



Better for every child

SUMMARY REPORT

The evaluation of the Nurture Programme:
Infant Health and Wellbeing

WELCOME



Better for every child

Launch of the Independent Evaluation of the Nurture Programme: Infant Health & Wellbeing

**Introduction and Host for
the Session:**

Anne Pardy

**Nurture Programme Lead
Health Service Executive**

<https://vimeo.com/379895263>

password: Nurture19



Formal Launch of the Evaluation:

Paul Reid

Chief Executive Officer

Health Service Executive



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

Welcome on behalf of the three Partner Agencies:

Jane Forman

Trustee

Katharine Howard Foundation



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STAKEHOLDER INTERVIEW 24

Welcome on behalf of the three Partner Agencies:

Stephanie O'Keeffe
National Director, Strategy & Transformation,
Health Service Executive



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STAKEHOLDER INTERVIEW 24

Welcome on behalf of the three Partner Agencies:

Nuala Doherty

Director

Centre for Effective Services



**Presentation of findings and recommendations of
the independent Evaluation of the Nurture
Programme: Infant Health & Wellbeing:**

**Caroline Gardner
Chief Executive Officer
Quality Matters**

Better for every child

The evaluation of the Nurture
Programme: Infant Health and Wellbeing



This Presentation

This presentation outlines key findings from the independent evaluation of the Nurture Programme.

The outcomes of 6 key Programme deliverables

The effects on systems change within the HSE

Conclusions and recommendations

THIS EVALUATION WAS UNDERTAKEN
BY QUALITY MATTERS IN ASSOCIATION WITH DCU



Overview of the Programme

The Nurture Programme

Infant Health and Wellbeing is a far-reaching, multi-year quality improvement programme which aims to strengthen and standardise the care and support provided to young children and their parents.

LED BY



FUNDING PROVIDED BY



Programme development

2014

The Project Partners identified the need to improve child health and wellbeing by strengthening the HSE's universal supports in pregnancy and the first three years of childhood.

Standards for antenatal education

New www.mychild.ie website

New My Pregnancy and My Child books

Child health blended training programme

Standardised child health record

Standardised developmental screening tool (ASQ-3)

LAUNCHED IN 2016 (FOLLOWING 2 YEARS IN PLANNING)

Programme structure



Programme structure



Key Outputs
www.mychild.ie website
My Pregnancy Book
My Child: 0 to 2 years
My Child: 2 to 5 years
Child Health Training Programme for Health Professionals
National Standards for Antenatal Education
Standardised National Child Health Record
Standardised Routine Assessments (ASQ-3)
Resources to support training
Infant mental health key messages and supports

The HSE Team

Core HSE Team managing the Nurture Programme was well integrated into National Healthy Childhood Programme

Programme Lead

Communications Manager

Project Manager

Research and Data Analyst

In 2018, 9 Child Health Programme Development Officers employed to work at CHO level supporting child health developments.

KHF and CES established smaller parallel teams to support their work on the Nurture Programme

The Nurture Programme

- Partnership approach including philanthropy, the HSE and implementation support
- Matched / leveraged funding of 1:5 Philanthropy: HSE over 10 years
- Implementation science methodology:
 - Logic Model, Implementation Plan, 6 Implementation Teams, whole system approach, interconnectivity between teams and deliverables
 - Focus on planning for sustainability from the start - using implementation science
 - Infant Development Fund – beyond the life of the Programme
 - Co-creation: Focus on consultation - surveys with 4,000 parents and 283 healthcare staff, as well as MANY consultation sessions, and user testing for deliverables

The evaluation

4

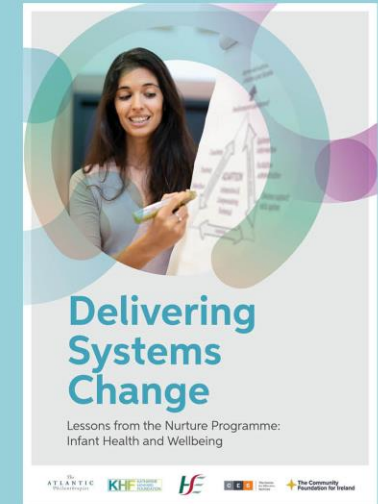
YEARS

7

RESEARCH
REPORTS

3

FINAL
REPORTS



BASED ON THE VIEWS OF OVER 400 PEOPLE

DELIVERABLE 1

Antenatal Standards

Identified as necessary to ensure quality and consistent information.

The standards were new and developed in consultation with parents, parents-to-be and healthcare providers including HSE National Women and Infants Health Programme and the HSE Office for Nursing and Midwifery Services Director.



DELIVERABLE 1

Antenatal Standards

Outcomes

Stakeholders in the evaluation viewed the standards as an important addition to quality supports in pregnancy. Particularly supporting 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.

