Investing in Parenthood
to achieve best health for children

[THE SUPPORTING PARENTS STRATEGY]

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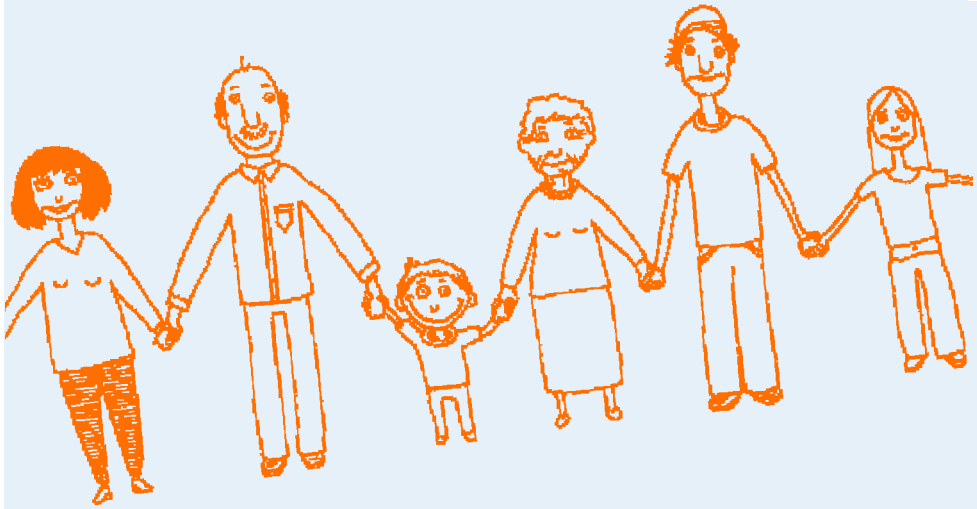

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Foreword

Parents are the most important people in children's lives. They are the key ingredients in how children develop into healthy adults. However their needs for support in discharging what can be a very challenging role have often been neglected.

This report celebrates the role of parents in achieving the best health and welfare for their children, and articulates a Strategy for supporting them in this task.

It is the third in a trilogy of policy documents which has arisen from the Best Health for Children initiative, the first dealt with children up to the age of 12, the second with adolescents. It supports the recommendations of both the National Children's Strategy and the Report of the Commission for the Family, and has the support of both the National Children's Office and the Department of Social Community and Family Affairs, as well as the Department of Health and Children and the Health Boards.

I would like to thank the Supporting Parents Sub-Committee who drew up the report and particularly commend their efforts to develop an interagency and inter-sectoral approach.

Particular thanks should go to Dr. Julie Heslin for her very able chairing of the Sub-Committee.

There has been increasing international evidence of the value of supporting parents in terms of improved health and social wellbeing. This document makes a significant contribution to improving support for parents of children in Ireland.

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Executive Summary

This is the third strategy document produced by Best Health for Children at the behest of the CEOs of the Health Boards, the first focusing on children aged 0-12, and the second on adolescents aged 12-18. The purpose of the strategy is to identify a strategic approach to supporting parents in order to achieve best health for children. It also proposes to support, reinforce, and act as a vehicle for the implementation of relevent aspects of existing national strategies that pertain to supporting parents.

The strategy is based on the deliberations of the Supporting Parents Sub-Committee of the National Conjoint Child Health Committee, two academic reviews commissioned for the project and consultations with parents themselves.

The strategy vision is a society in which children have the right to be cared for by people who are supported in the role of parenthood. The principles of investing in parenthood are:

Make the rights and well being of children a priority
View parents as key to the child's health and well being
View parents as experts
Support parents as individuals
Facilitate access to supports
Build on what is there
Develop a partnership approach
Work on an interagency and interdepartmental basis
Plan in a locally responsive way

The first chapter on Investing in Parenthood outlines the current status of children in the country examining issues of mortality, breastfeeding, immunisation, mental health, injuries, lifestyle and the more macro issues of poverty, educational disadvantage, housing and play and leisure. The policy context of children's health is explored. The second chapter introduces the development of the strategy from its commissioning by the CEOs to consultations with parents.

Chapter three is an important chapter in the document in that it presents the evidence base for supporting parents, drawing on a literature review and the two academic reviews commissioned from Queens University Belfast and University College Dublin on this topic. Some important points include the evidence for early intervention, for supporting parents as individuals in their children's health, the importance of prevention and therby the need for universal as well as targeted supports. Key areas for intervention, parenting programmes, immunisation, breastfeeding, health promoting schools, home visiting, and community capacity building. The fourth chapter reviews key areas of current parent support activities in Ireland. The services are examined through the life-cycle and examples of support identified.

Chapter Five outlines the recommendations of the strategy. Overall the following is called for:

Universal and targeted support for parents
Multi-agency and cross-departmental working
People centred and community development approaches
Promotion of children's rights

Specific service developments are detailed under the following headings:

1. There should be lifelong learning and preparation for parenthood.
2. Parents should have access to appropriate and accessible information.
3. Parents should have access to locally available and affordable childcare and pre-school education services.
4. All parents and children should have access to quality care and support services.
5. Parents and children should have representation and opportunities for involvement in service planning, development, delivery and evaluation.
6. Parents and children should have access to a society and environment that is family friendly.

In relation to structural developments, recommendations are made at both National and County/City level. It is suggested that the Minister for Children should refer the document to the Cabinet Sub-Committee on Children and multi-agency Task Force be set up which would report within a 12 month period. Specific recommendations are made in relation to the development of structures and the timeframes for implementation of this strategy. It is proposed that the Task Force should assign responsibility for tasks and functions identified and decide how best they fit in with other national and county level developments.

Definitions of terms as used in this document

Parenthood is an activity and a stage of life in which an individual is in a primary care giving role with rights and responsibilities in the upbringing and development of a child or children.

Parents are all individuals who have parenting responsibilities for a child or children. This includes people parenting children including natural and adoptive parents living with or away from their children, foster parents, carers in residential homes, sibling carers, other family members caring for children.

Parent Supports can be people, environments, services, or structures that enable parents fulfil the duties and responsibilities of parenthood.

Health refers to physical and emotional wellbeing.

Children refers to individuals aged up to 18 years. Adolescent refers to children aged 12 - 18 years.

Child Care applies to the services coming under the remit of the Department of Health and Children for children who are not receiving adequate care and protection.

Childcare describes daycare facilities and services for pre-school children and school-going children out of school hours.

For ease of reading, referencing and sources of information used in the document are presented together in Appendix 5.

Strategy Objectives

- To outline a sustainable framework for supporting parents.
- To support, reinforce and act as a vehicle for the implementation of the relevant aspects of key strategy documents that pertain to supporting parents. In particular:
  - Commission on the Family (1998) Strengthening Families for Life.
  - Ready to Learn. White Paper on Early Childhood Education (1999).
  - National Childcare Strategy (1999).
  - The National Children's Strategy (2000) Our Children - Their Lives.
  - Best Health for Children Developing a Partnership with Families (1999) and Get Connected: The Adolescent Health Strategy (2001).
  - Quality and Fairness: A Health System for You, Health Strategy (2001).
- To propose developments, build on existing strategies and identify new areas for action.
- To advise Health Boards on how they can fulfil their responsibilities in respect of the above.
- To address the support needs identified by parents through Best Health for Children, the National Children's Strategy Consultation and the national research study on parents needs, commissioned by the Department of Social Community and Family Affairs, Supporting Parenting (2001).

Vision

A society in which children have the right to be cared for by people who are supported in the role of parenthood.

Mol an óige agus tiocfaidh siad.

Principles of Investing in Parenthood

Make the rights and well being of children a priority

By keeping the focus on the rights of the child, supports for the families and communities within which children live and grow will evolve in a way that is positive for today's society and lays strong foundations for future generations.

View parents as key to the child's health and well being

Many health problems experienced by children today are the result of complex interactions between children and their family, their social, economic and cultural environments. Evidence highlights the importance of parents in mediating these wider effects on a child.

View parents as experts

All parents have the potential to be the expert on their own child's health and development. Some parents have been limited in realising that potential for individual, family or societal reasons. It is the role of all individuals and agencies offering support to parents to recognise their expertise and facilitate its full realisation.

Support parents as individuals

Parents differ in their styles of coping with the demands made of them and their capacity to cope can vary from time to time. In order for parents to be in the best position to do the best for their child they need to have their own needs identified and met. Empowering parents as individuals in their own right enables them to meet the responsibilities and enjoy the rights of parenthood.

Facilitate access to supports

Provision of supports does not ensure access. The need for different types of support varies between and within parents, as does their preference for where this support should come from. Most parents need help to access supports. Sometimes this may mean being provided with information, other times it may mean being provided with transport or creche facilities or with education or income. The empowerment of parents to be able to identify and access the supports they need is as important as the provision of those supports.

Build on what is there

There is a lot of support activity in families and communities around the country. Parents need support that builds on the positive practices and structures that exist and is flexible enough to take into account the varying environments, cultures and beliefs that prevail.

Develop a partnership approach

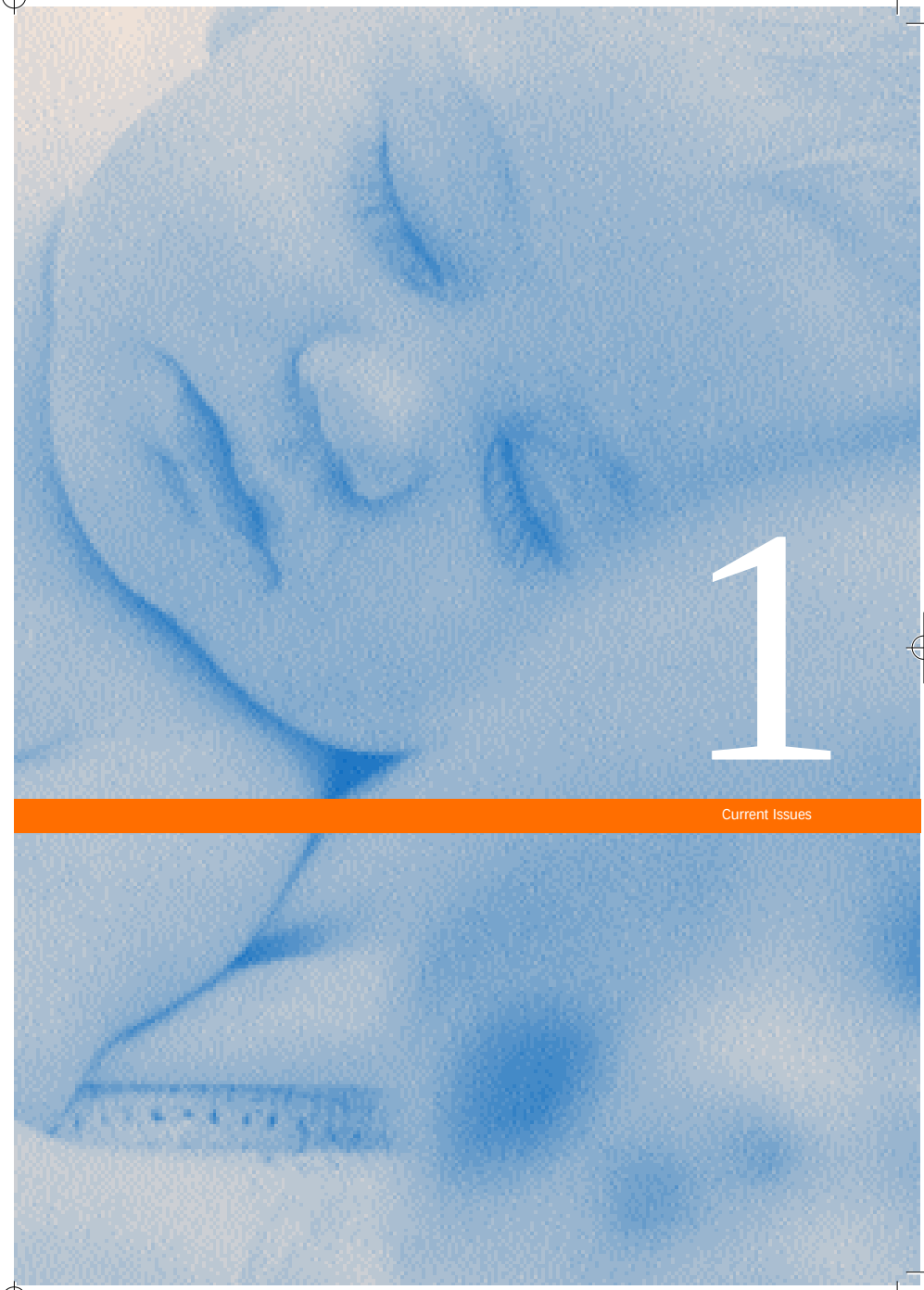
If parents are to be viewed as experts, supported in their own right and facilitated in their families and communities, a partnership approach which respects and builds on individual experience and difference is crucial. Children, parents, families, communities, statutory and non-statutory agencies are the key partners.

