

The Prevention and Early Intervention Summit 2023

SUMMIT REPORT

Thomond Park, Limerick
September 21 - 22



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SUMMIT OVERVIEW

On Thursday, the 21st of September 2023, 153 people descended on Limerick City to attend the inaugural Prevention and Early Intervention Summit, organised and hosted by The Prevention and Early Intervention Network (PEIN) in collaboration with the UNESCO Child and Family Research Centre, University of Galway (NUIG).

The Summit started on a gloriously sunny morning, and the venue of Thomond Park created an inspirational backdrop to what would be a jam-packed, stimulating and robust day and a half where the concept of Prevention and Early Intervention (PEI) was taken apart and explored from all angles before being put back together as a foundation on which to build future actions and next steps.

54 speakers and 15 poster presentations outlined various considerations for PEI policy, practice and research. There was a buzz in the air as people re-connected and for many, this was the first in-person gathering since COVID. Excitement, energy and anticipation ensured a silent, captivated audience during the many speaker inputs interspersed with raucous coffee/lunch breaks and staying on time proved a challenging task for the MC as the room was full of chat, catch ups and connecting, making it hard for delegates to return to seats. However, MC Karen O'Donnell-O'Connor, Director of Rape Crisis Mid-West, ably met this task. She coaxed delegates back to their seats, segued inputs, added context, and ensured the two days ran smoothly.



Figure 1 Delegates signing in & catching up.

A PREVENTION & EARLY INTERVENTION ISLAND

54 Speaker inputs from all corners of Ireland and extending to the UK and Spain came together with Limerick, revealing itself to be the PEI capital of Ireland throughout the Summit.

One of the many strengths of the Summit is the opportunity to build connections amongst the many frontline projects and showcase local projects doing the business of PEI day in and day out.

Outgoing Chairperson Francis Chance welcomed everyone and, in doing so, tracked the origins of PEI to Minister Noel Browne's Mother and Infant Scheme, acknowledging the considerable political and attitudinal challenges to creating a culture of PEI which is 'so obvious' it beggars' belief that there is a need for a PEI Summit.

Francis described the harsh realities for many children and their families living in Ireland today, noting the waiting list challenges, high thresholds for service provision, and the stark contexts in which many children are growing up, with many experiencing homelessness and its ongoing impact, poverty and exclusion. Despite this, Francis outlined that creating the Child Poverty and Well-being Unit within the Department of An Taoiseach is a primary source of optimism for all working in the PEI space. Its primary function of extending the impact of any one Government Department, ensuring a joined-up approach and shining a light on areas where progress is not being achieved is essential for the PEI sector. The hope is that it will secure buy-in from successive Governments and lay a solid foundation for progress.

"We are hard-wired for crisis, but not a PEI crisis".

And with that welcome, Karen, the MC for the two days, kicked off the morning inputs with a recorded presentation from Graham Allen.

54

Speaker inputs from across Ireland, the UK & Spain

15 National Organisations

1 Donegal

1 United Kingdom

1 Roscommon

7 Galway

13 Limerick

8 Dublin

2 Kildare

1 Wicklow

2 Spain

3 Cork



A SUMMIT OF 'FIRSTS'

The 2-day Summit in Thomond Park marked several 'Firsts' for PEIN, including the First:

- PEI Summit EVER!
- Collaboration with **UNESCO Child & Family Centre NUIG** - along with ongoing partnerships with **Tusla PPFS & What Works**.
- Live recording of the PEIN **"Perspectives on Prevention"** Podcast.
- Reconnecting on a large scale nationally of many involved in PEI outside Dublin.
- Bringing together PEI Policy, Research & Practice on a large scale in Ireland.



GRAHAM ALLEN, CREATOR OF THE EARLY INTERVENTION FOUNDATION

As a former MP for Nottingham, Graham worked across political lines to turn Nottingham into an Early Intervention City. In this capacity, Graham established an ongoing relationship with PEIN, including several reciprocal visits between Nottingham and Dublin.

Following his work in Nottingham and the publication of "[Early Intervention: Good Parents. Better Kids. Great Citizens.](#)" with fellow politician Ian Duncan Smith, he was asked to lead an Early Intervention initiative under David Cameron's Government. He became a founder of the [Early Intervention Foundation](#) (EIF). He outlines the function of the EIF using the 3 As - "**Assessment** or researching what works and sharing this resource; **Advice** or recommending what might work for each service/community; **Advocacy** or highlighting the impact of early intervention through evidence."



Figure 2 Graham Allen speaking to delegates from the UK

Graham recounts his PEI journey when meeting the needs of his constituency, including the stark statistics of intergenerational outcomes for children, families and communities from Nottingham. He described how he helped a 16-year-old mother, Sharon, with housing problems, and 16 years after this, he helped another young mum, Tracy, who was Sharon's daughter. This was the impetus for Graham to bring everyone together to work collectively to break this cycle by tapping into what good parents do already and providing help and support to new parents across Nottingham.

WE HAVE TO GO
DEEPER IN DEALING
WITH THE WHOLE
FAMILY, THE
GENERATIONAL CYCLE
OF DISADVANTAGE

EARLY INTERVENTION AND LONG-TERMISM GO HAND IN HAND

with the social and emotional capability is a great public health battle, just as cholera and COVID.

Graham highlights the battle between early and late intervention. Late intervention is lazy, ineffective, and expensive, but is sadly what many Governments do. He calls for honesty when addressing this challenge. The battle to make sure every baby, child and young person is equipped

Partnership is key. Working together, sometimes with people from opposite sides of the political fence, most notably across different agencies, makes a difference. Graham advises looking out for individuals willing to share the PEI agenda locally and nationally. Demonstrating how early intervention can save money is a gateway to influencing others to grasp the PEI agenda. Graham ends with some pointers for Governments and PEIN in advancing PEI:

1. **A social market in PEI programmes:** Investing in Programmes to make a return on investment.
2. **Get around the table:** Make the case for ringfenced PEI at every spending review.
3. **Citizens' Assembly:** Graham argues that this structure takes PEI out of the usual cut and thrust of political cycles and protects it from media and lobbying pressures, which only fuel an acute cycle response to issues.

Finally, Graham reminds us that PEI is not only good for our bank balances but also for families, communities, babies, and children.

THE SPACE IN-BETWEEN LIVED EXPERIENCE & PREVENTION & EARLY INTERVENTION



Figure 3 Joe Slattery in conversation with Marian Quinn for Perspectives on Parenting live Podcast

The [PEIN Podcast, Perspectives on Prevention](#), was launched in 2021 as the brainchild of Marian Quinn, one of PEIN's founding members and CEO of CDI Tallaght. This first-ever live recording of the podcast laid a solid foundation for the day's inputs, reminding us that whatever work we do in PEI is meaningless unless we both listen to and understand the lived experiences of others. In conversation with Marian was Joe Slattery, who took us on a journey of his lived experience.

Joe is the Project Coordinator at Northstar Family Support Project, a project which supports families affected by a loved one's substance abuse throughout the Limerick Region. Joe has extensive experience in the Community and Voluntary Sector working as an Addiction Counsellor and leading services in the Limerick and North Tipperary region, such as the [Eagala model](#) of Equine Assisted Counselling and Personal Development and the Strengthening Families Programme. Joe shared his lived experience as a "local Limerick guy from Southill".

Joe set the backdrop to his family life, which started like many young couples with a young family and the stress this can bring. However, for Joe's family, this was compounded by both parents coming from a disadvantaged background and a tragic car accident resulting in his father losing both legs. This had a significant psychological impact on a young father and mother, and much of family life, the day-to-day firefighting, fell to his mother. As a house full of anxiety, anger and stress, Joe described how *"there wasn't much time for the 'luvvy duvy' stuff. There just wasn't space for it because of all the crisis"*. Joe touched on how each child's unique temperament, e.g., a more sensitive temperament, can struggle psychologically when growing up in such a stressful household and, as such, would often spend time out of the house, which in Southill at that time, in the 1980s-90s and extending into the 2000s, was a very volatile environment.

MEN NEED TO MIRROR
VULNERABILITY TO OTHER MEN

Joe describes the many factors that came together at that time, resulting in an implosion of violence emanating from stress-based responses. Discussing the role drugs play in a struggling community, Joe notes, *"One, you can take drugs and mask your pain to disguise yourself from the world. And two, it's a great way to make money for people who felt they had no other options other than this is how I make money as I'm going to be on the dole, I'm not clever, and I'm not educated. So people started selling and taking drugs."* But Southill was a small area. Joe articulately describes the ripple impact and tragedy of the violence, murder and prison on the community. Joe describes his mechanism for coping and how he "self-imploded" using alcohol and drugs as a coping strategy but not wanting to hurt anyone else, which probably kept him alive.

THE FIGHT OR FLIGHT MODE, ESPECIALLY
YOUNG MEN, WAS IN THAT
ENVIRONMENT AND SIMPLY BECAUSE IT
WAS FEAR BASED, YOU WERE TRIGGERED
EASILY INTO VIOLENCE.

Joe outlined how his family's work ethic and sense of morality kept him from the extremes experienced by many in his community. He describes a pivotal moment that ultimately saved him when he was 8/9 years old: his father got him a donkey. He spoke about how horses and his donkey gave him space to be vulnerable. *"I could talk to them in a way I could never speak to an adult. Even in my home, you would never show vulnerability as it would be seen as a weakness. Even with my friends, you could never show your vulnerability, or you'd be slagged. You would have to pretend to be someone else."*

Joe and Marian explored the specific issues facing young men in exploring their vulnerability, and while there has been some change, there's still more to do. Joe calls for men to take a more significant role in mirroring vulnerability and reflects on parents' crucial role in creating a space for their children to express themselves. Joe reflects on the narrative that kids are " *hanging out with the wrong crowd*" and explores that often. Young people who don't have the confidence to express their feelings will gravitate to those in similar situations. Reflecting on his experience with his friends, he notes they were " *comfortable in our discomfort of each other.*"

Joe eloquently describes the impact of disadvantage on a community and how communities become "unshockable" given their experience of trauma and tragedy. Joe describes the necessity for a safe space for children growing up to "vent" their feelings. Reiterating the uniqueness of individuals and their temperament in addition to the "chance" encounters with the concept of "being in the right place at the right time". Joe speaks of the impact of "the messages" young people get from their parents, schools, and communities, which informs a child's self-identity. Outlining how many adults children encounter don't recognise that children's behaviour is a way of reacting to their pain and that, as adults, they exacerbate this by being verbally abusive to them. Joe speaks about the impact of the [Strengthening Families Program](#) on him as a parent, equipping him with how to communicate and respond to his children. He describes his strategies to interact with his children, enabling them to feel they can raise things with him, not shutting them down and having the confidence to apologise to them if he speaks in anger or stress. Joe returns to the importance of horse riding as an activity, which creates the space for open communication with children as it's not face-to-face.

THE BALANCE OF LOVE,
COMPASSION, CONFIDENCE,
AND COMPLIMENTS FAR
OUTWEIGH THE NEGATIVES.

Joe describes how meeting Larry de Cléir from Bedford Row as a youth worker was one point of contact and influence that "shaped his life". While this wasn't obvious when he was a young man, it enabled him to return to Larry later to gain mentoring and support to address his childhood experiences and trauma. In answering questions about what child and family services can do, Joe points to the continued lack of understanding of trauma-informed care, where people are still being judged on their behaviour rather than having the ability to be curious and

WE STILL LACK THE ABILITY TO BE
CURIOUS ABOUT WHAT'S GOING ON
FOR THAT PERSON AND WHY THEY
ARE DOING WHAT THEY ARE DOING.

DO IT EARLY & LISTEN

ask what happened in their lives. Many professionals are not trained to recognise their issues and assume they know best without listening to what communities want. Joe passionately calls for more agency integration of services and less "professional snobbery". Calling on all sectors, including academia, he stresses the co-production principle that "the expert on the person is the person". The absence of collaboration and listening to the community's voice enables people to become who they want to be. People are not there to serve organisations - organisations are there to serve people. Joe outlines the essence of early intervention as being a champion, identifying children's strengths and potential and calling for us all to "***be that person***".

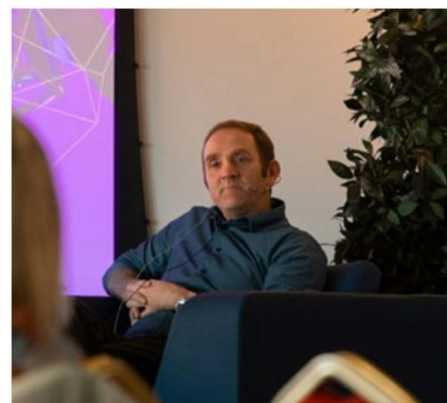


Figure 4 Joe Slattery, Project Coordinator
Northstar Family Support Project, Limerick

MAKING PREVENTION & EARLY INTERVENTION WORK

It was important to contextualise what is meant by PEI at the start of Day 1 of the Summit, and Professor John Canavan of the UNESCO Child and Family Research Centre, NUIG, deconstructed PEI whilst also providing the Irish context, acknowledging that defining PEI could occupy a whole conference.

Referencing the substantial body of rigorous research, John tackles the evidence issue in PEI as he calls for a more pluralistic approach, asking, “*What is the evidence we need?*”. The policy–research relationship is central as John explores how we move PEI forward.

Unpicking what we mean by prevention, he outlines the three stages of intervention from primary to tertiary, indicating that PEI can occur at all of these stages using an example of prevention in a residential setting for young people at risk of sexual exploitation. John suggests that for PEI to work, it has to go beyond a single agency. It must be collaborative, intersectoral and interdisciplinary, like Child Protection. Another defining element is whether PEI focuses on single or multiple issues. Often, a programme may have a ‘*spillover*’ effect such that a wider network of individuals or families benefit in addition to the participants. The business of area-based PEI is complex, and the multimodal impact and spillover effect makes it hard to distil causality. Describing the advances made within the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), which commenced many years ago by Sylva Langford, John acknowledges the progressive developments in Early Childhood Education and Care and challenges delegates to consider PEI at all ages and stages.

John references the role of evidence-based practice, dating its expansion in Ireland to the early days of Atlantic Philanthropy investment. Still, he challenges us to consider why this knowledge of “what works” isn’t having an impact. So, looking deeper into “how

we ‘do’ PEI” effectively requires exploring policy, programmes and practice. John notes the significant policy developments in Ireland over recent years, referencing [First 5 A Whole of Government Strategy to Babies, Young Children and their Families](#) and [the Programme for Government](#) and welcomes new policy development in terms of the European Child Guarantee Mechanism and the establishment of the new Child Poverty and Well-being Programme Office within the Department of the Taoiseach. But two essentials are necessary to realise this “good” policy – **strong investment in existing services and implementation**. John asks if we sorted out areas such as housing, would we not resolve many issues for children and families? His argument starkly challenges us to get the fundamentals right and then perhaps many other interventions

IF WE RESOURCED EXISTING SERVICES PROPERLY- DISABILITY, MENTAL HEALTH ETC. – WE WOULD BE PREVENTING.

wouldn’t be necessary. We must continue to invest and grow community and voluntary family support services and youth work, recognising their value in preventing harm and responding to the needs of vulnerable families. Moving to programmes, John states how “*we have programmes, lots of programmes, good programmes, evidence-based programmes*”, so we know what works. But again, he poses questions for us – “***what is the ongoing impact of these programmes? are we keeping up to speed; are we gathering information on an ongoing basis to see what works, and are we resourcing programmes and the system to get it done?***” There is a randomness of how programmes are implemented nationally, the piecemeal and ad hoc funding. John calls for a more systematic approach and a single information resource for Ireland.

Prevention– Providing a protective layer of support to stop difficulties arising in the first place or from getting worse.

Early Intervention– Providing support(s) at the earliest possible stage when difficulties do occur.

IT’S NOT JUST ABOUT THE EXPERIMENT ALL THE TIME?

PEI IS EVERYONE’S BUSINESS

In terms of practice, John calls for more evidence about the day-to-day practice of PEI. Using the example of an Early Years Setting, taking the time to notice a mother's stress and supporting her to access help, he asks us to reflect on the core elements of PEI practice.

In Ireland, however, PEI is making inroads as John outlines Ireland's strengths: PEIN as an advocacy body, a strong policy orientation, a body of manualised programmes, the PEI workforce, academic interest and engagement, and an emerging rights agenda which is challenging the role of experts. He does question the role of culture, which in some organisations, has shifted and asks about the critical perspective, which can be for "good or ill".

Counterpoising these strengths are harsh truths which must be faced if we are serious about PEI. Here, John talks about implementation and the challenges of operationalising PEI systematically. This is against an overwhelming scale of the task, especially with the short-termism of electoral cycles. Policymakers are constantly faced with challenges. Here, John picks up on the arguments made by Graham Allen: how do policymakers push for longer-term savings and impact against the constant competition for funding urgent needs and crises, especially against a backdrop of austerity?

Redistribution of funding is necessary for prevention – how do you stop funding some services to invest in preventative services, especially when the benefits are difficult to measure?

When faced with problems described as 'wicked', where do policymakers and funders start, especially against accountability measures which are generally short-term and constrictive? Whereas PEI progress is reflected by long-term, broader, shared, population-level factors, which are harder to measure? Governments are constantly weighing these ethical dilemmas, which can be exacerbated if one aspect of prevention undermines another. John again refers to evidence as not providing the solutions to these problems, especially when there is a disconnect between policy formation that draws on expertise and consultation versus evidence-based, prescribed, and more focused interventions.

CULTURE AND VALUES ARE WHERE THE RUBBER HITS THE ROAD

PEI Imperatives

- Prevention and Early Intervention as ideologically neutral
- Agree evidence strategy
- Agree policy engagement strategy
- Widen, deepen and strengthen the coalition
- Be Ambitious – Citizens Assembly; Prevention Island

John maps out the PEI system (see presentation) and looks to Implementation Science to help in the complex business of implementing PEI – the systems-capacity, the capability and the potential to contribute ultimately or the 'doing'. John explores the policy-research relationship and ends his presentation outlining imperatives to progress PEI and embed it systemically. Click [HERE](#) for the presentation.



Figure 5 Professor John Canavan, UNESCO Child & Family Research Centre, University of Galway

TOWARDS A SHARED VISION FOR PEI IN IRELAND

After a bustling coffee break, Dr Carmel Devaney, UNESCO Child and Family Research Centre, NUIG, chaired an engaging panel discussion. Unpicking key policy and service delivery pillars of PEI, Carmel facilitated an engaging discussion inviting the panel to outline their **role in relation to PEI**.

Elizabeth Canavan, Assist. Secretary General

outlined her social policy and public service reform role within the Department of the Taoiseach, including her brief as Secretary to the Cabinet Committee on Education and Health. This role has a breadth of oversight regarding all elements relevant to children, with a strong focus on the cross-departmental engagement necessary to progress agreed political and policy decisions. Elizabeth outlined the most significant developments: establishing the Child Poverty and Well-being Programme Office, a focused project in the North East Inner City and local area interventions to support 'turning the curve' for areas of significant disadvantage.

Dr Ciara Martin outlined her role as a National Clinical Advisor and Group Lead for Children and Young People in the Chief Clinical Officer's Department of Integrated Care in the HSE. This role aims to integrate care across all health sectors, look for opportunities where children and young people can be advanced through healthcare, and protect children and young people's needs during national crises. Ciara outlined the overview afforded by this role in identifying where children fit, asking, "How do we reset the dial and get children onto everyone's agenda?"

