Preparing For Life

A Plan To Get Children Ready For School

northside partnership
-meeting the Challenge of Social Inclusion

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1 Preparing for Life: A Plan to Get Children Ready for School

Less than half the children in disadvantaged communities are ready to start school at age four or five, and a poor start means problems later in childhood and in adulthood.

Several government initiatives focus on better preparing children for school and life. A multi-disciplinary group working in the North Dublin communities of Belcamp, Darndale, and Moatview has developed this plan to tap existing resources to get more children ready for school. If the plan succeeds, it could be replicated elsewhere in Ireland and beyond.

The Preparing for Life plan is unique in several respects:

- Addressing the needs of children at each stage of development, from conception to the day they start school
- Working with parents as children grow up so improvements in children's well-being ease stress on families
- Conducting rigorous evaluation to discover what works before recommending its application elsewhere.

This document summarises the plan for Northside. It includes:

- The context of the effort – the three communities, the children and families who live there, services available to meet their needs, and current thinking on needs and services
- The process that the Preparing for Life group followed to determine how to better prepare children for school
- The Preparing for Life strategy and plan, including target outcomes, activities to achieve these outcomes, required investments, and next steps toward programme implementation.

2 The Context

The Three Communities

Belcamp, Darndale, and Moatview have a long and distinguished history. Belcamp Hall, for example, was built in 1763 by Sir Edward Newenham, a Colonel in the Irish Volunteers and a strong supporter of George Washington and the fight against the British.

Today these communities look rather different. Poor housing (no central heating in 16% of the houses) and high unemployment (three times the national average) exacerbate the usual problems of 1970's housing developments, particularly high drug use, crime, and, until recently, a declining population.

About 7,000 people live in these three communities. The proportion of children age 14 or younger is twice that of Ireland as a whole, and the number of infants less than a year old is also high.

Lone parenting and young parenting are common. Almost 800 sole parents live here -- three times higher than the typical Irish community. The male population has been declining, particularly in Moatview, while the female population continues to grow.

The economic picture for residents is improving, but not keeping pace with the extraordinary improvement for the typical Irish family. About 70% of families live in houses rented or being purchased from the local authority -- three and a half times the national average. Unemployment has fallen 45% in the last five years, but about one in nine adults remains out of work.

The impact of such socio-economic issues is clear. Smoking rates are twice the national average, indicating propensity to poor health. Parents express concerns about drug dealing, joy riding, and the lack of safe play areas for children and clubs for teenagers.

But the Preparing for Life initiative does not focus on disadvantage in these communities as much as on one aspect of children's well-being - preparedness for school. Only 12% of children born in Belcamp, Darndale, and Moatview reach third-level education, less than a quarter of the national average. Over two-fifths of children leave school at or before age 15, compared with less than one-fifth nationwide.

Preparing for Life is rooted in the belief that any attempt to improve outcomes for children in these communities must address poor school performance, and any attempt to address poor school performance must start with young children. So Preparing for Life focuses on the 140 or so children born in Belcamp, Darndale, and Moatview each year. How many of these children are or can be ready to learn on the day they start school?

The Children and Their Families

The Preparing for Life group commissioned research to really understand the 140 children who started school in Belcamp, Darndale, and Moatview in 2005. We reviewed their entire lives and talked with their parents about stresses, opportunities, and ways of overcoming problems. We also interviewed teachers and other people involved in getting these children started in life.

Half (48%) of the children are born into single-parent families, often led by a young mother. 40% of these mothers left school at age 12. One in three children is born into a household dependent on welfare, and nearly two-thirds (62%) of parents cannot afford things like holidays, which in modern Ireland are socially perceived necessities.

The research looked at diverse development issues, including:

- Living situation. Problems with heating, damp, fixtures, and fittings affect 65% of families.
- Routine. 55% of children do not go to bed before 8 pm.

