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An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

National Home Visiting Programme



Tusla National Home Visiting Programme

Initial Evaluation Summary Report 2026

An Roinn Leanaí, Míchumais agus Comhionannais
Department of Children, Disability and Equality

HSE Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

“The Prevention and Early Intervention Policy Unit views this Initial Evaluation report as comprehensive, thorough and offers rational arguments for the continued development and enhancement of Home Visiting.

The high level of engagement with stakeholders is noted and welcomed. The feedback mechanisms gave rise to consistent themes and builds an important picture of the genesis of the Programme, how it has progressed since the Children’s Fund came into play, and what the ambitions and challenges are.

The importance of national reporting while respecting the differing models, eligibility criteria and local contexts operating across Programmes is acknowledged as an important contextual element.

The report will serve as a valuable primer and link to the expected end-of-term evaluation, which is intended to track five years of service developments and how the impacts of those developments are viewed by practitioners and users.”

Simon Conry, Principal Officer,
Head of Prevention & Early Intervention Policy Unit
Department for Children, Disability and Equality

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Executive Summary

This report represents the first publication of the National Home Visiting Programme. It provides a context for the Programme's purpose and development since late 2024. The report explores the development of Home Visiting facilitated by the Children's Fund and presents the Programme data available at this early stage of implementation.

It presents the perspectives of stakeholders across local, regional and national levels on the development to date. As the first evaluation of the Programme, it establishes a baseline against which future progress and impact can be assessed.

This process evaluation examines the implementation and early outputs of the National Home Visiting Programme during its initial development phase (2024 to 2025), and the extent to which the Programme has progressed towards establishing a consistent, evidence-based approach to Home Visiting.



It considers how effectively it coordinated activity, provided strategic direction and generated evidence to support the development of a sustainable national service.

Adopting a research-led framework, the evaluation focuses on four core questions: what was delivered, how it was implemented, what outcomes were achieved, and what learning can inform future Programme development. A mixed-methods approach was employed, including questionnaires developed for governance and advisory groups and participating families, alongside focus groups with Home Visitors and Home Visiting Coordinators. This design facilitated triangulation of perspectives across governance, service delivery and beneficiary experiences. A central feature of the evaluation is the integration of Patient and Public Involvement (PPI). Families were actively engaged in shaping the research focus and contributing to data collection, ensuring that the evaluation reflects lived experience rather than solely agency priorities. This participatory approach strengthened the validity and relevance of the findings, highlighting key support needs and areas for Programme refinement.

The development of the National Home Visiting Programme has been widely regarded as a positive development for Home Visiting in Ireland. Its establishment has provided a national infrastructure for the largest coordinated expansion of Home Visiting services across Ireland to date.

This initial evaluation takes place during the first year of a five-year Programme. Therefore, as expected in an early-stage evaluation, there was broad consensus that the Programme is in the early stages of its implementation journey, has made strong progress in establishing key foundations and is generally perceived to be moving in the right direction. The Programme has made measurable progress in establishing structures for governance, communication and early outputs aligned with its core objectives. Variations in implementation and operational challenges were identified at local level. Barriers included inconsistencies in delivery approaches and early-stage limitations in data systems. At the same time, enabling factors, such as strong stakeholder engagement and emerging collaborative practices have supported Programme development and provided a foundation for future growth and scaling.

From a research perspective, the evaluation demonstrates that the Programme is progressing towards its intended goals but remains at a formative stage of development. The evidence indicates that, while key components of an evidence-based Home Visiting model are being established, further work is required to strengthen consistency of implementation, enhance data collection systems and embed learning across local contexts. Overall, the evaluation generates actionable insights to inform future Programme development.

It highlights the critical role of the National Home Visiting Programme in providing leadership, coordination and national infrastructure for Home Visiting services. It also underscores the importance of maintaining a strong PPI approach, strengthening governance and implementation support and addressing identified barriers to achieve a fully integrated and sustainable national Home Visiting service.

Collectively, the international evidence base, Irish research findings and economic evaluations provide a compelling rationale for investment in Home Visiting as an effective early intervention strategy. The establishment of the Tusla National Home Visiting Programme represents a significant step towards addressing long-standing challenges relating to fragmentation, sustainability and unequal access to services. Through the Children's Fund, progress has already been achieved in expanding Home Visiting provision, strengthening local partnerships and enhancing support for children and families experiencing disadvantage. These developments provide a strong foundation for the development of a coordinated, evidence-informed and sustainable national Home Visiting system capable of improving outcomes for children and families across Ireland (Black et al., 2017; Brocklesby, 2023; Doyle, 2024; Hickey et al., 2024; McGilloway et al., 2024).

Acknowledgements

This Summary Report of the Initial Evaluation is written by Caroline Sheehan, National Home Visiting Programme Manager, Thomas Foley, Data Quality Officer, National Home Visiting Programme and Dr Johannah Duffy, National Research Officer, Tusla Child and Family Agency National Research Office.

We would like to thank the National Research Office, Tusla, the Department of Children, Disability and Equality's Research and Evaluation Unit and Prevention and Early Intervention Policy Unit (formerly the Parenting Support Policy Unit), and the National Prevention Partnership and Family Support Office Tusla for their support and assistance throughout this project and in the establishment of the Programme.

We would also like to express our gratitude for the valuable support of Marian Brattman, Charlene Duff, Bernie Laverty and Amy Mulvihill for their assistance with this Report.

We would like to acknowledge the roles of the Governance group, Advisory Group, Data Working Group, Home Visiting Alliance, National Programme Support Structures and Forum of Home Visiting Services funded by the Children's Fund in the project design phase, and for their contributions in the Evaluation, as well as for their support to the Programme.

In particular, we would like to thank the host organisations, the services expanded or newly developed, the Home Visiting Co-ordinators and Home Visitors for their time and perspectives shared, and their support to parents to participate in this Evaluation. We would also like to thank the parents who shared their experience and perspectives with the research team.

Without their invaluable contributions, perspectives and wisdom, the work of the National Home Visiting Programme and this initial evaluation would not have been possible.





Context for Evaluation

The Tusla National Home Visiting Programme was established in 2024 as a five-year initiative (2024-2028) to coordinate Home Visiting services nationally, provide strategic direction, and generate evidence to support the development of a sustainable Home Visiting system across Ireland.

