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2 -4 NOVEMBER 2020

Proactive International Network for Newborn and Young Children
Report of 4th Learning Exchange Visit



Prevention and Early Intervention Network, Ireland



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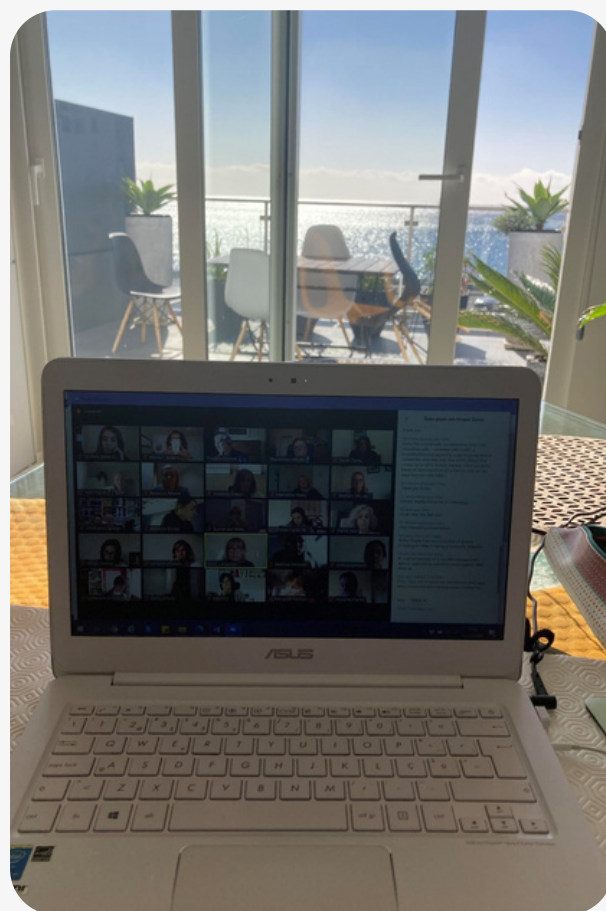
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The Proactive International Network of Newborn and Young Children (PINN) aims to **share best practice in the areas of prevention and early intervention in disadvantaged populations, evidence informed practice, practitioner training in prevention and early intervention approaches**, and the importance of early childhood care and education (ECEC) as a preventative tool. The objective of this learning exchange is to allow partner organisations to develop and reinforce networks, increase their capacity to work at a transnational level, share and confront ideas, practices and methods in ECEC and prevention and early intervention.

The fourth and final International Learning Exchange Visit of the cross-national EU PINN Project, took place virtually on **2, 3 and 4 November 2020**. Our goal for this learning exchange visit was to **get a better understanding of the role maternity services and parenting support play in prevention and early intervention**. The participants and panelists also shared experiences about how COVID-19 is affecting maternity, ECEC, community development and parenting support services and the adaptations that are being made to keep services open for young children's and their parents' wellbeing.

Because of **COVID-19** related travel restrictions we had to take different approach to the usual face-to-face meetings with practitioners and policy makers and as well as cultural events, which characterized the three previous events. Our hosts in Ireland, were the **Prevention and Early Intervention Network (PEIN)**. This is an Irish based network with members from many sectors united in their commitment to advocacy, collaboration and sharing knowledge of evidence-based prevention and early intervention approaches in supporting children and families. The participating members from PEIN did a superb job of **bringing, 'heart and personality'** into a very visual and **interactive online event**.