DELIVERABLE 2

www.myChild.ie

The development of www.mychild.ie was the first large scale, mobile-first, website development in line with the HSE's Digital Roadmap (2017).

Viewed as a key way for parents to receive consistent messages about pregnancy, parenting and the physical, social and emotional development of children up to three years of age. Parental consultation and communications expertise were both key to ensuring that the right messages are delivered in the right tone.



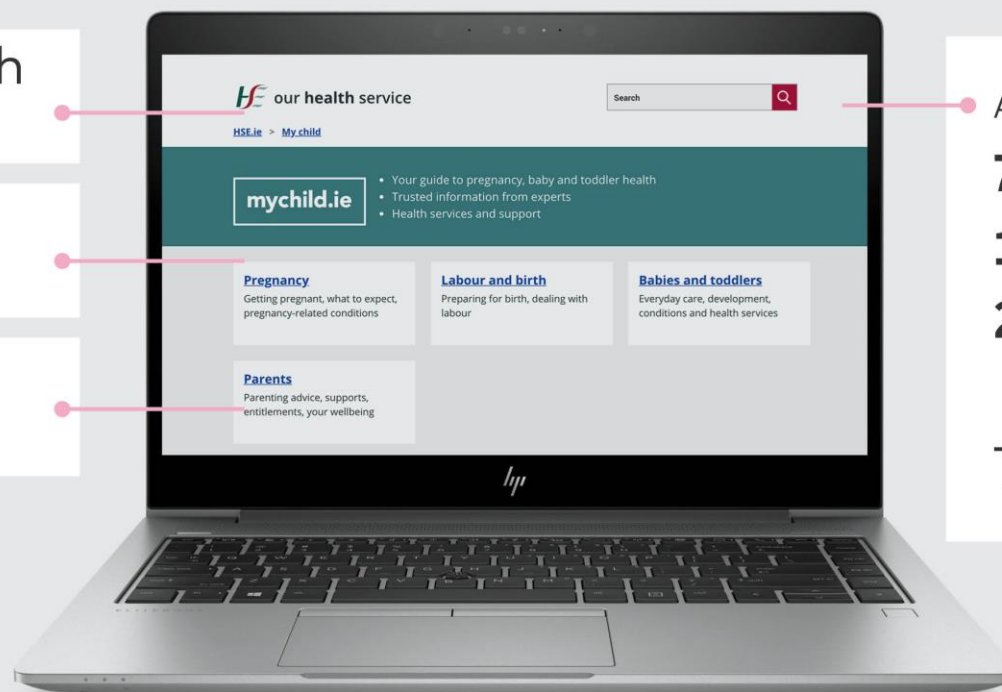
DELIVERABLE 2

www.myChild.ie

525+ pages of high quality content

Developed by 60+ professionals

Target reading age of 11



AS OF NOVEMBER 2019

775,249 users

1,214,163 sessions

2.35 million page views

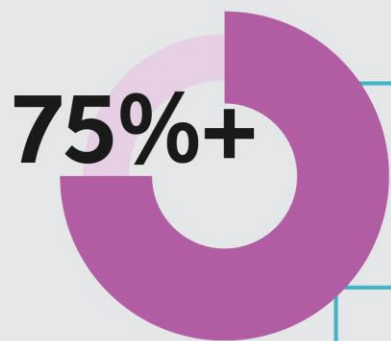
This continues to rise steadily.

LAUNCHED IN DEC 2018

DELIVERABLE 2

www.myChild.ie

OF USERS SURVEYED



Said they **would recommend it to others**

Felt the site was **trustworthy** and **reliable**

Felt the site was **straight-talking, easy to use, caring/compassionate** and obviously **written by health experts.**



Around two thirds of PHNs would refer parents to the site and would use it themselves.



The majority of parents felt **more knowledgeable and confident** after visiting www.mychild.ie



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

DELIVERABLE 2

www.myChild.ie

Next Steps

- **Maximise accessibility** for people challenged by language, literacy or technology.
- **Enhance the site** so parents can log their due date / child's age and receive information tailored to their child's developmental stage (Progressing through Slaintecare digital child health project).
- Continue with governance systems, user feedback and promotion

DELIVERABLE 3

My Pregnancy and My Child Books

RESEARCH WITH 3,224 PARENTS FOUND

They didn't receive enough information and support to prepare them for pregnancy and becoming a parent.

30%

IRISH PARENTS

They didn't feel they received clear and consistent information about their child's health from healthcare staff.

