



Rialtas na hÉireann
Government of Ireland



A Whole-of-Government Strategy for
Babies, Young Children and their Families
2019-2028







Rialtas na hÉireann
Government of Ireland



A Whole-of-Government Strategy for
Babies, Young Children and their Families
2019-2028

CONTENTS

Forewords

Taoiseach's foreword	7
Minister's foreword	8

Summary

<i>First 5 big steps</i>	10
The story of early childhood	12
<i>First 5 at a glance</i>	18

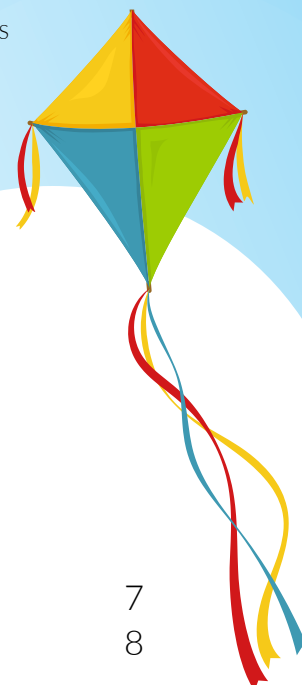
Background and structure

Background	21
Context	23
Vision, goals, principles and framework for action	28

Goal A:

Strong and supportive families and communities

Objective 1: Balance working and caring	33
Objective 2: Information, services and supports for parents	41
Objective 3: Practical and material resources	51



Goal B: **Optimum physical and mental health**

Objective 4: Positive health behaviours	61
Objective 5: High-quality health services	67
Objective 6: Positive mental health	73

Goal C: **Positive play-based early learning**

Objective 7: Positive home learning environment	79
Objective 8: Affordable, high-quality Early Learning and Care (ELC)	85
Objective 9: Supported transitions	97

Goal D: **An effective early childhood system**

Building Block 1: Leadership, governance, collaboration	104
Building Block 2: Regulation, inspection, quality assurance	106
Building Block 3: Skilled and sustainable workforce	110
Building Block 4: Research, data, monitoring and evaluation	113
Building Block 5: Strategic investment	115

Vision to action

Implementation and oversight	117
Actions table	124
Further details on actions	172

Key facts references	177
Endnotes	181



FOREWORDS



TAOISEACH'S FOREWORD

The first five years last a lifetime and have a lasting impact on the type of person we become. A happy and healthy start in life, one that provides children with positive and nurturing influences, is vitally important. Our children deserve the best start and opportunities in life to fulfil their potential.

The *First 5* Strategy is the first of its kind in Ireland and builds on the many positive developments for young children in recent years. This includes family leave, subsidised Early Learning and Care, free GP care, the new children's hospital, better parenting supports, and universal pre-school provision. Further developments in these areas will form the bedrock of the Strategy and seek to significantly enhance early childhood in Ireland.

These types of services help us become a better and more socially inclusive society, provide the best opportunities for every baby and child, and embody the Government's vision for a better society. As our economy continues to strengthen, Government will provide more services which help realise this vision and improve the lives of all citizens.

The *First 5* Strategy reflects the ambitions and hopes parents hold for their children and I look forward to monitoring how these developments help future generations of young children in Ireland to blossom and flourish. There can be no better investment for our country. We want to ensure that our children have more opportunities and a better life than we did.

Is breá an rud an óige ach ní thagann sí faoi dhó.

Youth is a wonderful thing but it doesn't come twice.



Leo Varadkar TD

AN TAOISEACH

MINISTER'S FOREWORD

Early childhood is precious and has enormous impacts on a child's future.

It should be a time when babies and young children are given every opportunity to explore, develop and flourish. Unfortunately, this is not always the case.

We have a duty to the youngest members of society to create the conditions for the best possible start in life. This includes tackling inequalities that can emerge in early childhood, even before birth.

Giving all children the best start in life is the right thing to do. Children deserve a happy and fulfilled childhood.

This first national Strategy for early childhood, *First 5*, seeks to ensure babies and young children have a strong and equal start.

There are clear steps we can take to significantly transform the landscape for babies, young children and families in Ireland.

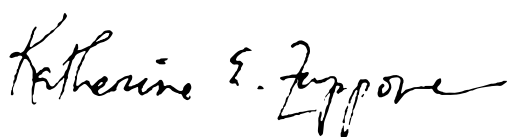
We have looked at the evidence about what makes the early years of a child's life better. We have translated that into a vision. This vision is distilled into specific goals, objectives and tangible actions in this Strategy.

The *First 5* Big Steps set out the major changes that will be delivered through this Strategy.

This is not the responsibility of one Department or one Minister. It is the responsibility of the whole-of-Government and whole-of-society. I look forward to working with my colleagues to make this Strategy a reality.

Tús maith, láidir, cothrom ba cheart a bheith ag gach leanbh sa chéad chúig bliana dá shaol.

The first five years of life should provide every child with a good start, a strong start and an equal start.



Dr Katherine Zappone TD

MINISTER FOR CHILDREN AND YOUTH AFFAIRS

SUMMARY



FIRST 5 BIG STEPS

1 Access to a broader range of options for parents to balance working and caring

In order to ensure children can spend more time with their parents, especially in the first year, *First 5* sets out plans to develop a new parental leave scheme. This will deliver extended entitlements to paid leave for both fathers and mothers. This scheme will be accompanied by a range of measures to develop greater family-friendly flexible working arrangements.

2 A new model of parenting support

First 5 will streamline and improve existing parenting supports provided across a range of Government Departments and State Agencies. Accessible, high-quality information and guidance will be made available for parents to promote healthy behaviours, facilitate positive play-based early learning and create the conditions to form and maintain strong parent-child relationships. A continuum of parenting services - ranging from universal to targeted - including high-quality parenting programmes, will also be made available. A new Parenting Unit will be established by the Department of Children and Youth Affairs to lead this important work.

3 New developments in child health

A key action will be the development of a dedicated child health workforce, focussed initially in areas of high population density and disadvantage. The Strategy also sets out new measures to promote positive health behaviours and the mental health of babies, young children and their families, and to enhance the National Healthy Childhood Programme. The delivery of these measures will be led by the recently established Healthy Ireland Office in the Department of Health in partnership with other key Government Departments and State Agencies.

4 Reform of the Early Learning and Care (ELC) system

First 5 builds on the very significant developments in Early Learning and Care (and school-age childcare) over recent years and seeks to further improve affordability, accessibility and quality. Measures include: introducing the Affordable Childcare Scheme, moving progressively towards a graduate-led professional ELC workforce, the extension of regulations and supports to all paid childminders and school-age childcare services, and the introduction of a new funding model for ELC. Under this model, employers will be supported to provide more favourable working conditions that will attract and retain staff. These reforms will be underpinned by a strengthened governance structure at a national and local level.

5 A package of measures to tackle early childhood poverty

First 5 identifies new measures that will address poverty in early childhood. These will include expanded access to free and subsidised Early Learning and Care, extension to the Warmth and Well-Being and Warmer Homes Schemes, Community Cooking Programmes and the introduction of a meals programme to some ELC settings. In addition, the introduction of a DEIS-type model for ELC settings will create further opportunities to narrow the gap for disadvantaged children.



Ciara, age 4

THE STORY OF EARLY CHILDHOOD

Vision

All babies' and young children's early years will be valued as a critical and distinct period which should be enjoyed. Families will be assisted and enabled to nurture babies and young children and support their development, with additional support for those who need it. Those providing services for babies, young children and their families will be equipped to contribute to their learning, development, health and wellbeing. Community contexts will help babies and young children make the most of their early years and fulfil their potential.

In these opening pages of the *First 5* Strategy, an optimum vision for early childhood is sketched out. *First 5* aims to make this vision a reality.

It is based on the most important chapters in young children's lives: good health in early childhood that starts in pregnancy, time with parents in a nurturing and playful home environment where material needs are met, high-quality play-based Early Learning and Care experiences, positive transitions to primary school, and a supportive, inclusive, wider community context.

A well-functioning early childhood system ensures maximum support in all of these areas for babies and young children.

The *First 5* Strategy sets out how to develop a system of integrated, cross-sectoral and high-quality supports and services – an effective early childhood system¹ – that will help all babies and young children in Ireland to have positive early experiences. The Strategy explains why this system should be developed, what it should look like, and most importantly, the necessary actions.

The family is considered throughout *First 5* across all areas given its critical role in supporting positive experiences for young children.

The early years journey is exciting and important. Let's make sure that this is a great story for all children.



A healthy childhood starting from pregnancy

Learning starts before birth. What happens before conception and during pregnancy impacts child development^{2,3}. Early health checks can identify problems before they develop. The right type of services at the right time can make all the difference^{4,5}.

An effective early childhood system will support parents to prepare well for pregnancy, access good quality antenatal care, make healthy choices during pregnancy and have positive birth experiences. This means making available high-quality information resources, and enhancing health services, including additional contacts with expectant mothers, to ensure excellent maternity care⁶.

In a child's early months and years, an effective early childhood system will support parents to form strong attachments, maintain positive mental health, make healthy choices, and will provide child health reviews, vaccinations and screening on a universal basis. Children with additional needs will be identified as early as possible, and receive appropriate support^{7,8}.



Time together with parents especially in the first year in a nurturing and playful home environment where children's material needs are met

The parent-child relationship, inter-parental relationships, and the home environment⁹ are the foundations of early childhood development¹⁰. The phase before a child's third birthday is particularly important for the growing brain. Breastmilk is the gold standard of infant nutrition¹¹. Babies benefit most from individual attention from a loving and responsive caregiver, enabling them to form strong bonds. Throughout and after these vital months, nurturing family relationships,^{12,13} along with play and discovery are at the heart of a child's development¹⁴.

Parents' employment circumstances - whether they work outside the home or not, where they work, when they work and how much they earn - have huge implications for children¹⁵, not least because of the value young children and parents alike place on time spent together as a family¹⁶.

An effective early childhood system will enable children to be cared for at home by fathers and mothers during their first year through more generous parental leave entitlements. It will support mothers to begin, and continue, breastfeeding and equip parents to understand and support child development, nutrition and safety and promote early learning and play. More intensive interventions will support vulnerable families to overcome short- or long-term challenges¹⁷.



An effective early childhood system will give parents choices about balancing working and caring. That means access to family-friendly arrangements that support work-life balance, and ensuring that income from work is sufficient to support a family, supplementing it where necessary so that all families have adequate resources and children's material needs are met. It also means making Early Learning and Care, of different types, affordable and of high-quality so that participation in employment, whether full time or part time, is a viable option for parents, in the confidence that their children are being well cared for¹⁸.

High-quality play-based Early Learning and Care (ELC) experiences

Many young children spend much of their day being cared for by those other than their parents. Non-parental care can be provided by a combination of wider family members and home or centre-based ELC. The individuals involved in providing learning and care are the key determinant of quality and, for children to thrive, they must be equipped to foster the types of relationships and create environments that characterise positive experiences. High-quality ELC is particularly valuable for children who have challenges at home.

An effective early childhood system will ensure that those caring for young children are equipped to support early childhood development. In the case of care by family, friends and neighbours, this means making information, resources and supports more widely available in the local community. In more formal, paid-for provision, this means an appropriately qualified and valued workforce, a consistently implemented curriculum framework and adherence to quality standards and regulations¹⁹, particularly for publicly-subsidised ELC.



Positive transitions to primary school

The move to primary education is a major transition in young children's lives. A smooth transition can ensure a positive start to school for children. Important factors are the age at which a child starts school, the structure of the learning environment and the supports provided by parents, ELC practitioners and teachers²⁰.

An effective early childhood system will support the transition to school by enabling greater communication between ELC settings, primary schools and parents, particularly for children with additional needs; supporting more play-based, child-centred learning in the early years of primary school; equipping primary schools to accommodate young children through smaller class sizes, more time and space to play, and interactive teaching styles²¹.



Supportive community contexts

The community in which babies, young children and their families live is the backdrop for development throughout the early years and shapes daily experiences²².

An effective early childhood system will ensure that communities are inclusive, with places to play and learn, opportunities for parents and young children to meet, and comprehensive supports and services that foster early development and respond to additional needs, proactively engaging all children and parents²³.

This means community public space designed with babies and young children in mind, support for parent and toddler groups and other places for young families to meet, along with integrated services where the workforce within and across health, Early Learning and Care, primary education and family support services share a common language and work together²⁴.



Rhys, age 4

A VISION for EARLY CHILDHOOD

**A HEALTHY CHILDHOOD
STARTING FROM
PREGNANCY**



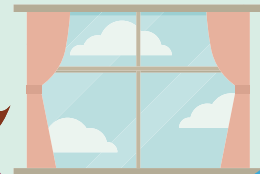
**NURTURING AND
PLAYFUL HOME
ENVIRONMENT
WHERE MATERIAL
NEEDS ARE MET**



SUPPORTIVE



COMMUNITIES



**TIME TOGETHER
WITH PARENTS,
ESPECIALLY IN THE
FIRST YEAR**





**HIGH-QUALITY
PLAY-BASED EARLY
LEARNING AND
CARE EXPERIENCES**



**POSITIVE
TRANSITIONS TO
PRIMARY
SCHOOL**

First 5 AT A GLANCE

Goals

A

Strong and supportive families and communities

B

Optimum physical and mental health

C

Positive play-based early learning

D

An effective early childhood system

Objectives

1. Balance working and caring

2. Information, services and supports for parents

3. Practical and material resources

4. Positive health behaviours

5. High-quality health services

6. Positive mental health

7. Positive home learning environment

8. Affordable, high-quality Early Learning and Care

9. Supported transitions

1

**Building Block 1:
Leadership,
governance,
collaboration**

Strategic Actions

- 1.A Implementation and governance
- 1.B Early childhood system leadership
- 1.C Collaborative projects

2

**Building Block 2:
Regulation,
inspection, quality
assurance**

Strategic Actions

- 2.A Develop, enhance, implement standards
- 2.B Reform regulation and inspection

Strategic Actions

1.1	Parental care for children particularly during the first year	1.2	Family-friendly flexible working	
2.1	Information and resources for parents	2.2	Tiered model of parenting support	
3.1	Measures to address family income and early childhood poverty	3.2	Suitable accommodation for families with children	3.3 Child-friendly communities

4.1	Positive health behaviours in families	4.2	Health behaviour supports in child-serving settings and communities	4.3	Child safety and injury prevention
5.1	Develop National Healthy Childhood Programme	5.2	Therapeutic and medical care for babies and children		
6.1	Early identification of mental health issues	6.2	Access to mental health supports		

7.1	Playful home learning environments	7.2	Parental engagement in children's early learning	7.3	Participation in out-of-home learning
8.1	Affordable high-quality ELC	8.2	Availability of subsidised high-quality ELC	8.3	ELC that promotes participation, social inclusion and diversity
9.1	Information exchange to support transitions	9.2	Continuity between ELC and primary settings	9.3	Supports to sustain learning during transitions



Building Block 3: Skilled and sustainable workforce

Strategic Actions

- 3.A Identify and address staff requirements
- 3.B Improve initial training and CPD for all early childhood staff
- 3.C Professionalise ELC; support employers to attract and retain high-quality workforce



Building Block 4: Research, data, monitoring and evaluation

Strategic Actions

- 4.A Support early childhood research
- 4.B Develop administrative and outcomes data
- 4.C Robust monitoring



Building Block 5: Strategic investment

Strategic Actions

- 5.A Public funding
- 5.B Strategic investment
- 5.C Tracking progress

BACKGROUND AND STRUCTURE



BACKGROUND

Introduction

The world for young children in the first quarter of the twenty-first century in Ireland would have been unimaginable to previous generations. Family size and composition, working patterns of parents, delivery of Early Learning and Care, and access to information and services have all changed radically. Perhaps most importantly, there is greater recognition of babies and young children in their own right and for the contribution they can make to the world²⁵.

Anyone who has experienced the arrival of a new baby and observed their early development knows of their innate capacity and of the enormous potential that unfolds in a child's first months and years. At an individual and family level, the importance of supporting early growth and learning is well understood²⁶. However, services and supports must be planned and delivered in a systematic and integrated way to ensure that all young children thrive. This Strategy, the first of its kind in Ireland, provides the roadmap.

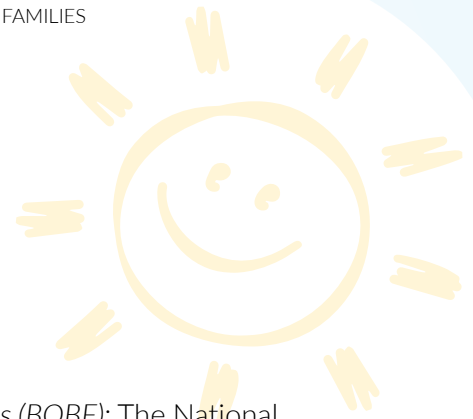
The need for a Strategy

The early childhood phase is influenced by many factors. Research evidence shows that home and family have by far the biggest impact²⁷. The wider community²⁸, health services²⁹ and ELC settings³⁰ are also hugely important in shaping babies' and young children's lives.

Proactively supporting positive early childhood development requires a range of joined-up actions linked to an overarching vision. No single measure can address all needs, or be effective when delivered in isolation. Services and supports have evolved over time, and current provision varies considerably, depending on families' circumstances and location, with many children and families missing out on the services they need.

First 5 provides a comprehensive vision for the services and supports needed. It sets out a plan for development, funding and operation to address fragmentation and maximise potential at every level. This Strategy is a clear articulation of a future where all babies, young children and their families can rely on consistent supports, regardless of income or location.





Development of the Strategy

The development of *First 5* builds on *Better Outcomes, Brighter Futures (BOBF)*: The National Policy Framework for Children and Young People (2014–2020) which sets out an ambitious agenda across Government to improve outcomes for children and young people aged 0–24. *First 5* reinforces commitments made in *BOBF* to deliver improvements across the five national outcomes (Active and healthy; Achieving in learning; Safe and protected; Economically secure; Connected, respected and contributing).

The development of *First 5* has been informed by *Right from the Start*, the Report of the Expert Advisory Group on the Early Years Strategy³¹. Other important contributions include a consultation with young children and two Open Policy Debates. The consultation asked 113 children across 12 ELC and primary school settings what they liked and disliked about where they lived and what they wished for. The Open Policy Debates brought together relevant stakeholders to identify priorities for action. Submissions from organisations and groups also fed into the Strategy. Pictures drawn by the children during the consultations are included throughout the Strategy.

An Inter-Departmental Group chaired by the Department of Children and Youth Affairs met throughout 2018³². Detailed bilateral engagement took place within this Group, and with other Departments and State Agencies.

Complementarity and additionality

Ensuring that all babies and young children are supported to fulfil their potential requires a suite of multidimensional initiatives and policies relating to employment, education, social welfare, health, housing and other systems, including children's services. Recent developments in children's services and broader supports for families, along with strategies and programmes affecting young children, are presented throughout the document.

Other major policy initiatives are referenced in this Strategy to provide a fuller perspective. For example, recent national strategies for Travellers and Roma, people with disabilities, and migrants set out detailed commitments to these groups.

The actions proposed in *First 5* are intended to complement, or to fill gaps in current provision. *First 5* is focused on the needs of children from birth up to and including five, and on identifying new and additional actions to improve their experiences and outcomes. This includes reviewing existing supports and revising as necessary.

CONTEXT

The importance of early childhood

National and international evidence is unequivocal that the antenatal to age five phase is the most critical period in a child's life and is vital for development over the life course.

The pace of growth and learning is unequalled at any other stage. The early years can be filled with enormous wonder and discovery for babies, young children and their families and deserve special recognition. During this period, children are most open to experiences that can enhance their innate capacities³³. Early childhood is also a time of great vulnerability, and adverse early experiences can have a serious and enduring impact³⁴. This stage lays the foundations for later development and presents the best opportunity to maximise lifelong potential.

Human brain development begins shortly after conception, with an exponential number of neural pathways laid down in the early months and years of life. These provide the architecture for future cognitive and emotional development^{35,36}. A child's genetic make-up, their environment and their relationships with parents and others interactively shape this architecture. During the first three years, the building blocks for basic skills and competencies are put in place³⁷.

Longitudinal health research shows the links between health in adulthood and early childhood experiences^{38,39}. In particular, multiple adverse experiences in childhood greatly increase the likelihood of poor physical and mental health in later life^{40,41}. Recent research also links the development of the ability to pay attention and focus on important information (executive functioning) in early childhood to later health and economic outcomes^{42,43}.

Because of the well-established links between early childhood experiences and later outcomes, there is a strong economic rationale for investment in the early years of life⁴⁴. Investment in early childhood pays dividends for individuals and society, by improving long-term education, employment and health prospects and preventing damaging outcomes.

There are also significant immediate benefits. Investment in the early years improves experiences for children in the here and now ensuring they can make the most of their childhood. Accessible and affordable ELC, increased availability of parental leave, and family-friendly flexible working, are also linked to the uptake of employment by parents, with positive consequences for households and the economy^{45,46}.

A Strategy that places children at the centre

The starting point for this Strategy is to consider babies and young children first and foremost, and what makes the most difference to them. From birth, young children are active, competent and creative individuals and members of society, with their own distinctive interests, experiences, challenges and points of view. Every young child has human rights enshrined in Irish law and in the United Nations Convention on the Rights of the Child (UNCRC) including the right to life, survival and development, health, adequate nutrition, economic security, a healthy and safe environment, education and play.

Early childhood is a unique phase of life for the realisation of these rights. However, children are particularly vulnerable to the violation of their rights, and to poverty, discrimination, family breakdown and other adversities. Children require special protection to exercise their rights.

The State recognises its role in vindicating the rights of the child. It fulfils this role through legislation, policies, and services which recognise and promote rights, and through supporting recognition of the rights of young children in families and communities. The State promotes the principles of best interests of the child, inclusion, non-discrimination, and actively seeking and respecting the voice of the child. All young children are entitled to express their views, which should be “given due weight in accordance with the age and maturity of the child” (UNCRC).

The UNCRC is monitored by the UN Committee on the Rights of the Child, which provides guidance on the rights of young children in early childhood. The Committee encourages governments to monitor the availability and accessibility of quality services for young children, including through systematic data collection. To support the right to survival and development, the State is urged to take all possible measures to improve perinatal care for mothers and babies, reduce infant and child mortality, and promote the wellbeing of all young children. Alongside universal services, particular attention should be paid to children in difficult circumstances. The recommendations of the UN Committee on the Rights of the Child inform this Strategy.

A Strategy informed by evidence and the voices of young children

This Strategy is based on evidence throughout. This evidence has helped to identify what is positive in children's early years and should be consolidated and built upon, and what undermines children's experiences and should be changed. Evidence has been used to identify the key influences on children's wellbeing and the factors that establish the foundation for positive child development in the short- and long-term.

Children's opinions support the research findings that home and family are of utmost importance. Home and family relationships, including activities with parents, siblings and grandparents, were the best thing about the lives of the children consulted⁴⁷. Similarly, stakeholders' inputs emphasised supporting families and parenting⁴⁸. Families are crucial; especially in the early years when family circumstances determine much of children's experiences⁴⁹.

Parents and families

'Parents' refers to mothers, fathers and those with parental responsibility in different parenting relationships. This may include foster parents, adoptive parents, step-parents, legal guardians, and carers^{50,51}. The Central Statistics Office (CSO) defines the family as "a couple with or without children, or a one-parent family with one or more children"⁵². While there is no formal international definition, 'family' may include those providing for children's care, such as the nuclear family, the extended family, and other arrangements⁵³. This wider definition reflects the Irish context where family structure has changed in recent years.

The relationships between babies and young children and their carers are fundamental influences⁵⁴. These relationships allow a baby or young child to make sense of themselves, the world around them and their place in it. Family members' interactions with a baby or young child influence wellbeing, resilience and adaptation to the world. Family behaviours are shaped by many factors, including available supports and resources, parental mental health and wellbeing, parents' relationships, and parental education and employment⁵⁵.

Beyond the family, babies and young children are supported by professionals, services and institutions. Children also need good quality experiences outside the home, particularly in ELC settings and in primary school⁵⁶. Children and parents talk about safe outdoor environments, and opportunities to play and partake in activities, as enjoyable aspects of their lives. The significance of play, exploration and discovery for early childhood development is well established in the research literature⁵⁷.

Research evidence and stakeholder consultation both highlight the influence of physical and mental health on children's wellbeing. In the consultations with children, unsafe environments, getting hurt, and lack of space to play freely and safely were things they did not like or were afraid of.

Early Learning and Care

First 5 adopts the term Early Learning and Care, ELC, to define:

“any regulated arrangement that provides education and care from birth to compulsory primary school age – regardless of the setting, funding, opening hours or programme content – and includes centre and family day-care; privately and publicly funded provision; pre-school and pre-primary provision.”

EU Quality Framework

ELC includes centre-based ELC and regulated home-based ELC but excludes grandparental care and the early years of primary school.

This term has been chosen as it recognises the inseparability of learning and care.

High-quality care includes learning, and high-quality learning is dependent on care.

ELC is a term that can be broadly understood by all, ensuring that the nature and value of this work will continue to gain wider recognition.

A Strategy for all babies, young children and their families

First 5 is for all babies, young children and their families in Ireland. It acknowledges that not all children have the same needs. Some children have additional needs and are at risk of disadvantage, due to individual circumstances or because they, or their families, belong to a marginalised group.

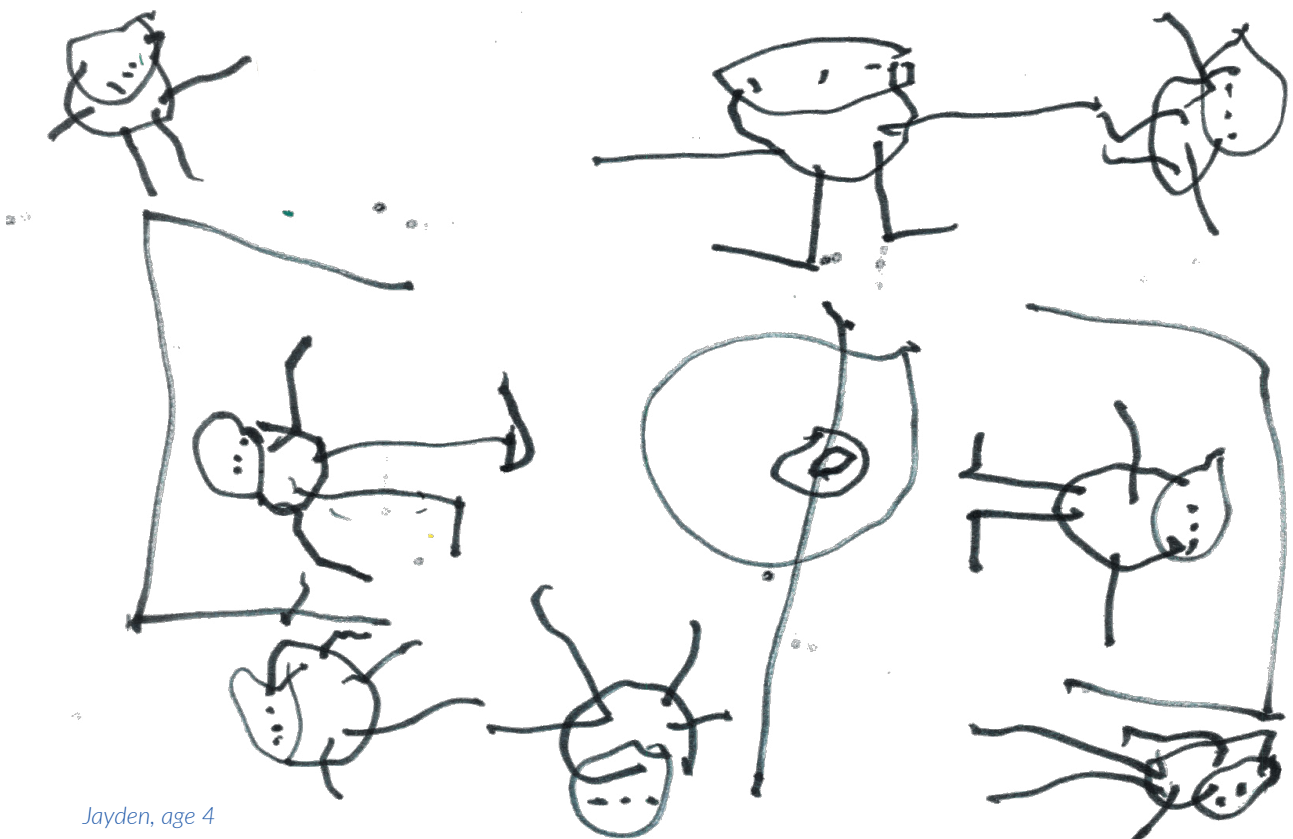
This includes children with disabilities, with mental health problems, in alternative care, at risk of neglect/abuse, undocumented child migrants and people in the protection process, those whose families live in poverty or are socially disadvantaged, those whose families have a vulnerable migrant and/or second language background, those whose families have limited access to services and Roma and Traveller children⁵⁸. Children in one-parent families are particularly at risk of poverty and deprivation.

Policies and programmes designed to meet children's needs, and to contribute to addressing disadvantage, must take account of particular challenges for some groups of children and their families.

Progressive universalism, which offers supports and services to all children at a universal level with extra provision for children with additional needs or challenges, is a key mechanism to ensure that all babies, young children and their families benefit. This is the basis of the *First 5* Strategy. It prioritises strengthening services and supports for all (for example in parenting, ELC and health services), includes particular measures for children and families who need additional support, and ensures that services and interventions are proportionate to the level of disadvantage.

A Strategy with a role for everyone

First 5 recognises that parents and families have the most active role, and the greatest responsibility, in shaping their child's development. However, Government and wider society have a collective responsibility to help create the conditions to help parents and families raise their children and reach their full potential. *First 5* needs a whole-of-Government, whole-of-society approach to meet its goals.



Jayden, age 4

VISION, GOALS, PRINCIPLES AND FRAMEWORK FOR ACTION

Vision

All babies' and young children's early years will be valued as a critical and distinct period which should be enjoyed. Families will be assisted and enabled to nurture babies and young children and support their development, with additional support for those who need it. Those providing services for babies, young children and their families will be equipped to contribute to their learning, development, health and wellbeing. Community contexts will help babies and young children make the most of their early years and fulfil their potential.

Goals

Goal A: Strong and supportive families and communities

Goal B: Optimum physical and mental health

Goal C: Positive play-based early learning

Goal D: An effective early childhood system

Principles

The principles which underpin *First 5* are drawn from *Right from the Start*⁵⁹.

- 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 wellbeing, 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.

Framework for action

The four Goals will be delivered through nine interlocking Objectives (under Goals A, B and C) and five Building Blocks (under Goal D). Under each Objective and Building Block, Strategic Actions are set out. This is the framework for action for the duration of *First 5* and forms the basis to monitor implementation. Specific actions to be progressed over the first three years are detailed in the Actions table with the lead Government Department identified for each action.

As a living Strategy with a built-in review after three years, it is expected that specific actions for delivery in the medium- to long-term will be added as implementation progresses.

Implementation will include a *First 5 Trials* programme and a *First 5 Research and Evaluation* programme. The *First 5 Trials* programme will explore innovative initiatives to test effectiveness in an Irish context, and determine suitability for nationwide implementation. The *First 5 Research and Evaluation* programme will support these trials, and deepen understanding of the lives of young children and their families and the services and supports that will make the most difference to them.

BABIES AND YOUNG CHILDREN

POPULATION

403,919 babies and young children

51% BOYS

49% GIRLS



8.5%
of total
population



**HIGHEST
PROPORTION
OF YOUNG CHILDREN
IN EU**
(6.1% EU average)

BIRTHS



75,554

BABIES BORN



63,897

BABIES BORN

ONE
BABY
BORN
EVERY

8

mins

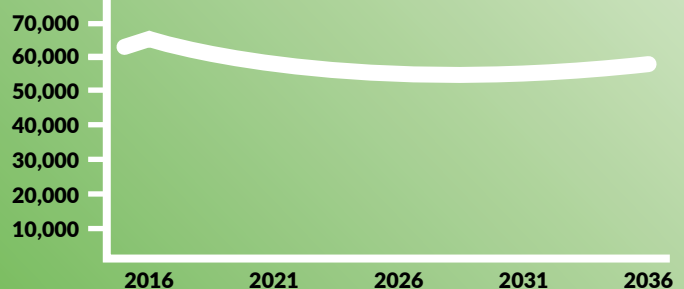


32.7

**AVERAGE AGE
OF MOTHERS AT
TIME OF BIRTH**

**211 BIRTHS
TO MOTHERS
UNDER 17
IN 2017**

**DOWN 67%
SINCE 2007**



**BIRTHS ARE PROJECTED
TO FALL UNTIL 2029**

(0-5) IN IRELAND

POPULATION DIVERSITY



5.5%
have a nationality
other than Irish

1.3% are
Travellers



3.4%
have a
disability

FAMILIES



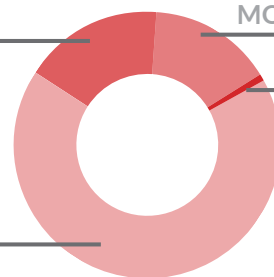
285,656
FAMILIES WITH
YOUNG CHILDREN

17%
COHABITING
COUPLE

15%
SINGLE
MOTHERS

67%
MARRIED
COUPLE

1%
SINGLE
FATHERS



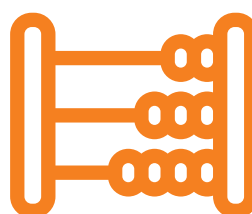
Average number of children
in families with 0-5s is **2**

HEALTH AND EARLY LEARNING



93%
in good or
very good
health

Infant mortality rate 3.3 per 1,000 births.
Below EU average of 3.6.



96%

PARTICIPATE IN SOME FORM
OF EARLY LEARNING AND
CARE PROVISION BEFORE
STARTING SCHOOL

GOAL A

Strong and supportive families and communities

Objective 1

Parents will be assisted to balance working and caring to contribute to optimum child development and to best suit their family circumstances.

Objective 2

Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships along a continuum of need.

Objective 3

Families and communities will be supported to provide children with the necessary material and practical resources to encourage positive development in the early years.



Layla, age 4

OBJECTIVE 1

Parents will be assisted to balance working and caring to contribute to optimum child development and to best suit their family circumstances.

