

RIGHT

FROM THE

START

REPORT OF THE EXPERT ADVISORY GROUP
ON THE EARLY YEARS STRATEGY

SEPTEMBER 2013

DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS



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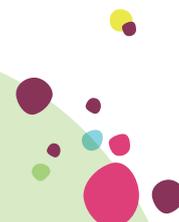
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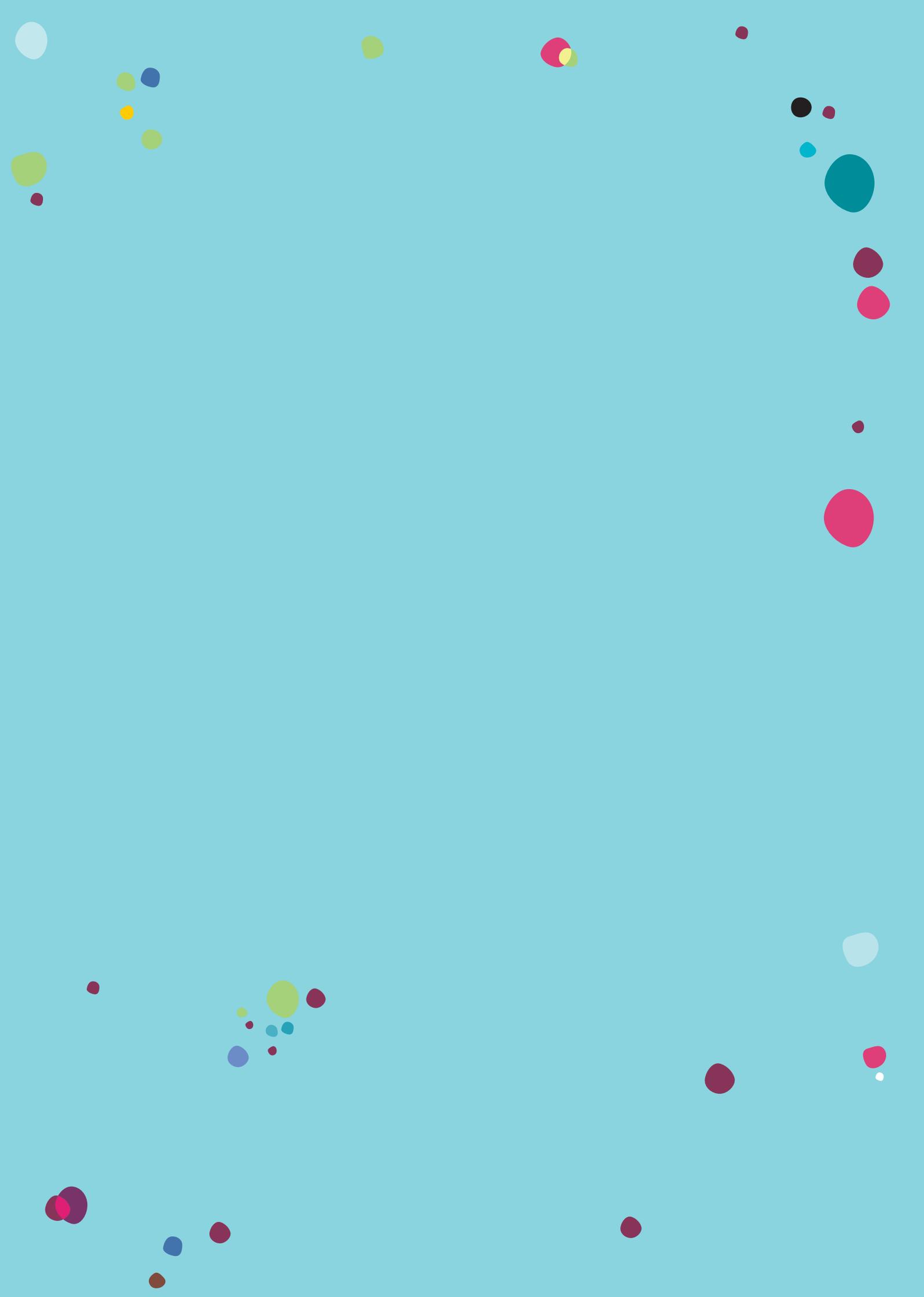
MINISTER'S FOREWORD

I am delighted to accept this report, *Right from the Start*, which is the result of over a year of hard work by the members of the Expert Advisory Group (EAG) on the Early Years Strategy. The EAG, ably chaired by Dr. Eilis Hennessy, was comprised of a range of individuals who have a huge wealth of knowledge and expertise across the issues that affect children in their early years, including childhood development, care, education, health and well-being. I wish to warmly thank the members of the group for the dedication and enthusiasm they have shown and for the time they have committed to the work of the group.

Since my appointment as Minister for Children and Youth Affairs, I have consistently highlighted the importance of investing and supporting quality interventions in the early years of children's lives. There is an increasing body of Irish and international evidence that quantifies the benefits of early years' interventions in terms of improving children's outcomes and in delivering significant economic and societal return to the State.

In line with this commitment, I announced that I would lead the preparation of Ireland's first Early Years Strategy. This report represents a key step in the development of the strategy. The high quality of this report will provide a very strong foundation for finalisation of a robust and meaningful strategy to serve our youngest children and their families well over the coming years.

Frances Fitzgerald, TD
Minister for Children and Youth Affairs



REPORT OF THE EXPERT ADVISORY GROUP ON THE EARLY YEARS STRATEGY

Preface from the Expert Advisory Group

When we first came together as a group, the Minister for Children and Youth Affairs, Frances Fitzgerald, TD, told us that the work we were setting out to do was crucially important and that it could have a lasting impact on generations of children in Ireland. We regard our work on the Expert Advisory Group (EAG) as that fundamental.

The terms of reference we were given were as follows:

- To review and advise on the proposed topics and themes for inclusion in the Early Years Strategy to ensure that they are appropriate and comprehensive.
- To comment on the content of the literature review and the key themes identified and in particular to identify any gaps or omissions.
- In the light of the services identified for inclusion in the strategy, to advise on whether other services might be appropriate for inclusion.
- To consider and advise on recommendations for the future.

Our task, as we saw it, was to address the needs and opportunities of every child in Ireland from 0 to 6 years of age, encompassing the health of the mother during pregnancy. In this report, we set out the key themes that we have identified and we point to a wide range of supports and services that must be included in the strategy. Our recommendations are evidence-based, drawing on the reports presented to us by the Centre for Effective Services (included as Papers 1-5 in the Appendices to this report), as well as on other academic sources and on the knowledge and experience of the members of the group.

If Ireland gets it *‘right from the start*, by adopting a comprehensive Early Years Strategy for our children, with a serious commitment to implementation, we will end up with a generation of children, and successive generations, who are happier, healthier, safer, learning more, developing better and coping better with the adversity that life throws up.

A comprehensive Early Years Strategy, backed up by national commitment, could shape a stronger and healthier society, and strengthen families. It could break cycles of poverty and disadvantage, and remove barriers of inequality. It could significantly reduce anti-social behaviour, dependency and alienation. It could help to build a stronger economy.

The development and implementation of an Early Years Strategy could be the single most effective action on behalf of young children in Ireland in our lifetime. This report is our contribution to that process. A set of recommendations, of course, is not enough. If the people of Ireland *really do want to change the future* – to ensure that right from the start all our children have the best possible chance – that requires a major statement of political purpose and a radical re-orientation of structures, organisations, resources and policy priorities.

It cannot be done ‘on the cheap’ – but there is no investment that the Irish people could make that would pay more dividends.

As the Expert Advisory Group began to work together, we asked ourselves some fundamental questions. What do we want for our children? What would success look like? What principles should underpin the strategy? What are the biggest policy gaps and deficits that need to be addressed? What are the key areas of universal provision? How can we build on these to support children with more complex or challenging needs?

In this document, we set out our answers to these questions. We are conscious that our report to the Minister will form part of a wider process leading to a broader strategy for children and young people in Ireland, and we look forward to contributing to that debate too.

The importance of having a policy for the youngest members of society is underlined by our large and growing early years population. We have over 480,000 children aged 0-6, representing 11% of the population (see *Paper 1 in Appendices*), including a significant number of children from different ethnicities. It is estimated that by 2021, the total number of children in this age group will have increased by 17%-20%. We have a responsibility to give our children the best possible start in life. What happens to children in their earliest years says much about the kind of nation we are.

Two broad values have underpinned the way we have gone about our work:

- **First**, we have adopted the approach described in *The Agenda for Children’s Services* (OMC, 2007) as ‘progressive universalism’ (i.e. ‘help to all and extra help to those who need it most’). We make the point again and again that what we are advocating is support for *all children* and we insist that there is an unanswerable case for universal provision of high-quality supports and services.

While it is not part of our remit to develop anti-poverty strategies for children, we were deeply conscious throughout our work that the lives of a significant number of children in Ireland are beset by poverty and disadvantage; these children and their families struggle to benefit from universal approaches alone. There are many children – children with disabilities, children at risk from abuse or neglect, children who are stigmatised or marginalised because of their ethnic origins – who need to be at the centre of public policy to a far greater extent than they are.

There is an overwhelming need (and we refer to it throughout our report) for additional, targeted services and supports for some children and families that can be built on a base of universal services, helping to ensure effective access routes to the targeted services. Universal services then act in a preventative capacity, with additional targeted services acting as a form of early intervention. Examples of such targeted services have been running throughout the island of Ireland over the last decade, funded by Government and Philanthropy. These interventions support diverse services working to influence a wide range of outcomes for children, many in the 0-6 age group. Further information about the learning from this investment can be found in Paper 5 of the Appendices.

- **Second**, all our work has been based on the assumption that children have rights and that the rights of young children need to be a central consideration for wider society. This is set out in the UN Convention on the Rights of the Child, General Comment No. 7, entitled *Implementing Child Rights in Early Childhood*, which urges Member States ‘to develop rights-based, coordinated, multisectoral strategies in order to ensure that children’s best interests are always the starting-point for service planning and provision’.

The UN Convention on the Rights of the Child covers rights across all dimensions of children’s lives, with four general principles at its core, namely:

- the principle of non-discrimination (Article 2);
- the best interests of the child as a primary consideration (Article 3);
- the right of the child to life, survival and development (Article 6);
- due weight to be given to the voice of the child (Article 12).

Taking all of this into account, this report sets out **our vision** for young children in Ireland and **the principles** that must underpin a strategy.

It identifies **5 peaks** that we believe must be scaled over the next 5 years if we really want to transform the landscape for our children.

The main body of our report comprises **10 themes** that we believe are critical for the Early Years Strategy, with **core recommendations** presented under each theme. These themes have emerged from discussions at meetings of the EAG and in response to the literature reviews and other relevant submissions and research presented to us. The first theme, focusing on *increased investment*, and the last, focusing on *implementation*, are different to the others because they cut across and are fundamental to the other 8 themes. Without investment and implementation, none of the recommendations identified in the other themes can be realised. Other themes – such as access, quality and information – cut across different policy areas. This is because young children do not live and develop in silos, so policies and services should not be developed in silos.

The 10 themes are:

- Economic rationale for increased investment
- Supporting families
- Health and well-being
- Access to services and inclusion
- Quality in services and supports
- Training and professional development
- Regulation and support
- Governance
- Information, research and data
- Implementation

Taken together, we hope that our themes and recommendations will form a significant contribution to the Minister's intent to develop a holistic strategy that encompasses all aspects of children's development in their early years, including health, early care and education, and supports for families.

On behalf of the Expert Advisory Group, I would like to thank the Minister and her team in the Department of Children and Youth Affairs for the high level of professional support we have received.

We are also extremely grateful to the representatives of the Centre for Effective Services (CES) for the quality of their input: their five presentations to the Expert Advisory Group follow the main report in this publication (*see Papers 1-5 in Appendices*). Claire Mac Evilly and Sean Denyer attended most EAG meetings and contributed extensively to this report.

Finally, on a personal note, I would like to thank all the members of the Expert Advisory Group (*listed below*) for their unstinting work over many long meetings and also Jane Clarke for her expert facilitation of meetings. It has been an honour to work with them in producing this report.

Eilis Hennessy (Chair)

on behalf of the

Expert Advisory Group on the Early Years Strategy

September 2013

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Our proposed vision for the Early Years Strategy

The National Early Years Strategy will be for all children from the ages of 0-6 years.

1. All children from 0 to 6 will flourish and thrive within healthy and supportive families and communities. They will be happy, healthy, secure, hopeful and will have a sense of belonging.
2. Young children will grow up in nurturing environments in which the quality of their experiences supports their learning, development and well-being. This will allow them to make the most of their early childhood and maximise their individual life chances.
3. Society will recognise its responsibility for the health, care, education and nurturing of all young children. It will value all young children as competent, capable, able doers who have histories, potential and who matter here and now.
4. All Government policies should be informed by the rights of children and be child-proofed for their impact on children aged 0-6.

Core principles

- Early childhood is a significant and distinct time in life that must be nurtured, respected, valued and supported in its own right.
- Relationships and interactions with significant others, and the environments in which they take place, play a central role in the quality of children's experiences in early childhood.
- Services and supports to children and their families should be of a high quality, affordable and accessible to all, while recognising that some children and families will need additional support.
- The provision of quality services requires everyone working with children and families to communicate and cooperate with one another and with children and families in an atmosphere of mutual respect and common purpose/partnership.
- Society must value and support parents/guardians, families and everyone who promotes the well-being, learning and development of young children.
- Government policies pertaining to children should be informed by evidence, by international standards of best practice and by children's rights.

5 peaks over 5 years

We believe that the proposed Early Years Strategy could significantly transform the lives of children in Ireland. To achieve this transformation requires leadership and collaboration across Government departments, organisations and services. It requires political consensus and, more than that, it needs to galvanise public opinion around the choices necessary.

Achieving such a significant transformation for children means that there are crucial challenges to be overcome. Without wishing in any way to minimise the importance of any of the recommendations in this document, we characterise the following 5 challenges as ‘peaks’ that must be scaled within the next 5 years. We call them ‘5 peaks over 5 years’. They are:

- **Increasing investment:** Increased investment in early care and education services, with investment rising incrementally each year from the current 0.4% to achieve the international benchmark of 1% of GDP within 10 years. Within the next 5 years, the strategy should ensure investment reaches the OECD average of 0.7% of GDP. The increased investment is necessary to achieve higher quality, more accessible and more affordable services, particularly through the training and professional development of those working at all levels of the early care and education system.
- **Extending paid parental leave:** A significantly longer period of paid leave for parents, introduced by each year incrementally extending paid parental leave at the end of the present period of paid maternity leave. The aim should be within 5 years to: (a) achieve one year’s paid leave after the birth of each child, and (b) introduce 2 weeks’ paid paternity leave around the birth of a child.
- **Strengthening child and family support:** A dedicated service, led by ‘child and family’ public health nurses, to provide integrated support for parents and children spanning across the ante-natal period through to the early years, working as part of the new Child and Family Agency, but also integrated and co-located with Primary Care Teams, as envisioned in the Task Force Report (2012). The service should allow for more intensive support for first-time parents and for children and families with more complex needs, and must ensure that all children receive the 5 core visits at home by public health nurses.
- **Insisting on good governance, accountability and quality in all services:** Too many children have been let down in Ireland by the absence of clear and consistent governance, poor communication and low accountability. The fact that we now have a Cabinet-level Department of Children and Youth Affairs is an opportunity to drive significantly higher standards for all our children. By the end of the strategy’s 10 years, no child should be in a low-quality early care and education service, and no public money should be allocated to services that fail to achieve quality standards.
- **Enhancing and extending quality early childhood care and education services:** Subject to achieving significantly higher quality standards, investing in training and mentoring, and professionalising the Early Years workforce, we recommend the extension of the entitlement to free pre-school provision, so that a free part-time place is available from every child’s 3rd birthday until such time as they enter primary school. Depending on the age at which a child begins school, many children should then benefit from about 2 years’ free pre-school provision before entering the Junior Infant class of primary school.

Theme 1: Economic rationale for increased investment

There is a large and growing body of evidence – in Ireland and internationally – around the human, social and economic benefits of investing in children’s early years. There is also an imperative to invest in the early years because childhood is an important time of life in its own right.

Government spending in Ireland today is well below internationally accepted targets for the level of spending necessary to achieve a high-quality early care and education system. There is also evidence that spending on health services is below acceptable levels on services for young children. While we are conscious of current financial pressures, we believe that investing in young children’s health and education will ultimately save money for the country and result in a healthier and better educated workforce in years to come.

The economic benefits

The economic benefits of early intervention are clear and consistently demonstrate a **return on investment**. Spending on programmes that are high quality, based on effective interventions, and well-implemented can save significantly more than they cost over a number of years.

The economic case for investing in young children is now well-established (e.g. Heckman and Masterov, 2007). This research shows that the rate of economic return on good early years investment is significantly higher than for any other stage in a child’s life since development in children’s earliest years increases the effectiveness of educational investments later in childhood. Educational attainment among 15-year-olds is higher for children who attended pre-primary education, with the highest attainment in countries with high-quality, inclusive early education systems supported by high levels of public investment (OECD, 2011).

Cost-benefit analyses of high-quality early care and education programmes in the USA have estimated returns of between US\$2.50 and US\$16 for every dollar invested (Start Strong, 2011). The NESF (2005) estimated the likely benefits of investment in early care and education in Ireland to be between €4 and €7 for every €1 invested.

Similar findings have been made for parenting programmes. Cost-benefit analysis of the Nurse-Family Partnership, which provides parenting supports through home visits to first-time mothers, shows a return of US\$2.37 for every US\$1 dollar spent (Washington State Institute for Public Policy, 2012). While there have been few Irish studies, a recent evaluation of the Incredible Years Parenting Programme (O’Neill, 2009) showed net present savings of €4,599 per child, from expenditure of €1,463 per child.

There is very little research available in Ireland on the economics of investing in children’s health. However, Boland and Murphy (2012) argue that value for money is a key part of any strategy addressing the health and well-being of the population. They point out that while expenditure on health comprises the second largest component of public expenditure in Ireland (after social protection), health spending in Ireland is mainly directed towards diagnostic and treatment services for disease and injury.

A shift from costly hospital-based interventions towards primary care and population-based interventions can deliver a **reduction in chronic diseases and an increase in the health of the population**. In common with many other reports, Boland and Murphy (2012) assert that *‘inequalities in children’s health and development appear early in life. Early childhood development (ECD) programmes are designed to mitigate the factors that place children at risk of poor outcomes’*.

Many costly and damaging social problems are created because children are not given the **right type of support in their earliest years**, when they are achieving key milestones of social, physical and emotional development. What happens during these early years, starting from conception, is crucial to human development and has lifelong effects on many aspects of health and well-being. Focused support that encourages positive physical and mental health during pregnancy and in children's foundation years are, by their nature, preventative and can reap dividends for society. If help is not provided early enough, then intervention can be more difficult and costly.

Current financial investment in young children and families in Ireland

According to the OECD (2013), Ireland invests only 0.4% of GDP annually in childcare and early education services, compared to the OECD average of 0.7% of GDP. International studies have used the figure of 1% of GDP as a benchmark for the level of annual investment required to achieve a high-quality system of early care and education services. Expenditure in New Zealand is just over 1.0% of GDP and expenditure in the Nordic countries ranges from 1.1% of GDP in Finland to 1.7% of GDP in Iceland.

The OECD figures cover expenditure on early care and education services for children aged 0-5 inclusive. For comparability, these OECD figures take into account the different ages at which children start school in different countries (from 4 or 5 in Ireland up to 7 in some of the Nordic countries) by including a proportion of expenditure on primary schools where appropriate. Expenditure in Ireland on early care and education services *prior to school entry* amounts to approximately €300 million per annum, or less than 0.2% of GDP (Start Strong, 2013).

It is not possible to specify the current level of investment in health services for young children because health expenditure is not disaggregated by the age of the child. However, indicators of levels of service illustrate that, again, in the health area the investment level in Ireland is limited compared with international standards. Taking as an example public health nurses in Ireland – except in a very small number of areas, these nurses not only have responsibility for the routine screening of infants and young children; they also have responsibility for the delivery and coordination of a wide range of services across different age groups.

In Ireland, the main financial support given to families is Child Benefit. This allowance has been under intense discussion in recent years and has been cut in a number of recent Budgets. The 2012 report of the Advisory Group on Tax and Social Welfare endorsed the maintenance of a universal system of child support, while recommending possible measures to ensure better targeting of the benefit.

There are some other financial supports, including the Family Income Supplement, support for qualified children within the social welfare code, and back-to-school financial supports. All of these measures have also been under pressure: back-to-school supports, for example, have been virtually halved in the last two Budgets.

While there has been a great deal of debate about Child Benefit as a 'blunt instrument' when it comes to supporting children and families, there is no doubt that increases in Child Benefit can help to alleviate child poverty. Conversely, cuts in the benefit, especially when applied universally, can create disproportionate hardship in families that are already struggling.

There is certainly a case for the *reform* of child income supports while retaining the principle of a universal benefit, for example, through moving to some variant of a two-tier payment. However, following the cuts to Child Benefit and other payments in recent years, further *reductions* in child income supports would be likely to impact negatively on child poverty rates among families on low incomes. Given the close link between child poverty and a range of negative outcomes for children, care must be taken to avoid this happening.

For this reason, the current deficits in public expenditure on services for young children should be met through *increasing* the total level of public investment in young children and their families, rather than through re-directing public expenditure from child income supports to services. Of course, the investment approach we recommend is challenging in the current economic climate. But given the likely benefits to the economy and to society that we have highlighted, we believe the case for greater public investment is powerful.

The Expert Advisory Group recommends that the Early Years Strategy should:

- 1. raise significantly the amount of public investment in young children and their families.** There is a very strong economic rationale for such investment. Even – or especially – in a time of austerity, it is an investment that makes economic sense, strengthening the foundations for the future of our economy and society.
- 2. increase investment in early care and education services, with investment rising incrementally each year to achieve the international benchmark of 1% of GDP by the end of the strategy.** Over the next 5 years, the strategy should ensure investment reaches the OECD average of 0.7% of GDP.
- 3. require that baselines for measuring investment levels should themselves rise over time** to reflect the increasing population of young children. Investment must rise each year *both* to compensate for population increases *and* to achieve real expenditure rises over and above the population-based increases.
- 4. achieve investment increases in services for young children through a higher total level of public investment, rather than through re-directing expenditure from child income supports.** While there is a case for the reform of child income supports, the universal principle should be maintained, as recommended in the report of the Advisory Group on Tax and Social Welfare (2012), and the level of payments should be protected to ensure no negative impact on child poverty rates.

Theme 2: Supporting families

Parents and guardians have the primary responsibility for children’s upbringing. They also have a profound influence on children’s development. Parents, in this context, refers to mothers and fathers – but parental responsibility can also fall on foster parents and members of the extended family. Many families in Ireland are parented by one person on their own. All parents, without exception, need some support at some time in their child’s life. At present, primary health care services are not working as effectively as they might be; parents often do not have sufficient time at home in their child’s first year; they do not always have access to parenting programmes when they need them; and families in crisis are not always given the support they need. The Expert Advisory Group believes that a National Parenting Action Plan is needed to coordinate the planning and supports that are available to parents.

What we are aiming towards

There are strong associations between the **health and education of mothers** and the overall health of babies, and equally strong associations between the health of mothers and their socio-economic circumstances. Supporting families must, therefore, begin with access to high-quality, ante-natal,

maternity and post-natal services because this support is as critical as giving ongoing support during a child's early years.

From the moment they are born, **parenting** is central to children's cognitive, social and emotional development, as well as their behaviour, education and physical health. We know that it is what parents do with their children rather than who they are or where they live that is crucial. Especially in a child's first year, parenting must be supported to the maximum possible extent through, for example, minimising the pressures that force parents to seek alternatives to spending as much time as possible with their children.

All young children need access to high-quality **primary health services**. For some children with specific developmental issues, there will also be a need to access more specialist services (for example, speech therapy or psychological services). Some young children living in adverse environmental circumstances, such as consistent poverty, need additional supports, such as daily enhanced nutrition or extended early care and education provision. The cost of early intervention is far less than the burden the State will eventually carry as a result of not intervening.

All parents need access to high-quality **information on children's learning and development**, and to programmes and approaches that will help them to develop the necessary skills to enhance positive parenting. Evidence from international research indicates that provision of such supports will lead to improved health, learning and social and emotional outcomes for children.

Many families go through a period of crisis. This may take many forms, including, for example, illness, divorce, job loss or suicide. If families are **supported through the crisis** and its aftermath, parents and children are more likely to be resilient and overcome adversity. It is more useful for the State to anticipate that families will experience difficult situations and offer them supports at times of crisis that enable and support the development of children's resilience rather than hope that families themselves can overcome adversity without a negative impact on the child.

The current situation in Ireland

Currently in Ireland, there is statutory provision for 26 weeks of paid maternity leave. The remaining leave entitlements are unpaid and a large proportion of mothers return to work at or shortly after 26 weeks (McGinnity *et al.*, 2013). This is far less than the one year of paid parental leave that UNICEF and others have called for internationally as a minimum standard.

In addition, there is no statutory provision in Ireland for paternity leave, even though a child's first year is a critical time for generating attachment relationships between children and both mothers and fathers – and for the development of caring roles. To support parents and to enable active parenting by both parents early in a child's life, there is a need for a period of statutory paternity leave at the time a child is born and, in addition, for paid leave after 26 weeks to take the form of parental leave, allowing families to make their own choice as to which parent takes the leave.

It is essential that families have access to a high-quality primary health service. Public health nursing could be re-organised to constitute the core of a dedicated child health workforce, capable of focusing broadly on child health and development. Not only are the numbers of public health nurses unacceptably low in Ireland, but a typical nurse will have a wide range of responsibilities that have nothing to do with the needs of children. The report of the Task Force on the Child and Family Support Agency (2012) recommended that public health nurses should be incorporated into the Agency, and that has not happened. Their core work must include home visits to every child in the first year of life. This must be a high priority.

There are good examples from around the country of parenting support programmes that could provide a model for national programmes to enhance parenting skills (see *Paper 5 in Appendices*). In Longford/Westmeath, for example, an evidence-based multi-level public health approach to parenting has been implemented by a partnership comprising 9 organisations. Their strategy, based on a 'positive parenting' approach, aims to prevent problems and promote children's development by enhancing the knowledge, skills and confidence of parents. Participants in the programme's workshops indicated that there had been a reduction in the number and frequency of child problem behaviours and that they had a more positive view of parenting, as 'rewarding'.

Crisis support is best delivered in the community where a child lives. There are a range of existing supports that could be drawn on to support families in crisis, including community projects, help lines, support groups and voluntary organisations. The information on what is available can be mapped to be made explicit and to encourage self-referral or local referral.

There are many different services around the country to support parents and children, a small number of which have been outlined above. Coordination and planning of these supports would greatly benefit from a National Parenting Action Plan. This action plan would identify supports needed by parents, indicate how best to ensure that they are available to all parents who need them, and would encompass a national quality framework for parenting programmes. In addition, it could consider the important role of maternity, paternity and parental leave, especially in children's first year of life, as well as work-life balance policies to reduce parental stress and make it easier for parents to combine working life with their parenting roles.

The Expert Advisory Group is strongly of the view that if commitment to support for parents does not become central to public policy, and if the principle of investing in the early years is not accepted, Ireland will not achieve its ambitions for its children.

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The Expert Advisory Group recommends that the Early Years Strategy should:

- 5. introduce a significantly longer period of paid leave for parents**, introduced by each year incrementally extending paid parental leave at the end of the present period of paid maternity leave. The aim should be within 5 years to (a) achieve one year's paid leave after the birth of each child, and (b) introduce 2 weeks' paid paternity leave around the birth of a child.
- 6. provide intensive additional support for children under 3 living in consistent poverty** through existing Early Years services to ensure they meet developmental milestones.
- 7. re-organise the public health nursing service, through increased investment**, to constitute the core of a dedicated child health workforce, capable of focusing broadly on child health and development, and integrated into the Child and Family Agency on that basis. Their core work must include home visits to every child in the first year of life.
- 8. develop a National Parenting Action Plan**, under the aegis of the Department of Children and Youth Affairs. This action plan would bring together existing models of best practice and would aim to make a range of universal and targeted supports available to parents. These supports would enhance parents' capacity to contribute to children's early learning, social, emotional and cognitive development.

Theme 3: Health and well-being

The publication of *Healthy Ireland* (Department of Health, 2013) identifies health as a personal, social and economic good. The health and well-being of individuals, and of the population as a whole, is Ireland's most valuable resource.

Ensuring the good health and well-being of all young children in Ireland must be a central goal of the Early Years Strategy. In order to do this, we need to begin by improving the kinds of supports offered during pregnancy and by increasing the proportion of mothers who breastfeed their babies. Ireland has the lowest rate of breastfeeding of any country in the European Union (OECD, 2009). Ensuring that more babies are breastfed will improve infant health and reduce the risk of obesity later in childhood. Furthermore, young children in Ireland do not all have access to free GP care when they are ill and the provision of basic vaccinations and developmental screening is variable around the country. These deficits must all be addressed if we are to improve young children's health and well-being.

What we are aiming towards

One of the goals of *Healthy Ireland* (Department of Health, 2013) is to increase the proportion of people who are **healthy at all stages of life**. High-quality services that promote the health and well-being of children and families encompass ante-natal services, support for breastfeeding and access to primary health care, regardless of ability to pay. These services must also support families through public health promotion to ensure that they are aware of the risks of obesity and childhood injury. Services must also encompass the mental health needs of families and children, and offer children access to opportunities for play and enjoyment. In this section, we explore each of these issues in more detail.

Ensuring young children's health and well-being begins during **pregnancy**. Maternal nutrition, health education, health and preventive care facilities, and adequate social and economic resources – before first pregnancies, during pregnancy and in early infancy – promote children's growth and development, and reduce the risk of disease and malnutrition. Focused support that encourages positive physical and mental health during pregnancy is, by its nature, preventative and can reap dividends for society. For example, maternal obesity at the point of conception is associated with a four-fold greater risk of childhood obesity by the age of 4 years. As a result, the earlier we mitigate the risk of children becoming overweight or obese, the better.

The promotion of **breastfeeding** and the provision of high-quality supports for mothers to breastfeed reduce a range of health problems in children, including obesity, so they can lead to considerable savings to the health services.

When infants are born, they are ready to **develop relationships** with those who care for them. Research has demonstrated that children who have secure attachment relationships are better able to regulate their emotions and experience empathy (Panfile and Laible, 2012). Having secure attachment relationships is not a guarantee of future mental health, but it does provide a protective factor, enabling children to develop ways to cope better with adversity, such as loss and trauma. Promoting the importance of parent–infant relationships at every opportunity is most important to ensuring the best chance at developing good infant mental health.

When young children are not well, access to **primary care**, such as their GP, is improved where cost is not a disincentive to their families. Children also need strong community-based health services with immunisation, development and nutrition assessment and screening. Health screening programmes are efficient and effective ways to improve outcomes for children because they provide for early identification of health risks and are an important route by which parents receive information about their child's health, as well as being one of the few services that connect with all families in the State.

A high-quality **child health screening programme** requires a public health nurse home-visiting service, which is an excellent early warning and preventative system. In order to do this work effectively, public health nurses must have the time to maintain effective contact with children and their families. If time is not allocated and help is not provided early enough, then intervention can be more difficult and costly.

Lifelong patterns of **eating and physical activity** are established during childhood. Interventions to identify and prevent excessive weight gain have the greatest chances of success in early childhood, thereby avoiding potentially long-term problems with obesity. It is also important to be conscious of the risks to young children of **unintentional injury**, often occurring in the home, and to identify ways to reduce levels of injury in young children.

There is widespread consensus that part of promoting children's health and well-being involves providing them with opportunities to be **active and playful**, both indoors and outdoors. Play and recreation are important in the lives of children. They are critical to their health (physical and mental), learning, development and general well-being, contributing to their quality of life. Using open space to fulfil basic childhood needs (like jumping, running, climbing, swinging, making a big mess) is what childhood is all about. For a variety of reasons, many of these things cannot occur indoors, yet children must have access to these important experiences. Today, children's lives are more and more contained and controlled by living in small apartments, houses with small gardens and attending early care and education services with no, or limited, outdoor spaces. Outdoor environments fulfil children's basic needs for freedom, adventure, experimentation, risk-taking and just being children. As a society, we need to provide young children and their families with opportunities to play safely with friends in the local neighbourhood. Children must have visibility and space within our communities, where traffic does not always dominate. They must have access to a range of facilities such as playgrounds, community centres, galleries and museums, where children and families can enjoy a range of experiences together.

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Current situation in Ireland

By and large, the children of Ireland are healthy, certainly in a global context, and there have been some considerable improvements in child health over the last century in this country. Nevertheless, there remain several areas where there is significant room for improvement in child health services. Given the critical importance of health in early childhood for later well-being and development, addressing these concerns is a priority.

Figures from *Growing Up in Ireland* (2011) have shown that 18% of mothers smoke during pregnancy and 20% of women have taken alcohol at some stage in their pregnancy. Smoking, drug and alcohol consumption in pregnancy are associated with a doubling of miscarriage, pre-term delivery, low birth rate and increased perinatal mortality.

Education in the ante-natal period is not enough. Other measures must be found to prevent maternal and child ill-health, and their subsequent economic costs, including public health campaigns aimed at educating young women about risky behaviours such as smoking, drug and alcohol consumption during pregnancy.

Rates of breastfeeding in Ireland are very low by international standards (OECD, 2009). Developed world countries with higher breastfeeding rates have regular home visits from healthcare professionals in the first weeks following birth, a period during which many Irish women experience challenges and discontinue breastfeeding. The implementation of policies in hospital and community healthcare settings to support, promote and protect breastfeeding – from early in the ante-natal period through to post-natal care – is key to assisting more women in Ireland to breastfeed. The needs of those families

with lower breastfeeding rates, including younger mothers and women from disadvantaged groups, should be addressed. The promotion of breastfeeding and provision of supports should form part of targeted programmes, such as prevention and early intervention programmes.

Child health screening is principally provided through the Public Health Nursing and Area Medical Officer services, but involves a wide range of other professionals, from general practice and speech and language therapy to psychology, crossing over to more specialised services for children with very pronounced needs. A universal screening service requires that children throughout the country have access to these services, yet recent audits of public health nurse practice show considerable variation in terms of completeness of coverage for the 9-month developmental check across the country. Similar inconsistencies are found in relation to the first visit to new mothers and babies.

Almost a quarter of 3-year-olds are either overweight or obese according to data from the *Growing Up in Ireland* study. The core screening programme is particularly appropriate for addressing infant feeding and obesity in children because of the emphasis on professionals working in partnership with parents. The service could serve as an early warning system to alert parents if their child's weight is a cause for concern, while offering support and advice.

Unintentional injury is also a concern for young children in Ireland and each year many die. In 2010, the most recent year for which full figures are available, there were 16 deaths of children aged 0-6 from external causes of injury (Central Statistics Office, personal communication, 2013). The mortality profile is only one aspect of the burden of injury. Serious injury can exact a lifelong toll on the child and family, and result in considerable cost to health services. Whilst there is much good work being done by practitioners, such as public health nurses and agencies, with a particular focus on different aspects of injury prevention, there is no overall action plan for the prevention of childhood injury.

The Expert Advisory Group recommends that the Early Years Strategy should:

9. **ensure that the timing and content of the core screening and vaccination programmes are consistent** across the country. This will ensure that all children receive the 5 core visits by public health nurses at 48 hours, 3 months, 7 months, 12-18 months and 39-42 months.
10. **improve breastfeeding rates** by building on the progress already achieved as a result of the *Breastfeeding Strategic Action Plan, 2005-2010* through a combination of hospital and community-based measures, including ante-natal education, supportive health service policies, consistency of approaches by healthcare workers, provision of high-quality support, progressive maternity leave policies and education and/or regulation of employers to provide facilities for nursing mothers.
11. **introduce universal evidence-based approaches to prevent obesity** through work with parents as part of the *Best Health for Children* programme.
12. **review guidelines on the Pre-School Regulations** to ensure that all children in early care and education services have access to and make regular use of outdoor spaces, either on site or in the local community.
13. **develop a comprehensive child injury prevention action plan.**

Theme 4: Access to services and inclusion

Young children and their families need access to a range of services that are coordinated and integrated, informed by what is already known to be effective, that offer support when needed and that fit to local needs. The Expert Advisory Group believes that children in Ireland do not currently have equitable access to a range of essential services, including primary health care (e.g. vaccination), GP services and quality early care and education. In addition, we have concerns about the extent to which some services are inclusive, i.e. the extent to which they are successful at meeting the needs of all children that access them.

