



Better for every child

SUMMARY REPORT

The evaluation of the Nurture Programme:
Infant Health and Wellbeing



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Foreword

It is our pleasure to introduce this summary report of the evaluation of the Nurture Programme: Infant Health and Wellbeing 2015-2019.

The Nurture Programme has its roots in the generosity of Charles (Chuck) Feeney who, through The Atlantic Philanthropies (Atlantic), has for many years, supported a range of significant developments in services for children and families experiencing disadvantage in Ireland. As the work of Atlantic was drawing to a close, the organisation decided to support a number of legacy programmes, including the Nurture Programme, to mainstream the learning from the targeted programmes and improve the universal supports provided to all children and families in Ireland.

Pregnancy and early childhood have long been identified as key stages to provide supports to children and families, as these are the periods of most rapid development and lay the foundation for the rest of a child's life.

Atlantic decided to invest in child health services in the very early stages of pregnancy and childhood in partnership with:

- The Katharine Howard Foundation which has significant experience in managing and supporting a range of initiatives in early childhood
- The Health Service Executive, as the agency responsible for the provision of child health and wellbeing services, including information, advice and support to every one of the 61,000 children born in Ireland every year, and
- The Centre for Effective Services, which has significant expertise in supporting human services systems change programmes.

Since 2014, an integrated programme of work has been developed and implemented through the Nurture Programme with a view to strengthening HSE supports in pregnancy and early childhood. Some of this work, such as the www.mychild.ie website, the new *My Pregnancy* and *My Child* books and a comprehensive staff training programme, are already in daily use. Other upcoming resources and tools include the standardised child health record for Public Health Nurses and Community Medical Doctors, a standardised child development screening tool and standards for antenatal education.

We would like to pay tribute to the Nurture Programme team across our partner agencies and to every one of more than 100 people who have worked as part of the Implementation Teams and Subgroups. We would also like to acknowledge the many staff who have shared their views, participated in the training and who have supported parents' access to the resources developed through the Nurture Programme. We would also like to acknowledge the most important people of all: the parents who have shared their wisdom and advice so that the supports they receive are fully tailored to their needs.

We look forward to the work of the Nurture Programme being sustained and further developed under the auspices of the HSE's National Healthy Childhood Programme, ensuring every child gets the best possible start in life.

Finally, we would like to thank our independent evaluators, Quality Matters, in partnership with Dublin City University. Caroline Gardner and her team have produced a number of earlier reports that have informed the development of the Nurture Programme. This Summary Evaluation Report outlines the achievements of the Nurture Programme as well as some of the challenges it has faced and proposes several key recommendations to be addressed for the future.

These evaluation findings are very encouraging and clearly indicate the potential of our complex programme of work to have a long-term and positive impact on the lives of children and families.

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Introduction

The Nurture Programme: Infant Health and Wellbeing is a far-reaching, multi-year quality improvement programme that aims to strengthen and standardise the care and support provided to young children and their parents. The Programme's development and implementation is led by the Health Service Executive (HSE), in partnership with the Katharine Howard Foundation (programme management and support) and the Centre for Effective Services (implementation support). The Programme was developed with the engagement of more than 100 members of the child health workforce. Guided by the principles of implementation science, the work of the Programme was carried out by six Implementation Teams, with representation from a range of child health professionals from across Ireland.

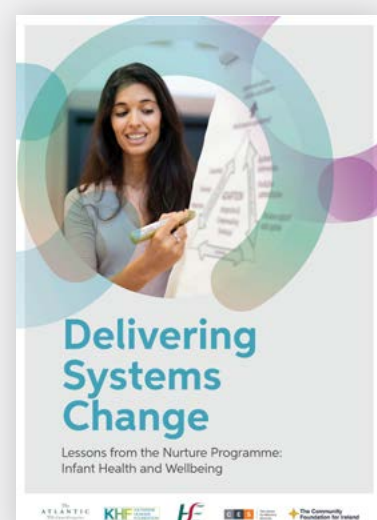
The Nurture Programme has created a range of new evidence-based tools and resources for parents and child health practitioners. This evaluation indicates that the tools, training, standards and resources developed through the Programme have been warmly welcomed by the child health workforce. More importantly, they are viewed as holding great promise for significantly improving the quality and consistency of child health services in Ireland.

The Nurture Programme sought to create positive change through the delivery of six key programme deliverables and by achieving eight systems change objectives. This evaluation draws on data from more than 400 people, attained through focus groups, surveys and interviews, in order to assess whether the Programme goals were achieved and to what extent.

In section one of this report, readers have an overview of the Nurture Programme, including its background, structures, the implementation science approach that guided the Programme and a timeline of key milestones. Sections two to seven outline the main deliverables of the Programme, key outputs, outcomes and next steps for the following deliverables:

- the new www.mychild.ie website
- the new *My Pregnancy* and *My Child* books
- the child health blended training programme, framework and supporting reference resources
- the standardised child health record
- the standardised developmental screening tool
- the standards for antenatal education.

Section eight outlines high-level data that informed the Programme's short-term systems change goals. The report ends with a conclusion and a series of recommendations for the Programme's future development.



The Nurture Programme: Infant Health and Wellbeing

1.1 Overview

The Nurture Programme: Infant Health and Wellbeing is a national change programme in the Health Service Executive (HSE). It aims to support the development of a universal, integrated approach to evidence-based service planning and delivery in order to improve health and wellbeing outcomes for infants and their families from pregnancy to the child's third birthday. Guided by the principles of progressive universalism¹, the Programme works to create evidence-based, parent-informed resources for new parents and parents-to-be and to build and share consistent messaging about child health and wellbeing. It also ensures that every child receives a world-class health and wellbeing service.

The Programme was made possible by funding from The Atlantic Philanthropies (Atlantic), which is to be matched by the HSE at a ratio of 1:5 over the first ten years following programme implementation. The Nurture Programme is relatively unique in the context of change management projects in the Irish health service, mainly due to it being led by a partnership of agencies. Programme partners were Katharine Howard Foundation (KHF) who provided grant management and support, the Centre for Effective Services (CES) who provided implementation support, and the HSE, which led the programme's design and implementation.

