Design, Development, Evaluation

An important feature of Early Start has been the commitment to rigorous evaluation of the effectiveness of the programme. In conjunction with the Christchurch Health and Development Study, Early Start adopted what has come to be known as the Prevention Science model. This involved a two-stage research process.

i) A Feasibility Study

The first stage involved a feasibility study to determine whether Early Start could be implemented, examine benefits of the programme, and assess client satisfaction. The feasibility study was conducted in the late 1990s and involved 51 whānau enrolled in the service. This study led to three general conclusions:

- Firstly, Early Start was acceptable to whānau with over 80% of the clients offered the service agreeing to participate
- Secondly, the service appeared to have a number of benefits in the areas of child health, parenting and related outcomes
- Finally, there was high satisfaction with over 95% of whānau describing the service as 'helpful' or 'very helpful'.

These findings were evident for Māori whānau, and non-Māori families enrolled in Early Start. On the basis of this pilot study, a service delivery manual was prepared.

ii) A Randomised Trial

Following the feasibility study, a randomised controlled trial of programme efficacy was conducted. In this trial, 220 whānau provided with Early Start were compared with a control sample of 223 whānau not provided with the programme. The trial was conducted with approval by the Canterbury Regional Ethics Committee in 1999, 2001 and 2004.

The two groups were followed over a nine-year period to examine the short and longer term benefits of the programme. This study showed that Early Start had multiple benefits for tamariki enrolled in the service. By three years, tamariki in Early Start had significantly better outcomes on a series of measures, including:

◊ *greater contact with family doctors*

◊ *higher uptake of well child services*

◊ *fewer hospital attendances for childhood accidents*

◊ *higher attendance at preschool dental services*

◊ *greater participation in preschool education*

◊ *more positive and less punitive parenting*

◊ *lower rates of severe physical assault by parents*

◊ *lower rates of childhood behavioural problems.*

These trends were found to persist up to the age of nine, with Early Start.

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Early Start Project

A NZ Success Story

Atawhaitia nga pepe ~ nurture the baby early

About Us ~ Our Background

Early Start is a home visitation programme that developed in Christchurch, NewZealand. It focuses on providing tamariki (children) in whānau (families) facing multiple disadvantages with supports and practical assistance. Currently Early Start support 322 Canterbury whānau.

The key features of the programme are:

- Whānau are enrolled when their tamariki is under one year, and ideally during the antenatal period. The primary focus is the tamariki, providing family support and education to 'nurture the baby early' and encourage improvements in lifelong experiences.
- Whānau receive a comprehensive programme which is provided by trained Family Support Workers/Whānau Āwhina with qualifications in Nursing, Social Work, Education, or an allied profession.

The service consists of a modular evidenced based programme of home visiting which may last up to five years.

The frequency of home visiting varies according to whānau need and ranges from Level 1 home visiting (weekly) to Level 3 home visiting (one visit every month).

The aims of the programme are to address a range of issues relating to the wellbeing of the enrolled tamariki and their whānau.

Early Start was developed from the mid-1990s by Professor David Fergusson of the Christchurch Health and Development Study(1), and a consortium of Christchurch organisations and health practitioners; including the Southern Regional Plunket Society, the Pegasus GP group, Tangata whenua representatives, and representatives from community social services and child protection services.

Since its inception Kuia have played a key role in organisational governance by providing guidance and support to ensure Te ao Māori (a Māori world view) is firmly embedded in strategic planning, operational policies and procedures, and day-to-day service delivery. Early Start wishes to acknowledge the significant contributions made over many years by Bernice Tainui, Kiwa Hutchin, Terehia Kipa and more recently, Mere Balsom.

The purpose of this overview is to document the development of Early Start as an effective, culturally appropriate, home visiting programme. Further details about Early Start can be found at: http://www.earlystart.co.nz/

The Christchurch Health and Development Study is an internationally regarded longitudinal study that commenced in Christchurch city in 1977 with the enrolment of 1,265 babies. More information can be found at https://www.otago.ac.nz/christchurch/research/ healthdevelopment/index.html.

A National Leader

Early Start was the first long-term (up to five years) home visitation programme in New Zealand to use a modular intervention approach to support whānau facing high levels of adversity.

Early Start provided the impetus and 'template' for the development of Family Start, the nationally delivered early intervention programme which commenced in the late 1990s(2) .

There are some important differences between these programmes, for example the length of time whānau are supported.

(2) Family Start is funded by Oranga Tamariki, the Ministry for Children

Nurture the baby early

Early Start encourages and supports families to provide each of their children with a positive and enjoyable childhood experience

Reasons for Early Success

The success of Early Start can be attributed to the following combination of factors:

- Development of a local consortium of providers bringing together key stakeholders (clinical groups, researchers, Māori, community, business, public service).
- Ensuring Māori participation in governance, programme development and evaluation.
- A ten-year development period beginning with a feasibility study and concluding with a long-term randomised trial.
- An evidenced based approach to the development and delivery of home visitation services. Only interventions supported by robust evidence are utilised with families.
- A commitment to innovation, on-going programme development and evaluation to enable an evolving response to changing whānau needs.
- An operating model based on tailoring a manualised planned intervention of options and a strong focus on consistent and regular supervision and the monitoring of service standards .
- Stable governance, leadership and management.
- Continued funding support over a long period.