30%

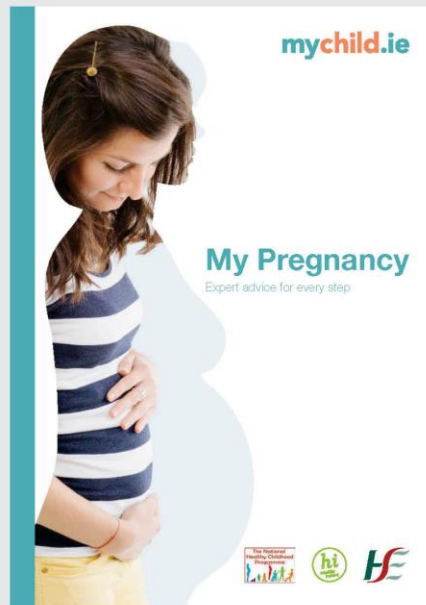
IRISH PARENTS

Consultation revealed parents want online and print information with a collaborative and friendly tone.



DELIVERABLE 3

My Pregnancy and My Child Books



40,000

MY PREGNANCY BOOKS

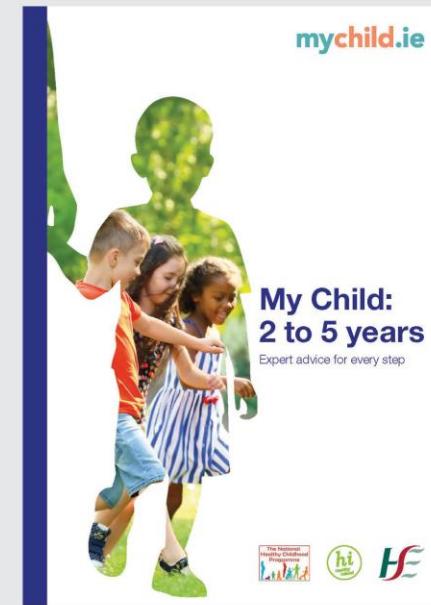
Printed and disseminated by midwives



40,000

MY CHILD: 0 TO 2 YEARS

Books printed and disseminated by PHNs



36,000

MY CHILD: 2 TO 5 YEARS

Books printed and disseminated by PHNs

DELIVERABLE 3

My Pregnancy and My Child Books

The books as providing useful and appropriate information to parents and parents-to-be.

82%

PUBLIC HEALTH NURSES

These resources helped parents to be more knowledgeable and confident about caring for babies.

75%+

PUBLIC HEALTH NURSES

These made parents better able to access services.

69%

PUBLIC HEALTH NURSES

Next Steps

HSE committed to updating and re-printing as required.



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

DELIVERABLE 4

A New Child Health Training Programme

Standardising services nationally, for infants and parents from pregnancy to the child's third birthday, is an overarching goal of the Nurture Programme.

According to parental and staff consultations, the previous lack of a national approach contributed to a lack of coherence in messaging and standards which could result in confusion and frustration for parents and practitioners alike.



DELIVERABLE 4

A New Child Health Training Programme

A **competency matrix** was developed to analyse staff needs, combined with a **review of training approaches**, this informed the training framework and the decision to use a blended learning approach (i.e. on-line and face-to-face with coaching/mentoring).

24 new or revised in-person, online and face-to-face training modules developed - 30 min to full day class-based training.

Training modules include breastfeeding, developmental assessment, behavioural sleep difficulties, growth monitoring, nutrition and child-safety and much more.

Infant mental health: specific modules and key messages integrated into all training.

DELIVERABLE 4

A New Child Health Training Programme

Felt training increased participant understanding of the evidence base which underpins their work and resulted in more informed referrals and increased clarity on roles and responsibilities.

90%

PUBLIC HEALTH NURSES

Confirmed that training supports integrated service delivery, increased staff motivation and morale and improved staff confidence.

75-80%

PUBLIC HEALTH NURSES

FROM A SURVEY OF 232 PUBLIC HEALTH NURSES



[The training] was excellent. I felt a lot more equipped after leaving there. 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.

PHN INTERVIEW 14

DELIVERABLE 4

A New Child Health Training Programme

The evaluation 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 learning or sufficient time for training.

Next Steps

- Continue to work with third level training body on incorporating training into core professional development
- Maintain programme and develop coaching and mentoring supports
- Training available to a wider workforce including within in the wider HSE, Tusla and Community and Voluntary sector.

DELIVERABLE 5

National Standardised Child Health Record

Prior to Nurture Programme different child health records were used across CHOs.

Variation in records presented challenges to practitioners dealing with a range of record formats, particularly in areas with higher staff turnover, or where high numbers of the families on caseloads were moving between geographical areas. It also caused challenges to a consistent approach to the gathering of data.



DELIVERABLE 5

National Standardised Child Health Record

Interviews with key stakeholders indicated the record will increase efficiency for health staff working with families that transfer from one health care area to another, and improve the quality and consistency of care to children and families.

It will also build foundations to support a national unified electronic health record accessible by parents.

Next Steps

National roll out and ongoing monitoring to explore whether standardisation results in practitioners having more time to spend with parents and better data to inform practice.

DELIVERABLE 5

National Standardised Child Health Record

The NHCP identified the Ages and Stages Questionnaire (ASQ-3), which had been used in some CHOs as the most appropriate evidence-based child development assessment tool.