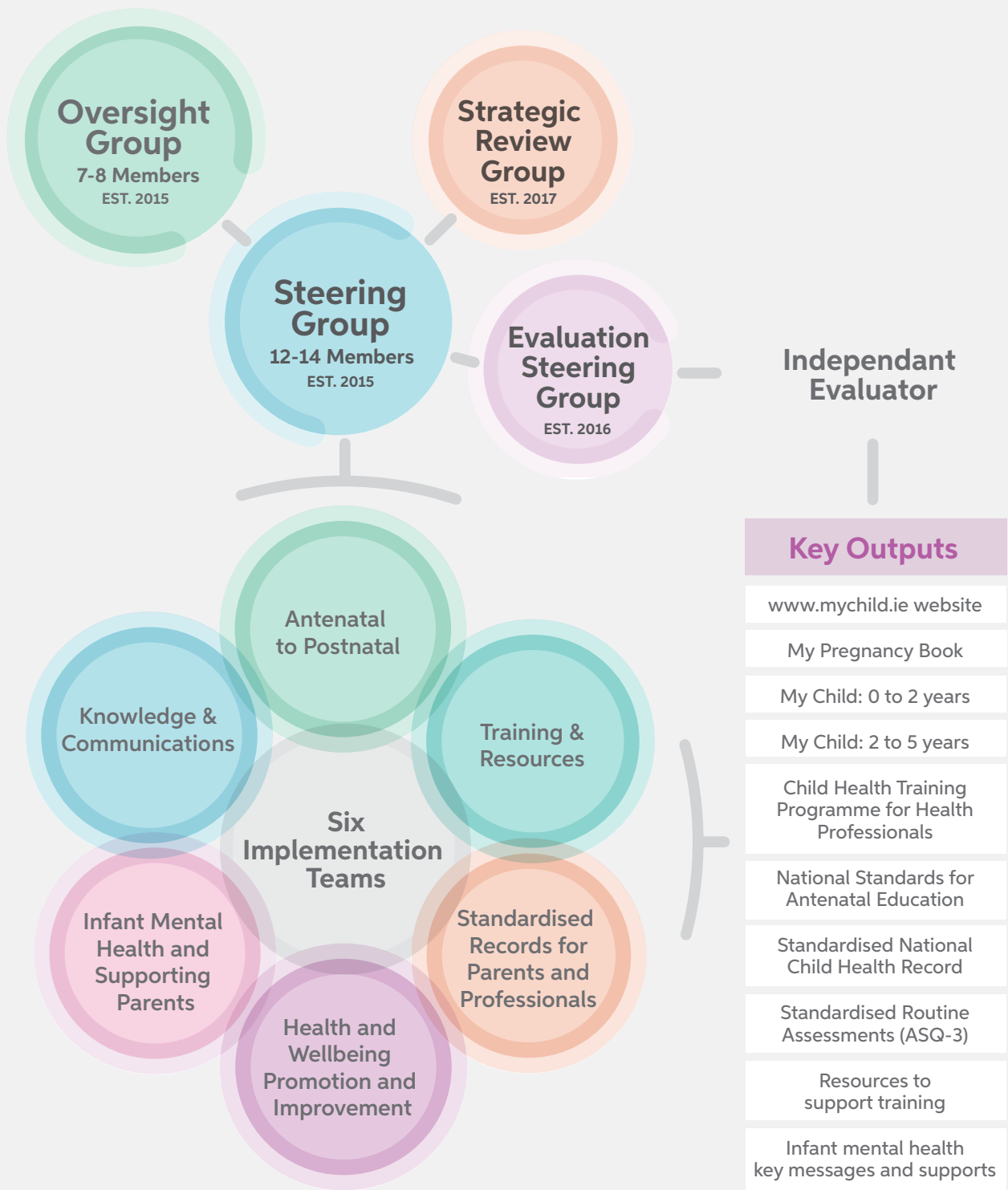
Another unique aspect of the Programme was the implementation science methodology, which has guided all aspects of planning and delivery. Implementation science offers a series of methodologies that have been developed to support the translation of evidence-based interventions and programmes into health care practice and other service settings. These methodologies primarily focus on planning for sustainable change.

Initial exploratory conversations for what would eventually become the Nurture Programme started in 2014, when Atlantic, the HSE, CES and KHF met to discuss the need for strategic supports to develop systems and practice for health service provision within the 0-3 years age group. A logic model was developed in 2014 based on evidence from international literature and the Irish context. This model formed the basis of a proposal to Atlantic and, once approved, the eventual Programme implementation plan.

As Atlantic was in the process of winding down its operations in Ireland and spending down its final resources, KHF was well placed to provide grant management support and oversight of the Programme's funding, evaluation and overall progress on Atlantic's behalf. Grant requirements, based on Atlantic's experience of funding large-scale programmes, stipulated that implementation support needed to be provided by an organisation outside of the HSE. The CES brought experience and expertise in implementation science methodology to this role. Much of 2015 was spent establishing implementation and governance structures. These included the Steering and Oversight groups, structures maintained throughout the five years of the Programme. These structures are outlined in the diagram on the following page.

¹ "All children will have access to defined core (universal) services as underpinned in legislation. There will be supports provided for those identified as requiring extra support or additional services ..." (progressive universalism). <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/universal-child-health-programme.pdf>

FIGURE 1: DIAGRAM OF NURTURE PROGRAMME STRUCTURES



1.2 Programme Sustainability

Sustainability of the Programme's work was a key planning consideration from the outset. The Programme's ability to build on existing structures and programmes within the HSE was critical to creating a lasting service and system change. The Nurture Programme worked in partnership with the HSE National Healthy Childhood Programme (NHCP) to ensure all initiatives are embedded into the universal child health service. The programme also worked with the National Women and Infants Health Programme on the fit and sustainability of the antenatal outputs within service delivery structures.

To support the continuation of the Nurture Programme and other developments in early child health and wellbeing, an endowment fund was established with financial contributions by Atlantic and the Community Foundation for Ireland (CFI): entitled the Infant Development Fund. This legacy initiative will result in a modest continuing income stream to support future strategic developments. CFI matched Atlantic's contribution and has committed to growing the fund to €5m by 2020.

1.3 The Nurture Programme Core Team

In mid-2015, CES and KHF appointed or assigned Leads for the Nurture Programme. The HSE Nurture Programme team was formed in late 2015. This team included a Nurture Programme Lead with administrative support and the support of the NHCP Office and team. In 2016, the HSE Programme Lead established the core internal structures of the Nurture Programme, which included the formation of the six Implementation Teams. Over 2017 and 2018, additional roles were added to the HSE team including:

- A Communications Manager
- A Research and Data Analyst
- A Project Manager and additional administrative supports.

In 2018, the Nurture Programme recruited nine Child Health Programme Development Officers (CHPDOs) to work in each of the country's nine regional Community Healthcare Organisations (CHOs).

The CHPDO roles have been created on a permanent basis and therefore will continue beyond the life of the Nurture Programme. Their role involves supporting the implementation of the NHCP at the CHO level. Their work is undertaken in close partnership with regional managers and practitioners to ensure that services are developed and delivered at recognised national standards. These roles have been central to the establishment of the child health governance groups in each CHO.

1.4 Implementation Plan and Teams

In 2016, an implementation plan for the Nurture Programme established the key priorities for the Programme. This plan structured the work into six workstreams and influenced the setting up of six interconnected Implementation Teams.

After the May 2016 public launch of the Programme, the six Implementation Teams were established to drive the multi-faceted work programme. The process to select chairpersons and team members took place over four months. This process involved the HSE team engaging with multiple stakeholders to secure team chairpersons and members with diverse experience and knowledge. The selection of team members also considered geographical and discipline representation. Members were drawn from Primary Care, Health and Wellbeing, Maternity Services and Public Health Medicine.

Teams included between seven and twelve core members along with Programme staff, specifically the members of the Nurture Programme administrative team, the HSE Nurture Programme Lead and the CES implementation support team. The core teams met between six and 10 times a year, with meetings lasting between a half day to a full day. Team members also engaged in a number of day-long planning sessions and implementation science workshops, facilitated by a CES Associate who was the international advisor to the Programme. These workshops aimed to give team members a grounding in implementation science methodologies so they could be used to structure the process that each team used to plan its work.

The work of each Implementation Team was interconnected at all levels; this was intended to increase the impact and sustainability of the Nurture Programme as a whole. As a result, the programme management and co-ordination of work across the Implementation Teams was complex, as the deliverables had interdependencies in addition to routine project challenges. Achieving an integrated approach to the work required significant support and coordination by the HSE Programme Lead and the administrative team, in partnership with the Implementation Team Chairs. Substantial organisational support was provided to each Implementation Team by the Programme team.

The team's membership numbers as of 2019 and the key work goals are outlined in the chart opposite.

