



# Needs, Provision and Recommendations relating to 0-5 year olds in Dublin's North East Inner City



**Summary Report**

**Submitted to YPAR 0-5 Working Group**

**YPAR** | Young People at Risk  
Dublin North Inner City



## Any citation of this report should use the following reference:

Childhood Development Initiative, (2022). Needs, Provision and Recommendations relating to 0-5 year olds in Dublin's North East Inner City, 2022. Dublin. CDI.

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Childhood Development Initiative Ltd.

St. Mark's Youth and Family Centre

Cookstown Lane

Fettercairn

Tallaght

Dublin 24

Tel: +353 (0)1 4940030

Fax: +353 (0)1 4627329

E-mail: [info@cdi.ie](mailto:info@cdi.ie)

Web: [www.cdi.ie](http://www.cdi.ie)



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## Acknowledgements

The authors are grateful to all those who supported and enabled this research to be undertaken.

To the YPAR Research Steering Group, and the wider YPAR 0-5 Working Group for its support and guidance; to the many service providers and Government officials who gave generously of their time and insights; to those who completed surveys, circulated invitations, and encouraged participation, we are appreciative of every effort.

Through Hill Street Family Resource Centre, we engaged with five local parents who undertook peer research training and ensured that this report is underpinned by comprehensive and meaningful dialogue with others living in the North East Inner City. The five individuals in question were Noha Atta, Yvette Cheevers, Ekka Hartman, Anitha Ganji and Camilla Marques Leitao. Each gave huge energy and commitment to this work, and their capacity to listen to and enable the contributions of so many other parents brings a unique quality to this report, and we believe ensures the findings and recommendations are solidly rooted in local experiences.

Very particular thanks to Eileen Smith, Pat Gates and Michael O' Riordan for their leadership and support.

*Neil Haran and Marian Quinn.*

## Abbreviations

ABC:	Area-Based Childhood Programme
ASESP:	After School and Education Support Programme
ASD:	Autism Spectrum Disorder
BOBF:	Better Outcomes Brighter Futures
CASPr:	Community After-Schools Project
CDI:	Childhood Development Initiative
CDNT:	Children’s Disability Network Team
CDP:	Community Development Project
CE:	Community Employment
CES:	Community Employment Scheme
CFSN:	Child and Family Support Network
CHO:	Community Health Organisation
CSO:	Central Statistics Office
CSP:	Community Services Programme
CYPSC:	Children and Young Persons Services Committee
DAT:	Department of An Taoiseach
DCC:	Dublin City Council
DCCC:	Dublin City Childcare Committee
DCEDIY:	Department of Children, Equality, Disability, Integration and Youth
DEIS:	Delivering Equality of Opportunity in Schools
DHLGH:	Department of Housing, Local Government and Heritage
DoE:	Department of Education
DoH:	Department of Health
DRHE:	Dublin Regional Homeless Executive
DSP:	Department of Social Protection
ECCE:	Early Childhood Care and Education
ED:	Electoral Division
ELC:	Early Learning and Care
ELI:	Early Learning Initiative
FRC:	Family Resource Centre
HSE:	Health Service Executive
IGEES:	Irish Government Economic and Evaluation Service

Jl:	Jobs Initiative
LCDC:	Local Community Development Committee
LYCS:	Lourdes Youth and Community Services
MDT:	Multi-Disciplinary Team
NCS:	National Childcare Scheme
NDP:	National Development Plan
NEDCSI:	North East Dublin Community Services Initiative
NEIC:	North East Inner City
NEPS:	National Educational Psychological Service
NYP:	Neighbourhood Youth Project
PCC:	Primary Care Centre
PCT:	Primary Care Team
PEA:	Private Emergency Accommodation
PEI:	Prevention and Early Intervention
PHN:	Public Health Nurse
PIB:	Programme Implementation Board
PPFS:	Prevention Partnership and Family Support
PSES:	Pilot Social Employment Scheme
SA:	Small Area
SAC:	School Aged Childcare
SEF:	Social Employment Fund
TFSW	Tusla Family Social Workers
UL:	University of Limerick

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## Chairperson's Foreword

The YPAR (Young People at Risk) Initiative in Dublin North Inner City, is an interagency network of statutory, voluntary and community projects and services, established in 2004. YPAR works to meet the needs of young people at risk and vulnerable families in the area through an action focused collaborative and coordinated approach aimed at improving all aspects of the young people's life. YPAR defines a young person at risk as a child/young person aged 0 to 25 years experiencing significant personal, family, educational or social problems.

YPAR works through a number of practitioner led action and solution focused Working Groups to support services to children, young people and families in Early Years, Primary School Years, Hard to Reach Young People, International & Minority Ethnic Young People, Children Experiencing Mental Wellbeing issues, Children living in Emergency Accommodation and Roma Families. As the Tusla Family Support Network, YPAR also coordinates referrals to the Tusla Meitheal & Practice and Meitheal Plus multi-agency child and family community supports.

The YPAR 0-5 Working Group is an interagency forum of representatives from HSE Public Health Nurses, Tusla Children Services, Department of Education Pre-schools, Dublin City Childcare Committee, Community Crèches, Community-Based Family Resources Centres and Parenting Programmes. The aim of the 0-5 Working Group is to work to develop collaborative working relationships by sharing knowledge and pooling resources in an endeavour to more effectively respond to the needs of children in their early years. Through engagement with families, sharing information, dialogue and networking, the group endeavours to identify and address deficiencies in early years supports and services to NEIC families.

This research into the needs and provision of children in the North East Inner City (NEIC) under 5 years emerged from these discussions. The aim of the study was to critically assess the current resource and capacity weaknesses and limitations in early years services and identify the most effective sustainable means to address these. The YPAR 0-5 Working Group believes that if early childhood services are adequately invested, it will harvest a positive return in future educational, health and wellbeing outcomes. High quality early years supports are fundamental in supporting children's development and reducing social disadvantage. These benefit both children and their families. Our children deserve the best start and opportunities in life to fulfil their potential.

We hope that the research findings and recommendations will inform future policy and practice to enhance supports and services to children under 5 in the NEIC, building on the work undertaken to date. We believe these recommendations can significantly transform the landscape for babies, young children and families in the NEIC and can be replicated nationally. The YPAR 0-5 Working Group will continue to coordinate and work with the various early year's services and agencies in our endeavours to achieve this.

Finally, I would like to offer thanks to the CDI researchers and authors of the report, to everyone who participated in the study and in particular the parents who carried out the survey element of the research. Thank you to the NEIC Task force for funding the research and the YPAR 0-5 Research Group who oversaw the delivery of the research. Thank you all for your collaboration and support.

Eileen Smith,  
Chairperson of the YPAR 0-5 Working Group

## Executive Summary

This report is the core output of research commissioned by the Young People at Risk (YPAR) 0-5 Working Group into the needs, current and unmet, of families with children aged under six years of age in Dublin's North East Inner City (NEIC). The research, which was completed between September 2021 and March 2022, also sought to provide an up-to-date picture of current service-provision in the area and to outline the strengths and challenges facing local services in catering to the 0 – 5 population. The Terms of Reference for the research sought a realistic, but ambitious, set of recommendations that would facilitate the establishment of a sustainable wrap around model of early childhood, prevention and early intervention services and supports for the NEIC, in accordance with the provisions of the State's *First 5* policy for children and families.

In keeping with the study Terms of Reference, the research team applied a mixed methods approach to the completion of this research project. This included:

- a comprehensive review and examination of national policy and local practice documentation relevant to children (0-5) and their families in the NEIC;
- consultation with 50 parents residing in and raising young children in the NEIC catchment;
- consultation with local providers of early childhood services for children in the NEIC, from statutory, community and voluntary backgrounds, and providing a variety of services to children and families;
- consultation with representatives from the various government departments with high levels of interest and influence on 0-5 services in the NEIC, and particularly those represented on the NEIC Programme Implementation Board (PIB);
- collation and analysis of all information emerging from items a) to d) above, preparation and presentation of a draft report to the YPAR Research Steering Group and finalisation of the report in accordance with final comments from the Steering Group.

## Needs of Primary Concern

The State's *First 5* policy agenda outlines a vision for what all children should experience during the first five years of life, a vision that applies irrespective of a child's social, economic, cultural/ethnic contexts or geographic location. The needs of primary concern, identified through this research, are outlined below according to the key provisions of *First 5*, framing the needs of children and families in the NEIC within commitments of the State in respect of all children.

In the context of commitments to **Strong and Supportive Families and Communities**, the findings of this study imply that there is a considerable need to plan for and invest in additional supports for parents in the NEIC, particularly during the antenatal and perinatal stages and inclusive of a coordinated and coherent information strategy to facilitate parents' awareness of available supports. The findings also emphasise the importance of a coordinated approach to ending child poverty within the NEIC, aligned to broader NEIC PIB efforts to address poverty and deprivation in the community. Furthermore, findings suggest the need to address the role of volunteering and community development in the area with a view to increasing opportunities for children and families to participate in community, to generate an increased sense of their belonging within and across communities and to continue to respect the inner city's diversity while facilitating integration and challenging racism.

Examination of themes relevant to the **Optimal Physical and Mental Health** of young children in the NEIC reinforce the importance of enhanced supports to parents and families during the antenatal stages and throughout the first year of life. They also point to the importance of coordinated and coherent wrap around supports for vulnerable families with young children residing in the community, emphasising the importance of responding to the complexity and diversity of need of the NEIC population. They also suggest the need to address trauma for families and staff in services in a very considered and intentional manner.

Parent and child mental health emerge as critical concerns throughout discussions held during this research. Environmental conditions, including accommodation<sup>1</sup> and the capacity for children to play safely, were viewed as impacting on child, parent and family mental health and wellbeing. The impact of homeless families on health service-provision in the area cannot be overstated.

Two central themes dominated considerations in relation to **Positive Play-Based Learning** for children aged five years and under in the NEIC. Concerns regarding early learning and care (ELC) provision consistently emerged in discussions throughout the research. This study noted the current capacity of ELC providers in the area is to cater for approximately one-in-four children in the NEIC, thereby seriously undermining the State's commitment to providing ELC for all children. Similarly concerns emerged repeatedly regarding the viability and sustainability of community and voluntary ELC providers in the area. This issue is perhaps best demonstrated by the very significant reliance on employment schemes such as Community Employment (CE), the North East Dublin Community Services Initiative (NEDCSI), the Social Employment Fund (SEF) and the Community Services Programme (CSP) for childcare workers in the NEIC. Personnel enabled through employment schemes accounted for half of all childcare staff across seven community and voluntary ELCs that participated in a survey conducted specifically as part of this research.

Frustrations were also expressed throughout the study concerning delays in assessments for children with additional needs and subsequent delays in accessing therapeutic interventions. This study contends that opportunities exist to extend services provided by a Multi-Disciplinary Team of HSE Primary Care beyond primary schools to ELC facilities. It also acknowledges successes of the Children's Disability Network Team (CDNT) to reduce waiting lists for children with disabilities, with a notable prioritisation of children aged under two years.

While intervention services are an essential component of an effective wrap around strategy for children with additional needs, this study contends that prioritising parenting supports in the antenatal and perinatal periods, focused on stress reduction, attachment, infant and parent mental health may prove to be a valuable preventative investment that will in turn reduce levels of need and reliance on intervention services.

All of the above will require that the State's commitments to an **Effective Childhood System** be implemented in full in the NEIC. Recommendations are offered below, for example, in respect of consistent approaches across systems and services to issues such as trauma informed approaches and infant mental health. Interagency coordination is viewed as underpinning all recommendations, including shared commitments to a wraparound strategy for vulnerable children and families, designed principally to reduce the number of NEIC children entering into alternative care arrangements. Recommendations are offered in relation to the important role of evaluation, particularly within the context of strategic investment in the wider NEIC programme. It is suggested that the investment in the NEIC must be fully evaluated to assess what, if any, impact it has had on outcomes for children, families and the community. Given the level of

<sup>1</sup> Both for those living in regular accommodation as well as those living in emergency homeless accommodation and Direct Provision in the city centre.

financial and human investment in the initiative, a comprehensive monitoring and evaluation process should be established as a matter of urgency.

## Recommendations

The following ten recommendations are proposed as critical elements within a sustainable wrap around model of early childhood, prevention and early intervention services and supports for the NEIC, in accordance with the provisions of the State's *First 5* policy for children and families. They are not presented in any order of priority.

- i. **Leadership for children and families:** There is a need for leadership which takes a much broader, more inclusive and integrated perspective in relation to the needs of children and families in the NEIC. Agreed and explicit leadership for the development and animation of a vision for babies, young children and their families must be established and should be held by the Tusla Senior Manager for PPFS
- ii. **Antenatal to 12 month supports:** In terms of ante natal supports, it is recommended that a structure is established to bring together GPs, Practice Nurses and Midwives to agree an early identification and referral mechanism for vulnerable pregnant women. Wrap around supports should be provided either through outreach maternity services, nurse practitioner roles within the community, or an enhanced PHN remit, with all relevant staff receiving training in the range of approaches and theoretical understandings described below in relation to attachment and trauma. Given the exceptionally high levels of child protection referrals in the NEIC compared with national data, it is essential that all practitioners working with pregnant women and families with babies receive training, mentoring and ongoing reflective practice in relation to approaches which support attachment, such as Solihull and Circles of Security. Ongoing reflective practice to embed these approaches should be provided through the ELI, with managers being held accountable for ensuring that relevant staff fully participate.
- iii. **Early Learning and Care provision:** The research team recommends that a more detailed analysis of current ELC needs, and how to address them, is required. The scope of the current research was too broad to undertake the level of detail required. While findings outlined in this report offer clarity of current provision in terms of total numbers of children registered; facility capacity; staffing numbers, hours and qualifications, and opportunities for extension, further analysis would be important to generate understanding of the numbers of families that do not currently use ELCs within the NEIC area, and that do not intend to change these arrangements, as well as an analysis of plans to develop new ELC facilities in the context of Dublin City Council's (DCC) strategic regeneration plans. Notwithstanding the above recommendation, it is the authors' opinion that a minimum of a doubling of the current ELC capacity in the area is needed as a matter of urgency to address current deficits in the area, focusing particularly on crèche facilities for children aged two years and younger.
- iv. **Wrap around supports for vulnerable families with young children:** This research should be utilised to inform the development of a strategy for wrap around supports for vulnerable parents of young children. This should include, among others, the development of an early identification and intervention approach with families identified as being at risk of child protection concerns; actions to reduce the numbers of children going into the care of the state and interventions to improve outcomes for children in care; maximising the delivery of Meitheal as a mechanism for earlier intervention, and

provision of appropriately resourced intensive family supports for vulnerable families, drawing on existing services.

- v. **Volunteerism and capacity building:** It is recommended that a capacity building strategy and community development process be put in place to address low volunteerism levels in the NEIC. Critically, a process through which stakeholders agree a common understanding of community development and its underpinning principles should be undertaken; training and ongoing reflective practice for frontline staff and managers should be provided to ensure a consistent, community-informed and sustainable approach is undertaken. The process should be led by DCC and supported by relevant community development stakeholders.
- vi. **Extension of Multi-Disciplinary Teams:** It is recommended that the existing NEIC multi-disciplinary teams (MTDs) be extended to include children, parents and staff in ELCs, with the accompanying additional resources. This would not only enable earlier identification and intervention for children but would prevent some difficulties from escalating and needing more intensive and long-term engagement. Specific consideration would need to be given within the HSE to the resourcing of such a development.
- vii. **Anti-Child Poverty plans:** The study recognises and endorses a multi-faceted and holistic definition of child poverty, and so recommendations throughout this report relating to housing, ELC provision, creating safe outdoor play spaces, and parental support are relevant here. However, material deprivation and income adequacy is a key challenge for many families in the NEIC, particularly those parenting alone. The Roadmap to Social Inclusion provides income supports for families with children but additionally it is recommended that effective information and communication campaigns to increase awareness of the income supports available to children and families
- viii. **Responding to the complexity of the population:** Given the prevalence of families residing in emergency homeless accommodation in the NEIC, there is a need for parallel investments in homeless supports alongside universal services in recognition of the complexity and additional needs of this highly unusual population. Appropriate resources must be provided to the range of disciplines working with vulnerable communities, including PHNs, family support services, ELCs and schools.
- ix. **Trauma informed approach:** Training in trauma informed approaches is required across all organisations and disciplines to ensure a consistent, evidence-informed approach to working with children and families and to sustain a professional and effective workforce. Building resilience in the community is also critical. And whilst there is clearly a great deal happening with young people in this regard, it is imperative that a focused plan is developed to support the building of these skills for babies, young children and their families. This will require the engagement of and capacity building with early years practitioners, PHNs, family support services and so on.
- x. **Capital investment:** Subgroup 4 of the NEIC structures is tasked with delivering on a range of developments to improve the physical environment. DCC needs to follow through on the commitments made to deliver additional housing for the area; to improve the quality of existing housing; to provide safe, accessible outdoor play areas, and the development of new ELC/education facilities in the context of these new developments. We do not see any value in repeating here the actions identified in the DCCs Strategic Development Regeneration Areas plans but note the importance of these investments as a critical aspect of the overall plans for the NEIC.

The detail behind each of these recommendations is outlined in the main body of the report.

# Introduction

# 1

In August 2021, the Childhood Development Initiative (CDI), in partnership with Neil Haran, responded to an open competitive tendering process, and was successful in its submission to undertake research on the needs of families with children aged under six years of age in Dublin's North East Inner City.

Dublin's North East Inner City (NEIC) area has long been recognised as 'an area with a history of socio-economic deprivation and is identified as being in need of both social and economic regeneration' (Dublin City Council [DCC], 2021: 542). In response to these long-standing issues, and the escalating gang related crime in the area, '*Creating a Brighter Future*' was published in 2017, following extensive consultation (Mulvey, 2017). Setting out a number of key objectives and aligned activities, the report resulted in the establishment of new inter agency structures, significant funding and a heightened level of attention on the community. The report stated the importance of a focus on prevention and early intervention (PEI); identified the need for both universal and targeted initiatives and recommended structures and activities aimed at increasing community participation.

Whilst a great deal of investment and activity has been delivered following the publication of the Mulvey report, concerns remain, many services are under pressure, and some families are struggling. It is in this context that the Research Steering Group of YPAR 0-5 Working Group sought the completion of a very focused piece of research.

The tender documentation set out the following objectives in relation to the research methodology:

- Consult with parents/guardians, and service user families to identify the totality of their prenatal, childcare, and early years needs to enable the early years development and wellbeing of their families.
- Consult with childcare providers and early years' services to identify their requirements in meeting the needs of their families.
- Consult with School-based Preschools and City Connects Initiative.
- Consult with research and policy leads within Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and leverage existing research and review material for the NEIC review.
- Present a strategic approach with established common language and understanding on early years policy and practice.
- Present key actions to address deficiencies and increase capacity to maintain high professional quality standards, which complement and build on existing measures. Including the move away from community-based childcare providers reliance on active labour market programme employees.
- Consider and integrate (as appropriate) the review and recommendations of the Expert Group on the development of a new Funding Model for Early Learning and Care (ELC) and School Aged Childcare (SAC).

These objectives have centrally informed the desk research and consultation process which are presented below.

Finally, the tender stated that the final report would include recommendations under the following headings:

- The capacity and needs of early years provision within the current system to meet current and imminent future demands.
- Improved quality of interagency collaboration between statutory, voluntary and community early years services.
- Improve communication, sharing and collaboration at senior and interdepartmental level to ensure timely responses to emerging needs.
- Evidence based identification of prevention and early intervention measures to optimise children's outcomes in NEIC.
- Further support quality provision of ELC/SAC within the NEIC area.
- Provide NEIC research and research findings to key policy leads to inform future policy design e.g., models emerging from the current funding review.
- The implementation of a State led integrated early years programme that can provide help to all those that need it; and extra help to those that need more, in line with Governments *First 5* strategy.
- A proposal for a sustainable wrap around model of early years/childhood services and supports.

The following report describes the methodology for the research (Section 2), sets out the comprehensive desk research undertaken (Section 3), including summaries of the policy context, a local sociodemographic profile and local relevant services. In Section 4 we describe the extensive consultation undertaken with parents living in the NEIC, service providers working with families in the area, and engagement with a number of key Government officials. Section 5 connects the recurring themes from the consultation, desk research and national policy, whilst recommendations are discussed in Section 6.



# Methodology



The Terms of Reference for this study called for the application of a mixed methods research approach, involving desk research coupled with a substantial consultation process. This was delivered over five key stages. These were:

**Stage 1 - Desk Research:** The desk research stage involved a comprehensive review and examination of the following:

- national policy directives in respect of all children and, in particular, in respect of the pre-natal to 5 cohort;
- local data pertaining to children in the 0-5 cohort in the NEIC area, including an examination of potential capacity and quality of services;
- locally commissioned research and evaluation relevant to children aged 0-5 in the NEIC, their families and local services.

The desk research stage set out to anchor the overall research process within i) wider national policy and ii) local practice and research contexts. Its primary purpose was to provide a stepping stone that would guide later consultations with a variety of local and national stakeholders. A Desk Research Summary report was prepared and presented to the YPAR Research Steering Group and subsequently to the wider YPAR 0-5 Working Group. More detail is offered on this element of the research in Section 3 below.

**Stage 2 - Consultation with Parents:** Particular emphasis was placed throughout the research on ensuring that the voices of parents, as primary carers of children in the antenatal to five cohort, were adequately represented in the findings, conclusions and recommendations of this research. In consultation with the YPAR Research Steering Group, it was agreed that the research would adopt a peer research approach to engagement with local parents in the North East Inner City.

*Peer Research* refers to a research approach in which representatives of the community whose input is being sought, in this instance parents living and raising children in Dublin's North East Inner City, are supported to participate in the design and implementation of research with their peers and in the subsequent analysis of emerging findings. A team of five peer researchers implemented this stage of the research, exploring with other parents topics such as:

- parents' experiences of parenting very young children in the North East Inner City;
- parenting challenges and levels of support experienced in respect of the antenatal to five period;
- parents' opinions on local service-provision for children aged five years and under;
- supports that would have added value to parents' quality and experience of parenting<sup>2</sup>.

Permission was sought by the peer researchers for each parent-interview, as well as seeking consent to take records of discussions and share those records for analysis with the CDI research team. As will be outlined below, some additional consultation interviews were undertaken with parents by the CDI research team to supplement those provided by the peer researchers.

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<sup>2</sup> A copy of the research questionnaire used by the Peer Research Team is attached to the report as Appendix I.

**Stage 3 - Consultation with Service Providers:** A series of focus group discussions were held in the latter stages of 2021 with local providers of services to children and families. Discussions focused on specific age-cohorts within the 0-5 category, namely:

- antenatal;
- 0-3 years<sup>3</sup>;
- 4-5 years.

Discussions examined a variety of topics, including:

- the nature and scope of service provided by each of the participating service providers;
- consideration of the primary needs of children and families in the NEIC;
- the key service strengths and challenges in the area in respect of those needs, especially in terms of reach, capacity, quality, integration, etc;
- potential enhancements to local practice, national policy and strategic investment that would make the biggest difference to improving outcomes for children and families in the target group in the NEIC.

Those who participated in the focus group discussions were almost exclusively from the community and voluntary sector. It was agreed with the Research Steering Group in January, 2022 that it would be important to have direct interactions with a number of statutory bodies to deepen understanding of statutory service-provision in the area. Follow-up in this regard took place throughout January. All discussions with service providers typically lasted one hour and a record of each discussion was taken with the permission of all participants.

A full description of the outcome of consultations with service providers is provided in Section 4.2. The framework for engaging with service providers in Stage 3 is attached to the report as Appendix II while a list of those local service providers that participated in the consultations is presented in Appendix III.

**Stage 4 – Consultation with Policy-Makers:** The final primary research activity involved a series of research interviews with representatives from the various government departments with high levels of interest and influence on 0-5 services in the NEIC, and particularly those represented on the NEIC Programme Implementation Board (PIB)<sup>4</sup>. Particular emphasis was placed on each department's commitments to the State's *First 5* Strategy and on understanding the manner in which these commitments were being implemented within the context of children aged 0-5 in Dublin's NEIC. The interviews also focused on policies and developments considered critical to the provision of high quality supports for this cohort.

Whilst the policy interviews were semi structured, they included the following:

In applying the *First 5* Strategy to our understanding of the current and potential delivery of services for children aged under five years of age:

- What aspects of *First 5* do you feel are being implemented well nationally?
- What are the most challenging aspects of delivery?

<sup>3</sup> Two focus groups were held centred on this age group.

<sup>4</sup> See Appendix IV for the full list of PIB membership while Appendix V offers an outline of those policy makers that participated in the consultation.

- At national level, what are the priority developments for the next three years?
- Are there any likely opportunities which could support development for this target group in the NEIC? What are Government investment priorities for the NEIC, particularly in relation to families with young children?
- What other policies do you see as critical to the provision of high quality supports for this cohort?