ASQ-3

Internationally recognised parent-led tool

Parents complete assessments at home and bring this to their appointment.

Helps practitioners to assess whether there are additional assessments or supports needed for developmental delays or health difficulties.

DELIVERABLE 6

Standardised Screening Tools

Consultation with areas using ASQ-3 informed the process, including the need for developmental assessment tools and the need for central supplies.

THE PROCESS ALSO INVOLVED CREATING:

- National guidelines
- An eLearning module and a 'Train the Trainer' course and supports
- A toolkit and implementation guide for all staff using the ASQ-3.

AS OF SEPTEMBER 2019,

1,027 practitioners had completed the one-hour online ASQ-3 eLearning Module,
176 have completed the five hour in-person train the trainer training.

DELIVERABLE 6

Standardised Screening Tools

PUBLIC HEALTH NURSES GENERALLY AGREE

The ASQ-3 is very likely to improve child health outcomes.

The training matched their level of knowledge and 85% agreed it was relevant to their work.

77%

PRACTITIONERS

Felt more confident as a result of the training and felt that they had the skills to use the tool.

65%

PUBLIC HEALTH NURSES



This is a positive development and gives PHNs the tools to address things in a more open and consistent way while also supporting families.

STAKEHOLDER INTERVIEW 34



Now everyone will be doing evidenced-based assessments... Every child is getting the same evidence-based service. That's a significant win.

STAKEHOLDER INTERVIEW 45

Standardised Screening Tools

Next Steps

- Finalise agreement to implement the ASQ-3.
- Provide refresher training to staff who have had a delay between receiving training and using the tool.
- Future reviews of ASQ-3 implementation to monitor onward referral pathways.
- Gather and consider national data on child development

Systems Change

Viewed the Nurture Programme as having an innovative approach.

76%

STAKEHOLDERS

Stated there was a medium to large level of improvement in relation to communications within the HSE.

72%+

STAKEHOLDERS

Agreed that the Programme's approach has increased collaboration among different HSE departments

54%

STAKEHOLDERS

Agreed that the approach has increased collaboration between the HSE and allied agencies.

58%

STAKEHOLDERS

Systems Change

Stated that training increased staff understanding of the evidence base underpinning their work.

91%

PUBLIC HEALTH NURSES

Agreed that the Nurture Programme has supported the earlier identification of child and maternal health and wellbeing needs.

70%

PUBLIC HEALTH NURSES

Stated there was medium or large change in relation to how public information on child health is developed and reviewed.

80+%

STAKEHOLDERS



It is a big change in the way that we create content aimed at the public...Now, we look at all of the people who need to review a piece of information - maybe several experts as well as communications expertise and the importance of design. The Nurture Programme really has had a big impact on those areas.

STAKEHOLDER INTERVIEW 14



Usually people say we submit data and we don't see it. Now staff submit data on breastfeeding and they get to see their local rates as compared to others. This was done in 2018... People can see if they are improving, that is so important.


STAKEHOLDER INTERVIEW 52

Key Recommendations

- 1 Maintain and continue to develop the www.mychild.ie and the My Pregnancy and My Child books for parents.
- 2 Continue to implement and develop the training framework.
- 3 Implement the National Standardised Child Health Record.
- 4 Roll out the Standardised Screening Tool (ASQ-3) nationally.
- 5 Adequately resource the HSE National Healthy Childhood Programme (NHCP) so it is able to adequately fulfil its role.

Key Recommendations

- 6 HSE to support the development 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 child and family Public Health Nurse levels by population.
- 7 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.
- 8 Integrate the standard Child Health Record into the electronic health record management system currently being developed by the HSE, and build on the data standardisation work of the Nurture Programme.



A lot of what happens within the health service focuses on the acute. So, prevention and early intervention don't always get the same consideration. Nurture has helped to push this. This is largely because of the investment of funding to support the Programme and because we have external parties... who are ensuring the accountability and deliverability of the Programme.

STAKEHOLDER INTERVIEW 13



It has built a huge amount of capacity and evidence on the importance of child health being a priority. It has made a difference.

STAKEHOLDER INTERVIEW 6



Presentation of findings and recommendations of the independent Evaluation of the Nurture Programme: Infant Health & Wellbeing.