The Programme seeks to strengthen national infrastructure, promote consistency in service delivery, and support evidence-informed policy and practice in early intervention and prevention. It originated from the Action Plan for Survivors and Former Residents of Mother and Baby Institutions (2021), which committed to establishing the Children's Fund to support children experiencing disadvantage.

Following expert recommendations identifying Home Visiting as an evidence-based approach, the Department of Children, Disability and Equality, Tusla, and the Health Service Executive collaborated to establish the National Home Visiting Programme.

Funded through the Children's Fund, the Programme aims to provide a consistent, evidence-based approach to supporting parents during pregnancy and early childhood.

As part of the Service Level Agreement, an initial evaluation was undertaken following the first phase of implementation to assess progress against the Programme's objectives and identify early learning for future development.

The development of the National Home Visiting Programme aligns closely with broader national and international policy priorities that emphasise the importance of supporting parents and caregivers during pregnancy and the early years of a child's life. Growing evidence demonstrates that investment during early childhood yields substantial benefits across education, health, wellbeing, productivity, and social inclusion throughout the life course (Black et al., 2017; WHO, 2023).

Six Core Objectives



Increase availability and accessibility of evidence-based home visiting services nationwide.



Ensure integration of home visiting within community supports available to parents.



Improve availability of measurable, disaggregated data to ensure those who will benefit most are offered and can access visiting services.



Establish appropriate recommended pathways, standards and role requirements for home visitors.



Ensure consistent approach to data collection across all home visiting services nationally are achieved.



Develop increased evidence base to inform the development of additional home visiting services, including relative effectiveness of existing Programmes and criteria for conditions of their success.

Development of a consistent approach to delivery of home visiting services in Ireland

Figure 1. Objectives of Tusla National Home Visiting Programme

Evidence Supporting Home Visiting

A substantial body of international evidence highlights the critical importance of early childhood development and the role of family support interventions in improving child outcomes. Drawing on findings from the Lancet Series Advancing Early Childhood Development: From Science to Scale, the World Health Organisation (2023) emphasises the profound benefits of investing in early childhood development for learning, health, productivity and social cohesion across the lifespan (Black et al., 2017). This work informed the Nurturing Care Framework developed by the World Health Organisation, UNICEF and the World Bank Group (2018), which identifies responsive caregiving, health, nutrition, security and safety and opportunities for early learning as essential foundations for healthy child development.

Research consistently identifies the first three years of life as a particularly significant period for brain development, during which experiences and relationships influence children's cognitive, social and emotional development. The Center on the Developing Child at Harvard University (2021) emphasises that supportive relationships with caregivers can shape developmental outcomes "for better or for worse", highlighting the central role of parents and caregivers in promoting children's wellbeing. Evidence-based Home Visiting Programmes support these developmental processes by strengthening parent-child relationships, promoting responsive caregiving, enhancing parental confidence and reducing family stress (Center on the Developing Child, 2021; WHO, 2023).

Irish Evidence on Home Visiting

The growing evidence base for Home Visiting within Ireland has further reinforced the rationale for developing a coordinated national approach. The Home Visiting Alliance Feasibility Study (Brocklesby, 2023) examined the potential for scaling evidence-based Home Visiting services and concluded that, while Programmes had developed successfully in response to local needs, they lacked the strategic infrastructure, sustainable funding and national coordination necessary for long-term growth. The study identified evidence of positive outcomes across child health, child safety, educational attainment, emotional wellbeing and parental confidence. Brocklesby (2023) further argued that successful expansion would require a robust national infrastructure capable of supporting quality assurance, implementation fidelity and sustainable development.

Similarly, the UNITES Project (Hickey et al., 2024; McGilloway et al., 2024) found that Home Visiting contributes significantly to health equity, the reduction of poverty-related inequalities, improved parenting skills, stronger home learning environments and parent-child relationships. However, the project also highlighted considerable variation in service availability. (Hickey et al., 2024).

Evidence relating to implementation effectiveness similarly highlights the importance of workforce competence, reflective supervision, organisational commitment and Programme fidelity as key determinants of successful outcomes

(Axford et al., 2015; Paulsell et al., 2014). Brocklesby (2023) argues that scaling Home Visiting Programmes effectively requires strong local leadership combined with national support structures capable of maintaining consistency and quality while allowing Programmes to respond flexibly to local needs. The findings support the development of a coordinated and sustainable national model, with investment in workforce development, implementation support, monitoring, referral pathways and shared learning, while maintaining flexibility to respond to local needs.

The Economic Case for Home Visiting

The evidence supporting Home Visiting extends beyond child and family outcomes to encompass economic benefits. Building upon the findings of the UNITES Project, Doyle (2024) examined the economic value of Home Visiting in Ireland using the Washington State Institute for Public Policy Benefit-Cost Model. The analysis estimated an average Programme cost of €6,376 per family and found that investment in Home Visiting is likely to generate significant long-term returns through improved educational attainment, health outcomes, employment prospects and increased tax revenues.

Importantly, Doyle (2024) estimated a benefit-cost ratio of 1.6:1, indicating that for every €1 invested, approximately €1.60 could be returned to the Exchequer over time. Given that the Irish Public Spending Code generally requires a minimum ratio of 1:1, these findings suggest that Home Visiting represents a cost-effective and economically sound investment in prevention and early intervention.



Early Childhood Evidence Based Home Visiting Provision

2024 Baseline in Numbers

A national snapshot of Home Visiting provision immediately before and during the early development of the National Home Visiting Programme.

Home Visiting Services

42

Services included in the 2024 Home Visiting Provision Survey

Home Visitors

200

Home Visitors across the services
130.9 whole time equivalent (WTE)

