally, these staff are recruited from the local community and have similar cultural backgrounds to the families for whom they provide support. HVPs within this programme also receive rigorous training and take part in a professional development programme, an approach that has been found to have personal benefits for the staff themselves (e.g. self-confidence and self-esteem) (Share et al., 2011).

Notably, all programmes have some level of support and supervision provision in place, in the form of additional staff members to train, support, coordinate and supervise frontline HVPs, and/or oversee the implementation of the home visiting programme. Staff roles can include programme managers and co-ordinator positions while staff may also work in a full- or part-time capacity. For example, someco-ordinators within the CM programme work in a part-time capacity within the programme, as well as retaining a PHN role (Brocklesby, 2019). Other programmes have multiple staff members operating in a managerial capacity; for instance, Pfl employs 'Home Visiting Implementation' and 'Fidelity Project' managers as well as a 'Home Visiting Coordinator' and a 'Recruitment Officer'. Other developments include the relatively recent formation of the HVA (as mentioned earlier), to support, amongst other things, the implementation of home visiting supports in Ireland and to share learning.

Overall, all of the 10 home visiting programmes described here, have capacity-building procedures and processes in place to support staff in the delivery and quality of programme implementation including:

- Careful identification and recruitment of staff (e.g. qualifications/experience needed)
- Provision of staff training

- Delivery of supervision and coaching
- Adherence to fidelity procedures.

5.2.3 Materials

Home visiting programme resources typically include informational materials as well as developmental-focused provision for families (e.g. Pfl, PwP). For instance, several programmes in Ireland, including LSGC and PC+, provide access to developmentally appropriate toys and books as a means of promoting positive parent and child outcomes. Access to these kinds of programme materials is important for programme fidelity/quality (Brocklesby, 2019, Hickey et al., 2019). The process evaluation of the Pfl programme also highlighted high quality programme materials (i.e. tip sheets) to be an important implementation mechanism (Lovett et al., 2016).

5.2.4 Programme flexibility and adaptation

Flexibility and the ability to tailor programme content in line with family/community needs, has also been highlighted as an important feature of home visiting provision in Ireland (Connolly et al., 2019; Miller et al., 2015). For example, flexibility/responsiveness has been linked to high parent satisfaction and enhanced engagement with the Pfl programme. Although there can be tension between the need to adhere to implementation protocols, home visiting programmes can consist of ‘core’ (e.g. materials) versus ‘softer’ components that can be easily modified and adapted to different settings. As outlined earlier, several programmes (i.e. CM, HS, LSGC and PC+) have been adapted from an international context for implementation in Ireland. Process evaluation findings and attendant routinely available programme data based on indicators such as participant engagement and parent satisfaction, suggest that these transported programmes have been successfully adapted for an Irish context, although more effectiveness/impact studies are required to properly address this question.

5.2.5 Costs

The question of the cost-effectiveness of a programme/service is of considerable importance and especially when resources are limited. Overall, there is relatively little evidence on the cost-effectiveness of home visiting programmes and services across the world, while existing evidence is also mixed (Dalziel & Segal, 2012). For example, some studies have reported that these programmes can be costly to deliver (Morrell et al., 2000; Niccols, 2008; McIntosh et al., 2009; Duncan & McGillivrey, 2017), or have found little evidence of cost savings for service users when compared to existing services (Corbacho et al., 2017; Morrell et al., 2000). Other research, on the other hand, suggests that by funding a broader range of programmes and services with varying levels of intensity, agencies can expand their reach to accommodate more diverse target populations and to also match and coordinate interventions according to family needs, thereby maximising cost-effectiveness over time (Condon, 2019; Riegg Cellini, & Kee, 2015).

In an Irish context, there is very limited data on the cost-effectiveness or cost-benefits of home visiting programmes. Only two economic evaluations (O’Neill et al., 2013; Crealey et al., 2024) have been undertaken in Ireland, to date - the first as part of a national evaluation of the IY Parenting Programme and the second as part of the HRB-funded ENRICH research programme (both led by McGilloway and colleagues); both reported good cost-effectiveness. This marked lack of economic appraisals remains a significant gap in a national context.

5.3 Person level factors

5.3.1 Parent perceptions and barriers to engagement (including drop-out/attrition)

Several studies have indicated that parents report high levels of satisfaction with home visiting programmes (Lovett et al., 2016; Buckley & Curtin, 2018; Fagan, 2012). A number of evaluations that have explored parents' perceptions of the home visiting programmes highlight perceived benefits for families (e.g. Lovett et al., 2016; Connolly et al., 2019). However, the perceived positive impacts reported across studies vary and include, for example, reports of enhanced parent-child relationships, increased parent knowledge and better parenting skills and attitudes (e.g. parental self-efficacy) (Miller et al., 2015).

For example, perceived impacts of the PC+ programme include enhanced parent-child interactions and improved parenting approaches to parent reading and play (Share et al., 2011). Studies exploring parents' experience of CM, also highlight increased maternal confidence, self-esteem and emotional wellbeing, feeling calmer and more relaxed and reduced sense of isolation. Additional benefits were reported in respect of breastfeeding (e.g. O'Connor, 1999; Horgan & Duggan, 2002; Brocklesby, 2019, 2021). Other studies/sources indicate that parents felt that home visiting programmes, such as Pfl, HS, HM and LGT-IMH helped them to feel better supported in their parenting role.

Perceived impacts on child development reported by parents taking part in the LSGC programme, include enhanced confidence and improved speech & language development (National Childhood Network, 2019; Buckley & Curtin, 2018), as well as learning skills (Miller et al., 2015). Extended 'spin-off' benefits of home visiting programmes identified by parents, include positive impacts on other children in the family, enhanced family health (e.g. reduced smoking in the home and help with other life issues such as applying for welfare supports, finding childcare) and improved access to healthcare, childcare and other community-based service services (Brocklesby, 2019; Buckley & Curtin, 2018; Pfl Evaluation Team, 2010; Share et al., 2011).



These findings are important because they provide indicators that home visiting programmes are acceptable to parents in the communities where they are provided, as well as highlighting some of the mechanisms involved in fostering positive outcomes. Several studies also highlight the importance of positive parent-home visitor relationships in promoting parent engagement and positive outcomes for families (discussed in more detail below). For example, a process evaluation of the LSGC programme illustrated how this

relationship was a key factor in fostering programme acceptability and satisfaction amongst parents. Similar findings are reported in the context of LGT-IMH, PC+, Pfl and PwP. Share et al., (2011) also highlight the importance of the bond between the home visitor and the child in facilitating engagement and promoting positive outcomes for families (PC+).

Despite these positive findings, barriers to family engagement in home visiting programmes have been noted, while there are also gaps in knowledge/data on programme reach at a community level. For example, the Pfl trial reports a community penetration rate of 52%; of those who participated in the programme, a dosage rate of 38% of prescribed visits was reported with 17% of participants not receiving any home visits at all (Pfl evaluation team, 2019). A completion rate of 55% for the LGT IMH service has also been reported, with drop-out largely attributed to "needs being met". Overall, reach

within catchment areas is difficult to accurately assess (Gridley et al., 2022) and little is known in an Irish context regarding who is most likely to not engage with and/or drop out of home visiting supports.

Attrition in home visiting interventions is an important consideration in the extent to which it can undermine or reduce the likelihood of positive outcomes. For example, if participants do not attend the whole programme, it may attenuate any impact and limit the extent to which desired outcomes are achieved (Barton et al., 2020). Selective dropout (i.e. attrition linked to family characteristics or risk factors) can also lead to over-estimation of programme effects (Janczewski et al., 2019). A small number of process evaluations of home visiting in Ireland, highlight a number of barriers to parental engagement including the multiple and complex needs of vulnerable families in general (e.g. Connolly et al., 2019) as well as, more specifically, parent suspicion, mistrust and fear as a consequence of previous negative experiences with other services, and a lack of perceived need for, and familiarity with, the programme (PfL Evaluation Team, 2009; Lovett et al., 2016; Buckley & Curtin, 2018). This suggests that more at-risk and disadvantaged parents are harder to engage in home visiting programmes, although further exploration of participation/attrition patterns is needed, particularly as programmes are taken to scale.

International evidence has recently reported a 42% exit rate from home visiting interventions with older, married/cohabitating parents reported to be most likely to attend home visiting programmes, while more disadvantaged, ethnic minority and unemployed parents are most likely to drop out (Janczewski et al., 2019). A recent Irish study, albeit conducted in the context of a group-based early parenting intervention, also reported that older, first-time parents are more likely to engage in parenting support programmes, whilst younger, more disadvantaged mothers were less likely to participate (Hickey et al., 2024). Barriers to engaging fathers have also been noted (Connolly et al., 2019) and indeed, very low levels of father participation are typically reported in the international literature (Burcher et al., 2021). However, a small number of recent studies have focused on the inclusion of fathers and have shown that their engagement can have a positive impact on the outcomes and effectiveness of interventions (e.g. Schindler et al., 2022).

Overall, however, inconsistent links between demographic characteristics and programme retention have been reported (Martins et al., 2020). One notable finding is that early 'dosage' has been found to robustly predict parent retention; that is, early adherence to model standards (i.e. parents receive early visits) is associated with increased completion rates (Janczewski et al., 2019). Overall, understanding patterns of participation and attrition in home visiting programmes is important because programme duration is a key hypothesised mechanism of effectiveness (Barton et al., 2020). We were unable to determine from the available literature, the extent to which the home visiting programmes described here differ in terms of drop-out, or the extent to which this might have impacted overall effectiveness. There is a clear need for much more research in this regard, both nationally and internationally.

5.3.2 Practitioner skills

Several studies exploring the implementation of home visiting programmes in an Irish context, have highlighted the importance of practitioner skills for positive outcomes. The HVP's skill in fostering positive relationships, in particular, as well as working collaboratively with families, have been highlighted as crucial in promoting effectiveness. Likewise, their ability to respond flexibly and to tailor materials to family needs and circumstances, has been identified as an important mechanism in promoting positive outcomes.

For instance, exploration of the implementation of PwP programme indicated that the development of positive, participatory and collaborative participant-programme provider relationships and adopting

an approach involving flexibility and tailoring content to parent needs, were identified as key ingredients to effective intervention with at-risk parents. Process-focused studies within the context of the LGT-IMH, Pfl and LSGC programmes, have also highlighted the importance of HVP skills in fostering rapport and ability to cater to participant needs as a key mechanism for achieving programme goals. For example, Miller et al. (2015) report that the ability of the HVP to reassure parents, to provide appropriate information and to flexibly accommodate family needs, was identified as a key mechanism in fostering improved parenting knowledge and self-efficacy (Miller et al., 2023). A non-judgemental delivery approach and facilitators' ability to cultivate trust and communicate effectively, have also been highlighted as important in promoting parent engagement (Lovett et al., 2016).

5.4 Organisation and system/context level factors

As described earlier, home visiting programmes and other support services are delivered through a range of organisations in Ireland. Most frequently, home visiting supports are delivered by a “host organisation” such as a registered charity or limited company within the community and voluntary sector. Several are delivered through consortia such as the ABC programme (as mentioned previously) or through statutory bodies such as the HSE, Tusla and FRCs. Some programmes (e.g. LSGC, PC+) are also supported by a “national” support structure to promote scaling and ensure fidelity. These kinds of support structures have been identified as crucial in ensuring the quality (e.g. fidelity) of programme implementation and in supporting the scaling and sustainability of home visiting programmes in an Irish context. However, a marked lack of funding for this kind of implementation-focused support has been noted (Brocklesby, 2023). Thus, there is considerable variation in terms of overall governance (and attendant funding) across the home visiting sector which can pose a significant barrier to optimal effectiveness and impact.