Parents' employment

- Mothers of children aged 0-5 are less likely to be employed than fathers.
- Employment rate of females aged 20-44: 67.6%
 - 85.7% for women without children
 - 60% for women whose youngest child is aged 4-5
 - 43.5% for mothers parenting alone whose youngest child is aged 4-5
- Employment rate of males aged 20-44: 88.3%
 - 90.2% for men whose youngest child is aged 4-5
 - 89.1% for men without children

Time for work and family

- The majority of men and women work full time; men are more likely to work more hours.
 - 23% of women and 10.5% of men in employment work less than 30 hours a week.
 - 74.4% of men and 52.3% of women in employment work for 35 hours or more a week.
- About half of parents of five-year-olds working outside the home feel they have missed out on family time because of work.
- Pre-school children most like spending time with their parents and family.
- One third of mothers who worked full time during pregnancy reduced their working hours after the birth.

OBJECTIVE 1

Parents will be assisted to balance working and caring to contribute to optimum child development and to best suit their family circumstances.

Why this is important

Parents of young children have different preferences about balancing work and caring responsibilities. Their decisions are shaped by employment, income and wider financial circumstances and the informal networks of support available. The legislative infrastructure governing time off work for caring, access to flexible working arrangements and the accessibility of different types of non-parental care influences these decisions about paid employment and working hours or patterns.

Women who are employed during pregnancy take up entitlements to paid maternity leave in high proportions, although those in precarious employment or self-employment are less likely to do so⁶⁰. Uptake of unpaid additional maternity leave is related to the mother's ability to afford it⁶¹. Of those women in employment during pregnancy who returned to work, 35% did so at the end of the statutory paid maternity leave period and 31% at the end of the period of statutory paid and unpaid maternity leave⁶². About 12% took less than their statutory paid leave entitlement. Remaining outside the labour market after childbirth was associated with lower earnings potential, larger family size and working in a temporary job or for a small organisation during pregnancy.

Research suggests that children benefit particularly from parental care in the first year of life⁶³. A range of research exploring the relationship between parental caregiving and children's outcomes is summarised in the boxed text overleaf. Positive parent–infant relationships in the early part of a child's life are proven to be crucial to social, emotional and cognitive development. The benefits of exclusive breastfeeding, both for babies and for mothers, during the first six months, are clearly demonstrated, and this is recommended, along with breastfeeding in combination with other foods until the age of two⁶⁴, by the World Health Organization, UNICEF and the HSE.

Policies that allow children to be cared for at home by parents, particularly in their first year, that ensure such opportunities are open to families across the income spectrum, are strongly supported by research⁶⁵. Evidence also indicates the need to limit the hours that very young children are in ELC settings, through, for example, flexible working arrangements for parents. Parents need to be confident that their children are safe, happy and well-cared for in high-quality ELC. These issues are dealt with under Goals C and D.

A large majority of parents of young children are employed⁶⁶. Where primary caregivers of five-year-olds were at work outside the home, the average number of weekly hours worked was 29. Substantial proportions of primary and secondary caregivers of five-year-olds miss out on family time because of work⁶⁷. Recent Irish research indicates that parents of young children wish to spend more time with them, for which they need better financial support and greater flexibility in employment to facilitate better work-life balance^{68,69}.



Robyn, age 5

Parental care and early development

- Attachment theory is clear that, in order to thrive, children need secure, consistent, trusting relationships with adults who know them well, and are responsive to their communications, interests and needs⁷⁰. Sensitive and responsive parent–child relationships are associated with stronger cognitive skills in young children and enhanced social competence and work skills later in school^{71,72}.
- Paid parental leave is associated with better maternal and child health with studies finding an association with lower rates of maternal depression⁷³, lower rates of infant mortality⁷⁴, fewer low birth weight babies⁷⁵, more breast-feeding⁷⁶ and more use of preventative healthcare⁷⁷.
- In countries with more extended, paid parental or maternity leave, Early Learning and Care provision tends to cater for children from 12 months and upwards, which is seen as preferential in terms of children's outcomes, unless there are risks in the child's home environment⁷⁸.
- There is some evidence to link maternal employment for long hours in the first year, particularly if early after birth, with poorer outcomes for some children⁷⁹. For 1–5-year-olds there are no adverse effects of maternal employment on cognitive development, but there may be negative effects if children are in poor-quality Early Learning and Care for long hours⁸⁰.
- Prolonged periods in centre-based Early Learning and Care may have a negative impact on children's cognitive and socio-emotional outcomes, particularly for younger children⁸¹, but research indicates that from the age of 2–3 onwards children do better in high-quality Early Learning and Care services than if they remain solely at home⁸². Long hours spent in Early Learning and Care, i.e. over 32 hours per week, has been linked to poor outcomes in language and cognitive development for children under 3⁸³.

Across Europe, both women and men would prefer to work fewer hours per week for most of their lives, particularly during the phase of life when they have children⁸⁴. In an international context, greater employment flexibility is associated with higher rates of female employment and there is considerable demand for a range of flexible working options among working parents⁸⁵. While supporting parents' access to affordable ELC is essential, a broader package of supports and provisions for parents of young children is also required to facilitate participation in employment.



What's happening now

Maternity, paternity and adoptive leave

Mothers in Ireland who are in employment during pregnancy are entitled to 26 weeks of leave around the time of the birth of their baby, a minimum of two weeks of which must be taken before the expected date of delivery of the baby. Since 2017, extra maternity leave and benefits are in place when babies are born prematurely. In 2017, 43,865 maternity benefit claims were awarded, mostly (over 90%) to employed women⁸⁶. Some employers pay a 'top-up' to the weekly benefit rate but it is estimated that less than half do so⁸⁷.

Mothers are entitled to additional unpaid maternity leave of 16 weeks. Total or partial uptake is estimated to be between 41%⁸⁸ and 47%⁸⁹.

Since 2016 working fathers in Ireland can avail of two weeks of paid paternity leave, which must commence before their baby reaches six months. Paternity benefit is paid at the same rate as maternity benefit. In 2017, the first full year of the scheme being in operation, 26,559 fathers availed of it⁹⁰. No data is available about the extent of employer top-ups.

For adoptive parents, adoptive leave and benefit schemes mirror entitlements for other family leave schemes.

Flexible working arrangements and other measures

Mothers who return to work before their child is six months old are entitled to paid breastfeeding or lactation breaks or a paid reduction in working hours until 26 weeks after the baby's birth to facilitate the combination of breastfeeding and working.

Parents are also entitled to 18 weeks' unpaid parental leave to be taken any time before their child's eighth birthday. Data is not available on uptake of this leave.

When parents return to work following parental leave, they are entitled to request a changed work pattern for a set period, but such requests may be refused by the employer. A recent Europe-wide initiative, Stronger Families, provides guidance and support to parents to balance working and caring responsibilities, and to employers to respond to working parents' needs.

As referenced elsewhere, other measures to support parents to balance working and caring include the Home Carer Tax Credit and the subsidisation of ELC (and school-age childcare)⁹¹.

European Union Directive on Work–Life Balance

- Part of a package of measures to address under-representation of women in employment, and to support their career progression through improved conditions to reconcile their working and family commitments.
- The key proposal is that paid parental leave should be made available, recognising that paid leave is more effective and appropriate than unpaid leave in encouraging both fathers and mothers to take time off work to care for their children.
- Specifically, the Directive proposes an entitlement to four months of parental leave, with one and a half months to be paid. Two months of the leave should be non-transferable between parents.
- The Directive reinforces the right for parents to request flexible working arrangements such as flexible working hours or working patterns and remote working.

Broader policy context

A *European Directive on Work–Life Balance* initiated in April 2017 proposes the introduction of a right to paid parental leave. In parallel, the 2016 Programme for a Partnership Government contains a commitment to the expansion of paid parental leave in the first year of a child's life. Since January 2018 an Inter-Departmental Group led by the Department of Justice and Equality has examined how to operationalise this commitment while taking into account the European Union Directive on Work–Life Balance. The Group recommended the introduction of seven weeks of paid parental leave for each parent, to be introduced in late 2019, and implemented incrementally over a three-year timeframe.

Increasing participation in the workforce is a priority for the Department of Business, Enterprise and Innovation (DBEI). Through its 2018 Action Plan for Jobs, DBEI is identifying relevant policy issues for cohorts with low labour market participation rates, including women, which will feed into a larger initiative on labour market participation being undertaken by DBEI in 2019.

Strategic Actions

The following Strategic Actions have been identified to meet Objective 1. Further detail is provided in the Actions table.

- 1.1 Facilitate mothers and fathers to care for their child at home during their first year.**
- 1.2 Enhance access to family-friendly flexible working.**



Molly, age 5



OBJECTIVE 2

Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships along a continuum of need.

Parent-child relationships

- 97% of primary and secondary caregivers have an affectionate and warm relationship with their child.
 - Two thirds of parents adopt the optimal parenting style.
 - The vast majority of parents in Ireland report that their approach to parenting is 'warm, consistent and low in hostility'.
- Parents of five-year-olds report low levels of parent-child conflict.
 - Parents who have difficulty making ends meet are more likely to have higher levels of conflict with their child.
 - Parents with high stress levels are most likely to report a less positive relationship with their child.

Support for parents

- When parents want help with a parenting or family problem they could not manage:
 - 74% look for help from their immediate family
 - 28% look for help from their extended family
 - 25% look for help from friends
- 27% of people would like to see improvements in parenting support services.

Vulnerable children

- In 2016, 1,190 children in the care of Tusla were aged five or under.
- In 2014, 899 children under the age of four lived in a women's refuge for some period of time.

OBJECTIVE 2

Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships along a continuum of need.

Why this is important

There are close associations between parents' interaction with children and children's outcomes^{92,93}. The majority of parents find raising children a positive and fulfilling experience⁹⁴, and most children identify a close bond with their parents and are happy in their families⁹⁵. While most parents can cope with the challenges that arise, many can also benefit from additional supports⁹⁶.

Parents' behaviour is the most important factor in infants' sense of self and their psychological wellbeing⁹⁷. The baby's relationship with a primary caregiver and their attachment style is of fundamental importance. The development of the areas of the brain concerned with emotional regulation in the first 18 months has a crucial influence on how children learn, form relationships and regulate emotions and behaviour⁹⁸. Primary caregivers can help a baby to feel cared for and valued and enable the growing child to develop a positive sense of self and empathy for others. Secure attachment relationships provide a safe base from which the baby can explore the world⁹⁹. Where parents or caregivers cannot be sufficiently consistent or responsive, the baby's development may suffer. Where parents are struggling, early intervention services can support parents and young children to have optimal outcomes¹⁰⁰.

Parents' interaction with their children can be significantly influenced by wider factors such as stress and depression¹⁰¹. Recent research points to the significance of inter-parental relationships on children's outcomes. Positive parenting practices can moderate the impact of inter-parental conflict and benefit the child's long-term mental health and wellbeing¹⁰².

Parenting young children can be challenging and stressful. A recent survey indicates that most parents feel overwhelmed some of the time, and more than one third do not feel that they are supported¹⁰³. They would like access to more information and support – in particular Irish, evidence-based information on parenting and child development¹⁰⁴.

Early childhood is a time of vulnerability, with an elevated risk for very young children, due to the high levels of care required at this stage. Children are more likely to experience abuse or neglect where substance misuse, domestic violence or mental health issues are present in families¹⁰⁵.

The degree of practical and emotional support that parents have is linked to parenting practices¹⁰⁶. Parental perception of support is also associated with lower levels of parental stress¹⁰⁷. While some parents have access to a high level of support through their family and more widely, others do not; parents in poverty, unemployment and with low education levels are less likely to have networks of social support.

Beyond informal relationships, parenting support can include information, services, training, counselling and other measures that focus on parents' understanding of their parenting role¹⁰⁸. Most of the time, evidence-based information, trusted guidance and reassurance is sufficient^{109,110}. At other times, for example in the post-birth period, and at other key times, parents may benefit from greater levels of formal or informal support. Availability and take-up of evidence-based parenting support services has positive impacts on parenting practices, and thereby on child development¹¹¹.

Parental responsibilities

Parents have the primary responsibility for bringing up their children. States shall provide assistance to parents in their child-rearing responsibilities and develop institutions, facilities and services for the care of children.

Summary of Article 18 of the UNCRC



What's happening now

Parenting support

A broad range of information, advice and support for parenting is provided through State, Community and Voluntary sectors and private sources and is funded through different mechanisms. Websites, advice phone lines and other platforms are available to parents¹¹². The availability of group-based parenting services varies considerably across the country, as does the range, number and qualifications of professionals involved in delivery.

The Public Health Nursing (PHN) service provides one-to-one support for parents of all babies. Other one-to-one services are provided to parents by health professionals and family support workers, including speech and language therapists, psychologists and Tusla personnel and GPs, with varying eligibility criteria, including age thresholds. (Provision of HSE services is dealt with further under Goal B.)

Council of Europe policy on positive parenting

Positive parenting refers to parental behaviour that respects children's best interests and their rights, as set forth in the UNCRC, a convention which also takes into account parents' needs and resources. The positive parent nurtures, empowers, guides and recognises children as individuals in their own right. Positive parenting is not permissive parenting: it sets the boundaries that children need to help them develop their potential to the fullest. Positive parenting respects children's rights and raises children in a nonviolent environment.

More intensive one-to-one parenting supports are provided in some areas. The HSE and Tusla currently support the delivery of the Community Mothers Programme in nine areas. A combination of philanthropic funding and public investment underpins the delivery of home-visiting and other one-to-one programmes, mostly in disadvantaged areas. The Marte Meo method is used by Tusla therapy services and by some ELC practitioners.

Children and Young Peoples' Services Committees (CYPSC) have mapped the range of parenting services available in their areas¹¹³.

Community and voluntary sector parenting support

Informal support networks are important for parents¹¹⁴. Various supports for parents are delivered on a voluntary basis, including through family networks and peer-to-peer groups. Parent and baby or toddler groups operate in many communities. Volunteer-led initiatives also provide breastfeeding and other parenting support on an individual or group basis. A number of organisations coordinate and provide support and accreditation to volunteer group leaders. Small-scale grant funding is available to support these activities. Some parenting support services are available on a commercial basis.

Of the community and voluntary sector organisations providing support for parenting, some operate at a national level, while others are much smaller. Their funding comes from Tusla, the HSE and other national agencies, as well as philanthropic organisations; many rely on fundraising.

The Area Based Childhood (ABC) programme is a prevention and early intervention initiative with an explicit focus on supporting parents. Jointly funded by Atlantic Philanthropies and the Department of Children and Youth Affairs, it targeted investment in services in 13 disadvantaged areas to test and evaluate approaches to improving outcomes for children and families at risk of poverty. Overseen mostly by local consortia led by community and voluntary sector organisations, the programme aims at ensuring services achieve impact, are timely and accessible, and have the potential to become sustainable. The national evaluation of the ABC programme will be completed in 2018 and guide future development.



Ethan, age 4

Parenting supports delivered through the ABC programme

Group-based parenting services

- Many parenting programmes have a strong evidence base and well-developed training infrastructure and materials are available.
- Groups are run by a range of professionals including public health nurses, speech and language therapists, psychologists, social workers, family support workers, ELC practitioners and home-school community liaison teachers among others.
- Examples include Triple P, Incredible Years, Parents Plus, Hanen parenting programmes, Circle of Security, family literacy and numeracy programmes, baby massage courses, and antenatal courses.

One-to-one parenting supports

- There is strong international evidence for home visiting approaches and there has been rigorous evaluation of the implementation of some of the models in Ireland.
- A range of health and social care professionals deliver one-to-one supports.
- Examples include Preparing for Life, Parent-Child Home Programme, Community Mothers, Lifestart, Marte Meo and Infant Mental Health home visiting.

Tusla parenting support

Assisting parents and providing family supports is core to the work of Tusla, the Child and Family Agency¹¹⁵. Tusla's 2013 Parenting Support Strategy seeks to enable practitioners engaged in promotional and preventative work to spend more time with families. Tusla supports range from signposting, to services or information, to providing intensive support. Where parenting places children at risk, more directive interventions are provided.

Tusla's Prevention, Partnership and Family Support (PPFS) programme¹¹⁶ focuses on early intervention and preventative parenting work. Building on existing social work practice, PPFS delivers coordinated, multi-disciplinary and multi-agency services at all levels of need. It is an alternative support pathway to child protection interventions and is intended to reduce the number of children coming into care. Its work is supported by the publication of *50 Key Messages on Parenting Support*; a Parenting 24/7 website; the Parenting Support Champions within Tusla and partner agencies; and initiatives to encourage and support parental participation.

Meitheal, Tusla's Early Intervention National Practice Model, is a way of working with children and families to identify needs early and to provide practical supports. It enables practitioners in different organisations to communicate and work together.

Tusla's Family Resource Centre (FRC) Programme provides core funding to 109 FRCs, and 11 new centres are planned. Each FRC provides a range of supports to combat disadvantage and promote positive family functioning; it operates autonomously and works with individuals, families, communities, and statutory and non-statutory agencies. Some evidence-based parenting programmes and support services, as well as counselling for individuals and groups, are run through FRCs¹¹⁷.

Tusla has a statutory responsibility to promote the welfare of children who do not receive adequate care and protection. The majority of Tusla's work is child protection and welfare services, which is underpinned by *Children First* legislation and guidance¹¹⁸. Under the new *Child Protection and Welfare Strategy*, the *Signs of Safety Framework* has been introduced. This is a strengths-based, safety-organised approach to child protection casework. Child welfare and protection services¹¹⁹ are distinct from family support but also involve supporting parents to address concerns with proportionate intervention to keep children safe.

Tusla Prevention, Partnership and Family Support Programme (PPFS)

- Supporting the participation of children in decisions that affect them
- Supporting parents in developing parenting skills
- Adopting a new approach to commissioning, starting with commissioning parenting support
- Implementing area-based prevention and early intervention approaches through Child and Family Support Networks and Meitheal
- Raising awareness of programmes to support families and communities

Broader policy context

A 2015 *High-Level Government Policy Statement on Supporting Parents and Families* underpins parent and family support policy. It emphasises the need for a progressive approach to providing services and stresses the importance of proactive, evidence-based, integrated services, with children and their parents at the centre.

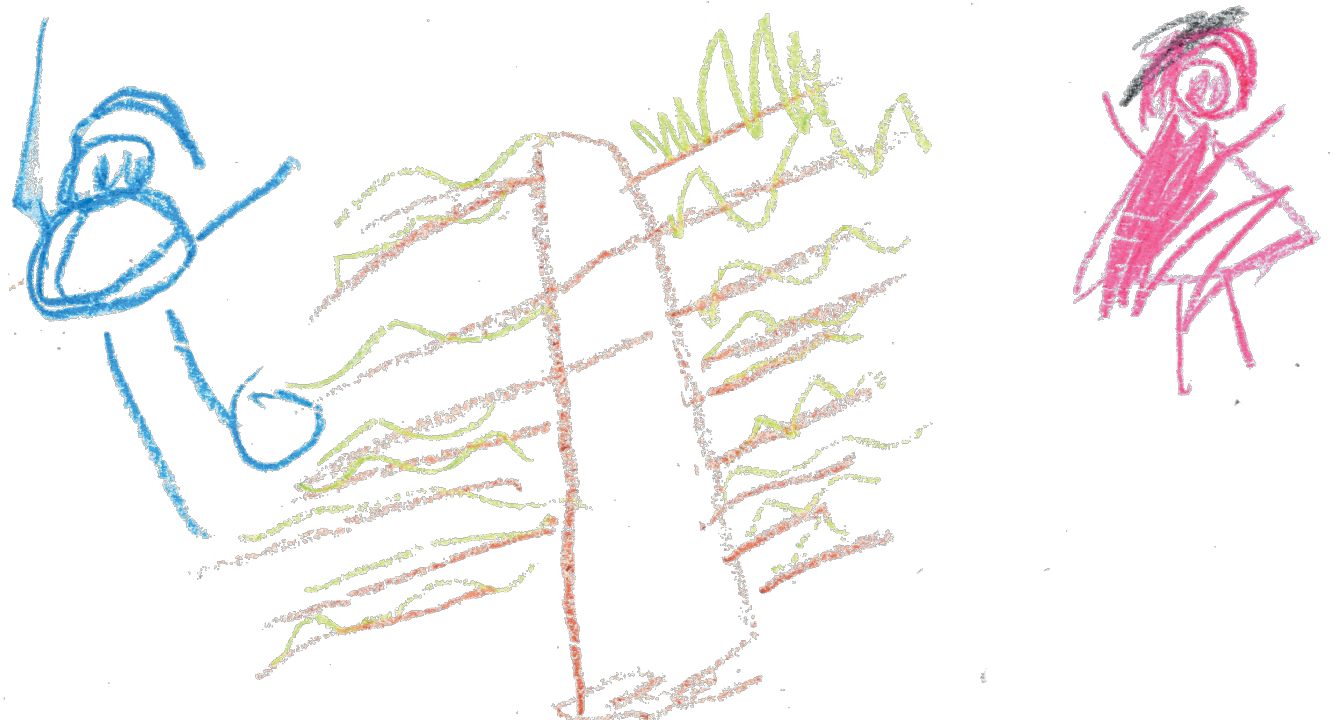
The *Childcare Act 1991*, as amended by the *Child and Family Agency Act 2013*, provides the statutory basis for child protection and welfare functions of Tusla and other organisations. A review of the Act is underway, to address gaps and identify operational improvements. It will capture current legislative, policy and practice developments and inform the drafting of an amended Act. Tusla's legislative basis for providing family support is being examined in that context.

In order to align and harness existing infrastructure in the area of prevention and early intervention for children and families, the Department of Children and Youth Affairs is leading on the transfer of the *Area Based Childhood Programme* to Tusla from 2018, aligned to the PPFS programme, accompanied by its refinement and development. It will enable the ongoing delivery of innovative measures, and mainstream evidence-based practice to improve outcomes for children and families.

Strategic Actions

The following Strategic Actions have been identified to meet Objective 2. Further detail is provided in the Actions table.

- 2.1 Lead collaboration across Government Departments and State Agencies to develop, design and disseminate information resources to support parenting.**
- 2.2 Develop a tiered model of parenting services built on a foundation of universal provision, with extra support available for parents in line with their level of need on a progressive basis.**



Niamh, age 5



OBJECTIVE 3

Families and communities will be supported to provide children with the necessary material and practical resources to encourage positive development in the early years.

Poverty

- 8.8% of children aged 0-5 lived in consistent poverty in 2016, down from 11.2% in 2014.
- 16% of children aged 0-5 are at risk of poverty.
- 32.3% of one-parent families are at risk of poverty.
- 9.4% of children aged 0-5 experience energy poverty.

Housing need and homelessness

- 34,628 households with children (of all ages) are in need of social housing.
 - 64% are one-parent families.
 - 35% are couple households.
 - 1% are other types of families.
- 1,754 families with 3,824 dependent children (of all ages) are homeless.
 - 62% of these are one-parent families.

Joblessness

- In 2016, 12% of the total population aged 0-59 were in jobless households.
 - 5% of children aged 0-5 lived in jobless households.
 - 36% of Traveller children aged 0-5 lived in jobless households.

Maternal education

- Maternal education level is a key predictor of child outcomes.
- Mothers' highest level of educational qualification obtained:
 - 34% of mothers of children aged 0-5 have an upper secondary qualification.
 - 55% of mothers of children aged 0-5 have a third level qualification.

OBJECTIVE 3

Families and communities will be supported to provide children with the necessary material and practical resources to encourage positive development in the early years.

Why this is important

Families' financial circumstances significantly influence children's outcomes¹²⁰. Economic security allows families to create the conditions needed to support positive development. Low income has causal effects on learning, social-emotional and health outcomes for children, and not just because poverty is correlated with other characteristics¹²¹. Reduced income when children are young, ELC costs and other expenses associated with young children can considerably affect household finances, especially for previously economically insecure households.

The impacts of poverty in childhood are both immediate and long-lasting. In the short term, poverty affects living standards, access to services and opportunities for development, and causes stress within families. Parental employment largely determines household income and is closely linked to children's outcomes¹²², as is the primary caregiver's education level¹²³. Economic vulnerability¹²⁴, particularly when persistent¹²⁵, has an impact on children's socio-emotional development. Homelessness in early life can lead to later poor health and hardship¹²⁶ and poor-quality housing can contribute to energy poverty and poor health outcomes.

Over the longer term, childhood poverty has an impact on adult outcomes, including educational attainment and employment: poverty experienced between pregnancy and age five is linked to lower earnings and economic status in adulthood¹²⁷. Family disadvantage affects children, increasing the likelihood of disadvantage in adulthood. Supporting families to be or become financially secure addresses child and family poverty now and in the future.

Housing circumstances and wider community contexts are also crucial for children's early development by providing environments for growth and learning and shaping identity. Playgrounds, parks, libraries, swimming pools, and sports, arts and cultural activities in the community considerably improve the quality of children's day-to-day lives¹²⁸. Local child-relevant places are positively associated with physical health, wellbeing and social competence for young children¹²⁹, and green space in a child's community is associated with lower obesity rates¹³⁰.

For young children, play is essential. Play is a medium for learning and can improve cognitive and social skills. It promotes mental health. It also facilitates children's neurological development and self-directed exploration of the world. The views of young children confirm that indoor and outdoor play is very important¹³¹. Despite a 550% increase in the number of playgrounds between 2004 and 2018¹³², fewer children are playing outdoors. Lack of safe spaces for outdoor play; parents' anxieties about their children's safety and increasing pressure on children to participate in structured activities, among other factors, explain the reduction¹³³.

It follows that local planning greatly affects young children, and child-friendly design and planning are emerging concepts internationally¹³⁴. The provision of appropriate housing and play areas has been identified as a particular issue for some Traveller families. For example, a 2010 study reported that play areas were unavailable in 77.5% of group housing or halting sites¹³⁵. A more recent study identified that, for the 12% of Traveller families living in caravans or mobiles homes, 29% had no sewage facilities¹³⁶.

Standard of living

Every child has the right to a standard of living that is adequate for their development – physical, mental, spiritual, moral and social. While parents and guardians have the primary responsibility to provide for the child's material needs, the State also has the responsibility to assist parents and guardians to alleviate poverty where needed.

Summary of Article 27 of the UNCRC



Leisure, recreation and cultural activities

Every child has the right to rest and leisure, to engage in play and recreation activities appropriate to the age of the child, and to participate freely in cultural life and the arts.

Summary of Article 31 of the UNCRC



What's happening now

Existing supports

A range of policies, schemes and services are in place to support families with young children to meet their practical and material needs. Broadly based family income measures include the universal payment of Child Benefit, as well as the Home Carer Tax Credit¹³⁷. Minimum wage and employment rights legislation aim at providing a fair and sustainable wage for all workers, including parents of babies and young children.

Other targeted or means-tested *family income schemes* are listed here.

- Increases for Qualified Children (IQC) are weekly payments for qualifying children in addition to adult-rate social welfare payments.
- Back to Work Family Dividend continues the payment of IQC when a parent returns to work from social welfare¹³⁸.
- Working Family Payment (WFP) provides financial support to low-paid employees with children¹³⁹.
- The One Parent Family Payment (OFP) scheme is available until the youngest child in a one-parent family turns seven¹⁴⁰. One-parent families can also avail of Back to Education Allowance for second- or third-level courses¹⁴¹.
- Back to School Clothing and Footwear Allowance is an annual means-tested payment for children aged over four¹⁴².
- Exceptional Needs Payments (ENP) helps meet essential, once-off expenditure, and may be related to the costs of a baby or young child¹⁴³. ENPs are means-tested and case-specific.
- Domiciliary Care Allowance is a non-means-tested monthly payment made to the carer of a child with a severe disability living at home who requires significant ongoing care.
- A one-off Maternity Grant by the HSE is available to mothers who have a medical card.

Affordable, accessible and quality services are also key to addressing child wellbeing. Child health services are dealt with under Goal B and ELC services are dealt with under Goal C. Other services and supports for families are mentioned here.

Children are required to start compulsory education by the age of six and many children start school as young as age four¹⁴⁴. *Primary education* is provided largely free of charge, although some ancillary costs apply. Children who attend a primary school with DEIS status (which has proportions of children living in high deprivation areas) can access additional supports¹⁴⁵. The *School Meals Scheme* resources some schools, other local groups and voluntary organisations to provide regular, nutritious food to children in school.

Local authorities provide *social housing supports* to those who meet the income requirements. These supports include tenancies in a property owned and managed by the local authority; by an approved housing body; or in a property the local authority is managing or has leased from a private property owner; and the Housing Assistance Payment supports tenancies in the private rental sector.

Broader initiatives include free travel on public transport¹⁴⁶ for children up to age five. Resources and spaces for families with young children are provided by 330 public library branches and 31 mobile libraries. Local authorities or community groups can apply for funding to improve local public facilities and amenities¹⁴⁷.

The *Social Inclusion and Community Activation Programme* (SICAP) 2018–2022¹⁴⁸ provides funding to tackle poverty and social exclusion through local engagement and partnerships. Disadvantaged children and families are one of the target groups¹⁴⁹.

Social security

Every child has the right to benefit from social security either directly or through their parents or guardians. The State should provide financial assistance or benefits for children who require it due to their particular circumstances or lack of resources.

Summary of Article 26 of the UNCRC



Broader policy context

The 2013 European Commission Recommendation 'Investing in Children: Breaking the Cycle of Disadvantage'¹⁵⁰ provides guidance for policies to address child poverty and social exclusion.

The European Commission Recommendation underpins the *Whole of Government Approach to Tackling Child Poverty*, a joint initiative across Government Departments and Non-Governmental Organisations. The approach identifies actions to significantly impact on child poverty, as follows¹⁵¹:

- Provide universal free GP care for all children, improve responsiveness of health systems to address the needs of disadvantaged children;
- Reduce the cost of education at all levels, improve literacy and numeracy skills, intervene early to improve outcomes;
- Provide children with a safe, adequate housing and living environment, make it possible for families with children to live in affordable, quality housing;
- Intensify efforts to ensure that all families, including vulnerable and disadvantaged families, have effective access to affordable, quality ELC that focuses on children's best interests and is responsive to parents' working arrangements;
- Provide enhanced support to (re)integrate parents into the labour market through the Pathways to Work Strategy and National Skills Strategy;
- Identify and tackle disincentives parents face when entering, remaining or progressing in the labour market, including analysis of the effectiveness of in-work supports and other schemes, promotion of available support and tackling low pay and precarious work¹⁵².

The *Whole-of-Government Approach to Tackling Child Poverty* references a 2014 commitment to achieve, by 2020, a reduction of at least two-thirds in the number of children in consistent poverty, reducing the number by over 100,000 from the 2014 peak. Noting that the target is ambitious and challenging, the paper emphasises the need for a multi-dimensional response of child and family services as well as cash transfers. A revised NGO paper on child poverty has recently been published. Other major national strategies that contribute to supporting family and community resources are outlined below.

Investing in Children: Breaking the Cycle of Disadvantage

Access to adequate resources

- support parents' participation in the labour market, in particular for those at a distance from the labour market and in households at risk
- provide for adequate living standards through a combination of benefits

Access to affordable quality services

- reduce inequality at a young age by investing in ELC
- improve education systems' impact on equality opportunities
- improve the responsiveness of health systems to address the needs of disadvantaged children
- provide children with a safe, adequate housing and living environment
- enhance family support and the quality of alternative care settings

Children's right to participate

- support the participation of all children in play, recreation, sport and cultural activities
- put in place mechanisms that promote children's participation in decision-making that affects their lives



Other measures promoting inclusion and addressing discrimination

Active inclusion is the theme of the *National Action Plan on Social Inclusion*. The plan focuses on enabling each person, including the most disadvantaged, to fully participate in society, including having a job. It outlines actions to support income through employment and assist people to enter the workforce. It sets targets for welfare payment levels to reduce relative poverty and improves access to quality services to minimise deprivation.

Our Public Libraries 2022 – inspiring, connecting and empowering communities enhances library services to meet the needs of children, families and all individuals. Specific measures target children and families and reach out to those not currently using libraries.

The overarching theme of the *National Strategy for Women and Girls* is to promote equality in the workplace, education, the family, public and corporate boards, sport and the arts. Actions related to parenting supports, parental leave and ELC particularly support young children.

The *National Traveller and Roma Inclusion Strategy* recognises the particular needs of Traveller and Roma children and their parents. Actions relate to consultation and participation with children, culturally appropriate service delivery and children's rights.

The *National Disability Inclusion Strategy* identifies actions for improving the lives of people with disabilities so they can fulfil their potential.

The *Migrant Integration Strategy* identifies actions to support better integration and reduce poverty and social exclusion among migrants.

Through the *European Communities (Reception Conditions) Regulations, 2018*, Ireland opted in to the EU Reception Conditions (Recast) which includes important provisions in relation to health, education, children's rights and material conditions for applicants for international protection and sets out specific support mechanisms that must be provided to vulnerable persons defined within the Regulations.

Various *bursary initiatives* (for example, the Student Assistance Fund) support one-parent families in further or higher education.

Wider national strategies

Pathways to Work, the Action Plan on Jobless Households includes piloting a family-focused employment service for parents of young children, helping people to move from welfare to employment, and reforming welfare schemes to support working families. The plan aims to reduce the proportion of jobless households to under 13%, and reduce the share of the working-age population in jobless households to under 8%. It seeks to move 50,000 long-term unemployed people into employment by 2020.

The strategic goals of the 2018 *Action Plan for Jobs* include the creation of 200,000 additional jobs by 2020, including 135,000 outside Dublin. One of the actions is to analyse the relevant policy issues for cohorts with low labour market participation, including women.

Rebuilding Ireland (2016) is the Government's action plan on housing and homelessness. Targets include increasing the overall supply of new homes to 25,000 per annum by 2020; delivering an additional 50,000 social housing units in the period to 2021; and meeting the housing needs of an additional 87,000 households through the Housing Assistance Payment (HAP) scheme and the Rental Accommodation Scheme.

The Project Ireland 2040 *National Planning Framework* is a high-level strategic plan for growth and development to 2040, and is intended to guide public and private investment.

Strategic Actions

The following Strategic Actions have been identified to meet Objective 3. Further detail is provided in the Actions table.

- 3.1 Building on the existing infrastructure of supports, review and develop initiatives to maximise the incomes of families with young children, with a particular focus on children at risk of poverty.**
- 3.2 Support the development of suitable accommodation to meet the needs of babies, young children and their families.**
- 3.3 Ensure that the design and development of physical and social infrastructure takes account of the needs and rights of babies, young children and their families so that communities where children are born and grow up support positive early development.**

GOAL B

Optimum physical and mental health

Objective 4

Parents, families and communities will be supported to engage in and promote positive health behaviours among babies and young children, starting from the pre-conception period.

Objective 5

Babies and young children have access to safe, high-quality, evidence-based integrated primary, preventative and specialist healthcare services.

Objective 6

Babies, young children and their parents enjoy positive mental health.