Work on an interagency and interdepartmental basis

By keeping the child at the centre, agencies and departments providing myriads of supports and services must work together. A child and his/her family do not experience their lives in neatly divided sections but as a whole with many changing parts. Evidence suggests that the delivery of supports to parents and their children is most effective if a holistic and integrated approach is taken.

Plan in a locally responsive way

National funding and planning of supports and services must enable communities to translate plans locally and design how they are delivered and received. This will ensure an evidence based approach with best use of available resources and will promote ownership and empowerment at a local level. Supports that grow up through communities are likely to be more sensitive to the needs of families and communities and are more likely to have the type of community support that enables such initiatives to thrive. Communities can learn from one another and build towards new developments on the foundations of what exists already, gaining both public and private sector commitment, understanding and investment.



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Current Issues

Best Health for Children: Current Issues

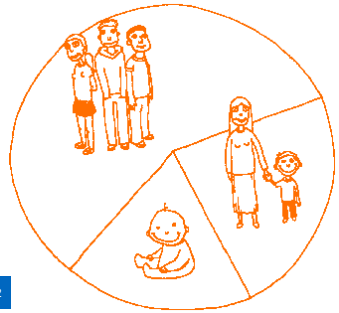
This chapter outlines some of the key issues relevant to the child health agenda in Ireland today. These issues provide the context for developing a strategy for supporting parents.

Who are our children?

- Almost one third of our population is under 18 years.
- There are over 50,000 births each year in this country.
- One in twenty of our families with young children was headed by a lone parent in 1996.

Who cares for and educates our children?

- In over one third of two parent families with young children, both parents are working. In over one third of one parent families with young children, the parent is working.
- Women's participation in the workforce rose rapidly in the 1990's to reach 45% in 2000. This rise was most rapid for those with dependent children, especially those with more children.
- Young fathers are more likely to be in employment than men in general.
- Changes in family structures and an increasingly older population have resulted in changing roles for grandparents in Ireland. A recent study of more than fifty grandparents indicated that most lived within geographical proximity to their grandchildren, enabling frequent contact. 41% engaged in activities with their grandchildren and 71% provided some level of care giving to their grandchildren.
- In 1997 it was estimated that 17% of all children between the ages of 0 and 9 availed of paid childcare. Recent employment trends are likely to have significantly increased these figures.
- Nearly two thirds of children aged between 2 and 3 are cared for in the home by a parent or relative.
- Half of all 4 year olds attend school while nurseries and creches care for one in four 4 years olds.
- Ireland has been identified as the European member state where publicly-funded services for young children are least developed.



How healthy are our children?

Our Babies

- While our infant mortality rate is not dissimilar to the EU average, the infant mortality rate for travellers, as an example of a disadvantaged group, is 2.5 times that of the average population.
- Our breastfeeding rate is among the lowest in Europe. Our rate of breastfeeding at discharge from hospital is 34%. Breastfeeding rates are lower for more disadvantaged groups.
- A 95% uptake of infant immunisation is needed to reduce the possibility of outbreaks of serious childhood diseases, such as whooping cough and measles. The most recent national immunisation uptake rates are 86% at most and are lower for more disadvantaged children.

Mental Health Problems

- One in 10 children and adolescents have a mental illness serious enough to cause some level of impairment in any given year.
- Conduct disorders and behavioural problems are now the most prevalent disability in childhood.
- The death rate in adolescents due to suicide has increased over the last 15 years, so that over one fifth of deaths in the 15-19 year age group is now due to this cause.

Injuries

- Over one third of all deaths in children aged 1-14 years are due to unintentional injuries and poisonings. Of these injuries, one in five were road related.
- Children from social class 5 are five times more likely to die from an injury due to an accident than children from social classes 1 & 2.

Lifestyle factors which affect children's health and well-being, and their future health and well-being

- Only 22% of children in the Ireland report that they are very healthy while a further 67% report that they are quite healthy. This compares with 48% of the adult population who report that their general health was excellent or very good.
- One in five children between the ages of 9-17 years inclusive are current cigarette smokers.
- Over two thirds of 16 year olds have been drunk in the last 12 months, which is higher than the average among 30 European countries.
- Irish 16 year olds have twice the rate of lifetime cannabis use compared to the average among the other European countries and 2.5 times the average lifetime inhalant use.
- Involvement in exercise decreases as children get older and this decrease is particularly evident among girls. One in five children between age 9 & 17 years watch television four or more hours a day.
- While we have no national data for Ireland, one in ten 7-11 year old children in the UK and the US are obese.
- One in forty 15-19 year old women become pregnant each year. At least one in five of these women seek an abortion in the UK .
- In 1996 14,000 referrals were made to the garda juvenile offices in respect of offences by young people under 18 years of age.

What are the influences on our children's health?

Poverty

- There are marked social class inequalities in children's health.
- A child is more likely than an adult to live in a household which is materially disadvantaged.
- Nearly one third of young Irish children live in poor households. Irish children have the highest rate of child poverty measured in this way than any of the other member states of the EU.
- One in twenty births each year are to teenage mothers. While not all children born to teenagers are disadvantaged, teenage pregnancy for many is associated with an increased risk of poor social, economic and health outcomes for both child and mother.

Educational Disadvantage

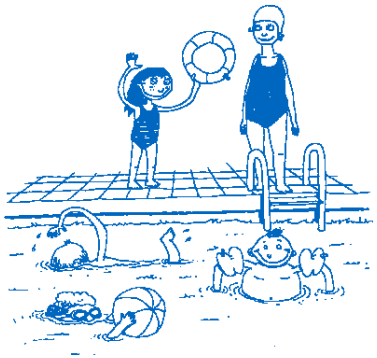
- It has been estimated that approximately 40% of the school leaving population is educationally disadvantaged.
- Nearly 15% of students leave school each year immediately after junior cycle.
- While the percentage of early school leavers has decreased, the consequences of leaving school with no educational qualifications have become more severe. These relate in particular to unemployment and participation in the labour market.

Housing and Environment

- The risk of poverty is highest for households in the local authority rented sector. Over 30% of local authority housing rental tenure consist of couples with children under 15 years.
- Lone parents were over-represented on local authority waiting lists (43% of the households on the list).
- In the year 2000, 588 homeless children were identified by the Health Boards. It is likely that this figure is underestimeted due to difficulties in measuring the number of homeless in Ireland.

Play and Leisure Facilities

- A significant proportion of our children do not live within easy access of a playground. The ratio of playgrounds per head of Irish population is 1:19,098 compared to the target of 1: 1,000. This figure compares with one golf course per 16,000 head of population of Ireland.
- 49% of parents have identified a need for support for their children in the area of play, leisure or recreational activities.



What is the Policy Context around our Children's Health

This is a time of great change in the area of policy that relates to children, parents and families. In the Irish Constitution the rights of individuals which make up families is not well clarified, especially the rights of children. In Ireland there are no explicit or comprehensive policies on how parents are supported in the child rearing role. This reflects a tradition of state reluctance towards intervention in the family. While developments have in the past focused on child protection and targeting of support, there is now an emerging recognition that all parents need some support and that a greater focus should be placed on child and family support services at a preventive level. It has become clear that these services should be better integrated and co-ordinated and address poverty in the context of social exclusion.

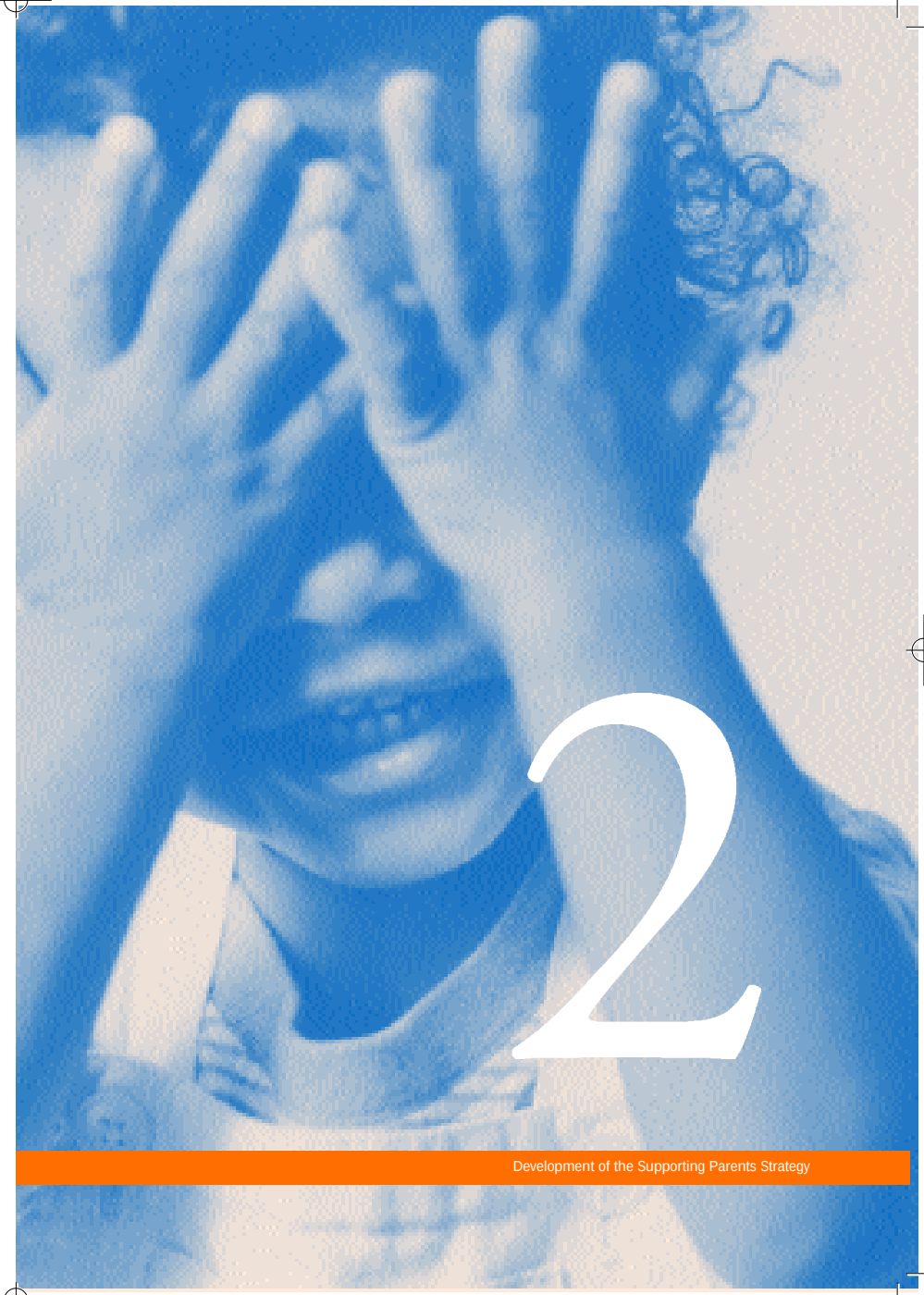
In recent years a number of strategy documents have addressed the area of family policy from a variety of angles. In particular the following documents:

- Commission on the Family (1998) Strengthening Families for Life.
- Ready to Learn. White Paper on Early Childhood Education (1999).
- National Childcare Strategy (1999).
- The National Children's Strategy (2000) Our Children - Their Lives.
- Best Health for Children Developing a Partnership with Families (1999) and Get Connected: The Adolescent Health Strategy (2001).
- Quality and Fairness: A Health System for You, Health Strategy (2001).