Amy outlined her role as National Manager of Prevention Partnership and Family Support (PPFS), a broad role introduced to Tusla some years ago and an essential service delivery across the agency. It is a growing department which includes the Area Based Childhood Programme, Parenting, and works closely with colleagues in the Parenting Support Policy Unit, DCEDIY and ensures connectivity with 28 PPFS regional colleagues to promote continuity across what Tusla does. Amy's role connects to other policy areas such as youth justice, national drugs strategy and the Children and Young People's Services Committees. Amy outlined how this strand of Tusla's strategy is growing and developing and is "holding" that PEI space, which is essential.

Carmel invited the panel to share their vision for PEI. From a policy perspective, Elizabeth argues that in many ways, the principle of PEI is well established in policy, with the question being, why has this not delivered? Elizabeth looks back to the lack of visibility of children in national policy, making the point that it was only as late as the 1970s/1980s that nationally, we raised the question about whether 'home' was a safe place for children, which was a huge shift in the public narrative. Drawing our attention to the significant policy developments in the recent 20-25 years with the launch of the first National Children's Strategy, Elizabeth credits the role of Atlantic Philanthropies (2006/2007) in investing in services and in driving academic evaluation and joining up a real-world understanding of children which today is light years away

IMPLEMENTATION REQUIRES HARD CHOICES
– WE HAVE TO REDISTRIBUTE



Figure 6 The Towards a Shared Vision for PEI in Ireland Panel chaired by Dr Carmel Devaney

CHILDREN MAKE UP 25% OF THE POPULATION
10-20% OF CHILDREN LIVE WITH A CHRONIC HEALTH
CONDITION, RISING TO 30% IF OBESITY IS INCLUDED
1 IN 10 LIVE IN CONSISTENT POVERTY.

from where it was in the early 2000s. Elizabeth suggests, then, that the answer lies not in policy but in implementation. Financial choices on how

and where to spend Government money is challenging and exacerbated by several factors, such as the financial crash and population growth, all of which place the 'system' under pressure with considerably more complexity.

Elizabeth feels that nationally, we are on the road towards a pragmatic PEI vision and need to keep going. Acknowledging that politicians are connected to what is happening on the ground, Elizabeth cites the example of the call for more guards on our streets during the recent reports of violence in North East Inner City, the narrative of which quickly changed and acknowledged that this overly simplistic approach wasn't going to turn the curve. The fundamental cornerstones of PEI, such as more youth work, support for parents, and support with transitions, are very well understood in that there is no single answer to these complex challenges. The issue is that we don't have the infrastructure for PEI as what has developed is very 'patchwork', and there is the need to scale things up. And we have a skill set deficit for staff working with children and families across the sectors.

PEI IS NOT PROGRAMMATIC BUT SOMETHING THAT WE NEED TO EMBED IN HOW WE THINK AT A PRACTICE, PROFESSIONAL AND ORGANISATIONAL LEVEL

Ciara outlines a less positive perspective, indicating that we are not doing as well as we should be for children



Figure 7 Dr. Ciara Martin, National Clinical Advisor & Group Lead for Children & Young People

and young people within the health sphere. Given that children and young people comprise a quarter of the population, Ciara advocates that they are not getting the attention they need. Stressing the considerable focus on disease management in health services, she outlines that PEI is not being addressed as it should be. Ciara notes that older children 16-26 years, especially those with chronic health needs, are literally "*jumping off a cliff*" as they 'age out' of children's services into adult services. She outlines the importance of her and Dr. Abigail Collin's role in the National Healthy Childhood Programme in advocating these needs. Ciara speaks of the challenges and the "fight" required to retain a focus on PEI within health services. In addressing whether she is a "lone ranger" regarding this advocacy work, Ciara acknowledges that everyone

knows how obvious PEI is. Yet, there is a focus on addressing emerging health crises constantly detracting from realising a PEI vision.

Carmel focuses on the Tusla vision for PEI and the challenges of protecting this against the pressures of higher-end needs of child protection. Amy outlines the practice reform work being undertaken by Tusla and how, no matter what route a family presents to Tusla, there will be "*no wrong door*." This principle should prevent families from being turned away from services as they "don't meet a threshold". Amy spoke about the critical function of Child and Family Support Networks (CFSNs), stressing collaboration with CYPSCs, the Social Inclusion Community Activation

Programme (SICAP) and Family Resource Centres (FRCs). It is necessary to retain staff

LOCAL COMMUNITY COLLABORATION IS CRITICAL

to enable and support this collaborative work, invest in evidence-based models, and fund what works. Amy describes the work funded through What Works on scaling proven PEI models and is hopeful that these models will secure mainstream funding through the Equal Participation Model, for example, a parenting support model developed with Travellers to support Traveller parents. Amy outlines how, despite the resource constraints, they constantly focus on what can be done. One challenge is how to evidence the

essential collaborative, responsive, flexible approach that we all know works so there is evidence to support the ongoing investment in this way of working. Amy also stresses the prevention work of Tusla across the higher end through a range of options such as [Creative Community Alternatives](#), which is an initiative to support children to stay in their community or to give them extra support to help keep them in their home, Foster Care or residential.

How can we sustainably achieve cross-sectoral, cross-departmental coordination and collaboration at all levels, from the policy to the community? Elizabeth responds, acknowledging that this work is on its way, with policy alignment continuously improving. Having overarching strategies such as First 5 is a really good cross-departmental strategy. Moving away from policy, Elizabeth acknowledges that being overly focused on a programmatic approach is not the answer. While this programmatic element is good, Elizabeth notes that for her, what works well is professional, interdisciplinary, interagency, a culture of engagement and collaboration, and not having "hard lines". Elizabeth advocates for flexibility, organisations to enable their staff to be blurry around the edges, and staff to be open to others and what they can learn from others.

Elizabeth outlines how this coordination and collaboration can happen on the ground and poses the challenge of "**systemising good practice**", enabling protections for information sharing and avoiding the traditional competitiveness around funding. This vision for a more flexible collaborative system was welcomed in the room with the acknowledgement that this type of working is not currently encouraged or incentivised and is a creation of the current funding model, established "professional snobbery", and the absence of management support and mandate for those on the frontline to work in this way.

Ciara calls for a **central approach** for children and young people, which is currently lacking as health continues to operate in a siloed way, and advocates for a central place to go, protected for children and young people. The other area Ciara strongly emphasises is **data**, as she stresses a struggle to get measurable data. Ciara and her colleagues identify what should be measured and, where possible, advocate for key performance indicators needed for children and young people to be included in any digital initiatives.

EVERY CONTACT COUNTS
- IT ALL SEEMS SO
OBVIOUS AND SIMPLE

Elizabeth acknowledges and exemplifies this, outlining the PHN's important role, which has come under pressure given the growing older population and stress during the COVID-19 pandemic. There is strong feedback that the politicians understand and support the value and importance of this approach to child health, but it needs ongoing support, especially given the financial challenges facing the HSE. The

panel agrees on how this work exemplifies the '**every contact counts**' concept and the need to protect and ringfence this type of work.

In addressing collaboration, Amy raises the lack of a joined-up approach across Government departments and the emergence of new implementation interagency structures when there are already established mechanisms in situ. The possibility of the Government being more prescriptive with agencies on a duty to cooperate is also raised. Amy references several examples of collaboration, including the Tusla-PEIN collaboration, the work of the Home Visiting Alliance and another example of how 'What Works' funding was used in Wexford, where agencies came together and, with limited budget, established a number of Traveller Family

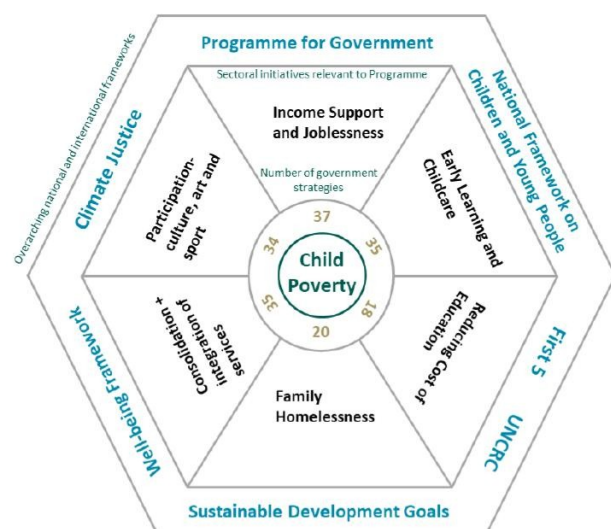


Figure 8 Complex policy landscape relative to children (Department of the Taoiseach - Child Poverty and Well-being Programme Office, 2023).

Link Workers. Elizabeth references a piece of work outlined in Figure 8 that exemplifies the complex policy landscape.

How do we move from a short-term, piecemeal approach to funding to longer-term investment and emphasis on PEI – is it about politics and elections?

While acknowledging the challenges of election cycles, Elizabeth outlines the opportunities inherent in developing a Programme for Government that election cycles afford. The risk is that Governments end up with a “scattergun” approach in overresponding to lobbying. A three-party coalition also creates challenges where there are compromises to be constantly made and frequently, these “trades” are entirely unrelated, but Elizabeth reminds us about the progress which has been made. Data and evidence are a central pillar of good policy making, but a second element Elizabeth championed she has termed “legitimacy” or, in other words - people engagement. She asks the question, does the public want this? Elizabeth points to raising public awareness and having a public dialogue about what are the best things for our kids.

The challenges are considerable, and Elizabeth references the “massive in-roads” that have been made in the increases in Childcare Funding, which resulted from mature, frank conversations and “*pushing things at different times, in different spaces in different ways.*” Amy adds to this by sharing an example of how the challenges facing families in COVID enabled a ‘loosening’ of restrictions and placing greater professional responsibility on Tusla staff in terms of sponsoring childcare places, which had a significant impact on the lives of children as it enabled a considerable increase in access to childcare for children who were previously excluded. Amy outlined how this one step of handing judgment to Tusla staff was “transformative.” This impact is two-generational on both the child and the parent. Carmel probes the panel on why this approach can’t be broadened out and why children experiencing disabilities can’t have both an ‘Assessment of Need’ and reciprocal therapy – why does there have to be one or the other?

- A SHARED VISION
- MEASURE & EVIDENCE PEI, INCLUDING SOCIAL RETURN ON INVESTMENT
- MAKE & BUILD CONNECTIONS
- MULTIANNUAL FUNDING CYCLES
- PRESCRIBED RING-FENCING OF PEI
- CROSS-DISCIPLINARY TRAINING WITH A FOCUS ON COLLABORATIVE WORKING

The panel concluded that things are looking positive for PEI and collectively outlined key components for the next steps for advancing PEI.



Figure 9 Panel discussion - Towards a Shared Vision for PEI in Ireland

LIGHTNING ROUND

Chaired or 'refereed' by Hugh Doogan (CEO, Archways & Executive Member PEIN), speakers were invited to share PEI perspectives from research and practice in 7 minutes. The Pecha Kucha, a Japanese approach, challenges presenters to communicate efficiently using graphs, tables, quotes or any other prop to tell a concise story. The ultimate aim is to digest a big theme or concept into bite-sized takeaways. Topics from both days included:

1. Scene-Setting Data
2. Brain Building
3. Migrant Health
4. Restorative Practice
5. Parental Engagement
6. Home Visiting
7. Trauma-informed Care
8. Child's Voice



Figure 10 Refereeing Pecha Kucha, Hugh Doogan was not afraid to hand out red cards as speakers had to succinctly set out their stall.

1. SO, WHO EXACTLY ARE THESE CHILDREN AND FAMILIES WE ARE ALL TALKING ABOUT?

Scene – Setting Data

Dr. Maria O'Dwyer, Coordinator Prevention and Early Intervention Network

Maria kickstarted the lightning rounds and, in line with a recurring theme of 'context' and 'lived experience', challenged delegates to reflect on the meaningfulness of abstract data, statistics and evidence and how we can lose sight of the child, family and the unique context of their day to day lives.

Maria took us on a journey of what a family looks like through time, bringing us to Ireland of the here and now. She challenged the audience to consider our formed perceptions of family, as her presentation brought us beyond the statistics and the data into more uncomfortable territory, which is the stark reality of the lives of some children and families.



'WHY WE NEED TO USE DATA AND EMPATHY IN EQUAL MEASURE WHEN WE DRAW ON OUR PERSONAL AND SOCIETAL CONSTRUCTS OF CHILDREN AND FAMILIES'

Maria's presentation displayed side-by-side current data on modern families, highlighting what families look like in Ireland in 2023, such as the rise in couples not having

children, the disparity between the number of one-mother families versus one-father families and the changing multiculturalism of Irish family life. Beyond challenging our prejudices or judgement, Maria focused our minds on how we conduct research, present societal problems and design services in response to identified needs. The ability to reduce families to statistics compartmentalises the lives of children and families and detracts from the far more complex reality. Using the Pecha Kucha method, Maria brings reductive statistics to life through the voice of a Traveller mother of 8 children. Instead of the researcher, the

policy maker or the service determining needs, we hear directly from the mother about the needs she faces as she navigates life for her family.

Maria ends with some key messages for advancing PEI, highlighted below.

Click [HERE](#) for the presentation.



Figure 11 Dr Maria O'Dwyer, PEIN Coordinator

National policy has to be robust enough to provide structure but flexible enough to withstand sociological and economic see-sawing.

The determination of needs is subjective and classist – the allocation of resources can't be

We cannot advocate for children and families we don't truly understand.

Effective PEI needs to bridge the distance between data & collective empathy.

2. "I LIKE NONSENSE. IT WAKES UP MY BRAIN": MAKING NEUROSCIENCE ACCESSIBLE TO PARENTS AND CAREGIVERS

Brain Building

Helen Ryan, Infant Mental Health Lead, ABC Start Right PAUL Partnership Limerick

A foundation of PEI practice is Infant Mental Health and instead of baffling us with neuroscience, Helen guides us with the help of Dr Seuss through the importance of this fundamental PEI concept. Helen, referring to [The Growing Brain Programme](#) developed by ZERO TO THREE, uses the accessible term 'Brain Building' to grab our attention, highlighting the importance of recognising key moments early in an infant's development and their interactions with caregivers and how this shapes the growth of a child's brain. The focus on interpreting behaviours, a theme of day 1's inputs, is reiterated. When applied from the earliest stage, the exponential impact of this is significant. Helen outlines concepts such as regulation and the critical role of the caregiver in supporting and co-regulating experiences with an infant to alleviate physiological feelings of stress or discomfort. Helen outlines the '5 Rs' of the Growing Brain Programme – a fundamental recipe for all PEI work, but when followed at the start of a child's life, it can have a significant impact as brain growth is so rapid, literally from a "walnut to a grapefruit".

The 5 Rs

- Relationships
- Responsive interactions
- Respect
- Routines
- Repetition

Helen discusses the importance of delivering this programme with Parents within a 'wraparound context' and having the ability to support and engage with parents experiencing stress and wider challenges in their lives. The domino effect of parental stress is felt by all in the family, but most significantly by the youngest infant.

Helen takes us on a deep dive into the neuroscience of interpreting behaviour, introducing the concept of 'flip the lid' and outlining how this concept is so helpful for parents and caregivers to understand what is happening in the child's brain when they get dysregulated. This simple hand-brain model and talking about tantrums has supported the understanding of why young children can't manage big feelings on their own, and it challenges methods which isolate a child or shame them. Helen also introduces the importance of the 'serve and return' concept, the core of responsive caregiving, which validates a young infant's self through the intune responsiveness of their parent as they exchange a back-and-forth interaction long before language develops.



Figure 12 Helen Ryan, Infant Mental Health Lead, ABC, Start Right

Helen ended her presentation by outlining how the Growing Brain Programme is implemented within a wider evidence-based approach to Infant Mental Health. Click [HERE](#) for the presentation.

3. IMMIGRANTS ACCESSING HEALTHCARE – COMMUNICATION BARRIERS AND INTERPRETING CHALLENGES

Migrant Health

Anne Cronin - Migrant Health Researcher; Participatory Health Research Unit & WHO Collaborating Centre for PHR with Refugees and Migrants & School of Medicine, University of Limerick

Outlining the significant increase in migration and rise in individuals seeking international protection, Anne outlines the challenge in how healthcare systems can respond to ensure access to healthcare provision. Identifying the implementation gap between policy, legislation, and delivery, Anne references World Health Organisation (WHO) data on how Ireland is falling behind in providing accredited health interpreters. The current response to supporting Ukrainian refugees in Ireland has drawn attention to this gap on the frontline. The large-scale response, which necessitated the employment of Ukrainians seeking international protection to assume roles of interpreters, highlighted the lack of access to interpreters for other non-English speakers. This has resulted in using informal (family or friends) or other suboptimal methods to communicate health needs.



Figure 13 Anne Cronin, Migrant Health Researcher.

Anne outlines the significant impact of not having an adequate and accessible interpreter system in terms of

“WE CANNOT CONTINUE HAVING CHILDREN TRANSLATING FOR THEIR PARENTS”

health outcomes for the individual and increased service use at the acute end of the health care system – in short. It disables a PEI approach to healthcare for non-English

speaking individuals. Responsibility to deliver on this falls to state bodies with a legal obligation to ensure equal access to health care provision. The provision of interpreters is prioritised in the HSE National Intercultural Health Strategy. One solution is exploring linking interpreters to GP centres; research is investigating this option. Anne shares details on this and forthcoming research addressing this fundamental issue – available in the Appendices. Click [HERE](#) for the presentation.

4. LIMERICK RESTORATIVE PRACTICE PROJECT

Restorative Practice

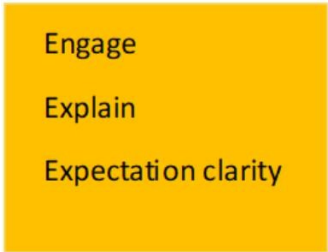
Joe Power, Childhood Development Initiative (CDI) Quality Specialist & Restorative Practice Development Officer Limerick

Joe provides a whistle-stop tour of restorative practice. Joe defines 'Restorative Practice' as a mindset and a skill set and guarantees delegates that they will have 3 key takeaways to digest over their lunch. Joe describes the 5 steps on the continuum of restorative practice – language, questions, circles, meetings and conferences. To use restorative language, according to Adam Voigt, is to "say what you were going to say but just chuck in a feeling" (Real Schools).



Joe creates an experience for the audience on the impact of adding a feeling into the message, stressing that using three times positive emotions to one negative again impacts behaviour. Joe outlines the role of language in preventing negative behaviour through encouraging positive behaviour, acknowledging that it is still necessary to deal with issues if they arise.

Demonstrating a fundamental principle of fairness in Restorative Practice, Joe outlines the three E's that can be used in all situations. Joe gets all in the room moving their hands contrariwise to appreciate how challenging it is to make the switch and change our patterns of interactions. However, step-by-step practice using Restorative Practice can help reduce conflict and increase the peace in our lives.



Click [HERE](#) for the presentation.



