

2013



Meeting needs, making changes, improving outcomes

## Informing Primary Care Policy and Practice for Children and Families

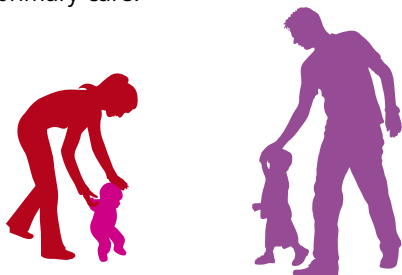
### Policy Brief

This policy brief aims to share the learning from the work of the Childhood Development Initiative (CDI) in order to inform policy and practice with regard to the delivery of primary care services. CDI provides evidence-based services in the community to improve outcomes for children and their families. As part of this work, CDI has addressed the key issue of health through the implementation and independent evaluation of three services: an *Early Intervention Speech and Language Therapy (SLT)* service, a *Healthy Schools Programme (HSP)*, and an *Early Years (EY) Programme*. The findings from the independent evaluations of each of these programmes are presented here and the implications for primary care policy and practice are highlighted.



## Key Points

- In 2001 the Department of Health and Children published its *Health Strategy* which set out a new direction for primary care as 'the central focus of the delivery of health and personal social services in Ireland'. The Strategy emphasises the prevention of illness and the promotion of health and wellbeing through an inter-disciplinary approach;
- Since 2007, CDI has implemented and commissioned the independent evaluation of three programmes which are relevant to the provision of primary care in the community as put forward in the *Health Strategy*: CDI's Speech and Language Therapy (SLT) service, Healthy Schools Programme (HSP), and Early Years (EY) Programme;
- The findings indicate that successful implementation of all three programmes relied on: effective interagency work and good communication between relevant bodies; buy-in from key stakeholders at an early stage, including service providers and parents; strong leadership and management in implementing new approaches to service provision; effective interdepartmental working; and capacity in terms of knowledge and the establishment of appropriate governance structures;
- Positive child and family outcomes were heavily influenced by the quality of the service provision, supports to parents and staff, organisational supports, and onsite delivery;
- Key recommendations for primary care policy and practice include: the universal provision of quality services for children and their families and additional, targeted provision for children from disadvantaged backgrounds; the continued expansion of inter-departmental collaboration; the provision of formal and informal supports to parents to enhance service engagement and the incorporation of health promotion in primary care.



## Background and Context: Primary Care in Ireland

Primary care has been identified as the most appropriate setting to meet 90 to 95 per cent of all health and personal social service needs and has the potential to prevent hospitalisation and facilitate earlier hospital discharge<sup>1</sup>. In 2001, the Department of Health and Children (now the Department of Health) published the *Health Strategy* which set out a new direction for primary care as 'the central focus of the delivery of health and personal social services in Ireland'<sup>1</sup>. The *Health Strategy* emphasises an inter-disciplinary team-based approach to service provision. In its *Statement of Strategy* (2012), the Department of Health outlines actions for several programmes which are needed to achieve its strategic goals of maintaining health, providing appropriate healthcare, delivering quality services, and ensuring value for healthcare resources<sup>2</sup>. For primary care, these actions include the delivery of Universal Primary Care and effective chronic disease management<sup>2</sup>.

The Irish Association for Primary Care (IAPC) advocates assessing healthcare interventions for appropriateness, cost and potential outcomes for the patient and making measuring patient outcomes part of regular practice<sup>3</sup>. Just as practitioners in prevention and early intervention programmes aim to achieve best outcomes for children at the lowest possible cost by intervening early in the child's life, primary care practitioners aim to achieve the best possible health outcomes for the lowest possible investment by intervening appropriately at the first sign of health problems. Making these changes requires buy-in from all stakeholders. To implement primary care reforms, calls have been made for a top-down approach with strong leadership from Government, senior civil servants and advisors<sup>3</sup>.

<sup>1</sup> Department of Health and Children (2001) *Primary care: a new direction: quality and fairness – a health system for you: health strategy*. Dublin: The Stationery Office.

<sup>2</sup> Department of Health (2012). *Department of Health Statement of Strategy*. Dublin: The Department of Health.

<sup>3</sup> Irish Association of Primary Care. <http://www.primarycare.ie/about/>

## CDI and Primary Care

Since 2007, CDI has undertaken the design, delivery and evaluation of seven programmes for children and their families in the community of Tallaght West. Three of these programmes are relevant to the provision of primary care in the community as put forward in the *Health Strategy*:

- An Early Intervention Speech and Language Therapy (SLT) service which provides onsite delivery of early speech and language support to children in pre-school and early primary school settings whilst also developing skills and awareness amongst practitioners and parents;
- A Healthy Schools Programme (HSP) which focused on improving health outcomes for children in primary schools through a whole-school approach to health awareness and education; and
- An Early Years (EY) Programme which delivered an integrated, high quality programme to pre-school children, including access to primary care professionals.