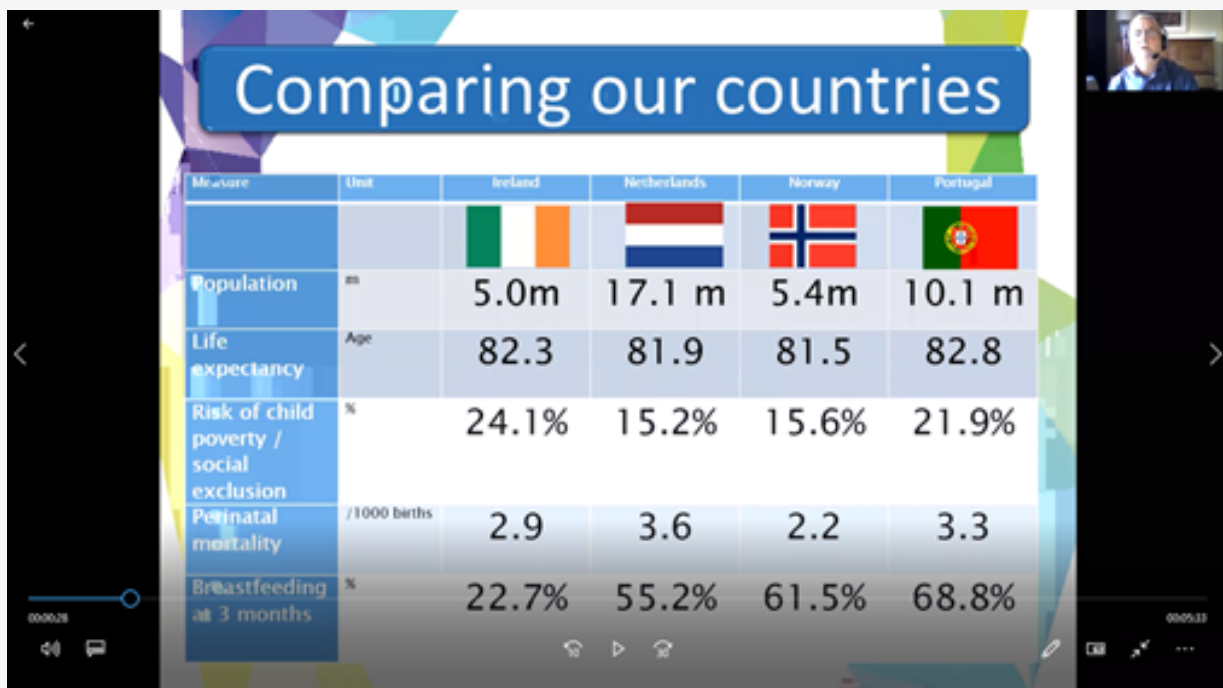
By means of documentary videos made specially for the event, PINN participants were brought on a virtual tour of children's services as well as meeting many committed professionals in different parts of the country from rural county Donegal in the northwest coast to Limerick in the southwest and the capital, Dublin.







One of the Portuguese participants joined us from her temporary 'office' on the Portuguese Azores islands

Pregnancy and early childhood, preparing for parenting

This Learning Exchange Visit, just like the previous ones, brought into the spotlight both the differences and the commonalities between Ireland, the Netherlands, Norway, and Portugal. The event co-chair, Francis Chance (Consultant in Child and Family Services) introduced the discussions by sharing some comparative statistics that immediately caught our attention. Whilst all four countries have very similar average life expectancy, the very low breastfeeding rates at three months in Ireland compared to other three countries, and the relatively higher rates of perinatal mortality in the Netherlands were noteworthy, issues that were returned to in the following days.



Comparing our countries

Measure	Unit	Ireland	Netherlands	Norway	Portugal
					
Population	m	5.0m	17.1 m	5.4m	10.1 m
Life expectancy	Age	82.3	81.9	81.5	82.8
Risk of child poverty / social exclusion	%	24.1%	15.2%	15.6%	21.9%
Perinatal mortality	/1000 births	2.9	3.6	2.2	3.3
Breastfeeding at 3 months	%	22.7%	55.2%	61.5%	68.8%

The 45 participants in the event were treated to a **video walk-through of the [Better Finglas Project](#)** from a service user's perspective.



The goal of Better Finglas is for statutory, and non-statutory services, professionals, and volunteers to **work together to improve outcomes for young children and their families** in Finglas, one of the many suburbs on the north side of Dublin. Better Finglas is one of 13 so called Area Based Childhood Programmes located in areas of disadvantage that has benefited from substantial investment from a private donor, Atlantic Philanthropies as well as government funding. Better Finglas is strengthened by the active involvement and support from a local steering group one of whose ambitions is that everyone in the community knows what services for children and families exist in Finglas.

In the video documentary we heard from a range of frontline staff such as the community liaison worker, Donna Cullen who visits parents at home and matches them to the right service. We also heard from community midwife, Mary Callaghan who spoke passionately about the importance of offering **support and continuity of care in the neighbourhood before, during and after pregnancy**. She remarked on the strong links between all the services offered, which include pregnancy yoga; baby massage including a Dad's baby massage group; 'Enjoy your bump' and 'Enjoy your baby' programmes as well as the personalised home visiting programme, where trained family mentors offer tip sheets and advice to parents based on their needs.