FIGURE 2: MEMBERSHIP AND GOALS OF IMPLEMENTATION TEAMS

| Team | Number of Members in 2019 | Key Goals |
|--|---------------------------|---|
| Antenatal to Postnatal | 9 members | <ul style="list-style-type: none"> ● Create a new pregnancy book for parents ● Develop national standards for antenatal education ● Develop antenatal website content ● Support embedding of antenatal standards in practice through training and supporting resources |
| Health and Wellbeing Promotion and Improvement | 12 members | <ul style="list-style-type: none"> ● Develop standardised key messages and content for parents and health professionals ● Develop website content ● Lead the updating of content for <i>My Child</i> books ● Support the implementation of the HSE Breastfeeding Action Plan 2016-2021 and ensure alignment and collaboration with other programmes |
| Infant Mental Health and Supporting Parents | 7 members | <ul style="list-style-type: none"> ● Create staff and public awareness for infant mental health (IMH) ● Embed IMH concepts and understanding into service delivery through IMH training, tools and resources, including website content |
| Knowledge and Communications | 9 members | <ul style="list-style-type: none"> ● Design and develop www.mychild.ie website ● Provide oversight to parent and staff consultations on the scope and content of the website ● Develop editorial and governance guidelines and recommendations for child health public information |
| Standardised Records for Parents and Professionals | 7 members | <ul style="list-style-type: none"> ● Develop and roll out national standardised child health record and practice reference resources ● Support the standardisation of routine developmental assessment tools and resources ● Support progress toward parent-accessible records |
| Training and Resources | 11 members | <ul style="list-style-type: none"> ● Develop a comprehensive blended learning training programme and supporting framework ● Develop the training support infrastructure, training content and teaching methodology ● Deliver a range of online and skills trainings to child health practitioners |

Team members contributed to the work through specific tasks, including content development for training and public resources, research, communications, facilitation and participation in consultation events. This work was co-ordinated with individuals through the Team Chairs and the HSE Programme Team – frequently undertaken on top of existing workloads. This work was also supported by the establishment of time-limited subgroups, drawing on a wider membership as required.

1.5 Parent and Practitioner Consultation

From the beginning, the guiding principles of the Nurture Programme outlined its commitment to engaging parents and building opportunities for parental involvement and consultation. In practice, this took the form of systematically engaging parents, parents-to-be and other end users (such as healthcare practitioners) in advising on and informing the work of the Programme throughout all stages of product development. In addition to a nationwide survey of more than 4,000 parents and 283 healthcare staff respondents, the process involved face-to-face consultations and focus groups to explore parent needs as well as staff and other stakeholders' views on both general and specific systems and service developments.

1.6 Implementation Science

The Nurture Programme planning and implementation was informed by implementation science methodology. This approach seeks to connect research to practice by identifying the changes that need to occur in a system (such as the health service) and by defining the steps that need to be taken to make changes so that those implementing them can be successful. This helps to address some of the challenges that are always a feature of systems change.

The application of implementation science to the Nurture Programme was led by CES in partnership with the HSE, who supported the Implementation Teams to develop capacity in using this approach. CES's other contributions included the production of rapid evidence reviews, supporting implementation and sustainability planning, facilitation of workshops, designing and conducting consultations, facilitating usability testing, application of implementation tools and resources and supporting the use of evidence to inform decision making. The HSE leadership enabled and encouraged the use of implementation science across each of the six Implementation Teams, through the application of implementation science approaches in programme management, design and delivery.

Consultation included a nationwide survey of over 4,000 parents and a staff survey, responded to by 283 healthcare staff.

1.7 The Evaluation

To support the development of the Nurture Programme, an independent evaluation was commissioned by KHF through an open tender process. Awarded to Quality Matters in conjunction with DCU, this was primarily a process evaluation that aimed to inform the development of the Nurture Programme, review the overall outcomes from the Nurture Programme and extract the key lessons from the work for wider application. The evaluation included mixed-methods process evaluations in 2017 and 2018, which focused on the experience of the six Implementation Teams, and evaluations in 2018 of the initial training programme rollout and the new www.mychild.ie website.

The final evaluation report (2019) includes the views of more than 400 key stakeholders, accessed through three methods:

- Interviews with more than 60 people (averaging 40 minutes)
- Focus groups
- Surveys (including one with 232 Public Health Nurses).

The report evaluates Programme outcomes and provides recommendations for the mainstreaming of the work following the completion of the Programme.



Summary of Key Milestones

02

2014

Exploratory discussions between Atlantic, KHF, CES and HSE on the concept of universal child health programme development

CES workshop with key stakeholders to develop a logic model

Submission of a funding proposal to Atlantic by KHF. Approval of proposal

2015

Recruitment of core staff by CES, KHF and HSE

Establishment of governance structures and development of partnership agreements

Commencement of scoping and the implementation planning processes

2016

Completion of Scoping Report and the Implementation Plan

Formal launch of the Nurture Programme

First meetings of five of the six Implementation Teams

Commencement of the parental consultation processes

Contracting of an independent external evaluation team

2017

Commencement of the remaining Implementation Team. Teams met regularly, establishing subgroups as required

Regular meetings with Tusla Development and Mainstreaming Programme commenced

Evaluation report Phase 1 completed, informing future development of the Programme

2018

Completion of extensive round of parental consultations to inform resource development

Commencement of a range of training resources for staff

Appointment of CHPDOs – one per CHO

Launch of www.mychild.ie website, *My Pregnancy* and *MyChild* and suite of three books for parents

Evaluation report Phase 2 completed, informing future development of the Programme

2019

Commencement of a further range of training resources for staff

Media campaign to promote of www.mychild.ie website and resources

Sustainability Plan for the Nurture Programme approved

Final Nurture Programme Evaluation Report launched



National Standards for Antenatal Education

03

The Nurture Programme's goal was for all young children and their parents to have access to evidence-based, standardised care. This meant that quality care needs to start before birth. Therefore, one of the Nurture Programme's key actions was to develop standards for the delivery of antenatal education. Initial project planning coincided with the Health Information and Quality Authority publishing National Standards for Safer Better Maternity Services, which also identified the need to regulate antenatal education provision in Ireland. The standards, which were entirely new within an Irish context, were developed in close consultation with parents, parents-to-be and healthcare providers from a range of backgrounds.

PROCESS

- Led by the Antenatal to Postnatal Implementation Team.
- Coordination with the HSE National Women and Infants Health Programme and the HSE Office for Nursing and Midwifery Services Director.
- Completion of a review of international standards and relevant Irish healthcare standards
- Consultation with parents and a wide variety of public and private antenatal education providers, including interviews and a consultation day with 100 antenatal education providers.

OUTPUTS

- Agreed national standards for antenatal education.
- Development of a new accredited 'Transition to Parenthood' educators training programme to support implementation of standards.
- Creation of self-audit resources.

OUTCOMES

- In the evaluation, stakeholders commonly viewed the standards as an important addition to quality supports in pregnancy. They were considered to play an important role in ensuring parents have **access to evidence-based support and information** on pregnancy, childbirth and the transition to parenthood.

NEXT STEPS

- In early 2020, the standards and a new capacity-building training programme will be rolled out nationally.

Currently, not all women can get antenatal care classes because they are so limited in time and structure. You can see whether they need one on one classes or something else. This is huge because we are coming from zero - it isn't standardised.

