

Lifestart Foundation



Lifestart

Products and Services

September 2008

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The **LIFESTART FOUNDATION** is an all-Ireland charitable body working to produce better child development outcomes by educating parents on how young children develop and learn in order that they might better help their own children to reach their full potential. Educational research has for decades consistently demonstrated that the foundations for learning are constructed in the earliest months and years of life when human brain development is most rapid and when synaptic patterns which organise and structure learning are set (Davies 1999). It is also in early life that children acquire the competence and coping skills that affect their life trajectories (Barlow & Parsons 2003). These findings have been supported by an increasing volume of empirical evidence which confirms that early childhood experiences and, in particular, a child's relationship with its parent/care-giver has important influence on his/her future physical, intellectual, psychological, economic and social well-being (Blout 1989; Webster-Stratton 2001; Place et al 2002; Newman 2002; National Conjoint Committee 2002; Schweinhar 2004; Appleyard et al 2005; Bamford et al 2006). Material disadvantage and economic hardship have been shown to significantly impact on child development outcomes but the research also shows that parenting is an important proximal variable and that good parenting can militate against adverse childhood outcomes and improve future life chances. Efforts to give every child the best start in life, therefore, need to begin in these early years, ideally at birth and ideally in the home - the primary environment for early learning and development and where future learning and development potential and capacities are set.

The economic case for early intervention to support child learning and development outcomes and to mitigate the adverse effects on children of economic, social and parental disadvantage has already been made (Heckman 2006). Yet in spite of this evidence Ireland (0.2%) and the UK (0.6%) still spend less on early childhood education and care than many other European societies and both have relatively poor rankings on a range of dimensions of child well-being (UNICEF 2007) in comparison to other OECD countries. The Lifestart Foundation has for more than two decades been vigorously campaigning to raise government awareness of the importance and socio-economic value of early childhood intervention and for public support for its parent learning and support programmes.

The Lifestart Foundation's core parenting programme has its origins in two early years projects established in the mid 1980s in two very different communities in Ireland: *Oiliuint Baile*, an early years project located in an economically underdeveloped rural community in the Gaeltacht region of the West of Ireland and the *Ballymagroarty Family Support Project*, set in Northern Ireland, in an economically and socially deprived urban community, deeply affected by the

political conflict. A home-visitation and parent learning programme, based on local adaptations of the '**Growing Child**' (Growing Child Inc. www.growingchild.org), was successfully piloted in each of these projects in 1989. The Growing Child is a parent-directed child-centred programme of information, knowledge and practical learning activity on child development for parents of children aged from birth to five years of age. It provides parents with age-specific knowledge and information on child development not normally available to them but available to health and other professionals working with children or providing children's services. The programme was devised by a parent and developed by a group of academics and child development experts working at the University of Purdue, Indiana and since its inception in 1971 it has been made available to and impacted upon the lives of over 5 million children in the United States. The US programme, delivered to parents as a printed or electronic News Letter, has been subject to regular review by child development experts and is now in its 4th edition. Since 1989 the Lifestart Foundation has continued to promote, develop and adapt the Growing Child programme to meet the needs of contemporary Irish families and those of a variety of distinct local communities and social groups and to refine the content, home-visitation delivery mechanism and evaluation process devised and tested in the two Irish pilot projects (McGuinness, 1990, McNelis & Kelleher, 1995) and which collectively make up the Lifestart programme.

Lifestart provision is organised and managed through local community-based projects and outreach programmes. The programme is delivered by trained family visitors in the parent's own home. Projects are affiliated and contracted to the Foundation which quality assures programme delivery and trains project staff. The Foundation currently has 19 affiliated projects: 17 in Ireland and 2 abroad, in Macedonia and in Zambia, collectively delivering Lifestart services to the parents of more than 13,000 children. The Foundation is the licence holder of the Growing Child and is an Institute of Leadership and Management (ILM) accreditation Centre for Lifestart staff-training and a national Open College Network (OCN) accreditation centre for group/centre-based accredited training for parents, developed by the Foundation to run in addition to the home-based parenting programme. Some projects offer both the home-based and the accredited parent training programmes as well as other centre-based services, including childcare.

