

PEIN Position Paper

Prevention and
Early Intervention
as the Key to

Unlocking Brighter Futures

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Prevention & Early
Intervention Network
Promoting positive outcomes for children,
families & communities





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The Prevention and Early Intervention Network (PEIN) represents organisations and individuals working in children, family and community services throughout Ireland who are committed to developing a prevention and early intervention-led approach to service planning and delivery. PEIN focuses on the most effective ways of building a protective layer of support to stop difficulties from arising in the first place and providing support at the earliest possible stage when they do occur.

Core terminology

Within all sectors, commonality is generally assumed about the understanding and application of language. In the child and family sector, for example, we might all assume that our definition of childhood is the same. In order to ensure clarity, brief definitions of the key terminology used in this position paper are provided below:

- Adverse Childhood Experiences (ACEs):** Some of the most intensive and frequently occurring sources of stress that children may suffer early in life. These include multiple types of abuse, neglect, violence between parents or caregivers, other kinds of serious household dysfunction such as alcohol and substance abuse, and peer, community and collective violence.¹
- Childhood:** 'The state or period of being a child' is an outdated concept. We apply a definition that includes infants, children and adolescents (pre-birth to 18 years). It also incorporates the inclusion of preparation for parenthood and pregnancy supports as prefaces to a healthy and happy childhood.
- Child poverty:** In line with UNICEF's definition, PEIN understands that for children, poverty means being deprived in aspects of their lives, which are crucial to their development, such as nutrition, health, education and housing. This deprives children of their rights and opportunities to reach their full potential.
- Early intervention:** Providing support at the earliest possible stages when difficulties occur.
- Prevention:** Providing a protective layer of support to stop difficulties from arising in the first place or from getting worse.
- The child and family services sector:** Services, supports, programmes and interventions that work to support children and families, provided by both statutory and community and voluntary (C&V) agencies/organisations. Family support is a cornerstone of this sector and seeks to enhance family well-being, strengthen parenting confidence and competence, and improve outcomes for children.
- Trauma informed services:** Services that understand and respond to the impact of trauma on parents and on children, and how it affects their behaviours, learning, wellbeing and relationships, creating an atmosphere that supports each parent and each child, demonstrates empathy, and builds resilience.

* As the last two years have so sharply demonstrated, things change. This position paper is therefore presented as an evolving piece of work, one that will continue to be amended and updated in line with the changing needs of children and families, the implications and eventual end of the Covid-19 pandemic and the emergence of a 'new normal'.





PEIN's vision

That every child in Ireland is supported to be all that they can be, through the provision of timely, appropriate and integrated information, advice and services that are planned and delivered prioritising prevention and early intervention.



1

Introduction

'Science has established two facts meaningful to human welfare; first, the foundation of the structure of human personality is laid down in early childhood; and second, the chief engineer in charge of this construction is the family'.

(Meyer Francis Nimkoff, 1962)²

While the inextricable relationship between child development, parenting and life outcomes really came to the fore in the 1960s, it was almost three decades later before the concept of parenting and family support saw any real statutory commitment in Ireland. The *Child Care Act 1991*, the opening of the first Family Resource Centres in 1994 and the launch of the *National Children's Strategy: Our Children – Their Lives* (2000) all marked significant progress in the recognition of the need to support families and the subsequent design, funding and delivery of services and supports to try to do so.

NGOs and the community and voluntary sector have always, and continue to play, a pivotal role in the provision of child and family supports and services. After the collapse of the Celtic Tiger, amid increasing economic disadvantage, child poverty and family homelessness, services worked to meet the complex and evolving needs of children and families. For children and families experiencing any form of disadvantage or vulnerability, there was little reprieve between that global economic crisis and the recent public health one.

In March 2020 the world shifted. Covid-19 has caused unprecedented changes to societal structures and individual lives. Lockdowns, school closures, employment fragility and inaccessible health and social care services have had an immense impact on child and family wellbeing. The impetus for this paper comes directly from PEIN members who support those children and families, and who are responding to the fallout from the pandemic in their work on a daily basis, as well as continuing to address the other ongoing issues that impact on children and families in Ireland.

In the aftermath of the pandemic, this means; mapping the multiple and changing needs of children and families; supporting PEIN members to respond to those needs; and advocating for responsive developments in national policy to both meet those needs and future proof against the long-term impact of a global public health crisis.

A meeting of PEIN members was convened in May 2021, to look specifically at the experiences of children and families in the preceding 14 months. Members identified the many difficulties that the pandemic caused for children and families, many of whom were already experiencing various forms of hardship before Covid-19. Strategies and ideas were shared on how best to support children and their families within existing resources and research was undertaken on what additional resources would be required in the future. In the vacuum between *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* and its successor, recommendations were formulated on the content and direction of national policy, to ensure that the social, health and economic impacts of the pandemic continue to inform government decision-making and budget allocations long after the public health crisis has dissipated. This work culminated in a PEIN presentation to the Joint Oireachtas Committee on Children, Equality, Disability Integration and Youth on November 9th 2021, feedback from which has informed this paper.

This paper seeks to remind policy makers of the key issues outstanding from the last children's strategy *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*. It highlights new and emerging needs for children and families. And it provides an overview of the impact of the pandemic on families and children, many of whom were already struggling before it struck and who were, therefore, rendered doubly vulnerable. It considers how national policy can respond effectively to existing, new and emerging needs and outlines how that would look on the ground. Finally, it presents practical and cost-effective recommendations for the prioritisation of funding for prevention and early intervention.