STAKEHOLDER INTERVIEW 24



www.myChild.ie

The development of a new child health website, which incorporated a number of existing stand-alone HSE webpages and provided new up-to-date evidence-based information to parents and caregivers, was identified as a key priority for the Nurture Programme. Access to online and easily accessible information is vital. It ensures that parents receive consistent messages about pregnancy, parenting and the physical, social and emotional development of children up to three years of age. The development of www.mychild.ie was the first large scale, mobile-first website development project to be undertaken in line with the HSE's Digital Roadmap (2017), offering an example of good practice in website development. For the majority of those interviewed for the evaluation, the www.mychild.ie website was the most visible and publicly accessible product developed by the Nurture Programme and was considered a key success of the Programme.

PROCESS

- Overseen by the Nurture Programme Knowledge and Communications Implementation Team, the HSE Communications Division Team developed rigorous guidelines and quality control processes to support a sustainable best-practice website.
- Parental consultations were undertaken to inform all aspects of website development.
- Staff were consulted on key child health queries raised by parents in consultations at core visits.
- The site engaged more than 60 HSE staff as subject matter experts in developing new evidence-based articles and videos.
- The website launched in December 2018 and was subsequently promoted through an advertising and social media campaign.

OUTPUTS

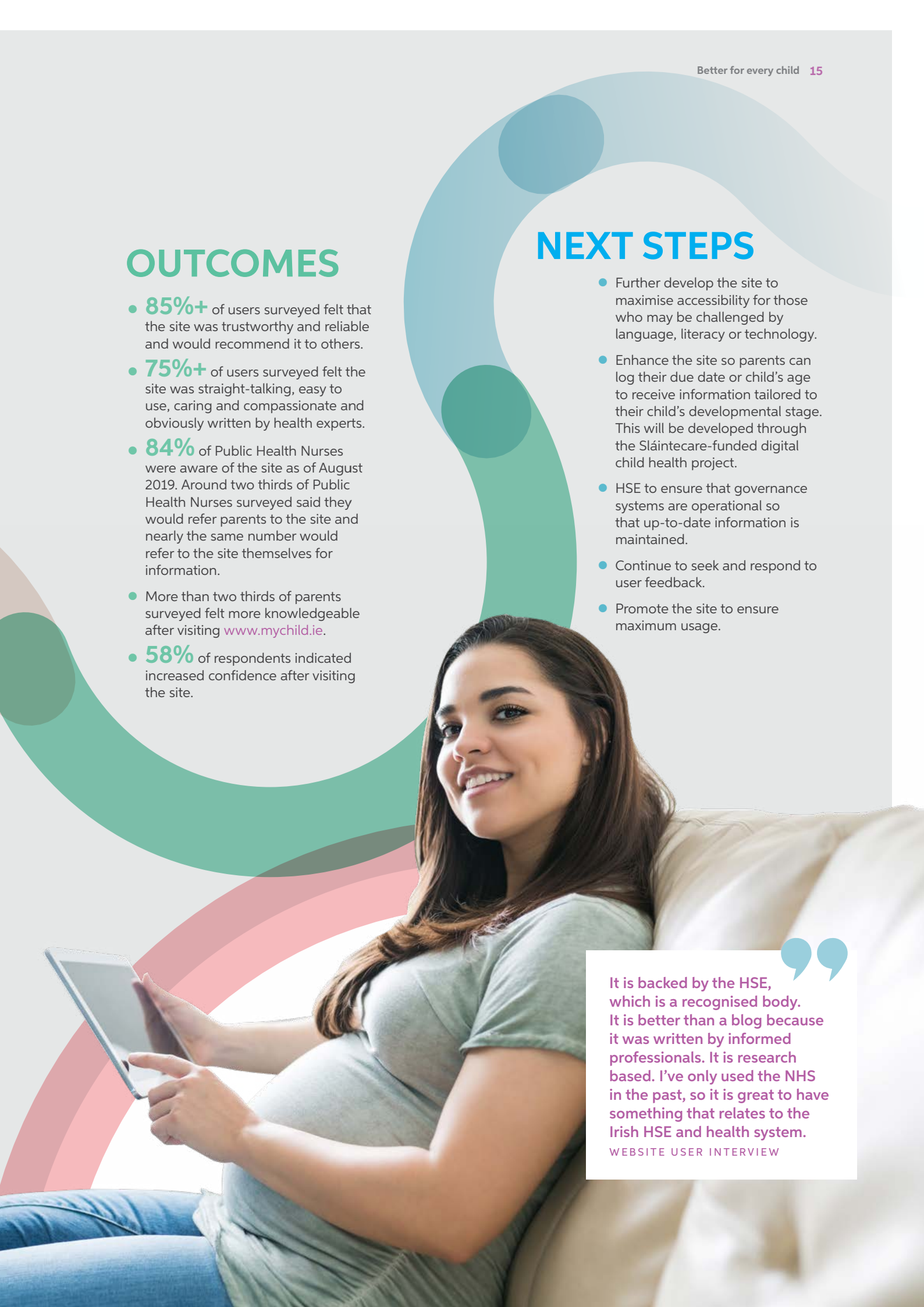
- Over 525 pages of high-quality content.
- A target reading age of 11 (as measured through the Hemingway Editor application).
- As of November 2019, 775,249 website users who engaged in 1,214,163 sessions with more than 2.35 million page views.

OUTCOMES

- **85%+** of users surveyed felt that the site was trustworthy and reliable and would recommend it to others.
- **75%+** of users surveyed felt the site was straight-talking, easy to use, caring and compassionate and obviously written by health experts.
- **84%** of Public Health Nurses were aware of the site as of August 2019. Around two thirds of Public Health Nurses surveyed said they would refer parents to the site and nearly the same number would refer to the site themselves for information.
- More than two thirds of parents surveyed felt more knowledgeable after visiting www.mychild.ie.
- **58%** of respondents indicated increased confidence after visiting the site.

NEXT STEPS

- Further develop the site to maximise accessibility for those who may be challenged by language, literacy or technology.
- Enhance the site so parents can log their due date or child's age to receive information tailored to their child's developmental stage. This will be developed through the Sláintecare-funded digital child health project.
- HSE to ensure that governance systems are operational so that up-to-date information is maintained.
- Continue to seek and respond to user feedback.
- Promote the site to ensure maximum usage.



It is backed by the HSE, which is a recognised body. It is better than a blog because it was written by informed professionals. It is research based. I've only used the NHS in the past, so it is great to have something that relates to the Irish HSE and health system.

WEBSITE USER INTERVIEW

My Pregnancy and My Child Books

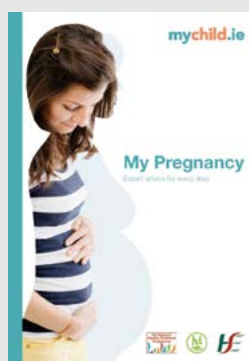
According to the research on parental needs that informed the Nurture Programme, 27% of Irish parents felt they didn't receive enough information and support to prepare them for pregnancy and becoming a parent. Nearly 30% also didn't feel they received clear and consistent information about their child's health from healthcare staff². Through the consultation process, parents indicated that high quality, user-friendly information available on a national website as well as in printed resources would enhance their access to information. This information informed the Nurture Programme goal of creating a new book for pregnancy and substantially updating the existing books for children aged 0-5. These books will be given to every pregnant woman and every parent in Ireland and will be provided online.