The Foundation's mission is: ***to support and facilitate the delivery of Lifestart programmes throughout Ireland and beyond in order that all children can enjoy their childhood, develop their full potential through play and interaction, have an equal chance within the education system and enjoy a healthy lifestyle.***

This mission is underpinned by the following core understandings and values:

- The developmental period from birth to five is crucial to the child's capacity to develop and learn, physically, emotionally, intellectually and socially. Supportive intervention best begins as soon as the child is born, if not before, and best continues throughout those early years.
- Parents, (or those who parent), are the prime educators, and the most important influence on the child's development. Lifestart concentrates on enabling parents to develop their role to the fullest.
- The home is the primary environment for education and development. The Lifestart Programme is centred in the home which is acknowledged as being the most natural and most immediate focus for good nurture.
- Lifestart is a promotional programme and is directed to primary prevention, that is, it assumes a supportive role so that appropriate development can occur, and the cycle of disadvantage is addressed.
- The Lifestart programme is comprehensive and community based and contributes to the development of all sectors of the community.
- Lifestart is respectful of the culture and language of the community. These are considered to be two crucial and influential factors in the development of family and community discourse about child rearing.
- Lifestart is a curriculum-based programme. It consists of age appropriate information on all aspects of child development. Delivery of the curriculum and programme is organised by means of a deliberative process of family visitation and cluster meetings, and via procedures whereby parents are encouraged and enabled to evaluate their attitudes and practices.
- The Lifestart programme is parent directed and child centred in its structure, training and delivery.
- Lifestart co-operates with other agencies and initiatives that work to develop and provide early years provision.
- Lifestart works on a cross-border, cross-community and cross-cultural basis.

The Lifestart programme is currently being delivered to 3,251 families in communities in Ireland. There are Lifestart projects in counties Derry, Tyrone, Down, Donegal, Leitrim, Offaly, Kildare,

Carlow, Lough, Kilkenny and Dublin. In 2006 the Irish projects recruited the parents of just over 1000 children, with parents completing and exiting the programme roughly balanced by new entrants. The majority of parents enter the programme in the first year of their child's life, but projects do, under certain circumstances accept the parents of older children.

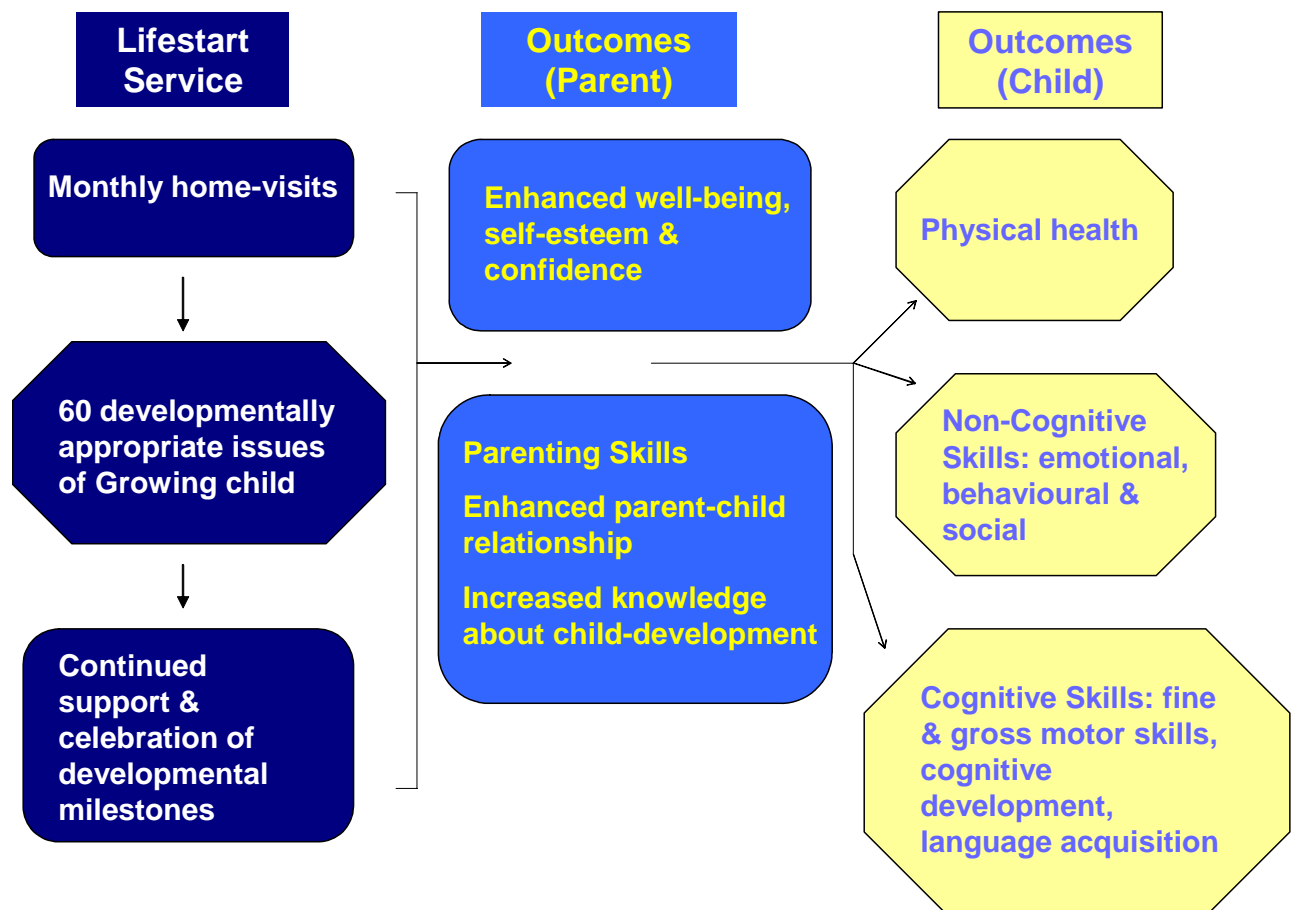
Evidence of the importance of early childhood experiences and of good parenting for child development outcomes is encouraging a policy climate in both parts of Ireland more conducive to family and children's services. In this context the Foundation has an established reputation as the provider of a high quality structured parenting curriculum and home-visitation programme and its brand is recognised and associated with home-based parenting support by relevant government departments and agencies, other family and children's services providers and parents in the communities in which Lifestart projects are set. It is cited as the example of 'what works' in parenting support in the report of the Bamford Review of Mental Health and Learning Disability (2006) and early indications from the current longitudinal evaluative study of programme impact are very promising. The Foundation has for many years focused much of its energy and resources on adapting and documenting the Growing Child curriculum, on the evolution and implementation of quality assurance systems and procedures for programme delivery, on devising relevant and workable staff and parent training and accreditation systems and on expanding provision through the establishment of Lifestart projects. Through these activities the Foundation has built a strong and effective organisation. It now proposes to strategically inform future growth by gathering evidence of true need and demand for the Lifestart programme on the island of Ireland, by identifying barriers to expansion and by incrementally building organisational capacity to overcome growth constraints and by vigorously evaluating programme impact on child development outcomes. The aim is to secure the sustainability of the Lifestart product and service by empirically proving programme effectiveness as a basis for continued and future service level agreements and contracts for programme provision.