Zoe

OBJECTIVE 4

Parents, families and communities will be supported to engage in and promote positive health behaviours among babies and young children, starting from the pre-conception period.

Antenatal care

- 99% of pregnant women availed of antenatal care.
 - 89.3% availed of antenatal care in the first trimester.
 - Uptake of early antenatal care is lowest among 15-19-year-old women (76.8%) and unemployed women (81.3%).

Breastfeeding and weaning

- 54.4% of babies are being breastfed three days after birth, with 38.9% breastfed at three months.
- Significant regional variation exists.
- Ireland has the lowest rate of breastfeeding in the EU.
- Almost half of all babies are weaned onto solid foods by four months of age, before the recommended age of six months.

Obesity

- 80% of children are a healthy weight at age five, while 20% are overweight or obese.
- Obesity levels were significantly higher among girls, and children in the lowest income quintile.
- The lifetime direct and indirect costs of childhood obesity in Ireland are estimated to be €4.6 billion.

Food poverty

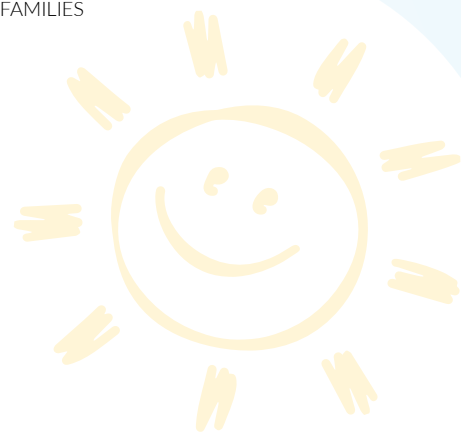
- 10.2% of children aged 0-5 experience food poverty, compared to 9.2% of the overall population.

Hospital admissions

- 5,513 children aged 0-5 were discharged from hospital with a principal diagnosis of injury and poisoning.

Dental decay

- 30% of five-year-olds have dental decay.



OBJECTIVE 4

Parents, families and communities will be supported to engage in and promote positive health behaviours among babies and young children, starting from the pre-conception period.

Why this is important

The foundation for good child health is laid before and during pregnancy. Pre-conceptive health behaviours are key to pregnancy outcomes for mothers and babies¹⁵³, including a healthy diet and weight, smoking cessation, a reduction in alcohol consumption and folic acid supplementation to prevent neural tube defects¹⁵⁴. Unhealthy behaviours, unmanaged health conditions, late or no prenatal care and exposure to maternal stress during pregnancy can lead to a range of adverse outcomes^{155,156}. Smoking during pregnancy, for example, is linked to risks of developmental difficulties and chronic diseases in early childhood and beyond^{157,158}. Drinking alcohol during pregnancy can have a serious impact on foetal brain development. Data from *Growing Up in Ireland* indicates that 18% of women smoke cigarettes and 20% consume alcohol at some stage in their pregnancy¹⁵⁹.

Babies and young children depend significantly on their parents to ensure their safety. They are also reliant on their parents and families to make healthy choices in relation to diet, physical activity and early wellbeing. ELC settings, primary schools and the wider community can also play significant supportive roles in children's health. Opportunities for play, in particular active play, can establish healthy habits that contribute to tackling childhood obesity.

Breastfeeding has a significant impact on child health. Long recognised as the gold standard for nutrition in infancy and early childhood, its benefits for babies include healthy development of the brain, digestive and immune systems. Breastfed babies demonstrate stronger cognitive developmental scores and are less likely to develop ear, nose and throat infections, gastroenteritis, kidney and chest infections, asthma, eczema, diabetes and obesity^{160,161} and breastfeeding is linked to better oral health outcomes¹⁶². Breastfeeding also supports positive infant mental health by promoting bonding and attachment.

Food poverty, both in terms of a lack of food and an inability to afford healthy food, has a negative impact on children's health, wellbeing and development, as well as their social participation¹⁶³. Social pressures can increase the proportion of money spent on foods that are high in fat and sugar¹⁶⁴. While wider measures to combat income poverty will reduce food poverty, specific actions can also target the issue of food poverty among children.

Positive health behaviours – including eating and sleeping well, taking regular exercise, talking about problems, drinking less alcohol and spending time with others – can also make a big difference to mental health and wellbeing.

Putting in place supports amongst parents, wider community members and those providing health services, from pre-conception through to early childhood, and increasing awareness of them, can change the trajectory of children's lives¹⁶⁵.

What's happening now

The *National Healthy Childhood Programme* covers child health reviews, vaccinations and screening. Free to all children, it facilitates equal access and greater acceptability for families. Programme delivery is based on a progressive universalism model which is “a perspective that combines universalism with the targeting of resources at those that have special needs for support or protection; in other words, help to all and extra help for those who need it most”¹⁶⁶. Breastfeeding is promoted by this Programme through the implementation of the HSE Breastfeeding Action Plan.

The *Nurture Infant Health and Wellbeing Programme*, developed through the HSE Healthy Childhood Programme with philanthropic support, aims to improve health and wellbeing for babies, young children and their families. There is a strong emphasis on improving the information and professional supports provided to parents during pregnancy and during the first three years of life. Key resources include booklets on *A Healthy Pregnancy*, *Caring for your Baby* and *Caring for your Child*.

The *National Women and Infant Health Programme* provides health promotion supports for mothers and their babies, including smoking cessation, access to antenatal dietetic services and nutritional advice. This programme is currently developing a revised Baby Friendly Hospital Initiative.

Healthy Eating and Active Living – HEAL is a National Policy Priority Programme that ensures implementation of the obesity and physical activity plans across the health services.

START is a five-year public health awareness campaign from Safefood, the HSE and Healthy Ireland, which aims to build healthy lifestyle habits amongst parents.

Healthy Food for Life guidelines and resources supporting healthier food choices are being incorporated into all nutrition work with school, community and health service staff.

Making Every Contact Count supports health professionals to empower people to make healthier choices. The model includes interventions ranging from low-intensity (i.e. brief advice) to high-intensity specialist services such as smoking cessation.

Healthy Ireland Smart Start is a health promotion training programme led by the HSE in partnership with the National Childhood Network, to ensure children in ELC settings are supported to adopt healthy lifestyle behaviours.

Active Schools Flag is a Department of Education and Skills initiative supported by Healthy Ireland to recognise schools that strive to achieve a physically educated and active school community.

Nutrition Standards for School Meals have been developed to ensure the School Meals programme follows the Healthy Food for Life Guidelines.

A report on folic acid supplementation is currently being finalised by the Department of Health folic acid policy committee.

A framework for the prevention of childhood obesity is also under development by the Healthy Weight for Children Working Group.

Nutrition and physical activity is an integral part of the *Early Years Services Regulations*; *Aistear*, the *Early Childhood Curriculum Framework* and the *Primary School Curriculum*.

The *Nationwide Road Safety Education Service* delivers programmes on the practising of safe road behaviour in general, including specific resources and programmes aimed at pre-school children.

Pavee Point delivers the *Primary Health Care for Travellers Project*, funded by the HSE, to develop the skills of Travellers in providing community-based health information and support to parents.

Little Things is the national mental health and wellbeing campaign focused on evidence-based, simple and powerful day-to-day steps to protect mental health and support others.

Broader policy context

Healthy Ireland, A Framework for Improved Health and Well-Being 2013–2025 is the national framework for whole-of-Government and whole-of-society action to improve the health and wellbeing of people living in Ireland. A new *National Nutrition Policy* is currently being developed under this Framework.

A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016–2025 aims to increase the number of people with a healthy weight. It sets specific targets for children (i.e. 0.5% per annum for a sustained downward trend in levels of excess weight in children and a reduction in the gap in obesity levels between the highest and the lowest socioeconomic groups by 10%) and identifies a range of actions that will produce measurable outcomes.

The *Get Ireland Active, National Physical Activity Plan for Ireland 2016–2026* aims to increase physical activity levels across the population. It identifies specific targets for children: an increase by 1% per annum in the proportion of children undertaking at least 60 minutes of moderate to vigorous physical activity every day; and a decrease by 0.5% per annum in the proportion of children who do not take any weekly physical activity.

The *HSE Breastfeeding Action Plan 2016–2025* aims to increase breastfeeding rates by supporting and enabling more mothers to breastfeed. The overall targets are an annual 2% increase in breastfeeding duration rates between 2016 and 2021, and 100% of Hospital Groups and Community Healthcare Organisations implementing standardised breastfeeding policies. The provision of clinical specialist posts to support breastfeeding mothers in both primary care and maternity hospitals is a key action for this Plan. Other measures include online lactation consultants, breastfeeding factsheets and www.breastfeeding.ie.



Tobacco Free Ireland, the report of the Tobacco Policy Review Group, sets a target for Ireland to be tobacco free by 2025, with the protection of children prioritised. Legislation to ban smoking in places where children are present has been enacted (as is the case of smoking in cars) or is planned, and local authorities are engaged in a range of activities to make children's playgrounds, parks and beaches smoke-free.

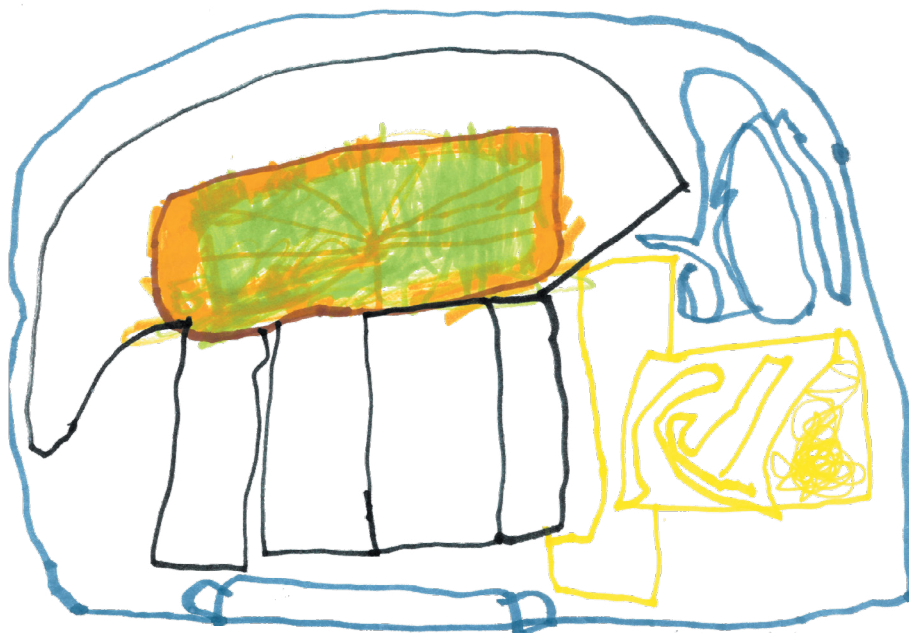
Creating a Better Future Together, National Maternity Strategy 2016–2026, provides the framework for a new and better maternity service.

Reducing Harm, Supporting Recovery: A Health-Led Response to Drug and Alcohol Use in Ireland 2017–2025 includes actions to mitigate risk and reduce the impact of parental substance misuse on babies and young children.

Strategic Actions

The following Strategic Actions have been identified to meet Objective 4. Further detail is provided in the Actions table.

- 4.1 Promote and support positive health behaviours among pregnant women, babies, young children and their families.**
- 4.2 Integrate health behaviour supports and services into child-serving settings and the wider community.**
- 4.3 Promote child safety and prevent unintentional injuries to babies and young children.**



Alex, age 4

OBJECTIVE 5

Babies and young children will have access to safe, high-quality, evidence-based integrated primary, preventative and specialist healthcare services.

Health checks

- 96.9% of newborns received a PHN visit within 72 hours of hospital discharge, against a target of 98%.
- 92.4% of babies received their ten-month development health screening on time, against a target of 95%.
- There is significant geographic variation in the proportion of babies receiving health checks within the target time.

Vaccinations

- Uptake rates for D3, P3, T3, Hib3, Polio3 and HepB3 for children at 24 months of age reached the target of 95%.
- Uptake rates for MMR1, PCVb, PCV3, Hibb, MenCb, MenC2 and MenC3 did not reach the target.

Hospitalisation

- 81,105 hospital discharges of children aged 0-5 in 2016
 - 39% were children under the age of one.
- Diseases of the respiratory system are the most common reason for hospitalisation.

Waiting lists

- 4,242 children are waiting for an assessment of need.
 - 80% have been waiting for more than three months.
 - There is significant geographic variation.
- 2,815 of children aged 0-5 are on waiting lists for in-patient care.
 - 16% have been waiting more than one year.
- 39,992 of children aged 0-5 are on waiting lists for out-patient care.
 - 27% have been waiting more than one year.

Preterm births and low birth weight

- 7% of newborns were preterm.
- 6% of newborns had low birth weight.
- There are marked social class differences in preterm births and low birth weight.

OBJECTIVE 5

Babies and young children will have access to safe, high-quality, evidence-based integrated primary, preventative and specialist healthcare services.

Why this is important

Access to safe, high-quality, evidence-based primary, preventative and specialist healthcare services is essential to promoting and protecting the health of all babies and young children. Among the most important universal services are immunisation, screening and surveillance programmes.

Immunisation programmes are amongst the most cost-effective public health interventions available, saving millions of children worldwide from illness, disability and death annually¹⁶⁷.

Good quality, evidence-based developmental screening and surveillance programmes allow for the early identification of problems, and corresponding early intervention. Early intervention and prevention are optimal, as well as being the most economical way to help children and families, reducing long-term dependency on a range of State services.

Most children can be cared for via a range of primary care supports. However, children's healthcare needs are becoming increasingly complex and are changing due to, for example, increased survival of extreme prematurity¹⁶⁸, increased numbers of children with chronic health issues, obesity¹⁶⁹, and a sharp rise in allergic disease¹⁷⁰.

It is essential to ensure that where disabilities or developmental delays are identified early on, appropriate intervention services are available on a consistent and equitable basis.

Health and health services

Every child has the right to enjoy the highest possible standard of health, to access health and other related services and facilities for the treatment of illness and rehabilitation of health. Children with disabilities have the right to a full and decent life within the community and to special care.

Summary of Article 24 of the UNCRC



Children with a disability

Every child with a disability has the right to enjoy a full and decent life in dignity which promotes and supports self-reliance and facilitates active participation in the community. Children with a disability have the right to special care. The State should provide assistance that is appropriate to the child's condition and the circumstances of their family, free of charge where possible. This includes access to education, health care services, rehabilitation and recreation to ensure social integration and individual development.



Summary of Article 23 of the UNCRC

What's happening now

The *National Healthy Childhood Programme* includes the *Maternity and Infant Care Scheme*, the *Child Health, Immunisation, Screening and Surveillance Programme* and the *GP Visit Card Scheme* for children under six.

The *Maternity and Infant Care Scheme* entitles women to maternity care free of charge, with a programme of care for expectant mothers and newborn babies up to six weeks after birth. Care is shared between the GP, hospital and community services. The scheme includes six antenatal contacts, a GP examination of the baby at two weeks and both mother and baby at six weeks.

The *Child Health, Immunisation, Screening and Surveillance Programme* makes available a range of free universal screening and surveillance services. These include screening for metabolic disorders, a hearing test, and regular developmental checks and assessments by PHNs (at: 72 hours following hospital discharge after birth, 3 months, 7–9 months, 18–24 months and 3–4 years). Implementation of a revised programme will refine the timing of these contact points. A school-based health check, including hearing and vision, is also carried out in junior infants.

The *Primary Childhood Immunisation Programme* (PCI) covers immunisations from birth to 13 months free of charge. The PCI covers 13 diseases¹⁷¹. The *School Immunisation Programme* (SIP) covers the immunisation of school-age children¹⁷².

Since July 2015, all children under six are entitled to a free *GP Visit Card*. The scheme also covers age-based preventive health checks at ages two and five, and a cycle of care for children with asthma. 90% of children under the age of six hold a GP Visit Card or have access to a full *Medical Card*, which extends access to a range of additional health services. Since 2017, entitlement to a full medical card has been extended to children in receipt of a Domiciliary Care Allowance.

The Public Dental Service (PDS) provides *oral healthcare for children*, including emergency treatment and special care dentistry. The HSE provides free dental treatment to pre-school and primary school children referred by GPs or school health examinations. This policy is currently being reviewed to increase access to preventative and routine care for more children and enable continuity of care.

Public hospital services, including emergency care, provide free *specialist care (secondary and tertiary care)* for children in Ireland up to six weeks of age. Thereafter charges apply in certain circumstances. *Specialist children's hospitals* provide services for children with particular medical and developmental needs. Secondary and tertiary services for young children continue to be developed.

The *Model of Care for Paediatric Healthcare Services* is a blueprint for neonatal and paediatric services. It describes a vision for high-quality, integrated, accessible healthcare services from birth. With an emphasis on early detection and prompt treatment, the Model focuses on health promotion, support for parenting, improving child wellbeing and greater child, and family involvement in the planning of services. Models of Care for Neonatal Services¹⁷³, Paediatric Care¹⁷⁴ and Palliative Care for Children with Life Limiting Conditions¹⁷⁵ have also been developed.

Progressing Disability Services for Children and Young People (PDSCYP) is a national programme to address inequity in service provision and achieve a national, unified approach to disability health services. The new model will provide a clear referral pathway for all children (0–18s), with an integrated care model that will allow children with a disability to be seen close to their home or school. Children's Disability Network Teams are currently being put into place, with diagnosis-specific services continuing to operate in the interim. In addition, there is a commitment in the *Programme for a Partnership Government* to increase the number of therapists by 25%.

Children who are suspected of having a disability may apply for an Assessment of Need under the *Disability Act 2005* to determine if they have a disability, and give a statement of the nature and extent of the disability.

Broader policy context

An All-Party Oireachtas Committee on the Future of Healthcare was established in June 2016 to create a cross-party vision for the future of health and social care services. The Committee engaged with stakeholders across the system and published the *Sláintecare Report* in May 2017. *Sláintecare* sets out the vision that all citizens will have universal access to healthcare, in both the acute and community settings, where care is safe, timely, and accessible, and access is based on need, not ability to pay.

The *Sláintecare Implementation Strategy* published in August 2018 sets out the Government's programme for health reform to deliver on this vision.

The Strategy centres on the development of a population-based approach to healthcare planning and delivery. This will involve the development of a citizen care masterplan for how the overall health system should operate, which will inform detailed service planning, resource allocation, workforce planning and policy prioritisation. Informed by this overall whole-system framework, new models of care will be designed that are structured, coherent and tailored to population need. Models of care will be designed around groups or cohorts in the population including children.

Strategic Actions

The following Strategic Actions have been identified to meet Objective 5. Further detail is provided in the Actions table.

- 5.1 Resource and support the implementation, expansion and enhancement of the National Healthy Childhood Programme to ensure it better addresses the needs of babies, young children and families, enabled by the development of a dedicated child health workforce (see Building Block 3).**
- 5.2 Make therapeutic and medical provision available to babies and young children on a consistent, equitable and timely basis.**





OBJECTIVE 6

Babies, young children, and their parents enjoy positive mental health.

KEY FACTS

Mental health of five-year-olds

- 19% of five-year-olds have some difficulties with emotions, concentration, behaviour or being able to get on with other people.

Post-natal depression

- 18% mothers report depression three months postnatally.
 - 3% of new mothers are likely to suffer from more serious mental illness.

Stressful life events

- 18% of five-year-olds have experienced two or more stressful life events.
- Experience of multiple stressful events is associated with a higher likelihood of behavioural problems.

Mental health services

- 54% of people indicated that they would like to see improvements in mental health services.



OBJECTIVE 6

Babies, young children and their parents enjoy positive mental health.

Why this is important

Social and emotional development is necessary for babies and young children to enjoy good health and wellbeing. It is inextricably tied to all other developmental domains. Babies and young children who do not enjoy positive mental health are at heightened risk of poor outcomes that can persist throughout their life¹⁷⁶.

For all children, especially young children, mental health is strongly influenced by their relationships with adults in their lives and by the caregiving environment. Babies and young children need stable, sensitive and responsive nurturing to form strong relationships (attachment)^{177,178}. Children with a sense of belonging are happier, more relaxed and have fewer behavioural problems¹⁷⁹.

Social and emotional problems can be caused by family stress. A child's mental health can be compromised by chronic physical illness, disability or injury, prolonged separation from the primary caregiver, homelessness, death of a parent or close relative, parental depression or addiction and violence in the home or community. Chronic stress and trauma in early childhood, exacerbated by poverty, repeated abuse or severe maternal depression, can have a significant negative impact on the developing brain¹⁸⁰. Children exposed to multiple traumatic events tend to experience poorer outcomes than those exposed only once¹⁸¹. For children experiencing high stress, specialised early interventions are needed.

Parental mental health is also critically important in supporting a child's early social and emotional development¹⁸². Poor mental health reduces parents' capacity to support child development. Untreated post-natal depression can lead to developmental difficulties in children¹⁸³.

Mental health issues can affect a mother's ability to bond with her baby, and, in turn, have an impact on the baby's development of a secure attachment¹⁸⁴. Due to unidentified difficulties, many women do not get help for mental health problems in the perinatal period¹⁸⁵.

Reducing family stress, supporting positive parenting behaviours, relationship-based interventions and building the awareness and skills of those that work with babies, young children and their families can reduce the impact of early trauma¹⁸⁶.

What's happening now

A range of initiatives promoting positive mental health among babies, young children and families are set out below.

Under the *Maternity and Infant Care Scheme*, post-natal GP contact screens the mother for depression. PHNs also have a key role in screening for post-natal depression and work to strengthen that role through the *National Healthy Childhood Programme* is ongoing.

Developments through the *Nurture Infant Health and Wellbeing Programme* promote and support infant mental health, including e-learning modules.

A *Model of Care for Specialist Perinatal Mental Health Services* is being implemented to support the actions on mental health outlined by the *National Maternity Strategy* through the *National Women and Infants Health Programme*. Specialist multidisciplinary perinatal mental health teams are being developed to provide secondary and tertiary care.

The *National Women and Infants Health Programme* seeks to ensure a holistic approach to women's healthcare needs, including mental health needs, in antenatal and post-natal care. Staff in this area are being trained to identify women at risk and to ensure appropriate support.

Primary care practitioners provide care for children with mild to moderate 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 provide treatment and assessment for children with complex or more severe needs.

A *24-hour helpline and digital mental health support services* are under development to provide easier access to supports and appropriate interventions using digital technologies.

A *tele-therapy pilot project* is being introduced to ascertain the merits of delivering care from a distance (web therapy) using technology and videoconferencing. This pilot will assess the suitability of the approach for augmenting existing services.

Counselling in Primary Care continues to be developed. This key initiative to improve counselling services has seen the appointment of 114 assistant psychologists and 20 psychologists to assist young people.

The *National Youth Mental Health Task Force* recommended that evidence-based information regarding positive mental health be included into routine perinatal care services. It also recommended training of staff in maternity hospitals and all public health nurses to identify people experiencing mental health challenges and refer them to relevant services.

There is a strong focus on socio-emotional development in *Aistear*, the *Early Childhood Curriculum Framework* and the *Primary School Curriculum*. The emotional wellbeing/literacy element of the *Healthy Ireland Smart Start* programme provides valuable information and guidance to both ELC staff and parents on children's emotional and mental health.

In primary school, the *National Educational Psychological Service* (NEPS), through casework and CPD for teachers, plays a key role in supporting the wellbeing of all children. Support for children with special educational needs and those at risk of marginalisation due to disadvantage is also provided.

Well-Being in Primary Schools: Guidelines for mental health promotion by NEPS, in consultation with advisors from the Department of Education and Skills, the Health Service Executive, the Department of Health and the Department of Children and Youth Affairs, informs the work of primary schools.

Better Outcomes, Brighter Futures identifies the need to adopt effective interagency approaches in child welfare and protection, coordinating protocols (including Hidden Harm protocols) between agencies serving children and young people and adult-focused addiction, domestic violence and mental health services.

Broader policy context

A Vision for Change: The Report of the Expert Group on Mental Health Policy 2006–2016 details a comprehensive model of mental health service provision for 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. *A Vision for Change* came to the end of its 10-year term in 2016. Preparations for a review and updating of policy have been underway in the Department of Health since early 2016. An Oversight Group has been established to review and update the existing mental health policy, with a particular focus on primary prevention, early intervention and positive mental health, which includes perinatal mental health.

Building on the priority in the Sláintecare Report to create an integrated system of care, with healthcare professionals working closely together, a key focus of the work of the refresh of *A Vision for Change* has been to further integrate physical and mental health services. The refreshed Vision for Change policy will be built within an ecological model of care framework that recognises the determinants that contribute to poor mental health, including early onset of trauma.

Connecting for Life, Ireland's National Strategy to reduce Suicide 2015–2020, is a national strategy to reduce suicide. It sets out a vision of fewer lives lost through suicide, and empowered communities and individuals with improved mental health and wellbeing. This Strategy commits to developing and implementing a national mental health promotion plan in 2019.

Strategic Actions

The following additional Strategic Actions have been identified to meet Objective 6. Further detail is provided in the Actions table.

- 6.1 Improve the early identification of mental health problems among babies, young children and families.**
- 6.2 Improve access to mental health supports and services for babies, young children and families, with a particular focus on initiatives that integrate mental health supports and services into child-serving settings and the wider community.**

Anna, age 5



GOAL C

Positive play-based early learning

Objective 7

Parents, families and communities are supported to provide a nurturing and stimulating environment for children's early learning, starting from birth.

Objective 8

Babies and young children have access to safe, high-quality, developmentally-appropriate, integrated ELC (and school-age childcare), which reflects diversity of need.

Objective 9

Children will be supported in their transitions to (and through) ELC settings and onwards to primary schooling.



Alanna, age 5

OBJECTIVE 7

Parents, families and communities are supported to provide a nurturing and stimulating environment for children's early learning, starting from birth.

KEY FACTS

Daily activities of five-year-olds

- 68% play make-believe or pretend games.
- 66% play chasing.
- 50% ride a bike or tricycle.
- 48% play ball games.
- 67% of girls and 42% of boys draw.

Reading

- 57% of three-year-olds are read to every day.
 - 75% of children in the highest income quintile are read to daily.
 - 43% of children in the lowest income quintile are read to daily.
- 69% of three-year-olds have access to at least 30 children's books in their home.
- More than half of three-year-olds sing or recite rhymes and poetry every day.
- 49% of five-year-olds visit a library at least occasionally.

Parents' engagement with children's education

- Teachers describe 76% of mothers of five-year-olds as 'very interested' in their child's education.

OBJECTIVE 7

Parents, families and communities are supported to provide a nurturing and stimulating environment for children's early learning, starting from birth.

Why this is important

Parents and families are the single biggest influence on children's early learning¹⁸⁷, including their cognitive, social, emotional and behavioural development. Babies and young children, particularly those under three years old, spend more time at home than in any other setting. We know from research that this is a highly sensitive period for children's learning. Indeed, in this narrow window, a child's brain grows faster than at any other time of life¹⁸⁸.

Much of children's early learning takes place through different types of play – adult-led or self-directed – which support children's learning and skill development (see boxed text). In a nurturing and stimulating home learning environment, a child's success in early learning is grounded¹⁸⁹, as demonstrated by a range of studies. A stimulating home learning environment is defined as *'one that provides educational interactions and activities (such as playing games, singing songs, shared reading, and visiting museums, libraries and playgrounds)'*^{190,191}.

The Study of Early Education and Development (SEED) found a strong association between the home learning environment and cognitive outcomes for children at the age of three¹⁹². Similarly, *Growing Up in Ireland* found that indicators of the home learning environment (e.g. reading, playing board games and contact with grandparents) predicted children's vocabulary at age five¹⁹³. Other Irish research concluded that the home learning environment impacted on a range of children's skills at the age of three¹⁹⁴.

The nature of home learning environments varies greatly. Parents with lower educational qualifications engage less frequently in home learning activities, such as reading, than parents with higher qualifications¹⁹⁵ and are less likely to attend a cultural or school event¹⁹⁶. Social gradients in children's exposure to vocabulary in the home have also been found. Specifically, by the time a child reaches three years old, research has shown that children experience around 45 million words in the average middle-income family, compared to 13 million in the average low-income family¹⁹⁷. The home learning environment is also influenced by parents' work-life balance arrangements.



Clearly, ELC provides opportunities to equalise children's experiences and this is one of the drivers for State investment¹⁹⁸. So too do the communities in which young children live¹⁹⁹. The need for high-quality ELC and for communities that provide rich and diverse learning opportunities are therefore paramount and are priorities for this Strategy. Even when young children spend a significant part of their day in an ELC setting and live in communities conducive to early learning, parents and families continue to have the most significant and enduring influence.

Play in early childhood

Aistear, the Early Childhood Curriculum Framework, describes the different types of play children engage in at different stages. For example, babies can initiate peek-a-boo (games with rules) while investigating a piece of fabric (exploratory play). Older children can pretend they are builders (pretend play) when they are constructing a tower or a road (constructive play). While children may show preferences for one type of play, experience of a variety of types of play supports learning and development.

During early childhood, the role of adults in supporting play changes. Adults can provide a secure environment for children of all ages to play and explore. Children from birth to 18 months benefit from a playful approach to care-giving routines, such as feeding and changing. Adults can support babies as they try new things and practise and repeat activities. Toddlers benefit from playful, adventurous interactions and access to a variety of different types of play. Young children benefit from adults providing stimulating material to support play and interactions with other children.

Children need space, time and freedom to explore and to engage in self-directed play. Potential barriers to play for children include a lack of access to suitable play material or play areas, as well as adults over-directing play or unduly prohibiting certain activities (such as outdoors activities or noisy play). It is therefore important to raise awareness of the importance for children to experience both 'learning through play' and self-directed play.

Children benefit from both indoor and outdoor play. Outdoor play is discussed under Objective 3, and related actions are identified. Over and above these, it is important to promote greater use by children of the outdoors and natural environment, including supporting children's learning about the natural world.

What's happening now

The *Parent and Toddler Group Initiative* provides small grants to groups, recognising their informal support to parents and families, grandparents and childminders as well as to young children.

The National Adult Literacy Agency (NALA) hosts a website for parents, *helpmykidlearn.ie*, to provide ideas and resources appropriate to children of different ages.

A range of ELC- and school-based *literacy initiatives* are in place, many developed under the Area Based Childhood (ABC) Initiative, the National Early Years Access Initiative (NEYAI), DEIS and community and voluntary organisations. Other family and community literacy initiatives involve Education and Training Boards (ETBs), community groups and the NALA.

Right to Read is a collaborative cross-Government literacy initiative, providing a nationally coordinated framework for literacy support and reading development in all local authorities, led by the library service. Local Right to Read networks in each area are led by the City/County Librarian to support literacy development, identify cohorts most in need of support and agree approaches, which include initiatives for children and families.

ELC settings are uniquely placed to promote the home learning environment. Working in partnership with parents to support children's learning at home is core to *Aistear*, the Early Childhood Curriculum Framework²⁰⁰. Likewise, *Síolta*, the National Quality Framework²⁰¹, identifies partnership with parents and families as an integral component of quality provision.

The *National Parents Council Primary* supports parental engagement in learning and has recently been funded to extend its support to parents of children in ELC settings.

A forthcoming bill requires schools to introduce a *Parent and Students Charter* to ensure that parental engagement in children's learning is integrated into each school's Improvement Plan.

Delivering Equality of Opportunity in Schools (DEIS) is the main Department of Education and Skills initiative to tackle educational disadvantage. DEIS has a particular focus on improving literacy and numeracy among those most at risk of not reaching their full potential due to their socio-economic circumstances. The role of the Tusla Home School Community Liaison Coordinator in DEIS schools is key to linking parents and schools to encourage improved attendance, participation, retention and progression.



The *Education (Welfare) Act 2000* places a legal obligation on parents to ensure their children attend school every day from age six. The Tusla Educational Welfare Service (EWS) has responsibility to ensure that each child attends a recognised school, or otherwise receives a certain minimum education. Educational Welfare Officers (EWOs) work to improve attendance and participation in school. Current legislation limits the scope of EWO's work until the child reaches age six despite most children enrolling in school before this.

Broader policy context

Literacy and Numeracy for Learning and Life: The National Strategy to Improve Literacy and Numeracy among Children and Young People 2011–2020 addresses the development of literacy and numeracy skills. An interim review of this Strategy, together with new targets relating to early childhood, was published in March 2017.

Creative Ireland: Creative Youth is a plan to support participation in cultural and creative activity for children and young people. In particular for young children, an Early Years Continuous Professional Development (CPD) project is being developed and this is accompanied by an Early Years Bursary for creative projects.

Arts in Education Charter, 2012, notes the significant opportunity presented by universal pre-school provision to enable young children to experience a wide variety of arts including music, painting, dance and drama. *Aistear*, the Early Childhood Curriculum Framework strongly supports access to arts experiences.

Our Public Libraries 2022 – Inspiring, Connecting and Empowering Communities (outlined under Goal A) is a related key development in this area.

Strategic Actions

The following additional Strategic Actions have been identified to meet Objective 7. Further detail is provided in the Actions table.

- 7.1 Support parents and families to provide a stimulating home learning environment for babies and young children with a particular focus on promoting play.**
- 7.2 Facilitate and encourage greater parental involvement and engagement in early learning in ELC settings and primary schools.**
- 7.3 Take steps to ensure positive enrolment and participation patterns in ELC settings and primary schools are established at the earliest opportunity.**



OBJECTIVE 8

Babies and young children have access to safe, high-quality, developmentally-appropriate, integrated ELC (and school-age childcare), which reflects diversity of need.

ELC participation

- 96% of all children participate in the universal pre-school programme.
 - 88% of children of unemployed caregivers.
 - 90% of children of caregivers with lower secondary education or less.
- 181,123 children participated in Department of Children and Youth Affairs-funded ELC in 2017/2018.
 - This represents a 23% increase on the previous year.

ELC costs

- ELC costs are higher in Ireland than in most other European countries.
- Average weekly costs for full time ELC in 2017/2018 were €177.92.
 - This ranges from €146.56 in Longford to €233.26 in Dún Laoghaire-Rathdown.

Diversity in ELC

- 6,000 children with a disability have received support to participate in the universal pre-school programme through AIM since its introduction.
- 75% of ELC settings report having at least one child with additional needs; an increase of 9% on the previous year.
- The numbers of Traveller children participating in ELC increased by 8% in 2017/2018.