PROCESS

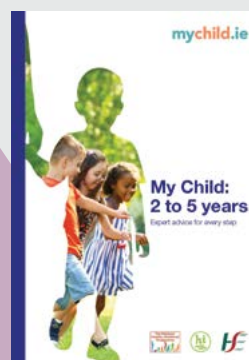
- The Antenatal to Postnatal Implementation Team led the development of the new *My Pregnancy* book.
- The Health and Wellbeing Promotion and Improvement Team led a rewrite and update of the *Caring for your Baby* and *Caring for your Child* books, leading to the *My Child: 0 to 2 years* and *My Child: 2 to 5 years* books.
- More than 60 content experts were coordinated to develop new evidence-based content.

OUTPUTS

The new *My Pregnancy* book is a 224-page guide, providing expert information on pregnancy, labour, childbirth and early childhood. As of September 2019, 40,000 *My Pregnancy* books have been provided to expectant parents by midwives across the country.



My Child: 0 to 2 years is a 228-page revision of two books first created in 2005. The book provides expert advice on caring for babies and children. As of September 2019, 58,000 *My Child: 0 to 2 Years* books have been provided to parents by Public Health Nurses across the country.



My Child: 2 to 5 years is a 148-page revision of a book first created in 2005. It provides parents of young children with accessible and expert-informed information about caring for their children. As of September 2019, 36,000 *My Child: 2 to 5 Years* books have been provided to parents by Public Health Nurses across the country.

² This data is from a parent survey conducted by the Nurture Programme between December 2017 and March 2018.

OUTCOMES

- **82%** of Public Health Nurses were aware of the books as of August 2019.
- **86%** thought the books provided useful and appropriate information to parents and parents-to-be.
- **75%+** of Public Health Nurses stated that the books helped parents to be more knowledgeable and confident about caring for babies.
- **69%** stated that the books made parents better able to access services.

NEXT STEPS

- The HSE to continually monitor dissemination of book resources, as a quarter of respondents strongly disagreed that parents were receiving books in their region.
- The books will continue to be printed as required and updated periodically in line with emerging evidence and parental feedback.

“This book is evidence based, it has credibility because it is from the HSE... People love how colourful it is and how much information they have. The fact that they're national is important - they are available in all counties and all maternity hospitals. We have one unified national resource.”

STAKEHOLDER INTERVIEW 8



A New Child Health Training Programme

Standardising service provision on a national basis is an overarching goal of the Nurture Programme. Prior to the Nurture Programme, training in relation to child health was not nationally coordinated, but was driven by local needs, interests and capacity. This resulted in a lack of standardisation in the training received by health staff across the country and a service where parents in different parts of the country, and sometimes even in different parts of a city, were receiving different messages and services during pregnancy and their children's early years.

According to parental and staff consultations, inconsistent messaging and standards sometimes resulted in confusion and frustration for parents and practitioners alike. In order to ensure that all parents receive the same evidence-based information and supports, a key objective of the Nurture Programme was to develop a new training and professional development programme for the child health workforce. In accordance with the Nurture Programme's principles, all training was based on current evidence and focused on building staff members' skills in working collaboratively with parents and caregivers in order to reinforce their expertise.

PROCESS

- This work was led by the Training and Resources Implementation Team. Additionally, the Infant Mental Health and Supporting Parents team and the Health and Wellbeing Promotion and Improvement team developed specific content.
- A competency matrix was used to analyse staff needs and inform planning.
- A review of current training approaches, content and delivery methodologies was conducted.
- A blended learning approach, which includes a mixture of online and classroom based learning was used and supports were provided to staff to increase accessibility and ensure efficient use of resources. This built on the original Best Health for Children Training Programme.
- Discussions were held regarding the integration of key content and modules into the professional training and development of core child health professions.
- Accreditation of all online and classroom based learning was sought from relevant professional bodies.

OUTPUTS

- 35 new or substantially revised in-person, online and face-to-face training modules, which range from 30-minute online courses to full day class-based training.
- Training topics such as breastfeeding, developmental assessment, behavioural sleep difficulties, growth monitoring, nutrition and child-safety.
- Integration of new evidence and good practice in relation to infant mental health into the training in addition to stand-alone modules.

OUTCOMES

A survey completed by 232 Public Health Nurses found that as a result of the new training programme:

- **90%** felt training increased participant understanding of the evidence base that underpins their work, resulting in more informed referrals.
- **79%** confirmed that this supports integrated service delivery.
- **80%+** stated that the training increased staff motivation and morale.
- **88%** agreed that the training increased clarity on roles and responsibilities.
- **76%** felt more confident in their ability to provide care to families and young children.
- Additionally, research with Public Health Nurses and community medical doctors revealed that the child health workforce feels stretched to its limits. Only around half of Public Health Nurses reported they had the supports necessary to implement course learning or enough time to undertake the training.

NEXT STEPS

- Continue in the development and rollout of new planned training programmes.
- Ensure that an infrastructure is in place so this training can continue to be delivered and updated.
- Progress the development of coaching and mentoring supports to embed training within practice.
- Explore ways to make this training available to a wider workforce including within the HSE, Tusla and in the Community and Voluntary sector.



[The training] was excellent. I felt a lot more equipped after leaving. The last time I had an update on child health development was about 10 years ago. Afterwards, I felt more confident going out and doing the assessments again.

PUBLIC HEALTH NURSE INTERVIEW 14

National Standardised Patient Record for Child Health

Prior to the Nurture Programme, a number of different child health records were being used. The data collected and the methods used to collect it differed in each region. This variation in records presented challenges to practitioners dealing with a range of record formats, particularly for public health nursing services with higher staff turnover rates or where high numbers of the families on staff caseloads were moving between geographical service areas. The variation in records also influenced consistency of service provision.

Improving the quality and accessibility of key child health information to support integrated and high-quality service delivery depended on standardisation of child health records and linking this record with maternity and GP services. These changes aimed to promote more consistent and informed interactions between healthcare professionals and families, thus ensuring continuity of care. A common standard for child health information means that every child in Ireland will receive the same high-quality care, recorded in a standardised way. The new record will facilitate the collection and monitoring of key performance indicators (KPIs) for child health.

According to stakeholders, the standardisation of the child health record will contribute to a long-term goal of parental access to child health records.

PROCESS

- The Standardised Records for Parents and Professionals Implementation Team commissioned research on existing records and developed a new draft child health record to inform consultations.
- This process involved three national consultation sessions with representation from health professionals from 26 local areas across the 9 Community Healthcare Organisations as well as ongoing consultation with areas already using a Personal Health Record.
- Three cycles of usability testing of the draft child health record were completed across all 9 CHOs.
- The record content was continuously aligned with and included in relevant training modules and supporting reference resources.
- The record was designed with e-health developments in mind.

OUTPUTS

- A new comprehensive National Standardised Child Health Record for use by Public Health Nurses and community medical doctors.
- A new reference guideline to support the use of the new records.
- A practice manual to support Public Health Nurses to deliver the updated core developmental assessments of the NHCP.

OUTCOMES

Interviews with key stakeholders clearly showed their support for this process.

