Early Years International Conference and AGM 2013
Culture, Creativity and Community Connections

Master Class Presentation MC4
‘Educating Parents Developing Children’
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Master Class Plan

- Introductions
- Large Group Exercise
- Presentation
- Group Work
- Group Work Feedback
- Conclusions
Group Exercise

Consider and note the key experiences in early life that has made you who you are.

10 Minutes
Presentation content

- Key variables in Child Development
- Risks/Outcomes
- Investment in Brain Development
- Social Cost of Poor Child Development Outcomes
- Good parenting – A Protective Factor
- Parenting Support: The Evidence
- What outcomes & Impacts are we looking for?
- Parenting Education and Family Support
- The economics of Early Intervention and Prevention
- Characteristics of Best Practice Models in Parenting Support
- Lifestart Partnership Model of Family Support
- Lifestart Logic Model
- Adaptations to Practice
- Hybrid Practice Community
- Service Delivery & Pattern of Need
- Partner Feedback
- Issues in integrated practice
- Workshop Questions

What's it all about?
Key Variables in Child Development

Converging research in biology, neuroscience, psychology & sociology

1. Parent/Child Attachment
   - Close Emotional Bond & Communicative Connectedness
   - Influences future physical, intellectual, psychological, economic & social well-being
   - Essential to the construction of:
     - Positive self identity & self-worth
     - Sense of belonging
     - Agency & self-regulation
   - Resiliency /competence & coping skills that shape life trajectories

2. Early life
   - Brain architecture:
     - Construction of synaptic patterns that organise & structure learning
   - Pedagogical role of parents – parents child’s first teacher
   - Scaffolded learning:
     - Through play, reading, talking & listening lay the foundation for child cognitive & social skills

Home Learning Environment

Learning Begins at Birth
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/behavioral 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
Investment in Brain Development

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

1. Developmental history & personal psycho-social resources

2. Characteristics of the family and the child

3. Multiple Nested Contexts in which parenting practice/child development takes place

4. Contextual sources of stress and support

Adapted from Bronfenbrenner 1986
Parenting Support: The Evidence

The evidence suggests:

- Most parents really care about their children
- All families have strengths
- Parents have important perspectives about their children
- Parents can learn new parenting techniques
- Insights into how children develop and learn can affect how people parent
- Initiatives designed to help parents develop their parenting capabilities are effective
- Gains can accrue to children even in the most marginalised of families
What Outcomes & Impacts are we looking for?

Outcomes for Parents

- More knowledge of child development and greater parental efficacy
- Less stressed and better able to cope with parenting
- Better and more stable relationships with their children
- Able to create and maintain a good home learning environment
- More sensitive and responsive to their child’s varied needs
- Increased awareness of the importance of speaking to, reading to and interacting and playing with their children

Outcomes for children

- Better child/parent attachment and bonding
- Better development outcomes in terms of physical, emotional and mental health
- Good cognitive and non-cognitive skills
- Good speech, language and communication skills
- Positive self-identity and self esteem
- Resiliency, coping skills, capacity to self-regulate
- School readiness
Parenting Education and Family Support

- Investing in parenting education has been shown:
  - 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)
Rates of Return to human capital investment initially setting investment to be equal across all ages

Parenting Programmes

- Types of parenting programmes:
  - Evidence-based or evidence informed
  - Behavioural programmes or programmes based on Attachment Theory
  - Remedial or Preventive Programmes
  - Universal or targeted
  - Home-based or centre-based
  - Short-term intervention or long-term family support
  - Delivered by professional staff or by trained para-professionals
  - High-cost or low-cost

- What types of programmes and services do we need to achieve desired parental outcomes in the NI/UK?
- Do programmes/services work equally well in different socio-political and cultural contexts?
- How can we measure the extent to which outcomes are being achieved in our specific contexts?
- Can programmes/services reach and retain ‘high risk’ families?
- Are programme effects cumulative and long-lasting?
Best Practice in parenting support

- **Blueprints Programmes**: Centre for the Study & Prevention of Violence, University of Colorado – data-base of evidence-based, effective programmes (mainly US & Australian parenting programmes)


- The **RAND Corporation** - developing a data-base on effective & transferable programmes on family support in Europe

- **Dartington Social Research Unit** - working on a Blueprints Database of evidence-based programmes focused on programmes & services developed or adapted in Europe

- **The Atlantic Philanthropies (AP) Initiative** to promote prevention and early intervention in NI and in the ROI included funding for independent scientific evaluations of some existing and new parenting programmes

- The **Lifestart Growing Child parenting programme and home-visitation service** is one of the AP supported evaluations.

- Study analysing the impact of the programme & service offered by 14 Lifestart service providers in Ireland (ROI & NI)
Lifestart Study

- 6 year longitudinal study involving a fully-scientific **randomised controlled trial** (424 families – 848 parents and children) aimed at measuring parent & child development outcomes & a **qualitative process evaluation** aimed at identifying how the service brings about these outcomes.

- **Queens University Belfast** : conducting a series scientifically recognised & approved tests with parents and children, (a) when child enters the study (b) at aged 3 years & (c) at aged 5 years.