Some headline statistics for Ireland

- There are 661,518 people living in poverty in Ireland, of which 210,363 are children³
- 1 in 4 families with children is a one parent family and one parent families make up 54% of homeless families⁴
- At the beginning of the pandemic (2020) Ireland already had a higher rate of child poverty than the EU average for 6-11 year-olds⁵
- In 2021 there was an estimated 3,000 undocumented children living in Ireland⁶
- As of October 2021, 3,065 children were on the waiting list for Child and Adolescent Mental Health Services (CAMHS), including 863 waiting longer than six months and 202 (almost 7%) waiting longer than a year to be seen⁷
- There are 9,554 children on Primary Care Psychology waiting lists as of October 2021⁸
- At the beginning of the pandemic (March 2019) there were 16,466 children on the waiting list for a Speech and Language Therapy assessment. 3,685 of those children have been waiting over a year for an initial assessment, including 516 who have been waiting over two years⁹
- 2022 began with a sharp rise in homelessness: As of January, of the country's 9,150 people in homeless emergency accommodation, 2,563 are children or dependents. Worryingly, this figure constitutes an increase of 4.5% on the previous month¹⁰
- At the beginning of the new academic year 2021/22, up to 12,000 children were out of school for Covid related issues. The pandemic is likely to have substantial implications over the long-term due to school closures and lack of peer interaction as well as increased family financial stress.¹¹
- The impact of the pandemic was felt more severely by those from lower socioeconomic backgrounds leading to higher levels of poverty and malnutrition, mental ill health and poorer educational outcomes¹²
- In October 2021, 22% of families reported a reduction in their child's access to a Special Needs Assistant since Covid-19¹³
- In the first year of the pandemic referrals to Tusla rose by 23% to almost 70,000 cases, with nearly 6,000 children in care at the end of 2020¹⁴
- In 2020, 22,356 children received a family support service¹⁵. This was a decrease from the previous year, when 24,828 children received such a service.¹⁶
- As of December 2021, there are 4,000 children waiting for an Assessment of Need, with an average waiting time of just under 20 months¹⁷



2

Impact of the pandemic on children and families in Ireland

'As the COVID-19 crisis continues around the world, it is transforming children's day-to-day lives. The pandemic and the associated policy responsestouch on almost every part of children's worlds'

(OECD, 2020)¹⁸

Some silver Linings

The Covid-19 pandemic constitutes a global health shock and the steps taken to mitigate it have created a corresponding socio-economic shock. While this paper focuses on the impact of the pandemic in terms of its immediate and future negative ramifications on the lives of children, it also recognises that in the midst of change and uncertainty, there were some positive developments on which we could continue to build. **These include:**

- **Greater awareness of public health by the general population:** In Ireland, public health has traditionally been associated with prevention and treatment of communicable diseases, with more of a focus on the social determinants of health emerging over the last decade. During Covid-19, public health has played a central role in awareness raising, promoting interventions (hand-washing, masks, social distancing etc.) and providing a robust evidence base for decision-making. In doing so, it has demonstrated both the efficacy of universal and consistent messaging and a greater exposure to, and understanding of, data by the general public. This provides valuable learning for the design and implementation of future public health / population-based campaigns to improve health and well-being.
- **Changes to family life:** The pandemic required parents and children to remain at home together and in isolation from others for significant periods of time. While it is clear that this posed a risk to those living in fractious relationships, for many parents, and in particular for fathers, it provided an opportunity to have enhanced involvement in their children's lives. As many workplaces move to hybrid models of working for the future, many children will have the opportunity of enhanced 'quality time' with their parents, who will have less time spent on long commutes.
- **Enhanced understanding of play as a core part of child development:** We know that children learn and develop through play. This became even more important during the pandemic because of play's role in helping children build resilience, mitigate against stress and anxiety and strengthen family bonds and relationships. Without access to out-of-home childcare and schools, many parents – father, as well as mothers – had time and space to observe and engage in play with their babies and young children.
- **Play** has also gained more prominence nationally, with the implementation of the *Let's Play Ireland* campaign, a government-led initiative aimed at promoting play for all children living in Ireland during the pandemic. It provides positive messages to parents about encouraging and supporting their children's play and in doing so, has fast-tracked some of the vision detailed in *First 5: A Whole-of-Government Strategy For Babies, Young Children and their Families 2019-2028*.
- **Increased usage of green and civic spaces:** The confinement within a 5km radius during national lockdowns resulted in increased use of public spaces for respite, exercise and play. Such spaces, where available, were critical to meeting basic needs, such as exercise, fresh air, physical space and social connectedness. Subsequent changes in mobility patterns and increased pedestrianisation and outdoor recreation opportunities have altered the liveability of cities and neighbourhoods in a positive way, with a new focus on the need for easy access to and equitable sharing of public space. For children, this increases opportunities for, and access to, outdoor play.
- **More virtual engagement:** From the outset of the pandemic in March 2020, technology enabled services to pivot quickly in response to rapidly changing environments. In Ireland, the use of home-based broadband data increased by almost 74% during the first lockdown (ComReg, 2020). There are many ongoing legacies to this shift, including increased access to virtual learning, greater uptake of telehealth and the ability to outreach to families who may be socially or physically isolated.



- **'Build back fairer'**:¹⁹ Covid demonstrated that when we made a collective and conscious decision that nobody would be left behind, we did just that (for example, the reduction in family homelessness because of the introduction of rent freezes and the taking over of hotels). We saw that changes in public policy could be decided and implemented with speed.

The pandemic required a population / public health approach that advocated collective responsibility and a spirit of solidarity. Our resilience as a society now depends on tackling the inequalities that the pandemic highlighted and reflecting this collective consciousness in national policy.

While much learning can be taken from the above, how those gains were experienced is significantly related to the social and economic circumstance of the family and community. The relationship between Covid-19 and disadvantage has two defining characteristics; those who were vulnerable before the pandemic have been the worst affected by it, and the widespread effects of the pandemic have rapidly exacerbated health, social and economic inequalities.

Covid Inequalities

'COVID-19 has been likened to an x-ray, revealing fractures in the fragile skeleton of the societies we have built. It is exposing fallacies and falsehoods everywhere... while we are all floating on the same sea, it's clear that some are in superyachts while others are clinging to drifting debris.'

