

Tags: Children & families; Country: Ireland, Language: English; Year: 2013; Event: ESN Conference (Dublin)	
Programme's name	Supporting Parents to Give Children the Best Start in Life
Organisation / Country:	Lifestart Foundation / Ireland
Website:	Here
Contact:	Pauline McClenaghan: Pauline@lifestartfoundation.org
<u>Summary:</u>	<b>Lifestart Foundation</b> The Lifestart Foundation has 28 years of experience in high quality parenting education & family support. It delivers a parenting programme (the Growing Child) to support good outcomes for children based on evidence for the age group 0 to 5 years. An essential element within the programme is the home visitation service.
	<ul> <li>Key variables of child development</li> <li>For the learning progress of an individual child, an interdisciplinary perspective combining knowledge of biology, neuroscience, psychology and sociology is important.</li> <li>Evidence shows that most important determining variables in child development outcomes (Melhuish 2008) are: <ul> <li>Good parenting at home based on parent/child attachment, and</li> <li>a close emotional bond &amp; communicative connectedness.</li> </ul> </li> </ul>
	The home learning environment A positive and nurturing environment is key to development in early life and relationships are at its core. There is a dynamic inter-play between home, early childhood settings & school that influence childhood transition experiences. The scale of the impact of these variables is evident across all social classes & all ethnic groups (Melhuish 2008)
	<ul> <li>Good Parenting: a protective factor</li> <li>Research shows that good parenting fulfils different functions</li> <li>Acts as a protective factor reducing the impact of difficult family or personal circumstances.</li> <li>Promotes and reinforces a child's natural resilience and</li> </ul>





<ul> <li>ability to cope.</li> <li>Reduces the number of children arriving at school with health problems and additional learning needs.</li> <li>Supports positive child home-to-school and school-to- school transition experiences.</li> <li>Up to 50 percent of the impact of poverty on children's development can be reduced by interventions that target parenting.</li> <li>Positive effects continue into adult life.</li> </ul>
The <b>Lifestart model</b> of family support developed in collaboration with Health Service Executive West (now Tusla/Child and Family Agency) has all these key characteristics.
<ul> <li>Partnership example in the selected county of Donegal:</li> <li>Within this partnership, the relevant stakeholders are: <ul> <li>The County of Donegal</li> <li>Lifestart Foundation</li> <li>Tusla Children &amp; Family Services</li> <li>Advisory Group / Chair: Health Promotion /</li> <li>Tusla + Key HSE Personnel</li> </ul> </li> </ul>
<ul> <li>County Donegal – structural characteristics:</li> <li>Population: 161,137 (2011)</li> <li>Births: 2,212 (2011)</li> <li>Children: Age 0 to 4 years 12,727 (2011)</li> <li>Largely rural county</li> <li>High levels of unemployment and poverty</li> <li>Intervention model: <ul> <li>Region-wide targeted service for vulnerable families</li> <li>Early intervention and prevention service for all first time parents</li> </ul> </li> </ul>
The Lifestart Logic Model and its subsequent steps
<ul> <li>Referral system</li> <li>First-time parents: referred by Public Health Nurses (PHNs)</li> <li>Targeted service referred by PHNs, Social Workers and other Health &amp; Social Care Professionals</li> </ul>
<ul> <li>Programme and service delivery</li> <li>First-time parents : home visit &amp; programme 1 a month birth</li> </ul>





	up to aged 3 years
	<ul> <li>Targeted Service: birth to 5 years (as required); number of home-visits based on need</li> <li>Additional intensive sessional thematic interventions addressing specific parent learning needs</li> <li>Support to access + avail of other services</li> <li>Access to other Lifestart services – Spirals &amp; At Home in School</li> </ul>
	<ul> <li>Additional staff training and support</li> <li>Family Support Training (for Lifestart Staff)</li> <li>Clinical Supervision (for Lifestart Staff)</li> <li>Spirals &amp; sessional intervention training in parenting support (for HSE and other external staff)</li> </ul>
	<ul> <li>Reporting systems</li> <li>Recording and reporting systems designed to meet needs of service systems and referring agents; report on parenting practice and child development outcomes</li> </ul>
	<ul> <li>Measuring Impact</li> <li>Reporting form acts as both an assessment and impact measuring device</li> <li>Tool to Measure Parenting Self-Efficacy (TOPSE) developed by the University of Hertfordshire</li> </ul>
Issues:	<ul> <li>Child development - Risk Factors</li> <li>Material disadvantage and economic hardship negatively impact on child development &amp; learning outcomes.</li> <li>The effects of poverty are mediated through the negative impacts on parenting, family functioning &amp; on the 'lived environment'.</li> <li>There is a strong correlation between poverty &amp; emotional problems in early childhood &amp; poor mental health &amp; social functioning in later life</li> <li>The presence of 2 or more risk factors puts the child at greater risk and contributes to the reproduction of poverty and</li> </ul>
Resources:	<ul> <li>social disadvantage.</li> <li>18 Family Visitors delivering to 1,000 + families</li> <li>Total cost less than EUR 500,000 per annum (EUR 500 per family)</li> </ul>