Interviews took place during December 2021 and January 2022.

**Stage 5 – Reporting:** The final stage of the research project involved the research team collating and analysing all information gathered through the research process. A thematic analysis approach was applied to the analysis of the data, and to identifying the priority conclusions and recommendations that emerge in this report. All themes emerging in this report were examined and analysed to ensure that their subsequent presentation gave an accurate reflection of the data gathered and to ensure their relevance to the overall research purpose outlined in Section 1 above.

In late January 2022, the research team made a presentation to the YPAR 0-5 Working Group, outlining emerging themes from the research findings. The presentation also suggested broad areas for consideration in terms of future investment and service development for the target group. Approximately twenty members, alongside a representative from the DCEDIY, participated in the workshop which was conducted remotely. Feedback on the presentation by participants indicated that the research findings were very comprehensive and rich in content. Concerns were expressed, however, that the findings may be excessively broad and a request was made to ensure that recommendations would be quite specific. Feedback also highlighted the need to unpack what provision is needed in the NEIC to enable all children to access early learning and care facilities. This feedback has informed the manner in which this report is presented.

**Ongoing:** Throughout all stages of the research, the CDI research team maintained an ongoing working relationship with the YPAR Research Steering Group and, in particular, with the YPAR Coordinator who assisted the research team in the delivery of all stages.

**Desk Research**



## 3.1 The Policy Context

The national policy context for children and families sets the backdrop for this study. National policies are created over time and are generally underpinned by consultative processes that involve representatives from across an array of relevant sectors. They also draw deeply on latest available national and international evidence from research and practice. Therefore, policy frameworks represent perceived wisdom or up-to-date thinking on specific issues, target groups and sectors.

National policies also indicate national priorities and, as such, offer direction on mainstream programmes and funding opportunities. It is important, therefore, that due consideration be given to the policy landscape and its influence over locally-based investment and service-provision.

### 3.1.1 Better Outcomes, Brighter Futures (2014-2020)

The National Policy Framework, *Better Outcomes, Brighter Futures (BOBF)*, acts as the central, overarching policy framework for children and young people. It articulates the nation's priorities for its children and young people, highlighting five inter-related outcome areas as the focus for all child-related programmes and interventions i.e. that all children will be:

- active and healthy, both physically and mentally;
- achieving full potential in all areas of learning and development;
- safe and protected from harm;
- economically secure;
- connected, respected and contributing to society.

Though the framework officially expired at the end of 2020, the State has made a decision not to progress a new framework until 2022. As such, therefore, the five national outcomes outlined above in respect of the nation's children still apply. Furthermore, following informal discussion, it is the authors' understanding that these broad objectives are likely to underpin the next national children's strategy.

*BOBF* further emphasises six *practice goals* that, if implemented effectively, have the potential to make a meaningful and positive impact in the lives of young people and their families. The practice areas are as follows:

- support parents;
- early intervention and prevention;
- listen to and involve children and young people as appropriate and in an age-appropriate manner;
- ensure quality services;
- strengthen transitions (supporting young people to make key transitions smoothly in recognition that times of transition can be difficult for many young people);
- cross government and interagency collaboration.

### 3.1.2 *First 5* (2019-2028)

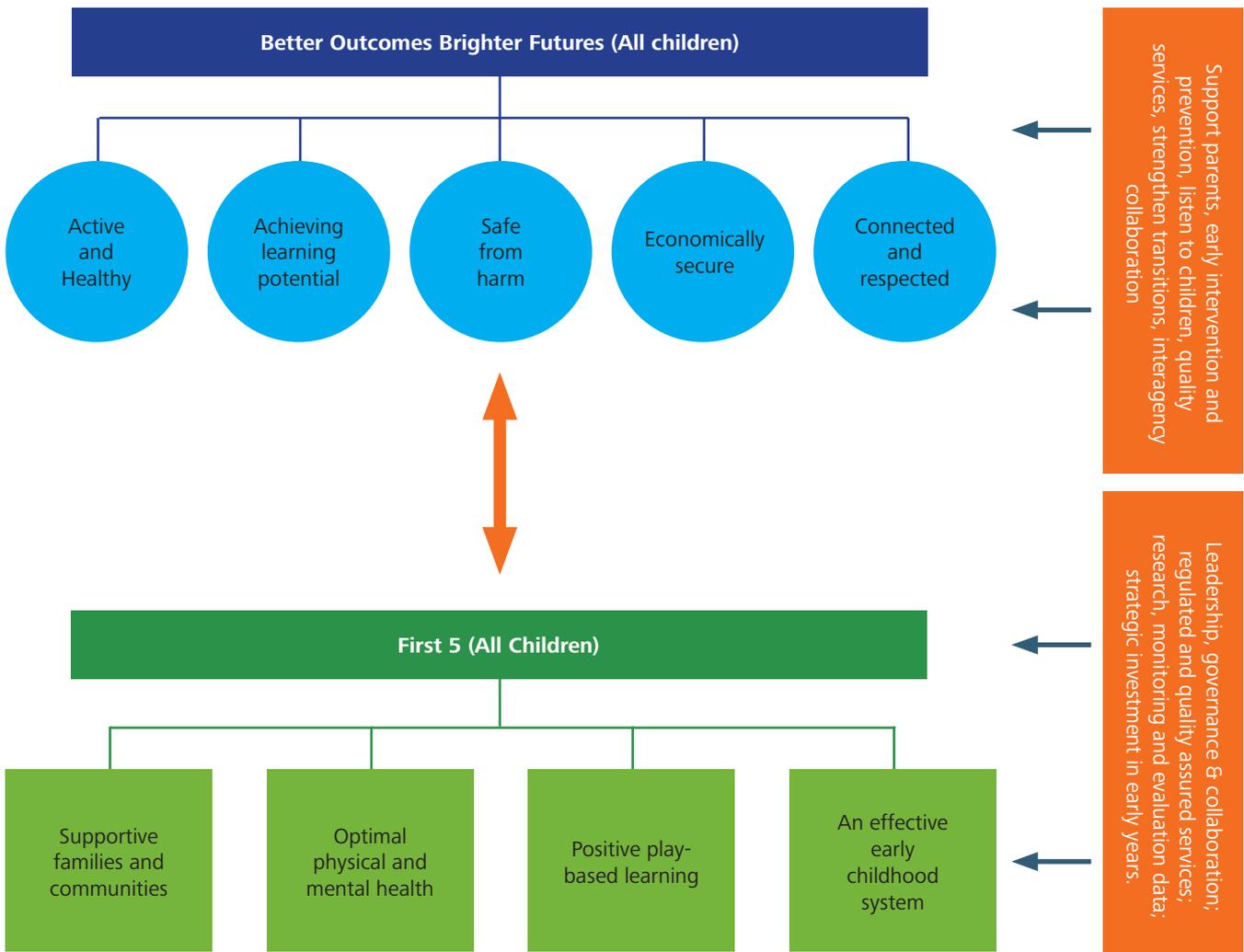
While *BOBF* offers a policy framework for all children and young people, *First 5* acts as the State's whole-of-government strategy for babies, young children and their families. It aspires to an Ireland in which early childhood is viewed as "a critical and distinct period" in the life of an individual that should be enjoyed.

*First 5* presents a comprehensive framework for all of the nation's children, from antenatal to five years of age, and their families. It aspires to the following objectives:

- **strong and supportive families and communities**, in which parents have the capacity to balance work and caring roles and the practical and material resources to parent effectively;
- children within the 0-5 age cohort experiencing **optimal physical and mental health**, underpinned by a commitment to positive health behaviours and high-quality health services;
- all children in the 0-5 age cohort experiencing **positive play-based early learning**, inclusive of a positive home learning environment, affordable high-quality ELC, and supported transitions;
- **an effective early childhood system**, enabled by:
  - high quality leadership, governance and collaboration in respect of the early years across the whole-of-government;
  - high quality services informed by regulation, inspection and quality assurance;
  - a skilled and sustainable workforce;
  - up-to-date research, data, monitoring and evaluation; and
  - strategic investment in the early years.

Both *BOBF* and *First 5* outline the State's comprehensive and complex vision, aspirations and expectations for all children, irrespective of geographical location; cultural or ethnic identity; socioeconomic background, etc. The provisions of *BOBF* and, in particular, *First 5*, should therefore underpin the vision, aspirations and expectations for all children in the NEIC. Simply put, they represent what one would want for every child aged under five years across the NEIC and it is considered important that any emerging wrap around strategy focused on the 0-5 cohort would be informed by that vision. A diagrammatic representation of national policy directives is outlined in Figure 1.

Figure 1: The National Policy Landscape for Children



### 3.1.3 Sectoral Policy Priorities

While *BOBF* and *First 5* articulate a whole of government vision for children and families, it is also important to point to the policy priorities of individual government departments that have a significant bearing on the health, wellbeing, safety, participation and development of children. Throughout this study, concerns have been expressed in relation to a broad array of issues that cut across a range of policy interests and government departments. Table 1 summarises a sample of these issues alongside the policy framework to which they are related and the government department/agency responsible for its oversight.

**Table 1: Cross Government Policy Priorities related to the needs of Children and Families in the NEIC**

Issue	Current National Policy	Responsible Department/ Agency
<ul style="list-style-type: none"> <li>The volume of homeless families in emergency accommodation, alongside the range and quality of existing housing in the NEIC</li> </ul>	<ul style="list-style-type: none"> <li>Housing for All: A New Housing Plan for Ireland (2021)</li> </ul>	<ul style="list-style-type: none"> <li>Department of Housing, Local Government and Heritage (DHLGH)</li> <li>DCC</li> <li>Dublin Regional Homeless Executive (DRHE)</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient reach and capacity of ELC service-provision</li> </ul>	<ul style="list-style-type: none"> <li>Síolta, national quality framework for early childhood education (2006)</li> <li>Aistear, national early years learning curriculum (2009)</li> <li>The ECCE scheme (2010)</li> <li>The National Childcare Scheme (2019)</li> </ul>	<ul style="list-style-type: none"> <li>DCEDIY</li> <li>Department of Education (DoE)</li> </ul>
<ul style="list-style-type: none"> <li>Delays in assessment and provision of therapeutic supports to children with Additional Needs</li> </ul>	<ul style="list-style-type: none"> <li>National Policy on Access to Health Services for Children with Disability or Developmental Delay (2019)</li> <li>Sláintecare (2019)</li> <li>Policy Framework for Service Delivery of Children's Disability Network Teams (2020)</li> </ul>	<ul style="list-style-type: none"> <li>Department of Health (DoH)</li> <li>HSE</li> </ul>
<ul style="list-style-type: none"> <li>Child welfare and child protection</li> </ul>	<ul style="list-style-type: none"> <li>Children First Act (2015)</li> <li>Children First National Guidance for the Protection and Welfare of Children (2017)</li> </ul>	<ul style="list-style-type: none"> <li>DCEDIY</li> <li>Tusla</li> </ul>
<ul style="list-style-type: none"> <li>Child poverty, intergenerational disadvantage, socially excluded minority groupings</li> </ul>	<ul style="list-style-type: none"> <li>Roadmap for Social Inclusion 2020 – 2025: Ambition, Goals, Commitments (2020)</li> </ul>	<ul style="list-style-type: none"> <li>Department of Social Protection (DSP)</li> </ul>
<ul style="list-style-type: none"> <li>Inadequate opportunities for children to play safely in the NEIC</li> </ul>	<ul style="list-style-type: none"> <li>Ready, Steady, Play: A National Play Policy (2019)</li> </ul>	<ul style="list-style-type: none"> <li>DCEDIY</li> </ul>
<ul style="list-style-type: none"> <li>Shortages of volunteers and community-based voluntary activity for children in the NEIC</li> </ul>	<ul style="list-style-type: none"> <li>The Framework Policy for Local Community Development (2015)</li> </ul>	<ul style="list-style-type: none"> <li>Department of Rural and Community Development</li> </ul>
<ul style="list-style-type: none"> <li>Maternity Services</li> </ul>	<ul style="list-style-type: none"> <li>Creating a Better Future Together: The National Maternity Strategy 2016-2026</li> </ul>	<ul style="list-style-type: none"> <li>DoH</li> </ul>

While this report does not provide detail of these individual policy frameworks, it is important that emerging action in relation to children (0-5) and families would be cognisant of their provisions.

During the course of this research, DCEDIY commissioned and published a review of the National Childcare Scheme (NCS). Whilst concerns remain, some changes, which come into effect in May 2022, have been welcomed as appearing to address access issues for some families. Details of proposed changes are presented in Appendix VI.

### 3.1.4 The Mulvey Report and the NEIC Strategic Plan 2020-2022

Perhaps the most significant local policy documents relevant to the area are the aforementioned *Mulvey Report* (2017) and the resultant NEIC Strategic Plan which outlines the strategic priorities for investment in the area for the three year period up to the end of this year.

This research has identified some significant gaps in the *Mulvey Report*. The only action relating to early years services was that they would have 'fully implemented the Síolta & Aistear Frameworks' (p39), but there was no reference to either quality or capacity. Furthermore, whilst the report recommended establishing structures to enable community engagement and holding annual events to engender a sense of belonging, it failed to recognise the need for a community development approach, and integrated capacity building measures to enable residents to utilise these opportunities. Finally, the report does not reference the significant homeless population in the area, and the demands this places on statutory and community-based services. These issues recurred throughout the consultation on the needs of under six-year-olds and their families, and inform the recommendations set out in this report.

That said, within the *NEIC Strategic Plan, Workstream 6: Alignment Of Services* prioritises the enhancement of early years and after-school services as a strategic objective for the period 2020-2022. Furthermore, it identifies the quality and uptake of early years childcare provision as a strategic priority to be addressed in 2020 and 2021. It is important to note, however, that members of the YPAR Research Advisory Group have repeatedly shared their frustrations at what they perceived to be inadequate levels of attention to, and investment in, early years services from within the NEIC Strategy. Particular areas of concern have included the need to invest in:

- additional ELC places to meet demand;
- access to therapeutic supports for children aged under three years of age and in need of such supports;
- technical support for early years providers, including continuous professional development for staff and supports to enable ELC Boards of Management, Managers and Workers participate in ongoing training and mentoring; and
- addressing trauma for families and staff in services.

These issues are addressed in greater detail in subsequent sections of this document.

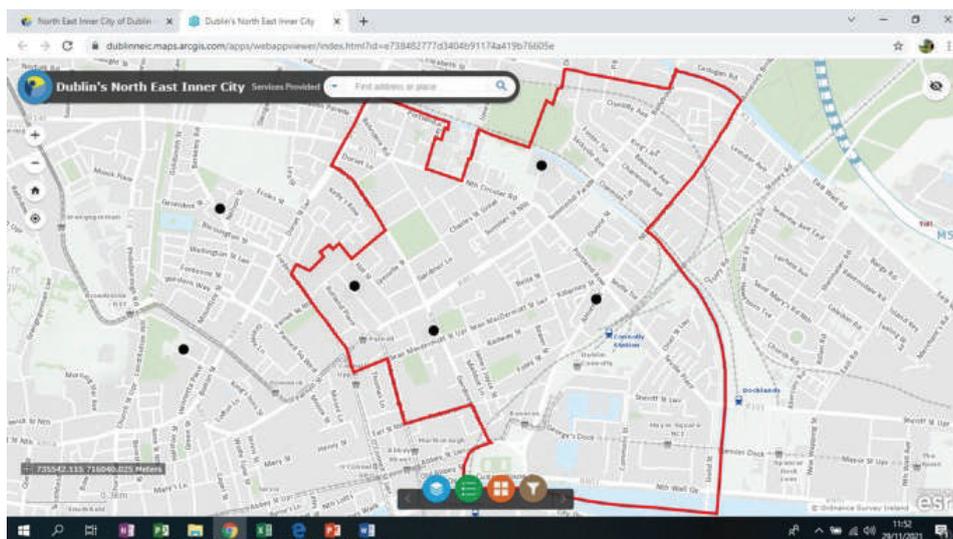
## 3.2 Sociodemographic Profile

### 3.2.1 The Area

As outlined in Figure 2, the North East Inner City area of Dublin extends from Busáras/Connolly Station to Croke Park, bordering parts of Dorset St, O'Connell St on the west over to the edge of the East Wall and has a population of approximately 20,000 people<sup>5</sup>. Administratively, it is located within the boundaries of, but not entirely aligned to, seven local Electoral Divisions (EDs)<sup>6</sup>. The seven EDs in question are presented in alphabetical order as follows:

- **Ballybough A**, all of which is located within the NEIC boundary;
- **Ballybough B**, some of which is located within the NEIC;
- **Mountjoy A**, all of which is contained within the NEIC;
- **Mountjoy B**, all of which falls within the NEIC;
- **North City**, a small portion of which is located within the NEIC;
- **North Dock C**, all of which is contained within the NEIC.
- **Rotunda A**, contained in full within the NEIC.

Figure 2: The NEIC Catchment Area<sup>7</sup>



The *Mulvey Report*, drawing on Census 2011 figures, indicated that the NEIC incorporated all or part of 74 Small Areas (SA), as defined by the CSO<sup>8</sup>. Examination of Census 2016 data indicates that there are now 95 SAs within the NEIC boundary, each incorporating between 80 and 120 households. Table 2 below gives a more specific breakdown of the area by ED and SA.

<sup>5</sup> Information accessed from [www.neic.ie](http://www.neic.ie), accessed on 9th February 2022.

<sup>6</sup> EDs refer to the smallest legally defined administrative areas in Ireland for which small area population statistics are published from the Census. There are 3,440 electoral divisions in total across Ireland.

<sup>7</sup> Screenshot from <https://dublinneic.maps.arcgis.com/apps/webappviewer/index.html?id=e738482777d3404b91174a419b76605e>

<sup>8</sup> Small Areas are designed as the lowest level of geography for the compilation of Census statistics, typically comprising between 80 and 120 dwellings. There is a constraint on Small Areas in that they must nest within Electoral Division boundaries.

**Table 2: Breakdown of NEIC by ED and Small Areas**

Electoral Division	Total No. of Small Areas <sup>9</sup>	Small Areas within NEIC Boundary
Ballybough A	16	16
Ballybough B	15	09
Mountjoy A	17	17
Mountjoy B	16	16
North City	19	03
North Dock C	17	17
Rotunda A	17	17
<b>Total</b>	<b>117</b>	<b>95</b>

The socioeconomic context of the NEIC, as depicted by Census data, presents as very diverse with SAs of extreme disadvantage sitting alongside SAs recognised as affluent. Based on 2016 data, for example, it is evident that:

- between 1,040 and 1,560 households were living in areas of the NEIC whose socioeconomic status was recognised as marginally below average<sup>10</sup>;
- between 880 and 1,320 households were living in areas of the NEIC recognised as disadvantaged;
- between 640 and 720 households were living in areas of the NEIC recognised as very disadvantaged.

Table 3 below, drawing on Pobal Maps Deprivation Indices<sup>11</sup>, presents a justification for the statements listed in the bullet points above. Therefore, while, as an area, the NEIC accommodates households of affluence and disadvantage within its catchment, it is clear from Table 3 that a sizeable number of households within the area are living with various extremes of poverty and marginalisation.

<sup>9</sup> i.e. as identified through Census 2016 data.

<sup>10</sup> On the understanding that Small Areas comprise between 80 and 120 households.

<sup>11</sup> <https://maps.pobal.ie/>

Table 3: NEIC by Levels of Deprivation

ED	ED Classification 2016	Total Small Areas	No of Small Areas Marginally Below Average	No of Small Areas Disadvantaged	No of Small Areas Very Disadvantaged
Ballybough A	Marginally Below Average	16 (all within NEIC)	3 (19%)	2 (12.5%)	2 (12.5%)
Ballybough B	Marginally Below Average	15 (9 within NEIC)	3 (33%) <sup>12</sup>	0 (0%)	0 (0%)
Mountjoy A	Marginally Above Average	17 (all within NEIC)	2 (12%)	4 (24%)	1 (6%)
Mountjoy B	Marginally Above Average	16 (all within NEIC)	0 (0%)	0 (0%)	1 (6%)
North City	Affluent	19 (3 within NEIC)	1 (33%) <sup>13</sup>	0 (0%)	0 (0%)
North Dock C	Marginally Above Average	17 (all within NEIC)	1 (6%)	4 (24%)	3 (18%)
Rotunda A	Marginally Below Average	17 (all within NEIC)	3 (18%)	1 (6%)	1 (6%)
<b>Total</b>			<b>13</b>	<b>11</b>	<b>08</b>

### 3.2.2 Child Population (0-5)

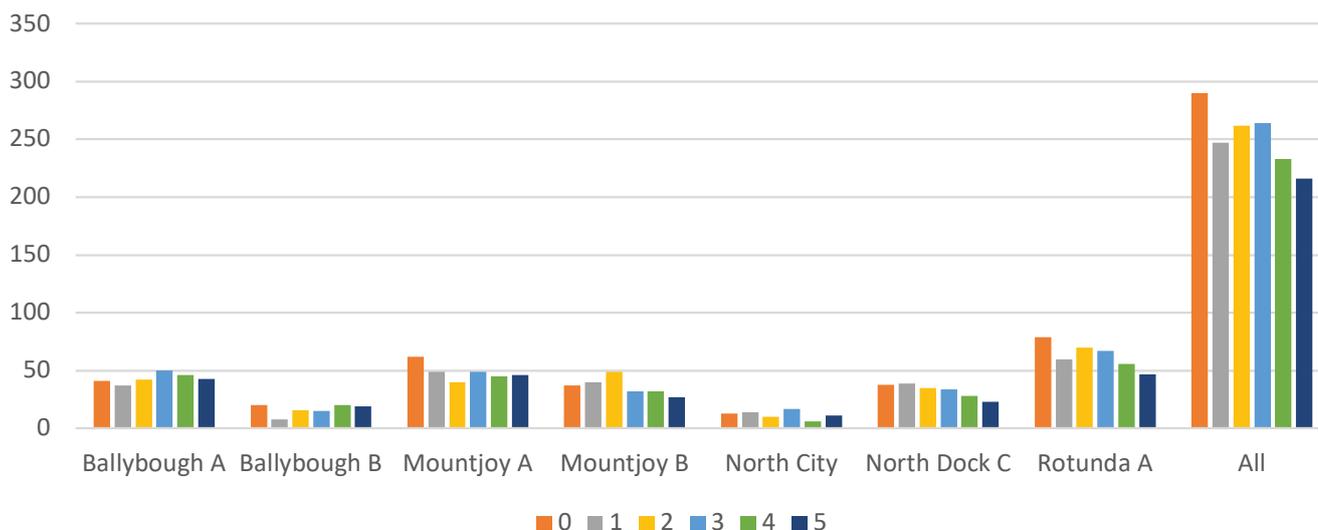
Census 2016 indicated the following in respect of the NEIC population:

- the total population across the aforementioned EDs was 32,601;
- the total population of children aged 5 years and under across the seven EDs was 1,781 or 5.5% of the total population.

In the context of the NEIC, the figures listed above are exaggerated. Only a small portion of North City ED falls within the NEIC catchment. Similarly, only nine of Ballybough B's fifteen SAs are contained within the NEIC boundary. A more accurate examination by small areas suggests that, as of 2016, *the total number of children aged five years and under within the NEIC stood at 1,512*. A breakdown of these data is offered in Figure 3 below.

<sup>12</sup> i.e. 33% of SAs within Ballybough B and located within the boundary of the NEIC.

<sup>13</sup> i.e. 33% of SAs within North City ED and located within the boundary of the NEIC.

**Figure 3: NEIC Population 0-5 by relevant Small Area (Census 2016)**

It is important to treat Census data with a fair degree of scepticism, however. Firstly, the data are now almost six years old and therefore fail to capture the current cohort of children aged five years and under. Similarly, conversations with local service providers, particularly locally-based Public Health Nurses (PHNs), suggest that census figures for the NEIC consistently under-estimate the actual population in the community, the result of non-completion of the census by a considerable number of families.

Against that backdrop, a more up-to-date and realistic estimate of the 0-5 child population in the NEIC<sup>14</sup> stands at 2,813 – almost twice the figure outlined in Census 2016. This figure has been garnered with the assistance of local PHNs across the three Primary Care Centres (PCC) of the NEIC: North City, Summerhill and North Strand, and by identifying the number of children aged five years and under on PHN registers of the three primary care settings. These data are regarded as providing the most accurate analysis of the members of children aged 0-5 in the area. A detailed breakdown of the child population estimated by PHNs is offered according to age and PCC in Table 4 below:

**Table 4: Total number of children on PHN registers in North City Primary Care Team (PCT), Summerhill PCT and North Strand PCT**

Ages	North City PCT	Summerhill PCT	North Strand PCT	Total
0-1 year	119	174	80	<b>373</b>
1-2 years	131	214	120	<b>475</b>
2-3 years	129	174	114	<b>424</b>
3-4 years	154	213	136	<b>506</b>
5 years	321	414	318	<b>1053</b>
<b>Total</b>	<b>854</b>	<b>1189</b>	<b>768</b>	<b>2813</b>

<sup>14</sup> As of 30th November, 2021

### 3.2.3 Child Protection and Welfare

Data examined as part of this research process highlighted significant child protection and child welfare concerns within the NEIC, while also pointing to high levels of social work involvement with children and families in the area. Tusla data for Quarter 3, 2021<sup>15</sup> note the following for example:

- The average rate nationally of referrals to Child Protection and Welfare Services stood at 15.2 referrals per 1,000 population under 18 years. Within the area of Dublin North City (which extends beyond the NEIC), the figure was 26.2 per 1,000 population<sup>16</sup> for the same period.
- 21,156 cases were open to social work nationally at the end of Q3 2021, of which 1,817 (9%) were located in Dublin North City<sup>17</sup>.
- Dublin North City reported the highest rate of children in care per 1,000 population under 18 years (10.5/1,000), more than double the national rate.