5.4.1 Service Level Agreements

With regard to those programmes that are delivered as part of state or statutory-funded services, Service Level Agreements (SLA) may be set up (typically on an annual basis) in order to specify the key principles and agreements between two parties, the roles and responsibilities of key personnel and the target levels of service performance. The agreed-upon terms are often focused on ensuring that the programmes or services provided, meet certain thresholds. Thus, SLAs are typically implemented for the purposes of setting clear measurable and achievable goals to help ensure that performance standards and service quality are maintained.

As part of this study, we were provided with (and reviewed) 8 SLAs which were set up between Tusla and a number of home visiting service providers. The SLAs contain funding details such as the total funding requested and allocated, overhead costs and staffing costs, programme costs, details of any unspent funds from the previous year and whether or not permission was granted to carry the surplus forward to the next year. They also incorporate information on posts funded by TUSLA (including total salary and hours contracted per week), relevant service categories (e.g. family and community support or early years), and whether the service is providing ‘integrated family/community-based services’, ‘parental education’ or ‘early years’. The age range of the recipients are also indicated (i.e. 0-6, 7-12, 13-18, 19-25 and 26 yrs+). The targeted groups may be listed under different dimensions of diversity and inclusion. Information on service delivery is also provided and includes: (a) a general description of the services to be provided by the home visiting party; (b) the objectives/targets of the services to be provided (as agreed with



TUSLA); (c) the geographical area to be covered by the service; (d) activity details (as agreed with TUSLA); (e) anticipated deliverables, outputs, achievements, and changes over the long-term; and (f) frequency of review meetings.

Perhaps unsurprisingly, and in line with earlier information provided in this report, there is significant variation in the objectives and targets of each home visiting provider as outlined in the SLAs. For example, some services/providers indicate only a small number of objectives focused specifically on programme delivery targets while others provide numerous objectives that focus on targets pertaining to, for example, the training needs of staff, the service recipients, development of inter-agency partnerships, service outcomes, and improvements to be made to enhance service quality. However, it seems that the services are required to focus mainly on building capacity within their workforce and developing and strengthening collaborative interagency relationships, whilst also considering targets associated with the needs-led services that they deliver to families and children.

A number of Key Performance Indicators (KPIs) or metrics included within the SLAs are used to evaluate (short-term) effectiveness. Arguably however, many of these are not easily measured (e.g. in 'SMART' terms) due to the nature of the services on offer, while the SLAs do not allude to any method of reviewing or evaluating KPIs; quite limited information is available, therefore, on how the effectiveness of services or standards of delivery are routinely assessed. For example, how might we measure whether the home environment becomes a more "*stable, safe, secure, caring and holistic learning environment*" as a result of service delivery? This reflects, perhaps more than anything else, the complexities of the work of home visiting programmes (and services) and how they should be broken down into their component parts and assessed using preferably standardised quantitative measures in combination with qualitative data to help evaluate their overall effectiveness.

These collective findings are discussed in more detail in the final section below.

Section 6: Overall Summary and Discussion

6.1 Introduction

This review was undertaken to map and profile home visiting programmes and other support services that are currently available and operational in Ireland, and to review and critically appraise the evidence relating to their development/content, effectiveness/impact and implementation. Thus, the review covered a range of key areas including programme/service objectives, target population, reach, theory-base, content, development, resources, staffing, implementation, delivery, evidence-base and outcomes.

Overall, the findings reported here, demonstrate that a considerable body of knowledge, experience and expertise has accumulated within the home visiting sector in Ireland. The findings also 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. This is perhaps unsurprising given that these are complex interventions in line with the most recent Medical Research Council (MRC) guidance (i.e., for developing and evaluating complex interventions) (Skivington et al., 2021). According to this guidance, complex interventions typically involve numerous interacting components in terms of: the range of behaviours, expertise and skills required by those delivering and receiving the intervention; the number of groups, settings or levels targeted; the permitted flexibility or adaptability

of the intervention; and the number and potential range of outcomes (Skivington et al., 2021). Rather than solely asking whether an intervention is effective, Skivington and colleagues recommend adopting a theory-based perspective to understand how and under what circumstances, interventions lead to a change by assessing whether the intervention is acceptable, implementable, cost-effective, scalable, and transferable across contexts.

We have used this MRC framework to conduct a critical appraisal of the evidence gathered here in relation to home visiting programmes and other support services in Ireland. Specifically, we consider the findings along three key dimensions including: (1) original development/identification of programmes; (2) programme implementation (including adaptability and replication); and (3) research and evaluation.

6.2 Programme/service development or selection

Home visiting programmes and other support services are delivered in community settings within both the statutory and voluntary service sectors, and operate within the early learning, education and prevention and early intervention sphere. Providers may be operating at either a national or local level. The vast majority of provision is targeted toward 'at risk' or 'high need' groups. For instance, only the LSGC programme is delivered on a universal basis, whilst other programmes are delivered to targeted groups on the basis of location (e.g. delivered within geographically defined catchment area), need (e.g. disability) or risks (e.g. disadvantage). Notably, programmes and services are frequently geographically bounded.

The 10 individual home visiting programmes identified in the review were developed and/or implemented primarily in response to community needs and are located predominately within specified areas of socioeconomic disadvantage, such as the ABC sites. Typically, these programmes are available on a universal basis within their catchment area. Most target child wellbeing and development, as well as parenting competencies and parental wellbeing (see Table 4). All but four focus solely on the early years (i.e., from pregnancy to school going years); HM and PwP, also extend to middle/late childhood. Only one programme (PwP) caters for the needs of children from 0-18 years. Child learning and school readiness are also core features of several programmes (HM, LSGC, PC+ and Pfl). Notably, target populations and eligibility criteria for programmes vary considerably. For example, CM targets parents of children aged 0-2 years while Pfl offers services from pregnancy up to school going age.

The largest number of home visiting programmes are located in Dublin (CM, LSGC, PC+, Pfl, HS), with others located in a diverse range of counties including Carlow, Kilkenny Waterford and Wexford, suggesting a reasonable coverage nationwide, but with a clear concentration in and around Dublin and largely in urban⁷ areas. Notably, there was no evidence of provision in counties Clare or Roscommon, although parents living in these areas can avail of family support through Tusla (PPFS or FRCs) and other statutory services (e.g. PHNs). Families accessing home visiting within the ABC sites can also avail of complementary supports outside of the home environment which provide a more integrated and coordinated means of addressing family outcomes. For example, families living in ABC sites including HM (Limerick), LGT-IMH (Young Knocknaheeny), PC+ (Ballyfermot, Clondalkin, Dundalk & Grangegorman), Pfl (Darndale, Finglas and Bray), and PP (Tallaght) also have access to other services including group-based parenting supports as well as enhanced childcare provision and early years education. However, it should be noted that ABC projects are predominately based in cities and large towns within the Leinster region, with less coverage in rural areas more generally.

⁷ Cities and urban towns

Most of the programmes were developed and/or implemented through research/evaluation and practical experience in a community context. Six programmes (CM, HS, IY, LFGC, LGT-IMH, PC+) were originally developed in the UK or US and adapted to an Irish context. Among the ‘homegrown’ Irish programmes (HM, Pfl, PP, and PwP), two were developed by Barnardos, while Pfl was developed through consultation with the local community. Most programmes (e.g. IY, LFGC, LGT-IMH, PC+ and Pfl) adopt a structured/manualised approach and are guided by an underlying theory relating to, for example, social learning, attachment, infant mental health and/or family functioning. Other programmes such as HM and HS are needs-led whereby support is based on families’ needs with a view to building parenting capacity and resilience.

However, it should be noted that there is relatively little publicly available information on how home visiting programmes and other support services in Ireland have historically been developed or selected and have evolved over time. Greater sharing of this type of information would be helpful in generating key lessons regarding how to create a “fit” between programmes/services and the context in which they are to be delivered. Indeed, the fit of perceived appropriateness of an intervention is crucial to its implementation (Durlak & Du Pre, 2008; Lyon et al., 2014). For instance, a previous study conducted in Ireland involving some of the current UNITES team, and which explored the development and installation of an area-wide, prevention and early intervention initiative (which did not include home visiting), highlighted the importance of assessing readiness for change, as well as identifying implementation barriers and facilitators to inform service planning and, in turn, to promote intervention-context fit (Hickey et al., 2018a). This study also identified collaborative, bottom-up planning efforts that proactively involve key community stakeholders as an important strategy for enhancing programme “fit” at a local level.

This, and other national (Hickey et al., 2018b; Hickey et al., 2020) and international research (Hurlburt et al., 2014; Barnes et al., 2017) underline the importance of collaborative, inclusive and participatory implementation teams to guide programme implementation and, in particular, aligning supports to community needs/interests and the desired goals of core stakeholders. Strategic leadership from key local stakeholders and scaffolding programme implementation through training, education and supervision for programme providers, were also highlighted as important implementation strategies for ensuring the successful installation of a group-based, early parenting intervention in an Irish context (Hickey et al., 2020). Further exploration of how home visiting interventions are successfully embedded at a local level is important in ensuring that evidence-based programmes are made available to, and optimally implemented for, children and families in Ireland.

Overall, there is substantial diversity in the objectives, mode of delivery and outcomes targeted across home visiting services/programmes in Ireland. Arguably, this diversity is required in order to ensure that the full spectrum of child, family and community needs are appropriately met. However, it is also important to consider whether or not programmes/services should aim to be more cohesive or standardised at a national level, particularly with respect to how such services and programmes are defined and operate, as well as how to best promote positive outcomes for children and families across the sector.

Importantly, a number of core programme principles were identified as essential to ensuring that home visiting programmes are effective in promoting child and parent outcomes (see *Table 4*). These include: an underlying programme theory and/or strong theoretical base; targeting parent know-how and ability; enriching the home environment; and developing strong practitioner-parent relationships in order to secure and maintain engagement. Numerous international studies have highlighted the importance of HVP skills for maintaining engagement and for facilitating improved family outcomes (Cottle & Alexander, 2014; McKean et al., 2022). Studies have reported improved outcomes for

maternal confidence, self-esteem and emotional wellbeing (Fraser et al., 2000) as well as benefits in respect of breastfeeding (e.g. O'Connor, 1999; Horgan & Duggan, 2002; Brocklesby, 2019, 2021). Other studies/sources indicate that parents felt that home visiting programmes, such as Pfl, HS, HM, LGT-IMH helped them to feel better supported in their parenting role. Programme adaptation and flexibility of delivery, as well as staff capacity building, were also frequently identified as important programme components in facilitating high quality delivery. The identification of these kinds of underpinning principles can help to enhance our understanding of the effective components of home visiting interventions and how they can be successfully embedded within service settings to generate positive and sustained child and family outcomes.

6.3 Implementation

International evidence indicates that home visiting programmes and services implemented by professionals are beneficial and lead to positive effects on a wide range of maternal and child outcomes (Olds et al., 2002; Danziel & Segal, 2012); other studies have also illustrated that home visits delivered by community-based service providers can lead to positive outcomes for young children (Sweet & Applebaum, 2004; Peacock et al., 2013). The question, therefore, of “what works best” is not straightforward and, to date, this has not been explored in an Irish context. Indeed, given the diversity of approaches within the home visiting umbrella, attention to *how* programmes/services are delivered is vital (Filene et al., 2013). Detailed information on implementation protocols is typically not available in an Irish context, hampering our understanding of effective provision (Hurt et al., 2018; Hickey et al., 2020). However, many qualitative studies conducted in Ireland have underscored the significance of skilled delivery in promoting the success of home visiting (Lovett et al., 2016; Miller et al., 2015; Buckley & Curtin, 2018). The collective findings here, highlight the vital importance of supporting staff and organisational capacity for implementation.



