Lifestart Foundation



Annual CSC Networking Event 2013

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'Growing Child: Promoting good outcomes for children through collaborative practice' - OPR227.002

Presentation content

- Key variables in Child Development
- Risks/Outcomes
- Social Cost of Poor Child Development Outcomes
- Good parenting A Protective Factor
- Parenting Education and Family Support
- The PHN/Lifestart Partnership Model of Family Support
- Lifestart Logic Model
- Adaptations to Practice
- Partner Feedback
- Issues in integrated practice



Key Variables in Child Development



Home Learning Environment

Key variables

- The evidence shows that most important determining variables in child development outcomes (Melhuish 2008) are:
 - At home good parenting
 - The home learning environment
- Environment is key to development in early life but **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)

Child development - Risk Factors

- Material disadvantage & economic hardship negatively impact on child development & learning outcomes
- The effects of poverty are mediated through the negative impacts on parenting, family functioning & on the 'lived environment'
- There is a strong correlation between poverty & emotional problems in early childhood & poor mental health & social functioning in later life
- The architecture of the developing brain can be disrupted by stress
- Other Risk Factors
 - □ Caregiver mental health and/or physical health problems
 - Child mental health and/or physical health problems
 - □ Caregiver substance abuse
 - Domestic violence exposure
 - Child abuse/neglect



Risks/Outcomes

- Impaired caregiver/child relationship
- Lack of parental knowledge of development & learning needs of babies & young children
- Uninvolved parenting
- Poor home-learning environment
- Poor parental supervision
- Unclear family expectations
- Poor childhood transition experiences
- Problematic peer groups
- Alienation/Social Isolation

Poor childhood & adult health Emotional/behavioural problems Low levels of child resiliency & empathy Poor cognitive skills Poor communication skills Problems at school/poor educational outcomes Anti-social behaviour Criminality Mental Health Issues Juvenile and Adult Substance Abuse Adult Unemployment Limited Life Chances

The presence of 2 or more risk factors puts the child at greater risk and contributes to the reproduction of poverty and social disadvantage

Social Cost of Poor Child Development Outcomes (UK evidence)



	£ per annum	€ per annum
Additional Primary Health Care - GB (Hirsch 2006)	500million	586m
Sickness absences & lower productivity caused by poor health (New Economics Foundation)	39.5billion	46b
10% of school-aged children diagnosable mental health problem (Ford et al 2007)- costs associated with mental ill health (Centre for Mental Health 2010)	105billion	123b
Drug misuse (National Audit Office 2010)	78billion	91b
Obesity	4.2billion	4.9b
Teenage Pregnancies	231 million	270m
Children with emotional & behavioural problems & anti-social behaviour per child up to:	53,000	62,000
Children with severe conduct disorders per child	70,000	82,000
Local authority annual spend on children & family support services	3billion	3.5b
Children in care	2.9billion	3.4b
Crime (Home Office estimates 2003/4)	36.2billion	42.5b
Young offenders institution – per head	41,000	48,000
Secure Training Unit – per head	130,000	152,500
A lifetime on benefits per head – excluding lost tax revenue (Allen & Smith 2008)	430,000	504,500
Government spend on education & training for lower skilled (Alakeson 2005)	7billion	8.2b
Cost of social problems UK (NEF 2009)	161billion	189b

Good Parenting: A Protective Factor

- Research shows that good parenting:
 - Acts as a protective factor reducing the impact of difficult family or personal circumstances.
 - □ Promotes & reinforces a child's natural resilience & ability to cope.
 - Reduces the number of children arriving at school with health problems and additional learning needs.
 - □ Supports positive child home/school & school/school transition experiences.
 - Up to **50 percent** of the impact of poverty on children's development can be reduced by interventions that target parenting
 - □ Positive effects continue into adult life.





Parenting Education and Family Support

- Investing in parenting education has been shown:
 - \Box To be cost effective
 - □ To generate real savings
 - 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
 - To generate long-lasting cumulative benefits for individuals, communities and society
- The benefits to cost ratios of parenting support programmes range from 3:1 to 5:1 (Moran et al 2004)
- Cost to benefit ratios can be 4 times greater among families living in disadvantaged communities
- Children with 4 or more risk factors yield even higher benefits 13:1 (Davis et al 2012)

The PHN/Lifestart Partnership Model of Family Support

Lifestart Foundation

25 years experience in high quality parenting education & family support

Growing Child Programme : Evidence-based programme on child development for parents of children birth to 5 years

Home-Visitation Service: *Growing Child* Programme delivered by family visitors in the parent/child's home





County Donegal Pop 161,137 (2011) Births 2,212 (2011) Children 0-4 12,727 (2011) Largely rural county High levels of unemployment & poverty

Intervention Model:

Region-wide <u>targeted</u> service for vulnerable families

Early intervention and prevention service for all first time parents



Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

HSE West Children & Family Services

Child protection & Family Support Services



HSE Advisory Group Chair: Health Promotion Dept + Key HSE Personnel **11**

Lifestart Logic Model



Adaptations to Practice



Adaptations to practice

Referral System

- 1. First-time parents : referred by Public Health Nurses (PHNs) .
- 2. Targeted Service referred by PHNs, Social Workers and other Health & Social Care Professionals

Programme/Service Delivery

- 3. First-time parents : home visit & programme 1 per month birth up to aged 3 years
- 4. Targeted Service: birth to 5 years (as required); number of home-visits based on need
- 5. Additional intensive sessional thematic interventions addressing specific parent learning needs
- 6. Support to access + avail of other services
- 7. Access to other Lifestart services Spirals & At Home in School

Additional Staff Training and Support

- 8. Family Support Training (for Lifestart Staff)
- 9. Clinical Supervision (for Lifestart Staff)
- 10. Spirals & sessional intervention training in parenting support (for HSE and other external staff)

Partnership Working

- 11. Advisory Group 'brokering' function
- 12. The service integrated into the menu of local Family Support Services
- 13. Family Visitors support and follow up on the work of professional staff with families
- 11. Family Consent Form: information sharing
- 12. Regional Manager + Referring Agent jointly customise service to family need
- 13. Family Visitors attend case conferences etc.

Reporting Systems

14. Recording & reporting systems designed to meet needs of service systems and referring agents; report on parenting practice and child development outcomes

Measuring Impact

- 15. Reporting Form acts as both an assessment and impact measuring device
- 16. Tool to Measure Parenting Self-Efficacy: University of Hertfordshire TOPSE
- 17. Partner Body Satisfaction Survey

Issues in integrated practice



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