2.0 LIFESTART OUTCOMES

The primary impact of the Lifestart programme is on parenting outcomes which in turn impact positively on child development outcomes. Outcomes for parents include increased knowledge, competence and parenting skill and enhanced wellbeing and self-esteem. Lifestart parents are more confident about child-rearing, are less stressed than other parents, are more sensitive and responsive to their child's varied needs and have better and more stable relationships with their children. Our experience suggests that these outcomes generate better child outcomes in terms of physical health and the acquisition of cognitive and non-cognitive skills; outcomes which have positive implications for future learning potential and life chances.

Parent and child outcomes are reinforced through the promotion, in the communities in which Lifestart projects operate, of a social environment conducive to childhood learning and growth. The causal relationships between parent, child and community outcomes are depicted in the Lifestart programme logic model contained in Figure 1 below.

Figure 1: Lifestart Logic Model



As a result of the knowledge, information, guidance and increased competence and confidence parents acquire from the Lifestart programme, parents are better able to promote, through appropriate care and nutrition, their children’s physical health. By knowing how to provide secure attachment, to be emotionally available, to interact with and to be sensitive and attentive to their children’s developmental and learning needs, they are better able to foster their child’s emotional well-being, social skills and behaviours and resilience and coping skills. By understanding how to provide suitable stimulation, appropriate developmental experiences, encouragement, reassurance and learning support, parents can promote cognitive development, the acquisition of fine and gross motor skills and language acquisition.

Through the programme parents acquire appropriate concepts, language and terminology and increased confidence and competence to engage effectively with other relevant social actors and public and other agencies and to assess the appropriateness, relevance and quality of children and family services provided by these bodies. By integrating and linking parents (and their children) into shared activities in the community, the programme contributes to greater local social cohesion and to the construction of a collective awareness of and responsibility for meeting children's health, developmental and learning needs. The *quality of community* is now recognised as an important causal factor in childhood intellectual and social development (Janus et al, 2001) and parents' closer integration into a more cohesive and socially integrated community, predisposed to children's learning and developmental needs, reinforces positive child outcomes.

Children whose parents have taken the Lifestart Programme are, in our view, better developed – physically, emotionally, intellectually and socially; tend to have better connections with their peers and their communities; have fewer behavioural problems; are better prepared for formal learning than other children and have improved life chances, especially but not exclusively where economic, social, environmental or other circumstances put children at greater risk of adverse developmental outcomes. Good parenting, by promoting and reinforcing children's natural resilience and ability to cope, acts as a protective factor reducing the impact of poor or difficult circumstances (Blout, 1989, Newman, 2002, Bamford 2006). By exposing their children to appropriate levels and types of stimulation and support, Lifestart parents help to make their children effective *active learners*, with the capacities and motivation to derive the maximum benefit from new learning experiences and opportunities. This is evident both in relation to the transition to and through pre-school education and in school readiness among Lifestart children.