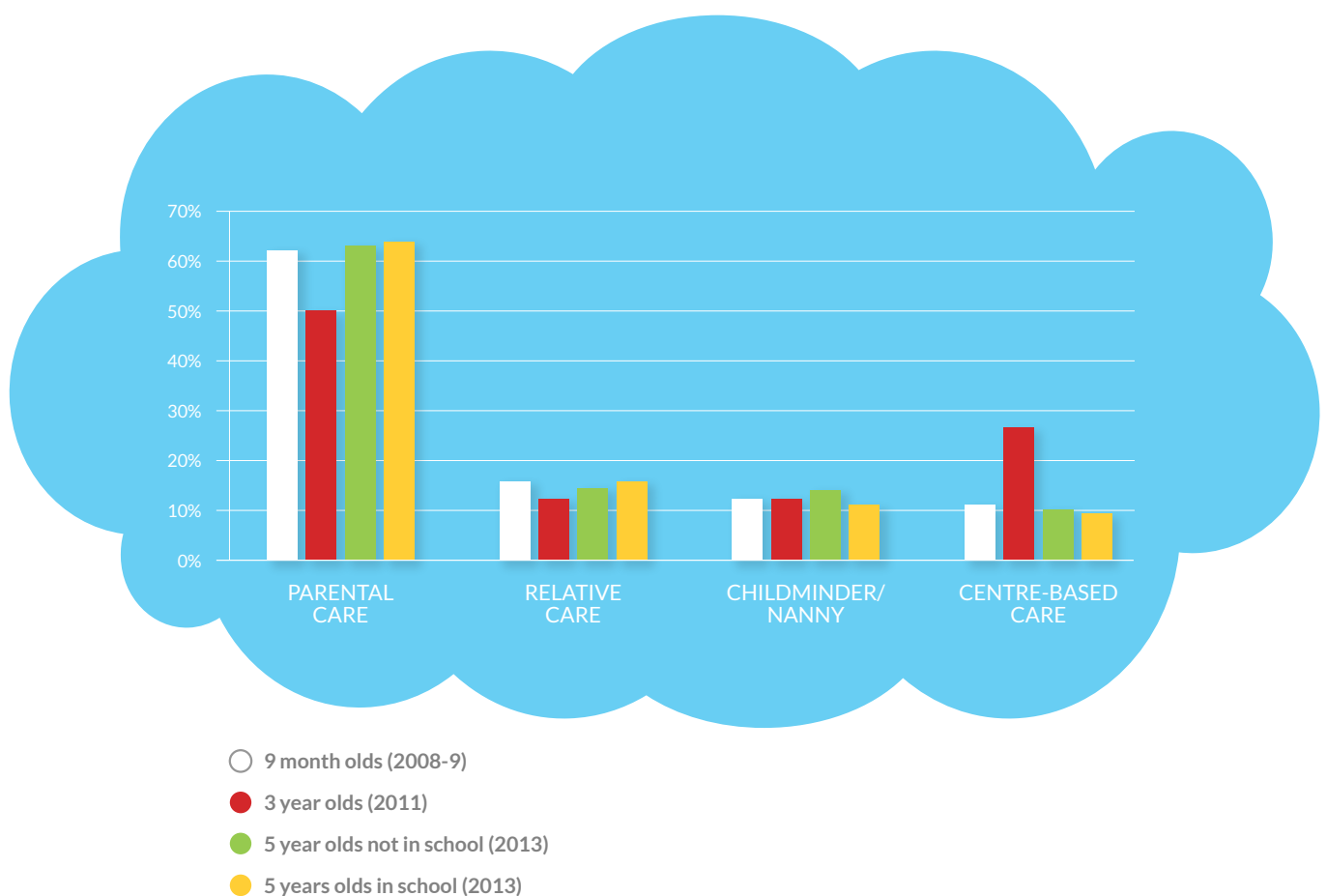
OBJECTIVE 8

Babies and young children have access to safe, high-quality, developmentally-appropriate, integrated ELC (and school-age childcare), which reflects diversity of need.

Why this is important

While parents and family are the earliest and most important teachers for babies and young children, there is an increasing recognition of the importance and value of ELC^{202,203}. After parents and family, ELC settings (both home-based and centre-based) are where early learning and development unfolds for most babies and young children building on the foundations laid at home and helping children to take the next steps on their learning journey.

Figure 1: Main ELC arrangements for children aged 0–5



A good balance of learning and care promotes children's overall well-being, supports good physical and mental health, positive learning and socio-emotional outcomes and positive self-image and identity²⁰⁴. A wealth of research has demonstrated that these benefits of high-quality ELC are both immediate and long-lasting. US research shows that adults who received high-quality ELC in their early years had significantly higher educational attainment and earning levels, and were much less likely to have been arrested for crimes at age 40, than those who did not²⁰⁵. Similarly, the Effective Provision of Pre-School Education (EPPE) Study in England found children who had attended high-quality ELC had better learning and socio-emotional outcomes on entry into primary school than children who had not²⁰⁶. These differences were observed in follow-up studies with the same children at the end of primary school²⁰⁷ and at age 14²⁰⁸.

Given the importance of parental care in the first year and the evidence that shows prolonged periods in centre-based ELC can have a negative impact on children's cognitive and socio-emotional outcomes, particularly for younger children^{209,210}, paid parental leave and wider supports for parents to balance caring and work have been prioritised in this Strategy. With those notable caveats, ELC benefits all children, with the largest gains experienced by children from vulnerable groups, including low-income or immigrant households and those with less educated parents^{211,212}. These gains are most likely in settings when there is a diverse mix of young children²¹³.

The benefits of high-quality ELC extend widely: ELC allows parents to participate in training and employment in the knowledge that their children are safe, happy and well cared for and provided with opportunities for play and peer interaction. Labour force participation in turn increases family income and reduces the risk of poverty²¹⁴. Ensuring high-quality ELC (and school-age childcare) is affordable and accessible to all children and, in particular, children from vulnerable backgrounds, is therefore central to this Strategy.

Improved access to ELC must be coupled with improved quality. According to the OECD, *'Expanding access to services without attention to quality will not deliver good outcomes for children or the long-term productivity benefits for society. Furthermore, research has shown that if quality is low, it can have long-lasting detrimental effects on child development, instead of bringing positive effects'*²¹⁵.

At the heart of quality in ELC are interactions between adults and children, which are most effective when they are responsive, affectionate, trusting and stable. High-quality interactions, supported by appropriate adult child ratios and a physical environment that is inclusive, safe and welcoming, gives children messages of respect, approval and encouragement and supports children to develop a positive sense of who they are and a feeling that they are valued.

A curriculum that recognises learning and care forms “an inseparable whole”, offers opportunities for play, exploration and active participation by children and their parents, and is responsive to children’s interests and abilities is also an essential component of quality.

The quality of interactions and the effective implementation of the curriculum rely on the quality of the ELC workforce. This is recognised as one of the most important drivers of ELC quality and reinforces the importance of initial and ongoing training of the workforce, professional recognition and supportive working conditions^{216, 217}.

Quality of ELC is dealt with further under Building Blocks 3, 4 and 5 in relation to regulation, standards, inspection, workforce and funding.

Aims of education

Education should develop children’s personality, talents and mental and physical abilities to their fullest potential and develop respect for human rights, for the child’s parents, for cultural identity, language and values. Education should provide children with the tools to live a full and responsible life within society.

Summary of Article 29 of the UNCRC



What's happening now

Affordability

A range of universal and targeted supports make ELC more affordable.

- The universal pre-school programme provides children with 15 hours per week of pre-school education over a 38-week programme year. Since September 2018 children qualify for two years of universal pre-school.
- The universal Community Childcare Subvention (CCSU) and targeted Community Childhood Subvention (CCS) Schemes provide weekly subsidies to offset fees charged by ELC settings. CCS is available to families who hold a Medical Card or are in receipt of social welfare benefits.
- The Training and Employment Childcare (TEC) Schemes provide a weekly subsidy to offset fees charged by ELC (and school-age childcare) settings for parents on approved education or training courses, Community Employment schemes, or those returning to work who need school-age childcare.
- Specific supports are also in place for children in emergency accommodation, in accommodation centres provided by the State for persons in the protection process or programme refugee children in EROCs (Emergency Reception and Orientation Centres).

Radical reforms to these schemes, based on the principle of progressive universalism, are in train. The Affordable Childcare Scheme (ACS), when introduced, will replace the CCS and TEC schemes with a single, streamlined scheme. Under the ACS, parents will continue to have access to the universal subsidy to meet the cost of ELC. Targeted subsidies for children from 6 months to 15 years of age will be provided with the level of subsidy determined by family income. ACS will also create a flexible platform for future investment in funding, allowing subsidies to be expanded over time. A key priority for the next decade will be to reduce the cost of ELC to parents and bring it into line with EU norms.

Availability

Steps are also being taken to ensure that an adequate number of high-quality, publicly subsidised ELC (and school-age childcare) places are available across the country.

Most regulated ELC services are currently privately run (71%) and the remainder are community based (29%)²¹⁸. Services range from single room solo-operators, to mid-sized community services, to chains of large multi-room services. The age range of children and the hours of provision available vary considerably. Approximately 25% of services deliver

the universal pre-school programme only. There are also a small number of pre-school classes funded by the Department of Education and Skills.

While school-age childcare is unregulated, some is provided by regulated private or community-based services, either within ELC settings or on school sites.

Significant capital investment in ELC (and school-age childcare) places has been made since 2000 through the Equal Opportunities Childcare Programme (2000–2006) and the National Childcare Investment Programme (2006–2013). More recently the private market has responded to increasing demand, although the Department of Children and Youth Affairs annual Early Years Capital Programme has been used to support growth. Recent data show that availability is an issue for some groups (under-3s, and children in rural and disadvantaged areas).

ELC (and school-age childcare) has been identified as a national policy objective in *Project Ireland 2040*, the National Planning Framework, which will also lead to greater capital investment over the next decade, with €250 million over ten years earmarked to develop the ELC (and school-age childcare) infrastructure.

The *Action Plan on School-Age Childcare*²¹⁹ aims to address availability of after-school childcare. Upcoming regulation of, and increased funding in, school-age childcare is likely to stimulate further growth.

Given that demand for ELC is likely to increase in the coming years, the supply of regulated ELC for babies and young children will continue to be prioritised, to help ensure that provision reflects the needs and preferences of parents and families and best serves the developmental needs of babies and young children. There will be a particular focus on childminders (see below) and delivery challenges in rural and disadvantaged areas and for certain cohorts of children.

Childminders

Childminders play a key role for many parents. There are estimated to be as many as 35,000 childminders in Ireland. Those caring for four or five unrelated pre-school children in the childminder's home must register with the Early Years Inspectorate of Tusla but fewer than 120 are currently registered. Other childminders that do not meet this threshold are not currently required to register with Tusla. Because of this, the majority of parents who avail of childminding services are not able to access public subsidies and many children are in unregulated settings that are not quality assured.

A recent report has recommended moving towards the regulation of all paid, non-relative childminders²²⁰, which would add to the range of options open to parents, particularly those who prefer home-based ELC. The recommendations build on existing supports, including a Childminding Development Initiative that provides grants to assist childminders to enhance safety and quality of their service through small capital developments, minor adaptations or equipment.

Access for children with greater needs

While enhanced subsidies and greater availability serve to reduce participation barriers, particularly for disadvantaged groups, there are also a range of access initiatives in place to ensure ELC provision promotes participation, strengthens social inclusion and embraces diversity.

Abbie, age 5



The *Access and Inclusion Model (AIM)* supports ELC providers to deliver an inclusive pre-school experience, ensuring that children with a disability can fully participate in the universal pre-school programme. AIM is a child-centred model, involving seven levels of progressive support. Work is currently being progressed under AIM to develop *universal design guidelines* for ELC settings, overseen by the Centre for Excellence in Universal Design at the National Disability Authority. This will add to the range of supports already available under AIM, including the *Diversity, Equality and Inclusion Charter and Guidelines* and the higher education Leadership for Inclusion (LINC) programme, graduates of which are taking on leadership roles as Inclusion Coordinators within their settings in return for additional capitation.

Early Intervention Classes are available for children aged 3–5 with a diagnosis of Autism Spectrum Disorder (ASD) to provide early support before primary school. There are currently 130 ASD Early Intervention Classes attached to mainstream primary and special schools.

The *Home Tuition Grant Scheme* provides a compensatory educational service, as an interim measure only, for children for whom a placement in a recognised school is not available. The Home Tuition Grant Scheme also provides for early educational intervention for children with autism (ASD) in certain circumstances.

The National Council for Special Education (NCSE) Inclusion Support Service provides a network of *visiting teachers* who support children who are deaf/hearing impaired and blind/visually impaired.

The *Early Start Pre-school Programme* was established in 1994/95 in 40 primary schools in designated areas of urban disadvantage throughout the country. It provides a one-year pre-school programme, targeting children who are at risk of not meeting their potential in the school system.

There are a number of *HSE-funded special pre-schools* run by Section 38 and Section 39 organisations that cater specifically for children with complex disabilities. Children attending these pre-schools may have conditions that require specialist input, for example children with severe or profound intellectual disability.

An *In-School and ELC Therapy Support Demonstration Project* currently being piloted by the Departments of Education and Skills, Children and Youth Affairs and Health will develop and test a model for the delivery of speech and language therapy and occupational therapy support. It will assist ELC services and schools to develop their capacity to support children with speech and language therapy and occupational therapy needs, while also focusing on early identification and intervention.

The *5-Year Action Plan for the Irish Language 2018–2022* sets out a range of supports for children in Irish-medium ELC settings.

There has also been other progress in improving access routes to additional supports under prevention and early initiatives, such as the *Area Based Childhood (ABC)* Initiative. There is increasing recognition that ELC can be further optimised in this way.



Broader policy context

EU Member States have set benchmarks and targets on children's participation in ELC.

In 2002 the European Council set targets for the provision of formal ELC for at least 90% of children in the Union between the age of three and the mandatory school age, and by 2010 access for at least 33% of children under the age of three.

The EU Strategic Framework for Education and Training 2020 set a 95% participation benchmark for children between four and the start of primary education.

ELC is also recognised as integral to the achievement of global development in the United Nations Sustainable Development Goals 2015.

In its annual Country Specific Recommendations since 2016, the European Commission has made recommendations on ELC in Ireland, most recently (2018) to '*Ensure the timely and effective implementation of the National Development Plan, including ... affordable quality childcare*'.

A proposal for a Council Recommendation to support Member States to improve early childhood education and care systems is being progressed. The Recommendation includes policy options that aim at:

- ensuring services are accessible, affordable, and inclusive;
- supporting the professionalisation of staff;
- enhancing the development of early years' curricula so that they can meet the wellbeing and educational needs of children;
- promoting transparent and coherent monitoring and evaluation of services;
- ensuring adequate funding and a legal framework for the provision of services, including creating and maintaining tailored national or regional Quality Frameworks; and
- reporting through existing frameworks and tools on experiences and progress in relation to access and quality of systems.



Strategic Actions

The following additional Strategic Actions have been identified to meet Objective 8. Further detail is provided in the Actions table. Parallel measures to raise quality of ELC (and school-age childcare) are discussed under Goal D.

- 8.1 Make high-quality ELC (and school-age childcare) for babies and young children more affordable.**
- 8.2 Maintain and extend the supply of high-quality publicly subsidised ELC (and school-age childcare) to best serve the developmental needs of babies and young children, ensuring that it also reflects the needs and preferences of parents and families.**
- 8.3 Ensure that ELC (and school-age childcare) provision promotes participation, strengthens social inclusion and embraces diversity through the integration of additional supports and services for children and families with additional needs.**



OBJECTIVE 9

Children will be supported in their transitions to (and through) ELC settings and onwards to primary schooling.

Parents supporting children's transition to primary school

- 86% of parents attend a school information session.
- 81% of parents visited the school with their child.

Information shared with teachers to support transitions

- 92% of teachers receive information on whether children have special educational needs .
- 73% receive information on children's family circumstances.
- 27% receive information on children's individual strengths, interests and challenges.
- 13% receive information on the skills children developed in ELC.

Age of children starting primary school

- School starting age has increased since the introduction of the universal pre-school programme in 2010.
 - 1999/2000: 47% of junior infants were aged four
 - 2009/2010: 40% of junior infants were aged four
 - 2017/2018: 23% of junior infants were aged four

Class sizes

- The average class size at primary level for the 2017/2018 academic year was 24.5 children.
- 19% of primary school children are in classes of 30 or more.
- 25% of primary school children are in multi-grade classes.

Attitudes to and experiences of early primary school

- 85% of five-year-olds look forward to going to school.
- Play-based activities are a common feature of infant classrooms.

OBJECTIVE 9

Children will be supported in their transitions to (and through) ELC settings and onwards to primary schooling.

Why this is important

Children experience a number of transitions through their early learning journey: from home to an ELC setting; within an ELC setting, and finally, the transition to primary school. These are important milestones for children²²¹. Positive transitions help to form good attitudes towards school which support strong school engagement and lead to long-term benefits for future learning and relationships.

Research has identified the transition to primary school as a time of potential challenge and stress for children and their families – a time when increased demands are placed on children in a context of reduced supports²²². Children have to negotiate a number of changes including new environments, new relationships and fewer opportunities to play²²³.

Recent research from *Growing Up in Ireland* indicates those more likely to experience adjustment difficulties during this time are boys, children with disabilities or special educational needs, children with social and emotional difficulties, children from one-parent families, children from larger families and children from socio-economically disadvantaged backgrounds²²⁴. A recent consultation undertaken by the National Disability on behalf of the Departments of Children and Youth Affairs, and Education and Skills also highlighted particular challenges for children with a disability/special education needs²²⁵.

A range of factors is known to ease transitions. These include: the age at which a child starts school; the role of parents and family; and, in particular, positive home learning environments. A wide range of community facilities (including libraries and parent and toddler groups) can also play a role.

Certain dispositions, skills and knowledge, including self-esteem, social skills, independence and language and communication skills, have also been found to help ease transitions²²⁶. Time in ELC before commencing formal schooling provides unique opportunities to nurture these as well as to engage in transition activities that can help prepare a child. The high proportions (approximately 96% of the eligible cohort) of children participating in the universal pre-school programme facilitate this.

It is not simply a question of parents and ELC settings ensuring that children are 'ready for school', however. Schools must also be 'ready for young children', 'able to adapt their structure and learning environment to ... the individual difference and needs of children, as well as ... to support and engage families in supporting their children's transition and learning'²²⁷.

Positive transitions require professional connections between ELC settings and local schools, exchange of information between the sectors and continuity in curriculum and pedagogy.

Positive transitions also require the necessary supports to sustain learning for all children, especially those from disadvantaged backgrounds, children with English as a second language and children with disabilities/special educational needs²²⁸. For these children in particular, transition to primary school requires additional planning and support to make the process as smooth as possible.

Education

The child has the right to education; the State has a duty to make primary education compulsory and free to all; take measures to ensure regular attendance at school. School discipline should be administered in a manner consistent with the child's human dignity.

Summary of Article 28 of the UNCRC

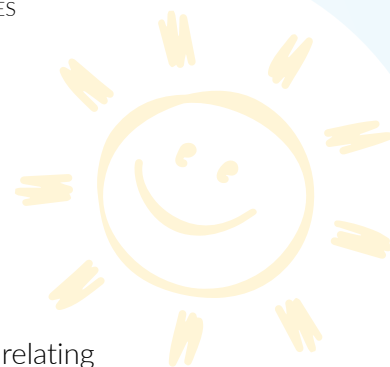


What's happening now

The National Council for Curriculum and Assessment (NCCA) has recently developed under the Pre-School to Primary Schools Transitions Initiative²²⁹ reporting *templates for sharing information* about children's learning. There are also similar initiatives and models of good practice operating at a local level²³⁰.

The *National Parents Council (Primary)* helps parents to support their children with the transition to primary school.

The *National Council for Special Education* (NCSE) has recently published a guide for parents of children with special educational needs (SEN) to help them negotiate the transition to primary school²³¹.



The Department of Education and Skills DEIS Plan 2017 contains actions relating to strengthening the connections between ELC settings and primary schools and supporting successful transitions throughout the education continuum. These include the reinstatement of the role of the Home School Community Liaison Coordinator in supporting transitions between ELC settings and the formal school environment.

The scope of the *Aistear* curriculum framework, in reaching all settings for children aged 0–6 (including families, ELC settings, and the early years in primary schools), offers great potential to achieve curriculum continuity. However, a recent school readiness study found differences in familiarity with *Aistear* between ELC and primary school settings. Primary teachers reported having less time for play than ELC practitioners and facilitated play more often outside class. The study also found that ELC practitioners often feel ‘under pressure to get everything done before children started school’, and that further clarification is needed regarding the purpose of the universal pre-school programme and the desired curricular and pedagogical approach²³².

Current ratios in the early years of primary school and other logistical constraints (including multi-grade classrooms) create challenges in maintaining a continuous teaching style and play-based curriculum. The Programme for a Partnership Government commits to reducing the pupil–teacher ratio for junior and senior infants, which will facilitate the sort of learning envisaged by *Aistear*. There is also a commitment and ongoing work to ensure the redeveloped Primary School Curriculum reflects more fully the principles underpinning *Aistear*. This will ensure continuity between provision of ELC and the early years of primary school.

Other supports in primary schools that assist with transitions and broader access include investment in Special Needs Assistants (SNAs) and in special educational more broadly. In September 2016 the Minister requested a comprehensive review of the SNA Scheme. As an outcome of this Review, a working group established by the National Council for Special Education (NCSE) made recommendations for a new model of support (see boxed text).

DEIS schools receive a range of supports that ease transitions, including reduced class sizes in DEIS Urban Band 1 Schools, additional services under NEPS and roll-out of Incredible Years and Friends Programmes.

Additional provisions are made to *support the inclusion of pupils with special educational needs in primary schools*. Special education teachers provide additional teaching support for pupils with special educational needs. A small number of special schools provide education for children who require more specialised interventions. Special classes, which have significantly reduced pupil–teacher ratios, are provided in mainstream schools.

Assistive technology supports and equipment for children with special educational needs are provided. Special education transport arrangements provide for children who need additional transport provision or additional assistance. Teacher training and CPD in the area of special education is provided. New school buildings are designed to be inclusive and modifications to existing buildings also assist with access.

Comprehensive Review of the Special Needs Assistant (SNA) Scheme

A number of recommendations in the Review address the following identified objectives:

- Access to the right in-school support at the right time delivered by the right people
- A broader range of support options available to students with additional care needs under a tiered model of support
- Care supports frontloaded into schools and available upon enrolment
- Access to support linked to assessed need rather than disability diagnosis
- In-school personnel supporting students' additional care needs will be better trained and qualified and have greater security of tenure

NCSE, in collaboration with the relevant Department of Education and Skills bodies, will build school capacity through the provision of a broad range of support options including speech and language therapy, occupational therapy and behaviour support.

Strategic Actions

The following additional Strategic Actions have been identified to meet Objective 9. Further detail is provided in the Actions table.

- 9.1 Introduce measures to exchange information, involve children and parents, and develop strong partnerships between ELC settings and primary schools to support transitions.**
- 9.2 Increase continuity in curriculum and pedagogy across ELC settings and the early years of primary school.**
- 9.3 Ensure the necessary supports are in place to sustain learning for all children as they transition from ELC settings to primary school.**

GOAL D

An effective early childhood system of services and supports

First 5 sets out ambitions for an array of accessible, affordable and high-quality early childhood supports and services over the next decade. These supports and services – which form the early childhood system – span a range of sectors (i.e. parenting and family support, physical and mental health, and ELC) and layers (i.e. universal, targeted and intensive).

There is a strong focus on strengthening families and communities, on prevention and early intervention, and on forging stronger links within and across early childhood supports and services to achieve greater coordination, alignment and continuity. Most importantly, there is a focus on delivering better experiences and outcomes for all babies, young children and their families.

To ensure the vision of *First 5* can become reality, there will also be a focus on progressively strengthening the infrastructure that supports the early childhood system. Action across the following five infrastructural elements – or building blocks – will be progressed to ensure an effective and coherent system to support early development



Maria, age 4

GOAL D

An effective early childhood system of services and supports

Building Block 1

Committed leadership, strong governance and positive collaboration and engagement aligned around a shared vision for babies, young children and their families.

Building Block 2

A robust regulation, inspection and quality assurance regime to enforce and raise standards.

Building Block 3

An appropriately skilled and sustainable professional workforce that is supported and valued and reflects the diversity of babies, young children and their families.

Building Block 4

A strong national infrastructure for research and data that is used to inform policy and practice alongside an ongoing programme of monitoring and evaluation.

Building Block 5

Additional public funding that is strategically invested to achieve the best outcomes for babies, young children and their families.



BUILDING BLOCK 1

Committed leadership, strong governance and positive collaboration and engagement, aligned around a shared vision for babies, young children and their families.

The articulation of an overall vision and policy direction for the early childhood system must be accompanied by appropriate structures and strong leadership to plan, implement, and manage change. Structures and leaders must have sufficient mandate and authority to ensure collaboration across Government Departments, State Agencies and others.

The publication of this Strategy is itself an articulation of the shared vision across Government to improve the lives of babies, young children and their families in Ireland. Developed through extensive engagement between Government Departments and State Agencies, and informed by wider consultations, the Strategy was overseen by an Inter-Departmental Group with representatives of relevant Government Departments. While the Department of Children and Youth Affairs has taken, and will continue to have, a key leadership role, the blueprint for progress set out in the Strategy is jointly owned. With consensus on the vision for early childhood now in place, committed leadership and effective governance structures are needed to implement this vision over the next decade.

Like many systems across the world, the early childhood system in Ireland is made up of multi-level systems and structures across numerous Government Departments, State Agencies and non-governmental organisations, each playing different roles in governance, leadership and implementation. For this Strategy to operate effectively, it is important that the respective roles and remits of all parties be clearly set out and communicated. It is also important that mechanisms are established to enhance collaboration and coordination, particularly in areas where roles and responsibilities are shared across Government Departments, for example in parenting supports, parental leaves and ELC. It is essential that relationships between these organisations, and with wider stakeholders including young children, parents and families, function well and are supported by robust arrangements for engagement, consultation and decision-making.

Priorities for the next decade

The *Sláintecare Implementation Strategy* already commits to a reconfiguration of health service structures to improve governance and accountability and better facilitate the delivery of integrated care at a local and regional level. The HSE will have responsibility for national planning, strategy and standard setting, and will be complemented by regional integrated care organisations with responsibility for regional planning and delivery. Work is underway to develop these new organisational structures, including the respective roles for the Department of Health, the national centre and the regional bodies. In addition, an Independent Review Group is examining the role of voluntary organisations in publicly funded health and personal social care services and the overall relationship between these voluntary organisations and the State. The outcomes from this review will also inform the development of new structures.

There is a need for complementary developments in the redesign of the operating system for ELC (and school-age childcare) to ensure that it is equipped to deal with the significant reform agenda envisaged. The current mixed market model of public funding of independently operated ELC (and school-age childcare) services requires strong oversight and support to ensure that it delivers on policy objectives. This will be prioritised in the next decade.

Strategic Actions

- 1.A Put in place effective implementation and governance structures and public engagement mechanisms for *First 5*.**
- 1.B Strengthen leadership and governance across the early childhood system at a national and local level.**
- 1.C Progress collaborative initiatives and integrated service development and delivery to support babies, young children and their families.**



BUILDING BLOCK 2

A robust regulation, inspection and quality assurance regime to enforce and raise standards.

A robust quality assurance regime, which includes key levers such as standards, regulation, inspection and self-evaluation, is an essential element of the early childhood system, helping to meet and raise quality standards, safeguard and achieve positive outcomes for babies and young children, and instil confidence in parents.

Significant developments in recent years have led to standard setting, strengthened regulation and inspection regimes across the early childhood system. A number of specialist agencies with responsibility for quality have also been established. These developments have coincided with improvements to the quality of the early childhood workforce (discussed under Building Block 3) and developments in monitoring and evaluation (discussed under Building Block 4).

Social care standards, including child welfare and protection²³³, residential care, special care and foster care²³⁴, have been developed and inspections are performed by HIQA's Children's Team. There have also been considerable developments in relation to child health, including the development of standards for antenatal education, maternity care²³⁵ and healthcare²³⁶.

Two national frameworks, *Aistear*, the curriculum framework, and *Síolta*, the quality framework, inform and support the provision of high-quality ELC for children aged 0–6 in all settings including centre-based ELC, home-based ELC and primary schools. An integrated resource, the *Aistear/Síolta* Practice Guide provides essential guidance for self-evaluation and quality improvement planning for staff in these settings. A separate primary school curriculum is currently being redeveloped.

Regulations for ELC are provided for in legislation²³⁷ and stipulate, among other things, child-to-staff ratios, minimum space requirements, facilities for play and rest, and child safety, protection, health and welfare standards. Significantly, the regulations introduced a mandatory minimum qualification requirement of Level 5 on the National Framework of Qualifications (NFQ) for all ELC staff working with children. The regulations cover centre- and certain home-based ELC provision. Two inspectorates operate for ELC. Tusla is the statutory regulator of ELC services and ensures compliance with the 2016 Regulations,

which aim to secure children's health, safety and welfare, and to promote the development of children attending ELC settings. The Department of Education and Skills Inspectorate has responsibility for evaluating the quality of education provision of the universal pre-school programme as well as in primary schools.

A range of mentoring and other ELC supports are in place. These include the Better Start Quality Development Service, which provides on-site mentoring and training to ELC providers and support with the implementation of the Access and Inclusion Model (AIM). Supports also include the National *Síolta/Aistear* Initiative to increase awareness, understanding and implementation of the national quality and curriculum frameworks. The Department of Children and Youth Affairs also funds staff in 30 City/County Childcare Committees and six National Voluntary Childcare Organisations²³⁸ to support high-quality ELC (and school-age childcare).

Despite the extent of activity across sectors, there is significant scope for further development. For example, the nature and quality of parenting supports varies across the country. Many babies and young children are cared for in unregulated settings, both childminding and school-age childcare. The quality of regulated ELC is highly variable. While the two ELC Inspectorates complement each other's functions, the operation of two inspectorates is considered burdensome by providers, particularly in the context of other quality supports in place. Implementation of the national quality and curriculum frameworks for ELC is inconsistent across services.

Priorities for the next decade

Over the next decade, priority will be given to identifying and addressing gaps in the quality of all early childhood services and supports. There will be particular emphasis on ensuring that high quality becomes a feature of all forms of ELC, irrespective of where or when it is offered: centre- or home-based; private or community; or at which stage of life a child participates. This means extending regulation to all paid, non-relative childminders and to school-age childcare. It also means progressing towards all ELC provision being equally regarded, resourced, and quality assured and addressing the current disparity in approaches, for example between provision for 0–3 and 3–6 year-olds.

In parallel, further steps will be taken to integrate and coordinate inspection and quality supports to create a support system such as that envisaged by the EU Quality Framework for ECEC, including a self-evaluation framework that complements and prepares ELC settings for external evaluation. This will build on existing practice between the Inspectorates and Better Start National Quality Development Service.

Other significant workforce developments are discussed under Building Block 3.

Strategic Actions

- 2.A Develop, enhance and implement national standards for early childhood supports and services.**
- 2.B Progressively reform the ELC (and school-age childcare) regulatory and inspection systems and strengthen quality assurance, with a renewed emphasis on self-evaluation.**





BUILDING BLOCK 3

An appropriately skilled and sustainable professional workforce that is supported and valued and reflects the diversity of babies, young children and their families.

Those working with babies, young children and their families are at the heart of the early childhood system. They are central to delivering high-quality services, and play a crucial role in bringing about the changes necessary to realising the vision for early childhood.

The scope of the workforce is broad, crossing traditional and professional boundaries and organisational structures. Qualification requirements are diverse. Health and social care professionals (such as public health nurses, social workers, speech and language therapists, occupational therapists and psychologists) and teachers in primary schools must attain degree-level qualifications. Others, including ELC practitioners, require lower-level qualifications (although many exceed the minimum qualification level). There is currently no entry qualification requirement for most childminders, or for school-age childcare staff.

Across the workforce, there are considerable supply, recruitment and retention challenges. Workforce diversity is needed to serve an increasingly diverse population. Audits of public health nurses' time show that availability for child health is impacted by other demands, such as early hospital discharges and an ageing population²³⁹. Difficulties with the supply and recruitment of health, social care, social work and ELC practitioners, are well documented^{240,241}.

High turnover, particularly among the ELC workforce (now 25%), is of particular concern, as research suggests that children are affected by the continuity of their experience. Wages in the ELC sector average €12.17 per hour²⁴². Forty-four per cent of staff work part time, and 40% are on seasonal contracts, making ELC employment an unattractive option for many. There are also limited opportunities for observation, reflection, planning, teamwork and cooperation with parents – all prerequisites of high-quality provision.



While progress has been made in raising ELC qualifications, through introducing regulatory and contractual qualification requirements, investment in education and training, and incentivising graduate employment (now 22% of the workforce), qualification levels remain generally low. This is particularly the case in services for children under three, where there are lower qualification requirements. Variable quality of initial education and training programmes, including the availability of quality settings for student placements²⁴³, represents a challenge for the ELC workforce. There is no professional body or regulator for the ELC (and school-age childcare) sector.

Priorities for the next decade

The *National Maternity Strategy and Working Together for Health: A National Strategic Framework for Health and Social Care Workforce Planning* set out plans for the health and social care workforce for the next decade. The *Sláintecare Implementation Strategy* commits to accelerating this work. Moreover, *First 5* will progress significant changes in the child health workforce.

In parallel, there will be major reforms in the ELC (and school-age childcare) workforce. Reforms will build on work by the Departments of Children and Youth Affairs and Education and Skills, including the Learner Fund, a pilot of paid CPD, a review of the occupation role profiles, the development of criteria and guidelines for higher education qualifications, and the skills forecasting model commissioned by the Expert Group on Future Skills Needs.

A new Workforce Development Plan will follow from this Strategy. It aims at a graduate-led ELC workforce, in line with a recommendation in the EU Quality Framework for ECEC that all staff will have career development opportunities. There will also be a concerted effort to raise the status of and value placed on the ELC workforce, with a particular focus on supporting employers to provide more favourable working conditions that will attract and retain staff. These ambitions extend to childminding and school-age childcare. Development of training and education opportunities and a new funding model (discussed under Building Block 5) will facilitate this step-change.

The early childhood workforce is unified by the common ambition of providing optimum services and supports for babies and young children to realise their full potential. Previous initiatives have tended to operate within traditional silos of practice such as health, education or welfare. To realise the vision of *First 5*, it is essential to work collaboratively and support inter-disciplinary work practices.

Strategic Actions

- 3.A Identify and put in place the staff requirements to deliver early childhood supports and services.
- 3.B Improve access to high-quality initial training and CPD opportunities to ensure the staff involved in delivering early childhood supports and services are fully prepared for the demands of their professional roles.
- 3.C Develop mechanisms to raise the professional status of the ELC (and school-age childcare) workforce and support employers to offer more favourable working conditions to attract and retain staff.



