

Prevention and Early Intervention in Child Health Services:

The foundations of a healthy adult life are laid in early childhood.



Prevention & Early
Intervention Network

Promoting positive outcomes for children,
families & communities

1. Introduction

The Prevention and Early Intervention Network (PEIN) brings together evidence-based practice, advocacy and research organisations seeking to improve outcomes for children, young people and families and to promote quality, evidence-based / evidence-informed practice in prevention and early intervention. Over the past decade many of our members have been at the forefront internationally in the design, development, implementation and evaluation of effective prevention and early intervention programmes and approaches in communities around the country.¹

This experience leads PEIN to believe that re-orientating child health services towards prevention and early intervention models has a significant contribution to make to achieving better, more equal health outcomes for children and to breaking cycles of poverty and disadvantage.

Prevention is defined as providing a protective layer of support to stop problems from arising in the first place, or from getting worse. Examples of preventive child health measures include the free GP care for under 6s scheme, maternal and infant immunisation schemes, and the Nurture Programme - Infant Care and Wellbeing, which operates in every maternity hospital and via Public Health Nurses in every community in the country.

Early intervention means identifying and providing effective early support to children and young people and their families who are at risk of poor outcomes. Examples of early intervention programmes include parenting and home visiting programmes, speech and language therapy and oral language development programmes, and infant mental health training for early years educators.

While valuable interventions can and should be made at any stage across the lifecycle, this paper focuses on the period between the start of pregnancy and five years of age. Research has repeatedly shown that providing high quality prevention and early intervention supports during this critical life stage can create lasting positive outcomes for children and families and prevent difficulties from becoming entrenched in later childhood and adulthood, thus saving money in the longer term.²

There is a growing body of international evidence on the impact of Adverse Childhood Experiences (ACEs) on lifelong health. The clear implication of this research is that a major contribution to the reduction in the level of illness in the adult population can be achieved by a combination of:

- reducing the exposure of children to adverse childhood experiences and
- providing early evidence-based interventions into the lives of children and families who have experienced adversity.

For more information see the PEIN policy paper on ACEs.

¹ This includes the Area Based Childhood (ABC) Programme, the Nurture Programme: Infant Health and Wellbeing and the Tusla Development and Mainstreaming Programme, among many others. For further details see www.pein.ie

² Partnership to fight chronic disease (USA), The value of prevention.

It is crucial that prevention, promotion and protection are recognised as the most efficient and cost-effective means of improving health and wellbeing and reducing dependency on acute health and other public services. In particular, PEIN argues for an integrated model of care that organises and manages health and social services so that young children and their parents, from pre-birth onwards, get the information, advice, treatment and care they need when they need it, in ways that are user-friendly. Within an adequately funded and managed model of care, services will be enabled to deliver quality supports and fulfil the child's right to access preventative care, early intervention, and treatment should they require it.



2. The State of Ireland's Children Today: Facts and Figures

- Over 62,000 babies are born in Ireland every year – that is about one baby every 8 minutes
- The child population increased by approx. 17.8% between 2006 and 2016
- Children age 0-5 comprise approx. 8.5% of the total population of Ireland
- Every pregnant woman and their new baby will interact with our health services at least 25 times before the baby's third birthday
- 93% of children under 6 years are registered for free GP care.³

The Health Status of Ireland's Children

- Ireland has one of the lowest breastfeeding rates in the world and the lowest in the EU 54.4% of babies are being breastfed three days after birth, with 38.9% breastfed at three months⁴
- The vast majority of 3-year-old children in Ireland are reported to be in good health – almost 98 per cent were described as being very healthy or healthy⁵
- 80% of children are at a healthy weight at age five, while 20% are overweight or obese.⁶ It is estimated that over 85,000 children on the island of Ireland will die prematurely because of childhood obesity⁷
- The lifetime direct and indirect costs of childhood obesity in the Republic of Ireland are estimated to be €4.6 billion⁸
- By the age of thirteen, 1 in 3 children will have experienced a mental health difficulty. By the age of twenty-four, this will have risen to 1 in 2⁹
- One in five adolescent girls has self-harmed¹⁰
- There were 2,250 children waiting for a Child and Adolescent Mental Health Service appointment in 2018
- Over 4,000 children were waiting for an assessment of need as of June 2018¹¹
- Nearly 31,000 children are waiting for a Speech and Language Intervention as of August 2018
- In 2018 there were 3,728 disclosures of abuse of children in the context of domestic violence made to Women's Aid.¹²

3 Children's Rights Alliance Report Card 2019.

4 First 5, p. 61.

5 Growing Up in Ireland.

6 First 5, p61.

7 <https://www.safefood.eu/News/2017/New-study-reveals-total-lifetime-cost-of-childhood.aspx>.

8 Ibid.

9 Royal College of Surgeons Ireland research report - 'The Mental Health of Young People in Ireland' (2013).

10 Growing Up in Ireland.

11 Assessment of need is undertaken by HSE Early Intervention Teams (EIT) for children aged 0-6 years who require a diagnosis of disability or developmental needs and subsequent treatment.

12 Women's Aid Impact Report, 2018. https://www.womensaid.ie/download/pdf/womens_aid_impact_report_2018.pdf Accessed at 25.5.2019.

