



Northern Ireland
Assembly

Committee for Health, Social Services and
Public Safety

OFFICIAL REPORT (Hansard)

Review of Health Inequalities:
Youngballymun Project

7 November 2012

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Ms Sue Ramsey (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Mr Roy Beggs
Mr Mickey Brady
Mr Samuel Gardiner
Mr Kieran McCarthy
Ms Maeve McLaughlin

Witnesses:

Ms Eleanor McClorey Youngballymun

The Chairperson: I will hand straight over to Eleanor for her introduction and presentation, after which we will move to questions and comments. Thanks very much for travelling up and doing this for us.

Ms Eleanor McClorey (Youngballymun): Thank you very much, Madam Chairperson, and thanks a million for the invitation. Youngballymun expresses its appreciation to the Committee. On a personal note, as a Northern Irish person, I am absolutely delighted to be back, and it is really nice to share with the Committee the experience that we have developed in Youngballymun over the past few years.

I am the chief executive of Youngballymun, and my work background is in children's services. When I finished my studies in the field of education, I worked for a couple of years with young people in Belfast who had been expelled from school. I returned to live in Dublin and spent a number of years working with young homeless people, which involved street work and hostel-based work. I spent a decade working with Barnardos in the Republic of Ireland, developing community-based children's services in west Tallaght, which was a very marginalised and isolated part of the city at the time. More recently, for the past five years, I have been part of the team working on the prevention and early intervention strategy.

With all the decades of work and knowledge that I have built up and the commitment that I have to change and equality, particularly social equality for children and families, the past five years have been groundbreaking. The work has completely transformed my understanding of how to deliver much more effective service strategies for children — strategies that will lead to much more equal health and educational outcomes for children and families, even in societies like ours, North and South, where there are huge gaps in income and deeply embedded structural inequality.

I look forward to sharing some of that experience with you and hearing your questions and thoughts on it. If I am not going quickly enough, just tell me to keep it moving, because the main thing is that you get a chance to ask some questions.

The community strategy population of approximately 20,000 is a very young one, and it is an area that has a huge experience of urban disadvantage and consolidated structural poverty, which is about social welfare dependency, early school leaving and other similar factors that can really take hold of a community and be replicated because of the way things are.

The Chairperson: Sorry, Eleanor, this session is being broadcast live, so we cannot turn the lights off for your PowerPoint presentation because of the cameras.

Ms McClorey: The strategy is about prevention and early intervention. Prior to Youngballymun, my understanding of services was based on responding to difficulty and crisis: a problem is identified, then you figure out a response. The problem can be relatively minor or incredibly complex. It can be, for example, non-attendance at school, early school leaving, high-risk dabbling in alcohol or illegal drugs, or homelessness. So you have a crisis or a difficulty, you respond to that and you figure out what to do about it.

Prevention and early intervention takes a dramatically different approach to what were traditionally considered social difficulties or social issues. You look at resources, you look at community need, you look at community strengths and you look at community resources. You look at the potential and the incredible resources with which we come into life as infants and toddlers, and you look at the extraordinary potential in parents to drive change for their children, and you start to tap into all of that in a very planned and strategic way. Instead of waiting for developmental delays and difficulties to emerge, you begin proactively to support child development across the life cycle. You engage with parents and other service providers, such as public health nurses, speech and language therapists, primary care teams, home and family support services, teachers, education support services, etc, to deliver a co-ordinated change strategy in a designated area of disadvantage. So prevention and early intervention across the life cycle is a very structured, carefully thought out, well-developed strategy. It is not a series of ad hoc services funded by one arm of government and a few non-governmental organisations doing whatever they do in the same area without co-ordination and without a strategic plan.

Youngballymun is not a stand-alone entity. We do not deliver any services directly ourselves. I hope that some of you will visit us in Ballymun some day and meet the local teachers and those working in health services and the early years centres, etc. That is where all the work to change things for children is happening. Those agencies, practitioners, parents and families are driving the change process. Alongside them is multidisciplinary, cross-sectoral, cross-community, integrated and strategic delivery.

We are at a stage now where there has been quite a high level of interest in this work, even though we are a small area-based, local strategy. Obviously, it is a wonderful opportunity to meet you here today and to address you, but there is also interest from other communities around the Republic of Ireland, and, indeed, some interest from Northern Ireland.

What is different about Youngballymun as a prevention and early intervention strategy across the life cycle is that it starts with pregnancy, infancy and toddlerhood. We have an infant mental-health strategy for nought- to three-year olds and their parents. Infancy is the time of the most incredible potential for any of us who are interested in health, social services, education or public safety. Very often, many of the antisocial behaviours that threaten our public spaces — indeed, maybe even threaten us as we go about our day-to-day affairs in public spaces — have their roots in early infancy and toddlerhood. It is about building parents' capacity really to attach with their children, to sensitively attune to their infants' emerging development and needs and to parent responsively. Of course, we all strive to be responsible parents, but, in Ballymun, we change the emphasis to being responsive parents, especially during infancy and toddlerhood.