Rebecca, age 3

BUILDING BLOCK 4

A strong national infrastructure for research and data that is used to inform policy and practice, alongside an ongoing programme of monitoring and evaluation.

Research and data are essential to the early childhood system. A strong national infrastructure for research and data, including longitudinal measurement, improves understanding of what leads to good outcomes for children and how families can be supported.

A solid foundation for this national infrastructure already exists. Since 2000, a shift to evidence-based policy making has driven investments in knowledge about improving the lives of children and families. Important research includes the landmark national longitudinal study of children, *Growing Up in Ireland (GUI)*. Started in 2006, *GUI* follows the lives of almost 20,000 children in Ireland and builds an evidence base about the impact of early life experiences on outcomes and development.

A growing body of research has also been conducted on the efficacy of various early childhood interventions provided under the Prevention and Early Intervention Programme, the Area Based Childhood Programme and Tusla's Prevention, Partnership and Family Support Programme. There have also been considerable improvements to administrative data systems, including the development of the Primary Pupil Online Database (POD), the National Child Care Information System (NCCIS) and the Outcomes for Children National Data and Information Hub.

Priorities for the next decade

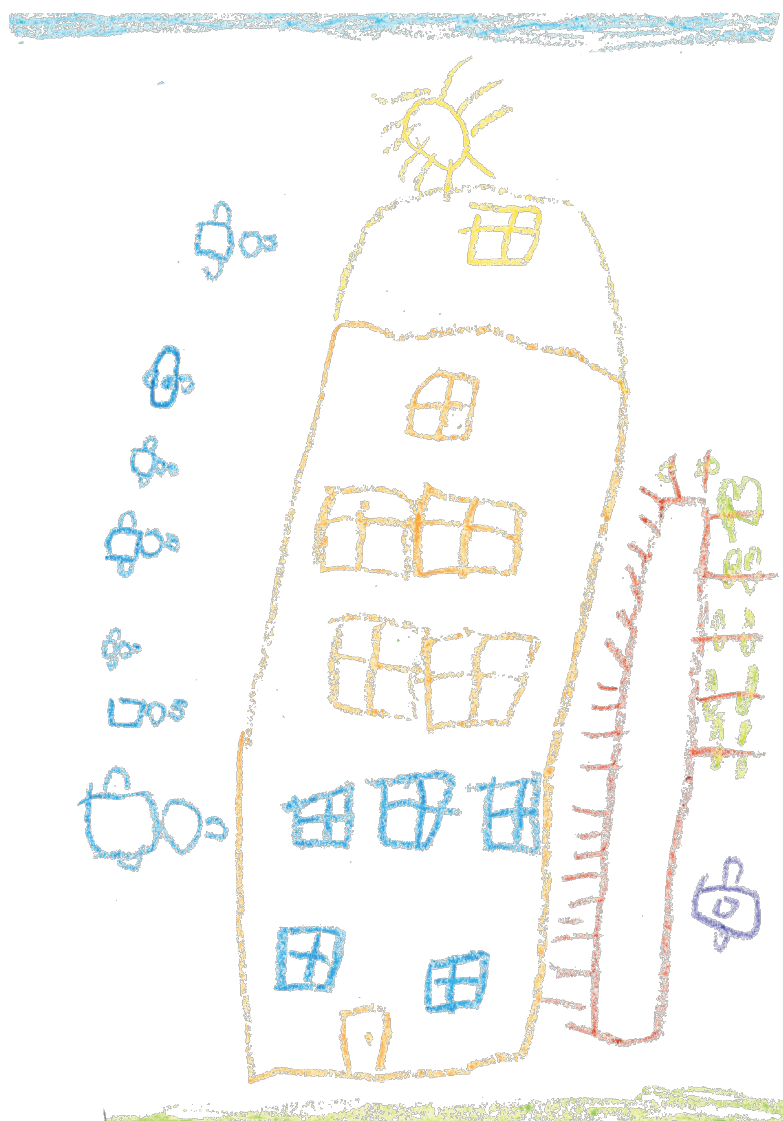
Building on this, there is further scope to design a more comprehensive research and data infrastructure which provides nationally and internationally comparable data about early childhood development, identifies services that are effective, and supports integrated service delivery. Further research is needed to address gaps in early childhood service provision. Progressing issues including harmonised data definitions and collections, data sharing and linkage, and dissemination and knowledge transfer will also be necessary.

In parallel, monitoring and evaluation systems will provide transparency and accountability on delivering better experiences and outcomes for babies and young children. These systems will help to continuously improve and refine actions in *First 5* while retaining focus on the long-term goals.

In line with best practice, monitoring and evaluation processes will engage staff, with appropriate involvement from both children and parents²⁴⁴.

Strategic Actions

- 4.A Continue to fund and support the use of research on the lives of babies, young children and their families.
- 4.B Develop and enhance administrative data systems on babies, young children and their families to assess the quality and support the delivery of integrated supports and services.
- 4.C Put in place robust systems of monitoring and evaluation across Government.



BUILDING BLOCK 5

Additional public funding that is strategically invested to achieve the best outcomes for babies, young children and their families.

The UN Committee on the Rights of the Child has recommended that the State's budget should make spending on children visible so it can monitor whether it is fulfilling children's rights in line with all of its available resources.

Investment in the early years pays social and economic dividends. But despite budget increases for ELC (and school-age childcare) from €260 million in 2015 to €574 million in 2019, the proportion of national budget allocation to ELC is low compared to other developed countries²⁴⁵. Per capita investment in ELC is considerably lower than investment in primary education.

By focusing specifically on this fundamental stage, *First 5* provides an opportunity to make significant progress in investment in early childhood, over the ten-year timeframe.

Priorities for the next decade

Implementing the major recommendations of this Strategy (paid parental leave, a dedicated child health workforce, additional funding for ACS, a new funding model to enhance the quality of ELC and school-age childcare, a new model of parenting supports) will significantly increase resourcing for babies, young children and their families. The Strategy provides the framework for strategic and coherent public investment in the best interests of babies, young children and their families over the next decade.

The Strategy sets out a road map towards an effective early childhood system to guide investment decisions. Developing the systems infrastructure, particularly for evaluation and monitoring, maximises investment value and accountability in tracking progress.

Strategic Actions:

- 5.A Increase public funding in services and supports for babies, young children and their families.**
- 5.B Develop more strategic approaches to funding supports and services for babies, young children and their families.**
- 5.C Develop appropriate mechanisms to accurately track progress in public investment in early childhood.**

VISION TO ACTION



IMPLEMENTATION AND OVERSIGHT

Introduction

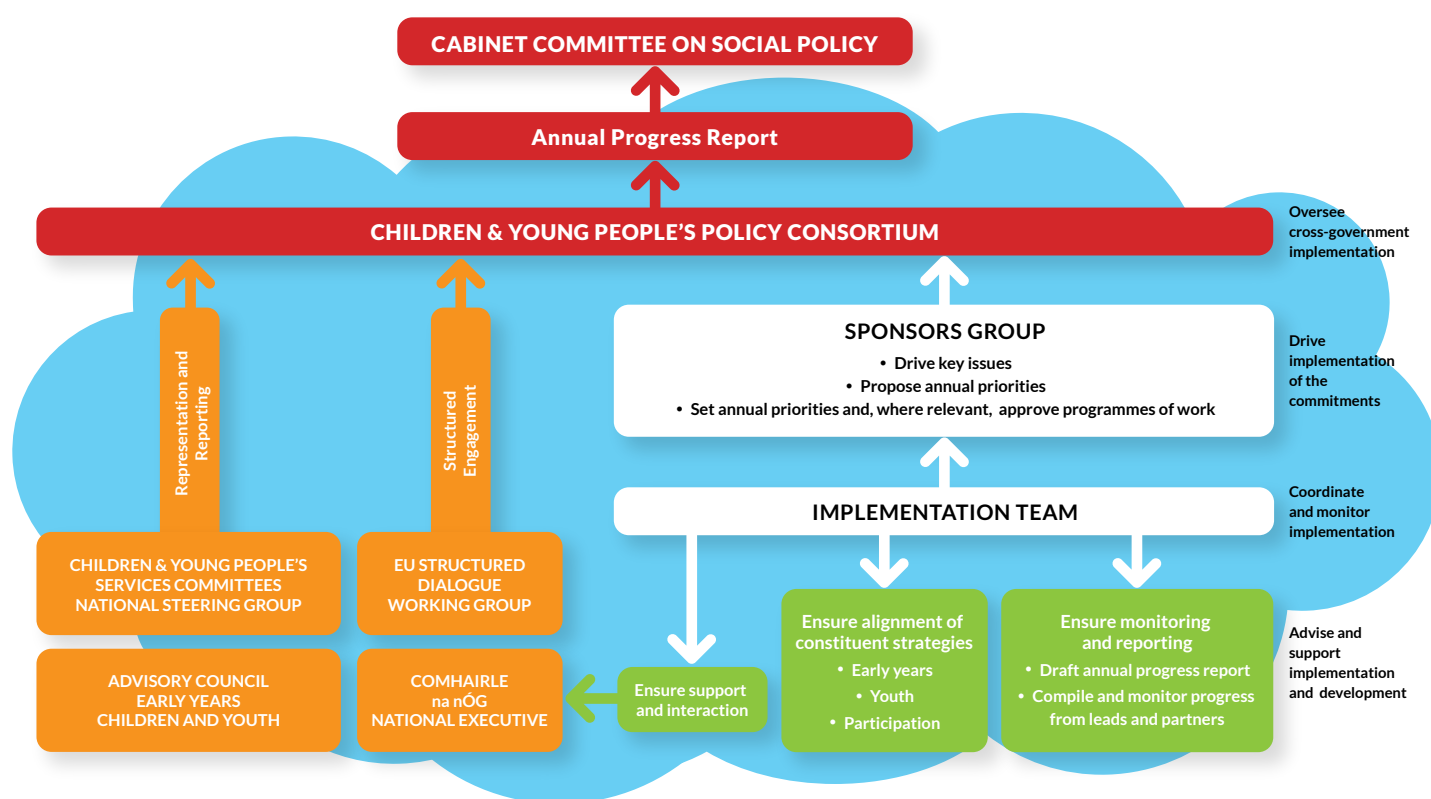
First 5 recognises the importance of strong collaboration between Government Departments, State Agencies and others in the pursuit of better outcomes for babies, young children and their families. It acknowledges the interconnecting areas of work, and that babies, young children and their families benefit most when the work of all stakeholders at national and local levels is mutually reinforcing. DCYA will provide national leadership of this collective effort, and ensure that national policy dovetails with local implementation. Implementation of *First 5* is a shared responsibility across Government. Resourcing of the actions outlined in the Strategy will be sought by the relevant Government Departments during the annual estimates process.

Implementation structures

Implementation structures for *First 5* will be within *BOBF*'s overall implementation. This enables a coherent approach to services and supports affecting babies, young children and their families.

The implementation structures for *BOBF* provide an extensive enabling network for *First 5*. These structures bring together stakeholders across Government Departments, State Agencies, and the community and voluntary sectors, and include the voices of children and young people. This connects national policy, local planning and service delivery.





Cabinet Committee

The oversight of and accountability for the implementation of *First 5* ultimately rests with the Cabinet Committee on Social Policy and Public Services. The Cabinet Committee is chaired by An Taoiseach and comprises the Ministers of Foreign Affairs and Trade; Business, Enterprise and Innovation; Finance and Public Expenditure and Reform; Justice and Equality; Employment Affairs and Social Protection; Children and Youth Affairs; Health; Education and Skills; Housing, Planning and Local Government; Rural and Community Development and Culture, Heritage and the Gaeltacht as well as the Ministers of State for Higher Education; Disability Issues; Health Promotion; Equality, Immigration and Integration; Mental Health and Older People; Local Government and Electoral Reform; Public Procurement, Open Government and eGovernment and Gaeilge, Gaeltacht and the Islands. The Cabinet Committee is supported by a Senior Officials Group, which meets in advance of Cabinet Committee and provides cross-departmental coordination. Cabinet Committees refer substantive issues to Government for approval.

Children and Young People's Policy Consortium

The Children and Young People's Policy Consortium, chaired by the Minister for Children and Youth Affairs, supported by senior officials in the Departments of Children and Youth Affairs and An Taoiseach, comprises high-level representation from key Government Departments and Agencies, and experts nominated by the Advisory Council and Children and Young People's Services Committee National Steering Group. The Consortium oversees and drives *BOBF* implementation across Government Departments, Agencies and sectors.

Sponsors Group

The Sponsors Group comprises senior officials from the Government Departments leading implementation of cross-cutting action areas in *BOBF*. Its members are also members of the Children and Young People's Policy Consortium. The Sponsors Group proposes annual priorities in response to emerging needs. Senior officials from the Department of Justice and Equality, who have lead responsibility for policy on parental leave, and the Early Years Division in the Department of Children and Youth Affairs will join the Sponsors Group. The direction set out in this Strategy will help to determine the Sponsors Group's next set of cross-sectoral priorities.

Implementation team

The Early Years Policy and Strategy team are the central point of contact for the Strategy. The team will prepare annual progress reports coordinated with *BOBF* reporting. Inputs will be sought from the Inter-Departmental Group that oversaw the development of the Strategy. Where issues and challenges arise, there are opportunities through the wider structures for those matters to be addressed.

Advisory Council

The Advisory Council harnesses experience from the community and voluntary sectors, from academia, and from those with specific expertise in working with and for children and young people. It supports implementation through collective experience and knowledge. Nominations of new representatives to the Advisory Council will reflect the breadth of early childhood experiences.

Structured engagement

Comhairle na nÓg and the Young Voices group engage with 12–18 year-olds and older young people, but there are no specific structures to capture the views of children up to age five. Given the challenges of engaging with very young children (particularly children under three), it is proposed to develop methodologies for this specialist work. In parallel, it is intended to develop processes to engage with parents of babies and young children. This will be informed by the work of CYPSC and others.

Children and Young People's Services Committees National Steering Group

The Children and Young People's Services Committees (CYPSCs) National Steering Group includes representatives of the key children's services agencies at national level, including HSE, Tusla, and Education and Training Boards. The Steering Group links the Children and Young People's Policy Consortium with implementation on the ground through 27 CYPSCs at local authority level. The Steering Group ensures clear communication channels between national and local implementation and supports interagency cooperation.

Local planning and delivery infrastructure

First 5 aims to make best use of local planning and delivery infrastructure to drive developments for babies, young children and their families.

Children and Young People's Services Committees

Children and Young People's Services Committees (CYPSCs) bring together a diverse range of statutory, community and voluntary service providers at local authority level. Their role is to enhance interagency cooperation and to realise the five national outcomes for children and young people set out in *BOBF*. CYPSCs support implementation at local level and drive local interagency work.

CYPSCs are chaired by a Tusla Area Manager and deputy chaired by the Assistant Chief Executive from the local authority. Each has a local coordinator. Broader CYPSC membership includes senior managers from the major statutory, community and voluntary providers of services to children and their families.

Each CYPSC develops and oversees the implementation of a three-year Children and Young People's Plan (CYPP) to improve outcomes for children in their own area. The CYPP outlines the CYPSC's priorities and includes a detailed action plan. The actions and priorities are derived from a local needs analysis and national priorities arising from *BOBF*. This Strategy is a significant policy development feeding into the work of CYPSC.

The CYPSC Blueprint forms the basis of a work programme for CYPSCs based on policy and strategic direction from DCYA, the CYPSC National Steering Group and the *BOBF* Children and Young People's Policy Consortium. The Blueprint is currently being updated to take account of changes for CYPSCs around the country.

Child and Family Service Networks (CFSNs) operate below the level of CYPSC as the local-level mechanism to coordinate frontline agencies and organisations. CFSNs ensure that families can access services appropriate to their needs.

BOBF: Five National Outcomes

1. Active and healthy
2. Achieving in learning
3. Safe and protected
4. Economically secure
5. Connected, respected and contributing



Local and Community Development Committees

Local and Community Development Committees (LCDCs) implement a cross-sectoral approach to local and community development programming. LCDCs comprise local authority members and officials, State Agencies, and people working with local development, community development, and economic, cultural and environmental organisations. They draw on the expertise of local public and private actors to provide services, particularly to those most in need of those services. These committees are responsible for developing six-yearly Local Economic and Community Plans (LECP). The key priorities of the CYPSC Children and Young People's Plan will be agreed between LCDCs for inclusion in the LECP of the local authority. These agreed priorities will contribute to the overarching Sustainable Community Objectives in the LECP. CYPSCs and LCDCs will engage on an ongoing basis on the implementation of the agreed priorities in the LECP.

ELC infrastructure

Organisations and agencies operate nationally and locally to support the administration and delivery of ELC services. At national level, Pobal manages funding schemes on behalf of DCYA. The Better Start Quality Development Service supports ELC providers through mentoring, training, and supporting implementation of AIM and establishing a cohesive approach to quality across the ELC sector. In each local authority area, City and County Childcare Committees (CCCs) support parents and ELC providers, linking national policy and guidance with local delivery. CCCs play an active role in CYPSCs and other local networks. National Voluntary Childcare Organisations provide a range of supports for the ELC sector.

Future-proofing

First 5 will cover the period from 2019–2028. While the overarching vision is set for the coming decade, the detailed actions are focused on the first stages. For accountability and continued relevance, a review of the Strategy will take place after three years. An updated action plan will take account of the progress of the first implementation phase, respond to emerging challenges or barriers, and reflect new actions required to address issues affecting the experiences and outcomes of babies, young children and their families.

Measuring progress

BOBF is charting the way to improving outcomes for children and young people. An indicator set has been developed to track progress across the five national outcomes. Although the indicators do not explain how or whether an action or commitment in the policy framework has caused a particular outcome, the indicators help to track progress, identify changes or trends, and contribute to setting priorities and to international comparisons.

BOBF addresses outcomes for children and young people aged 0–24 and many of the indicators are specific to early childhood. These can be used to track progress for babies and young children, and the age-relevant indicators in the *BOBF* indicator set will be reported on. Supplementary indicators relevant to *First 5* will also be considered.



ACTIONS TABLE

Goal A: Strong and supportive families and communities

Objective 1

Parents will be assisted to balance working and caring to contribute to optimum child outcomes and to best suit their family circumstances.

Strategic Action 1.1: Facilitate mothers and fathers to care for their child at home during their first year.

1.1 Initial Actions

- A new paid Parental Leave scheme available to both parents will be established and operational by 2019. Following its establishment, the new Parental Leave scheme will aim to build incrementally over the course of the Strategy so that by 2028 parents in Ireland will be supported to look after their babies at home for the whole of their first year through a combination of paid family leave schemes. By 2021 parents will each have an individual entitlement to seven weeks of paid parental leave, which can be taken during their child's earliest years, to potentially allow children to benefit from an additional 14 weeks parental care in their first year. Over the remaining years of the Strategy, as resources allow, the paid Parental Leave scheme will be further extended.
- Once the new scheme is established, consideration will be given to reviewing Maternity and Paternity Leave/Benefit schemes, particularly in respect of rates of payment and eligibility requirements. Further efforts to promote uptake of leave entitlements may also be required.

DJE/
DEASP

DJE/
DEASP

Strategic Action 1.2: Enhance access to family-friendly flexible working.**1.2 Initial Actions**

- | | |
|--|--------------|
| <ul style="list-style-type: none"> Undertake a review of the relevant provisions of the 2004 <i>Maternity Protection (Amendment) Act</i> on the issue of extending current entitlement to paid breastfeeding/lactation breaks or paid reduction in working hours for breastfeeding mothers in the workforce from 26 to 104 weeks after the baby's birth to facilitate the combination of breastfeeding and working in line with the WHO recommendation to continue breastfeeding, in combination with suitably nutritious and safe complementary foods, until children are two years old. | DJE |
| <ul style="list-style-type: none"> Extend provision for unpaid Parental Leave from 18 to 26 weeks, and amend the upper age limit of the child for which the leave can be taken from 8 to 12 allowing for greater flexibility for parents. | DJE |
| <ul style="list-style-type: none"> Undertake a review of existing statutory and non-statutory policies and research on their effectiveness in supporting family-friendly and flexible working for parents with young children. On the basis of findings of review and research, develop guidance and tools to facilitate employers to offer more family-friendly working options, so that over the course of the Strategy employment legislation, culture and practice enables parents to balance working with caring, while also promoting gender equality. | DJE/
DBEI |
| <ul style="list-style-type: none"> Building on the innovative Athena Swan model in the higher education sector and experience from other countries, develop a system to recognise family-friendly employers, in line with preliminary work underway to consider the feasibility and benefits of an "Equality, Diversity and Inclusion mark" for business. | DJE/
DBEI |

Goal A: Strong and supportive families and communities

Objective 2

Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships, along a continuum of need.

Strategic Action 2.1: Lead collaboration across Government Departments and State Agencies to develop, design and disseminate information resources to support parenting.

2.1 Initial Actions

- Consolidate, streamline and strengthen parenting information resources into a single, coherent platform, to ensure consistent, high-quality and accessible information and develop user-friendly, attractive, high-quality information resources across multiple platforms, building on the suite of existing resources.
- Lead a national public information campaign on positive parenting. The online and offline campaign should include practical messages and suggestions for parents and sign-posting to available information resources and services. (See also Goal C.)
- Pilot the development and implementation of Baby Boxes and Book Bags initiatives to support parenting with a focus on parent–baby bonding, information on baby development and early learning and promotion of baby safety. (See Box 1.)

DCYA

DCYA

DCYA

Goal A: Strong and supportive families and communities	Strategic Action 2.2: Develop a tiered model of parenting services built on a foundation of universal provision, with extra support available for parents in line with their level of need on a progressive basis.	
	2.2 Initial Actions <ul style="list-style-type: none">• Develop a national model of parenting services, from universal to targeted provision, covering key stages of child development, taking account of parents and children in a range of contexts (e.g. parenting children with additional needs, parents living with illness/disability, parents living with substance misuse, parents living with domestic violence, bereavement, and parenting in different cultural contexts) and parenting relationships (e.g. adoptive parents, lone parents, step parents, parenting after divorce and separation, and parenting in lesbian, gay, bisexual and transgender families). The model will be based on a thorough audit and review of existing provision, and informed by research on parenting support needs. It will be led by the DCYA in collaboration with Tusla, the HSE, SICAP and other relevant partners. The model will specify the types of parenting services that should be available to parents beyond universal provision of health promotion and prevention services and ELC services. This will build on the Tusla PPFS programme, aligning with the National Parenting Commissioning Framework, the Quality and Capacity Building Initiative evidence matrix, and the work of Children and Young People's Services Committees and will outline a funding model for delivering parenting supports across the country and a transparent framework for allocating resources to ensure a consistent level of provision.	DCYA

Goal A: Strong and supportive families and communities

Universal parenting services under the model will be based on two key foundations:

- the further development of the HSE’s National Healthy Childhood Programme in providing services for parents and babies (antenatal to age three) (see Building Block 3), and
- the development of ELC services as a delivery mechanism to provide supports for parents. This will be planned and resourced through a reformed funding model and piloted (see Building Block 5).

DH

DCYA

Over and above this, and building on the current PHN home visitation programme, an approach to home visiting services, across a continuum of need, will be agreed, having regard to Irish evidence on the implementation of prevention and early intervention initiatives.

DCYA/
DH

- Sustain the Tusla Prevention, Partnership and Family Support programme through continued investment.
- Continue to implement the Tusla Transformation Programme targeted at achieving better outcomes for vulnerable children and families. In the development of policies and practice, Tusla will have cognisance of this Strategy, the work streams relevant to child protection and welfare, and the particular vulnerabilities of the age groups covered by the Strategy.

DCYA

DCYA

Objective 3

Families and communities will be supported to provide children with the necessary material and practical resources to encourage positive development in the early years.

Strategic Action 3.1: Building on the existing infrastructure of supports, review and develop initiatives to maximise the incomes of families with young children, with a particular focus on children at risk of poverty.

3.1 Initial Actions

- | | |
|---|-------|
| <ul style="list-style-type: none"> Undertake research and analysis of the Home Carer Tax Credit scheme, in line with the Tax Expenditure Guidelines. This will include an examination of the beneficiaries of the scheme and an assessment of the extent that it is effective at supporting working families who take care of young children at home. | DF |
| <ul style="list-style-type: none"> Commence and progress a review of the effectiveness and accessibility of arrangements for recovery of maintenance payments by non-resident parents, including an examination of arrangements in other jurisdictions to ascertain the possibilities for making the maintenance recovery process easier for parents, improving the outcomes for children and reducing as far as possible the need for court proceedings for maintenance recovery. Review to be commenced within two years of the publication of the Strategy. | DJE |
| <ul style="list-style-type: none"> Develop schemes to address energy poverty; continue to target young children with respiratory conditions in consideration of the extension, evaluation and possible mainstreaming of the Warmth and Wellbeing scheme and explore ways to make the benefits of the Warmer Homes Scheme available to more families of young children who are in or at risk of energy poverty, including in the rental sector. | DCCAE |

Goal A: Strong and supportive families and communities	Strategic Action 3.2: Support the development of suitable accommodation to meet the needs of babies, young children and their families.	
	3.2 Initial Actions	
	<ul style="list-style-type: none"> In line with the policies outlined in <i>Rebuilding Ireland</i>, the Government's Action Plan on housing and homelessness, implement a range of actions to ensure an increased supply of social, affordable and private homes to ensure that children and their families are provided with suitable accommodation. 	DHPLG
	<ul style="list-style-type: none"> Provide increased accommodation facilities appropriate for families experiencing homelessness and ensure that the appropriate supports are provided to these families to support them being re-housed in suitable homes within the shortest possible timeframe and having regard to their individual requirements and circumstances. 	DHPLG
	<ul style="list-style-type: none"> Following consultation process, publish standards for accommodation offered to people in the protection process to ensure that the delivery of services and supports for people living in this type of accommodation, including babies, young children and their parents, is of high quality, appropriate, safe and effective. 	DJE
	<ul style="list-style-type: none"> Make specific recommendations on access to appropriate accommodation for Traveller families with babies and young children, having regard to the work of the recently established Expert Group who have been tasked with examining and making recommendations on Traveller accommodation policy, strategy and implementation including reviewing the <i>Housing (Traveller Accommodation) Act 1998</i> and all other legislation that impacts on the provision and delivery of accommodation for Travellers. 	DHPLG

Goal A: Strong and supportive families and communities	Strategic Action 3.3: Ensure that the design and development of physical and social infrastructure takes account of the needs and rights of babies, young children and their families so that communities where children are born and grow up support positive early development.	
	3.3 Initial Actions	
	<ul style="list-style-type: none">• Develop guidelines on planning and developing child-friendly communities for local authorities. The guidelines will focus on building sustainable communities that ensure that children have safe environments to play, explore and learn. These will include recommendations on amenity space, appropriate scale, walking and cycling routes, and public spaces including play spaces and natural environments.	DHPLG
	<ul style="list-style-type: none">• Conduct a mapping exercise of current play policy, practice and provision with a focus on early childhood and on the basis of findings make recommendations for future actions.	DCYA
	<ul style="list-style-type: none">• Invest in libraries as community hubs, across the country, with a particular focus on young children and their parents (parent and baby groups, materials for parents, development of children’s sections), in line with implementation of the new library strategy.	DRCD

Goal B: Optimum physical and mental health

Objective 4

Parents, families and communities will be supported to engage in and promote positive health behaviours among babies and young children, starting from the pre-conception period.

Strategic Action 4.1: Promote and support positive health behaviours among pregnant women, babies, young children and their families.

4.1 Initial Actions

- | | |
|---|----|
| <ul style="list-style-type: none"> Continue progress towards the breastfeeding target rate set out in the <i>National Breastfeeding Action Plan</i> (i.e. annual 2% increase in breastfeeding duration rates over the period 2016–2021). To meet this target, continue to support mothers to breastfeed through the PHN service, implement standardised breastfeeding policies and provide clinical specialist posts in both primary care and maternity hospitals as per the key actions of the <i>National Breastfeeding Action Plan</i>. Extensions to this target will be considered at the end of year three review of <i>First 5</i> in 2021. | DH |
| <ul style="list-style-type: none"> Enhance weaning support to parents through the National Healthy Childhood Programme. | DH |
| <ul style="list-style-type: none"> Provide access to comprehensive family planning and reproductive healthcare services, including information and advice for people considering pregnancy and carry out a national information campaign to promote the importance of pre-conception health. | DH |
| <ul style="list-style-type: none"> Develop mechanisms to improve folic acid intake among all women of reproductive ages. | DH |

Goal B: Optimum physical and mental health

- | | |
|---|----|
| <ul style="list-style-type: none"> Develop and maintain comprehensive, accessible information for parents on all aspects of their child's health and wellbeing through a new parenting and child health and wellbeing website supported by social media. | DH |
| <ul style="list-style-type: none"> Develop, publish and disseminate guidelines on health behaviours for babies and young children (Healthy Eating Guidelines for 1–5 Year Olds, Guidelines for Physical Activity for Early Childhood, Guidelines on Sedentary Behaviour, including Guidelines on Screen Time for Early Childhood, Guidelines on Oral Health, including Dentists Visits and Toothpaste Use in Early Childhood). | DH |
| <ul style="list-style-type: none"> Develop a national skin cancer prevention plan with babies and young children identified as a priority group. | DH |

Strategic Action 4.2: Integrate health behaviour supports and services into child-serving settings and the wider community.

4.2 Initial Actions

- | | |
|---|------------------------|
| <ul style="list-style-type: none"> Review and enhance the delivery of Healthy Ireland Smart Start Programme, working with ELC settings to support the development of child health and wellbeing, through phased expansion of this Programme to all ELC settings and extension of this Programme to children under three. | DH,
DCYA |
| <ul style="list-style-type: none"> Extend the Community Based Nutrition and Cooking Programmes. | DH |
| <ul style="list-style-type: none"> Introduce measures to address food poverty for young children in ELC settings and Primary Schools, specifically: pilot a meals programme in ELC settings (DCYA); pilot a new hot meals programme for DEIS primary schools (DEASP and DES). | DCYA,
DEASP,
DES |

Goal B: Optimum physical and mental health	<ul style="list-style-type: none"> Pilot the extension of the School Milk Scheme strand of the EU School Scheme to ELC settings, developing a bespoke model for the scheme taking the specific needs of children in such settings into account. Further to evaluation of the pilot and subject to available resources, consider the scaling up of this scheme to a larger number of settings. 	DAFM
	<ul style="list-style-type: none"> Develop and publish National Food Standards for ELC Settings, including a toolkit for implementation. 	DH
	Strategic Action 4.3: Promote child safety and prevent unintentional injuries to babies and young children.	
	4.3 Initial Actions	
	<ul style="list-style-type: none"> Ensure full implementation of the updated Child Safety Programme, and building on this Programme, ensure child safety messages are integrated into all ELC (and school-age childcare) settings and the wider community. Develop and implement a comprehensive child injury prevention plan. In the context of the <i>Road Safety Strategy 2013–2020</i> and, building on the development of the Cycle Right training standard, pilot the trainer bike programme to introduce cycling skills to pre-school and junior/senior infant age groups. 	DH DH DTTS

Objective 5

Babies and young children have access to safe, timely, high-quality, evidence-based integrated primary, preventative and specialist healthcare.

Strategic Action 5.1: Resource and support the implementation, expansion and enhancement of the National Healthy Childhood Programme to ensure it better addresses the needs of babies, young children and families, enabled by the development of a dedicated child health workforce (see Building Block 3).

5.1 Initial Actions

- | | |
|--|----|
| <ul style="list-style-type: none"> Review the content and scope of Maternity and Infant Care Scheme, standardise the six-week post-natal check-up for the mother and the six-week check of the baby (as part of the Newborn Clinical Examination) and consider extending coverage of this Scheme to include to a pre-conception consultation and beyond six-week post-natal check-up of the mother. | DH |
| <ul style="list-style-type: none"> As resources allow, make the antenatal visit by the Public Health Nurse more widely available to expectant mothers in line with need. | DH |
| <ul style="list-style-type: none"> Increase the use of antenatal care in the first trimester, particularly among vulnerable groups. | DH |
| <ul style="list-style-type: none"> Increase uptake of vaccinations during pregnancy by promoting the influenza vaccine during pregnancy, raising awareness of the importance of the pertussis vaccine during pregnancy and exploring mechanisms to effect administration of the vaccine. | DH |

Goal B: Optimum physical and mental health

- | | |
|--|----|
| <ul style="list-style-type: none"> Enhance the schedule of immunisations provided under the Primary Childhood Immunisation Programme (PCIP) in accordance with international best practice and recommendations from the National Immunisation Advisory Committee and continue progress towards the national target of 95% uptake in the PCIP, achieving greater consistency in uptake across the country. | DH |
| <ul style="list-style-type: none"> Measure the uptake of the free GP visit card to under 6s including a review of uptake of the Periodic Assessments at two and five, and implement actions to increase uptake if required. | DH |
| <ul style="list-style-type: none"> Continue progress to ensure the timing and content of the screening and surveillance programme are consistent with the evidence base and standardised across the country. | DH |
| <ul style="list-style-type: none"> Ensure the full implementation nationally of the revised model of screening for congenital dysplasia of the hip. | DH |
| <ul style="list-style-type: none"> Introduce a universal dental health package for children under six, supported by a screening/surveillance programme to target key ages and vulnerable groups. | DH |
| <ul style="list-style-type: none"> Ensure the mainstreaming and ongoing evaluation of the quality improvement initiatives commenced under the Nurture Programme – Infant Health and Well-Being. | DH |
| <ul style="list-style-type: none"> Review the school health service/programme and revise it in line with best evidence and practice. | DH |

Strategic Action 5.2: Make therapeutic and medical provision available to babies and young children on a consistent, equitable and timely basis.