Child Poverty and Health Inequality

- There are over 100,000, or almost 1 in 10, children living in consistent poverty
- 3,811 children experienced homelessness in 2018¹³
- The rate of psychological distress amongst mothers who transition into poverty is more than twice that of those who do not transition into poverty (56% more likely), and the children in these families are twice as likely to develop socio-emotional behavioural problems.¹⁴
- At nine years of age, 13% of children in the poorest households have a chronic health condition compared to 9% in the wealthiest households.¹⁵
- Children who were economically vulnerable throughout the recession in Ireland were three times more likely to be at increased risk of socio-emotional problems than those who were not economically vulnerable.¹⁶



13 CRA Report Card 2018.

14 Lancet Public Health 2017; 2: e141–48. The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study. Accessed 2.2.19 <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2817%2930011-7>.

15 Growing Up in Ireland.

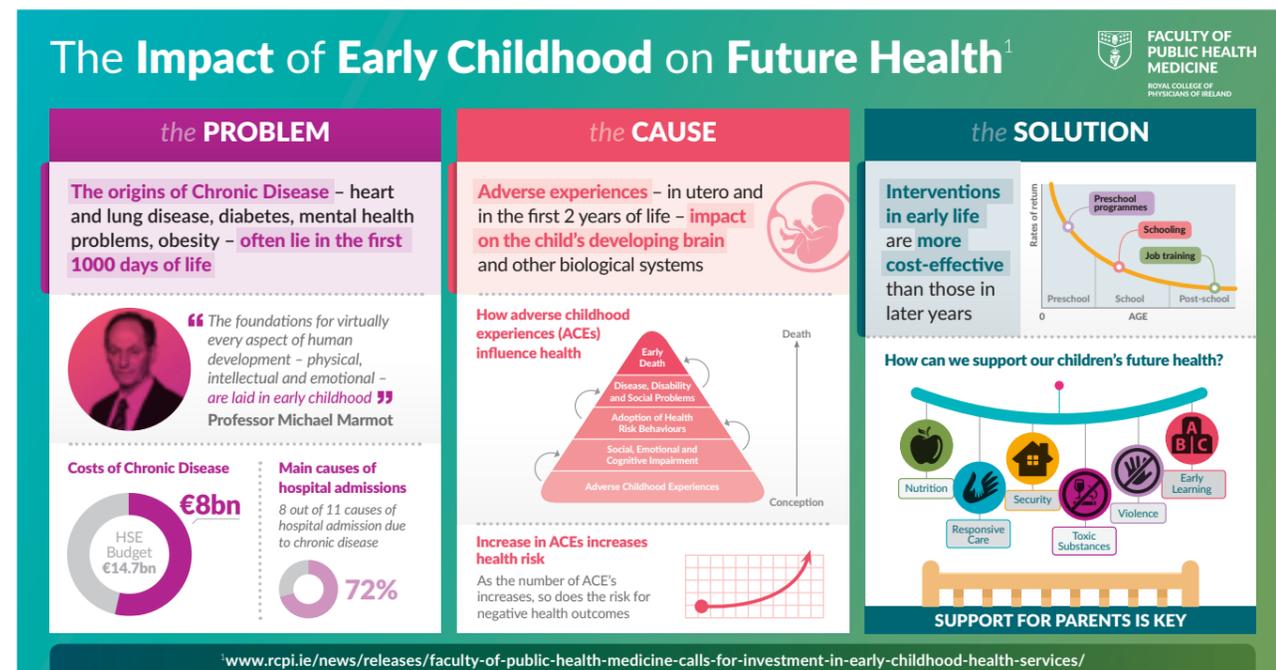
16 Smyth E. (2015). Wellbeing and School Experiences among 9 and 13 Year Olds, Insights from the Growing Up in Ireland Study, ESRI & NCCA.

3. The Impact of Early Childhood Experiences on Future Health

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood.”

Professor Michael Marmot¹⁷

Good health in the first years of life provides the foundation for a lifetime of wellbeing. A child is more likely to enjoy good health throughout her life if her developing biological system is reinforced by a positive environment and experiences, beginning in the mother’s womb.¹⁸ Negative experiences in childhood, particularly in the first 1000 days (pregnancy to 2 years), impact on the child’s developing brain and other biological systems. In addition to the shorter term impact these can have on behavioural, health cognitive and learning outcomes for children, negative or adverse childhood experiences can have hidden long-term health effects. The origins of many chronic diseases – heart and lung disease, diabetes, mental health problems, obesity – can often lie in the first years of life.¹⁹ For example, there is a 70% risk of childhood overweight and obesity tracking into adulthood, which can result in lifelong and inter-generational ill health.²⁰



17 Marmot M. (2010). Fair Society, Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post 2010. London.

18 Impact of Early Childhood on Future Health, p.8.

19 Impact of Early Childhood on Future Health.

20 <https://www.safefood.eu/News/2017/New-study-reveals-total-lifetime-cost-of-childhood.aspx>.

The impact of poverty on health

People experiencing poverty and social exclusion have significantly worse health compared to those who are better off²¹, and poverty experienced during childhood can have a lifelong negative impact on health. It is important to stress that this health inequality is not inevitable and can be addressed by tackling the various determinants of health such as income level, educational attainment, living and working conditions, social and supportive family and community environments and networks. Policies and interventions that impact positively on these areas have been shown to reduce the health gap.

The economic cost of health inequality

This is not only a health inequality issue but also has huge consequences for the economy. The cost of health inequalities, often caused by chronic disease, is immense. Chronic disease costs the HSE up to €8bn a year (almost 55% of its total budget), and accounts for 8 out of 11 causes of hospital admissions.²² For example, the cost per person in Ireland associated with overweight and obesity in children is in excess of €16,000 per person²³. The total lifetime cost of childhood overweight and obesity in Ireland is estimated to be €4.6 billion euros²⁴. If mean childhood obesity was reduced by 5% the State would save over €1.1 billion. Prevention and early intervention approaches cost a fraction of this, generating huge savings in economic and human terms.