Some key directions in relation to policy emerging from these documents include:

- A focus on children's rights.
- Recognition of the need for partnerships, multi-agency approaches and interdepartmental working.
- The need for universal as well as targeted supports.
- The need for consultation and partnerships with parents and children.

This has been the backdrop against which this strategy has been developed and the debates to which it contributes.



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Development of the Supporting Parents Strategy

Development of the Supporting Parents Strategy

This chapter outlines the context within which and process by which this strategy was developed. A summary of key issues from consultations, literature reviews and the views of parents are presented.

Best Health for Children

The CEOs of the Health Boards commissioned a review of child health services and set up the National Conjoint Child Health Committee who in 1999 launched a key report Best Health for Children: Developing a Partnership with Families which made significant recommendations in relation to parenting. In particular the report presents a vision for child health services operating from a new model:

"A new model needs to be developed which places children and carers or parents at the centre of the process and offers them a number of alternatives. This process can be seen as completing a jig-saw…

The role of services should be to facilitate the parents in deciding which bits of the jig-saw they need, and facilitating or providing services to meet those needs…"

Supporting Parents Sub-Committee

The Supporting Parents Sub-Committee was established in March 2000 to develop further the parent support issues identified in the Best Health for Children 1999 report. The Sub-Committee had representation from a range of professionals from within Health Boards, the National Parents Councils, the Departments of Health and Children, Education and Science and Social Community and Family Affairs, Barnardos and the Centre for Social and Educational Research, Dublin Institute of Technology. The Sub-Committee priorities related to:

- Current practice.
- Evidence, good practice and effectiveness.
- Parents needs.
- Gaps in services.
- Recommendations for moving forward.

Three working groups were set up within the Sub-Committee to review the current situation in Ireland in relation to legislation and policy; research; and activities in the area of parent support.

The groups review highlighted:

- The high level of activity in the area of parents support and research.
- The ad hoc development of this activity and the lack of long term resourcing which contributes to this fragmentation.
- The need for universal and targeted parenting support.
- The lack of policy and structures in relation to supporting parents.
- The need for partnership working at policy, inter-departmental and local levels.
- The need for monitoring and quality assurance.

Following gaps in information identified by the working groups two pieces of academic work were commissioned[1]:

1. A review of international parent support policy was undertaken by the Department of Sociology and Social Policy, Queens University Belfast.
2. A review of the evidence of effectiveness of parent support was undertaken by the Department of Public Health Medicine and Epidemiology, University College Dublin.

Key issues raised by the reviews included:

- Strong evidence both economic and social for offering support to all parents.
- Long term benefits of supporting parents activity.
- International convergence in relation to the messages from the evidence.
- Programmes containing universal services at point of entry will be more effective in their preventative role than programmes available only to families living in deprived areas.
- Early childhood development is key to long term development.
- Community development approach is a key to successful working in this area.
- Need for cross departmental funding and conjoint working.
- The need for a comprehensive family policy in Ireland.

The principles and recommendations of Investing in Parenthood have implications for a wide range of agencies and organisations. Partnership working was progressed with a number of agencies, in particular, the Family Affairs Unit of the Department of Social Community and Family Affairs and the National Children's Office. Consultations were also carried out with a range of other government departments and agencies (see Appendix 2). This work was invaluable in ensuring an integrated approach to the recommendations of this strategy.

1 See summaries in Appendix 1

A site visit was made to New South Wales Health, Australia and lessons were learned from developments there in relation to parent support. In particular the need for:

- Joined up working.
- Cross departmental working and investment in supporting parents.
- A framework for planning supports for parents.
- A communications strategy in relation to work in the area of supporting parents.
- Multi-level interventions and supports.

The Views of Parents

The views of parents were central to the processes of this strategy development. This was achieved through a number of ways:

- Parent representation on the Sub-Committee.
- The author of the Supporting Parenting Study (2001) commissioned by the Family Affairs Unit and conducted by the Centre for Social Educational Research, (DIT) was part of the Supporting Parents Sub Committee. This research provided up to date data on Irish parents' support needs.
- Specific consultation on core strategy recommendations was carried out through Barnardos and the National Parents Council with over 50 parents throughout the country.

Some of the key messages coming directly from parents were:

- Parents want information, on health and child related topics and particularly on services and how to access them. A range of appropriate settings and methods of delivery were suggested.
- Parents expressed the need for more support at the antenatal and postnatal stage.
- Supporting parents will have to include an increase in quality childcare provision (in particular, creche) with the emphasis on training and proper pay structures to ensure adequate, stable staff levels.
- Services need to be family friendly, and better resourced. Parents want to be included as partners through planning and consultation.
- There needs to be more facilities for children and families in the community for example play areas, access for parents with buggies.
- Income support measures, housing provision and facilitated access to healthcare and education were the routes named by parents to ensure adequate living standards.

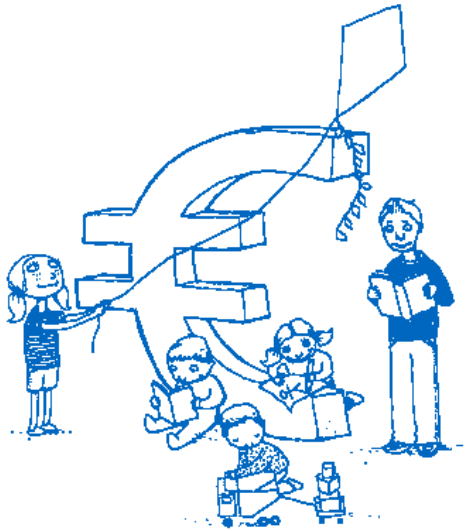
Supporting Parents to Achieve Best Health for Children: The Evidence

In this chapter an overview of the evidence and the arguments for investing in parenthood is presented. Appendix 3 deals with the evidence in more detail. The evidence is based on a wide range of research studies referenced in Appendix 5.

Introduction

Internationally the importance of investing in children and parents from preparation for conception to the early years is gaining strength socially, politically and economically. As a result there has been international convergence on the need for national policies aimed at supporting families. There are a number of arguments to justify investment in parenthood:

1. Investment in continued economic growth.
2. Prevention of future problems.
3. Social inclusion.
4. Fulfilling human rights commitments.



1 Economic Growth

- There is a need to invest in our human resources to continue to sustain our economic and employment growth.
- It is currently difficult to recruit adequately trained staff in many areas.
- The most cost effective way to improve the educational and training potential for the cohort of children being born this year is to provide them with early development and educational experiences. UNICEF 2001 highlighted:

A country's position in the global economy depends on the competencies of its people and those competencies are set early in life - before the child is three years old.

There is powerful evidence from neuroscience that the early years of development from conception to age six, and particularly for the first three years, set the base for competence and coping skills that will affect capacity to learn, behaviour and ability to regulate emotions throughout life.

- Stimuli and nurturing before the age of three influence the 'wiring' of nerve cells and the neural pathways in a child's brain. It would seem that neurones and even entire neural pathways that are not being stimulated in the early period of development are pruned away.
- Infants and toddlers who have experienced consistent responsive and sensitive care from secure attachments tend to develop into socially competent pre-schoolers.
- Children who attended any form of organised quality pre-school programme when they were 3 or 4 years old showed improved cognitive development, readiness for school and academic achievement than those who did not. Disadvantaged children gained more than advantaged children.
- Children did better when parental participation occurred in their own child's programme.
- In the Canadian National Longitudinal Survey of Children and Youth, the biggest effect on children's behaviour was not the level of family income, though there was a gradient in behaviour against socio-economic status, but what was described as parenting style.
- Negative experiences in the early years have long-lasting effects that can be difficult or impossible to overcome later.
- Full-time attendance in poor quality pre-school child care programmes had a negative effect on children's social and language development.

Economic arguments for investment in the early years in particular and parent support in general include increased productivity and a better standard of living in later life. The bulk of state expenditure on children, including educational expenditure, starts at school age, after the most crucial period of brain development.

2 Preventing Future Problems

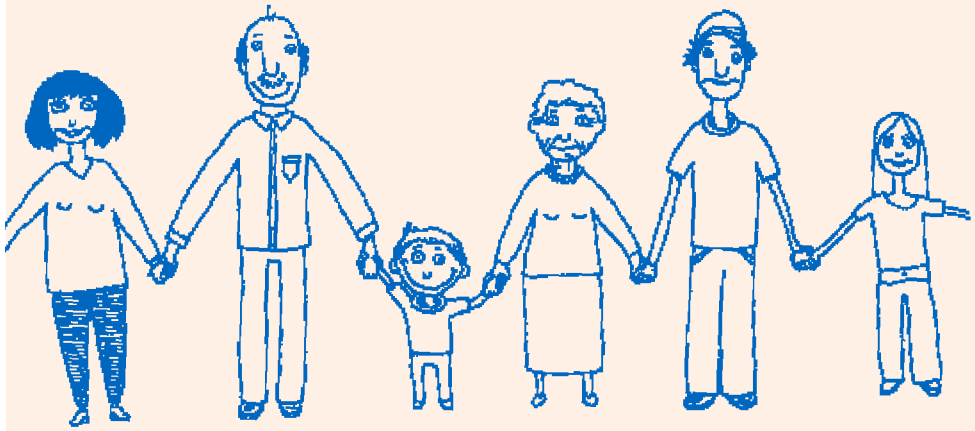
- Many social and health problems have their origins in childhood and are preventable.
- There is good evidence that home visiting, pre-school and other early intervention programmes improve health, educational, social and economic outcomes for children and adults. For example, the Perry-Preschool Program benefit-cost analysis revealed that benefits substantially exceeded costs in excess of 7:1, these benefits accrued primarily to the general public particularly in relation to reductions in crime.
- It is more cost effective to invest in early childhood services to prevent problems, which have their origins in childhood, rather than intervening at a later stage.
- The bulk of society's health and social problems occur in the large number of people who are not at especially high risk. Targeting "high risk" only, has less impact on the overall health and social problems in the population.
- Uncoordinated responses and conflicting approaches from individual government departments and the lack of an overall policy on the family can aggravate these problems.

The costs of providing secondary, rehabilitation and protection services, such as hospital beds, prison places, adult literacy and child protection services are increasing exponentially. Many problems which currently are a cause of public concern have their origins in childhood. These problems include:

- Alcohol and drug abuse.
- Places of detention for young people.
- Smoking among young people and adults.
- Obesity in children and adults.
- Cardiac and cancer treatment services.
- Excess heart and cancer deaths.
- Youth suicide.
- Unplanned and premature parenthood.
- Early school-leavers.
- Low literacy levels.
- Youth homelessness.
- Measles and whooping cough outbreaks and deaths.
- Behaviour that results in injury or violence.

Many health behaviours, such as smoking and diet, which cause ill-health in adults are established in childhood.

- There is good evidence that early childhood is the main influence on future health, education and development.
- Parents are the key supporters of children and therefore it is necessary to engage and work with parents to help them to support their children.
- Early intervention services are more effective when they address a range of issues, are locally responsive and when they are co-ordinated.