Figure 14 Joe Power, Childhood Development Initiative (CDI) Quality Specialist & Restorative Practice Development Officer Limerick

FIRESIDE CHAT: HEALTH INEQUALITIES – A WICKED PROBLEM WORTH SOLVING



PEIN Chairperson Francis Chance invited Professor Catherine Darker, Associate Professor in Health Services Research, Trinity College Dublin & Dr Abigail Collins, National Clinical Lead, Child Health Public Health, HSE, to pull up a chair and chat about the thorny issue of health inequalities.

The panel commence their chat by drawing our attention to how we all arrive in the world, and an image of a newborn baby seconds after being born is displayed on the screen, keeping the infant firmly at the forefront of our minds throughout the discussion.

Catherine summarises the focus of her work by flipping the familiar phrase “your health is your wealth” as there is considerable evidence to support the opposite is true – “your wealth is your health”. A person’s socioeconomic status can predict birth weight, chronic disease and life expectancy. Catherine reminds us that researchers in Ireland can predict the life expectancy of every baby born today. This prediction is based on maternal educational attainment.

Catherine outlines there is no silver bullet to address health inequities. However, there are a lot of actions we know would mitigate and reduce the gradient. Catherine argues strongly in favour of **“implementation and action”**, referencing the value of implementation science in terms of effective change while simultaneously acknowledging the complexity of the challenge.

Abigail outlines how all babies have a universal starting point. After their first cry, their world is shaped by what Abigail refers to as a “policy of parenting and services and a combination thereof”. Referencing the importance of parenting, Abigail refers to the broadest definition of parenting, in short, the community raising the child. Abigail references the universal health services that all children need to keep them well, but this is part of a broader puzzle of services from childcare to education.

Abigail compares the fundamental necessity of putting systems in place to provide clean water for a society with the need to implement equal essential systems to support children and their families. Abigail differentiates the terms health inequalities and health inequities. Children will have different health statuses, but health inequities are around unfairness in how those differences

IT IS THROUGH STRATEGIC INVESTMENT,
DESIGN, RESEARCH AND A STRONG
COMMITTED WILL TO DELIVER SERVICES.

are addressed. Health inequities are those things we as a health service and as a society put in place which make the health outcomes of people unfair, those things that are structurally organised that we can unpick and make better.



Figure 15 Dr Abigail Collins and Prof. Catherine Darker in conversation with Francis Chance

What things during the pregnancy and beyond will increase the likelihood of a long and healthy life?

Catherine outlines a child's experiences of their mother, family and the stability of their family life, access to services, whether there is conflict at home, correct nutrition, and antenatal visits. Education is consistently a strong predictor for health outcomes, as evidenced by local and national data such as the Growing Up in Ireland data sets. The challenge for PEI services is constantly defending budgetary requirements and reporting on short-

term KPIs. It's more complex than this. The statistics of maternal mortality during childbirth in Sweden is 1 in 17.5 thousand, whereas an expectant mother in Afghanistan has a mortality rate of 1 in 8 during delivery. These figures Catherine outlines are startling but highlight the structures and cultures that predict the huge differentials. Catherine calls for investment in education, arguing that it is an influential factor in protecting future generations of individuals and families.

Addressing the social determinants of health, Abigail posits that what is fundamental is physical and emotional warmth, including housing and relationships providing engaging and emotional attachment. If we can focus and meaningfully achieve secure warmth, Abigail articulates how this will go a long way to someone's ability to engage in education and prevent illness.

TWO WORDS – SECURE WARMTH

How can the combined state help a mother and newborn child and provide secure warmth? The panel outline a fundamental challenge of housing and the current housing situation creates barriers to accessing health as it can be difficult even to track the numbers of families and children who are homeless or who have experienced homelessness. Acknowledging how hard it is to be a parent, Abigail outlines how social structures have changed so radically, and there hasn't been a reciprocal acknowledgement of the support required for parents to fit the current social context.

In exploring how services are planned for supporting a newborn baby, how do we go about planning and prioritising health services and considering and accounting for health inequities?

IT DOES NEED TO BE BELIEVED THAT POVERTY IS A PROBLEM WE ALL HAVE RESPONSIBILITY FOR - LOOKING FOR AND ACTING ON.

In answering the questions, Abigail acknowledges the lack of transparency regarding service planning, yet frontline staff

know what's needed. An example Abigail refers to is how PHNs in North Dublin follow children through their experience of homelessness to get their services. Abigail recognised that health clinicians could do more on the frontline to make poverty more visible and used the example of recording through an existing 'ICD code' whether poverty was a feature of a child's healthcare consultation.

Unpicking the thorny issue of resource allocation and the need to make the case for particular geographic areas of need, the panel highlight the parallel challenge of "*not enough of the right people in the right places.*" Outlining the ongoing cost of living crisis, crippling rent and housing prices makes recruitment and retention of qualified staff a significant issue.

Francis asks the panel to consider the current position of Sláintecare in addressing the needs of the most vulnerable today. Describing the work of the Health Intelligence Unit, which uses the Pobal deprivation index, Catherine outlines that this isn't the

primary focus of decision-making. Catherine outlines the most significant success of Sláintecare is the confirmation of Ireland's commitment to universality. Catherine does, however, draw our attention to the 'inverse care law' where those who need it most get more and argues that there is little evidence that the HSE has robustly delivered on this. Furthermore, the HSE does not provide universal primary care. Some of the barriers often raised when exploring this are complex negotiations with GPs or budget allocation models. But one way of challenging this is drawing on the establishment of the NHS in post-war Britain, which was socially and economically on its knees. Catherine outlined the breadth of evidence from the WHO and the UN supporting investment in primary care – the first point of contact.

IF YOU HAVE GOOD INVESTMENT AT THE PRIMARY CARE LEVEL THEN YOU HAVE, WHAT MIGHT BE TERMED, RESILIENCE.

Francis references a recent Perspectives on Prevention Podcast hosted by Marian Quinn with GP Edel Mc Ginty, who referenced how there were far fewer GPs in areas of disadvantage, which is not responding to the inverse care law outlined above by Catherine.

How can PEIN encourage and support policymakers to take that obvious step to say we can improve things in the long term if we change things now? Abigail outlines the ethical, moral and considerable economic arguments which are there. One element that Abigail draws our attention to is the fragmentation of health provision in Ireland. In the UK, GPs are part of the NHS, but this is not the case in Ireland, creating another hurdle that makes structural and systemic change more difficult and slower. She outlines the necessity for a constant narrative across disciplines advocating for PEI and demonstrating short-term wins more effectively to counteract the urgency of dealing with the trolley list now versus waiting 10 years for solutions.

Additionally, how much is spent on prevention in the HSE is not visible. The UK recently announced that 10% of the health budget is spent on prevention. Abigail cites that her preliminary look at what the HSE might be spending on prevention is approximately 1-2 % and calls for visibility and ringfencing budgets.

Catherine acknowledges the importance of a network like PEIN, especially in advocating and making budget submissions. She calls for a return to health in all policies, supported by initiatives such as the Child Poverty and Well-being Programme Office within the Department of the Taoiseach. As we know, many functions under other government departments, from housing to employment, impact health.

Catherine suggests greater public awareness about what PEIN advocates for – is it funding improvement or reallocation? With a spend of 22 billion euros on Health, it is unlikely to be possible to secure more, but a reallocation of approximately 0.2% away from acute over 5 – 10 years would avoid a negative impact on the acute service provision.

Policy implementation is still the biggest challenge, with implementation science evidence indicating that it takes 17 years for 14% of clinical research to be implemented. Catherine argues for translating data into evidence to advocate for PEI, which can be achieved by partnering with universities. Catherine ends by raising the thorny data collection issue, the absence of unique identifiers, and the fundamentals of data collection, storage and management to

BUDGET ASKS

VISIBILITY & SUPPORT FOR THE CHILD
POVERTY & WELL-BEING UNIT
AFFORDABLE QUALITY CHILDCARE
AVAILABLE IN A SOCIALLY JUST WAY
CLEAR VISIBILITY OF A BUDGET FOR
CHILDREN & PEI
REBALANCING THE FILLING OF POSTS OVER
CAPITAL EXPENDITURE
REALLOCATION OF POSTS IN TERMS OF THE
INVERSE CARE LAW
DELIVER ON UNIVERSAL PRIMARY CARE

enable good quality national data. In closing the fireside chat, the panel proposed their wish list for budget 2024.

Some additional comments from delegates:

One challenge to the presentation is the assumption that education is a means to address health inequities. Instead, education is a correlation and not an effect, which, while valued, is a parallel element of class status.

Regarding PEIN's work going forward, there is a recommendation to increase engagement with our education partners and their role in PEI. In tandem with this, the delivery of public health initiatives through schools was also raised using the example of the positive impact of delivering Speech and Language Therapy within the school environment, which is very tangible for the Department of Education to act upon.

The final point from the floor was to divert funding into supporting parents in the home and structured services delivered within the home, again referencing the work of Public Health Nurses and Early Childhood Home Visiting outlining how they provide essential parenting support in tandem.



Figure 16 Delegates catching up in between sessions.

PARALLEL SESSIONS

The first two series of 4 parallel sessions kicked off closing day 1 of the Summit. 28 presentations addressing many issues arranged around the following 8 topics will be outlined below. It was impossible to accurately represent all 28 inputs and copies of all presentations included in the final section.

MOVING FROM SOCIAL EXCLUSION TO INCLUSION

Chaired by Fergal Landy, PEIN Executive Committee Member & CEO FRC National Forum




<p><u>Intergenerational Impact on Traveller Community of Community Education Model</u></p>	
<p>Dr Helen Casey & Dr Deirdre Hardiman, Discipline of Applied Social Science, School of Political Science and Sociology, University of Galway</p> <p>Click HERE for the presentation.</p> <p>1% of Travellers attend Third level (Census, 2016)</p>	<p>An initiative of NUI Galway called Power in Participation was a collaborative project reviewing the impact of an outreach NUI Diploma in Community Development Practice on the personal and professional lives of 24 programme graduates from the Traveller Community. The presenters outline the relevant policy addressing the challenge of educational levels within the Traveller Community.</p> <p>The initiative was co-designed and met participants where they were, including delivery off campus, which gradually progressed to on-campus delivery. The graduates completed a level 7 Diploma and participated in a 12-month post-programme survey focusing on the impact on the personal, family, community and working life and their view of the University.</p> <p>There was a significant impact on these areas of life, with the strongest on their view of the University followed by the effect on their family and work life. The researchers call for more flexible and collaborative models of delivering education pathways for the Travelling community and make a case for the socio-ecological model of education's 'spillover' impact on the broader community.</p>
<p><u>Supporting Direct Provision Parents and their Families Matter</u></p>	
<p>Melissa Barrett & Rosie Donelan, Northside Family Resource Centre, Limerick.</p> <p>Click HERE for the presentation.</p> <p>Parents are agents for change in their own lives; the lives of their children and their community.</p>	<p>Melissa and Rosie outline the Family Resource Centre model and an overview of research outlining the experiences of those living in direct provision. They outline the challenges families experience: institutionalisation, specific accommodation needs of families, children's resilience, social and emotional development, risks for Child Protection and Domestic Abuse, the multifactorial impact on parents, which undermines agency, and the impact on physical development.</p> <p>They outline the community development approach and the complex range of interventions they provide. Using a case study approach, they emphasise the wraparound whole family two-generational approach to supporting parents and families.</p>
<p><u>Supporting the Integration of Newcomer Programme Refugees in Ireland</u></p>	
<p>Yvonne Leckey, SALaM Study Ireland, Psychology Department, Maynooth University</p> <p>Click HERE for the presentation.</p>	<p>Yvonne outlines the aims of the Study of Adolescent Lives after Migration (SALaM) "to explore the experiences and psychosocial wellbeing of young Arabic-speaking migrant students, and the kinds of supports available to them in schools/wider community". Interviews with 65 Stakeholders from a range of professional sectors, surveys with Arabic-speaking (37) and Irish students (137), and focus groups with all Arabic-speaking students.</p>

<p>Move away from assimilation to inclusion and recognition of migrant’s cultural background and values.</p>	<p>Yvonne outlines the current policy landscape and uses Ager and Strang’s ‘indicators of integration’ framework of barriers and facilitators behind successful integration to structure findings outlining the benefits and usefulness of this framework. Many are interdependent.</p> <p>Yvonne concludes her presentation with several pragmatic strategies to support a school environment that would promote integration.</p>
<p>Parents Plus Programme, Culturally Adapted for the Irish Traveller Community: Parent and Practitioner Experiences</p>	
<p>Dr Phelim Tierney, University of Limerick, HSE Click HERE for the presentation.</p> <p>“it was just a bit nervous at first thinking where’s these letters going or what do they mean, are they reading what we’re putting down or is it gonna come back as feedback on us as Mothers or Traveller parents or you know, but it wasn’t, by the end of it there was more speaking out, more relaxed” Parent.</p>	<p>Phelim outlines the rationale for adapting an evidence-based parenting programme, Parents Plus for the Traveller Community and draws on other models where interventions were adapted for cultural purposes. He outlines the rationale for adaptation to avoid poor outcomes or engagement and suggests that the content or the engagement process would be adapted. He goes on to outline the project and the three ways in which the Parents Plus Programme was adapted: staff training in the Programme, the inclusion of parent videos demonstrating practice skills, and greater flexibility in the delivery model.</p> <p>Phelim presents the findings – see enclosed slides, which were overall positive and aligned with other parenting initiatives. He raises wider implications such as “<i>challenges and difficulties about broad cultural difficulties relating to Traveller culture, and specific barriers to engagement with the intervention; cultural difficulties specifically relating to Traveller culture, however, included discrimination, differing views around integration, traditional gender roles and the acceptance of different perspectives.</i>” However the <i>culturally adapted PPEY programme</i> “does not present any fundamental clashes with the beliefs and practices of the Traveller families who took part in the research”.</p> <p>Finding a balance of fidelity and flexibility required the “<i>facilitator’s skill in identifying the cultural and social needs of the family, and tailoring the intervention’s delivery and content and to meet those needs at the appropriate level</i>”.</p>
<p>Themes from session 1.1</p>	<ol style="list-style-type: none"> 1. Flexible delivery and adaptation 2. Needs led and meeting individuals where they are at 3. Collaboration and co-production 4. Building trust to engage



TRAUMA-INFORMED CARE & RESPONSIVENESS

Chaired by Bernie Laverty, National Manager ABC Programme Tusla

<p>Problem Alcohol Use in the Home: The Elephant in the Living Room</p> <p>Jennifer Hough, Alcohol Action Ireland Click HERE for the presentation.</p> 	<p>Addressing the “uncomfortable truth” about the impact of alcohol on children, Jennifer outlines the structural factors at play and how shaming and blaming parents isn’t helpful. The challenge is the significant knowledge of the harm to a child experiencing parental problem alcohol use (PPAU). As an identified Adverse Childhood Experience (ACE), the evidence behind the damage caused by the “toxic stress” supplements the original ACE study.</p> <p>Jennifer drills down into the extent of PPAU in Ireland, presenting some startling statistics and outlines the impacts on the child. Jennifer outlines the poor mental health and school attendance outcomes, behavioural difficulties and likely substance misuse outcomes for children. The challenge for professionals is that it is not addressed with families. While receiving little or no training in this area, Professionals would be keen to learn more to identify children impacted by PPAU.</p> <p>Jennifer addresses the policy and funding space as addressing PPAU is an obvious PEI initiative that would save significant funding for the state. It is also a clear area with no joined-up strategy, resulting in children falling through the gaps. Jennifer outlines the model of Hidden Harm and argues for becoming an ACE-aware nation.</p>
<p>Trauma & Resilience: Spreading the Word, Spreading the Solutions in Limerick</p> <p>Michelle O’Doherty & Joe Power, Trauma and Resilience Working Group Click HERE for the presentation.</p> 	<p>Michelle and Joe outlined a Limerick multiagency initiative to create a trauma-aware community and ultimately improve outcomes for children and their families.</p> <p>A core part of this is to build capacity and knowledge in tandem with research, evaluation and advocacy. In carrying out their work, they focus on drawing on local knowledge and skills and building on this rather than sourcing outside expertise.</p> <p>Tracing the working group’s journey to date, they share insights from the actions and reactions.</p> <p>Their work has been met with positivity and an appetite for more. However, a challenge is reaching a wider audience. This learning calls for more systemic changes, embedding Trauma Informed Care (TIC) into everyday practice.</p>
<p>Trauma-Informed Approach to Early Intervention in Family Support: Translating Theory into Practice in Homemaker Service</p> <p>Melinda Hughes, Barnardos, Limerick Click HERE for the presentation.</p> 	<p>Melinda outlines the role of the Trauma-Informed (TI) approach in the home-visiting Homemaker Service in Limerick, starting with how the TI approach was embedded into service provision. In addition to Trauma awareness actions, they embedded a culture of practice which included – opportunities for choice and decision-making, honouring culture and diversity, and providing safety, trustworthiness, hope and possibility. Core to awareness is the response to behaviour and understanding it indicates needs. This awareness impacted an organisational change, including the environment.</p> <p><u>Understanding neurodevelopment and attachment theory is</u></p>

	<p>central to supporting emotional regulation. This extends to the workforce and modelling of the model as it was promoted.</p> <p>The outcomes of this Trauma-Informed intervention were that 96% of parents felt they had support when they were stressed and overwhelmed, with 95% feeling they were active in the <u>decision-making process of the service.</u></p>
<p>Themes from session 1.2</p>	<ol style="list-style-type: none"> 1. Joined up Government, policy and delivery agencies 2. One good adult – one trusted individual 3. Embed and systemise Trauma Informed approach within all services and model the approach in all staff relations. 4. Children’s rights approach to service delivery 5. Person & family-centred approach 6. The power of networks and collaboration 7. Starting point of understanding behaviour



Figure 17 Delegates networking.