Considerable research also suggests that the ‘fit’ between programme/intervention strategies and population needs and context, is critical to improving family outcomes and facilitating community or systems change, whilst also helping to build practitioner capacity over the longer-term (Hickey et al., 2021). Arguably however, different contexts require specific responses and for this reason, it seems that there is no ‘one size fits all’ approach to home visiting programmes in Ireland and indeed this has also been identified within the international literature (Morrison,

Hughes & Doi, 2022). Nevertheless, this does not preclude the development of a broad national approach to supporting home visiting provision in order to strengthen and standardise core elements of implementation and promote family engagement in comprehensive, effective supports. For example, role definition and standards for minimal training requirements may be established, as well as protocols for assessment and monitoring of delivery and family engagement. Desirable targets and eligibility criteria for programme selection and delivery could also be agreed. Identification of these kinds of criteria may be informed by key policy frameworks (e.g. First Five; the Children and Young People’s indicator set). Further information is provided in our second companion expands (McGilloway et al. 2024).

Furthermore, available evidence indicates that a guiding principle of continuous refinement and evaluation is necessary to ensure the sustainability of these kinds of programmes and services (Supplee and Duggan, 2019). Thus, programmes which are based on theories of change and which undertake regular monitoring and evaluation, are more likely to involve continuous improvement than those

without such mechanisms (Perrin, 2012). For example, the LGT-IMH, LSGC, PC+, Pfl and PwP programmes are all underpinned by logic models which guide ongoing programme development (see *Appendix B*). A number of programmes have recently been the subject of process evaluations, including CM, Pfl and PwP, the findings of which highlight some of the key mechanisms involved in fostering positive outcomes, such as programme flexibility and responsiveness (Pfl), and high-quality programme materials (LSGC and PC+) (Hebbeler and Gerlach-Downie, 2002). Indeed, according to the most recent MRC guidance, such process evaluations are essential because they explore issues concerning fidelity and quality of implementation (e.g., the ‘what, why and how’) as well as mechanisms of change (e.g. how does the delivered intervention produce change?) and context (e.g. the influence of context on implementation and outcomes).

6.3.1 Flexibility and interagency working

Adapting to families’ needs is fundamental to ensuring that home visiting programmes and support services are effective, and flexibility in delivery allows the HVP to tailor support according to the emergent needs of families. For example, increased visits and/or linking families to wider community supports, may be more beneficial for higher risk families. A number of programmes also adopt a continuum-of-care approach through strong interagency working and collaboration, including HM, LGT-IMH, Pfl and PwP (see *Table 4*). Such partnerships with statutory and community-based providers have been shown to be central to the provision of supports to improve parent and child outcomes and to build parent connection with other community-based services (Milbourne, 2009; Winkworth & McArthur, 2007).

6.3.2 Duration of visits, resources and practitioner skills

The duration of home visiting supports and the attendant frequency of visits, appear to be driven by programme/service aims and objectives. Programmes such as HM tend to have a narrow focus and target specific goals such as parenting challenges or child disruptive behaviour; they may, therefore, may be shorter in duration, whereas longer programmes (e.g, LGT-IMH and Pfl) have a broader range of goals linked to different developmental stages. For some programmes, the frequency of visits depends on the level of families’ needs, with higher risk families requiring more intensive support. The CM programme differed in this respect from the other programmes with a recent evaluation highlighting considerable variation in terms of duration of input (either up to 2 years or 5 years) and intensity of input (weekly vs monthly home visits). This variation is likely due to the differing governance structures across sites as well as the degree of programme flexibility (Brocklesby, 2019). Despite this, parent reports suggest few differences in terms of programme ethos and content across sites (*ibid*).

Materials/resources also varied across programmes; for example, LSGC, PC+ and Pfl provide materials such as toys and books to promote child development. There was also considerable variation with regard to the qualifications/skills of HVPs across programmes, suggesting a need for standardisation in this regard. Reassuringly however, peer support and supervision were provided in all programmes and services, while capacity-building procedures and processes were also in place to support staff in the delivery and quality of programme implementation (*see Table 2*).

6.3.3 Funding and governance

Adequate resources and appropriate governance structures are clearly crucial to support home visiting activities and programme/service sustainability, and the uncertainty of annual funding is an ongoing source of concern for many organisations (e.g. HVA, 2021; Brocklesby, 2019, 2023). One-year funding term limits (also highlighted in the SLAs) were a source of continuing concern and identified as a key barrier to planning for longer-term service provision and staff retention. Likewise, a recent review of CM highlighted concerns regarding the funding and future sustainability of the programme due to the different governance and funding structures across sites, and attendant variations in programme delivery/resources. Unfortunately, however, there are very limited data available on governance structures for many programmes included in this review.

Furthermore, funding streams vary across different types of provision; for example, 7 of the 10 programmes included in this review (HM, PwP, HS, LSGC, Pfl, LGT IMH and PP) are core funded by Tusla⁸. CM is unique in terms governance and funding, in that most of its funding is provided by Tusla and the HSE with the remaining funds received from Tusla/ABC and philanthropic donations. Importantly, as funding for the delivery of programmes is commissioned at a local level, there is no national infrastructure for the commissioning and implementation of home visiting programmes (HVA, 2022), posing a considerable barrier to the expansion of programmes nationally.

It is also important to note that the quality and impact of programmes may be significantly reduced when taken to scale (Britto et al., 2018). This “scale up penalty” is attributable to initial low penetration at a community level. For example, when programmes or services are initially rolled out, low reach can result in unanticipated selection bias. Moreover, successive waves of implementation usually result in reduced monitoring of implementation and relaxed requirements for evaluation (Welsh, Sullivan & Olds, 2010). This suggests that funding streams should be used not only to expand reach, but also to ensure that there is a sufficient allocation of resources to maintain implementation quality, as well as rigorous ongoing assessment and evaluation.

6.4 Evaluation (evidence of effectiveness)

While most of the programmes described here adopt evidence-informed or evidence-based practices and have been evaluated in some way (within or outside Ireland), the number of robust, longer-term evaluations is very limited. This is perhaps not surprising in the context of international evidence to suggest that evaluations of early help and intervention programmes (and especially those conducted over a number of years) may be hampered (or may not be possible) by a significant lack of resources and funding, as well as the heterogeneity across programmes (e.g. driven by the needs of the local population) and their typically evolving nature (Edwards et al., 2021), all of which also apply in an Irish context.

It is also important to note that most of the home visiting programmes and services described here, are not delivered on a stand-alone basis, but are instead provided as part of a suite of interacting programmes and/or in the context of larger community change initiatives. Five programmes have been evaluated using an RCT methodology within an Irish context (CM, IYHC, LSGC, PP and Pfl), but in most of these evaluations, home visiting was provided alongside other parenting supports (e.g. group-based parenting programmes, enhanced early years provision) rather than as a standalone intervention. Thus, it is difficult to identify precisely the impact on parent and child outcomes, of the home visiting component of overall service delivery.

⁸ Home visiting programmes located within ABC sites secure ongoing funding under the (Tusla) ABC funding stream.

Programmes located within ABC sites (i.e., CM, HM, LGT-IMH, PC+, Pfl and PP) have benefitted from evidence-informed approaches and evaluation strategies as well as strong interagency collaboration to inform practice and measure impact. Of the evaluations conducted in an Irish context, positive outcomes were found with regard to reduced parental stress, increased parental knowledge of child development, improved parenting practices and parent-child relationships, and enriched home learning environments. Positive trends were also seen in terms of child cognitive development, language development, behaviour and social skills in the LSGC programme, while additional improvements in maternal and child diet/nutrition were also found for CM and Pfl. While improvements in child behaviour were reported for HM, Pfl and PwP, the evidence is more mixed in this regard.

While RCTs are considered the 'gold standard' for determining programme effectiveness, it is important to note that some programmes may not lend themselves to, or are simply not suitable for, this kind of evaluation approach, while service providers may also be uncomfortable with this methodology. Importantly, according to Edwards et al. (2021), the absence, or limited evidence, of effectiveness of programmes (in the short or longer term) should not be considered equivalent to ineffectiveness and to ignore the potential of such programmes/services may "*inadvertently put greater numbers of children at risk*" (p.28).

The use of "big data" including administrative and routinely collected service data to evaluate early childhood intervention programmes may provide a potentially promising alternative approach to evaluation and particularly for building an understanding of impact at a population level (Robling et al., 2023). These kinds of observational evaluations of family health and wellbeing are growing in number and have recently been used in the US (Green et al., 2017) and the UK (Welsh Government, 2021; Robling et al., 2017) to evaluate early intervention initiatives (e.g. Flying start; Family-Nurse Partnership). These kinds of evaluations tap into de-identified administrative data (e.g. pregnancy information, health characteristics, presentation at A&E, educational characteristics, etc.) and can be combined with experimental designs (e.g. identification of matched comparison groups) to assess programme effects. This approach also requires programmes to collect and provide detailed information of the characteristics of those who engage or do not engage in the intervention (Robling et al., 2023).

It is also important, of course, to assess not only impact, but also the implementation, acceptability and delivery of an intervention, taking into account the ways in which contextual factors may affect outcomes across subgroups and locations. Indeed, Skivington and colleagues (2021) caution against measuring effectiveness alone through solely quantitative methods and recommend exploring the underlying mechanisms of change across populations using process evaluations to identify key processes and approaches. Key learnings from 22 process evaluations conducted under the PEIP initiative (which included 4 programmes here - IYHC, LSGC, Pfl and PP), highlight a number of factors that influence successful implementation, including the local and organisational context, collaboration, staff support and appropriate leadership (Centre for Effective Services, 2019). Additionally, regular monitoring and evaluation (seen to a greater or lesser extent in the home visiting programmes included here) coupled with ongoing stakeholder engagement, were central to the implementation process (see *Table 4*). Logic models and theories of change were also identified as useful in creating a shared vision and assessing progress. As outlined earlier, a number of programmes in this review (CM, IYPT, LGT-IMH, LSGC, PC+ and Pfl) are guided by logic models (see *Appendix B*), although few have been subject to research that has explored mechanisms leading to change in child and parent outcomes.

6.4.1 Cost-effectiveness

As indicated earlier, we could find no evidence of economic evaluations for any of the home visiting programmes or services included in this review, with the exception of the national evaluation of the Incredible Years parenting programme (for children aged 3-6 years) and the ENRICH research programme led by McGilloway and colleagues (O'Neill et al., 2013; Crealey et al., 2024) (both of which involve an element of home coaching). It is difficult, therefore, to determine the wider intersectoral cost benefits or Value for Money (VfM) of these kinds of supports. Likewise however, the international literature contains relatively few economic evaluations of home visiting interventions despite a need to better understand the costs and benefits associated with early help and intervention programmes more generally.