The impact of the social and emotional environment on children’s health

There has been a tendency for health services to be solely or mainly focused on the physical health of the child and the mother. There is a clear need for health services to take a “whole child” and “whole family” approach, giving equal weight to the emotional health and wellbeing of the child as well as the mental and emotional wellbeing of the parents. Access to supportive relationships from birth, in the home, school, workplace and wider community, will have a positive impact on families and children.

In recent years there has been much interest in the concept of “Infant Mental Health” previously referred to by terms such as “attachment” and “bonding”. The clear message is that supporting children’s emotional as well as their physical development will have significant benefits throughout the lifecourse. The parent:child relationship is key to the child’s future development and there is an importance in addressing parent’s needs so that they have an availability to meet their children’s needs as well as supporting the development of the parent:child relationship in pregnancy and from birth.

Furthermore, there is a growing body of international evidence on the impact of Adverse Childhood Experiences (ACEs) on lifelong health. ACEs are measured using a ten-item questionnaire.

21 <http://www.eapn.ie/eapn/wp-content/uploads/2018/02/poverty-briefing-2018.pdf>.

22 Impact of Early Childhood on Future Health.

23 <https://www.safefood.eu/News/2017/New-study-reveals-total-lifetime-cost-of-childhood.aspx>.

24 Ibid.

The original United States ACEs study indicates that those with an ACE score of 4 or more are:

- four times more likely to develop Type 2 diabetes
- three times more likely to develop respiratory disease
- three times more likely to develop heart disease

And those with an ACE score of 7 or more are likely to have a significantly reduced life expectancy.

The clear implication of this research is that a major contribution to the reduction in the level of illness in the adult population can be achieved by a combination of:

- reducing the exposure of children to adverse childhood experiences and
- providing early evidence-based interventions into the lives of children who have experienced adversity²⁵.

For more information see the PEIN policy paper on ACEs.

The impact of the physical environment on children's health

Health outcomes are determined by the complex interaction between our lifestyle, local environment, broader social and economic factors, access to healthcare and other services, as well as our genes, age and sex. Protecting and promoting a healthy physical, as well as emotional, environment is one of the most important actions we can take to ensure our children's future health, prosperity and wellbeing. For example, for children to be healthy and active, they need to live in safe, suitable accommodation, and ideally have access to safe green, play and recreation spaces, and to pedestrian and cycle friendly streets. Similarly, air quality is a child and public health issue. One in five children in Ireland have asthma, and one in eight hospital beds is occupied by a patient with a respiratory disease, with the figure being much higher in the winter months. It is the health of the most vulnerable groups in society that is jeopardised most by poor air quality.

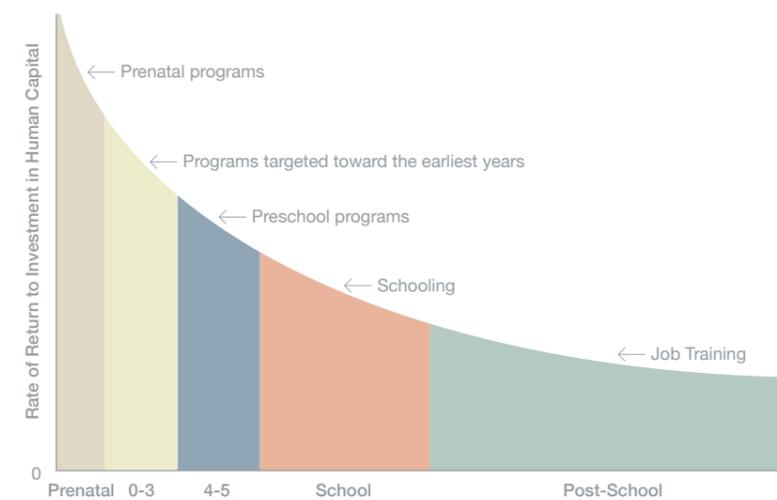


25 <http://www.cawt.com/wp-content/uploads/2018/10/ACE-Working-together-to-address-and-epidemic-TS.pdf>.

4. The Proven Benefits of Prevention and Early Intervention to Child Health and Wellbeing

Early Childhood Development is a **SMART INVESTMENT**

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

Research indicates that pregnancy and the early years of life are the most effective times to intervene in the lives of children due to the incredible rate of development of the child during this period. Investments made during this period also yield the highest rate of economic return.

While this may be the case, effective interventions can (and should) be made at any age and Early Intervention has been shown to also prevent more entrenched health and social difficulties arising later in childhood, and throughout adulthood into old age.

Over the past decade Ireland has been at the forefront internationally in the design, development, implementation and evaluation of effective prevention and early intervention²⁶ programmes and approaches in communities and regional settings around the country.²⁷ There is now an established and increasing body of Irish and international research showing the effectiveness of prevention and early intervention programmes and services in improving children's early life experiences, in turn improving their long term health outcomes. Experience has also shown that community-based, early intervention and preventative healthcare services within a primary care structure are critical so that children can access effective services close to home when they need them.²⁸

26 Prevention is defined as stopping a problem from happening in the first place. Early intervention means acting at the first signs of trouble while treatment means responding once what could go wrong, has gone wrong. M. Little and S. Sodha, *Prevention and Early Intervention in Children's Services* (2012 NESTA) 3.