Families Supported

3,597

Families supported in 2024
38 services reporting

Home Visits

40,641

Home visits delivered in 2024
35 services reporting

Referrals & Wider Reach

2,652

Children Referred across post birth /pre-birth pathways

4,716

Parents supported through group support activities

Waiting at Year End

275

Children waiting for Home Visiting provision at year end

Reported Funding

€5.34m

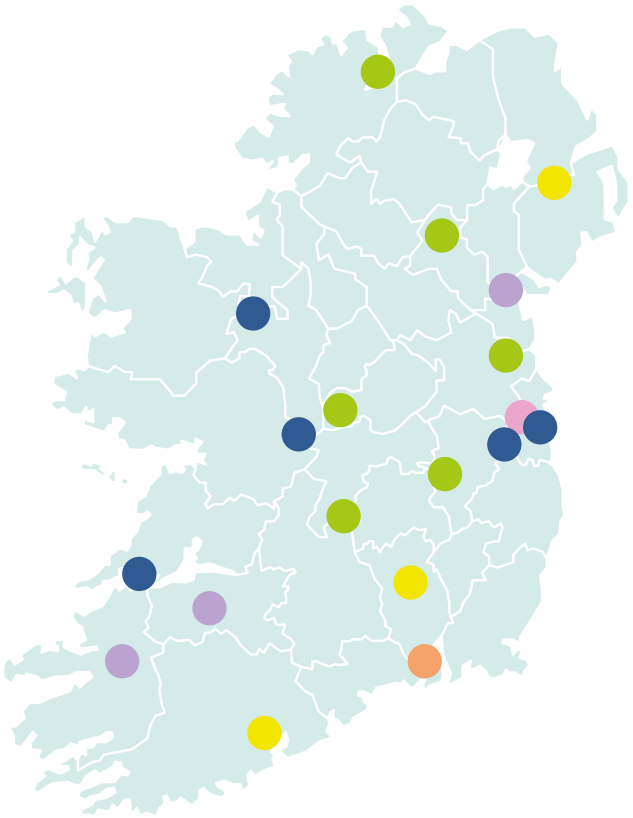
Children's Fund reported funding in 2024

What the 2024 baseline shows?

The baseline survey shows that Home Visiting services across Ireland were supporting large numbers of children and families before and during the development of the National Home Visiting Programme. It provides a starting point for tracking service reach, demand and capacity over time.

Home Visiting Programmes funded by Children's Fund

- Lifestart
- Community Families
- Preparing for Life
- Therapeutic Home Visiting
- Let's Grow Together Home Visiting
- ParentChild+



No.	Town	Programme
1	Letterkenny	Lifestart
2	Drogheda	Lifestart
3	Kildare	Lifestart
4	Roscrea	Lifestart
5	Cavan urban and rural	Lifestart
6	Dundalk	Community Families
7	Rathkeale and Askeaton	Community Families
8	Tralee	Community Families
9	Ballaghaderreen	Preparing for Life
10	Belmayne	Preparing for Life
11	Ballinasloe	Preparing for Life
12	Tallaght	Preparing for Life
13	Kilrush	Preparing for Life
14	Ballymun	Therapeutic Home Visiting
15	Mayfield Cork	Let's Grow Together Home Visiting
16	Ballybeg Waterford	ParentChild+

Figure 3. Children's Fund Home Visiting Programme - Service Locations.

Expansion of Home Visiting Through the Children's Fund

Against this backdrop of strong international and national evidence, the Children's Fund has supported a significant expansion of Home Visiting services across Ireland. These services provide prevention and early intervention support for children and families from pregnancy through the early years of childhood.

Delivered through community and voluntary organisations and one statutory service, the services seek to strengthen parenting capacity, enhance child development, support healthy parent-child relationships and improve outcomes for children experiencing disadvantage or vulnerability.

Children's Fund-supported Home Visiting services currently operate in a diverse range of settings.

While Programmes have adapted to local contexts and community needs, all share a commitment to evidence-informed practice, relationship-based approaches and supporting families during the critical early years of child development.

The Fund supports a range of established Home Visiting models, including Lifestart Growing Child, Preparing for Life, Community Families, Therapeutic Home Visiting informed by Infant Mental Health principles, and ParentChild+. Although differing in structure, intensity and methods of delivery, these Programmes share common objectives of strengthening parenting, promoting children's development and ensuring families receive timely support before difficulties become entrenched.



Responding to Local Need

The distribution of Children's Fund-supported services reflects a strategic commitment to communities experiencing socio-economic disadvantage, social isolation, rapid population growth and limited access to existing family support services. Across Programme locations, providers have reported high levels of poverty, unemployment, lone parenthood, housing instability, intergenerational trauma and barriers to accessing health and social care services.

Services operate across diverse urban and rural communities experiencing varying levels of socio-economic disadvantage, population growth, geographical isolation and limited access to services. Home Visiting provides a flexible means of reaching families within their own communities, including families who may experience barriers to accessing traditional services.

Many services also report increasing cultural diversity among local populations, including families from the Traveller community, migrant communities, refugees and people seeking international protection. Consequently, culturally responsive practice, trust-building and social inclusion have become central components of service delivery, ensuring that families who may be less likely to engage with traditional services can access relevant and effective support.

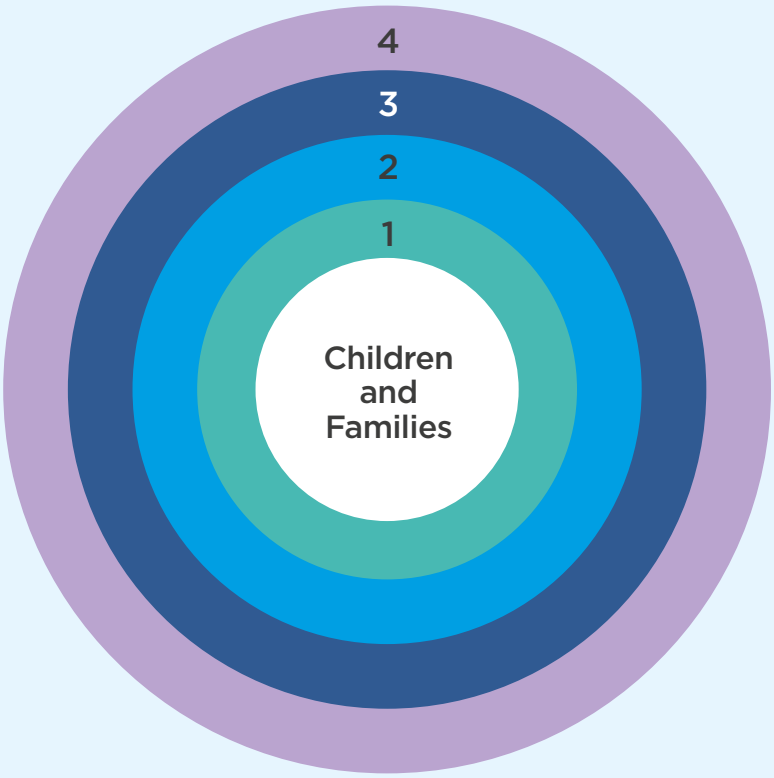
Service Delivery

A defining feature of Children's Fund-supported Home Visiting services is their focus on developing trusting, therapeutic relationships with parents and children. Home Visiting enables practitioners to engage families within the familiar environment of their own homes, facilitating personalised support tailored to individual family circumstances. Across Programmes, interventions are delivered using strengths-based and trauma-informed approaches that recognise family resilience while responding appropriately to adversity and complex needs.