- Resources are needed to improve services that help older children, young people and their families overcome disabilities and disadvantage. However investment in early childhood services is more effective, and more cost effective, than providing services in later life for problems which have their origins in childhood.
- Children who had behavioural difficulties at school entry were more likely to become delinquent as adolescents. School based interventions for adolescent boys, who were identified as most disruptive in kindergarten, aimed at reducing criminal or anti-social behaviour had limited impact.
- The majority of children who develop problems in later life come, not from a high risk group, but from within the rest of the population.
- There is a continuum of risk, from high to low, just as there is a continuum of need. A service capable of identifying those who have greater needs, and providing a service to meet these needs, is most likely to provide a greater population benefit than just providing services to high risk areas.

3 Social Inclusion

- There is a need to build on current growth and move away from disparities of income, education and opportunities.
- Intervening in the very earliest years helps reduce social and economic disparities, gender inequalities and social exclusion.
- Strengthening communities is a key method of addressing inequalities.

Inequalities in health and access to health care occur for a range of reasons including socio-economic, cultural and environmental conditions. Acknowledging these wider determinants of health highlights the need for investment from non health-care sectors to achieve improvements in population health.

- Children living in poverty are more likely to experience ill health and to die younger.
- Addressing socio-economic disadvantage is essential to achieving best health for children.
- Interventions that improve the health of children have
  - Good coverage of the population.
  - A high degree of community participation.
  - Inter-sectoral collaboration.
- There is a growing body of evidence internationally that the healthiest nations are not the richest nations but the nations where there is the smallest gap between rich and poor. The equity of the health status of a population is a measure of how strong the economy is.
- Early child development has become a focus of both the InterAmerican Development Bank (Latin America) and the World Bank in terms of economic growth of developing countries.
- How economies create and distribute wealth affects social structures for parents and early childhood, which in turn affects the health and competence of the population throughout the lifecycle.

4 Human Rights

The Convention on the Rights of the Child is a comprehensive, internationally binding agreement on the rights of children which was adopted by the United Nations General Assembly in 1989. It incorporates children's civil and political rights; their social, economic and cultural rights; and their rights to protection.

Ireland signed the Convention on the Rights of the Child on 30 September 1990, and ratified it on 21 September 1992. Article 5 and Article 18, stress the role of parents as the primary care-givers with responsibility for the up-bringing of their children and oblige governments to support parents in fulfilling their essential role. Article 18 states:

For the purpose of guaranteeing and promoting the rights set forth in the present convention, states parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

4

Current Activity in Parent Support Services in Ireland

Current Activity in Parent Support Services in Ireland

An overview of the key areas of current parent support activity in Ireland, with some examples, is provided in this chapter.

Service provision in the area of parent support in Ireland is uncoordinated and variable in coverage and quality and no one agency has overall responsibility for parenting support. As a result a comprehensive review of service provision is difficult. The key areas of parent education and support are outlined below following a life-cycle approach drawing on the review of good practice conducted by the Sub-Committee of Best Health for Children. This serves to tease out what is meant by parent support services and lays the basis for developing a more co-ordinated, quality assured approach to service provision. Examples given below are not universally available.

Stages of Support

1. Preparation for Parenthood.
2. Antenatal Care and Education.
3. Peri-natal Care and Early Post-Natal Care.
4. Early Childhood Care and Education.
5. Home Visiting.
6. Training and Development for Parents.

1 Preparation for Parenthood

This stage refers to the pre-pregnancy period. During this stage, young people are provided with skills to prepare them for the possibility of parenthood in the future. Examples of initiatives in this area include:

- Development of the SPHE programme which includes information on relationships and sexuality as well as planning for the future.
- Babysitting and childminding programmes offered to young people.
- Advice and services on family planning through general practitioners and other services.
- Parent education and training programmes including classes for parents at various stages, e.g. relationships, antenatal education etc.
- Health promotion initiatives delivered in or out of school settings.

2 Antenatal Care and Education

This refers to the care and education parents receive from time of confirmation of pregnancy to time of birth. It includes

- GP visits.
- Hospital visits.
- Midwife visits.
- Antenatal classes and information provided primarily through the hospital but in some cases in the community.

3 Peri-natal Care and Early Post-natal Care

Peri-natal and early post-natal care refers to the care parents receive immediately after childbirth and for the weeks/months thereafter. It can include:

- Care from midwife, consultant, GP, physiotherapist, public health nurse and area medical officer.
- Education and advice on baby care.
- Advice and support for breastfeeding.
- Immunisation.
- Care in the hospital, the home, the community and sometimes through a help-line.

4 Early Childhood Care and Education

Early childhood (age 0 - 6) services will usually include both care and education, with the distinction between the two becoming increasingly blurred as the age of the child decreases.

- Primary schools.
- A wide variety of services provided by voluntary and community groups, private business and individuals, including parental care, private households (other than the family home), and nursery schools, creches and playgroups.
- These services are provided in a number of different ways, including sessional services (e.g. pre-school playgroups, naíonraí, Montessori schools), full day care (e.g. nurseries, crèches), childminders, drop-in centres and afterschool care.

5 Home Visiting

Supports to parents provided in their own home include the following:

- Postnatal visiting service of Public Health Nurses.
- Community programmes such as The Community Mothers Programme, Lifestart, The Home-Start programme in Blanchardstown, Dublin.
- Home visitors can offer support, friendship and practical help to families. They can promote early childhood learning and positive health practices.
- Home-school community liaison at primary and post-primary stages.

6 Training and Development for Parents

- Specific types of parent training and development approaches and programmes are outlined below. These types of support are offered in homes, schools, colleges, voluntary organisations, and family centres around the country.
- For parents of pre-school age children: Cover a variety of topics, including child development, managing child behaviour problems, the importance of play and communication.
- For parents of primary school age children: Cover topics, such as managing discipline problems, communication, transitions and problem solving.
- For parents of adolescents: Cover topics, such as adolescent development, sex education, problems with drink and drugs, discipline, developing responsibility, trust, encouragement, problem solving and communication.

Specific Types of Support

All parents need some support at various times during the stages of their child's development. Some parents will need more specific types of supports at particular times or for particular reasons. Some of these types of supports are outlined below:

- Teen Parent Support Projects: provide one-to-one support to pregnant and postnatal teens for a period of up to 3 years.
- Most family resource and diocesan centres offer a range of educational and support services to parents, sometimes in partnership with statutory providers.
- The Primary Healthcare for Travellers Project.
- Early Intervention Services for Parents of Children with learning or other disabilities.
- Specialised Support Groups/Services e.g. Springboard.
- Targeted Services provided by Health Boards, e.g. Social work, speech and language therapy, physiotherapy, child guidance (psychiatry).

Recommendations for Supporting Parents

This section outlines the main messages of this strategy and recommends service and structural developments for supporting parents.

Overview

Main Messages of the Strategy:

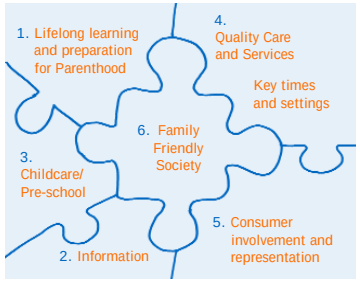
This strategy calls for

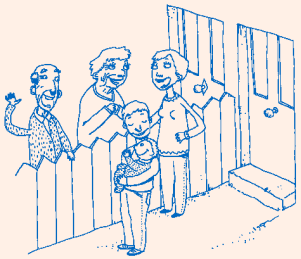
- Universal and targeted supports for parents.
- Multi-agency and cross-departmental working.
- People-centred and community development approaches.
- Promotion of children's rights.

The CEOs of the Health Boards through Best Health for Children support the recommendations of this report as the way forward to promote best health for children.

Figure 1

The Supporting Parents





This strategy recommends that in promoting their children's health all parents will have access to:

1. Lifelong learning and preparation for parenthood.
2. Appropriate and accessible information.
3. Locally available and affordable childcare and pre-school education services.
4. Quality care and support services.
5. Parent representation and opportunities for involvement in service planning, development, delivery and evaluation.
6. A society and environment that is family friendly.

In order to achieve this the following recommendations are proposed, presented in two key areas:

- Service developments.
- Structural developments.

Service Developments

1 There should be lifelong learning and preparation for parenthood

Preparation for parenthood should be part of a child's ongoing education and development. It should be provided in school and in out of school settings and should be based on health promoting principles. This should be continued into adulthood so that parents have access to ongoing training and development opportunities in relation to the task of parenting.

1.1. All young people should have opportunities early in their education to ensure that they are prepared for parenthood.
   - * The recommendations in Get Connected: Adolescent Health Strategy 2001 in relation to school health and adolescent health promotion should be implemented.
   - * Education and health promotion programmes should take into account preparation for relationships, for fatherhood and for motherhood.
   - * Babysitting courses should be developed by services providing support to families.

1.2. All parents should have access to parent training and development opportunities that meet their changing needs. There is good research evidence that parent education and training empowers parents and families and is an effective preventive strategy. There is a need to take a lifecycle approach to parent education and training programmes; they should be affirmative of parents and develop their parenting skills. It must be recognised that parents will have diverse needs, all parents will need some and some parents need all. Programmes should be developed that include a variety of settings, use a variety of media, and a range of approaches.

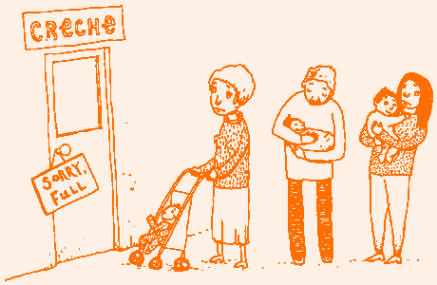
* There should be national level quality assurance and standard setting in relation to parent training and development programmes.
* Regional capacity on parent training should be developed by Health Boards to provide training modules for agencies, groups or individuals who wish to provide parent training; to develop and disseminate good practice models, disseminate quality standards and to provide a library and research capacity in parent training for the region. A needs assessment for Parent Training in each region should be commissioned involving all providers of parent training in the region. The resultant report should provide the blueprint for the development of parent training services by all relevant agencies.
* There should be a national and regional programme of training and support for deliverers of training and development programmes.
* The Barnardos database of parent education programmes should be resourced to be updated and reviewed regularly so that it is readily available to service providers and to consumers and that there is relevant local/regional data on available programmes.

1.3. There should be adequate family planning services available locally.
1.4. Relationships and shared activities between grandparents and their children and grandchildren should be facilitated and supported.

2 Parents should have access to appropriate and accessible information

Provision of information does not guarantee that information is received. Information should be accessible to parents through a variety of locations e.g. Shops, pharmacies, health centres, GP surgeries, hospitals, community centres etc. and using a variety of media e.g. Video, fact-sheets, magazines, newspapers, radio, television, websites etc. Information for parents should cover a wide range of topics for example, child and adolescent development, nutrition, special needs, childcare, medication, injury prevention. Information should be accessible and appropriate to a variety of audiences and should be cognisant of diversity in literacy, ethnicity etc.

2.1. The Best Health for Children information project should provide a template for how to address information needs of parents and provide the resource materials, both national (eg website) and local, which can be adapted for each area. All the Health Boards should use this template to put in place information systems for their own areas.
2.2. Parents should have access to information on their child's health and development. National development of the Personal Health Records as currently demonstrated in the Mid-Western Health Board is recommended.
2.3. Health Boards should identify how they can continue to provide information to parents on the promotion of health for their children, on the early detection of disorders and on current services.
2.4. Information for parents should address the needs and interests of male and female parents.
2.5. The Health Information and Quality Authority should prioritise child health and well-being and the information needs of parents.



3 Parents should have access to locally available and affordable childcare and pre-school education services

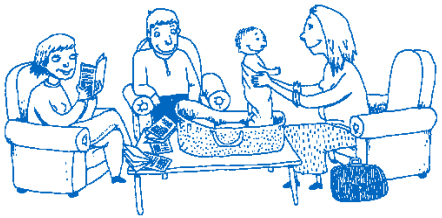
Quality childcare and education services in the early years promotes good health outcomes for children. Parents have identified the need for increased and affordable childcare provision. The needs of parents who work at home should be addressed at a national policy level. The recommendations of the White Paper on Early Childhood Education (1999) should be implemented.