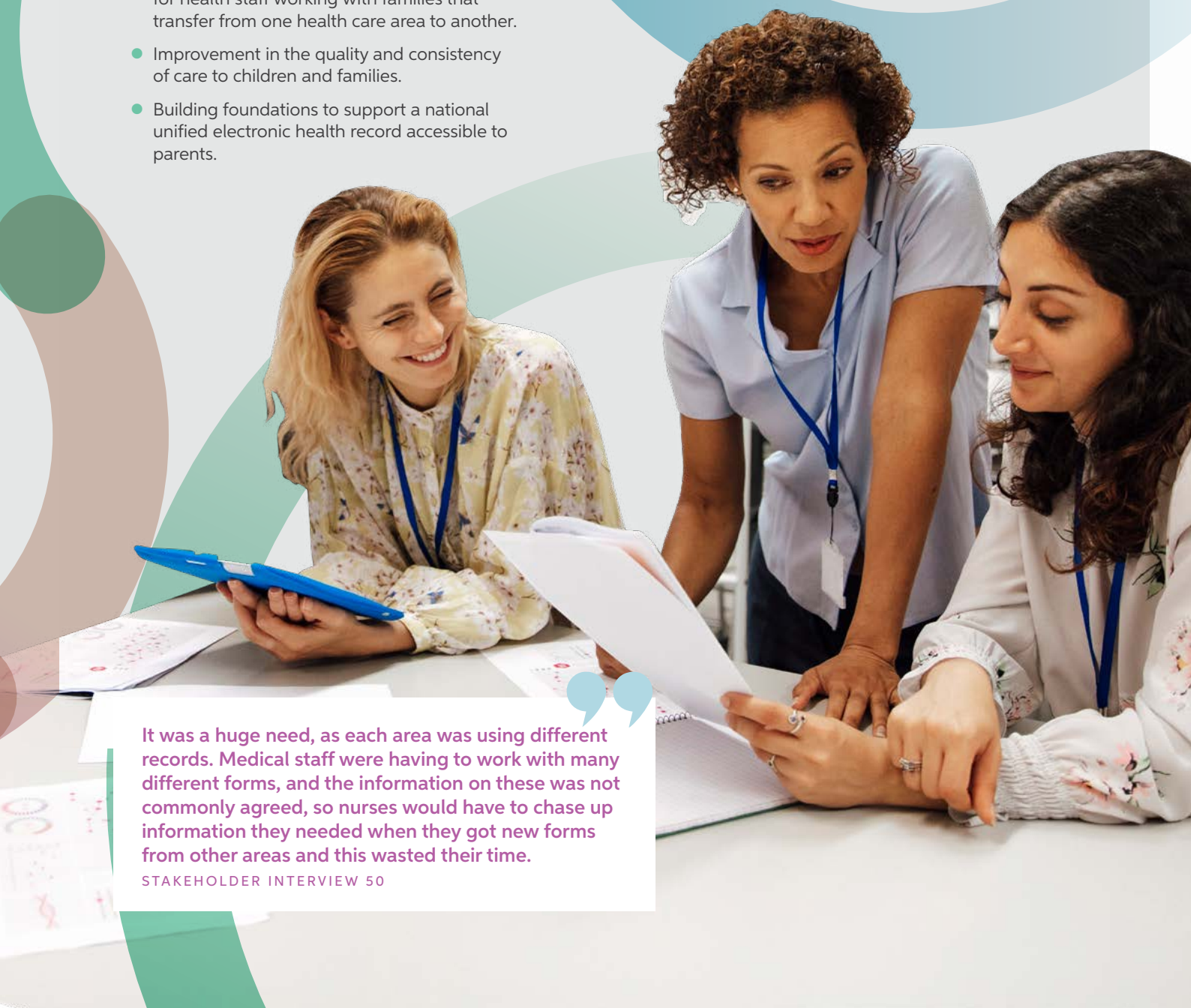
- Common records increase ease and efficiency for health staff working with families that transfer from one health care area to another.
- Improvement in the quality and consistency of care to children and families.
- Building foundations to support a national unified electronic health record accessible to parents.

NEXT STEPS

- Conduct a well-supported national rollout of the new child health record.
- Use the national standard of recording child health data to pave the way for future development of electronic records, a future priority for the workforce, according to the evaluation.
- Ensure parental access to the electronic record, when available.
- Review and monitor whether standardisation of data collection has resulted in practitioners having more time to spend with parents and better data to inform their practice.

It was a huge need, as each area was using different records. Medical staff were having to work with many different forms, and the information on these was not commonly agreed, so nurses would have to chase up information they needed when they got new forms from other areas and this wasted their time.

STAKEHOLDER INTERVIEW 50



Introduction of Standardised Screening Tools

08

Key to achieving the goal of developing standardised and evidence-based care for all young children in Ireland was the introduction of a national standardised developmental screening tool. The NHCP identified the Ages and Stages Questionnaire - Third Edition (ASQ-3), which had previously been trialled in some CHOs, as the most appropriate evidence-based assessment. The NHCP recommended initial implementation of the ASQ-3 at the 21-24 month child health contact. This internationally recognised tool helps practitioners screen and assess the development of young children. Keeping with the philosophy of the Nurture Programme, the ASQ-3 is a parent-led tool. This means that parents complete assessments at home with their children and then bring them to their healthcare appointment for discussion. The results of these assessments can help practitioners to determine in a systematic manner when children need additional assessment for developmental delay or health difficulties.

At the time of writing there has been a pause in the national roll-out due to variation in local capacity to implement the ASQ-3 universally. This is being addressed in discussions between the HSE and the Irish Nurses and Midwives Organisation.

PROCESS

- The Standardised Records for Parents and Professionals Implementation Team convened an ASQ-3 Implementation Subgroup to lead the planning for and implementation of the ASQ-3.
- Consultation was conducted with areas using the ASQ-3 to identify implementation learning.
- Supports for implementation were identified, including central supplies of ASQ-3 questionnaires.
- Tools to support the use of the ASQ-3 and developmental assessments at core visits were scoped and procured.

OUTPUTS

- Development of a national guideline.
- An eLearning module and 'Train the Trainer' education and supports.
- Procurement of pre-printed ASQ questionnaires to minimise administrative demands on staff.
- Creation of a toolkit and implementation guide for all staff using the ASQ-3.
- Procurement and distribution of ASQ-3 user licences.
- As of September 2019, 1,027 practitioners have completed the one-hour online ASQ-3 eLearning Module, and 176 have completed the five hour in-person train the trainer training.

OUTCOMES

- Public Health Nurses generally agree that the ASQ-3 is likely to improve child health outcomes.
- **77%+** of practitioners stated that the training matched their level of knowledge and 85% agreed it was relevant to their work.
- **65%** of Public Health Nurses felt more confident when providing care to families and young children as a result of the training and felt that they had the skills to use the tool.

NEXT STEPS

- Finalise the agreement to implement the ASQ-3.
- Provide refresher training to staff whose use of the tool was delayed after they received training.
- Between 30% and 40% of people indicated they lacked the time or supports needed to implement the course learning, indicating a need for additional supports and monitoring.
- Future reviews of ASQ-3 implementation also need to monitor whether onward referral pathways are functioning well and equitably across the country.



Now everyone will be doing evidenced-based assessments, the things that are nationally considered good practice. Every child is getting the same evidence-based service. That's a significant win.