These data are particularly relevant in the context of the YPAR 0-5 Working Group's commitment to the development of a comprehensive prevention and early intervention wrap-around strategy for children in the 0-5 cohort, a strategy that would set out to reduce the numbers of children and families in need of social work. A fundamental element of the State's commitment to prevention and early intervention infrastructure is the locally-based Meitheal process. The NEIC Meitheal Report (November, 2021) on cases in the NEIC area revealed that, at that point, there were 30 open Meitheal cases in the area. Of that number:

- 3 (10% of total) were aged 5 years and under<sup>18</sup> with a much higher prevalence of cases emerging from 8 years of age upwards; and
- 19 (almost two out of every three cases) were in respect of males.

<sup>15</sup> See [https://www.tusla.ie/uploads/content/Q3\\_2021\\_Service\\_Performance\\_and\\_Activity\\_Report\\_Final\\_V1.0.pdf](https://www.tusla.ie/uploads/content/Q3_2021_Service_Performance_and_Activity_Report_Final_V1.0.pdf), accessed on 14th February, 2022.

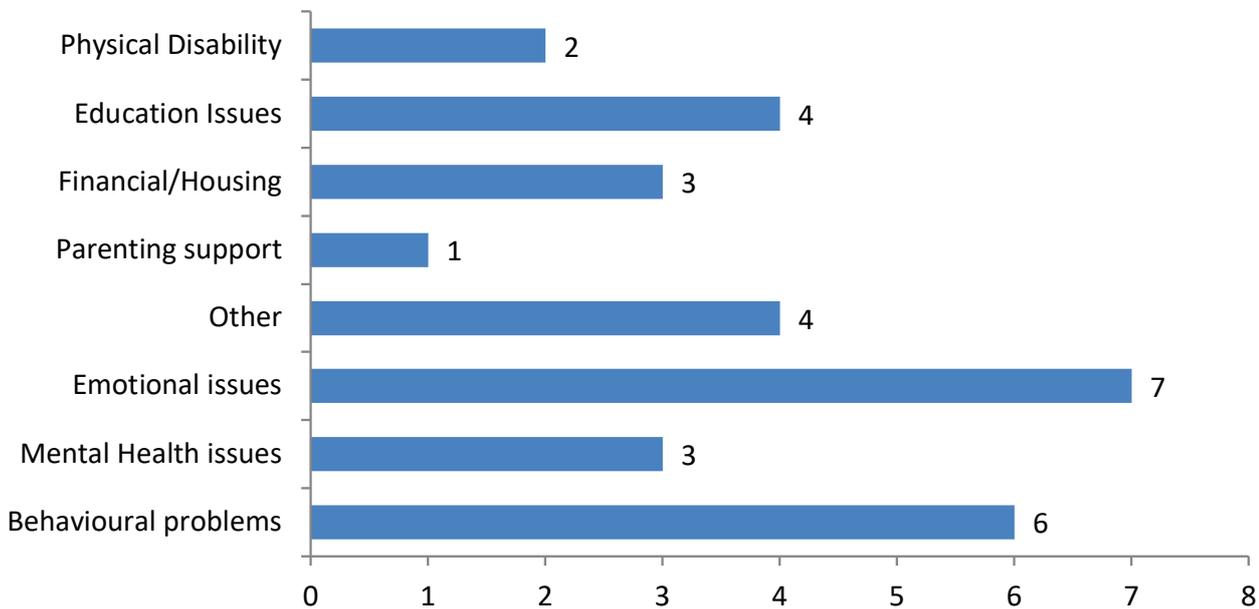
<sup>16</sup> A total of 1177 referrals, 31% of which were mandated referrals relating to emotional abuse, neglect, physical or sexual abuse.

<sup>17</sup> An increase of 276 cases from the end of Q1 2021.

<sup>18</sup> One aged 1 year, one aged 2 and one aged 5.

Figure 4 below outlines the primary reason for referral to Meitheal across the caseload of 30 children and young people.

**Figure 4: Primary referral reason for NEIC current caseload of Meitheal**



The relevance of these data will be explored in subsequent sections of the report.

### 3.2.4 A Complex Community

In acknowledging that approximately 3,000 children, aged under six years, currently reside within the NEIC, it is also important to acknowledge that these children are living in what can best be described as a complex community. In one focus group discussion conducted as part of this research, one participant referred to the NEIC as “100 villages in one village.” The NEIC is a community of communities, an area of great diversity incorporating an indigenous community that has lived in the NEIC for generations; a variety of new and minority ethnic communities that have made the NEIC their home and, increasingly in recent years, a large number of homeless families living in temporary and emergency homeless accommodation, alongside asylum seeker families living in direct provision. The anticipated influx of Ukrainian refugees in the very near future, and the likely accommodation of a significant proportion of these in the NEIC, will further add to this complexity.

While this diversity enriches the NEIC, many communities of the wider NEIC have endured a long history of poverty and marginalisation. In its invitation to tender for this study, YPAR observed that “persistent inequality and poverty in the North Inner City has led to intergenerational poverty in some areas of this community. This exclusion in turn fuels unemployment, crime, criminality, addiction, family breakdown and early school dropout. It is generally accepted that poverty and high deprivation are social determinants and contributing factors to poor health, family breakdown and risk factors that threaten welfare, wellbeing and mental health of children and families. Cycles of poverty continue in the north inner city and while there has been some progress in recent years through the work of the State and its agencies there is still much work to be done to respond to the concentrations and accumulations of social problems caused by intergenerational social and economic inequality and exclusion.” (YPAR, 2021: Internal document)

The challenges of addressing concentrations of intergenerational poverty and associated social problems in the community have been compounded in recent years by the aforementioned temporary accommodation of large volumes of homeless families in the NEIC. Homelessness data for December 2021<sup>19</sup>, the period for which the most up-to-date data are available, indicated that across the whole of the Dublin region, 802 families were accessing emergency accommodation, accounting for 74% of all homeless families nationally. These families comprised 1,353 adults and 1,891 child dependents.

Information from the Health-Link Team indicates that the NEIC has the highest concentration of homeless families living in temporary and emergency accommodation, not just in Dublin, but across the whole country. This includes families residing in a mix of Private Emergency Accommodation (PEA)<sup>20</sup> and Homeless Family Hubs.

Between January and October 2021, Health-Link notified PHN services of 528 homeless families across the whole Dublin region, of which:

- 311 families (59%) were accommodated within CHO9, the community health organisation area that encapsulates the NEIC; and
- 279 families were accommodated in Dublin North City Centre – 90% of homeless families in CHO9 and 53% of all homeless families in the greater Dublin region.

Furthermore, there was a total of 522 children within the 279 families accommodated in the NEIC area in that period, of whom 98 were infants and 255 were aged between one and five years.

The presence of substantial numbers of homeless families and minority ethnic communities lends itself to considerable levels of family-movement in and out of the NEIC<sup>21</sup> and this mobility poses a number of challenges to local service providers. Added to this, consistent themes emerging across consultations with service providers and parents included reference to high levels of isolation<sup>22</sup> within the community and to a community with a long experience of trauma, predicated by poverty, criminality, violence, substance misuse and associated negative impacts on mental health. Racism also emerges as an issue affecting individuals and families in the area, as observed by Hill Street Family Resource Centre (FRC) in its recently published needs analysis (2022).

Consultation with the Dublin Regional Homeless Executive (DRHE) indicated a very different understanding of the NEIC profile, with the DRHE stating that the NEIC was not unique in its concentration of homeless facilities. Comparative data at such a local level was unavailable but data referenced above, as well as service provider testament indicate otherwise.

As referenced above, the NEIC has already begun to witness what is assumed to be the beginning of the anticipated arrival of large numbers of Ukrainian refugees. Data were not available regarding numbers and locations of those arriving from Ukraine, but anecdotally, it is apparent that North Dublin is the main location being used by state agencies. The level of uncertainty in relation to the profile of this very specific population, the capacity of an already stretched system to respond – potentially to very complex needs - and no sense of how long they will stay, has local services very concerned about expectations.

<sup>19</sup> Department of Housing, Local Government and Heritage. Monthly Homeless Report- December 2021, accessed on 9th February 2022 at <https://www.gov.ie/en/publication/48bb6-homeless-report-december-2021/>

<sup>20</sup> B&B and hotels.

<sup>21</sup> Though it also important to note that many families from immigrant and minority ethnic communities have remained long-term in the NEIC.

<sup>22</sup> Particularly during Covid lockdowns and most notably among immigrant families with limited social networks.

Notwithstanding the DRHE position on homelessness in the NEIC, these characteristics set the North East Inner City apart from other marginalised urban communities. It is important, therefore, for this research to acknowledge the NEIC as a complex community and efforts to enhance the lives of children and families in the area must be of matching complexity. The State's programme of investment in the NEIC involves an intentional effort to develop a strategy that matches the complex needs of the area and it is important that a comprehensive wrap around strategy for children (0-5) and their families is embedded in that investment.

### 3.3 Existing Provision

A trawl through the NEIC Services Map<sup>23</sup>; the Pobal Childcare Facilities Map<sup>24</sup> and the YPAR Directory 2019 – Under 12 Services<sup>25</sup> indicates the presence of a variety of services in the NEIC catchment area relevant to children in the antenatal to five year old age cohort. Most notably, these include the Rotunda Maternity Hospital, Temple Street Children's Hospital, primary care services operating out of Summerhill, North City and North Strand Primary Care Centres, ELC settings, primary schools, after-school services, parent and family support initiatives. All of the above are operated by statutory, community and voluntary providers. Table 5 offers a brief summary of services located in the area.

**Table 5: NEIC 0-5 Service Overview**

Service	Description
<b>Maternity Hospital:</b>	The Rotunda Maternity Hospital is located within the NEIC. While it serves a wider catchment than the NEIC, alongside the Coombe and Holles Street, it provides maternity services to residents of the area <sup>26</sup> .
<b>Temple Street Hospital:</b>	Located slightly outside the NEIC boundary, Temple Street Children's Hospital provides a wide range of clinical services for all children. Among others, these include audiology, cleft lip and palate, speech and language therapy, respiratory, craniofacial surgery, etc. Temple Street also operates the Lynn Clinic. This is a consultant-led, community-based clinic of Temple Street Hospital that has sought to bring services into the community as a result of low uptake of hospital-based appointments.
<b>Primary Care Services:</b>	Primary care services operate out of three primary care centres in the NEIC, namely Summerhill, North City and North Strand. Multidisciplinary teams located in these centres include PHNs, speech and language therapy, occupational therapy, physiotherapy, primary care psychology, etc.

<sup>23</sup> For details, see <https://dublinneic.maps.arcgis.com/apps/webappviewer/index.html?id=e738482777d3404b91174a419b76605e>

<sup>24</sup> For details, see <https://maps.pobal.ie/WebApps/ChildcareFacilities/index.html>

<sup>25</sup> See <https://www.ypar.ie/services-directory/> for details.

<sup>26</sup> Consultation with local stakeholders during the research process indicated that parents across the NEIC accessed the services of the Rotunda, Holles Street and Coombe Maternity Hospitals. Though the Rotunda is located in the NEIC area, interviews suggest that only a small proportion of births in the Rotunda involve families resident in the NEIC. Based on hospital data from January to November 2021, births in the Rotunda average out at approximately 760 per month. Information accessed from <https://rotunda.ie/latest-reports/#:~:text=The%20Rotunda%20Hospital%20Strategic%20Plan,2022%20%2D%202026&text=The%20Rotunda%20is%20also%20the,to%20give%20birth%20in%202021,10th%20February%202022.>

Service	Description
<b>Early Learning and Childcare Centres:</b>	Discussion with YPAR personnel indicates that 10 ELCs participate actively in the YPAR 0-5 Working Group with a number of others “dipping in and out.” These are the principal providers of ELC in the NEIC catchment. An examination of both the NEIC Service Map and the Pobal Childcare Facilities map suggests that there are other ELC settings in the area. It is also worth noting that a number of additional childcare settings are located within close proximity of the NEIC catchment and it is reasonable to expect that some families resident in the NEIC avail of services within those facilities. Information from Pobal’s map of childcare facilities suggests a mix of private services and community and voluntary.
<b>Primary Schools<sup>27</sup>:</b>	The NEIC Services Map suggests that there are 10 primary schools located in the NEIC catchment. These include a mix of full, junior and senior primary schools, and a mix of all boys and all girl schools. The Home School Community Liaison scheme and School Completion Programme are attached to most of the school communities in the NEIC, indicating their DEIS status.
<b>After-School Services:</b>	Seven after-schools services operate throughout the NEIC. These are: <ul style="list-style-type: none"> <li>• Belvedere Youth Services After School Club</li> <li>• Community After School Project (CASPr)</li> <li>• After School Education Project (ASESP)</li> <li>• Neighbourhood Project 1 (NYP1)</li> <li>• Ballybough Youth Service</li> <li>• Ozanam House After School Club</li> <li>• Hill Street FRC</li> </ul>
<b>Parent and Family Support Initiatives:</b>	The NEIC map indicates that there are five locally based parent and family support services operating within the NEIC. These are the Tusla Family Support Service in Amien Street; the services of Lisdeel Family Centre on North Strand Road; HSE Family Support Service in Summerhill Primary Care Centre; the services of the Hill Street FRC; and the NYP1. The Early Learning Initiative (ELI) also operates a number of specific services designed to support families, most notably its 0-2 Home Visiting Programme and its ParentChild+ Programme <sup>28</sup> .

<sup>27</sup> It is understood that primary schools engage with infant pupils that fall into the target group of this study.

<sup>28</sup> Also focused on providing supports to parents in their homes.

Service	Description
<b>Early Learning Initiative:</b>	<p>The ELI at the National College of Ireland is one of the Area Based Childhood (ABC) Programmes and was developed to address the problem of educational underachievement in marginalised communities. Building upon tried and tested models of early years' intervention, it aims to provide world-class parent and child learning support programmes. Its work operates in five of the seven EDs<sup>29</sup> located within the NEIC. Key elements of the ELI strategy include:</p> <ul style="list-style-type: none"> <li>• ABC 0-2 Home Visiting Programme (PHN Service &amp; Home Visiting)</li> <li>• ParentChild+ Programme (18 months-3 years)</li> <li>• ABC 0-5 Parent Support Groups</li> <li>• Early Numeracy Programme (0-8 years)</li> <li>• Zoom Ahead with Books (4-6 years)</li> <li>• Doodle Den (5-6 years)</li> <li>• Restorative Parenting</li> </ul> <p>In October, 2021 a Coordinator of Parenting Programmes was employed by ELI on behalf of the Parenting Strategy Group in the NEIC. This group comprises representatives of NYP1, the local Child and Family Support Network (CFSN), representatives of the Children's Disability Network, Dublin Adult Learning Network, Ozanam House, ELI, Tusla Family Support Service, Hill Street FRC and City Connects.</p>
<b>Multi-function Centres:</b>	<p>ELCs and parent and family support services are also integrated within a broader programme of supports within a number of organisations. These are:</p> <ul style="list-style-type: none"> <li>• Hill Street FRC is the sole FRC in the NEIC catchment. It offers a variety of programmes including family support (e.g. Restorative Parenting; Understanding the Importance of Play; Parent and Baby/Toddler activities; Preparing for Preschool<sup>30</sup>, and Supporting Parent and Child access visits); community support and counselling.</li> <li>• The SAOL Project offers an integrated programme of education, rehabilitation, advocacy and childcare, contributing to the development of women, children and community members in the North Inner City.</li> <li>• North Wall Community Development Project (CDP) which, in addition to its community crèche, offers community employment and adult learning schemes.</li> <li>• The Larkin Unemployed Centre which, in addition to ELC, supports those seeking work through its Self-Employment Training Programme and its Community Education Programme.</li> </ul>

<sup>29</sup> North City and Rotunda A are not included in the ABC programme.

<sup>30</sup> A locally developed programme.

Service	Description
<b>Multi-function Centres:</b>	<ul style="list-style-type: none"> <li>• The Lisdeel Family Centre, an initiative of the Daughters of Charity, offers a variety of parental advice, information and support services.</li> <li>• Lourdes Youth and Community Services (LYCS) is an integrated community based education, training, recreation and development project involving elements such as adult education, community training centre, youth work, community employment additional to its ELC.</li> <li>• Ozanam House, a community centre under the stewardship of the Society of Vincent de Paul offers youth, adult education and community group supports in addition to ELC.</li> </ul>

### 3.3.1 YPAR

Most of the services listed above are involved in the coordination efforts of YPAR. Founded in 2000 in recognition of the high levels of disadvantage in the NEIC, YPAR operates as a coordinating structure for local community groups and public services focused on young people. It places a particular focus on child and youth needs in the community, alongside seeking to address gaps in existing services. YPAR operates eight working groups, three of which are centred on the needs of distinct age cohorts in the NEIC and the remainder of which are thematic in their focus. The working groups are:

- 0-5 Working Group, focusing on services for children in this age group and the Working Group which has commissioned this study;
- 5-12 Working Group, prioritising children of primary school age;
- Hard to Reach Young People Working Group, centred on the needs of young people aged 13-25, particularly those not engaging in services and possibly engaged in antisocial and/or harmful activities;
- Meitheal and Practice Working Group, a cross-agency collaboration to address particular difficulties for children, youth and families;
- International-YPAR Working Group, targeting support to young people of minority ethnic origin;
- Children & Youth Mental Wellbeing Working Group, prioritising young people's mental health and wellbeing;
- Homeless Children & Families Working Group, emphasising support to children living in emergency homeless accommodation; and
- Roma Support Group, which provides practical support to Roma Children and Families.

YPAR also assumes the role of CFSN on behalf of Tusla for the NEIC area.

### 3.3.2 ELC

A core requirement within the Terms of Reference for this study was that the research would consider the needs of childcare providers and early years' services. Documentation reviewed as part of this study, alongside consultation discussions with local stakeholders, revealed considerable concerns about the capacity, viability and sustainability of ELC settings in the NEIC to cater to the needs of children and families in the community. These concerns are examined in greater detail in subsequent sections of the report, while this section sets out to profile current ELC provision in the NEIC.

Ten ELC providers participate actively in the YPAR 0-5 Working Group. These are, in alphabetical order:

- CASPr Crèche, Portland Square, Dublin 1 and Seán MacDermott St;
- Holy Child Preschool<sup>31</sup>, Lourdes Parish Schools Building, Lower Seán MacDermott Street;
- Larkin Early Education Services<sup>32</sup>, located in the Larkin Unemployed Centre on North Stand Road and Ballybough Community centre, on the Ballybough Road;
- Little Treasures Community Crèche, North Wall CDP, Lower Sheriff St;
- LYCS Community Crèche, Lourdes Youth and Community Centre, James Joyce Street;
- Ozanam House Early Learning Centre, Mountjoy Square;
- SAOL Beag, the SAOL Project, Amien Street;
- Smallies Crèche and Preschool, under the management of ASESP;
- St. Brigid's Day Nursery, Mountjoy Square; and
- St. Louise's Early Childhood Development Service, North William St.

All of the settings are either located within or alongside areas of deprivation. One of the ten, Smallies Preschool, under the management of ASESP, was forced to suspend its operations in 2020 however, owing to the loss of the premises that had been made available to it by the Dublin Archdiocese. It is therefore not providing ELC services in the NEIC at the point of this research, in spite of its ambition to do so. ASESP is currently exploring the possibility of accessing an alternative venue and has identified two potentially suitable locations, both of which would facilitate it to triple its provision of ELC in the North Wall area<sup>33</sup>.

Following a request from the YPAR Research Steering Group, the ELC providers in question were invited to complete a short survey questionnaire. The purpose of the survey was to assist the research team in preparing a comprehensive overview of *current* ELC provision in the NEIC and outline some of the critical challenges facing the sector in the community, particularly in terms of the *current* reach of services; the various types of services; the funding streams being accessed by and staffing arrangements of local services.

The findings from that survey, pertaining to **eight** local ELC services, are outlined below. Given the fact that Smallies Preschool is currently not operational, it was not appropriate to include it in the survey findings. Another provider listed above did not participate in the survey. A further local service provider, not listed above, also offered input to the survey but did not respond to the central questions in the survey regarding service capacity, funding and staffing. As a result, its input is also excluded from the survey.

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<sup>31</sup> Also known as the Rutland Street Project.

<sup>32</sup> Crèche and preschool.

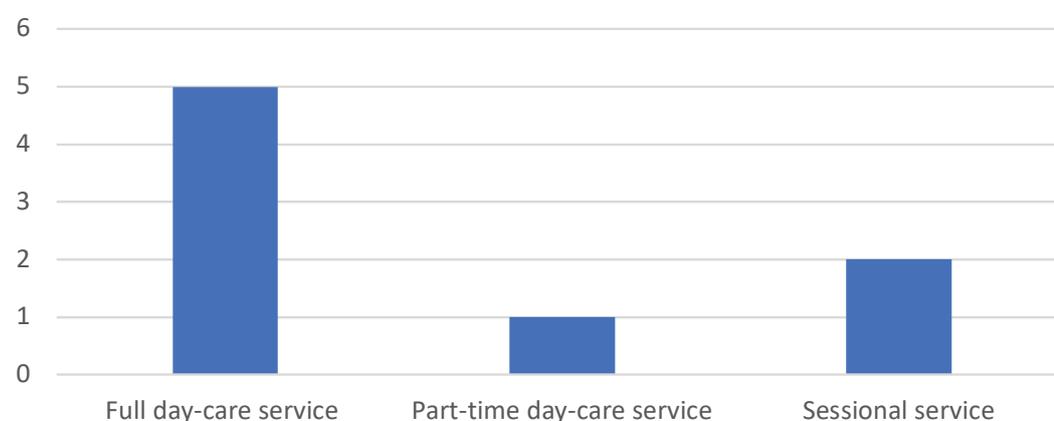
<sup>33</sup> Up to the point of suspension, Smallies was offering crèche and preschool services to 64 children from the North Wall area.

## Overview of ELC Provision

Of the eight services that have been included in the survey findings, seven are operated and managed by community and voluntary providers. The eighth, Holy Child Preschool, is the only standalone preschool of the DoE in Ireland and is therefore categorised as a statutory provider. The eighth, Holy Child Preschool operates the Rutland Street Pre-School Project which is a two-year pre-school programme catering for 3-5 year-olds. Although not part of the Early Start programme which operates in 40 schools in areas of urban disadvantage, it was used to pilot many of the approaches later incorporated in the Early Start project. The Holy Child Pre-school also provides an Early Intervention Autism Spectrum Disorder (EI ASD) Unit.

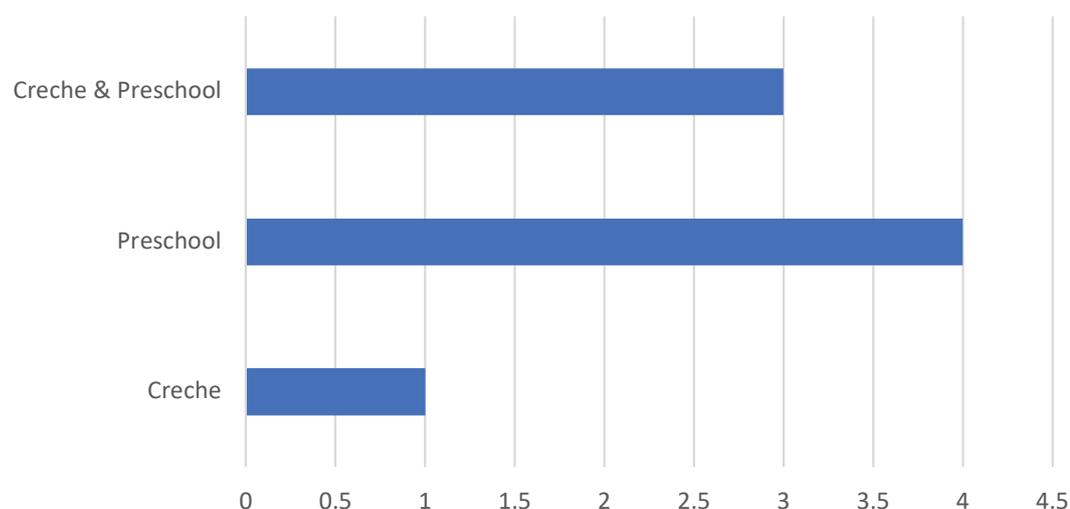
- Over half of the participating services (n=5) offer full day-care<sup>34</sup> services; one provides part-time<sup>35</sup> day-care services while two provide sessional<sup>36</sup> preschool services, as outlined in Figure 5 below.