To be able to derive the maximum benefit from schooling, children entering formal education need to have appropriate levels of health, cognitive skills, language, social competence and emotional maturity to be able to communicate with and relate to teaching staff and to mix with and socialise with other children. They need to be capable of independent action, have practical personal skills, understand the concept and function of rules and be able to perform successfully within a rule-orientated learning environment. They need to have conceptual knowledge of the alphabet and of numbering and to be intellectually inquisitive and learning responsive. The Lifestart Programme is consciously and specifically designed to assist parents to help their children achieve this level of school readiness and more. To date individual evaluations of Lifestart projects have confirmed higher levels of school readiness among Lifestart children.

The impact of the Lifestart Programme extends well beyond childhood development outcomes. Research has shown that the effects of good parenting continue into adult life (Schweinhart 2004). Enhanced intellectual and social development in the early months and years of life contributes directly to improved educational performance and to better adult economic opportunities and employment and life chances. Improved physical and emotional care in early childhood contributes significantly to better long-term health and improved psychological and emotional well-being and sociability in adolescence and adulthood. Children who have had good parenting are less likely as adults to be unemployed, to live in poverty, to experience poor health, to suffer from addiction and psychological disorders or to be involved in crime. They are more likely to form stable relationships and to become good parents themselves generating a 'virtuous cycle' resulting in long-term gains for individuals, communities, government and society.

3.0 LIFESTART ACTIVITIES

The Lifestart Foundation's core activities relate to the promotion, provision and quality control of the home-based Growing Child programme adapted by the Foundation and delivered by teams of family visitors employed by community-based Lifestart Projects. The Foundation trains project co-ordinators in the management of Lifestart projects and in the delivery of the Lifestart programme and co-ordinators subsequently train family visitor staff. The Foundation also provides accredited training for both co-ordinators and family visitors. The typical family visitor is a parent or person with an aptitude for parenting who has been trained, to Foundation specifications, to deliver the Growing Child curriculum. Family visitors recruit parents to the programme and provision is universal and voluntary, restricted only by the availability of project staff and resources. This approach reduces stigma and is more acceptable to parents than directly targeted provision (Cummins & McMaster 2006). Lifestart projects are, however, generally located in economically and socially disadvantaged neighbourhoods and in rural communities with poor access to family support services (see Annex 3 Epidemiology). All Lifestart projects accept referrals from health and social services authorities and other service providers and all aim to include particularly disadvantaged groups – lone parents, travelling families, the families of migrant workers and refugees, and families with health or other problems with the potential to impact on child development outcomes. Some projects have staff members specifically employed to work with targeted disadvantaged groups e.g. the Lifford Project employs staff to work specifically with migrant workers and Sligo Project has a Travelling Community Project.

Provision, while generally universal and voluntary, is therefore indirectly targeted to social need and projects are able, within their own locale, to support families disadvantaged by economic

and/or social circumstance and those whose children's life chances are compromised by illness or disability, lone parenthood or other factors, including the limited availability or unaffordable cost of quality child-care services for families with parents in low paid work or simply by the lack of appropriate parental knowledge and low levels of parenting skill - the consequence of inter-generational cycles of disadvantage, changing family structures and the social complexity of modern life.

Every parent who joins the Lifestart programme receives a developmentally appropriate issue of the Growing Child, and a 30-60 minute visit from a Lifestart family visitor each month throughout the first five years of their child's life (12 visits a year, 60 issues and 60 visits in total). The curriculum uses a 'whole child' pedagogical approach which conceives of both parent and child as active participants in learning processes implemented through a wide range of interactions, incorporating both care and education. The curriculum is structured in such a way as to inform and educate parents and to provide them with knowledge, information and developmental activities in an integrated sequence appropriate to children as they grow and learn. Knowledge acquired at one developmental phase is reinforced and enhanced at another; hence the same topic may be addressed on a number of occasions reflecting different age appropriate developmental expectations and contexts. The curriculum is, in this respect, spiral in nature and it includes half-year/yearly developmental checklists, based on learning milestones, which allow parents to assess their child's learning and development.

The long-term supporting relationship between the parent and the family visitor, equipped with an high quality integrated child development curriculum, is an unique feature of the Lifestart Programme. The Lifestart home-visit focuses on the child's and on the family's needs and educates parents in the application and use of the Growing Child curriculum. Each issue of the Growing Child includes explanatory notes on child development, capacities and potential at the age to which the issue refers and suggests things that the parent might do to enhance and further their child's development and learning. Complex child development concepts and insights are explained in clear and readable text accompanied by pictures and are linked directly to parent/child day-to-day experiences. The family visitor discusses the content of each new issue with the parent and encourages her/him to reflect on their child's progress in the light of this knowledge and information. Samples of the culturally adapted curriculum used in Ireland can be viewed on the Foundation website at: www.lifestartfoundation.org.