(Antonio Guterres, UN Secretary General)²⁰

Findings from a French study²¹ indicate that family income level and race/ethnicity play a significant role in the lives of families coping with a variety of challenges due to the pandemic. Results revealed, for example, that low income and lower middle-class parents experienced greater financial hardships because of Covid-19 when compared to their higher income counterparts. Those higher income parents, on the other hand, were more likely to experience stress over home-schooling and planning physical activities at home for their children. It's what the study refers to as *'a two-sided lockdown'*.

In Ireland, the disproportionate burden of Covid-19 borne by poorer and vulnerable families is reflected in some of the key areas outlined below:

- In 2019 Tusla managed 56,561 referrals for **child protection and welfare** concerns. In 2020 this number increased to 69,712 and continued upwards in 2021, when there was a total of 76,296 referrals.²²

Notably, there was a decrease in the number of children on the Child Protection Notification System during the introduction of restrictions, largely attributable to children not being seen by key professionals, family members or neighbours who would typically note and report concerns.

- **Young people** from low-income families are the most affected by disruption to education. This is attributable to lack of internet access (the 'digital divide'), limited access to quiet study spaces and the fact that they are more likely to live with someone vulnerable to severe Covid-19 infection.
- Compared to pre-pandemic statistics, reported incidents of **domestic abuse** during lockdowns increased by 25%, which means that many women and children had increased exposure to aggression and violence. Almost 3500 women contacted a domestic violence service for the first time during the initial lockdown and, on average, 191 women and 288 children were in domestic violence accommodation each month in that period. Between March and August 2020, 1,351 requests for refuge could not be met because of lack of space.²³
- For **children with disabilities and special needs**, school and service closures during the initial lockdown impacted their daily routines and social connectedness, which adversely affected both their mental and physical health. Many children needing respite care are also those in the at-risk category for Covid-19, which resulted in sudden and



prolonged periods without respite during the pandemic. Families without access to respite had no break during a time of heightened anxiety, which increased parental stress and exhaustion. Even when restrictions were lifted, families are continuing to receive a reduced level of supports to their pre-pandemic service.

- The pandemic resulted in increased **mental health** difficulties for adults with an existing diagnosis, as well as an increase in new referrals related to anxiety and stress. Quarantine, self-isolation, fear of contracting Covid-19 and sustained uncertainty all contribute to deterioration in mental health. This has significant implications for responsive caregiving and parenting.

The significant impact of the pandemic on children and young people's mental health and well-being continues. Preliminary findings from an international UNICEF survey of children and adults in 21 countries indicate that an average of 1 in 5 young people aged 15-24 reported feeling depressed often.²⁴

A survey conducted by St. Patrick's Mental Health Services in 2021 found that close to 20% of children received mental health support during the pandemic and 55% of parents have concerns about the long-term impact of the Covid-19 pandemic on their child's mental health.²⁵ UNICEF (2021)²⁶ has stated that the pandemic represents merely 'the tip of the iceberg' in terms of poor mental health outcomes among children and demands urgent investment in child and adolescent mental health and wellbeing across sectors, in areas like health, education and family support, such as parenting and whole-school programmes.

- Ever before the pandemic, **one-parent families** were more likely to live in consistent poverty, be in debt and rely on paid childcare. Those risk factors were heightened by the pandemic, with the additional risk of increased exposure to food and energy poverty. CSO figures show that in 2019 one-parent families had the highest rate of enforced deprivation among all groups in Irish society.²⁷
- Childhood adversity - or **adverse childhood experiences (ACEs)** are a reality for many children. Ireland has experienced significant historical and institutional abuses, as well as the oppression of particular groups, giving rise to intergenerational trauma. At least 200,000 children in Ireland are living in homes impacted by alcohol harm; over 2,000 children are living in emergency homeless accommodation; one in five experience child sexual abuse. Parental problem alcohol and drugs misuse is the core reason for a significant proportion of children entering and remaining in care. A rising concern is the effect that the pandemic had on ACEs due to increased parental stress and social / physical isolation. These effects are likely to be higher in already marginalised communities and populations.
- The already existing social isolation, exclusion and loneliness experienced by children and families living in **Direct Provision** was intensified during the pandemic and the subsequent restrictions. A report from the Ombudsman for Children's Office²⁸ concludes that

'the boredom, loneliness and frustration felt by most people during the lockdown was magnified for children living in Direct Provision accommodation by the fact that they had to stay indoors, often in one small room, with their whole families for months'.

- Internationally, increased and sudden border closures during restrictions have resulted in more widespread stigmatisation, inequalities, xenophobia and racism for **migrants**.²⁹ For migrant families living in Ireland, the pandemic created additional hardships such as overcrowded rental accommodation, limited or no access to digital devices to support home-schooling, tele health etc., increased risk of domestic violence and vaccine hesitancy (because of poor access to health information and services).
- Overcrowded accommodation and inadequate access to water, sanitation and other basic facilities created additional difficulties for **Travellers** to adhere to public health guidance. Existing mental and physical health issues were amplified for Travellers during the pandemic, while there was a simultaneous reduction in access to both preventative and acute services.

Limited access to remote learning has resulted in a significant number of Traveller children not returning to school after restrictions were lifted.³⁰



Parental isolation during Covid-19: A LifeStart Services case study

A referral was received for a parent from outside Ireland with one child, aged 7 months. When Family Visitors carried out an initial home visit, they found the parent restricted to living in a small box bedroom. The downstairs of the house appeared to be under construction with a pile of sand at the front door. Mum has virtually no English and called another woman who was in a room across the hall and who had a little more English.

From their observations Mum appeared to be cooking in the bedroom which was very cold and damp. There were a number of baby food jars on the side, along with a bottle of what looked like pink juice. Mum and baby were in their pyjamas, Mum with a quilt around her and baby sitting in a car seat.

The baby was very quiet and listless and did not appear to be responding to the mother's voice. There was a large flat screen TV in the room which took up a good quarter of the floor space and was left on for the duration of the visit. The baby was facing the TV throughout the visit.