EARLY YEARS

Chaired by Imelda Graham, Education and Training Consultant

<p>Hill Street FRC's Preparation for Preschool Programme: Facilitating a Successful Transition from Home to Pre-School</p>	
<p>Emma Byrne, Consultant Researcher, Eileen Smith & Alison Mc Cormack, Hill Street Family Resource Centre. Click HERE for the presentation.</p> <p>Additional positive outcomes arise from families being more connected to the setting, each other and the wider community with tangible benefits for each child.</p>	<p>A unique intervention, which was developed within Hill Street Family Resource Centre and has been run successfully since 2012 In 2021, a research report by the Early Childhood Research Centre in DCU was published in a peer-reviewed journal outlining the unique socio-cultural approach. The programme, run over 38 weeks, brings parents and children together with a focus on play and gradually progresses so the children are ready to separate to the Early Learning and Care space whilst parents continue to receive support through the Parent Café.</p> <p>The team outlined the details of the Programme and the journey to get to a manualised implementation guide with the support of philanthropy (KHF & CFI) through the research phase.</p> <p>The impacts on children, parents and staff are outlined with critical impacts on children's confidence, competence and language. Parents have increased social connections and peer support, and both parent and child demonstrate trust in the service supporting positive transitions, which were also noted by staff. The Programme is a universal programme and the team outlined how a range of parents with different needs benefit. With philanthropic support, the team is implementing the programme in additional sites.</p>
<p><u>Empowering Voices: Community-based Interventions for Oral Language Development</u></p>	
<p>Suzanne Reilly, Little Voices, ABC Start Right, Laura Firth, St Mary's Preschool, Bernie Hannon, Our Lady of Lourdes Community Services Group Click HERE for the presentation.</p> <p>There is a 'critical age' for developing speech & language skills & thereby preventing the development of associated social & academic difficulties.</p>	<p>Outlining the progressive universal nature of the Empowering Voices initiative, Suzanne and colleagues outline the steps from group universal to more targeted 1:1 Speech and Language Therapy sessions, all delivered in a community context. Engagement is a central tenet (community-based and drop-in), and the initiative is more than a language programme as it provides signposting, peer connectivity and parent empowerment.</p> <p>The details and structure of the intervention are outlined. The intervention outcomes regarding language change from before and after are significant. The outcomes extend beyond language development and communication skills, including enhanced social interaction, increased confidence and self-esteem, and better school readiness.</p>
<p><u>My Place to Play Infant Play Mat: Promoting the Communication, Social and Physical Development of Babies within the Travelling Community</u></p>	
<p>Vivienne Downes, Senior Speech & Language Therapist Lisa Brennan, Senior Physiotherapist Rathkeale Health Centre Primary Care, HSE Mid-West Click HERE for the presentation.</p>	<p>Vivienne & Lisa outline the ELI My Place to Play Initiative developed in response to the housing crisis and young children's experience of inadequate housing. Outlining the materials and toys provided, they expand on the benefits of promoting parent-infant time together while encouraging development, identity and belonging. Vivienne and Lisa outlined how this versatile model has been adapted into a PEI initiative in Primary Care. With children identified at the 3-month check-up by the Public Health Nurse, parents and infants are <u>invited to participate in a 30-minute multidisciplinary session, are</u></p>

<p>The right intervention in the right place at the right time.</p>	<p>provided with information and followed up by phone two weeks later. The team outline how the model affords multidisciplinary interventions addressing a range of early communication, language and physical development areas.</p> <p>As a core PEI approach, it addresses social connectedness and early identification of infant and maternal needs. It also fosters cross-disciplinary learning.</p>
<p>Lifestart Services: The Epitome of Home Visiting in Donegal</p>	
<p>Mary Walker Callaghan, Lifestart Services CLG, Donegal Click HERE for the presentation.</p> <p>Collaboration is the key to success.</p>	<p>Outlining the Lifestart Services in Donegal, Mary gets to the core of the home visiting services: attachment and the home learning environment. Mary draws on the research behind ACEs and best practices in parenting support as underpinning elements behind the Lifestart home visiting model.</p> <p>Mary outlines the collaborative working with all interagency partners, which is central to the model in Donegal as Lifestart meet the needs of nearly 600 referred children. A progressive universal approach is taken and Lifestart supports children and families at all levels of the Hardiker model.</p> <p>Mary also outlines the challenges, particularly the funding relationship to the work delivered with considerable response to referrals from health despite receiving no funding from health partners. Despite many challenges, Lifestart has a strong staff retention record and continues to <u>prioritise service user involvement in the delivery of the programme.</u></p>
<p>Themes from session 1.3</p>	<ol style="list-style-type: none"> 1. Community-based, accessible with a focus on prioritising engagement 2. Cross-disciplinary learning, practice and shared practice outcomes – blurring of boundaries 3. Provision of connecting parents to their community at different stages of their child’s life 4. Progressive universal approach



Figure 18 Delegates listening to parallel sessions - including Niall Sexton, PFL National Manager

SUPPORTING FAMILIES

Chaired by Dr. Caroline Cullen, Regional Manager Tusla

Families First: Engaging and Retaining Reluctant Tusla-Referred Families in an Intensive Systemic Therapeutic Service	
<p>Alice Ann Lee & Bernie Hunter Mc Cabe, Archways Click HERE for the presentation.</p>	<p>Alice Ann & Bernie outline the Families First model and focus on a core element fundamental to all PEI practice – Engagement. With non-engagement and dropout rates ranging from 35 – 75%, securing engagement with families is essential to prevent a family in a crisis from escalating. Developed over 16 years ago, the model continues to evolve and has a relational, mental health, trauma and attachment approach at its core, offering a systemic psychotherapeutic intervention with families.</p> <p>The team outlines the complex needs of many referred children and families. At the core of the work is an understanding of familial relationships and their impact on each family member. “Support involves changing the patterns of how families communicate, problem solve and manage conflict”. The research underpinning the model is outlined, including the research in Ireland – see presentation.</p> <p>What was vital from the findings was a low percentage dropout rate of 7%, which the team continued to monitor and had subsequently been as low as 2%. They share how having a flexible delivery approach is central to this, including availability out of hours, home visits, and online options and removing all practical barriers to engagement. Understanding reluctance is essential when promoting engagement; a trusting relationship is at the core. The team outlines how “efforts to promulgate best practices and evidence-based treatments without including the relationship and responsiveness are seriously incomplete and potentially misleading.” The presentation introduces us to the term Transdiagnostic Client Characteristics and gets to the heart of the science of securing engagement, buy-in and sustained involvement. An essential message is balancing flexibility with fidelity.</p>

It is our job to engage families: not theirs to become cooperative.



Figure 19 Dr Caroline Cullen chairing a parallel session

Informal Kinship Care – the need for recognition, value, support & change	
<p>Laura Dunleavy, Kinship Care Ireland Click HERE for the presentation.</p> <p>“..safe care can be found for the vast majority of children, in their extended family & social networks, provided adequate support & supervision structures and processes are in place.”</p>	<p>Laura introduces the background of Kinship care, outlining the three strands of kinship care, which range from informal to formal.</p> <p>However, there are challenges to how this model is supported in Ireland. Firstly, it is not recognised as an Alternative Care Option per UN guidelines. Other challenges are the absence of data on kinship families in Ireland, no acknowledgement or support for the needs of these families, resources are not adequate or accessible, the views of Children and Young people are not sought and finally, there are no formal mechanisms for oversight or monitoring of progress.</p> <p>Laura brings these challenges to life, reflecting on some of the day-to-day issues facing those in a kinship caring role as they endeavour to support the children in their care best. The current function of Kinships Care Ireland is outlined and a call for national policy to recognise and support kinship carers is traced in the context of international policy.</p>
<p>Separating Well for Children (SWP): Service Model</p> <p>Geraldine Kelly, One Family Click HERE for the presentation.</p> <p>In households where there is violence, both parent’s ability to meet the needs of children, and the quality of parenting can be severely compromised.</p>	<p>Following involvement in a Child Contact Centres Pilot along with Barnardos, One Family noted an increased presentation of families seeking support while separating. In conjunction with funding from Tusla, a model was developed to support families and, ultimately, the children during the separation process. This was reviewed in 2021 by the Centre for Effective Services.</p> <p>The review outlined several findings. Firstly, the types of families presenting included those where there was domestic violence & interparental conflict. The literature review also outlined the significant impact on children from exposure to domestic violence and interparental conflict – see presentation. The study also outlined the effective interventions for families experiencing separation under these conditions. This informed the SWP with the aspiration to have it available in all counties.</p> <p>The model has 4 key components: family support, group parenting programme, children's group programme and therapeutic support. Today, One Family supports over 400 families within this programme, with families engaging from 8 to 18 months, depending on their needs.</p>
<p>Themes from session 1.4</p>	<ol style="list-style-type: none"> 1. Role of the relationship in effecting outcomes 2. Engagement takes consideration, time and best practice and should not be overlooked. 3. Necessary to balance flexibility with fidelity. 4. Need for whole family interventions. 5. Equal recognition and access to support for all family types.

CHILDREN & YOUTH: VOICE & CHOICE

Chaired by Caitriona Nic Mhuiris, Kinship Care Ireland

Facilitating Sexual Consent Attitude Change Amongst Irish Secondary School Pupils Using Research-Based Theatre	
<p>Gavin Friel, University of Galway Click HERE for the presentation.</p> <p>“..the message in the performance was the most effective part because it was well projected so that young people our age could related & understand.”</p>	<p>Gavin provided, an overview of this research-practice initiative outlining the policy implementation cycle which creates change. The range of developed resources are outlined along with past research. The ultimate aim is to limit or eradicate instances of sexual violence in higher education, secondary schools and society at large. The numbers are staggering, with over 60,000 participating in Active*Consent workshops and over 20,000 students and staff participating in the research. Workshops and training extend to a wide range of professionals and students.</p> <p>The unique methodology is a cycle of sharing research findings, discussion, collaboration and writing, rehearsing, and performing a dramatic presentation, followed by gathering reactions and feeding this back into the research findings. In rolling out this research-awareness raising method, there were significant changes in how secondary school pupils approached consent from before the ‘show’ and then after the ‘show’.</p> <p>As a mechanism for ‘knowledge mobilisation’, there is significant evidence of effectiveness and a need to explore how this approach can be scaled to maximum reach.</p>
Not seen & not heard? – An Irish Study Exploring the Voice of Young Children in Decisions regarding Post-Separation Contact	
<p>Dr Simone Mc Caughren, Trinity College Dublin & Dr Aisling Parkes, University College Cork Click HERE for the presentation.</p> <p>“six months in a child’s life is a long-time and...if that extends to two or three years, you know, it’s a different child” (Judge).</p>	<p>Presenting the findings of a One Family commissioned study funded by the Late Late Show Toy Story Appeal, this study aligned with a TCD/UCC study. The study explores the literature to outline best practices in securing contact for infants and young children within separated families. It also looked at the lived experience of parents of 0-6-year-olds parenting separately and the professionals with whom families come in contact—outlining the legal context and the expectation that where reasonably possible in terms of a child’s capacity, they should be enabled to make their own decision under the UN Committee on the Rights of the Child.</p> <p>The findings outlined demonstrated the shared frustration of parents and professionals with the current adversarial model. The team outlined two primary findings -</p> <ol style="list-style-type: none"> 1. The age of the child is both a barometer and a barrier 2. The current system does not respond to the developmental, social, emotional and safety needs of young children <p>The presentation provided considerable insight into the process and the challenges with the unresponsive infrastructure. The findings highlight that there are no mechanisms in place to enable young children's voices to be heard during contentious judicial hearings. The following summary points were outlined.</p> <ul style="list-style-type: none"> • Contact is a right of the child • Best Interests of the child of paramount importance in contact cases • Children aged 0-6 years in a regular state of change developmentally • Importance of listening to children, regardless of means of

	<ul style="list-style-type: none"> communication Professional training, continuing professional development and non-adversarial mechanisms.
Youth Initiated Mentoring (YIM): A Promising Model?	
<p>Lorraine Duffy, University of Galway & Susan Delaney, Foróige Click HERE for the presentation.</p> <p>"MentorMe helped me to push myself out of my comfort zone and face my fears. I found my confidence-I am no longer afraid to speak up when I have something to say."</p>	<p>Lorraine outlined a youth mentoring initiative collaboratively developed between Foróige and NUIG. In this case, a young person is supported to identify an adult within their existing social context – a Youth Initiated Mentor. A rapid review of the literature was carried out following prescribed guidelines. The findings revealed the many benefits of having a non-parental mentor in the lives of young people. It provided supportive and enduring relationships. It created joy in the young person and resulted in positive outcomes for them. It supported the establishment of the skills of selection.</p> <p>There were a range of challenges identified, including fear and hesitancy. Furthermore, some young people who did not have strong trusting relationships found it challenging to find mentors within their social networks, even with support. The presenters also call for further research in this area.</p> <p>Foróige's MentorMe Programme is outlined along with the benefits, including greater access to family support and onward referral. A video from Chole and Anne is shared.</p>
Themes from session 2.1.	<ol style="list-style-type: none"> 1. One good adult 2. Effective methods to engage young people and explore understanding of preventative practices, e.g. consent 3. Collaborative, co-produced research 4. The importance of including the voices of younger children 5. How the system disables rather than enables



Figure 20 Delegates enjoying presentations.

(MENTAL) HEALTH & WELLBEING

Chaired by Niall Sexton, Preparing for Life Manager, Northside Partnership

<u>Social Class Dynamics in Parental Experiences of Children's Disability Services</u>	
<p>Lána Cummins, National College of Ireland & Maynooth University Click HERE for the presentation.</p> <p>Don't know how bad things are until you need to know.</p> <p>For children to be valued, their primary caregivers also need to be valued.</p>	<p>Underpinned by a child rights perspective, the study aims to understand how social class shapes mothers' experiences of early childhood disability services, including Early Childhood Care and Education, as Lána looks at the issue through several theoretical lenses – feminist, neoliberalism and a human rights model of disability.</p> <p>Lána poses several questions which explore a mother and child's experience as they navigate Early Childhood Education and Care and Disability Services. Lána also examines this question through a class lens, outlining different experiences from "navigation to surveillance". The policy is considered along with a sociological perspective indicating concepts such as "the good mother" and the "family state market", concluding that too few studies explore this in an Irish context.</p> <p>Lána then explores the strategies mothers deploy to access services for their children. The presentation provides considerable insight into the added stress that mothers may experience as they navigate this space. Lána proposes some improvements to the system – some at the policy and societal level and others pragmatic, such as reducing waiting times for services. Lána powerfully ends her input: "<i>Society and individuals stuck in a hamster wheel of neoliberalism – no time for the fight, or for fruitful thought</i>".</p>
<u>Changing Lives Initiative: An Early Intervention Approach to ADHD</u>	
<p>Christina Riordan, Archways Click HERE for the presentation.</p> <p>Key factors for parents were.. additional time to practise skills & work on behaviours & the ongoing support they received from Programme Facilitators & their fellow parent participants.</p>	<p>A cross-border community-based initiative creating a better understanding of ADHD and providing an early intervention programme for families with children (aged 3-7) experiencing behaviours consistent with ADHD. With the ADHD-focused Incredible Years Parenting Programme at its core, it also provides training for teachers and early years staff.</p> <p>The initiative had three large-scale evaluations: Outcomes, Process and Cost Evaluations. Parents had improved disciplinary practices, were more likely to employ positive parental strategies, and were less likely to overact. Parental stress levels were reduced with enhanced parent-child interactions. Social and emotional behaviours were reduced for the child. Those with an inattentive presentation demonstrated increased concentration, attention levels and distractibility and those with a hyperactive presentation showed fewer impulsive behaviours. Overall, parents indicated a high level of satisfaction with the programme.</p>

Health Alliance for Practice-based Professional Education and Engagement (HAPPEE) Initiative

Dr Maura Adshead & Niamh O’Sullivan, University of Limerick, Hilary Mc Alea, Corpus Christi Primary School & Aidenen Shinnors, St. Gabriel’s Foundation. Click [HERE](#) for the presentation.

Early phase impacts for Children:

- Enhanced participation in school
- Increased confidence
- Improved functional skills.

An exciting approach to the dual challenges of accessing therapeutic supports for families living in areas of Limerick Regeneration as well as the opportunity for increased experience and training of working in the community, Maura, Niamh and Hilary outline the HAPPEE initiative. It combines the Education of Allied Health Therapists (SLTs / Physiotherapists and OTs, etc.) and Music Therapists with enhanced engagement of children and families in meeting their therapy needs.

It provides a real work interdisciplinary context for students on placements whilst ensuring children receive a service they could have been waiting on for up to 4 years. The project notes that poor attendance is a challenge for delivering therapy services in some areas. However, providing services within the context of the school environment addresses this.

An example of a real collaboration and partnership commencing with Corpus Christi School and now extending to 6 schools, including the University of Limerick, Limerick County Council, and St. Gabriels’ Foundation.

While in the initiative's early stages, the project highlighted impacts on children, families and allied health care students.

Making Early Years Parenting Interventions Accessible to High-Need Parents with Additional Needs

Prof. John Sharry, Parents Plus and Claire Murphy, SPECS Bray Click [HERE](#) for the presentation.

Empower parents to communicate effectively and to build relationships with children who in turn learn to problem solve and cope and be the best version of themselves.

John provides an overview of the Parent’s Plus Charity and outlines the primary aim of empowering parents to build effective relationships with their children. He outlines the range of Parents Plus Programmes (see presentation), which respond to many unique parent contexts, for example, the Working Things Out Programme. The Working Things Out Programme is a Special Needs programme developed in collaboration with Parents of older children or adolescents with mild, moderate or severe intellectual disability.

Focusing on the Early Years Programme, John outlines the details of both content and delivery. A key feature is the individual engagements with parents in between group deliveries. The first engagement primarily includes screening to ensure the group meets parents' needs, ongoing individual check-ins, support engagement and relationship building.

A new individualised delivery approach has been developed. So rather than a group context, the Programme can be delivered one-to-one, ensuring that all parents can access the programme regardless of their unique parenting context. This means the programme can be offered in the home in line with parents' needs to be guided by 14 delivery topics. Claire from Bray SPECS Area Based Childhood Programme outlines the implementation of the Early Years Programme in their context. John’s presentation outlines the supporting research underpinning the range of Parents Plus Programmes.

Themes from session 2.2

1. **The gendered nature of caring for a child with a disability**
2. **How the system responds to a gendered nature of caring**
3. **Inter-disciplinary professional education placements**
4. **Modifying parenting programmes to be more flexible to unique parent contexts**

SUPPORTING PARENTS

Chaired by Mary Walker Callaghan, Manager Lifestart Service CLG

The Complementary Role of the Home Economist in the Provision of Parenting Support and Interventions to Families within PPFS Roscommon	
<p>Anne Marie Kenny, Tusla, PPFS Roscommon Click HERE for the presentation.</p> <p>Thanks to you I have a roof over our heads and am able to pay the bills. I can think about other things again and look after my kids better.</p>	<p>Anne Marie introduces delegates to a service not well known across the landscape of support for parents and children – the Home Management Advisory Service. Anne-Marie outlines the long history of the service initially developed within the Health Board structure in 1976 in response to the financial recession in Roscommon, Mayo and Galway. At one point, the team comprised 13 advisors across this area, which, as a result of better economic status' along with changes in terms of parenting support moving from the HSE to Tusla, resulted in a paired back team of only 2 in Roscommon, 1 North & 1 South of County aligned with Child & Family Support Networks and FS Teams. It plays a valued role as part of the National Service Delivery Framework.</p> <p>Operating both in a group or one-to-one context, the Home Management Advisor offers a combination of support through education, support & advice in both practical and theoretical ways. It addresses household finances and budgeting, food & nutrition, housing and home management, and healthy living & lifestyle support. Aligning with the national outcomes from Better Outcomes Brighter Futures, the service is embedded within Family Support.</p> <p>Anne Marie outlines details of the service from referral to delivery, including a range of community inputs at a group level, for example, the unique role in supporting Syrian refugees in the local Emergency Reception and Orientation Centre. Anne Marie brings the service to life using several case studies and concludes the presentation with information about the service and powerful testimonies from those who have used the service – see the presentation.</p>
Parenting When Separated	
<p>Pat Fitzpatrick, Northside Family Resource Centre. Click HERE for the presentation.</p> <p>By taking a multi-agency approach we address challenges to participation namely hours of work, & childcare, whilst also ensuring a balance of participants in each programme of mothers/fathers & resident/non-resident parents.</p>	<p>Pat outlines how the Mid-West FRC Forum, coordinated by Northside FRC with support from Parent's Plus, developed a wraparound model of delivering the Parenting When Separated Programme virtually. An evidence-based parenting programme developed by Parents Plus is at the core of a delivery mechanism, including 9 FRCs supported by 18 trained facilitators across the region. This implementation structure enables the delivery of a unique collaborative approach. This includes all services involved in engaging with a family experiencing separation, including Court Services, Family Mediation Services and Community and Voluntary Agencies. It aims to provide a gateway to other services through referral pathways, support alternative options to agree on parenting plans rather than rely on the Court, maintain a focus on the welfare of children rather than conflict and finally collate and analyse data which can inform the future roll-out of the model.</p> <p>Pat highlights the importance of virtual delivery and its benefits to parenting in this context. The programme's impact on various families includes the primary referral sources. In addition, the programme can demonstrate significant onward referral of the children and parents to additional services and support beyond what the programme can offer.</p>

Your Children, Your Say: Experiences of Meitheal in the Dublin Mid Leinster Area

Fay White & Alex Alcalá,
Research Team, Early Learning
Initiative
Click [HERE](#) for the
presentation.