Being responsive encourages infant brain development, social and emotional development and inner security, all of which create a secure platform for all later development, including up to the various ages and stages that we around this table have reached. It is also the age and stage at which there is the least public service attention to the needs of children. The incredibly simplistic perspective that we tend to have about nought-to threes is that they feed, sleep, cry or crawl. What is there to it? Just make sure that parents mind their children and take them for their inoculations, etc. In Youngballymun, the exploration of prevention, early intervention, evidence-informed strategies and the importance of infancy has absolutely transformed the agency and community's understanding of the role of our nought-to-threes in the development of our community. We want children in Ballymun to thrive in school, to achieve, to complete their education, to move into a job or further education of their

choice, to enjoy their lives as adults and to be productive citizens. The foundations of that are not laid at the age of 12, nine, seven or five; they are laid in infancy and toddlerhood. That is where we, as public service providers, really need to focus our attention.

I will say less about the other three elements, simply because there tends to be more public sector acceptance of the importance of quality early years practice. Decades before I did, others made the case for quality early years provision. The case has been very well made, and, thankfully, we are now in an era, North and South, in which we are starting really to invest in early education, the three- to five-year-olds.

Let us think about the strategy for pro-social behaviour and language and literacy for primary-school-age children. Currently, for any child, particularly those in socio-economically disadvantaged communities, many of the difficulties and challenges that they and their parents face start to emerge in the very early schooldays. The primary 1 schoolteacher or junior infants teacher starts to notice that x or y little child is not settling into the learning environment in the way in which they need to in order to thrive. Their behaviour is more difficult to manage than it needs to be. Perhaps their parents are reticent about getting involved or opening up to teachers or other professionals in their child's life.

In Ballymun, across the 11 primary schools that we work with, we recognise that the pro-social behaviour strategies for children, teachers and parents must be integrated. There are other programmes, but the one that we found really works at a whole community level is Incredible Years, which is an evidence-based manualised programme. Training is provided for teachers, and a curriculum is taught to the children. Dina is in the classroom and there are puppets, so it is a very colourful, child-centred and play-oriented programme. It is a very engaging curriculum for young primary-school children. There is also an Incredible Years parenting programme, and I will say a little bit at the end of my presentation about the measurable outcomes from the evaluation of these programmes.

The children enjoy the curriculum enormously and gain measurably in their pro-social behaviour by following it. Teachers recount that the whole-school approach of pro-social behaviour means that everybody's behaviour, attitudes, language and how they talk to each other and to the children change through the culture of this programme. The teachers report that they are satisfied with it. Of course, the parenting programme has very positive impacts for parents by reducing their stress and depression levels and increasing their confidence.

The combination of those three elements means that you have a health-focused parental/child strategy for years nought to three across the whole community. In a way, it is an enriched baby development clinic. Elements of the clinic focus on the infant's social and emotional development and the parents' well-being. Particular attention is paid to nurturing the parent/infant bond. When those children move into their early years settings, they have a much stronger foundation for social interaction with their peers and for learning. That is reinforced in an early years setting with an evidence-based curriculum, such as HighScope, which is the curriculum that we promote and that meets national quality assurance framework standards. In the Republic of Ireland, those standards are called Síolta — obviously, Northern Ireland has quality standards for early years settings as well. The result is quality early years provision and children aged five and six moving into the primary-school system who are ready and able to learn and who are able to engage, and you have parents who understand their child's development trajectory.

Moving through primary school, the curriculum gets layered down. We recommend a very focused teaching of literacy. My only other visit to Stormont was with Tim Shanahan. The Committee hosted a visit by Barnardo's Northern Ireland and Dr Tim Shanahan, the subject of which was the teaching of literacy, particularly to children in socio-economically disadvantaged communities. He recommends the structured curriculum for the teaching of literacy. We follow the balanced literacy framework. The teachers in Ballymun teach across that curriculum and have whole-school literacy plans built around that framework. It does not require special training for teachers; it requires a focus on each element of the curriculum. It also requires teachers to ensure that they teach across that curriculum, particularly oral language and fluency, which can be an area of children's language development that is impaired, particularly among those in or at risk of poverty.

Finally, we come to the age and stage of the strategy that attracts most attention — teenagers. We are always incredibly anxious about our teenagers. It is a very challenging phase of development. However, we have all gone through it and come out the other side. We then look at our children, our nieces and nephews or our neighbours' kids going through their teenage years, with all the strains and challenges that large-scale change brings. However, if children move into adolescence with a firm

foundation laid down in infancy, toddlerhood and childhood, their journey through it will be easier for them and for those who love them, and it will be much more productive and constructive. Of course, we know now, North and South, that children who had challenging childhoods are much more likely to have difficult and, indeed, traumatic adolescence, with all the severe mental-health issues, etc, that can come to the fore in that age group.

Therefore, prevention and early intervention is all about layering down the elements required for a healthy, productive, human life: human personal and social relationships; economic productivity; and being a constructive citizen. It is about all of the attributes, pro-social behaviours and intellectual development that are required for that. So taking a very planned and carefully thought through strategic, mapped-out approach to that is the model of work to which Youngballymun is committed.