There was no evidence of toys or books in the room. There was no fridge but there was food – bread, milk, tea bags, rice etc. stored on top of a chest of drawers. There was an electric kettle plugged in and sitting on a stool but there was no evidence of a cooker upstairs or down.

Disruption to Key Services

Education

We know that **early years** education has a strong impact on social mobility and narrowing the attainment gap. On 12 March 2020, all early years (EY) services in Ireland closed due to Covid-19, and the responsibility of providing early learning opportunities and care fell predominantly onto parents. This lack of access to EY services removed a protective layer from babies and young children whose home environment was not equipped to fully support their health, developmental and learning outcomes. Balanced meals, sleep routines and meaningful play and interactions, for example, are integral components of EY practice, and may be the only regular source of such vital supports for vulnerable children. For all children, the closure of early years services represented a disruption to peer socialisation, group play and structured pedagogy. For parents, it increased levels of stress and anxiety.

School closures during the pandemic have resulted in interrupted learning, increased parental stress because of home-schooling, compromised nutrition, social isolation, higher early school leaving rates, and gaps in childcare. Ireland's pre-school and primary schools were closed for longer than the international average during the pandemic, constituting an average of 72 days closure for pre-schools, at least 96 days for primary schools, 91 days for Junior Cycle years in secondary school and 72 days for Senior Cycle³¹. In Ireland, each week of school closures during Covid-19 represents about 28 hours of fact-to-face teaching time at school³².

According to the OECD³³ 'every week of school closure implies a massive loss in the development of human capital with significant long-term economic and social implications'.

Home-schooling became the responsibility of families with school-aged children during lockdown: 'By making the learning process rely more than ever on families, rather than on teachers, and by getting students to work predominantly via digital resources, school closures exacerbate social class academic disparities'.³⁴ Engagement in home-schooling is based on a number of assumptions, such as the ability to access broadband and digital devices, a level of social capital (their own educational attainment, confidence etc.) that enables a parent to guide their child's

learning and a physical space in which to do it. For low income and vulnerable families, this was a particularly onerous ask. Principals and teachers in DEIS schools report much lower levels of student engagement in remote learning than in non-DEIS schools during the period of school closure.³⁵ In addition, the level of supports that schools offered pupils and parents during school closure varied widely.

Ever before the pandemic, Ireland has had an educational divide, with outcomes for students in DEIS schools below those of their middle-class peers. As family poverty is the most significant determinant of educational attainment, the achievement gap for children from poorer families was further jeopardised by the pandemic, particularly in the context of the tech devices needed to support home learning. A report on wellbeing in the digital age³⁶ found that the digital transformation could compound existing socio-economic inequalities, with earnings and opportunities benefits accruing to a few, and the risks falling more heavily on people with lower levels of education and skills.

In addition to the interruption to children's individual learning and the pressure on parents as a result of needing to engage in home-schooling, school closures also impacted the wider community. In rural areas, for example, where many services such as local Post Offices and Garda stations have been withdrawn, local schools are the main focal point of community activity.³⁷ In disadvantaged communities, breakfast clubs, the Hot School Meals Programme and after-school provision are often the only access that some children have to hot, nutritious meals.

For children with additional needs, school closures meant disruption to routines that provide structure and security, isolation from peers, and interrupted learning. A UCD study³⁸ found that many children's behaviour and social skills regressed during school closures, with subsequent effects on their mental health. *Growing Up in Ireland* research points to school as a key opportunity for engaging in physical activity which would suggest that children's physical health was also impacted by school closures.

Health and Screening

The Health in Ireland – Key Trends 2021 report³⁹ outlines that the most notable impact of the pandemic on the provision of health services can be seen in the increase in the numbers on waiting lists. Before the pandemic a wide range of waiting lists were already at concerning levels. In October 2021, for example, there were 3, 979 children waiting 6 months or more for elective procedures. By the end of 2021, there were almost 4,000 children waiting for an Assessment of Need. For children awaiting early intervention services (occupational therapy, psychology and speech and language therapy) there is currently a 2-year waiting list.

What is particularly worrying in the context of prevention and early intervention is the substantial backlog in developmental checks for the 0-3 age cohort. As these checks are undertaken according to a baby's age and stage of development, they cannot be retrospectively administered. The suspension of what was deemed non-essential clinical work in March 2020 meant that most developmental checks were stopped and many public health nurses were redeployed to Covid-19 duties. Consequently, more than half of all babies did not receive a crucial development health check before they turned one. This has inevitable implications for children's physical and developmental health as the prevention and early intervention window narrows considerably, with missed opportunities for early assessment and/or detection and timely onward referral to specialist services.

The cancellation and delay of developmental assessments for babies, toddlers and young children has also resulted in increased parental worry and stress. Developmental checks provide parents with reassurance about their child's development and their own caregiving practices. They also provide an opportunity to flag any concerns or ask questions. During periods of lockdowns and restrictions, this has coincided with a reduction in parents' access to support from extended family, early years services and community family support services (baby and toddler groups for peer support, breastfeeding networks, parenting programmes etc.) Essentially, parents lost access to their 'village' in terms of raising their child.

The disruption to services during Covid-19 offers much in the way of learning. It demonstrates one of the fundamental principles of prevention and early intervention – that is, effective service delivery is about relationships. Face-to-face,



home visiting and peer support approaches are key. While these can be combined with virtual approaches, they cannot be replaced by them. 'Hybrid models' will be an inevitable legacy of the pandemic but we need to ensure that such models meet the needs of parents and children. The digital divide was underlined during Covid-19, as was the fact that community networks rely heavily on opportunities to meet informally in family homes and in local and familiar environments, something which will never be fully achievable on-line.

The incredible resourcefulness of services and professionals to adapt should not mask the fact that many services were at breaking point long before Covid-19. Waiting lists are not new. Overburdened and under resourced public services and growing poverty and inequality have given rise to statutory services that are in a permanent state of fire-fighting. While a global pandemic fuelled those fires, it certainly didn't create them.