**Figure 5: Nature of ELC Services in the NEIC**



- Four of the participating services (50%) operate a preschool service only, one (12.5%) operates a crèche service only, while a further three services operate both preschool and crèche facilities<sup>37</sup>. See Figure 6 below.

**Figure 6: ELC by Type of Provision**



<sup>34</sup> That is, in excess of five hours per day.

<sup>35</sup> That is between 3.5 and 5 hours per day.

<sup>36</sup> For a total of not more than 3.5 hours per session.

<sup>37</sup> ASESP's Smallies, when operational, had offered both crèche and preschool services.

- Children attending all local services are referred to ELC facilities from a variety of sources. This includes parents approaching services for a place for their respective children, as well as referrals from local agencies such as PHNs, social workers, homeless services and others. The Admission to the Holy Child Preschool is carried out in accordance with the provisions of the Education Act.
- While all service providers participating in the survey noted that they accepted referrals of children from agencies operating in the NEIC, only one referred to receiving additional funding for accepting any such referrals.
- Responses within the survey to a question asking local ELC providers if they prioritised particular children and families over others revealed a strong commitment within services to offering supports to children from the most vulnerable of backgrounds. A flavour of responses is presented below:

*"Our target group is families residing in the NEIC and in particular those who are experiencing or are at risk of social, financial or educational disadvantage."*

*"Local children who live with disadvantage in social housing or in insecure privately rented accommodation."*

*"Children referred by Public Health Nurses, Social Workers, Speech Therapists, Dublin North City & County Child & Adolescent Mental Health Service, Family Support Workers or other relevant professional agencies receive priority admittance, provided all necessary supports & resources are in place prior to commencing."*

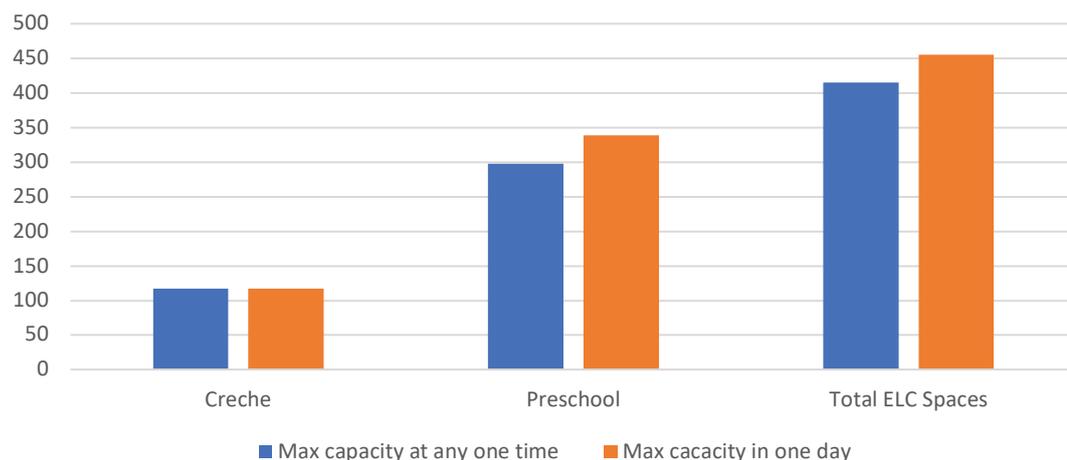
*"We seek advice from PHNs as what children require a place each year we would keep 8 places for such priorities. This is not official policy but an informal way to make sure the very children we were set up to support continue to get that support and place."*

*"We hold space for referrals where possible."*

*"Children living in Homeless Accommodation, children directly affected by drug and alcohol misuse, children identified as requiring additional educational support."*

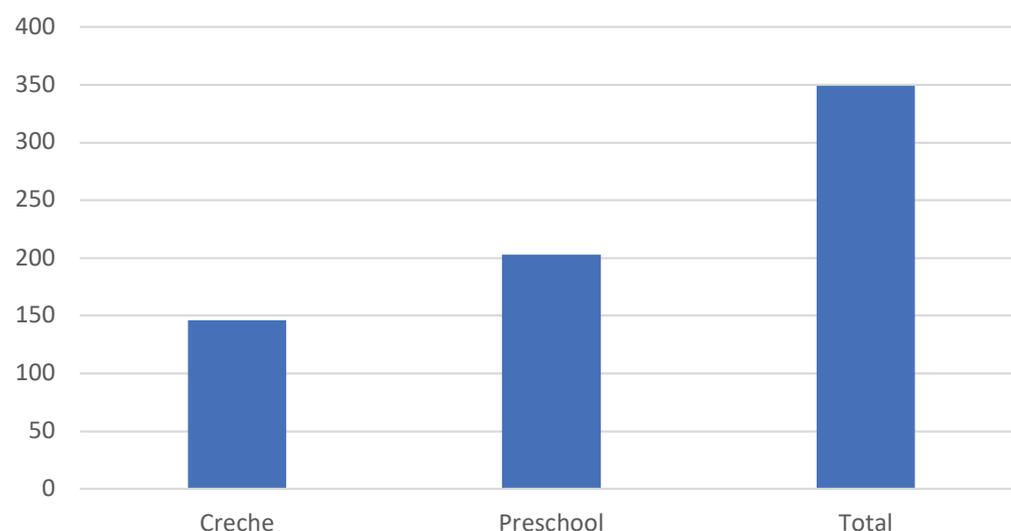
- It has been suggested through survey responses that approximately 30% of children attending ELCs are from a minority ethnic background. This ranges, for example, from 85% of children attending Ozanam House Early Learning Centre, 40% of children attending Holy Child Preschool and approximately 12% of children attending the LYCS Community Crèche.
- If all ELC services operated at optimal capacity (i.e. all childcare places available were utilised), the maximum number of children that could be accommodated *at any one time* across the participating services stands at **415**: 117 in crèche and 298 in preschool. Similarly, when operating at optimal capacity, the maximum number of children that can be accommodated *in any one day* across the participating services stands at **456**.

Figure 7: Optimal ELC Capacity



- The same eight services also noted that they currently had **349** children on waiting lists, 146 seeking crèche spaces and 203 waiting on preschool places<sup>38</sup>. LYCS currently referred to having in excess of 100 children on its waiting list, while Larkin Early Education Services had more than 60. In the context of Holy Child Preschool, children on its waiting list included 18 children for mainstream preschool class and nine children for its Autism Spectrum Disorder Early Intervention Unit<sup>39</sup>.

Figure 8: ELC Waiting Lists across Participating Services



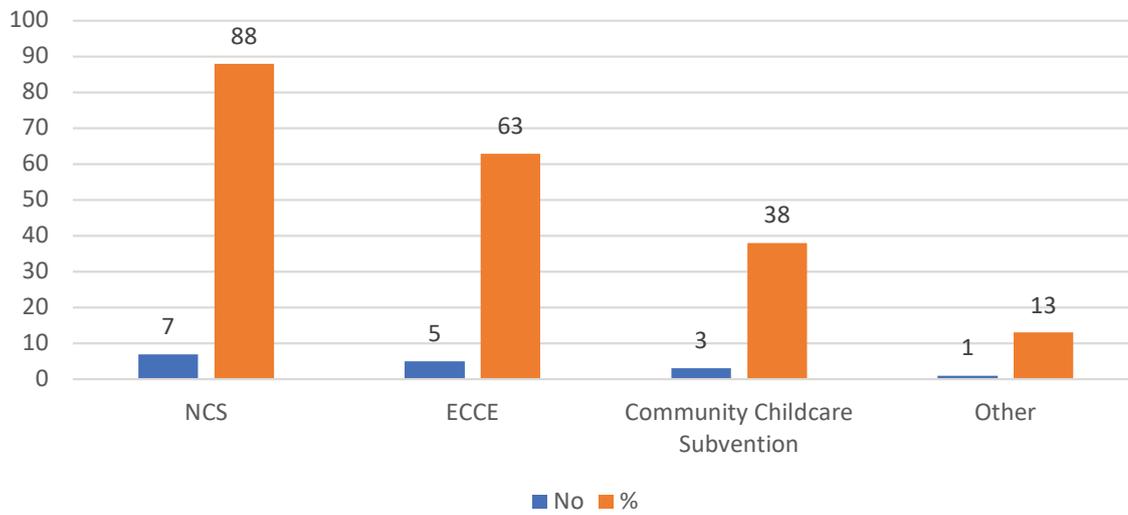
- Across services participating in the survey, **41** children were referred under the National Childcare Scheme (NCS) by a sponsor body. The NCS does not apply to the Holy Child Preschool.
- All of the community and voluntary ELC providers responding to the survey noted their reliance on funding under the NCS. Five accessed funding under the ECCE scheme, while three of the services were in receipt of funding under the Community Childcare Subvention. Six of the services were in receipt of funding from more than one scheme, though one service referred to being totally reliant for funding on only the NCS. One of the services referred to also accessing funding from Tusla (referred to as other in Figure 9 below). None of the funding schemes referenced in Figure 9 apply to The Rutland

<sup>38</sup> It is recognised that these figures may be over inflated, as some children may be on more than one waiting list.

<sup>39</sup> In addition, ASEP notes that it has 30 children on file for its ELC service in spite of the service being suspended.

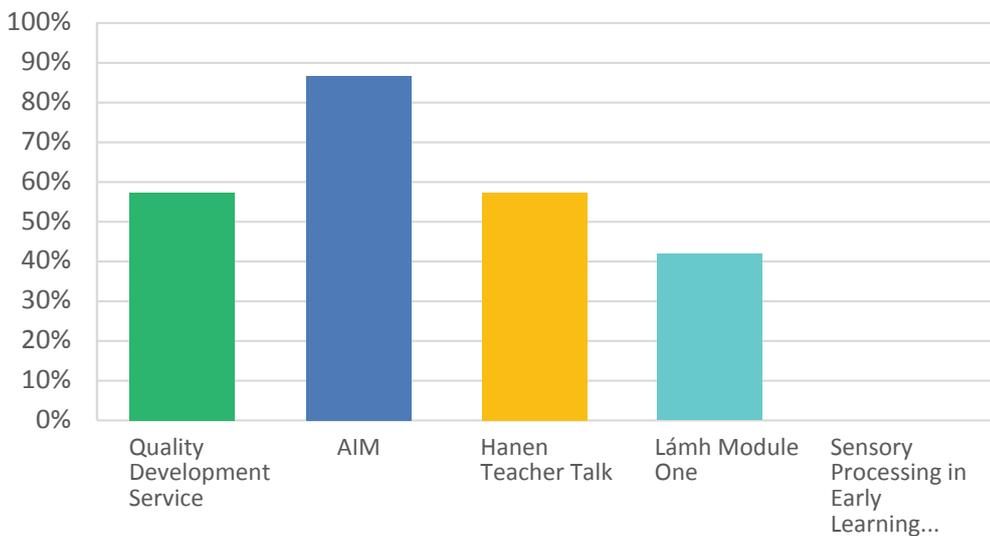
Street Pre-school Project, whose budget for pay, non-teaching and non-pay elements is administered by the Department of Education.

**Figure 9: ELC Funding Streams Accessed**



- Additionally, four services (50%) participating in the survey reported that they had received support under the COVID-19 Sustainability Support Fund.
- Each of the seven community and voluntary run ELC services participating in the survey highlighted that they had availed of supports under the Better Start National Early Years Quality Development Programme. While these supports are generally not offered to programmes funded separately by the Department of Education, including Rutland Street and EI ASD Units, last year additional mentoring and coaching supports were offered to Holy Child Pre-school by Better Start for children in the Rutland Street Pre-school Project on a voluntary basis. The nature of supports received by local community and voluntary ELCs is outlined in Figure 10:

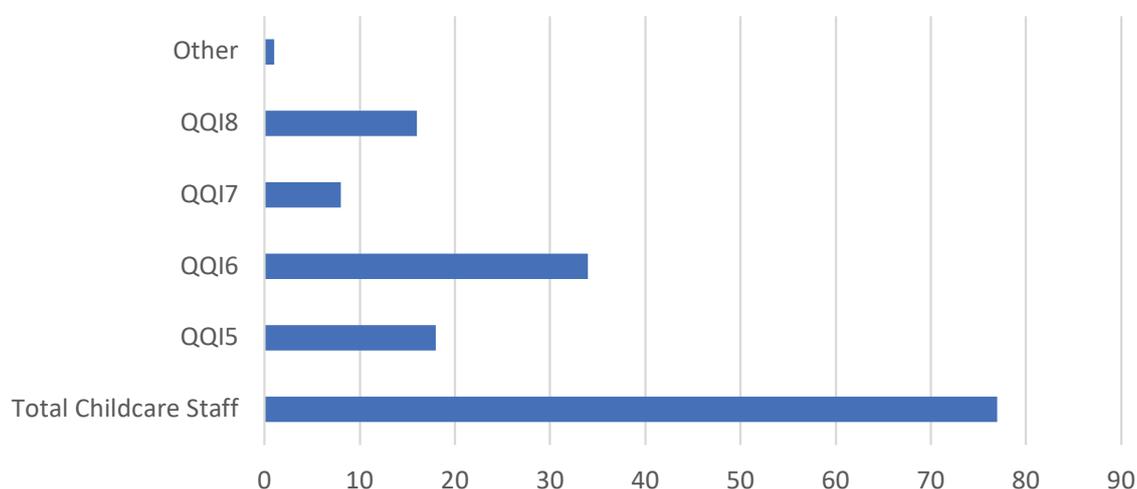
**Figure 10: Supports Accessed under the Better Start National Early Years Quality Development Programme**



## ELC Staffing

The community and voluntary ELC settings participating in the survey referred to a total of **77** childcare staff across their facilities. These included a mix of full-time and part-time staff, covering a variety of childcare roles. A breakdown of childcare staff by qualification level across all facilities is offered in Figure 11 below<sup>40</sup>.

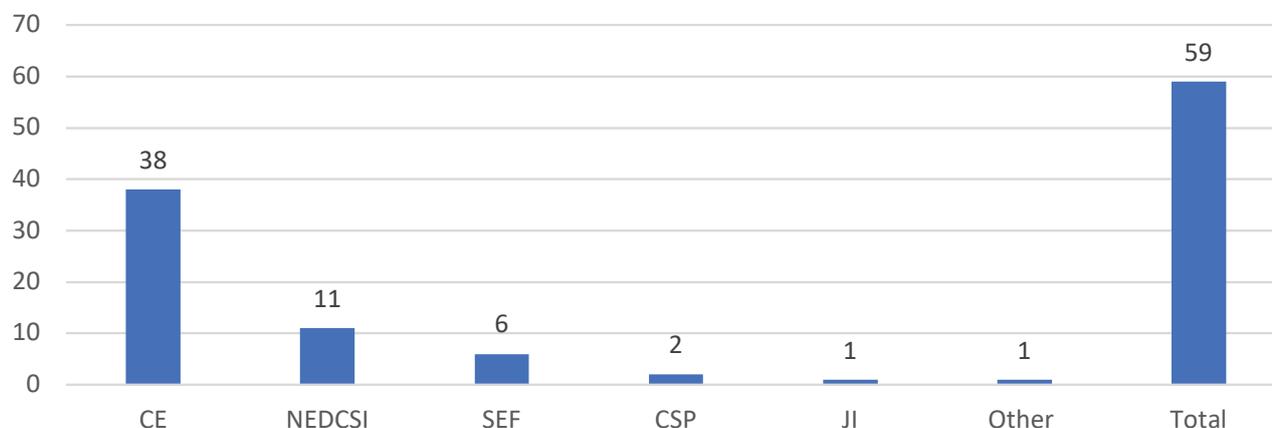
**Figure 11: ELC Childcare Staff by QQI Level**



The figures for staffing above do not include the staffing arrangements of Holy Child Preschool which has a total childcare staff of 15, of whom seven are teachers, six are early years educators and two are special needs assistants.

A total of **59** personnel are engaged within community and voluntary ELC settings through employment schemes and other non-mainstream funding sources. These include personnel enabled through the Community Employment Scheme (CE), the North East Dublin Community Services Initiative (NEDCSI), the Social Employment Fund (SEF), the Community Services Programme (CSP), Jobs Initiative (JI). A breakdown of such personnel is offered in Figure 12 below<sup>41</sup>:

**Figure 12: ELC Personnel engaged through non-mainstream funding sources**

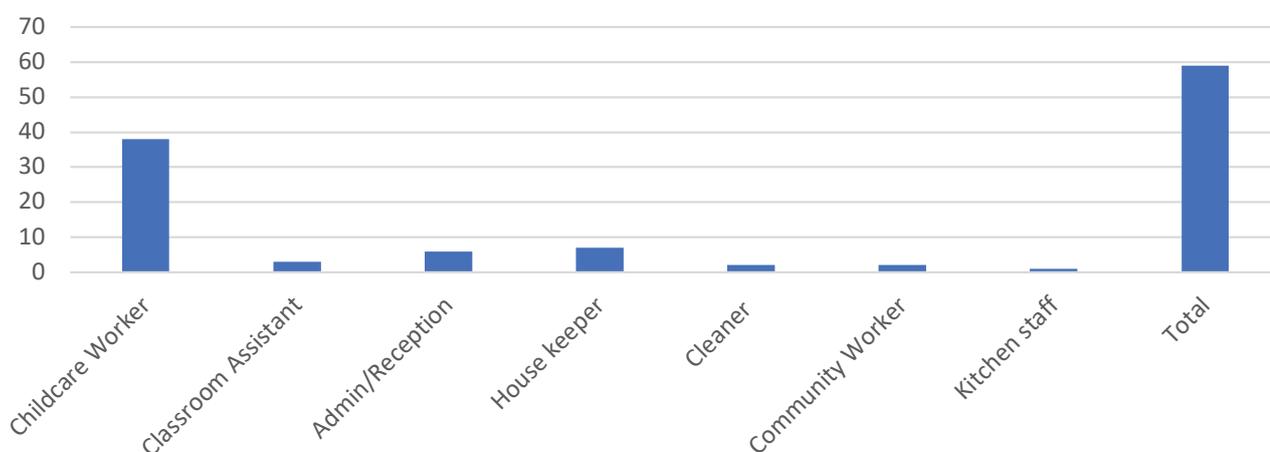


<sup>40</sup> The reference to 'other' in Figure 11 pertains to a staff member in one facility who had trained as a primary teacher in another country.

<sup>41</sup> The reference to 'other' in Figure 13 relates to a housekeeper employed in one of the ELC settings through its fees.

Employment scheme personnel fulfil the following roles across the seven participating community and voluntary settings:

**Figure 13: ELC Supported Employment Scheme Staff by Roles**



The implications of the information outlined in this section are addressed in considerable detail in both sections 4 and 5. It is particularly noteworthy that the eight ELC settings surveyed during this research currently have the capacity to accommodate a maximum of **456** children. As outlined in Table 4 above, PHN registers indicate that there are 1,778 children aged four years and under living in the NEIC, that is the age cohort of children to whom ELC settings provide services. Not all families will avail of ELC services for their children. Similarly, some may access services outside the catchment boundary. However, on the basis of the figures provided to the research team, it is evident that ELC facilities in the NEIC, specifically those that participated in this survey, have a current maximum capacity to provide early learning and childcare for approximately one in four (26%) of the relevant child population in the NEIC<sup>42</sup>.

The reliance on personnel from various employment schemes also emerges as a notable concern in respect of community and voluntary ELCs. Figure 13 above points to 38 childcare workers enabled through employment schemes, essentially accounting for half of all childcare staff across the participating facilities.

<sup>42</sup> It is acknowledged that a further ELC did not provide data in respect of its facility and so 456 cannot be viewed as an entirely accurate depiction of current provision. The significant loss of 64 ELC places in the area, through the suspension of the Smallies ELC must also be noted.

## Consultation

# 4

## 4.1 Consultation with Parents

### 4.1.1 A Peer Research Approach

Reference has been made above to the adoption of a peer research approach to optimise the participation of parents in the research. The following summarises the activities undertaken to recruit and support a group of five local parents to undertake this element of the research.

### 4.1.2 Recruitment Process

Following agreement with the YPAR Research Steering Group, CDI prepared an information note explaining the purpose of the research and its desire to ensure parents voices are fully reflected. The information note provided offered an outline of the peer researcher role, what would be involved<sup>43</sup> and what payment would be made. With the assistance of the YPAR Coordinator, this information note was distributed to local service providers who were requested to invite parents availing of their respective services to consider applying.

In parallel, an Expression of Interest form was also prepared and circulated. Interested parents were invited to complete this, outlining their capacities to fulfil the expectations of the peer researcher brief, and return to CDI.

It had originally been anticipated that four peer researchers would be recruited to implement the consultation process with parents. Ultimately, five individuals submitted Expression of Interest forms and following review by CDI, it was decided that all five would be invited to participate.

### 4.1.3 Profile of Peer Researchers

The peer research team comprised five individuals, all of whom were female and mothers of young children in the NEIC, and all of whom came to know about the research through their involvement with Hill Street FRC. Four of the five team members were from non-Irish backgrounds while the fifth was an Irish national. All had been living in the NEIC for a number of years.

### 4.1.4 Training and Support

The peer research team was invited to participate in two half-day workshops designed to provide orientation to the research and their roles in consulting with local parents<sup>44</sup>. Key topics covered in the training were:

- understanding research and its role in building understanding, solving problems and informing service development;
- the background to and purpose of this research project;
- understanding the importance of consulting parents;
- being a peer researcher – knowledge, skills and values;
- good practice in research, including an ethical approach to consultation;
- the logistics of delivering the peer research element – recruiting parents, conducting interviews, keeping and presenting records for analysis;
- examining the research questions.

<sup>43</sup> Including, for example, information on supports, hours to be worked, expected outputs, remuneration, etc.

<sup>44</sup> Both training workshops were hosted by Hill Street FRC.

During the orientation training, the peer researchers also took part in a facilitated focus group which enabled them, as parents raising small children in the NEIC, to have their voices included in the research findings.

Thereafter, the peer researchers began their engagements with parents. The researchers were provided with a standard research questionnaire to guide their interactions with parents and a standard recording format that would ensure consistency in the manner in which consultation findings were presented back to the research team for collation and analysis. The CDI research team remained in regular contact with the peer researchers throughout the period of their engagement with other local parents, offering support and guidance as required.

It is important at this point in the report to pay tribute to the peer researchers who engaged with the research process enthusiastically and diligently and who, through their engagements with peers in their communities, captured considerable information on the perspectives of parents in the NEIC in respect of parenting babies and small children.

## 4.2 Parent Consultation Implementation

### 4.2.1 Profile of Parents Participating in the Research

A total of 45 parents participated in this research through the peer research process outlined above. A considerable proportion of parents interviewed by the peer researchers were from international backgrounds, were relatively well educated and were progressing well with their lives in the North East Inner City. This view was echoed by members of the YPAR Research Steering Group. While acknowledging the validity of parents voices accessed through the peer research process, Steering Group members noted that the parent participant profile outlined below did not fully reflect the profile of parents and families that accessed their respective services, with service providers highlighting their prioritisation of families experiencing high levels of deprivation and marginalisation.

Whilst the profile of parents participating in this study may not be representative of the target group for local services, or indeed the NEIC parent population in its entirety, it is nevertheless important to point out that the opinions expressed by these parents, as parents residing in and raising children in the NEIC, are completely valid and relevant to the research objectives. The views expressed by participating parents are in fact consistent with many of the views expressed by local service providers in the subsequent consultation stage.