27 For a selection of Irish evidence of the effectiveness of prevention and early intervention programmes see:

- Centre for Effective Services, *Improving child behaviour; Child health and development; Children's learning; Parenting; Promoting inclusion* (2013 Series);
- S. Rochford, N. Doherty and S. Owens, *Prevention and Early Intervention in Children and Young People's Services: Ten Years of Learning* (Centre for Effective Services);
- S. McGilloway et al *The Incredible Years Ireland study* (2012 Archways);
- University College Dublin Geary Institute, *Preparing for Life early childhood intervention: assessing the early impact of PFL at 6 months/12 months/18 months/24 months* (2011, 2012, 2013, 2013 (series));
- McGilloway et al, *Reducing child conduct disorder behaviour and improving parental mental health in disadvantaged families: a 12-month follow-up and cost analysis of a parenting intervention*, *European Journal of Child Adolescent Psychiatry*, January 2014;
- N. Hayes et al, *Evaluation of the Early years programme of the Childhood Development Initiative* (2013 Childhood Development Initiative);
- P. Dolan et al, *Big Brothers Big Sisters of Ireland: evaluation study* (2011 Child and Family Research Centre, National University of Ireland Galway);
- M. Millar, *Making a difference - an independent evaluation of the Incredible years programme in pre-schools in Galway city*;
- Fives, Allyn et al, *Evaluation of the effectiveness of Barnardos' Wizards of Words reading programme* (2013 Barnardos).

28 Sheila Greene 'Getting the First Steps Right' (Trinity Research Centre, 3 December 2015) accessed 6 January 2016.

Where PEI services are successful they should reduce the likelihood that children will develop emotional, behavioural and developmental problems and increase the likelihood of improved literacy. This will in turn lead to fewer incidents of ill health, worklessness, criminal activity and low educational attainment in adulthood. The youngballymun programme in Dublin has calculated that that for every Euro invested in its suite of PEI services, €4.50 of savings to the State are generated.²⁹

The human and economic benefits of early intervention and prevention programmes and approaches, by now well known, are summarised in the table below.

Benefits of prevention, early intervention programmes ³⁰			
Young children	Older children	Parents	Society
<ul style="list-style-type: none"> • Reduced C-Sections • Higher birth weight • Higher immunisation • Less likely to have chest infections, asthma • Less likely to be hospitalised • Improved physical and mental health, fitness, less obesity • Affectionate relationships with parents, bonding, attachment • Reduced accidents and injuries (childhood to working age) • Less likely to be in care • Less maltreatment (injury, neglect, abuse) • Improved conduct, reduced hyperactivity and attention seeking 	<ul style="list-style-type: none"> • Less likely to use toxins (alcohol, tobacco, drugs) • Less teenage pregnancy • Less likely to offend • Higher school grades • Reduced likelihood of repeating grades • Higher graduation rates, resulting in higher earnings 	<ul style="list-style-type: none"> • Improved mental health, self-esteem • More stable lifestyles, fewer behavioural issues, reduced offending, reduced domestic abuse • Higher participation in workforce • More effective family planning • Better parenting, limit setting, anger management, less physical chastisement 	<ul style="list-style-type: none"> • Less use of psychiatric and general hospital in- and out-patient services • Reduced care services (e.g. children in care) • Reduced need for special educational services • Reduced anti-social behaviour, youth and adult crime (especially violent crime) • Less use of probation, correctional services • Reduced use of services: speech therapist, physiotherapist, social worker, paediatrician, A&E. • Better birth outcomes • Significant economic savings

Emerging Irish research is indicating that children who have participated in the Preparing for Life home visiting programme have on average €1,359 less children's hospital costs over the first four years of life in comparison with children who did not participate in the programme. When finalised, the research will include the impact on maternity hospital costs and will compare these impacts with the cost of delivering the Programme.³¹

29 An Economic Appraisal of the youngballymun Initiative Summary Report November 2012, p.5.

30 Sources: Karoly, Lynn et al: Early childhood interventions - proven results, future promise. Santa Monica, RAND, 2005; Kershaw, Paul et al: 15 by 15 - a comprehensive policy framework for early human capital investment. University of British Columbia, 2009; Wise, Sarah et al: The efficacy of early interventions. Melbourne, Australian Institute of Family Studies, 2005; Allen, Graham: Early intervention - smart investment, massive savings. London, Her Majesty's Government, 2011.

31 Coy, D and Doyle, O (2019). Health Formation and Early Investment: Evidence from an RCT Early Childhood Home Visiting Programme. Forthcoming.

5. Current Irish Policy Context

5.1 Overview

Child health and wellbeing services in Ireland are being delivered in the context of an evolving policy environment which includes:

- Healthy Ireland 2013-2025 - a framework for Improved Health and Wellbeing
- Better Outcomes - Brighter Futures 2014-2020 - National Policy Framework for Children and Young People
- National Maternity Strategy 2016-2026
- Oireachtas Committee on the Future of Healthcare (Sláintecare) Report - May 2017
- First 5: The Whole of Government Strategy for Babies, Young Children and Their Families 2019-2028 - November 2018.

Work is currently underway in the Health Service Executive (HSE) to strengthen and standardise its approach to supporting infant health and wellbeing and to develop the quality of services using an evidence-based approach. This work is taking place under the auspices of the new National Healthy Childhood Programme³² which will ultimately address the needs of all children from pregnancy to adulthood. The Nurture Programme: Infant Health and Wellbeing³³ is supporting the HSE to develop quality services in pregnancy and early childhood. A key element of the work of the Nurture Programme is the inclusion of the emotional development of the child in the HSE's supports to families, introducing the concept of Infant Mental Health. Services delivered under the National Healthy Childhood Programme³⁴ include:

- Health promotion and improvement for parents and children throughout pregnancy and early childhood
- Antenatal supports and maternity services
- Child nutrition and breastfeeding supports
- Child health screening and surveillance services
- Child immunisation services
- Child developmental assessments.