5.2 Initial Actions

- | | |
|---|---------------------|
| <ul style="list-style-type: none"> Commence the implementation of Model of Care for Paediatric Healthcare Services with initial focus on: <ul style="list-style-type: none"> Expansion in consultant paediatrician numbers, with a definite focus on general paediatrics, emergency paediatrics and community child health. Expanded roles for advanced nurse practitioners, clinical nurse specialists and health and social care professionals. Developing the regional acute paediatric units to provide an appropriate range of regional services. | DH |
| <ul style="list-style-type: none"> Continue to support the reconfiguration of services for children with disabilities in line with the Progressing Disability Services for Children and Young People programme. | DH |
| <ul style="list-style-type: none"> Reduce children's waiting lists for primary care and early intervention, including waiting times. | DH |
| <ul style="list-style-type: none"> Continue to develop access to supports for children with a disability/developmental delays through child-serving settings (e.g. AIM, In-School and ELC Therapy Demonstration Project, provision of nursing supports in ELC settings and schools for children with complex needs). | DCYA,
DES,
DH |
| <ul style="list-style-type: none"> Improve the Assessment of Need process in order to ensure timely access to appropriate services. | DH |
| <ul style="list-style-type: none"> Progress the establishment of the new children's hospital to provide specialist tertiary and quaternary services for children from all over Ireland. | DH |

Goal B: Optimum physical and mental health	Objective 6	
	Babies, young children and their parents enjoy positive mental health.	
	Strategic Action 6.1: Improve the early identification of mental health problems among babies, young children and families.	
	6.1 Initial Actions	
	<ul style="list-style-type: none"> • Provide information and guidance on promoting and supporting positive mental health among pregnant women, babies, young children and families and carry out a public information campaign to raise awareness of the importance of promoting social-emotional development, positive mental health and reducing the impact of early childhood trauma in babies and young children. • Enhance efforts to promote positive mental health among pregnant women, babies, young children and their families in all resources and service contacts by extending the <i>Making Every Contact Count: A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service</i> to include mental health. • Improve diagnosis and services for women with pregnancy-related mental health problems. • Extend post-natal depression screening by PHNs for all mothers, using a standardised evidence-based approach. • Roll out the standardised screening tool for social-emotional development – Ages and Stages Questionnaire – to all young children at the two-year developmental check. • Support access to continuous professional development in Infant and Early Childhood Mental Health to those who work with babies, young children and their families in line with the development of the Early Childhood Workforce Initiative (see Goal D). 	<p>DH</p> <p>DH</p> <p>DH</p> <p>DH</p> <p>DH,</p> <p>DCYA</p>

Strategic Action 6.2: Improve access to mental health supports and services for babies, young children and families, with a particular focus on initiatives that integrate mental health supports and services into child-serving settings and the wider community.

6.2 Initial Actions

- | | |
|---|-----|
| <ul style="list-style-type: none"> Implement the national Model of Care for Specialist Perinatal Mental Health with continued resourcing. | DH |
| <ul style="list-style-type: none"> Ensure priority is given to the needs of babies, young children and their families in the refreshed Vision for Change and the forthcoming national mental health promotion plan. | DH |
| <ul style="list-style-type: none"> Develop and cost proposals to extend National Educational Psychological Service (NEPS) to ELC. | DES |
| <ul style="list-style-type: none"> Improve the capacity of community Child and Adolescent Mental Health Services (CAMHS) and implement the revised operational guidelines. | DH |
| <ul style="list-style-type: none"> Improve access to parental mental health services (including counselling and psychological services) that treat maternal depression, anxiety disorders and substance abuse and identify and address any gaps in mental health services for very young children. | DH |
| <ul style="list-style-type: none"> Ensure that access to mental health supports for expectant and new mothers will be improved to ensure appropriate care can be provided in a timely fashion in line with the National Maternity Strategy. | DH |
| <ul style="list-style-type: none"> Provide additional support for parents of babies who receive a diagnosis of disability in the perinatal period and those who experience a traumatic birth or bereavement. | DH |
| <ul style="list-style-type: none"> Continue to roll out and invest in the Clinical Programmes in eating disorders, self-harm and early intervention in psychosis. | DH |

Goal C: Positive play-based early learning

Objective 7

Parents, families and communities are supported to provide a nurturing and stimulating environment for children's early learning, starting from birth.

Strategic Action 7.1: Support parents and families to provide a stimulating home learning environment for babies and young children, with a particular focus on promoting play.

7.1 Initial Actions

- | | |
|--|------------|
| <ul style="list-style-type: none"> Carry out a national information campaign to build awareness of the important role that parents and families can play in supporting children's early learning with advice and information to empower parents and families in creating playful learning environments. Under this campaign, a bedtime reading campaign will be carried out. This will be supported by child-friendly events at local libraries to encourage an interest in books from an early age, and to provide inspiration and access to age-appropriate reading material. | DCYA |
| <ul style="list-style-type: none"> Provide parents and families with resources to support children's playful early learning commencing with a Baby Box and Book Bag Pilot Initiative through the <i>First 5 Trials</i> Programme (see Box 1). | DCYA, DRCD |
| <ul style="list-style-type: none"> Building on existing initiatives, including the Parent and Toddler Grant Initiative, develop further supports for family (including grandparents), friends and neighbours who provide informal care. | DCYA |

Goal C: Positive play-based early learning	Strategic Action 7.2: Facilitate and encourage greater parental involvement and engagement in early learning in ELC settings and primary schools.	
	7.2 Initial Actions	
	<ul style="list-style-type: none"> Develop guidance and information for parents and families on ELC (and school-age childcare), including information on ELC (and school-age childcare) options and entitlements and guidance on key indicators of high-quality provision. Over time, explore the potential to develop a real-time finder of regulated ELC (and school-age childcare) places with links to inspection reports and other relevant information. 	DCYA
	<ul style="list-style-type: none"> Support greater parental involvement and engagement in children's early learning in ELC settings and primary schools. <ul style="list-style-type: none"> Develop advice, guidance and training for ELC settings and primary schools to build effective working relationships with all parents, families and communities. Support ELC settings and primary schools to create opportunities to encourage and strengthen involvement of parents such as parent-practitioner meetings, parental advisory boards, home-ELC liaison officers, designated staff with responsibility for supporting parents, including initiatives in collaboration with the National Parents Council (Pre-Primary and Primary). 	DCYA, DES

Goal C: Positive play-based early learning	Strategic Action 7.3: Take steps to ensure positive enrolment and participation patterns in ELC settings and primary schools are established at the earliest opportunity.	
	7.3 Initial Actions	
	<ul style="list-style-type: none">• Carry out a detailed assessment of the universal pre-school programme to identify groups of children with lower-than-average enrolment and participation rates and take steps to raise enrolment and participation among these groups.• Extend the statutory powers of the Educational Welfare Service to all children under six years of age enrolled in a recognised school in line with legislative developments.	<div>DCYA</div> <div>DCYA</div>

Objective 8

Babies and young children have access to safe, high-quality, developmentally-appropriate, integrated ELC (and school-age childcare), which reflects diversity of need.

Strategic Action 8.1: Make high-quality ELC (and school-age childcare) for babies and young children more affordable.

8.1 Initial Actions

- | | |
|---|------|
| <ul style="list-style-type: none"> • Provide continued funding and support for two full years of the universal pre-school programme. Undertake a review of the programme and, subject to findings, consider the need to make changes. Over the lifetime of the strategy, introduce a universal legal entitlement to pre-school. | DCYA |
| <ul style="list-style-type: none"> • Introduce the ACS to publicly subsidise the cost of high-quality regulated ELC (and school-age childcare) to families and, over time, and as resources allow, progressively increase the number of families eligible for targeted subsidies and ensure subsidy rates are grounded in a robust funding formula that is based on the cost of delivering high-quality ELC (and school-age childcare). Undertake an end-of-year-three evaluation of ACS and, subject to evaluation findings, consider the need to make changes to the Scheme. | DCYA |
| <ul style="list-style-type: none"> • As part of the reform of the funding model (discussed under Goal 4), develop an appropriate mechanism to control fees charged to parents in return for increased State investment in affordability, quality and sustainability. | DCYA |
| <ul style="list-style-type: none"> • Promote and support the registration of paid, non-relative childminders currently eligible to register with Tusla in preparation for the introduction of ACS (see also Goal 4). | DCYA |

Goal C: Positive play-based early learning

Strategic Action 8.2: Maintain and extend the supply of high-quality publicly subsidised ELC (and school-age childcare) to best serve the developmental needs of babies and young children, ensuring that it also reflects the needs and preferences of parents and families.

8.2 Initial Actions

- | | |
|--|------|
| <ul style="list-style-type: none"> Extend regulation to all other paid, non-relative childminders (and to school-age childcare) on a phased basis (discussed under Goal 4). This will make ACS subsidies available to more parents who use childminding services. | DCYA |
| <ul style="list-style-type: none"> Undertake research on the ELC (and school-age childcare) needs of parents who work atypical hours or live in rural communities and develop recommendations for future action. | DCYA |
| <ul style="list-style-type: none"> Strengthen capacity to accurately forecast supply and demand for ELC (and school-age childcare) by undertaking a regular national need assessment. | DCYA |
| <ul style="list-style-type: none"> Continue to administer a sustainability fund that ensures provision in the most deprived areas does not fail as a result of higher levels of need and/or temporary fluctuations in occupancy and consider longer-term mechanisms as part of the new funding model. | DCYA |

Goal C: Positive play-based early learning

- | | |
|---|-------|
| <ul style="list-style-type: none"> Update the National Planning Guidelines for the development of ELC (and school-age childcare) settings. | DHPLG |
| <ul style="list-style-type: none"> Develop and publish a strategic capital investment plan to deliver the large-scale capital investment under Project 2040 with the aim of ensuring that the demand for high-quality ELC (and school-age childcare) places meets supply. This plan will include pilot projects under the <i>First 5 Trials Programme</i> that focus on innovative practice (e.g. outdoor ELC provision). | DCYA |
| <ul style="list-style-type: none"> Use of schools and existing community facilities that have suitable environments for school-age childcare should be maximised where demand exists and where it can be facilitated by the school patron/trustees. Consider how increased use of school buildings could be facilitated, taking into account the issues raised to date, and continue to engage with property owners and school authorities to facilitate increased use of school buildings where feasible. | DES |
| <ul style="list-style-type: none"> Introduce measures to ensure that children in Gaeltacht areas have access to Irish-medium ELC provision. | DCHG |

Goal C: Positive play-based early learning

Strategic Action 8.3: Ensure that ELC (and school-age childcare) provision promotes participation, strengthens social inclusion and embraces diversity through the integration of additional supports and services for children and families with additional needs.

8.3 Initial Actions

- Ensure that future capital investment facilitates the participation of all children in ELC, and promotes settings that are inclusive and accessible to all children, families and practitioners, informed by Universal Design Guidelines.
- Continue to roll out AIM to ensure the full inclusion of children with a disability in settings delivering the universal pre-school programme. Undertake an end-of-year-three evaluation of AIM and, subject to evaluation findings and other relevant developments, consider enhancements to, and/or extension of, AIM to, for example, all ELC services, all school-age childcare services and/or to children with additional needs other than a disability. As part of this evaluation, consideration will be given to other supports that exist for children with a disability in ELC and the scope to consolidate and streamline these under AIM, or to align eligibility and access routes as well as practice and training.

DCYA

DCYA

Goal C: Positive play-based early learning

- | | |
|---|---------------------|
| <ul style="list-style-type: none"> Oversee and evaluate the In-School and ELC Therapy Support Demonstration Project, and, subject to the findings of the evaluation and any other relevant developments, consider the model for national roll-out (as resources allow). | DES,
DCYA,
DH |
| <ul style="list-style-type: none"> Introduce mechanisms through the ACS (with periodic reviews), to ensure that children with specific vulnerabilities – including children in homeless families and children in the protection process – have access to high-quality ELC (and school-age childcare). | DCYA |
| <ul style="list-style-type: none"> Develop mechanisms to provide additional supports to ELC settings where there are high proportions of children who are at risk of poverty to mitigate the impacts of early disadvantage. Specifically, informed by the DEIS model, develop a programme for the delivery of ELC in the context of concentrated disadvantage. | DCYA |
| <ul style="list-style-type: none"> Develop mechanisms to provide Irish-language supports to ELC provision where there are high proportions of children who are learning through the medium of Irish. | DCYA |

Goal C: Positive play-based early learning	<h2>Objective 9</h2> <p>Children will be supported in their transitions to (and through) ELC settings and onwards to primary schooling.</p>	
	<p>Strategic Action 9.1: Introduce measures to exchange information, involve children and parents, and develop strong partnerships between ELC settings and primary schools to support transitions.</p>	
	<p>9.1 Initial Actions</p> <ul style="list-style-type: none"> • Provide information and guidance to parents, families, childminders and communities on the role they can play in supporting transitions (with tailored advice and information for vulnerable groups), including guidance for parents making decisions on school starting age. • Roll out transition activities (including joint CPD) between ELC settings and primary schools, and introduce NCCA's reporting templates and associated support material (see Box 2). Building on that work, develop a national approach to support the transitions experienced by children as they move into and through ELC settings. 	<p>DCYA, DES</p> <p>DCYA, DES</p>

Strategic Action 9.2: Increase continuity in curriculum and pedagogy across ELC settings and the early years of primary school.		
Goal C: Positive play-based early learning	9.2 Initial Actions	
	<ul style="list-style-type: none"> Provide clarification for ELC settings and primary schools on the appropriate dispositions, skills and knowledge for children as they make the transition into primary school. 	DCYA, DES
	<ul style="list-style-type: none"> Align the redeveloped Primary School Curriculum for the early years of primary school with <i>Aistear</i>, the Early Childhood Curriculum Framework, to facilitate progression in children's early learning as they move from ELC settings to primary school. 	DES
	<ul style="list-style-type: none"> Develop consistency and continuity in the evaluation of curriculum and pedagogy between ELC settings and the early years of primary school, with due consideration for the structural differences in the two contexts. Specifically, revise arrangements for the inspection of the early years of primary school as redevelopment of the Primary School Curriculum is aligned with <i>Aistear</i> (see Building Block 2 for further actions related to the inspection of ELC settings). 	DES
	<ul style="list-style-type: none"> Having regard to resource implications, explore over time appropriate class sizes in the early years of primary school as a redeveloped Primary School Curriculum is aligned with <i>Aistear</i>. 	DES

Goal C: Positive play-based early learning	Strategic Action 9.3: Ensure the necessary supports are in place to sustain learning for all children as they transition from ELC settings to primary school.	
	9.3 Initial Actions	
	<ul style="list-style-type: none"> • Provide continued funding and support to implement and enhance DEIS. 	DES
	<ul style="list-style-type: none"> • Develop proposals to implement the recommendations of the Comprehensive Review of the SNA Scheme. 	DES
	<ul style="list-style-type: none"> • Ensure AIM and the In-School and ELC Therapy Support Demonstration Model bring a focus to positive transitions from ELC to primary school. This will require early and strong collaboration between ELC and Primary School support services (e.g. Better Start Quality Development Service, National Council for Special Education). 	DCYA, DES, DH
	<ul style="list-style-type: none"> • Increased investment in children's education will be supported by the Programme for Government and Action Plan for Education commitment to raise capitation rates at primary and post-primary level as resources allow. 	DES

Goal D: An effective early childhood system

Building Block 1

Committed leadership, strong governance and positive collaboration and engagement aligned around a shared vision for babies, young children and their families.

Strategic Action 1.A: Put in place effective implementation and governance structures and public engagement mechanisms for *First 5*.

1.A Initial Actions

- As a constituent strategy of *BOBF*, the implementation of *First 5* will be overseen by *BOBF* implementation structures to allow for a comprehensive and connected approach to addressing key issues which impact on the lives of babies, young children and their families. The Cabinet Committee on Social Policy and Public Services, chaired by An Taoiseach, will oversee the implementation of *First 5*. New nominations to *BOBF* Implementation Structures (i.e. Children and Young People's Policy Consortium, Sponsors Group, Advisory Council) will be sought to ensure the necessary focus on important areas of action in the *First 5*. These implementation structures involve widespread multilateral engagement from across Government Departments, State Agencies and others. The implementation structures are described in further detail in the section on Implementation and Oversight. A *First 5* Implementation Team will be established in the Department of Children and Youth Affairs to spearhead the coordination and monitoring of implementation of *First 5*, liaising with the *BOBF* Implementation Team.

DCYA,
All
Depts

Goal D: An effective early childhood system

- | | |
|--|--------------|
| <ul style="list-style-type: none"> The <i>First 5</i> Implementation Team will ensure that within six months of the date of publication of this Strategy, a detailed three-year implementation plan is developed with a timetable for delivery, including the assignment of responsibility for actions. | DCYA |
| <ul style="list-style-type: none"> The <i>First 5</i> Implementation Team will prepare an annual report on the implementation of the Strategy. | DCYA |
| <ul style="list-style-type: none"> The <i>First 5</i> Implementation Team will carry out a three-year review of the Strategy with a view to developing a further implementation plan for the following three years. | DCYA |
| <ul style="list-style-type: none"> Support the meaningful participation of young children and parents of young children in the development of policy, programmes and practice that concern them, including seldom-heard groups. This will involve the development and use of appropriate methodologies and mechanisms for consulting and engaging with young children and parents of young children, the development and delivery of child participation training programmes for those working with children and the publication of guidance on children's participation. | All
Depts |
| <ul style="list-style-type: none"> Implement a communications plan that will ensure the importance of early childhood development and learning is well understood and explain how actions and projects in <i>First 5</i> can contribute to improving babies' and young children's experiences. | DCYA |

Goal D: An effective early childhood system

Strategic Action 1.B: Strengthen leadership and governance across the early childhood system at a national and local level.**1.B Initial Actions**

- | | |
|--|---------------------------------|
| <ul style="list-style-type: none"> Strengthen leadership and cross-sectoral action for parenting supports by establishing a dedicated Parenting Support Policy Unit in the Department of Children and Youth Affairs. | DCYA |
| <ul style="list-style-type: none"> Building on the development of the 2017 Whole-of-Government Approach to Tackling Child Poverty, monitor and track progress on the achievement of the child poverty target through <i>BOBF</i> implementation structures under the joint leadership of the Departments of Employment and Social Protection, and Children and Youth Affairs. | DEASP
DCYA |
| <ul style="list-style-type: none"> Build on work of established working group led by the Department of Justice and Equality, with representatives from the Departments of Business, Enterprise and Innovation, Employment Affairs and Social Protection, and Children and Youth Affairs to progress the development of actions on Family Leave and Family-Friendly Working. | DJE,
DEASP,
DBEI,
DCYA |
| <ul style="list-style-type: none"> Strengthen leadership and cross-sectoral action for child health through the new Healthy Ireland Office to be established in the Department of Health, and through expanding and enhancing the HSE National Healthy Childhood Programme as a policy priority programme. | DH |
| <ul style="list-style-type: none"> Identify and scope the issue of food poverty as a cross-sectoral priority under <i>BOBF</i>, and in alignment with overall Healthy Ireland implementation, led by the Department of Health. | DH,
other
Depts |

Goal D: An effective early childhood system

- | | |
|---|--------------|
| <ul style="list-style-type: none"> Establish formal mechanisms to align and coordinate the policy, practice and implementation work of the Departments of Children and Youth Affairs, and Education and Skills, in respect of ELC, commencing with a joint Memorandum of Understanding. | DCYA,
DES |
| <ul style="list-style-type: none"> Strengthen existing relationships between the Departments of Children and Youth Affairs, and Education and Skills, through the establishment of a high-level Inter-Departmental Group to develop policy proposals and to commission research in relation to key cross-cutting issues affecting early learning of babies and young children (e.g. school starting age; transitions; impact of pre-school on primary school provision). | DCYA,
DES |
| <ul style="list-style-type: none"> Support an increased role for the Department of Children and Youth Affairs in ELC curriculum development through changes to the NCCA governance structures. | DCYA,
DES |
| <ul style="list-style-type: none"> Review the operating system for ELC (and school-age childcare), at national and local level, to develop more consolidated and streamlined planning, funding, administration and quality support. As part of this review, consider a range of possible options including a dedicated Statutory Agency, the use of existing State Agencies or the establishment of an executive arm of the Department of Children and Youth Affairs. | DCYA |

Goal D: An effective early childhood system

Strategic Action 1.C: Progress collaborative initiatives and integrated service development and delivery to support babies, young children and their families.**1.C Initial Actions**

- Explore the potential for joined-up and integrated service development and delivery for babies, young children and their families, through ELC settings as a natural hub for collaborative work with families (for example, piloting the delivery of parenting programmes through ELC settings).
- Pilot the development of Family and Early Childhood Centres that bring together a range of services to support parents and children in the early stages of development. (See Box 3.)
- Pilot the development of models of local collaboratives to better address governance and sustainability in ELC, in partnership with community and private ELC (and school-age childcare) providers (see Box 4).

DCYA

DCYA

DCYA

Goal D: An effective early childhood system	Building Block 2 A robust regulation, inspection and quality assurance regime to enforce and raise standards.	
	Strategic Action 2.A: Develop, enhance and implement national standards for early childhood supports and services.	
	2.A Initial Actions	
	<ul style="list-style-type: none"> Develop and publish a set of quality standards for publicly funded parenting supports and services. 	DCYA
	<ul style="list-style-type: none"> Develop guidance and support for Family Resource Centres (FRC) to enhance and consolidate the delivery of the FRC programme. Review current assessment and screening tools for babies, young children and families, particularly those with additional support needs, to facilitate collaborative working across health and social care professionals and effective referral pathways. Ensure that these are consistently implemented nationally. Develop a standardised curriculum framework for antenatal education for parents. Develop and implement quality standards for school-age childcare. 	DCYA DH, DCYA DH DCYA

Goal D: An effective early childhood system

- Through the National Síolta Aistear Initiative (NSAI), develop and implement a national plan for the phased, supported and simultaneous implementation of *Síolta*, the National Quality Framework, and *Aistear*, the Early Childhood Curriculum Framework, in all ELC settings for babies and young children, including making the application of these frameworks a contractual requirement of Department of Children and Youth Affairs funding schemes and give consideration to, over time, making adherence to the frameworks a statutory requirement. Over the lifetime of *First 5*, review *Aistear* and *Síolta*.
- Through Children and Young People's Services Committees and Child and Family Services Networks, and linked to the development of the Early Childhood Workforce Initiative, pilot the development of "No Wrong Door" policy in services for babies, young children and their families to ensure that anyone seeking assistance and services is appropriately supported by the relevant professionals in their community. The development of a revised blueprint for CYPSC and Child and Family Support Networks will support the development of this initiative.

DCYA,
DES

DCYA

Goal D: An effective early childhood system	Strategic Action 2.B: Progressively reform the ELC (and school-age childcare) regulatory and inspection systems and strengthen quality assurance, with a renewed emphasis on self-evaluation.	
	2.B Initial Actions	
	<ul style="list-style-type: none"> Over the lifetime of <i>First 5</i>, conduct a review of the Early Years Services Regulations 2016 and the accompanying Quality and Regulatory Framework based on evidence of what best contributes to the quality of children's experience. Particular areas for consideration will include minimum regulatory qualification levels, indoor and outdoor space requirements, adult-child ratios and group size. Incremental changes to qualification requirements will also be examined as part of the Workforce Developmental Plan (see Building Block 3). The scope of the Regulations will also be considered for different settings, in particular, home-based settings, to ensure proportionate regulation. Introduce regulations for school-age childcare and extend regulation to all paid, non-relative childminders. An Action Plan for Childminding will set out a plan for moving progressively towards wider regulation and support for childminders over the lifetime of the Strategy building on the 2018 Working Group report. 	<p>DCYA</p> <p>DCYA</p>

Goal D: An effective early childhood system

- | | |
|--|--------------|
| <ul style="list-style-type: none"> Consider options for reforms to the registration and inspection of ELC, including childminders (and school-age childcare), to ensure a proportionate inspection regime and a more integrated approach to ELC. First steps include widening the qualification requirements for Tusla ELC inspectors, and piloting the extension of education-focused inspections to children under three. | DCYA |
| <ul style="list-style-type: none"> Develop and use appropriate methods to take account of the views of children and parents in the inspection of ELC (and school-age childcare). | DCYA |
| <ul style="list-style-type: none"> Develop a revised self-evaluation framework for ELC to replace the existing Síolta Quality Assurance Programme (QAP) so that providers can assess their own performance along the quality spectrum, from compliance to excellence. | DES,
DCYA |
| <ul style="list-style-type: none"> Align the national quality improvement infrastructure around the Better Start Quality Development service which operates nationally. Include a regional structure and increase support to the sector through an enhanced specialist service that provides intensive coaching, training and advice to improve professional practice (see CPD Action under 3.B). | DCYA |

Goal D: An effective early childhood system	<h2>Building Block 3</h2> <p>An appropriately skilled and sustainable professional workforce that is supported and valued and reflects the diversity of babies, young children and their families.</p>	
	<p>Strategic Action 3.A: Identify and put in place the staff requirements to deliver early childhood supports and services.</p>	
	<p>3.A Initial Actions</p> <ul style="list-style-type: none"> In line with the principles set out in Sláintecare, develop a dedicated child health workforce adopting a population-based approach focussed initially in areas of high population density and disadvantage, recognising that this will require additional resources. 	DH
	<ul style="list-style-type: none"> Develop the Tusla multi-annual strategic workforce plan, focussing on innovative approaches to recruiting and retaining social workers and family support practitioners. Include a pilot scheme of funded bursaries for Traveller and Roma students to become Tusla social workers or social care workers. 	DCYA
	<ul style="list-style-type: none"> Introduce a range of measures so that, by 2028: <ul style="list-style-type: none"> all regulated childminders will hold a minimum qualification (level to be determined by the Department of Children and Youth Affairs by end 2019 in follow-up to the Expert Group Report). An appropriate period of time will be provided to meet this requirement; all regulated school-age childcare staff will hold a minimum qualification (level to be determined by the Department of Children and Youth Affairs by end 2019). An appropriate period of time will be provided to meet this requirement; and 	DCYA

Goal D: An effective early childhood system

- a graduate-led ELC workforce, with at least 50% of staff (i.e. all room leaders, assistant manager and managers) working directly with children in centre-based ELC settings and coordinators supporting the work of childminders, hold an appropriate degree-level qualification (with an initial target of 30% reached by 2021).
- Informed by the predictive model developed by the Expert Group on Future Skills Needs for the ELC workforce, develop a Workforce Development Plan to ensure the appropriate number of ELC and school-age childcare staff at all levels in the sector. The Workforce Development Plan will support the achievement of the above targets. The Workforce Development Plan will also set out plans to raise the profile of careers in ELC (and school-age childcare), establish a career framework and leadership development opportunities and will work towards building a more gender-balanced and diverse workforce. Consideration will also be given to broader ELC and school-age childcare workforce, including those in inspection, mentoring and training roles and support for those who facilitate practice placements.

DCYA,
DES

Goal D: An effective early childhood system	Strategic Action 3.B: Improve access to high-quality initial training and CPD opportunities to ensure the staff involved in delivering early childhood supports and services are fully prepared for the demands of their professional roles.	
	3.B Initial Actions	
	<ul style="list-style-type: none"> Publish agreed criteria and guidelines for further and higher education ELC (and school-age childcare) qualifications including access and entry requirements; knowledge and content of programmes and the incorporation of supervised professional practice. These standards and guidelines will support the implementation of the Workforce Development Plan by helping to create a shared agenda, common practice and understanding of quality (ensuring that practice frameworks are reflected in training), clarifying the roles and responsibilities of training institutions. 	DES
	<ul style="list-style-type: none"> Introduce a redeveloped national subsidised fund for further and higher ELC (and school-age childcare) education to support the implementation of the Workforce Development Plan. 	DCYA
	<ul style="list-style-type: none"> Develop a national programme of CPD opportunities for the ELC (and school-age childcare) workforce to be delivered through Better Start Quality Development Service. Over time, this will develop links with the national structure for CPD of primary school teachers. Opportunities for joint delivery of CPD programmes where appropriate will be considered. 	DCYA

Goal D: An effective early childhood system	<ul style="list-style-type: none">• Review graduate training options and requirements for all professionals working with babies, young children and their families to ensure that appropriate specialist training is available, including training that is specific to early childhood and ensure all those working with babies and young children are supported to undertake regular CPD.	DCYA, DH, DES
	<ul style="list-style-type: none">• Develop an Early Childhood Workforce Initiative. This initiative will include the health and social care workforce and the early learning workforce, including ELC staff and primary school teachers, among others. Aligning with developments in the Quality and Capacity Building Initiative and the Nurture/National Healthy Childhood Programme, the Early Childhood Workforce Initiative will develop opportunities for all professionals working with babies, young children and their families to learn together and develop collaborative working approaches. The initiative will progress joint pre-service training and in-service learning modules on key issues of relevance across the early childhood workforce including child development, bonding and attachment, play, working with parents, working collaboratively, family violence and addressing disadvantage. The Early Childhood Workforce Initiative will also develop mechanisms to acknowledge and recognise effective collaborative learning and working (e.g. Team Around the Child initiatives such as Meitheal and AIM).	DCYA

Goal D: An effective early childhood system	Strategic Action 3.C: Develop mechanisms to raise the professional status of the ELC (and school-age childcare) workforce and support employers to offer more favourable working conditions to attract and retain staff.	
	3.C Initial Actions	
	<ul style="list-style-type: none"> Develop proposals for a structure to review and oversee compliance with new standards and guidelines for further and higher ELC (and school-age childcare) education programmes and create a register of the ELC (and school-age childcare) workforce. This structure would, over time, move towards a professional standards body to promote and regulate the ELC (and school-age childcare) profession. 	DES, DCYA
	<ul style="list-style-type: none"> Having regard to the Workforce Development Plan and alongside the introduction of a new funding model for ELC (and school-age childcare), examine the possibility of introducing further quality levers (e.g. extending the use of higher capitation payments) within the framework provided by the ACS so that appropriate incentives can be made available to employers to attract and retain staff, in particular graduates, working with children of all ages. 	DCYA, DES
	<ul style="list-style-type: none"> Undertake a review of the types of favourable working conditions that could be supported so that employers can attract and retain staff working in ELC (and school-age childcare) settings as a key input to the development of a new funding model (described later). As part of this review, the optimal time for observation, reflection, planning, teamwork and cooperation with parents will be explored. 	DCYA

Building Block 4

A strong national infrastructure for research and data that is used to inform policy and practice alongside an ongoing programme of monitoring and evaluation.

Strategic Action 4.A: Continue to fund and support the use of research on the lives of babies, young children and their families.

4.A Initial Actions

- | | |
|--|------|
| <ul style="list-style-type: none"> Support the continuation and use of <i>Growing Up in Ireland</i> and, in consultation with key stakeholders, explore the potential value of establishing a new birth cohort. | DCYA |
| <ul style="list-style-type: none"> Implement the Quality and Capacity Building Initiative to support the mainstreaming of prevention and early intervention approaches across services to children. | DCYA |
| <ul style="list-style-type: none"> Establish a <i>First 5</i> research observatory to collect, organise manage and make accessible research on babies, young children and their families across all domains of their lives. | DCYA |
| <ul style="list-style-type: none"> Develop a <i>First 5</i> research and evaluation programme to support strategy implementation and build evidence around innovative and integrated service delivery. | DCYA |

Goal D: An effective early childhood system	Strategic Action 4.B: Develop and enhance administrative data systems on babies, young children and their families to assess the quality and support the delivery of integrated supports and services.
	<div data-bbox="347 607 579 645"> 4.B Initial Actions </div> <ul data-bbox="347 696 1181 1917" style="list-style-type: none"> • Develop and roll out administrative data systems across child health, welfare and protection, and ELC services, including: <ul style="list-style-type: none"> – National Child Care Information System (NCCIS) in Tusla child protection and welfare services. Over time and as resources allow, enhance the NCCIS to capture data on the full breadth of Tusla's work. DH – Maternal and Newborn Clinical Management System (MN-CMS) across all maternity hospital/units on a phased basis. Over time and as resources allow, extend MN-CMS to community services. This will contribute to the delivery of optimal services to mothers and babies post-natally. DH – National Immunisation System (Phase 1) and a National Child Health Information System (Phase 2) to support the delivery and integration of child health services across community, primary care and hospital services. Over time, these systems should be accessible by parents. These information systems will also facilitate documentation and analysis of outcomes data. DCYA – An ELC Online Database to facilitate planning and development of ELC services, building on experience in developing the Primary Pupil Online Database (POD). Having regard to appropriate data protection and data sharing arrangements, this will facilitate the monitoring of children's progress as they transition from ELC through to the primary education system and onwards to post primary and beyond. DCYA

Goal D: An effective early childhood system

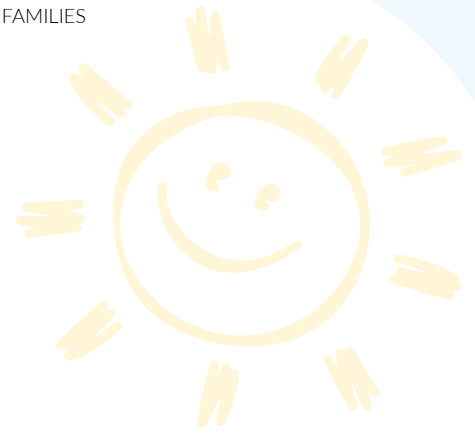
<ul style="list-style-type: none"> – Further develop the Outcomes for Children National Data Hub to ensure inclusion of relevant outcome indicators and its use in the design and delivery of services for children, young people and their families. 	DCYA
<ul style="list-style-type: none"> • Consider, in conjunction with the relevant Government Departments, options to develop and publish more detailed, current data about nature and uptake of paid and unpaid maternity, paternity and parental leave and flexible working arrangements including through analysis of Eurostat Labour Force Survey data, CSO general household surveys and other approaches. 	DCYA
<ul style="list-style-type: none"> • Work with key Government Departments to assess what data relating to babies and young children is collected and in what format. Depending on the outcome, consideration will be given to the establishment of a technical group, under the BOBF implementation structures, tasked with making recommendations for <ul style="list-style-type: none"> – the harmonisation and alignment of data collected (for example, recording children's date of birth rather than age or age band) to allow for more effective analysis and comparison; – the use of appropriate markers, including disability and ethnicity markers, where relevant, and – the promotion of data sharing in line with the Civil Service Renewal Plan, which seeks improvements in how data is collected, managed and shared. 	DCYA
<ul style="list-style-type: none"> • Develop rigorous approaches to capturing outcomes data on babies and young children at key development stages across child health and early learning systems. In particular, explore the potential for anonymised data from existing standardised tools to be used for analysis e.g. Ages and Stages Questionnaire administered by Public Health Nurses at the two-year check. 	DCYA, DH

Goal D: An effective early childhood system	Strategic Action 4.C: Put in place robust systems of monitoring and evaluation across Government.	
	4.C Initial Actions	
	<ul style="list-style-type: none"> With reference to the existing age-relevant indicators in the BOBF indicator set and the associated development of a regular reporting framework, a set of indicators for early childhood will be compiled and reported on. The possible addition of supplementary indicators relevant to <i>First 5</i> will be considered. 	DCYA
	<ul style="list-style-type: none"> Building on and updating previous work, progress the development of a methodological approach to support and inform any wider Government response to the UN Committee on the Rights of the Child concluding observations recommending that the Irish state “...include children’s rights impact assessments in the framework for integrated social impact assessments to ensure that fiscal and budgetary decisions are compliant with obligations under the Convention.” 	DCYA
	<ul style="list-style-type: none"> Building on the EU Quality Framework for ECEC, develop a national monitoring and evaluation framework for ELC, including identification of a set of agreed indicators on the quantity, quality and targeting of provision, and regular publication of a national monitoring report. 	DCYA
	<ul style="list-style-type: none"> Develop measurement tools to assess quality of early childhood services commencing with a tool to measure and monitor the quality of practice in ELC settings. A national baseline study using the tool will be carried out, with a view to repeat quality reviews at regular intervals to assess progress in raising quality standards. 	DCYA

Goal D: An effective early childhood system	Building Block 5	
	Additional public funding that is strategically invested to achieve the best outcomes for babies, young children and their families.	
	Strategic Action 5.A: Increase public funding in services and supports for babies, young children and their families.	
	5.A Initial Actions	
	<ul style="list-style-type: none"> Increase public investment in high-quality ELC (and school-age childcare) for all babies and young children to raise the quality and address the affordability of provision for families, particularly families on low income. By 2028 the level of public investment in ELC (and school-age childcare) will be at least doubled. 	DCYA
	<ul style="list-style-type: none"> Deliver capital investment through the National Development Plan to develop the early childhood systems infrastructure, including ELC (and school-age childcare) provision, the new Children's Hospital and Urgent Care/OPD Units, the National Maternity Hospital and the Primary Care Centre Construction Programme. 	DCYA, DH

Goal D: An effective early childhood system	Strategic Action 5.B: Develop more strategic approaches to funding supports for babies, young children and their families to deliver improved services.	
	5.B Initial Actions	
	<ul style="list-style-type: none"> In the context of a new model of parenting supports, adopt quality standards to underpin public funding of parenting supports in order to put in place a more strategic, consistent and sustainable basis for this work with a transparent framework for allocating resources. 	DCYA
	<ul style="list-style-type: none"> In the context of the Whole of Government Approach to Tackling Child Poverty, continue to work to determine the optimal design of child and family income supports to maximise their effectiveness and efficiency in reducing child poverty, while improving employment incentives. Continue also to develop multi-dimensional approaches to tackling child poverty, to complement child and family income support policies. 	DEASP
	<ul style="list-style-type: none"> Develop and introduce a new funding model for ELC (and school-age childcare) that will support improved quality of provision without compromising sustainability for providers or affordability for parents (see Box 5). 	DCYA
	<ul style="list-style-type: none"> Further develop the compliance framework and financial guidelines to underpin public funding in ELC and school-age childcare, with an agreed mechanism to withdraw funding from settings that do not meet contractual requirements (quality or otherwise). 	DCYA

<p>Goal D: An effective early childhood system</p>	<p>Strategic Action 5.C: Develop appropriate mechanisms to accurately track progress in public investment in early childhood.</p>	
	<p>5.C Initial Actions</p> <ul style="list-style-type: none"> Building on previous work in this area, develop indicators to accurately identify public investment in early childhood across key spending areas and to establish the baseline against which progress can be tracked. In addition to tracking total amount of public spending in early childhood, develop and monitor additional financial and non-financial indicators (with appropriate international comparators) to track progress in the development of effective early childhood systems e.g. proportion of (average) household income spent on ELC (and school-age childcare), child poverty targets, take-up rates of entitlements such as parental leave, rates of pay in ELC. Continue to undertake Social Impact Assessments of investment in early childhood, commencing with a review of the social impact of recent changes to funding for ELC and school-age childcare. 	<p>DCYA</p> <p>DCYA</p>



FURTHER DETAIL ON ACTIONS

Box 1: Pilot of the Baby Boxes and Book Bags Initiative

Baby Boxes welcome a new arrival to a family, acknowledging this very significant moment for parents. Baby Boxes are packages of items and information to assist with the transition to parenthood including safety items, baby clothes, small toys, baby toothbrushes, and books to support early development. The pilot will consult to determine items for inclusion in the pack. Baby Boxes offer the opportunity to communicate important child development and safety messages and is an early opportunity to link with parents in need of support services.