I will just recap: the essential elements are infant mental health, quality early years education with proactive parental engagement and a strongly embedded pro-social behaviour, language and literacy strategy at home, at school and in community service settings. I am very happy to discuss with you how all that gets done. Certainly, it requires thinking through but it is not overly complicated or difficult. It is also important to integrate adolescent mental-health practices into youth service strategies and into the transition to secondary school.

We also work collaboratively with other organisations — I know that my colleague Conor Owens was here this morning — with the wider prevention and early intervention partners and with government and research institutes to promote and sustain prevention and early intervention. Currently, ours is a 10-year change strategy, but we want that to become embedded in national and international policy and practice after that time.

I can also say a little bit about our early findings, if you would like me to, or perhaps you would prefer to ask some questions about what you have heard first.

The Chairperson: That was very useful, particularly on the back of this morning's presentation. It might be better to move on to questions, as I am sure that members will ask you about measurable outcomes, and so on.

You said that you have a 10-year strategy. Who funds the project?

Ms McClorey: We are jointly funded by the Government in the Republic of Ireland, through the Department of Children and Youth Affairs, and Atlantic Philanthropies.

The Chairperson: Have they funded you for the full 10 years?

Ms McClorey: It is a 10-year change strategy with dedicated funding for the first five years. We are in transition just now and are, we hope, moving into the final four years of our work.

The Chairperson: There is a lot of good work going on in our constituencies, albeit that sometimes it is designed for small communities. However, one of the criticisms here is that groups are funded for only a year and spend half of that year trying to find other funding. Either that or a project is funded for only two years and then not re-funded, even though all the evidence shows that it worked.

I know Ballymun very well. You said that you are jointly funded, and you talked about a holistic approach. When it comes to work that happens in education, if health is taking the lead in that holistic approach, how do you get over the barrier of another Department or statutory agency being involved?

Ms McClorey: You have to take a whole-community approach to change for children and families and try imaginatively to put the child in the centre of the picture. Regardless of our political responsibilities to government or in delivering services, our focus is on how we deliver sustainable change for the child and their family at a community level.

We set up a series of cross-sectoral service design teams. We did not have health, education or youth and community sitting on its own. Those cross-sectoral teams looked at the needs, from the needs analysis, as they related to each age and stage of development, from nought-to-threes, three-to-fives, moving into primary school, and so on. We took a holistic approach to looking at the needs of the child and the family across each developmental stage. A cross-sectoral planning group sat down with a facilitator to look at the needs and at the national and international evidence of what works. It was about finding strategies and programmes that would deliver measurable results in a relatively

short period. Although we had a 10-year change strategy, we had funding for the first five years. There is not much point in saying to government and Atlantic Philanthropies at the end of the five years that we are still figuring it out because it is very complicated. It is very complicated, but you have to get your strategy moving and keep it moving, so multi-sectoral planning is critical.

The Chairperson: During your presentation, I wrote down some of our Departments that are responsible for some of the areas that you talked about. There is a project in my constituency called Integrated Services for Children and Young People. That became a battleground over who was going to fund it. All evidence has shown that it works, and all evidence has shown that it is similar to your project, which works. Ministers who visited the project promoted its being rolled out in other constituencies. The battle was over who would take the lead on it, and that is just one of the issues that the people in the community and voluntary sector have to deal with. There is our Department, the Department of Education (DE), the Department for Social Development (DSD) and the Office of the First Minister and deputy First Minister (OFMDFM); and there is European money, charity money, council money and Department of Justice money.

Ms McClorey: Those are political systems that you have collectively set up.

The Chairperson: Departments still work in silos. Rather than seeking an outcome that benefits us all, they say that they will do only what they are supposed to do and will not go beyond that.

Ms McClorey: This Committee is well positioned to influence that. To move beyond that impasse in the Republic of Ireland, the Department of Children and Youth Affairs was established. Although that does not take away from the responsibilities of the Health Department or Education Department, it sends a very strong signal. The Minister is Frances Fitzgerald, and it is a very young Department, having been up and running for just over a year. That sends a very strong signal that, right now in the Republic of Ireland, there is a focus on an integrated response to the needs of children and that the entire Government are accountable for delivering the kind of co-operation that children deserve, require and, as I am sure that we all agree, are entitled to from adults like us. You are right: it is about getting our houses in order.

The Chairperson: There are new developments in Ballymun, with the high-rises coming down, and so on. I was down in Ballymun about two or three months ago, and the changes can be seen almost from day to day. Have the new development and regeneration had a positive impact on what you are trying to do? Is it helpful that you are there trying to take a holistic approach to the child and sending the message to other agencies that they have to come in and build communities rather than just building houses?

Ms McClorey: I have heard many people make comments similar to your final one on building communities. It is not that people did not want the old physical environment to be transformed — in fact, the community fought long and hard to get that regeneration process up and running — but it is not enough just to change the housing layout or the type of housing that people live in. You have to tackle the psycho-social development of the child, family and community. Obviously, another strand in all of that is economic renewal. Although that is not the remit of Youngballymun, employment, et cetera, is a very important aspect. Many people have said to me that the social regeneration is as important as the physical regeneration.