Core areas of support typically include child development, attachment and bonding, infant mental health, responsive parenting, communication, behaviour management, feeding and sleep routines, and parental wellbeing. Many organisations complement Home Visiting with group-based interventions such as Circle of Security Parenting, Triple P Parenting Programmes, infant massage, breastfeeding supports, sensory play groups, parent and toddler groups and antenatal education. These activities contribute to reduced social isolation, stronger peer support networks and enhanced opportunities for learning and engagement.

Partnership working has also emerged as a critical component of implementation. Services work closely with Public Health Nurses, maternity hospitals, primary care services, Tusla teams, Family Resource Centres, disability services, schools and community organisations. Local steering groups have been established in many areas to strengthen referral pathways; support collaborative working and facilitate integration within wider child and family support systems.

Development of Tusla National Home Visiting Programme



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Local area context

- Early Childhood Home Visiting Programme
- Host organisation
- Funder & local commissioning
- Inter-agency structures & steering committee
- Referrers

Local stakeholders: Tusla, HSE, CYPSC, CCCC, C & V, Early Years

2

National Programme support

- Preparing for Life
- Community Families
- Lifestart
- Parent Child +
- Infant Mental Health HV / Therapeutic Home Visiting National Leads for Allied Programmes

3

National Home Visiting Programme

- Governance Group
- Advisory Group
- Data Working Group
- Forum for Home Visiting Programmes

4

Commissioning & policy

- National PPFS Team
- Tusla
- Department of Children, Disability & Equality
- HSE Healthy Child Programme & PHN Programme

Other government departments: Education, Health, Dept of Taoiseach Child Poverty Unit

National landscape for home visiting: Home Visiting Alliance, Kathrine Howard Foundation, PEIN

Figure 2. Governance Structures of National Home Visiting Programme



Evaluation Methodology

This Initial Evaluation Project adopted a research-led approach, overseen by the National Research Office, Tusla, and the Research and Evaluation Unit within the Department of Children, Disability and Equality. The evaluation assessed Programme implementation during its early stages while identifying opportunities for ongoing development and improvement.

The evaluation examined four key questions: what was delivered, how it was implemented, what outcomes were achieved and what learning could inform future Programme development.

Evaluation Design and Data Collection

A mixed-methods approach was used, integrating quantitative and qualitative data from four participant groups: stakeholders across governance structures, Home Visitors, Home Visiting Coordinators and participating families. Data collection included surveys with governance stakeholders and families and focus groups with Home Visitors and Home Visiting Coordinators.

Data Analysis and Triangulation

Multiple data sources allowed findings to be compared across participating groups and supported triangulation of the evidence, helping to identify early outputs, implementation learning and areas for further development.

Parent and Family Involvement

Parent and family involvement was a central principle of the evaluation. The National Research Office, Tusla, together with participating services, supported parent participation throughout the project. Including family perspectives alongside practitioner and governance views ensured that lived experiences of participating families informed the findings and future Programme development.

Ethics and Governance

The evaluation was conducted in accordance with Tusla's research governance requirements and ethical principles. Participation was voluntary and informed consent was obtained from all participants. Data were managed in line with relevant data protection requirements. Measures were taken to protect participant confidentiality and anonymity throughout the evaluation process. Findings are presented in aggregate form to ensure that individual participants cannot be identified.

Study Scope

As an initial process evaluation undertaken during the first year of a five-year Programme, the study limited to initial implementation processes, stakeholder experiences and early outputs. The findings highlight early achievements, identify opportunities for strengthening Programme delivery and establish an evidence base to inform future monitoring, evaluation and continuous improvement activities. As such, the evaluation serves as a key learning resource to support the ongoing development and sustainability of the Programme over the remaining years of implementation.

Overview of Children's Fund Home Visiting Provision 2025

Headline findings from the Home Visiting Provision Survey



1. Programme Reach

The Home Visiting Programme reached children and families through both home visiting and group work in 2025.

37 Home Visitors	**15.82** Annualised Home Visitor WTE	**382** Families receiving Home Visiting
441 Families reached through Home Visiting and/or Group Work	**2,567** Home visits delivered	**6.72** Average home visits per family

Group work activity is an important complement to Home Visiting.



2. Journey to Registration

Most families who expressed interest or were referred progressed to registration.

84% Referral > Registration Conversion based on 265 family referrals	**73%** EOI > Registration Conversion based on 137 family Expressions of interest	**298** Families registered in 2025	**364** Children registered in 2025

Families referred through third parties were more likely to progress to registration than families entering through Expression of interest/self-referral.



3. Home Visiting Activity

Direct Home Visiting activity during 2025

382
Families receiving Home Visiting in 2025

2,567
Home visits delivered

6.72
Average home visits per family

441
Total families reached through Home Visiting and/or Group Work

Group work significantly extends Programme reach, with 143 families attending group work only and not receiving home visiting



4. Access & Future Capacity

0.8 months
Average waiting time between referral and service offer

31%
of registration occurred during pregnancy

651
Families estimated to be served in 2026

730
Expected children to be served in 2026

Waiting times remained low and capacity is projected to increase in 2026.

The 2025 data show strong progression from referral to registration, strong engagement in home visiting and group work, and continued planned growth in 2026.

Home Visiting In Action: A Case Study

Sammy, an expectant mother, self-referred to the Home Visiting Programme when she was in her third trimester of pregnancy. Sammy first became aware of the Programme through a post on a local Facebook page.

That same week, she also saw a poster for the service in her local take-away, which reaffirmed her decision to join the Programme. Sammy shared her fears and anxieties surrounding the birth of her baby, and how she had felt let down by the medical system and felt her voice hadn't been heard. Sammy had medical issues that had been misdiagnosed in the past, leading to incorrect treatment and medications. Sammy's initial need centred on emotional support, preparation for childbirth, and building confidence in navigating healthcare settings. Following registration and the initial home visit – there were several key needs identified for Sammy and her unborn baby: maternal emotional wellbeing: High levels of anxiety related to childbirth and medical engagement; knowledge and preparedness for birth: Limited confidence in what to expect during labour and hospital admission; self-advocacy skills: difficulty in speaking up and communicating concerns with healthcare professionals; postnatal adjustment: Anticipated need for support in transitioning to motherhood and reducing potential isolation and parent–infant bonding and early development: Supporting a positive attachment and engagement with the baby.