The value of accessing inclusive services

The Expert Advisory Group advocates the approach described in *The Agenda for Children's Services* (OMC, 2007) as 'progressive universalism' (i.e. 'help to all and extra help to those who need it most'). There is a strong case for **universal, inclusive provision of high-quality services and supports**, to ensure that *all children* benefit. In line with the principle of progressive universalism, some children attending or receiving universal services need additional support. This may include groups such as children living in poverty, Travellers, Roma, children with intellectual and other disabilities, and children with chronic health needs. In early childhood, universal services act in a preventative capacity, with additional targeted services acting as a form of early intervention.

Further targeted services and supports for children and families with **additional needs** can be built on a base of universal services, helping to ensure effective access routes to the targeted services. In addition, the evidence on early care and education shows that young children do best when they are in services with a mix of children from different social backgrounds (Sylva *et al*, 2003), which universal provision helps to achieve.

Inclusion implies not only access to services for all, but also the full participation in those services of every child, regardless of the child's ability or background. That, in turn, has implications both for the provision of additional supports for children who need them and for the daily practice within services. It implies, for example, that a child with a disability should not only be entitled to a place in a mainstream service offering the Free Pre-School Year, but also that he or she should have the support of a pre-school Special Needs Assistant when needed and that the curriculum and practice within that setting should ensure his or her full inclusion within the daily life and activities of the setting.

Ensuring equal access and full inclusion of all young children requires services to be **physically accessible** and challenges service providers to bring their services as close to children in their communities as possible, rather than always expecting families to bring children to services.

Ensuring equal access and inclusion also requires that services **challenge prejudice**, respect the differences between children in their abilities and backgrounds, and positively support every child's identity and sense of belonging. Every child is unique and children differ in many ways: in their physical and mental abilities, in the social and ethnic backgrounds of their families, in their religion, in the language they speak at home and in their family structure. Access and inclusion are fundamental issues for the achievement of children's rights.

The current situation in Ireland

Access to primary preventative healthcare remains an issue for young children in Ireland. Vaccination and quality developmental checks in the first weeks of life should be universally available to all young children, but – as discussed under Theme 3 above – they are not.

In addition, we have significant concerns about access and inclusion in early care and education services in Ireland.

In recent years, there has been huge physical development of early care and education services in Ireland through the Equal Opportunities Childcare Programme and subsequent investment. However, the cost of early care and education to parents in Ireland is among the highest in the OECD countries (OECD, 2010). Primary school in Ireland begins at a younger age than in some other countries and the Free Pre-School Year has reduced the cost in the year immediately prior to school entry (for 3-4 year-olds or 4-5 year-olds). But outside these age bands and weekly hours covered by these supports, most children receive no subsidy. OECD figures indicate that costs in Ireland as a proportion of family income are among the highest internationally, and for lone parents are the highest in the OECD. For many families, particularly families on low incomes or experiencing poverty, the cost is a significant barrier to participation.

There is now a free pre-school year available for all children and the take-up is very high, at around 95%. However, not only are access rates lower among specific marginalised groups (e.g. Roma children and some young children with disabilities), but even among those children who are accessing services there are concerns about the non-inclusion and stigmatisation of children from minority backgrounds in the daily practice within services. Concern about the inclusiveness of practice in many services is closely linked to the variable quality of early care and education services, which is discussed further in Themes 5 and 6 below. The *Diversity and Equality Guidelines for Childcare Providers* (OMC, 2006) have not yet been rolled out nationally.

Additional supports are provided to enable some young children with disabilities to take part in early care and education services. However, access to pre-school Special Needs Assistants is inconsistent across the country and there are no agreed guidelines for their work. Furthermore, there has been insufficient training of those working in early care and education services in how to ensure inclusive practice for children with disabilities and children from diverse backgrounds.

There are also examples of good practice from around the country that demonstrate it is possible to provide early care and education services that are inclusive and that meet children's needs for additional support. For example, in Cork, speech and language therapists routinely visit early education settings to assess the language development of children and to provide additional support to children who need it. The recent Government-funded pilot scheme, *Pre-School Education Initiative for Children from Minority Groups*, received a positive independent evaluation for its work in training and mentoring early childhood educators in diversity and equality practice (Duffy and Gibbs, n.d.).

The Expert Advisory Group recommends that the Early Years Strategy should:

14. **give access to free GP care to all children under the age of 6.**
15. **improve access routes to specialist support services for children**, such as speech and language therapy, to ensure effective access for all children who need such services. As far as possible, additional supports should be brought into local settings that families use daily, such as early care and education services, rather than requiring young children to travel to clinical settings.
16. **carry out a detailed assessment of access to the Free Pre-School Year**, to identify disadvantaged groups with lower-than-normal access rates and take steps to raise access rates among those groups.

(continued)

17. **ensure that income-related subsidies for early care and education services reduce the cost barrier facing families**, particularly those with low incomes or experiencing poverty. Reform of the existing subsidy schemes (e.g. Community Childcare Subvention and Childcare Education and Training Support Programme) should ensure that subsidised places are equally accessible in all areas of the country.
18. **introduce a national policy on access to pre-school Special Needs Assistants**, including guidelines on entitlements to such supports and on their role in early years and primary school provision.
19. **deliver training to all staff in services for young children in meeting the needs of children who have additional needs** by virtue of their disability, family background, ethnicity, physical or mental health.
20. **roll out the *Diversity and Equality Guidelines for Childcare Providers* nationally**, along with mandatory training and support for diversity and equality practice.

Theme 5: Quality in services and supports

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The quality of services for young children is critical to their effectiveness. The evidence on early care and education services demonstrates that such services only benefit children when they are of high quality. When they are of low quality, they can do harm. The quality of early care and education services in Ireland today is very variable and the lack of quality assurance is unacceptable. Ensuring high quality is the foremost policy challenge in early care and education today. While the Expert Advisory Group supports the extension of free pre-school provision, it is essential that quality standards are raised first.

The quality of services is critically important

The importance of **quality in early care and education services** in achieving positive outcomes for children has been shown repeatedly in research. In the UK, the EPPE study (Sylva *et al*, 2003) has demonstrated positive, lasting benefits for children's outcomes of part-time attendance in early care and education services, but only in services of high quality.

Quality matters for young children of all ages, equally for under-3s and for over-3s. It is essential, therefore, that **quality standards** apply equally to all age groups and that quality-raising supports are available equally to services working with all age groups. Quality early care and education services for children of all ages rests, above all, on the interactions between children and the adults around them. That is why the recruitment, training and professional development of the early care and education workforce is so important (*for details, see Theme 6 below*). It is also why the teacher:child ratio in the Infant classes of primary school is critical. With very large numbers of young children, it is very difficult for an adult, however well trained, to have quality interactions with young children.

Achieving high quality in early care and education also rests on the implementation of quality frameworks and a child-centred curriculum. There has been considerable investment in Ireland in *Síolta* and *Aistear* – ***Síolta*** is the national quality framework for early childhood education and ***Aistear*** is a curriculum framework for settings attended by children from birth to 6 years of age.

These frameworks are complementary and were developed based on national and international research and extensive consultation with the sector. Their implementation has the potential to transform the quality of Early Years services.

Quality matters in health services and in parenting supports too. In **health services**, for example, there is a need for quality assurance of child health screening checks to ensure that all children have access to the same checks at the same age. In relation to **parenting supports**, there is a need for quality standards and mechanisms to ensure that all parents have access to services that match their needs.

Providing high-quality Early Years services also requires people in different services to work together, with a **shared aim of promoting the best interests** of children and their families. For example, there should be links between local health services (providing immunisation and screening services, and parenting supports) and local early care and education services. Strategies to ensure smooth transitions for children need to be implemented in all settings and services. Some work has already been done on transitions, for example, in research funded by the Department of Education and Skills and the Department of Children and Youth Affairs (O'Farrelly, 2013). Cooperation among services helps to emphasize collective shared responsibility for children's well-being and helps to ensure that children's needs are met promptly and effectively.

The quality of services for young children in Ireland today

There is little data on the quality of pre-school early care and education services in Ireland today. Those indicators we do have raise concerns about the variable quality of services. In particular, levels of professional development and training have begun to improve recently, but from a low base and remain low by international standards. While there is some excellent practice, there is also poor practice, and there is much practice that meets minimum standards but fails to achieve the high-quality standards that are required if early care and education is to deliver the large positive benefits that are possible.

The recent RTÉ *Prime Time* investigation, 'A Breach of Trust', has made the quality of early care and education services an issue of public and media concern. The issues raised in the programme are important and should be policy priorities. The policy concerns relating to quality are, however, even wider. The *Prime Time* investigation focused on full-day crèches and on private services, but the variability of quality is seen across all types of service. Furthermore, the programme focused on issues relating to staff treatment of children and behaviour management, but there is also great variability in the contribution services make to children's early learning and development.

The Expert Advisory Group welcomes the Minister for Children and Youth Affairs' response to the media coverage. In particular, we welcome her introduction of a series of measures, called the Pre-School Quality Agenda, that include the introduction of minimum qualification levels, tougher sanctions for breaches of regulations and the publication of inspection reports. The Expert Advisory Group believes, in addition, that it must be the case in future that no public funding is made available to any organisation (e.g. Early Years service, school-age care provider or childminder) – whether commercial, for profit or otherwise – that fails to meet recognised standards of quality.

All these measures will make a difference, but they are just first steps.

It remains the case that there is no plan for the roll-out of Síolta and Aistear, even though they were published in 2006 and 2009 respectively. Now may also be an opportune time to forge greater alignment between Síolta and Aistear, and distil core elements that can be implemented on a phased and incremental basis within settings. There has been some limited training of staff on these frameworks,

but this remains the exception. Early childhood care and education settings need systematic support to implement an effective curriculum programme and to engage in effective self-evaluation and quality assurance processes. There are also concerns about the quality of young children's experiences in the Infant classes of primary schools, with the average number of children in each primary school class being 24. The *National Literacy and Numeracy Strategy* advocates prioritising infant classes in the allocation of available teachers (Department of Education and Skills, 2011).

A further concern lies in the different levels of quality standard and support for under-3s and over-3s. At present, minimum qualification requirements are only in force for the Free Pre-School Year, not for services for younger children, and there is evidence that the least qualified staff are being allocated to rooms with the youngest children (Pobal, 2013). It is also only in relation to the Free Pre-School Year that there is any requirement to use Síolta or Aistear. A recent pilot joint inspection involving both the Pre-School Inspectorate and Department of Education Inspectors focused only on the Free Pre-School Year. High-quality standards must apply in all early care and education services, for children of all ages.

The provision of support to early childhood care and education (ECCE) settings could be achieved through the establishment of an ECCE Quality Support Service/National Early Years Mentoring Service, which would be staffed by experienced and well-qualified practitioners from the ECCE sector. This service would provide direct support to all settings catering for children aged 0-6 to enable management and staff to deliver a quality learning experience to children and to build capacity to engage in effective self-evaluation and improvement actions. It should work in tandem with inspection and quality assurance mechanisms within the sector. The service would also have a responsibility to develop support materials and resources.

High-quality standards must also be ensured before the extension of the Free Pre-School Year. Since the research is unequivocal in saying that the benefits of early care and education only arise when services are of a high quality, our recommendations call for the raising of quality standards first.

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The introduction in Ireland of a universal Free Pre-School Year in 2010 was a milestone and – subject to achieving higher quality standards – we recommend its extension so that all children can benefit from high-quality pre-school provision from their 3rd birthday until such time as they enter primary school. Depending on the exact age at which a child begins school, this measure would extend the free pre-school entitlement to around 2 years for many children. There is a strong evidence base for universal pre-school provision on a part-time basis from the age of 3, provided it is of high quality, with significant benefits for children's cognitive, social and emotional development (e.g. Melhuish, 2004). The current terms of the Free Pre-School Year mean that some children do not begin the scheme until they are already 4 or even 4½ years old. An extension of the type we are recommending would allow all children, regardless of family income and regardless of the month in which they were born, to benefit from early care and education provision from their 3rd birthday onwards, at first in a pre-school setting and later in the Infant classes of primary school.

Achieving high quality in all early care and education services will raise the cost of provision, particularly if those working in early care and education services are to become a professionalised workforce with appropriate wages (see *Theme 6*). As the cost to parents is already very high, it is important that the additional cost resulting from higher quality standards does not fall directly on parents. Instead, the State must assume greater responsibility for meeting the cost of providing high-quality services.

The Expert Advisory Group recommends that the Early Years Strategy should:

21. **prioritise the raising of quality standards** across all early care and education services. It should include an explicit aim of ensuring that by the end of the 10-year Early Years Strategy, no child is in a low-quality early care and education service.
22. **carry out a baseline audit of the quality of early care and education services immediately.** This should involve assessment of quality in a representative sample of services, using internationally recognised tools for measuring quality. Its aims should be both to inform implementation priorities for the Early Years Strategy and also to provide a baseline for subsequent assessment of the impact of quality-raising measures adopted by the strategy.
23. **develop a national plan for the phased, supported and simultaneous implementation of the Síolta and Aistear frameworks,** to achieve their roll-out at all levels of the early care and education system, including in all services and at the levels of inspectors and trainers themselves. Core elements of both frameworks should be extracted and prioritised for implementation. Development of the implementation plan should include a comprehensive review of all current quality assurance tools (including both Síolta and Aistear, as well as the Pre-School Regulations and the new National Standards) to ensure that their implementation is coherent and integrated. The review should include an assessment of whether amendments are needed to any of these tools to ensure their mutual coherence and effective joint implementation.
24. **put in place a national expert group to ensure that child health standards,** especially in regard to early screening, are updated in line with evidence and best practice.
25. **directly align public funding for services to the achievement of quality standards** in early care and education services.
26. **extend the entitlement to free pre-school provision, so that a free part-time place is available from every child's 3rd birthday until such time as they enter primary school.** Depending on the age at which a child begins school, many children should then benefit from around 2 years' free pre-school provision before entering the Infant classes of primary school.
27. **establish an ECCE Quality Support Service/National Early Years Mentoring Service** based on the development of the role of the County Childcare Committees and using existing expertise within the National Community and Voluntary Organisations to enable services to reach high standards of excellence.
28. **significantly increase public investment in early care and education services in order to meet the additional cost of higher quality standards,** including the cost of a professionalised workforce. Higher rates of capitation grant will be required in order to raise quality in the Free Pre-School Year and public subsidy will be needed to meet the additional cost of higher quality outside the Free Pre-School Year. The additional costs should *not* be borne directly by parents through higher fees, which are already among the highest in the world.

Theme 6: Training and professional development

The delivery of quality services depends, above all, on the skills and competencies of those working with young children and their families. The Expert Advisory Group has particular concerns around levels of staff training and professional development in the area of early care and education services. Levels of training in pre-school services are currently below those recommended at EU level. In addition, there are concerns about the quality of the training provided in some cases.

Within the health services sector, staff training is controlled by legislation, thereby ensuring minimum standards of professional competence among doctors and nurses. However, there is a need to ensure that all health professionals working with young children have training in child development and in communicating respectfully with young children and their parents. There is also a need for graduate-level training in child development for those who wish to specialise in the area.

What we are aiming towards

The training and professional development of staff is a key indicator of quality across all types of service for young children. High-quality services require **professional competence at all levels**: those working directly with children, their managers and supervisors, inspectors and those in advisory and leadership roles, as well as those who carry out training. Ensuring high professional standards at all levels of service delivery requires that individuals not only have appropriate initial training, but also that they have access to continuing professional development throughout their career. In addition, their day-to-day work practice must include time for planning, evaluation and collaborative work. In all services, remuneration must reflect staff skills and training.

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In early care and education services, minimum standards should reflect the importance of the work. At EU level, the recent CoRe report on *Competence Requirements in Early Childhood Education and Care* (University of East London *et al*, 2011) has set an international benchmark that at least 60% of those working in early care and education services should be graduates. The CoRe report calls not just for ‘competent practitioners’, but for a **‘competent system’**, which requires a qualified workforce at all levels, which includes trainers, managers and inspectors. In addition, it requires a workforce of motivated early childhood professionals with a clear professional identity, actively engaging in continuous development and innovation to support children’s positive learning and development. It requires a comprehensive and integrated approach to the education and training of all levels of the workforce, a remuneration framework that recognises and rewards the significance of their role in the care and education of children, and a professional advancement pathway.

Current situation in Ireland

Currently, only 12% of those working in early childhood care and education services in Ireland have Degree-level qualifications (Pobal, 2013). The majority of qualifications are at Level 5 on the National Framework for Qualifications. In contrast, the Infant classes of primary schools are staffed by qualified primary school teachers, all of whom have Degrees, but current class sizes are large and make it difficult to implement the kinds of play-based curricula that are widely regarded as best practice for children under the age of 6.

The publication of the *Workforce Development Plan* by the Department of Education and Skills (2010) signalled the Government’s intent to push forwards a training framework for those working in early childhood care and education. However, the reality of training, professional development and working conditions in Ireland today is far removed from the aspiration of a ‘competent system’. A recent survey

of centre-based services found average wages to range from €10.10 per hour for unqualified staff to €11.24 for graduates (Level 7) (Early Childhood Ireland, 2012). In addition, many staff are only paid for contact time with children (not for preparation time or for time spent meeting with parents or liaising with other agencies) and only for periods of the year when the service is open. That implies an annual salary in the region of €15,000–16,000 for somebody working in a sessional service that operates two sessions a day during term times. In comparison, the lowest point on the basic salary scale for new entrants into primary school teaching is double that – at €30,700 per year. Not only do the low wages for most staff in early care and education services indicate a low value placed on their work, but there is also little incentive for staff to improve their qualification levels, in addition to there being very limited career advancement pathways. Thus, it is no surprise that many of those who have completed Degree programmes in early care and education have sought employment in other sectors, including primary school teaching.

Quality Early Years practice develops where there is a consistency in understanding of what quality practice looks like. Therefore, to develop and enhance the quality of Early Years practice, it is important that all those involved have a good understanding of *Síolta* and *Aistear* as the two key frameworks developed to support quality Early Years practice in Ireland.

The National Council for Curriculum and Assessment (NCCA) has developed a number of supports to assist the implementation of *Aistear*, including the online *Aistear Toolkit*. Since March 2010, the NCCA and the Association of Teachers' Education Centres in Ireland (ATECI) have collaborated to provide practical supports to school principals and teachers. It is expected that the infant curriculum revision will place a greater emphasis on play-based learning in schools and a greater balance between adult-led and child-led activities for Infant class pupils. Many teachers in the Infant classes of primary schools will require training and continuing professional development to support the implementation of this change. Focusing on the pre-school sector, the NCCA in conjunction with Early Childhood Ireland has implemented a project called **Aistear-in-Action** to support a range of services in implementing the *Aistear* framework. The main findings from this project indicate the importance of training and on-site mentoring, leading to transformation of practice.

In order to achieve the goal of having a 'competent system', it is not only the Early Years providers who need to be appropriately trained. The inspectors who ensure the quality of the services provided to young children also need training in early education and in *Síolta* and *Aistear* as the two key quality frameworks. The Early Years Inspectorate is currently charged with the inspection of early care and education services and the Department of Education and Skills is responsible for quality assurance in schools. With the roll-out of *Síolta* and *Aistear*, training in these frameworks must be provided to all those who are involved in inspections, both for early care and education services and for primary schools. In addition, the composition of the Pre-School Inspectorate must be broadened to other relevant disciplines, including staff with expertise in early care and education.

There are also significant concerns about the quality of some of the training itself. While the *Workforce Development Plan* aimed to improve training options and the consistency of standards, it remains the case that many of those who deliver the training are not themselves qualified in early care and education, and often do not have an adequate understanding of *Síolta* and *Aistear*. Inconsistency in the content and standards required by courses remains, as well as in the conditions required of students before entry onto courses.

The training issues in healthcare are quite different from those in early childhood care and education. However, the provision of general health training does not necessarily imply that all doctors and nurses are aware of children's rights or that they are well placed to meet all the holistic needs of the youngest children they look after. Children of all ages have needs particular to their level of development and

professionals looking after their health needs must be aware of these developmental issues in order to communicate effectively with young children and their parents. It is therefore important that training for doctors and nurses who will work with young children and families should include additional information on young children's social, emotional and cognitive development. Additional training should be made available to those who wish to specialise in these areas of healthcare.

The Expert Advisory Group recommends that the Early Years Strategy should:

- 29. implement the recommendations of the recent CoRe report**, in particular through moving to a situation in which at least 60% of those working in pre-school early care and education services are qualified to Degree-level, including equally those working with under-3s and those working with over-3s.
- 30. introduce a training fund** to enable those working in early care and education services to gain additional training and provide for regular, funded non-contact time to ensure staff can engage in continuing professional development.
- 31. undertake and follow through on a review of the extent to which Ireland has a 'competent system' in early care and education**, including in relation to training requirements for service managers (leadership and management) and in relation to the qualifications and training of trainers themselves (teaching as well as early education qualifications), with a view to ensuring a systemic approach to achieving higher quality standards.
- 32. support professionalisation through higher wages in early care and education services by requiring adherence to an agreed salary scale as a condition of public funding**, e.g. through reform of the higher capitation grant. The salary scale should encompass all levels of practitioner, with graduate salaries comparable to those for related professionals, including primary school teachers.
- 33. review graduate training options and requirements for all professionals working with young children and their families** (including nurses, doctors, all children's inspectorates, early care and education workers, managers and primary school teachers) to ensure that appropriate specialist training is available, including training that is specific to early childhood and to the management and supervision of staff working with young children.
- 34. ensure that all those working with young children and their families are required and supported to undertake regular continuing professional development** to ensure that their knowledge of international standards, best practice and current national policy changes are up to date. Ensure that funded support structures are in place so that all those working with young children and their families can take part in continuing professional development.

Theme 7: Regulation and support

The regulation of services for young children – and the support required to enable services to meet regulations – is critical in ensuring minimum quality standards and safeguarding children. A process of re-organising the Pre-School Inspectorate has begun and further reform is required. In addition, the Government must move swiftly to begin the process of regulating both childminding and out-of-school services since the lack of regulation in these areas exposes children to unacceptable risk and severely limits the scope of supports for raising quality standards.

The need for regulation

The starting point and fundamental need for regulation is to **safeguard children against harmful practice** and to ensure minimum standards are met. Beyond that, regulation can help to support the translation of quality standards into practice. Regulation and inspection also provide parents and the public with assurance that services are of a consistent quality, as well as providing benchmarks against which service providers can develop, enhance and maintain services for children.

Attention to quality and **continuous quality improvement** in all aspects of early childhood care and education services must involve a regulatory system that has an advisory, developmental and supportive role. To construct and maintain this competent system requires a **holistic collaborative approach**, in which all partners are both individually and collectively responsible for quality and are trained and competent to deliver a quality-assured service.

Where services are unregulated, children are not protected, parents lack assurance that minimum standards are being met and service providers themselves are not recognised or valued as professionals.

For regulation to achieve its aims, Regulations must be appropriate, those who carry out inspections must be competent and appropriately trained, and both planned and unannounced inspections must be carried out on a regular basis.

The regulation of services for young children in Ireland

Regulation of the primary school sector is carried out by the Inspectorate of the Department of Education and Skills (DES), whose statutory role involves evaluating and advising schools and the wider education system. In the area of early years, the DES Inspectorate plays a central role in the inspection of Early Start classes and Infant classes in primary schools through a range of inspection processes. In contrast, the Pre-School Inspectorate of the HSE is responsible for the regulation of centre-based early care and education services. Other services for young children are almost entirely unregulated. For example, only a very small proportion of home-based childminders in Ireland are subject to regulation, while out-of-school services are entirely unregulated.

A process of reform is currently under way in the Pre-School Inspectorate. The Inspectorate is moving from the HSE to the new Child and Family Agency, and for the first time reporting lines are being introduced to national leadership along with the introduction of a system of registration and National Standards. The Government is also introducing tougher sanctions for non-compliance with Regulations. It is intended that these enhanced measures will increase the inspectors' ability to respond appropriately to poor practice within Early Years provision settings.

Concerns remain, however, about the level of resources for the Pre-School Inspectorate, the level of supports and training of the Inspectorate, and the scope of the Regulations. The moratorium on public sector recruitment has resulted in the absence of inspectors in many counties, resulting in a failure to inspect many services sufficiently frequently. In addition, composition of the Inspectorate should be expanded and there should be a requirement that inspectors receive training in wider aspects of quality and curriculum practice, such as Síolta and Aistear.

The content of the Pre-School Regulations also requires review. The current Regulations are broad-based, ranging from health, welfare and development of the child to safety and environmental issues, rather than focusing on quality standards.

A pilot joint inspection initiative was recently carried out, bringing together Pre-School Inspectors and the DES Inspectors to attempt joint inspections of services delivering the Free Pre-School Year. It will be important that the Government draws on learning from this pilot in reviewing the content of the Regulations and the qualification and training requirements of the Inspectorate. It will be important, however, that no assumption is made that a revised inspectorate could be developed simply through combining DES and Pre-School inspectors into joint teams since there is currently no requirement that inspectors from either inspection service are qualified in early childhood care and education.

The main weakness in the scope of the Pre-School Regulations is the almost complete absence of regulation for home-based childminders, even though childminding remains one of the most widespread forms of childcare in Ireland today.

The Child Care Act 1991 exempts from regulation all childminders caring for 3 or fewer pre-school aged children, childminders caring for children from just one family and the care of school-aged children (even if those children are aged just 4 or 5). Only about 250 childminders are currently notified to the HSE and therefore subject to regulation and inspection. Estimates of the total number of paid, non-relative childminders are in the range of 20,000–30,000, implying that only around 1% of paid, non-relative childminders are currently regulated (Start Strong, 2012).

A system of voluntary notification has existed for childminders caring for 3 or fewer children, but its voluntary nature has severely limited its impact. In addition, recent cuts to Childminding Advisory Officer posts, which were previously in place in every county, have further limited the quality supports available for childminders.

The Expert Advisory Group recommends that the Early Years Strategy should:

- 35. broaden the composition of inspection teams to other relevant disciplines in early childhood care and education services**, including staff who are qualified in early childhood care and education.
- 36. review the Pre-School Regulations and the new National Standards** (as part of the review of all quality assurance tools recommended in Theme 6) to determine their fit with the Síolta quality framework and the Aistear curriculum framework. Any changes made to the scope and content of the Pre-School Regulations must then be followed through in the qualifications and training required for members of the Pre-School Inspectorate.
- 37. introduce the regulation and support of all paid, non-relative childminders**, with the amendment of the Child Care Act 1991, and the regulation of out-of-school childcare. A transition phase prior to the removal of the legal exemptions from regulation would allow for the provision of supports and awareness-raising of the benefits of regulation for children, parents and childminders. It would be essential also to review the Regulations and the inspection process to ensure they are proportionate and appropriate to childminders' home environment.
- 38. increase funding and resources provided for the Pre-School Inspectorate** to ensure that all services receive regular inspections, that the reform programme is supported and to accommodate the increased demands that will arise from the regulation of paid childminding and out-of-school services.

Theme 8: Governance

The Expert Advisory Group has set out an ambitious vision for the children of Ireland, highlighting key domains where action is currently needed. These actions will only be achieved if a **system of governance is adopted** which ensures that children under the age of 6 are given due attention as is consistent with their individual rights and with the holistic nature of the developmental process. We believe that good governance requires ‘a champion’ who will speak for the early years, that services are better coordinated and that all Government decisions and legislation is ‘child-proofed’ in order to ensure that the development and implementation of policies lead to better outcomes for children.

Good governance will be assured if there is **strong leadership** at all levels of service provision for young children. This must begin with leadership by Government and include all levels of service delivery, including national, regional and individual services. In recent years, considerable progress has been made in this regard with the establishment of the Department of Children and Youth Affairs (DCYA) and the forthcoming establishment of the Child and Family Agency, which will be underpinned by law and will have extensive statutory responsibilities.

Fundamentally, the people of Ireland decided, in a Referendum in November 2012, to identify children as a group with rights under the Constitution.

Strong leadership will help to ensure that in the delivery of services to young children and their families, there are clearly defined roles and responsibilities to give clarity about who does what, when and where. It will also help ensure that there are cohesive structures through which the sector will be led.

National governments typically separate responsibilities for different domains of life across different departments. While this separation of responsibilities makes administrative sense, it does not always ensure that the best interests of young children are maintained. For example, in Ireland, responsibility for the funding of early care and education services (including the Free Pre-School Year) lies with the Department of Children and Youth Affairs, while the Department of Education and Skills has policy responsibility for much of what determines the quality of those services (including the Síolta quality framework, the Aistear curriculum framework and the development of the workforce), as well as the Early Start programme. Finally, responsibility for inspection of early care and education services rests with the HSE/Child and Family Agency.

Thus, while the Government has acknowledged the **importance of ensuring greater collaboration in the delivery of services** to young children by establishing the Department of Children and Youth Affairs, many of the policies that have the greatest effect on young children’s lives continue to be made outside this Department. The Departments of Health; Education and Skills; Social Protection; and Environment, Community and Local Government (as well as the two Government departments that regulate all spending) all play a significant role in the lives of children.

Of course this is inevitable in many respects. The health and well-being of young children is impacted by the environment, housing quality, transportation, infrastructure, access to safe places to play, access to good healthcare, opportunities to read, and in many other ways. The challenges, opportunities, difficulties and crises children will face require a range of both universal, targeted and, in some cases, deep systemic support.

Improving the quality of ECCE services will take time and investment, but there is an existing resource in the **County Childcare Committees (CCCs)** that could be harnessed to drive these changes. To date, the CCCs have been involved in developing local strategic plans and they have provided local leadership on capital development. The Expert Advisory Group recognises that the CCCs could play

a fundamental role in the in-service training and mentoring that must take place if the sector is to meet basic quality standards. National voluntary childcare organisations also have a rich and extensive body of expertise that could be utilised in collaboration with CCCs.

At the same time, **Children's Services Committees** (CSCs) are being developed throughout the country, to ensure better planning and accountability for services and to enable agencies – State and otherwise – to work together better at local level. The Expert Advisory Group welcomes the appointment of a National Coordinator for the Children's Services Committees Initiative. Throughout the voluntary and community sector, many organisations, large and small, work to provide services of all kinds for children and to advocate on their behalf.

The enhancement of **coordination mechanisms** matters because most organisations that work with families in crisis can report instances of ad hoc and chaotic interventions, with sometimes more than a dozen agencies, each with its own perspective, seeking to intervene in the life of a single family. Frequent breakdowns in communication between, for example, hospital and community services can lead to crises for individuals. Many of the reports that have been written in recent years about child deaths and other tragedies refer to a lack of communication, poor management of information and other grievous systemic faults. There are too many instances of poor communication – sometimes no communication – between those who make policy in different organisations and those who implement it.

Two different factors can be at play here. First, the existence of 'silos' (unconnected areas of work/expertise) can create fundamental barriers to communication and can lead to situations where institutional self-protection can outweigh the need to find solutions. Secondly, and just as importantly, the absence of a shared language (for example, to assess situations and issues, and to find common agreed solutions) can lead to endless spirals of indecision. This can happen in any situation – the consequences in times of crisis can be devastating.

The Expert Advisory Group recognises the multiple levels at which children's lives are influenced by Government policies. To maximise the integration and collaborative engagement of all in transforming the lives of the youngest Irish children, it is vital that there is a clearly **identifiable champion** whose role it is to ensure that their specific needs for learning, well-being and play are not allowed to become invisible in public policy. The establishment of the Department of Children and Youth Affairs (DCYA) and the appointment of a Cabinet-level Minister are important advances for children in Ireland. Though still new, the work of the DCYA has been developing rapidly with the roll-out of the free pre-school year, and may well be developed further if free pre-school provision is extended and quality-raising measures are enhanced in the way this report proposes.

The Expert Advisory Group recommends that the Early Years Strategy should:

- 39. have a champion** – and the obvious champion is the Minister and the Department of Children and Youth Affairs.
- 40. be supported by strong coordination mechanisms across Government departments**, with a lead role for the Department of Children and Youth Affairs. The Government should appoint a Junior Minister for the Early Years, reporting to the Minister for Children and Youth Affairs, with specific responsibility for driving the implementation of the national Early Years Strategy and with policy responsibilities that cut across departments.
- 41. bring together in a single Government department all policy responsibility for early care and education services**, including their funding, quality assurance, curriculum development, training and workforce development.

(continued)

42. **give to the Department of Children and Youth Affairs (DCYA) overall responsibility for the ‘child-proofing’ of Government decisions and legislation.** To that end, the DCYA should be enabled to employ a small cohort of specialists in aspects of children’s lives, to advise and guide both it and the work of other Government departments.
43. **establish clearly the governance of child health and well-being services** within the context of new organisational structures, such as the Child and Family Agency and reconfiguration of the HSE, to ensure linkages are maintained and improved, with a focus on improving outcomes for children.

Theme 9: Information, research and data

One of the core principles we recommend is that services and supports for children and their families should be **high quality, affordable and accessible to all**. A further core principle is that Government policies pertaining to children should be informed by evidence. The successful implementation of both principles requires Government to have appropriate mechanisms to gather data relating to young children in Ireland and the services that they are accessing. In addition, this report has outlined the importance of providing services on a cross-Government department basis, including, for example, health, education, social protection and justice. If this is to be achieved, then there is a need to develop information-sharing systems and the technology to support them.

Current data and information sources

Currently, information is collected across maternity services, child and family health, and child and family social indicators. National relevant data are also collected through the biennial *State of the Nation’s Children’s* report, by the Central Statistics Office and by Pobal. There are gaps in the information, however, and use of data definitions, collections and reporting are not consistent.

Where data are gathered, or measurement does take place, we should be sure that it is relevant and contributes towards driving improvement. Routine collection of public health data of this nature will allow identification of trends and patterns in the health of young children to inform policy. Theme 1 outlined the compelling case for investment in prevention and early intervention to improve outcomes for children. There is a need to ensure that appropriate research and evaluation are in place or are commissioned to allow a comprehensive assessment of how much is spent on prevention and early intervention in 0-6 year-old children by Government departments.

Data collection is also essential in relation to early childhood care and education services. Ireland currently has no agreed measurement tool or means of capturing data in relation to quality in early care and education services, nor in relation to rates of access to services for children from different social groups.

The importance of the Early Years Strategy is wider than the delivery of health and early care and education services, and a wider understanding is needed of children’s lives. It is vital that good information is gathered so that we are able to better understand what leads to good outcomes for children and how families can be supported. The *State of the Nation’s Children* reports, the learning from the Prevention and Early Intervention Initiative and the *Growing Up in Ireland (GUI)* study have all provided invaluable sources of data on the lives of children in recent years. There is a need to

consider how the collective data from these sources can assist in informing policy and interventions that are being put in place to support children and their families, often with a view to breaking the intergenerational cycle of disadvantage and poverty.

If the lives of subsequent cohorts of young children are to be well understood, then it is imperative to add new cohorts of infants to the GUI study and to follow their development to ensure high-quality data on early childhood in Ireland. Funding should also be supplied for the analysis of the dataset to ensure that it is mined appropriately and information made available to all those who work with young children. This could allow, for example, measurement of the impact of changes in Early Years policy, such as increases in quality standards for early care and education services.

The *National Strategy for Research and Data on Children's Lives, 2011-2016* (DCYA, 2011) highlighted the need for a continued development of our knowledge on children's lives through the implementation of a systematic, harmonised and coordinated approach to research and data. Gaps exist in information about what services children and families are receiving and how services are contributing to improved outcomes. Further studies that aim to listen to and understand people's own experiences can help pick apart how complex circumstances work to impact on people's lives. There is also a role for studies that pull together all the work that has already been done on an issue in one place for analysis. A programme of qualitative research supports the development of this type of information. In addition, a programme for dissemination and knowledge exchange helps to ensure that once this knowledge is generated, it can be translated and mobilised into policy-making and practice development.