The Chairperson: You talked about the schools in and around the Ballymun area. I think that you said that there were 15.

Ms McClorey: There are 11.

The Chairperson: Is that 11 schools in total?

Ms McClorey: Those are all the primary schools in the area.

Mr McCarthy: Thanks very much for your presentation. You mentioned a youth mental-health strategy. Will you give us a bit more information about that, particularly any evidence-based results that you may have? Is there anything there that could be recommended to us?

Ms McClorey: At this point, I do not have any evidence-based results from that strategy to report. However, the strategy is about reconfiguring mental-health services to make them more accessible

and more youth friendly. Working across the community, particularly with a local partner — in our case it is our regional youth service, Ballymun Regional Youth Resource — it relocates some mental-health provision to a youth centre located in a community context. That provision might include what were traditionally been seen as specialist addiction and other services, such as mental health, bereavement and counselling services. Now, in Ballymun, there are rooms in the youth centre in which young people can avail of particular psychological and mental health services without having to go to the city centre or into a designated health facility, which they might feel is not as relaxed or youth-friendly an environment as it could be. That is one aspect of it.

The second key aspect is upskilling and building awareness and competence in the adults who work with young people in the community, so that their understanding of mental health issues is much more developed and they have a much better knowledge and skills base in mental health issues from which to relate to young people.

One youth worker described to me how our physical health goes up and down. If children twist their ankles, fall over, or whatever, you can have a conversation with them about how their health is, physically. Increased competence in mental health means that you can be more relaxed, more available, and more confident in your conversations with young people about their feelings and emotions, particularly if those feelings and emotions are going up and down or if they are scared or worried about how they are feeling.

The other aspect of upskilling is that the youth sector has a much greater understanding about how the mental health sector operates, who is who is in it, and about how to engage with mental health practitioners and create a more seamless culture for young people.

Finally, we are working on a young parents strategy. It is for very young parents, so that they will be linked into our infant mental health strategy. As well as getting assistance as young people, they will get very specific assistance as young parents. That is a flavour of the youth mental health strategy.

Mr McCarthy: Do you find that it is advantageous to have it combined in the Ballymun area, rather than going outside?

Ms McClorey: Absolutely. We have a wonderful health centre, but it is quite a daunting building. It is a three-storey building, with large premises, and there can be problems with finding your way around it, for instance. The local youth centre is much more young person-friendly.

Mr McCarthy: What about results in relation to working partnerships with other organisations? Has that proved to be useful and beneficial to the young people in Ballymun?

Ms McClorey: Yes. We start with infancy, which is where we always bring the attention. Although the need does not express itself dramatically when children are very young, that is when the gaps, the problems and the issues are being set up. We bring together our practitioners in home and family support services, public health nursing, speech and language and primary care and psychology, and think through how to maximise impact with infants, toddlers and their parents.

We have looked internationally, and we have our enriched child development clinic. It is called the parent/child psychological support programme, and it is run by our public health nurse team. A lot of collaboration and cross-sectoral training is required.

We find that when you identify the needs of the child, and if you do an audit, even a small amount of research, into attachment levels, oral language in early childhood, delays or difficulties, or if you start to look at any kind of study on parental stress or depression, you start to get a factual picture of how children and parents are in a particular community.

Obviously, Youngballymun is particularly preoccupied with children in, or at risk of, poverty or area-based disadvantage. An awful lot of what we are talking about would be incredible as a whole-community, public health or education strategy. However, collaboration requires people to work together, and funders should incentivise and reward collaboration, so that money follows effective working, as opposed to money just following anything. It can currently be a case of: "Whatever you are willing to do. It does not really matter. We would like you to collaborate, but sure if you will not, what can we do?"

One thing that Youngballymun has really shown me is the need to take a much more proactive approach to what is needed for children and putting their entitlements at the top of the page. The rest of us should line up around that, because that is our job. We are here to collaborate around that.

Mr McCarthy: OK. Thank you very much.

Mr Beggs: Thank you for your presentation. You indicated that you are about five years into the project, or are coming up to that stage, and that you are bidding for your next five years.

What firm outcomes can you definitively demonstrate? What are the successes and failures of the project that we can learn from and use on a wider basis?

Ms McClorey: I will refer to some of the findings and data, just to get the facts accurate for you. That is important.

We have several studies at the moment. We have a first evaluation study completed on our Write Minded literacy strategy. We have the first study completed on the Incredible Years programme. So, just to put it in context, we are looking at whole-community strategies. We are not targeting specific people or anything like that. We are trying to get a whole community uptake of this strategy.