Associated with each issue of the Growing Child is a set of parent learning outcomes and the family visitor uses these to assess and report on parent learning and to help the parent to evaluate their parenting over the previous month – a systematic evaluative process which, with

programme content and method of delivery, makes up the three distinct elements of the Lifestart programme. The family visitor explains the value of and encourages parent-child interactions which will support learning and development and provides toys, books and other learning materials and resources and demonstrates their use. She helps the parent to recognise and celebrate their child's learning successes and the achievement of developmental milestones and she functions as an information resource and link between the family and the wider community, providing and supporting parent access and linkages to relevant health, social service, child-care and other service providers and to preschool and school facilities. The family visitor encourages parents to take an active role in their communities, to train as family visitors or to become members of local Lifestart management committees. She facilitates parent and child engagement in shared activities with other families and parent involvement in community activities and structures which will promote and support improved outcomes for local children.

The Lifestart Foundation, its Head Office, National Offices and Lifestart projects work in partnership with other organisations and statutory bodies and many Lifestart Projects are in a position to offer centre-based programmes and services including childcare, mother and toddler services, Play Days and accredited and non-accredited group-based parenting programmes. The OCN accredited Lifestart Parenting Programme includes the following units:

- **Creative Parenting:** Art; Story; Movement; Play; And the Senses
- **Parental Personal Development:** Self Esteem; Discipline; Communication; And Conflict Resolution
- **Practical Parenting:** Parenting Styles; Nutrition; Healthy Eating and Food Preparation; Keeping Children Safe from Harm; Choosing Toys; and Safety in the Home

The Lifestart Foundation is currently developing a '**Growing Up**' programme specifically aimed at the parents of school aged children. This new programme will provide parents with knowledge and information on child development for children from the age of 5 years to 17 years. This important programme will help parents address childhood and teenage learning and development issues throughout their school years which cover crucial development phases in a child's life.

The Lifestart Foundation also distributes by email a monthly newsletter '**Growing Together**'. Should you wish to be included on the 'Growing Together' mailing list please contact the Foundation at foundation@lifestart01.fsnet.co.uk

4.0 EVALUATION OF LIFESTART PROGRAMME IMPACT

The Lifestart programme is currently undergoing a longitudinal evaluation of programme impact on child development outcomes being conducted by the Centre for Child Care Research and the Department of Education at Queens University. The evaluation is being funded by Atlantic Philanthropies¹ (AP) and it is one of a series of evaluative studies of social interventions being undertaken by AP in Ireland with a view to improving outcomes for children and young people. The evaluation is using methodologies which include a random control trial based upon a framework designed by the Dartington Social Research Institute² which will track the impact of the programme on 250 parents and children and compare the results with 250 families receiving other parenting information. Preliminary results from a pilot to the study suggest that the Lifestart programme is having an impact on parent and child outcomes and that there may be a significant dosage effect.

Initial findings include:

- Lower levels of parenting stress associated with a better ability to handle crises and higher levels of self-esteem
- Lower parenting stress associated with greater variety of stimulation being provide for the children within the home
- Significant association between the length of time engaged in the Lifestart programme and the level of variety provided in the home
- Mothers who demonstrated better knowledge of child development were more accepting of their child's behaviour, actively involved in their child's learning and provided stimulation for their child
- Child development scores fell within the normal limits of the average performance that could be expected of an average child in the population.
- Better cognitive and motor functioning was evident in children whose mothers demonstrated better knowledge of infant development
- Better cognitive functioning in children was also associated with mothers who were more accepting of their child's behaviour and demonstrated greater responsivity towards their child
- Better motor functioning in children was also associated with more responsive parenting

The recruitment of families to the random control trial began in April 2008, the research team will publish an interim report of research findings mid 2010 and the study will be completed in 2013.

¹ A limited-lifetime foundation which has as one of its key objectives: ensuring children are engaged in learning, healthy and connected to the key supports in their communities. www.atlanticphilanthropies.org

² www.dartington.org.uk

The Lifestart Foundation is confident that the evaluative research of programme impact will show as outcomes that Lifestart parents:

- are more knowledgeable about child development,
- have better parenting skills,
- are more socially integrated,
- are more confident and less stressed than other parents, and
- have very good relationships with their children;

And that Lifestart children:

- are better developed – physically, emotionally, intellectually and socially,
- have better connections with their peers and their community
- have fewer behavioural problems, and
- are better prepared for formal learning and schooling than other children.

These are outcomes which can be expected to significantly impact on these children's future life chances.

Expert advisors to the Study

The project's Evaluation Panel advises on evaluation at all stages of the project life cycle.