The Expert Advisory Group recommends that the Early Years Strategy should:

- 44. develop measurement tools** (or means of capturing data in relation to quality in services, access to services and child outcomes) **to assess the quality and quantity of existing services** and to measure change as changes are introduced.
- 45. develop information-sharing and integration systems and data collection sources**, such as the National Childcare Information System, to support cross-departmental working (e.g. health, education, justice), with appropriate technology supplied to services.
- 46. continue funding the follow-up of the current cohorts of children in the *Growing Up in Ireland* study** and the periodic addition of new cohorts of infants whose development is tracked longitudinally to ensure high-quality data on early childhood in Ireland.
- 47. provide support for the *National Strategy for Research and Data on Children's Lives*.**
- 48. ensure that the data collected by public health nurses related to early child development is used effectively to monitor the development of infants and toddlers in Ireland** by (a) insisting that it is in line with international evidence on developmental milestones; (b) it is standardised across all HSE areas; and (c) it is stored electronically.

Theme 10: Implementation

Implementing the Early Years Strategy will pose challenges for the State, service-providing organisations, communities and families. It will require changes in the way policy and services are planned and delivered. Yet, the best Early Years Strategy in the world is of no value without a broad and deep commitment to implementation.

There is an emerging body of research on the identification of **key components and processes involved in successful implementation**. What is clear from the research and literature is that implementation is complex, whether it pertains to the implementation of policy or service practices – complex politically, administratively and at practice level. In times of scarce and limited resources, it is even more important to focus on the ‘how’ in order to make things happen.

The literature on implementation of Government policies and strategies identifies a number of **‘top down’ approaches** to implementation, which focus on the goals to be achieved, the decision-making processes, the competencies of the implementers, political support and the support of influential leaders. The focus in this ‘top down’ implementation approach is on compliance and monitoring. **‘Bottom up’ approaches** to implementation emphasize the critical role that front-line staff have in the delivery agencies because they are the *actual* implementers. The focus in the ‘bottom up’ approach to implementation is on innovation, collaboration and creativity. In practice, there is a **middle ground** between these two approaches. Implementation depends on three interconnected components:

- building competency and confidence in those directly implementing the policy;
- changing organisations and systems;
- providing the appropriate leadership that matches the challenge.

The Expert Advisory Group is aware that after publication of this report, work will continue on the development of the Early Years Strategy itself, as well as on a wider strategy for young people in Ireland. We trust that our work will be incorporated into, and will influence, both. We look forward to joining in the public consultation around a draft National Early Years Strategy before it is completed.

The Expert Advisory Group recommends that the Early Years Strategy should:

49. **be led by the Minister for Children and Youth Affairs**, senior officials within the Minister’s Department and senior management in key Government and voluntary agencies.
50. **establish a Cabinet sub-committee**, charged with implementation of this strategy. That committee, led by the Minister for Children and Youth Affairs, should include representatives from the Departments of Finance; Public Expenditure and Reform; Education and Skills; Health; Social Protection; Justice, Equality and Law Reform; and Environment, Community and Local Government.
51. **establish an implementation team**, independently chaired and consisting of an equal number of public servants and people from outside the system, to prepare and publish an annual report outlining the degree of progress being made towards realisation of the goals and specific measures in the strategy.
52. **support staff and professionals working in Early Years services** (in Government departments, agencies and service-providing organisations) to adopt the changes to practice and their organisations that will be needed to implement the Early Years Strategy.
53. **cost the recommendations outlined in this report**.
54. **conduct a baseline assessment of the outcomes** identified in the Early Years Strategy, to enable annual comparisons to be measured against a detailed benchmark.

Conclusion

In conclusion, the task of the Early Years Strategy is to address the needs and opportunities of every child in Ireland from the age of 0-6 years. In this report, we set out the key themes identified as essential to such a strategy and we point to a wide range of support services that must also be included.

If Ireland gets it '*right from the start*', by adopting a comprehensive Early Years Strategy for our children, with a serious commitment to implementation, we will end up with a generation of children, and successive generations, who are happier, healthier, safer, learning more, developing better and coping better with the adversity that life throws up.

A comprehensive Early Years Strategy, backed up by national commitment, could shape a stronger and healthier society, and strengthen families. It could break cycles of poverty and disadvantage, and remove barriers of inequality. It could significantly reduce anti-social behaviour, dependency and alienation. It could help to build a stronger economy.

The development and implementation of an Early Years Strategy could be the single most effective action on behalf of young children in Ireland in our lifetime. This report is our contribution to that process. However, a set of recommendations is not enough in and of itself. If the people of Ireland really do want to change the future, there needs to be a broad political consensus, which galvanises public opinion around the choices necessary. To ensure that right from the start all our children have the best possible chance, a major statement of political purpose, along with a radical re-orientation of structures, organisations, resources and policy priorities, is crucial.

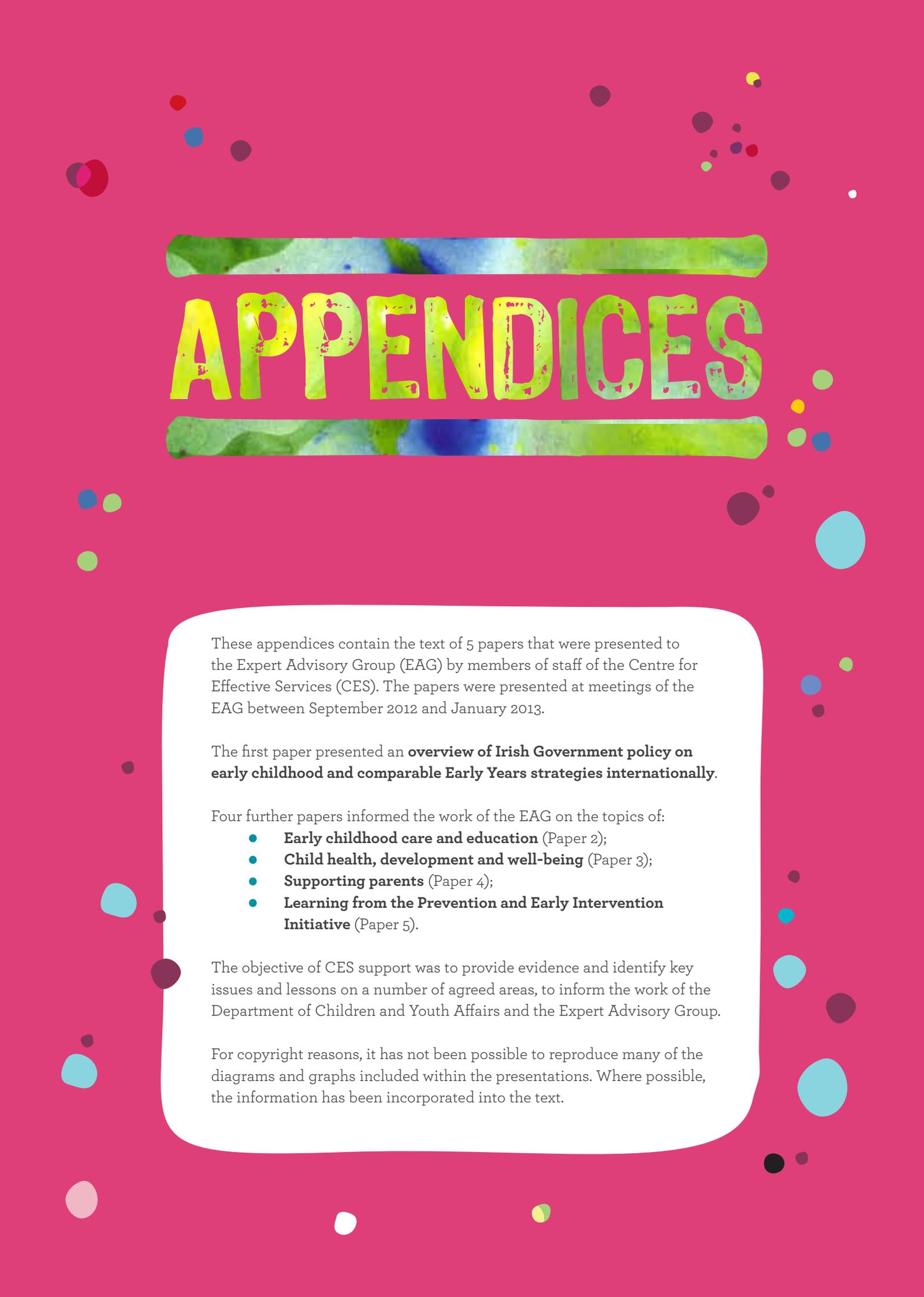
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APPENDICES

These appendices contain the text of 5 papers that were presented to the Expert Advisory Group (EAG) by members of staff of the Centre for Effective Services (CES). The papers were presented at meetings of the EAG between September 2012 and January 2013.

The first paper presented an **overview of Irish Government policy on early childhood and comparable Early Years strategies internationally.**

Four further papers informed the work of the EAG on the topics of:

- **Early childhood care and education** (Paper 2);
- **Child health, development and well-being** (Paper 3);
- **Supporting parents** (Paper 4);
- **Learning from the Prevention and Early Intervention Initiative** (Paper 5).

The objective of CES support was to provide evidence and identify key issues and lessons on a number of agreed areas, to inform the work of the Department of Children and Youth Affairs and the Expert Advisory Group.

For copyright reasons, it has not been possible to reproduce many of the diagrams and graphs included within the presentations. Where possible, the information has been incorporated into the text.

PAPER 1: OVERVIEW OF GOVERNMENT POLICY AND COMPARABLE EARLY YEARS STRATEGIES INTERNATIONALLY

[SEPTEMBER 2012]

Section 1: Introduction and Methodology

Introduction

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The Early Years Strategy (EYS) is currently under development by the Department of Children and Youth Affairs (DCYA). The Minister for Children and Youth Affairs recently established an Expert Advisory Group to assist in the strategy's development. The EYS will focus on the lives of children aged 0-6 and how their lives can be improved, particularly through the provision of universal services.

This paper is a descriptive high-level scan of the policy environment to provide the DCYA and the Expert Advisory Group with a common understanding of the key influencing strategies, policies and reports that should inform the development of the Early Years Strategy in Ireland. Following this introductory section, Section 2 presents Irish data on early years. Section 3 provides an overview of policies, strategies and legislation in Ireland related to early years. Section 4 examines examples of national Early Years strategies in two other jurisdictions (Scotland and Australia), which could prove useful in developing Ireland's strategy.

Methodology

The methodology used to gather information for this paper included a broad literature search (journal articles, policy documents, reports, books, databases); use of Internet search engines; browsing of specialist international websites for Early Years strategies; and using internal knowledge within the Centre for Effective Services (CES). The information gathered was then analysed and synthesised in this paper.

Section 2: Irish data on early years

Data sources

There is a growing body of data and information on children in the early years in Ireland. This section provides an overview of sources of data and some key facts and figures. The Census of the Population provides data on the number of children in Ireland at different age profiles. The most recent Census in 2011 reports an increasing number of births. Figures from the Central Statistics Office also demonstrate that the number of births in Ireland has risen significantly in recent years. The rising birth rate has increased demand for Early Years services in Ireland and will continue to do so. Table 1.1 provides some key facts and figures on early years in Ireland.

Table 1.1: Key facts and figures on children in the early years (aged 0-6)

- In 2011, **the number of children aged 0-6** in Ireland was **486,242**, which represented 11% of the population. This represents a **16% increase** of this population group since 2006 (CSO, 2012).
- The **number of births is increasing** in recent years. 74,650 children were born in 2011, an increase of 14% since 2006 and an increase of 55% since 1994 (CSO, 2012).
- The birth rate in 2011 was approximately 16.7 per 1,000 inhabitants, which was the **second highest birth rate in Europe** after Turkey (Eurostat, 2012).
- The population of children aged 0-6 is **projected to be 534,228 in 2016** and 559,405 in 2020 (CSO, 2010).
- **17%** of children aged 0-4 and **18%** of children aged 5-9 **live in lone-parent families** (OMCYA, 2010).
- Almost **1 in 5** (19.5%) children aged 0-17 were **at risk of poverty** in 2010 and 8% were in consistent poverty (CSO, 2011).
- In the *Growing Up in Ireland* (GUI) study, 57% of mothers of infants aged 9 months and 91% of fathers were employed outside the home. The **proportion of parents working outside the home has reduced over time**. At 3 years of age, 53% of mothers were working outside the home and there was an increase in unemployment among fathers from 6% to 14% (GUI, 2011).
- **38%** of infants aged 9 months in the GUI study were in some form of regular **non-parental childcare**, which **rose to 50%** at 3 years (GUI, 2011).
- **67,000 or 94% of eligible children were enrolled in pre-school services** for the 2011/12 school year (DCYA, 2011a). Irish levels of attendance at formal Early Childhood Education and Care services for children under 3 were below the average for the 30 countries included in an international review published in 2011 (Moss, 2011).
- In 2011, there were **156,580 children aged 6 years or under enrolled in an education institution**. An estimated 39% of the population of 4-year-olds (26,408 children) were enrolled in full-time education, a decrease of 11% since 2000, compared to 99% of the population of 5-year-olds (64,126 children) and all 6-year-olds (66,046 children) (CSO, 2012).
- In 2011, there were **2,997 pupils** (2%) aged 6 years and under identified with **special needs in ordinary national schools** and **754 pupils** (0.5%) in **special national schools** (CSO, 2012).

(continued)

- Ireland now has a **significant range of ethnicities among its early years population**. 4,676 of 0-4 year-olds (2%) are Irish Travellers according to the 2011 Census, 28,303 (10%) are from 'any other White background', 9,439 (3%) are 'Black or Black Irish', 9,960 (3%) are 'Asian or Asian Irish', and 5,710 (2%) are 'Other, including mixed background' (CSO, 2012). In the GUI infant cohort, **81%** of mothers and **82%** of fathers were citizens of Ireland (GUI, 2011).

Sources: CSO, Eurostat and GUI

Growing Up in Ireland

Growing Up in Ireland (GUI), the national longitudinal study on children in Ireland, is a major study tracking outcomes for children, including health, childcare, parenting, economic circumstances and family life. It commenced in 2007 and is following the development of almost 20,000 children over a period of 7 years. There are 2 cohorts: an infant cohort of 11,100 families and their 9-month-old children, and a child cohort of 8,570 9-year-olds, their families, school principals and teachers. The infant cohort children and their families were interviewed at 9 months and 3 years of age, and this cohort, who are about to turn 5 years old, will be interviewed again in 2013. GUI is the first large-scale study of its kind in Ireland and is providing a wealth of data about the early years and the key factors that most encourage or undermine children's development.

State of the Nation's Children

Four biennial reports on the *State of the Nation's Children* (the latest published in 2012) provide data on all indicators in the National Set of Child Well-being Indicators (OMC, 2006; OMCYA, 2008 and 2010; DCYA, 2012). These reports aim to chart the well-being of children in Ireland, track changes over time, benchmark progress in Ireland relative to other countries and highlight policy issues arising. Data are drawn from a range of sources, including Vital Statistics, the Census of the Population and the Health Behaviour of School-aged Children (HBSC) surveys.

On Target: An audit of provision of services targeting disadvantage and special needs among children from birth to 6 years in Ireland

This audit was published by the Centre for Early Childhood Development and Education (CECDE) in 2004 and examined services in Ireland for children aged 0-6, targeting disadvantage and special needs. Very limited services were found targeting children from birth to age 2 and targeting children aged 4-6 outside school hours. Services were also found to be concentrated in urban centres. The main finding of the audit was that accurate information on the nature of services targeting disadvantage was difficult to access. The report thus recommended that the relevant Government departments, in consultation with key stakeholders, develop a national data strategy.

National Strategy for Research and Data on Children's Lives, 2011-2016

The DCYA published a national research and data strategy in 2011, which provides a framework for improving understanding of children's lives. The strategy has 5 objectives:

- to generate a comprehensive and coherent understanding of children's development, needs and appropriate supports and services;
- to develop research capacity in the area of children's research and data;
- to develop, support and promote good infrastructure in the area of children's research and data;
- to improve monitoring and evaluation of children's services in Ireland at local and national level;
- to support a continuum of research and data use within policy and practice settings.

An action plan is provided for achieving the objectives of the strategy and for addressing information gaps identified.

Children's Database – www.childrensdatabase.ie

This web portal provides access to research and information on children, including Government policy documents, research reports, data sources and specialist libraries. It was developed in 2008 by the Office of the Minister for Children and Youth Affairs (now the Department of Children and Youth Affairs) for use by a wide range of audiences, including policy-makers, Government departments, academics, voluntary organisations and the general public. The database is fully indexed and contains abstracts and full publication details for each item.

Section 3: Policies, strategies and legislation

Government in Ireland has developed a number of initiatives and policies that provide the wider context for an Early Years Strategy (EYS). This section lists the relevant policies, strategies and legislation in Ireland that should influence the development of the EYS and considers other relevant policy developments. The policies and strategies are described in chronological order under a number of headings. Firstly, the benefits and entitlements for parents of children in their early years are outlined.

Benefits and entitlements

There are a range of benefits and entitlements available to parents of young children in Ireland.

Child Benefit (previously known as Children's Allowance) is payable for each child under 16 years of age, or under 18 years of age if the child is in full-time education or has a disability. Child Benefit is €140 per month for each of the first two children, €148 for the 3rd child, and €160 for the 4th and each subsequent child. It was announced in Budget 2012 that the rates of payment of Child Benefit will be standardised for all children over the next two years.

Maternity Benefit is a payment made to women who are on maternity leave from work and covered by social insurance (PRSI). It is paid for 26 weeks by the State and in 2012 was a maximum of €262 per week. Mothers are entitled to 16 weeks additional unpaid maternity leave.

There are also a range of benefits for one-parent families, such as the **One-Parent Family Payment** (OFP), which is a maximum of €188 per week. This is a payment for men and women who are bringing children up without the support of a partner and who satisfy a means test. The upper age limit of the youngest child for new claimants was reduced to 12 years of age in 2012. It will be reduced further, to 7 years of age, on a phased basis in following years.

Paternity leave is not recognised in employment law in Ireland. While male employees are not entitled under Irish law to either paid or unpaid paternity leave, they may be entitled to unpaid parental leave. Since 18 May 2006, **parental leave** can be taken in respect of a child up to 8 years of age. Parental leave is available for each child and amounts to a total of 14 working weeks per child. Both parents have an equal separate entitlement to parental leave. No regular statistics on its uptake are reported, but uptake is thought to be low by both mothers and fathers, primarily due to financial reasons.

Key policies, strategies and reports

International framework

The United Nations Convention on the Rights of the Child (UNCRC) is an internationally binding agreement on the rights of children, adopted by the UN General Assembly in 1989 and ratified by Ireland in 1992. It emphasizes that every child has the right to survival, development, protection and participation, and that the role of the State is to be the guarantor and enabler of these rights. Parents are viewed as being responsible for caring for and protecting their children and the importance of providing resources to meet the needs of parents is recognised. All countries that have ratified the UNCRC are expected to submit periodic reports on progress towards its implementation.

Overarching Irish policies

The first **National Children's Strategy, *Our Children – Their Lives***, was developed in 2000. Its three goals are that:

- children will have a voice in matters that affect them and their views will be given due weight in accordance with their age and maturity;
- children's lives will be better understood and that their lives will benefit from evaluation, research and information on their needs, rights and effectiveness of services;
- children will receive quality supports and services to promote all aspects of their development.

In its Statement of Strategy in 2012, the Department of Children and Youth Affairs commits to developing a **Children and Young People's Policy Framework**. This will succeed the National Children's Strategy and will set out the Government's high-level policy priorities for children and young people for the next 5 years. It will be followed by more detailed **national strategies for different age groups – early years (aged 0-6), middle childhood (aged 6-12) and youth (aged 12+)**. A public consultation on the Children and Young People's Policy Framework was conducted in June/July 2012. The Early Years Strategy should be developed in the context of this overarching policy framework.

Published in 2007, **The Agenda for Children's Services: A Policy Handbook** sets out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland. It presents 7 national service outcomes for children in Ireland, which have subsequently been consolidated into 5 outcomes for children. These are that children should be:

- healthy, both physically and mentally;
- supported in active learning;
- safe from accidental and intentional harm, and secure in the immediate and wider physical environment;
- economically secure;
- part of positive networks of family, friends, neighbours and community, and included and participating in society.

The Early Years Strategy should be aligned with these 5 national outcomes for children.

The **National Action Plan for Social Inclusion, 2007-2016**, produced by the Office for Social Inclusion in the Department of Social and Family Affairs, sets out a programme of action to address poverty and social inclusion, using a life-cycle approach. It lists the services providing support to families in the areas of childcare, health and education. Goals relevant to early years include the targeting of pre-school education and reviewing child income supports for families on low income.

The Programme for Government, **Toward Recovery: Programme for a National Government, 2011-2016**, makes a number of commitments that impact on early years. These include holding a Constitutional Referendum on children's rights; establishing the Child and Family Agency during 2013; maintaining and improving the universal Free Pre-School Year; taking an area-based approach to ending child poverty; implementing a series of progressive reforms in health and education; making child literacy a national cause; and investing in children's mental health.

Early Childhood Care and Education

Charting our Education Future – The Government White Paper on Education (1995) sets out a broad philosophical framework within which educational development should take place and charts a comprehensive range of policy directions for the provision of education, from pre-school level to adult and continuing education.

The **Report of the National Forum on Early Childhood Education (1998)** comprehensively sets out a way forward to put early childhood education and care ‘on a new footing’ in Ireland.

The **National Childcare Strategy (1999)** highlighted a substantial number of significant issues pertaining to existing childcare provision in Ireland, including the uncoordinated provision of childcare, its variable quality, its lack of supply and its costliness compared to other EU countries. The strategy presented a total of 27 recommendations regarding the enhancement of childcare provision.

The New Deal: A Plan for Educational Opportunity (1999) was a policy initiative to counteract educational disadvantage, involving the expenditure of an additional £180m (€229m) over 3 years through a comprehensive range of measures, including the establishment of the National Educational Welfare Board.

Ready to Learn – The Government White Paper on Early Childhood Education (1999) aimed to support the educational achievement of children aged 0-6 years through high-quality early education provision, with a particular focus on disadvantaged children and children with special needs. The White Paper led to the establishment of the Centre for Early Childhood Development and Education (CECDE).

The discussion document published by the National Council for Curriculum and Assessment (NCCA), **Towards a Framework for Early Learning (2004)**, outlines an approach to education for children aged 0-6. It emphasizes the importance of the early years as a basis for further learning and laying the foundations for competence and coping skills that will affect children’s overall capacity to learn, to behave and to manage emotions.

The report **Early Childhood Care and Education (2005)**, published by the National Economic and Social Forum, provides a comprehensive proposal for policy on early childhood care and education (ECCE) in Ireland and its implementation, and evaluates ECCE policy using 7 cross-national policy issues: (1) expanding provision towards universal access; (2) promoting coherence and coordination; (3) raising the quality of provision; (4) improving staff training and work conditions; (5) adequate investment; (6) developing appropriate pedagogies; and (7) engaging families and communities. It sets out an implementation process for policy development with key targets and objectives.

Delivering Equality of Opportunity in Schools (DEIS) (2005) is a Government action plan outlining how to add value to education, including early childhood services in disadvantaged areas, by supporting the implementation of high-quality early childhood services to combat emerging problems with cognition, language skills and other aspects of development.

Developing School Age Childcare: Report of a Working Group of the National Childcare Coordinating Committee (2005) outlines key steps to support the existing community- and school-based infrastructure to provide school-age childcare, to develop a suitable programme with a strong emphasis on play and design, and the delivery of training for staff.

The National Childcare Investment Programme, 2006-2013 provided €575m between 2006 and 2010 to increase the number of places in the sector and improve the physical and training infrastructure. A further €6m investment was announced by Government in December 2011.

Síolta: The National Quality Framework for Early Childhood Education (2007) provides a framework for improving the quality of early childhood experiences for children aged 0-6 years through the provision of guidance and support for childcare providers. Services delivering the Free Pre-School Year are required to engage with the framework.

Aistear: The Early Childhood Curriculum Framework (2009) is the curriculum framework for children aged 0-6, which highlights the critical role of play, relationships and language for young children's learning.

The **National Literacy and Numeracy Strategy (2011)** aims to ensure there is a strong focus on literacy and numeracy skills, within a broad and balanced curriculum and a range of settings (schools, pre-school settings and the home environment). It sets out a wide-ranging programme of reforms in initial teacher education courses, in professional development for teachers and school principals, and in the content of the curriculum at primary and post-primary levels in order to achieve these vital skills.

Health and well-being

Ready, Steady, Play – A National Play Policy (2004) seeks to give children a voice regarding the design and implementation of play policies and facilities, raise awareness of the importance of play and maximise the range, quality and safety of public play opportunities and facilities available to children.

Best Health for Children Revisited: Report from the National Core Child Health Programme Review Group to the Health Service Executive (2005) makes recommendations for child health surveillance and emphasizes the need for partnership with parents to achieve positive health outcomes for children. It also recommends the further development of community child health services to ensure equitable and timely access for all children.

The report on the **Development of a National Set of Child Well-being Indicators (2005)** outlines the rationale for the development of the indicators. They are evidence-based, reflect national and international trends, and are based on a whole-child perspective, which allows for a broad and holistic understanding of children's lives.

The **National Breastfeeding Action Plan (2005)** outlines a series of goals, objectives and actions to increase breastfeeding rates in Ireland.

Obesity: The Policy Challenges – The Report of the National Taskforce on Obesity (2005) outlines 93 recommendations to tackle obesity, many of relevance to children.

A Vision for Change (2006) sets out the direction for mental health services in Ireland. It describes a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness, including children.

Children First: National Guidance for the Protection and Welfare of Children (2011) is the national guidance on child protection and welfare. It states what organisations need to do to keep children safe and what different bodies, and the general public, should do if they are concerned about a child's safety and welfare. The guidelines were originally developed in 1999 and updated in 2011. Legislation is currently being enacted to provide a statutory basis for *Children First*.

A new public health policy, **Your Health is Your Wealth: A Policy Framework for a Healthier Ireland, 2012-2020**, will shortly be published. The aim is to help people live healthier and more fulfilling lives, and to create social conditions that ensure good health on equal terms for the entire population.

Parenting

Strengthening Families for Life – Final Report of the Commission on the Family (1998) provides recommendations centred on the need for public policy to focus on preventive and supportive measures to strengthen families in carrying out their functions and prevent difficulties from arising.

The **Government Discussion Paper: Proposals for Supporting Lone Parents (2006)** presents a review of the issues facing lone parents. It seeks to tackle the relatively high risk of poverty and social exclusion faced by many such families and their children.

A team led by the HSE has been working on a parenting strategy – **Investing in Families: Strengthening parents to improve outcomes for children**. The strategy emphasizes that investing early (in years and in the problem) helps to combat both economic and social disadvantage in later life, and that investing in services that support parents improves outcomes for all children.

Legislation

The **Child Care Act 1991** places statutory responsibility on the HSE to identify and promote the welfare of children who are not receiving adequate care and protection, and to provide child care and family support services.

The **Education Act 1998** outlines objectives for the provision of education, including the promotion of equality of access to and participation in education and to promote the means whereby students may benefit from education.

The **Education (Welfare) Act 2000** provides a framework for promoting regular school attendance and tackling the problems of absenteeism and early school-leaving. The National Educational Welfare Board was established to oversee implementation of this Act.

The **Family Support Agency Act 2001** provided for the establishment of the Family Support Agency, which was formally established by the Minister for Social and Family Affairs in May 2003. It supports over 70 Family Resource Centres around the country. In June 2011, the Department of Children and Youth Affairs took over responsibility for the Agency.

The **Education of Persons with Special Needs Act 2004** recognises the need for individual assessment and specific education plans for children with special needs. The National Council for Special Education was established to perform the functions conferred on it by or under this Act.

Specifics about the regulation of pre-school childcare services are set out in the **Child Care (Pre-School Services) (No. 2) Regulations (2006)** and the **Child Care (Pre-School Services) (No. 2) (Amendment) Regulations (2006)**. These regulations set down the service standards for health, safety, learning and welfare.

Other policy developments

Public Sector Reform Agenda

The Department of Public Expenditure and Reform published the Public Service Reform Plan in 2011, which aims to place public finances on a sustainable footing. It makes commitments to greater efficiency in public spending and a strong focus on implementation and delivery. It recognises the need to reorganise the delivery of children's services in line with the Programme for Government commitments, including the establishment of the Child and Family Agency.

The Early Childhood Care and Education (ECCE) Scheme

This scheme, also known as the Free Pre-School Year, was introduced in 2010 and provides a year of free part-time care and education for children of pre-school age. Children are eligible for the scheme if they are aged between 3 years 2 months and 4 years 7 months on 1st September of the year they will be starting. In 2010, 63,000 children participated in the scheme, representing an uptake of 94% of the target population. This number is set to rise to 68,000 in 2014 due to the increasing birth rate.

Child and Family Agency

A single agency – the Child and Family Agency (CFA) – assuming full statutory responsibility for services for children and families is to be established during 2013. A Task Force was set up by the Minister for Children and Youth Affairs to advise on the establishment of the new agency and a recent report (DCYA, 2012b) contains its recommendations and vision for the CFA, which is *‘to provide leadership to relevant statutory and non-statutory agencies, to ensure that the conditions needed for children’s well-being and development are fulfilled’*.

Children’s Services Committees

Children’s Services Committees (CSCs) are a structure for bringing together a diverse group of agencies in local county areas to engage in interagency planning and coordination of services for children. These CSCs are responsible for improving the lives of children and families at a local and community level through integrated planning, working and service delivery. They also ensure that professionals and agencies work together to ensure that children and their families receive improved and accessible services. The overall purpose of the CSCs is to secure better developmental outcomes for children. There are currently 16 CSCs operating at a local level across Ireland.

City and County Childcare Committees

In 2001, 33 City and County Childcare Committees (CCCs) were established with the purpose of encouraging the development of childcare locally. CCCs offer a wide variety of services locally, including advice on setting up a childcare business; childcare information sessions; training courses for those considering a career in childcare; advice and support on applying for a National Childcare Investment Programme grant; and information to parents on local childcare facilities and parent networks.

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Prevention and Early Intervention Initiative

A partnership has existed between Government and The Atlantic Philanthropies since 2005 on the Prevention and Early Intervention Initiative (PEII). Three model early intervention projects (in Tallaght, Darndale and Ballymun) were launched in 2007. A further investment of €96m has since been made in 20 agencies and community groups running 52 programmes in the Republic of Ireland and Northern Ireland. A condition of their funding is that the organisations must rigorously evaluate the effectiveness of their services in improving outcomes for children.

Section 4: International examples of Early Years strategies

This section provides an overview of Early Years strategies in other jurisdictions. A number of countries have developed strategies relevant to the early years, including Scotland, Northern Ireland, the UK, Australia, New Zealand, Sweden, Finland and Canada. Many of these strategies focus on a specific aspect of early years, such as early education and care, child health and well-being, play, or family policies. Two countries, **Scotland and Australia**, have developed **comprehensive, holistic Early Years strategies**. These two strategies should be particularly useful in informing the work of the DCYA and Expert Advisory Group when developing the Early Years Strategy for Ireland.

The Early Years Framework, Scotland

Produced in 2008 by the Scottish Government and the Convention of Local Scottish Authorities, this framework, covering 10 years, aims to see investment in early years focused on building successes and reducing the costs of failure. The framework starts from a series of vision statements that articulate what the best start in life looks like for children. Many of these reflect the rights of children enshrined

in the UNCRC. The framework sets out how parents, communities, services and the workforce can support children and deliver 10 overlapping elements:

- a coherent approach;
- helping children, families and communities to secure outcomes for themselves;
- breaking cycles of poverty, inequality and poor outcomes in and through early years;
- a focus on engagement and empowerment of children, families and communities;
- using the strength of universal services to deliver prevention and early intervention;
- putting quality at the heart of service delivery;
- services that meet the needs of children and families;
- improving outcomes and children's quality of life through play;
- simplifying and streamlining delivery;
- more effective collaborations.

Under each of these elements, the priorities are broken down into short-term, medium and long-term steps. The Early Years Framework supports 11 of the 15 National Outcomes for Scotland.

At a national level, the Scottish Government works alongside partners on all 10 areas. At a local level, Community Planning Partnerships have flexibility to combine these elements in a way that best meets local needs and circumstances, and are responsible for translating these elements into local action. Successful delivery of transformational change will be demonstrated by **improvement in outcomes**, and not implementation of individual elements or actions.

Investing in the Early Years – A National Early Childhood Development Strategy, Australia

Launched in 2009 by the Council of Australian Governments, the National Early Childhood Development Strategy is a collaborative effort between the Commonwealth and the State and Territory Government to ensure that by 2020 all children have the best start in life to create a better future for themselves and for the nation. The principles behind the national strategy include a focus on:

- the whole child, across cognitive, learning, physical, social, emotional and cultural domains;
- the whole of early childhood, from the ante-natal period to age 8;
- reducing social inequalities for children most in need;
- reducing risks for children;
- whole service system, including non-government agencies;
- developing children's positive sense of self.

Seven outcomes are identified where support for children is needed to realise the vision. These outcomes are then mapped onto key current national commitments already being implemented by the Commonwealth and the State and Territory Government. The framework highlights 7 areas for action that make up an effective early childhood development system for children and their families:

- support for children, parents, carers and communities;
- responsive early childhood development services;
- workforce and leadership development;
- quality and regulation;
- infrastructure;
- governance and funding;
- knowledge management and innovation.

The child is at the centre of the system. The first 2 elements have a broad focus – support for children, parents, carers and communities, and responsive early childhood development services. The other 5 elements focus on more discrete enabling areas, each contributing in different and interdependent

ways to ensure the effectiveness of the system as a whole. Workforce development, for example, is seen as critical for delivering improved quality as well as more effective service responses across sectors. The Council of Australian Governments was to take into account the starting point of each jurisdiction, available resources and emerging priorities when it considered how and when these priorities should be progressed over the short, medium and long term to 2020.

Different contexts

Both the Scottish and Australian strategies emerged as a response to evidence about the importance of early childhood development and the benefits – and cost-effectiveness – of ensuring that all children experience a positive early childhood, from before birth through the first 8 years of life. The difference between the two models is that while Scotland sees the need for a *fundamental shift in philosophy and approach* to the Early Years Strategy, with a bottom-up build and no extra resources, Australia emphasizes a *standardised, national approach* and includes a specific financial commitment, with less emphasis on local flexibility. Both strategies are working within existing policies – Scotland in using the learning from the *Getting it Right for Every Child* Highland Pathfinder to streamline processes and resources, and Australia under the *National Framework for Protecting Australia’s Children* and other reform initiatives.

Table 1.2 provides a comparative analysis of the themes addressed in these two Early Years strategies.

Table 1.2: Comparison of the Scottish and Australian Early Years strategies

Criteria	Scotland	Australia
When	2008	2009
Scope and period	10 action areas over 10 years	7 action areas over 11 years
Age span	0-8 years	0-8 years
Themes		
Focus on broad range of outcomes including physical and emotional well-being, learning and social development	✓	✓
Supporting parents and communities to secure outcomes for their children	✓	✓
Combination of universal, targeted and intensive supports	✓	✓
Integrated education and childcare services	✓	
Designated resources to implement the strategy		✓
Improving effectiveness of services to improve outcomes	✓	✓
Emphasis on combating poverty	✓	
Reducing inequalities in outcomes through prevention and early intervention	✓	✓
Access to quality early childhood education and family support services	✓	✓
Workforce and leadership development for a valued and appropriately qualified workforce	✓	✓
Importance of play and access to play	✓	

The themes in Table 1.2 should form the basis for deliberations by the Expert Advisory Group on the development of the Early Years Strategy for Ireland.