So, in the primary schools, in junior and senior infants, teachers now administer a strengths-and-difficulties questionnaire (SDQ), which is a clinically reliable research tool, to look at things such as hyperactivity, peer problems and pro-social behaviour. The early findings are very encouraging. We are seeing statistically significant reductions in children's mean scores on hyperactivity and peer-problem subscales of the SDQ. We are also seeing statistically significant increases in mean scores on the pro-social behaviour subscale and significant reductions in the total difficulty subscale. So, the picture emerging from the Incredible Years programme is that children's pro-social behaviour skills and competence is growing. They are being enhanced measurably and significantly by this two-year curriculum in the classroom, and behaviour overall, the pro-social skills, are being supported.

The outcomes of parents who complete the parenting programme are monitored through the Beck Depression Inventory and the Parent Stress Index. These demonstrate statistically significant reductions in maternal depression and parental stress in the period under review for the Incredible Years study.

We have set up data collection systems that will allow us to continue to gather data and monitor it and we will be producing update reports. At least every year, we will be able to produce another analysis of the previous year's cohort of children, or the parents who have come through the parenting programme. We will be able to provide an update on whether we are maintaining the effectiveness that we have secured at the beginning and say whether it is improving or decreasing. Monitoring efficacy is really important in delivering change for children. You really need to know what kind of changes you are achieving.

In relation to literacy, there are early indications that pupil-reading outcomes across the 11 primary schools are really improving. This is evidenced by the fact that the 2010-11 cohort of first class pupils — roughly equivalent to primary 3 here — has significantly higher literacy scores than previous measures, taken of pupils in the same class, in the school years 2008-09 and in 2005-06. The 2010-11 cohort achieved significantly higher scores than the 2008-09 cohort. The kids who came along a few years later got the full benefit of the balanced literacy framework, the different literacy curriculum and the pro-social behaviour curriculum in the classroom. This has created the conditions that have allowed their literacy levels to improve measurably. We continue to collect literacy data. We will track the children and others year on year, and we will provide updates on them. The early indications are very significant.

Mr Beggs: I should have put this on record: I declare an interest as a member of Horizon Sure Start, which works in a similar area. You said that the population of Ballymun is about 20,000. What is the cost of the programme?

Ms McClorey: We were given a budget of €15 million for the first five years. In fact, that budget has —

The Chairperson: How much?

Ms McClorey: It was a budget of €15 million over five years.

Mr Wells: That is £12 million. It is a huge amount.

Ms McClorey: It is, but I will just —

The Chairperson: But there is a population of 20,000 people.

Ms McClorey: Yes. I will give you a comparison, Jim.

The Chairperson: I thought that you said €50 million.

Ms McClorey: We did a non-scientific but fairly reasonable analysis of present government spend in the Ballymun community in the schools, the health services, the primary care team, the public health nurse team and the youth and community sector. We did not go into justice at all or anything to do with any kind of criminality or antisocial behaviour; it was just the regular year-on-year health, education and youth and community sector investment. Conservatively, it runs at a minimum of about €37 million a year. Take any community in Belfast or other large city and do a grid over a population of 20,000. Add up what you spend on babies' early health, on the health service and the staff there, on the building and the upkeep, on the early years centres, on primary schools and secondary schools, and on the youth and community sector. With the investment in Northern Ireland, you probably spend far more. At the minute, we conservatively estimate that government spends €37 million every year, and the outcomes for those children are not good on average statistically. That is not to say that there are not incredible children and families in Ballymun who move through life wonderfully, but we are looking at averages and those kinds of things.

The strategy is about transforming the way in which the mainstream service does its work. It is not a stand-alone strategy; it is not a special project where we do something here while you fund everybody else there. It is about driving change for children in disadvantaged communities. We must change the way in which primary care, health services, speech and language therapy, parenting supports, literacy, teaching, the quality in the curriculum and early years centres are delivered. The investment of €15 million over what has effectively been six and a half years is actually a minute proportion of that. This is about upskilling, training and building the capacity of practitioners so that, when our change strategy is over, they will drive that change without an agent such as Youngballymun. That is the cycle of change we are on. Youngballymun is a temporary change agent.

We and government are very fortunate. The partnership with the Atlantic Philanthropies means that government is being asked to invest only 50% of the total, and yet investment is being made in teachers, public health nurses, speech and language therapists, and the youth and community sector to transform practice, collaboration and ways of working together. So, it is a very strategic and intelligent investment in change. It is extraordinarily cost-effective.

The Chairperson: When you break it down over five years, it is, you know —

Mr Beggs: A lot of it will have been for set-up costs in bringing about the change. What do you think the long-term running costs will be? Is this a one-off investment over a five- or 10-year period? Ultimately, will the normal service kick in after that?

Ms McClorey: That is the model. It is designed to be mainstreamed through regular service providers. I said that you would not come to Ballymun and see us working in a little centre somewhere. This is a whole-community change strategy. Of course, to drive that kind of change across the public sector and the youth and community sector and, as Mr McCarthy said earlier, to get that level of collaboration, you have to be able to invest in training and development and drive that change strategy forward. It is about looking at what you are spending now, what you are getting for it and how you can get different kinds of outcomes from the investment you are making.

Mr Gardiner: Thank you very much for your presentation. It was very interesting. Would you like to elaborate a bit more on parental well-being?