	<ul> <li>79 percent: first-time parents</li> <li>5 percent: first-time parents with additional support needs</li> <li>15 percent: high-risk families</li> </ul>
Objectives:	<ul> <li>Objectives for parents</li> <li>More knowledge of child development and greater parental efficacy</li> <li>Better and more stable relationships with their children</li> <li>Less stress and better ability to cope with parenting</li> <li>Able to create and maintain a good home learning environment</li> <li>More sensitive and responsive to their child's varied needs</li> <li>Increased awareness of the importance of speaking to, reading to and interacting and playing with their children</li> </ul>
	<ul> <li>Objectives for children</li> <li>Better child-parent attachment and bonding</li> <li>Better development outcomes in terms of physical, emotional and mental health</li> <li>Good cognitive and non-cognitive skills</li> <li>Good speech, language and communication skills</li> <li>Positive self-identity and self esteem</li> <li>Resilience, coping skills, capacity to self-regulate</li> <li>School readiness</li> </ul>
Outcomes:	<ul> <li>Outcomes for parents</li> <li>Increased knowledge of child development</li> <li>Increased parental self-efficacy &amp; well-being</li> <li>Reduced anxiety</li> <li>Outcomes for children</li> <li>Improved physical health</li> <li>Enhanced cognitive and physical abilities</li> <li>Improved behavioural, emotional &amp; social development</li> <li>School readiness</li> <li>Enhanced parent/child relationship</li> </ul>
Evaluation:	<ul> <li>Investing in parenting education has been shown:</li> <li>to be cost-effective</li> <li>to generate real savings</li> <li>to reduce the need for remedial spending later in life in health and social care, in education and training and in the criminal justice system</li> </ul>





<ul> <li>To generate long-lasting cumulative benefits for individuals, communities and society</li> <li>The benefits to cost ratios of parenting support programmes range from 3:1 to 5:1 (<i>Moran et al 2004</i>)</li> <li>Cost to benefit ratios can be 4 times greater among families living in disadvantaged communities</li> <li>Children with 4 or more risk factors yield even higher benefits - 13:1 (<i>Davis et al 2012</i>)</li> </ul>
The Lifestart Growing Child programme and home visiting service was the subject of a Randomised Control Trial (2008-2015) which produced conclusive evidence that the programme produces significant outcomes for parents that benefit children
<b>Feedback from Service Purchasers</b> <i>Public Health Nurse:</i> "Having Lifestart working so closely with us has been a great asset, our visits to families are months apart but now the Lifestart Family Visitor is in the home on a monthly basis and reports back to us immediately any concerns they have relating to the family, they are our eyes and ears in the home."
Social Worker: "The Lifestart Family Visitor is the first service provider that has been able to work with this family, we are seeing a huge improvement and in fact social work will now be able to close this case."
Senior Manager Health Service Executive: "The collaborative model is just what we needed. Lifestart has been able to integrate its service with our child protection and family support objectives and at the same time to offer a preventive service aimed at first time families which is able to identify children who might be at risk."
Senior Manager Health Service Executive: "Lifestart is able to reach and retain high risk families, because there is no stigma attached to it, because it is also offered to all first-time parents."
Psychologist working for the Health Service Executive: "The information Lifestart is collating on parents and children is invaluable to parents and also to services like ours. If a child presents with issues in two or three years' time then the reports and observation checklists from their involvement in the Lifestart





	Growing Child Programme will make our job far easier."
	<i>Primary School Principal:</i> "This is the best programme that has ever been run in the county, I can tell immediately which children have had parents receive the Lifestart Growing Child Programme; the children are school ready, able to sit at their desk and carry out the tasks given to them, and concentrate during class."
<u>Resources:</u>	<i>Miller, S. &amp; Dunne, L. A.:</i> Randomised Controlled Trial of the Lifestart Parenting Programme, School of Education, Queens University. <i>The reports are available at:</i> <u>http://www.gub.ac.uk/researchcentres/CentreforEffectiveEducation/Publications/</u>