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PAPER 2: EARLY CHILDHOOD CARE AND EDUCATION – KEY MESSAGES FROM RESEARCH

[OCTOBER 2012]

Section 1: Introduction

Definition, scope and structure of paper

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The subject matter under review in this paper is early childhood care and education (ECCE). The current National Children's Strategy, *Our Children - Their Lives* (soon to be superseded by the forthcoming Children and Young People's Policy Framework) states that '*children's early education and developmental needs will be met through quality childcare services and family-friendly employment measures*' (Department of Health and Children, 2000). For the purpose of this paper, the OECD (2001) definition of early childhood care and education was adopted, which includes '*... all arrangements providing care and education of children under compulsory school age, regardless of setting, funding, opening hours or programme content*'.

It is important to note that the present paper is not a comprehensive or a systematic review of literature on early childhood care and education. Rather, it summarises evidence from studies that have been selected for their quality, sample size, currency and relevance.

This paper is structured in three sections. Following this introductory section, Section 2 presents key messages arising from evidence in 8 priority areas. In Section 3, some of the issues and challenges are discussed in the contemporary Irish context and some issues for the development of the Early Years Strategy are highlighted.

Methodology

A large amount of international and national research data was surveyed and analysed to identify relevant key messages on early childhood care and education. The selection of material was influenced by the quality and currency of the studies examined, with a strong emphasis on findings from large-scale and high-quality studies as well as meta-analyses and systematic reviews of literature. If relevant studies are not expressly mentioned, it does not mean that they were ignored or overlooked. Every effort was made to include Irish research findings, such as emerging evidence from the Prevention and Early Intervention Initiative in Ireland and Northern Ireland, the *Growing Up in Ireland* (GUI) study, the Research Unit of the DCYA and the Early Years Education Policy Unit.

This paper is not a scholarly study and source documents are generally not referenced unless explicitly quoted or mentioned.

Section 2: Key messages from evidence on improving outcomes relating to early childhood care and education

There is overwhelming and consistent evidence, spanning many decades of research activity, that finds lasting benefits from investment in early childhood care and education for children, communities and society at large. These benefits can be found across a number of domains, including cognitive, social, health, emotional, behavioural and economic benefits. A systematic review of experimental, mostly randomised controlled trials (RCTs) by the Cochrane Collaboration in 2000 came to the conclusion that high-quality pre-school *‘increases children’s IQ, and has beneficial effects on behavioural development and school achievement. Long-term follow-up demonstrates increased employment, lower teenage pregnancy rates, higher socio-economic status and decreased criminal behaviour. There are positive effects on mothers’ education, employment and interaction with children’* (Zoritch et al, 2000).

While all the reviewed trials were conducted in the USA in this case, there is ever-increasing evidence from other countries confirming these findings. For example, two UK projects – the Effective Provision of Pre-School Education (EPPE) in England and the Effective Pre-school Provision in Northern Ireland (EPPNI) – found *‘pre-school experience, compared to none, enhances children’s development. Irrespective of level of multiple disadvantage, “home” children (those who had little or no pre-school experience) show poorer cognitive and social/behavioural outcomes at entry to school and at the end of Year 1 than those who attended pre-school’* (Sylva et al, 2004).

Another meta-analysis by Chambers et al (2010) *‘systematically reviewed research on the outcomes of programmes that teach young children in a group setting before they begin kindergarten. Study inclusion criteria included the use of randomised or matched control groups, evidence of initial equality and study duration of at least 12 weeks. Studies included valid measures of language, literacy, phonological awareness, mathematical and/or cognitive outcomes that were independent of the experimental treatments. A total of 40 studies evaluating 28 different programmes met these criteria for outcomes assessed at the end of pre-school and/or kindergarten. The review concludes that on academic outcomes at the end of pre-school and/or kindergarten, 6 early childhood programmes showed strong evidence of effectiveness and 5 had moderate evidence of effectiveness’*. Chambers et al (2010) continue: *‘A few longitudinal studies have followed their subjects into secondary school, and even adulthood. These studies show that comprehensive programmes focused broadly on cognitive development rather than solely academic skills had better long-term effects on social adjustment outcomes, such as reductions in delinquency, welfare dependency and teenage pregnancy, and increases in educational and employment levels.’*

Ireland’s first National Children’s Strategy confirmed this as a rationale for a focus of policy development and public investment: *‘Quality childcare and early childhood education services provide lasting cognitive, social and emotional benefits for children, particularly those with special needs or who are disadvantaged, and they have the capacity to meet the holistic needs of children as identified in the “whole child” perspective’* (Department of Health and Children, 2000).

Recent evidence emerging from the Prevention and Early Intervention Initiative in Ireland and Northern Ireland appears to confirm these findings for Ireland. Comparative school readiness tests, conducted in three waves as part of the ‘Preparing for Life’ project in North Dublin, found that *‘children who participated in centre-based childcare were rated higher [for school readiness] than children who did not attend centre-based childcare on the domains of language and cognitive development and communication and general knowledge’* (Doyle and MacNamara, 2011). These findings were repeated in all three waves.

Summarising the research evidence, it is fair to conclude that early childhood care and education (only if of sufficiently high quality) leads to lasting and desirable benefits for children and their communities. As a result, countries all over the world – including Ireland – are extending and improving their provisions for young children. Thus, the question for research and policy has moved from ‘Is early childhood care and education effective?’ to a number of more specific questions or issues facing policy-makers and service providers. These specific issues are:

- expanding provision towards universal access;
- promoting coherence, coordination and seamless transitions;
- raising the quality of provision;
- improving staff training and work conditions;
- funding and investment;
- developing appropriate pedagogies;
- engaging families and communities;
- systematic data collection and monitoring.

These themes, each explored below, represent major area of research focus and policy interest, both nationally and internationally. They are adapted from the 2005 NESF report on *Early Childhood Care and Education* and are very similar to the more recent thematic areas adopted by the OECD (2012a) in their *Quality Toolbox*.

Expanding provision towards universal access

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In Ireland, the provision of early childhood care and education has steadily increased and moved towards universal access for some age groups. Access for children between the ages of 4 and 5 has been universal in ‘infant classes’ in primary schools. The Quarterly National Household Survey (administered in 2007) had a dedicated childcare module, which indicated that non-parental childcare for pre-school children increased from 42% in 2002 to 48% in 2007 (as quoted in GUI, 2010). With the introduction of the Free Pre-School Year and its almost universal uptake, it is reasonable to assume that this proportion is now well over 50%.

Countries, including Ireland, have moved from targeted provision of early childhood care and education to universal provision for **all children** in a particular age group. Research evidence suggests that children experiencing a range of disadvantage (socio-economic, but also exclusion or disability) benefit disproportionately and to a higher degree from early childhood care and education. However, it is also clear that **all children, even the most advantaged, benefit**. Moreover, **there is strong evidence that disadvantaged children benefit even more within a universal programme design**.

The researchers in the Effective Provision of Pre-School Education (EPPE) project in England found that it *‘had an impact not only on the universal provision of education and care for all 3 and 4 year-olds, but also on a host of targeted social exclusion/inclusion initiatives. EPPE has informed policy because its findings are large scale and broadly representative (3,000 children and families), longitudinal (between 3 and age 11), and based on ‘value added’ methods that established the measurable contribution of pre-school education to children’s academic and social/behavioural development’* (Sylva *et al*, 2007). The findings of the EPPE study led directly to changes in UK policy towards universal provision.

Opting in favour of universal coverage has the great advantage of ensuring that all children, irrespective of origin, come to enjoy similar (high) standards. Also, if the system helps mix children from different backgrounds, so much the better. The EPPE study, in accordance with other studies, found that *‘disadvantaged children benefit significantly from good quality pre-school experiences, especially where they are with a mixture of children from different social backgrounds’* (Sylva *et al*, 2004).

Yet, the obvious shortcoming of an across-the-board universal model of the Nordic variety is that the most underprivileged children might require additional resources and attention. One example of this problem is the low participation rate of children from immigrant families. Some form of affirmative action, including perhaps special incentives to target groups, might therefore be called for to accompany a universal approach. Evidence from the Traveller Toy Box Project in Northern Ireland has demonstrated that a home-visiting programme to Traveller families has dramatically increased access to pre-school services by Traveller children (McVeigh, 2007).

A universal approach to access does not replace or contrast with a targeted approach to early childhood care and education, whereby a Government provides additional and targeted resources and public funding primarily to programmes for chosen groups of children. Indeed, **increasing research evidence indicates that early recognition, identification and a targeted response is more effective against the backdrop of a strong universal provision.**

Feinstein *et al* (2008) call this combination of strong universal services and tiered secondary and tertiary services **progressive universalism**. This approach aims to provide support and intervention on a needs basis within a system that recognises the entitlement of all children and families to such support. An important objective is to identify those with greatest need at the earliest possible opportunity and to provide appropriate support. There is a strong body of evidence to show that early intervention has significant positive outcomes for children with special needs in relation to cognitive, language and social development. Timing of intervention is a critical factor in effectiveness and some of the most effective early intervention programmes have focused on children at or before 3 years of age.

In practice, the development of universal prevention-focused services entails joined-up services, with highly trained staff members reaching out to the community to engage with young children and their families. These services need to be able to identify and address issues with family functioning and/or child development, and to bridge the space between the family and the pre-school/early intervention service.

Universal access does not necessarily entail achieving full coverage, as there are variations in demand for early childhood care and education at different ages and in different family circumstances. Rather, it implies making access available to all children whose parents wish them to participate. In fact, it is often difficult to engage with families who are most in need and there is a requirement to develop strategies to extend coverage to those ‘hard-to-reach’ children or to transform hard-to-reach services. This issue will be discussed further below.

Promoting coherence, coordination and seamless transitions

Early childhood care and education policy is a complex area. It is concerned not only with childcare and early education, but also with the child’s health, nutrition, social welfare and protection, women’s employment and equal opportunities, and poverty issues. We are now much more aware of the ‘whole-child’ perspective. Ireland’s National Children’s Strategy, for example, recognises all of the different dimensions of childhood development and learning, such as the physical, cognitive, emotional, social, moral and spiritual. Research has demonstrated the interconnectedness of the different dimensions of development and learning, for example, a child’s physical well-being influences their cognitive ability. The whole-child perspective has highlighted that **it is artificial to divide care and education in young children’s lives** – the interconnectedness of development and learning means that **care and education must be interdependent and complementary.**

Given the multisectoral nature of early childhood care and education, policy-makers face difficulties in achieving coordinated and coherent approaches that ensure the child's holistic development. A pattern of parallel administrative organisations still predominates in ECCE policy, with different responsibilities given to diverse Government departments and non-governmental organisations, creating multiple levels of decision-making and execution, and impeding progress and the full implementation of a coordinated and integrated policy. The division of provision into social, health, care and educational sectors, based on traditional beliefs regarding responsibility for the care of young children, has created and maintained the gap in access and quality provision for children under 3.

Haddad (2002) summarises the almost universal differences between traditional approaches to 'care' and 'education' as follows: **childcare** is care-focused; emphasizes families in need; emphasizes welfare or health; provides full-time/all year care; may be centre- or home-based; is privately funded; involves lay workers, such as childminders and childcare assistants; has poor working conditions (e.g. low pay, long hours, little training); has a wide age range of children (e.g. 0-6/7 years); and has low population coverage. In contrast, **pre-school education** is education-focused; emphasizes the needs of children; emphasizes educational content; is part-time and academic term-based; operates in centres or schools; is State funded; employs trained professionals (pre-school teachers); has better employment conditions (compared to childcare); offers care for children between the ages of 4-6; and has high population coverage.

Systemic approaches are needed to address the multiplicity of factors (cultural, historical, political, sociological, psychological, pedagogical and physical) on a common grounding. Some theoretical frameworks have supported this perspective, such as Urie Bronfenbrenner's ecological theory of human development (1972, 1974 and 1979) and Moncrieff Cochran's framework linking macro-level causes and mediating influences with policy and programme outcomes (1993).

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Integrated action between early childhood services and home, early childhood services and school, and the key players in children's lives enables teachers/educators to draw on family and cultural perspectives and assist in creating coherence and continuity in children's lives. Coordination and matching is harder but even more important for early childhood teachers/educators when the children and families in their early childhood services are from different cultures from the teachers/educators or have different experiences from their own.

UNESCO researchers stated as early as 2002 that *'an effectively integrated ECCE system is a project of societal co-construction based on a new concept of extra-familial care and education as a concern that is at once public and private, a matter of shared family and State responsibility. In the realm of policy development and programme implementation, such a project requires a thorough revision and redefinition of the functions, objectives and operations of the services that have traditionally covered the care and education of young children'* (Haddad, 2002).

Raising the quality of provision

The quality of early childhood care and education determines the expected benefits. This emerges again and again in the Irish and international literature. For example, the work of Sylva *et al* (2004) demonstrates markedly more positive effects of high-quality pre-school provision over low-quality pre-school provision on Maths and English scores of 11-year-olds. Similar effects have been demonstrated for social outcomes such as 'self-regulation', i.e. the ability to cope with emotions, manage thinking and behaviour, and focus attention. It should be stressed that the same benefits are not gained from attending low-quality pre-school.

The OECD contends that while quality programmes may cost more (because of higher staff pay, lower ratios, etc), the message is clear – ‘*Quality costs, but it is worth the investment*’.

This raises the question – **What constitutes quality in ECCE?** Definitions of high-quality early care and education vary, but feature many of the following characteristics:

- a highly qualified workforce;
- practitioners are well paid and have ongoing professional development opportunities (which results in low staff turnover);
- smaller teacher:child ratios;
- a professionally developed pre-school curriculum;
- interventions with family units, such as supportive home visits;
- monitoring and site visits by either Government or accrediting agency.

Quality goals give ECCE programmes their purpose and orientation. They should be specific, but have enough flexibility for local implementation (Barnett *et al*, 2004; OECD, 2006, Bennett, 2008). A lead department or agency can increase the quality of provisions through direct funding, training practitioners and regularly evaluating programmes (Canadian Council on Learning, 2006). At the same time, integrated services can better expand access to early childhood care and education by sourcing public subsidies and reducing costs for families. The fragmentation of responsibility in split management systems can create inequality through uneven levels of quality provisions and the lack of coherent goals (OECD, 2001 and 2006).

Sustained public funding and regulation are necessary to achieve quality goals. First, generous core funding can ensure the recruitment of a highly professional staff who remain committed to improving children’s performance towards cognitive, social and emotional goals. Second, investment in ECCE facilities and materials can support a child-centred environment for learning and development. In the absence of direct public funding or parent subsidies, there is a risk of uneven and poor-quality provisions, with high-quality ECCE limited to affluent neighbourhoods (OECD, 2006).

Through a regulatory framework, minimum standards can guarantee the health and safety of children in high-quality environments and ensure a minimum level of quality. National regulatory frameworks can better ‘level the playing field’ by ensuring all children benefit from a minimum quality of education and care. They can also greatly improve the conditions of learning and care through standardised high-quality instruction that can improve reading, maths and language skills (Burchinal *et al*, 2009; OECD, 2001).

Minimum standards also communicate with parents about the quality of services and help them make informed choices (OECD, 2006).

The national curriculum or curriculum framework normally elaborates on ECCE key goals, including underlying concepts and values (OECD, 2006). Despite country-level differences, broad curriculum aims include learning to be (to be confident and happy with one’s self), learning to do (experimentation, play and group interaction), learning to learn (specific pedagogical objectives) and learning to live together (respectful of differences and democratic values) (OECD, 2006). It is generally agreed that more general goals (for well-being and socialisation) are appropriate for younger children, while specific cognitive aims are particularly useful for older pre-schoolers (Eurydice, 2009). A focus on skills rather than activities can help to make social and emotional goals more concrete (Barnett *et al*, 2004).

In Ireland, a yet unpublished report of the evaluation of the Early Years Programme of the Childhood Development Initiative (CDI) found significant impact on outcomes for young children as a result of this programme.

Improving staff training and working conditions

The professionalisation of the ECCE workforce can increase the likelihood of achieving broad-based education and care quality goals. Better educated practitioners with specialised training are more likely to improve children's cognitive outcomes through larger vocabularies, increased ability to solve problems and increased ability to develop targeted lesson plans (Barnett, 2004). Teachers' knowledge and ability to challenge children in their understanding is considered to be relevant for child development (Doverborg and Pramling Samuelsson, 2009). It is particularly important that ECCE staff understand the child's own perspectives in terms of strategies, approaches, communication and interplay. For example, a teacher who understands a child's interests and intentions for learning can match them with the goals of an ECCE curriculum (Sheridan, 2009).

Shonkoff and Philips (2000) find that the education and training of teachers or caregivers are strongly associated with stable, sensitive and stimulating interactions. Educated staff are more likely to provide children with the stimulating, warm and supportive interactions that can lead to more positive social and emotional development outcomes (OECD, 2001). Education and training are also found to have an effect on the implementation and knowledge about the pedagogical approaches and curriculum (Elliott, 2006; Kagan and Kauerz, 2006).

The main importance of staff lies in their effect on the process and content quality of ECCE (Sheridan, 2009; Pramling and Pramling Samuelsson, 2011). The training and education of ECCE staff affects the quality of services and outcomes primarily through the knowledge, skills and competencies that are transmitted and encouraged by practitioners. It is also considered important that staff believe in their ability to organise and execute the courses of action necessary to bring about desired results (Fives, 2003). Qualifications can matter in terms of which skill sets and what knowledge are recognised as important for working with young children.

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The skills and staff traits that research identifies as important in facilitating high-quality services and outcomes are:

- good understanding of child development and learning;
- ability to develop children's perspectives;
- ability to praise, comfort, question and be responsive to children;
- leadership skills, problem-solving and development of targeted lesson plans;
- good vocabulary and ability to elicit children's ideas.

However, it is not the qualification per se that has an impact on child outcomes, but the ability of better qualified staff members to create a high-quality pedagogic environment that makes the difference (Elliott, 2006; Sheridan *et al.*, 2009). There is strong evidence that enriched stimulating environments and high-quality pedagogy are fostered by better qualified staff, and better quality pedagogy leads to better learning outcomes (Litjens and Taguma, 2010). Key elements of high 'process quality' refer to what children actually experience in their programmes: that which happens within a setting.

'Content quality' specifically refers to the substance of what is being learned (e.g. curriculum). Staff quality is the way staff involve children and stimulate interaction with and between children as well as staff's scaffolding strategies, such as guiding, modelling and questioning.

More specialised staff education and training on ECCE are strongly associated with stable, sensitive and stimulating interactions (Shonkoff and Philips, 2000). Other elements of high staff quality include staff's content (curriculum) knowledge and their ability to create a multidisciplinary learning environment (Pramling and Pramling Samuelsson, 2011).

However, the general conclusion that higher education of ECCE staff leads to higher pedagogical quality and, therefore, to better child outcomes is not supported by all studies. Early *et al* (2007) emphasize that teacher quality is a very complex issue. There is no simple relationship between the level of education of staff and classroom quality or learning outcomes. They studied the relationship between child outcomes and staff qualifications and found no, or contradictory, associations between the two. They argue that increasing staff education will not suffice for improving classroom quality or maximising children's academic gains. Instead, raising the effectiveness of early childhood education will likely require a broad range of professional development activities and support for staff's interactions with children. An area that can improve pedagogical practices of ECCE staff includes supporting staff's competence to communicate and interact with children in a shared and sustainable manner (Sheridan *et al*, 2009). However, research in a range of services offering care and education for 2-year-olds in Northern Ireland found that there was a limited correlation between the levels of qualification and the quality of provision offered (Molyneaux *et al*, 2012).

Research also points out that it is not necessary that all staff have high general levels of education. Highly qualified staff can have a positive influence on those who work with them and who do not have the same high qualifications. The EPPE study finds that the observed behaviour of lower qualified staff turned out to be positively influenced by working alongside highly trained staff (Sammons, 2010).

The fact that the ECCE workforce is almost entirely female has been shown to have a negative effect at various levels, particularly on boys and their future educational performance. Female staff may be misunderstanding or misinterpreting boys' behaviour and favour activities and means of communication more amenable to girls. The Council of the European Union declared in 2011: *'Increasing the proportion of men in ECCE is important in order to change attitudes and show that not only women can provide education and care. Having role models of both sexes is positive for children and can help to break gender-stereotyped perceptions. A workplace composed of both sexes contributes to widening children's experience and can also help to reduce gender segregation in the labour market.'*

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Funding and investment

Human capital investments have, over the past 50 years, been almost exclusively directed at formal education. It is only quite recently that we have come to realise that the foundations of learning – as well as the chief mainsprings of inequalities – lie buried in the period between 0-3 years of age and that schools are generally ill-equipped to remedy a difficult start. For policy-making, the 'learning-begets-learning' model takes this insight one important step forward since it helps identify the relative rates of return to skill investments across the early life course of children. It is now evident that investments yield the highest returns in the pre-school stage (aged 0-6 years) and decline exponentially thereafter. The model is at the same time relevant for an equal opportunities policy since the returns are especially high for underprivileged children. Indeed, one reason US-based programmes such as HighScope have been so influential in Europe is the large returns on investment discerned by their evaluations – up to US\$16 for every dollar invested.

In Ireland, the National Economic and Social Forum (NESF) made the case in 2005 for State funding for universal pre-school, stating: *'It can be readily justified as the longer term societal benefits that would accrue on the basis of this investment are at a ratio of 1:7 (or 1:4 using more conservative estimates).'*

Heckmann and Masterov (2007), among others, have argued that earlier investment will lead to greater returns, saving society expenditure for later remedial intervention. It should be noted, however, that this is not an argument for cutting expenditure on remedial intervention now, but rather a reasonable expectation that early investment will reduce future expenditure.

A major Canadian study on the economics of early learning and childcare provides important additional evidence of the benefits of investing in the sector. The study, funded by the Child Care Human Resources Sector Council (2009), found that investing in childcare provides the greatest economic benefit of all sectors of the Canadian economy:

- **Biggest job creator:** Investing \$1 million in childcare would create 40 jobs – at least 43% more jobs than the next highest industry and 4 times the number of jobs generated by \$1 million in construction spending.
- **Strong economic stimulus:** Every dollar invested in childcare increases the economy's output (GDP) by \$2.30. This is one of the highest GDP impacts of all major sectors.

Esping-Andersen concludes in his 1998 paper entitled *Equal opportunities in an increasingly hostile world*: 'All this suggests that we need to re-evaluate human capital policy. As a starter, educational spending in all advanced countries goes in exactly the opposite direction from what the learning-begets-learning perspective prescribes. Per student spending rises monotonically from pre-school up to tertiary education. We spend on average twice as much on tertiary level as on pre-primary education. Moreover, pre-primary spending is, in most countries, concentrated in the ages 3-6. Except for the Nordic countries and, at some distance, Belgium and France, investment in the under-3s is truly marginal.'

Based on these findings, New Zealand has also shifted the financial focus and is now investing more in pre-school education than in other parts of the education system.

Developing appropriate pedagogies

Effective pedagogy requires education and care to be integrated, with learning, development and experiences for children inter-related within a consistent approach. Learning goals are broad and include knowledge, skills and dispositions. Pedagogy is often referred to as the *practice* (or the *art*, the *science* or the *craft*) of teaching, but in the early years any adequate conception of educative practice must be wide enough to include the provision of learning environments for play, creativity and exploration. The term 'teaching' may therefore be unhelpful in this context, but effective early childhood pedagogy must still be 'instructive'. Instruction may therefore be defined to incorporate all of those processes that occur within the setting that aim to initiate or maintain learning processes and/or to be effective means to achieve educational goals (Creemers, 1994).

Evidence about effective pedagogy shows the need for teachers/educators to understand children's experiences and focus on children's interests and understanding. Building linkages between settings, especially home and early childhood service, by sharing curriculum and learning aims supports such understanding and shared experiences. Reciprocal interactions within early childhood settings make a key contribution to children's learning and well-being. Effective pedagogy is linked to teachers/educators who are involved, responsive and cognitively demanding, and who encourage 'sustained shared thinking' where adults and children co-construct an idea or skill.

A recent synthesis of the **key interpersonal features of effective early childhood services** (Moore, 2009) identified the following features:

- Responsive and caring adult-child relationships are critical for effective service delivery.
- Parents and families are recognised as having the primary role in rearing children and are actively engaged as partners by early childhood services.
- An individualised and developmentally appropriate approach is used.
- Early childhood staff build upon children's interests, previous learning experiences and strengths.
- Staff observe and monitor children's performance to ensure the provision of challenging yet achievable experiences.
- Staff model appropriate language, values and practices.
- A play-based approach is used.

- Children are active and engaged.
- Staff are also active and engaged and use intentional teaching strategies.
- Adults and children engage in a process of cognitive ‘co-construction’.
- There is a balance of child-initiated and teacher-directed approaches.
- The social setting is organised in ways that support learning.
- There is a balance between a cognitive/academic focus and a social/emotional focus.
- Respect for diversity, equity and inclusion are prerequisites for optimal development and learning.
- The physical setting is organised in ways that promote learning.
- Daily routines are used to strengthen bonds and support learning.

The research report by Siraj-Blatchford *et al* (2002) on *Researching Effective Pedagogy in the Early Years* explores the complexity of effective pedagogy in the context of the early years. The authors propose a model of relationships and networks in pedagogy practice in which the daily activities of staff move through an intricate nexus of relationships and networks, with the face-to-face interaction at the centre of professional practice. They also differentiate within face-to-face or pedagogical interactions between those that are mainly cognitive and mainly social. The former include activities such as sustained shared thinking, direct teaching and monitoring; the latter include encouragement, behaviour management, social talk and care.

Traditional approaches to workforce development reflecting the professional preparation of ‘teachers’ or ‘childcare workers’ are described as increasingly unsuited for the delivery of high-quality and effective ECCE services. These approaches find it difficult to meet the complex and multidimensional needs of young children.

Learning from the long tradition of ‘social pedagogy’ in continental Europe, efforts are now made in the UK to introduce concepts of social pedagogy into the training of the children and young people’s workforce. In essence, social pedagogy is concerned with well-being, learning and growth. This is underpinned by humanistic values and principles, which view people as active and resourceful agents, highlight the importance of including them into the wider community and aim to tackle or prevent social problems and inequality. The previous Labour Government in the UK was impressed by the use of the role of social pedagogues across Europe, particularly as a move to improving outcomes for children in care, and keen to explore ways in which social pedagogy could be integrated into the UK children’s workforce. In keeping with the aims of the UK 2003 Green Paper *Every Child Matters*, social pedagogy is increasingly viewed as being central to the development of truly integrated child services, which are based on robust interprofessional and cross-sector collaboration, and can meet the complex needs of young children.

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Engaging families and communities

Esping-Andersen (1998) in his paper *Equal opportunities in an increasingly hostile world* stated that: ‘There is now a growing consensus that the really important mechanisms of social inheritance lie buried in the pre-school ages. For most children this is also the period where they are most “privatized”, depending almost exclusively on the impulses that come from the family milieu. In fact, just about any elementary school teacher can testify to the huge differentials in children’s school preparation already from the very first day of classes. Schools and, more generally, the education system, are inherently poorly equipped to remedy such gaps and we also know from a huge amount of evaluation research that later remedial policies are rather ineffective. This all suggests one crucial point. Whether our aim is to create more equality or simply to raise the productivity of tomorrow’s workforce, our analytical lens should be focused on what happens behind the four walls of the family. This is where the really important effects lie buried.’

However, while the home environment has a greater effect on children than outside care, the opportunities for policy-makers to exert influence are fewer. It is argued that ‘*even if we were to agree that familial “cultural capital” is crucial, it would appear difficult to conceive of a policy that corrects for differences in parenting quality and dedication*’ (Esping-Andersen, 1998).

The involvement of parents¹ in young children’s education is a fundamental right and obligation. Both the OECD (2006) and UNICEF (2008a) argue that ECCE services should recognise the right of mothers and fathers to be informed, comment on and participate in key decisions concerning their child. Research shows that there is a substantial need and demand for a parental component in ECCE services (Desforges and Abouchaar, 2003). Research also demonstrates that **parental engagement and active participation in ECCE services enhances children’s achievements and adaption** (Blok *et al*, 2005; Desforges and Abouchaar, 2003; Edwards *et al*, 2008; Harris and Goodall, 2006; Powell *et al*, 2010; Sylva *et al*, 2004; Weiss *et al*, 2008).

The involvement of wider community services (e.g. health or social services and sport organisations) or community members in early childhood care and education plays an important role in the development of young children. Community support of the early development process is considered as one of the characteristics common to high-quality ECCE centres (Henderson *et al*, 2002). The earlier the role of the community in the lives of young children is recognised, the better the chances children have of achieving at school and in life in general (Cotton, 2000). If the connection between schools and communities is strong, it is easier for children to develop the skills needed to be successful socially and emotionally, physically and academically (Edwards *et al*, 2008; Oakes and Lipton, 2007; OECD, 2006).

58 A strong community can act as a social network that supports parents to reduce stress and maintain positive emotions, and gives them tools for raising their child. If the quality of the social network is low, it may lead to low emotional involvement and cohesion (Van Tuijl and Leseman, in press). Community engagement means a higher level of social cohesion (mutual trust between neighbours and common values) and (informal) social control and collective efficacy (Shonkoff and Phillips, 2000). Moreover, a continuum between ECCE services, parents, neighbours and other civil society stakeholders can enhance cooperation between different services, leading to a comprehensive services approach. Comprehensive services are more responsive to what children actually need in terms of their overall development and to what parents need for childcare, healthcare and other opportunities. A strong comprehensive system of community and formal ECCE services empowers disadvantaged families to cope with their specific poverty-related problems (Van Tuijl and Leseman, in press; Weiss *et al*, 2008).

Those families that are especially difficult to engage are sometimes referred to as ‘hard to reach’. However, this term can be problematic because it may imply ‘difficult, obstructive or indifferent behaviour’ on behalf of families and denies the way in which services themselves may be ‘hard to reach’ (i.e. inaccessible) for families (Crozier and Davies, 2007, p. 296). The challenges families face in accessing services include (Carbone *et al*, 2004):

- the location of a service, which can be a barrier for families who do not have private transport;
- a service may be intimidating to a family that has had no experience, or a negative experience, of other service environments;
- lack of knowledge that services are available or that they are eligible to access the service.

¹ For the purpose of this paper, the term ‘parents’ refers to all carers holding prime responsibility for the upbringing and care of a child.

Systematic data collection and monitoring

Data collection and monitoring can help establish facts and evidence about the ECCE sector, for example, whether children have equitable access to high-quality early childhood care and education; and it can ensure accountability on quality ECCE systems. For example, financial tracking and monitoring can help inform planning, contribute to more efficient resource allocation and increase cost-effectiveness (Bennett, 2002).

Several studies have found that **the collection and monitoring of quality data can lead to increased programme quality**, as reflected by the adoption of higher standards, improved classroom environment ratings and more credentialed teachers (Office of Child Development and Early Learning, 2010; Zellman *et al*, 2008). Tracking of quality standards in Northern Ireland has had a dramatic impact on ongoing and systematic improvements in quality. Improvements in programme quality can lead to important and meaningful impacts on child development (Pianta *et al*, 2008). Monitoring practices and collection of data can provide feedback on what works and help identify areas of improvement. For example, in New Jersey, USA, the introduction of a quality rating score allowed practitioners and management to improve their practices and statistically significant effects were found on children’s literacy skills (Frede *et al*, 2007 and 2011).

Data collection requires the capability to coordinate a strategic collection of data and maintain high standards of reliability over time and across multiple data collectors and geographical regions (Zaslow *et al*, 2009). **It is challenging for countries to collect appropriate data on ECCE.** A US review of ECCE data systems reveals that, while States are collecting a lot of early education-related data, their efforts are often uncoordinated. Most State data systems are not able to link individual child- or site-level data with workforce data. This makes it difficult for a State to understand how its workforce policies or professional development investments are related to children’s learning and development, despite the fact that a solid body of research indicates that workforce is a critical quality indicator for enhancing child development. A careful selection of indicators can help improve programmes and the workforce, increase access (especially in underserved communities) and improve practice and child outcomes (Early Childhood Data Collaborative, 2011). Information on structure and process indicators contributes to increased knowledge about the level of quality provision, while information on the demographic and background characteristics of children served can be included in data systems to determine programme effects on target groups and the current state of play of ECCE.

A comprehensive efficacy study (which measures a programme’s ability to achieve desired outcomes) should measure the programme components, as well as child outcomes, to inform stakeholders about the relationship of certain aspects or characteristics (e.g. minimum standards or family income) and child development. Having this information allows researchers to draw clearer conclusions regarding who benefits and under what conditions.

Data systems need to link data on children, programme characteristics and workforce across multiple programmes and governance structures in order for policy-makers, providers and other stakeholders to acquire a holistic understanding of the system. Countries that adopt ‘dual’ or ‘split’ systems – where different authorities are in charge of childcare and early education, as well as countries that continue decentralised monitoring and accountability procedures – can find it increasingly difficult to make national comparisons and ensure that high-quality ECCE is available to all children as a universal measure. Setting-up a unified data system and monitoring quality at the national level can be beneficial.

The aforementioned Effective Provision of Pre-School Education (EPPE) project, for example, was the first major study in the UK to focus specifically on the effectiveness of early year’s education. The EPPE project is a large-scale, longitudinal study of the progress and development of 3,000 children in various types of pre-school education. The study successfully met its aims and more. In particular:

- It produced a detailed description of the ‘career paths’ of a large sample of children and their families, between entry into pre-school education and completion (or near completion) of Key Stage 1.
- It compared and contrasted the developmental progress of 3,000+ children from a wide range of social and cultural background who have differing pre-school experiences, including early entry to Reception² from home.
- It separated out the effects of pre-school experience from the effects of education in the period between Reception and Year 2.
- It established whether some pre-school centres are more effective than others in promoting children’s cognitive and social/emotional development during the pre-school years (ages 3-5) and the beginning of primary education (5-7 years).
- It discovered the individual characteristics (structural and process) of pre-school education in those centres found to be most effective.
- It investigated differences in the progress of different groups of children, e.g. second language learners of English, children from disadvantaged backgrounds and both genders.
- It investigated the medium-term effects of pre-school education on educational performance at Key Stage 1 (aged 5-7) in a way which will allow the possibility of longitudinal follow-up at later ages.
- It established long-term effects.

The EPPE study’s influence on policy development and implementation cannot be overstated; the current landscape of Early Years provision in the UK has been shaped using the findings of this study.

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EU and comparative international studies

Dr. John Bennett wrote in his foreword to the 2004 comparative study *Making Connections* (CECDE, 2004): ‘*The policy implications for quality in Irish services are skilfully drawn from this comparative review of six countries. The CECDE authors call for a coherent, coordinated policy framework; a broad definition of quality to incorporate different perspectives; a support system that is advisory and empowering; the consultation and engagement of all stakeholders; parental involvement; adequate quality supports, such as a curriculum framework; high levels of training; and particular attention to children with special or additional learning needs.*’ This summary shows very clearly how international comparisons and cooperations can be useful in distilling important messages for national policy-making.

A number of international bodies, such as UNICEF, OECD, the World Bank and the European institutions, have undertaken research and made policy statements on the development of early childhood care and education. In fact, this policy area has emerged as a priority focus over the past 15 years. In February 2011, the EU Commission set out the key issues for future European cooperation in early childhood care and education with the aim to improve access and quality of services from birth to the start of compulsory schooling. In its communication, the Commission concludes with ‘*the need to improve ECCE across the EU by complementing the existing quantitative targets with measures to improve access and to ensure the quality of provision.*’

² Reception is the first year of primary school in the UK and children are usually aged between 4 and 5.

Section 3: Issues and challenges in improving early childhood care and education

We have seen that **early childhood care and education has a significant positive impact on a range of child outcomes**, not least in children’s subsequent career through the education system. Most recent findings from the PISA Survey (OECD, 2011) and from Education at a Glance (OECD, 2012b) confirm this emphatically. The PISA study found: *‘It’s elementary: students benefit from pre-primary education. The OECD’s PISA 2009 results show that in practically all OECD countries 15-year-old students who had attended some pre-primary school outperformed students who had not.’* The 2012 Education at a Glance report concludes: *‘... countries are making admirable strides in expanding schooling for their youngest students, an issue that has become more prominent on countries’ education policy agendas in recent years.’*

However, investment in early childhood care and education is not a single choice decision. Better outcomes depend on where and how additional resources are spent. For example, increasing the duration of pre-primary school education by 1 year produces larger effects than increasing the proportion of children who attend pre-primary school by 1%.