3.1. County Childcare Committees should be mandated with a remit that includes child health. This would reflect the inclusion of the child's health and well-being as a key principal in the work of these committees to date.
3.2. The Child Care (pre-school services) Regulations, 1996 should be reviewed, taking into account the recommendations of the National Childcare Strategy.
3.3. Employers (Health Boards in particular) should develop quality childcare in the workplace.

4 All parents and children should have access to quality care and support services

Accessible and appropriate health care should be available at key stages i.e. antenatal and early neonatal; early years; primary school age; adolescence; and times of transition. These services should be available in a variety of settings i.e. the home, the hospital, the community and the school. Parents must be supported to access services on a "whatever it takes" model. Services must adopt a flexible approach to ensure that parents can overcome access problems, be that literacy, transport, childcare, timing etc.

4.1. A formula for integrating children's services should be developed within the Department of Health and Children, which takes a more unified approach to the traditional divisions between child health, health promotion and child care.
4.2. This integration should be reflectedin Health Board planning of parent/family support services. Evidence of this integrated approach should be demonstrated in annual reports.
4.3. All parents should be offered Supporting Parents Home Visits.
Giving parents whatever support they need, particularly in their child's early years, is important in helping them to care for their child and to develop their child to his or her full potential. As a means of ensuring that all parents are given the opportunity of accessing these supports (whether this support comes from their family, their community or is provided by statutory services), all parents should be offered home visits to identify the range of supports they need in preparation for the birth of their child and after their child is born. For some parents opportunities available for them within their community will be sufficient for their needs. For others, more formal links will be made to supports that are available within their area and access to these supports facilitated.
Peer visitors, who are paid and trained and linked into the Public Health Nursing service to ensure an integrated service, should deliver these home visits. Such a service should link in to other types of home visiting programmes e.g. public health nursing visits, home-school-community liaison.



* All Health Boards should develop a programme of Supporting Parents Home Visiting. The aim of this service will be to:
- assist parents of young children to establish and maintain supportive relationships in their community services;
- assist and support parents and families with young children to enhance their coping skills and to develop positive parenting skills.

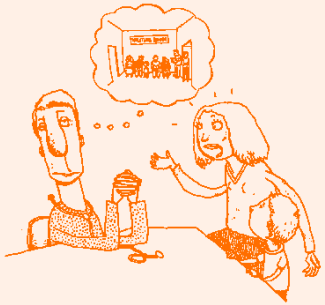
* The programme should have multiple goals, be flexible in intensity and duration, be sensitive to the unique characteristics and circumstances of families and be provided by well-trained and supported staff.
* The service should be led in each community care area by a health worker with special interest and expertise in parent support building on local models of good practice Current strengths such as Community Mothers, Lifestart or Homestart, should be built on and models of delivery developed on a phased basis nationally.
* All parents should be offered one visit ante-natally and one visit post-natally.
* Some parents/families, such as those with high need or at high risk, should be offered on-going support for at least 12 months. It is estimated that approximately 15% of families would be in this category.
* The Supporting Parents Home Visiting Programme should be piloted - led at local level in one area and with a long term follow up evaluative element which includes an economic appraisal. There should be joint planning for this pilot between the local services and the National Co-ordination function.

4.4. Adequate community supports, e.g. play facilities, parent and toddler groups, breastfeeding support groups, information points, family resource centres, should be developed by statutory services (e.g. Health, Education, Local Authority, Social, Community and Family Affairs) and by community groups for families with children. Home visiting is part of a network of services that support and nurture children and families. However it is but one component in an array of services to families. While many services have developed over the past number of years, there is a need to increase the availability of these services. There is also a need to prioritise and co-ordinate the development of these services. (See Page 39-48)

4.5. The integrated approach to care planning and in particular the key worker model proposed in the health strategy should be available to all parents in need of additional support. Early identification of parents with special needs (such as those with a past history of depression, teenage mothers), or of parents of children with special needs (such as children with physical, mental or developmental problems) would facilitate this process, as would improved liaison between the maternity hospital and the community.

4.6. Family support services provided or funded by Health Boards should be available to all parents in need of additional support and not only those in need of child protection services.

4.7. There should be continued investment in community child health services, such as child psychology, child and adolescent psychiatry and speech and language services, so that problems, such as behavioural and conduct disorders or speech delay, identified by parents and by service providers are addressed as early as possible. The development of the School Health Service as proposed by Best Health for Children has an important role to play in early identification.



5 Parents and children should have representation and opportunities for involvement in service planning, development, delivery and evaluation

Training, support and guidelines in the area of parent and child representation and involvement is needed at all levels. Health Boards should share expertise and learning in relation to this.

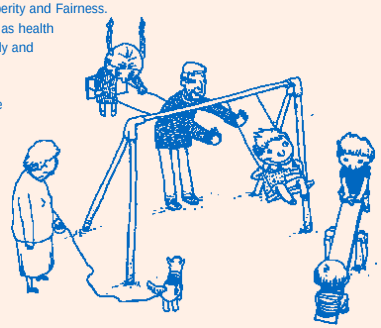
5.1. Local / regional mechanisms for parent and child representation should be put in place.
5.2. Health Boards should ensure that parents and children are involved in service planning, development, delivery and evaluation.

6 Parents and children should have access to a society and environment that is family friendly

A fundamental starting point in working towards children's well being is to ensure that parents have enough money and live in an environment which meets the basic needs of children.

6.1. An integrated approach to housing, tax, welfare and child-income support policies at national level should be developed to ensure children's well being. The recommendations of the Combat Poverty Agency in this area are endorsed.
6.2. There should be free primary care for children up to the age of 18.
6.3. The workplace environment should be family friendlyi.e. workplaces that have policies which help workers in combining employment with their family life, caring responsibilities and personal and social life outside of the workplace. They should have their services delivered in an environment that is family friendly. There should be improved maternity/parental leave benefits for parents.

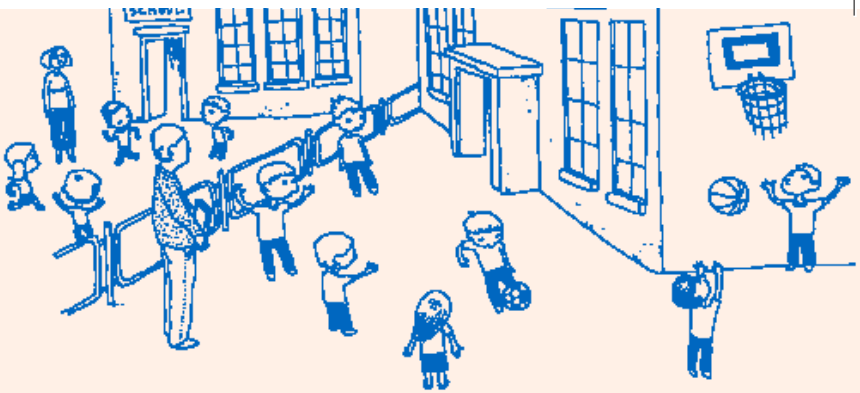
* Employers should implement the recommendations of the National Framework Committee for the Development of Family Friendly Policies under the Programme for Prosperity and Fairness.
* Health Boards should review existing health facilities such as health centres, hospitals etc. to ensure that they are family friendly and new developments should be built with access and ease of use for families a priority.
* Employers (in particular the Health Boards) should provide training for the reorientation of service delivery to embrace family friendly practices.



6.4. All parents should have access to a local centre/focal point where appropriate parent support and information can be accessed. This centre/focal point need not necessarily be a building and should be agreed through the County/City structures what is suitable for each community area. A community development approach should be taken with a view to building on what is already in the community including where the key points of contact and information are cur rently located. The centre/focal point should be appropriate and accessible and there should be national guidance on what is appropriate, accessible and useful.
Each Health Board should ensure that the local centre/focal point gives parents access to support and information on child health, health promotion and health services.

6.5. Parents and children have the right to live in a community environment that is family friendly.
The County/City level structure should pay particular attention to the monitoring of play and recreation facilities and road safety issues at County/City and local level. The housing needs of families with children should be addressed in a way which is health promoting and supporting.

* Families with young children should have access to affordable and appropriate accommodation.
* Local authorities should ensure that adequate play and recreational facilities/spaces are available in communities.
* It has been estimated that a "roadfactor" contributes to approximately one quarter of all accidents. County Councils and Corporations should fulfil their duties as outlined in the Government Strategy for Road Safety 1998 - 2002 to convene Road Safety Together Committees to address road safety at a local level in an interagency way (where they have not already done so).



Structural Developments

Proposed Structure for Supporting Parents: National Level

Co-ordination of Supporting Parents activities at national and local level is a core theme of these recommendations. Recommendations are presented below at national and at County/City level. County/City level was chosen given the new structures in the County/City Development Boards and other county level structures, such as County/City Childcare Committees. It is also likely that in some instances regional co-ordination will be necessary, for example the proposed Health Board role in relation to parent training (see page 30).

Where possible, existing structures should be utilised to support the implementation of this strategy. In some instances however, it may be necessary to modify these structures or to develop new ones that are intrinsically linked to existing structures. The following is a proposed outline of the structures that are needed to support the strategy.

It is recommended that the Minister for Children will consider the recommendations of this report and refer to the Cabinet Sub-Committee on Children. Responsibility and accountability for national structures to implement this strategy should then be assigned in conjunction with the advisory board of the National Children's Office.

7 Supporting Parents Task Force

As an interim measure consideration should be given to establishing a multi-agency Task Force to advise on the implementation of this strategy and the assignations of roles and functions to national and county level. The Task Force should report within a twelve month period.

8 National Advisory Committee on Supporting Parents

A National Advisory Committee on Supporting Parents should be established to replace the Task Force and oversee the development of structures and the implementation of the strategy. The Task Force should advise on location and terms of reference for the committee. It is proposed that membership should include Best Health for Children, the Family Affairs Unit of the Department of Social Community and Family Affairs, The National Children's Office, relevant government departments, parent and children's representatives and relevant non-governmental organisations.

9 National Co-ordinating Function

At national level, a co-ordinating function is needed, that ensures that the development of supports for parents at an interdepartmental and interagency level is co-ordinated. This will require:

* Cross-departmental funding and support.
* Dedicated resources and support at government level to progress multi-sectoral working and integrated working.

A National Co-ordinator for Supporting Parents and a support team, accountable to the Chair of the National Advisory Committee on Supporting Parents, should be appointed to carry out the executive functions of this committee. The Supporting Parents Task Force should identify where to locate this national function with consideration given to locating it within an interdepartmental framework such as is provided by the National Children's Office.

The roles and tasks, which need to be assigned at national level, include:

* The development of a County/City Level co-ordination structure (see Figure 2). Such a structure would allow services to be co-ordinated at a local level but with national support to ensure consistency between areas.
* The development of implementation guidelines to ensure follow up to this strategy in a co-ordinated manner.
* Facilitation of joined up working between agencies and departments in their implementations of the recommendations of this report. This strategy attempts to acknowledge areas of common ground and eliminate duplication of effort. Interdepartmental working needs dedicated resources to ensure it happens in a co-ordinated way.
* Facilitation of information exchange and provision of information services. While local adaptation of information for specific audiences is necessary, core quality information needs to be available nationally.
* Setting of criteria for funding of initiatives, including ensuring that joined up working is a prerequisite for funding of parent support initiatives.
* Monitoring and evaluation of programmes ensuring that standardised process and outcome measures are developed and used, for example equity in provision/uptake of supports.
* Capacity building to develop parent involvement and consultation mechanisms and mechanisms for parent representation nationally and locally.
* Raising public awareness through a communications strategy on parenthood.

Specific areas of work that need to be carried out at national level include:

* Development of national quality indicators.
* Training and development and human resource planning.
* Research

- database of activities and research is needed at a national level with regional and County/City level breakdowns.
- national level co-ordination of research activities.
- improved data collection processes nationally on children. In particular indicators of health and well being for parents and children need to be agreed across a number of agencies working in this area.