Response:

**Francis Chance
Nurture Programme Manager
Katharine Howard Foundation**

Panel
discussion:
Your
questions
and
comments

On your phone / tablet, visit: sli.do

Enter event code: **8721**

- **Please note you can vote for your top questions and comments.**



Now everyone will be doing evidenced-based assessments, that are nationally considered good practice. That's a significant win.
STAKEHOLDER INTERVIEW 50

The impact of the Nurture Programme and what needs to happen next:

Moderator: Aisling Sheehan, Nurture Programme Lead, Centre for Effective Services

Breda Ryan, Parent

Steve Conlan, Parent

Connie O'Connell, Assistant Director of Public Health Nursing, HSE, Galway

Ann O'Shea, Chief Officer, Community Healthcare Organisation 7, HSE

Siobhan McArdle, Head of Operations: Primary Care - Community Operations, HSE



**Reflections on supporting the Nurture Programme
and on the challenges of sustainability:**

Allison Metz

CES Associate

Co-Director of the National
Implementation Research Network
at the University of North Carolina



Celebrating and Sustaining The Nurture Programme

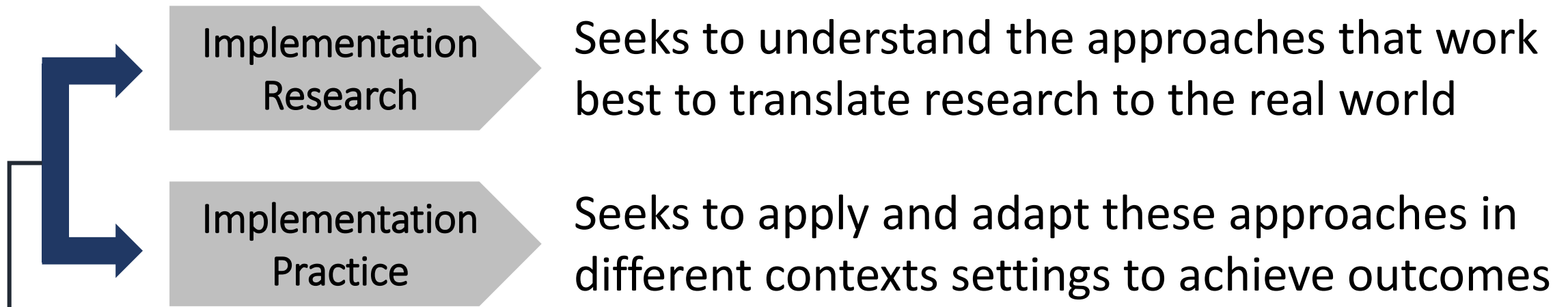
Growing roots that will sustain lasting
change for young children and their
families

Allison Metz, Ph.D.
Director, Senior Scientist, Research Professor

Nurture Workshop, Dublin
December 17, 2019

Implementation Science

Implementation science includes **research** and **practice**



The Nurture Programme utilized implementation best practices, including:

- Implementation teams
- Using evidence to inform decision-making
- Stakeholder engagement
- Usability testing

Growing Roots for Lasting Change Through...

- Implementation Teams
- Communication
- Trusting Relationships



Celebrating and Sustaining Implementation Teams

Implementation Teams

Successful implementation is a collaborative act, requiring more than the efforts of a charismatic leader.

There is growing evidence that implementation...

- relies on multiple actors;
- is a process that is multi-faceted, iterative, and often unpredictable.