STAKEHOLDER INTERVIEW 50

Systems Change: Nurture Programme Goals and Outcomes

The Nurture Programme was designed to improve universal child health and wellbeing services in Ireland. A variety of tools and resources were created for parents and for the child health workforce, as outlined in the previous sections. In order to sustain these developments after the Nurture Programme has concluded, the Nurture Programme partners have identified a series of systems change objectives to ensure that developments become embedded within the wider HSE system. The table below provides summary data that supports an assessment of how the agreed short-term systems development outcomes have been progressed.

| Short term systems development outcomes | Summary data to support an assessment of the achievement of systems development outcomes |
|---|--|
| Greater knowledge and understanding of service delivery innovation. | <ul style="list-style-type: none"> ● The Nurture Programme built on existing area-specific innovations and good practice in order to create consistent and effective national systems. ● 76% of the stakeholder survey respondents viewed the Programme as having an innovative approach. ● Application of implementation science was considered a key innovation. ● 65% of stakeholders surveyed agreed that the outputs of the Programme were innovative. The factors most commonly noted as innovative were the move toward virtual training, the inclusion of infant mental health in messaging across all resources and the creation of the www.mychild.ie website. |
| Improving internal and external communications within and outside of the HSE. | <ul style="list-style-type: none"> ● 72% of stakeholders stated there was a medium to large level of improvement in communications within the HSE. ● 54% of Public Health Nurses saw a positive change in communications. ● The development of the Assistant Director Public Health Nursing Reference Group and the recruitment of nine regional Child Health Programme Development Officers supported better communications. ● 54% of stakeholders agreed that the Programme's approach has increased collaboration among different HSE departments, while 58% agreed that the approach has increased collaboration between the HSE and allied agencies. |



| Short term systems development outcomes | Summary data to support an assessment of the achievement of systems development outcomes |
|---|---|
| Improving data systems to inform policy, planning and service delivery. | <ul style="list-style-type: none"> ● The Programme demonstrated the value of a new role within the HSE for a Child Health Research and Data Analyst. ● 61% of surveyed stakeholders said that the Nurture Programme has improved child health data collection to a small or medium degree. ● 58% of stakeholders stated that the Nurture Programme improved the use of child health data. ● Stakeholders agreed that the Standardised National Child Health Record and the standardised developmental screening tool (ASQ-3) will improve data collection in the future. |
| Improving systems for updating and reviewing public health information. | <ul style="list-style-type: none"> ● 84% of stakeholders stated that the Nurture Programme improved how public information on child health is developed. ● 81% indicated a medium or large change in relation to how public information on child health is reviewed. ● The Nurture Programme introduced new processes for creating and updating evidence-based public information, as well conducting parental consultation to inform resource and system development. |
| Greater integration on planning of child health services across the policy agenda. | <ul style="list-style-type: none"> ● 57% of stakeholders stated there had been a large or medium increase in the integration of planning for child health across agencies. ● A consistent theme across all stakeholder groups was that the diversity of professions working together in the Implementation Teams was a strength of the process. ● 75% of surveyed stakeholders agreed that the Nurture Programme, working in conjunction with the NHCP, had increased the prioritisation of child health. |
| Increasing knowledge of the evidence base for child health Public Health Nurse service. | <ul style="list-style-type: none"> ● Strengthening the Public Health Nurse role in child health underpinned much of the work of the Nurture Programme. Developing evidence-based training for Public Health Nurses (and community medical doctors) using the most up-to-date research and knowledge in the field was key to creating increased knowledge on best practice for child health. ● 91% of Public Health Nurses stated that training increased staff understanding of the evidence base underpinning their work. ● More than 74% of Public Health Nurses felt more confident that they had the skills necessary to implement course learning. ● 70% agreed that they had the resources to implement learning. |

Short term systems development outcomes

Supporting the earlier identification of child and maternal health and wellbeing needs.

Summary data to support an assessment of the achievement of systems development outcomes

- 70% of Public Health Nurses agreed that the Nurture Programme has supported the earlier identification of child and maternal health and wellbeing needs.
- A key theme for stakeholders was the benefits of the ASQ-3 in relation to enabling earlier identification of future child health and wellbeing needs.
- 57% observed a medium to large change in relation to the earlier identification of maternal health and wellbeing needs.
- www.mychild.ie, the *My Pregnancy* and *My Child* books, antenatal education standards and the infant mental health training were all considered by stakeholders as likely to increase child and maternal health and wellbeing into the future.

Creating sustainable change in relation to improvement in child health.

- New systems were developed to review and update information in a timely manner, in line with emerging evidence and parental feedback, thus maintaining the high quality of online and print resources.
- More than 80% of stakeholders saw a medium or large change in relation to how public information on child health is developed and reviewed.

The mantra as we were going through is making sure that what is implemented is evidence informed or evidence based. If we didn't have the evidence, we had to go get it. That was critical.

STAKEHOLDER INTERVIEW 12





Conclusion

To invest in childhood is to invest in the future of our country in every way.

STAKEHOLDER INTERVIEW 8

After five years of intensive planning, development and implementation, key child health stakeholders agree that there has been real progress in improving planning and integrated delivery of services and supports in pregnancy and to infants and their parents. The Nurture Programme had an ambitious range of interconnected objectives that sought to have a permanent influence on the structures of work within child health and wellbeing.

This far-reaching change programme involved more than 100 practitioners and subject experts from Primary Care, Health and Wellbeing, Maternity Services and others in the development and delivery of a multifaceted programme, which necessitated collaboration and co-creation across disciplines and regions. This interdisciplinary nature was innovative within an environment more commonly defined by disciplinary segmentation of roles and responsibilities. Implementation science underpinned this approach, providing a useful framework for collective evidence-based planning and decision making. The Programme innovated:

- parental and staff consultation and engagement
- content development and review
- governance processes for content development of the website and other publications.

The Nurture Programme was a future-focused systems change programme seeking to lay essential foundations for the further development of child health systems and services through the standardisation of practice. As one interviewee noted, *'this next phase is more like the beginning than the end of the process'*. With products launched and standards and standardised practices moving to the implementation phase, leaders and practitioners are reporting positive initial changes in practice. Stakeholders agree that the foundations are laid for ongoing improvement of services and positive outcomes for children and families.

10

The next task is no less challenging than the work spanning the last five years of the Nurture Programme. Future steps include embedding the Programme's developments into the Irish health system and incorporating them into other advances, such as those outlined in the Sláintecare Report and First 5: The Whole-of-Government Strategy for Babies, Young Children and Their Families. This is no small task. As stakeholders across the spectrum of services observed throughout the evaluation, a national prioritisation of further investment in the child health workforce is needed. This investment must include effective specialist treatment pathways for children and further systems development, particularly in the area of technology.

The progress outlined in this report would not have occurred without the investment and support of the Nurture Programme, the achievements of which have created the basis for a world-class child health and wellbeing health system. The onus is now on the Irish government to prioritise child health and wellbeing and for the HSE to build on this excellent work to make Ireland a country where every child has access to the highest quality health care.

As stakeholders across the spectrum of services observed throughout the evaluation, there is a need for a national prioritisation of further investment in the child health workforce.

Recommendations for the Future of the Initiatives Developed by the Nurture Programme

After five years of work and the engagement of approximately 100 members of the child health workforce, the Nurture Programme has created a series of products and systems changes which stand to improve child health and wellbeing in Ireland. This section offers recommendations related to the sustainability and continued development of the Programme's deliverables and those systems changes which have occurred as a result of this work through the NHCP.

Recommendations for Programme Deliverables

1 **Maintain and continue to develop the www.mychild.ie website and the *My Pregnancy* and *My Child* books for parents:**

- a Ensure a system is in place to monitor whether parents receive the *My Child* and *My Pregnancy* books. This monitoring should include those who opt for homebirth and other situations where there may be barriers to accessing these resources.
- b Ensure that a governance structure is in place to oversee the updating of the books and website in accordance with evolving evidence and parental feedback. This should include, at a minimum, a dedicated Communications Manager, a Child Health Data and Research Analyst and administrative supports.
- c Further develop the website to make information more accessible to groups with linguistic and/or literacy issues or related disability challenges. This should be done in cooperation with organisations that have expertise in the needs of these target groups and in consultation with members of the target groups themselves. Any substantial changes should be tested in user observation and feedback sessions using the methodology employed in the evaluation of www.mychild.ie to assess website accessibility.

