Gráinne Smith
Childhood Development Initiative (CDI)

Accessing Primary Care: Lessons and Insights for Disadvantaged Communities
Aims of Presentation:

- Overview of CDI;
- Outline three CDI programmes which are of particular relevance for primary care;
- Present key findings from the independent evaluations of these three programmes;
- Outline key recommendations for primary care policy.
CDI Overview:

- Funded under the Government’s Area Based Response to child poverty (formally funded under the PEIN);
- CDI began its work in 2003 in order to develop a strategy to improve the health, safety and learning of the children of Tallaght West and to increase their sense of belonging to their community;
- Following a period of community engagement and needs analysis, in 2007 CDI developed 7 community based and evidence-informed programmes (8 independent evaluations);
- Three service evaluations with direct relevance to primary care.
CDI’s Underlying Principles:

- To design innovative services which meet the needs of the community and improve outcomes;
- To promote high quality delivery;
- To support interagency collaboration;
- To identify “What Works”;
- To inform Government policy and thinking.
Using Key Findings from CDI’s Independent Evaluations: Informing Primary Care Policy and Practice.
How Primary Care fits with CDI:

- Healthy Schools
- Supporting Parents
- Early Years
- Speech & Language Therapy
1. Healthy Schools Programme (HSP)

- Implemented in 5 primary schools in Tallaght West (children aged 4–12);
- 2 coordinators employed by schools to deliver a manualised programme;
- Inter-agency Steering Committee established;
- Work programme focused on health promotion activities and Speech and Language Therapy;
- Sought to:
  Improve children’s health and well being, and increase access to primary care services.
Structures Supporting Access to PC:

Setting up Care Teams to monitor referrals.

Set up referral systems: contact details; route of access; consent.
HSP Evaluation:

- Quasi-experimental study by Trinity College Dublin and the National University of Ireland, Maynooth (NUIM) (Comiskey et al, 2012);

  - Children in both groups demonstrated age-appropriate development – no significant differences were observed between the school types;

  - Schools felt they might not be equipped to identify the health needs of the children, and needed support from both the DES and the HSE to ensure long term success of the HSP;

  - The HSP inter-agency Steering Committee was viewed as a positive vehicle for bringing health and education together at the local level;

  - Parental engagement was viewed by staff in the HSP as a key factor in health promotion in schools.
2. CDI’s Early Years Programme:

- A two–year service, flexible and broad–based curriculum (HighScope) for 4 hours 15 minutes per day, 5 days a week (9 services involved);

- Minimum practitioner qualifications;

- Practitioner–child ratio 1:5;

- Dedicated parent–carer facilitator and speech and language service;

- Non–contact time for planning, training, home visits;

- Sought to:
  - improve social, emotional and cognitive skills;
  - improve parent–child relationships;
  - To smooth transition to school.
Structures Supporting Access to PC:

Relationships and Awareness:

Supporting relationships between PC services and early year’s services and schools.

Invite PC services into early year’s services and schools.

Someone to take responsibility to support interaction with PC services.
Supporting Parents:

Supporting parents to make referrals and attend appointments.

Supporting relationships between PC services and parents.
Early Years Evaluation:

- Randomised Controlled Trial by the Centre for Social and Educational Research at the Dublin Institute of Technology and the Institute of Education at the University of London (Hayes et al., 2013):
  - Positive trends in attendance, behaviour & social skills; improved speech and language prognosis;
  - A positive practitioner effect with the quality of activities planned and implemented in CDI’s Early Years programme;
  - A positive effect of the intervention parenting course on the quality of the Home Learning Environment.
3. Speech and Language Therapy (SLT):

- The service worked with children attending 10 early years’ services and 3 primary schools;

- Delivered onsite by 2 dedicated SLTs;

- Children primarily referred for assessment by parents but with significant scaffolding from key staff;

- Sought to:
  - Promote children’s speech and language development and provide intervention;
  - Provide training to staff and parents of both the Early Years and the Healthy Schools Programmes and to promote speech and language therapy within programme settings.
Structures:

- Onsite delivery.
- Memorandum of Understanding (MoU); Dual policies; Service level agreements.
- Training and support to staff and parents.
- Onward referral to specialist services.
Retrospective Impact Study by the Centre for Social and Educational Research at the Dublin Institute of Technology (Hayes et al., 2012):

- Children seen at a significantly younger age than other services and with a shorter waiting time (apart from inpatient services);
- 18% of children were discharged from the CDI service as being within normal limits, removing potential risk factor for disadvantaged children;
- On-site delivery suited parents well and was less disruptive for children than clinic based services, so meeting the needs of the community.
Key Findings: Implementation

Key factors for successful implementation in all three programmes:

- Quality delivery (onsite delivery, parental supports);
- Evidence-informed (logic modelling);
- Leadership:
  - Management (achieve buy-in and organisational change);
  - Policy (provide a national framework and organisational supports to achieve this).
Key Policy Recommendations:

- **Universal** provision of quality services for children and their families and additional, **targeted** provision for at-risk children;
- Continued expansion of **inter-departmental collaboration**;
- Programmes and strategies require strong leadership and investment;
- Provision of formal and informal **parental supports**;
- A **health promotion** approach to be incorporated in primary care structures and delivery wherever possible;
- Implement **information-sharing** protocols;
- Provide **early onsite delivery** of services such as SLT;
- Continued commitment to using **evidence to inform planning**.
References:

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


Thank You

www.twcdi.ie

www.facebook.com/ChildhoodDevelopmentInitiative

grainne@twcdi.ie