The following sections will discuss the key messages in an Irish context and attempt to distil some guidance for the Early Years Strategy.

Expanding provision towards universal access

A review of evidence suggests that **targeted supports within, and supported by, strong universal provision promises the best outcomes for all children**. However, in an environment of extremely constrained resources, this may not be immediately possible. As a strategic aim approached in a phased and incremental manner, this ambition may well be an objective within the Early Years Strategy.

Historically, ECCE was provided in a highly targeted way to children who experienced social disadvantage, disability or were members of the Traveller community. The exception here are the so-called ‘infant classes’, offering school-based education to all 4 and 5 year-old children in the State. With the introduction of the free pre-school year in 2009, the State now offers a universal and free year of early childhood education.

The free pre-school year has been welcomed by most stakeholders and parents, with an impressive initial uptake. The explicit link to quality improvement is essential for the development of this service. Some work remains to be done to integrate the historical and minority targeted provisions, such as the Early Start Scheme, with the new universal provision. It should be noted that the segregated pre-schools for Traveller children have been phased out and integrated with mainstream services.

The current Programme for Government commits the Government to *‘maintain the free pre-school year in Early Childhood Care and Education to promote the best outcomes for children and families. We will improve the quality of the pre-school year by implementing standards and reviewing training options. As resources allow, this Government will invest in a targeted early childhood education programme for disadvantaged children, building on existing targeted pre-school supports for families most in need of assistance, such as the youngballymun project’* (Government of Ireland, 2011).

Guidance for Early Years Strategy

- Research evidence provides strong support for the extension towards universal provision, although care should be taken to proceed at a pace that does not compromise quality.
- Special and targeted interventions should complement universal provision.

Promoting coherence, coordination and seamless transitions

There is a clear message from research and implementation that the complex interplay of young children's development and learning requires coherence and coordination, particularly (but not exclusively) across and within the domains of education, welfare and health. Without this integration at national and local level, desired outcomes may not be achieved and scarce resources may be squandered.

Ireland has taken promising steps towards greater integration of Early Years services. The establishment of a dedicated Department of Children and Youth Affairs (DCYA), with a clear remit to drive the coordination of policy for young children, and the co-location of the Early Years Policy Unit of the Department of Education and Skills with the DCYA have strengthened the case for more coordination at national level.

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Guidance for Early Years Strategy

- It is important to link policy and objectives of early childhood care and education with other related strategies and structures, including, for example, the National Strategy to Improve Literacy and Numeracy among Children and Young People, 2011-2020 and the emerging Child and Family Agency.
- At local level, the infrastructure to increase and improve the integration of services for young children has been growing with County and City Childcare Committees and the developing Children's Services Committees. Great care and attention should be paid to the coordination of services for young children and the emerging reform efforts affecting local government and local community development.
- At service level, the cohesion and coordination of ECCE services with other local services, in particular primary schools, should be fostered through supports and advice for practitioners/providers.
- The new Early Years Strategy should also affirm the support of the non-governmental organisations in the field and their valuable support in the future development of services.

Raising the quality of provision

There is now abundant and consistent evidence from studies across the world that the outcomes for children and society at large are directly related to the level of quality of service provision. There is some evidence that low-quality provision may even damage children.

Over the past 10 years or so, Ireland has made considerable strides in addressing quality in ECCE services for children from birth to the age of 6 years. The development and initial implementation of Síolta, the National Quality Framework for Early Childhood Education, and Aistear, the Early

Childhood Curriculum Framework, have contributed to steady improvements in the quality of service provision. Síolta and Aistear have been developed in close cooperation to allow for synergy and consistency, and both frameworks have enjoyed broad affirmation and buy-in from stakeholders. Síolta is being fully implemented by well over 100 services, including schools, with the help of trained mentors and has been evaluated, with mainly positive findings. Services participating in the free pre-school year are required to ‘engage’ with Síolta, albeit not to fully implement it. Aistear has also been disseminated to a wide range of services for children from birth to 6 years, including primary schools, and is contributing to the review of the Infant Class curriculum by the National Council for Curriculum and Assessment.

Guidance for Early Years Strategy

- The Early Years Strategy should continue the support for both the Síolta and Aistear frameworks and set objectives for their future implementation as practicable. The learning from the recent evaluation of the Síolta quality assurance process (Goodbody Economic Consultants, 2011) should be operationalised as appropriate.

Improving staff training and working conditions

This area is closely related to the previous one and the key message from research is that quality services can only be provided by a well-trained and supported professional workforce. The qualification of staff is closely related to the experiences and outcomes for children.

In November 2010, the Department of Education and Skills published the *Workforce Development Plan for the Early Childhood Care and Education Sector in Ireland*. The vision of the plan is:

The ECCE workforce should be supported to achieve qualifications (appropriate to their occupational role and profile) that equip them with the skills, knowledge, competencies, values and attitudes to:

- Deliver high-quality, enriching early childhood care and education experiences for all children aged birth to six years.
- Work effectively with parents and guardians in a mutually supportive partnership towards achieving positive outcomes for children.
- Engage in interdisciplinary professional work practices designed to support the delivery of consistent quality in the early childhood service provision experiences of young children and their families.

The responsibility for implementation of the *Workforce Development Plan* rests with the Early Years Education Policy Unit, but its success depends on the efforts of many contributors, particularly training providers. In line with the message from research, participating services in the free pre-school year are required to match certain minimum qualifications and are rewarded for exceeding these. However, there is room to extend these requirements to match comparable international standards.

The Child Care (Pre-School Services) (No. 2) Regulations 2006, published by the Department of Health and Children (2006), make provision that a person carrying out a pre-school service must ensure that a sufficient number of suitable and competent adults are working directly with the children at all times. (‘Suitable and competent adults’ are adults aged over 18 with adequate appropriate experience in caring for children under 6 years and/or who have appropriate qualifications to care for these children.) In the explanatory guide to the Regulations, it is advised that ‘*in centre-based services, it is considered that the person in charge should aim to have at least fifty percent of childcare staff with a qualification appropriate to the care and development of children. The qualified staff should rotate between age groupings*’.

The National Standards for Pre-School Services, published by the Department of Health (2010), expects that *'at least 50% of the staff in the service who are caring for children have a qualification appropriate to the care and development of the pre-school child. All others should be working towards achieving one within an agreed timescale'*.

Guidance for Early Years Strategy

- The Early Years Strategy should set objectives for further implementation of the *Workforce Development Plan* for the ECCE sector. Consideration should be given to raising and specifying minimum qualifications for staff in pre-school services.

Funding and investment

The message from research reminds us that extension to universal access, more and better targeted interventions, higher quality and workforce training require at least adequate funding to support the desired outcomes and economic returns.

Public funding of early childhood care and education has remained low, even during the times of the 'Celtic Tiger'. While figures may be contested in detail, it is fair to say that the funding of ECCE services in Ireland is significantly below the OECD average.

A large part of ECCE funding in Ireland is coming from private fees and contributions (especially for young children outside school and the free pre-school year), putting considerable pressure on working parents in particular.

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Guidance for Early Years Strategy

- Given the present budget constraints, it may be unrealistic to expect a major upward shift in the proportion of public funding for early childhood care and education in Ireland. It would be constructive, however, to reconceptualise Early Years funding as 'investment' rather than as 'expenditure'. Some savings may be achieved by improving coordination and eliminating dead-weight costs.
- Creativity and change of focus may also lead to increased funding for early childhood care and education. For example, the free pre-school year was supported by a shift from cash transfers to parents to a structured 'in kind' transfer of resources to young children and their families.

Developing appropriate pedagogies

The message from research is increasingly clear about the need **to develop new ways of supporting young children's learning and well-being, and to prepare practitioners/teachers to deliver these new responses to complex needs.**

Pedagogy in early childhood is expressed by curricula or programmes of activities that take a holistic approach to the development and learning of the child and reflect the inseparable nature of care and education.

'Pedagogy' is a term that is used to refer to the whole range of interactions that support the child's development. It takes a holistic approach by embracing both care and education. It acknowledges the wide range of relationships and experiences within which development takes place and recognises

the connections between them. It also supports the concept of the child as an active learner. Such pedagogy must be supported within a flexible and dynamic framework that addresses the learning potential of the ‘whole child’. Furthermore, it requires that early childhood practitioners are adequately prepared and supported for its implementation.

Guidance for Early Years Strategy

- The quality and curriculum frameworks, Síolta and Aistear, are just that – frameworks. Much more work is necessary to embed new ways of working with young children, their families and communities. The implementation of the frameworks, through active mentoring and supporting resources, and efforts to adapt training and qualifications should continue as resources allow.

Engaging families and communities

The key message offered by the research reviewed is that the more involved parents are in their children’s learning and development, the greater chance children have to succeed, and families can also gain by insights and advice on the home-learning environment. Communities can provide a strong support for services and contribute to a holistic approach.

At local level, it is essential that Early Years practitioners and teachers engage with parents as equal partners and maintain a two-way communication with them. This becomes particularly important in diverse communities where the practitioners will have to make special efforts to understand the social and cultural background of the child.

Communities are an important resource for ECCE services and can provide opportunities to enhance the child’s learning and well-being or specific expertise unavailable to the service.

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Guidance for Early Years Strategy

- The Early Years Strategy should link with other parenting and family support strategies/policies in Ireland. In order to facilitate positive change in ECCE services, a sustained campaign to change the public understanding and discourse of what early childhood care and education is about and what is at stake could be very important.

Systematic data collection, research and monitoring

The evidence suggests that the systematic collection of relevant, accurate and compatible data assists the development of a functional and high-quality early childhood care and education infrastructure. Monitoring, evaluation and research ensure oversight, quality levels and the achievement of outcomes.

In 2006, the 2nd edition of the *Audit of Research on Early Childhood Care and Education in Ireland, 1990-2006* found ‘an additional 7,382 pieces of research relating to the period from mid-2003 to 2006, in addition to the 1,082 publications identified in the initial *Audit* for the period 1990 to mid-2003’ (Walsh and Cassidy, 2007). This enormous increase in research output in Ireland was astonishing, and it is reasonable to assume that this acceleration of activity has continued or even increased to this day.

More significantly, the scale and ambition of research projects have grown and are providing much more meaningful data for policy and practice. The *Growing Up in Ireland* (GUI) study is a national longitudinal study of children. It is the most significant of its kind ever to take place in this country and will help to improve our understanding of all aspects of children and their development. The study is taking place over 7 years and following the progress of two groups of children; 8,500 9-year-olds and 11,000 9-month-olds. During this time, the researchers have carried out two rounds of research with each group of children. The DCYA is overseeing and co-funding the study, which is being carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College, Dublin. Earlier this year, the Minister for Children and Youth Affairs, Frances Fitzgerald, TD, announced an extension of *Growing Up in Ireland*, with a particular focus on the impact of the free pre-school year on the study children. This is most important and welcome, and will guide the further development of the scheme.

The Prevention and Early Intervention Initiative, which is co-funded by the DCYA and The Atlantic Philanthropies, accompanies a number of innovative Early Years projects with high-quality evaluation research. The findings from these evaluations are already shaping policy and practice responses, and will contribute to more effective service provision in the early years. A presentation on the collective learning from these evaluations will be made to the Early Years Strategy Expert Advisory Group by the Centre for Effective Services in 2013.

Guidance for Early Years Strategy

- In 2011, the *National Strategy for Research and Data on Children's Lives, 2011-2016* was published by the Department of Children and Youth Affairs. This is a landmark document and the Early Years Strategy should link closely to its objectives.

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PAPER 3: CHILD HEALTH, DEVELOPMENT AND WELL-BEING IN THE EARLY YEARS IN IRELAND – KEY MESSAGES FROM RESEARCH

[NOVEMBER 2012]

Section 1: Introduction

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Scope and content of paper

A vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Ireland has the youngest population in the European Union. Ireland also has the highest fertility rate in the 27 EU Member States. The number of births per year in Ireland has increased 37.1% since 1998; in 2008, the second highest number of births for any year since 1892 occurred (CSO, 2011).

For the purpose of this paper, the subject matter under review is early child health, development and well-being. The World Health Organization's definition of health has been adopted, which states: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1946).

It is important to note that the present paper is not a comprehensive or a systematic review of literature on early child health, development and well-being. Rather, it summarises evidence from studies that have been selected for their quality, sample size, currency and relevance to the Irish context.

Until comparatively recently, the health, well-being, growth and cognitive and emotional development of babies and young children were seen as linked but somewhat separate domains. New evidence over the last two decades from neuroscience, sociology, psychology, nutritional science and medicine has clearly demonstrated that they are not so much linked as very closely intertwined and interdependent. It is also much more clearly understood how healthy emotional and social development impacts on a child's ability to learn, to be physically healthy and to contribute positively to the community, including its economic development.

In his 2010 review on reducing inequalities in the UK, Professor Michael Marmot identified the objective of '*giving children the best start*' as the most important of all the objectives cited in the study since it was the one most likely, based on research, to reduce inequalities in society.

Following this introductory section, Section 2 of the present paper will set the background and context for child health and child health services in Ireland. It will then summarise some of the key lessons from the research evidence and outline the policy implications of these lessons in the following areas:

- maternal and pre-natal child health and development (Section 3);
- healthy cognitive, emotional and social development (Section 4);
- child health and well-being (including screening and surveillance) (Section 5).

Some of the challenges that these implications may pose in an Irish context are outlined in Section 6, with an attempt in Section 7 to distil these down to some of the key policy questions that will need to be considered for improving outcomes for children in the early years.

This paper will not consider the emerging evidence from the various programmes operating under the Prevention and Early Intervention Initiative being undertaken in Ireland, themselves subject to a rigorous programme of evaluation, since they will be the subject of a future paper for the Expert Advisory Group at a point where more of the lessons from the evaluations have been distilled.

Section 2: Background and context

What we know about the health and well-being of children in Ireland

By and large, the children of Ireland are very healthy, certainly in a global context, and there have been some considerable improvements in child health over the last century. Some key indicators are provided below, largely drawn from data in the *State of the Nation's Children: Ireland 2010* (OMCYA, 2010).

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Demography, birth weight and infant feeding

- There are approximately 486,242 children aged 0-6 in Ireland (CSO, 2011).
- Low birth weight is associated with a large range of poorer health and development outcomes. There are marked social class differences in the percentage of babies born in the low birth weight category, being higher among mothers who reported to be 'unemployed' (9.0%) compared to mothers in 'higher professional' groups (4.1%).
- Breastfeeding rates have risen, but remain one of the worst in the EU and there are large social class differences in rates.

Mortality

- There has been a decrease in infant mortality rates over the past 10 years. In 2005, the rate was 38.7 per 10,000; by 2009, it was 32.7 per 10,000.
- The largest single cause of child deaths was deaths attributable to congenital malformations, followed by conditions arising in the period just after birth and then 'injury and poisoning'.

Morbidity

- More than half of the total hospital discharges for children and young people were among infants aged under one and children aged 1-4 (22.5% and 29.6% respectively) and more than half of the total hospital discharges were among boys (55.4%).
- Almost one-quarter of 3-year-old children are either overweight or obese.
- One in every 8 primary school children misses 20 days or more in the school year.

- Immunisation rates have risen steadily over the last decade. However, they remain below optimal levels, particularly in some deprived areas, although these deprived areas have also shown some of the biggest improvements.
- In 2009, there were 8,028 children registered as having an intellectual disability. This equates to an overall rate of 72.5 children per 10,000, two-thirds of whom were boys.
- In 2009, there were 8,043 children registered as having a physical and/or sensory disability. This equates to an overall rate of 72.7 children per 10,000, two-thirds of whom were boys.

When compared to our most comparable European and English-speaking neighbours in the OECD group of countries, Irish children score well in relation to relationships and feelings of well-being, but generally perform less well in some key health indicators such as rates of obesity, where there is considerable cause for concern.

There are also some considerable gaps in our knowledge, some of which are being filled by the excellent *Growing Up in Ireland* (GUI) study (see, for example, Williams *et al*, 2010) and by the publication of reports such as *The State of the Nation's Children* by the Department of Children and Youth Affairs. While large information deficits remain, it is also true that existing information is not always used effectively and that the gap between what we know and do not know is less significant than **the gap between what we know and what we do**.

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Legislative and policy support for child health

Sections 63, 66 and 67 of the Health Act 1970 form the legislative basis for the current child health service. Section 63 of the Act places an obligation on health boards to make available, without charge, medical, surgical and nursing services for children up to the age of 6 weeks. Section 66 obliges health boards to make available, without charge, at clinics, health centres or other prescribed places a health examination and treatment service for children under the age of 6 years, as well as a health examination and treatment service for students attending national school. Section 67 provides for dental, optical and aural treatment, and appliances.

The National Children's Strategy, 2001-2010, *Our Children - Their Lives* (Department of Health and Children, 2000), endorsed the *Best Health for Children* report produced on child health surveillance and screening as providing the best vehicle for the setting of standards for these services. This report was later updated (Denyer, 2005) and remains the main guide for child health services. For a comprehensive list of other relevant policy and strategies, please refer to Paper 1 in this report.

Child health policy and services in Ireland

Responsibility for the various components of child and adolescent health have traditionally been split between a number of divisions of the Department of Health, and to date have not formed part of the responsibility of the Department of Children and Youth Affairs, except with regard to child welfare, protection and family support. However, the recommendations of the recent Task Force on the development of the Child and Family Agency and the development of the Agency itself provide a great opportunity for reflection and review in relation to the most effective way to support healthy child development.

There has sometimes been a lack of clarity in relation to who was responsible for child health in an operational sense, and though there have been reports and guides produced on standards and training programmes, implementation has been patchy. For example, the parent-held Child Health Record has only been rolled out in three areas despite a highly positive evaluation of the pilot site. Thus, there is a large variation in compliance with the standards and decisions are taken locally as to which parts of the standards to adhere to.

Research evidence shows that ‘universal child health services’ are a key cornerstone of what is sometimes called **proportional universalism**. This is a concept based on the idea that **focusing solely on the most disadvantaged will not reduce health inequalities sufficiently** and that to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

This is because whilst the rates of problems in the most disadvantaged communities tend to be higher, the actual numbers of children in the most disadvantaged groups is relatively small when compared to the total number of all children. Thus if the focus of services is just on the most disadvantaged, you will not reduce the social gradient by that much since you will potentially miss the majority of children whose health and well-being could potentially be improved. To be most effective, a combination of universal and targeted services is needed.

There is also good evidence that even in the vulnerable groups with more intensively targeted inputs, health and well-being indicators remain a cause for concern. Children in care, for example, have tended to have poorer rates of immunisation, higher rates of obesity, more time off school for illness and so on.

Child health and well-being services

While the focus of this paper is primarily on promoting positive health and developmental outcomes for all children at a community level, it is important that there is a seamless set of services for children who require more intensive or specialised services, and there needs to be excellent communication and links between these services.

Primary Care and Community Child Health Services

Primary care is promoted by the World Health Organization as **the most appropriate setting for the vast majority of family health needs** (WHO, 2008) and this is also reflected in the Irish Government’s Primary Care Strategy (Department of Health and Children, 2001). Research has shown that primary care services that are free or have a modest co-payment at the point of delivery are less likely to deter people accessing services in a timely fashion (O’Reilly *et al.*, 2007). The current Programme for Government includes a commitment to the introduction of universal primary care, which will remove fees for GP care and will be introduced within the Government’s term of office (Government of Ireland, 2011).

Child health services in the community are primarily provided by Primary Care Teams, generally comprising public health nurses and general practitioners supported by a number of other professionals, including speech and language therapists, psychologists, occupational therapists and consultant community paediatricians.

In some areas, there are second-tier services such as Early Intervention Teams, led by a consultant paediatrician who works with children with more complex developmental problems or more complex additional needs.

Hospital-based paediatric services

Paediatric departments are established in the main regional hospitals and work with children with acute and chronic or long-term medical problems. They are supported by tertiary services in the specialised children's hospitals. There is now a Clinical Care Programme for Paediatric Services within the HSE, which is charged with developing national guidelines for paediatric care in Ireland.

Mental health and well-being services

Primary care practitioners provide care for children and adolescents with less severe mental health problems, supported where necessary by psychology services or where more specialised help is required, by community-based Child and Adolescent Mental Health Services (CAMHS). CAMHS have been established throughout the country and are the source of referral for children needing assessment or with complex or more severe needs.

Service issues

Audits of the usage of public health nurses' time have shown their commitment to child health is being impacted by other demands, such as early hospital discharges and an ageing population (although Ireland has the youngest population in the EU). An audit of the screening and surveillance programme, based on the *Best Health for Children Revisited* guidance, was undertaken in 2009 (Denyer, 2009) and showed major variations between different geographical areas on key performance indicators.

The Area Medical Service, which was traditionally a key part of child health service delivery in Ireland, has lacked direction and has been pulled in many competing directions, with large variations developing in how that service is configured. The introduction of consultant community paediatricians has been limited. A recent review of this service has recommended that it be refocused on child health.

The Maternity and Infant Care Scheme offers free ante-natal and post-natal care to all expectant mothers and babies in Ireland. The maternity care is shared between a general practitioner and a consultant obstetrician. Infants are also entitled to two visits to a GP after a baby is born, the first when the baby is 2 weeks old and the second at 6 weeks. However, no explicit standards apply to this work or no information is gathered on the outcomes of it.

Early Intervention Teams and CAMHS have been seen as very positive developments, although in some cases the waiting lists for assessment are long.

Child health and the Child and Family Agency

The recent Task Force report on the setting up of the Child and Family Agency (DCYA, 2012) recommended that the Agency should directly employ public health nurses (PHNs) to provide the child and family component of the service and that they should be co-located with the local health service, to avoid fragmenting the service. The Task Force recognised that this may not always be possible, for example, in rural areas, in which case the service may be directly commissioned. The Task Force also recommended that the Agency take responsibility for other services that have a key role in facilitating healthy child development, such as speech and language therapists and psychologists.

Many in the child health area have welcomed this development. It represents an opportunity to integrate child health into a wider programme of supporting healthy child development and supporting families. It should be recognised that this would be a significant policy and service shift. It

will require careful planning and a programme of support and training for PHNs in particular, whose current training covers all age groups and whose current admission requirements do not insist on a previous paediatric or child health experience. Findings from evidence-based programmes in other countries suggest a multidisciplinary team centring on PHNs, but including other key professionals within the new agency can be effective at a number of levels, including (Olds *et al*, 2010):

- Interactions at community level: Building capacity and using that capacity to improve health outcomes for a population.
- Universal services for all families: Working with midwives, general practitioners, building strong relationships in pregnancy and early weeks and planning future contacts with families and conducting evidence-based screening and health checks where appropriate.
- Providing additional services that any family may need some of the time, for example, care packages for maternal mental health, parenting support and baby/toddler sleep problems – where the PHN may provide, delegate or refer to other members of the primary care, community services or early intervention teams, intervening early to prevent problems developing or worsening.
- Providing additional services in conjunction with other professionals or community services for vulnerable families requiring ongoing additional support for a range of special needs, for example, families at social disadvantage, families with a child with a disability or teenage mothers.
- Making sure the appropriate child health services form part of the high-intensity multi-agency services for families where there are safeguarding and child protection concerns.

Child health information systems in Ireland

There is currently no national child health system for the collection and analysis of data. There are five different systems currently in use and no standardised dataset. A parent-held Child Health Record is used in the HSE Mid-West, North-West and North-East regions, with a specially designed information system to back it up. This is often separate from, but linked to the immunisation system in these areas. There is no national health identifier and this makes linking data from different sources problematic.

Apart from immunisation uptake rates, there are currently two performance indicators relating to child health that are collected in the current set of HSE performance indicators. These both relate to the timing of developmental checks. The HSE is currently establishing a group to review how information relating to child health and well-being may be better integrated and shared, notwithstanding the financial and legal constraints that currently exist.

Section 3: Maternal and pre-natal child health and development

Poor circumstances during pregnancy can lead to less than optimal foetal development via a chain that may include deficiencies in nutrition during pregnancy; maternal stress; a greater likelihood of maternal smoking and misuse of drugs and alcohol; insufficient exercise; and inadequate pre-natal care. Even low levels of alcohol have been found to affect brain development in the foetus (National Scientific Council on the Developing Child, 2008). Poor foetal development is a risk for health in later life. Barker (1992) has hypothesised that the tissue and organs of the body go through ‘critical’ periods of development during which time under-nutrition of the developing foetus leads to permanent changes in the structure and operation of biological systems. For example, it has been suggested that diabetes is a consequence of poor nutrition *in utero* that may result in impaired functioning in the cells that produce insulin (Hales *et al*, 1991). Research by Wilkinson and Marmot (2003) shows that the risk of men aged 64 years developing diabetes is much greater if they had a low birth weight.

Low birth weight is also associated with increased risk for a number of chronic health conditions in adulthood, such as cardiovascular problems, hypertension and diabetes. One study found that almost 50% of low birth weight children had a health condition or limitation in one or more activities that affected their everyday life, compared to 17% of a normal birth weight group (McCormick *et al*, 1992). It is known that the relationship between smoking and low birth weight is direct and causal. The consumption of alcohol and other substances during pregnancy has also consistently emerged as a risk factor for low birth weight. In Ireland, approximately 10% of early neonatal deaths are directly attributable to slow foetal growth, malnutrition and immaturity, although this figure does not reflect deaths arising from complications associated with low birth rate (Bonham, 2004).

Stress and lack of social support may influence pregnancy outcomes via a direct physiological pathway that increases the mother's consumption of nutritional resources at the expense of the developing infant, or indirectly through their effects on pre-natal care (Crnic *et al*, 1983).

Maternal nutritional status at the time of conception is an important determinant of foetal growth and development during pregnancy. The maternal diet must provide sufficient energy and nutrients to meet the usual requirements of the mother as well as those of the developing foetus (Abrams *et al*, 2000). A number of factors are likely to affect the adequacy of maternal nutrition during pregnancy. Economic factors are likely to be important since income exerts a direct influence on both the quantity and quality of foetal nutrition (Fowles *et al*, 2005). Research in Ireland by Friel *et al* (2004) has pointed to socio-economic disparities in the ability to purchase nutritious foods; this may provide part of the basis for the observed social gradient in birth weights across different social groups in Ireland. A report by the Institute of Public Health in Ireland demonstrated that there was a two-fold increase in the rate of low birth rate babies across the social gradient (McEvoy *et al*, 2006).

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It also seems likely that maternal education influences the adequacy of pre-natal nutrition through more than its effects on income. Thus, there is evidence to suggest that social inequalities are exercising their effects and shaping the life chances of the infant even prior to delivery.

There are strong associations between the health of mothers and the health of babies, and equally strong associations between the health of mothers and their socio-economic circumstances. This means that **early intervention before birth is as critical as giving ongoing support during a child's early years.** As a 2005 report on maternal health from the World Health Organization states: *'Mothers and children need a continuum of care from pre-pregnancy, through pregnancy and childbirth, to the early days and years of life.'*

Support to families needs to start in the pre-natal period to improve the health and well-being of mothers and children. There is strong evidence that early intervention through universal home-visiting programmes, during and after pregnancy, can be effective in improving the health and well-being of children and mothers (Lyons *et al*, 2001). These programmes need to be of high quality and working from a good evidence base, and to be of a higher intensity to improve outcomes for low-income, young first-time parents and their children.

The risks to the developing child are significantly greater among those in poor socio-economic circumstances and they can best be reduced through improved preventive healthcare before the first pregnancy (Marmot, 2010).

Care settings and parental working

As women have become increasingly active in the paid workforce, researchers have become interested in the potential impact of this on child developmental outcomes. Researchers have also looked at possible impacts of receiving care outside of the home or by another caregiver on outcomes for children. Mothers returning to work within 6 months of childbirth may be negatively related to children's cognitive outcomes, especially if this is on a full-time basis, but the association is small and not universally observed (OECE, 2011).

The small negative associations of early maternal employment with children's outcomes are largely observed among children in intact families or in families with parents with high levels of education. On average, there is a smaller negative relationship between maternal return to work among parents with low levels of educational attainment and children's outcomes in such households are more likely to be counterbalanced by the positive association of maternal income and formal childcare participation (Brooks-Gunn *et al*, 2010).

Formal childcare and pre-school participation generally is positively associated with cognitive development of children, where the quality of this care is high. In some countries, cognitive development is negatively related with behavioural outcomes if the quality is not high or the hours in formal care are very long. These associations are generally small, but long-lasting since they persist into compulsory education (Belsky *et al*, 2007). The evidence also suggests that maternal employment is only one of many factors influencing child development and by no means the most relevant. Both formal childcare participation and parenting activities are often more significant than maternal employment in determining cognitive and behavioural outcomes of children. Denmark is generally thought to have one of the highest quality universal childcare systems and researchers there found that outcomes for 11-year-olds who were in non-parental care (centre-based care or family-day care) at age 3 are not statistically different from those of children who were in parental care (Gupta and Simonsen, 2010). **This emphasizes the importance of investing in good-quality childcare and promoting parenting activities that contribute to child development.**

Breastfeeding

Breastfeeding rates in Ireland are well below those of our European neighbours. Five out of every 10 babies born in Ireland are breastfed at discharge from hospital, in comparison to 8 out of every 10 in the UK. Meanwhile, across Europe, on average, 9 out of every 10 babies born are breastfed, with almost all babies born in Norway, Denmark and Sweden being breastfed. Ireland also displays regional variations in initial breastfeeding rates: 6 out of every 10 babies born in Dublin City and County, Cork, Galway, Meath, Waterford and Wicklow are breastfed, while fewer than 4 out of every 10 babies born in Limerick and Donegal are breastfed. These figures mask the fact that there is a significant decline in breastfeeding rates after discharge from hospital.

Though there have been modest improvements in breastfeeding initiation rates, the most important factors are increasing maternal age (which accounted for 13.8% of the increase over time) and the increasing share of mothers from Eastern Europe (which accounted for 38.8%) (Brick and Nolan, 2012). Interestingly, even among mothers from Eastern Europe, who are generally much more likely to choose to breastfeed, the longer they are resident in Ireland the more likely they are *not* to initiate breastfeeding. Women resident in Ireland for less than 5 years are 10 times more likely to breastfeed than Irish women, but this falls to 6 times more likely after 6-10 years and 2.4 times more likely after 11 or more years (Williams *et al*, 2010).

There is a marked drop-off in breastfeeding rates after discharge from hospital, with less than 15% still breastfeeding by the time the baby is 6 months old.

One of the most important determinants of how long a woman in Ireland will breastfeed is the length of maternity leave. Returning to work part-time increases the risk of stopping breastfeeding by 150%; returning full-time increases the risk by 230%.

Breastfeeding during infancy affords protection against a number of diseases. Several independent reviews and meta-analyses of the literature attest to the beneficial effects of breastfeeding for child development and well-being (Jackson and Nazar, 2006). In addition to providing a rich source of nutrition for the developing infant, breastfeeding is associated with reduced risk for a number of neonatal infections, including gastro-intestinal, diarrhoeal and types of extra-intestinal infections.

Some researchers argue that breastfeeding can influence immune-system development and affect the development of chronic disease (Jackson and Nazar, 2006). For example, a meta-analysis of 12 studies examining the relationship between breastfeeding and childhood asthma (Zeiger, 2003) found that those who had been exclusively breastfed for at least 3 months were less likely to develop asthma between the ages of 2 and 5, skin problems (dermatitis, eczema, etc), while another study revealed that it diminishes the risk of developing childhood obesity (Arenz *et al*, 2004). A recent paper using data from the *Growing Up in Ireland* study found that being breastfed for between 13-25 weeks was associated with a 38% reduction in the risk of obesity at 9 years of age, while being breastfed for 26 weeks or more was associated with a 51% reduction in the risk of obesity at 9 years of age (Cathal and Layte, 2010).

A meta-analysis of the available literature found that the cognitive developmental score of breastfed children was 3.2 points higher than that of bottle-fed children after controlling for other factors such as socio-economic status and parental education (Anderson *et al*, 1999). Moreover, this analysis of the data revealed that these differences manifested as early as 6-23 months, persisted through childhood (2-9 years) and were still evident in adolescence (10-15 years).

Research in Ireland suggests that the reasons for a low rate of breastfeeding may be more societal than physiological. A national action plan to improve breastfeeding rates was produced in 2005 by the Department of Health and Children.

However, improvements have been slight compared to countries like Norway. Total breastfeeding rates in Norway increased from under 30% at 12 weeks in 1968 to over 80% in 1995, and are now over 90% (Heiberg Endresen and Helsing, 1995).

Breastfeeding rates have an inverse relationship with social status: women at most risk of poverty are least likely to initiate and continue breastfeeding (Ward *et al*, 2004). Women experiencing, or at risk of, social and health inequalities may require specific supports and these necessitate further detailed attention. When delivered pre- and post-natally by trained peers or counsellors, breastfeeding support programmes have been shown to improve breastfeeding rates, especially in those already motivated to breastfeed and among low-income women (Health Promotion Agency for Northern Ireland, 2003).

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Section 4: Healthy cognitive, social and emotional development

In this section, the importance of healthy brain development that links with healthy emotional and cognitive development will be discussed, as well as the importance of early attachment of infants to caregivers.

Brain development

We know from advances in neuroscience that early brain development of children is much more 'plastic' than once thought and there is a considerable ability for developmental trajectories of children to be shifted into a more positive direction even given very poor starting circumstances. Brain development is more rapid during infancy than at any other period. The brain is at 30% of its adult weight at birth and 70% at the age of 2 years.

Evidence shows that it is possible to identify many of the children who will have problems in their infant and pre-school years, as shown by the Dunedin study in New Zealand, for example, where public health nurses were able to identify, very accurately, 3-year-olds who were likely to become very troubled young adults (Odgers *et al*, 2007). If intervention is to occur, research suggests it is more effective to intervene early.

Economists, such as Heckman (2004), have also shown from long-term-follow-up of disadvantaged children that those exposed to early interventions are much less likely to use health services, leave school early, have poor work careers and undertake criminal activity, and are more likely to contribute to the community.

Detecting early physical and mental health problems in infants is crucial to ensuring they maintain an optimal developmental trajectory. We know, for example, if a baby has hearing loss detected at birth, there is a much greater likelihood that the child will enter school with normal speech and language development, compared to it being discovered when he or she is 3.

Brains are built over time, from the bottom up, establishing either a sturdy or a fragile foundation for what follows. The basic architecture of the brain is constructed for all of the learning, health and behaviour that follows. In the first few years of life, 700 new neural connections are formed every second.

After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits. The timing of this is partly genetic, but early experiences influence the strength of these connections (National Scientific Council on the Developing Child, 2007).

The brain's capacity for change decreases with age. The brain is most flexible, or 'plastic,' early in life to accommodate a wide range of environments and interactions. But as the maturing brain becomes more specialised to assume more complex functions, it is less capable of reorganising and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialised to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognise different sounds found in other languages. Although the 'windows' for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it is easier and more effective to influence a baby's developing brain architecture than to 'rewire' parts of its circuitry in the adult years (Center on the Developing Child at Harvard University, 2007).

Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course. The brain is a highly interrelated organ and its multiple functions operate in a richly coordinated fashion. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities and together they are the 'bricks and mortar' that comprise the foundation of human development. The emotional and physical health, social skills and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for success in school and later in the workplace and community.

The exact long-term significance of brain development at this stage is still contested, but some contemporary theorists, such as Kagan (1998), have reactivated a modern, brain-science-led version of infant development. Those who promote this perspective argue that the rapid synaptic growth of the brain implies a sensitivity to environmental input, which both provides the opportunity for considerable learning and ensures a vulnerability to adverse experiences. Such experiences, for good or ill, are seen to be built into the wiring of the brain and are therefore potentially permanent. On the other hand, other researchers have argued that there is no strong evidence of critical periods in infant brain development and that the growth of synaptic connections and myelination is ongoing throughout childhood and is not specific to early infancy (Bruer, 1999).

There is more general agreement now that chronic, unrelenting stress in early childhood – caused by extreme poverty, repeated abuse or severe maternal depression, for example – can significantly impact on the developing brain, which can lead to lifelong problems in learning, behaviour and physical and mental health (National Scientific Council on the Developing Child, 2007).