In 2017, the HSE established the National Woman and Infants Health Programme³⁵ which is charged with the implementation of the National Maternity Strategy.

In 2018, the HSE launched **www.mychild.ie** and a suite of three books: My Pregnancy, My Child 0-2 and My Child 3-5. These provide evidence-based information and advice to parents and are strongly based on evidence of what information parents say they need and what format and style they want it in.

32 <http://www.hse.ie/eng/about/Who/healthwellbeing/Our-Priority-Programmes/Child-Health-and-Wellbeing/NationalHealthyChildhoodProgramme/>.

33 <http://www.hse.ie/eng/about/Who/healthwellbeing/Our-Priority-Programmes/Child-Health-and-Wellbeing/NurtureProgramme/>.

34 <https://www.hse.ie/eng/health/child/nurture/healthy-childhood-prog.pdf>.

35 <https://www.hse.ie/eng/services/news/media/pressrel/implementation-plan-for-the-national-maternity-strategy-launched.html>.

5.2. Sláintecare Report

Oireachtas Committee on the Future of Healthcare was established in June 2016 and published its report, The Sláintecare Report³⁶ in May 2017.

The Committee was set up to devise a ten-year strategy for the development of healthcare in Ireland based on consensus between the political parties and groupings.

Key aspects of the Committee's Terms of Reference included:

- Developing a model based on population health needs
- Reorientating the model of care towards primary and community care where the majority of people's health needs can be met locally
- Advocating the principles of prevention and early intervention, self-management and primary care services as well as integrated care.

Sláintecare Report – Key Recommendations

- Increase investment in health and wellbeing services by €233m over 10 years
- Enhance child health and wellbeing budget by €41m over 5 years
- Re-orientate the model of care towards primary and community care where the majority of people's health needs can be met locally
- Free up Public Health Nurses who have training in child health services to carry out child health work as part of the current Nurture Programme -Infant Health and Wellbeing and the HSE's National Healthy Childhood Programme by hiring 900 more general nurses over 5 years to work in the community with older people and people leaving the acute sector
- Ensure that parents are supported to meet the emotional development needs of their children as well as their physical health needs through supporting the development of the parent-child relationship during pregnancy and in the early years of the child's life.

Since the publication of the report:

- The Sláintecare Implementation Strategy was launched in August 2018 with no specific references to any actions relating to child health and wellbeing
- The Executive Director of the Sláintecare Office, Laura Magahy, commenced her role in September 2018.
- The membership of the Sláintecare Advisory Council was announced in October 2018 with a three-year term of office. Of the 23 members, there does not appear to be anyone with specific expertise in early child health and wellbeing or in the use of prevention and early intervention strategies.

36 <https://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf>.

- The Sláintecare Action Plan 2019 lays out 4 Workstreams which each consist of 5 Work Programmes, all of which are relevant to the development of a greater emphasis on prevention and early intervention in the Irish Healthcare system. (See Appendix 1 for details of the specific work streams and programmes in the Action Plan which have the potential to strengthen prevention and early intervention in the Irish Health Service).
- The Sláintecare Integration Fund is currently supporting projects which:
 - Promote the engagement and empowerment of citizens in the care of their own health
 - Scale and share examples of best practice and processes for chronic disease management and care of older people
 - Encourage innovations in the shift of care to the community or provide hospital avoidance measures.

5.3: First 5: The Whole of Government Strategy for Babies, Young Children and Their Families 2019-2028

First 5: The Whole of Government Strategy for Babies, Young Children and Their Families 2019-2028³⁷ – November 2018 was launched by An Taoiseach and the Minister of Children and Youth Affairs with the Minister for Health in November 2018. It is Ireland's first strategy for this cohort of children and their families.

This wide-ranging strategy includes a key chapter on New Developments in Child Health as well as chapters on:

- parental leave and entitlements,
- parenting support,
- early learning and care and
- early childhood poverty.

In May 2019, the Department of Children and Youth Affairs published the first Implementation Plan for First 5, covering the years 2019 – 2021³⁸.

The overall strategy is of significant importance to the work of the Prevention and Early Intervention Network. For the purpose of this paper on Child Health, the most significant actions include:

37 https://www.dcy.gov.ie/documents/earlyyears/19112018_4966_DCYA_EarlyYears_Booklet_A4_v22_WEB.pdf.

38 <https://www.dcy.gov.ie/documents/earlyyears/20190522First5ImplementationPlan22May2019.pdf>.