* Evaluation

- national guidelines on evaluation and monitoring of parent support activities, the County/City level structures and local level delivery.
- monitoring of Health Board's implementation of this strategy should happen through Best Health for Children under the umbrella of HeBE.*

Proposed Structure for Supporting Parents: County/City Level

The proposed structure for supporting parents at a county/city level is presented below. The Task force on Supporting Parents should design and identify the best way to operationalise both national and county/city structures.

10 County/City Children's Committees

Ideally, children's committees should be established at County/City level to co-ordinate cur rent working from individual departments. This group should be an umbrella for other county/city level committees with a remit around children, i.e. Childcare, Child Protection and Juvenile Justice. In line with the work of the National Children's Office, a children's reference group and a parent's reference group should be supported and developed to feed in to this process. This committee should be linked into the County/City Development Board Structure.

11 County/City Advisory Committee on Supporting Parents

A County/City Advisory Committee is necessary to aid implementation of the range of national strategies that are relevant to supporting parents. The County/City Advisory Committee should be advised and supported by the National Advisory Committee. The committee needs to be linked into or attached to structures emanating from the County/City Development Boards (CDBs), the County Childcare Committees and the implementation of the National Children's Strategy. The County/City Advisory Committee on Supporting Parents should also be linked into the County/City Children's Committee previously recommended. Membership should be multi-agency with consultation with and involvement of parents and children. It is recommended that decisions on funding for supporting parent activities should be contingent on evidence that a cross departmental multi-agency approach is being used.

• The Health Board Executive is being established to allow formal and extensive conjoint activities to be undertaken by the Health Boards.

12 County/City Co-ordinating Function

A county development officer and support team, accountable to the chair of the County/City Advisory Committee, should be appointed to carry out the executive functions of this committee. The task force should identify terms of reference for this position and where to locate this County/City structure (with consideration given to the role of the local authorities).

The following roles and tasks need to be assigned at County/City level:

* Development and co-ordination of supports for parents at a County/City level across departments and agencies including Health Boards, Local Authorities, Department of Social Community and Family Affairs, Partnerships, Community Groups etc.
* A County/City level assessment of the need for services which support children and their families within their communities should take place - taking a locally agreed population focus and involving consultation with local statutory, voluntary and community sectors and with parents and children. The resulting Child and Family Services Development Reports should include identification of the gaps in services, and a prioritisation of service developments. Funding for all future developments in this area by statutory, community and voluntary sectors should take these priorities into account.
* Co-ordination of service agreements.
* Seed funding of some service developments.
* Co-ordination of home visiting programmes. This work will be led by a health worker, working within the Health Board structure, who may be an associate member of the team (See Page 35).
* Liaison/Co-ordination between key agencies including Health Boards, Best Health for Children, Social Personal Health Education Regional offices, Family Resource Centres, Local Authorities.
* Capacity Building for agencies working with parents in the development of consultation, involvement and representation mechanisms.
* Monitor implementation of this strategy on the ground.

In Summary

The types of supports for parents in a community will be decided by that community, in conjunction with voluntary and statutory service providers working in that area. These supports will be based on the needs of the area, current services and development plans. There will be national level funding, direction and monitoring.

What will the new service look like?

Chris and Joe recently moved to a new neighbourhood near to Joe's workplace. They had no family living nearby. When Chris arrived home with their first baby, Kim, she was visited the following day by the local Public Health Nurse (PHN). The PHN had been informed by the Maternity Hospital, and noted from the Parent Held Child Health record, that the family had not had time to develop a support network in the area. Chris felt she was managing fine at this stage.

However when the PHN visited a few days later, Chris was tired and was having difficulty coping. The PHN advised Chris to attend her GP. The PHN also introduced Chris to another, more experienced mother in the area who told Chris about a breastfeeding support group which met in the nearby Family Resource Centre twice a week. Chris went to the Breastfeeding group twice and found it quite useful but she found the companionship and the practical advice of her home visitor invaluable.

When Kim was 18 months old, Chris and Joe were worried that Kim's speech was not developing as it should for a child of her age. They spoke to their GP, who referred Kim for both hearing assessment and to a speech + language therapist. Both service providers saw Kim within 1 month. The GP also advised Chris + Joe about a parent + toddler group which was based in the local primary school on Saturday mornings. This they found particularly useful for Kim's social skills. They also discovered how playing with Kim would help her development. They themselves enjoyed meeting with other parents. When a number of parents from this group were running a parenting skills programme in the local library, both Chris and Joe attended while Kim was cared for in the accompanying creche.

Chris and Joe have made some good friends, two of whom they met while playing with Kim at the local playground...

Carol is 18. Her baby, Kevin, is 18 months old now. It was hard when she found out that she was pregnant. After the initial shock, her mother was brilliant and supported her decision to keep the baby. Kevin's father, Ger, didn't seem interested at first and said that she should do whatever she thought was best. They had broken up by the time that Kevin was born so Ger hasn't seen much of him.

When she went to the hospital for her first antenatal visit, Carol was introduced to the hospital / community liaison worker. She became Carol's key worker. She was great at explaining what was going to happen at the hospital and at the doctor's during her pregnancy and the birth. She ran an antenatal class especially for young mothers which was great because most of the other mothers were single like herself and it was held at night in the local primary care centre, which was easier to get to and, anyhow, it didn't have that hospital smell. When the baby was born, her key worker had talked to Carol's Public Health Nurse so she knew Carol's situation and came to visit her the day after Carol left the hospital, even though it was a Saturday.

Her key worker had also talked to the Home-School-Community Liaison teacher at Carol's school, with Carol's permission. This teacher encouraged her to stay at school and arranged for homework to be sent home to Carol when she was out sick for a few weeks with blood pressure. Carol thinks that she wouldn't have done the Leaving without her help. The school ran a Young Mother's group on Saturday mornings but Carol couldn't get to these because she lived too far away and had no transport.

This is why she is thinking of moving out of home. She wants to do the Post Leaving Cert course in the VEC in the town. She has been offered a flat in a sheltered housing complex there. There will be other young mothers in the same unit and Kevin can go to the creche facility in the complex. It will be tough but she wants to get on, for Kevin's sake. Ger met her in town recently and said he would like to call and get to know Kevin and spend time with him. Carol thinks in the long-term this would be good for Kevin but she is very anxious about it. She doesn't know how consistent Ger will be. She has talked it through with her friends and has decided to meet with Ger and talk about it. She has also made an appointment with the local Citizen's Advice Centre to get some help with understanding the legal implications...

Mike and Susan have four children, Mary aged 13, Tony aged 7, Rita aged 3 and a new baby Teresa. Mike is on long-term sick leave from work and Susan works evenings as a cleaner. Mary, the eldest, is causing a lot of problems, being very moody with the other children and having major arguments with Mike and Susan. Susan is worried about her family and family finances. She finds that she is getting irritable with the other children and with the baby. She doesn't want to ask for help.

When the home visitor calls, Mike tells her about his worries about Susan. The home visitor tells Mike and Susan about the local parent and baby play sessions in the community centre. She goes along with Susan, and with two younger children, and introduces her to some of the other parents. Susan finds that she gets a lot of support from the group and enjoys the time with her children.

The home visitor also links them up with MABS (the Money Advice and Budgeting Service). Following discussion with Mike and Susan, the home visitor talks to the Home-School-Community liaison teacher in Mary's school. He visits Mike and Susan and tells them about an after school programme for young teenagers running in the local Community Centre. Mary is a bit hesitant about going but when she hears that a youth drama group is starting in the Centre, she jumps at the opportunity. Mike and Susan are also considering attending a Parent Training programme at the Centre. Mike starts to help out at the Centre and finds that some of the boys at the Centre are interested in learning some of his woodwork skills. He's thinking of learning how to use the internet and maybe taking up a computer course...

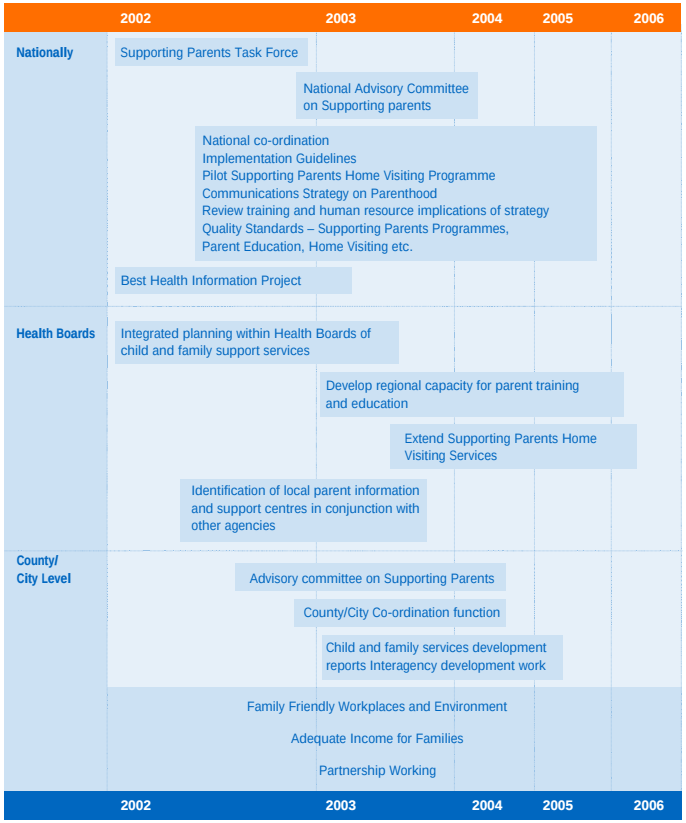
Figure 2.

Proposed Structure for Supporting Parents

Minister for Children	
Cabinet Sub-Committee on Children	
National Children's Office	
Task Force	Multi-agency interim body to advise on set up of national and city/county level structures for implementation of this strategy
Proposed National Level	
National Advisory Committee on Supporting Parents	Multi-Agency Replace task force to oversee strategy implementation and development of structures
National Co-ordination	To carry out the executive functions of this committe. National Co-ordinator and support team, accountable to Chair, National Advisory Committee Task force to identify where to locate this national structure
Proposed County/City Level	
County/City Children's Committee	Umbrella Committee for county/city committees with a remit around children Linked to County/City Development Boards
County/City Advisory Committee on Supporting Parents	Multi-agency Linked or attached to the developing structures emanating from the County/City Development Boards, the County/City Childcare Committees and the National Children's strategy
County/City Co-ordination	County/City Development Officer and support team Accountable to the chair of the County Advisory Committee to carry out the executive functions of this committee. The task force should identify where to locate this county structure with consideration given to the role of the local authorities

Figure 3.

Investing in Parenthood: Implementation Timeframe



Appendices

Appendix 1: Summary of Academic Reviews
1.1 Parenting Support: An International Overview

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SUMMARY

In recent years within Europe and beyond, the topic of parenting has come to occupy an increasingly important place upon the family policy agenda, and is most evident in new policies aimed at supporting citizens in their roles as parents.

However, there are significant differences in how parenting support policies have developed in different European countries. One of the reasons for this is that these policies have not emerged in a vacuum but in the context of particular policy traditions, embodying specific ideas about how relations between the state and the family should be constituted, and thus, delineating the field of legitimate public intervention in the family. More importantly, different family policy traditions have led to the creation of different family-oriented service infrastructures, varying in how they are organised, the population they cover, and the degree of co-ordination between them. This in turn has determined the nature of parenting support policies, as these programmes are usually built upon the range of existing services.

This report identifies, analyses and compares a range of parent and family support policies as they have developed in Ireland and in other European countries. The report also provides a review of relevant studies on their effectiveness in promoting the physical, intellectual and social development of children, and examines how measures on parental support taken elsewhere could be integrated into the Irish system of provision.