"I love the way it's hands-on - everyone in the loop instead of me being overwhelmed and trying to keep in contact with everyone".

Alex presents findings from a Tusla-commissioned research project exploring parents' perceptions of participation in the Meitheal process. The primary objectives were to learn how Meitheal can more effectively meet parents' needs. The second objective was to promote Meitheal within the wider community by identifying what would improve the uptake in the community.

A focus group methodology was used with the support of Parent Support Champions to support the recruitment of parent participants. Seven primary findings were outlined and addressed a range of practical process points, including – how parents access Meitheal, how best to promote Meitheal and its benefits, and parents' experience of the process.

The latter highlighted interesting insights reflecting parents' different needs and contexts. For some, there was the need to have someone attending to support them with the process and form filling. Others felt the process was open and listened to their needs. The study highlighted the benefits of engaging all family members, equipping and empowering participants with knowledge, but also highlighted a gap in service provision where one input was required to cease, e.g. Social Work involvement before a Meitheal could commence.

The study highlighted misconceptions about Tusla, the associated stigma of being involved with Tusla, and the need to promote the benefits of participation. Relationship building within families and with Tusla staff was consolidated. Challenges were highlighted in relationships with other stakeholders such as CAMHS or Schools.

The process of Meitheal did have an impact on other services and how families can access these services. These findings resulted in several key recommendations. Additional findings emerged through an online survey highlighting favourable rates of accessibility, outcomes and experiences of Meitheal. Alex outlines the limitations of the survey in terms of self-selection, small numbers of participants and whether having Tusla staff present would have influenced responses.

In summary, Alex outlines two primary challenges – relationships with schools and the challenge of accessing urgently needed broader services, e.g. CAMHS, beyond the control of Tusla. Overall, the findings suggest that to improve Meitheal for parents, groups may be beneficial, consistency in staff is critical and delivery of meetings in a way accessible to the family is vital. Finally, participants emphasised the importance of Tusla visiting schools to make families aware of Meitheal and how they can access it and distribute leaflets in local services. Overall, participants noted how vital the information provided makes it clear that Meitheal is about support.

Themes from session 2.3

1. How families require multiple different supports working together
2. Impact of having a 'home economist' role operating from a family support approach
3. Interagency wraparound supports have an impact
4. Often responding to issues created by the system (waiting lists)
5. Need for a PEI approach across all disciplines working with children

RESEARCH & INTERAGENCY COLLABORATION

Chaired by Marian Quinn, CEO CDI, Tallaght

'Your Confidence is Building and That is Just Priceless'- Implementation Components of an Infant-Parent Support Project within a Community Drug and Alcohol Service in Ballymun (Ballymun Youth Action Project – BYAP)	
<p>Dr Laura O'Reilly, Ballyfermot STAR and Ballymun Local Drugs and Alcohol Task Force Click HERE for the presentation.</p>	<p>Laura and Marie outline the Infant Parent Support Project - a partnership project reflecting many themes of the Summit, including hidden harm, relational working, home visiting, early intervention and a two-generational approach. The partnership between Ballymun Youth Action Project (BYAP) and Young Ballymun takes an infant mental health approach to engaging with presenting expectant parents or new parents who have or are experiencing substance misuse.</p>
<p>I was never once made to feel like a bad person [Parent 1]</p>	<p>Laura and Marie outline the findings of an Implementation Review of the Project called 'Someone to Talk to ... Learning to Practice'. The presentation (see link) outlines the methodology and literature exploring the evidence behind the experiences of those parenting in the context of substance misuse, hidden harm and the types of presenting needs as well as national and international policy and best practice context. Outlining the key components and 4 building blocks of service delivery, they outline the following primary guiding principles: flexible and varied (goals/length; service-based/ mobile in terms of home visits/walks/group based; led by client needs; relationship-based support; responding to the parent and the child's emotional needs; practical in terms of information, advice and modelling; sustaining relationships and trust.</p> <p>After outlining the reach of the Project over several years, the key findings are explored in detail and summarised here. This complex and challenging project requires ongoing development and collaboration with a range of interagency partners. Those delivering the initiative gained expertise in practising within an infant mental health approach and demonstrated skill sets required to engage parents/expectant parents by providing innovative individual-centred care plan interventions and supports. While this review focused on the broader infrastructure which enabled implementation, it recognises the importance of carrying out additional research focussing on the outcomes of the Project for parents and their children. The results show how this project provides a tailored response to the complex and specific needs that women who use drugs present and is aligned with national policy objectives concerning prevention, hidden harm and social determinants of drug use.</p> <p>Several recommendations are outlined in the presentation, but it is worth highlighting the importance of continuing and advancing this relational way of working and the aspiration to add to the team's skill set by exploring the possibility of including midwifery and nursing practitioner skills—additionally, the importance of refining impact assessment whilst also expanding the governance expertise and enhancing knowledge sharing.</p>
<u>A Solution Based Approach to Addressing Child Poverty</u>	
<p>Dr. Naomi Feely, Children's Rights Alliance Click HERE for the presentation.</p>	<p>Naomi commences her presentation on a solution-focused approach to child poverty by providing delegates with some background to the Children's Rights Alliance's broader work and the Child Poverty Monitor development informed by the European Commission's</p>

<p>“Not having the worry of what a massive food shop would cost put my mind at ease knowing my boys and I were taken care of”.</p>	<p>Recommendation Investing in Children: Breaking the Cycle of Disadvantage. Naomi outlines how the Child Poverty Monitor, which focuses on three pillars outlined in the EU Commission’s recommendation, takes a solution-focused approach going beyond a description of what Child Poverty looks like by exploring the drivers of Child Poverty. Naomi addresses the complexity of understanding Child Poverty whilst also contextualising it in terms of COVID-19 and the current cost of living crisis. She looks to solutions which could be considered in mitigating through policy and budgetary responses.</p> <p>Naomi walks delegates through solutions in terms of food and energy poverty. She focuses on the role played by Early Childhood Education and Care(ECEC) and a possible move to enhancing support targeting those most in need through ECEC settings under the Equal Participation Model of funding supports for ECEC settings.</p> <p>Naomi calls for a refocusing on play, which has slipped off the agenda in terms of a national approach and proposes establishing a role focusing on Play within the Department that could lead the development of a National Play Plan.</p> <p>Welcoming the focus of the new Child Poverty and Well-being Programme Office, Naomi calls for national leadership to be met with local interagency action plans to address Ireland’s commitments under the EU Child Guarantee Scheme.</p>
<p>From Community Mothers to Community Families – A Cross-Sectoral Collaborative Interagency Journey</p>	
<p>Dr. Josephine Bleach, Anne Pardy, Dr. Margaret Mastriani, Community Families Oversight and Support Group Click HERE for the presentation.</p> <p>Future-orientated policy-focused prevention and early intervention initiative, where research, practice & policy intersected in the collaborative strategic planning & transformation of an evidenced based early childhood home visiting programme.</p>	<p>Josephine, Anne and Margaret collectively outline the interagency journey taken to build on the best practice of the 1980s-developed Community Mothers Programme, which presented as being at risk in 2017 and to work to develop a co-produced iterative policy-research-practice collaboratively informed revised model of home visiting whilst honouring and protecting its origins.</p> <p>Josephine outlined the steps and evolving infrastructure that developed to support this emerging model and brought together statutory agencies (HSE and Tusla), philanthropy (KHF), Community and Voluntary organisations that deliver the programme, and parents' voices. After outlining the methodology, Josephine outlines the resulting agreed model for Community Families, including some of the secondary benefits of practice change that evolved through the active participation of the 7 Programme sites – see the presentation. The team outlines the development of the training model and resources, the guidebook and the extensive work still ongoing in developing a CRM which is fit for purpose, marrying the needs of parents in the first instance whilst also providing the necessary data for continuous programmatic learning. The policy and national context are also reflected as the team outlines the primary learnings from the process itself :</p> <ol style="list-style-type: none"> 1. Find persistent, hard-working allies and champions. 2. Develop infrastructures and secure resources at the national and local levels. 3. Align with National Policy <p>The team outlines 'next steps' and shares the perspectives from the Oversight Group, Anne, to those of a participating local site, as Margaret outlines the Limerick Community Mothers Programme experience.</p>

Working with the Arts: Considering Creative Approaches for Engagement with Target Groups and Stakeholders

<p>David Studer, Limerick CYPSC/Tusla</p> <p>Click HERE for the presentation.</p> <p style="background-color: yellow; padding: 10px; text-align: center;">“Doing What Theatre Does Best: bringing to life the unseen experiences of others in a visceral way”</p>	<p>David presents a homegrown Limerick collaborative Restorative Justice initiative delivered through the arts. Using drama, a theatre production born out of an interagency initiative including Le Cheile, Ceim ar Cheim, Probation Service, Crime Victim Helpline, University of Limerick, Limerick CYPSC, An Garda Siochana, Limerick & Clare ETB. Hosted by Le Cheile Youth Mentoring and funded by Probation Service, this initiative explored innovative ways to increase awareness and understanding of restorative justice in the Mid-West.</p> <p>It was developed following and guided by a feasibility study which outlined potential storytelling approaches and themes that could be explored and practical as well as ethical considerations when working with victims and vulnerable young adults in the justice system. Cost implications and time scales were also examined.</p> <p>Outlining the practical details and parameters for the initiative, David argues for the potential for deeper collaboration between the child, youth and family social support sector and the wider creative arts industry.</p>
<p>Themes from session 2.4</p>	<ol style="list-style-type: none"> 1. Data, how reflective it is on the ground and how hard it is to get good data 2. Reliance on individual champions, but what happens when they retire/move on – need to institutionalise or make practice systemic. 3. The centrality of relationships both with parents and interagency partners 4. At the core of relationships with parents is warmth, security and clear communication.



Figure 21 Parallel session delegates.

WHO ATTENDED PEIN SUMMIT 2023

The Summit enabled great opportunities for catching up, connecting and building foundations for collaborations and sharing learning—over 180 individuals registered for the event with attendance, excluding organisers reaching 153.

Sectors represented across the 2 days are reflected in Figure 22 below. The C&V sector heavily dominated attendance; however, the reach of PEIN to Health, Education, Local Authority and An Garda Siochana is very reassuring, as PEI will only work if it is embedded across all sectors. The strong representation from academia in attending delegates is promising for the future direction of PEI and cements the practice–research relationship. Figure 2 also outlines those sectors absent or with limited representation and where PEIN could extend its reach for future Summits. A more detailed breakdown of attendees in the future will help map out a PEI multi-sectoral workforce.

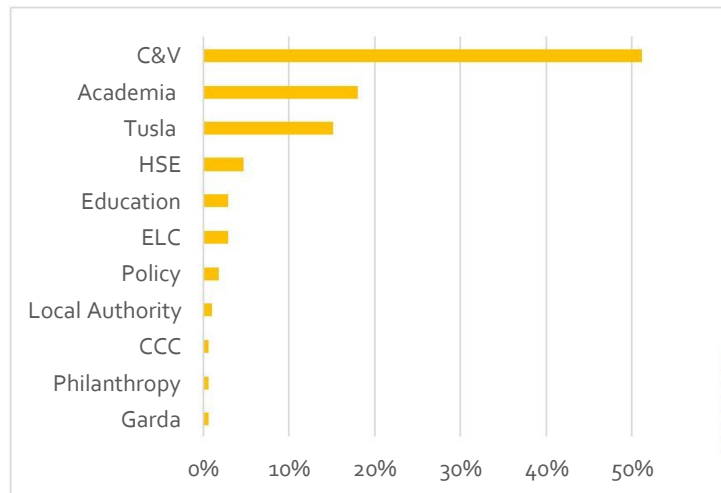


Figure 22 Sectors represented at the Summit

The highest attendance was from Community & Voluntary Organisations, all with a different focus, as outlined in Figure 23 to the right. Given that PEIN as an organisation was founded within the ABC Network of organisations, it is no surprise that ABCs represent the majority of C&V organisations attending. Figure 3 indicates that the reach of PEIN has extended across different focuses, all with a strong PEI focus.

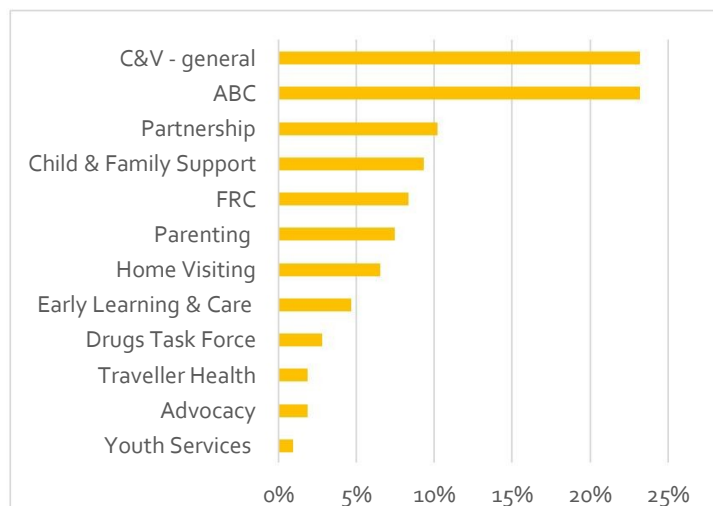


Figure 23 Focus of C&V organisations in attendance

DELEGATES CONNECTING & SHARING THE LEARNING

The Summit enabled re-connecting in person and possibly pausing to have the opportunity for a team photo!



Jess Tobin, Sarah Thornberry, Alice Ann Lee, Paul Johnston, Hugh Doogan, Bernie Hunter Mc Cabe & Eimear Collins – Archways – Blueskies ABC



Cliona Twohig, Katharine Harford & Tracie Lane - Let's Grow Together!



Amy Mulvihill, Rebecca Moore & Bernie Laverty, National Tusla PPFS, Parenting & ABC



Marian Quinn, Jess Tobin, Niall Sexton, Fiona Gallagher, Maya Dafinova, Liz O'Sullivan & Sarah Thornberry – ABC Managers & Team

Figure 24 Delegates and teams came together for the camera.



Delegate Yvonne Lecky, Senior Research Assistant/Fieldwork Coordinator



Delegate & PEIN Executive Committee Member, Mary Walker Callaghan - Regional Manager, Lifestart Services CLG

Figure 25 Delegates enjoying the speeches.

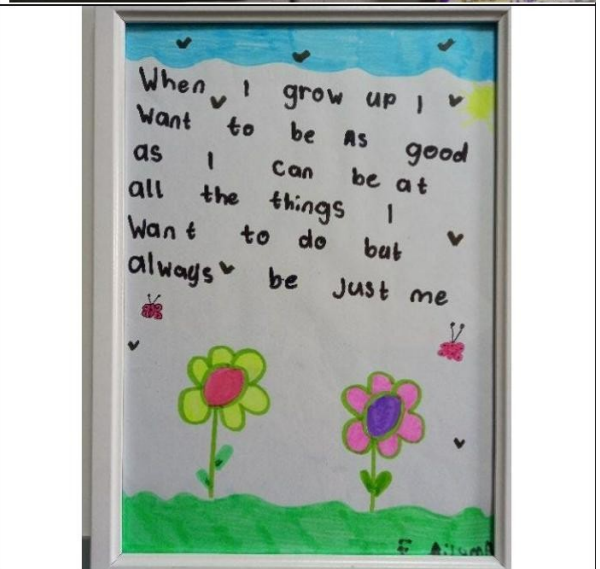
KEEPING CHILDREN IN THE ROOM

A priority for Summit organisers was to ensure the voice of children within the event. Advocates for children and young people's participation will know only too well how challenging it is to pull this off meaningfully. Never daunted by a task, Maria and her team set about to work with children from Limerick's Le Cheile National School in Roxoboro and asked them to share with delegates their dreams and aspirations for whom they want to in the future. Their pictures of their future selves were displayed on each delegate table, ensuring attendees focused on the future aspirations of all these children and protecting them in the here and now!



Figure 26 Say hello to future me... The children from Le Cheile NS, Roxoboro, Limerick, share their aspirations for their futures.







Children from Limerick's Kings Island Lego Club also showcased their work in creating a series of Lego Stop Motion Videos.

CRUINIÚ NA NÓG
KING'S ISLAND LEGO CLUB
STOPMOTION MOVIE(S) PREMIERE

Hunt Museum Cafe
 Time: 12 noon
 10 | JUNE | 2023

VIP TICKET
 King's Island
 LEGO Club

POSTER PRESENTATIONS

The PEIN Summit also showcased 16 poster presentations and all those who presented brought ample additional material and handouts for delegates to take home. Posters were on display throughout both days of the Summit.

UNESCO Child & Family Research Centre: *Patterns of Adversity: Associations with Youth Suicide & Self-Harm*

Our Lady of Lourdes CLG – Early Years Service: *Why Partnership with Parents is the Most Effective Intervention in the Early Years – A Colourful Guide*

Archways / Blue Skies Initiative Area Based Childhood (ABC) Programme: *Ready Steady School – The Pathway To Smoother Transitions*

Let's Grow Together! Infant & Childhood Partnerships CLG / University College Cork: *The Impact of Community-Based Paediatric Clinics: Promoting Health Equity and Ameliorating Developmental Disadvantage*

Triple P, UK & Ireland *Can digital self-directed programmes help reach all families?*

Western Region Drug and Alcohol Task Force: *Planet Youth in the West of Ireland*

South East Technological University: *Football Cooperative (FC): A Community based Physical Activity Social Intervention for men using a Social Return on Investment (SROI) framework: A feasibility study for scale up*

Relationships in Practice: *Relationships Matter: A Case Study*

School of Psychology, University of Galway & Mindspace Mayo: *Evaluation of Mindspace Mayo in rural Ireland*

Foige; ABC Startright; Tusla; Hospital FRC; Limerick Youth Service; Croom FRC; Limerick Social Services Centre: *20 second Hug & More, Quick Reads for Parents & Infographics Posters on Positive Parenting Themes*

Parents Plus: *An Evaluation of the Online delivery of the Parents Plus Programmes via a Collaborative Project with Community Partner Organisations Across Ireland.*

UNESCO, Child and Family Research Centre, Ilas, University of Galway: *How can Early Intervention happening 'Early in a Child's Life' with the Family Support Preschool Context Address Children's Additional Needs?*

Pieta: *An Evaluation of Schools' and Organisations' Experience Implementing the Amber Flag Initiative 2021 – 2022*

Young Ballymun: *Building Relational Capacity in Parents and Children*

University College Dublin: *Digital Possibilities: Using Mobile Technology to Teach Refugee Children Remotely*

University College Dublin: *Travellers in Transition: Parent, Child, and Educator Experiences of Early Childhood Education and Care.*

NIBBLES, NATTERS & NETWORKING

The Summit wouldn't be a success unless there were ample networking opportunities. More importantly, building relationships and the Curragower Bar provided the nourishment and shelter to do just that. Usually, for events in Dublin, you might expect only those who travelled to venture back out in the evening to meet and connect. However, this was not the case on Thursday evening as local PEI champions warmly welcomed travelling delegates.