Indeed, there are many methodological and other challenges involved, more generally, in assessing the cost-effectiveness of early intervention and prevention programmes for young children and their families (e.g. Cox et al., 2022), particularly in the absence of a control group, or when interventions have already been implemented (Bailey et al., 2021). It is also important, yet challenging, to capture both health-related and wider societal costs (Cox et al., 2022). Furthermore, according to recent work involving some members of the UNITES team, costs and outcomes may also fall across multiple sectors while intervention benefits may not yet have materialised within the time frame of an evaluation or indeed, may extend well beyond it (Crealey et al. 2024). These authors state that “...*less tangible benefits of early intervention, such as early identification of difficulties, or signposting of families to additional services and supports, are not explicitly quantified and valued within the current [economic] evaluative framework. Additionally, no explicit societal willingness-to-pay thresholds exist for outcomes commonly used to assess early years interventions, leading to greater difficulty in judging and comparing programmes.*” A need for much further work in this regard, is indicated both in terms of a larger number of economic appraisals and the use therein of more appropriate economic evaluation frameworks and approaches.

6.5 The wider home visiting landscape

As outlined earlier, a number of umbrella initiatives play an important role in supporting home visiting programmes on a nationwide basis. The HVA promotes the health and wellbeing of children and families, while also sharing the learning on home visiting and contributing to policy development and implementation. Similarly, IMH networks support training and CPD for practitioners in infant mental health principles, skills and practice. The PPFs strategy and the nationwide FRC provide both universal and targeted, evidence-informed parenting supports to families across Ireland. As outlined earlier, the ABC programme (which incorporates some of the home visiting programmes reviewed here) also delivers evidence-based prevention and early intervention services and supports to families experiencing disadvantage. Some ABC sites such as LGT-IMH and youngballymun have also incorporated IMH practices into their existing programmes.

A key objective of the ABC programme is to mainstream the learning across programmes into national policy and to develop an integrated and whole-of-government approach to child poverty. Notably however, the vast majority of the ABC sites (and therefore six of the programmes described here) are located in urban areas, and questions remain on how to reach children in rural areas where disposable household income is 34% lower than in urban areas (Central Statistics Office, 2023), potentially leading to higher levels of poverty; this strongly suggests that home visiting programmes should be more widely available to young children and their families throughout the country regardless of location (Children's Rights Alliance, 2022).

Recent research has highlighted a lack of clarity in an Irish context regarding the role and function of home visiting (Brocklesby, 2023) which clearly spans a wide range of sectors and spaces, from child health and wellbeing to education and welfare. It is important to note that a number of other support services were also identified in this review, so called because they provide important support to families but exist outside of the ‘traditional’ home visiting remit (and they may not necessarily see themselves as home visiting programmes as such). Some have an educational focus (i.e. NCSE) or more specialist health-related goals (Jack and Jill Children’s Foundation and LauraLynn); two of these services (Jack and Jill Children’s Foundation and Laura Lynn) deliver support to families of children with complex needs and involve specialist nursing staff. These kinds of supports provide an important “niche” service for children and families. It should also be noted that PHNs offer (limited) home-based postnatal support, while providing family and child health services to support overall child development as well as advice on nutrition, behaviour and immunisation, all of which are important in supplementing the dedicated home visiting supports described in this review. Lastly, Tusla, in partnership with local agencies, deliver services ranging from universal to targeted, to support children and young people and to promote parenting skills. Overall, it is important to consider the boundaries of home visiting programmes and the scope of the home visiting role in a national context, as well as which programmes and services should be governed/funded as part of the landscape of home visiting services, but without excluding the most vulnerable or at-risk children and their families.

6.6 Strengths, limitations and key learnings

This study 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. A more limited traditional review based on the international literature was also conducted in order to add context, aid interpretation and facilitate comparisons with other countries. A number of other data/information sources were also used when available, including reports, policy briefings, and key documentation collected from service provider websites and publications. However, as outlined earlier, it is possible that there may be some omissions or inaccuracies due to a reliance on publicly available documentation at the time of writing.

The MRC framework was used to inform our critical appraisal (and structured presentation) of the collective findings. The results highlight, not only the diversity of home visiting programmes and other support service across Ireland, but also a number of common characteristics/elements and principles that are central to their successful operation and implementation. These include: a strong focus on prevention and early intervention; the crucial role of the home visitor in augmenting 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 (see *Table 5*).

Table 5: Key characteristics of home visiting programmes in Ireland

<i>Development / Identification</i>
<ul style="list-style-type: none">➤ Prevention and early intervention approaches are core to all programmes.➤ Most programmes have a clear programme theory and/or a strong theoretical base.➤ Provision of a tailored approach is needed to address family needs.➤ A number of international models have been successfully implemented in an Irish context.➤ Parents are recognised and supported as the key facilitators of their child’s development.➤ Most of the programmes address parent wellbeing, such as parental stress, depression and isolation.➤ Practical and social support (e.g. household management, budgeting and care tasks) are central to some programmes.
<i>Implementation</i>
<ul style="list-style-type: none">➤ Strong practitioner/parent/family relationships are key to success.➤ A continuum of care/integrated approach is evident amongst most programmes, particularly those located within ABC sites.➤ All programmes provide supervision and training.➤ Strong interagency work is seen as vital for facilitating referrals and coordinating delivery.➤ A National Framework of Qualifications Level 5+ is required for most programmes.
<i>Evaluation (Evidence)</i>
<ul style="list-style-type: none">➤ Most programmes adopt evidence-informed or evidence-based practices and are committed to best practice through ongoing monitoring and evaluation (albeit with considerable variation in the quality of these activities).➤ Ongoing evaluation allows programmes and other support services to adapt and better respond to the needs of families and practitioners alike.

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 (see *Table 5*). A number of gaps were also identified, including the fragmentation of service delivery (e.g. fewer supports available outside the Leinster region), limited data on programme implementation and with some programmes lacking an evidence-base to guide or support their work. There was also considerable variation across programmes in terms of theoretical underpinnings, content, eligibility criteria and staff qualifications (see *Table 6*).

Table 6: Programme and Service gaps/key learnings

<i>Development / Identification</i>
<ul style="list-style-type: none"> ➤ The delivery of home visiting supports is fragmented, in that the vast majority are located in the Leinster region, with rural areas, therefore, much more disadvantaged. ➤ There is variation in age eligibility for programmes and services. ➤ There is variation in programme/service components (e.g. infant mental health approach, parent training, child cognitive development and school readiness, or practical support (e.g. household management, reducing parent isolation)).
<i>Implementation</i>
<ul style="list-style-type: none"> ➤ There is a lack of data on the implementation of programmes/services and engagement with stakeholders. ➤ Engaging with local communities ensures a better ‘fit’ between families and programmes/services. ➤ Some programmes/services have no procedures in place to evaluate their work. ➤ The use of eligibility criteria, whilst perhaps necessary in terms of resources, means that some parents do not have access to the programme/service (e.g., Pfl only accepts pregnant mothers). ➤ Most programmes/services involve targeted provision at a local community level or to meet group needs (e.g. only the LSGC programme is a universal intervention). ➤ There is considerable diversity in staff qualifications and training. ➤ There is wide variability in delivery (duration and intensity); higher risk families typically require more visits.
<i>Evaluation</i>
<ul style="list-style-type: none"> ➤ There is a marked lack of economic evaluations of home visiting programmes and services. ➤ Only a limited number of rigorous outcome evaluations have been conducted in an Irish context. ➤ The effective implementation of home visiting provision requires a sustained commitment of resources and staff.

Several challenges/limitations were also identified. We found limited publicly available information on the development, governance and funding of some programmes and other support services, while our analysis of the SLAs available to us yielded very little useful information. There is also a lack of information on programme/service implementation (e.g. the resources being used in delivery), as well as considerable variation in terms of programme/service components and delivery, thereby precluding the possibility of any like-with-like comparisons. Few evaluations have been conducted in an Irish context, thereby limiting our understanding of the influence of the local context and wider constraints on the replication and roll-out of such provisions. It is important to note, however, that such evaluations are challenging in view of considerable programme/service variation (e.g. in terms of components, delivery and practitioner qualifications), while quantitative approaches should be supplemented with qualitative methods to sufficiently capture how an intervention brings about change and to identify key facilitators and barriers to effectiveness (Skivington et al., 2021). Indeed, a number of qualitative studies of some of the programmes described here, highlight the importance of

strong practitioner-parent relationships (PfL, PwP, PC+ and LGT-IMH) and the availability of high-quality resources (PFL) as important facilitators of engagement and improving family outcomes.

As mentioned earlier, a marked absence of economic evaluations highlights a need for much more work of this nature in an Irish context (and also internationally) in order 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.

6.7 Conclusion

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; DECDIY, 2023), while interagency collaboration is also widely acknowledged to be fundamental to ensure a consistent and coordinated approach to service delivery. This review profiled the work of 10 individual home visiting programmes that are currently delivered across the country (typically within the context of wider state services/initiatives), as well as 5 services that provide educational or disability/health-specific home-based supports to families. Importantly, the findings here, which were presented in line with each of the four review objectives outlined earlier, highlight the considerable knowledge and expertise developed in the home visiting sector over the last 20 years, and the attendant expansion and development during that time, of a wide range of interventions and practices aimed at supporting young children (and their parents) in the earliest years.

A number of key strengths within the home visiting sector in Ireland have been identified within this review. For example, most home visiting programmes endorse an evidence-based approach to programme development and implementation. Considerable expertise has been accumulated in relation to the development and implementation of home visiting tailored to community delivery contexts across the country. There are also a growing number of support networks to promote collaboration, cohesion and high quality, effective delivery of home visiting nationally. Importantly, the collective evaluation/impact findings that are currently available, suggest that home visiting programmes and services developed and delivered in Ireland, are beneficial for families.

Despite these strengths, however, there remain some important gaps and limitations. As already mentioned, only a small number of programmes and services have been rigorously evaluated in an Irish context, thereby demonstrating a need for more evidence-based data to address what works best for whom and under what circumstances. Likewise, data-based information relating to programme development and implementation is not always publicly available and/or not collected in a systematic fashion. Further evaluation and assessment of the costs and cost-effectiveness of these kinds of interventions is also necessary. Inadequate funding has emerged as a frequent theme within the national literature (and in Stage Two of the current project – see Report Number Two) as a barrier to ensuring the sustained, high-quality delivery of home visiting supports for children and families in Ireland. More generally, this review has highlighted the diverse and wide-ranging nature of home visiting provision across Ireland, straddling health, education, welfare and wellbeing spaces. Programmes and supports are governed and funded through a variety of mechanisms, and there remains a lack of cohesion more generally within the home visiting sector.

The findings reported here are supported and amplified by our data collection and stakeholder engagement activities on which Stage Two of the UNITES study was based. As outlined earlier, this stage of the project is described in a companion report (McGilloway et al., 2024) which concludes with a number of suggested stakeholder-informed ‘options’ or actions that provide key stepping stones

toward a more standardised and sustainable ‘model’ of home visiting service delivery in Ireland, ultimately with a view to further enhancing outcomes for children and their families.