Ms McClorey: When we think about our own physical and mental health, we know that we all have ups and downs and that some days are better than others. Well-being is quite fluid. However, if you think about poverty and the risk of poverty, the particular environmental risks to health and mental

health that go with poverty — particularly where it is concentrated in areas in which there are high levels of unemployment and social welfare dependency and, perhaps, a poor environmental context, with lots of pressures from traffic and noise and antisocial behaviour and other things, — mean that there can be extraordinary collective stresses on parental mental health. If you have young children who have particular needs that you are not able to meet very well and do not know why, parenting becomes a very onerous and depressing task and one that engenders quite a lot of anger and resentment. When you get into that field, parenting becomes very difficult.

As a society, one of the things that we do very poorly is to recognise that parenting is highly skilled and highly energy-intensive. It requires 17, 18, 19 or 20 years of focused commitment, and it is required however the parent feels, whether their job is going well or not, whether they have a job or not, and regardless of health, ill-health or family bereavements. Whatever is going on, the parenting process continues. As a society, we draw a veil over that. We make sure that people do all types of tests to drive a car and have tests for health and safety and road safety, but, when it comes to parenting our children, we still try to tell ourselves that it is something biological and that, when you have a child, a switch goes on inside you and you know how to be a parent. All of us who are parents know that this is not the case. It is trial and error, you struggle, and children have different temperaments and needs.

Youngballymun has taken a very constructive approach to partnership with parents. We tell them that parenting is a really tough job that we are all trying to do so well, and that there are resources and things that they can know that will make parenting much more enjoyable, relaxing and supportive. We ask them to get involved with us in that kind of parenting.

As some of you have mentioned, Ballymun is an area in which people have had a lot of challenges and where health services have not been as supportive as they might have been. However, seven out of 10 newborns are brought by their parents to our very intensive baby development clinic, where a lot of the focus is on parental/child engagement and interaction from birth. We then take that on in the early years centres, where there is much more parental engagement and where a parenting programme kicks in when the children start primary school. It is really about enforcing the message that parenting is a skill that you learn. The skills change as children move through the life cycle and we all need to develop those skills and competences.

One of the biggest breakthroughs that we, as a society, could make would be to take parenting seriously. It is not about patronising people and saying that if parents have difficulties they need to do a parenting programme. Not at all. It is about parenting, so that you know what you are doing and enjoy what you are doing. It is also about meeting other parents, interacting, and seeing your children thrive. That has been one of the most dynamic aspects of the work of Youngballymun.

Mr Gardiner: I see a gap there with parenting, and I think you would agree with me. Parents have got to be encouraged and helped more. You are doing an excellent job; I am not knocking you for that. However, I think that more concentration should be put on parenting.

Ms McClorey: The first home visit is made by a public health nurse when babies are six weeks' old. At three months, babies come to the clinic, and the parent/child activity, the process and the support start at that stage.

Another aspect of our work is that the local drugs task force has just decided to resource a parent support worker. This means that if any parents are particularly challenged with alcohol and drugs issues, they will have a dedicated person to help them to link in with the Ready Steady Grow service. We make sure that the service reaches every parent.

Mr Gardiner: That is good. I am glad to hear that, but I think that there is more work to be done.

Ms McClorey: I agree with you.

Mr Brady: Thanks very much. It was a very interesting presentation. Ballymun is an interesting place. I first went there in the 1960s when it was just built and it was portrayed as a very innovative housing development. However, within a couple of years, it, literally, went down the pan.

The Committee for Social Development went to Fatima Mansions and Ballymun about four years ago and —

Ms McClorey: I know Fatima Mansions very well.

Mr Brady: We went to see how social housing had been transformed in those areas through mixed tenure housing, etc.

It is good to see an organisation such as yours working in Ballymun. A civil servant from Dublin City Council showed the Committee around during our visit, and I had an altercation with him. He talked about the lower classes and almost implied that the houses built in Ballymun were too good for the people who lived there. It is a good to see an organisation such as yours doing such good work. It is an area of high deprivation and one that has very high social welfare dependency. Obviously, the austerity cuts and the single working age payment, which is much the same as what we will have here with welfare reform, will make your job much more difficult. They are the people who are going to suffer. Do you have any opportunity to consult with the Department on social welfare issues? You are dealing with a Department that deals with children and young people particularly.

The other thing that I found interesting — and Kieran and others mentioned it — was your work on infant mental health. We hear a lot about adolescent mental health, but you never really hear about infant mental health. It seems to be a very important issue. It is the early developmental stages that can have such an impact on a child's life and on that of their parents. To use that old phrase, the two are inextricably linked. What you are doing about that is interesting.

Some of what I have said is an observation, but I am interested in infant mental health in particular, and in the whole concept of changes in social welfare and how they might impact your work. Do you have any opportunity to consult with the Department of Social Protection through the Department of Children and Youth Affairs? Is there a link? Sue mentioned that a lot of Departments work in isolation and in silos. You talked about multidisciplinary teams and, from what you have said, that all gels and works very well when they come together.