In recognition that the voices of harder to reach parents were not adequately reflected through this process, one of the research team engaged with local PHNs in the NEIC to arrange a small number of additional interviews with parents presenting with some or all of the following characteristics:

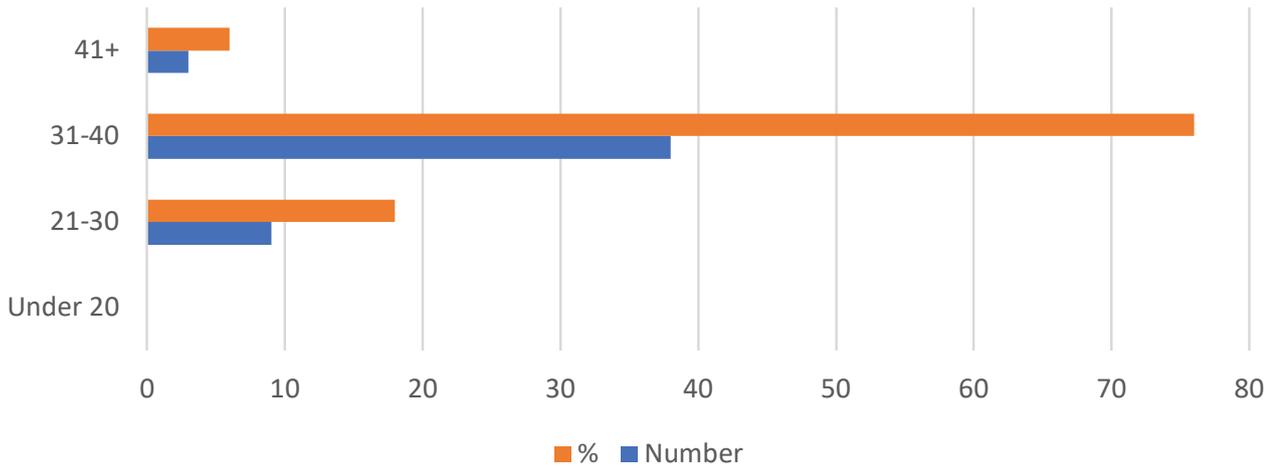
- individuals parenting alone;
- parents fitting the *hard to reach* description, including in homeless services, direct provision or indigenous families that have had a history of intergenerational disadvantage;
- parents who have had lower participation in formal education, e.g. lower or upper secondary education;
- parents predominantly relying on social welfare for household income;
- parents whose children were accessing few or no services, especially early learning or childcare.

A further five interviews were completed, bringing the total number of parents whose opinions are reflected in this research report to 50.

Headlines in respect of participating parents include:

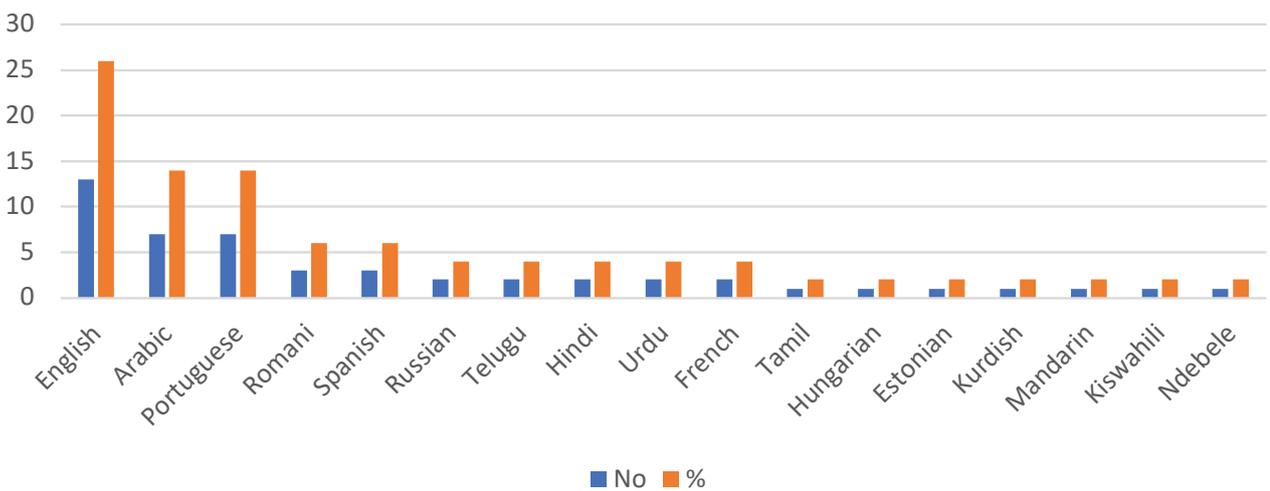
- 90% of participants were female and 10% were male.
- Three out of every four participants were aged 31-40 years as outlined in Figure 14 below:

**Figure 14: Participating Parent Respondents by Age**



- Participating parents came from diverse ethnic backgrounds and their first languages were equally diverse, as illustrated in Figure 15 below:

**Figure 15: First Language of Parents Interviewed**

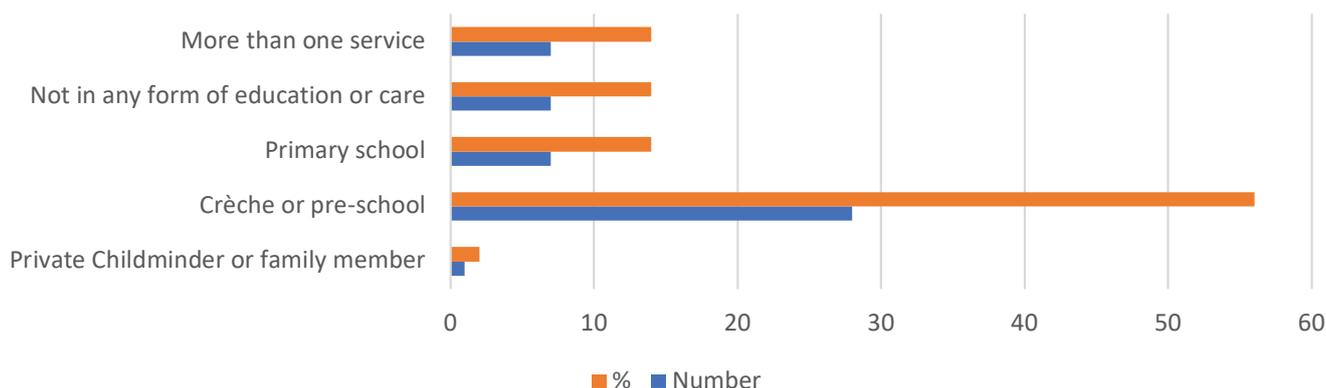


- 82% of parents included in the study lived in households involving two parents, and 74% of the respondents were married.
- 72% of parents participating in the study had participated in 3rd Level education, with the remainder having completed secondary or primary education.
- Of those interviewed, 54% worked full time in the home, 24% were in full-time employment and 18%

in part-time employment. Of those living with a partner, 64% of their partners were working full-time.

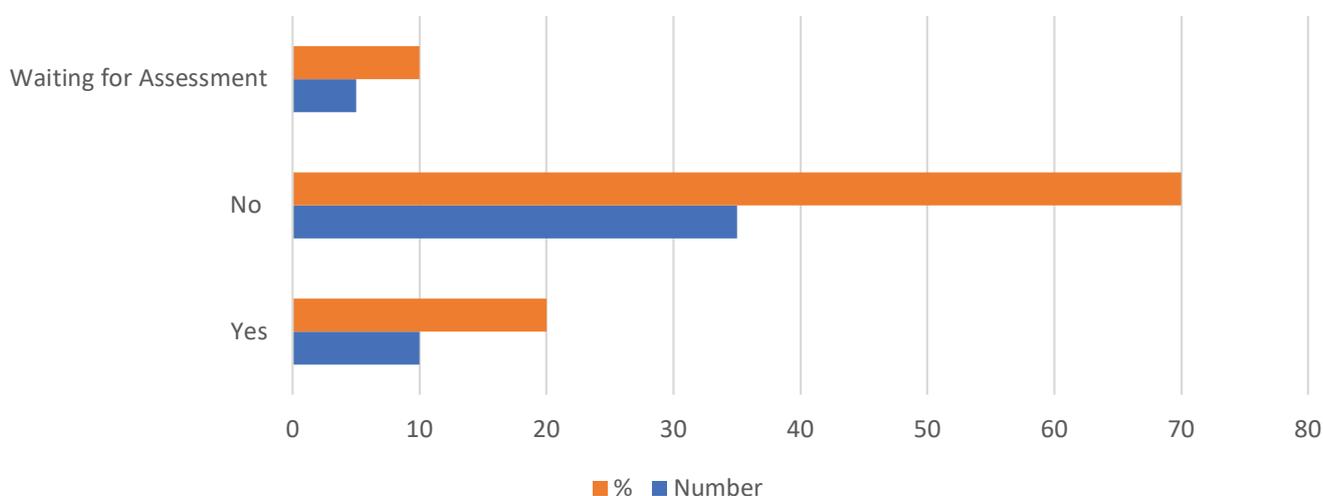
- Across the 50 households involved in the study, there were 90 children in total - of whom 70 (78%) were aged five years or under.
- Children from 56% of households were attending a crèche or preschool, 14% were attending primary school and 14% were attending more than one service (for example a crèche and preschool or a pre- and primary school). Similarly, children in 14% of households were not accessing any form of early learning or childcare.

**Figure 16: Families Accessing Early Learning and Childcare Services**



- Over half of all families involved in the study had no involvement with State services, though a small proportion had received or were continuing to receive support from key statutory services, most notably primary care.
- 20% of parents interviewed had at least one child diagnosed with an additional need. 10% of parents were waiting for an assessment for a child where a concern about an additional need had been identified.

**Figure 17: Households with Additional Needs Diagnoses**



### 4.2.2 What's going well?

Much of the feedback from local parents in relation to their experience of parenting echoes the observations that one might usually expect in relation to parenting small children, irrespective of location. It is evident from the feedback that most of the parents participating in the study were extremely loving and devoted to their children. Having children was momentous and, for the majority of individuals interviewed, was celebrated. While recognising the challenges of parenting, comments expressed repeatedly throughout interviews included:

*"There's great joy in seeing them grow and develop."*

*"It changes you."*

*"It's wonderful."*

*"They are a blessing."*

*"I love seeing their personalities develop over time."*

*"It's a precious time. I had struggled to get pregnant."*

While, as will be noted below, many parents expressed concerns about raising children in the NEIC, for six others (12% of participants), living centrally in the city with small children was viewed as a bonus. For example,

*"It's close to everything, including the park and play spaces. It's a good place to raise children."*

*"It has been a good experience being near to all the major maternity hospitals and children hospitals and all needed services."*

Most of the parents interviewed implied they were doing well as parents and, while challenges of parenting were inevitable<sup>45</sup>, most were getting on with the role of catering to the needs of their children as best they could.

### Feeling Supported

Half of all parent (n=25) participants referred to feeling supported during their parenting journeys with small children. Others spoke of feeling supported to some degree or during particular stages of their parenting journeys, for example during the first year of their child's life. Six parents (12%) referred to not feeling supported at all whilst parenting children under six years of age.

Those who commented on feeling supported referred to a range of sources of support. Most notably, these included husbands/partners, other family members and friends. A number of local services were also mentioned as supportive, particularly, PHNs, Hill Street FRC, crèches and preschools in the area, GPs, the maternity hospital and ELI.

The majority of parents spoke about their satisfaction with local services that they had accessed for themselves as parents and/or their young children. Many also commented on services they had sought and been unable to access, as will be illustrated in greater detail below.

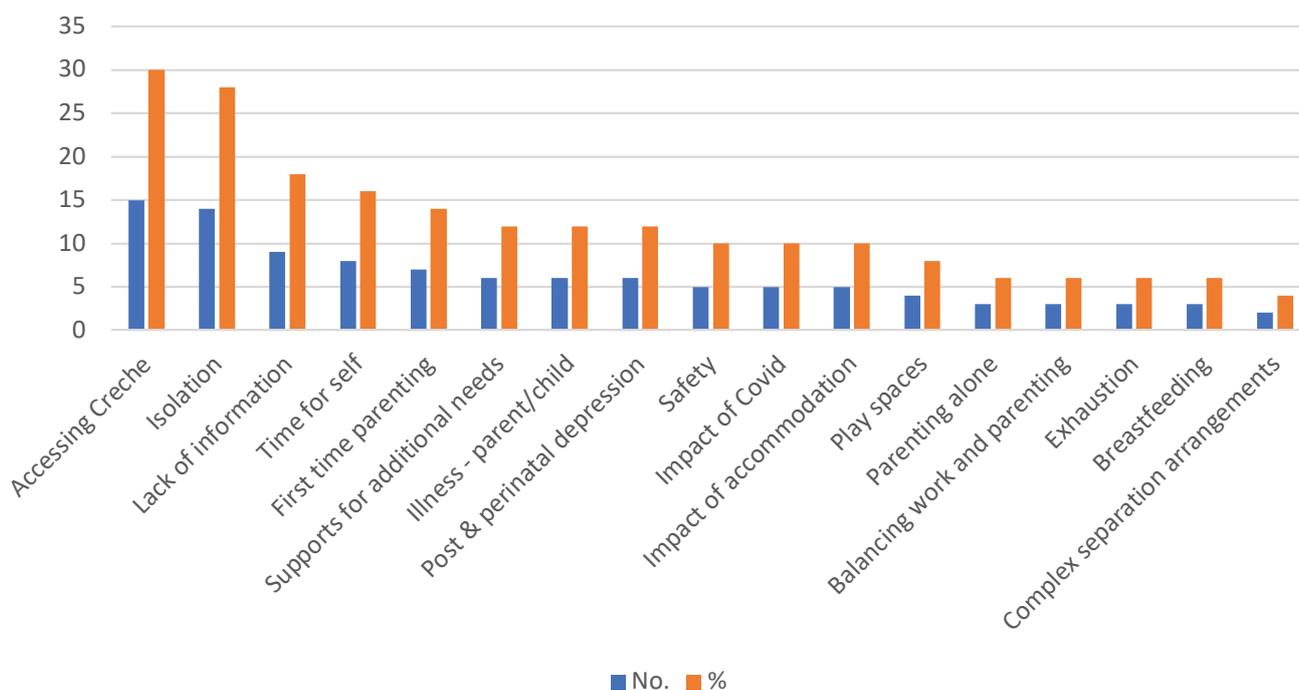
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<sup>45</sup> Some more extreme than others.

### 4.2.3 Challenges/Gaps

As the primary focus of this study was on unpacking the current and unmet needs of children and families in the antenatal to five year old cohort, the bulk of interactions with parents centred on the challenges and needs they had faced in their parenting journeys. Figure 18 below offers a diagrammatic illustration of the primary needs and challenges expressed by parents in respect of their experiences of parenting babies and small children in the NEIC.

**Figure 18: Principal Parenting Challenges**



Some of the issues outlined in Figure 18 are self-explanatory, for example:

- parents struggling to find time for themselves while busily engaged with parenting;
- the challenges of being a first time parent or parenting alone;
- difficulties balancing paid external work with parenting responsibilities;
- post- or perinatal depression and impact on the health, wellbeing and parenting capacity of a mother;
- the exhaustion associated with parenting a baby or small children;
- the challenge of mastering breastfeeding;
- the challenge of parenting effectively in situations where either the parent or child is frequently ill.

Other expressed needs warrant clarification, particularly as some align closely with the observations of local service providers in the next section of the report.

## Accessing Early Learning and Care Services

Fifteen of the participating parents (30% of all parents engaging in the research) highlighted their difficulties in accessing ELC spaces, particularly crèche spaces, for one or more children. While most parents commented on inadequate spaces in the community, a small number of others referred to the costs of crèche and to the difficulties facing families on low income in availing of places. Examples of parent comments included:

*"Finding crèche places. There aren't enough."*

*"Crèche spaces. I was lucky."*

*"It's difficult getting a crèche space. You're a long time waiting."*

*"I couldn't find a crèche place for my child. There's more places needed."*

*"It's difficult getting a crèche and it's expensive on top."*

*"Nurseries here are super expensive and large waiting list."*

## Parental Isolation

Isolation emerged as an issue for 28% of parents. This was particularly notable in the context of families from minority ethnic communities who, without family and social support networks, found early parenting quite lonely and isolating. Lack of information on services and supports in the locality was noted as a contributor to isolation. Lockdowns as a result of Covid-19 added to isolation and those giving birth during the last two years commented on its impact on them:

*"I felt very lonely as a young mother when my husband was working outside the home, and my family is not here."*

*"I find parenting very isolating and lonely. I stay at home and my husband works all hours to provide for our family."*

*"It's just us two. I have no support."*

A parent currently residing in homeless emergency accommodation also referred to feeling "trapped, isolated, removed from everything."

Covid-19 was considered by one-in ten parents to have made parenting extremely difficult, especially in situations where a baby was born during Covid-related lockdowns. Covid also resulted in the loss of supports and playgroups and this was felt acutely by some parents.

## Lack of Information

Almost one in five parents (n=9, 18%) referred to experiencing a lack of information on supports and services available. This, as noted above, contributed to feelings of isolation in the community:

*"I felt isolated from what was available as I had no information."*

*"I found out about services by chance. I had to do the work to find out what was available."*

*“The biggest challenge is that there isn’t anywhere to go and ask questions. I can only check on the internet.”*

*“I had a real lack of knowledge of services in the early stages.”*

## Supports for children with additional needs

One in eight parents (12%) expressed frustration at the difficulties they experienced accessing necessary supports for their children with additional needs.

*“Waiting lists for additional needs. Once you get the service, it’s good and professional.”*

*“There’s a real delay in services for children with special needs.”*

*“My son has speech delay, he was diagnosed when he was around two years old. He was put on the waiting list for speech therapy, it took more than three years to get his first appointment.”*

*“The waiting times for assessment and diagnosis are ridiculous and we are pushed to do these privately.”*

## Safety

One in ten parents commented that Dublin’s inner city is not a good place to raise children. These included international parents along with parents who had grown up in the area, who commented on the decline of the area in recent years. The prevalence of drugs in the city centre was highlighted as a particular concern.

## Accommodation

One parent involved in the study noted that apartments in the city centre were generally too small for family life. Four others, two of whom were living in emergency homeless accommodation and two of whom were living in a Direct Provision centre spoke of the complexity of family life while residing in a hotel room. As one interviewee noted:

*“It’s hard enough having a baby without the stress of being homeless.”*

## Play spaces

A dearth of play spaces in the city centre was noted by 8% of parents while safety of parks and playgrounds was also raised as a concern.

## Complex Separation

Two parents (4%) referred to the difficulty of parenting children in situations where they are separated from the child’s other parent and where the relationship between parents is strained.

### 4.2.4 What would have made the biggest difference?

Perhaps unsurprisingly, solutions to the challenges raised above would have made the biggest difference to participating parents. Many spoke of the need for additional childcare places and greater affordability of

childcare. Several referred to the need for information services and supports for parents, particularly in the context of parents from new communities trying to understand Irish systems. Reference was also made to the need for more and appropriate play spaces, including indoor play areas and play areas that are designed around the needs of children with additional needs.

## Supports for Parents

It is interesting to note that many of the comments made in response to this question focused on supports for parents themselves, supports that would enable them in their parenting approaches with small children while also supporting them to be well in themselves. A flavour of suggestions is offered in the quotes below, which are presented in no order of priority:

*"People who will talk with you and keep you calm as a parent."*

*"Services for fathers, like how to be a good dad."*

*"Parent groups for parents whose children are the same age."*

*"More supports for parents not originally from Ireland and new to the area."*

*"More playgroups that would give a bit of 'me' time for parents."*

*"I think they should concentrate on the pre-natal care. I really needed someone to prepare me while pregnant to what was going to happen both mentally and physically."*

*"Peer support groups during pregnancy. Opportunities to meet other parents and get advice from the Public Health Nurse."*

*"Antenatal classes are brilliant but similar classes for what to do after the baby is born."*

*"Useful programmes on breastfeeding and massage."*

Parents have many concerns in respect of their children and want to ensure the best start in life for their babies and toddlers. The views expressed above present a summary of the perspectives of 50 parents residing in the NEIC. As stated previously, many of the views expressed by parents reflect concerns expressed consistently by local service providers.

## 4.3 Consultation with Service Providers

### 4.3.1 Profile of Participants

In December, 2021, with the assistance of the YPAR Coordinator, local providers of services were invited to participate in four focus group discussions, designed to tap into the observations, perspectives and experiences of services regarding the target group in the NEIC. The focus groups were organised according to age:

- antenatal services;
- services for children up to three years; and
- services for children aged four and five years.

A total of 15 individuals participated in the focus groups with Table 6 offering a brief profile of participants and the nature of services they provide. Those participating involved a mix of service managers/coordinators and frontline delivery personnel.

**Table 6: Profile of Local Service Providers Participating in December Focus Group Discussions**

Focus Group	No. of Participants	Nature of Services Provided
Antenatal Services	1	<ul style="list-style-type: none"> <li>• Parent Support/ Outreach</li> </ul>
Services for Children 3 years and under	7	<ul style="list-style-type: none"> <li>• Parent Support/ Outreach</li> <li>• Child and Parent Support Groups/ Programmes</li> <li>• ELC Services</li> </ul>
Services for Children aged 4 and 5 years <sup>46</sup>	7	<ul style="list-style-type: none"> <li>• Child and Parent Support Groups/ Programmes</li> <li>• ELC S/Afterschool services</li> <li>• Early Numeracy</li> </ul>

A review of participation in the focus groups revealed that the majority of participants had been involved in community and voluntary services<sup>47</sup>. A gap in the participation of statutory services was noted.

Building on the information garnered through the aforementioned focus groups, particularly with regard to service challenges, a decision was taken with the YPAR Research Steering Group to conduct a number of additional discussions, principally with statutory service providers. These included:

- personnel from HSE primary care<sup>48</sup> the Health-Link Team<sup>49</sup>;
- personnel from the HSE;
- the HSE Multi-Disciplinary Team (MDT);
- personnel from the Children’s Disability Network Team (CDNT);
- personnel from Tusla’s Prevention Partnership and Family Support Team (PPFS) in the NEIC;
- personnel from DCC;
- personnel from Dublin City Childcare Committee;
- the Dublin Regional Homeless Agency;
- the Coordinator of Parenting Programmes.

<sup>46</sup> Some of the participants in this focus group were had children in the younger age groups and, as a result, the conversation focused on the myriad of child needs in the NEIC as opposed to a discussion exclusively related to four and five-year olds.

<sup>47</sup> Inclusive of the ABC programme.

<sup>48</sup> Most notably local PHNs

<sup>49</sup> Particularly to deepen understanding of the population statistics shared with the research team and to increase understanding of the scale of homelessness among families currently accommodated in the NEIC.

A number of other local service managers reached out directly to the research team to offer input<sup>50</sup> to the research following the January presentation of draft key findings to the YPAR 0-5 Working Group and policy-makers referred to in Section 2. These inputs sought to offer additional clarity on some of the key themes articulated in the presentation.

A full list of local providers that engaged in the consultation process is offered in Appendix III.

### 4.3.2 What's working well?

#### Commitment

Consultation with service providers indicated high levels of commitment to children and families in the community. Conversations suggested a strong commitment among local service providers to the concepts of prevention and early intervention, with a very firm desire to put the child at the centre of all discussions. Conversations also suggested high levels of commitment to the NEIC communities, with many of those participating in the consultations having worked in the NEIC for in excess of twenty years.

#### Quality

Participants in the consultations expressed the belief that local providers delivered high quality services to children and families in the NEIC<sup>51</sup>. They referred to their services prioritising the needs of the child, while also stressing the significant challenges of providing relevant and appropriate services to all children in accordance with their respective needs. Simply put, those children accessing services were identified as being well catered for. The primary concern of service providers related to the fact that not all children were able to access services in the community in a timely and suitable manner relevant to their needs. Areas of particular concern in this regard were access to ELC services for all children, particularly crèche services, and access to therapeutic interventions for children with additional needs.

#### Accommodating Diversity

Consultations also revealed conscious efforts by service providers to address the varied needs of disparate children and families in a community characterised by diversity. For example, conversations highlighted the manner in which services, particularly outreach services, were engaging with new target groups, including families in emergency accommodation and Direct Provision.

#### New Developments

Excitement was expressed about new and emerging developments within the service landscape in the NEIC. A significant recent development involved the recruitment and employment of an NEIC Parenting Programme Coordinator. The development of this position is the result of a coordinated effort between Tusla, YPAR and the ELI. The Coordinator, who commenced in her position in the latter stages of 2021, will coordinate parenting programmes and referral pathways across all age groups in the NEIC along with the establishment of an NEIC Parenting Forum. It is envisaged that the Coordinator will act as a central contact point for services and parents in the NEIC area in relation to evidence-based parenting programmes and supports.

<sup>50</sup> And, in some cases, further input.

<sup>51</sup> That said, it is important to note that the research team did not access any independent evaluation documentation in relation to agencies offering services to the 0-5 cohort. Equally, the research team notes that no evaluation framework exists in respect of the wider NEIC investment and, mindful of the significance of the NEIC programme, this emerges as a significant shortcoming.

Within the context of an emerging wrap around strategy for children and families in the 0-5 cohort in the NEIC, this role has the potential to make a very significant contribution.

Reference was also made during consultations to plans to establish an infant mental health network within the full ABC Docklands catchment area. This process was due to begin in January of this year, with a number of participants suggesting that this would offer real value in facilitating a consistent cross service approach to infant mental health.

## Advocacy

While service providers expressed confidence in the efficacy of the services they offered, reference was made on a number of occasions to the considerable amount of time spent by many services advocating for greater resources and supports in accordance with the needs of children in the area. Frustration was expressed on a number of occasions regarding the perceived necessity for ongoing high level advocacy<sup>52</sup> for additional resources and supports, with participants in two focus groups indicating a sense of not being listened to, particularly by Civil Servants.