Summit organisers were delighted to welcome many speakers and presenters who attended, enabling the earlier conversations at Thomond Park to continue into the evening. A particular note of gratitude was extended to keynote speaker Katriona O'Sullivan, who joined the gathering and conversed with delegates as they explored the PEI challenges while having some fun and chatting.

ACKNOWLEDGING OUTGOING CHAIRPERSON FRANCIS CHANCE



Figure 27 Outgoing Chair Francis Chance chairing a panel discussion.

The evening gathering also allowed the opportunity of former PEIN Chair Marian Quinn to pay tribute to the leadership of outgoing Chair Francis Chance. Acknowledging Francis' longstanding commitment to Prevention and Early Intervention more widely in Ireland, Marion spoke of Francis's dedication to supporting and growing PEIN as an organisation, picking up the baton succeeding herself and Noel Kelly. The organisation has moved from a small collection of Atlantic Philanthropy-funded organisations to a membership-based organisation hosting its first national Summit. As well as learning that Francis was once banned from Dublin Zoo during his early days as a Social Worker, we learnt about Francis' attention to detail in minute taking and frustration with the practice of having multiple websites! Most importantly, we learnt about Francis' ability to connect and build relationships with a wide range of stakeholders across the policy-practice spectrum and navigate PEIN, with the support of an active Executive Committee, to become the strong national organisation it is today. All the ingredients for the best PEI practice! We wish Francis well as he passes the baton to Katherein Harford, CEO of Let's Grow Together!, as the new PEIN Chair.



FROM POVERTY TO PHD: HOW GOOD SYSTEMS & GREAT SUPPORT SAVED ME!

On Friday morning, the Summit commenced with a warm, funny, but devastatingly emotional keynote speech from Dr Katriona O'Sullivan, who captivated the room as delegates silently hung on each word.

In keeping with Thursday's presentations, the lived experience of others again reveals tangible insights into 'what works' in PEI more effectively than statistics or data. Katriona's rich storytelling touches on the key themes of the Summit, such as one good adult, going beyond professional boundaries, seeing beyond the behaviour and asking questions. As we will see, Katriona's speech reflects the



Figure 28 Dr Katriona O'Sullivan, Lecturer, Dept. of Psychology, Maynooth University & Dr Maria O'Dwyer, PEIN Coordinator

complexity of growing up in challenging, poor and vulnerable circumstances and the significant impact small actions can have, which could be transformative if accumulated within a system.

Katriona introduces herself and stresses the importance of the prefix Dr., given that she is the first in her family to go to university when most of her family went to prison. She outlines how both her parents had a heroin addiction, experiencing mental ill-health and her home life was not filled with "love and life". Tracing the intergenerational trauma of her family, the reality of Katriona's life was that she didn't get fed most days, didn't get a hug and was scared often. Katriona draws our attention to the overlooked potential of many children in these circumstances, like herself, who was bright, vivacious, bolshie, and direct with a strong sense of fairness.

Katriona, throughout her speech, uses metaphors of light and dark with such strong effect and outlines the following analogy. There is a space inside all of us, and those of us who are born into families with very loving parents who guide us, hug us, feed and consistently care for us light up that space. Then that light follows us into school and then great teachers in school add to this so that this inner light inside grows. *"My first experience in school was really dark inside", Katriona says, "I didn't have that person at home to light me up "*. Katriona speaks about how important it is for children like her to meet people at school who can provide love and light. She outlines the key points through the story of two people who intervened in her life.

"VERY HARD TO GO TO SCHOOL EVERY DAY WHEN YOU LIVE IN POVERTY LIKE THAT, IT'S VERY HARD TO SIT STILL AND LEARN ABCS AND NOT BE CONSUMED WITH THE DARKNESS GOING ON AT HOME"

Ms Arkinson immediately welcomed her into her class, pronouncing her name correctly. Suspicious and afraid of the world even by age 5, Katriona outlines how kids like her question the kindness of those in official positions, teachers, social workers, and Guards as they are taught not to trust these functions and individuals. Two things Ms Arkinson did to intervene in Katriona's life were raising expectations and more practical support around hygiene. She always expected Katriona to achieve. *"She never stopped believing I was capable of more"*. Katriona outlines that for those working with children, it is essential to believe in them, recognise their potential, and believe they can be what they want.

CARE SHOULD BE ABOVE EVERYTHING ELSE IN EDUCATION.

Sensitively and with kindness, the teacher and SNA taught her how to wash herself, providing Katriona with a little bag with flannel, soap and a packet of pants labelled Monday to Friday. Katriona describes the mixed feelings of being ashamed but also glad someone had seen her and was trying for her. And the lingering memory for Katriona was empowerment.

Sharing this story in her book has brought mixed reactions. Many commented that the current child protection context would mean they couldn't do this in today's world. Others said that they, as teachers, still do this and have a bag of clothes or food in their drawer. Katriona stresses that the most important thing is for a child to feel like they are seen and cared for in education. Creating this safe place motivates children to learn.

In telling her story, Katriona highlights other elements essential for intervention as she outlines her inconsistent experience in classrooms and schools. Katriona reminds us that we can't afford to have one bad teacher. Having a negative experience in school only adds to "the darkness inside children". Katriona has the room captivated by her stories from school, which hit home as, while funny, they evoke a little girl and the devastating sadness she must have felt as even something as simple as winning a raffle is tainted by feelings of shame and unworthiness as a result of a teacher's words and actions.

Here again, Katriona outlines a fundamental principle for intervention. She outlines how children experiencing disadvantage should not be experiencing judgement in our services or overhearing comments about them or their families. Through storytelling, Katriona reinforces how harmful practices and judgemental teachers were not challenged by their colleagues. For children whose parents are not able to advocate for them, Katriona calls on service providers who are privileged and who have a voice, as they have a responsibility to stand up to these poor practices.

WE NEED TO DO BETTER – WE CANNOT ALLOW POOR KIDS TO BE HURT IN SCHOOL.

Jokingly contrasting herself with the idyllic 'Matilda', she outlines how she was a difficult child – she was angry, throwing things and had to be locked in a room by the Principal to calm down. In empathising with providers about how to support "kids like me", Katriona outlines that there are things that we can do that don't involve 'locking kids in a classroom'.

POVERTY REPRODUCES ITSELF.

What was communicated to Katriona all through school was that attendance and finishing school was the most important thing the school could do for her. While obviously, that's important, it does not recognise potential or raise any expectations. Katriona says she received repeated messages that she was not valuable, not loveable and wouldn't achieve. She calls for the system to do better to show what life could be and raise expectations so children can flourish.

Katriona outlines how she had a massive chip on her shoulder as she started secondary school. This was where she had the second intervention of someone who impacted her life and introduced delegates to Mr Pickering. His first intervention was to tell Katriona a story about himself and his life. His love of books was a critical factor in his journey; he had also recognised this in Katriona. It is here that Katriona again challenges our judgement on people who are experiencing poverty or addiction. Describing the many attributes of her parents, she outlines how they were so much more than poverty or addiction. Katriona outlines how her Dad had passed on the gift of reading early and a passion for books. Katriona encourages those working with children to be creative and find different ways to reach children.

When she was 14, her parents didn't attend her parent-teacher meeting, Mr Pickering came to her home. As she listened, she overheard Mr Pickering tell her Dad, *"Your daughter is amazing and so talented and you should be ashamed that you are not supporting her more"*.

Listening to this interaction, Katriona described how she grew an inch that day.

A final point about education and intervention is that anyone working with children must "check their expectations". Katriona demonstrated this by continuing her story to a year later when she is pregnant, has left school and is homeless. In short, she tells us that, in many ways, Mr Pickering's intervention has obviously failed. Katriona generalises this to how we all work with children and families. We expect change and then when we don't get it instantly, we think we've failed with the risk of not applying it to the next child we meet. She asks those working with children not to expect significant change in the here and now as she outlines what Mr Pickering did and lived with her all her life.

AS A CHILD, PEOPLE OUTSIDE YOUR FAMILY HAVE AS MUCH POTENTIAL TO CHANGE YOUR LIFE AS THOSE IN YOUR FAMILY THERE ARE DEFINITELY WAYS WE CAN ADVOCATE FOR CHILDREN AND MAKE THEM GROW THAT EXTRA INCH.

Katriona takes us to the second intervention from Mr Pickering, who had tracked her down as a 17-year-old living in a flat with a baby, asking her to come to school to do her English and Maths GCSEs and offering to help her with childcare. Katriona tells us how she passed her English but

FAILURE IS FAMILIAR

describes how she messed up her maths and provides insight into what might seem like self-sabotage to others. *"Despite all the chances that some people are given, some broken pieces continue to drive us, a place we are used to, and I continued to fail many times."* Katriona points out that some people never gave up on her despite this. They never judged her for her failure.

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Katriona takes her story to Dublin, where she had moved and was working as a cleaner and bringing up her son. She looks back on what she describes as her luck in being poor during the late 90s and 2000s with the rise of the Celtic Tiger – there was funding for local community initiatives for lone parents. Katriona describes her subsequent intervention towards change initiated by Joe Dowling, who worked on a Community Development Project where you could drop in and have a chat.

Joe suggested a series of courses and counselling. All the time, Katriona emphasises the importance of these wrap-around services, which were accessible and free. Katriona's story builds to a 'chance' encounter with a friend, resulting in her marching into Trinity to sign up for the Trinity Access Programme. This story resulted in Katriona being offered a place on the Trinity Access Programme. Many themes in Katriona's story indicate the chance encounters and the historical political and funding climate that enabled her to find her path. Katriona outlines what helped her get through college, achieving a first in Psychology. She lists the importance of childcare, her college grant and the removal of the bureaucracy, which meant she didn't have to transfer her payments. When survival is key, all these hurdles get in the way of trying to empower people.

IT IS SO IMPORTANT THAT WHEN A MOTHER LOOKS FOR HELP FOR HERSELF OR HER CHILD, THERE ARE SYSTEMS AND SERVICES IN PLACE IMMEDIATELY TO MEET HER NEEDS.

Katriona reflects on how the whole education system is really "rigged" and how she found herself studying alongside people who were enabled by their home lives, their money, their class, and their circumstances to get to attend college. She outlines that the odds are stacked against anyone experiencing poverty or trauma. Since

THERE'S NO PROBLEM WITH THE PEOPLE, THEY ARE NOT BROKEN. THE SYSTEM IS BROKEN AND DOESN'T ALLOW EVERYONE TO FLOURISH.

graduating with her PhD, Katriona has been committed to making the system fairer rather than accruing the benefits she'd earned. As an academic, her primary focus is to find solutions to the systems problem. ***"My family was changed forever because I was empowered as a woman to participate fully in society. My middle child got his offer to attend university. The mobility of a woman and her children depends on the opportunities we provide them. That I was allowed to think and feel differently about myself and my potential means that my children can think and feel differently about their potential."***

Katriona stresses it is about choices and having access to those choices regarding aspiration and structural barriers. If you can reach the mother and empower her, you will change the child's life forever. Katriona stresses the cost saving for those in the state and has saved the state millions by avoiding the problems of poverty reproducing itself.

Some questions/statements from delegates: The first question enquired if Mr Pickering or Ms Arkinson ever got to learn about their impact, and sadly, while Mr Pickering has passed, Katriona tells the delegates how he still lives on in her and her life today. She will, however, be meeting Ms Arkinson soon.

A second comment on how the first person to intervene in Katriona's life was in school in Junior Infants and how much more powerful this intervention could have been if it started in pregnancy or earlier in her family's life through home visiting to walk that journey with them. Agreeing strongly, Katriona describes how her younger siblings perhaps experienced a more detrimental impact from her family's situation as things worsened as the family grew. Had the family received intervention earlier, it could have changed the trajectory for her siblings.

Another question from the floor asks what Katriona would say to Government Ministers and policymakers. Regarding investment, Katriona asserts that we need to re-invest in the community again. She outlines how

THERE HAS TO BE TRUST THERE AND IT HAS TO BE SOMEONE FROM THE COMMUNITY WHO YOU FEEL YOU KNOW AND TRUST.

the community sector has been decimated and there hasn't been reinstated funding in the community-based systems and services. In addition to this, childcare is essential and there are now so many bureaucratic welfare barriers such that you lose one thing and gain another; if the cost is substantial to the person, that will

have an impact. Outlining that it is harder to access university now as the systems and services that facilitated Katriona to get there no longer exist. Finally, a comment from the floor reflects the power of Katriona's story to support investment in prevention and early intervention. Katriona stresses that there has been an emotional cost to writing her story, and the only reason it was written was to try and impact policy and educators.



Katriona finishes her speech calling for the system to "make it better NOT after the fact", outlining how we need non-judgemental interventions and relationships to empower children and families to thrive.

Figure 29 Dr Katriona delivering the keynote speech on day 2.



Reflection.

Summit MC Karen considers the morning's keynote speech by Katriona O'Sullivan, reflecting the emotion in the room. The learning for us all is clear as Karen reminds us to "be a Ms Arkinson and not a Ms Howel".

She reflects on the fact that all those positive encounters Katriona had in her life were chance occurrences against a generally negative experience of systems and services and reminds delegates of the challenge to embed that response in our structures and services. "Poverty is not a character flaw".

Finally, Karen reiterates Katriona's plea that we must respond when a mother asks for help. The intergenerational experiences of trauma, which result in different life starts for children, can be addressed by supporting parents, which the next panel will explore.



FIRESIDE CHAT: BECAUSE SUPPORTING CHILDREN STARTS WITH SUPPORTING PARENTS

Pausing to draw breath after the keynote and wondering how the panel could follow, Chair Anne Parry congratulates the organisers for such a thought-provoking Summit. Anne reflects on how the life stories of both Katriona today and Joe yesterday provide all in the room with the answers to what is required.

Anne introduces herself as the Programme Manager of the National Healthy Childhood Programme. She outlines that all areas of her work are about supporting parents, be it at times from a narrow definition of health. In recent years, particularly due to the Nurture Programme, Anne has been exploring how to broaden this role beyond health to support parents to grow confidence and competence in their parenting role. Sometimes, this would be through information but increasingly through the work of practitioners and reaching out to a broader sphere of colleagues across disciplines.



Figure 30 Anne Parry chairs a panel discussion including Joanne Mc Garry, Rebecca Moore & Matt Buttery.

Joanne Mc Garry outlines her role in the Parenting Support Policy Unit, DCEDIY, with primary responsibility for implementing the National Model for Supporting Parents - a cross-government approach to supporting parents which was launched in April 2022 and which was developed hand in hand with Tusla and C&V sector. With a background in the Community and Voluntary sector(C&V), Joanne acknowledges the invaluable collaboration with the C&V in developing the model and calls for this to continue into implementation.

Rebecca Moore outlines her role as National Lead for Parenting Support in Tusla within the PPFs team. Thanking Katriona for her earlier input, Rebecca outlines how she addressed everything she wanted to say—reiterating the key points Katriona made about parenting support, such as open and easy access and getting it when you need it in the local community. Rebecca's primary role is implementing the Tusla Parenting Support Strategy, which involves liaising with the Department of Children, the HSE, wider Tusla staff and interagency partners. Like Joanne, Rebecca has spent 25 years in the Community and Voluntary Sector and wants to focus on interagency collaboration.

Matt Buttery introduces himself as chair of the Parenting Network, an all-island Network of organisations, academics and policy managers committed to improving well-being through parenting support. Parenting support includes a range of measures, such as information, counselling and all measures which support parents in their role, much of which has been covered by Katriona today and others yesterday. Matt outlines the steering group structure with many overlaps with PEIN and is ably supported by PEIN with Tusla funding. Matt is also the CEO of Triple P in the UK and Ireland. Matt also references the importance of supporting Dads, referring to some of his past work experiences. While supporting Mothers is essential, he reminds us that we can't forget about fathers, too.

Are we talking about the right thing –what do we do within our roles and what do we need to focus on? What are the game changers?

Joanne outlines the national model for parenting support services, delivered hand in hand with Tusla, HSE and C&V colleagues. The ambition of the model is that all parents have better skills and confidence to be a parent

to attain better outcomes for their children. The model aims for parents to have better awareness of and access to good quality parenting services that are parent-led, evidence-based, and inclusive. Joanne notes the discussions she has been having during the Summit about the best ways to appropriately engage parents on their terms and where they are at. Joanne also mentions the importance of destigmatising parenting supports, a real ambition for the model. Joanne speaks to the passion and dedication of those working to support parents, acknowledging there is still much more to do. Adding to this, Anne outlines the most important lesson she learned as a Speech and Language Therapist: to trust parents and, if they suspect something is going on for their child, to trust their judgement.

In reflecting on the real-life stories from the Summit and the role of external practitioners in making a difference in a child's life, Anne wonders why we focus on the parent and asks, should we not start by focusing on the child?

Matt outlines the significant evidence supporting how parent and child relationship quality is associated with self-regulation behaviour, engagement and participation, positive mental health, academic achievement, and developing and sustaining relationships over a lifetime. And a negative parent-child relationship is associated with the opposite – including aggressive behaviours, delinquency, depression, anxiety, and harmful behaviours. Parenting is an important medium to redress poverty. Evidence from a long-term study showed that the quality of parenting can somewhat mitigate the impact of poverty. Matt outlines that in some situations, parenting quality can 'buffer' the harmful effect of some traumatic experiences. The home learning environment strongly correlates with academic achievement, social and emotional well-being, social mobility, etc. Parenting is a crucial mediator for successful outcomes in life.

There is clear evidence that parent-child interactions and nurturing relationships lay the foundations for child outcomes. Referencing a meta-analysis of interventions supporting children with defined disruptive behaviour, Matt outlines that the most effective intervention worked with both the child and the parent and working with the parent on their own, and the cheapest to deliver was the parenting intervention. Matt challenges us about those services which are child-focused only. Of course, there are times when we do have to in terms of Child and Adolescent Mental Health Services, but if we want to improve outcomes, Matt argues that we have to look at the context in which the child exists and that's why we focus on parents.

Matt ponders on the current challenges facing our children and society, whether due to COVID-19 or the cost-of-living crisis. He reflects on the "epidemic" of anxiety and broader mental health challenges in our children and young people.

CHANGE ONLY OCCURS WHEN WE DELIVER THAT SUPPORT THROUGH AN EMPOWERING LENS. NOBODY WANTS TO BE TOLD WHAT TO DO, SO WE MUST FOCUS ON THIS.

Matt advocates that all those involved with a child must be involved in the intervention and the importance of working with all families - parenting is a human challenge we all face. Matt touches on the topic of 'social contagion' which might be similar to the concept of

'spillover effect' noted earlier in the Summit, which is that parenting practices might reach those who don't engage as people model parenting in the community, on the bus and in the homes of friends and family and this too can influence how parenting is practised.