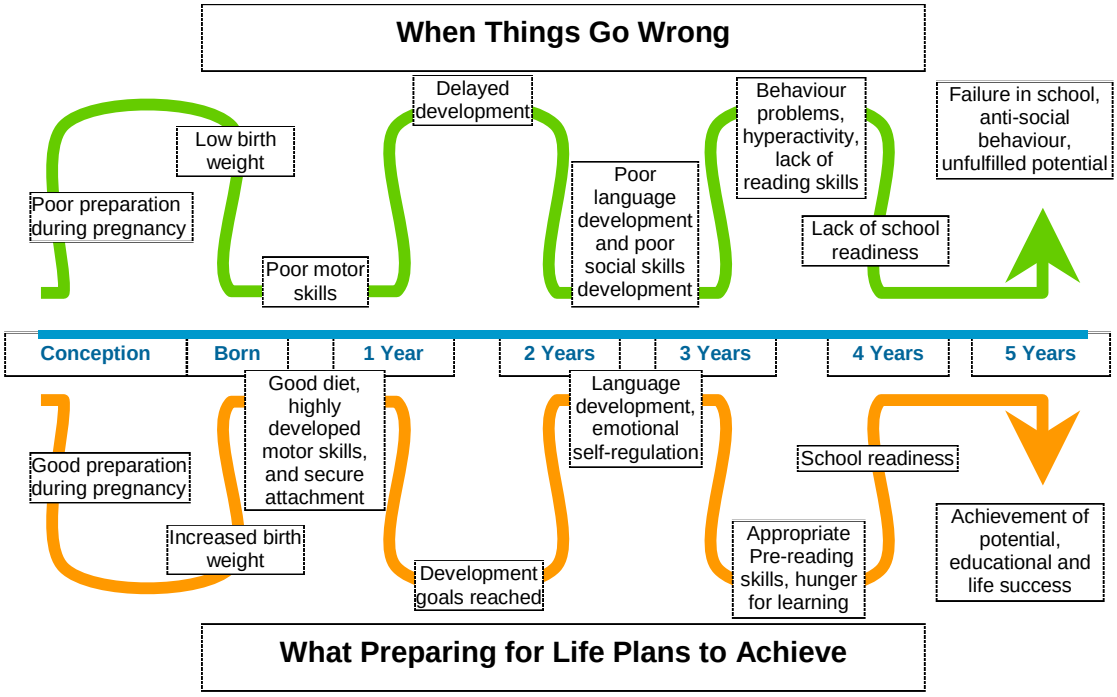
- Behaviour. 26% of children display significant behaviour problems before starting school.
- Health. 20% of children have eating problems.
- Education. 31% of children who started school in the last year had missed 10 or more days by the end of March.

The research measured readiness for school in several ways, all of which indicated significant issues. A composite measure based on teacher perceptions of children's performance in the first six months found over half (52%) not ready for school.

There is strong evidence that this lack of readiness contributes to:

- Serious behaviour problems, which de-motivate teachers and adversely affect other students
- Arrival at secondary school with significant reading, writing, and attention deficits
- More school dropout, which translates into less university attendance and lower income.

The following diagram illustrates some of the risks facing children born in communities like Belcamp, Darndale, and Moatview and some of the opportunities for a more promising future that Preparing for Life aims to create.



Services for Children in Their Early Years

Young children in Ireland receive much support, and children in disadvantaged communities benefit from additional state resources, as shown below.

Services for Children in Belcamp, Darndale, and Moatview

Ages 0 – 4	Ages 4 – 12	Ages 12 – 16	Ages 16 +
Universal Services			
• PHN's (Development Assessments) Early Start (60 3/4 year olds) • Area Medical Officers • Dental Services (To age 16) • GP's –Immunisations • Visiting Teacher Service* • Community Health Workers* • Preschool*	• Schools • Screening (Sight/Hearing) • GP's • Dental Services • Area Medical Officers • Visiting Teacher Service*	• Schools • GP's • Dental Services (To age 16) • Visiting Teacher Service*	• Social Welfare – DSFA • FAS
Specialist Interventions			
• Mater Child Guidance • Social Workers • Community Mothers • Speech Therapists • Specialist referrals from PHN's • St. Michael's House • CRC • Turas Family Centre • TPSP Playgroups/Crèches – Jigsaw Capacity (60 under 4) – Moatview (36 under 4) – St. Francis (18 under 4) • Nurses	• Mater Child Guidance • Springboard • New Life Centre • Turas Family Centre • Resource/Remedial Teachers • Special Education Teachers • SNA's • NEWB • NEPS • SCP • Social Workers – Challenger –NSP – Childcare Centres/Crèches • Clubs – Sport, dancing etc. • Visiting Teacher Service*	• Mater Child Guidance • Springboard • New Life Centre • Youthreach • Community Training Centre • NEWB • School Completion Project • Drugs Task Force • Teen Parent Support Programme • Social Workers • Turas Family Centre – Probation & Welfare – Medical Cards 16+ • Youth Services • NSP – Guidance/ HESS/Challenger • Clubs – Sport, dancing etc. • Visiting Teacher Service*	• Medical Cards • Youthreach • Community Training Centre • Discovery Centre • Community Development Projects • Drugs Task Force • NSP- Guidance/HESS/Trust • Local Employment Services – Social Services • Teen Parent Support Programme – Probation & Welfare – Community Psychiatric • Homemakers • Pavee Point* • Senior Traveller Training Centre* • TRAVACT* • YAP