Better Finglas also has very strong links with the 28 early childhood education and care services (ECEC) in the area where there is a big emphasis on **promoting literacy and love of books from an early age**, through the Preparing for Life Family Mentoring Programme. Something that was stressed by everyone involved was that anybody can self-refer into most of the programmes. If a service, such as a programme to support women dealing with postnatal depression, is **offered to everyone (universal support), stigma is taken away** making it more likely for families to avail of a service.

The international participants were bowled over by the number of services that were available to families in Finglas (see Mentimeter responses below) – though on more than one occasion during the three days it was stressed that such local level integrated provision was unusual. It also became apparent that there was **a strong urban and rural divide in availability of specialist health and early intervention care**, or even a community-based midwife programme.




During the 3-day event participants were polled regarding the views of the services and programmes being presented. This is the poll in response to Better Finglas.

Better Finglas also has very strong links with the [Rotunda Hospital](#), the oldest continuously operating maternity hospital in the world (!) and one of three so called 'free-standing' maternity hospitals in Ireland, all located in Dublin. We heard from Director of Midwifery in the Rotunda, Fiona Hanrahan who spoke enthusiastically about the collaboration with Better Finglas, noting that pregnancy is an opportunity for women to link with local services. The importance of paying attention to the **mental health of mothers during pregnancy and in first year after giving birth** (perinatal mental health) as well as their children was highlighted by many contributors.

Fiona referred to the recent increase in the mental health support being offered in the hospital where the number of staff dedicated to mental health had increased from 3 to 11 in 2019. She also noted that respondents to the [National Maternity Experience Survey 2020](#), asked to know more about mental health changes in pregnancy. They also wanted **to be listened to, to have better care in the days and weeks after giving birth, and receive better assistance with breastfeeding**.



These concerns were also highlighted in the three first-hand accounts we heard about the experience of maternity care in Ireland both before and during COVID-19. Maternal and infant mental health also featured in the input from international participants. Norwegian researcher, Lene-Mari Potulski Rasmussen told us about **a new collaborative initiative in the Nordic countries designed to research and identify evidence and best practice in psychosocial interventions** to inform policy. The [Irish Nurture Programme](#) was suggested as good example for the Nordic countries to learn from in this regard. 

From Anabela Araújo Pedrosa we heard that **healthcare is free for all pregnant women and children up to 18 years old in Portugal**. Whilst there is a comprehensive maternity system in place, there are long waiting lists for mental health support for both mothers and infants due to insufficient specialized services and professionals. A positive point is the strong research link between PINN partner, University of Coimbra, and the Dr. Daniel de Matos Maternity Hospital, facilitating research-informed practice.

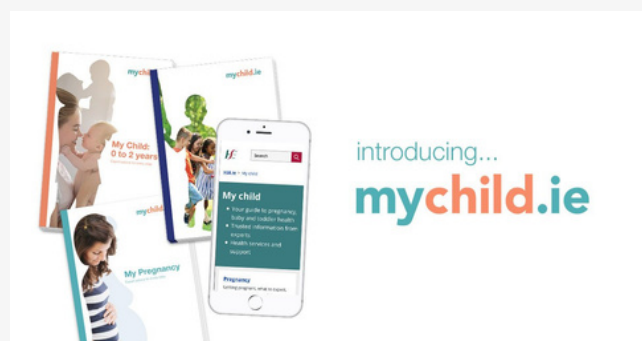
The impact of COVID-19 on service delivery

Many contributors spoke about the **added stress and social isolation of expectant mothers linked to COVID-19 measures**, particularly around whether partners were permitted to accompany pre-natal visits, scans and during labour. We heard about a number of very positive initiatives to support pregnant women when face-to-face meetings with professionals are curtailed, such as the **Portuguese mobile phone app 'Mind the Mom'** (now in testing phase), which will include accessible information and tools that can be easily integrated into daily routines to promote perinatal mental health during COVID-19 and other situations of risk.

We also heard about the **5-week online post-natal support** offered as part of Better Finglas with support of **AWARE** the national support organization in Ireland for people affected by depression and bipolar disorder.