Panel members are:

- ◆ Dr Mark Dynarski, Associate Director of Research and Director of the Education at Mathematica Policy Research Inc. U.S.A;
- ◆ Dr Michael Little, Director, Dartington Social Research Unit, United Kingdom;
- ◆ Ms Elizabeth Canavan, Office of the Minister for Children, Rep of Ireland;
- ◆ Professor Ted Melhuish, Deputy Director, Institute for the Study of Children, Families and Social Issues and Executive Director of the National SureStart Evaluation, United Kingdom;
- ◆ Dr Cathy van Tuijl, Research Centre of Psycho-social Development, Utrecht University, Netherlands;
- ◆ Professor James Williams, Research Professor ESRA & Principal Investigator, Growing up in Ireland Study;
- ◆ Dr. Patricia Del Grosso, Mathematica Policy Research Inc. U.S.A.;
- ◆ Dr Anne Lazenbatt (NSPCC), Reader in Childhood Studies, Queens University Belfast.

Annex 1 CORE CURRICULUM



The core curriculum used by the Lifestart Foundation is structured in such a way as to provide parents with knowledge, information and child learning activities in a sequence appropriate to children as they grow and develop. Knowledge acquired at one developmental phase is reinforced and enhanced at another; hence the same topic may be addressed on a number of occasions reflecting different age appropriate developmental expectations and contexts. The curriculum is, in this respect, spiral in nature. An alphabetical index of topics covered by the curriculum is included in annex 2.

To support management committees and staff, in the provision and delivery of the Lifestart Growing Child Programme, the Foundation has developed a series of guidance and training manuals and materials. Materials include an introductory video (outlining the Lifestart mission, ethos, principles, aims and objectives, history and structures) and four training videos and a video support manual on:

- Family Systems Theory;
- Art with Children;
- Movement with Children; and
- The Art of Storytelling

All Lifestart staff members receive formal induction training in:

<i>Programme</i>	<i>Employment</i>	<i>Policies & Procedures</i>
Ethos Principles & Values Child development from Birth – 5 years The delivery & evaluation of the Lifestart Programme Structures of the Organisation	Job description Terms & Conditions of Employment Appraisal & Supervision System Work Practice Self Management Harassment Relevant Administration Procedures	Code of conduct Health & Safety Child Protection Confidentiality Reporting Data Protection Play Equal Opportunities Different Abilities

In-depth core staff training is provided through the use of the following manuals which have been developed by the Foundation: Lifestart Management Committee Manual; Training Manual for Lifestart Co-ordinators; Training Manual for Family Visitors; Training Manual for Lifestart Administrators and Training Manual for 'Phase 3' Workers i.e. staff providing group-based or accredited learning activities for parents. Professional training is also made available to Lifestart staff and it is formally accredited by the Institute of Leadership and Management.

Lifestart Co-ordinators may take the Certificate in First Line Management Level 3 and Family Visitors and Administrators may take the Institute of Leadership and Management Certificate in Team Leading Level 2.

Family Visitors are also supported in the delivery of the Lifestart Programme by the 'Use of the Growing Child Manual' and which includes the following topics:

- What will a parent gain from participation in the Lifestart Programme?
- The main developmental concepts from birth to five years
- Long term objectives for the Child
- Growing Child Materials developmental checklists
- Six monthly sample questions for Parents relating to child development
- What are the main parental skills being developed in each six month period?
- Six monthly sample reflective questions for Parents relating to their own development
- Monthly objectives for Parents

Family Visitors are also supported by the Lifestart Family Visitor Resource Book which provides month by month guidance on the use of learning toys and other resources to accompany the delivery of the Growing Child curriculum.

Other manuals developed by the Foundation and made available to Lifestart Projects include:

- Lifestart Recruitment Manual
- Lifestart Evaluation, Policy and Planning Manual
- Reference Manual for Lifestart Co-ordinators
- Lifestart Policies and Procedures
- Lifestart Management Manual

The relationship between the different manuals developed by the Lifestart Foundation is depicted in the chart below.

Annex 2 ALPHABETICAL INDEX OF TOPICS IN GROWING CHILD MATERIALS

A

Anger; Art; Associations; Attention

B

Bad Dreams; Bedwetting; Behaviour; Bicycle Safety; Blocks; Body Awareness; Brain Development

C

Cause and Effect; Child-proofing; Classification; Communication; Containers; Co-ordination