## Value of YPAR

The value of YPAR was stressed throughout conversations. The YPAR 0-5 Working Group was named as an important source of interagency information, coordination and support. Interagency relationships were enhanced by participation in the operations of YPAR. That said, tensions were evident in the context of discussions around the overstretched nature of statutory services, particularly those responsible for addressing the additional needs of children in the community.

### 4.3.3 Concerns/ Gaps

While service providers were confident in the services they provided to children and families in the community, frustrations were expressed about challenges affecting service effectiveness, viability and sustainability. Concerns were also expressed about wider environmental conditions that impacted on outcomes for children and undermined the potential impact of local services. These challenges and concerns are outlined under the themes of the BOBF five national outcomes for children below. It is important to note that certain items presented under one outcome area could just as easily be presented under another heading and, therefore, the concerns/gaps raised below should be viewed as an overarching summary of service provider concerns regarding the 0-5 population in the area. Many of the comments outlined below resonate with the views and perspectives of parents articulated above.

## Children are active and healthy

Health concerns in respect of children in the target group were outlined as follows:

- Housing inadequacies across the NEIC were considered to have a detrimental health impact on children and families. Particular reference was made to many families residing in sub-standard accommodation, frequently experiencing cold, damp and overcrowded conditions. The Local Authority acknowledged these difficulties and noted a number of barriers to addressing them, particularly the length of time required to progress new developments, and the lack of available land in the NEIC. NEIC

<sup>52</sup> And by YPAR and the Dublin City Community Co-op on behalf of services.

has been identified as a Strategic Development Regeneration Area by DCC, and whilst regeneration was described as being 'notoriously slow', it is a comprehensive plan including housing, community facilities, enhancement of cultural and retail spaces, and improved physical landscape, (DCC, 2021). At the time of writing, the plans were out for public consultation, and so definitive decisions, budgets and timelines have not yet been allocated. Importantly, the development of a community hub at Rutland Street, seen as a 'game changer' for the area, has funding secured and the tendering process has begun.

- Reference was also made to the considerable difficulties faced by families living in emergency homeless and Direct Provision accommodation, particularly where whole families were accommodated in one room in a private facility such as a B&B or hotel. Housing was viewed as a key determinant of child and parent health, both physical and mental, with primary emphasis being placed on the negative mental health impacts of poor quality accommodation. DCC representatives recognised that there were significant issues created by the numbers of those in homeless and emergency accommodation in the NEIC but referred these issues to the Dublin Regional Homeless Executive (DRHE)<sup>53</sup>. They did however note that a number of factors had led to the concentration of emergency accommodation in the area, including that the area had traditionally had available accommodation; many of those seeking homeless services were coming from Dublin postal areas 1, 3 and 7, and wanted to stay near their original home, and finally that the community was such that it had little capacity to resist or argue against these decisions.
- Engagement with the DRHE focused on the concerns raised by local services in relation to the overconcentration of homeless accommodation in the NEIC and surrounding areas. The DRHE stated that the level of homeless provision in the NEIC was comparable to several Dublin post code areas and that, whilst this was unlikely to change significantly, a commitment not to open any new facilities in the area had been adhered to.
- Consultation revealed concerns about health awareness among local parents, particularly in respect of the importance of antenatal care, parent-child attachment, infant mental health, breastfeeding and children's screen time. Health professionals highlighted particular concerns about the health and wellbeing of children during the first twelve months. A number of discussions referred to gaps in parental capacity and confidence and a lack of developmental awareness among parents. Another conversation highlighted the importance of prioritising emotional regulation for children under one year old.
- Isolation experienced by families was also noted as impacting on the health and wellbeing of families. Particular reference was made to the isolation experienced by immigrant families as a result of being removed from family and social networks, especially for those with limited proficiency in English. Concern was expressed in two focus group discussions about the isolation impacts of the Covid-19 pandemic, particularly on young children. It was noted in one of the focus groups that young children coming to ELC settings for the first time had been presenting with notably higher levels of separation anxiety in 2022, likely the consequence of having spent large amounts of time at home during the periods of lockdown, surrounded only by parents and family.
- The presence of trauma in the community, linked to the prevalence of deprivation, violence, domestic abuse, addiction and substance misuse in the NEIC emerged as a consistent theme, impacting on the mental health and wellbeing of parents and children alike. Equally, homelessness was seen as both a cause and an exacerbator of trauma amongst both parents and children. The need for

<sup>53</sup> See below.

trauma-informed approaches to underpin service delivery across sectors was echoed in a number of consultation interviews, both in respect of offering relevant supports to families while also supporting providers of services encountering complex family situations.

- Access to both community facilities and extracurricular activities was raised by a number of service providers as being of concern. It was noted that whilst the swimming pool was popular with parents of young children, it had been closed for some time. A full-time Sports Officer has been allocated to the NEIC Programme Office by DCC, and an audit undertaken has identified considerable activity in the area. However, both parents and service providers noted that some facilities were inaccessible for children and families due to actual or perceived anti-social behaviour. Others noted that some popular activities such as dance classes had waiting lists, because providers could not access sufficiently large premises to take the numbers interested. Finally, the Community Arts Officer has begun a specific programme of activities for ELCs, which although limited in nature, will offer opportunities for young children and professionals to engage in a range of art activities and potentially inform a further, more comprehensive phase of engagement.

### Children are achieving full potential in all areas of learning and development

Three primary challenges were expressed consistently in respect of children's learning and development. These emerged across each of the focus group discussions and were consequently explored in other consultations. These concerned:

- The inadequate number of ELC places for children in the NEIC was frequently noted. Similar to parents, repeated reference was made by service providers to inadequate crèche places and to large waiting lists for children whose families would like them to attend ELC. Concerns about the absence of ELC places were exacerbated by doubts regarding the viability and sustainability of community and voluntary ELC settings, particularly arising from difficulties attracting and retaining staff in the sector and challenges associated with the NCS funding model. These comments echoed concerns raised in Section 3.3.2. At a wider level, service providers also questioned where the national ELC planning was taking place, noting that services could open with no reference to existing provision or population profiles. It was suggested that national oversight and criteria would improve the ability of ELCs to respond to local needs.
- The primary funding model for ELC, the NCS, was noted as being problematic, negatively impacting on the most vulnerable families, and taking a 'one size fits all' approach to provision. Frustration was expressed that these concerns appeared not to have been heard by DCEDIY, and that there was a perception that difficulties were the result of service providers failure to understand the funding approach. The lack of flexibility; the apparent inability of the monitoring system to recognise that the most vulnerable children would not always attend (but their places still needed to be ringfenced and funded); and concerns regarding accessible means to support the neediest families were all identified as major concerns.
- Notable delays in assessment for children with potential/actual additional needs and subsequent delays in relevant therapeutic interventions were referenced. Needs of principle concern in the area were noted as falling into two primary categories: needs associated with emotional regulation<sup>54</sup> and neurodevelopmental needs. It was suggested in a number of discussions that statutory services, which intervene in areas of additional need, were grossly overstretched and unable to meet the level of need

<sup>54</sup> Especially relevant to boys.

in the area. It was also suggested that not addressing children's additional needs in a timely fashion will undermine their capacity to transition to primary education. See more in this regard in Section 6 below.

### Children are safe and protected from harm

Two discussions during the research process indicated that there were high levels of social work involvement with children and families in the NEIC, with particular reference to children in the 0-5 cohort entering care. These discussions were supplemented by other service provider observations relating to high levels of child neglect, addiction, domestic violence and involvement in criminal behaviour within families. Similarly data reported by Tusla regarding social work involvement, which were outlined in Section 3.2.3, add weight to these statements. As noted before, a number of discussions focused on the need to recognise high levels of trauma within the NEIC and its impact on children and families.

This recognition regarding the high levels of need locally were offset by some interviewees referencing a lack of clarity and confusion regarding the childcare sponsorship scheme. This initiative enables professionals to refer children for additional ELC hours where there are concerns for the child due to parents experiencing difficulties, or where the child having supplementary engagement is seen to be important for their development. It was suggested that the uncertainty regarding the sponsorship scheme, and how it aligned with other funding streams, acted as a barrier to fully utilising the initiative, and children therefore not accessing the additional supports.

### Children are economically secure

Data outlined in Section 3.2.1 regarding the number of NEIC households identified as experiencing varying degrees of deprivation and disadvantage were reinforced across many of the discussions with local service providers. Emphasis was placed on the need to recognise intergenerational poverty within the NEIC in addition to the need to acknowledge poverty within newer communities in the area, most notably vulnerable minority ethnic groups<sup>55</sup> and families experiencing homelessness. Towards the end of this consultation process, the Ukrainian crisis emerged and Ireland, and North Dublin specifically, began to welcome refugees, adding further to concern regarding children's economic, emotional and social security.

### Children are connected, respected and contributing to society

Building on comments above by parents, consultations with service providers also suggested gaps in high quality play spaces for children in the NEIC. As noted above, although there are a number of playgrounds and green areas of varying sizes and facilities within the NEIC, for many children and families these are inaccessible due to actual or perceived anti-social behaviour, including racism. Some ELC providers referred to reticence to take children to parks or playgrounds because of safety concerns.

In relation to outdoor play areas and facilities, DCC noted its play strategy 2021-2025 (2020) which sets out a number of underpinning principles and alignment to key government policies and Article 13 of the UN Convention on the Rights of the Child: *the right to play*. Actions within the strategy include 'the development of a wide range of facilities, spaces and places where children and young people can play' (p55) including the utilisation of both the natural and built environment as well as dedicated play spaces.

<sup>55</sup> With particular reference made to the Roma community.

The Play Strategy locates and categorises existing play areas, and maps these against population data, to identify deficit areas. Of 67 playgrounds located within public parks, 13 are located in North Central Dublin (which roughly equates to the NEIC) whilst four of 59 'housing playgrounds' (smaller play spaces) are in this area. A consultation process with children and young people in the NEIC on the 'greening strategy' determined the extent and content of how local children and young people used outdoor space.....and what their desire in terms of future design' (p84). Whilst the accompanying action plan notes the intention to provide '*Fully equipped play facilities within 10 minutes walking distance from home and in areas with high population of children under 14 years*' (DCC, 2020: 136), it is unclear what implications this has for the NEIC.

Reference was also made to the absence of clubs in the area that might enable children to socialise as part of their community. In this regard, it was noted that the NEIC was unlike other communities, as it lacks social infrastructures that would be considered the norm in other communities. The lack of clubs, whether sporting or social, was considered to be a result of low levels of volunteering in the community. A number of organisations in the area, both statutory and community sector, have a stated community development ethos and approach, whereby building in appropriate and meaningful opportunities for local people to inform decisions is integral to the work. However, the research did not observe an agreed approach, or clear leadership for these processes, or how the collective resources relating to capacity building and engagement were being maximised.

In addition to the above, DCC also noted that a new model of community safety had been developed, with pilots being delivered in Waterford City and County, Longford, and Dublin's North Inner City. This model intends to 'focus all relevant Government services on prevention and early intervention (so that) situations do not develop to the point where they impact on the safety, or feeling of safety, of the community at large', (2020). Whilst perhaps not directly relevant to the focus of this research, it is nevertheless worth noting this positive development.

Finally, similar to parents, a number of service providers noted that information on services and activities was limited in the community, thereby distancing parents and young children from possible support activities – for children, for parents and for both children and parents. Difficulties engaging what have been traditionally referred to as *hard to reach* families also limits the social connection of children from these families with peers in the community.

## 4.4 Consultation with Policy Makers

All policy related interviews took place remotely and included both one-to-one interviews and focus group discussions.

### 4.4.1 Profile of Participants

Interviews with officials from the following government Departments were sought: DCEDIY; DoH; DoE; the Department of An Taoiseach (DaT) and the Department of Social Protection (DSP), as well as the DRHE. Despite numerous communications with the DoH, no interview took place. The DoH noted that it 'has no remit for child health in the NEIC', and the Department's Primary Care Unit stated that it has no oversight of *First 5*. The researchers were unable to identify anyone from DoH who had a stated remit for the NEIC initiative. It was not possible to meet with the DSP either, as there was no follow up to the interview invitation.

Given that the Department of Rural and Community Development is not a member of the PIB, an interview was not requested of this department.

#### 4.4.2 Key Policy Developments

Whilst the primary focus for this study was on the implementation of *First 5*, inevitably a range of other policies and developments were also discussed in terms of both their national application, and their relevance to the NEIC.

The NCS was discussed in some detail with Government officials, along with other funding supports and workforce development plans for the ELC sector. The opportunities brought by the EU Child Guarantee were also considered, and views were sought on the NEIC model itself, in particular the benefits and challenges of senior civil servants being engaged in local planning and delivery.

#### 4.4.3 Recurring themes and issues

The recurring themes arising in discussions with policy makers will be considered under the following headings:

- Parents and Families
- Early Intervention and Prevention
- Service Quality
- Effective Transitions, and
- Cross government collaboration for an effective early childhood system.

#### Parents and Families

The DoE confirmed that the Home-School Community Liaison scheme is active in local primary schools, providing a range of supports for parents, including activities aimed at supporting children's transition from ELC to primary school.

DCEDIY recognised that some families needed additional supports, but also provided the following caveats:

- The benefits of ECL are, in most cases, realised with part time participants.
- Socioeconomic status does not in itself generate a need for increasing the funded time spent in ELC services.
- Utilising the NCS for family support activities is not considered appropriate, as the NCS is designed to support services and parents in meeting the cost of provision and is not designed to fund wider family supports which may occur in ELC settings.
- DCCC has been engaged in discussions with the Department considering how they could support ELCs to reach out to parents whose children were not accessing services.

## Early Intervention and Prevention

A number of issues raised in these consultations related to the continuum of universal and targeted provision.

The MDTs established across the NEIC were referenced in several discussions as being an important mechanism for supporting children and families, both universally, through classroom-based activities, and developing capacity amongst both parents and practitioners, as well as using more targeted approaches, such as individual assessments and interventions.

The sponsorship scheme was also discussed, but whereas service providers suggested a lack of clarity relating to the scheme, policy makers indicated that it was a lack of understanding amongst services which was limiting the utilisation of the scheme. As referenced above, it was also noted in this phase of the consultation process that whilst family support services were an important aspect of early intervention approaches, it was not intended that these be funded through NCS income.

## Service Quality

Government officials were very keen to support a process which would evidence whether there was an under provision of ELC services in the area. It was apparent that service providers and civil servants had often held different views on both the nature of any difficulties relating to provision, and also in terms of potential solutions. There were mixed views at Government level regarding the adequacy of ELC provision, with some suggesting that difficulties related to ineffective use or inadequate understanding of the various funding schemes. Others however stated that there was insufficient supply in the area for both preschool and after school care and suggested these were priority needs. It was confirmed that (lack of) childcare had not been identified as a barrier to employment, education and training, through the NEIC Subgroup 2.

In considering how to address any evidenced under provision of ELC places, it was noted that the capital funding programme was a lengthy process, and that there was significant planning required to meet the criteria. An audit of current provision will be undertaken, and the 2022 Census results will be available before the next National Development Plan (NDP) priorities are agreed. Therefore, large scale capital funds will not be available until 2024, although it was also acknowledged that provision of public and community spaces, including ELCs, were also integral to local authority development plans.

There was a recognition amongst policy makers that the introduction of the NCS had been problematic, and that there was a perception amongst some providers that the fund did not operate in the best interests of the most disadvantaged children. The DCEDIY recognised that there was a need to better communicate the rationale for the scheme, and the evidence underpinning it, particularly in relation to research regarding what was best for young children of parents who were not in full time employment.

The quality of ELC provision was also mentioned on several occasions, and previous discussions regarding an assessment of services, and perceived resistance to this, were referenced. It was clear that there were tensions between Government officials and local service providers, as they have struggled to understand and inform each other's perspectives.

Whilst this report does not attempt to assess quality of services, staff qualifications, recruitment and retention were named here, echoing discussions with service providers. The number of CE workers located in ELC services was referenced (and supported by the analysis noted in figure 12 above). As many CE staff would not have the required qualifications to have responsibility for young children, they would by necessity

be supernumerary, and this raised concerns regarding the potential for too many adults in ELC rooms.

The DECDIY referenced a number of pilot projects and funding opportunities that were available to services in the NEIC, which were designed to enhance ELC capacity as well as making provision for particularly vulnerable children. For example, the NEIC Social Employment Fund was established on a pilot basis in 2018 to address recruitment difficulties for certain social services in the NEIC area. This included unemployment supports; improvement of the physical landscape as well as educational supports for children (including ELC services), teenagers, and adults.

Similarly, the DCEDIY referred to funding for a specific pilot project that ring-fenced ELC provision for vulnerable children. The fund was intended to create

*'additional capacity (to) allow these services to take referrals of children in need of a childcare placement from local Public Health Nurses (PHNs), Tusla Family Social Workers (TFSWs) and other agreed service workers' (NEIC, 2020:4). It was further clarified that 'These places would be held open, to be available for children of families in crisis who can be referred by PHNs, SWs, FSWs or other agreed service workers' (op cit).*

The rationale was that specific funding would enable the childcare places to be ringfenced without impacting on the sustainability of the service.

Very limited documentation on the pilot was available to inform this consultation process, although, at the time of completing this document, a report was pending. The pilot was cited as contentious, creating tensions amongst local services due to the higher levels of funding being made available to participating services. Ultimately the newly created childcare places were allocated to children on a fulltime basis, rather than being held for 'respite' provision.

The DCEDIY Sustainability Fund was also referenced in relation to provision of early years services, as this fund was specifically established to support those services which were struggling financially. It was noted that whilst the application process for this funding was not difficult, only one ELC service in the NEIC had applied for it.

The NCS was also discussed by a number of government officials. As highlighted above, it was suggested that some service providers did not understand the scheme sufficiently, and also that some services utilised NCS funding to support family support services. The officials recognised the need for these supports, but clarified that NCS funding was not intended for this purpose.

Whilst an aspect of the NEIC initiative is to identify best practice, potentially with a view to replicating intervention processes elsewhere, it was suggested that this would be a challenging process, partly due to the uniqueness of the oversight structures, but also due to the costs associated with developing bespoke interventions. There was also a lack of clarity amongst some policy makers regarding the process by which the NEIC initiative would be evaluated, and what (if any) monitoring arrangements were in place.

## Effective Transitions

Whilst there appear to be well functioning structures to support connections and best practice across primary schools in the NEIC, and between primary and secondary schools, there is an apparent disconnect between ELCs and primary schools. A few initiatives which are working well within primary schools do not currently include ELCs (with the exception of one DoE funded service), such as the Primary School Principals

Network which offers a space to share concerns and development in relation to new and emerging issues.

The DoE noted that Home-School-Community-Liaison Officers had a role in supporting the transition of children from ELC settings to primary school, and that transitions is a key theme under the DEIS plan for schools.

### **Cross government collaboration for an effective early childhood system**

The importance of the NEIC investment being an interdepartmental initiative, with a Programme Implementation Board populated by senior officials from across the range of government Departments, was noted as providing opportunities to trouble shoot as well as bring investment. The role of the independent chair was noted as a key mechanism for promoting a collective view, as was the participation by the Department of An Taoiseach. Nevertheless, it was noted that some representatives struggled to take a whole of Government perspective, instead focusing on their own specific remit. It was also suggested that the approach was beneficial for policy makers as the structures enabled them to see the impact of policy on service delivery, and how decisions were implemented at local level.

Other communities have sought a similar approach and structure as a mechanism for addressing their own challenges, but it was suggested that this was unlikely to happen. Firstly, due to the very senior representation from several departments which would be difficult to replicate for additional areas, and secondly due to the costs involved. The fact that there is no evaluation process for the NEIC investment was also flagged by some policy makers as a limitation on opportunities to share the learning.

In relation to housing and homelessness, the DRHE confirmed that agreement had been reached in August 2020 with DCC, not to open any further emergency accommodation in the inner city. It was confirmed that whilst one facility had reopened following refurbishment, no new facilities had been opened since this commitment was made. The DRHE refuted the suggestion that there was an over concentration of homeless families and facilities within NEIC, stating that the levels of homeless provision in the area are equitable to those in Dublin1, 7 and 8.

The potential for the EU Child Guarantee, and its focus on addressing child poverty, was referenced. In particular, this has been identified as a way to introduce a 'DEIS' approach to ELC provision, whereby those services working in areas of disadvantage would have access to additional supports and resources. This could significantly improve the offer available to families in the NEIC. The Government proposal to the EU was being finalised at the time of completing this report, and so no documentation or definitive decisions were available.

## **4.5 Implementation Issues/ Research Limitations**

Covid -19 impacted on the research team's plans to undertake more focus group discussions, particularly with parents, resulting in most consultation utilising one-to-one interviews. This may reduce the positive impact of group dialogue, and discussions triggering more innovative thinking, but it also mitigates against any concern regarding contributions being affected by 'group think'.

The role of peer researchers was invaluable in enabling the effective engagement of large numbers of parents, and the inclusion of a range of ethnic minorities. The fact that all five peer researchers were identified through the same service, did however mean that they were largely drawing on a common and finite pool of contacts. Local PHNs provided much needed connections to harder to reach parents,

which enabled the researchers to ensure that some seldom heard voices were included in the process. It is recognised however, that the parents who participated in this research were, perhaps inevitably, not generally reflective of those who were most vulnerable and least likely to engage with services.

Finally in relation to parental consultation, it must be noted that the vast majority of those interviewed (90%) were mothers, with limited input from fathers in the study.

In terms of service provider engagement, initial difficulties engaging statutory services were overcome through the involvement of key local stakeholders, and there was excellent engagement across the community and voluntary sector. However, through desk research it became clear that there may be other ELCs in the NEIC, and/or on the periphery of the NEIC and catering to children resident in the NEIC catchment, which were not included in the consultation. Similarly, consultation with service providers within the research did not cover the full gamut of service provision for children (0-5) and their families with gaps, for example, in terms of maternity hospital, GP or practice nurse participation.

Policy maker engagement was largely positive, although the absence of health or social protection representation was notable.

## Discussion



This section of the research report aims to bring coherence to the information presented in Sections 4 and 5 above and to provide the context for issuing a set of realistic recommendations for enhanced provision relating to children (0-5) and families in the NEIC. While many of the key themes articulated during the consultation process were consistent across parents, service providers and policy-makers, it is important to note that a number of contradictory views were also expressed, all of which are relevant and valuable to the study's findings.

The input of 50 parents raising young children in the NEIC is central to the findings of this research. It has been observed in earlier sections of this report that the profile of parents taking part in the study may not fully reflect the profile of parents and families that access the services of agencies and organisations participating in the YPAR 0-5 Working Group, most notably families experiencing high levels of deprivation and marginalisation. Though the profile of parents participating in this study may not be representative of the NEIC parent population in its entirety, it is nevertheless important to point out that the opinions expressed by these parents, as parents residing in and raising children in the NEIC, are completely valid and relevant to the research objectives and are, in fact, consistent with many of the views expressed by local service providers in the subsequent consultation stage.

As noted in Section 4, the State's *First 5* policy agenda outlines a vision for what all children should experience during the first five years of life, a vision that applies irrespective of a child's social, economic, cultural/ethnic contexts or geographic location. This section of the report is, therefore, presented according to the key provisions of *First 5*, framing the needs of children and families in the NEIC within commitments of the State in respect of all children.

The discussion will be presented under the following headings, in line with *First 5*:

- Strong and supportive families
- Optimum physical and mental health
- Positive play-based learning
- An effective childhood system.

## 5.1 Strong and supportive families and communities

In the context of commitments to enabling strong and supportive families and communities, *First 5* stresses the importance of:

- a balance for parents between working and caring;
- the availability of information, services and supports for parents; and
- the availability of practical and material resources.

While consultations did not examine all these elements, it is nevertheless worth noting the following:

- 6% of parents involved in the consultation process referred to difficulties balancing paid work outside the home with their childminding responsibilities. Over half of those parents interviewed were full-time family carers in the home, while 24% were working part-time and 18% were working full-time. Given that 90% of all parent participants were female, this does point to potential challenges for mothers in particular in the NEIC who balance work and caring duties, especially mindful of the aforementioned

challenges of accessing ELC spaces for children, particularly crèche spaces. The limited involvement of fathers in the consultation points to the need for targeted engagement with them to understand their experiences of balancing work with parenthood, and to include them in identifying potential actions to enhance these.