Ms McClorey: It is not so much that we would work collaboratively with the Department of Social Protection, but we certainly have an opportunity to make our views known to them, and we do. In the context of the programme for government and the Republic of Ireland's commitment to area-based strategies to tackle child poverty, we make it clear that children in and at risk of poverty and their parents, by definition, must be protected from any further negative impact of whatever budgetary decisions the Government feel that they have to make regarding the fiscal situation that we are in. It is one thing to say that, but it is another thing to be able to achieve it or influence change in that way. However, there is no doubt that increasing anxiety about making ends meet is a huge burden on parents who are trying to proactively parent their children and protect them from stress and anxiety. It is also about them being available to their children and to be playful, relaxed and interactive. This is very hard to do when you are consumed with anxiety about money and rent.

Mr Brady: We have been talking about displaced costs with respect to the so-called welfare reform. We take money off people, make their lives harder and increase their stress and anxiety levels, and that cost then has to be borne by the health service. It is probably similar to what is happening in the South.

Ms McClorey: In that particular provision in the programme for government, the area-based strategy is to tackle child poverty. Obviously, we have to find something in the Government's commitments that we can speak in order to influence their thinking, but it is important that social services agencies such as ours make things very clear. We are a member of the Children's Rights Alliance and have a very close alignment with Barnardo's in the Republic of Ireland, which has a very highly developed policy unit. There is a lot of analysis of the impact on children. We use that work and quote and reference it or support other like-networks of which we are a part. However, it is a part of what we must do to ensure that positive outcomes for children are achieved.

Mr Wells: I was not surprised about the vast amount of money involved on the basis of it not being good value. It never ceases to amaze me. We are told about the dreadful economic situation that the Irish Republic is in. However, time and again, we see projects getting levels of funding that we dream of, to be honest. Twenty thousand people would be the equivalent of Downpatrick, and I cannot imagine, in any set of circumstances, where we could obtain funding for that type of project.

Ms McClorey: The socio-economic profile would not be the same as Downpatrick, Jim. That is the first thing. The second thing is that the initial commitment was made in 2007 under the previous Government before the crash and before the election. The present different Government have

continued that commitment and that partnership. A referendum on children's rights is coming up on Saturday. The Republic of Ireland is striving to look honestly at its past in relation to how it has treated children, particularly the most vulnerable children. I see this as a time when the Government strive to make amends and start to put things right that have not, historically, been addressed. In the latter stages of the previous Government, they created the partnership with Atlantic Philanthropies around prevention and early intervention, and the present Government continue in that commitment. I strongly welcome the effort that is being made by the Minister for Children and the Department of Children and Youth Affairs. It is not just about the amount of money; it is about the focus of the investment. This is not about funding services; this is about pioneering prevention and early intervention, driving changed outcomes, and making sure that if you are going to spend money on a primary school education for a child that that child leaves school able to read well, has a reading age of about 10, 11, 12 or 13 and can function in a secondary school environment. There is no point in the Northern Ireland Assembly or the Dáil spending money on services that are not delivering outcomes for children and young people. So, part of this whole change agenda is about looking at the evidence of what works. Let us try to get into the classroom and health services the practices that deliver real outcomes. That means that policymakers and funders, like yourselves at government level, who fund mainstream services, will be getting outcomes for your whole community and particularly for children in areas of greatest disadvantage.

What happens right now is that, too often, no investment is made early on and there is no investment in prevention. Then we look at 14-, 15-, 16- and 17-year-olds and spend extraordinary sums of money on activities that will not necessarily improve their quality of life.

Mr Wells: I think the case is unanswerable. Investment at this level definitely produces huge payback both economically and in the lives of children and parents. It is an unanswerable point. My difficulty, as I said to the previous witnesses, is that we spend most of our time, in our present situation here, firefighting — trying to keep hospital wards open and social workers in position. The payback time cited by your colleagues from Longford/Westmeath was a very surprising just over two years. Have you done any economic appraisal of the payback time in your project? I hate to bring it down to pounds, shillings and pence — I am showing my age, there. I hate to do it that way. Do you remember pounds, shillings and pence?

The Chairperson: Probably.

Mr Wells: No one else in the room can remember it but me and Mickey.

Mr Brady: All right, Jim. You probably still have farthings. *[Laughter.]*

Mr Wells: Given the fact that it produces significant savings, have you looked to see when you would get repayment, as it were, or a payback on the investment in Ballymun?

Ms McClorey: Yes, we have of course. Value for money and efficiency is really important to us. The problem is that we do not have a lot to compare it with. In business as usual, North or South, in all the mainstream services that you are funding, no one has done an economic appraisal, and we do not know what the value-for-money return is on them. It could be far better than anything that we are doing for all we know, but there is no appraisal done. It is unlikely.

Of course, even though we are a very young strategy, we have conducted a conservative value-for-money study, based only on a small body of outcomes. Obviously, we hope that, the longer the time lag and the more children who come through the strategy in those classrooms, the greater the return on investment will be. You have to remember that we are investing in changing a system, not continuing to spend.