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Appendix A

Summary of Home Visiting Programmes and Other Support Services in Ireland (key characteristics)

Broader State & Community/Voluntary Sector (CVS) supports						
Name of Programme / Support Service Area of Availability	Description	Aims	Target group	Model of delivery	Evidence-base <i>*What Works evidence rating</i>	HV qualifications
Area-Based Childhood (ABC) Programme 12 sites nationwide Louth ABC; Preparing For Life; Younballymun; Better Finglas; Grangegorman; Dublin Docklands; Family Matters; Blue Skies; CDI; SPECS; ABC Start Right Limerick; Let's Grow Together	The ABC Programme is a national Prevention and Early Intervention (PEIN) Programme delivered through the Prevention Partnership and Family Support Programme (PPFS) within Tusla. It aims to work in partnership with families, practitioners, communities and stakeholders to deliver better outcomes for children and families living in areas where poverty is most deeply entrenched.	<ul style="list-style-type: none"> - Adopt a progressive universal approach to addressing child poverty. - Help children become more resilient and realise their full potential) are essential. - Mitigate the impact of intergenerational poverty and improve outcomes for children and families. <p>ABC sites operate at three levels of change:</p> <ul style="list-style-type: none"> - Frontline delivery of PEI services for children and families which support early child development - Capacity building, facilitation, and support to other service providers to implement evidence-based ways of working - Systems change efforts with managers and decision makers at local, regional and national level 	Children aged 0 – 8 years	Core activities: <ul style="list-style-type: none"> - Support children at early stages of development (antenatal-6 years). - Use evidence-informed practice to inform the development of local programmes. - Work in partnership with parents. - Develop workforce capacity. - Enable whole systems change to enhance services and practice. - Use monitoring and evaluation systems to inform practice and measure impact. - Share the learning and work to embed effective practices in all services. - Inform policy development at local and national levels where ABC areas are utilised to test, evaluate and disseminate intervention processes and outcomes 	Evaluated by CES Outcomes: Improved parent-child relationship Improved child learning and school readiness Improved child socioemotional well-being. Changes in practice. Changes to service planning and delivery. Greater service coordination and collaboration	Various
Hon Visiting Alliance	The HVA provides a collective voice for home visiting services	<ul style="list-style-type: none"> - The HVA focuses on promoting home visiting for children, parents 	Early years (0 – 6 years)		N/A	N/A

	including: Community Mothers, Infant Mental Health Home Visiting, Let's Grow Together! Lifestart, ParentChild+ and Preparing for Life	and families, supporting member organisations to strengthen and broaden the impact of home visiting, contribute to positive development and implementation in relation to early childhood home visiting and sharing learning and building on our experience in terms of 'what works' in early childhood home visiting				
Infant Mental Health Michigan Association for Infant Mental Health (MI-AIMH) <i>(targeted service provision)</i> ABC sites have adopted IMH practices into existing programmes	Learning networks which support training and continuous professional development for practitioners in infant mental health skills and practice. Practitioners are trained in principles of IMH Work with parent and infant in an office, community setting or parent home	<ul style="list-style-type: none"> - Opportunities for the parent to reflect on the infant's development, behaviour and social or emotional needs - Create opportunities for warm and playful interaction between parent and infant to encourage the development of a secure and stable relationship 	Infants under 3 years	Core activities: <ul style="list-style-type: none"> - Strengthen the capacity of parents to establish safe and securely attached relationships with children - Enhance positive parent-child relationships - Promote children's social and emotional wellbeing - Reduce parental stress 	Qualitative study with practitioners only Outcomes: Greater knowledge, skills and improved outcomes for parents/infants as well as changes in practice	Trained practitioners in infant mental health
Public Health Nursing <i>(universal service provision)</i> Nationwide	Public Health Nurses (PHNs) offer prenatal and post-natal care in relation to breastfeeding, initial attachments, health and nutrition for mothers and babies. This support provides an important foundation for positive pediatric health and well-being	<ul style="list-style-type: none"> - The public health nurse visits the mother and baby at home during the first 6 weeks 	Postnatal visits	Core activities: <ul style="list-style-type: none"> - The postnatal visit offers an opportunity to promote family wellbeing in addition to supporting the mother and newborn. - The first postnatal visit also represents a partnership with the family that lasts at least until school-going age. - Offer non-judgemental support and advice, address anxieties and concerns, and other health issues 	Trained PHNs	Public Health Nurses
Tusla Prevention, Partnership & Family Support (PPFS) <i>(universal service provision)</i>	Provides a continuum of direct, indirect and wide-ranging supports and services for children, parents and families	<ul style="list-style-type: none"> - The Prevention Partnership & Family Support (PPFS) strategy is a suite of early intervention and preventative services being 	Families in need according to Hardiker levels 2-4	A range of family support services are provided by Tusla including family support workers, social workers, youth workers, family	Evaluation report of systems change within Tusla's prevention,	

Nationwide		<p>provided by Tusla and its partner agencies and aims to prevent and mitigate the risk of poor outcomes in children and young people.</p> <ul style="list-style-type: none"> - Family Support is delivered through community-based programmes and services. The main focus is on Early Intervention, aiming to promote and protect the health, well-being and rights of all children, young people and their families 		resource centres, support groups and counselling services	partnership and family support programme (service providers perspectives)	
Tusla Family Resource Centres (FRCs) <i>(universal service provision)</i> Nationwide	<p>The Family Resource Centre (FRC) programme is Ireland's largest National Family and Community-based support programme (core funded by Tusla). Develop and deliver of a range of community-based services aimed at children, their parents and the broader community, including home-based services and supports.</p>	<ul style="list-style-type: none"> - Empower individuals, build on family strengths, and enhance parental self-esteem - Improve parenting skills and capacity - Promotion skill acquisition, reduce parental stress and isolation and encourage links within the community - Provide information and referrals to a wide range of statutory and community services 	All families	<p>Home visits conducted by FRC staff depending on level of need:</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Identify families in need of support - Relationship / trust building - Well placed to co-ordinate the provision of specialised support to meet families individual needs - Offer opportunities to engage in personal development, education, job placement and training - Strong interagency links/partnerships - Some offer onsite childcare facilities 	N/A	Minimum FETAC Level 5

Parent/Family-focused supports (N=10)

Home-based parent/family-focused programmes

Name of Programme / Area of Availability	Description	Aims	Target group	Model of delivery	Evidence-base *What Works evidence rating	HV qualifications
Barnardos Homemaker (Irish prog) <i>(targeted service provision)</i>	Family Support Service offering practical support; parenting, budgeting,	Identify and address family needs as early as possible to prevent escalation of parenting and family difficulties	Families with children aged 0 – 8 years where there are	Weekly visits by family support workers (FSWs) who work with parents at key periods during the	Evaluated using a Case file analysis on	Min. Level 7 QQI in a relevant

<p>Limerick city and surrounding areas</p> <p>Part of ABC Start Right</p>	<p>household routines and management</p> <p>Needs are reviewed at 6 – 8 week intervals. Cases are closed upon achievement of desired outcomes (no longer than 24 weeks)</p> <p>Weekly visits</p>	<p>Programme targets:</p> <ul style="list-style-type: none"> - Child health and wellbeing - Child learning (school readiness & attendance, increased parental involvement in child cognitive development) - Parents’ capacity to manage household budgets effectively and maintain a secure home environment - Parent-child relationships - Child engagement in community and social activities 	<p>additional needs (Levels 2 – 3 on the Hardiker Model)</p>	<p>day, (e.g. mornings, family meals, homework and bedtime) to perform a variety of household tasks (e.g. meal planning, grocery shopping, food preparation, house cleaning, etc)</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Promoting skill development through teaching, demonstration and encouragement - Promote parent capacity to improve parent-child relationships, maintain a safe home environment and manage household budgets effectively - Work collaboratively with other agencies to address needs 	<p>closed cases in an Irish context</p> <p>Outcomes:</p> <p>Positive outcomes for learning & education, wellbeing, behaviour and social participation. Improvements in parental confidence, self-efficacy and improved living environment</p>	<p>discipline such as Social Care/Work, Youth Work, Social Work, Youth/Community Work</p>
<p>Barnardos Partnership with Parents (PwP) (Irish prog)</p> <p>(Dublin, Carlow, Cork, Galway, Limerick, Meath, Offaly, Tipperary, Waterford, Westmeath, Wicklow, Wexford)</p>	<p>Manualised programme rooted in the principles of social learning theory</p> <p>The programme consists of six separate “plug ins” or components (Parent-Child Relationship, Behaviour, Education, Routines, Social Development and Physical Development) used flexibly to tailor the programme to families’ needs.</p> <p>Approximately 11 – 15 sessions</p>	<ul style="list-style-type: none"> - Tailored programme components to meet the needs of families with multiple and complex needs - Targets improvements in parenting skills and parent-child relationships 	<p>Parents and their children aged 3 – 18 years</p>	<p>Delivered by trained community-based, social care workers who are fully trained</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Support child health and development by strengthening parents’ knowledge, skills and motivation - Address child behaviour. - Meet the physical, emotional and social needs of children across the different developmental stages - Collaboration and interagency working addresses parent/family needs 	<p>Mixed methods evaluation using quasi-experimental before/after study (no control group) inc. parent/staff experiences in an Irish context</p> <p>Outcomes:</p> <p>Improvements in parent-child relationship, child behaviour, routines, physical dev. and education (<i>both evaluations used non-standardised measures</i>)</p>	<p>Level 7 NFQ) in a relevant area such as Social Care/Work, Youth Work, Psychology</p>

<p>Incredible Years (IY) Home Coaching Programme (universal service provision)</p>	<p>Part of a manualised programme based on behavioural and social learning principles</p> <ul style="list-style-type: none"> - Programme can be delivered as a standalone parenting curriculum (6 – 10 weekly sessions) and/or as a supplement to the group-based programme (3 – 4 sessions) - 60 – 90 minute sessions 	<ul style="list-style-type: none"> - Parents helped to acquire behavioural management techniques to help break coercive parent-child cycles of interaction and to reduce child disruptive behaviours 	<p>Parents of preschool and school aged children, particularly those who are high-risk / welfare involved</p>	<p>HVs are delivered by trained IY coaches either as a standalone, or part, of the IY programme (min 3/4 sessions)</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Partnership with parents - Showing video vignettes - Role play between the coach and parent - Scaffolded parent play with the child - Coaching parents and children during play practices 	<p>Evaluated using an RCT within an Irish context (<i>only as part of the IY parenting programme</i>)</p> <p>*WW evidence rating 3+, cost rating 2 (for IY parent prog. only)</p> <p>Outcomes: Sig. reductions in child problem behaviour and improved prosocial behaviour. Improved parental health and wellbeing, reduced critical parenting</p>	<p>Trained IY coaches</p>
<p>Early Childhood Home Visiting Programmes *</p>						
<p>Community Mothers/Families Programme (Irish prog) (targeted service provision)</p> <p>Clonmel, Dublin (Docklands,), Kerry, Laoise/Offaly, Limerick, Longford/Westmeath, North Tipperary</p> <p>Part of the ABC Docklands 0-2 programme</p>	<p>Peer-to-peer support programme</p> <p>Monthly support to promote parental confidence, parent-child attachment and infant development. Support maternal physical and mental health, maternal diet, sleep and overall health</p>	<ul style="list-style-type: none"> - Build parent confidence - Work closely with the HSE Public Health Nursing Service, to improve child health and wellbeing and promote: - Maternal and child diet, sleep and overall health - Childhood vaccination uptake - Infant stimulation and development 	<p>Parents, particularly first-time parents, from pregnancy to 2 years</p>	<p>Monthly visits by trained, local volunteers supported by a PHN / Coordinator.</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Relationship / trust building - Non-judgemental approach - Strengths-based perspective - Advocacy - Collaboration with wider agencies 	<p>Evaluated using an RCT within an Irish context</p> <p>Outcomes: Follow-up revealed continued improved parenting skills and parental self-esteem and greater cognitive stimulation of children among intervention group</p>	<p>QQI level 5 in Childcare</p>