An examination of parenting support policies in the European countries studied in this report reveals two very different models:

- The first model of parenting support policy is represented by Sweden and France. These countries have developed an explicit family policy with specific programmes and policies designed to achieve specified family goals. In both countries, a child-centred approach is an important component of their family policies. As a result of this, there is an extensive network of integrated, universal services for young children with links to more specialised services for children who need extra care and protection. In these countries, the main policy strategy pursued in developing parenting support services, has been to introduce a new 'parent-oriented' approach into the existing range of programmes. This has been done, for example, by way of promoting and supporting parental involvement in early education and care programmes, incorporating parenting skills into existing antenatal and post-natal programmes, and introducing ante-natal programmes especially designed for fathers.
- The second model of parenting support policy is represented by Britain and Ireland. These countries have traditionally lacked a set of explicit and/or comprehensive policies regarding families and children, although it is possible to identify a set of uncoordinated family-related policies drawn from a wide range of policy areas. Two dominant features of family policy shared by both countries are a state reluctance towards intervention in the family and a strong anti-poverty approach to their family-related policies. Parent and family support services are patchy, uncoordinated and mainly targeted at the most disadvantaged sectors of the population. In both countries, the voluntary sector has traditionally played a very important role as a provider of services.
- In recent years, however, a number of initiatives have been put in place in both countries aimed at integrating and/or coordinating parent and family support services. One such initiative is the introduction of prevention and early intervention strategies integrating health, education and family support together in one programme. These programmes are typically targeted at disadvantaged families. A second type of initiative, particularly in Britain, is the introduction of strategies aimed at coordinating a wide range of parenting support programmes traditionally provided by the voluntary sector. This has been done by way of setting up coordinating bodies with the role of expanding services, building networks and developing national standards.

The report is divided into four chapters. The first chapter identifies and analyses the various policy approaches taken to supporting parents in their role as carers and educators of children in three very different policy traditions. The second chapter analyses two different models of integrated parenting support policies and provides a detailed description of some programmes. It also reviews a number of evaluation studies on one of these programmes. The third chapter examines the policy context in Ireland, taking into account its tradition of family policy, the nature of existing provision, and recent developments undertaken in the area of parenting support. The final chapter provides a comparative analysis aimed at locating the Irish experience in the wider international context, and examines how measures on parental support taken elsewhere could be integrated into the Irish system of provision.

1.2. Are Universally Available Supports for Families Effective and Efficient?

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SUMMARY

The term family support services covers a multitude of diverse services and client groups. Murphy (1996) gives one of the most concise definitions: "Family support services is the collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children in their own homes and communities."

At present family support services are mainly targeted at families and areas deemed 'at risk'. However, as McCroskey and Meezan point out, "Family support services are intended for families who are coping with the normal stresses of parenting, to provide reassurance, strengthen a family facing child rearing problems or prevent the occurrence of child maltreatment."

Therefore family support services are appropriate for all families who are facing the everyday stresses and challenges of bringing up children.

There is a large body of evidence to show the effectiveness of family support services for families deemed at risk. At this time insufficient research has been conducted to prove the effectiveness of universally available family support services. However an important theme emerges from the available literature: While universally available services support all families, some families will require more help and support than others. Therefore, universal services could extend to be a reliable means of identifying families who need this extra help, but will in turn have to be flexible and responsive enough to be able provide this extra support.

Families do not fall neatly into "pigeon holes" of low risk or high risk. There is a continuum of risk just as there is a continuum of disease and no screening instrument is precise enough to identify all those who are at risk. Most problems will emerge from the general population, as opposed to those few "labelled" as at risk (Pugh et al, 1994; Elkan et al, 2001): "…the bulk of society's health and social problems occur in the large number of people who are not especially high risk rather than in the few who are at increased risk. Targeting services on a relatively small number of high risk individuals would thus have little impact on the total burden of ill-health and social problems in the population" (Rose, 1993 cited by Elkan et al, 2001).

A universal service which is offered to all is non-stigmatising and therefore more likely to be acceptable to a large proportion of the population. This will allow universal access to families with children, eliminating the need for screening: "…universal surveillance of the entire population is vital to the detection and prevention of problems as there exists no other effective means of predicting where and when difficulties will occur. No screening instrument can ever be sufficiently precise to identify risk groups" (Dingwall, 1989 cited by Elkan et al, 2001).

There is significant evidence for the impact of early development on the future outcome of children. Adequate and appropriate nurturing and care in these formative years will help prevent problems arising in the future and enhance future educational and economic functioning.

Parent education programmes may help parents better understand their child's development in this crucial period and thus enable them to help their children achieve their potential in adulthood.

A review of studies which examined the evidence for early intervention in preventing physical child abuse identified a number of components of successful studies, i.e.

- Early identification and/or screening of families referred through a universalistic services system - ideally during the perinatal period;
- Initiation of supportive services during pregnancy or shortly after birth;
- Voluntary participation;
- In-home service provision which is occasionally complemented by services from the primary health care setting, social services or support group;
- Case management support - formal supports for families;
- Provision of parenting education and guidance.

Early intervention services had favourable results for disadvantaged children in the short and long-term, including improving school achievement, decreasing teenage pregnancy rates, unemployment rates and criminal behaviour. Intervention mothers were found to have better education and employment levels.

Early developmental support in the form of good quality pre-school has been shown to have benefit in improving children's reading and mathematical skills but also has had an impact on improving social skills and reducing behavioural problems once in school.

It perhaps would be worthwhile examining the programme of comprehensive (state funded) universal care for pre-school children of some of our European neighbours. This may assist Ireland in developing a similar programme in this country. Such a programme would have many benefits, more mothers/parents would be able to return to work (if so desired) and it could go some way to negating the detrimental effects of poverty on children from poorer backgrounds in improving their future outcomes.

Worldwide, both Canada and the United States are moving towards the provision of universal services for young children. The Early Years Study (McCain and Mustard, 1999) from Ontario clearly advocates for the provision of universal services for all young children, focusing on early development to improve their outcomes in the future. The United States also support this view and have initiated the Healthy Steps programme, an all-inclusive universally available paediatric health service (Guyer et al, 2000; Lawrence et al, 2001). There is no evaluation as yet from the Healthy Steps programme but it would be of value to review this analysis when published.

It was not possible to evaluate the cost of providing universal support as few of the studies reviewed have included an economic analysis, but without doubt providing universal services will be more expensive in the short term. However, the consensus is that the long-term benefits to the child and society will eventually lead to savings in the future, although these indirect savings are difficult to cost. It is estimated that any monies invested in good quality child development programmes "on a population basis" would at least return double that in savings in the long term.

There is a scarcity of studies on the effectiveness of universal services. There are numerous studies done on family support services conducted with families at risk, which overall show very favourable results for this group but these positive results cannot be generalised to the whole population without conducting further research.

Many of the studies reviewed suffered from methodological weakness (lacked statistical power) with little commonality in regard to design, programme interventions and processes. Most had been conducted in the United States, which further reduced the generalisability of the results.

Finally, family support services are not the panacea for all social problems, but are a vital component of a wider range of initiatives that are necessary to improve and promote the health and wellbeing of Irish children now and in the future. "…no service programme can provide all that is needed to support and strengthen every family. A system of well co-ordinated, assessable, family centred services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing and employment. Efforts to strengthen family-centred services will be insufficient unless the basic needs of families are met" (McCroskey and Meezan, 1998).

Appendix 2. List of Agencies Consulted:

Department of Social, Community and Family Affairs

Family Affairs Unit

Department of Health and Children

National Children's Office
Community Health Unit
Child Care Policy Unit
Health Promotion Unit
Nursing Policy Division

Department of Education and Science

Social, Personal and Health Education
Home, School Community Liaison
The National Educational Psychology Service
Post Primary Inspectorate

Department of the Environment and Local Government

Department of Justice, Equality and Law Reform

Combat Poverty Agency

Barnardos

National Parents Council

New South Wales Health, Australia

Families First Initiative

Appendix 3. Detailed discussion of the evidence for effectiveness for supporting parents

Investing in Children

The rate and extent of development in children is greatest in the early years, where most of the so-called 'critical periods' for the various areas of human development occur. Critical periods are those in which the greatest potential for development exists. If something limits a child's development during these phases, the child's health or development may be affected in the long term, as it may be difficult to 'catch-up' outside of the 'critical period'.

Research in recent years has highlighted how negative experiences in the early years can impact on actual brain development resulting in abnormal behaviour and more limited cognitive abilities. If a child for some reason is over-stimulated, under-stimulated or has repeated experiences of situations that the child identifies as stressful, particular physiological responses occur in the child which will cause problems for later achievement.

Conversely, a child who is well nourished and stimulated receives and registers these experiences through the various sensory pathways even before birth. Optimal brain development is facilitated to occur in the child by the quality of these experiences. Secure attachment problem-solving and play-based learning are all essential for early brain development.

All children gain from participating in early years programmes and in particular those who are classified as 'disadvantaged' seem to gain most from participating in early years education programmes. Universal provision improves overall uptake among disadvantaged groups. Participating children are likely to have better cognitive functioning at two years of age and showed less aggressive behaviours than comparable children. The greatest gains for children's healthy development are seen where parents are actively involved in the programmes. For parents, participating in early years education programmes seems to result in lower levels of parental stress and enables them to be more responsive to their children and to provide environments that can be supportive to cognitive development.

There are long-term benefits for children's development, from participating in some early years education programmes. Many of these benefits are evident throughout childhood, adolescence and even into adulthood. Children who experience such programmes are more likely to grow up to be adults who actively participate in the workforce and are less likely to be in need of social welfare or involved in crime.

Parent support initiatives can improve outcomes for parents, particularly those classified as 'disadvantaged' by reducing stress and enabling them to be better early educators for their children.

Investing in Parents

Children spend more time with their parents than with any other adults in the early years, even when both parents work. The health, development and well-being of children is significantly effected by who their parents are and how they carry out their parenting responsibilities. Ensuring that every child has the best possible start in life means supporting parents to ensure that as primary caregivers they fulfil that role to the best of their ability.

It is necessary, therefore, to engage and work with parents to help them to support their children. Research is showing that the best way to engage and work with parents is through their communities. Community based support services may enable parents to become more active in their own community by introducing them to other services and people and may also improve relationships between professionals and parents.

Parents differ in their styles of coping with the demands made of them and their capacity to cope can vary from time to time. Therefore the need for different types of support (e.g. social, emotional, information) varies between people and even within people, as does their preference for where this support should come from (e.g. family, community, professionals). It can be difficult for many people to communicate their needs for support and to identify how these needs can be met. Those providing services must ensure that in determining and delivering services that these needs are not left unmet or even compounded by the way services are delivered.

Most parent education and support programmes are targeted at those considered 'high risk'. By targeting programmes at particular groups in the population, there is a risk of stigmatising the people who participate. The danger then is that those most in need will not use the services. Furthermore it is virtually impossible to identify accurately who exactly is 'high risk' or 'low risk' and in any case the majority of problems that may compromise children's health tend to emerge from the general population rather than those considered 'at risk'. Pugh, 1994 pointed out that "the skills of parenthood do not necessarily come naturally".

Many parents, even those not considered 'high risk' would welcome support at times. If parents and children are to benefit from available supports, these need to be provided in a way that does not result in people feeling stigmatised by needing or using them. Feelings negatively influencing parents' use of support services include issues relating to feelings of stigmatisation, distrust and fear of the relevant agencies, differing cultural or ethnic approaches and attitudes and lack of time and transport.

The involvement of parents in early years programmes has been shown to benefit the whole family, both parents and children. When parents are involved with these programmes, their awareness of education, their own skills and their aspirations for themselves and their children all increase. These developments in parents are linked to a positive impact on their children's performance later on at school.

The term 'two-generation' approach has been used to describe programmes that ensure support for the development of the best possible parenting skills and support for early childhood development during the most critical periods of brain development. Parental involvement in programmes of early childhood development maximises outcomes for their children and is an added element of quality in the programmes. Parents also benefit where parental support is provided, often gaining new skills and confidence and an ability to contribute in new ways to their communities.