The impact of missed appointments & waiting lists: Lisa's story (A Preparing for Life case study)

Lisa was born in November 2019 and is the youngest of 3 children – her sisters are aged 7 and 17 years old. Her 7 year-old sibling has a diagnosis of autism and intellectual disability. They live with both their parents.

Lisa's parents have been very vigilant in observing her development given the long road they had to receiving a diagnosis and supports for their 7 year-old. Her mother is also an early years professional and has an excellent understanding of child development.

Lisa received her developmental checks at 3 months and 9 months on schedule, despite this being during the lock down period, because of the family history.

At the 9-month check Lisa's mother expressed concerns about her gross motor and language development. She was referred to see a paediatrician. She was seen at 1 year, at which point there was no sign of her attempting to walk, which was a concern to her parents. The family were told that Lisa was double jointed and this was the reason she was not attempting to stand or walk. She was not referred for any tests or to a specialist. They were told that Lisa would be given another appointment in March 2021. However, this has not happened.

In the meantime the family moved home. Lisa's parents remained very concerned about her gross motor development and her language development. Her mother spent a couple of months attempting to be seen by the Public Health Nurse in their new area. Eventually she was given her 18-month developmental check. The PHN was not concerned about late walking but was concerned about language development. She referred Lisa to the Area Medical Officer. When Lisa was seen by the AMO, she was referred to the orthopaedic department at Temple St Children's Hospital.

Lisa was seen by Temple Street in October 2021, where she was diagnosed with hip dysplasia. This was devastating to her parents as they were told she will likely need surgery due to the condition being diagnosed in toddlerhood rather than infancy. They were told she will be seen as priority due to the late diagnosis. Lisa's mother has been contacting Temple Street weekly since and has been informed her daughter is on the 'semi-urgent' waitlist but they cannot give



her a time frame for either another appointment or treatment. Lisa's mother has expressed how she feels at a loss as she has had no advice on how to support Lisa. She is concerned at the impact of this on toilet training and being able to attend ECCE next year.

In parallel with the above diagnosis, the family have also applied for an Assessment of Need because of their concerns regarding Lisa's language and social development. They were told Lisa would have to wait a year for a hearing test and up to 3 years for other services.

The family lives on one income. Due to the needs of their 7 year-old and the cost of childcare it has been impossible for Lisa's mother to return to work. Despite their low income they are now attempting to save money for private Speech and Language treatment and a private Autism assessment. Lisa's mother feels they have no choice but to do this given the long wait times for public services. They have even been told there is a one year wait for a private SLT appointment.

Lisa's mother feels that this is the only way to ensure her child has the support she needs in ECCE next year and that she does not wish to put Lisa through what her 7 year-old experienced while waiting for assessment and supports.

3



Towards an Effective National Policy Response

'The concentration of COVID-associated risks falls on children living in low-income households and those with additional needs or in vulnerable situations. Addressing these challenges quickly is key to avoiding a rise in inequality – among the current generation of children and the next – and to ensuring inclusive growth'.

(OECD, 2020)⁴⁰

National policy that is responsive to the existing, emerging and changing needs of children and families requires a dual and parallel focus:

- It needs to support the recovery of children and families from the impacts of the pandemic
- It needs to address the pre-existing challenges and barriers to many children achieving their full potential
- To realise this, an integrated whole-of-government approach is needed to achieve the necessary political commitment and leadership, to assign responsibilities to specific government departments and state agencies, and to mobilise fiscal resources. There are a number of specific policy areas where this approach is critical to the provision of prevention and early intervention services and supports to children and families, and for which PEIN offers workable recommendations:





New national vision and strategy for Children and Young People (2023-2028+)

Better Outcomes, Brighter Futures (BOBF) reached the end of its 7-year lifespan on December 31st, 2020 meaning that we do not have a current government strategy addressing the needs of our children and young people.

On 22nd January 2022, Minister O’Gorman launched the final Annual Report of *Better Outcomes, Brighter Futures*⁴¹ covering 2020 as well as commencing a consultation process on the development of a new national strategy for children, young people and their families to cover the period from 2023 to 2028.

BOBF was Ireland’s first overarching children’s policy framework to include children and young people (0-24 years). It’s development included the voices of children and young people, it called for an integrated and evidence-informed approach to working across the whole of government and adopted an outcomes-focused approach to planning and evaluating progress. Both children’s rights and prevention and early intervention have been key components of the transformational goals under each of the five national outcome areas, and must remain inherent to the new strategy.

It is imperative that the successor to *Better Outcomes Brighter Futures* is a continuation of the work undertaken between 2014-2020 and a renewed national commitment and plan to meet the evolving needs of children and young people in Ireland. In the aftermath of a global pandemic, the expanded portfolio of the Department of Children, Equality, Disability, Integration and Youth cannot dilute its commitment in the development of the new national strategy for children and young people.

PEIN recommends that:

- The process of developing the new strategy is fully inclusive, ensuring that the voice of children, young people, parents and service providers are at its core.
- The new strategy is ambitious and forward-looking in continuing to address the needs of children, young people and families, as well as responding to specific and intensified needs caused by the impact of the pandemic.
- The National Advisory Council is retained and enhanced as an integral structure under the new strategy and that the target measures required to eradicate child poverty, outlined in the Council’s paper *Addressing Child Poverty: Towards a National Child Poverty Action Plan*⁴², are core to the development and implementation of BOBF’s successor.
- There are comprehensive parallel implementation, investment and monitoring plans.
- Prevention and early intervention are at the core of the strategy as the prioritised approach to addressing the developmental and well-being needs of Ireland’s children and young people in the context of their families.
- The strategy incorporates the full implementation of *First 5: The Whole-of-Government Strategy for Babies, Young Children and Their Families 2019-2028*, and is integrated with relevant sections of other key government policies including the Sláintecare Implementation Strategy and the National Maternity Strategy – Creating a Better Future Together 2016-2026.