A combination of one-to-one home visiting and group-based supports was delivered. Home Visiting Support included regular structured home visits covering labour, birth, and newborn care; development of a personalised birth plan, including discussion of pain relief options and practical preparation for hospital admission, including packing a hospital bag. The Home Visitor provided ongoing emotional support, providing a safe, non-judgemental space for Sammy to express her fears and concerns. Practical advocacy support was offered, including being present during phone calls with her GP receptionist and medical professionals, as well as joint preparation of question lists for medical appointments to support her confidence.

Postnatal and community supports to Sammy included home visits focusing on adjustment to motherhood and wellbeing; encouragement and support to attend community-based groups, including Breastfeeding support groups, Mother and Baby group and local community event and other Programme activities. Significant positive changes have been observed in Sammy's confidence, wellbeing, and parenting journey.

Sammy described her home visitor as a "safe harbour," highlighting the importance of consistency, trust, and non-judgemental support. The potential long-term Impact includes continued strengthening of Sammy's confidence and mental wellbeing; sustained engagement with health and community services; positive developmental outcomes for her child through secure attachment and enriched early experiences and increased

resilience and independence in navigating systems and advocating for both her and her child.

Sammy's journey reflects the broader outcomes of a home visiting Programme within the community. Through early intervention and consistent support, parents are empowered to build confidence, strengthen their wellbeing, and foster positive relationships with their children.

Increased engagement in community supports reduces isolation, while improved interactions with healthcare services enhance long-term outcomes. Sammy's experience demonstrates a clear shift from fear and disconnection to confidence, resilience, and community integration.



What stakeholders, families and practitioners told us about the initial implementation

Who took part?

41
Survey respondents across formal structures
Across national governance, advisory, data, service and local implementation structures

41
Parents & caregivers surveyed
Families who have availed of the service for four months or longer

27
Home Visitors in focus groups
Representing all five evidence-based Home Visiting Programmes and 14 of the 16 funded services.

14
Co-ordinators in focus groups
Co-ordinators of services funded through the Children's Fund

1. Survey Findings Across Formal Structures

93%
rated governance structures effective or very effective

85%
rated communication among participants well or very well

98%
said a robust data management solution is important or extremely important

Top Priorities Identified

- Expansion, increased access and sustainability
- Sustainable funding and long-term investment
- Workforce capacity, supports and retention
- Consistent quality and evidence-based practice
- Strong data systems and information management

2. Parents & Caregivers' perspectives

High levels of satisfaction:
Families value the Home Visiting service and the positive difference it makes to their lives.

Trusting relationships:
Personalised, compassionate and non-judgemental relationships with Home Visitors are central to engagement and impact.

Greater awareness needed:
Families would like more information about Home Visiting, particularly during pregnancy and at key transition points.

Expand access:
Parents believe Home Visiting should be available to more families across the country.



3. Home Visitors' Perspectives

What supports effective Home Visiting?

- Training and reflective supervision
- Team and peer support
- Flexible, evidence-based Programmes
- Inter-agency collaboration

Impact observed:

- Improved parental confidence and capacity
- Improved maternal wellbeing
- Reduced isolation and increased connection
- Support for children's health and development
- Greater connection to community and statutory services
- Strong role in bridging and signposting families to needed supports

Main challenges:

- Gaining access during pregnancy
- Referral pathways
- Catchment area and geographic limitations
- Increasing complexity of family needs



4. Co-ordinators' Perspectives

Strong foundations for implementation:

- Inter-agency structures and collaboration
- Strong local community relationships
- Training, supervision and peer support
- Group work as a key engagement pathway
- National coordination and shared learning

Areas for development:

- Streamline communication and reduce information and meeting overload
- Strengthen referral pathways and feedback loops
- Improve data systems, reduce duplication and increase usability
- Recognise different rural and urban contexts
- Strengthen administrative and data capacity

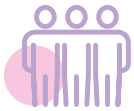
Consistent Themes Across the Evaluation



Home Visiting makes a positive difference to families and children.



Trusting, relationship-based practice is at the heart of effective Home Visiting.



Expand access sustainably while protecting quality and local relationships.



Strong national coordination and collaboration are essential.



Robust, proportionate data systems are needed to support learning and decision-making.

Home Visiting is most effective when it combines strong, trusting relationships with families, locally embedded services and effective national coordination. Future development should focus on sustainable expansion, workforce capacity, stronger referral pathways and robust data systems.

Parents Perspectives For Initial Evaluation:

"My son started the Home Visiting Programme in winter 2024 when he was 2 years and 5 months old. He is autistic and at the time nonverbal, maybe using the odd word here and there. One of my biggest worries was that he would not engage or connect. I said I would give the Programme a go, and if he didn't like it, I would cancel it. I never imagined how special it would become for both of us.

The Home Visitor always said she would never forget our first session. My son stayed up at the window behind the couch, playing on his own. Instead of trying to move him or redirect him, my Home Visitor joined him in there. She started playing peek-a-boo with the curtains to connect with him and he was in stitches laughing. That was the first time I saw someone truly meet my son where he was at.

From that day, my Home Visitor always followed my son's lead and interest. Even when it looked like he wasn't listening, maybe playing while I was reading, he was always taking it in.

I remember reading a book and saying "stomping, stomping" and he suddenly started doing the actions with us.

It was his way of showing us he was listening all along. We had beautiful, shared sessions and some days my son stayed engaged for 15-20 mins, which was huge for him. My Home Visitor always went the extra mile to make the sessions sensory based, bringing extra toys, playdough and bubbles to support him. There is one toy she brings, a shape and sound sorter, and she told me that out of all of the children she has worked with, she has never seen a child engage with it like my son does.

He holds the shape and carefully moves it in and out to keep the sounds playing, completely focused and fascinated. It showed me how his mind works; curious, clever and tuned into sensory details. The bond between my son and the Home Visitor is amazing. He gets so excited when I say, "knock knock" and tell him she is coming. He says her name now and absolutely loves her. He still runs to the windowsill to play as it's such a special memory for us. My son is now preverbal, using single words, phrases, songs, and repeating so much of what he hears. Watching that progress has been incredible."