Attachment

While parents, especially the mother, may feel a bond with the child even before it is born, the child's attachment to the mother or primary caregiver develops over months and years. Even though infants a few days old show, in experimental conditions, a preference for their mother's smell over that of other women, they do not normally show a marked preference for particular caregivers until they are 7-9 months old (Boris *et al*, 1999). Between 2-7 months, infants may interact differently with particular caregivers, but do not usually display 'separation protest' when parted from primary caregivers. Typically, a preferential attachment to a caretaker is well established by 9 months.

Attachment experiences shape the way neurons are connecting to each other in the early years of life; for example, the process of learning self-regulation occurs between 18-24 months and is directly influenced by the attachment experience. Secure attachments promote a more integrated brain. A well-integrated brain, in turn, yields regulation of mood that is well-balanced, so that emotional and social intelligence is developed and the potential for insight and empathy is increased (Center on the Developing Child at Harvard University, 2010).

As the child becomes capable of independent movement around his or her environment at about one year, the attachment figure becomes a secure base from which to explore and a safe haven to which the infant returns when threatened.

The need for sensitive and responsive nurturing in infancy was strongly asserted by Bowlby (1969) and others as they developed their work on infant attachment. Again, there is some dispute about the extent to which attachments formed in infancy show constancy throughout later development (Thompson, 2006). A number of longitudinal studies have shown that, depending on life circumstances, secure attachments can become insecure and insecure ones can become secure (Belsky and Fearon, 2002). Researchers such as Rutter *et al* (2009) have emphasized the importance of complexity of attachment as a concept, and cautioned against over-simplistic divisions into 'secure' or 'insecure'.

Recent research also shows that people with attachment issues are more likely to have a higher risk for a number of health conditions, including strokes, heart disease and high blood pressure (McWilliams and Bailey, 2010). This again demonstrates the intimate link between mental and physical well-being and the importance of early child development on later health and well-being.

Healthy communities foster the development of healthy children through the informal support that families provide for each other. When parents are inexperienced in child-rearing or overwhelmed by economic insecurity or threatening community conditions, effective parent education and family support programmes can help them develop better attachment. This sustains the kinds of growth-promoting experiences that can build child social and emotional competence, and when informal supports and community programmes are not sufficient, professional assistance can make an important difference (Marmot, 2010).

Section 5: Child health and well-being

In this section, child health and well-being is discussed, particularly in relation to child health screening and surveillance, and immunisation. Two topics with particular relevance to the 0-6 age group in Ireland – obesity and injury – are then used to illustrate the importance of investing in the early years, particularly highlighting the need for coherent action across different agencies.

Screening and surveillance

Infant experience is important to health because of the continued malleability of biological systems. As cognitive, emotional and sensory inputs programme the brain's responses, insecure emotional attachment and poor stimulation can lead to reduced readiness for school, low educational attainment, problem behaviour and the risk of social marginalisation in adulthood. Slow or retarded physical growth in infancy, or excessive weight gain at the other extreme, are associated with reduced cardiovascular, respiratory, pancreatic and kidney development and function, which increase the risk of illness in adulthood.

Evidence suggests that a high-quality primary care system with universal access will best achieve good outcomes for young children who require intervention for health-related problems. This, however, needs to be supported by good-quality screening and surveillance programmes, and support for parents in relation to parenting and child development (Denyer, 2005).

'Child Health Surveillance' is a programme of care, initiated and provided by professionals in partnership with parents and carers with the aim of preventing illness and promoting good health and development. It is part of a more general programme of child health promotion that relates to prevention by early detection and understanding of healthy child development. It is vital to understand that although screening tests can play an important part in these programmes, modern child health screening and surveillance programmes recognise that parents are experts on their own child's development and that a partnership approach with professionals is more likely to lead to better outcomes. Such an approach also provides effective opportunities for supporting positive parenting and health promotion.

High-quality evidence-based screening and surveillance programmes have been shown by rigorous reviews to be very effective in improving outcomes for children (Hall and Elliman, 2006). The **screening component** of these programmes generally includes screening for genetic conditions, sensory screening for hearing and vision defects, and screening for growth and motor and physical development. The **surveillance component** includes observation by parents, with professional support, of key milestones in their children's development at particular stages. Understanding of the developmental pathways of children is also a key part of injury prevention.

A child health surveillance programme includes systematic and ongoing collection, analysis, and interpretation of indices of child health, growth and development in order to identify, investigate and, where appropriate, carry out interventions that can help or solve those things interfering with healthy child development.

In terms of professional input, these services are the main route by which parents receive information and are one of the few services that connect with all families in the State. Research evidence shows high-quality services are effective in identifying developmental delay and ensuring children receive assessment and support to address this. Evidence suggests that nurse-led programmes which are rooted in evidence-based practice are particularly effective (Olds, 2006).

Early intervention is more likely to improve outcomes and is less costly than addressing problems when they have become entrenched. In Ireland, an evidence review by Denyer *et al* (1999) of child health screening and surveillance led the HSE to develop the *Best Health for Children Guidelines* and a range of other resources to support healthy child development, covering topics such as emotional and mental well-being of children and the quality of the 6-week check by GPs. The current schedule of screening and surveillance in Ireland is given in Annex 1 at the end of this paper.

Immunisation

Immunisation is one of the most cost-effective health interventions available, saving millions of children from illness, disability and death worldwide each year. A well-functioning immunisation programme is essential to reducing child mortality and morbidity from vaccine preventable diseases (VPDs). The current immunisation programme schedule for children in Ireland is shown in Annex 2 at the end of this paper, based on the Royal College of Physicians' (2011) *Immunisation Guidelines for Ireland*. In Ireland, uptake varies considerably by location. In July 2012, uptake for the schedule by 12 months of age was highest in Roscommon at over 98%, and lowest in West Cork at 83% uptake. The World Health Organization recommends that uptake levels of 95% are required for programmes to be most effective.

Improvements in Irish immunisation rates have occurred due to the development of much better information on uptake patterns, active follow-up on children who miss part of the schedule and effective education and information campaigns.

Obesity

Ireland is experiencing an obesity epidemic. According to the ***Growing Up in Ireland study***, nearly **1 in 4 children aged 3 is overweight or obese**. This rises to nearly 1 in 3 among 9-year-olds. Obesity makes suffering from a wide range of health problems much more likely, including:

- premature death;
- type 2 (non-insulin dependent) diabetes, insulin resistance, glucose intolerance, hypertension;
- coronary heart disease, angina pectoris;
- congestive heart failure;
- stroke;
- some types of cancer (such as endometrial, breast, prostate, and colon);
- psychological disorders (such as depression, eating disorders, distorted body image and low self-esteem).

Studies have also shown that obese children are far more likely to be teased and bullied in school or in care settings than those of average weight (National Taskforce on Obesity, 2005).

The cost of treating these preventable conditions was estimated in the UK to cost the health service over £1 billion or 2.3-2.6% of total net National Health Service (NHS) expenditure in 2001/02. The vast majority of this total was attributable to treating the *consequences* of obesity rather than treating obesity itself, while the total costs associated with obesity to the UK economy as a whole were £6.6-7.4 billion (Foresight, 2007).

Research suggests that parents of overweight or obese children consistently underestimate the size of their children, are often unaware of where their children are positioned relative to recommended weight for height, and that a systematic programme of growth monitoring can be helpful in raising the issue of obesity with parents and devising programmes to address it.

Obesity is a complex issue and unlikely to be solved by one approach. It requires action from a wide spread of Government departments and sectors, including the food industry. As part of the response, effective surveillance and health promotion programmes are required to identify children who are overweight or obese, together with supports for families to address problems when they are identified (National Taskforce on Obesity, 2005).

Almost half of infants in Ireland (46%) are weaned onto solid foods by 4 months of age and less than one-third of children are weaned after the guideline period of 6 months. Early weaning is associated with increased risk of obesity (Williams *et al*, 2010).

Childhood injury

Injury remains the most important cause of death for children over one-year-old. While part of healthy development will include an element of risk-taking, we know that much injury can be prevented by a combination of approaches that are built on good understanding of child development. While deaths due to injuries in children have decreased, they have not seen the spectacular drops evident in relation to road traffic deaths, which was brought about by a coherent multi-strand strategy including legislation, environmental planning, enforcement and education components.

The main place for injury to occur in children under 6 is in the child's home. Effective injury prevention requires a multifaceted and coordinated approach that includes a combination of legislation and legislative enforcement, effective injury prevention products, environmental design and parental understanding of child development and what they can expect children to be able to do by the key developmental milestones. According to *Growing Up in Ireland* (2011), 1 in 5 children by the age of 3 has required a hospital visit as a result of an injury.

According to the Child Safety Report Card, developed by the EU project known as Eurosafe, Ireland has begun to address areas of injury identified as needing further attention in previous Report Cards (MacKay and Birmingham, 2012). This has happened particularly with respect to water safety/drowning prevention, poisoning prevention and burn prevention. However, it is made clear that more can be done in policy introduction, implementation and enforcement to prevent motor vehicle passenger, pedestrian, cycling, drowning, falls, poisonings, burns and scalds, and choking/strangulation-related injuries. There is a need to continue to support and fund injury prevention measures in a combined approach of education, engineering and enforcement of standards and regulations.

The Child Safety Report Card suggests that action at national level is essential to achieving a safer Ireland for children. A key step to that success is building an effective means of ensuring that evidence-based injury prevention strategies are adopted and implemented at national, regional and local levels.

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Section 6: Policy implications and guidance for policy-makers

In this section, the policy implications of the evidence from research are considered and these are condensed into guidance for the development of the Early Years Strategy.

Maternal and pre-natal health and well-being

Providing good nutrition, health education, health and preventive care facilities, and adequate social and economic resources, before first pregnancies, during pregnancy and in early infancy, help improve growth and development before birth and throughout infancy, and reduce the risk of disease and malnutrition in infancy and throughout the life course.

High-quality parent support programmes, which begin before birth and continue after birth and help parents make healthy choices, have helped improve outcomes and reduce inequalities in the health and well-being of children.

All families benefit from support during pregnancy, coupled with high-quality maternity services, home visiting and clinic-based services after the child is born. These services are more effective when **backed up by community and family support services for those in need**. Some families benefit from more intensive support starting before the child is born, and this seems particularly effective if it can happen before and after a first child.

The promotion of breastfeeding and effective support for mothers to breastfeed will increase the current unacceptably low rates, reduce a range of health problems in children, reduce the prevalence of obesity, promote cognitive development in early life and beyond, and lead to considerable savings to the health services.

Guidance for Early Years Strategy

- Policies that reduce child poverty are likely to impact positively on child health and well-being.
- Universal services are required to ensure all children get the best start. There is also a strong evidence base to show that providing more intensive supports for disadvantaged families can help reduce inequalities.
- Better outcomes are achieved by services that support mothers through pregnancy into the early childhood of their infant in a coordinated and coherent way.
- Improving breastfeeding rates has been achieved in other countries by a combination of school and ante-natal education, consistency of approaches by healthcare workers, support for mothers, progressive maternity leave policies, and education and/or regulation of employers to provide facilities for nursing mothers.

Healthy cognitive, social and emotional development

The basic principles of neuroscience and the technology of human skill formation indicate that later remediation for highly vulnerable children will produce less favourable outcomes and cost more than appropriate intervention at a younger age.

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A balanced approach to emotional, social, cognitive and language development will best prepare all children for success in school and later in the workplace and community.

Supportive relationships and positive learning experiences begin at home, but can also be provided through a range of services with proven effectiveness factors. Babies' brains require intensive stable, caring, interactive relationships with adults – any way or any place they can be provided will benefit healthy brain development.

Science clearly demonstrates that, in situations where **severe stress** is likely, intervening as early as possible is critical to achieving the best outcomes. For children experiencing high stress, specialised early interventions are needed to target the cause of the stress and protect the child from its consequences.

The development and support of **well-trained high-quality staff** is key to ensuring healthy child development and emotional health and well-being in out-of-home settings.

The **first year of life** is a particularly critical phase in early child development. Facilitating parental leave for the first year of life, or providing appropriately staffed and trained alternatives for parents returning to work, is likely to improve outcomes for children.

An evidence-based, high-quality **child health screening and surveillance programme**, carried out in partnership with parents by well-trained professionals who have a planned programme of continued professional development, improves outcomes for children and is more cost-effective than dealing with problems at a later stage.

Programmes that **support learning and development for parents** at the same time as providing stimulating and nurturing care for infants and children seem more effective in improving outcomes for children than standalone programmes for children.

Guidance for Early Years Strategy

- Progressive maternity leave policies play an important role in helping parents give the best start to their children. Formal childcare for infants and small children can improve outcomes for the most disadvantaged children, providing the quality is high. Poor-quality formal childcare can negatively affect outcomes for children.
- High-quality child health screening and surveillance programmes can help ensure that problems are identified and addressed as early as possible. These should occur in a broader context of services that support parents to understand the development of their child and the parenting styles most likely to ensure healthy cognitive, social and emotional development. Disadvantaged families benefit from more intensive, evidence-based programmes of support, which also focus on the needs of the parents as well as the child.
- The training, professional development and quality of staff working in all these programmes is critical to achieving good outcomes for children.

Child health and development

Primary care with a multidisciplinary team of professionals is the most effective setting for most family healthcare.

To be effective, **high-quality specialist services** need to be in place so any developmental or physical or mental health problems which are uncovered can be quickly dealt with.

All those caring for children have a key role in promoting and developing child health and well-being and being able to identify possible problems.

Tackling the problem of obesity in children requires a multifaceted, cross-departmental approach, backed up by an effective surveillance programme, with appropriate supports for children identified by these programmes or by concerned parents. Increasing rates of breastfeeding and later weaning would help to reduce obesity rates among children in Ireland and improve population health and life expectancy in future decades.

Injury prevention in childhood requires a multifaceted and coordinated national approach, together with health-promoting approaches that build capacity at a local level and support parents' understanding of child development.

Improving the uptake of immunisation programmes could play a very important and highly cost-effective part in preventing children getting ill from many diseases, which can be fatal or produce long-lasting effects.

Guidance for Early Years Strategy

- Primary care, provided by multidisciplinary teams, is the most effective and cost-effective way of meeting the health needs of infants and children. Access to primary care is improved where cost is not a disincentive to families seeking help when needed.
- The care pathways of children needing specialist help for physical and/or mental health problems need to be seamless, comprehensive and planned in a coordinated way.

(continued)

- All those working with children have the potential to help improve the health and well-being of children. It is important that this is recognised in their training and development, and that they are appropriately supported to do this.
- Attention to quality and continuous quality improvement for services is critical. There are some good examples of this occurring in Ireland (such as in the National Immunisation Programme), from which more general lessons can be drawn.
- Child public health issues, such as obesity or injury prevention, require a national lead, a coordinated response across agencies and the involvement of many different stakeholders to be effective.
- A national agreed set of child health outcome indicators would help assess progress in child health and identify areas needing attention.

Section 7: The way forward for child health and well-being in Ireland

The most important concept is that **child health, well-being, learning and development are inextricably linked** and that the most effective place to intervene in terms of reducing inequalities and improving outcomes is before birth and in early infancy. Every person who cares for or works with children has the potential to improve their health and development outcomes.

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There is much that is positive about the health and well-being of children in Ireland. There are, however, undoubtedly areas where we know Ireland could do better, if we want to meet best international practice, or areas where we lack the data to assess how we are doing at all.

The following are some of the key areas for policy choices and decisions that should be addressed in the Early Years Strategy:

- How can we best ensure that potential parents, mothers expecting children and parents with small children receive coherent and integrated supports and services that promote healthy child development at all stages?
- How do we ensure that the health and well-being of children is considered as part of the development of any strategy impacting on children and their families?
- How do we best support staff and communities aiming to improve child health outcomes? What are the future skills and training needs of those supporting improvements in child health and well-being?
- How do we best provide for an adequate level of universal health services for children, which is important for effective reduction of the social gradient (i.e. the inequalities that are currently in child health outcomes) while also facilitating additional help for those who need it?
- How do we best support parents from disadvantaged groups to achieve the best health outcomes for their children and how do we promote and scale-up the implementation of high-quality evidence-informed programmes that improve child health as well as other outcomes?

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Annex 1: Current recommended screening and surveillance schedule from *Best Health for Children Revisited*

Timing	History	Examination	Health promotion	Recommended healthcare staff
Birth	Ante-natal, birth and family history. Parental concerns.	Physical examination, including eyes, ears, skin, mouth, cardiovascular system for CHD, hips for DDH and genitalia for UDT in boys. Developmental examination. Growth.	Parental health and well-being. Prevention of SIDS. Transport in cars. Feeding practice. Sibling management. Parent–infant interactions. Child development. Accident prevention. Information about local support networks and contacts for additional advice and support when needed. Identification of parents who may be in need of additional supports.	Hospital Paediatrician or Community Midwife or General Practitioner
Post-natal visit	As above	Physical examination. Developmental examination. Growth. <i>'Can your baby hear you?'</i> Guthrie test if not already taken.	As above	Public Health Nurse
6 to 8 weeks	As above	Physical examination as for neonatal age. Developmental examination. Growth. <i>'Can your baby hear you?'</i>	As above. Family planning.	General Practitioner and Practice Nurse
3 months	As above	Physical examination. Developmental assessment. Growth. <i>'Can your baby hear you?'</i>	As above. Oral health promotion. Age-appropriate play. Return to work. Childcare. Family planning.	Public Health Nurse
7 to 9 months	As above	Examination for DDH. Developmental assessment. Growth. <i>'Can your baby hear you?'</i> Distraction hearing test.	As above	Public Health Nurses or Public Health Nurse and Area Medical Officer
18 to 24 months	As above	Observation of gait. Developmental assessment. Growth.	As above. Management of challenging behaviour. Toilet training.	Public Health Nurse
3¼ to 3½ years	As above	Developmental assessment. Growth.	As above	Public Health Nurse
School entry (Junior Infants)	As above. School entry questionnaire.	Visual acuity testing. Pure tone audiometry hearing screening. Growth.	As per SPHE programme. Advisory and supporting role to teacher in SPHE.	School Nurse
School leaving (5th or 6th Class)	As above	Visual acuity testing. <i>Colour vision screening.</i>	As above	School Nurse

Please note: *Italics* indicate items not fulfilling screening criteria, but constituting accepted good clinical practice or requirements under a growth-monitoring programme for children at risk of or with established growth disorders.

Annex 2: Routine childhood immunisation schedule

Age	Immunisation	Comment
Birth	BCG	1 injection
2 months	DTaP/Hib/IPV/Hep B + PCV	2 injections
4 months	DTaP/Hib/IPV/Hep B + MenC	2 injections
6 months	DTaP/Hib/IPV/Hep B + PCV + MenC	3 injections
12 months	MMR + PCV	2 injections
13 months	MenC + Hib	2 injections ¹
4-5 years	DTaP/IPV + MMR	2 injections
11-14 years	Tdap + BCG ²	1 injection

¹ If a combined MenC/Hib vaccine is available only one injection is required.

² Only for those who are known to be tuberculin negative and have no previous BCG.

Key:

BCG	Bacille Calmette Guerin vaccine
DTaP	Diphtheria, Tetanus and acellular Pertussis vaccine
Hib	<i>Haemophilus influenzae</i> b vaccine
IPV	Inactivated Polio Virus vaccine
Hep B	Hepatitis B vaccine
PCV	Pneumococcal Conjugate Vaccine
MenC	Meningococcal C vaccine
MMR	Measles, Mumps and Rubella vaccine
Tdap	Tetanus, low-dose diphtheria and low-dose acellular pertussis vaccine

Source: National Immunisation Advisory Committee, Royal College of Physicians of Ireland (2011) *Immunisation Guidelines for Ireland* (p. 234). Available at: http://www.immunisation.ie/en/Downloads/NIACGuidelines/PDFFile_15472_en.pdf

PAPER 4: SUPPORTING PARENTS IN THE EARLY YEARS IN IRELAND - KEY MESSAGES FROM RESEARCH

[DECEMBER 2012]

Section 1: Introduction

Definition, scope and structure of paper

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For the purpose of this paper, the subject matter under review is supporting parents to improve outcomes for children in the early years. It is important to note that the present paper is not a comprehensive or a systematic review of the literature, but rather a summary of evidence from studies that were selected for their quality, sample size, currency and relevance.

Following this introductory section, this paper is structured in three sections. Section 2 explores the international and national policy context of supporting parents within the wider frame of improving outcomes for children. Section 3 examines the substantive evidence base that currently exists, and is continuing to develop rapidly, with regard to key messages about what works in supporting parents to improve outcomes for their children. Section 4 identifies key considerations and provides guidance for the Department of Children and Youth Affairs in devising its Early Years Strategy.

Methodology

A large amount of international and national research data was surveyed and analysed to identify relevant key messages on supporting parents in the early years. The selection of material was influenced by the quality and currency of the studies examined, with a strong emphasis on findings from large-scale and high-quality studies as well as meta-analyses and systematic reviews of the literature. There is extensive information on Irish research findings, such as emerging evidence from the Prevention and Early Intervention Initiative in Ireland and Northern Ireland, the *Growing Up in Ireland* study and other related service and policy developments relevant to supporting parents in the early years.

Section 2: Policy, strategy and children's services reform

International context

It is widely recognised that parents are crucial to their child's well-being and supporting parents plays a significant role in achieving good outcomes for children and young people. The United Nations Convention on the Rights of the Child places particular emphasis on supporting the family in carrying out its caring and protective functions and Articles 3, 5, 18 and 27 relate specifically to parental responsibilities (UN, 1989). The Convention identifies parents as central to realising children's rights within the context of the family, with the State giving sufficient support to families generally (Henricson and Bainham, 2005; Pecnik, 2007).

In response to this, the last 15 years has seen an unprecedented increase in the quantity of children and family support services internationally, all aimed at intervening effectively and improving the lives of children and families. International trends have seen a focus on specific higher order outcomes to be achieved for children, through strengthening universal services (i.e. services to all children and families) and then targeting services at those most vulnerable (OMC, 2007; Parton, 2006; Hardiker, 2002; Hardiker *et al*, 1991). This '**outcomes-focused**' approach to children's services aims to encourage service providers and delivery agents to focus their service planning and delivery around how their interventions can improve outcomes for children (Barlow and Scott, 2010; OMC, 2007).

Policy directives to achieve outcomes have resulted in a focus on **prevention and early intervention**, concepts that translate in practice as providing services and supports for parents and children aimed at intervening early in children's lives to prevent situations escalating and also intervening early in the development of a psychological or social problem (Fernandez, 2004; Allen, 2011). A framework for understanding the different 'levels of need' of families and how services can be planned to meet these needs has been developed by Hardiker *et al* (1991) in the UK and it has been adopted and adapted by the Government in Ireland (OMC, 2007). Essentially, it is a planning framework that assists in understanding different levels of need within a population of children and facilitates partnership working with statutory, voluntary and community services by providing clarity about which services are needed for children at each level and how each agency can contribute to providing these services.

Progress towards outcomes-focused, needs-led services with an emphasis on early intervention and prevention is reflected in major children's reform programmes taking place in many jurisdictions. Three jurisdictions in particular – New South Wales, Northern Ireland and Scotland – are developing strategies and policies and implementing reform programmes that include parent support initiatives and these are deemed to be of particular relevance for the development of Ireland's Early Year's Strategy. For the purpose of this paper, 'Keep Them Safe' in New South Wales, 'Health and Social Care Reform' in Northern Ireland and 'Getting it Right for Every Child' in Scotland are discussed below, highlighting the key components of these reform programmes that relate directly to supporting parents.

Keep Them Safe – New South Wales, Australia

Keep Them Safe: A shared approach to well-being, 2009-2014 is a 5-year action plan to build a stronger, more effective child protection system in New South Wales (2009). The key objective of the programme is to create an integrated system that supports vulnerable children, young people and their families. Key reforms in the early years include:

- implementation of the Brighter Futures early intervention programme to support vulnerable families with children aged 0-8 years, with a priority for 0-3 year-olds;
- sustained health visiting – intensive involvement of specialist child and family health nurses with high-needs families in pregnancy and in the first 2 years of the child's life;
- 4-year roll-out of the Triple P Positive Parenting Programme to all parents with children aged 3-8 years.

Health and Social Care Reform – Northern Ireland

In Northern Ireland, the reform of Health and Social Care has resulted in the development of a number of significant policy documents and strategic changes to service delivery in recent years.

Our Children and Young People – Our Pledge is a 10-year strategy for children and young people (OFMDFM, 2006). The overall pledge of the strategy is to deliver on a shared vision for all children and young people over the 10 years between 2006 and 2016. It identifies 6 high level outcomes for children and young people.

Healthy Child, Healthy Future is a policy document that adopts a ‘whole child’ model for improving outcomes for children through more integrated planning of services (OFMDFM, 2010). It is underpinned by a progressive universalism model (Stradling and MacNeil, 2010 – see below), but most importantly places great emphasis on parenting support and the promotion of positive parenting.

As part of the reforms to Health and Social Care in Northern Ireland, the Public Health Agency (PHA) was established in 2009. An agency of the Department of Health, Social Services and Public Safety (DHSSPS), with a remit for health protection and health and social well-being improvement, the PHA is developing strategies to increase the use of evidence-based early intervention programmes and services.

The establishment and development in 2011 of the Children and Young People’s Strategic Partnership (CYPSP) is also an important policy initiative. CYPSP has responsibility, through Outcomes Groups located in each of the Health and Social Care Trusts, to bring together all of the key agencies, including the community and voluntary sector who have responsibility for children, to plan and deliver services. A key component of these partnerships is the development of family support hubs providing early access to intervention and preventative services in the community.

The Department of Education, in an extension of the initiative in the UK, has established 32 Sure Start projects across Northern Ireland. Sure Start Local Programmes (SSLPs) or children’s centres were set up as community-based multi-agency projects in designated areas of severe deprivation and disadvantage. The aim of this early intervention and prevention initiative is to improve well-being, attainments and life chances for all children aged 0-4 years in the designated area and to support their families. Sure Start Local Programmes provide both universal and targeted services.

Getting it Right for Every Child – Scotland

Scotland is undergoing a major reform of children’s services. Its overarching policy is *Getting it Right for Every Child* (GIRFEC), which promotes action to improve the well-being of all children and young people in 8 outcome areas (in this policy, the outcomes are framed as indicators of well-being) and to delivering children’s services based around a common coordinating framework for assessment, planning and action across all agencies working with children and young people. GIRFEC focuses on all children, from those at universal services level through to those at risk. A unique and key feature of GIRFEC is the ‘named person’, who is a professional working in universal health services (e.g. the midwife pre-birth up to 10 days post-natally or the health visitor for pre-school children) or in education once children have started school (Stradling and MacNeil, 2010). This ‘named person’ is responsible for making sure that the child gets the right support across each life stage from the appropriate services and maintaining their universal record of progress.

The Scottish Government developed an *Early Years Framework* in 2008, which seeks to maximise positive opportunities for children to get the best start in life. Specifically in relation to supporting parents, the framework states that:

- Parents are given appropriate support to help them understand the responsibilities and sustained commitment associated with bringing up a child and to develop the skills needed to provide a nurturing and stimulating home environment free from conflict.

- Parents have access to world-class ante-natal, maternity and post-natal care that meets their individual needs.
- Parents are involved in their children's learning and are given learning opportunities that will help them support their child's learning and development.
- Parents are supported to access employment and training to help reduce the risk of child poverty, including through the provision of flexible, accessible and affordable childcare.
- Parents and children have integrated support from services to meet a range of needs they may have. This includes help for parents to develop relationships with their child and to address stresses that may impact on their ability to perform their parenting role.

In October 2012, Scotland launched its *National Parenting Strategy*, with the following aims:

- To ensure all parents have easy access to clear, concise information on everything from pregnancy to the teenage years and beyond.
- To offer informed, coordinated support to enable parents to develop their parenting skills, whatever their need, wherever they live, whether they live together or apart.
- To take steps to improve the availability of – and access to – early learning, childcare and out-of-school care, taking into account parents in rural areas and those who work irregular hours.
- To provide targeted support to families facing additional pressures that impact on day-to-day parenting.
- To acknowledge and address the wider issues that can affect parents' abilities to provide a nurturing environment and care for their child.

Indicators relating to children and parents in Ireland

Table 4.1 provides some key facts and figures relating to children and families in Ireland.

Table 4.1: Key facts and figures on children and families in Ireland

- In 2011, **the number of children aged 0-6** in Ireland was **486,242**, which represented 11% of the population. This represents a **16% increase** of this population group since 2006 (CSO, 2012).
- **17%** of children aged 0-4 and **18%** of children aged 5-9 **live in lone-parent families** (OMCYA, 2010).
- Almost **1 in 5** (19.5%) children aged 0-17 were **at risk of poverty** in 2010 and 8% were in consistent poverty (CSO, 2011).
- In the *Growing Up in Ireland* (GUI) study, 57% of mothers of infants aged 9 months and 91% of fathers were employed outside the home. The **proportion of parents working outside the home has reduced over time**. At 3 years of age, 53% of mothers were working outside the home and there was an increase in unemployment among fathers, from 6% to 14% (GUI, 2011).
- **38%** of infants aged 9 months in the GUI study were in some form of regular **non-parental childcare**, which **rose to 50%** at 3 years (GUI, 2011).
- Ireland now has a **significant range of ethnicities among its early years population and their parents**. 4,676 of 0-4 year-olds (2%) are Irish Travellers according to the 2011 Census; 28,303 (10%) are from 'any other White background'; 9,439 (3%) are 'Black or Black Irish'; 9,960 (3%) are 'Asian or Asian Irish'; and 5,710 (2%) are 'Other, including mixed background' (CSO, 2012). In the GUI infant cohort, 81% of mothers and 82% of fathers were citizens of Ireland (GUI, 2011).

Policy context in Ireland

This section outlines a chronology which sets out the context in which policy in relation to supporting parents has been developed.

Report of the Commission on the Family – Strengthening Families for Life (1998)

The policy environment in the Republic of Ireland has altered substantially in the years since publication of the final report by the Commission on the Family (1998), *Strengthening Families for Life*. The report's main recommendations related to:

- **Building strengths in families** – This required greater investment in family support work at a preventative level in the statutory health boards through which both health and welfare were delivered.
- **Supporting families in caring for children** – In considering the role of the State in the above, the Commission recommended that policies should support parents in their choices in relation to the care of their children, enable them to be the best parents they can by giving them practical help with child rearing and equipping them with parenting skills and knowledge.
- **Protecting and enhancing the position of children and vulnerable dependent family members** – This involved prioritising the needs of families bringing up children in difficult circumstances, the unemployed or low-income families, lone parents and teenage parents.

National Children's Strategy (2000)

The National Children's Strategy, published by the Department of Health and Children in 2000, has been the most significant and substantial framework document to date in child protection and welfare matters. It set out a 10-year strategic plan for children in Ireland within the context of a 'whole child' perspective. The central tenet was the belief that a coherent and inclusive view of childhood was crucial to the success of the strategy. It not only provided a means of identifying a range of children's needs, but also helped to identify how best to meet those needs by empowering families and communities, and improving the quality of children's lives through integrated delivery of services in partnership with children, young people, their families and their communities. The strategy sought to establish this 'whole child' perspective based on Bronfenbrenner's (1979) ecological model at the centre of policy development and service delivery.

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Investing in Parenthood (2002)

The 2002 strategy document entitled *Best Health for Children: Investing in Parenthood to achieve best health for children* was a HSE-led initiative that focused on identifying a strategic approach to support parents to achieve best health for their children. It called for both universal and targeted supports for parents and multi-agency and cross-departmental working. It advocated the use of people-centred and community development approaches and emphasized the promotion of children's rights.

Agenda for Children's Services (2007)

Although the objectives of the Investing in Parenthood Strategy were not delivered on, the strategy document did have an influence on a major policy document produced some years later. In late 2007, the Office of the Minister for Children (now the Department of Children and Youth Affairs) published *The Agenda for Children's Services: A Policy Handbook*, which set out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland (OMC, 2007).

Following international trends, the policy focused on specified outcomes as goals to improving children's lives and well-being. It identified 7 (now 5) **national outcomes for children in Ireland**.

These are that children should be:

- **healthy**, both physically and mentally;
- supported in **active learning**;

- **safe** from accidental and intentional harm, and **secure** in the immediate and wider physical environment;
- **economically** secure;
- part of **positive networks** of family, friends, neighbours and community, and **included and participating in society**.

State of the Nation's Children reports

The development of a National Set of Child Well-being Indicators was identified as a key action under the National Children's Strategy, published in 2000. Following a year of research, the indicator set (which now comprises 49 child well-being indicators and 7 demographic indicators) was launched by the National Children's Office in 2005 (Hanafin and Brooks, 2005). The national child well-being indicators inform the *State of the Nation's Children* reports, which have been published every two years since 2006 (OMC, 2006; OMCYA, 2008 and 2010). They provide updated statements of key indicators of children's well-being and essentially describe how children in a population are doing. Through the work of the DCYA Research Unit, in collaboration with the Central Statistics Office, the national child well-being indicators have been matched to the 5 national outcomes for children (see *above*), i.e. each of the 5 outcomes has a number of associated child well-being indicators.

Growing Up in Ireland: National Longitudinal Study of Children in Ireland

The *Growing Up in Ireland* (GUI) study is the largest research activity being undertaken by what is now the Department of Children and Youth Affairs (DCYA) as part of its research strategy agenda. This national longitudinal study, which started in 2007, is monitoring the development of 18,000 children – a birth cohort of 10,000 children and a 9-year-old cohort of 8,000 children. The aim of GUI is to examine the factors that contribute to, or undermine, the well-being of children in contemporary families in Ireland, and through this to contribute to the setting-up of effective and responsive policies relating to children and to the design of services to children and their families. Findings from the most recent report by Nixon (2012) on parent-relevant components of the study are outlined below:

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How families matter for social and emotional outcomes of 9-year-old children (Nixon, 2012)

This *Growing Up in Ireland* report is based on data collected from 8,568 9-year-old children, their parents and teachers. Key findings include:

- The majority of 9-year-olds are developing well without any significant social, emotional or behavioural difficulties.
- 15% to 20% of children are displaying significant levels of social, emotional or behavioural difficulties as reported by mothers and teachers.
- Certain parenting styles, particularly authoritarian and neglectful, were associated with social and emotional difficulties in children.
- High levels of mother-child and father-child conflict were associated with social and emotional difficulty.
- Maternal depression impacts on the mother-child relationship and is associated with increased conflict with children.
- Low levels of mothers' marital satisfaction were associated with more presenting difficulties with their children and also impacted on the mother-child relationship.
- Children living in one-parent households displayed more difficulties than those in two-parent households.
- The quality of the parent-child relationship is more important for children's development than the family income or structure.

These two major data and research initiatives – *State of the Nation’s Children* and *Growing Up in Ireland* – both of which include parental well-being indicators and child well-being indicator sets, are facilitating the development of a more comprehensive understanding and picture of the lives of children and parents in Ireland. Outputs from these studies and reports should inform policy development and service planning, and facilitate the cross-comparison of data on how our children are doing across a number of sectors and geographical regions.

Government departments and agencies

The prospects of succeeding in implementing the new policy directives of (1) early intervention and prevention, (2) services across the lifecycle and (3) the promotion and delivery of more integrated collaborative services for children and families have been bolstered significantly by the appointment, in 2011, of the first Cabinet-level **Minister for Children and Youth Affairs** and a new Government department, the **Department of Children and Youth Affairs** (DCYA). The Department has continued to support the Prevention and Early Intervention Initiative.³

On foot of a number of recent damning reports into the care and protection of children in Ireland, the Minister and the Department announced the establishment of a new **Child and Family Agency**, due to become operational in 2013. Recommendations to the Government on the development of the Agency include the need for a child-centred service delivery model based on the 5 national outcomes, strengthened universal services and emphasis on the provision of community-based early intervention services, delivered through an integrated service delivery model and to families at all levels along a continuum (DCYA, 2012). The continued development of **Children’s Services Committees**, an important initiative of the DCYA, provides a strong basis for interagency working and for the planning, coordinating and delivering of services at local level.