D

Daddies; Developmental Checklists; Direction; Discipline; Dressing

F

Family; Fears; Feeding and Food; Feelings; Feet; Fire Safety

G

Gender; General Development; Growing Child

H

Habits; Handedness; Hearing; Humour

I

Imagination; Imitation; Independence; Intellectual Development

L

Labels; Language Development; Listening

M

Movement; Music

N

Nature; Nature and Nurture; Nosebleeds; Number

O

Object Permanence; Opposites

P

Parenting; Physical Development; Play; Poison; Pre-Writing; Prosocial Behaviour

R

Reading; Routine

S

Safety; School; Scribbling; Self-Awareness; Self-Concept; Self-Discipline; Self-Esteem; Senses; Sexual Topics; Shape; Shoes; Shyness; Siblings; Sickness; Sleeping; Social Development; Songs; Speech; Spoiled Child

T

Teasing; Teeth; Television; Thumb Sucking; Time; Toilet Training; Touch; Toys; Travel; Tricycle; Typical Development

U

Uniqueness

V

Values; Vision

Annex 3 EPIDEMIOLOGY

Key facts about children in Ireland

- 248,000 children are living in poverty in Ireland measured on the basis of family income (1 in 4 in NI and 1 in 7 in the ROI) and a further 300,000 or more children are at risk of poverty. The child poverty rate in the ROI (15.7%) is one of the highest in the OECD countries (UNICEF 2005) and the proportion of people at risk of poverty (20%) is one of the highest rates in the EU 27 (CSO 2006).
- Unemployed people in the ROI are most likely to be in consistent poverty but 50% of children living in poverty in NI are living in families where at least one adult is in paid work indicating the prevalence of 'in-work' poverty. Of the 50,000 children in NI in poverty living with one parent, very few are in families where some paid work is done.
- Lone parents have the highest risk of poverty and are more than twice as likely to be in poverty as all other households in the population. One parent households in the ROI have the highest consistent poverty rate at 32.6% and are 3 ½ times more likely to live in consistent poverty. Children in lone parent families also face a disproportionate risk of being in relative poverty in the ROI. Households with one adult with children face a 42.3% at risk of poverty rate in comparison to 15.3% of households with two adults and children (End child poverty coalition 2005).
- 27% of families with dependent children in NI are headed by lone parents (NISRA 2006) and in comparison to other regions in the UK lone parents in NI have more limited employment opportunities, higher rates of disability, pay higher costs for childcare and have less access to childcare provisions (Evason et al 1998, Horgan 2005, Scullion et al 2005, Spence 2005, Kenway et al 2006)
- 9 out of 10 young lone mothers in NI are living on benefits (Investing for Health 2002) and just under 50% of all children in NI lack, because their parents cannot afford it, at least one item deemed essential for children; 27% lack two or more items and 20% lack three or more (Monteith, M & McLaughlin E.)
- Poor families pay a 'poverty premium', paying more for essential goods and services. The poverty premium is higher in NI than that in GB because of higher basic food and fuel costs and housing costs in the ROI are disproportionately burdensome for families with children.
- One in 10 severely poor children in NI live in an area viewed by their parents as a bad place to live, compared to one in 16 non-severely poor children and one in 100 non-poor children. At least 50,000 children in the ROI are in housing need and over 1/5th of all lone-parent households with children are living in unsatisfactory housing.

- Approximately 2,000 children within 750 Traveller families are living on the roadside without piped water or electricity.
- District Council level data in NI reveals deep pockets of deprivation. Of the 162 electoral wards with 50% or more children living in poverty, 26 had three quarters or more of the child population living in poverty, a majority of which were situated within either the Belfast or Derry Local Government District area. 41% of children in Strabane live in families that claim key benefits (DSD 2006a). Research in the ROI indicates that the risk of poverty is greatest in Donegal, Leitrim and Mayo but that there are high rates of housing and environment deprivation in Dublin and the larger cities (CPA 2005) and people living in these communities are further disadvantaged by the poor quality and availability of local services including health, transport and childcare services.
- Long term unemployment is much worse in NI than in the rest of the UK. In Belfast 22.9% of claimants are long-term unemployed; 24.7% in Strabane; 25.6% in Omagh; 25.9% in Newry and Mourne; and 30.5% in Fermanagh (Hansard, 19 Jun 2006: Column 1650W).
- In spite of recent increased investment in children's services in the Ireland (North and South) the sector is still under-resourced. Denmark invests 1.7%, Sweden 2%, the UK (0.6%) and the ROI (0.2%) in Early Years provision.
- The UK came last in an UNICEF survey of child wellbeing measured against a range of indicators and the ROI fared badly in relation to child material well-being & health and safety.
- The number of registered childminders and day care places in NI equates to only 1 place for every 6.4 children under four (Gray & Carragher 2006). Child care costs in the ROI are high, difficult to access and for many parents unaffordable (Bennett 2006).
- There is significant variation in childcare provision between the east and the west of NI. Fermanagh, Omagh, Strabane and Derry have approximately half the number of nursery & childminder places per 1,000 children under 5 years as eastern areas (South & East Belfast and Castlereagh) (Kenway et al) . Significant variations also occur in the ROI between urban and rural areas and affluent and disadvantaged neighbourhoods.