*Services exclusively for members of the Travelling

Universal health care and significant pre-school services are the foundation of this support. Parents have access to health and economic support, and much family support is available -- for example, from public health nurses, social workers, and voluntary providers.

But statutory and voluntary agencies in North Dublin, most of which helped plan Preparing for Life, do not believe that existing services are producing outcomes for children commensurate with the level of investment. Their primary concerns are that:

- Services are organised to respond to symptoms of underlying problems, rather than address causes and prevent problems from occurring.
- No coordinated services exist to help resourceful families take control of their lives and better support the development of their children.
- Services are not always sensitive to the particular needs of families and the community.

As a result, even services that make significant contributions to family life falter on two counts:

- Encouraging dependency among even resourceful parents

- Sustaining dysfunction through generations in the small percentage of families (10%) largely untouched by current services.

These problems leave parents ill-prepared to make informed choices about what is best for their children and often lead practitioners to offer inappropriate services.

Lessons From the Literature

A key operating principle of the Preparing for Life group is to base efforts on evidence, not hearsay, so we looked at the available evidence on potential strategies for helping children in their early years.

Around the world early intervention is emerging as the most effective way to improve outcomes for children. Part of the argument is economic. Money spent early in life reduces later costs. Nobel Laureate James Heckman has demonstrated that the same level of investment at each age generates a higher return on money spent on the very young. (The appendix details some cost/benefit analyses.) But government invests the most money post-childhood. Robert Lynch has described the longer-term benefits to society from investment in the early years, including reduced crime, increased workforce productivity, and a stronger economy.

Government is beginning to act on such research. In Ireland, the government action plan, *Delivering Equality of Opportunity in Schools,* outlines how the Department of Education and Science will add value to early childhood services, especially in disadvantaged areas, by supporting the implementation of high-quality early childhood services to combat emerging problems with cognition, language skills, and other aspects of development.

The research we studied supported the idea of investing in the first four or five years of life to improve readiness for school and capture the long-term benefits that may result. The school readiness research reinforced some of the economic arguments, for example by spelling out the long-term costs to the state of school unreadiness.

More importantly to the Preparing for Life group, the school readiness research delivered several consistent messages about ways to improve outcomes for children:

- Learning begins at birth so early intervention must come as soon after a child's conception as possible.
- Nurture matters, as well as nature, so the richer the environment in which a child grows up, the healthier the outcomes will be.
- School readiness is more than what children know; it includes emotions and behaviour.
- Helping children requires working with the realities of parents' lives, such as their need or desire to work and the resulting requirements for quality childcare.
- Quality of services is as important as their existence.

These themes provided invaluable background for the Preparing for Life group and a strong basis for close scrutiny of what works for children in the early years.

National Policy

Government and major statutory and voluntary providers of children's services know the challenges in communities like Belcamp, Darndale, and Moatview. Many current policies and planned developments fit well with Preparing for Life, particularly in supporting prevention and early intervention. We hope to show how these policies can best be put into practice in the early years.

In Ireland, the Department of Health and Children delivers health and personal social services through the Health Services Executive. The health services have statutory responsibility "to promote the welfare of children in its area who are not receiving adequate care and protection". The national health strategy,

Quality & Fairness: A Health System For You, describes a shift in the 1990's from services focused on protecting and caring for children at risk to a more preventative approach, supporting children and families to avoid the need for more serious intervention later. The strategy states commitments to:

- Expand family support services
- Refocus child welfare budgets to better balance safeguarding and supporting programmes
- Deliver parenting support
- Provide early intervention for children with behavioural difficulties.