- 18% of parents consulted referred to frustrations about having a lack of information about supports and services in the community, particularly during pregnancy and the early stages of parenting. Information deficits were considered to negatively impact on parents' knowledge, confidence and capacity, as well as contributing to isolation from the community in which they lived. Parents' comments were echoed by a number of service providers who noted that information on services and activities was limited in the community, thereby distancing parents and young children from possible support activities – for children, for parents and for both children and parents together.
- Parents expressed considerable interest in a broad range of professional supports that would enhance their parenting capacities, while also allowing them time to interact with peers in their community. Once again, parenting supports referred principally to needs during the antenatal and perinatal periods. Sample quotes from parent consultations included:

*"I think they should concentrate on the pre-natal care. I really needed someone to prepare me while pregnant to what was going to happen both mentally and physically."*

*"Peer support groups during pregnancy. Opportunities to meet other parents and get advice from the Public Health Nurse."*

*"Antenatal classes are brilliant but similar classes for what to do after the baby is born."*

- Similar points were addressed across local service provider consultations. Concerns were expressed by a number of disciplines about gaps in parental capacity and confidence and, in cases, a lack of developmental awareness. Consultations suggested the need for increased and coordinated supports to parents, especially in antenatal and perinatal periods, with particular emphasis placed on issues such as breastfeeding, attachment, infant and mother mental health, and reducing stress/trauma during pregnancy. Opportunities exist within the NEIC to consider the delivery of parental support inputs through a range of providers, additional to those already in place. The employment of a Coordinator of Parenting Programmes in the NEIC in the latter stages of 2021 offers new opportunities to deepen the use of evidenced parenting programmes in the area as well as facilitating ongoing parental input into local services. Similarly, the planned establishment of an Infant Mental Health Network, under the leadership of ELI, offers new opportunities in facilitating a consistent cross service approach to infant mental health. It is recognised that continued outreach services will be needed to engage with and support parents who, as yet, struggle to engage with services.
- The funding of these parent and family supports appears to require clarification, given the suggestion that the NCS was being used inappropriately to do so.
- Data drawn from Census 2016 revealed a considerable number of households in the NEIC experiencing varying levels of disadvantage and deprivation. Of the 95 SAs identified within the NEIC in Census 2016, and using the Haase-Pratschke deprivation index, 13 were identified as below average, 11 as disadvantaged and 8 as very disadvantaged. Consultations with parents reinforced this analysis with comments relating to the high costs of rearing children and, in particular, the high cost of paying for crèche places. Service providers also referred to high levels of intergenerational poverty in the

community, coupled with poverty among new communities residing in the area.

- The research also points to the need to create greater opportunities for children and families to participate in community activities, and for young children in the NEIC to be able to avail of social opportunities that one would ordinarily expect in most other communities. Reference was made to the absence of clubs in the area, particularly for very young children, while a number of parents referred to taking their children to other parts of the city to avail of social opportunities. Parental engagement in community initiatives and children's services is a critical aspect of creating a sense of belonging and responsibility for where we live. Consultation noted that there were poor participation levels in the NEIC, despite efforts by a number of organisations, making the case for a coherent strategy of engagement and capacity building, utilising community development processes.

The findings of this study imply that there is a considerable need to plan for and invest in additional supports for parents, particularly during the antenatal and perinatal stages and inclusive of a coordinated and coherent information strategy to facilitate parents' awareness of available supports.

They also emphasise the importance of a coordinated approach to ending child poverty within the NEIC, aligned to broader NEIC PIB efforts to address poverty and deprivation in the community.

Furthermore, findings suggest the need to address the role of volunteering and community development in the area with a view to increasing opportunities for children and families to participate in community, to generate an increased sense of belonging within and across communities and to continue to respect the inner city's diversity while facilitating integration and challenging racism.

## 5.2 Optimum Physical and Mental Health

*First 5* prioritises three core themes in the context of health:

- positive health behaviours;
- high-quality health services; and
- positive mental health.

Reference has been made on a number of occasions in this report to concerns expressed by both parents and service providers in relation to parental knowledge, confidence and capacity. These concerns are highly relevant in the context of promoting and facilitating positive health behaviours in the first five years of life and reinforce the need for increased concentration on providing support to parents, particularly during antenatal and perinatal periods. This also reinforces commitment to the concept of prevention and early intervention.

Consultations during the research revealed high levels of parental satisfaction with health services, with particularly complimentary references to PHNs, GPs and maternity services.

Parent and child mental health, however, emerge as crucial concerns throughout discussions held during this research. Environmental conditions were viewed as impacting on child, parent and family mental health and wellbeing. While a number of parents expressed their like of living in the city centre, close to amenities and services, one in ten parents stated that Dublin's inner city was not a good place to raise children. These included international parents along with parents who had grown up in the area, the latter of whom commented on

the decline of the area in recent years. The prevalence of drugs in the city centre was highlighted as a particular concern. The lack of safe spaces for their children to play was also a notable worry.

Consistent health related themes emerging across consultations with service providers and parents included reference to high levels of isolation within the community and to a community with a long experience of trauma, predicated by poverty, criminality, violence, substance misuse and associated negative impacts on mental health.

Similarly, housing conditions for families in the NEIC were frequently referenced with several consultation participants commenting on many families living in sub-standard and over-crowded accommodation – both private and publicly owned. Living conditions facing the large number of families in emergency accommodation and Direct Provision in the city centre are also worthy of note. Raising small children in one-room, with limited privacy, agency<sup>56</sup> and capacity for normal family living<sup>57</sup> inevitably has a profound psychological effect on children and parents alike. One mother living in emergency accommodation who was interviewed during the study spoke of a deterioration in her relationship with her partner as a result of living in cramped conditions while also expressing frustration at the inappropriateness of living conditions for her recently-born baby.

Consultations with service providers also highlight the impact of homeless families on service-provision in the area. While the DRHE and DCC have committed to no expansion of emergency homeless accommodation in the area, PHNs point, for example, to the significant additional demands on their service without any additional administrative support. The Health Link<sup>58</sup> service is critical in notifying PHNs of the arrival of homeless families with young children into the area but there are therefore increased demands on existing primary care services. Health-Link plays a role in linking single homeless adults to relevant health services, but this does not apply to families. Consequently, something similar is needed in the context of homeless families, and should include links to family support, not just clinical services. The recently commenced arrival of Ukrainian refugees, and the anticipated large numbers yet to arrive, further highlights the importance of extending this service.

The above reinforce the importance of enhanced supports to parents and families during the antenatal stages and throughout the first year of life. They also point to the importance of coordinated and coherent wrap around supports for vulnerable families with young children residing in the community, emphasising the importance of responding to the complexity and diversity of need of the NEIC population. They also suggest, as has been proposed by YPAR and service providers throughout the NEIC, the need to address trauma for families and staff in services in a very considered, intentional and consistent manner.

### 5.3 Positive Play-Based Learning

Priorities within this *First 5* objective relate to:

- the creation of positive home learning environments;
- the provision of affordable, high-quality ELC; and
- supported transitions.

<sup>56</sup> For example, having visitors.

<sup>57</sup> For example, cooking whenever one wants.

<sup>58</sup> It is also worth noting that the coordinator of Health-Link team in North Dublin has recently retired and, as yet, has not been replaced.

A variety of services in the NEIC are dedicated to the promotion of positive parenting and supporting positive home learning environments. These include, for example, home visiting programmes of the Tusla Family Support Service and of the ELI and a range of child and family support initiatives of Hill Street Family Resource Centre.

In the context of transitions, the disconnect between ELCs and primary schools needs to be addressed. There are a number of established mechanisms which could be readily extended and/or adapted to enable this more joined up approach such as including ELC managers in the Primary School Principals' Network, or establishing and supporting an aligned structure specifically for ELCs.

### 5.3.1 ELC Provision

The issue of greatest concern raised in the research, repeated consistently across consultation interviews and in local documentation examined as part of the desk research process, related to significant gaps in the provision of affordable, high quality ELC in the NEIC, particularly in respect of crèche spaces. The following should be noted from previous sections of the report:

- Following a survey completed as part of this study, the maximum capacity of eight ELC providers participating in the YPAR 0-5 Working Group stands at 456 places, incorporating both crèche and preschool places. One other provider, currently offering ELC services in the NEIC, did not complete the survey<sup>59</sup>. Therefore, the research team acknowledge that the figure of 456 quoted above is not an entirely accurate reflection of ELC provision in the area.
- A further provider in the area, ASESP, suspended its ELC provision in 2020, taking 64 childcare spaces from the local landscape. ASESP is exploring the possibility of accessing an alternative venue and has identified two potentially suitable locations, both of which would facilitate it tripling its provision of ELC in the North Wall area.
- However, based on the figures to hand, ELC providers participating in YPAR currently have a maximum capacity to provide ELC services to approximately one in four (26%) of the relevant child population in the NEIC<sup>60</sup>.
- ELC services in the area are not uniform. While all community and voluntary providers rely heavily on the NCS as their primary funding source, the majority of service providers access a number of additional funding sources. These sources of funding are an essential determinant of what each provider can offer to children and families in accordance with the criteria of individual funding streams. Holy Child Preschool is a standalone preschool of the DoE.
- Almost one-in-every three parents (30%) interviewed during this research commented on their difficulty accessing ELC spaces for their children with particular reference to crèche. A small number also referred to the costs of crèche and to the difficulties facing families on low income in availing of places.
- Service providers, particularly ELC providers in the community, highlighted multiple concerns about ELC provision for children in the NEIC. They highlighted their commitment to high-quality service provision while indicating that their reach was inadequate to meet the needs of all children and families.

<sup>59</sup> And did not participate in any other aspect of the research.

<sup>60</sup> While also recognising that some parents will not choose to avail of ELC for their children and others will access service outside the NEIC catchment.

- ELC providers also noted a broad array of challenges that faced them in their efforts to provide high quality ELC in the community. They recognised their need for high quality staff in ELC settings while also noting high levels of staff turnover because “the levels of pay available and work conditions simply don’t make it worthwhile.” They also referred to what they perceived as “systemic gaps” that were beyond the capacity of local ELCs to address. These included:
  - a heavy reliance on employment schemes such as CE, NEDCSI, SEF and CSP for childcare workers in the NEIC<sup>61</sup>, while one consultation participant also noted that it was extremely difficult to get people to work on CE at the time of interview;
  - the inadequacy of NCS which participants referred to as placing a huge administrative burden on ELCs, favouring parents who were working and acting primarily as an activation programme<sup>62</sup>;
  - the high demands of catering to babies and inadequate subsidy to cover associated costs, leading to reduced crèche places in the area.

Concerns expressed above regarding the NCS mirror early concerns identified in the First 12-Month Review of the National Childcare Scheme (Frontier Economics 2021), with that review noting:

- barriers to take-up among some vulnerable families and the level of support for some families;
- the administrative burden on providers, the constraints of current provision structures on the scheme flexibility, and potential future adverse financial impacts on providers in disadvantaged areas; and
- the clarity of the scheme structure and value of the universal subsidy.

The NEIC Strategic Plan notes that activities to ‘*enhance early years and after school services*’ will be undertaken (DCC, 2020: 19). Under the leadership of the DCEDIY, a number of actions have been progressed in recent years, including as noted above, the provision of additional ELC posts and the piloting of a service to provide short term respite for families in crisis. Whilst there have been difficulties with both initiatives, the critical issue of inadequate provision has not yet been addressed. There seems to be a reluctance on the part of some stakeholders to accept this deficit, but without this recognition it is likely that the apparent local tensions will continue, and parents will continue to experience difficulty in accessing vital services for children aged under five.

The Pilot Social Employment Scheme (PSES) undertaken in the area to support a range of social services, including ELCs, was considered in the Irish Government Economic and Evaluation Service (IGEES) spending review which found it was effective in ‘maintaining existing services, providing services to additional users and running additional services/programmes’ (IGEES, 2019:2). The impetus for the PSES was in part to address difficulties recruiting participants onto the Community Employment Scheme, (CES). Due to qualification requirements, CE workers are generally supernumerary in ELCs and therefore it is difficult to see how this initiative can result in extended provision. Furthermore, enhancing the ELC workforce is a critical objective for the DCEDIY, and has led to incremental introduction of minimum qualifications. Any reliance on CE staff, with the inherent fixed term employment, should be avoided.

<sup>61</sup> As noted in Figure 11, personnel enabled through employment schemes accounted for half of all childcare staff across the seven community and voluntary ELCs that participated in a survey conducted specifically as part of this research.

<sup>62</sup> Providers also argued that the NCS did not pay due regard to the needs of families in inner city settings, that it undermined the concept of engaging with the child first and foremost as well as the concept of intervening early to reduce the impact of disadvantage.

*Subgroup 3* has a key function in developing parental skills and confidence, enhancing family wellbeing, and the provision of parenting courses. References to the subgroup vary considerably across different documentation, indicating that the focus has shifted over time. In the NEIC Strategic Plan 2020- 2022 the responsibilities for *Subgroup 3* (Family wellbeing) are categorised under the following four headings:

- Support parenting
- Leverage Meitheal approach
- Support initiatives on youth mental health and
- Expand the use of community Case Management for 'hard to reach' young people.

The Just Economics report however refers to this group as focusing on 'Early Intervention/ prevention with families, children and young people' (2021:16). Whilst reviewing and revising terms of reference in order to reflect change and to build on what is going well is to be commended, the need for an agreed structure to oversee an agreed plan of action relating to children and families, with a consistent focus on early intervention and across the continuum of universal to highly targeted services, is critical.

All of the above arise within broader policy and investment considerations. In the context of consultations on inadequacies in current ELC provision, local stakeholders emphasised the importance of creating new ELC facilities in the NEIC and of not relying on existing providers whose services were already stretched to capacity. The importance of capital investment in ELC facilities was stressed. In response, however, a representative of DCEDIY<sup>63</sup> highlighted that capital funding under the NDP would only commence from 2023, with large scale funding anticipated for the years 2024 and 2025. Consequently, aspiring to immediate and radical increases in ELC provision in the NEIC is unrealistic and must be planned for. Applications for capital funding may ultimately come from individual bodies or in the form of collaborative applications<sup>64</sup>. The key point is the importance of existing or potentially new providers preparing now for application. It is anticipated that the findings of this study may provide useful information in shaping emerging applications.

Similarly, considerations of existing and future ELC provision in the NEIC must remain cognisant of the transitional nature of ELC funding in Ireland at present. The Partnership for Public Good (2021:11) report, which has been adopted by Government, recommends the incorporation of four core elements:

- a Core Funding strand for ELCs, a new supply-side payment for providers designed to support quality (including improved staff pay), sustainability, and enhanced management, with associated conditions in relation to fee control and cost transparency, incorporating funding for administration and to support the employment of graduate staff.
- Funding for new universal and targeted measures to address socioeconomic disadvantage
- The ECCE programme, but with funding to support the employment of graduate staff incorporated into Core Funding, and AIM extended beyond the ECCE programme.
- an amended NCS to provide enhanced universal support to all families, tailor additional supports to high-volume users of services, and resolve certain issues arising from work/study or wraparound policy.

In early March, 2022, the DCEDIY communicated with existing providers nationally, announcing details on the rates and values of the new Early Learning and Care (ELC) and School Age Childcare (SAC) Core Funding

<sup>63</sup> Who participates on the YPAR 0-5 Working Group.

<sup>64</sup> For example, YPAR may be in a position to support a collaborative application across services.

Scheme. It also provided a Ready Reckoner online tool, which will enable ELC and SAC providers to estimate the potential value of the Core Funding Scheme for their respective services.

### 5.3.2 Additional Needs

A further issue identified consistently across the research, particularly in consultations with parents and local service providers, related to significant frustrations concerning delays in assessments for children with additional needs and subsequent delays in accessing therapeutic interventions. One in eight parents (12%) expressed frustration at the difficulties they experienced accessing necessary supports for their children with additional needs, while consultations with service providers echoed these experiences.

In acknowledging these frustrations and in seeking to advance solutions, there is a need to differentiate between children with additional needs that require primary care supports such as Speech and Language therapy, Occupational Therapy or Primary Care Psychology and those needing the intervention of Disability Services. It is understood that the reconfiguration of disability services<sup>65</sup> has led to considerable waiting lists all over the country.

#### HSE Primary Care

The existence of MDTs serving primary schools in the NEIC, a partnership involving HSE Primary Care, Schools and NEPS, offers some valuable direction with regard to intervening earlier in the context of additional needs. Often utilising evidence-based programmes, the MDT operates at three levels in schools: individual level, group level and system-level, with a view to offering universal and targeted services as required while also building school capacity to address universal needs. The NEIC MDT was recently mainstreamed after just one year in operation, and without any formal evaluation.

It is contended that, though a very valuable resource, the operation of an MDT in primary schools comes at a point that is sometimes too late in the lives of children. One clear option would involve extending the MDT remit to ELC settings, with the MDT continuing to operate at the same three levels as in primary schools. It is also important to draw attention to a pilot project that is being initiated between the MDT and Summerhill Primary Care Centre and which will operate a once-a-month MDT clinic for children about whom PHNs have concerns. Priority in these clinics will be devoted to children under two years of age from hard to reach families with a number of risk factors. Both the pilot project and the extension of MDT input to ELCs would enhance commitments to early intervention in respect of additional needs. The HSE resources which have been freed up by the provision of the MDTs could be well utilised in such an expansion.

#### Progressing Disability Services for Children and Young People (PDS)

The national PDS is currently evolving nationwide as a model of delivering disability services to children and young people. The HSE notes that children with delays in their development are supported through local primary care services, while recently established CDNTs are designed to provide services for children with more significant needs, requiring a team of professionals working together. It is understood that this reconfiguration of disability services has led to considerable waiting lists all over the country, but the vision for the service is ultimately to:

- increase ease of access to the services needed by children;
- increase fairness in the provision of services; and

<sup>65</sup> Through the creation of Children's Disability Network Teams.

- increasing the capacity of families, health services and educational providers to work together in supporting children to develop their potential<sup>66</sup>.

A research discussion with the Children's Disability Network Manager (North Inner City CDNT) suggested that, on average, 3.5% of the entire child population in Ireland lived with a disability. As might be expected, the profile of children with disabilities is more complex in situations where social and economic disadvantage pertains. Research interviews also indicated high levels of neurodevelopmental compromise among children in the NEIC, for example, moderate intellectual disabilities or Autism Spectrum Disorder (ASD)<sup>67</sup>. That said, the NEIC records lower case numbers of children living with physical disabilities than other parts of Dublin or indeed nationally. While data were not available to explain the lower physical disability caseload, it was suggested this may well be the outcome of the inappropriateness of housing in the city centre for those living with disabilities.

Though concerns have been expressed by families and local service providers in respect of waiting lists for children with additional needs, input from the aforementioned CDNT Manager indicated considerable successes in reducing these. The waiting list for children with disabilities to have their cases opened by the North Inner City CDNT for intervention/support has been reduced from a period of six to two years. This is lower than many other CDNTs in the Dublin area. This reduction has been enabled by the prioritisation of complex cases by the CDNT. Cases are no longer opened in accordance with date of referral but in accordance with highest levels of complexity and risk of each child's disability<sup>68</sup>. Whilst this is significant and important progress, it nevertheless remains that children in the NEIC with a complex need are currently waiting two years for a vital intervention.

From the perspective of prevention and early intervention, it is important to highlight that infants between 0 and 12 months of age, referred with a diagnosed condition associated with complex needs, or clearly at significant risk of disability, are automatically accepted by the CDNT. This policy is applied because it would not be possible to determine access on the basis of their difficulties in functioning and participation. Similarly, the North Inner City CDNT has clearly prioritised younger children referred to its service. As of early March 2022, only one case of a child with a disability, aged two years or under remained unopened and it was confirmed to the research team that the case in question would be opened later that month.

Given the high levels of neurodiversity among children in the NEIC, the CDNT adopts best practice in seeking to adapt the environment surrounding children identified with, for example, ASD. In this regard, an important feature of its role involves working with parents, schools and other providers as appropriate to ensure appropriate environments to enable children to thrive and develop.

There is considerable recognition within both the CDNT and primary care teams in the NEIC of the significance of trauma in the area and trauma awareness features in all dealings with service-users. Both service teams recently submitted a joint application for funding that would enable all staff complete Circle of Security Training<sup>69</sup> which they believe would add value to the way in which both teams deliver services to children and families.

<sup>66</sup> Information accessed from <https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme>, information accessed 8th March 2022.

<sup>67</sup> It was also noted that many children with ASD manage well simply with the support of primary care and do not require the support of CDNT personnel.

<sup>68</sup> In keeping with the national access policy for CDNTs.

<sup>69</sup> For more information, see <https://www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security>.

## Increased Focus on Prevention

In the context of prevention, consultations during the research noted:

- high levels of emotional dysregulation, concentration and behavioural issues<sup>70</sup> within the NEIC, all of which fall within the remit of HSE Primary Care; and
- high levels of neurodevelopmental compromise, for example moderate intellectual disabilities and Autism Spectrum Disorder (ASD).

It has been suggested to the researchers that emotional dysregulation, concentration and behavioural issues are generally the result of poor attachment between the primary carer and the child in the early stages of development. It has also been suggested that stress and trauma during pregnancy can lead to developmental delay and may also influence a child receiving an ASD<sup>71</sup>.

These statements emphasise the possibility of preventing additional needs among children if comprehensive prevention strategies were to be employed. In particular, prioritising parenting supports in the antenatal and perinatal periods, focused on stress reduction, attachment, infant and parent mental health<sup>72</sup> may prove to be a valuable preventative investment that will in turn reduce levels of need and reliance on intervention services. Personnel from both the MDTs and CDNTs emphasised the value of such supports to parents as long-term, strategic and preventative.

## 5.4 An Effective Childhood System

In its desire to promote and enable an effective childhood system, *First 5* prioritises:

- leadership, governance and collaboration;
- regulation, inspection and quality assurance;
- a skilled and sustainable workforce;
- research, monitoring and evaluation; and
- strategic investment.

Addressing the issues outlined in 5.1, 5.2 and 5.3 above will require that the State's commitments to an effective childhood system be implemented in full in the NEIC.

In terms of workforce development, service providers and policy makers were aware of the difficulties in recruiting and retaining experienced and appropriately qualified staff. It was recognised that this affected the sustainability and quality of services, and it was suggested that pay rates and environmental factors such as the standard of facilities, all contributed. The DCEDIY has a clear strategy in relation to enhancing the ELC workforce (DCEDIY, 2020), but it is recognised that this will be a slow process.

Other than workforce issues, none of the factors referenced in *First 5* were considered in any significant way by stakeholders. However, through both the desk research and the consultation process, the following were noted on more than one occasion:

<sup>70</sup> 22% of children referred into the MDT across participating primary schools presented with these needs.

<sup>71</sup> Though the influence of trauma on ASD was refuted in other conversations.

<sup>72</sup> Alongside the existing supports and services that exist which are provided by the maternity hospital, GPs and PHNs for example.

- the apparent lack of leadership in the NEIC in relation to driving meaningful actions to improve outcomes for young children and their families
- a lack of clarity regarding the mechanisms by which the impact of the NEIC investment and structures would be assessed
- the limited utilisation of evidence, both for service planning and delivery of services. This is despite the fact that there is a wealth of data on the local population and its needs
- the suggestion that ELCs are resistant to a quality review process.

## 5.5 Conclusion

Recommendations are offered below, for example, in respect of consistent approaches across systems and services to issues such as trauma informed approaches and infant mental health. Interagency coordination is viewed as underpinning all recommendations, including shared commitments to a wraparound strategy for vulnerable children and families, designed principally to reduce the number of NEIC children entering alternative care arrangements. Recommendations are offered in relation to the important role of evaluation, particularly within the context of strategic investment within the wider NEIC programme. It is suggested that the investment in the NEIC must be fully evaluated to assess what, if any, impact it has had on outcomes for children, families and the community. Given the level of financial and human investment in the initiative, a comprehensive monitoring and evaluation process should be established as a matter of urgency.

## Recommendations



The recommendations discussed below are drawn from the desk research, and consultation with policy makers, service providers, and parents living in the community. Drawing on both the BOBF and *First 5* policy frameworks the following ten priority recommendations were identified, each of which is discussed in detail below. It is recognised that many of these recommendations require a cross cutting, joined up approach and therefore there is a degree of overlap between the actions outlined below. This connectivity also underlines the importance of all actions being progressed through partnership arrangements and collaborative relationships which include all relevant stakeholders. An underpinning recommendation is that a logic model and implementation plan is developed for each of these to include timelines, costs, monitoring and evaluation processes and named lead responsibility.

Whilst a great deal has been progressed to improve the integration of services within the NEIC, gaps inevitably remain. The consultation noted these as particularly relating to the disconnect between ELCs and primary schools; tensions between local concerns regarding ELC provision and views of DCEDIY officials who see gaps as being largely due to reluctance to adjust service delivery models in line with the changing environment or poor utilisation of new funding structures; lack of an explicit focus on the needs of under six-year-old children in both the NEIC and CYPSC plans, despite the overwhelming evidence for and policy emphasis on early intervention. Finally, the fact that the NEIC has the highest rate of child protection referrals nationally was raised by only two interviewees is further evidence that work remains in order to embed a truly joined up approach to the needs of children and families, especially in the context of prioritising prevention and early intervention strategies. In order to maximise the potential for these recommendations to be integrated into and aligned with other processes being delivered through the NEIC Programme Implementation Board (PIB) structures, we have attempted to align actions to the existing subgroups. Enhanced service integration is an underpinning requirement for the delivery of a child-focused approach to the needs identified in this consultation and is an implicit aspect of all the recommendations below.