At the minute, Just Economics in London, the UK-based company that conducted the value-for-money study, envisages that there will be a return for government of €4 for every €1 invested and that the strategy will have paid for itself in its first five years. Therefore, thereafter, there will be a return to the Exchequer. You make the investment, if you look at it that way, and already we are, technically speaking, paying for ourselves. The ratio is 4:1. For every €1 they spend on us, they will get a €4 return. However, that return is obviously based on the life cycle. Children do not start to cost the state more until they start moving into ill health, antisocial behaviour or, particularly, care. Any kind of institutional, social-service type care or incarceration will cost. There are particular things that drive up costs for the state.

Therefore, the big indicators are: secure attachment, pro-social behaviour and literacy. Those will be the great predictors of not costing the state a lot and making a return as a productive citizen. So, obviously, if you can get a job and pay tax, you are funding the rest of us. That is how it goes. But, yes, there is a return of a ratio of 4:1.

Mr Wells: Since you started this project, there has, as you pointed out, been a huge recession. We are in the middle of a recession, and we are about to have a huge change in our social welfare policy in terms of benefits and entitlements. That will probably have a more profound effect on vulnerable areas than even the recession. If you did not have a job to start with, whether there is a recession or not is somewhat academic. However, if you find that your basic income is being cut or removed, you really do have a problem.

Have you found it more difficult to achieve your outcomes, given that you have lived through a time of great boom and now one of great bust, as it were? If you started in 2007, the real slump had not begun.

Ms McClorey: No, it had not.

Mr Wells: Now, you are out in the pit of it. Has that made it more difficult?

Ms McClorey: Obviously, we all can have hindsight. We all should have been able to see it, but we did not. However, had I envisaged the catastrophic social consequences of what was coming down the road when starting Youngballymun in 2007, I would have thought that it would probably be impossible to even get it off the ground. Other people mentioned the level of collaboration and cutbacks and reductions. We talked, over lunch, about the reduction in public sector pay, embargoes on —

Mr Wells: That is in the Republic, by the way, not in the North, just in case anybody gets any strange ideas.

Ms McClorey: It is the plan Jim had. *[Laughter.]* Of course, I am joking.

The Chairperson: Do you want to repeat that for the record?

Mr Brady: Watch this space.

Ms McClorey: We were talking about the reductions in staff numbers in the health services and education supports to teachers; support services that had been available were taken away, etc. There is also the pressure on parents. What Youngballymun — it is a cast of thousands with all those partners — is demonstrating is that our focus now is on delivering for the children of Ballymun, and the adult community is largely united in that purpose.

Yes, things are tough for parents. They are tough for public sector workers in another way. However, the satisfaction that we are experiencing is in parents telling me about just the difference in their relationship with their child, the happiness and different atmosphere in the family home. This strategy is making a contribution to their well-being that they can experience. They are very committed to continuing to participate and to make that continue.

Similarly, for teachers and public health service nurses. It is very hard on them. They are giving 120% and more to deliver these kinds of outcomes and measurable improvements. They are giving everything to this at a very difficult time when they are, perhaps, not being recognised or rewarded. I would not have thought it was possible, to be honest, but it is possible because people are doing it; because the benefits are tangible and real. You can experience and see them whether you are a parent, nurse or teacher. There is a different kind of satisfaction in being part of a very big change project. If you are a primary-school teacher, you are playing such a central role in that. You are delivering that literacy change, so there is something very important about that.

Mr Wells: We have heard from Westmeath, Longford and yourselves. There are other areas — Limerick is an example — where there is huge deprivation. Are projects such as this studded all over the Republic, or are we dealing with just the two?

Ms McClorey: There is a whole range. In the prevention and early intervention programme that we are funded under, for example, there are two other strategies, one in Tallaght West and one in Darndale. There are other prevention and early intervention initiatives such as the one that you met with this morning. In Limerick, there is a social regeneration strategy also under way, and indeed —

The Chairperson: Sorry, there are a number of projects but we just thought that —

Mr Wells: Yes, I know that we cannot hear about them all. I am just interested to know whether it is widespread.

The Chairperson: We have somebody coming from Scotland on the 28th as well, so we are trying to look at —

Ms McClorey: May I just say that the Republic's present Programme for Government includes a commitment to developing area-based strategies to tackle child poverty. We hope that the learning from prevention, early intervention, and this kind of integrated life cycle based on incremental health and parental engagement, etc, will feed directly into that plan when it is rolled out.

The Chairperson: OK, Eleanor. Like the presentation that we had earlier, yours is useful and interesting. It allows members to get into their head where other Departments fit into the health inequalities issue. On behalf of the Committee, I thank you for your briefing paper, which will be useful for our report, and for coming here today. We hope to have our report done this side of Christmas, and that ties in with what the Department is doing. It is good to meet you and thanks for coming.

Ms McClorey: If some of you ever want to come down to Ballymun for day to see any of the work or talk directly to the other sectors — whether health, education, youth and community, or whatever — we will be delighted to host a visit.

The Chairperson: That is great; thank you.

Ms McClorey: I will leave a brochure of our work with each member of the Committee.

The Chairperson: Thank you Eleanor.