"I was an older man in a relationship. By the time I realised my now ex partner had addiction issues, she was pregnant.

I found myself in a world so alien to me, I didn't know where to turn and had no one to turn to.... There was a lot of concern around our baby's safety both before and after its arrival. It was decided that to keep my baby safe it was in her best interest to live with me. I had no experience of babies or caring for a little one so small, and had no support within my own family, so to be honest I was terrified.

My Home Visitor was a godsend, she guided me through every aspect of looking after my little girl, showed me how to feed her, wash her, play with her, read to her, help her to bed and so much more.

She came to my house twice a week for the first six months and was always at the end of the phone if I had a question.

Earlier this year, my Home Visitor asked me if I would like to do a Programme called Circles of Security, she explained the Programme and I felt I needed all the help I could get, so I agreed to do it but only if I could do it one to one. This Programme has changed my life; I explored areas within my own life which I didn't even know affected me. I cried a lot, but my family visitor supported me all the way and never judged me.

Having my Home Visitor come to my home, treat me with so much respect and listen to me, saved me and my little girl. Without her support I really think my little girl would be in care now.

I live in a rural area where everyone wants to know everyone else's business, so to have a family visitor whose only interest was to make sure my baby girl was doing good and to help me be the best dad I can be, was something very special.

I never knew anything about [Home Visiting Programme] before their first visit, but I think every parent, mother and father, should have this kind of support. My little girl is a toddler now and we go to the park and the swimming pool, and she even comes fishing with me. If someone had asked me 12 months ago to put pen to paper and write a letter like this, I wouldn't have been able to do it. The support I received from my Home Visitor changed my life; I am a better father because of her and my little girl is with her daddy because of everything she has shared with me and all the support she has offered."

Support Delivered by Children's Fund Home Visiting

Key Areas of Support

Supporting Parental Wellbeing:

Home Visitors frequently supported parents experiencing anxiety, trauma, social isolation, domestic violence and housing instability. Parents described the service as a trusted source of emotional and practical support during pregnancy and early parenthood.

"I feel less alone, less stressed and have someone for crisis support."
(Parent Survey)

Building Confidence in Parenting:

Parents frequently described increased confidence in their parenting role. Home Visitors supported families to recognise their strengths, celebrate progress and feel more capable in responding to their children's needs.

"My Home Visitor didn't just support him, she supported me. She constantly reassured me that I am a great mother."
(Parent)

Strengthening Attachment & Promoting Development:

A consistent theme across parent and practitioner feedback was the strengthening of parent-child relationships. Home Visitors supported parents to better understand their children's needs, development and communication, resulting in stronger attachment, more positive interactions and greater responsiveness to children's emotional needs.

"She can communicate, and I have learned how to listen."
(Parent Letter)

Reducing Isolation & Increasing Connections:

Many families entered the Programme with limited social supports. Home Visitors connected parents to local groups, childcare and health services. Home Visitors frequently acted as a bridge between families and wider support networks. This role was especially important for families who had previous negative experiences of services or who found it difficult to seek help.

Importance of Trusted Relationship

Across all evidence sources, the most significant factor underpinning positive outcomes was the trusting relationship between families and Home Visitors. Families consistently described Home Visitors as compassionate, reliable and approachable.

"I think really at the heart of my work as a Home Visitor, it's about protecting those earliest relationships. They don't always know how special and important they are to their babies. Being able to let them know that they're the magic, they are the key to change."

(Home Visitor Focus Group 8, 2026)

Implementation at Local Level

Key Enablers

Across the evaluation, several enablers were identified for local implementation. Training and reflective supervision were viewed as critical in equipping staff with the skills, confidence, and ongoing support needed to deliver services effectively. Strong organisational support, positive peer networks, and effective inter-agency relationships were also highlighted as important enablers, helping to facilitate collaboration, referrals, and coordinated responses to family needs.

The ability to deliver structured, evidence-based Programmes with flexibility to meet local circumstances was considered another key strength for both Home Visitors and Co-ordinators. Being embedded and visible within local communities enabled Home Visitors to build trust with families, establish referral pathways, and respond to emerging local needs. Strong local relationships and inter-agency structures were also critical in pre-development and initial implementation. The need for flexibility to reflect differences between communities, particularly rural and urban settings was also noted. Group-based activities and community Programme delivery were also seen as valuable mechanisms for increasing Programme reach, creating accessible opportunities for engagement, and supporting family participation.

Key Barriers

Challenges included staff turnover, limited administrative and data infrastructure, developing referral pathways, variable awareness among key professionals and the complexity of establishing new services within different local contexts. Recruitment and engagement of families was a challenge, particularly during pregnancy.

Restricted catchment areas for some services, limited referrals from GP and maternity services, and community outreach constrained Programme reach. Practical and structural barriers were also noted. Limited access to suitable community spaces constrained the delivery of Programme activities in some areas.

Several Home Visitors reported limited confidence in supporting families experiencing complex mental health difficulties and highlighted a need for additional training and reflective supervision in this area and other complex presentations. Difficulties were also identified in maintaining consistent Programme delivery where families experienced changing circumstances or high levels of need. Role clarity emerged as another implementation challenge. Some Home Visitors reported confusion among families and partner agencies regarding the distinction between Home Visiting services and Social Work services. Mistrust of Tusla among some families was also seen as a barrier to engagement. In addition, participants described tensions between delivering universal services while also responding to families with higher levels of need, particularly where resources were limited relative to population demand.

Other barriers included difficult living situations, such as families residing in hotel accommodation, and the increasing complexity of supporting families with emerging additional needs, including neurodivergent children. These factors were perceived as requiring additional resources, specialist knowledge, and tailored approaches to service delivery.

National Co-ordination

Communication and national co-ordination were generally viewed positively, with Co-ordinators valuing responsive support, the Forum and opportunities for shared learning. National co-ordination was seen as providing greater structure while allowing flexibility for local implementation.

Opportunities were identified to streamline communication and meetings, strengthen local information-sharing and referral pathways, and continue opportunities for shared learning and professional networking.

> Excellent communication and consultation process. Everyone is working together and want the best for Home Visiting at all levels.
>
> *(Governance Stakeholder Survey)*

The Forum for Home Visiting Services

Stakeholders particularly identified the role of the Forum for Home Visiting Services as a highlight in early implementation. The Forum was established by the National Home Visiting Programme to provide a structured connection between the organisations funded by the Children's Fund, Tusla local management and the National Home Visiting Programme.