The consequences of poverty for children

- Children born to poor parents are more likely to have a low birth rate and to die in infancy than children of more affluent families
- 6% of babies in NI and 5% of babies in the ROI are born with low birth weight indicating reduced parental nutritional intake and/or a low level of parental well-being. Low birth weight increases the risk of future poor health outcomes and well-being among these children.

- There are marked differences in low birth and infant mortality rates between poorer and better off families in both parts of Ireland. Low birth rates among the children of unskilled manual worker workers is twice that of the children of professionals in the ROI and in NI the infant mortality rate in the most deprived 1/5th of areas (7 per 1,000 live births) is 1/3rd higher than the rate elsewhere (5 per 1,000).
- Traveller children have significantly lower birth weights than children in the settled community and infant mortality amongst Traveller children is 2 ½ times that for the settled population.
- Weight loss among children and ill health among babies has been found among children of asylum seekers living in direct provision centres.
- Material disadvantage and economic hardship have been shown to negatively impact on children's early physical, intellectual, psychological and social development and well-being. Poor children are more likely to suffer developmental delay and adverse developmental outcomes in terms of early brain development, the acquisition of fine and gross motor skills, language acquisition, emotional and psychological stability, social skills and the capacity for future learning (Blout 1989; Webster-Stratton 2001; Place et al 2002; Newman 2002; National Conjoint Committee 2002; Schweinhar 2004; Appleyard et al 2005; Bamford et al 2006; Heckman 2006).
- There is a strong correlation between emotional problems in early childhood and poor mental health and social functioning in later life (Meltzer & Gatwald et al 2000; Kim-Cohen et al 2003; Bamford 2006). 10% of children in NI experience a clinically defined mental health problem and 25% of adults show signs of possible mental health disorders (20% higher than in England or Scotland). Research in the ROI shows that there is a marked higher prevalence rate of mental health problems amongst children from socio-economically deprived areas (Martin & Carr 2005).
- Other health problems associated with child poverty include higher accidents rates, behavioural problems, higher rates of decayed teeth and teeth extractions and obesity.
- Adverse developmental outcomes in early life impact on future health, on school readiness and educational performance and on adult economic opportunities and employment thereby reproducing a cycle of poor health and reduced opportunities and lifechances.
- 1 in 10 children in the ROI leave primary school with serious literacy problems. Early school leavers account for 12.3% of the 18-24 age group and the unemployment rate for early school leavers is 19% compared with 8.2% for all persons in this age group.

Child populations at risk of poor development outcomes

- Children of lone parents
- Children of long-term unemployed people
- Children of the working poor, i.e. those whose parents are in low paid and insecure work
- Traveller children
- The children of ethnic minority groups
- The children of asylum seeking families
- Children from migrant and refugee families
- Disabled or sick children or the siblings of sick children looked after by a non-working or low paid parent
- Children of disabled people or people with poor physical or mental health
- Children whose parents suffer from an addiction
- Children living in disadvantaged neighbourhoods

Reducing risk through Early Years Intervention

- Early childhood programmes cannot substantially address issues of structural poverty, but they can significantly lessen their consequences because the impact of poverty on children's health, well-being and life chances is largely indirect, mediated through the negative effects on family functioning and on the lived environment.
- Good parenting can promote and reinforce children's natural resilience and ability to cope, acting as a protective factor reducing the impact of poor or otherwise difficult family circumstances.
- A considerable body of empirical evidence demonstrates that good parenting and high quality early education and care can militate against adverse child development outcomes associated with poverty and improve children's health and life chances, reducing the numbers of children arriving in schools with health problems and additional learning needs.
- The 'quality of community' is now recognised as an important causal factor in childhood learning and development. Building more cohesive and socially integrated communities predisposed to children's health and safety and learning and developmental needs is key to ensuring good childhood outcomes.

Lifestart projects are already working in deprived communities in Derry, Strabane, Leitrim, Donegal, Fermanagh and Dublin and are working with disadvantaged families in Limavady, Mid-Ards, Sligo, Offaly, Drogheda, Carlow and Kilkenny. Projects aim to break the cycle of disadvantage generating poor childhood development outcomes and to do this by assisting and supporting parents to contribute to the early development and good health of their children through appropriate care and early learning support.

The Lifestart Foundation also wishes to extend provision into other disadvantaged neighbourhoods and among social groups in the regions it already serves and into new communities in Belfast, Newry and the south west. Associated with the achievement of these objectives is the commitment of resources to organisational sustainability and capacity building, development work to assess true need and demand for the Lifestart programme and service and the longitudinal evaluation which will provide empirical evidence of programme impacts on child outcomes through a rigorously conducted random control trial.

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