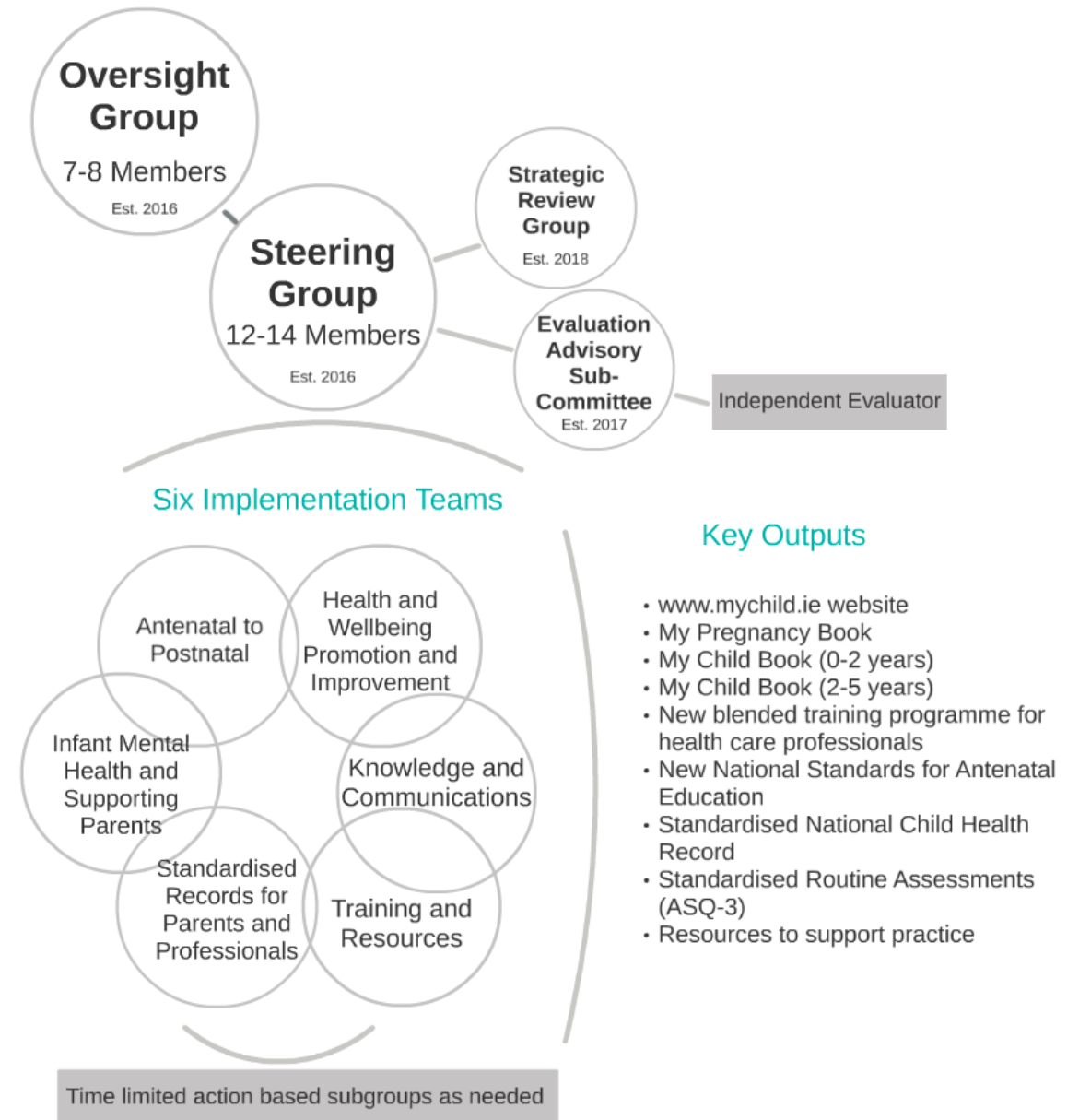
Implementation Teams

Collaboration and teamwork, and specifically the creation of implementation teams, are strategies for stakeholder leadership and sustaining change.

Implementation teams ensure the inclusion of multiple actors and perspectives in activities such as communication, problem solving and data use.

Implementation Teams

The work of Nurture has been carried out by a teaming structure designed to facilitate key activities in the development, implementation, and continuous improvement of Nurture's integrated programme.



Implementation Teams

The diversity of professionals working together in the Implementation Team was considered by stakeholders as a significant strength of the process.

Team Competencies:

- Knowledge
- Ability to develop infrastructure
- Ability to conduct improvement cycles
- Systems building skills

Implementation Teams

Continue to use standardized and consistent processes for meetings and communication as implementation continues.



Consistent meeting times, protocols



Protocols for bi-directional stakeholder communication



Defined quality improvement processes



Opportunities for team members to grow and learn

Teams and Enabling Context

Teams create the contextual factors to sustain implementation:

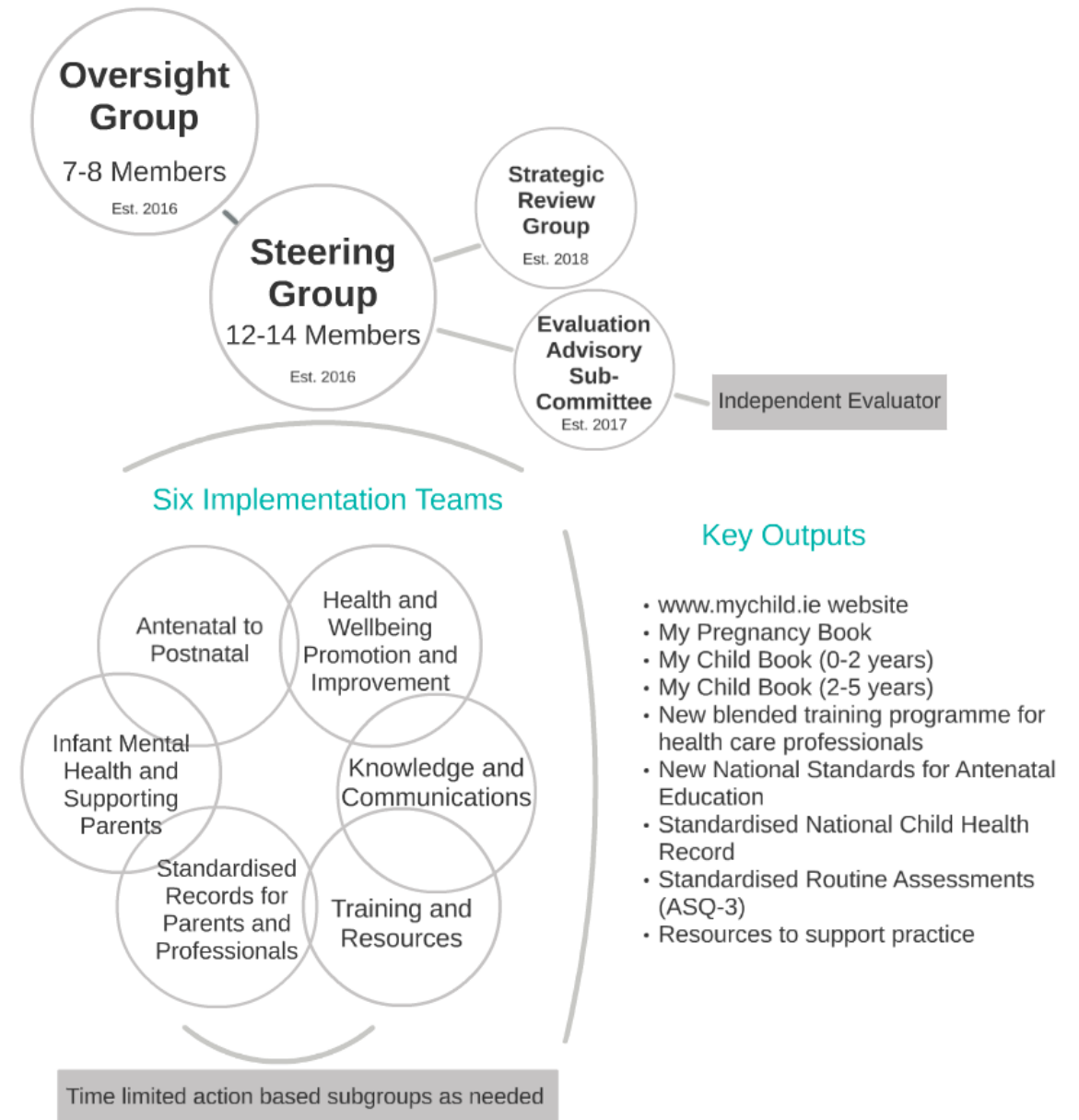
- Develop learning culture at local and national levels
- Grow absorptive capacity of health organizations to identify and use evidence to improve
- Ensure the availability of data to inform decision-making
- Address issues of power and motivation at organizational and systems levels.

54% of stakeholders agreed that the Programme's approach has increased collaboration among different HSE departments

58% agreed that the approach has increased collaboration between the HSE and allied agencies

Implementation Teams

Sustaining team functions through integration into existing structures within the National Healthy Childhood Programme



Celebrating and Sustaining Communication

Communication

Sustainability has been increasingly conceptualized as a more dynamic construct that allows for adaptation and capacity building in response to new evidence, policies, or other influences.

Dynamic sustainability focuses on continued learning and evaluation, problem-solving, and ongoing adaptation of the interventions to enhance their fit with contexts and populations over time.

Communication

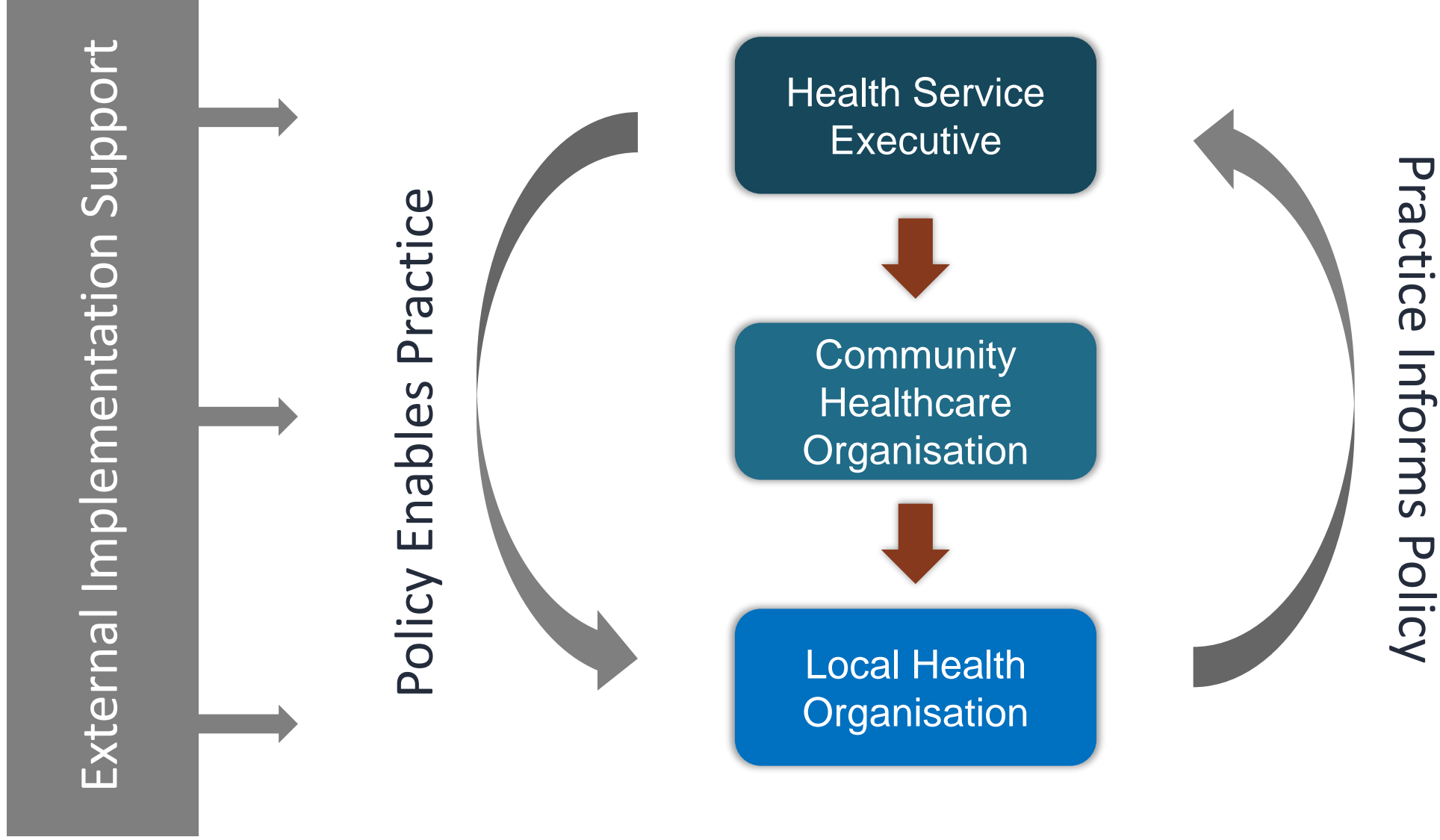
Collaboration is particularly important to effectively respond to changes in policy, funding, populations, and personnel in specific contexts.