From 2024 to May 2026, the Forum for Home Visiting met on eight occasions, bringing together over 40 representatives from statutory, community and voluntary organisations involved in supporting children and families.

> I feel that we've all been brought along with it. You know, there's great consultation within those meetings and I feel our voices are being heard. You know, if we feel that something isn't right, then it's looked at
>
> *(Focus Group 3, 2026).*

The Forum acted as a conduit between local services and the Governance Group and Data Working Group of the National Programme, providing space for communicating Programme updates, supporting consistent implementation across services and providing a space for discussion of emerging issues and operational challenges.

The Forum was consulted on developments across the Advisory and Data Working Groups, feeding into the development of outcomes and data for Home Visiting, as well as supporting the evaluation of the Home Visiting Programme, testing and implementation of the new Home Visiting Padlet, and training and workforce development.



Data Working Group:

The National Home Visiting Programme established a Data Working Group to support the development of a framework for data collection from Children's Fund Home Visiting services, with activities to develop recommendations on the following areas: the development of outcomes for Home Visiting; data input, preparation & collection; data processing; standards of practice; data output & interpretation; data storage and a communication plan for keeping stakeholders informed about progress.

Building The Data And Outcomes Framework For The National Home Visiting Programme

Objective 3: Improving the availability of measurable, disaggregated data to support access, planning and learning

Feb 2025:
Data Working Group established

12
formal meetings held, along with smaller task and finish sessions

15 of 16
services responded in hard launch

5
prioritised outcomes for implementation



1. Building The National Data Framework

Data Working Group Focus

- Agreed outcomes for the National Home Visiting Programme
- Developed a national approach to data collection and reporting
- Agreed a core dataset and common definitions
- Supported implementation across funded services
- Reviewed data quality, completeness and reporting requirements
- Identified opportunities to reduce duplication and improve data systems
- Ensured data supports monitoring, evaluation and future planning

Implementation Process

A. Soft launch:
Tested the survey and socio-demographic template; key learning included clearer WTE guidance, improved wording and definitions, better usability, clarification of conditional fields, and technical issues with Excel portal submission.

B. Phased rollout:
The survey proceeded to hard launch using Tusla LimeSurvey; the socio-demographic Excel template was postponed pending further work on governance, storage, data protection and collection methodology.

C. Hard launch – Feb 2026:
Services were supported through meetings, walkthroughs, clarifications, a Data Dictionary, a User Guide and ongoing support; 15 of 16 services responded.

D. Validation and quality assurance:
Follow-up with services clarified EOI versus third-party referrals, family versus child counts and interpretation of selected definitions; this improved data quality and consistency.

Reporting Now In Place



First national Children's Fund Home Visiting data collection completed



Bi-annual reporting established



Quarterly financial returns aligned with the ABC Programme and National Finance oversight



2. Developing Outcomes For The National Home Visiting Programme

Child outcomes

- Age-appropriate child development supported
- Children's nutritional needs met
- Readiness for ECCE and school supported
- Children safe and protected in the home environment
- Children feel listened to and valued

Parent outcomes

- Positive parental mental health and wellbeing supported
- Increased parental competence and confidence
- Improved understanding of child development needs
- Improved engagement in children's learning and development
- Parents and children connected and supported by family and community

Programme outcomes

- Families referred as early as possible, in pregnancy and infancy
- Increased awareness of Home Visiting
- Families experiencing homelessness and poverty prioritised in services
- Improved integration and collaboration between services
- Quality child- and parent-led supports implemented



3. Prioritised Outcomes For Implementation

1. Child developmental needs are supported in age- and developmentally appropriate ways.
2. Children's nutritional needs are met.
3. Positive parent-child relationships are supported, promoting infant and child mental health and wellbeing.
4. Positive parental mental health and wellbeing are supported and promoted.
5. Increased parental competence and confidence in the parenting role.

WHY THIS MATTERS

A stronger national data and outcomes framework supports consistent reporting, better service planning, improved evaluation and future development of Home Visiting services across Ireland.

National Learning Day

The National Home Visiting Programme hosted a National Learning Day in November 2025 for Home Visiting Programmes funded through the Children's Fund. The day brought together Home Visitors, Co-ordinators, managers, Tusla representatives, HSE representatives, national infrastructure and research and evaluation representatives to reflect on the implementation of the Programme to date.

> I think [the National Learning Day] last year really stands out to me as something really important… it's not just about the communication within the individual Programmes but … recognising that we're part of a broader piece trying to bring Home Visiting to families
>
> *(Focus Group 4, 2026).*

A key theme from the National Learning Day was that implementation does not happen in a simple or linear way. Programmes identified that they may be operating across several stages of implementation at the same time. Even where organisations have significant experience of Home Visiting, expansion into a new area can require a return to earlier stages of implementation, with local engagement, and raising awareness of the service.

This is important for the initial evaluation, as it highlights that early progress should be understood in the context of local readiness and Programme development.

The development of Home Visiting provision is not only about recruiting Home Visitors or opening referrals. It also involves the slower and often less visible work of building trust, establishing the service within local systems, clarifying roles, and embedding the Programme within community and professional networks. The National Learning Day highlighted that community acceptance is central to the successful implementation of Home Visiting services.

The role of local steering or implementation groups in supporting early implementation was noted, with these structures bringing together relevant local stakeholders, clarifying referral pathways, identifying local needs and supporting the service to become embedded within existing community and professional networks. Participants identified a range of local, regional and national structures that support the development of Home Visiting provision. Locally, structures such as Child and Family Support Networks, CYPSC, Meitheal, PPFS, Family Resource Centres, Area Based Childhood Programmes, maternity services, Public Health Nursing and local community forums were identified as important. These structures support referral pathways, professional awareness, community engagement and the integration of Home Visiting into the wider service landscape in the community.

Padlet

In early 2026, the National Home Visiting Programme drafted a Padlet for early childhood Home Visiting to provide a central point of information for services with the National Home Visiting Programme. In May 2026, it was presented to the Forum and tested for usability, accessibility, relevance, coverage and benefit for Home Visiting Services.