GOAL B: Optimum physical and mental health

Objectives	Strategic actions	Initial actions
Objective 4: Parents, families and communities supported to engage in and promote positive health behaviours among babies and young children, starting from the pre-conception period	4.1 Promote and support positive health behaviours among pregnant women, babies, young children and their families.	<ul style="list-style-type: none"> • Implementation of National Breastfeeding Action Plan • Enhance weaning support • New parenting and child health and wellbeing website supported by social media (www.mychild.ie) • Health behaviours guidelines for babies and young children
	4.2 Integrate health behaviour supports and services into child-serving settings and the wider community	<ul style="list-style-type: none"> • Enhance the delivery of Healthy Ireland Smart Start Programme in ELC settings • Extend the Community Based Nutrition and Cooking Programmes
	4.3 Promote child safety and prevent unintentional injuries to babies and young children	<ul style="list-style-type: none"> • Implement the updated Child Safety Programme • Develop and implement a child injury prevention plan
Objective 5: Babies and young children have access to safe, high-quality, evidence-based integrated primary, preventative and specialist healthcare services	5.1 Resource and support the implementation of the HSE's National Healthy Childhood Programme, enabled by the development of a dedicated child health workforce	<ul style="list-style-type: none"> • Strengthen the Maternity and Infant Care Scheme • Make the antenatal visit by the Public Health Nurse more available to expectant mothers • Increase uptake of vaccinations during pregnancy by promoting the influenza vaccine during pregnancy • Enhance the Primary Childhood Immunisation Programme (PCIP) • Monitor the uptake of the free GP visit card to under 6s • Introduce a universal dental health package for children under six • Ensure the mainstreaming of the quality improvement initiatives under the Nurture Programme – Infant Health and Well-Being.
	5.2 Make therapeutic and medical provision available to babies and young children on a consistent, equitable and timely basis	<ul style="list-style-type: none"> • Commence the implementation of the Model of Care for Paediatric Healthcare Services • Continue to support the reconfiguration of services for children with disabilities in line with the Progressing Disability Services • Reduce children's waiting lists for primary care and early intervention • Improve the Assessment of Need process to ensure timely access to appropriate services • Progress the establishment of the new children's hospital
Objective 6 Babies, young children and their parents enjoy positive mental health	6.1 Improve the early identification of mental health problems among babies, young children and families	<ul style="list-style-type: none"> • Promote and support positive mental health among pregnant women, babies, young children and families • Carry out a public information campaign to raise awareness of the importance of promoting social-emotional development, positive mental health and reducing the impact of early childhood trauma • Improve diagnosis and services for women with pregnancy related mental health problems • Extend post-natal depression screening by PHNs for all mothers • Roll out the standardised screening tool – Ages and Stages Questionnaire – to all young children at the two-year developmental check • Support professional development in Infant and Early Childhood Mental Health to those who work with babies, young children and their families
	6.2 Improve access to mental health supports and services for babies, young children and families	<ul style="list-style-type: none"> • Implement the national Model of Care for Specialist Perinatal Mental Health • Prioritise the needs of babies, young children and their families in the refreshed Vision for Change and the national mental health promotion plan • Improve access to parental mental health services that treat maternal depression, anxiety disorders and substance abuse and identify and address any gaps in mental health services for very young children • Improve access to mental health supports for expectant and new mothers in line with the National Maternity Strategy

6. Current Irish Practice Context

There is much evidence of vibrancy, innovation and integration in health and allied service delivery to children and families in different communities around Ireland. However, there is an absence of a standardised approach to the needs of children and families.

In a country where somewhere over 62,000 babies are born in Ireland each year, we should be in a position to ensure that each of those babies and their families should have access to the same quality of care and support and to the same continuum of services, no matter where they live.

Within the Health Service Executive, a significant change process is underway in the development of the National Healthy Childhood Programme with the support of the Nurture Programme: Infant Health and Wellbeing, as outlined on page 9.

The work in Tulsa on the Prevention, Partnership, and Family Support Programme seeks to deliver a continuum of supports nationally through the provision of Child and Family Support Networks in all communities. Similarly, the Health Service Executive, under the National Healthy Childhood Programme, is seeking to standardise and strengthen the health and wellbeing supports to children and families nationally. Other relevant local and County level examples include the Area Based Childhood (ABC) Programme and the Children and Young Peoples' Services Committees (CYPSCs). The ABC Programme has tested and evaluated innovative prevention and early intervention approaches to improve outcomes for children and families at risk of poverty in 13 sites around the country, most of which are led by local consortia of agencies who co-ordinate the planning and delivery of services in their area. The county level CYPSCs are likewise tasked with ensuring that children and families can access appropriate, timely services when and where they need them. With a focus on local and national level interagency work, they provide a forum for joint planning and co-ordination of activity, bringing together the main statutory, community and voluntary providers of services to children and young people.

There are significant regional variations in the accessibility of services, together with often lengthy waiting lists, denying children timely access to critical health assessments and interventions. These delays can have a serious negative effect on children's development and lead to a reliance on later and more expensive interventions which are typically less effective than early intervention.



The Example of the Community Mothers Programme

The Community Mothers Programme was developed in Ireland in the 1980s as a home visiting programme offering mother's support in relation to:

- Maternal diet, sleep and overall health
- Childhood vaccinations
- Infant diet and health and
- Infant stimulation and development.

The Programme was one of the first Irish prevention and early intervention programmes to be evaluated using randomised control trials and reported positive outcomes in terms of children's development as well as parental wellbeing.

Currently the Community Mothers Programme is delivered in ten locations around Ireland and the original core home visiting programme has been enhanced with a range of wraparound supports such as parenting programmes and breastfeeding support groups.

A recent review of the Programme³⁹ made a number of key recommendations to sustain and further strengthen the Programme, with the potential for it to be rolled out to other communities. This work is being progressed under the Sláintecare Integration Fund and in the context of the First 5 Action 2.2: "...an approach to home visiting services across the continuum of need will be agreed, having regard to Irish evidence on the implementation of prevention and early intervention initiatives."

The Example of Speech and Language Therapy

Speech and language difficulties can be of particular concern in disadvantaged areas, where up to half of all children may require a speech and language assessment. Recognising this, several Area Based Childhood⁴⁰ (ABC) programme areas have been working to provide Speech and Language Therapy (SLT) supports in disadvantaged communities over the past number of years. In addition to providing therapeutic supports directly to children, these services provide training and mentoring to early years practitioners, teachers, and parents and adopt a community based, prevention and early intervention approach that aims to promote and support oral language development, prevent speech and language developmental delays and identify delays early with the aim of making appropriate referrals to HSE SLT services.