Other online support, websites and campaigns intended to provide information and answer questions mothers and fathers might have about their role as parents and their children's development, which were highlighted during the event were:

- [My Child](#)
- [Lads to Dads](#)
- [Love Parenting](#)



One of the strengths of the Dutch maternity system is the strong postnatal support to families. **In the Netherlands every woman has the right to receive between one week and 10 days support from a maternity nurse during labour and afterwards at home** helps out with housework, meal preparation, care of other children in the house as well as supporting mothers to establish breastfeeding. This support is in addition to the medical care provided by the midwife and in case of complications, an obstetrician. The rates of home birth in the Netherlands are higher than most countries in Europe, though have dropped from high of 30% in the 1980s to about 13% currently. This is partly due to perceived failures in communication and mistrust between midwives and obstetricians in handover in situations where complications arose during a labour, an issue which is receiving [more attention](#). This has contributed to the relatively higher rates of infant mortality in the Netherlands, compared to Ireland, Norway and Portugal referred to in the introduction.



Given our focus on prevention and early intervention in PINN, it was not surprising that we took time to explore how the needs, interests, and rights of particularly groups of parents and children were being looked after. From the Netherlands, we heard from Gerda de Groot about a new programme, called [Pregnant, not now! Let's talk](#).



It is intended for all health and social work staff, so that they can make time and space to **talk honestly and sympathetically with vulnerable women and men, regarding their wish or not to become pregnant, about sexuality and contraception**. These may be women and men who are affected by drug or alcohol addiction, or who are homeless or have a learning disability and who may have had experience of their baby being taken into care in the past. Amongst the support provided is financial support and information about contraception. The goal is that these girls and women and men, who can be any age in the fertile period of life are **enabled to make a conscious choice about when they want to have a child**.





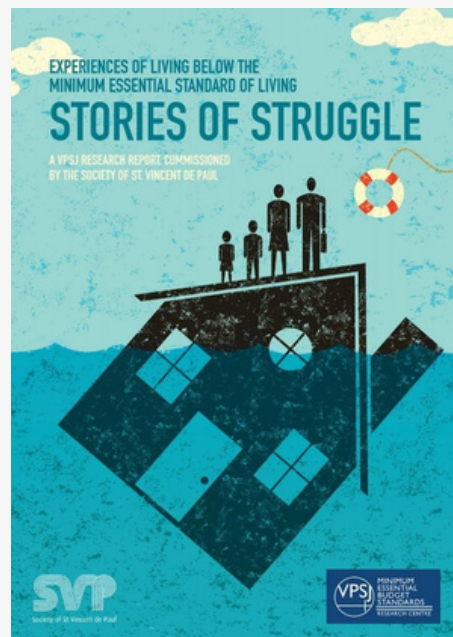
From Ireland, Damien Peelo introduced us to the history and work of [TREOIR](#), the National Federation of Services for Unmarried Parents. Damien told us that although the structure of families has changed dramatically in Ireland in recent decades, for example 37% of children are now born outside marriage and there are many family forms, **in the Irish Constitution 'family' is understood as only within marriage**. While there is less stigma attached to single parent households and indeed the children themselves, there **remains constitutional differences in the rights of children born in and outside of marriage**. He highlighted that children growing up with lone parents are at higher than average risk for poverty.

TREOIR provides a crucial information on topics ranging from legal issues (e.g. guardianship); social welfare (access to housing and education; child benefit) as well as parenting issues.

Marcella Stakem, representing the [Society of St Vincent de Paul](#), Ireland's largest charitable organisations working for social justice, whose approach is based on home visits, also highlighted that **lone parent families were the largest group of families in Ireland needing assistance**. She also identified Traveller families, homeless families and families living in so called 'Direct Provision' (system of accommodation for asylum seekers in the Republic of Ireland), as the most marginalized families with young children.




See [Research Report, Stories of Struggle](#), the compelling story of 30 families trying to make ends meet when there is not enough income in a household.



Another critical support we heard about was the **informal, and 'under the radar' but life saving work** that workers like Sandra Mc Donagh do **to support families dealing with domestic violence**. Sandra, who works for TUSLA, Ireland's national agency for child protection and welfare, highlighted very worrying evidence of increase incidences of domestic violence and child abuse as a result of the COVID-19 restrictions, which is a world-wide phenomenon. On a positive note, Sandra also referred to positive experience of cooperating with police who are becoming more skilled in responding in appropriate ways not putting victims at even greater risk. For example, during COVID-19, An Garda Síochána (Irish police force) have clarified that **restrictions do not apply in case of a domestic violence situation**.

The way children and families' services have responded and adapted during the COVID pandemic featured on the two other documentary films presented at the event.