We also note that the current NEIC strategy ends in a few months and suggest that these recommendations be further considered and fully incorporated into the emerging new strategy and implementation plan. We recommend a greater emphasis on evidence and evaluation in the next phase of work, so that these are core values underpinning any and all engagement in the community.

The top ten headline recommendations (in no order of priority) are:

1. Leadership for children and families
2. Antenatal to 12 month supports
3. Early Learning and Care provision
4. Wrap around supports for vulnerable families with young children
5. Volunteerism and capacity building
6. Extension of Multi-Disciplinary Teams
7. Anti-Child Poverty plans
8. Responding to the complexity of the population
9. Trauma informed approach.

## 10. Capital investment

The detail behind each of these recommendations is outlined here:

### 6.1 Agreed and explicit leadership for children and families

It is apparent that young children and their families have been largely overlooked in the plans to create and enable a better future for those living in the NEIC. The Mulvey Report was criticised at the time of its publication for its lack of focus on prevention and early intervention; the CYPSC appears to have no structure that specifically targets ante natal care, babies and young children; the exceptionally high levels of child protection referrals in the area were mentioned in few of the consultations, and there appears to be no commonly held vision for children and families. Whilst the NEIC structures added a subgroup on family wellbeing in 2018, this has had a very limited focus i.e., delivery of evidence-based parents' courses. The Mulvey report proposed that 'CYPSC working with the local LCDC and health agencies put in place a discrete plan for child and family social services in the area' (p 38). This does not appear to have been completed and we recommend that this is progressed and incorporated into the next NEIC Strategic Plan.

There is a need for leadership which takes a much broader, more inclusive and integrated perspective in relation to the needs of children and families. Agreed and explicit leadership for the development of and drive in relation to a vision for babies, young children and their families must be established and should be held by the Tusla Senior Manager for PPFs.

### 6.2 Ante natal to twelve month supports

Health professionals consulted during this study highlighted a key concern as being the emotional regulation of young children and referenced research which indicates that trauma during pregnancy is a significant predictor of subsequent developmental delay in young children. Reducing the potential for and impact of trauma during pregnancy is therefore critical, particularly in a community where violence and lack of safety have been evidenced as being consistently experienced (University of Limerick, YPAR report, 2019). It is suggested that these difficulties could be largely mitigated through intensive supports antenatally and in the first twelve months after birth. The UL research provides evidence that young people also experience anxiety and exhibit trauma related behaviours, further indicating the need to develop resilience within families, and integrate these supports into services from the ante natal period onwards<sup>73</sup>.

In terms of ante natal supports, it is recommended that a structure is established to bring together GPs, Practice Nurses and Midwives to agree an early identification and referral mechanism for vulnerable pregnant women. Wrap around supports should be provided either through outreach maternity services, nurse practitioner roles within the community, or an enhanced PHN remit, with all relevant staff receiving training in the range of approaches and theoretical understandings described below in relation to attachment and trauma. This should be based on additional resources, rather than further extending the remit of the existing provision.

PHN services in the area are stretched and, with the high volume of homeless families in their care, they are required to respond to a more complex and transient population than in any other area, an issue which is likely to increase with the arrival of Ukrainian refugees. The Census data on babies and young children in the

<sup>73</sup> These statements are borne out in figures produced by Tusla, whereby over half of current Meitheal cases have arisen from mental, emotional and behavioural concerns.

area vastly underestimates the numbers in the area. A comprehensive analysis of the real time population needs is required to understand the resources required to ensure that new parents and those with young babies receive adequate supports in terms of post-natal care, breast feeding, infant attachment, and early child development.

Given the exceptionally high levels of child protection referrals in the NEIC compared with national data, it is essential that all practitioners working with pregnant women and families with babies receive training, mentoring and ongoing reflective practice in relation to approaches which support attachment, such as Solihull and Circles of Security. Ongoing reflective practice to embed these approaches should be provided through the Early Learning Initiative (ELI), with managers being held accountable for ensuring that relevant staff fully participate.

These actions should be monitored through *Subgroup 3*.

### 6.3 Early Learning and Care provision

Consultations during the research and findings from a survey of locally based ELC settings outlined in section 4.3.2, revealed very significant deficits in the provision of ELC for the population size. Whilst it is apparent that additional ELC spaces must be developed, we recommend that a more detailed analysis of current ELC needs and how to address them is undertaken. The scope of the current research was too broad to provide the level of detail required and while findings outlined in this report offer clarity on current provision in terms of total numbers of children registered; facility capacity; staffing numbers, hours and qualifications, and opportunities for extension, further analysis would be important to generate:

- understanding of the numbers of families that do not currently use ELCs within the NEIC area, and that do not intend to change these arrangements;
- ELC spaces utilised by those working but not living in the NEIC, and
- clarity regarding plans to develop new ELC facilities in the context of DCCs strategic regeneration plans.

It is suggested that the Dublin City Childcare Committee (DCCC) would lead any such further research. Engagement with PHNs will be necessary to understand the current population of babies and young children in the area, in recognition that Census data are not only out of date but also significantly underestimate the local population.

Notwithstanding the above recommendation, it is the authors' opinion that a minimum doubling of the current ELC capacity in the area is needed as a matter of urgency to address current deficits, focusing particularly on crèche facilities for children aged two years and younger. It is understood that this will require the establishment of new facilities in the NEIC, enabled by capital investment referenced earlier in the report, recognising that current providers have little or no capacity to extend existing services and facilities. An immediate return of the ELC places lost in the North wall area would be an extremely welcome development, especially if ASESP was in a position to increase its intake as projected in earlier sections of this report.

The establishment and management of any new ELC facilities should be agreed through a transparent process, led by the DCCC. Reference has been made earlier to the fact that capital funding for ELC will only become available in 2023 under the NDP, with large scale funding anticipated for the years 2024 and 2025. While there is no immediate fix to the deficit in ELC provision in the NEIC, now is the time for all stakeholders

to begin planning so as to ensure optimal return on potential capital funding.

The researchers recognise that some stakeholders have ongoing difficulty with the NCS, both in terms of its requirements and documentation, but also with regard to the ethos and principles perceived to underpin it. Some of the concerns raised are noted in the 12 month review of the NCS, conducted by DCEDIY. In particular the review notes the level of administration required by the NCS, and the “Barriers to take-up among some vulnerable families and the level of support for some families” (Frontier Economics, 2021: 18). However, it is recommended that the ongoing difficulties experienced by ELC providers in relation to the NCS which are not being addressed at national level are progressed through dialogue with Pobal and DCEDIY. Just Economics note that one benefit of the NEIC structures is that

*“Structural barriers to progress are identified and addressed at the appropriate policy level. Issues are relayed to the PIB Chair who discusses them at an oversight committee of senior policymakers at the DoT. There are several examples of where this mechanism has been used to address challenges faced by the programme,” (2019: 31).*

It is recommended that issues relating to the NCS are raised through this process, with support from DCCC. As the Mulvey report noted, ‘Responses to perceived deficits must align with and leverage national policy change and identify acceleration of the implementation of existing policy, services and investment commitments,’ (2017:27).

A DCEDIY report on the application of the childcare sponsorship scheme is not yet available, but given the local difficulties experienced in accessing these supports, it is recommended that when it is circulated, DCCC leads local engagement in considering its implications and learning. In addition, recommendations made in the *Partnership for Public Good Report (2021)* regarding these sponsorship arrangements should be carefully considered under this same structure.

Finally in relation to ELC provision, the commitment to establish a model of enhanced supports for ELCs along similar lines to those provided to ‘DEIS’ schools must be maximised for the NEIC community. The DCEDIY representative should ensure that *Subgroup 3* is fully informed of plans for delivering this commitment, and the data gathered by DCCC as proposed above should inform the development of required submissions.

## 6.4 Wrap Around Strategy

This research should be utilised to inform the development of a strategy for wrap around supports for vulnerable parents of young children. This should include:

- the development of an early identification and intervention approach with families identified as being at risk of child protection concerns;
- actions to reduce the numbers of children going into the care of the state and interventions to improve outcomes for children in care;
- increased funding to enhance and extend provision of services through the existing Hill Street FRC to enable greater reach and depth of engagement;
- maximising the delivery of Meitheal as a mechanism for earlier intervention and provision;
- provision of appropriately resourced intensive family supports for vulnerable families, drawing on

existing services, such as the ELI home visiting programme and the Tusla Family Support Service.

The remit for *Subgroup 3* is on parenting supports for those with children aged under 18 years of age. The action for the 'CYSPC working with the local LCDC, and health agencies put in place a discrete plan for child and family social services in the area,' (Mulvey:38) should be progressed and integrated into the next NEIC Strategic Plan, under the auspices of *Subgroup 3*.

Tailored supports are also required for families with a child with additional needs. Extending the multi-disciplinary teams to include children in ELCs (see below) will address some of the current concerns, through the early identification of children, and provision of capacity building activities with both parents and practitioners. This three-pronged approach will ensure that only those children with medium to high levels of need are referred to specialist services, with other children being appropriately managed within ELCs and through parental engagement, (CDI, 2016).

## 6.5 Volunteerism and capacity building

Parental engagement in community initiatives and children's services is a critical aspect of creating a sense of belonging and responsibility for where we live. Consultation noted that there are poor participation levels in the NEIC, and it is recommended that an engagement and capacity building strategy is put in place to address low volunteerism levels, underpinned by community development principles.

The Mulvey report proposed that activities be delivered to ensure that the 'Community (is) engaged and empowered to participate in community activities and to contribute to a "safe" place' (p31). Furthermore, the DCC Development Plan 2022-2028 notes a key objective for the NEIC is 'to support community development through targeted objectives on selected sites' (2021: 542). Just Economics also identified an increase in volunteerism as a critical short term objective (2019). The logic model for Subgroup 3 proposed by Just Economics includes the outcome of a 'culture of volunteerism' amongst young people, and a growth in their civic engagement (2019:18), objectives which could support and be aligned to wider community development processes. Whilst an analysis of the activities undertaken to date is outside the remit of this research, a review should be undertaken to identify what has gone well, build on positive engagement to date and map those populations which have not yet been effectively targeted. Critically, a process through which stakeholders agree a common understanding of community development and its underpinning principles should be undertaken; training and ongoing reflective practice for frontline staff and managers should be provided to ensure a consistent, community-informed and sustainable approach is undertaken. These processes should be led by DCC.

Mulvey states that 'Local structures will work to include representatives of new communities in the area and community support funds will be sought under the relevant programmes to promote the integration and inclusion of migrants' (p40). Parents in this study, many of whom were immigrants, spoke repeatedly of feeling isolated and alone. A cohesive, strategic plan for community engagement should include tailored activities for ethnic minorities and particularly aim to address isolation amongst immigrant women and those parenting alone. These also need to reflect the emerging needs of Ukrainian refugees as they arrive to the area. The NEIC Intercultural Development Officer should have a central role in establishing connections and identifying activities to engage these populations and the effective engagement currently provided through the Family Resource Centre should be built on. It is recommended that the insights and expertise of the Peer Researchers recruited to undertake the current consultation be harnessed to support these plans.

## 6.6 Extension of Multi-Disciplinary Teams

It is recommended that the existing NEIC MTDs be extended to include children, parents and staff in ELCs, with the accompanying additional resources. This would not only enable earlier identification and intervention for children but would prevent some difficulties from escalating and needing more intensive and long-term engagement. Specific consideration would need to be given by the HSE to the resourcing of such a development, but this could potentially be addressed through the allocation of those HSE staff whose roles were freed up with the establishment of the MTD.

A further benefit from this extension would be to improve connectivity between ELCs and primary schools. Ensuring strong communication and connectivity between the MTDs through for example collective professional learning opportunities would be important.

The extension of the MTDs should be led by the HSE.

## 6.7 Anti-Child poverty plans

Whilst there are clearly a diverse and complex range of interconnected factors influencing outcomes for children and families within the NEIC, the common denominator is poverty. This issue has been discussed at length in many other reports, and Subgroup 2 is focusing on improving the employment, education and training of young people in the area. Community development and capacity building are clearly central tenets of a joined-up approach to enhancing life chances, and recommendations relating to this are discussed above.

We recognise and endorse a multi-faceted and holistic definition of child poverty, and so recommendations relating to housing, ELC provision, creating safe outdoor play spaces, and parental support are all relevant here. However, material deprivation and income adequacy is a key challenge for many families in the NEIC, particularly those parenting alone. The Roadmap to Social Inclusion (2019) provides income supports for families with children but additionally we recommend effective information and communication campaigns to increase awareness of the income supports available to children and families.

## 6.8 Responding to the complex needs of the population

Despite the DRHE suggesting that the levels of homeless families in the NEIC are comparable to other areas, the data suggest otherwise. There are many logistical reasons why this is the case, and despite the desirability of a more equitable allocation of homeless facilities around the city, the authors do not see this as a pragmatic recommendation.

Rather, there is a need for parallel investments in homeless supports alongside universal services in recognition of the complexity and additional needs of this highly unusual population. Appropriate resources must be provided to the range of disciplines working with vulnerable communities, including PHNs, family support services, ELCs and schools.

Whilst there is a need for intensive interventions with very vulnerable families and those who are struggling to meet the most basic of their children's needs, there is also a desire amongst stakeholders to develop a meaningful prevention and early intervention approach for the community. This is a difficult balance to achieve, due to a number of factors including resourcing, risk management, hidden versus overt difficulties

and so on. Subgroup 3 must consider how to ensure an effective and appropriate continuum of delivery which addresses the needs of those currently in most difficulty, whilst also avoiding the occurrence or escalation of concerns. Many of the actions identified in these recommendations form central aspects of this strategy, including the extension of the multi-disciplinary teams; a consistent trauma informed approach; focus on promoting attachment, and community development and capacity building activities. The Mulvey reports references research undertaken by ICON regarding hidden disadvantage in the private rented sector (p41). We were unable to access this research and propose that it be revisited alongside the recommendations from this research.

## 6.9 Trauma informed approach

Training in trauma informed approaches is required across all organisations and disciplines to ensure a consistent, evidence-informed approach to working with children and families and to sustain a professional and effective workforce. Whilst the NEIC Strategic Plan to 2022 refers to the provision of such training for youth workers (p30), it is recommended that this is extended to all those in the NEIC working with children and families. This training should be enhanced by the establishment of an inclusive Infant Mental Health Network, led by the ELI, and ongoing reflective practice could be undertaken in conjunction with activities relating to the promotion of parental attachment (See above).

Building resilience in the community is also critical. And whilst there is clearly a great deal happening with young people in this regard, it is imperative that a focused plan is developed to support the building of these skills for babies, young children and their families. This will require the engagement of and capacity building with early years practitioners, PHNs, family support services and so on.

These actions should be incorporated into the plans for and monitored by *Subgroup 3*.

## 6.10 Capital investment

*Subgroup 4* of the NEIC structures is tasked with delivering on a range of developments to improve the physical environment. DCC needs to follow through on the commitments made to deliver additional housing for the area; to improve the quality of existing housing; to provide safe, accessible outdoor play areas, and the development of new ELC/education facilities in the context of these new developments. We do not see any value in repeating here the actions identified in the DCCs Strategic Development Regeneration Areas plans but note the importance of these investments as a critical aspect of the overall plans for the NEIC.

In addition, the detailed analysis of current and required ELC provision noted above may assist in identifying the need for further capital investment to ensure adequate provision in the area, over and above any planned development within new builds.

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## Appendices



## Appendix I: Interview Questionnaire for Parents- Parent Consultation

- 1) Are you : Female  Male
- 2) How old are you? \_\_\_\_\_
- 3) What is:
- a. your first language? \_\_\_\_\_
- b. the first language of your child or children? \_\_\_\_\_
- 4) Can you tell us about your ethnic or cultural background?

	You	Child
<b>White</b>		
Irish traveller		
Any other white background		
<b>Black or Black Irish</b>		
African		
Any other black background		
<b>Asian or Asian Irish</b>		
Chinese		
Any other Asian background		
<b>Other, including mixed background</b>		
Other – write in description		

- 5) What type of household do you live in?
- One parent  Two parents living together
- Other \_\_\_\_\_

## 6) What is your marital status?

	I am
Single	
Married	
Divorced/Separated	
Widowed	
Chinese	

## 7) What is the highest level of education that you have completed?

No formal education	
Primary education only	
Lower secondary	
Upper secondary	
Third Level	
Other	

## 8) You and / or your partner's work situation?

Tick the box that best describes your situation/ partner's situation	I am	My partner is
Homemaker, looking after my family and home		
In full- time paid employment		
In part-time paid employment		
Unemployed		
A student		
Retired		
Not able to work due to illness or disability		
Paid state- supported training		
Unpaid state- supported training		
In receipt of benefits		
In prison		
Other (please specify)		

## 9) Services involved with your family?

Is your family involved with any of the following services/agencies?	Please tick
Tusla	
HSE Primary Care e.g. psychology, SLT, OT	
Assessment of Need	
Housing Services	
Disability Services	
Addiction Services (Drug or Alcohol)	

## 10) How many children do you currently have? And what are their ages?

## 11) Does your child or do any of your children attend (tick as appropriate)

	Details
Private Childminder or family member	
Crèche or preschool	
Primary school	
Not in any form of education or care	

## 12) Has your child or have any of your children been diagnosed with additional needs? If yes, please tell us what additional need your child experiences.

	Details
Yes	
No	
Waiting for an assessment	

- 13)** How would you describe your experience of parenting a child under five years of age in this area?  
What has been good about the experience?

- 14)** What have been the biggest challenges you have faced when parenting small children?  
What did you struggle with? At what stage in your child's life was this particularly difficult?

- 15)** Have you felt supported in your role as the parent of a small child or small children? Please explain your answer? Who provided the greatest supports to you?

- 16)** Have you been satisfied with the services your child has received since birth to now?  
Please explain your answer

**17)** As you reflect on your experience as a parent, what would have made the biggest difference to you as a parent and to your child(ren)? At what stage in your child's life would that support/assistance have been most valuable? Please explain your answer.

**18)** Anything else?

Is there anything else you would like to share that you feel is important but hasn't been covered through the questions I have asked?

## Appendix II: Framework for Focus Group Discussions with Local Service Providers

- 1) Describe the service you provide to children and families in the target group? Is the service you provide a universal service, a targeted service or a specialist service?
  - a. What is the service and who is the employer?
  - b. Are you a manager or frontline service provider?
  - c. How long have you worked in this service?
- 2) From your knowledge of the children, families and communities you serve in the North East Inner City, what would you identify as the primary needs of children and families in the area?
- 3) What are the key service strengths in the area in respect of those needs, especially in terms of reach, capacity, quality, integration, etc?
- 4) What are some of the main challenges facing services, especially in terms of reach, capacity, quality, integration, etc?
- 5) What enhancements to local practice, national policy and strategic investment would make the biggest difference to improving outcomes for children and families in the target group in the North East Inner City?
- 6) Any other issues that you feel are relevant to the research discussion that we have not covered through the line of questioning?

## Appendix III: Participants in the Local Service Provider Consultation Stage

Name	Position	Organisation
Marion Byrne	Senior Programme Coordinator	ELI 0-2 Home Visiting Programme
Irina Ivanova	Coordinator	ELI 0-2 Home Visiting Programme
Jill Long	Child & Family Worker	Hill Street FRC
Lesley Strahan	Manager	LYCS Crèche
Fiona Tyrell	Manager	Larkin Childcare Facilities
Jilyn McLoughlin	Coordinator	ELI ParentChild+,
Marie Boyne	Coordinator	ELI Parent Support Group
Anne Murphy	Manager	North Wall CDP <sup>74</sup>
Debbie Keegan	Manager	Children's Centre, Oznam House
Mark Shinnick	Principal	Holy Child Preschool/ Rutland St. Project
Louise Gillick	Manager	St. Louise's Early Childhood Development Services
Claire O Buachain	Coordinator	ELI Early Numeracy Programme
Jennifer Pinson	Child & Family Resource Worker	Hill Street FRC
Ann Carroll	Manager	CASPr
Ruth Breen	Outreach Worker	CASPr
Teresa Nyland	PPFS Manager	Tusla
Paula Mills	Health Education Worker	Neighbourhood Youth Project 1, Tusla
Ramona Riley	Coordinator	Tusla Family Support Service
Karen Butler	Coordinator	HSE Multi-Disciplinary Team
Anne O' Malley	Assistant Director	Public Health Nursing, HSE Dublin North Central
Jillian Deedy	Public Health Nurse	HSE Dublin North Central
Frances O' Keefe	Public Health Nurse	HSE Dublin North Central
Rebecca Templeman	Public Health Nurse	HSE Dublin North Central
Louise Pielow	Public Health Nurse	HSE Dublin North Central
Elizabeth Piggott Glynn	Team Coordinator	Health Link
Carol Dillon	Manager	Dublin City Childcare Committee
Eileen Smith	Manager	Hill Street FRC

<sup>74</sup> Host organisation to Little Treasures Community Crèche.

Name	Position	Organisation
Geraldine Brennan	Manager	After School Education & Support Programme (ASESP)
Imelda O' Keefe	Coordinator	NEIC Parenting Programmes, ELI
Clíodhna O' Mahony	Coordinator	Dublin City North CYPSC
Tracey Monson	CEO	Daughters of Charity Community Services and member of Dublin City North CYPSC
Ursula Donnellan		NEIC Programme Office, Dublin City Council
Aine Behan		NEIC Programme Office, Dublin City Council
Laura O' Connell	Manager	Children's Disability Network, North Inner City Children's Disability Network Team
Irma Grothuis	Community Arts	Officer Dublin City Council

## Appendix IV: NEIC Programme Implementation Board Membership<sup>75</sup>

- Michael Stone, Independent Chair
- Donal Cassidy, Health Service Executive
- Mary Cregg, Department of Education
- Brenda Boylan, Department of the Taoiseach
- Karl Mitchell, Dublin City Council
- Paddy Murdiffe, North Inner City Community Coalition
- Chief Superintendent Patrick McMennamin, An Garda Síochána
- Feargal O' Rourke, PwC
- Jim Walsh, Department of Health
- Noel Wardick, North Inner City Community Coalition
- Paul Fay, Department of Children, Equality, Disability, Integration and Youth
- Paul Carroll, Department of Social Protection

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<sup>75</sup> Information drawn from <https://www.neic.ie/about/programme-implementation-board>, accessed on 16th February, 2022.

## Appendix V: Participants in Policy Makers Consultation

Department of Children, Equality, Disability, Inclusion and Youth:

Mark Considine  
Ruth Doggett  
Oonagh McPhillips  
Hazel O'Byrne

Department of Education:

Mary Cregg  
Joanne Tobin

Department of An Taoiseach:

Brenda Boylan

Dublin Regional Homeless Authority:

John Durkin

## Appendix VI: Revision to the National Childcare Scheme as a result of Budget 2022<sup>76</sup>

### What will it mean if I am on standard hours?

That is where all parents/guardians in the household are not in work or study.

Age/education stage of child	Current hours per week of subsidy	Hours available to use year round
Prior to qualification for ECCE	20 hours (term time) 20 hours (non-term)	20 hours
Qualifying for ECCE and not yet in school	5 hours (term time) 20 hours (non-term)	20 hours
Junior or senior infant classes in primary school	0 hours	20 hours
First to sixth class in primary school	0 hours	20 hours

### What will it mean if I am on enhanced hours?

That is where all parents/guardians in the household are in work or study.

Age/education stage of child	Current hours per week of subsidy	Hours available to use year round
Prior to qualification for ECCE	45 hours (term time) 45 hours (non-term)	45 hours
Qualifying for ECCE and not yet in school	30 hours (term time) 45 hours (non-term)	45 hours
Junior or senior infant classes in primary school	23 hours (term time) 45 hours (non-term)	45 hours
First to sixth class in primary school	17 hours (term time) 45 hours (non-term)	45 hours

<sup>76</sup> Information taken from Budget 2022 overview and further information for Early Learning and Care (ELC) and School-Age Childcare (SAC) providers and parents, Frequently Asked Questions for Parents, accessible at <https://www.gov.ie/en/publication/b3e97-budget-2022-overview-and-faqs-for-early-learning-and-care-elc-and-school-age-childcare-sac-providers-and-parents/>



**YPAR** | Young People at Risk  
Dublin North Inner City



## Contact Us:

[info@cdi.ie](mailto:info@cdi.ie)

[twitter.com/twcdi](https://twitter.com/twcdi)

[instagram.com/childhooddevelopmentinitiative](https://www.instagram.com/childhooddevelopmentinitiative)

[facebook.com/childhooddevelopmentinitiative](https://www.facebook.com/childhooddevelopmentinitiative)

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