The Government has committed to develop a new model of In-School Speech and Language Therapy and to bring the number HSE Speech and Language Therapists up to 1,102 (a 25% increase). The approach used by ABC areas, and the learning from them, should inform the new in-school SLT initiative, which should be extended into early childhood care and education settings as well as schools⁴¹.

39 <http://www.khf.ie/wp-content/uploads/2019/04/Community-Mothers-Summary-Report-Web-1.pdf>.

40 <https://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2F20160729ABCProgrammeOverview.htm>.

41 Irish research has found that having a dedicated speech and language service in early years settings enables more children to receive the intervention earlier which would help to remove or reduce a significant disadvantage from them before starting school. See: Hayes, N.

7. Child Health Recommendations

1. Recognise Child Health as a whole of Government priority:

- Ensure an integrated "whole-of-government" approach to child health and wellbeing in recognition that children's wellbeing is everyone's business and that it is in everyone's interest to protect and promote it.

2. Recognise Prevention and Early Intervention as the preferred approach to Child Health:

- Recognise the economic and social, as well as the health benefits of adopting a prevention and early intervention approach and allocate resources accordingly, gradually shifting the balance from treatment to prevention.
- Recognise that optimal primary care for children is proactive, preventative, and integrated with specialist, social care, and education services, operates on the principle of "progressive universalism" - providing universal supports and services to all children and families which are tailored to meet their varying degrees of need, together with additional supports for those children, families and populations with additional needs.
- Identify the potential long-term benefits to the health service of prevention and early intervention. Establish targets to shift reactive expenditure to prevention and early intervention on a phased basis. This should be undertaken by the Sláintecare Office in collaboration with Healthy Ireland, the Prevention and Early Intervention Unit in the Department of Public Expenditure and Reform and other relevant Government Departments and agencies.

3. Immediately commence the joined-up implementation of the various relevant national strategies⁴² relating to child health and wellbeing with particular priority given to:

- Re-orientating the model of care towards primary and community care.
- Taking a health and wellbeing approach to child health, addressing the needs of the whole child and whole family.
- Delivering a phased investment to child health and wellbeing services over at least 5 years.
- Creating a dedicated Child Health Workforce commencing with Child and Family Public Health Nurses.
- Supporting parents in meeting the emotional as well as the physical development needs of their child during pregnancy and early childhood.

42 Sláintecare, First 5, Healthy Ireland, BOBF, National Maternity Strategy.

4. Improve communications, cooperation and integration across services:

- a. Maximise existing skills and resources by improving communication, cooperation and integration across state services and with publicly funded services delivered by the community, voluntary and private sectors (early years services, schools, health services, family support services, community services, local authority services...) ⁴³.
- b. Create improved joint working across health, education and other professionals working with young children in a particular geographical area by providing joint training on specific health issues and by encouraging and supporting them to use the same language and approaches to child development, health and wellbeing.
- c. Develop a standardised national template to be used by Children and Young Peoples Services Committees to map and provide information on local services in particular geographical areas.

5. Create a health promoting physical environment for children

- a. Ensure that no child is forced to live in unsafe or unsuitable conditions.
- b. Increase the number of safe green play and recreation spaces for children in towns, cities and rural areas across the country.
- c. Facilitate more children walking and cycling around their community by ensuring that key routes (such as routes to schools) are cycle and pedestrian friendly.
- d. Follow through on the commitment made in 2018 to double the number of air quality monitors around the country from 60 to 120.
- e. Ensure that all climate emergency and environmental protection awareness policies are child proofed.

6. Recognise and support Parents as key partners in child health and wellbeing:

- a. Facilitate parents in having their voices heard in a meaningful manner as key partners in supporting their children's health and wellbeing as well as in the design, delivery and review of services ⁴⁴.
- b. Provide and promote accessible information on services for expectant mothers, children and their families.
- c. Enhance the capacity of Early Years Services to engage with parents in a more sustained and systematic manner around their child's health and wellbeing.

7. Provide for an adequate and appropriately trained Child Health Workforce:

- a. Develop a national Resource Allocation Model to ensure the workforce is of sufficient size to provide for the needs of all children on a timely basis, and which has the necessary supports and competencies to provide consistent, evidence-based, quality, child-sensitive, culturally-appropriate services to children and their families (taking into account the need to address the particular service requirements of communities and populations who experience disadvantage).
- b. Develop relevant Key Performance Indicators ⁴⁵ and datasets to support staff in the planning and delivery of quality services and ensure that all staff have access to the necessary technology to input, analyse and utilise data to inform their practice.
- c. Include prevention and early intervention and early childhood development as a core element in initial and ongoing professional training and development for all health professionals and all staff who work with children and families. Deliver training locally on an inter-disciplinary and inter-agency basis whenever possible to develop local working relationships.
- d. Ensure that colleagues in the community and voluntary sector as well as in other statutory services have access to a relevant common body of training, centred on a prevention and early intervention approach, so that parents receive consistent advice from all services.

8. Provide appropriate supports for new parents and babies:

- a. Support the role of the mother and the father / partner in developing the relationships to ensure the healthy development of their child.
- b. Support women to have a healthy pregnancy and to reduce the risks associated with smoking, drug and alcohol misuse and low birth weight ⁴⁶.
- c. Provide effective breastfeeding advice prior to birth and enhanced breastfeeding supports at birth and in early childhood.
- d. Ensure that parents experience a smooth transition between maternity services and primary care and community services.
- e. Ensure the early screening of babies and parents for additional support needs and put in place timely and effective referral pathways to support services when necessary.
- f. In particular, prioritise the development of an agreed national approach to home visiting programmes in order to ensure that all first-time parents can be offered a home-based support service.