<p>Home-Start (universal service provision)</p> <p>Dublin 15</p>	<p>Home-Start is a family support organisation that is part of Home-Start Worldwide (HSW)</p> <p>Weekly visits which provide practical support and friendship to families to prevent family crisis and breakdown</p>	<ul style="list-style-type: none"> - Tailored support in line with families' needs - Create a supportive environment for families experiencing loneliness and isolation, ill-health, lone-parenting, first-time parenting. - Providing support and friendship to families with at least one pre-school child through regular home visiting. - Provide creche facilities for pre-school children 	<p>Pre-school children (under 5 years)</p>	<p>Weekly visits by trained volunteers who support parents in the home and receive ongoing support and supervision from the Home-Start Co-ordinator</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Promote parental confidence and emotional wellbeing - Strengthen parent/child relationship - Encourage links with the community. - Provide parenting programmes and Family Mornings - Provide music sessions, play therapy and speech & language services through Happy Talk. - Provide Healthy Food Made Easy and 'Swap Shop' of used baby equipment - Creche facility (including respite) available - Collaborate with PHNs, SWs. 	<p>Evidence-based but not evaluated within an Irish context</p>	<p>Trained volunteers typically parents from the local community</p> <p>All volunteers attend an 18-hour preparation course (over 8/9 weeks) and receive additional information and during the course of their work.</p>
<p>Let's Grow Together! (universal service provision?)</p> <p>One of the 12 Area Based Childhood (ABC) programmes (incorporating Young Knocknaheeny Cork)</p>	<p>Manualised programme modelled on the Michigan Association for Infant Mental Health (MI-AIMH) Home Visiting Framework</p> <p>Multidisciplinary approach</p>	<p>Focuses on 4 interconnected strategies:</p> <ul style="list-style-type: none"> - <u>Infant Mental Health & Wellbeing</u> - <u>Speech, Language & Literacy development</u> - <u>Early Childhood Care & Education</u> - <u>Pro-Social Behaviour & Self-regulation</u> <p>Aims to:</p> <ul style="list-style-type: none"> - Address families' needs - Strengthen parent-infant relationships to support early 	<p>Pregnant women/post-natal parents from 0 – 4 years</p>	<p>Visits are delivered by a MDT as part of a wider community wraparound service starting in pregnancy until the child reaches the age of 4 years</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Enhancing parent - infant relationships and development of secure attachment - Provide guidance in child development - Offer emotional support - Promoting the development of coping skills and social support 	<p>Evidence-based but not evaluated within an Irish context</p>	<p>Level 7 or higher (NFQ) in a relevant discipline such as Social Care</p>

		childhood development, learning and wellbeing		- Wider collaboration across agencies		
<p>Lifestart Growing Child <i>(universal service provision)</i></p> <p>Carlow, Cavan, Donegal, Dublin, Kilkenny, Leitrim, Louth, and Sligo</p>	<p>Manualised child-centred programme</p> <p>Originally developed in Purdue University and subsequently adapted for the Irish context.</p> <p>Integrated model of support (so they say), delivered monthly</p>	<p>Needs-based intervention</p> <ul style="list-style-type: none"> - Promote parent-child attachment and interactions - Foster a nurturing home environment to support infant development and learning and improve school readiness 	Parents of children from birth to 6 years	<p>Monthly visits by Family Visitors.</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Deliver age-appropriate information on child dev. & learning - Model play and learning activities with the provision of books, toys, music, art materials, and learning resources that are accessible to parents to promote positive parent-child interaction and support learning and child development - Assess parent practice, demonstrate practical activities, establish goal setting, discussing concerns with parents - Collaboration with HSE and Tusla 	<p>Evaluated using an RCT within an Irish context</p> <p>Outcomes: Reduced parenting stress, increased knowledge of child development and parenting self-efficacy. No significant change in child development outcomes though improvements in cognitive development and prosocial behaviour</p>	Min Level 5 but Level 7 desirable
<p>Lifestart At Home in School Transition Programme</p> <p>Carlow, Cavan, Donegal, Dublin, Kilkenny, Leitrim, Louth, and Sligo</p>	<p>Developed from the Lifestart Growing Child Programme in preparation for school transition</p> <p>12 home visits; 6 prior to school and 6 post entry.</p>	<ul style="list-style-type: none"> - Address the key characteristics of school readiness: child health, speech and language skills, literacy and numeracy, and self-regulation. - Promote a positive home learning environment - Demonstrate learning activities - Encourage a smooth transition from preschool/early learning centres to formal schooling - Foster parent involvement in education 	Parents of children due to start primary school	<p>Family visitors deliver 12 home visits; 6 visits prior to school entry and 6 post entry.</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Promotes language development and pre-writing skills and reading - Preparedness for school routine - Promotes positive discipline, communication and self-regulation skills - Resources available to use in home with their child, including 		

				<p>activity packs and a variety of library books</p> <ul style="list-style-type: none"> - Interactive parent/child workshops are also available which provide experiential learning in art, story, music and messy play in partnership with specific schools involved in the programme 		
<p>ParentChild+ (targeted service provision)</p> <p>Dublin South City Partnership, Grangegorman (ABC), Ballyfermot (ABC), Clondalkin (ABC), Louth (ABC), Ballinasloe, Waterford and Wexford</p>	<p>Developed from the Mother-Child Home Program and later the Parent-Child Home Programme in the US.</p> <p>Intensive 'learning through play experience' for parents and pre-school children designed to strengthen parent-child bond and encourage learning</p> <p>Twice weekly visits during the primary school year (approx. 46 weeks of twice-weekly visits and 92 visits in total)</p>	<ul style="list-style-type: none"> - Promote school readiness and school success - Support reading and play activities - Strengthen language and literacy and foster rich home learning environments 	<p>Parents of children aged 18 months to 3 years</p>	<p>HVs are specially trained local women who visit the family twice weekly during the (primary) school year only.</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Enriching the home learning environment through the provision of educational reading/play materials - Modelling for parents on how materials can be used with their children to encourage language development and learning 	<p>Evidence-based but not evaluated within an Irish context</p>	<p>Level 5 QQI ECCE qualification</p>
<p>ParentChild+ "Home from Home Transition Programme" (targeted service provision)</p>	<p>Adaptation to the ParentChild+ programme to support the needs of families experiencing homelessness or transitional housing. Delivered over 12 weeks.</p>	<p>To support families experiencing homelessness or transition housing</p>	<p>Families of children aged 18 months to 3 years</p>	<p>Core activities:</p> <ul style="list-style-type: none"> - Home visitors model positive parent-child interactions during weekly visits and promote the use of educational books and toys aligned with the developmental stage of the child. - Interagency collaboration with statutory agencies and the CVS who have experience in the area of homelessness, are a key programme component in order 		

				to facilitate wraparound family support		
<p>Powerful Parenting (<i>universal service provision</i>)</p> <p>Delivered as part of the Childhood Development Initiative (CDI), Tallaght West</p>	<p>Two-year programme using a flexible and broad-based curriculum operating within the principles of HighScope</p> <p>4 visits per year</p>	<ul style="list-style-type: none"> - Parents are supported by a Parent/Carer Facilitator (PCF) whose role is to liaise and develop a relationship with parents. - The PCF bridges the gap between the early years and home learning environment, to support parent involvement, enrich the home learning environment and promote positive parenting - Referrals to SLTs, therapy sessions, Early Years services and psychological, primary health and social service professionals 		<ul style="list-style-type: none"> - Support learning between the home and Early Years environments and to promote parent-child relationships - The PCFs also deliver the group-based Parents Plus Community Course (PPCC) to parents 	<p>Evaluated using a cluster-randomised trial in Ireland (<i>only in the context of the Early Years programme. Parents also received group-based parenting support</i>)</p> <p>Outcomes: Parents in intervention group engaged more in quality activities such as music / nature/science and mathematics. Greater attendance on parenting programme associated with improved home-learning environment.</p>	<p>PCFs are early years practitioners min FETAC Level 5 qualification in childcare or equivalent</p>
<p>Preparing for Life (Irish prog) (<i>targeted service provision</i>)</p> <p>Targeted selective programme available across three ABC sites (Darndale, Finglas and Bray)</p> <p>Other sites include: Balbriggan, Bagenalstown, Newbridge,</p>	<p>Intensive 5-year home visiting mentoring programme, developed as part of the Prevention and Early Intervention Programme (PEIP) in collaboration with a range of local agencies</p> <p>Programme informed by a attachment theory, socio-</p>	<ul style="list-style-type: none"> - To improve levels of school readiness in designated disadvantaged areas starting in pregnancy until school. - Help parents to support their children in five domains of school readiness: <ul style="list-style-type: none"> * cognitive development * physical health and motor skills 	Pregnancy to school age	<p>Trained professionals deliver support antenatally and continue until the child starts school age.</p> <p>Core activities:</p> <ul style="list-style-type: none"> - Provide guidance on promoting child development and self-care for mothers. - Use strategies such as role play, modelling, demonstration, 	<p>Evaluated using an RCT within an Irish context. Long-term follow ups up to 48 months (<i>effect sizes diminished at 48 months</i>)</p> <p>*WW evidence rating 3+, cost rating 5</p>	<p>Level 7 in relevant area such as Social Care or Early Years</p>

Athy Ballinasloe, Castletown (Co.Mayo) and Chicago, USA.	ecological theory of development and social-learning theory. Weekly or monthly home visits	<ul style="list-style-type: none"> * social, emotional & behavioural development * approaches to learning * language development and literacy 		coaching, discussion, encouragement and feedback to build rapport with parents, promote skill development and build parent connection with other community-based services and empower parents	Outcomes: Greater preparedness for school i.e. better language, cognitive and socioemotional development. Improvements in maternal health and child nutrition	
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Home-based educational services/supports

Name of Service / Area of Availability	Description	Aims	Target group	Model of delivery	Evidence-base <i>*What Works evidence rating</i>	HV qualifications
Down Syndrome Ireland Early Intervention Home Teacher Programme Louth and Meath	Play-based programme delivered by a Home Teacher to maximise the child's play relationship with parents 20 visits per year	<ul style="list-style-type: none"> - The Home Teacher Programme is centred on the medium of play as a means through which children learn and develop - The Home Teacher also liaises with early education centres / preschools and primary schools to promote the best possible early education experience for children 	Parents of children with Down Syndrome aged 1-6 years	Home Teachers are volunteer parents of children with Down Syndrome Core activities: <ul style="list-style-type: none"> - Play as a method to learn and develop - Liaises with staff to promote the child's education 	No evidence-base	Volunteer parents of children with Down Syndrome
National Council for Special Education (NCSE) Visiting Teachers for Children who are Deaf/Hard of Hearing or Blind/Visually Impaired. Nationwide	Visiting teachers work with parents	<ul style="list-style-type: none"> - Provide information and advice on child health, development or visual impairment 	Parents of children with visual impairment From referral to end of post-primary education	Visits are undertaken by qualified teachers with particular skills and knowledge of the development and education of children with varying degrees of hearing loss and/or visual impairment Core activities: <ul style="list-style-type: none"> - Reinforce and model good communication and language support 	No evidence-base	Qualified and trained teachers with knowledge of hearing loss / visual impairment and child development

				<ul style="list-style-type: none"> - Inform parents about communication/technology - Promote child educational development and monitor and celebrate child's progress - Advise parents on educational supports/options - Facilitate the development of social support networks <p>Visiting teachers also liaise with relevant schools and other agencies to further the education and health of children</p>		
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Specialist home-based healthcare services/supports (inc. disability & palliative care)