- d Explore and cost the potential for adding local service contact information to www.mychild.ie or explore other alternatives such as including this information on the Children and Young People's Services Committee websites and creating a link.
- e Ensure that effective links are in place between www.mychild.ie and the Tusla website <https://www.tusla.ie/parenting-24-seven/>.
- f Address the recommendations outlined in the 2019 independent www.mychild.ie evaluation report (see Appendix F in the full report for a list of recommendations).

2 **Continue to implement and develop the training framework:**

- a Enhance post-training supports by creating greater access to specialist expertise. This will ensure that staff feel competent and supported to implement learning from training as soon as possible following completion of training.
- b Ensure that training and post-training implementation supports, such as coaching and/or mentoring, and access to relevant tools and approaches continue to be developed for effective implementation of training into practice.

- c Ensure that information systems are in place to measure and capture regional rates of completion for training among different disciplines. Create a mechanism for effective follow-up action at the regional and national levels if staff participation targets are not being met.
- d Implement strategies to enhance participation of HSE specialist child health staff in training. This would include those working in speech and language therapy, child occupational therapy, staff working with children and families in other relevant statutory agencies, community and voluntary sector services and other non-HSE child health staff (e.g. Pharmacists). Relevant training should include (although not be limited to) child development, child safety, infant mental health and breastfeeding modules. Wider participation in this training will maximise the common knowledge base of all staff who work with children and families, thereby extending the impact and value of the training developed under the Nurture Programme.
- e Undertake an evaluation of the implementation and impact of the training resources developed through the Nurture Programme after the training programme has been fully running for 12 months. This evaluation should measure the extent to which new learning, skills and interventions are being utilised in practice and the extent to which they are improving outcomes for children. The evaluation should also identify any additional training content and methodologies needed.
- f Continue to engage with third-level education providers to ensure that all relevant professional training courses for those who will work with children and families are aligned with recent practice developments, including those of the Nurture Programme.
- g Address the recommendations in the 2019 independent training evaluation report (see Appendix G of the full report for a list of recommendations).

3 Implement the National Standardised Child Health Record:

- a Ensure that the standardised child health record can be integrated with GP and maternity care patient records.
- b Prioritise the development of an electronic version of the standardised child health record.
- c Develop ways for parents to access and engage with their child's health records (e.g. online patient portals or applications).

4 Roll out the standardised screening tool, ASQ-3, nationally with engagement across HSE divisions to:

- a Clarify assessment and referral pathways for treatment when indicated.
- b Develop and implement standardised resource allocation models to identify the required staffing levels necessary to provide a good quality child health and wellbeing service across key disciplines and areas.
- c Develop a feedback loop system to identify and quantify gaps in service accessibility when children with assessment and/or treatment needs are not able to access the appropriate service.
- d Continuously review evidence from other relevant prevention and early intervention programmes to explore whether these are effective and can play a role in cost-effectively addressing child health and wellbeing needs. For example, it may be appropriate to advance parent-led interventions or group-based interventions. These could be advanced in partnership with community and voluntary sector services and potentially attract philanthropic support.

Recommendations: Related to Systems Change and Sustainability

- 1 Adequately resource the HSE National Healthy Childhood Programme (NHCP) so it can fulfil its role.** The agreed Nurture Programme Sustainability Plan (August 2019) outlines the detailed resource requirements for the NHCP, which will manage, sustain and further develop the Programme. Some of the specific tasks include:
 - a Co-ordinating the management, delivery, monitoring and continuing development of the suite of child health and wellbeing training in co-ordination with other programmes (e.g. Integrated Care Programme for Children, National Women and Infants' Health Programme, Healthy Eating Active Living Programme).
 - b Developing and managing the next stage of a communications strategy for the broader child health and wellbeing sector. This includes ongoing communications with the public and parents or expecting parents and implementing systems to indicate whether communications have achieved their objectives.
 - c Managing and monitoring the national rollout of ASQ-3 standardised screening tool.
 - d Clarifying the governance, implementation, support and monitoring of the national antenatal education standards.
 - e Continuing to gather, analyse and disseminate relevant data to inform the delivery and further development of services, including reviewing and introducing additional KPIs to measure the long-term outcomes of this body of work.
 - f Engaging with other agencies working on child health and wellbeing to ensure work plan cohesion. This includes but is not limited to hospitals, Tusla, the Department of Children and Youth Affairs and the Department of Health.

- g In collaboration with child health and wellbeing partners, continuing to engage with policy and decision-making fora, including Healthy Ireland, Sláintecare and First 5: The Whole-of-Government Strategy for Babies, Young Children and Their Families, on the implementation of child health and a prevention-based approach as core priorities for policy, service planning and resource allocation.

The National Healthy Childhood Programme Team will require clear governance, communications and planning structures with relevant HSE Divisions, including those that were involved in delivering the Nurture Programme, namely Strategic Planning and Transformation and Community Operations.

2 Build on the work of Nurture Programme within the HSE by ensuring that a culture of staff and parental consultation informs all key decision making processes in relation to child health and wellbeing.

This culture of parental and staff engagement should include ongoing consultation and a periodic formal service review. A formal process should be developed to collate and review all feedback received from consultations.

Further, information on how their feedback was used and any actions taken to address suggestions should be shared with participants in a timely and clear manner. Additional and more specific recommendations on this topic can be found in the companion to this final report, Delivering Systems Change- Lessons from the Nurture Programme: Infant Health and Wellbeing.

3 HSE to commence implementation of a dedicated child health workforce along with the agreement of a national Public Health Nurse resource allocation model (RAM), which defines the required Public Health Nurse levels by population. This should consider factors such as deprivation rates and the implications of working with dispersed rural populations. The RAM should then be used to inform the HSE and the Departments of Health and Public Expenditure and Reform on the human resource and financial planning required for the provision of quality child health and wellbeing services to an agreed standard countrywide.

These developments should include consultation processes with Public Health Nurses, Assistant Director Public Health Nurses, Director of Public Health Nurses and their representative organisations. Staffing levels should reflect the agreed role of the Public Health Nurses based on international best practice on staffing levels, including management support, staff development and administrative support.

4 The HSE to work across divisions to undertake research to clarify the minimum required levels of specialist service provision, the optimal national and regional spread, and the breadth and variation of existing referral pathways for children and parents who require specialist supports. This research should consider the varied needs of diverse cultural populations within the country and should link with HSE Progressing Disabilities and the Integrated Care Programme for Children to adequately assess existing pathways.

Specialist services include but are not limited to those with expertise in sleep disturbances and challenges, speech and language, parental and infant mental health, parenting and community supports, lactation and breastfeeding, enuresis, and paediatric occupational therapy. Once service level requirements and pathways are clarified, the case should be made to allocate the resources necessary to implement the service requirements and develop clear pathways for parents so that specialist services are available on a nationally equitable basis.

5 Develop an electronic patient management system that builds on the data standardisation work of the Nurture Programme. This development must be guided by objectives related to supporting the work of child health professionals, reducing their administrative burden on practitioners and empowering parents through increased access to health information.

The system should be designed to support service review and planning and include plans for integration, in line with GDPR safeguards, with other health information systems (e.g. maternity services, GPs, Tusla). The system must be developed to include a facility for parental access to their children's health records.