A 'Book Bags' initiative will also be piloted and tested. Reading with young children promotes early language development and the evidence links access to books with education and other positive outcomes. The pilot will make Book Bags available free of charge to families with young children at key points in a child's life (infancy, transition to pre-school, transition to primary school). This initiative will be linked to the Baby Boxes pilot project, through coordinated management, and streamlined consultation and implementation.

The initiatives will develop information resources and training materials.

Evaluation of impact and cost-benefit analysis will determine if the initiatives are suitable for wider roll-out.

Box 2: Roll-Out of the NCCA Transitions Templates (Phase 1)

The NCCA's final reporting templates and accompanying support material will be rolled out in a number of demonstration sites with supports (including training) provided for parents, practitioners and teachers, and supports to ensure children are meaningfully involved.

Subject to the findings of an evaluation and any other relevant developments, the suitability for national roll-out will be considered. The introduction of a requirement on all ELC settings and primary schools to engage with this initiative will be explored.

Box 3: Family and Early Childhood Centres

Building on the existing Family Resource Centre and ELC service networks, leveraging capital funding in Ireland 2040, and informed by national and international experience, pilot Family and Early Childhood Centres that bring together services to support parents and children in the early stages of development.

Services could include child and maternal health, wellbeing and development services; ante- and post-natal supports including breastfeeding; information sessions for parents (on topics such as early nutrition); parenting supports and services (both evidence-based programmes and parent-led peer support models); prevention and early intervention services; ELC provision including childminding supports; and parent and toddler groups. Developments in the child health workforce and the professionalisation of ELC practitioners will considerably strengthen the development of such centres.

Box 4: Local ELC collaboratives

Pilot the development of models of local ELC collaboratives to better address governance and sustainability in ELC, in partnership with community and private providers.

This will facilitate the collaboration of services, reducing the burden on individual settings and improve sustainability. The pilot will investigate and review existing models of organising providers. It will establish a continuum of collaboration for different types of providers (including agreeing on a number of options for collaboration that can be piloted or replicated). It will pilot identified models over a full year of operation and make recommendations on the future roll-out of models.

The pilot will establish local ELC collaboratives, i.e. geographical cluster networks of providers through which cooperation structures can emerge. Special incentives for including childminders will be considered.

Box 5: A new funding model for ELC (and school-age childcare)

The current funding model for ELC (and school-age childcare) largely relies on a market-model to deliver affordability for parents, quality for children and sustainability for providers. Research finds that strong public investment, robust regulation and inspection systems, and a defined professionalised workforce are required. The introduction of the Affordable Childcare Scheme (ACS) will be a major step forward in the funding infrastructure for ELC (and school-age childcare). The ACS platform will allow for variable subsidies, for example to reflect cost of provision for younger children, and also for additional quality levers to be introduced.

While ACS is focused on subsidising costs for parents (with the whole amount of subsidy offset against fees), there is a strong rationale to develop a complementary mechanism to fund quality development in settings, especially supporting employers to offer favourable working conditions (identified by the EU Quality Framework as having a significant impact on the quality of service). A new funding model for ELC (and school-age childcare) will:

- Build on existing investment principles (including directing investment at supply-side measures, limiting funding to regulated provision); following consultation with stakeholders, agree a national set of ELC and (school-age childcare) investment principles (for example, that investment should reduce disparities in provision for children under and over three).
- Develop the ACS/ universal pre-school programme contracts to set out the minimum level of quality for publicly funded ELC (and school-age childcare) provision. (The quality floor will rise incrementally over the lifetime of the Strategy as investment increases.)

- Develop an enhanced contract whereby settings are funded to meet certain quality indicators (over and above ACS/universal pre-school programme contracts). Such quality indicators may include: minimum qualification for Room Leaders and/or Assistants for children at all ages; minimum service offer (operating hours); maximum fee levels for parents; managers with minimum levels of qualifications and/or experience; role of manager (excluded from staff:child ratios); supportive working conditions such as minimum number of hours per week paid time for team planning/reflection for each staff member; participation in national quality development activities; provision of parent support services; acting as a hub for support and training networks for local childminders.
- Develop an enhanced contract whereby additional funding would be available for the provision of high-quality ELC settings in communities of concentrated disadvantage (DEIS-type model). Such a model may include additional funding for smaller staff:child ratios, family liaison staff, additional parent supports, and provision of food.



Ciara, age 3



KEY FACTS REFERENCES

Infographic

- Central Statistics Office (CSO) (2017) *Census of the Population 2016- Profile 4 Households and Families*. Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/fmls/>
- Central Statistics Office (CSO) (2017) *Vital Statistics Yearly Summary*. Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2016/>
- Smyth, E. (2018) *The Transition to Primary School. Insights from the Growing Up in Ireland Study*. Dublin: National Council for Curriculum and Assessment (NCCA).
- Special analysis on Census 2016 data, completed for the Department of Children and Youth Affairs.

Objective 1 Key facts

- Central Statistics Office (CSO) (2016) *Women and Men in Ireland*. Dublin: CSO. Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2016/employment/>
- Coyne, I., Mallon, D., & Chubb, E. (forthcoming) *A National Consultation with Children (Aged 3-5) on the National Early Years Strategy*. Dublin: Department of Children and Youth Affairs.
- The Economic and Social Research Institute (ESRI) (2011) *Qualitative Key Findings: Child Cohort. Report No. 1. Nine-Year-Olds and Their Families. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.

Objective 2 Key facts

- Child and Family Agency (2017) *Quarterly Service Performance and Activity Report: Quarter 4 2017*. Dublin: Child and Family Agency.
- McGregor, C., Canavan, J. and O'Connor, P. (2018) *Public Awareness Work Package Final Report: Tusla's Programme for Prevention, Partnership and Family Support*. Galway: UNESCO Child and Family Research Centre.
- Murray, A., Williams, J., and McNamara, E. (forthcoming, 2019) *The Lives of Five-Year-Olds: From Birth to Five Years (Growing Up in Ireland, Cohort '08, Report 8)*. Dublin: The Stationery Office.
- Nixon, E. (2012). *How Families Matter for Social and Emotional Outcomes of 9-Year-Old Children. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- Safe Ireland (2015) *National Domestic Violence Service Statistics Report 2014*. Dublin: Safe Ireland. Available at: <https://www.safeireland.ie/wp-content/uploads/National-Domestic-Violence-Service-Statistics-2014.pdf>
- Special tabulation on the cross-sectional Cohort '08 (Infant cohort) datasets for each age, completed for the Department of Children and Youth Affairs by the *Growing Up in Ireland* Study Team, 5/10/2018.
- The Economic and Social Research Institute (ESRI) (2015). *Growing Up in Ireland Infant Cohort Wave 3 - 5 years, 2013. [dataset]. Version 1*. Irish Social Science Data Archive. SN: 0019-03. URL <http://www.ucd.ie/issda/data/GUIInfant/GUIInfantWave3>
- The Economic and Social Research Institute (ESRI) (2013) *Key Findings: Infant Cohort (at 5 years). Report No. 2. Socio-Emotional Wellbeing of Five-Year-Olds. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- The Economic and Social Research Institute (ESRI) (2011) *Qualitative Key Findings: Child Cohort. Report No. 1. Nine-Year-Olds and Their Families. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- The Economic and Social Research Institute (ESRI) (2009) *Key Findings: 9-Year-Olds. Report No.2. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- Williams, J., Murray, A., McCrory, C., & McNally, S. (2013) *Development from Birth to Three Years. Infant Cohort Report No.5. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- Williams, J., Greene, S., Doyle, E., Harris, E., Layte, R., McCoy, S., McCrory, C., Murray, A., Nixon, E., O'Dowd, T., O'Moore, M., Quail, A., Smyth, E., Swords, L. & Thornton, M. (2009). *The Lives of Nine-Year-Olds Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.

Objective 3 Key facts

- Department of Housing, Planning and Local Government (2018) *Homeless Report June 2018*. Available at: https://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_june_2018.pdf
- Special analysis on Census 2016 data, completed for the Department of Children and Youth Affairs.

Objective 4 Key facts

- Data from the World Health Organization (WHO) portal to health statistics was used for dental decay data.
- Healthcare Pricing Office (HPO) Health Service Executive (HSE) (2017) *Perinatal Statistics Report 2015*. Dublin: HSE.
- Health Service Executive (2017) *December 2017 Management Data Report*. Dublin: Health Service Executive.
- Health Service Executive (2016) *Evidence for Breastfeeding: Factsheet for Healthcare Professionals*. Available at: <https://www.breastfeeding.ie/Uploads/evidence-for-breastfeeding.pdf>
- Perry, I.J., Millar, S., Balanda, K.P., Dee, A., Bergin, D., Carter, L., Doherty, E., Fahy L., Hamilton, D., Jaccard, A., Knuchel-Takano, A., McCarthy, L., McCune, A., O'Malley, G., Pimpin, L., Queally, M. & Webber, L. (2017) *What are the estimated costs of childhood overweight obesity on the island of Ireland?* Cork: Safefood.
- Safefood (2017) *Childhood Obesity: The Facts*. Available at: <https://www.safefood.eu/Start/Facts.aspx>
- Special analysis on Census 2016 data, completed for the Department of Children and Youth Affairs.

Objective 5 Key facts

- Barnardos (2018) *Summer Waiting List Report*. Available at: <https://www.barnardos.ie/media/1502/barnardos-waitinglist-report-june2018.pdf>
- Department of Health (2017) *Waiting Lists*. Available at: <https://health.gov.ie/publications-research/statistics/statistics-by-topic/waiting-lists/>
- Health Protection Surveillance Centre (2018) *Immunisation Update Statistics at 12 and 24 months*. Available at: <http://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/immunisationuptakestatisticsat12and24monthsofage/>
- Health Service Executive (HSE) (2018) *Performance Profile: January–March 2018 Quarterly Report*. Dublin: HSE. Available at: <https://www.hse.ie/eng/services/publications/performance-reports/january-to-march-quarterly-report.pdf>
- Healthcare Pricing Office (HPO) Health Service Executive (HSE) (2017) *Perinatal Statistics Report 2015*. Dublin: HSE.
- Special analysis on Census 2016 data, completed for the Department of Children and Youth Affairs.

Objective 6 Key facts

- McGregor, C., Canavan J. & O'Connor, P. (2018) *Public Awareness Work Package Final Report: Tusla's Programme for Prevention, Partnership and Family Support*. Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.
- Special tabulation on the cross-sectional Cohort '08 (Infant cohort) datasets for each age, completed for the Department of Children and Youth Affairs by the *Growing Up in Ireland Study Team*, 5/10/2018.
- The Economic and Social Research Institute (ESRI) (2013) *Key Findings: Infant Cohort (at 5 years). Report No. 2. Socio-Emotional Wellbeing of Five-Year-Olds. Growing Up in Ireland: The National Longitudinal Study of Children*. Dublin: The Stationery Office.
- Trinity College Dublin (TCD) (2016) *Litany of Undiagnosed, Under-reported and Untreated Health Problems for Mothers*. Press Release. *The Maternal Health and Morbidity in Ireland (MAMMI) Study*. Dublin: TCD.

Objective 7 Key facts

- Murray, A., Williams, J., and McNamara, E. (forthcoming, 2019) *The Lives of Five-Year-Olds: From Birth to Five Years (Growing Up in Ireland, Cohort '08, Report 8)*. Dublin: The Stationery Office.
- Smyth, E. (2016) *Arts and Cultural Participation among Children and Young People: Insights from the Growing Up in Ireland Study*. Dublin: The Economic and Social Research Institute (ESRI).
- Smyth, E. (2018) *The Transition to Primary School. Insights from the Growing Up in Ireland Study*. Dublin: National Council for Curriculum and Assessment (NCCA).
- The Economic and Social Research Institute (ESRI) (2015). *Growing Up in Ireland Infant Cohort Wave 3 - 5 years, 2013. [dataset]. Version 1*. Irish Social Science Data Archive. SN: 0019-03. Available at: <http://www.ucd.ie/issda/data/GUIInfant/GUIInfantWave3>

Objective 8 Key facts

- Pobal (2018) *The Early Years Sector Profile Report 2017/2018*. Dublin: Pobal.

Objective 9 Key facts

- Department of Education and Skills (DES) (2018) *Statistical Report 2017/2018*. Dublin: DES
- National Council for Curriculum and Assessment (NCCA) (2018) *Preschool to Primary School Transition Initiative Final Report*. Dublin: NCCA.
- Smyth, E. (2018) *The Transition to Primary School. Insights from the Growing Up in Ireland Study*. Dublin: National Council for Curriculum and Assessment.
- The Economic and Social Research Institute (ESRI) (2013) *Key Findings: Infant Cohort (at 5 years). No.1. Transition to School Among Five-Year-Olds. Growing Up in Ireland: The National Longitudinal Study of Children*. Dublin: The Stationery Office.

Jamie, age 5





ENDNOTES

1. The *First 5* Vision of an effective early childhood system is underpinned by theory and evidence of what works. The systemic approach is informed by the work of ZERO TO THREE, a global organisation focused on child development. ZERO TO THREE brings together researchers and clinicians from diverse disciplines, providing resources for parents, professionals and policy-makers. The body of work emphasises the need for a comprehensive and coordinated approach, with policies and programmes promoting good health, strong families and positive early learning experiences. Resources and information are available at: <https://www.zerotothree.org/>
2. Allen, G. (2011) *Early Intervention: The Next Steps*. London: HM Government.
3. Phillips, D.A., & Shonkoff, J.P. (Eds.) (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington: National Academies Press.
4. World Health Organization (WHO) (2003) *Pregnancy, Childbirth, Postpartum, and Newborn Care: A Guide for Essential Practice*. Geneva: WHO.
5. National Scientific Council on the Developing Child (2007) *The Science of Early Childhood Development*. Available at: <http://www.developingchild.net>
6. Department of Children and Youth Affairs (2013) *Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: Government Publications.
7. Hall, D.M.B. & Elliman, D. (2006) *Health for all Children (revised 4th edition)*. Oxford: Oxford University Press.
8. Denyer, S. (2005) *Best Health for Children Revisited – Report from the National Core Child Health Programme Review Group to the Health Service Executive*. Dublin: Health Service Executive (HSE).
9. Esping-Andersen, G. (1998) *Equal Opportunities in an Increasingly Hostile World*. Trois Lectures II. Lecture Series. Available at: http://dcpis.upf.edu/~gosta-espig-andersen/materials/equal_opportunities.pdf.
10. Davies, C. & Ward, H. (2012) *Safeguarding Children Across Services: Message from Research*. London: Jessica Kingsley Publishers.
11. Jackson, K.M. & Nazar, A.M. (2006) Breastfeeding, the Immune Response, and Long-Term Health, *Journal of the American Osteopathic Association*, Vol. 106, pp. 203-207.
12. Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A Child-Centred System*. London: Department for Education.
13. Allen, G. (2011) *Early Intervention: The Next Steps*. London: HM Government.
14. Frost, J.L., Wortham, S.C., & Reifel, R.S. (2001) *Play and Child Development*. Prentice Hall: Merrill.
15. Ruhm, C.J. (2004). Parental Employment and Child Cognitive Development. *Journal of Human Resources*, 39(1), pp. 155–192.
16. Merriman, B., Greene, S., Doyle, E. & McDaid, R. (2013) *Report on the Qualitative Study of Infants and Their Parents at Wave 1 (Nine Months). Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
17. Department of Children and Youth Affairs (2013) *Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: Government Publications.
18. Russell, H., McGinnity, F., Fahey, É. & Kenny, O. (2018) *Maternal Employment and the Cost of Childcare in Ireland*. Dublin: The Economic and Social Research Institute (ESRI).
19. Urban, M., Vandenbroeck, M., Lazzari, A., Peeters, J., & van Laere, K. (2011) *Competence Requirements in Early Childhood Education and Care (CoRe). A Study for the European Commission Directorate-General for Education and Culture*. London & Ghent: University of East London, University of Ghent.
20. O’Kane, M. (2016) *Transition from Pre-School to Primary School. Research Report No. 19*. Dublin: National Council for Curriculum and Assessment (NCCA).
21. Ibid.
22. Organisation for Economic Co-operation and Development (OECD) (2006) *Starting Strong II: Early Childhood Education and Care*. Paris: OECD.
23. French, G. (2007) *Children’s Early Learning and Development: A Background Paper*. Dublin: National Council for Curriculum Assessment (NCCA).

24. Department of Children and Youth Affairs (2013) *Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: Government Publications.
25. Centre for Early Childhood Development and Education (CECDE) (2007) *Research Digest. Standard 1: Rights of the Child*. Dublin: The National Quality Framework for Early Childhood Education. Available at: <http://siolta.ie/media/pdfs/Research%20Digest%20-%20Rights%20of%20the%20child.pdf>
26. Center on the Developing Child at Harvard University (2010) *The Foundations of Lifelong Health Are Built in Early Childhood*. Harvard: National Scientific Council on the Developing Child & National Forum on Early Childhood Policy and Programmes. Available at: <http://www.developingchild.harvard.edu>
27. Melhuish, E.C., Phan, M.B., Sylva, K., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2008) Effects of the Home Learning Environment and Preschool Center Experience Upon Literacy and Numeracy Development in Early Primary School. *Journal of Social Issues*, 64(1), pp. 95–114.
See also:
Department of Children and Youth Affairs (2013) *Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: Government Publications.
Epsing-Andersen, G. (1998) *Equal Opportunities in an Increasingly Hostile World*. Trois Lectures II. Lecture Series. Available at: http://dcpis.upf.edu/~gosta-epsing-andersen/materials/equal_opportunities.pdf
Sylva, K., Melhuish, E.C., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 12 – The Final Report: Effective Pre-School Education*. London: Department for Education and Skills/Institute of Education, University of London.
28. Organisation for Economic Co-operation and Development (OECD) (2006) *Starting Strong II: Early Childhood Education and Care*. Paris: OECD.
29. Denyer, S. (2005) *Best Health for Children Revisited – Report from the National Core Child Health Programme Review Group to the Health Service Executive*. Dublin: Health Service Executive (HSE).
30. Melhuish, E.C. (2004) *A Literature Review of the Impact of Early Years Provision on Young Children, with Emphasis Given to Children from Disadvantaged Backgrounds*. London: National Audit Office. Available at: <https://ro.uow.edu.au/sspapers/1679/>
31. Department of Children and Youth Affairs (2013) *Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: Government Publications.
32. Members of the Inter-Departmental Group: Bernie McNally (Chair), Anne-Marie Brooks, Hazel O'Byrne, Conor Rowley, Ger Hughes, Department of Children & Youth Affairs; Lorraine Kavanagh, Denis Breen, Department of An Taoiseach; Judith Brady, Department of Public Expenditure and Reform; Aoife Conduit, Department of Education & Skills; Eileen Leahy, Department of Justice & Equality; Colette Bonner, Department of Health; Máire Ni Chuirc, Department of Employment Affairs and Social Protection; David Kelly, Mary Hurley, Department of Housing; Paul Geraghty, John Orme, Department of Rural and Community Development. Individual members were also assisted by other officials from their respective Departments.
33. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. (2010) *Fair Society, Healthy Lives. The Marmot Review: Strategic Review of Health Inequalities in England Post-2010*. London: Department of Health.
See also:
Williams, J., Murray, A., McCrory, C., & McNally, S. (2013) *Development from Birth to Three Years. Infant Cohort Report No.5. Growing Up in Ireland National Longitudinal Study of Children*. Dublin: The Stationery Office.
Greene, S., Morgan, M., McCrory, C. & McNally, S. (2014) *Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months. Literature Review Series Number 4. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
34. Anda, R. (2007) *The Health and Social Impact of Growing Up with Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo*. Adverse Childhood Experiences (ACE) Study.
35. Center on the Developing Child at Harvard University (n.d.) *Brain Architecture*. Available at: <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
36. Denham, S.A. (1998). *Emotional Development in Young Children*. New York: Guilford Press.
37. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. (2010) *Fair Society, Healthy Lives. The Marmot Review: Strategic Review of Health Inequalities in England Post-2010*. London: Department of Health.
38. Campbell, F., Conti, G., Heckman, J.J., Moon, S.H., Pinto, R., Pungello, E., & Pan, Y. (2014) Early Childhood Investments Substantially Boost Adult Health. *Science*, 343(6178), pp. 1478–1485.

39. Victora, C.G., Adair, L., Fall, C., Hallal, P.C., Martorell, R., Richter, L. & Singh Sachdev, H. (2008). Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital. *The Lancet*, 371 (9609), pp. 340–357.
40. Chapman, D.P., Whitfield, C. L., Felitti, V.J., Dube, S.R., Edwards, V.J. & Anda, R.F. (2004) Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood. *Journal of Affective Disorders*. 82(2), pp. 217–225.
41. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
42. Baumeister R.F., Schmeichel B.J., Vohs K.D. (2013) Self-Regulation and the Executive Function: The Self as Controlling Agent. In Kruglanski A., Higgins E.T. *Social Psychology: Handbook of Basic Principles (2nd ed.)* New York: Guilford, pp. 516–539.
43. Institute of Medicine and National Research Council. 2012. *From Neurons to Neighborhoods: An Update: Workshop Summary*. Washington, DC: The National Academies Press.
44. Heckman, J.J., & Masterov, D.V. (2007) The Productivity Argument for Investing in Young Children. *Applied Economic Perspectives and Policy*, 29(3), 446–493.
45. National Economic and Social Forum (NESF) (2005) *Early Childhood Care and Education*, NESF Report 31. Dublin: NESF.
46. Start Strong (2011) *The Economics of Children's Early Years – Early Care and Education in Ireland: Costs and Benefits*. Dublin: Start Strong.
47. Coyne, I., Mallon, D., & Chubb, E. (forthcoming) *A National Consultation with Children (Aged 3-5) on the National Early Years Strategy*. Dublin: Department of Children and Youth Affairs.
48. A range of stakeholders contributed during the drafting phase. These included representatives from the fields of health, education, early childhood care and education, child protection, housing, community, social protection and social inclusion. Also included at various stages were parents' organisations, statutory and non-statutory organisations and advocacy groups, trade union and business representatives, and Government Departments.
49. Phillips, D.A., & Shonkoff, J.P. (Eds.) (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington: National Academies Press.
50. Child and Family Agency (2013) *Investing in Families: Supporting Parents to Improve Outcomes for Children*. Dublin: Child and Family Agency.
51. Connolly, N. & Devaney, C. (2017): Parenting Support: Policy and Practice in the Irish Context. *Child Care in Practice*. 24(1), pp.15–28.
52. Central Statistics Office (CSO) (2017) *Census of the Population 2016- Profile 4 Households and Families*. Available at: <https://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/fmls/>
53. United Nations (UN) (2016) *Protection of the Family: Contribution of the Family to the Realisation of the Right to an Adequate Standard of Living for its Members, Particularly Through its Role in Poverty Eradication and Achieving Sustainable Development*. Annual Report of the United Nations High Commissioner for Human Rights and Reports of the Office of the High Commissioner and the Secretary-General. 31st Session. Available at: https://www.ohchr.org/Documents/HRBodies/HRCouncil/ProtectionFamily/A-HRC-31-37_en.doc
54. Bronfenbrenner, U. (1986). Ecology of the Family as a Context for Human Development: Research perspectives. *Developmental Psychology*, 22(6), pp. 723.
55. Ibid.
56. National Economic and Social Forum (NESF) (2005) *Early Childhood Care and Education*. NESF Report 31. Dublin: NESF.
57. Ginsburg, K.R. (2007) The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds. *Pediatrics*, 119(1), pp. 182–191.
58. European Commission (2014) *Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care. Report on the Working Group on Early Childhood Education and Care (ECEC) under the Auspices of the European Commission*. Brussels: European Commission.
59. Department of Children and Youth Affairs. (2013). *Right from the Start: Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: Government Publications.

- ^{60.} Russell, H., Watson, D. & Banks, J. (2011) *Pregnancy at Work: A National Survey*. Health Service Executive (HSE) Crisis Pregnancy Programme & Equality Authority Report. Dublin: Government Publications.
- ^{61.} Ibid.
- ^{62.} McGinnity, F., Murray A. and McNally S. (2013) *Mothers' Return to Work and Childcare Choices for Infants in Ireland, Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- ^{63.} Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. (2010) *Fair Society, Healthy Lives. The Marmot Review: Strategic Review of Health Inequalities in England Post-2010*. London: Department of Health.
- ^{64.} Victora, C.G., Bahl, R., Barros, A.J., França, G.V., Horton, S., Krasevec, J., Murch, S., Jeeva Sankar, M., Walker, N., Rollins, N. (2016). Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect. *The Lancet*, 387(10017), pp. 475–490.
- ^{65.} Sylva, K. & Pugh, G. (2005) Transforming the Early Years in England. *Oxford Review of Education*. 31(1), pp. 11–27
See also:
Waldfogel (2004) *Social Mobility, Life Chances, and the Early Years*. London School of Economics (LSE) Sticerd Research Paper No. CASE088. London: London School of Economics
Waldfogel, J. (2001). International Policies Toward Parental Leave and Child Care. *The Future of Children*, 11(1), 99–111.
Sammons, P., Sylva, K., Melhuish, E., Siraj-Blatchford, I., Taggart, B., Grabbe, Y. & Barreau, S. (2007). *Effective Pre-school and Primary Education 3–11 Project (EPPE 3–11): Influences on Children's Attainment and Progress in Key Stage 2: Cognitive Outcomes in Year 5*. Nottingham: Department for Education and Skills.
- ^{66.} Central Statistics Office (CSO) (2016) *Men and Women in Ireland 2016: Employment*. Dublin: CSO
- ^{67.} Murray, A., Williams, J., and McNamara, E. (forthcoming, 2019) *The Lives of Five-Year-Olds: From Birth to Five Years (Growing Up in Ireland, Cohort '08, Report 8)*. Dublin: The Stationery Office.
- ^{68.} Barnardos (2018) *Survey - 95% of Parents Feel Overwhelmed at Times*. Dublin: Barnardos. Available at: <https://www.barnardos.ie/news/2018/march/survey-95-of-parents-feel-overwhelmed-at-times>
- ^{69.} Katherine Howard Foundation (2018) *Giving our Children the Best Start in Life: The Voices of Parents*. Dublin: Katherine Howard Foundation. Available at: <http://khf.ie/wp-content/uploads/2018/04/GOCTBSIL-FINAL-REPORT-24-4-18.pdf>
- ^{70.} Bowlby, J. (1977). The Making and Breaking of Affectional Bonds: I. Aetiology and Psychopathology in the Light of Attachment Theory. *The British Journal of Psychiatry*, 130(3), pp. 201–210.
See also:
Barlow, J., Schrader-McMillan, A., Axford, N., Wrigley, Z., Sonthalia, S., Wilkinson, T., Rawsthorn, M. Toft, T. & Coad, J. (2016). Attachment and Attachment- Related Outcomes in Preschool Children: A Review of Recent Evidence. *Child and Adolescent Mental Health*, 21(1), pp. 11–20.
Bretherton, I. (1985) Attachment Theory: Retrospect and Prospect. *Monographs of the Society for Research in Child Development*, pp. 3–35.
- ^{71.} Waldfogel, J. (2004) *Social Mobility, Life Chances and the Early Years*. Case Research Paper 88. London: London School of Economics (LSE).
- ^{72.} Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007) The Role of the Family Context in the Development of Emotion Regulation. *Social Development*. 16(2), pp. 361–388.
- ^{73.} Avendano, M., Berkman, L. F., Brugiavini, A., & Pasini, G. (2015) The Long-run Effect of Maternity Leave Benefits on Mental Health: Evidence from European Countries. *Social Science & Medicine*. 132, pp. 45–53.
- ^{74.} Ruhm, C. J. (2000) Parental Leave and Child Health. *Journal of Health Economics*, 19(6), pp. 931–960.
- ^{75.} Tanaka, S. (2005). Parental Leave and Child Health across OECD Countries. *The Economic Journal*. 115(501), pp. F7–F28.
- ^{76.} Cooklin, A. R., Rowe, H. J., & Fisher, J. R. (2012) Paid Parental Leave Supports Breastfeeding and Mother-Infant Relationship: A Prospective Investigation of Maternal Postpartum Employment. *Australian and New Zealand Journal of Public Health*, 36(3), pp. 249–256.
- ^{77.} Berger, L. M., Hill, J., & Waldfogel, J. (2005) Maternity Leave, Early Maternal Employment and Child Health and development in the United States (US). *The Economic Journal*. 115(501), pp. 29–47.
- ^{78.} Waldfogel, J. (2001) International Policies Towards Parental Leave and Childcare. *The Future of Children*. pp. 99–111.

79. Brooks-Gunn, J., Han, W. J., & Waldfogel, J. (2002) Maternal Employment and Child Cognitive Outcomes in the First Three Years of Life: The NICHD study of Early Child Care. *Child Development*. 73(4), pp. 1052-1072.
80. McGinnity, F., Russell, H. & Murray, A. (2015) *Non-Parental Childcare and Child Cognitive Outcomes at Age 5: Results from the Growing Up in Ireland Infant Cohort*. Dublin: The Stationery Office.
81. Byrne, D., & O'Toole, C. (2015) *The Influence of Childcare Arrangements on Child Well Being from Infancy to Middle Childhood*. Dublin: The Child and Family Agency.
82. Melhuish, E.C. (2004) *A Literature Review of the Impact of Early Years Provision on Young Children, with Emphasis Given to Children from Disadvantaged Backgrounds*. London: National Audit Office. Available at: <https://ro.uow.edu.au/sspapers/1679/>
83. McGinnity, F., Russell, H. & Murray, A. (2015) *Non-Parental Childcare and Child Cognitive Outcomes at Age 5: Results from the Growing Up in Ireland Infant Cohort*, Dublin: The Stationery Office.
84. Eurofound (2018), *Living and Working in Europe 2017*. Publications Office of the European Union: Luxembourg.
85. Silim, A. & Stirling, A. (2014) *Women and Flexible Working: Improving Female Employment Outcomes in Europe*. London: Institute for Public Policy Research. Available at: https://www.ippr.org/files/publications/pdf/women-and-flexible-working_Dec2014.pdf
86. Child and Family Agency (2017) *Quarterly Service Performance and Activity Report: Quarter 3, 2017*. Dublin: Child and Family Agency.
87. Russell, H., Watson, D. & Banks, J. (2011) *Pregnancy at Work: A National Survey*. Health Services Executive (HSE) Crisis Pregnancy Programme and The Equality Authority. Dublin: HSE.
88. Ibid.
89. McGinnity, F., Murray, A. and McNally, S. (2013) *Mothers' Return to Work and Childcare Choices For Infants In Ireland*. *Growing Up in Ireland National Longitudinal Study of Children*. Dublin: The Stationery Office.
90. Department of Employment Affairs and Social Protection (2018) *Annual Report 2017*. Dublin: Department of Employment Affairs and Social Protection.
91. The Community Childcare Subvention scheme provides subsidies for childcare to low-income working families including those eligible for Working Family Payment and One Parent Family Payment as well as a number of employment schemes (Gateway, Tús, Part-time Job Incentive Scheme). Childcare subsidies are also available to parents participating in certain other training and employment schemes including Community Employment.
92. Nixon, E. (2012) *How Families Matter for Social and Emotional Outcomes of 9-Year-Old Children*. *Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office
93. Cox, M., & Harter, K. (2002), The Road Ahead for Research on Marital and Family Dynamics. In McHale, J. & Grolnick, W. (Eds), *Retrospect and Prospect in the Psychological Study of Families*. London: Lawrence Erlbaum Associates.
94. Merriman, B., Greene, S., Doyle, E. & McDaid, R. (2013) *Report on the Qualitative Study of Infants and Their Parents at Wave 1 (Nine Months)*. *Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
95. Harris, E., Doyle, E., & Greene, S. (2011) *The Findings of the Qualitative Study*. *Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
96. Department of Children and Youth Affairs (2015) *High-Level Policy Statement on Supporting Parents and Families*. Dublin: Government Publications.
97. Greene, S., Morgan, M., McCrory, C. & McNally, S. (2014) *Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months. Literature Review Series Number 4*. *Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
98. Shonkoff, J.P. and Phillips, D.A. (Eds) (2000) *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Washington: National Academies Press.
See also:
Anda, R. (2007) *The Health and Social Impact of Growing Up with Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo*. Adverse Childhood Experiences (ACE) Study.
Shore, A. (1994) *Affect Regulation and the Origin of the Self: Neurobiology of Emotional Development*. New Jersey: Erlbaum
Shore, R. (1997) *Rethinking the Brain: New Insights into Early Development*. New York: Families and Work Institute, New York.
Wave Trust (2013) *Conception to Age 2 – the Age of Opportunity*. London: United Kingdom (UK) Department of Education.