Name of Service / Area of Availability	Description	Aims	Target group	Model of delivery	Evidence-base *What Works evidence rating	HV qualifications
Enable Ireland <i>(universal service provision)</i>	National voluntary organisation which provides services for children with a range of disabilities (e.g. autism, Down syndrome, cerebral palsy, developmental delay) and their families. Services are provided from a combination of family home, centre and community bases	To help children and their families to participate as fully as is possible in their local communities	Young children up to the age of six with a wide range of needs	<p>Key worker links the family with the rest of the interdisciplinary team and professionals/services/agencies, where appropriate.</p> <p>Core activities: The link/key worker also:</p> <ul style="list-style-type: none"> - Provides information and support - Assist in preparing for family meetings - Help identify child's needs - Provides home respite care - Supports the child in accessing community-based activities - Encourages the development of life skills <p>Support is also provided by an interdisciplinary team comprising:</p>	N/A	FETAC Level 5 Qualification in relevant discipline (e.g.: health, community, care sector)

				<ul style="list-style-type: none"> - Individual sessions e.g. physiotherapy. Joint sessions e.g. a speech and language therapist and an Occupational therapist working jointly with your child - Psychologist and Social Worker - CFSW and Nurse - Home practice time - Groups sessions - provide parent information and training to develop skills and meet other parents. Groups include: Parents Plus, Early Bird, Hanen, Getting Ready for School 		
Jack & Jill Children's Foundation Nationwide	Guided by a Model of Care In-home nursing care and respite support for children with severe to profound cognitive delay, as well as end-of life care	<ul style="list-style-type: none"> - The service provides individualised, holistic care at home care through a range of home nursing care supports. 	Parents of children aged 0-6 years with severe/profound cognitive delay and those who require end of life care	Specialist Liaison Nursing Staff provide families with the best quality of life while caring for their child at home. Core activities: <ul style="list-style-type: none"> - home visits, respite, practical advice on nursing issues and access to services - information and advice on entitlements and benefits - hearing the parents' voice, advocacy on behalf of the family and providing bereavement support 	Service evaluation only	Specialist Liaison Nursing Staff
LauraLynn Leinster area	Guided by a Model of Care Laura Lynn @ Home programme provides specialist palliative and supportive care services to children with palliative care needs, complex	<ul style="list-style-type: none"> - Based on an assessment, eligible families are allocated a number of home visits - Provide high quality, child and family led care 	Aged 0 – 18 years	Core activities: <ul style="list-style-type: none"> - Symptom assessment and management - Support with transition from hospital to home setting - Practical help, information and training to families/carers 	Process Evaluation inc. service providers, key stakeholders and parents Outcomes:	Two teams of paediatric nurses cover the Leinster region.

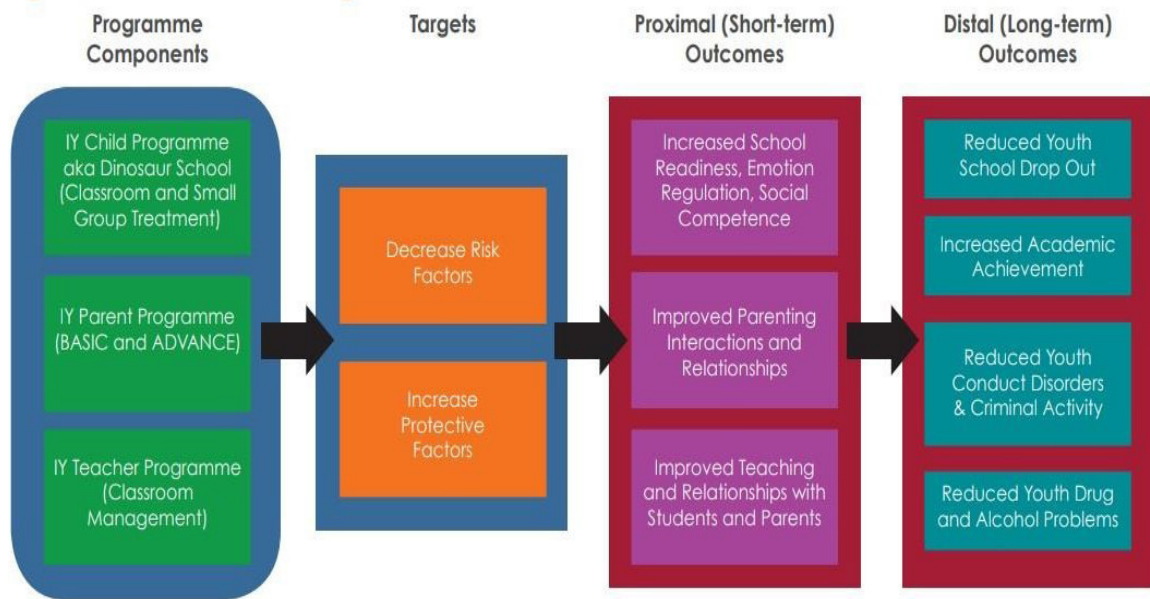
	care needs and complex disabilities			<ul style="list-style-type: none"> - Supported access to specialist services inc. physiotherapy, occupational, play and music therapy and psychology - Symptom management - Bereavement support - Respite care and End-of-Life care - 24-hour telephone support 	Improved quality of life for families, improved service coordination and increased awareness and education of children's palliative care.	
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Appendix B

Programme Logic Models

Incredible Years (IY) Logic Model

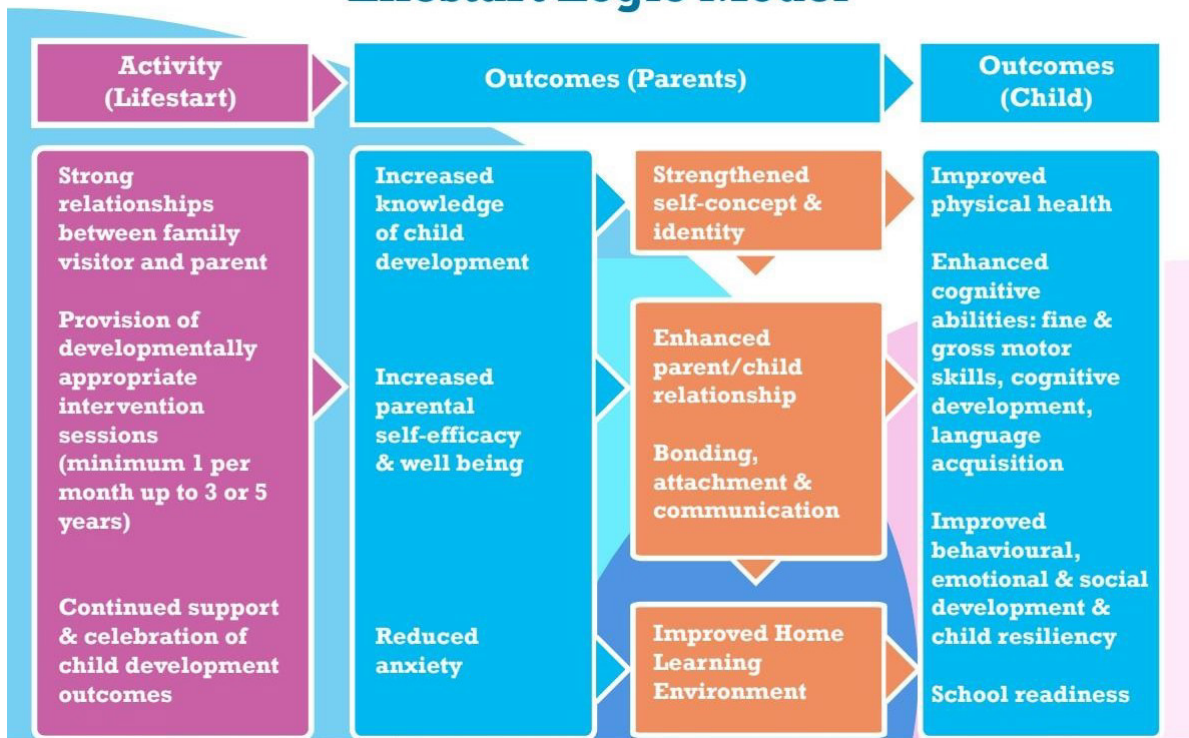
Figure 1: Incredible Years Logic Model



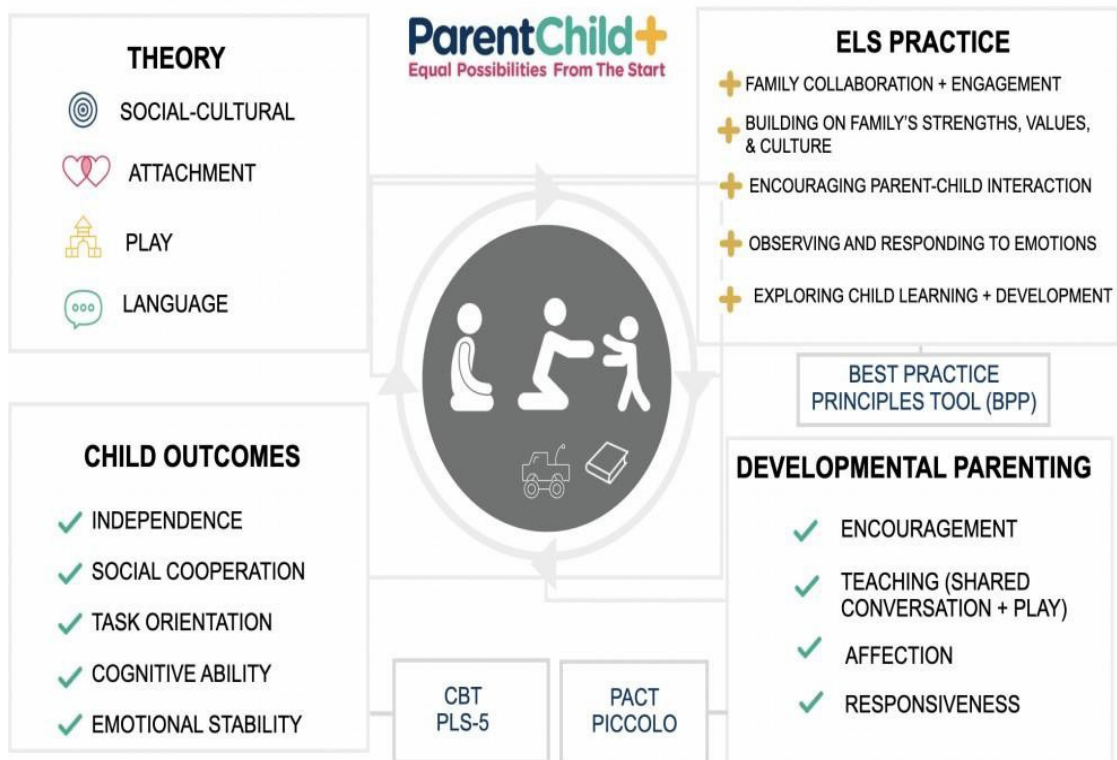
Let's Grow Together (LGT-IMH) Logic Model