Key themes in policy developments

This rapid review of selected reform programmes or policy developments, nationally and internationally, has shown that there has been substantial progress made in reforming children’s services and increased efforts to provide outcomes-focused, needs-led services to improve outcomes for children. It is interesting to note, however, that with the exception of Scotland, there is still the **absence of an explicit policy directly related to supporting parents and parenting.**

However, a number of key themes emerge from the reform programmes, characterised by their emphasis on an outcomes-focused approach, with supports to parents identified as a significant contributor to achieving these outcomes. The reform programmes and policy frameworks:

1.	Have an increased focus on early intervention and prevention , and the use of evidence-based and evidence-informed programmes and practices, e.g. Triple P Parenting Programme.
2.	Focus on the provision of support and information to mothers both ante-natally and post-natally, and additional support to disadvantaged and vulnerable families.
3.	Emphasize the need to provide integrated support services for children and families , particularly in the early years, e.g. Sure Start.
4.	Are provided on a cross-government departmental basis and almost always include children’s services, health, education and justice.
5.	Emphasize a collective/shared responsibility for improved child well-being, with interagency collaboration central to improvement and progress, e.g. Children’s Services Committees.
6.	Have a children’s workforce development strategy and provide interagency guidance and training , e.g. professionals working with children and their parents, public health nurses, social workers.
7.	Are developing information-sharing systems and associated IT systems to support this.

³ For more than a decade, The Atlantic Philanthropies, sometimes jointly with Government and other organisations, has invested €96 million in 20 agencies and community groups running 52 prevention and early intervention programmes throughout the island of Ireland (see Annex 2 at end of Paper 5 in this report).

Section 3: Key messages from the evidence about supporting parents to improve outcomes for children in the early years

Summary of international evidence and evidence from Ireland

Government policies internationally have been directed at promoting research that can provide evidence for effective early intervention and prevention programmes to improve child and family well-being. International efforts to extract what are the constituent elements or active ingredients that contribute to effectiveness in terms of both programme specifics and service provision in general have been achieved to a great extent. The employment of rigorous evaluation methods is producing evidence for models and programmes that can be easily replicated across different services and settings (McAuley *et al*, 2006) and this is being combined with an increasing body of literature identifying key theoretical underpinnings and practice principles to support programme and service development.

The following sections provide a summary of international and national evidence relating to supporting parents to improve outcomes for their children. It is not an exhaustive review of the literature; rather, it identifies theories and approaches to parenting that have proven to be effective, particularly those approaches and programmes that are being replicated and delivered as part of the Prevention and Early Intervention Initiative (PEII) in the Republic of Ireland and Northern Ireland.

Why supporting parents matters – The evidence

Recent arguments purport that the most effective way of dealing with chronic long-term disadvantage and the intergenerational cycles of social problems is through early childhood intervention and, in particular, policies and programmes aimed at supporting the family in early childhood development (Munro, 2011; Allen, 2011). There is emerging consensus from the breadth of research and literature conducted in recent decades that demonstrates the impact of supporting parents, as follows:

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Parenting in early childhood

- Early intervention to promote social and emotional development has been shown to significantly improve mental and physical health, education and employment opportunities, and prevent criminal behaviour, substance abuse and teenage pregnancy (Barlow *et al*, 2012; Allen, 2011).
- Although poor parenting practices can potentially have a detrimental effect on children of all ages, children are most vulnerable when their brains are being formed before birth and during the first 2 years of life. This is the stage when the part of the brain governing emotional development is forming. The ante-natal period is as important as infancy to the health and well-being of a child because maternal behaviour has such strong impacts on the developing foetus (Allen, 2011).
- Children who develop secure attachments to their primary caregivers are less likely to have social and emotional difficulties and reduced likelihood of developing problems associated with substance abuse and domestic violence (Davies and Ward, 2012; Allen, 2011; Heckman, 2010).

Impact of positive parenting

- Children's social, emotional and physical development can be greatly enhanced by parenting that is warm, attentive and stimulating (Allen, 2011).
- Effective quality parenting can guide a child from infancy to a self-determining, self-regulated adult with the competence and emotional health to achieve pro-social goals and interact effectively with others (Baumrind *et al*, 2010).

- The provision to parents of positive parenting skills and practice promotes healthy child adjustment and mediates the effects of risk factors, such as genetic susceptibility and social disadvantage (Shaw and Winslow, 1997).
- Parenting programmes have been shown to have an impact on the emotional and behavioural adjustment of children and to reduce the likelihood of the early occurrence of child behavioural and emotional problems (Barlow *et al*, 2012).
- Meta-analyses and systematic reviews covering an evidence base of over 100 studies have concluded that behavioural parent training is effective in ameliorating childhood behaviour problems and can lead to a 60%-70% improvement in children (Behan and Carr, 2000; Brestan and Eyberg, 1998; Coren *et al*, 2002; Kazdin, 2007; Nock, 2003).

Adverse effects of poor-quality parenting

- Emotional abuse and neglect can have serious adverse long-term consequences across all aspects of development, including children's social and emotional well-being, cognitive development, physical health, mental health and behaviour, and lead to high costs to society through burdens on health and other services (Davies and Ward, 2012).
- Children growing up in families affected by parental substance misuse, inter-parental conflict and mental ill-health will require additional support and intervention. Such difficulties are particularly conducive to abusive and neglectful parenting when they occur in combination and/or are compounded by other stressors such as parental learning disability, financial or housing problems, and unsupportive or inadequate social and familial networks (*ibid*).

Cost implications

- There is widespread recognition from governments, policy-makers, service commissioners and providers of the increasing cost implications and burden on services resulting from behavioural and conduct problems in children and young people, and also familial and parenting difficulties, resulting in increased contact with a range of adult and children's services, often over protracted periods of time, e.g. children coming into the care of the State (Edwards *et al*, 2007; Muntz *et al*, 2004).
- The cost of using health and social services at age 28 was found to be 10 times higher for people with childhood conduct disorders than for those without (Scott *et al*, 2001).
- Indicators of childhood behavioural problems at age 7 have significant negative effects on school attendance and contact with police (with both outcomes measured at age 16), as well as on early school-leaving (Gregg and Machin, 1999).

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Approaches to supporting parents and parenting

The key messages in the literature and the increased focus on the economic and cost-effectiveness in children's services development and provision, all point to the benefits, both short and long term, of intervening early in children's lives. This has prompted the rapid development and implementation of a range of programmes and services to support children and families. Approaches to supporting parents to improve outcomes for children tend to be based on assessed need, using a tiered approach, and according to frameworks such as the Hardiker Model. With this model, supports and services for parents and children are provided at a universal level. Families with additional needs are offered more intensive and specialist interventions and services.

Evidence-based and evidence-informed approaches to parenting range from population health approaches, which are universal and target the entire population and specific children and parents within that population, to individual home-visiting programmes, which tend to target young mothers, parents with young children and those identified to be 'at risk'. Group-based parenting programmes

can be offered to parents at universal services level and also provided to parents experiencing particular personal difficulties (due to, for example, substance abuse, mental illness) or who are experiencing problems with their children (due to, for example, emotional or behavioural difficulties). Intensive individual one-to-one approaches to supporting parents deemed hard-to-reach or who are less likely to benefit from participating in a group have also been developed.

Such services and interventions are often provided using a variety of methods, by different practice professionals, at varying levels of formality and can take place in a variety of settings, whether in community-based clinics or family centres, schools and in the family home. Some services and interventions are directed solely at addressing the parenting process and the parent-child relationship, developing techniques and approaches for bringing up children (particularly parenting programmes). Other initiatives indirectly support parenting by providing parents with skills to promote and foster child development and well-being in specific areas, such as literacy or transition to secondary school.

Population approaches

A population approach to parenting support is non-stigmatising, more likely to reach families early and prevent escalation of childhood behaviour problems and parenting stress associated with this. Such an approach is also more likely to reach those children whose needs or developing problems tend to pass unnoticed. Effective approaches include:

- legislative changes, e.g. physical chastisement ban (Durrant, 1999);
- mass media public education programmes, e.g. anti-bullying campaign (ISPPCC).

The **Triple P Positive Parenting Programme** (Triple P) is a population-based approach that has been rigorously and extensively evaluated (Prinz *et al*, 2009; Sanders, 2008; Chu *et al*, 2012). Developed by Matt Sanders in Queensland, Australia, Triple P is a multilevel parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of their parents. The programme is based on a 'positive parenting' approach that aims to promote children's development and manage children's behaviour in a constructive manner. The 5 levels of intervention are:

- Level 1 - Universal Triple P, which targets the entire population and uses health promotion and public awareness and media strategies;
- Level 2 - Selected Triple P, which targets subgroups of parents deemed to be at greater risk than others;
- Level 3 - Primary Care Triple P, which targets children with mild to moderate behavioural difficulties;
- Level 4 - Group Triple P, which is designed for parents of children with more severe behavioural difficulties;
- Level 5 - Enhanced Triple P, which is a more intensive intervention programme aimed at parents experiencing conflict, depression or high levels of stress.

In Ireland, the **Midlands Area Parenting Partnerships** consist of a number of statutory and voluntary organisations that are currently responsible for the implementation of the Triple P Positive Parenting Programme in the counties of Longford, Westmeath, Laois and Offaly. The overarching goal of the Midlands Area Parenting Partnerships is to improve outcomes for children at risk of developing emotional and behavioural difficulties by strengthening collaborative relationships and referral pathways for children and their families. The implementation of Triple P in Longford/Westmeath is subject to evaluation, the findings of which will be available in 2013.

Triple P is also being delivered on a population basis in Scotland and being rolled out to all parents with children aged 3-8 as part of the *Keep Them Safe* reform programme in New South Wales, Australia (see Section 2 above).

Home-visiting programmes

Home-visiting programmes, expanded and sustained health visiting services and universal health care programmes for expectant mothers all have the potential to improve parents' ability to parent and promote positive parenting behaviours (Davies and Ward, 2012; Olds, 2002; Olds and Korfmacher, 1998). Home visiting is increasingly being employed as an approach in preventive interventions designed to intervene with families with young children.

In general, the goals of home-visiting programmes are to provide parents with information, emotional support, access to other community services and direct instruction on parenting practices (Howard and Brooks-Gunn, 2009). Many home-visiting programmes target their service to socio-economically deprived, first-time, teenage parents. Such programmes allow service providers to more easily engage with hard-to-reach populations, thus removing challenges that might deter families from participating in centre-based forms of intervention (Astuto and Allen, 2009). Meta-analyses of evaluations of home-visiting programmes (Gomby, 2007; Kahn and Moore, 2010) examining the effects across several domains – such as overall physical health, externalising behaviour, cognitive development, social skills, mental/emotional health, parenting skills, parent-child relationship, child maltreatment, substance use and reproductive health – have concluded that:

- Early childhood home-visiting schemes are effective in improving a range of outcomes for children and demonstrate long-term cost-effectiveness.
- Home-visiting programmes can produce benefits for children and parents, but are most beneficial for families where either the need or the perceived need is greatest, with some studies suggesting that the mothers categorised as high risk (e.g. low income, teen mothers, those with low IQs or those with mental health problems) may benefit most.
- Programmes that offer home visiting in conjunction with centre-based programmes produce the largest and most long-lasting results, compared to programmes that offer home-visiting services alone. In particular, centre-based programmes with a parenting training component have been found to improve child vocabulary, reading and mathematical skills, and overall IQ.
- Effective programmes include high-intensity early childhood interventions that last for more than a year, with an average of 4 or more home visits per month, and programmes that utilise therapists/social workers to teach parenting skills.
- A significant finding is that some of these improvements have been found to last into the adolescent years.
- Parenting programmes that involve both parents and pre-school staff are more successful in addressing behavioural problems than programmes that involve only parents.

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The Nurse–Family Partnership has been a particularly successful early intervention home-visiting programme to improve outcomes for children and families. It is a home-visiting programme provided by nurses to low-income, first-time mothers, commencing at the pre-natal stage and continuing during pregnancy. The aim is to improve pregnancy outcomes through better health-related behaviours and to improve parenting, both in the short and long term, by facilitating the development of better skills in the care of the child and in planning and economic self-sufficiency. The programme employs a model based on theories of human ecology, self-efficacy and attachment. Nurses develop trusting relationships with mothers and other family members to review their childhood experiences of being parented, to help them decide how they themselves want to parent and to promote sensitive, empathetic care of their children.

The Nurse–Family Partnership was first developed in the USA, where it has been shown to have lasting and wide-ranging impacts, including a reduction in children’s injuries and in adolescent anti-social behaviour (Olds, 2002). Rigorous evaluations have also shown that the programme reduces physical abuse and neglect, and associated adverse outcomes, such as injuries to the children of first-time, disadvantaged mothers. In recent years, the Public Health Agency (PHA) in Northern Ireland has introduced Family–Nurse Partnership into voluntary and statutory organisations and the approach is widely used across Europe and North America.

Four services employing a home-visiting component are being delivered and evaluated as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland:

- **Preparing for Life (PFL)** is a prevention and early intervention home-visiting programme that aims to improve levels of school-readiness of young children living in several designated disadvantaged areas of North Dublin, by intervening early with pregnant mothers and continuing to work with families until their children start school.
- The **Early Childhood Care and Education (ECCE) Programme** is one of 5 programmes of the Childhood Development Initiative. The ECCE Programme is designed to develop and enhance all domains of children’s physical, psychological and social well-being, including their cognitive skills and language development, social and emotional development, and capacity for learning. It also seeks to support the child’s family by focusing on parents’ psychological health, building on their parenting strategies and encouraging a positive parent–child relationship.
- **Ready Steady Grow** is a programme of *youngballymun* and is targeted at pregnant women and their young children aged 0-3. It aims to improve health and well-being during pregnancy, support parenting and child development, and consists of an ante- and post-natal support service for mothers, infant mental health training and capacity-building.
- The Lifestart Foundation is delivering the evidence-based programme **The Growing Child** to parents with children from birth to age 5 across numerous sites in Ireland and Northern Ireland. The programme’s primary objectives are to help parents to support their child’s physical, intellectual, emotional and social development, and to promote school-readiness.

Another key area is the potential for home-visiting programmes to influence and improve the **home-learning environment** (Melhuish, 2010; Tizard and Hughes, 2002; Desforges and Abouchaar, 2003; Sylva *et al*, 2004). Findings from the Effective Provision of Pre-school Education (EPPE) project in the UK demonstrated that higher quality home-learning environments are positively associated with social, behavioural and cognitive development (Sylva *et al*, 2004). The home-learning environment was a stronger predictor of child cognitive outcomes in pre-school children than either social class or parental education. The authors concluded that by engaging in activities in the home with their child that promote cognitive development, this could counteract the negative effects of social class or level of parental education. Follow-up with these children at age 11 demonstrated that the home-learning environment still had a significant effect on social and behavioural scores (Melhuish, 2010).

An example of a home-learning programme being delivered in Ireland is the **Parent–Child Home Programme (PCHP)**, which is being implemented in the docklands area of Dublin by the Canal Communities Partnership. This US model has been in existence for over 40 years and its operation and effectiveness have been subject to longitudinal multisite randomised controlled trial studies showing positive results (Rafoth and Knickelbein, 2005; Levenstein *et al*, 1998; Lazar and Darlington, 1982). The model is focused on parents as the key to promoting school-readiness and academic success, and is aimed at strengthening the parent–child verbal interaction through reading and play activities in the home.

Group-based parenting programmes

Providing support to parents is recognised as a significant factor in improving children’s lives and there is a growing emphasis on structured parenting programmes, often delivered in a group format,

that aim to improve parenting and family relationships by providing advice, support and sometimes an opportunity to develop/practise skills. Research has suggested that positive outcomes following parenting programmes can continue for up to 4 years post-intervention (Spoth *et al*, 1999 and 2000). This accumulating body of evidence indicates that parenting programmes have the potential to lead to better outcomes and lifestyles for parents, children and adolescents (Chu *et al*, 2012) and many large-scale international group parenting programmes have evolved, including the **Incredible Years Programme** (Webster-Stratton, 1998), which will be discussed in greater detail below, and the **Triple P Positive Parenting Programme** (Sanders, 1999), described above.

In parallel, there are also a number of individual studies, meta-analyses and literature reviews analysing the effectiveness of these group parenting programmes. Findings from this extensive body of research are summarised below.

Parenting programmes delivered in group settings:

- Are effective in improving child conduct problems. Meta-analyses of randomised controlled trials show that group-based behavioural parent training is about twice as effective as individual therapy in reducing behaviour problems (McCart *et al*, 2006).
- Improve the development of positive parenting skills in the short term and also reduce parental anxiety, stress and depression, according to a recent Cochrane Systematic Review (Furlong *et al*, 2012).
- Can have positive effects on maternal psychosocial health. As maternal mental health has been shown to affect the parent-child relationship, which in turn can have both short- and long-term consequences for the psychological health of the child, any programme that improves the mental health of parents may also improve child outcomes (Barlow and Parsons, 2003; Gross *et al*, 2003).
- Have been shown to be successful in improving maternal depression, anxiety/stress, self-esteem and relationships with spouse, but had little effect on maternal social support (Barlow *et al*, 2002). There is a lack of studies examining the long-term effectiveness of these programmes; the few studies that have been conducted in this area have found ambiguous results (Gross *et al*, 2003).
- Improve behaviour outcomes for children under the age of 3 years (Barlow and Parsons, 2003; Gross *et al*, 1995).
- Are successful in improving behavioural problems in 3-10 year-old children, according to Barlow and Stewart-Brown (2001). From 16 programmes reviewed, the authors found that they were effective in creating positive changes in both parental perceptions and objective measures of children's behaviour and that these changes were maintained over time.

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The **Incredible Years BASIC Pre-school/Early School Years Parent Training (IYP) Programme** is a brief, group-based intervention for parents of children aged 2-7 years and is guided by the principles of behavioural and social learning theory. Considerable research has been undertaken in North America and Europe to assess the programme and the evidence suggests that it significantly improves parent-child interactions and child behaviour outcomes (Furlong *et al*, 2012; Gardner *et al*, 2006; Hutchings *et al*, 2007; Larsson *et al*, 2009; Webster-Stratton and Hancock, 1998; Reid and Webster-Stratton, 2001; Reid *et al*, 2003; Gross *et al*, 2003; Scott *et al*, 2001). In Ireland, the Incredible Years BASIC Pre-school/Early School Years Parent Training (IYP) programme is being delivered in mainly disadvantaged areas in Dublin, Kildare and Limerick. Findings from an evaluation of the Incredible Years Programme demonstrate its effectiveness and cost-effectiveness as an intervention

to reduce the early onset of conduct problems among young children in community-based settings, and significantly in improving parenting skills, competencies and the well-being of family members (McGilloway *et al.*, 2010).

A group-based parenting programme developed in Ireland and currently being delivered in schools, Child and Adolescent Mental Health Services (CAMHS) and community-based settings across the country is the **Parents Plus Parenting Programme**. Parents Plus is an evidence-based parenting programme developed by Professor Carol Fitzpatrick, Dr. John Sharry and other Irish professionals in the Mater Child and Adolescent Mental Health Service. There are 3 programmes aimed at 3 different age groups: Parents Plus Early Years Programme (1-6 years), Parents Plus Children's Programme (6-11 years) and Parents Plus Adolescent Programme (11-16 years). The Parents Plus programmes have been subject to randomised controlled trials and independent evaluations in Ireland and the UK. The studies have shown that the programmes are effective in reducing behaviour problems in children, reducing parental stress and achieving high parent satisfaction (Beatie *et al.*, 2007; Nitsch, 2011; Quinn *et al.*, 2006 and 2007; Coughlin *et al.*, 2009; Griffin *et al.*, 2010; Sharry *et al.*, 2005; Behan *et al.*, 2001).

One-to-one individual parenting programmes

Parenting programmes can lead to a reduction in children's behaviour problems and parental stress/mental health difficulties (Gould and Richardson, 2006; Barlow *et al.*, 2002; Sanders, 2010; Webster-Stratton and Hancock, 1998; Griffin *et al.*, 2010). Individual one-to-one programmes and approaches have been designed which promote and strengthen the quality of the parent-child relationship.

Parent-Child Interaction Therapy (PCIT) is an evidence-based behavioural parent training approach for children aged 2-7 and their caregivers (Eyberg and Pincus, 1999). PCIT is used extensively in clinical services in Ireland and Northern Ireland. It is aimed at young children experiencing emotional and behavioural disorders, and places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT outcome research has demonstrated statistically and clinically significant improvements in the behaviour problems of pre-school age children (Eyberg *et al.*, 1995), is effective with children with autism (Masse *et al.*, 2007) and oppositional defiant disorder (Zisser and Eyberg, 2009), and with physically abusing parents (Chaffin and Silovsky, 2004).

Another parenting programme being delivered in the Republic of Ireland, with a focus on the parent-child relationship, is the **Marte Meo Programme** (Axberg *et al.*, 2006). This is a video-based communication approach to child development, which focuses on the quality of the interaction between child and caregiver. Marte Meo is most often conducted in the family home or residential setting, and can be used with children from 0-18 years of age. Developed by Maria Aarts in the Netherlands, it is an evidence-informed approach to parenting being implemented in over 40 countries worldwide and has been delivered in Ireland through the Health Service Executive (HSE) since 1995. There are currently 180 accredited Marte Meo therapists from a range of professional backgrounds using this parent training method in all HSE regions. The Marte Meo Programme is subject to evaluation in Ireland and Europe.

School-based delivery or complementary support

It has been posited that consistency between the home and pre-school setting is extremely important in order to provide a lasting change in children's behaviour as a result of a parenting intervention (Webster-Stratton and Reid, 2010). In this regard, parenting programmes for families at risk from multiple disadvantage are best delivered in a school or pre-school setting as a strategic way of targeting more children in need (*ibid*) and also a more diverse range of families (Cunningham *et al.*, 1995). Family economic resources and quality of parenting have been found to play a unique role in children's cognitive abilities at 14, 24 and 36 months in an ethnically diverse sample of 2,089 children from low-income families (Lugo-Gil and Tamis-LeMonda, 2008). This study suggests that pre-school

intervention programmes, including parenting programmes for low-income families, are imperative in preparing children for school. As the intervention is targeted at all families in a setting, the programme is non-stigmatising and it not only offers the chance to target children before problems escalate, it also allows children with more developed social skills to model appropriate behaviours for those who may benefit most from an intervention (Webster-Stratton and Reid, 2010).

Intensive individual and family-based interventions

Most of the programmes or interventions identified above are either universal or targeted at particular populations, for example, young mothers, parents of young children, or children presenting with emotional and behavioural difficulties. However, children growing up in families affected by parental substance abuse, inter-familial conflict and mental illness will require more focused intervention that seeks to address both individual and family issues. Programmes designed to address adults' own experiences of poor parenting and/or the psychological consequences of abuse can make a valuable contribution. **Parent-Child Interaction Therapy** (Brinkmeyer and Eyberg, 2003) and **Enhanced Triple P Positive Parenting Programme** (Sanders *et al*, 2004) now include additional sessions on stress management and parental support.

Training in communication and problem-solving has been found to help families deal with conflict and enhance social functioning. Family-focused interventions concentrate on the interaction between all family members, as well as the mental health of the individual. The **Strengthening Families Programme** (SFP) is a 14-session, evidence-based parenting skills, children's life skills and family life skills training programme, specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. Positive results from over 15 independent research studies and a Cochrane Systematic Review have demonstrated that the programme is robust and effective in increasing protective factors by improving family relationships, parenting skills and children's social and life skills (Kumpfer *et al*, 2010; Foxcroft *et al*, 2003). The SFP for 12-16 year-olds is being delivered in the Republic of Ireland through Probation Services and local drug and alcohol community groups in 52 sites covering all counties. The programme designed for high-risk families of 3-6 year-olds has potential for use in the early years.

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Challenges to supporting parents

Multiple problem families

Permeating throughout the research literature is the acknowledged difficulty of intervening effectively and achieving good outcomes for families most marginalised and disadvantaged, and engaging them in services (Tanner and Turney, 2006; Smith, 2006; Stevenson, 1998 and 2007). The long-standing, complex problems associated with neglect require longer term, multidimensional and coordinated intervention, involving a combination of concrete and therapeutic services that target the particular issues in the family and include direct work with both children and parents (Thoburn *et al*, 2000). The literature further identifies that whatever the approach, an empowering and empathic relationship between the therapist and the parent must exist. A parent's own adverse childhood experiences are known to be associated with child abuse (Allen, 2011; Anda *et al*, 2006). Many parents will be unlikely to benefit from specific interventions to improve their parenting skills unless some of these and/or other underlying issues have also been addressed (Furlong *et al*, 2012; Cleaver *et al*, 2011). Parents are likely to require individual therapeutic intervention to deal with their own childhood difficulties which are impacting on their parenting capacity (Iwaniec, 2004; Stevenson, 1998; Tanner and Turney, 2006).

Engagement of families

Recruitment and engagement of families to parenting programmes or services is a key component to producing improved outcomes for their children. Figures for dropping out of child and family support services, in international research, range from 20% to 50% (Staudt, 2003 and 2007; McKay *et al*, 1996; Kazdin and Mazurick, 1994; Daro and Harding, 1999; Daro and Donnelly, 2002). Research informs us that high attrition and low attendance and participation in services can lead to poor outcomes for children, with children who do not receive any form of intervention or service when identified as in need being more likely to engage in delinquent activities later in life, including involvement in violent crime, school drop-out, drug and alcohol abuse, and unemployment, and to have mental health problems (Nock and Photos, 2006; Fergusson and Lynskey, 1998). A review of prevention research reported that despite extensive efforts and a clear, strengths-based approach to service delivery, the majority of families reached by prevention programmes will leave before reaching their service goals or achieving the service levels articulated in a particular programme's model (Daro and Donnelly, 2002).

Parenting programmes, particularly those aimed at families presenting with multiple difficulties, tend to report relatively low participation and high drop-out rates. Research findings report that, where attrition data were collected, as many as half of all parents referred to behavioural parent training programmes may drop out prematurely (Spencer, 2003). Even in the use of programmes whose effectiveness has been robustly evaluated, it has been reported that up to two-fifths of parents will continue to experience problems with their children (Assemany and McIntosh, 2002). A meta-analysis of 31 studies found that socially isolated parents with mental health problems and high levels of poverty-related stress benefited least from parent training (Reyno and McGrath, 2006). These parents require additional interventions aimed at addressing parental vulnerabilities. For many families, life circumstances dictate the use of multiple services, whether voluntarily sought out or recommended by others, and in many cases where child health and education, mental health or substance abuse difficulties are experienced, parents are often referred simultaneously to a number of different services providers, where weekly attendance is required. Without appropriate sequencing of service referrals, parents may well become overwhelmed by the demands and expectations placed upon them, resulting in disengagement from any or all of the multiple services on offer (Staudt, 2003 and 2007).

The optimum approach to offering parenting support is to provide services to children and families where they are able to make a voluntary choice to receive them. Parents who voluntarily engage with support services tend to make more progress, while a more coercive approach by service providers can affect the relationship and block progress (Fauth *et al*, 2010). In Staudt's (2007) opinion, it is important that programmes and services aimed at parents develop strategies to increase the likelihood that parents will attend services, such as conducting outreach visits, making convenient and flexible appointments and session times, providing transport assistance or other facilities to reduce potential barriers to engagement (e.g. crèche facilities).

Section 4: Guidance for the Early Years Strategy

Evidence has been provided throughout this paper of the importance of supporting parents to improve outcomes for their children, with parents correctly perceived and identified as the key resource in achieving this. Analysis of policy shifts, reform programmes and research evidence, national and international, is pointing to the need to support parents as early as possible and to employ what is now a considerable array of evidence-based and evidence-informed cost-effective approaches, services and programmes. The following are some of the key issues relating to supporting parents that should be considered in the development of the Early Years Strategy for Ireland.

Parenting Framework/Strategy

- Consideration should be given to the development of a focused parenting framework/strategy within the wider National Children and Young People's Policy Framework, currently being developed by the Department of Children and Youth Affairs.

Strengthen Early Years services for parents at universal level

- Consider population approaches to supporting parents, by providing information to prospective parents through public information and media campaigns or the provision of universal parenting programmes, e.g. Triple P Parenting Programme.
- Continued development of community-based primary care services, e.g. primary care teams.
- Dedicated children's Public Health Nursing teams to provide home visiting and clinic-based services ante-natally and post-natally.
- Easily accessible community-based integrated early intervention wrap-around services or programmes, e.g. Sure Start.
- Targeted intervention for those requiring additional supports.
- Intensive home visiting, individual one-to-one or family-based interventions are required for high-risk families and those living in disadvantaged areas.

Evidence-based and evidence-informed services and interventions to support parents

- The evidence base now exists from the proliferation of services, programmes and interventions to support parents being delivered in Ireland to prompt decision-makers and service commissioners to develop and approve a menu of child-focused, parent-focused and family-based interventions and practices to be delivered across the statutory and voluntary sectors in Ireland.

Engagement with parents and families

- Training is required to increase the capacity and skills of professionals to engage effectively with parents and to develop positive working relationships with children, parents and their families, most notably with hard-to-reach groups and where factors such as mental health, substance abuse and family violence are impacting on parenting capacity and family functioning.

Interagency working

- A number of interagency partnerships and collaborations for delivering services to parents (e.g. Midlands Area Parenting Partnerships, Preparing for Life) are demonstrating how this approach can avoid duplication of services at local level, increase the potential of engagement and buy-in from all of the key stakeholders in the local community (including service users) and increase the likelihood of successful implementation of programmes and services.
- Interagency approaches to supporting parents can be implemented under national interagency collaborative structures, such as the Children's Services Committees.
- Develop a children's workforce strategy and provide interagency training and guidance for all professionals who are working with parents and their children.
- Develop information-sharing systems to support interagency, cross-sectoral working and collaboration.

(continued)

Systematic data collection and information-sharing

- Including parental well-being indicators, as well as the existing child well-being indicator sets, in major studies and reports like *Growing Up in Ireland* and the biennial *State of the Nation's Children* reports is facilitating the development of a more comprehensive understanding and picture of the lives of children and parents.
- The integration of such data with information from the Central Statistics Office will inform future planning and service development, and enable cross-comparisons of progress in improving outcomes for children at national and local level.

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PAPER 5: LEARNING FROM THE PREVENTION AND EARLY INTERVENTION INITIATIVE

[JANUARY 2013]

Section 1: Introduction

Purpose and structure of paper

This paper provides an overview of the first three reports from the 'Capturing the Learning' project. It attempts to **summarise the key messages for Early Years policy** from the Prevention and Early Intervention Initiative relating to:

- organisational learning;
- parenting;
- children's learning.

It focuses on the **common themes emerging across the individual services and programmes** in parenting and children's learning (see *Annex 1 for summary*). It does not focus on the results of evaluations of individual programmes and services.

Following an introduction to the Prevention and Early Intervention Initiative and the 'Capturing the Learning' project, a synthesis of the key learning from each of the following reports is then presented:

- Section 2: Prevention and Early Intervention in Children and Young People's Services – **Organisational learning**
- Section 3: Prevention and Early Intervention in Children and Young People's Services – **Parenting**
- Section 4: Prevention and Early Intervention in Children and Young People's Services – **Children's learning**

Introduction to the Prevention and Early Intervention Initiative

Many of the problems that adults experience and which are the focus of a range of social policies have their origins in early childhood. It is no coincidence that the health services, particularly mental health, criminal justice systems and social welfare systems are largely populated by people who have experienced multiple problems and disadvantage stemming from their early experiences. Prevention and early intervention policies and initiatives aim to 'nip in the bud' the early indicators of these problems and to support more positive outcomes, particularly for those in areas of social and economic disadvantage. Prevention and early intervention initiatives support today's children

to be happier and healthier now, as well as to become socially and economically engaged adults in the future. The interventions, programmes and practices employed today by schools, parents and community services can have far-reaching effects throughout the life course, which are beneficial not only to those children and families, but also to their communities and to the wider societal and political systems in which we live.

For more than a decade, The Atlantic Philanthropies has been funding an initiative to promote prevention and early intervention for children and youth in Ireland and Northern Ireland. This **Prevention and Early Intervention Initiative** (PEII) has involved investing, sometimes jointly with Government, in a cluster of organisations that have developed and delivered services based on evidence of ‘what works’. The Atlantic Philanthropies has invested some €96 million in 20 agencies and community groups running 52 prevention and early intervention programmes in Ireland and Northern Ireland (see *Annex 2 for summary of all programmes*). This initiative includes a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, *youngballymun*, and Preparing for Life in North Dublin).

The PEII supports services using a diverse range of approaches and working in a wide range of areas, such as parenting, children’s learning, child health, behaviour and social inclusivity. Many of these programmes operate in the first 6 years of a child’s life to improve their immediate outcomes and well-being, as well as their future life experiences. These involve work undertaken in homes, day-care settings, schools and communities. Some work directly with the children as well as with their parents, day-care staff, teachers and other professionals. Often there are direct links made to improve the day-to-day connections and consistency in the different environments that children experience during their early years. Attention has been paid to improving practice within specific organisations or services, as well as improving how services can work more effectively with each other.

A condition of funding, under the PEII, required the organisations to rigorously evaluate the effectiveness of their services in improving outcomes for children. The goal was to help the communities in which they operate, but also to share their learning so that policy-makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

The **Capturing the Learning** project, led by the Centre for Effective Services (CES), involves a process of synthesising the collective learning from many of the projects in the PEII, collating data and information from multiple sources and perspectives, and distilling out overarching messages about what works. A website for the project can be found at www.effectiveservices.org/prevention/early-intervention, which gives further details on each of the innovations, planning reports, implementation reports, evaluation reports and other useful resources.

Reports from ‘Capturing the Learning’ project focus on what we have learnt from the PEII about influencing parenting; children’s learning; child behaviour and conduct; social inclusivity; and children’s health and development. A report is also available examining what the organisations learned about using, choosing, developing and implementing innovations and evaluating their outcomes.

The three reports summarised below (see *Sections 2-4*), are the first in a series synthesising what we have learned from the Prevention and Early Intervention Initiative so far. Other synthesis reports will be issued between now and 2015 when more evaluations become available from the PEII.

Section 2: Prevention and Early Intervention in Children and Young People's Services – Organisational learning

This section synthesises the learning from 16 of the organisations funded under the Prevention and Early Intervention Initiative (PEII) about choosing, developing, implementing, operationalising and evaluating their evidence-informed services and programmes. It examines how decisions were made at each stage of the development of the projects and the barriers and enablers encountered.

Key messages

- There is **no one magic bullet to improving outcomes for all children**. The most suitable approach for any client group needs to be informed by what is already known to be effective, the nature of the problem, the fit of the proposed approach to local needs and the ability to resource and sustain the initiative.
- Actively **engaging with the community** is key to identifying and developing approaches most likely to work locally.
- **It is possible to take effective approaches developed elsewhere and translate** them to work within local services. Attention needs to be paid to 'fit' to local context and modification may be necessary.
- **Developing 'home-grown' programmes** to improve outcomes can also be effective. Challenges include design, maintaining momentum and ensuring consistency in delivery.
- **Organisational readiness** to implement the approach is crucial. This includes having an implementation plan, strong leadership, adequately trained and supervised staff, and good ways of getting feedback.
- Organisations need more than funding to be able to deliver their work successfully and demonstrate its effectiveness: **capacity-building around evaluation and specialised support** are needed.

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Why are we not getting better outcomes for children and young people?

The evidence base about what works in health, education and the social services continues to expand. We now have a greater understanding of the issues that children and young people are faced with and how childhood experiences can impact on them throughout their lives. There are many good-quality evaluations that examine how different approaches can improve problems or reduce the likelihood of them occurring in the first place. Outcomes for children and young people, however, have not necessarily improved in line with these advances in knowledge. There is an **implementation gap** between the evidence of what works in theory and what is delivered in practice.

Carefully planned and well-resourced implementation of evidence-informed approaches can lead to better outcomes. There is broad agreement that implementation is a complex process since it involves managing challenges across multiple levels: systems transformation, changing service provider behaviour and restructuring organisational settings.

How should we implement evidence-informed approaches?