The National Childcare Scheme (2019+)

The National Childcare Scheme (NCS) was launched in November 2019 to provide financial supports for parents towards the cost of childcare, through universal and income-related subsidies. A review of the NCS⁴³ reported that positive impacts of the NCS were substantially higher for families with lower incomes and for families living in disadvantaged areas.

Preliminary findings informed two significant improvements for children and families in Budget 2022 – the extension of the NCS universal subsidy to all children under 15 and an end to the practice of deducting pre-school and school hours from the entitlement to NCS subsidised hours. The latter has the potential to benefit 5000+ children from low-income families, highlighting the inextricable relationship between national policy and the alleviation of child poverty. Drawing on the learning from the NCS review and considering the scheme's key role in Covid-19 recovery, there are some key factors that will need to be addressed to ensure its effectiveness.

PEIN recommends that:

- In the further development and implementation of the National Childcare Scheme, its key purpose is seen as the holistic development of children rather than to the labour force activation of parents.
- Identified weaknesses in the sponsored referrals process (such as lack of clarity around criteria and parental reluctance to engage with state bodies) are addressed as a matter of urgency, to ensure that the most vulnerable children have access to consistent, high-quality childcare.
- The NCS is designed to ensure the financial viability of community-based services for children.
- The NCS is enhanced to include a DEIS model for the Early Years.
- The NCS awareness campaign for parents is reinvigorated, to ensure that parents are aware of their entitlements to places and subsidies.
- Greater training and practice development opportunities to be provided to professionals working in the early years, particularly around the risk/protective factors affecting child development and wellbeing.
- Practitioners and staff who work in NCS services should have their work valued through proper terms and conditions of employment.



Sláintecare (2017-2026)

As the national ten-year programme to transform health and social care services, *Sláintecare* needs to be implemented in its entirety. Its greatest strength is that it created – for the first time – national political consensus of the future vision for healthcare in Ireland. Significant systems change within Irish healthcare is a long-term process which needs this policy continuity.

The *Sláintecare* Report (2017) is a complex document with many interdependent developments proposed, leading to total change of emphasis within Irish healthcare. Since work commenced on its implementation there has been driftage towards an á la carte or piecemeal approach to the implementation of what should be an integrated strategy. Combined with this, the resignations from key *Sláintecare* leadership has led to a severe narrowing of the *Sláintecare* vision to one of structural change only and to real concerns about the level of political commitment to its future full implementation.

The first recommendation for key reforms outlined in the *Sláintecare* Report is about child health and well-being: This involves an increase in the health and well-being budget to €233m over 10 years and the development and resourcing of a universal child health and well-being service, with an allocation of €41m over the first 5 years.

Health in Ireland: Key Trends 2021,⁴⁴ a Government of Ireland publication, details some concerning trends in Irish health expenditure. In 2019, preventative care across all population groups made up only 2.7% of current healthcare expenditure whereas curative and rehabilitative care made up 56.4% and long-term health care made up 21.6%. And in 2018, Irish expenditure on preventative care was significantly lower than the average for the EU 15.

PEIN recommends that:

- The Department of Health urgently reengages with the original *Sláintecare* vision and focuses on the delivery of:
 - Right care:* A phased shift from crisis response to prevention and early intervention
 - Right place:* Services are delivered in the family home and in the local community wherever possible
 - Right time:* Use public health strategies to pre-empt the development of problems where possible and respond to emerging needs at the earliest possible opportunity – waiting lists for children's health needs should be an anathema.
- The most immediate priority is to restructure the Public Health Nursing service to create a cohort of child and family Public Health Nurses whose sole focus is the health and wellbeing of the children in their catchment area.
- The *Sláintecare* Implementation Advisory Council should be re-established and enhanced to include specific expertise in children health and well-being and prevention and early intervention.
- Preventative care expenditure across all population groups should be increased by 1% of total health expenditure per year.
- Urgent action should be undertaken to reduce all waiting lists for prevention and early intervention services for children to effectively zero by 2030.



First 5: A Whole of Government Strategy for Babies, Young Children and their Families (2019-2028)

First 5 presents a cohesive national vision for early childhood, achievable through family-friendly work arrangements, a new model of parenting support, developments in child health, reform of the Early Childhood Care and Education system, and a package of measures to tackle early childhood poverty.

The First Five Annual Implementation Report in 2019 reported that 90% of all commitments for that year had been met and much work has been ongoing since then. PEIN, for example, has participated in a process to draft the National Model for Parenting Support Services. The core of the model is a progressive universalist approach, with all parents receiving evidence-based parenting supports and those parents with additional challenges receiving extra supports tailored to their specific needs.

The pandemic has, however, presented significant difficulties for many areas within the strategy, particularly in the context of prevention and early intervention. The development of a dedicated child health workforce under the National Healthy Childhood Programme was paused under the aforementioned redeployment of public health nurses. *First 5*'s recalibration will be dependent on successive governments' commitment to sustaining the pledged investment and working inter-departmentally.

PEIN recommends that:

The full implementation of *First 5* is a core action in Ireland's next strategy for children, young people and their families, with ambitious targets and congruent investment.

The National Model for Parenting Support Services is signed off by Government in 2022 and launched with a five-year implementation plan and the necessary investment.

Consultations take place with service providers by mid-2022, in order to develop an agreed national approach to home visiting programmes, accompanied by a phased plan to achieve universal access to home visiting for all first-time parents within by 2026.



The European Child Guarantee (2021)

The alleviation of child poverty has been a commitment by successive Irish governments but the achievement of none to date. Even at the height of the boom, a period of unprecedented economic growth in Ireland, our child poverty rate only reduced to 7.4%.⁴⁵

The European Child Guarantee aims to combat child poverty and social exclusion in the European Union by ensuring effective access to: Early Childhood Care and Education; education; healthcare; healthy nutrition; and adequate housing. Under the Guarantee those EU members states who have levels of child poverty or social exclusion above the EU average (of which Ireland is one), must allocate at least 5% of their European Social Fund Plus to tackling child poverty. It is critical, in the context of political will, national policy and resource allocation, that the benefits of the European Child Guarantee are maximised for children in Ireland, particularly those who are homeless; who have a disability; those with a migrant background; with a minority racial or ethnic background (particularly Traveller and Roma); and those in alternative care.