Overall, feedback was generally positive. Services consistently described the Padlet as a useful, informative and accessible resource, highlighting the benefit of having Home Visiting information, resources, governance documents, training opportunities and practice updates available in one location. Overall, the feedback was that the Padlet is a valuable resource with strong potential to support communication, consistency and practice development across the National Home Visiting Programme. Most recommendations relate to future development and enhancement rather than significant changes to the current platform.



Key Learning

1. **Strategic Development and Sustainability**

   The Initial Evaluation found that the National Home Visiting Programme has established a strong foundation for delivering evidence-based early intervention support to families, with a clear commitment to child and family wellbeing, sensitivity to local context and the importance of collaboration across local and national structures.

   Greater public awareness is needed to ensure Home Visiting is understood as a voluntary, supportive and accessible service rather than being associated with statutory intervention. As implementation progresses, maintaining a unified national vision while allowing local flexibility and supporting equitable access will remain important.

   Findings from the first year indicate that successful programme implementation is influenced by several key drivers, including leadership, workforce competency, organisational supports, data infrastructure, interagency partnerships and continuous quality improvement processes. An implementation science perspective may provide a useful framework for understanding programme variation across sites and for supporting sustainable national scale-up while maintaining programme quality and responsiveness to local context.

2. **Governance and Programme Implementation**

   The governance structures established for the National Home Visiting Programme have been central to its development, supporting collaboration, consistency and shared learning. As the Programme develops, further clarity is needed around roles, accountability and communication between local, regional and national structures. Continued feedback from implementation should inform Programme development, recognising that successful implementation also depends on local relationship-building, partnership working and community engagement.



3. Service Delivery and Workforce Development

Local services demonstrated strong commitment to delivering high-quality Home Visiting while adapting evidence-based models to local and family needs. Training, reflective practice, supervision and peer learning were consistently identified as important supports for quality delivery.

Stakeholders identified recruitment and retention as risks to sustainability. Strong referral pathways and inter-agency collaboration, particularly with maternity, primary care, public health and family support services, were also identified as important.

4. Family and Community Engagement

Relationship-based practice emerged as a central strength of the Programme, with families valuing the supportive and non-judgemental approach of Home Visitors and need for greater public awareness.

Further opportunities were identified to improve accessibility and inclusion for families who experience barriers to engagement, including families from diverse cultural and linguistic backgrounds. Consistent public messaging and continued involvement of family voices will also be important in future Programme development.

5. Data, Evaluation and Demonstrating Impact

The first national data collection established a standardised dataset and provided baseline information on service activity, demand and capacity. However, reporting remains largely manual and based on aggregated service-level information. As the Programme expands, secure national data infrastructure, consistent outcome measurement and longitudinal data will be needed to strengthen monitoring, evaluation and strategic planning, while minimising duplication and keeping reporting requirements proportionate to service capacity.







Conclusion

The development of the National Home Visiting Programme has been regarded as a positive development for Home Visiting in Ireland.

The National Home Visiting Programme represents the single largest coordinated expansion of Home Visiting services in Ireland to date. Managed through the National Prevention Partnership and Family Support team at Tusla, this initiative has a national statutory platform to champion early childhood intervention. The Initial Evaluation demonstrates that the National Home Visiting Programme has established a strong infrastructure for the development and expansion of high-quality, evidence-informed Home Visiting.

Governance structures, local implementation partnerships, workforce commitment and strong family engagement have contributed significantly to early progress. The next phase of development should focus on enhancing communication pathways, supporting workforce capacity, improving data infrastructure and embedding evidence-based practice to inform a future sustainable national Home Visiting Service.

Recommendations

1.	Continue to strengthen national messaging that positions Home Visiting as a voluntary, supportive and family-centred service.
2.	Progress long-term sustainability planning through multi-annual funding approaches, using available data (both at local and national level) to support equitable service planning and sustainability.
3.	As the Programme expands, review governance structures, membership and terms of reference to ensure alignment, including the strengthening of links with other Government departments to support strategic policy alignment and sustainability.
4.	Clarify roles, responsibilities and reporting relationships across local, regional, and national levels.
5.	Continue to use national and regional learning events to support implementation learning and practice development, with development of feedback loops.
6.	Continue investment in workforce development, including training, supervision, reflective practice, and professional development.
7.	Advocate for workforce planning to ensure sustainability of Programme in wider context of prevention and early intervention.
8.	Expand opportunities for cross-Programme networking, practice sharing, and peer learning.
9.	Finalise and implement the national Implementation Framework with universal framework and toolkit to support consistency. Finalise and implement the national Implementation Framework to support consistency across Programme delivery sites.
10.	Maintain a strong focus on relationship-based, trauma-informed and strengths-based practice.
11.	Strengthen strategies to ensure services are accessible and welcoming to families from diverse cultural and linguistic backgrounds.
12.	Establish sustainable mechanisms for obtaining and incorporating family feedback into Programme development.
13.	Invest in a secure, centralised and tiered national data infrastructure capable of supporting longitudinal, socio-demographic and outcome data collection.
14.	Adopt a “collect once, use often” approach to reduce duplication and streamline reporting requirements.
15.	Complete the ongoing Data Protection Impact Assessment and ensure future developments align with GDPR and Tusla information governance requirements.
16.	Continue work to establish indicators and measurement tools for agreed outcomes for Home Visiting.
17.	Include signposting and onward referral activity within future national reporting.

Closing Remarks

"My daughter has grown up with this Programme, she is 4 but can still not speak, but because of this Programme she can communicate, and I have learned how to listen. Home Visiting Programmes need to be available to everyone so they can experience what my daughter and I have experienced. My daughter has started school, which I thought would never happen. One word to hold is "Essential".

"Personally, I think any first-time parent should have the option for support I found it great for my toddler and myself".

"The comfort feels like a safety net, it has given me the confidence to be the best mother. Also, the development of my baby has really come along so much with all the tips, and I guess to help her with reaching her milestones. I am so thankful to be part of the Home Visiting Programme, and I think all parents and families should have this opportunity."

"Awareness, making sure people know they [Home Visiting Programmes] are there. I am lucky to be on the Programme."

"I found it really useful to see and hear other parents and babies, struggling and doing ok too, the same as us."

"I hope [Home Visiting Programme] are funded and made available to parents all over the country because we need it, I am doing things with my little girl I never thought possible – she enjoys me and I enjoy her – our lives are 100% better because of supports like [Home Visiting Programme]".



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TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

homevisiting@tusla.ie

tusla.ie