⁴³ This needs to happen at a range of levels including at service planning and commissioning level within relevant state agencies and under the auspices of the Children and Young Peoples Services Committees.

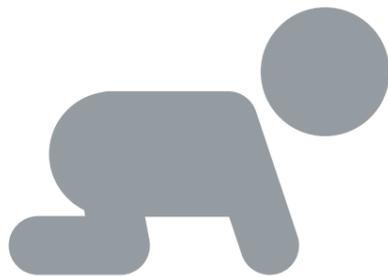
⁴⁴ Tusla has developed a useful resource: the Toolkit for Parental Participation: https://www.tusla.ie/uploads/content/Parental_Participation_Toolkit_Dec_2015.pdf.

⁴⁵ Building on existing Key Performance Indicators in the HSE.

⁴⁶ This should occur through health education programmes in primary, secondary and third level education as well as in pre-conception and during pregnancy advice and supports to parents.

9. Provide community-based, early intervention and preventative healthcare services within a primary care structure so that children and families can access effective services close to home and when they need them.

- a. Ensure that a continuum of services is planned and delivered on the basis of local identified need, under the auspices of the Children and Young People's Services Committees.
- b. Ensure that all community based Early Intervention Teams are sufficiently staffed (occupational therapists, child psychologists, physiotherapists, social workers and speech and language therapists) to meet the assessment and therapy needs of children in a timely fashion.
- c. Identify Speech and Language support needs early and ensure that needs are met in a partnership between Speech and Language Therapists, Parents, Early Childhood Care and Education Practitioners and Teachers. Draw on the lessons of the ABCs and others with relevant experience to inform the new early years In-Schools Speech and Language Programme.
- d. Ensure that the achievements of the ABC programme in the health arena are maintained, mainstreamed or replicated as appropriate, providing for continuity of current service delivery.
- e. Set out a clear timeline for the introduction of free GP Care for all children under 12 years initially and all children up to 18 ultimately.



APPENDIX 1: Key Linkages between the Sláintecare Action Plan 2019 and the strengthening of prevention and early intervention approaches.

Sláintecare Action Plan 2019: Workstreams and Work Programmes	Relevance to strengthening prevention & early intervention (PEI) in the Irish Health Service
Workstream 1: Service redesign and supporting infrastructure	
1.1 Data, Research and Evaluation Programme	Data strategy required that can inform service delivery and development, integrated approaches to supports to children and families and tracking of lifelong health.
1.2 Population based Planning Programme	Population health information and strategies are key to a PEI approach.
1.3 Service ReDesign Framework Programme	There is a clear need to reorient services and budgets towards a PEI approach. This requires significant change in HSE services, in services delivery by funded agencies and across state services.
1.4 Capital Planning Implementation Programme	Need for greater investment in community infrastructure.
1.5 eHealth Programme	eHealth has a major contribution to empowering parents / parents-to-be with key information before and during pregnancy and throughout childhood.
Workstream 2: Safe care, coordinated governance and value for money	
2.1 Geoalignment and RICO's Structure Programme	It is essential that services are planned and delivered in an integrated way at local community level.
2.2 Corporate and Clinical Governance Programme	Clear governance structures for integrated delivery of PEI supports together with clear and effective referral pathways when required are essential.
2.3 Public and Private Partners Programme	PEI requires an integrated approach between key service providers in the statutory, community and voluntary sectors, with the active engagement of service users – parents and children.
2.4 Eligibility / Entitlement Programme	PEI services should be free to all parents and children.
2.5 Financing Reform Programme	A progressive universalism approach requires a phased transfer of health expenditure towards PEI.
Workstream 3: Teams of the future	
3.1 Workforce Planning Programme	An adequately resourced, trained and supported workforce within the health services and across the wider sector is essential to reaping the benefits of PEI. This includes the creation of a dedicated child health workforce.
3.2 Training Pipeline and New Ways of Training Programme	The development and delivery of a common training in PEI approaches is required for the core and wider child health workforce. This should include cross-disciplinary and cross-agency training a local level to strengthen cross-agency relationships and to ensure parents receive consistent messages.
3.3 Culture Change and New Ways of Working Programme	The need is for development of a PEI informed by the views of parents on how they want to receive information and advice.
3.4 Innovation / Capacity Building Programme	Innovation and capacity building are at the core of moving toward a stronger PEI approach.
3.5 Future Intelligence / Influencers Programme	There is clear potential to explore the use of technologies to meet the needs of parents and their children.
Workstream 4: Sharing Progress	
4.1 Citizen and Staff Engagement and Empowerment Programme	Building a culture of service user and staff engagement and empowerment is key to the cultural change necessary to move the Irish health service towards a greater PEI approach.
4.2 Sláintecare Programme Implementation Office and Governance Programme	It would be helpful to have a mechanism for PEI to engagement with the Sláintecare Office and Advisory Council.
4.3 Evaluation Framework and Reporting Progress Programme	Key elements of the evaluation framework should be: <ul style="list-style-type: none"> • Tracking of current PEI delivery • Identifying the potential benefits of increased investment in PEI • Tracking health outcomes to ensure PEI is delivering its potential.
4.4 Integration Fund and Sláintecare Budget Management Programme	The transition fund approach should be used to incentivise and frontload PEI approaches pending the delivery of savings over the medium to long term.
4.5 Communications and Recognising Success Programme	It is important that the Sláintecare Communications Plan demonstrates a strong ethos towards PEI.

Notes



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Promoting positive outcomes for children,
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