PEIN recommends that:

- The government implements the European Child Guarantee in Ireland with a systemic approach to finally eradicating child poverty.
- Meaningful consultations with multi-departmental stakeholders, children, and parents are undertaken to design and review the requisite action plans.
- A national framework for data collection is developed to evidence the impact of initiatives on child poverty.
- That funding secured under the E.U. Child Guarantee is used strategically with a focus on prevention and early intervention, with sustainability and mainstreaming built in from the outset.



4

Translating Policy into Practice

'Critical reflection on practice is a requirement of the relationship between theory and practice. Otherwise, theory becomes simply 'blah, blah, blah' and practice, pure activism'.

(Paulo Freire)⁴⁶

Outlined below are some of the key practices that should be the hallmarks of any national policy that is designed to deliver prevention and early intervention supports to children and families, particularly in the aftermath of the pandemic.

- **An explicit commitment to Progressive Universalism**, as a means to providing responsive and high-quality services for all, with specific enhanced services for those experiencing greater difficulties. Prevention and early intervention are cornerstones of this approach, and curtail the significant cost of providing specialist services for those with acute needs in the longer term.
- **The adoption of an integrated and multidimensional approach, through national and local needs assessments and multi-annual planning.**

This should include core national standards of service, with scope to tailor to local contexts. The Area Based Childhood (ABC) Programme is an exemplar of this approach – a national model designed to achieve better outcomes for children that is robust in its implementation but flexible in its delivery. The impact of evidence-informed interventions and supports is increased through the understanding of local contexts and the change management process is applied through local structures. At the same time, there needs to be national consistency and coherence on the continuum of supports available to children and families, wherever they are in Ireland. The national evaluation of the ABC Programme, for example, found evidence that it made a positive contribution to; improved outcomes for children and families; changes for practitioners and service managers participating in the Programme; and changes to service planning and delivery.

- **Services to be provided should be planned, delivered and reviewed in partnership with families and with children and young people.** Needs assessments should engage with end users in identifying their needs and in choosing service configurations which best fit with their preferences. Services should be delivered in active partnership with parents and children. Feedback from end users should inform reviews and evaluations of services and future service developments.
- **The immediate and full recommencing of all child health and well-being screening under the HSE's National Healthy Childhood Programme.**

Because childhood is a period of rapid development, timely screening, assessments and interventions are critical to supporting the development of every child. Developmental checks are a snapshot of a child's communication, motor, cognitive and socio-emotional skills as well as a check-in on their overall health and well-being. These checks also facilitate meaningful discussions with parents about their child's development and support families to access early intervention services for any needs that may be detected from the developmental check.

The resumption of developmental checks needs to include an urgent review of all children born during or just before the pandemic who have not yet had access to a full programme of screening. As previously outlined, the prevention and early intervention window narrowed considerably for those children.



- **An urgent review of the waiting lists for early intervention services** alongside waiting lists for critical care services, with a view to effectively eliminating waiting lists over a number of years. Any change or reconfiguration in a primary care service takes an adjustment period, so it is important that the replacement of former Early Intervention Teams with the new Network Disability Teams during the pandemic is accompanied by clear information, sign-posting and timely and effective referral pathways.

There is also a need for the standardisation of these processes across all CHOs (Community Healthcare Organisation). In some CHOs, for example, a child can avail of play therapy while on a waiting for psychology services. In other areas, uptake of an alternative or interim support automatically results in the child losing their place on the psychology waiting list.

- **Greater investment in mental health services for children and young people within the community, early years services and schools.**

Even prior to the pandemic, countries recognised the emerging crises in mental health and allocating resources accordingly. In the UK, for example, under *The Five Year Forward View for Mental Health* plan (2016)⁴⁷, the NHS committed that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. Ireland, however, is lagging behind the World Health Organisation's (WHO) recommendation that a minimum of 14% of a country's health budget should be ring-fenced for mental health – in 2021, our total spend on mental health was just 5.1% of total health expenditure⁴⁸ with just 1% being spent on children and adolescents. In order to meet growing mental health demands, Ireland needs to establish fully staffed and experienced multi-disciplinary Child and Adolescent Mental Health teams in each CHO, with clear national practice standards which are subject to regular inspection. Events in Kerry in January 2022 highlighted the substandard care of children and adolescents accessing CAMHS as a systems failure, and underline the need for clear oversight and governance structures to be established for all CAMHS services.

In addition, a range of evidence-based prevention and early intervention services should be established on a national basis, drawing on the skills of a range of community and voluntary sector organisations. These services should provide preventative mental wellbeing programmes across all age groups from Infant Mental health to mental health supports in the early years and primary school, and on to adolescent mental health programmes such as those provided by Jigsaw.

- **Enhanced local and national integration between Tusla, the HSE and their funded agencies.**

Service integration has become a central issue in public service delivery across Europe, not least because of its focus on increasing awareness and accessibility on the part of the service user. Organisational autonomy, competition and the separation of commissioners and providers have resulted in increased bureaucracy and less accountability, factors that are incompatible with quality care and provision. In order to better serve children and families, Tusla and the HSE need to strengthen collaborative work practices that are based on clear goals and an awareness of their inter-dependence as service providers. Both also need to engage effectively with the knowledge and skills of their service delivery partners in the community and voluntary sector.

5



Making it Happen: Prioritising the funding of prevention and early intervention

Building the economic case for investing in children and families is crucial for mobilising the necessary resources and maximising the returns from public expenditures, especially in the aftermath of the pandemic, when there is a strong need to ensure that budgetary choices are consistent with long-term economic and social objectives. Post-Covid-19 recovery plans, therefore, need to be gauged against the economic and social returns generated by investments in child and family well-being. The potential prevention and early intervention components of those plans are outlined briefly in this section.