99. Furnivall, J., McKenna, M., McFarlane, S., & Grant, E. (2012) *Attachment Matters for All: An Attachment Mapping Exercise for Children's Services in Scotland*. Available at: https://pure.strath.ac.uk/portal/files/18198937/Attachment_mapping_FINAL.pdf
100. Weatherston, D. (2012). The Gift of Love: A Birthright. *ChildLinks*. Infant Mental Health Edition. 2, pp. 2–7.
101. Nixon, E., Swords, L. & Murray, A. (2013) *Parenting and Infant Development. Infant Cohort. Report No. 3. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
102. Harold, G., Acquah, D., Sellers, R., Chowdry, H. & Feinstein, L. (2016) *What Works to Enhance Inter-Parental Relationships and Improve Outcomes for Children?* Early Intervention Foundation on Behalf of the Department for Work and Pensions. Ad-hoc Research Report No.32. Available at: <http://dera.ioe.ac.uk/25869/1/what-works-to-enhance-inter-parental-relationships.pdf>
103. Barnardos (2018) *Parenting Survey*. March 2018. Available at: <https://www.barnardos.ie/assets/files/Advocacy/Barnardos-2018parenting-survey-results.docx.pdf>
104. Katherine Howard Foundation (2018) *Giving our Children the Best Start in Life: The Voices of Parents*. Dublin: Katherine Howard Foundation. Available at: <http://khf.ie/wp-content/uploads/2018/04/GOCTBSIL-FINAL-REPORT-24-4-18.pdf>
105. Health Services Executive (HSE) (2011) *Child Protection and Welfare Practice Handbook*. Dublin: HSE.
106. Belsky, J. (1984) The Determinants of Parenting: A Process Model. *Child Development*. 55(1) pp. 83–96.
See also:
Erel, O., & Burman, B. (1995). Interrelatedness of Marital Relations and Parent-Child Relations: A Meta-Analytic Review. *Psychological Bulletin*. 118(1), p. 108.
Van Bakel, H.J., & Riksen- Walraven, J.M. (2002) Parenting and Development of One-Year-Olds: Links with Parental, Contextual, and Child Characteristics. *Child Development*. 73(1), pp. 256–273.
107. Nixon, E., Swords, L. & Murray, A. (2013) *Parenting and Infant Development. Infant Cohort Report No. 3. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
108. Daly, M. (2012) *Parenting Support – A New Policy Domain in Northern Ireland and Elsewhere*. Briefing Paper for Knowledge Exchange Seminars. Stormont: Northern Ireland (NI) Assembly. Available at: http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/kess-04-10-2012.pdf
109. McKeown, K. (2000) *A Guide to What Works in Family Support Services for Vulnerable Families*. Dublin: Department of Children and Youth Affairs
110. Child and Family Agency (2013) *What Works in Family Support?* Dublin: Child and Family Agency
111. Sneddon H. & Owens S. (2012). *Prevention and Early Intervention in Children and Young People's Services – Parenting*. Dublin: The Centre for Effective Services. (Updated in 2016 by Kennedy, L.A. and Rochford, S.).
112. For example: www.breastfeeding.ie, <https://www.tusla.ie/parenting-24-seven/>, www.loveparenting.ie, www.helpmykidlearn.ie, <https://www.hse.ie/eng/health/child/cfyb/>, <http://www.parentline.ie/>, <https://onefamily.ie/information-service-helpline/>
113. Connolly, N., Devaney, C. and Crosse, R. (2017) *Parenting Support and Parental Participation: Mapping Parenting Support in the Irish Context*. Galway: UNESCO Child and Family Research Centre, National University of Ireland, Galway.
114. Devaney, C., Canavan, J. & Landy, F. (2013) *What Works in Family Support? National Guidance & Local Implementation*. Dublin: Child and Family Agency.
115. Child and Family Agency (2013) *Investing in Families: Supporting Parents to Improve Outcomes for Children. Parenting Support Strategy*. Dublin: Child and Family Agency.
116. Child and Family Agency (2013) *The Prevention, Partnership and Family Support Programme: Collaborative Leadership for Better Outcomes*. Dublin: Child and Family Agency. Available at: https://www.tusla.ie/uploads/content/PPFS_Low_Prevention_Services_Brochure.pdf
117. Connolly, N., Devaney, C. and Crosse, R. (2017) *Parenting Support and Parental Participation: Mapping Parenting Support in the Irish Context*. Galway: UNESCO Child and Family Research Centre, National University of Ireland, Galway.
118. Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: Department of Children and Youth Affairs.

- ^{119.} Child protection and welfare interventions may include adopting a family support plan or a child protection plan. A key principle is that children should only be separated from their parents or guardians when alternative means of protecting them have been exhausted. Under the Child Care Act 1991, Tusla may take a child into care by means of voluntary agreement with their parent/s or apply to the Courts for a Care Order whereby the Court decides a child needs to be in care and places the child with Tusla. When a care order is made the child remains in the care of Tusla for the length of time specified by the order, until the order is discharged, or until the age of 18. Decisions about a child coming into care, length of time in care, access to parents and siblings should be based on the individual child's best interests. As a general principle, Tusla works towards family reunification and a significant number of children are reunited with their families after a period spent in care; however, this is not possible in all cases. Depending on the individual child's situation, facilitating contact between children in care and their parents and siblings may be important, but at all times must have regard to the best interests of the child.
- ^{120.} Nixon, E. (2012) *How Families Matter for Social and Emotional Outcomes of 9-Year-Old Children. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- ^{121.} Cooper, K., & Stewart, K. (2017) *Does Money Affect Children's Outcomes? An Update* (No. 203). Centre for Analysis of Social Exclusion. London: London School of Economics.
- ^{122.} Nixon, E. (2012) *How Families Matter for Social and Emotional Outcomes of 9-Year-Old Children. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: Department of Children and Youth Affairs.
- ^{123.} McGinnity, F., Russell, H. & Murray, A. (2015) *Non-Parental Childcare and Child Cognitive Outcomes at Age 5. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- ^{124.} The concept brings together measures of household income, difficulty in making ends meet, and household joblessness.
- ^{125.} Watson, D., Maître, B., Whelan, B.T. & Williams, J. (2014) *Dynamics of Child Economic Vulnerability and Socio-Emotional Development: An Analysis of the First Two Waves of the Growing up in Ireland Study. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- ^{126.} Walsh, K. & Harvey, B. (2017) *Finding a Home. Families' Journeys out of Homelessness*. Dublin: Focus Ireland
- ^{127.} Duncan, G. J., Ziol-Guest, K. M., & Kalil, A. (2010) Early-Childhood Poverty and Adult Attainment, Behavior, and Health. *Child Development*, 81(1), pp. 306-325.
- ^{128.} Phillips, D. A., & Shonkoff, J. P. (Eds.) (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington: National Academies Press.
- ^{129.} Christian, H., Zubrick, S. R., Foster, S., Giles-Corti, B., Bull, F., Wood, L., Knuiman, M., Brinkman, S., Houghton, S. & Boruff, B., (2015) The Influence of the Neighborhood Physical Environment on Early Child Health and Development: A Review and Call for Research. *Health & Place*. 33, pp. 25-36.
- ^{130.} Sanders, T., Feng, X., Fahey, P. P., Lonsdale, C., & Astell-Burt, T. (2015) Greener Neighbourhoods, Slimmer children? Evidence from 4423 Participants aged 6 to 13 years in the Longitudinal Study of Australian Children. *International Journal of Obesity*. 39(8), p. 1224.
- ^{131.} Lester, S. & Russell, S. (2008) Play for a Change. *Play, Policy and Practice: A Review of Contemporary Perspectives*. Summary Report. London: National Children's Bureau.
- ^{132.} Barron, C., McCauley, L., & O'Neill, S. (2018) *A National Review of Public Play and Recreational Resources for Children and Young People in Ireland 2018*. Summary Document. Dublin: Dublin City University (DCU).
- ^{133.} Heritage Council (2016) *Children and the Outdoors: Contact with the Outdoors and Natural Heritage Among Children aged 5 to 12: Current Trends, Benefits, Barriers and Research Requirements*. Dublin: Heritage Council.
- ^{134.} Thivant, L. (2018) *Child Friendly Cities and Communities Handbook*. United Nations Children's Fund (UNICEF) Child Friendly Cities Initiative. Geneva: UNICEF
- ^{135.} All Ireland Traveller Health Study Team (2010) *All Ireland Traveller Health Study: Our Geels*. Dublin: University College Dublin (UCD), School of Public Health.
- ^{136.} Watson, D., Kenny, O. & McGinnity, F. (2017) *A Social Portrait of Travellers in Ireland. Research Series No. 56*. Dublin: The Economic and Social Research Institute (ESRI).

- ^{137.} €1,200 can be claimed by married parents of a dependent child where the couple are jointly assessed for tax. The home-caring parent can earn up to €7,200 and claim the full credit (reduced credit amounts are payable for incomes up to €9,599). In 2016, 85,900 taxpayers availed of the Home Carer Credit at a cost of €77.99 million. Budget 2019 proposes an increase in the maximum credit available from €1,200 to €1,500 with effect from 1 January 2019. From 2019 reduced credits will be payable in the case of home-caring parents with incomes of up to €10,199.
- ^{138.} Maximum of four IQCs per BTWFD claim, one claim per household. BTWFD is not taxable and not means-tested.
- ^{139.} WFP is available where one parent, or both parents combined, are undertaking at least 19 hours of work per week or 38 hours per fortnight. In-work supports are promoted through ongoing awareness campaigns. To qualify for WFP, average weekly family income must be below a certain amount for the family size. WFP amounts to 60% of the difference between a household's average weekly family income and the income limit which applies to family size.
- ^{140.} From 2019, parents can work and claim OFP simultaneously with weekly income disregards of up to €150 and 50% of the balance in excess of €150 regarded as means. OFP ceases when the maximum average gross weekly earnings exceed €425.
- ^{141.} 11,200 people received BTEA during the 2017/18 academic year.
- ^{142.} From 2019, €150 for children aged 4-11 and €250 for children aged over 12.
- ^{143.} For example, in 2017 DEASP made 3,970 payments in respect of assistance with the cost of prams/ buggies/ cots at a cost of almost €585,000, some 1,770 payments in respect of confinement costs at a cost of over €206,000 and some 1,570 payments in respect of assistance with child clothing at a cost of €207,000.
- ^{144.} On 1st January 2017 there were 92,290 children aged under 6 in primary schools.
- ^{145.} Such resources include smaller class sizes in junior classes, non-teaching principals, additional capitation, resourcing for school books, school meals, a literacy and numeracy support service and programmes, Home School Community Liaison services and professional development supports for teachers.
- ^{146.} Bus Éireann, Iarnród Éireann, Luas, Dart and Dublin Bus.
- ^{147.} Such schemes include:
- Play and Recreation capital funding: to support new and existing play and recreation amenities for children and young people. This includes the provision of new facilities and equipment, with an emphasis on the use of innovative design and the utilisation of non-traditional play spaces, or the refurbishment of existing play facilities.
 - Outdoor Recreation Infrastructure Scheme: funding for maintenance, enhancement or promotion of outdoor recreational infrastructure in rural areas including greenways, walking/cycling trails and blueways. The Walks Scheme is for the development and maintenance of high-quality walking trails.
 - Town and Village Renewal Scheme: to rejuvenate rural towns and villages, focusing on improving the economic and social development. Communities can identify projects to develop child-friendly facilities or opportunities for local quality work.
 - LEADER Programme: capital funding may be available under the LEADER 2014-2020 Programme to develop or renovate community centres, sports facilities or playgrounds. LEADER is a multi-annual EU co-funded programme to support rural development.
 - The CLÁR programme provides funding for small scale capital projects in designated rural areas with significant levels of depopulation. In 2018 it supported investments in play areas and traffic calming measures around schools.
 - Community Enhancement programme: capital funding to address disadvantage, amalgamating the Communities Facilities Scheme and RAPID. In 2017 some of the child-focussed projects funded preschools and playgrounds. The Community Enhancement Programme targets the same groups as its predecessors.
- ^{148.} SICAP is funded by the Department of Rural and Community Development with co-funding from the European Social Fund (ESF) as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020.
- ^{149.} From January to July 2018, 9 out of 51 SICAP areas recorded outputs for specific activities to support children under 5 years of age with a total of 1,348 children and 282 parents/guardians participating.
- ^{150.} European Commission (2013) *Investing in Children: Breaking the Cycle of Disadvantage*. Commission Recommendation 2013/112/EU. Luxembourg: Office for Official Publications of the European Communities.

- ¹⁵¹. Department of Employment Affairs and Social Protection (2017) *Distilled Paper on a Whole of Government Approach to Tackling Child Poverty*. Dublin: Government Publications.
- ¹⁵². This action includes commitments to analyse the effectiveness of the existing system of in-work income supports (FIS, BTWFD etc) and supports under a range of other schemes; consider proposals arising from a review of working family payment to minimise any disincentives in the current system of supports; a promotion and awareness campaign to ensure that DSP customers are availing of all of services and supports; tackling low pay including to supporting an increase in the minimum wage; and strengthening the role of the Low Pay Commission to examine the gender pay gap and strengthen regulations on precarious work. The Employment (Miscellaneous Provisions) Bill 2017 is progressing through the Oireachtas. The main objective of the Bill is to improve the security and predictability of working hours for employees on insecure contracts and those working variable hours.
- ¹⁵³. Center on the Developing Child at Harvard University (2010) *The Foundations of Lifelong Health Are Built in Early Childhood*. National Scientific Council on the Developing Child & National Forum on Early Childhood Policy and Programmes. Available at: <http://www.developingchild.harvard.edu>
- ¹⁵⁴. Ibid.
- ¹⁵⁵. Canny, M., Clarke, A., Cooney, F., Heslin, J., Jennings, P., Mason Mohan, C., McDermott, R. & McNamara, A. (2017) *The Impact of Early Childhood on Future Health: Position Paper on the Faculty of Public Health Medicine*. Dublin: Royal College of Physicians of Ireland (RCSI).
- ¹⁵⁶. Barker, D.J. (1998) In Utero Programming of Chronic Disease. *Clinical Science*. 95, pp. 115-128.
- ¹⁵⁷. Hack, M., Klein, N. K., & Taylor, H. G. (1995) Long-Term Developmental Outcomes of Low Birth Weight Infants. *The Future of Children*, 5(1), pp. 176-196.
- ¹⁵⁸. Brooke, O. G., Anderson, H. R., Bland, J. M., Peacock, J. L., & Stewart, C. M. (1989) Effects on Birth Weight of Smoking, Alcohol, Caffeine, Socioeconomic Factors, and Psychosocial Stress. *British Medical Journal (BMJ)*. 298(6676), pp. 795-801.
- ¹⁵⁹. National Scientific Council on the Developing Child (2006) *Early Exposure to Toxic Substances Damages Brain Architecture. Working Paper No. 4*. Available at: www.developingchild.harvard.edu
- ¹⁶⁰. Gartner, L. M., Morton, J., Lawrence, R. A., Naylor, A. J., O'Hare, D., Schanler, R. J., & Eidelman, A. I. (2005). Breastfeeding and the Use of Human Milk. *Pediatrics*. 115(2), pp. 496-506.
- ¹⁶¹. Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., Murch, S., Jeeva Sankar, M., Walker, N., Rollins, N. (2016) Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect. *The Lancet*, 387(10017), pp. 475-490.
- ¹⁶². Tham, R., Bowatte, G., Dharmage, S. C., Tan, D. J., Lau, M. X. Z., Dai, X., Allen, K.J. & Lodge, C.J. (2015). Breastfeeding and the Risk of Dental Caries: A Systematic Review and Meta-Analysis. *Acta Paediatrica*. 104 (S467), pp.62-84.
- ¹⁶³. Cook, J. T., Frank, D. A., Berkowitz, C., Black, M. M., Casey, P. H., Cutts, D. B., Meyers, A.F. Zaldivar, N., Skalicky, A., Levenson, S., Heeren, T. & Nord, M. (2004) Food Insecurity is Associated with Adverse Health Outcomes Among Human Infants and Toddlers. *The Journal of Nutrition*, 134(6), pp. 1432-1438.
- ¹⁶⁴. Friel, S. and Conlon, C. (2004) *Food Poverty and Policy*. Dublin: Combat Poverty Agency.
- ¹⁶⁵. Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009) Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention. *Jama*. 301(21), pp. 2252-2259.
- ¹⁶⁶. Office of the Minister for Children (2007) *The Agenda for Children's Services: A Policy Handbook*. Dublin: The Stationery Office.
- ¹⁶⁷. Health Service Executive (HSE) (2018) *Vaccines Work*. Available at: <https://www.hse.ie/eng/health/immunisation/vaccineswork/>
- ¹⁶⁸. National Perinatal Reporting Service (n.d.) *Annual Reports*. Available at: http://www.hpo.ie/HIPE_and_NPRS_Reports.htm
- ¹⁶⁹. Layte, R. & McCrory, C. (2011) *Overweight and Obesity Among 9-year-olds. Growing Up in Ireland: National Longitudinal Study of Children*. Dublin: The Stationery Office.
- ¹⁷⁰. Pawankar, R. (2014) Allergic Diseases and Asthma: A Global Public Health Concern and a Call to Action. *World Allergy Organisation Journal*. 7(55).
- ¹⁷¹. Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae b (Hib), hepatitis B, pneumococcal disease, meningitis C, measles, mumps, rubella. For children born since October 2016, meningitis B and rotavirus are covered.

172. Children aged 4-5 get 4 in 1 booster (diphtheria, polio, tetanus and pertussis) and MMR2.
173. Health Service Executive (HSE) and Royal College of Physicians in Ireland (RCPI) (2018) *Model of Care for Neonatal Services in Ireland*. Dublin: HSE.
174. Health Service Executive (HSE) & Royal College of Physicians in Ireland (RCPI) (2009) *A New National Model of Care for Paediatric Healthcare in Ireland*. Dublin: HSE.
175. Department of Health and Children (2009) *Palliative Care for Children with Life Limiting Conditions in Ireland- A National Policy*. Dublin: Department of Health and Children.
176. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. (2010) *Fair Society, Healthy Lives. The Marmot Review: Strategic Review of Health Inequalities in England Post-2010*. London: Department of Health.
177. Klaus, M. H., Kennell, J. H., & Klaus, P. H. (1995) *Bonding: Building the Foundations of Secure Attachment and Independence*. Massachusetts: Addison-Wesley Publishing Company.
178. Bowlby, J. (1977). The Making and Breaking of Affectional Bonds: I. Aetiology and Psychopathology in the Light of Attachment Theory. *The British Journal of Psychiatry*. 130(3), pp. 201-210.
179. Kidsmatter (n.d.) *Mental Health Matters*. Australia: Australian Government, Early Childhood Australia. Available at: <https://www.kidsmatter.edu.au/mental-health-matters>
180. Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, M.P.H. & Wood, D.L. (2012) The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*. 129(1), pp. 232-246.
181. Chu, A. T., & Lieberman, A. F. (2010) Clinical Implications of Traumatic Stress from Birth to Age Five. *Annual Review of Clinical Psychology*. 6, pp. 469-494.
182. Smith, M. (2004) Parental Mental Health: Disruptions to Parenting and Outcomes for Children. *Child & Family Social Work*. 9(1), pp. 3-11.
183. Cummings, E. M., & Davies, P. T. (1994) Maternal Depression and Child Development. *Journal of Child Psychology and Psychiatry*. 35(1), pp. 73-122.
184. Ibid.
185. Goodman, J. H. (2009) Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression. *Birth*. 36(1), pp. 60-69.
186. Baker, M. (2016) *Undoing the Harm of Childhood Trauma and Adversity*. San Francisco: University of California San Francisco (UCSF). Available at: <https://www.ucsf.edu/news/2016/10/404446/undoing-harm-childhood-trauma-and-adversity>
187. Gutman, L. and Feinstein, L. (2007) *Parenting Behaviours and Children's Development from Infancy to Early Childhood: Changes, Continuities and Contributions*. London: Centre for Research on the Wider Benefits of Learning.
188. Shonkoff, J. P. and Phillips, D.A. (eds.) (2000) *From Neurons to Neighbourhoods. The Science of Early Childhood Development*. Washington: National Academies Press.
189. Smyth, E. (2018) *The Transition to Primary Education. Insights from the Growing Up in Ireland Study*. Dublin: National Council for Curriculum and Assessment (NCCA).
190. Bradley, R. H., & Caldwell, B. M. (1995) Caregiving and the Regulation of Child Growth and Development: Describing Proximal Aspects of Caregiving Systems. *Developmental Review*. 15(1), pp. 38-85.
191. Smyth, E. (2018) *The Transition to Primary Education. Insights from the Growing Up in Ireland Study*. Dublin: National Council for Curriculum and Assessment (NCCA).
192. Morris, S., Melhuish E., & Gardiner, J. (2017) *Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to Age Three: Research Brief*. London: Department for Education.
193. McGinnity, F., Russell, H., & Murray, A. (2015) *Non-Parental Childcare and Child Cognitive Outcomes at Age 5: Results from the Growing Up in Ireland Infant Cohort*. Dublin: The Stationery Office.
194. McKeown, K., Haase, T. & Pratschke, J. (2015) Determinants of Child Outcomes in a Cohort of Children in the Free Pre-School Year in Ireland, 2012/2013, *Irish Educational Studies*. 34 (3), pp. 245-263.

195. Hansen, K., Jones, E., Joshi, H. & Bridge, D. (Eds) (2010) *Millennium Cohort Study, Fourth Survey: A User's Guide to Initial Findings*. London: Centre for Longitudinal Studies.
See also:
Central Statistics Office (CSO) (2014) *Parental Involvement in Children's Education. Quarterly National Household Survey, Q2 2012*. Dublin: CSO.
McKeown, K., Haase, T. & Pratschke, J. (2015) Determinants of Child Outcomes in a Cohort of Children in the Free Pre-School Year in Ireland, 2012/2013, *Irish Educational Studies*, 34 (3), pp. 245-263.
196. McGinnity, F., Russell, H., & Murray, A. (2015) *Non-Parental Childcare and Child Cognitive Outcomes at Age 5: Results from the Growing Up in Ireland Infant Cohort*. Dublin: The Stationery Office.
197. Hart, B. & Risley, T. (1995) *The Early Catastrophe. The 30 Million Word Gap by Age 3, Meaningful Differences in the Everyday Experience of Young American Children*. Baltimore: Brookes.
198. Government of Ireland (2016) *Programme for a Partnership Government*. Dublin: The Stationery Office.
199. Shonkoff, J. P. and Phillips, D.A (eds.) (2000) *From Neurons to Neighbourhoods. The Science of Early Childhood Development*. Washington: National Academies Press.
200. National Council for Curriculum and Assessment (NCCA) (2009) *Aistear: the Early Childhood Curriculum Framework*. Dublin: NCCA.
201. Centre for Early Childhood Development and Education (2006) *Siolta: The National Quality Framework for Early Childhood Education*. Dublin: Centre for Early Childhood Development and Education.
202. Chambers, B., Cheung, A., Slavin, R.E., Smith, D. & Laurenzano, A. (2010) *Effective Early Childhood Intervention Programmes: A Systematic Review*. London: Centre for British Teachers (CfBT), Education Trust.
203. Sylva, K., Melhuish, E., Sammons, P. & Siraj-Blachford, I. (2003) *The Effective Provision of Pre-School Education [EPPE] Project: A Longitudinal Study funded by the DfES (1997-2003)*. Available at: <http://eppe.ioe.ac.uk/eppe/eppepdfs/bera1.pdf>
204. European Commission (2014) Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care. Report on the Working Group on Early Childhood Education and Care (ECEC) under the Auspices of the European Commission.Brussels: European Commission.
205. Schweinhart, L.J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C.R. & Nores, M. (2005) *Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40*. Michigan: High/Scope Press.
206. Sylva, K., Melhuish, E.C., Sammons, P., Siraj-Blathchford, I. & Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 12 – The Final Report: Effective Pre-School Education*. London: DfES/ Institute of Education, University of London.
207. Sylva, K., Melhuish, T.E., Sammons, P. Siraj-Blatchford, I. & Taggart, B. (2008) *Report from the Primary Phase: Pre-school, School and Family Influences on Children's Development during Key Stage 2 (7-11)*. London: Department for Children, Schools and Families.
208. Sylva, K., Melhuish, T.E., Sammons, P. Siraj-Blatchford, I. & Taggart, B. (2012) *The Effect of Starting Pre-School at Age 2 on Long Term Academic and Social-Behavioural Outcomes in Year 6 for More Deprived Children: Analyses Conducted for the Strategy Unit*. London: Department for Education.
209. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. (2010) *Fair Society, Healthy Lives. The Marmot Review: Strategic Review of Health Inequalities in England Post-2010*. London: Department of Health.
210. Waldfogel, J. (2006) *What Children Need*. Massachusetts: Harvard University Press.
211. Gambaro, L., Stewart, K. and Waldfogel, J. (eds.) (2014) *An Equal Start? Providing Quality Early Education and Care for Disadvantaged Children*. Bristol: Policy Press.
212. Sylva, K., Melhuish, E.C., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 12 – The Final Report: Effective Pre-School Education*. London: DfES/ Institute of Education, University of London.
213. Sylva, K., Melhuish, E.C., Sammons, P. & Siraj-Blatchford, I. (2011) Pre-School Quality and Educational Outcomes at Age 11: Low Quality Has Little Benefit', *Journal of Early Childhood Research*, 9 (2), pp. 109-124.
214. Organisation for Economic Co-operation and Development (OECD) (2016) *Who uses Childcare? Background Brief on Inequalities in the use of Formal Early Childhood Education and Care (ELC) Among Very Young Children*. Paris: OECD.

215. Organisation for Economic Co-operation and Development (OECD) (2012) *Starting Strong III: A Quality Toolbox for Early Childhood Education and Care: Executive Summary*. Paris: OECD.
216. National Council for Curriculum and Assessment (NCCA) (2009) *Aistear: The Early Childhood Curriculum Framework*. Dublin: NCCA.
217. European Commission (2014) *Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care. Report on the Working Group on Early Childhood Education and Care (ECEC) under the Auspices of the European Commission*. Brussels: European Commission.
218. Pobal (2018) *The Early Years Sector Profile Report 2017/2018*. Dublin: Pobal.
219. Department of Children and Youth Affairs (2017) *Action Plan on School Age Childcare*. Dublin: The Stationery Office.
220. Working Group on Reforms and Supports for the Childminding Sector (2018) *Pathway to a Quality Support and Assurance System for Childminding in Ireland*. Dublin: Working Group on Reforms and Supports for the Childminding Sector.
221. O'Kane, M. (2016) *Transition from Pre-School to Primary School. Research Report No. 19*. Dublin: National Council for Curriculum and Assessment (NCCA).
222. Pianta, R.C. and Stuhlman, M.W. (2004) Teacher-Child Relationships and Children's Success in the First Years of School, *School Psychology Review*. 33 (3), pp. 444-458.
223. McGettigan, I.L. & Gray, C. (2012) Perspectives of School Readiness in Rural Ireland: The Experiences of Parents and Children. *International Journal of Early Years Education*. 20 (1), pp. 15-29.
224. Smyth, E. (2018) *The Transition to Primary School. Insights from the Growing Up in Ireland Study*. Dublin: National Council for Curriculum and Assessment (NCCA).
225. National Disability Authority (forthcoming) *Review of Overage Exemptions for the Early Childhood Care and Education (ECCE) Programme*. Dublin: Department of Children and Youth Affairs.
226. O'Kane, M. (2016) *Transition from Pre-School to Primary School. Research Report No. 19*. Dublin: National Council for Curriculum and Assessment (NCCA).
227. Sayers, M., West, S., Lorains, J., Laidlaw, B. & Robinson, R. (2012) Starting School: A Pivotal Life Transition for Children and their Families, *Family Matters*. 90, pp. 45-56.
228. O' Kane, M. (2016) *Transition from Pre-School to Primary School. Research Report No. 19*. Dublin: National Council for Curriculum and Assessment (NCCA).
229. National Council for Curriculum and Assessment (NCCA) (2018) *Pre-School to Primary School Transition Initiative: Final Report*. Dublin: NCCA.
230. O' Kane, M. and Murphy, R. (2016) *Transition from Pre-School to Primary School: Audit of Transfer Documentation in Ireland*. Dublin: National Council for Curriculum and Assessment (NCCA).
231. National Council for Special Education (2016) *Starting School: Guidelines for Parents/Guardians of Children with Special Educational Needs*. Dublin: National Council for Special Education.
232. Ring, E., Mhic Mhathúna, M., Moloney, M., Hayes, N., Breathnach, D., Stafford, P., Carswell, D., Keegan, S., Kelleher, C., McCafferty, D., O'Keeffe, A., Leavy, A., Madden, R. & Ozonyia, M. (2016) *An Examination of Concepts of School Readiness among Parents and Educators in Ireland*. Dublin: Department of Children and Youth Affairs.
233. Department of Children and Youth Affairs (2017) *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: Department of Children and Youth Affairs.
234. Department of Health and Children (2003) *National Standards for Foster Care*. Dublin: The Stationery Office.
235. Health and Information Quality Authority (HIQA) (2016) *National Standards for Safer Better Maternity Care*. Dublin: HIQA.
236. Health and Information Quality Authority (HIQA) (2012) *National Standards for Safer Better Healthcare*. Dublin: HIQA.
237. The Child Care Act 1991 as amended by the Child and Family Agency Act 2013.
238. Early Childhood Ireland (ECI); Childminding Ireland; Barnardos; National Childhood Network; Irish Steiner Kindergarten Association; National Parents Council, St. Nicholas Montessori Teachers Association/ Society of Ireland (SNMSI).
239. Phelan, A., McCarthy, S., & Adams, E. (2018). Examining Missed Care in Community Nursing: A Cross Section Survey Design. *Journal of Advanced Nursing*, 74(3), pp. 626-636.

- ²⁴⁰. Irish Medical Organisation (2017) *Submission to the Public Service Pay Commission on Public Health Doctor Recruitment and Retention Issues*. Dublin: Irish Medical Organisation.
- ²⁴¹. Early Childhood Ireland (2016) *Doing the Sums: The Real Cost of Providing Childcare: Executive Summary*. Dublin: Early Childhood Ireland.
- ²⁴². Pobal (2018) *The Early Years Sector Profile Report 2017/2018*. Dublin: Pobal.
- ²⁴³. Department of Education and Skills (2016) *Survey of Early Years Practitioners: Consultation for the Review of Education and Training Programmes in Early Years*. Dublin: Department of Education and Skills.
- ²⁴⁴. European Commission (2014) *Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care*. Report on the Working Group on Early Childhood Education and Care (ECEC) under the Auspices of the European Commission. Brussels: European Commission.
- ²⁴⁵. Total public investment on ELC (and school-age childcare) will be €572 million in 2019. This represents a significant increase – of more than 116% – since 2015. The adequacy of public investment in early childhood care and education (and school-age childcare) is traditionally assessed using GDP comparators. In their latest calculation of Ireland's expenditure on ELC, the OECD includes an estimate of the cost of primary school for children under 6: this is to account for the fact that many children in Ireland start primary school at an earlier age than in some other countries. Based on Ireland's estimated GDP (€253.983 billion) for 2016 and ELC expenditure estimates, Ireland will spend 0.5% of GDP on ELC in 2016 – with every .1% of GDP increase costing €300 million. If the cost of primary school for children under six is excluded, Ireland will spend just 0.2% of GDP of ELC. This investment compares poorly to other European countries where the OECD average is 0.8%. It also falls short of the UNICEF-recommended investments level of 1% of GDP. Although investment remains unacceptably low, it is also fair to say that GDP is a misleading indicator in the Irish context. Even OECD emphasises that, in the Irish context, "one should rely on other indicators" as GDP includes the profits of multinational firms which do not make or sell anything in Ireland despite being based in this country. It therefore gives an inaccurate indicator of the country's economic health. It is for this reason efforts are underway to identify a more accurate measure of Ireland's economic growth, including the creation of a new system called GNISar.





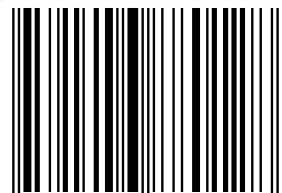


Riailas na hÉireann
Government of Ireland

Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2
(Teil: 076 1106 834 nó Ríomhphost: publications@opw.ie)
nó trí aon díoltóir leabhar.

To be purchased from
GOVERNMENT PUBLICATIONS,
52 ST. STEPHEN'S GREEN, DUBLIN 2.
(Tel: 076 1106 834 or Email: publications@opw.ie)
or through any bookseller.

ISBN 978-1-4468-8012-8



9 781446 880128