Implementing evidence-informed approaches takes time and occurs in incremental stages, each requiring different conditions and activities. The initial stages involve **exploring and planning** activities. Following this, the innovation is **implemented** (often through pilots) before it is fully embedded in the system and **evaluated**. Each stage is essential to the implementation process and cannot be skipped. However, setbacks or ongoing problem-solving may require a return to an earlier stage. On average, it takes 2-4 years to fully establish an evidence-informed programme in a community.

Identifying a problem and a solution

Effective implementation begins with fully understanding the problem or outcome that needs to be improved and deciding on the best course of action in light of the available evidence. This involves assessing the needs of those affected by the issue, understanding what is most likely to work, the fit and feasibility of any proposed approach, and the organisation's capacity or readiness for implementing it. It is also important to secure buy-in through consultation with key stakeholders (organisational leaders, front-line staff and the public). Champions are needed to support and drive the work, and good leadership is crucial. The exploration stage ends when the decision has been made to adopt a particular approach.

Learning from the Prevention and Early Intervention Initiative showed that consulting and working with the local community was critical to helping organisations understand the reality of a problem for a locality, making sure any proposed innovation will be locally appropriate and workable, encouraging buy-in and managing unrealistic expectations. Organisations that selected evidence-based programmes developed elsewhere often had to adapt these to fit the local context and culture. Those who developed 'home-grown' programmes faced challenges over design and ensuring consistency in service delivery.

Organisations engaged with Government and statutory agencies through a number of mechanisms – including, for example, securing Government funding, participation on the organisation's Board by statutory agency representatives and direct delivery of services by statutory agencies.

Recommendations

- Choices about what programme, service or practice to use should not be made solely on the basis of evaluations of their effectiveness in other settings. Decisions about what approach to use needs to also take account of the fit to local context, the target group's needs and strengths, and resources and readiness of the current services to adopt them.
- The evidence base for choosing a particular approach and its fit to local need and services should be examined and clearly articulated. The exploration and planning phase may need to be separately funded to allow organisations the time and access to specialised support and capacity-building in order to do this.
- Leadership is crucial in providing direction and vision for implementation and in overcoming challenges that occur during the process. Leaders need to have the skills to manage everyday challenges, as well as the creativity, capacity and flexibility to solve new challenges.

Setting up and implementing innovations

At this stage, there should be a clear plan for implementing the innovation and individuals tasked with specific responsibilities. Preparatory activities begin, such as securing funding, hiring and training staff, and arranging the necessary resources. Capacity-building is a core component of implementation and helps ensure that the desired outcomes are achieved. Careful staff selection, quality training and ongoing supervision are all crucial in building capacity for effective implementation. Effective, ongoing communication is critical in motivating staff, overcoming resistance to change and giving and receiving feedback.

Local learning from the Prevention and Early Intervention Initiative showed that getting the innovations ‘up and running’ often took much longer and was more challenging than organisations expected. Often changes were needed in organisational direction, thinking and practice. Leadership and good communication were vital, as well as ongoing community engagement and securing support from key stakeholders. Staff recruitment, training and staff support were critical to success, but often difficult to get right. The skills that practitioners needed to engage with families and successfully deliver a programme were not always identified by formal qualifications. With existing staff, there was often a ‘hearts and minds’ piece to be done to engage and motivate staff to change their existing practices without them feeling professionally devalued. Standardising the approach and ongoing monitoring of delivery were both important for assessing the quality of implementation.

Recommendations

- Organisational readiness for implementing the approach should be assessed with respect to management and decision-making structures, available resources and staffing. Changes to existing ways of working should be supported and effective systems established for training, supervision and monitoring delivery.
- An implementation plan should be developed and shared with all those responsible for delivery, monitoring and evaluation. The implementation plan should be regularly reviewed and updated. Implementation teams can be useful in providing specialised support and focus.
- Leaders should manage expectations during the process and provide clear communication, motivation and feedback so that momentum is maintained.

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Evaluating the work

In times of constrained public finances, it is increasingly important to ensure that we spend our money on activities that provide the greatest possible social and economic return. Basing approaches on reliable and robust evidence and undertaking high-quality evaluations of local work are vital to this. The risk of not doing this is that we do not know if approaches are ineffective or, worse still, if they result in overall adverse or costly outcomes.

The Prevention and Early Intervention Initiative offers useful learning on how to manage the need for robust evaluation against the need to deliver services. The organisations delivering the programmes had to commission independent evaluations of their work. They found it challenging to manage high-quality evaluations of real-world services. Issues included writing tenders, selecting the right research team, governance and quality control. There were often challenges in building relationships with the evaluation teams, stemming from differences in perspectives, perceived expertise, control and accountability. Organisations benefited from bringing together groups of experts (separate from the evaluation team) to advise and support them as early as possible in the process, particularly individuals with a research perspective. Setting performance standards, regular meetings and feedback also helped organisations to build professional relationships with the evaluators.

Recommendations

- Capacity-building around evaluation is needed to enable organisations to demonstrate the impact of their work effectively. This should focus on increasing understanding about different types of evaluation, as well as access to specialised support for engaging and managing evaluations.
- Organisations should undertake the type of evaluation that is most appropriate to the service's stage of development. Decisions have to be made about the purpose of the evaluation, when it should occur and methodological considerations. Outcome evaluations should be undertaken on fully implemented services that have had a chance to 'bed down' and become 'business as usual'.
- Service commissioners should consider how their application procedures and their monitoring and feedback requirements about the services they support can be improved. This will mean that central decisions about which services to fund can be made on the basis of the best available and most meaningful evidence.

Section 3: Prevention and Early Intervention in Children and Young People's Services – Parenting

This section provides an overview of the findings of 9 programmes that have been evaluated over the last 3 years. Three of these programmes work directly with parents as their main focus and four have an additional parental component as part of their overall objective.

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Seven of these programmes have an Early Years focus as described below. Three of them work directly with parents:

- **Incredible Years BASIC Parenting Programme** aims to train parents in supporting children's social, emotional and pro-social development. Archways delivers this programme in a number of sites in Dublin and Kildare.
- **Preparing for Life** works with pre-natal parents and parents with children from birth to age 5 to improve parenting skills, leading to improved school-readiness and child development. The programme is delivered in North Dublin by Northside Partnership.
- **Triple P** is a population-based parent training programme, aiming to support children's social and emotional development. Longford/Westmeath Parenting Partnership delivers this programme in the counties of Longford and Westmeath.

The remaining 4 programmes with an Early Years focus have an additional parental component as part of their overall programme objective:

- **Doodle Den** and **CDI's Early Years** are both programmes provided by the Childhood Development Initiative (CDI) in West Tallaght in Dublin.
- **Eager and Able to Learn** and **Respecting Difference: The Media Initiative** are programmes provided by Early Years, Northern Ireland.

Evaluations have been completed for the Incredible Years Programme, Doodle Den, CDI's Early Years, Eager and Able to Learn and Respecting Difference: The Media Initiative. The Preparing for Life and the Triple P Programme evaluations are still ongoing, so the results presented in the first 'Capturing the Learning' project report relate to their outcomes from the early stages and not their full impact on completion of the programme.

Key messages

- An **evidence base of parenting interventions and practices** now exists that can be delivered across the statutory and voluntary sectors in Ireland and Northern Ireland.
- A diverse **range of parenting programmes** was offered around the country in both urban and rural settings. These were a mix of programmes developed elsewhere and adapted for local use, as well as new programmes and services developed from scratch.
- **Both targeted and universal parenting programmes** are needed in supporting parents, based on differing families' circumstances and to meet different levels of need.
- **Tailored approaches** are needed for children of different ages because the most effective may vary according to developmental stage.
- It is possible to improve outcomes for children in a short space of time by **working with and supporting parents** themselves.
- **Engaging parents to start a programme and to stick with it** is a key consideration and one which needs attention paid to it throughout the parents' contact with the service. The quality of the relationship between the parent and the practitioner contributes to the success of the programme.
- Programmes that worked directly with parents as their main focus **improved levels of parenting stress**.
- The investment has facilitated the development of an **evaluation culture** and has allowed organisations to deliver their work successfully and demonstrate its effectiveness.

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Why is supporting parents important?

Parents play a critical role in influencing their children's lives, both before and after birth. There is increasing Government interest in promoting parent-based initiatives to improve the well-being of children. The assumption underlying this movement is that there is a causal link between the two – improving parenting will lead to improvements in children's well-being.

Parenting has been shown to influence children's behavioural and emotional outcomes, as well as multiple aspects of psychological, social, educational, intellectual and physical health. We know that it is *what parents do with their children rather than who they are that is crucial*. The parent-child relationship is more important for children's development than the family income or structure. Factors such as a parent's personality, mental health, values, social support, child characteristics and cultural influences are also important.

Parenting is complex, influenced by many factors and changes over time. Children need different things from their parents as they grow up. Working out how best to support and intervene with families is complicated by evidence that tends to highlight associations rather than direct causal links. Using quality evidence about what are effective approaches to supporting parents with different needs is crucial. Effective support that is offered when it is needed will help parents to enjoy their families, to have children who are happy and healthy now, as well as increase the chances of this generation growing up to be healthy, socially and economically engaged adults.

Choosing an approach to supporting parents

There is no ‘one size fits all’ approach to supporting parents during the various stages of their child’s development. Existing evidence shows that the most successful approach to supporting parents is to tailor the approach to their particular needs. Where to locate the service and how to deliver it are key decisions that must be informed by what is most likely to engage the types of families involved.

Learning from the Prevention and Early Intervention Initiative showed that time had to be invested to understand the needs and experiences of the potential client group. A wide range of approaches was used, including population approaches, universal provision targeted in specific areas of social disadvantage or available across a wider geographical area. Programmes varied according to eligibility requirements – for some there had to be a certain severity of problems; others were available to all parents with a child of a particular age. There was also variation in terms of mode of delivery according to whether an individual or group-based approach was most likely to work with that group of parents.

Recommendations

- Families need to receive support that is tailored to their needs in terms of how it is delivered. They need to receive the support they require, when they need it and through interventions that are effective and known to work to improve outcomes for children.
- Programmes and services need to be selected not only on the basis of impact, but also taking account of the most appropriate method of delivery and the children’s age. The decision should also be informed by what is already known to be effective, the nature of the problem, the fit of the proposed approach to local needs and the ability to resource and sustain the initiative.

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Locating the service and engaging families

Parenting programmes, particularly those aimed at families with multiple difficulties, report relatively low participation and high drop-out rates. Research has shown that as many as half of all parents referred to behavioural parent training programmes may drop out prematurely.

Learning from the Prevention and Early Intervention Initiative showed that it was important to locate the service where it was accessible to parents, either by choosing settings that were convenient for parents to go to (e.g. in their local community); seemed like a legitimate setting for the work being done (e.g. holding sessions to help parents support their children’s learning in pre-school or primary schools); or to deliver the service to parents in their homes. The length of the sessions was also considered important and they were arranged at a variety of times to suit parents. These factors can be key in influencing attendance at services.

Parents and practitioners often spoke of the importance of building relationships. High levels of trust were needed between the two parties, particularly in home-visiting services, and strategies to support this included negotiating with parents about the timing and frequency of visits, and the practitioner being supportive and non-judgemental. In group settings, the skill of the facilitator was seen to be key in managing the group and making sure all parents felt involved throughout the duration of the programme. Organisations sometimes found that extensive training and ongoing support of staff were required to equip them to engage with families, particularly if delivering the programme involved a more structured approach to their previous ways of working.

Recommendations

- Services should be designed to be accessible to parents in terms of location, timing and the support given to facilitate attendance (e.g. provision of crèche facilities).
- Providers should understand the reach of a parenting service and whether everyone is participating in the same way. This should involve examining who is taking part in the programme, as well as who is dropping out before completion. Providers should also examine who from their target group is not taking part in the programme and undertake active outreach to these groups.
- Interagency partnership and collaboration in service delivery needs to be considered since it can help avoid duplication of services at local level, increase buy-in from key stakeholders (including service users) in the local community, improve the likelihood of successful implementation of programmes and services, and increase the potential for scaling-up or mainstreaming of the service.
- Training is required to increase the capacity and skills of professionals to engage effectively with parents and to develop positive working relationships with children, parents and families.

Supporting parenting stress

Parental mental health issues and parenting stress can negatively impact on how parents relate to their children. Parenting stress over time may leave a parent less able to cope with problematic child behaviour, which may make the problems even worse.

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Learning from the Prevention and Early Intervention Initiative showed that parenting programmes can decrease parental stress and improve parents' ability to cope.

Recommendations

- Parents should be supported in coping with any stress they feel as a parent. Parenting stress may be a result of the challenges faced by a parent, but may over time also contribute to problems.
- Parental stress can be a useful indicator of how well parents are coping and of problems in the home. It may be useful to collect information about the levels of parental stress individually and also collate them on a regional or national basis. This would provide useful information on individual family well-being that can guide whether support is needed, as well as on a national basis to inform service planning.

Importance of evaluation

In times of constrained public finances, it is increasingly important to ensure that we spend our money on activities that provide the greatest possible social and economic return. Basing approaches on reliable and robust evidence and undertaking high-quality evaluations of local initiatives are vital to this. The risk of not doing this is that we do not know if approaches are ineffective or, worse still, result in overall adverse outcomes or costly investments.

Learning from the Prevention and Early Intervention Initiative showed that it is possible to set up, implement and evaluate a parenting service in between 2 to 4 years. This will require identifying short-, medium and long-term outcomes and evaluating them accordingly.

Recommendations

- Organisations should undertake the type of evaluation that is most appropriate to the service. Decisions have to be made about the purpose of the evaluation, when it should occur, the best measurement approach to use and the available budget.
- There are ways to undertake quality evaluations that provide useful information at low cost.
- Outcome evaluations should be undertaken on fully implemented services that have had a chance to ‘bed down’ and become ‘business as usual’.

Section 4: Prevention and Early Intervention in Children and Young People’s Services – Children’s learning

This section synthesises the learning that is currently available from 11 approaches to influencing children’s learning. Nine of these programmes operate in the early years:

- **CDI’s Early Years**, delivered by the Childhood Development Initiative (CDI), is an early care and education programme for children aged 2½-5. The programme is designed to develop and enhance all domains of children’s physical, psychological and social well-being, including their cognitive skills and language development, social and emotional development, and capacity for learning. It also seeks to support the child’s family by focusing on parents’ psychological health, building on their parenting strategies and encouraging a positive parent-child relationship.
- **Doodle Den**, delivered by the Childhood Development Initiative (CDI), is an after-school programme for children aged 5-6. It aims to improve children’s literacy, contribute to more frequent school attendance, encourage more learning outside of school and increase parental involvement in out-of-school time education. It also aims to enhance children’s relationships with their parents and peers.
- **Eager and Able to Learn**, delivered by Early Years (Northern Ireland), is a comprehensive centre-based and home-based early care and education programme for children aged 2-3. The targeted outcomes include that children are motivated to learn, socially and emotionally able to enter into relationships with adults and other children so learning can be promoted, and cognitively able to take advantage of learning opportunities. The programme is being implemented in Northern Ireland.
- **Incredible Years Service**, delivered by *youngballymun*, takes a whole-school approach to supporting primary school-aged children’s social and emotional development through building the capacity of children, parents, teachers and community-based family support services.
- **Preparing for Life**, delivered by Northside Partnership, is a home-based early intervention/prevention programme designed to support families from pregnancy until their child starts school. The programme focuses on child development and parenting. Child development supports relate to the stage of development of each child.
- **Promoting Alternative THinking Strategies (PATHS)**, delivered by Barnardos Northern Ireland, is a universal whole-school social and emotional learning (SEL) programme in Northern Ireland that seeks to change/build upon a school’s ethos and culture. It comprises scripted lessons delivered by class teachers in Aghagallon, Lurgan, Bleary and Brownlow.
- **Speech and Language Therapy Service**, delivered by the Childhood Development Initiative (CDI), is a component of the CDI’s Early Years Programme and the Healthy Schools Programme. The Speech and Language Therapy Service is delivered through Early Years services and primary schools, as well as providing training and support to parents, Early Years practitioners and teachers.

- **Write Minded**, delivered by *youngballymun*, is an area-based literacy strategy that works across school and community to build children's literacy and language competency through various methods, such as the implementation of a balanced literacy framework; tailored capacity-building activities and coaching; an integrated family and school-transition programme; rigorous data capturing and review; training and capacity-building of parents and community-based practitioners; and the integration of literacy across a multiple of community-based services and supports.
- **3, 4, 5 Learning Years**, delivered by *youngballymun*, provides active support and coaching for the implementation of Síolta (the national quality standards) and the HighScope curriculum in Early Years services, supporting children's social and emotional development, and language and literacy skills.

Evaluations for most of these programme have been completed. One programme (Preparing for Life) is still ongoing and the results reported here represent the findings from participation in the first 6 months of a 5-year programme; more findings will be released approximately every 6 months between now and 2015.

Key messages

- **Children's learning begins before birth** and has to be supported in different ways depending on the age of the child, their individual needs and circumstances.
- Often when we think about successful learning outcomes, we highlight specific competencies or skills such as literacy and numeracy, and these are useful indicators of learning. But we also need to encourage children's ability to engage meaningfully in the world around them in ways appropriate to their stage of development, particularly in the early years. **Placing a focus on giving children a love of learning, as well as on what skills they gain, would help to improve outcomes and support lifelong learning.**
- Learning is not the sole responsibility of schools. Children experience a range of learning environments, including the home setting, day care, pre-school and junior/primary school. **Children thrive when they experience consistency in how people interact with and care for them.** This can be improved by ensuring each setting understands what happens elsewhere and ensures that their approach complements the others.
- **Transition points between the different learning environments experienced by children at different stages are important** and need to be prepared for in advance. Good communication between settings and continuity in the approaches used between settings are important.
- **Parents are a key influence on their children's learning.** They need to provide healthy, stimulating environments for children during the early years, as well as supporting children's more formal learning experiences when they start school.
- **Children's learning can be supported by experiencing quality day care.** This can be improved by offering professional development to staff to improve their skills and interactions with children.
- **Integrating new approaches into schools takes time and sustained effort.** Specialised implementation teams to provide ongoing support, focused approaches that fit with the curriculum, professional development for teachers and leadership buy-in are all important enablers for success.
- Local and national **partnerships should support capacity-building** activities to improve children's learning, such as collaboration between schools, educational support services, family support and training agencies, service providers and other relevant stakeholders.

Why is children's learning important?

Learning is not the sole responsibility of schools. From birth, children experience a range of learning environments, including the home, day care, pre-school and junior/primary school, as well as their experiences in the wider community. Children benefit from school most if they have been supported to learn and engage with the world around them from birth. Children who grow up from birth in a caring and responsive environment that has given them supported, learning opportunities will arrive at school with a history of learning behind them and core skills and competencies that schools can build on. This 'school-readiness' can be seen as having four interrelated parts – children's readiness for school, school's readiness for children, and the capacity of families and communities to provide developmental opportunities for their young children. Longitudinal studies have demonstrated the importance of this, showing that children who fail to gain adequate skills at an early stage will find it difficult to catch up later.

Children also experience several key transitions during their early years, which can include from home life to day care, pre-school or nursery school, primary or junior school, and then later to secondary school, college and possibly further education. There can be important changes to different learning, education and care paradigms.

Engaging parents

Parents play a critical role in supporting their children's learning. It is *what parents do with their children*, more so than socio-economic status per se, that makes the difference to children's learning outcomes. Families may not always be aware of how best to provide active support to their children's learning. They may not know what approaches are being used in schools or they may have negative attitudes towards school that influence their children's outcomes.

Learning from the Prevention and Early Intervention Initiative showed that it is challenging to engage parents in supporting the work being done with their children. Beneficial strategies include using creative and innovative methods, supporting parents to do developmentally appropriate activities with their children and making services accessible.

Recommendations

- Work should be done to engage with parents to encourage them to support any work being done directly with children. A variety of strategies will need to be used depending on individual needs and circumstances.
- Locating services for parents within school settings can help to improve the connections between the school, home and community. Locating health-related services for children in school premises can make them more accessible for families.
- Local and national partnerships should support capacity-building activities to improve children's learning, including collaboration between schools, educational support services, family support and training agencies, service providers and other relevant stakeholders.

Early Years settings

Best practice approaches to improving practice in Early Years settings show that integrating childcare and education (as well as high-quality pre-school provision) can positively influence children's cognitive and behavioural outcomes at least up to the age of 11. Having a well-qualified workforce improves children's progress. Outcomes can also be improved by working with both children and family members.

The Prevention and Early Intervention Initiative highlighted ways of improving standards in day care settings and encouraging the provision of stimulating learning experiences for young children. These include the importance of tailoring activities to be appropriate to the developmental stage of the child and being flexible in approach for delivery. Day care settings needed ongoing support to implement changes. This was facilitated by assessing organisational readiness at the start of the process (including current service provision and fit against the programme, staffing skills and experience and available resources), using specialised implementation teams, getting buy-in at all levels from senior management through to individual practitioners, offering quality training, and by creating learning networks of practitioners to share experiences and good practice.

Recommendations

- Learning programmes and services should be appropriate for the age and stage of the child.
- Ongoing support, such as specialised implementation teams, is important for creating and sustaining change in Early Years settings.
- Capacity-building should be undertaken to support the professional development of the Early Years workforce. This should include quality training, as well as opportunities to share examples of best practice in peer learning communities.

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Delivering services in schools

Many of the programmes in the Prevention and Early Intervention Initiative were delivered in the school setting, either during normal class time or in after-school classes. These included supporting skills such as reading and building healthy relationships. Programmes varied as to whether they employed their own staff to deliver the programmes or operated by changing teacher practice. Challenges included fitting discrete programme-focused lessons into an already packed curriculum, staff turnover and issues in keeping the programme fresh in light of educational changes and constraints of the timetable.

Learning from the Prevention and Early Intervention Initiative showed that integrating new approaches into schools takes time and sustained effort. Negotiating the support of schools was critical to success. Specialised implementation teams were useful for ongoing coaching and support. Organisations had to understand the culture and procedures within schools and tailor their approaches accordingly. Consultation with schools and actively involving them in the selection or design of the programme was useful. Time had to be allocated for training and resource preparation. Programmes offered a good opportunity to change practice within a whole school and not just in individual classes. Programmes that supported the use of a common vocabulary within the different learning environments experienced by children, by the professionals operating in each, as well as parents, were seen to help support transitions.

Recommendations

- It is crucial to understand the culture of a school and its constraints, and assess the suitability of any programme against these, in addition to how organisationally ready the school is to implement the programme. An implementation plan should be developed and specialised implementation teams can be useful in supporting change.
- Programmes aiming to be delivered in school settings should clarify how the programme links to the national curriculum, provide a sequential and integrated skills curriculum, and establish learning goals and monitoring procedures. It can help to use programmes that have clear, developmentally appropriate lesson plans, but that also allow for some flexibility for the teacher to use their professional judgement in tailoring delivery to their particular class.
- There should be a planned and integrated approach to changing practice within schools, for example, using ‘whole school’ approaches rather than making changes as individual ‘add-ons’.
- The professional development of teachers and staff within schools should be supported through coordinated quality training pathways, ongoing coaching and support, and setting up peer learning networks.

Annex 1: Summary of learning from the Prevention and Early Intervention in Children and Young People’s Services – Parenting and children’s learning

Incredible Years, delivered by Archways, aims to train parents in supporting children’s social, emotional and pro-social development

Target audience	How it is delivered	What’s changed in parenting and children’s learning
Parents of children aged 3-7 years with emotional and behavioural difficulties	Weekly 2-hour parent group training session over 12-14 weeks	Significant reductions in child conduct disorders and hyperactive type behaviours at the end of the programme and at 12 months post-programme. In addition, 71% of children showed improvements in behaviour.

Triple P, delivered by Longford Westmeath Parenting Partnership, aims to support children’s social, emotional and pro-social development

Target audience	How it is delivered	What’s changed in parenting and children’s learning
Parents of children aged 4-8 years	Topic-based seminars, session interviews and group sessions	Initial findings demonstrate positive improvements for both parents and children.

Preparing for Life, delivered by Northside Partnership, aims to improve school-readiness, child development and parental skills

Target audience	How it is delivered	What’s changed in parenting and children’s learning
All pregnant women in several communities in North Dublin	Home-visiting mentor	Initial findings suggest improvements in knowledge and skills of parents, reduced stress and improved parental well-being. Initial findings suggest a safer and more stimulating home environment.

CDI’s Early Years, delivered by the Childhood Development Initiative, aims to develop children’s physical, psychological and social well-being

Target audience	How it is delivered	What’s changed in parenting and children’s learning
Parents of children aged 2½-5 years	Home-visiting mentors and a 6-week parenting education programme	Parents developed new skills and strategies for dealing with their children’s behaviour and showed a positive change in their relationship with their children. No influence on child cognitive and language outcomes. Findings suggest improvements in curricular and planning quality in early childcare settings.

Doodle Den, delivered by the Childhood Development Initiative, aims to achieve moderate improvements in children’s literacy

Target audience	How it is delivered	What’s changed in parenting and children’s learning
Children aged 5-6 years	After-school programme delivered in 3 sessions lasting 1.5 hours per week for 36 weeks	Improvements in concentration, reading at home and reduced problem behaviours in school.

Eager and Able to Learn, delivered by Early Years (Northern Ireland), aims to impact on children's eagerness and ability to learn by supporting their physical, social and emotional language and cognitive development in partnership with parents

Target audience	How it is delivered	What's changed in parenting and children's learning
Children aged 2-3 years	Delivered in childcare settings and at home, programme involves a series of activities as well as workshops for parents	Impact on children's developmental outcomes was mixed; however, parental workshops had a positive effect on parents. Improvement in the quality of early childcare settings, practitioner-child interactions, and child interactions. Impact on developmental outcomes was mixed across the 2 settings.

Respecting Difference: The Media Initiative, delivered by Early Years (Northern Ireland), aims to promote positive attitudes to physical, social and cultural differences among young children, practitioners and parents

Target audience	How it is delivered	What's changed in parenting and children's learning
Children aged 3-4 years	National television campaign and activities in pre-school	Improved parents' confidence in talking to their children about social inclusivity and prejudice.

3, 4, 5 Learning Years, delivered by *youngballymun*, aims to enhance children's social and emotional development and language and literacy skills through support and coaching for the implementation of *Síolta*, the national quality standards, and HighScope curriculum

Target audience	How it is delivered	What's changed in parenting and children's learning
Pre-school aged children, their parents and early childcare service providers	In early childcare settings by an Early Years Quality Coordinator, a HighScope Coordinator and pre-school practitioners	Increased interprofessional practice, commitment to continuous professional development, knowledge of child development and confidence.

Speech and Language Therapy (SLT) Service, delivered by the Childhood Development Initiative, aims to support pre-schools, schools and parents to improve child speech and language outcomes and school-readiness

Target audience	How it is delivered	What's changed in parenting and children's learning
Children aged under 6 years	Referral-based SLT assessment and therapy provision. Also training/support for parents and staff on SLT development and needs	Locating the service in the school premises was seen to improve accessibility for parents, teachers and Early Years professionals. Training and support for teachers and Early Years professionals was seen as helpful in increasing knowledge about how children's speech and language develops.

Incredible Years, delivered by *youngballymun*, aims to train parents in supporting children's social, emotional and pro-social development

Target audience	How it is delivered	What's changed in parenting and children's learning
Children aged 3-12 years, their parents and teachers	60 classroom lessons delivered over 2 years, 12-14 weekly 2-hour parenting sessions and 5 monthly teacher training sessions	Programme was used as a focus for change using a 'whole school' approach, influencing teacher practice and school culture. Implementation support provided was seen as vital in helping build school capacity, form school-community partnerships and engage parents.

Promoting Alternative THinking Strategies (PATHS), delivered by Barnardos NI, aims to support pro-social skills, emotion understanding, social problem-solving and self-control in children

Target audience	How it is delivered	What's changed in parenting and children's learning
Children aged 5-11 years	Over 3 academic years by teachers in schools	Significant improvements were seen in school attendance and improvements in children's behaviour towards each other.

Write-Minded, delivered by youngballymun, aims to improve student's oral language and literacy achievement in partnership with teachers and parents

Target audience	How it is delivered	What's changed in parenting and children's learning
All school-aged children	A Literacy Coordinator, Oral Language Development Officer and Family and Community Literacy Development Officer assisted provision of support in school and after school	Findings suggest the programme brought a greater focus on literacy in schools, increased supports for teaching, more reading being done in the home, and increased parent and teacher confidence.

Annex 2: All programmes in the Prevention and Early Intervention Initiative operating in the early years

Organisation	Geographic location	Target group(s)	Service/Programme	Objectives
Archways www.archways.ie	Dublin, Kildare, Limerick and Dublin	Parents, teachers and children	The Incredible Years Programme series is a set of 3 comprehensive, multi-faceted and developmentally-based curriculums.	To promote emotional and social competence and to prevent, reduce and treat behaviour and emotion problems in young children
	Dublin and Kildare	Parents of pre-school and school children aged 3-12	Parent Training Programme (Incredible Years Programme) – Childhood version (3-6 years), and School-age version (6-12 years).	To train parents in supporting children’s social, emotional and pro-social development
	Limerick	Children aged 4-7	Teacher Classroom Management (Incredible Years Programme).	To train and support teachers in classroom management techniques
	Dublin	Children with ADHD and their parents	Parent and Child Training for children with ADHD.	To train and support parents of children with ADHD
Barnardos www.barnardos.ie	Dublin, Thurles and Cork	Children aged 3-5	Tús Maith is an Early Years care and education programme for children in early childhood care and education centres aged 3-5.	To ensure children will be ready for primary school and will develop the specific cognitive skills necessary for this transition
	Being piloted nationally	Parents of children with complex needs	Partnership with Parents Programme is a one-to-one home-based parenting intervention for parents of children with complex needs.	To support parents of children with complex needs
Longford/Westmeath Parenting Partnership www.longford-westmeath.triplepstaypositive.net	Longford and Westmeath	All parents in Longford and Westmeath	Population-based parent training to support children’s social and emotional development (Triple P Parenting Programme).	To support children’s social, emotional and pro-social development
MCI Ireland (formerly Mayo Children’s Initiative) www.mciireland.ie	Mayo	All age groups in primary and post-primary schools, and to childcare practitioners and those working with children and young people	The pre-school work focuses on building self-esteem; the primary school work is aimed at developing an instinct for safety; and the post-primary work addresses teenage dating abuse and healthy and unhealthy relationships (Protective Behaviours Programme).	To build self-esteem support for children experiencing domestic violence and negative family conflict
National Early Years Access Initiative (Pobal)	Throughout Ireland	Children aged 0-6, their families and service providers	11 demonstration projects to promote improved access to community-based Early Years services.	To improve access to quality Early Years services

Organisation	Geographic location	Target group(s)	Service/Programme	Objectives
Northside Partnership (Preparing for Life) www.preparingforlife.ie	Darndale and Coolock (North Dublin)	Pre-natal parents and parents with children aged 0-5	A home-based early intervention/prevention programme designed to support families from pregnancy until their child starts school. Preparing For Life (PFL) focuses on child development and parenting. Child development supports relate to the stage of development of each child and parents also participate in the Group Triple P Parenting Programme .	To improve school-readiness and child development, and to improve parental skills
		Childcare/Early Years providers	Quality improvement support for childcare providers.	Implement Síolta framework to improve quality and integration of existing services
Childhood Development Initiative www.twcdi.ie	West Tallaght	Children aged under 6	Speech and Language Therapy (SLT) is a component of CDI's Early Years Programme and the Healthy Schools Programme . SLT is delivered through Early Years services and primary schools, as well as providing training and support to parents, Early Years practitioners and teachers.	
		Children aged 5-6	In school and after-school literacy programme, including child, parent and family components (Doodle Den Programme).	To improve literacy, school attendance, increased parent involvement in and out of school time, and improve children's relationships with parents and peers
		Children aged 2½-5	Early Years Programme is a 2-year service for pre-school children, providing integrated healthcare, wrap-around supports and professional development elements. The programme also seeks to support the child's family by focusing on parents' psychological health, building on their parenting strategies and encouraging a positive parent-child relationship.	To develop and enhance all domains of children's physical, psychological and social well-being, including their cognitive skills and language development, social and emotional development and capacity for learning

Organisation	Geographic location	Target group(s)	Service/Programme	Objectives
youngballymun (Ballymun Partnership) www.youngballymun.org	Ballymun	Expectant parents during pregnancy, infants, toddlers up to the age of 3 and their parents	Ready, Steady, Grow is an area-based infant mental health (IMH) strategy supporting the developmental needs of infants and toddlers, with a particular focus on the parent–infant relationship and social and emotional development.	To improve health and well-being during pregnancy and infancy; to foster, promote and support the parent–infant relationship; and to improve child development outcomes
		Pre-school aged children, their parents and early childhood service providers	Provides active support and coaching for the implementation of Siolta , the national quality standards, and HighScope curriculum in Early Years services, supporting children’s social and emotional development and language and literacy skills.	To improve the quality of Early Years service provision; to build social and emotional competence, language, literacy and numeracy skills of pre-school-aged children; and to increase school-readiness
		Children aged 3–12, their parents and teacher	Incredible Years is the implementation of the evidence-based Incredible Years school and family programmes, which take a whole-school approach.	To support primary school-aged children’s social and emotional development through building the capacity of children, parents, teachers and community-based family support services
		All school-aged children	Write-Minded is an area-based literacy strategy that works across school and community to build children’s literacy and language competency through the implementation of a balanced literacy framework; tailored capacity-building activities and coaching; an integrated family and school transition programme; rigorous data capturing and review; training and capacity-building of parents and community-based practitioners; and the integration of literacy across a multiple of community-based services and supports.	To improve children’s oral language and literacy achievement, literacy teaching and learning, parental engagement in literacy activities and schools, school engagement and attendance, teacher training and capacity-building

Organisation	Geographic location	Target group(s)	Service/Programme	Objectives
Barnardos NI www.barnardos.org.uk	Belfast, Antrim, Larne and Ballymena	Children aged 4-7	Ready to Learn is an after-school programme with a specific focus on nurturing children's literacy skills. The second element of the programme is a series of activities aimed at supporting parents and carers.	The long-term outcome is to raise educational achievement
	Aghagallon, Lurgan, Bleary and Brownlow	Children aged 5-11	Promoting Alternative Thinking Strategies (PATHS) is a universal whole-school social and emotional learning (SEL) programme that seeks to change/build upon a school's ethos and culture. It comprises scripted lessons delivered by class teachers.	To support pro-social skills, emotional understanding, social problem-solving and self-control by addressing 5 conceptual domains: self-control; emotional understanding; positive self-esteem; relationships; and interpersonal problem-solving skills
Colin Early Intervention Community www.newcolin.com	Colin neighbourhood, West Belfast	Families with children aged 0-18	Various programmes and services to be provided by statutory and voluntary organisations.	To improve mental and physical health, education and training, parental engagement, child development and meeting community need. It also aims to effect long-term and structural change through a range of accessible effective services available with a high take-up rate meeting local needs.
Early Years Making it Work (includes ROI) www.early-years.org	Northern Ireland and the border counties of ROI	Children aged 3-5, their parents and teachers	Respecting Difference: The Media Initiative combines the use of cartoon media messages around diversity with an Early Years programme.	To promote positive attitudes to physical, social and cultural differences among young children, practitioners and parents. The messages also address bullying behaviours
		Children aged 2-3	Eager and Able to Learn is a comprehensive centre-based and home-based early care and education programme.	To motivate children to learn, to be able socially and emotionally to enter into relationships with adults and other children so learning can be promoted, and cognitively to be able to take advantage of learning opportunities

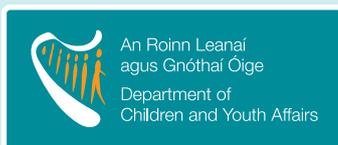
Organisation	Geographic location	Target group(s)	Service/Programme	Objectives
Lifestart www.lifestartfoundation.org	All Ireland	Parents with children from birth to age 5 in their own homes	Growing Child Parenting Programme and home-visitation service incorporates a 'whole child' pedagogical approach programme and is designed to impact parenting outcomes, including increased competence and parenting skills, enhanced well-being and self-esteem, and thus improve outcomes for children.	To help parents to support their child's physical, intellectual, emotional and social development, and to promote school-readiness



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