At PEIN's proposal, the Programme for Government for the 32nd Dáil (2016 – 2020) included the creation of the Prevention and Early Intervention Unit in the Department of Public Expenditure and Reform. While this unit did valuable background work on engagement and consultations across the sector and published a series of position papers, none of its work translated into policy change within the Department. Under the current Government, the unit was repurposed as the Wellbeing Public Policy Unit.

PEIN's vision is to build on the research work undertaken in the unit and recommends that the Irish government, under the joint auspices of the Department of Public Expenditure and Report and the Department of Children, Equality, Disability, Integration and Youth, and with the engagement of other relevant Departments and state agencies:

- 1 Agree a whole-of-government definition of 'prevention and early intervention'
- 2 Require every relevant government department and state agency to:
 - Identify and red circle their current expenditure on prevention and early intervention and to report on this annually as part of the budget process
 - Review the potential to shift / increase their spend on prevention and early intervention and submit relevant estimates to the annual budgetary process
- 3 Require DPER to
 - Identify percentage targets in each government department and state agency for the phased transition of expenditure in favour of PEI strategies (e.g. 2% per year over ten years)
 - Prioritise approval of promising proposals for shifting of expenditure
 - Develop a rolling and revolving PEI investment fund to incentivise the move and to frontload and support the shift
 - Monitor the outputs and outcomes being achieved on an individual department / agency and cross government basis, reporting annually as part of the annual estimates process.

A discussion on services for children and families requires examination of the HSE and Tusla, as key provider and funders of PEI services. Both agencies published multiannual corporate plans in 2021.



Tusla

Having invested significantly in the development of Prevention, Partnership and Family Support (PPFS) Services over recent years, there are concerns about the visibility and priority of prevention and early intervention in Tusla's Corporate Plan 2021 – 2023⁴⁹. This is concerning given the statutory role of Tusla as outlined in Section 8 of the Child and Family Agency Act of 2013⁵⁰, which states that Tusla shall provide 'preventative family support services aimed at promoting the welfare of children'.

The proposed restructuring of Tusla to align with HSE CHOs is welcome and offers significant potential to strengthen integration in service planning and delivery.

PEIN recommends:

- The aligning of Tusla Child and Family Support Networks with HSE Community Health Networks in order to support local integrated planning and service delivery.
- The publication of national quality standards for prevention and early intervention across all Tusla services.
- The ringfencing of a minimum percentage of budget for PEI in each service area, with the aim of a phased increase in PEI investment.
- The strengthening of integrated service planning and delivery between Tusla and its partner agencies, in particular between Tusla, the HSE and their respective funded organisations.

Health Service Executive

The HSE's Corporate Plan 2021-2024⁵¹ contains strong references to the application of a prevention and early intervention approach, with a particular focus on child health. It will be important, over the lifetime of the Plan, for these references to translate into concrete actions and improved supports to children, families and communities.

PEIN recommends:

- Immediate progression of the development of a dedicated Public Health Nursing service for children and families, as recommended in the *Sláintecare* and *First 5* reports.
- Urgent action to address developmental screening and waiting lists for services (as outlined earlier).
- Enhanced cooperation between HSE and Tusla and a national and local level, building from the joint approach to the Parenting Strand of the Healthy Communities Programme.

Department of Public Expenditure and Reform:

In terms of prioritising the funding of prevention and early intervention services, PEIN recommends that DPER addresses the following key strategic proposals:

- A move to a 3–5-year funding cycle, to provide continuity of planned and high quality supports to children and families.
- A level playing field for services delivered through the Community and Voluntary sector, that includes full cost recovery and parity of pay and conditions with equivalent statutory colleagues.

The front-loading of funding for prevention and early intervention is necessary, as the achievement of savings from more costly crisis-oriented services takes time to materialise. PEIN proposes the strategic use of funding under the National Lottery (as happens in the United Kingdom). PEIN proposes that, commencing in January 2023, one month of National Lottery funding (€21.1m in 2019 figures⁵²) is ring-fenced for investment in prevention and early intervention programmes for children and families, subject to key criteria. These criteria would include; evidence of need; evidence of effectiveness of intervention; delivery in partnership with parents; integration with other services; and a commitment from relevant government departments and state agencies to provide mainstream funding to successful initiatives. Over time the level of funding should be grown until it consists of the same percentage of National Lottery funding as there are children in Ireland (currently 26% of the population are under 18 so the fund could be grown over 10 years to be worth €66m per year⁵³).



6



Closing thoughts

There can be no better way of investing in Ireland's future than by ensuring that our youngest citizens are enabled to achieve their full potential. By providing children and their families with the necessary supports at the earliest possible opportunity in their lives, we increase their opportunities for better outcomes. Children should not be required to wait.

This is a win-win situation between social and economic wellbeing. There is substantial international evidence that investment in prevention and early intervention supports in early childhood pays substantial returns over the lifetime of the child.

While national policies for children and families have made noteworthy progress in the last decade, many have yet to be fully implemented and there is a risk that preventive measures could become side-lined, as we continue to deal with onerous national crises such as the pandemic and homelessness. Many of the problems addressed in this paper were well-entrenched long before Covid-19 arrived on our shores. And the impact of the pandemic has been to increase poverty and disadvantage and put further barriers on access to service for children and their families. Clearly, we cannot cease interventions to children with critical needs in order to invest in prevention and early intervention. Instead, now more than ever, we need to reach a point of equilibrium between crisis response and prevention.

Globally, the pandemic constitutes a collective trauma so any successful recovery from it requires a trauma informed approach, where supports that are made available are rooted in a comprehensive understanding of risk, vulnerability and resilience. The added repercussions of the Russian war on Ukraine and its social and economic impact, emphasises the need for wise decision-making with long-term goals in mind in terms of our investment in our children's future and the potential long-term economic returns.

As a country we need to ensure that the disproportionate burden carried by the most vulnerable does not impact on children and families for generations to come. We need, therefore, to ensure that prevention and early intervention supports are both nationally prioritised and readily available.

7



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