How are we doing in terms of the goals of the National Parenting Support Model? Rebecca acknowledges that there are positives but cautions that there is a lot done but more to do. She references the emergence of the Area Based Childhood Programmes (ABCs) and the expansion of FRCs, which have embedded access to parenting supports within people's communities. Using the concept of having supports within 'pram pushing distance' to be easily accessible. All parents need support and many parents get their support from different

avenues. Rebecca outlines the formal and informal – taking that systemic approach, some people are lucky to have family support nearby. However, circumstances have changed and many don't have access to this type of informal support. They may get support from parent and toddler groups or information and advice from local services like the FRCs and ABCs. We must normalise and destigmatise this as reflected in the model and the strategy through awareness.

Rebecca calls for making things simple and getting rid of complex referral pathways as Rebecca says, *"Why do I have to tell them what I had for breakfast before I can get help?"*. Awareness and ease of access are critical, but inclusion is essential.

Rebecca speaks about expanding the Teen Parent Support Programme with support from the European Social Fund (ESF), as young parents need specific support. Including young parents does not mean going into a parent and toddler group with much older mothers. The Programme has now been extended to mothers up to 25 years so a broader range of young parents can access this support.

MAKING THINGS EASY AS THERE ARE SO MANY THINGS GOING ON IN PEOPLE'S LIVES SO IF WE MAKE IT DIFFICULT, THEY WON'T ACCESS IT.

Rebecca acknowledges the importance of examining how to roll out and ensure access to home visiting supports. Easy access means supporting parents in their homes and their community. Schools are

a vital support for parents. Finally, a population approach is needed to destigmatise things, offering a range of low-level supports which are easily accessible and non-stigmatising.

While acknowledging that things are going in the right direction, Rebecca highlights the disparity issue. While there are fantastic supports in some areas, there are those areas where there are gaps. We need to look at consistency to ensure support in all areas.

Anne asks how we improve universal availability to meet our policy commitments. Following on, Anne wonders whether we are getting mixed messages. Under the Sláintecare Healthy Communities in some areas, there is feedback that the uptake for parenting programmes hasn't been great.

Joanne acknowledges this challenge and discusses how services engage parents and the practices involved. There is an Implementation Plan for the model with multiple actions, one of which is a communications campaign beginning in October. The primary objective is to increase awareness of the support that is currently out there. Joanne calls for sending in the relevant information so that the Department can promote it and then the campaign will be amplified with a one-stop shop on **Gov.ie** to host this information. This promotion will be in tandem with the HSE and Tusla.

Another piece of work is to map parenting support nationally geographically. Joanne uses the example of a mother in rural Co Clare trying to breastfeed at 4 a.m. in the dark and struggling. This Mum should be able to find out where supports are. This is a resource which the GP can also access. The panel considers the MECC concept (Making Every Contact Count) for children – every interaction is an opportunity to impact positively.

Anne asks the panel how we are doing regarding what we provide and whether we know who to offer it to. Are we agile enough in our response?

Matt provides a clear negative to this - we aren't agile enough. Rebecca has already outlined the challenge around geography. Also, we must acknowledge that anxiety is the new pandemic that children and young people are experiencing, which points to the importance of schools. Referencing his engagement with schools, he notes the challenges that primary schools face regarding the levels of anxiety being experienced. Matt also raises the issue of funding. A PEI is being discussed in a complex and competitive sociopolitical

environment and the sector has got to shout loud about what PEI can achieve. So, while we have a favourable policy environment in Ireland, we are not agile in our provision and it is necessary as a sector to demand more investment. Matt references some cost-benefit analysis indicating a high return on investment in 2- to 3-years, yet the Government aren't listening. This is a point Graham Allen made yesterday: how do we mobilise a conversation in society about what we invest in? He quotes Nelson Mandela: "*The strength of a nation is how they invest in their children*". How do we make the case for investing in the next generation?

Matt draws on the example of social contagion. Taking a proportionate universal approach means working with children at all levels of the continuum, as at a population level, there is the possibility of "shifting the curve", so fewer people need the highest levels of support. This would appear counter-intuitive to politicians and government agencies who argue we need to channel the investment in response to need rather than preventing it. But this model works by meeting needs across the continuum, as was demonstrated in the Midlands, where there was a shift in population outcomes by targeting everyone. Matt uses an example of a Mum he met to include her testimony in an Oireachtas Committee meeting. She described the programme's impact on her life and the toolkit that helped her. But she also explained how she shared her knowledge with her sister, so when her sister struggled with knowing how to manage some elements of her child's behaviour, her sister shared her toolkit of knowledge with her.

Matt welcomes the presence of health at the Summit. Still, reflecting on the cross-departmental nature of the strategy, he wonders where the other essential key players, such as Education, are. He notes it does feel at times that the DCEDIY are responsible for everything, yet parenting is everyone's business. Anne raises the issue of the role of parenting programmes. How these supports can mitigate the waiting lists that some departments or agencies feel and outlining that from a Health perspective, this evidence would have an impact.

Anne asks the panel one final question – what one thing would you do or would you like to see happen in the last quarter of this year?

Rebecca calls for more joined-up actions: joint commissioning, joint planning and all agencies working together. Second, she calls for listening to parents about what is needed. Rebecca speaks about the importance of parent platforms, so parents have an avenue to raise issues. She also calls for a whole family approach, which includes grandparents and many people supporting the child. Finally, she presents the critical challenge of self-care for parents – being caring, supportive and mindful around parents.

Joanne outlines the overlap in this space and collaboration. Joanne acknowledges the learning she has gained during the Summit. The panel ends on the value of collaboration across all professional boundaries.



Figure 31 Delegates networking.

LIGHTNING ROUNDS DAY 2

Day 2 Lightning Rounds kicked off and Hugh Doogan maintained strong vigilance over proceedings, keeping everyone in order. Thankfully there weren't many red cards and the day's timetable wasn't breached. Four 7-minute inputs were to follow, keeping the audience engaged and covering diverse practice and research topics. First to the podium was Jayne Sherlock from CDI, Tallaght.



Figure 32 Hugh Doogan refereed the lightning round.

5. POWERFUL PARENTING: PARENTAL ENGAGEMENT & RELATIONSHIPS IN EARLY LEARNING & CARE

Parental Engagement

Jayne Sherlock, Parent Carer Facilitator (PCF), Childhood Development Initiative

Jayne used her 7 minutes to outline the work of CDI in terms of the Powerful Parenting model, the role of the Parent Care Facilitator (PCF), resources to support parental engagement and relationship resources (PEAR).

Parenting Care Facilitators are based within Early Learning and Care settings and deliver the Powerful Parenting model in collaboration with the setting, parents, wider family and whole community. The model empowers parents to be the best they can be.

Parental engagement strongly indicates positive child development and can support parent confidence and competence. Jayne outlines the skill set of the PCF and their complex and diverse role – outlined in detail in the slide pack in the Appendices.

Jayne outlines the 6 critical components of the PEAR approach (above), all of which are themes which have arisen throughout the Summit. Jayne outlined the additional role in supporting workforce capacity building of Early Learning and Care settings. Click [HERE](#) for the presentation.

1. Strengths-based approach to parenting
2. Building relationships
3. Inclusion & partnership
4. Improving the home learning environment
5. Supporting transitions
6. Support with childhood difficulties & referrals

6. EARLY CHILDHOOD HOME VISITING – AN EFFECTIVE, FEASIBLE PREVENTION & EARLY INTERVENTION SUPPORT FOR CHILDREN AND PARENTS

Home Visiting

Josephine Bleach, Home Visiting Alliance & Director of Early Learning Initiative, National College of Ireland

Representing the Home Visiting Alliance, Josephine outlined the Alliance's vision that Early Childhood Home Visiting is a feasible, effective prevention and early intervention support for children and parents. Josephine outlines the 5 Programmes that are members of the Alliance, all of whom are represented at the Summit – Lifestart, Community Mothers (Community Families), Preparing for Life, Parent Child+ and Let's Grow Together Infant Mental Health Home Visiting Programme, providing services from pregnancy to 5 years.

As a result of a 'What Works Sharing Knowledge Fund', the Home Visiting Alliance completed a feasibility study on how to replicate, scale up and expand home visiting services across Ireland. The study required programmes to reflect on their practice, collaborate, and share their insights, challenges and processes for scaling home visiting.

Josephine outlines the comprehensive evidence underpinning the effectiveness of Early Childhood Home Visiting. In Ireland, the growth of home visiting was organic and a bottom-up approach. Today, it is aligned with national policies and initiatives, specifically First 5, A Whole of Government Strategy for Babies, Young Children and their Families. Reflecting on a finding many delegates will recognise, one which has been a theme over the past 2 days, Josephine describes the piecemeal and underfunded context in which Early Childhood Home Visiting services operate. Josephine outlined the 4 key elements required to sustain and scale Early Childhood Home Visiting:

Home visiting operates in a policy and service delivery context that does not provide the necessary funding, infrastructure, research capacity, or strategic planning support.

1. Ensure sustainability and learn from real-time data gathering to inform future delivery and expansion.
2. Build the national and local infrastructures required to support scaling across Ireland.
3. Fund and support national programme support structures.
4. Adopt and fund mechanisms for a real-time innovative evidence base.

Calling on delegates to support 'National Home Visiting Day' on the 13th of October, Josephine ends on the words of a parent. Click [HERE](#) for the presentation.

7. WORKING WITH RISK, POVERTY AND DIVERSITY: CREATING CONDITIONS FOR RELATING IN PARENT-TODDLER GROUPS IN COMMUNITY SETTINGS

Trauma-Informed Care

Tracie Lane, Infant and Family Project Workers, Let's Grow Together!

Tracie introduces the Summit to the work of Let's Grow Together! in an area of disadvantage in North Cork City. Outlining some of the local demographics familiar to many working in similar areas, Tracie expands on the impact of trauma, past or present, on the lives of children and families. Working flexibly and meeting families where they are is central to the work. Tracie speaks of the importance that this trauma-informed relational way of working has to be embedded in all staff's work and all their interactions with parents.

Using the evidence-based PEEP parent and child group for 1-4-year-olds, Tracie traces the practical issues of how the groups are run, taking into consideration bus routes, potential unintended religious iconography in the venue, safety concerns for some families, childcare availability in the areas, languages, religion and cultural sensitivities along with the actual needs of the individuals attending. Having flexible options such as rotating venues and enabling flexible age ranges so siblings can attend too, parental mental health is facilitated by having smaller groups and with familiar and trusted facilitators.

Throughout the engagement process, families have multiple opportunities to feed into how Tracie and her colleagues do their work. The voice of the child is also included where possible. This aligns with the theme of the Summit in terms of empowering parents to share their lived experiences and work in partnership with services. Tracie advocates how this way of working builds more significant relationships of trust, which can be fundamental to supporting change for families. Parents are invited to become members of a Parent Forum, to train in the PEEP programme and have gone on to become volunteers in the programme. Tracie outlines how the skilled and sensitive facilitator's role is essential to support peer learning and participation. Reflective practice supervision is a critical organisational support to ensure the best practice, and Tracie outlines the significant role this plays.

11% of children are scoring within the 'high level of difficulty in terms of social and emotional development against a national average of 5% when using the Strengths and Difficulties Questionnaire (SDQ)

Following best practices in trauma-informed care, groups are run consistently, which fosters containment, ensures predictability and provides a robust model for stable, secure relationships. Attention is paid to making the venue and space warm, secure and welcoming. Click [HERE](#) for the presentation.



Figure 33 The PEIN Summit 'home' for 2 days.

8. LISTENING TO THE VOICES OF YOUNG CHILDREN WITH ADDITIONAL NEEDS IN A PRESCHOOL CONTEXT (AGE 3 TO 5)

Child's Voice

Dr Melissa Bonotto, Child and Youth Structured PhD, UNESCO Child and Family Research Centre – University of Galway

Melissa addressed the challenging issue of enabling the child's voice even when they are very young and if they have an additional need. Melissa defines what we understand as a further need in the Irish context. She sets out the research objective "to identify what preschool children and their parents perceive as significant/ meaningful interactions to support their additional needs" within the context of the UN Committee on the Rights of the Child. Drawing on Bronfenbrenner's bio-ecological model, she explores techniques used to enable the young child's voice in their many life contexts – photos, drawings, opinions, etc., and references the Mosaic approach. Melissa outlines the methodology of taking photos within an Early Years context. The findings from the research indicate the following themes:

If we are serious about listening to children's voices, we need to listen from a very young age – but we professionals and researchers policy makers need training time to develop expertise to recognise the voices of children.

- People and inclusivity
- The outdoors
- The range of activities or games that motivate and engage them, e.g., Lego

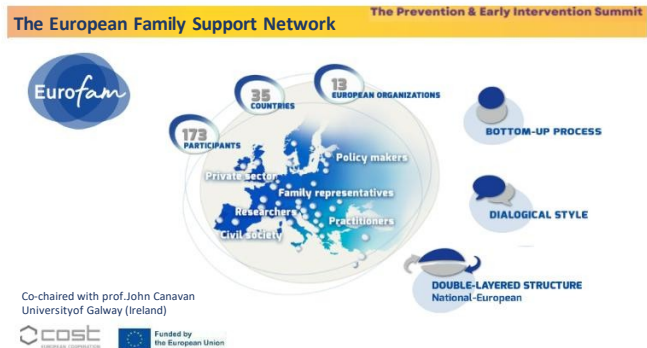
Melissa outlines an ecological framework to assist in framing the findings outlined in the presentation. Click [HERE](#) for the presentation.



Figure 34 Melissa Bonotto and Carmen Kealy.

EUROPEAN SPOTLIGHT: QUALITY FAMILY SUPPORT FOR PREVENTION & EARLY INTERVENTION

Dr Lucía Jiménez García is an Associate Professor of the Department of Developmental and Educational Psychology at the University of Seville and is Chair of the European Family Support Network (EuroFam). Dr María José Rodrigo is Professor of Developmental and Educational Psychology at the University of La Laguna. María José is also a member of EuroFam. Both speakers are involved with colleagues from Spain in 'Families in Positive', an online platform founded by the Ministry of Social Rights and Agenda 2030 of the Government of Spain.



Lucía outlines how they have enjoyed attending the Summit, meeting and chatting with other delegates and welcomes the fact that she is presenting 'to the converted' where everyone is on the same page, knowing family support is a vehicle for PEI but also for realising Children's Rights.

When looking at family support, we acknowledge how complex it is and that it can be looked at from the local and national levels. Lucía asks us to include the European level and outlines the policy context, admitting there is more work to progress. Lucía outlines the European Family Support Network's background and the role of Irish researchers, including Dr Carmel Devaney and Professor John Canavan, within this network. It is an extensive network of researchers, service managers and policymakers all to share work and collate what is known about family support and ultimately make a real difference in children's and families' lives. Lucía calls for this ongoing dialogue between the local, national and European. Eurofam has been focusing on the following three areas: European conceptual framework on family support, developing a standardisation framework for workforce skills and quality standards and evidence-based programmes.

Lucía draws our attention to the online interactive platform or knowledge hub, which contains considerable resources, including practice resources, policy briefs, etc. Emphasising 2 areas, Lucía first outlines a search tool for family support quality and evaluation standards and a catalogue of family support programmes. There are also catalogues of evaluation tools in progress and some training resources on standards.

The second area is the standards on workforce skills, which, while there is still a lot of room for improvement, is progressing, and this builds on yesterday's discussion. The space for development in this area is a cross-disciplinary space, and Lucía calls on us to find that space, which is common for all of us regardless of our disciplines. Lucía outlines how this work is at the core of the intersection of policy, practice and research.

Professor María José Rodrigo takes the baton and speaks to the value of visiting and learning more about what is happening in other countries, a vital strength of the EuroFam initiative. She addresses the challenge of implementing evidence-based practice and references a "reluctance". María José dissects what we mean by evidence-based - a term derived from medicine and clinical practice, taking the science, the practitioner and the values and experiences of parents. In the clinical or health field, we don't often hear the voice of the 'patient' reflected in this model of evidence base as it is a passive voice. María José proposes a more relational view in which all three elements have a contribution to make and should be integrated into a framework. We must consider evidence from the family point of view, from practitioners and science. She asks what it means to adapt this relational perspective of evidence-based.

María José calls for a move away from the experimental or 'laboratory' base, which replicates 'ideal conditions' and is not reflective of real life. There is an unease with this model science being transposed into family support and María José calls for a move to community-based evidence.



In looking at community-evidence, it is important to explore to what extent you have met the family's needs. Sometimes the Programmes are so standardised that they don't always fit the family's needs. María José outlines that some programmes may have excellent results but questions if these reach the families at risk. It is also essential to study the quality of the implementation as this provides evidence of whom the Programme works or does not work well for. What is the profile of families that benefit from this approach? María José calls for more analysis of individual change, reflecting each family's starting points and needs. Core to successful implementation, it is essential to study what level of organisational effort is required to ensure the programme or intervention is of high quality and is sustainable and not a once-off initiative.

Reflecting a rights perspective, María José stresses that it is mandatory to establish partnerships and alliances when working with families. The family must agree and be full and active participants in any intervention. In this way, María José stresses the core point raised throughout the Summit in terms of 'professional snobbery' where the practitioner knows best, which not only denies a family's rights but negates their expertise in their lives, the context in which they live in and in their resilience to risk factors that impact on their lives. In practice, we have to move from client to partner. This calls for a broad set of quality standards for services that go beyond the mere evaluation of Programmes but reflect how services are organised and the ability of the service to engage, interact, and interact with families, including cultural sensitivity.

THIS IS NOT EASY AND WILL TAKE TIME TO REACH CONSENSUAL AND SHARED PRACTICE.

María José explores how you transition from quality standards to having a model of practice. How do you give life to and implement the standards, which require a systemic transformation at different levels? This is a challenge as systems are complex and diverse as any country has national, regional and local variations. For example, there are 17 autonomous communities and associated regulations in Spain. There are also different combinations of service providers, including public, private and NGO. There are different types of intervention, from clinical to preventative and different sectors from health, justice, education, etc.

María José calls for an enlargement of the scope of our quality standards. To do so, María José builds on the recurring theme of the Summit about moving beyond our individual expertise to having a shared practice. This requires sharing assessment tools, referral protocols and sharing intervention approaches. This does not mean everyone has to do everything but that we are in accordance or working in a shared framework – in short, transdisciplinary procedures. María stresses both consensual and shared as we often agree and have consensus, but we are still practising separately rather than within an integrated framework. Interdisciplinary has a shared framework but retains the disciplinary differences, whereas transdisciplinary goes beyond this as practitioners transcend their traditional boundaries. In looking at different disciplines, María José notes that a lot of the responsibility falls to those in the child protection field or social workers, referencing the burnout that many in this field face. María José makes the case that child protection is a multiagency and cross-sectoral issue. Moving to a

IT REALLY MATTERS HOW YOU INTERACT WITH FAMILIES

transdisciplinary working is easier at a local level to have a shared responsibility for child protection; however, this gets more challenging as you progress to higher levels of governance or scale.

María José outlines her experience in being involved in the Families in Positive initiative in Spain. This reinforced the state's responsibility to create the best conditions for parents to support their parenting and

SOMETIMES, WE HAVE WONDERFUL SKILLS, BUT ATTITUDES OR VALUES CAN NEGATIVELY IMPACT PRACTICE.

their child. María José outlines the trilateral structure underpinning the initiative, comprising the state, government and a network of academics who traverse the research–practice divide. María José recommends cascade training whereby coordinators are trained to support front-line practitioners in addition to information dissemination from the website. Again, María José draws

on the relational way of working to ensure an understanding of the needs of frontline practitioners –not just scientific evidence but practitioners' experience. María José extends this to a collaboration with professional bodies and education facilities and the importance of working in this space, too.