<p>Vision & Mission of Let's Grow Together: Vision: Our communities are places where children experience happy, healthy, and thriving childhoods that last a lifetime, and no child is left behind. Mission: To work in partnership with everyone important in children's lives, sharing knowledge, skills, and resources, empowering families, and enabling children through their relationships and in their communities to be nurtured, fulfilled, achieving and learning.</p> <p>Vision & Mission of the ABC Programme: Vision: No child is impacted by poverty and all children are supported to reach their full potential. Mission: Through prevention and early intervention approaches, aims to work in partnership with families, practitioners, communities, and national stakeholders to deliver better outcomes for children and families living in areas where poverty is most deeply entrenched.</p>				
<p>Monitoring and Evaluation: (1) Continuation of LGT research group (2) LGT data collection and monitoring plan (3) TUSLA Outcomes Framework & quarterly reporting (4) In-depth research projects, outcomes and needs</p>				
<p>Objectives</p> <p>To sustain and grow area-based early childhood prevention & early intervention programming and approaches in Cork city northwest communities.</p> <p>Strategies: Implement 4 interconnected strategies: Infant Health & Wellbeing, Speech, Language, Communication & Literacy, Early Years Care & Education, Schools Community.</p> <p>Approach: Embed evidence-informed practice into locally appropriate programmes and activities taking a progressive universal approach.</p> <p>Focus: Strengthen child-caregiver relationships to support early childhood development and wellbeing with focus on pre-birth to 6-years of age (direct services) & to school-age (capacity building).</p> <p>Direct services: Work in partnership with parents as the primary caregivers in their children's lives.</p> <p>Capacity building: Build workforce capacity in Early Intervention and Prevention.</p> <p>Systems change: Enable systems and community change.</p> <p>Informing research and policy: Use monitoring and evaluation systems to inform our practice and measure impact. Inform local & national policy and practice.</p>	<p>Inputs</p> <p>Core annual budget by DCEDIY through TUSLA.</p> <p>Appropriately skilled and resourced staff team.</p> <p>Board of Directors oversight of implementation, policies, compliance, & governance.</p> <p>Staff team coordinating group oversight delivery of programmes & activities.</p> <p>Parents Forum involvement and consultation.</p> <p>Collaborations and partnership with local services important to children's development, wellbeing, & environments.</p> <p>Participation & collaboration of local parents/caregivers & children.</p> <p>Relational Infant Mental Health-informed & trauma-sensitive approaches with all stakeholders.</p> <p>Reflective practice supervision and line management for all staff members.</p> <p>Data collection and monitoring resources & processes in place.</p> <p>Referrals, intake, & case management systems & structures in place.</p> <p>Appropriate buildings and infrastructure to provide local services & work with partners.</p> <p>Favourable local/national policy & fiscal provisions to support prevention & early intervention.</p> <p>Alignment & guidance within national ABC Programme & TUSLA local & national offices.</p>	<p>Key Activities & Outputs Structure & Governance</p> <p>Ongoing engagement to sustain & enhance local programme. Replicating and mainstreaming evidence-based programmes and approaches.</p> <p>Service delivery across capacity building, systems change & direct services domains.</p> <p>1. Infant Health & Wellbeing (pre-birth to 3) PARENTS/CAREGIVERS/CHILDREN: suite of PEEP programmes (preg-4yrs), pregnancy yoga, IMH Home Visiting, NBO, baby massage, Circle of Security PRACTITIONERS/SERVICES: IMH Masterclasses, Network Groups, workshops & consultations. HEI lectures & trainings. NBO training, PEEP training.</p> <p>2. Speech, Language, Communication & Literacy (pre-birth to school-age) PARENTS/CAREGIVERS/CHILDREN: SLT IMH Home Visiting & groups, Babbling Babies, Lets Talk With Your Baby, Storytime, Hanen i'm Ready, Dolly Parton's Imagination Library. PRACTITIONERS/SERVICES: Hanen ABC & Beyond, Hanen Learning Language & Loving It, information sessions, consultations, HEI teachings.</p> <p>3. Early Years Care & Education (2-5 yrs) PARENTS/CAREGIVERS/CHILDREN: integration with LGT & children's services. Transition to primary school initiative. PRACTITIONERS/SERVICES: ECERS, ITERS, SSTEW. Mentoring, HighScope Curriculum Training, Hanen Language Programmes, Environmental Enhancement, EY IMH Training, Policy guidance & advice. Coordinators group.</p> <p>4. Schools Community (Primary cycle) PARENTS/CAREGIVERS/CHILDREN: Transition initiative. Supporting IY Parenting Programme. Doodle Den Programmes. Signposting & integration with LGT & children's services. PRACTITIONERS/SERVICES: IY progs, Doodle Den. Transitions. Hanen Language Programme. Signposting & integration with LGT & children's services.</p> <p>Research, evaluation & monitoring: Continued support from LGT research group, routine data collection, completion of research & evaluation projects in line with monitoring & evaluation plan. Partnerships with HEIs. Capturing child/caregiver/practitioner voices.</p> <p>Policy: ensuring all policies and procedures are in place, implemented with oversight, reviewed & revised to support staff & Board, funding & organisation obligations.</p> <p>Networks & partnerships: Continued consultation, collaboration, information exchange, working groups, and feedback with local and wider community.</p> <p>Communications: To increase programme visibility, engagement, and communication with local and wider community.</p>	<p>Short-term outcomes</p> <p>Aligned with BOBF & First5 Strategy, and other relevant national strategies.</p> <p>CHILDREN Secure parent-child attachment. Positive parental mental well-being. Children meet age-appropriate development milestones. Improved speech, language, literacy development. Achieved literacy skills. Improved access to services required for support. Measurable improvements in children's emotional & social development. Children & families experiencing homelessness & poverty are supported through services.</p> <p>PARENTS/CAREGIVERS Positive perinatal well-being. Access to perinatal services. Increase in no. of expectant parents specifically engaging with LGT. Improved parenting competence & confidence (self-efficacy). Improved & supported parental engagement in children's learning and development. Increased parental capacity to support early child speech, language, communication, and literacy development. Increased parental capacity to manage routines and support behaviours. Positive parent-child relationships. Positive Peer relationships. Positive service experiences/relationships.</p> <p>PRACTITIONERS/SERVICES Practitioners' knowledge and practice skills enhanced. Parents are more effectively engaged in child development and have skills to build strong healthy relationships with babies and toddlers. Interagency services are participating in training, mentoring & coaching, and programme delivery. Practitioners are undertaking training, ongoing mentoring, and are implementing programmes. School & Early years' service practitioners' capacity to support language development. Key services are delivered at whole community level through capacity building interventions in partnership with mainstream service. Robust referral/transition/engagement systems are functioning.</p> <p>DATA COLLECTION & MONITORING Data collection, monitoring & recording, evaluation & research is taking place to support accountability of service, advocacy, & to inform policy and practice.</p> <p>COMMUNITY & POLICY ENVIRONMENT Environments & communities to be safe, supportive & nurturing for all children to reach their potential.</p>	<p>Longer Term Outcomes</p> <p>Aligned with BOBF & First5 Strategy, and other relevant national strategies.</p> <p>CHILDREN To give all children the best start in life. Measured improvements in child speech, language, literacy development from birth to 6 in line with national standards. Measured outcomes for children reaching social, emotional, educational norms in line with national standards. Children & parents/caregivers feel included, accepted, listened, responded to & empowered in their own lives. To disrupt the intergenerational cycle of poverty & disadvantage.</p> <p>PARENTS/CAREGIVERS Parent/child relationships are strengthened. Parental-led activities become mainstreamed and supported by mainstream services. Parents are supported to engage in service delivery & design. Parents enjoy their role and can meet challenges of everyday life.</p> <p>PRACTITIONERS/SERVICES To have a workforce that is appropriately knowledgeable, skilled & responsive in supporting early childhood relationships & development. Wide and embedded awareness of & engagement with early child services by community services. Services have sustainable capacities, willingness, commitment & understanding of interagency practice to improve outcomes for children. Continued implementation by practitioners of skills developed through capacity building supported by existing mainstream services (schools/HSE etc). Early years settings are delivering high quality service across the areas.</p> <p>DATA COLLECTION & MONITORING Data collection, monitoring & recording, evaluation & research is taking place at local level.</p> <p>COMMUNITY & POLICY ENVIRONMENT Environments & communities to be safe, supportive & nurturing for all children to reach their potential.</p>
<p>Evidence of need: Routine internal data collection, monitoring & recording. LGT/YK evaluation, needs analyses and research reports. Growing Up in Ireland Study. CSO figures. Pobal small area statistics. Consultations from community stakeholders including parents & children's voices.</p> <p>Evidence of approach: LGT/YK evaluations, national & international science, practice & impact. Implementing proven evidence-based programmes. Evidence from the Prevention and Early Intervention Programme (PEIP), the Prevention and Early Intervention Initiative (PEI), national ABC Evaluation, and other Irish and international evidence.</p>				

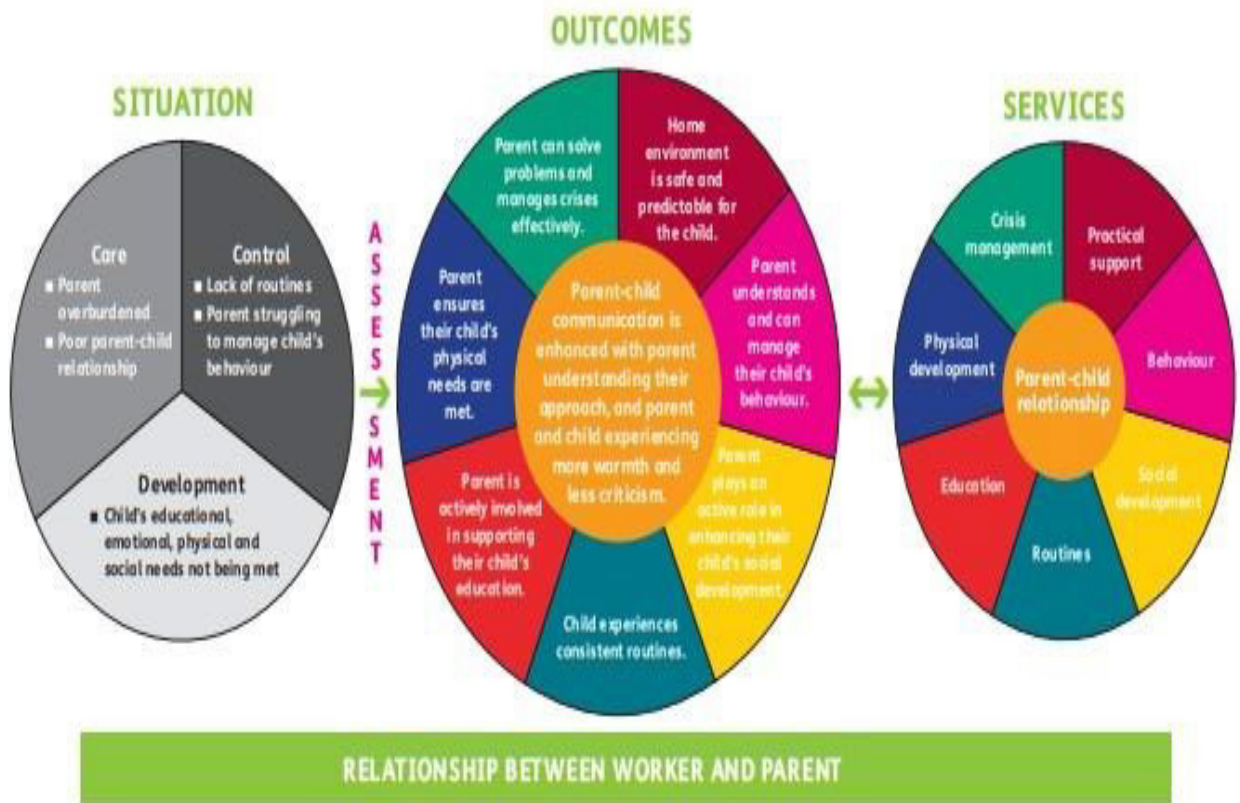
Lifestart Logic Model



ParentChild +(PC+) Logic Model



Partnership with Parents (PwP) Logic Model







Rialtas na hÉireann
Government of Ireland