- **TOPSE (Tool to measure Parental Self-Efficacy)**; Parenting Stress Index; Knowledge of Child Development Index; Bayley Scale of Infant Development (III); British Ability Scales; Ages and Stages Questionnaire; Strengthens and Difficulties Questionnaire & Social Capital Measures.

- 2\textsuperscript{nd} data sweep was completed Nov 12; data analysis is still underway

- Cursory analysis shows effect sizes in the region 0.2 for: parental knowledge of child development & for child social & emotional development & improvements in adaptive behaviour

- 3\textsuperscript{rd} data sweep & process evaluation completed Nov 2014

- Final study results December 2014.
Research (Davis et al 2012) suggests that parent support programmes that work best:

- Are evidence-informed, based on a sound theoretical framework & designed by experts
- Evidenced-based - empirically proven to generate the outcomes they claim to generate
- Manualised, well structured programmes that are quality assured to ensure fidelity
- Delivered by appropriately trained staff supported by good management, supervision & implementation procedures
- Involve one-to-one support/ home-visiting based on systemic programme content
- Are of sufficiently long duration with booster/thematic sessions based on need
- Are socially inclusive and successfully engage and retain ‘high risk’ groups
- Build local social capital & support parental participation
- Work in partnership with communities
- Work in partnership with local health, social care and educational professionals
- Respond to the needs of statutory service systems, service commissioners and purchasers
- Develop referral, reporting and implementation policies and procedures that directly and explicitly meet those needs

The Lifestart model of family support developed in collaboration with HSE West has all these key characteristics
Partnership Model

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

Growing Child Programme

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 targeted service for vulnerable families
Early intervention and prevention service for all first time parents

HSE West Children & Family Services

Child protection & Family Support Services

HSE Advisory Group
Chair: Health Promotion Dept +
Key HSE Personnel
Lifestart Logic Model

**Activity (Lifestart):**
- Strong relationship between family visitor & parent
- Provision of developmentally appropriate education sessions (Minimum 1 per month up to 3-5 years)
- Continued support & celebration of child development outcomes

**Outcomes (Parent):**
- Increased knowledge of child development
- Increased parental self-efficacy & well-being
- Reduced anxiety
- Good Home learning environment
- Strengthened self-concepts & identity
- Enhanced parent/child relationship

**Outcomes (Child):**
- Improved physical health
- Enhanced cognitive abilities: fine & gross motor skills, cognitive development, language acquisition
- Improved behavioural, emotional & social development
- School Readiness
Adaptations to Practice

Lifestart Logic Model

Referral system
Programme/Service Delivery
Additional Staff Training and Support
Reporting Systems
Partnership working
Measuring Impact
### 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.

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

**Partnership Working**
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.
14. Family Consent Form: information sharing.
15. Regional Manager + Referring Agent jointly customise service to family need.
16. 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.
Hybrid Practice Community

Growing Child curriculum
Learning resources & materials
Dialogue:
- Lifestart/HSE professionals
- Parent/Family Visitor
- Parent/Child
- Parent/Professionals
Brokerage:
- Family Visitors
- HSE Advisory Group

Parents
Lifestart practitioners
HSE PHN, Social Work & other professional staff
Teachers and other agents

Pivotal Role played by PHNs

Child Protection Guidelines
Intervention policies & guidelines
Bureaucratic regulations
Shared information & knowledge

Intervention Ethos:
Targeted + Universal approach
Parental Agency & knowledge of child development

Parents
Family Visitors
HSE Professionals
Teachers

Based on a model of an activity system developed by Engeström 1987
Service Delivery & Pattern of Need

- First-time parents: 79%
- High Risk Families: 16%
- FTP with additional support needs: 5%

18 Family Visitors delivering to 1,000 families
Feedback from Service Purchasers

- **Public Health Nurse** – “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 its 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”.

- **Primary School Principal** – “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”.

Issues in integrated practice

- Mixed Economy of Welfare
- Staff operating in more complex settings/ set of relations
- Implementing the Vision
- Reflecting on the evidence
- Evidence in practice
- Commitment/Leadership
- Different discourses & meaning systems
- Structures of authority & legitimacy
- Differences in status & power
- Mediation & Brokerage
- Maintaining Fidelity
- Implementing new learning
- Financial constraints/quality of impact
- Pressures on staff
- Professional & clinical supervision
- Measuring the social return

Better outcomes for children

Integrated approach
Boundary crossing & shared communicative processes
Innovations in Practice
More effective family support service
Opportunities for learning at practice boundaries

Hybrid practice community
Parenting Education & Family Support
References

- Alan Smith (2011) Early Interventions: the Next Steps
- VF PBR for troubled families Final Report June 2012
Group Work

1. Outline key characteristics of an effective family support model: identify 3 key issues (20 minutes)

2. Outline the constraints to integrated practice & how these might be overcome: identify 3 key issues (20 Minutes)

3. Identify 3 key factors in measuring outcomes & costing impacts (20 Minutes)

4. Group Feedback (30 Minutes)

The end
Thank you
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