 The first featured **Lifestart** home visiting parenting support programme, which has a strong presence in the largely rural counties of Donegal, Sligo and Leitrim, as well as in Northern Ireland. One of the **hallmarks of the approach is its progressive universalism which ensures that the home-based parenting support offered by Lifestart is available to all families** (Level 1) and, depending on the level and nature of need the intensity and duration of the programme is tailored appropriately. The highest level, Level 4, is for families in acute need and/or in need of protection.

Another interesting aspect of the Lifestart programme is its multigenerational approach, involving grandparents as well as parents. All first-time parents hear about Lifestart via public health nurse (community infant-child nurse). **Lifestart staff and volunteers also reach out to parents and grandparents in community spaces** where they are likely to congregate such as shopping areas, a strategy we also heard about in Better Finglas programme.



During the period of COVID-19, Lifestart arranged for the delivery of an impressive **572 food packs and 1754 sensory play packs to families in Donegal**, one of the most disadvantaged counties in the country. Mary Walker Callaghan and Mary Holmes from Lifestart also spoke about the attention given to training staff and volunteers to respect diversity and challenge discrimination, in response to the dramatic increase in diversity of the population in these counties.

For more information about Lifestart Programmes view the **12 minute specially-made documentary film** here.



If the participants were fearful that they would miss out by not being able to visit ECEC centres in person during this Learning Exchange Visit, then the very engaging **video tour** of Edenmore Early Childhood Centre given by Sandra Cully, its Manager, dispelled all fears.



Guided by her sensitivity to atmosphere, and the **importance of indoor and outdoor space for children's sense of security and belonging**, we were shown all the significant spaces and pedagogical features of the building (children experience an emergent and enquiry based curriculum in the Centre). Sandra outlined how her centre has responded to COVID-19 risks. The **key aspect of change has been that children remain in 'pods' throughout their day, both indoor and outdoor**. Sandra also pointed out that space and time in the Centre to eat well and chat together daily was important for children, but also for social support for parents. And while this communal space is currently not in use it will re-open to all, including parents and caregivers as soon as it is safe to do so. Dinah the cook is clearly a very valued staff member.

Of particular interest, given the importance of keeping ECEC and schools open and safe as much as possible during COVID, were all the child-friendly adaptations the staff had made during the summer months. A key learning point for all of us from Edenmore Early Childhood Centre was that once back in the company of their peers and teachers, the children really did not want to be talking about COVID. **They had more important concerns: i.e. play with their friends.**

A common theme running through all sessions during all three days of the programme was the importance of good relationships in prevention and early intervention, and the **ingredients that contribute to building good relationships: such as respectful listening, mutual trust, doing activities together, a well-timed chat or telephone call.**



Views of Edenmore Early Education Centre shared during the event

We also heard about how many of these relationships have suffered during COVID pandemic due to absence of skin-to-skin or face to face contact. COVID has also revealed many strengths of child and family services in our countries too as the examples in this report show.

Finally, the **importance of open and trusting relationships and coordination to be able to deliver continuity of care and education to children and families** was something that came up in almost every session. This approach, **achieved by putting aside ego for the sake of the greater good, is necessary at every level**, in home visits, in community-based groups, health and ECEC services local management, regional and national Government departments.



The county-level [Children and Young Peoples' Services Committee structure or CYPSCs](#) is one promising example of local cross-sectoral collaboration. We heard from two CYPSC coordinators about their work. Membership consists of the main statutory, community and voluntary providers of services to children and young people. One possible limitation and one gap still to be addressed, is the fact that the CPYSC structure does not have a dedicated, ringfenced funding structure and there is **still work to be done to link child health and development advice provided in the health services with ECEC, family resource centres and other sources of family support.**

Special thanks to the chairs of the three-day event: Francis Chance and Marian Quinn, for their warmth and expertise, to Rebecca Birney and Neil Haran for the smooth technology support and to Lyndsey Anderson for her superb coordination throughout.

Additional video material including: a highlights reel of the three days with music and captions overlay; edited videos of the presentations from the conference on the third day and a podcast/ audio file of the panel discussion at the conference will soon be available.

This event was made possible with support of the Erasmus+ programme of the European Union.



[Click here to read the other PINN reports on ICDI's website.](#)

PINN partner organisations

Ireland, Prevention and Early Intervention Network (*Project Coordinator*)

Portugal, University of Coimbra

Netherlands, International Child Development Initiatives – ICDI

Norway, University of Tromsø



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