María outlines the availability of a self-assessment and endorsement process to recognise and acknowledge quality development initiatives, including two English-language guides to support the self-assessment process for formative rather than surveillance purposes. María José outlines the separate competencies in knowledge, skills, attitudes and values and calls for organisational support to enable professionals to reflect and enhance their practice, detailing the support available through this online platform.

Lucía outlines how, at a European level, they have been granted funding for a follow-up project starting in November to progress this work, which will be called “Quality Assurance for Family Support” at a European level. While strengthening the national support projects led in Ireland by Dr Carmel Devaney and John Canavan, there is the hope to extend the engagement to include organisations like PEIN and parents, children, and families. Click [HERE](#) for the presentation.



Figure 35 Dr Lucía Jiménez García & Dr María José Rodrigo

THE PEI ROUND-UP

The task of presenting an overview of the significant inputs, learning and core messages from this comprehensive Summit was ably met by Dr Carmel Devaney, who, along with Professor John Canavan, pulled together their reflections and take-home messages on the day and a half. Carmel notes the enthusiasm from the Summit and welcomes the fact that we all have so much to say on PEI.



Key messages from the Summit were hard to distill and Carmel used word clouds to go some way to capture prominent themes and common messages. Reflecting on Joe's input, Carmel notes that seeing the child becoming the parent is a profound argument for investing early. She goes on to recount the more challenging clinical decisions that might have to be made if we are serious about "spending now to save later", and yet there is a sense of urgency about why we aren't doing this and why others in politics, policy, leadership and management are not seeing it in the same way as we are. Again, Carmel reflects on the competitive nature of delivering PEI by reminding us of the challenge to share rather than compete. Yet, the 'skeletal' nature of the funding possibly exacerbates this competitive context. Carmel reiterates the call for sharing the funding, resources, and staffing as the sector unites under a shared vision for PEI. Given the proven efficacy of programmes or interventions, the annual funding model only places community services on a vulnerable and insecure footing rather than sustaining and expanding good practice.

Make poverty visible – a core message. Comparing it to previous approaches regarding child neglect, Carmel strongly advocates making poverty and its impacts visible.

A challenge for those working in the sector is the difficulty in seeing the longer-term gains reflected in Katriona's speech. When working so hard to support families and constantly striving to be there for them, the harsh reality is that in a worker's lifetime, they might not see the change or feel they are making a difference. This gets to the nub of sustaining a healthy workforce protected from burnout. If we can hold on to Katriona's words, that support is experienced and felt regardless of when that impact will be realised.

EVERY CONTACT, EVERY CONNECTION,
EVERY POSITIVE WORD AND
INTERVENTION IS MAKING A DIFFERENCE.

For many years, the rhetoric has been that Child Protection is everyone's business. Carmel asks us to flip this to PEI is everyone's business. PEI will protect children and young people- we protect by supporting the child in their context, family, and community. Again, Carmel challenges us to flip our thinking. In presenting a reverse



model of Bronfenbrenner's eco-systems development theory, Carmel inverts the starting point away from the policy. Arguing that by the time the policy gets sorted, it becomes so diluted it couldn't possibly impact the child and family. Calling for a bottom-up approach, Carmel calls for us to address the child in context first, starting from this position of practice and meeting real-life needs.

Carmel notes a whole range of ideas on building a PEI momentum, outlining the room's energy, enthusiasm and professionalism - the momentum has started. Carmel outlines her top-ten takeaway messages. Reflecting that the system is broken, not the individuals, Carmel challenges us to make services genuinely more accessible, to drop the loopholes and the hurdles that children and families have to navigate to seek help.

Addressing the funding issues, Carmel again calls for funding security for community-based services. How you do PEI – the values and practice are imperative, which has been extensively reflected throughout the Summit and encapsulated by the One Good Adult/Person concept.

Top Ten Takeaways

1. Getting Help is too complicated
2. Funding local community-based-services
3. Practice & Practitioners are key - trust & relationship-building
4. Ask the question(s) what will help you?
5. Families are diverse – include all in the family
6. We protect by supporting – We support by protecting
7. Don't forget - families in rural/advantaged areas
8. Evidence-Practice-Policy
9. You have the power – DO something
10. Be ambitious, be aware, be kind, keep going

In getting to the nitty gritty of practice and practice boundaries, Carmel encourages delegates to 'ask the question' even if it means more work. Carmel asks that we don't trip ourselves up regarding the mother-father debates. Instead, we focus on the most influential people in that child's life – those who create the day-to-day context and lived reality for

that child and should be included in the support. In reflecting on child protection and family support, Carmel asks us not to focus on one or the other but on both. Geographic disparities must be addressed to provide a safety net for all children and families regardless of where they live. The intrinsically linked triad of evidence, practice and policy can't be overlooked. The underpinning evidence must be fit for 'the ask' of practice, policy and implementation, as Carmel again reiterates the call for a pluralist evidence base. Reminding us of our privilege, Carmel gives delegates a clarion call to champion PEI work. Click [HERE](#) for the presentation.



Figure 36 Dr Carmel Devaney delivering the PEI Round-Up.

MESSAGE FROM MINISTER RODERIC O’GORMAN

Minister Roderic O’Gorman, unable to attend the Summit in person, prepared a video input and opened it by acknowledging the goal shared with PEIN of improving the lives of children and young people using a PEI approach. He commended PEIN’s tireless advocacy and the attendees’ work in transforming the lives of children, young people and their families. The Minister expressed his gratitude for organisations’ vital roles in preserving the health and well-being of families and communities, particularly those who experience disadvantage, acknowledging that attendees’ efforts have contributed to developing a more resilient society.



Figure 37 Minister Roderic O’Gorman

Reflecting on the challenges for children and young people in the last year, the Minister notes the emergence from the isolation of the pandemic, the ongoing crisis in Ukraine and the rising cost of living. These have led to increased stress on services and he acknowledges that it is through these difficult times that the value of the services to the most vulnerable in our society is made visible. The Minister reflects on the importance of a joined-up continuum of care to which PEI is central. He notes the commitment of the Community and Voluntary and Statutory sectors’ commitment to PEI and recognises PEIN’s work as a testament to progressive action.

The work of the Department of Children, Equality, Disability, Integration and Youth has championed PEI in Government through Better Outcomes Brighter Futures and the forthcoming National Policy Framework for Children and Young People.

Noting the importance of First 5, A Whole of Government Strategy for Babies, Young Children and their Families, the Minister references the launch of Supporting Parents, a National Model of Parenting Support Services focusing on awareness, inclusivity, access and needs-led evidence-informed parenting support services. By supporting parents, we help prevent problems developing for a child and assist families in realising their potential.

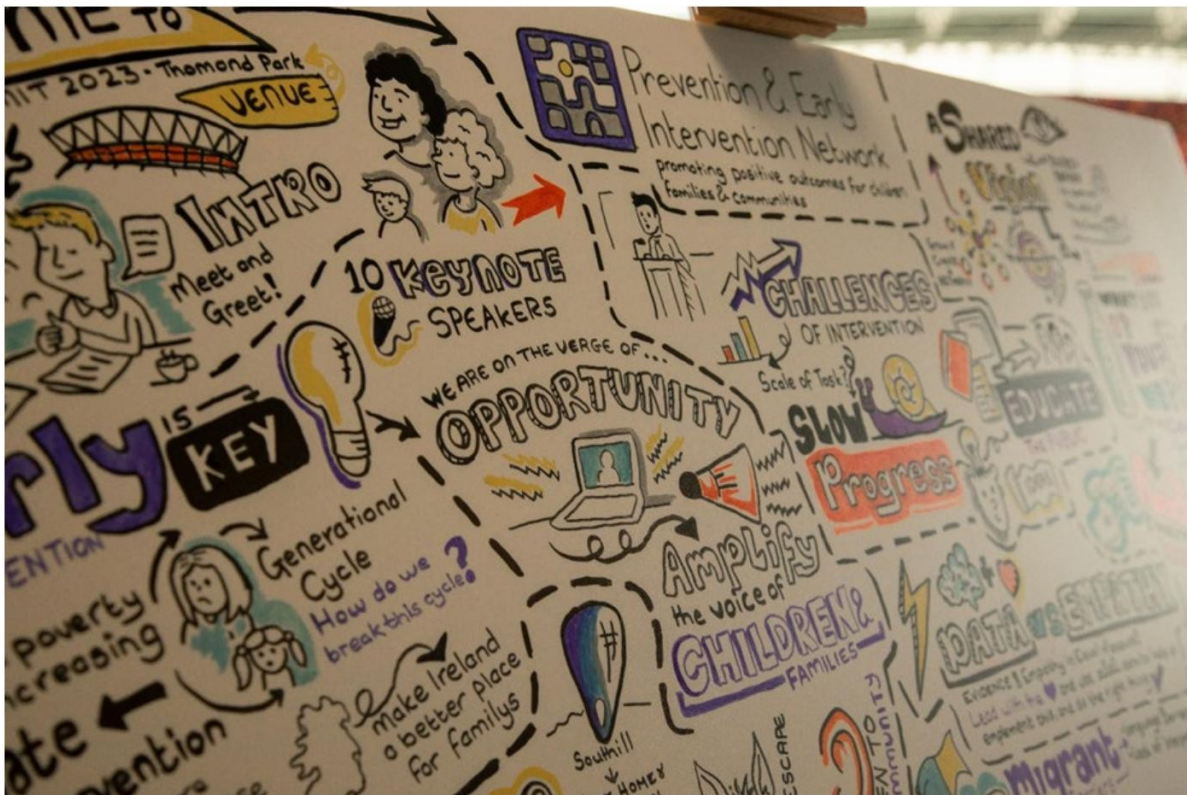
A STABLE AND SUSTAINABLE VISION FOR PEI TO CONTINUE TO BRING POSITIVE OUTCOMES FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES.

The Minister commits and looks forward to ongoing work with PEIN to build a **"supportive and responsive system for children and families"**. The Minister ends by thanking PEIN and Summit attendees and outlines his aspiration to create a society where all children and their families have the opportunity to thrive.



Figure 38 Minister Roderic O’Gorman addressing the Summit.

AND FROM HERE? NEXT STEPS FOR PREVENTION & EARLY INTERVENTION



The baton of the Chair of PEIN was exchanged at the end of day 1, and Katherine Harford's first role as PEIN Chair was to close the Summit. In anticipation of an empty room at the end of day 2, Katherine notes this is not the case with the room still full of the Ms Arkinsons and Mr Pickerings of PEI in Ireland! Acknowledging the honour of becoming Chair of PEIN, Katherine recognises all the big PEI players in the room from policy, research and practice and honours previous Chairs Marian Quinn and Francis Chance.

Noting how we all strive to do the best for children, Katherine pays tribute to Francis, who has been a source of inspiration. Katherine notes how all associated with PEIN have been challenged by Francis to bring our message from communities, the experiences of our own childhoods, our own work and research to policy to change the future course of society through PEI. Katherine formally extends the thanks of PEIN to Francis.

A NEED TO BE CLEAR ABOUT THE CONCEPT, THE POLICY AND THE PRACTICE OF PEI.

In looking forward, Katherine calls for an annual Summit - highlighting the importance of coming into the room across silos and sectors to share stories and join the dots. In planning such an event, Katherine stresses bringing other sectors and individuals into the room and calling for PEI leaders to be welcoming and inclusive so that the PEI understanding can be generously shared with those who aren't yet on the same page. Katherine considers the importance of including those working in Education, Justice and increased attendance from across the range of Health Services. Katherine pays credit to the organisers for ensuring that those open to sharing their lived experiences with us were given a spotlight and that this should be central to all future Summits.

Katherine highlights the importance of having a vibrant membership in providing direction for PEIN and encourages everyone to join. She stresses that there should be no barriers for those working in the state sector to become members or become more involved. On the contrary, this should be encouraged so ideas and opportunities for joint working can be shared. Katherine stresses that PEI should not be the responsibility

of the Community and Voluntary Sector alone. Highlighting that many colleagues in the statutory sector also have a role, as PEI is everyone's business.

SHARE RESOURCES BY CONNECTING WITH ONE ANOTHER

Katherine acknowledges the funding received from Tusla to enable the work of PEIN. She pays tribute to Amy Mulvihill and her Tusla colleagues, Bernie Lavery and Rebecca Moore, for their support. In addition, the underfunded services in the community and the statutory agencies need supported time to engage and participate in the network actively.

Katherine calls for us to institutionalise a culture of workforce development at every level, requiring resourcing. This enables practitioners to grow with families and communities. Katherine stresses that children don't live in clinics, and we must grow our practice. To deliver PEI, we require a happy, satisfied workforce who feel secure in their role. Finally, Katherine calls for a clear message for PEI. Katherine ends the Summit by thanking:

- MC Karen O'Donnell-O'Connor
- Susan Brocklesby for taking notes over the two days
- Greg on the AV
- Jen Murphy for capturing the 2 days visually
- Carmel Devaney, John Canavan and the team from the UNESCO Child and Family Research Centre

Final thanks were paid to the PEIN Executive, who has created a vibrant, positive space. Katherine looks positively to the future with the knowledge that the PEIN Executive, together with members, will support PEIN to take a clear PEI message forward & with that, the 2023 PEI Summit is closed, "that's a wrap!"



Figure 39 Delegates networking.

The overwhelming volume of messages arising from the first PEI Summit could leave PEIN with the dizzying challenge of where to begin in realising the passion and enthusiasm in the room. Carmel Devaney and PEIN Chair Katherine Harford outlined tangible next steps to be explored in delivering a PEI Island as outlined in the graphic.

In terms of PEI practice, considerable work has already been done by colleagues in EuroFam and internationally through initiatives such as Families in Positive in Spain, which can ensure Ireland doesn't have to reinvent the wheel or at least commence an Irish PEI workforce framework with a head start. Similarly, the many voices of presenters and speakers mapped out some of the following critical considerations for a Practice Framework for a PEI workforce:

- Engagement & relationship building
- Listening & co-producing
- Securing trust through skilled strengths-based relational practice.
- Consistency, flexibility & responsiveness
- Accessibility at all levels
- Giving visibility to babies, children & young people and their everyday contexts
- Infant mental health & understanding early childhood
- Trauma-Informed practice
- Restorative practice
- Culturally sensitive practice

Summit 2023 has provided PEIN with a roadmap for future next steps, which can be progressed with the support of PEI allies. The real question for the PEIN Executive in planning for the next Summit is which county will be crowned PEI Capital of Ireland in 2024.

A Prevention & Early Intervention Island

BUILDING A CULTURE & PRACTICE OF PEI IN IRELAND

Possible next steps for PEIN and advocates of PEI to continue the PEI momentum and establish a secure infrastructure of supports providing a secure safety net preventing and intervening early. Preventing and mitigating when a child's life context does not enable them to flourish and reach their potential rather than reacting and responding when they've missed their right to a fulfilled childhood.

STEP 01

Citizen & political awareness

Mechanisms to raise awareness of PEI amongst the public to support the political will & policy change to make the tough decisions to:

- ringfence PEI expenditure
- make poverty visible & respond
- invest in practice & research



STEP 02

A PEI workforce & organisational cultures

Values, attitudes & practice skills for transdisciplinary practice under shared vision. Institutionalise within organisational culture to remove barriers & support PEI in all interactions. Build co-production at all levels



STEP 03

Securely resourced accessible infrastructure

Joined-up & integrated Multiannual funding Trust organisations to meet need Accessible, flexible & responsive Community-based



STEP 04

Evidence-base that is fit for purpose in responsive, complex service delivery

In real-world contexts, value a pluralistic approach to evidence inclusive of lived experience, population level data & practice as well as programmes. Invest in a data-informed system where children, their families & frontline practitioners co-produce meaningful data.



SPOTLIGHT ON THOSE WHO MADE IT HAPPEN

The Delegates, with a special mention to the Limerick contingent



Figure 40 The PEI Capital City of the Summit - the Limerick PEI leaders

All the delegates who travelled presented and engaged in the two days, made the Summit an interactive, enjoyable, inspirational launch pad for future collaborations and actions. In particular, it is essential to acknowledge the Limerick PEI leaders who turned out in force, making the Summit a grounded and engaging learning experience.

Dr Carmel Devaney, Professor John Canavan & the NUIG team



Figure 41 UNESCO Child & Family Research Centre, NUIG team

The PEI Summit 2023 was a partnership between PEIN and the UNESCO Child and Family Centre, University of Galway, because, ultimately, we are both singing from the same hymn sheet. When policy, practice and academia collaborate meaningfully, the potential for better outcomes for children and families increases significantly. Funding from Tusla and 'What Works' signalled the same commitment from the statutory perspective.

Symbolically, the timing of the Summit coincided with the 20th anniversary of the University of Galway's Masters in Family Support. Much of the content shared over the two days spoke to the importance of that Masters in acknowledging the pivotal role of family support in effective prevention and early intervention. While respecting some of the conventions of academic conference formats, we managed to also work creatively a little beyond them! Live podcast recordings and lightning rounds brought a new dimension to proceedings, to the credit of our UNESCO CFRC partners, Dr Carmel Devaney and Prof. John Canavan, who are as flexible in their thinking as they are rigorous in their work.

By working together, the Prevention and Early Intervention Network and the UNESCO Child and Family Research Centre organised an event that became a PEI think-in. Learning was shared, old connections were renewed, and new ones were forged. Most importantly, the event reinvigorated the appetite to continue working collectively to keep the prioritisation of prevention and early intervention on the national policy agenda. The generated momentum came from you as our attendee – your presence and participation were seen, heard and valued greatly. Thank you.

PEIN Executive

The term 'executive' really does apply to the PEIN executive. In addition to considerable time during the planning phase, the PEIN Executive members rolled up their sleeves. They earned their crust on the day – facilitating discussions with guest speakers, chairing panel discussions and parallel sessions and handing out red cards!



Figure 42 PEIN Executive, Maria & Nessian

Tusla

Developed from a conversation between PEIN Coordinator, Maria and PPFS National Manager Amy Mulvihill, Tusla created the funding opportunity for the first PEI summit & Tusla significantly supported the Summit through their strong presence both in terms of inputs and also as delegates.



Figure 43 PEIN Executive & Tusla colleagues

Artist Jen Murphy, Graphic Harvester

Jen listened to the 2-day event. Gleaning words, phrases and key points from all presentations and discussions and reflecting these graphically. The two graphics produced accurately reflect the mood and tone of the event and emerging priorities and possible future directions for PEIN & PEI in general. Big thanks to Jen

MC Karen O'Donnell-O'Connor

The most challenging job of all over the two days fell to Karen. As Summit MC, she had to ensure delegates were seated and to keep the two-day event ticking along on time – a difficult task given the energy and enthusiasm for discussion in the room. But Karen did more than this by contextualising inputs, highlighting links between presentations and adding additional reflections and insights. It wasn't possible to capture all of Karen's insightful reflections in this document, but we did manage to document a significant one: many thanks, Karen.

PEIN Team – Maria, Nessian & Stacey

What was two days of stimulating conversations, thought-provoking discussions and challenging presentations forcing us to grapple with the many thorny issues that limit the potential of PEI, the PEIN team have been working tirelessly to deliver this for the past year. The Executive extend their considerable thanks and pride in what has been delivered in the name of PEIN.

