

PROGRAMME PROVIDER REFLECTION ON “FOUNDATIONS FOR LIFE: WHAT WORKS TO SUPPORT PARENT CHILD INTERACTION IN THE EARLY YEARS” REPORT BY THE EARLY INTERVENTION FOUNDATION

The Evidence Journey: Case Study & Testimonial

Provider: Maternal Early Childhood Sustained Home-visiting



Maternal Early Childhood Sustained Home-visiting (MECSH): a different approach and emerging evidence base

What did MECSH learn from the RCT and how was the programme improved?

Maternal Early Childhood Sustained Home-visiting (MECSH) is a programme of support for vulnerable families that is embedded within and delivered as part of a universal, comprehensive, integrated approach to services for young children and their families. Learning from the RCT that is now part of programme implementation and quality monitoring is an improved understanding of and training in the identification of families within the undifferentiated universal caseload who are most likely to benefit from the MECSH offer, and stronger strategies for developing the embedded service system to support programme success.

Why does MECSH still represent an important offer?

MECSH is uniquely a fully embedded proportionate universal intervention, which reorients existing health visiting resources and child and family service systems to provide a structured, anticipatory response which promotes health, well-being and aspirations of vulnerable children and families. MECSH is specifically designed to be delivered at whole population scale (that is, by every health visitor for the vulnerable families on their caseload) and, through training and professional and system capacity building, promotes improved ways of working that have ‘spill over’ effects that benefit all families within the community and build community resilience.

What further evaluation and development is underway and might report over the next year?

Encouraged by the similarities between the first MECSH trial results and those of the first trials of Nurse Family Partnership (NFP, or FNP in the UK)ⁱ, the MECSH programme is currently undergoing a multi-study, multi-design programme of research (see table).

Population	Study design	Reporting date
Urban Indigenous population in NSW, Australia	Quasi-experimental trial: whole population intervention compared with historic control	End 2016
Seven localities in Victoria and Tasmania, Australia	Randomised controlled trial: individual randomisation, arms-length (independent) trial	Mid 2017
Somerset, UK	Quasi-experimental study: 1. MECSH intervention families in two localities compared with matched sample drawn from other non-intervention localities 2. Whole population outcomes for two implementation localities compared with whole population from other localities	From mid 2017 (perinatal outcomes) to mid 2019 (child development outcomes)
Essex, Plymouth and Lewisham, UK	Mixed method studies 1. Cohort studies comparing MECSH intervention families with whole population outcomes 2. Case studies	From end 2016 (case studies) to end 2018 (child development outcomes)

MECSH programme developer statement

The MECSH programme is taking on board the learning from the new evaluations that are underway in the UK and elsewhere.

i²The first NFP trial (Olds DL, et al.Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics* 1986: **78**, 65-78) reported a trend ($p=.06$ at 12 months, $p=0.8$ at 24 months) for improved child mental development for a subsample of higher risk mothers; MECSH similarly reported a trend ($p=.07$) for child mental development at 18 months for a higher risk subsample.