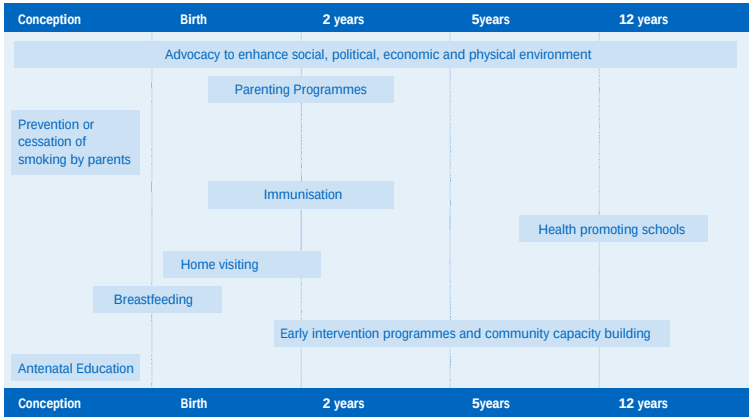
Interventions to Improve Children's Health

Every child should have the best possible start in life; every child should receive good-quality basic education; and every child should have opportunities to develop his or her full potential and contribute to society in meaningful ways.
Kofi A. Anan Secretary General, United Nations From The State of The World's Children (2002)

The figure below summarises clearly on an age continuum the key initiatives for health improvement and the recommended interventions to address the major health risks for each developmental phase.

Figure 4.

Interventions to Improve Children's Health



Source: Adapted from NSW Health 1999

Prevention or smoking cessation of smoking by parents

The risks to unborn babies of pregnant women who smoke have been known for many years. Pregnant women who smoke are more likely to deliver babies who are premature and small in weight and size. Smoking during pregnancy also increases the risk of Sudden Infant Death Syndrome. However, if a pregnant woman stops smoking in early pregnancy, her baby should develop just like the baby of a non-smoking mother. Even if she stops later, the dangers outlined above will be lessened. It also seems that unborn babies are also at risk if women are exposed to passive smoking.

Smoking around children also affects children's health. Children exposed to smoke have a higher risk of developing asthma, respiratory problems (e.g. bronchitis and pneumonia), and are at increased risk of Sudden Infant Death Syndrome.

Antenatal Education

Antenatal education includes all the opportunities for education about pregnancy, childbirth, and parenting during the antenatal period. Evidence for the effectiveness of antenatal classes is limited and often conflicting. There is evidence that targeted antenatal education programmes (e.g. programmes targeted at minority populations) and those that include a strong focus on parenting and social support can result in higher levels of confidence, a greater sense of control and satisfaction and in some cases can mediate against the development of postnatal depression.

Breastfeeding

If at all possible, babies should be breastfed for at least the first few months. Exclusive breastfeeding for the first 15 weeks of life provides optimal benefit for the baby. There are a number of important benefits of breastfeeding for both mother and baby. Some of these are listed below.

- Breast milk contains the correct balance of nutrients, which provides everything young babies need for growth and development. It is also easier for babies to digest.
- Breast milk contains anti-bodies, which pass on some of the mother's immunity to her baby, helping to protect her baby from infections such as coughs, colds, and stomach upsets.
- Breastfed babies are less likely to overfeed and become overweight.
- Breastfeeding helps return the mother to her normal weight after delivery, by using up the fats stored in pregnancy.
- Breast milk is readily available and is free of charge.

Parenting Programmes

Parenting education has been defined by Pugh and De'Ath, 1984 as "a range of educational and supportive measures which help parents and prospective parents to understand themselves and their children and enhance the relationship between them". The delivery of parent education ranges from ongoing, informal support programmes, such as mother and toddler groups to time-limited, structured parenting courses. Other forms include home visiting schemes to new mothers, antenatal and postnatal groups and education for parenthood during school years. There is sufficient evidence to strongly suggest that effective parenting education can be of considerable assistance to all parents, their children and society as a whole, if it is part of a wider strategy to combat poverty and improve the conditions in which children are brought up.

Home Visiting

Home visits are seen to be an important element of parent support programmes. Many countries have parent support/child health services that involve home visitation to greater or lesser degrees. The term 'home visits' can imply many different levels of involvement with families. In home-based peer-support programmes such as the Community Mothers Scheme, new mothers are visited by more experienced mothers. Other models range from once-off or intermittent home visits by health care professionals to programmes that provide ongoing practical and emotional family support.

Home visits alone do not have the same impact in terms of supporting children's healthy development and supporting parents as other elements of organised programmes. They appear to have particular benefits for children of families who would be considered 'high-risk' with reductions in child abuse/neglect, reduced visits to hospital for the children and increased employment among mothers. Children who have behavioural problems seem to show improvement with programmes that include home visits. Better family nutrition and higher immunisation rates also result.

Home visiting also appears to have particular benefits for mothers experiencing post-natal depression. Significantly more women receiving counselling on home visits show higher recovery rates by the time their babies were three months old.

However, in general, other aspects of early years development programmes are needed to benefit children's cognitive and emotional development. Most comprehensive and effective parent support and/or programmes that focus on children's education and development in the early years include home visits as a core element in conjunction with other activities and supports.

Home visiting is an effective way to provide universal services at point of entry which is an effective preventative approach than programmes available only to families living in deprived areas. The evidence around the effectiveness of home visits highlights the difficulty in their implementation and operation and highlights the need for rigorous evaluation and quality control.

Immunisation

Immunisation is a safe, well established and effective way to help the body prevent or fight off certain diseases. Immunisation protects children against diseases that can cause serious illness and even death. Because of low perceived vulnerability and parental fears regarding perceived side effects, a proportion of the population will not seek immunisation. Parental and professional awareness and commitment is vital if universal immunisation is to succeed as a major preventive health measure for children.

Health Promoting Schools

A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working. Dr. Gro Harlem Brundtland, (DG, WHO) stated in April 2000 that "An effective school health programme… can be one of the most cost effective investments a nation can make to simultaneously improve education and health".

The WHO identify six inter related categories of behaviour, that are initiated during youth and fostered by social and political policies and conditions:

- Tobacco use.
- Behaviour that results in injury and violence.
- Alcohol and substance use.
- Dietary and hygienic practices that cause disease.
- Sedentary lifestyle.
- Sexual behaviour that causes unintended pregnancy and disease.

School health programmes are an efficient way to prevent important risks and improve both health and education. Children whose parents are involved with their schools from the earliest ages tend to have greater achievement at school later on. WHO, UNESCO, UNICEF, the World Bank and Education International are calling upon education and health officials, teachers and students and parents and community leaders to work together to implement effective school health programmes.

Community Capacity Building

In community development, the focus is on strengths and weaknesses within the community rather than within the family. When a community development approach is used, the wider context in which children and their families are situated is taken into account.

Many factors that are known to affect health (e.g. isolation, deprivation) lie outside the control of individual families but add to the difficulties of disadvantaged or vulnerable families who may already have difficulties in supporting the healthy development of their children. Actions to support community development can lessen the impact that these factors might have on the healthy development of children.

It is the process involved rather than any specific activities that indicates a community development approach in providing support to families and children. A desire to build communities is both the motivation for and goal of any activities undertaken.

The following are some of the features that have been identified by ADM that characterise the process of community development:

1. It is collective.
2. It is participatory.
3. It is empowering.
4. It is concerned with process as well as task.
5. It tries new and creative approaches.
6. It improves quality of life.
7. It confronts prejudice.

A community-based approach has the following advantages as a means of supporting parents in achieving best health for their children:

Communities have many diverse characteristics, including diverse geographic, cultural and linguistic features and varying priorities to which early child development and parenting programmes need to be sensitive. The families and communities to which children belong are best placed to identify and make choices to achieve what is best for themselves in a way that large-scale national or regional programmes could not.

Parents need to have choices about the programmes that support their children's development and their own parenting, including the choice to participate or not in programmes. A 'one size fits all' model of service-delivery to which parents have to adapt is unlikely to meet the needs of most people and will not be able to address the individual needs within particular communities.

Programmes that grow up through communities are likely to be more sensitive to the needs of families and communities and are more likely to have the type of community support that enables such initiatives to thrive.

Communities can learn from one another and build towards new developments on the foundations of what exists already, gaining both public and private sector commitment, understanding and investment.

The term 'evolutionary approach' has been used to describe community-programmes as they adapt according to the changing needs of those involved in the programmes or changes in the external environment.

Summary: Achieving the Best for Children

The evidence strongly endorses investment in our children and their parents and communities to develop healthy and successful societies. The argument is clearly stated in UNICEF's recent report on The State of the World's Children 2002.

Figure 5. The State of the World's Children 2002, Options for Leaders

Thus, the options before leaders who are striving to do what's best for children and best for their country seem obvious:

Assure that every child, without exception, is registered at birth and starts life safe from violence, with adequate nutrition, clean water, proper sanitation, primary health care and cognitive and psychosocial stimulation OR fail their moral and legal obligations as set forth in the Convention on the rights of the child.

Support families and communities as they care for their young children OR abandon the hope that the next generation will be healthy enough and skilled enough to lead a country out of poverty and away from destructive disparities of income, education and opportunity.

Provide the monies necessary to ensure every child the best possible start in life during the early childhood years OR perpetuate the inequities that divide people, compromise their well being and eventually destroy societies and countries.

Spend what's needed now to assure that families have access to basic good-quality services they need for their young children OR spend more to fix problems later.

…a government's responsibility to provide for children and support their families easily slips between the lines that divide ministries and departments…

Leaders from all part of society must:

- Make the rights and well being of children a priority.
- Create, find and reallocate the resources that are necessary to adequately fund early childhood care as the first essential step in ensuring the rights of child and
- Assign responsibility and accountability for ensuring that every child has the best possible start in life, as the fundamental prerequisite for healthy growth and development during school age and adolescence.

Source: from UNICEF 2001: 13 - 15

Appendix 4. Strategies Relevant to Supporting Parents

The following strategy documents play a pivotal role in ensuring that parents are supported to achieve best health for children:

Commission on the Family (1998) Strengthening Families for Life.
The Commission focused on the need to develop services of a preventative nature i.e public health nursing, community mothers, family support services etc. and the need to enhance the co-ordination and integration of services across departments. The Commission also recommended 'A national readily accessible programme of information for parents' to support parents and their children. These recommendations are endorsed and built upon in this strategy.

The National Children's Strategy (2000) Our Children - Their Lives.
The focus on children and children's rights developed by the National Children's Strategy and the structures emerging as a result are intrinsically linked to many of the recommendations of this strategy. In particular the work of the National Children's Office in relation to play and recreation is welcomed.

Ready to Learn. White Paper on Early Childhood Education (1999).
The recommendations of the White Paper on Early Education are endorsed as the method of ensuring all children have access to quality pre-school education. Its focus on and approach to involving parents in consultation and dialogue in relation to the planning of services is particularly welcome.

National Childcare Strategy (1999).
Implementation of the National Childcare Strategy will address many of the needs of parents in relation to childcare, particularly in relation to increased supply of childcare places, training of providers, quality assurance and structural developments.

Best Health for Children: Partnership with Families (1999) and Get Connected: Adolescent Health Strategy (2001).
Implementation of service developments as recommended in these strategies, particularly in relation to service planning and co-ordination, conjoint working and training of professionals will address many of the needs of parents in relation to child and adolescent health services. The school health service and personal health records are particularly important demonstration projects in supporting parents needs.

Quality and Fairness: A Health System for You, Health Strategy (2001).
The vision of the recently launched national health strategy, with its emphasis on empowerment, fairness and involvement sets a positive context for the recommendations of this document. In particular, recommendations around the expansion of family support services, an integrated approach to care planning, community participation in decision making and the forthcoming national health information strategy.

Appendix 5. References and Further Reading

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