These programmes are also of significance for the first ever Early Years strategy which is being developed by the Government and which provides an opportunity to improve educational outcomes, improve child wellbeing, and increase positive parental engagement in ECEC.

The findings of the independent evaluation of the SLT, HSP, and EY programmes support the underpinnings of the Primary Care Strategy. Key findings with regard to the effective implementation of services, and the impact of effective services on outcomes for children and families, are highlighted in the next section. The implications for policy regarding the development and implementation of primary care in Ireland are outlined.



## Key Findings from CDI's Programme Evaluations:

Key factors for successful implementation in all three programmes included: effective interagency work and strong interdepartmental collaboration; early buy-in from key stakeholders, including service providers and parents; and effective leadership and management in implementing new approaches to service provision.

Successful outcomes for children and their families were strongly influenced by:

- 1. The quality of care.** The provision of services was not sufficient to guarantee positive outcomes. These services had to be integrated and of high quality;
- 2. Parental supports.** Supports are needed to scaffold parental engagement with services through both formal and informal mechanisms. Formal parental training must be balanced with social and other supports to ensure improved awareness of health, language and other developmental issues, and improved home learning environments for children and their families;
- 3. Onsite delivery.** The CDI SLT model for children in early years services and primary schools focused on children, parents and practitioners and was reported by families and staff to make a significant difference to their ability to support children in language development. This onsite, three pronged approach led to improved attendance, earlier diagnosis and intervention, shorter waiting times and earlier discharge. Onsite delivery of other health services in the EY Programme was also positively received;
- 4. Organisational supports.** A mix of formal and informal supports is also necessary for the effective development of staff. Bringing people together in face-to-face meetings where possible, gathering evidence to inform decisions and finding out how systems really work ensure improved service delivery which has an impact on child outcomes;
- 5. A national framework.** A key recommendation from the evaluation of the HSP was the importance of embedding health promotion programmes within a national framework. This framework needs to be led from the top-down to provide adequate support and leadership for health services, and those referring to them.



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## Recommendations for those Delivering and/or Referring to Primary Care Services:

On the basis of the evaluation findings of the CDI programmes in Tallaght West, the following recommendations for the successful implementation, utilisation and development of primary care in Ireland has been identified:

1. An expansion of the culture of **joint working and collaboration from the Department of Education and Skills and the Department of Health** is needed in order to continue the development of children's wellbeing in educational settings. Face-to-face contact between these Departments is critical to effective interdepartmental working and requires designated responsibilities for leading this;
2. The implementation of new programmes and strategies must be led from the top-down, and requires **strong leadership**, as well as **investment** from stakeholders at all levels;
3. **Information sharing protocols** need to be in place to improve engagement and maximise resources. Some Children's Services Committees (CSC) have developed such protocols and CDI recommends that a national information sharing protocol is agreed building on the CSC protocols;
4. The **universal provision of quality services** for children and their families is required as a minimum to ensure best outcomes and a good return on investment in services. Additional **targeted supports** are needed for children from disadvantaged backgrounds;
5. **Formal and informal supports for parents** are necessary to strengthen and empower parents in their engagement with services for children and families, and services should be responsive to the child's and family's needs;
6. Early **onsite delivery** of services such as Speech and Language Therapy should be provided to ensure earlier identification and treatment of need of need, and a non-stigmatising intervention;
7. A **health promotion approach** should be incorporated in Primary Care structures and delivery wherever possible. Health promotion and mechanisms to support inter-agency collaboration should be included as part of training and continuous professional development for teachers and related professionals. This will help ensure appropriate sharing of information, and aid professionals to make evidence-informed decisions;
8. Government Departments **must continue to commit to using evidence** to inform planning and service delivery and give serious consideration to the implications of the evaluation for professional training, service planning and integration. This will help ensure the best return on investment in early services and interventions.

### For more details on the CDI reports, please see:

Comiskey, C. M., O'Sullivan, K., Quirke, M.B., Wynne, C., Kelly, P. and McGilloway, S. (2012) *Evaluation of the Effectiveness of the Tallaght West Childhood Development Initiative's Healthy Schools Programme*. Dublin: Childhood Development Initiative (CDI).

Hayes, N., Siraj-Blatchford, I., Keegan, S., & Goulding, E. (2013). *Evaluation of the Early Years Programme of Tallaght West Childhood Development Initiative*. Dublin: Childhood Development Initiative (CDI).

Hayes, N., Keegan, S. and Goulding, E. (2012) *Evaluation of the Speech and Language Therapy Service of Tallaght West Childhood Development Initiative*. Dublin: Childhood Development Initiative (CDI).

The Childhood Development Initiative,  
St Mark's Youth and Family Centre,  
Cookstown Lane,  
Fettercairn,  
Dublin 24.

Phone: 01 4940030

Fax: 01 4627329

Email: [info@twcdi.ie](mailto:info@twcdi.ie)

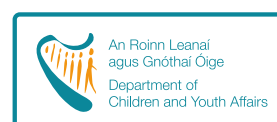
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