The development of the ADPHN network and the recruitment of nine regional Child Health Programme Development Officers were features that supported better communications.

72 % of stakeholders stated there was a medium to large level of improvement in relation to communications within the HSE.

54% of PHNs stated there had been a positive change in communications.

Feedback Loops



Celebrating and Sustaining Trusting Relationships

Why is Trust Important?

Trust is the cornerstone for effective partnerships. Trust engenders faith that partners can rely on each other to come through on agreements and to understand – and even anticipate – each other's needs and interests.

(Tseng, Easton, & Supplee, 2017)

Implementation relies on collaborative learning, taking risks, and failures. At the center of this is vulnerability and trust

(Dovey, 2009)

Building Trusting Relationships

- Developing trust and understanding among partners was key in the initial phases of Nurture implementation so that honest, and critical discussions could inform programme planning.
- To accomplish this, the partners engaged with an external facilitator who helped them to build positive relationships and engage on an equal footing as well as introduce and guide more challenging conversations, when necessary.

When trusting relationships exist, information is more readily exchanged and multiple stakeholders can exert influence on the implementation process.

Building Trusting Relationships

Creating productive cross-agency working relationships takes time and commitment.

In the Nurture Programme, the following factors supported relationship building and maintenance of key relationships between stakeholders:

- Allowing significant time to develop relationships and contextual analysis – this process took place over a year and a half.
- Secondment an HSE staff member to CES and recruitment of CES staff member into HSE role, supported the alignment of working methods and increased understanding between organisations.
- Flexibility in governance structures allowed for the establishment of new structures to resolve or advance specific issues as these arose.

Building Trusting Relationships

Perhaps the most important foundation for implementation is the *ability for stakeholders to empathize and understand the needs of others*. Implementation should occur within an environment of mutual respect.

Engendering trusting relationships involves developing a pattern of *responding to stakeholder feedback and suggestions in a timely manner* to achieve implementation goals.

The Nurture Programme is building trust through...

- Parents consultations (4,000 parents surveyed; focus groups with 53 parents)
- Provider consultation (e.g. 283 healthcare staff surveyed; 153 antenatal education providers surveyed)
- Shared consultation findings with participants in an accessible way.

Intrapersonal and Interpersonal Trust

Intrapersonal Trust: Over 85% of users surveyed felt that MyChild.ie. was trustworthy and reliable, and that they would recommend it to others.

Interpersonal Trust: Stakeholders report real progress in improving planning and integrating delivery of services and supports in pregnancy and to infants and their parents.

Sustaining Trusting Relationships

- 1) Explicit, clear, and comprehensive communication
- 2) Long-term commitment
- 3) Making the time for frank conversations

Trust is built through micro interactions

For more information:

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<https://ssw.unc.edu/>



NIRN

NATIONAL IMPLEMENTATION
RESEARCH NETWORK

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The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services.



**We Wish You
All A Very
Happy
Christmas And
Success in
2020!**