These themes are echoed in the National Children's Strategy, *Our Children – Their Lives*, that links mounting substance abuse and violence, mental health problems, teenage suicides, and anti-social behaviour with services focused on treatment rather than prevention. The strategy calls for major expansion of preventative and early intervention services to address these problems "in a timely and more effective manner".

Best Health for Children, an initiative of the HSE Programme of Action for Children, likewise supports redirecting services toward families and views parents as key to children's health and well-being.

All of these policy initiatives point to:

- Supporting children and families through local community activities and relationships
- Taking into account the needs of individual children and the preferences of parents
- Expanding access to schools, health services, play areas, youth activities, and cultural events
- Increasing access to inclusive and non-stigmatising supports.

These improvements require strengthening both services and their integration. The OECD has rightly criticised early years services in Europe for excessive focus on creating programmes to superimpose on existing programmes and insufficient focus on integrating programmes for greater impact.

Preparing for Life advocates integrating a range of agencies to address a complex problem, while promoting multi-agency focus on prevention rather than crisis intervention. The challenge lies in demonstrating real improvements in child outcomes in communities like Belcamp, Darndale, and Moatview. The Preparing for Life group is determined to meet this challenge.

3 The Preparing for Life Group and its Efforts

A group of local policymakers, managers, practitioners, researchers, and families shared a strong commitment to the communities of Belcamp, Darndale, and Moatview, especially to improving outcomes for children living there. This group agreed to address the actual circumstances of children and families in the three communities and to focus on the issue of readiness to start school, including its long-term implications for education and economic viability.

The national and local policy context seemed ready for new thinking. Legislation and emerging policy pointed toward prevention and early intervention. Those purchasing and providing services for children in the early years acknowledged the considerable room for improvement. And Atlantic Philanthropies agreed to support local exploration of new ideas and new programmes that might benefit other disadvantaged communities.

The Preparing for Life group, representative of the Belcamp, Darndale, and Moatview communities, formed in March 2004 to find concrete ways of translating policy and practice commitments into better outcomes for children, and in the process show that the initiative delivered what it promised to deliver.

Preparing for Life Participating Agencies

The Preparing for Life group represents a broad range of public and professional interests, as it includes education personnel, health professionals, representatives of the community and other statutory and voluntary bodies involved in providing services to families and children in Belcamp, Darndale, and Moatview, as shown below.

Bonnybrook Youthreach	Childcare Bureau
City Of Dublin Vocational Education Committee	Community Development Project, Priorswood
Community Residents	Darndale Parish Team
Daughters Of Charity	DCU, Access Office
Department Of Social and Family Affairs, Local Services	Discovery Centre, Darndale
Doras Bui, Parents Alone Resource Centre	Dublin 17 School Completion Programme
Dublin City Council	Dublin North East Drugs Task Force
Health Service Executive, Eastern Region	Health Service Executive, Northern Area Health Board
Jigsaw Childcare Centre, Darndale	Mater Child Guidance
Northside Partnership	Our Lady Immaculate Schools, Darndale
Parents Training Together	Priorswood Parish Team
RAPID	Society Of St. Vincent De Paul
Springboard	St. Francis Junior & Senior Schools Priorswood
TRAVACT (Traveller Support Group)	Turas Family Centre
Visiting Teacher Service	CDYSB

The group set out to find better ways of supporting all children born in 2006 in order to increase the number of children ready to start school in 2010 and 2011.

The Planning Process

Over a period of 15 months, the Preparing for Life group met and debated how best to improve outcomes for children in Belcamp, Darndale, and Moatview, with special attention to ideas that, if proven effective in these communities, might work nationally. More specifically, the group:

- Commissioned research on children living in Belcamp, Darndale, and Moatview
- Organised focus groups of parents, children, and teachers to discuss the outcomes of the research and explore appropriate actions suggested by the research
- Reviewed international evidence on effective programmes for children in the early years
- Analysed national and local policy initiatives
- Consulted international experts on children in the early years
- Visited promising programmes, including the Nurse Family Partnership in the United States and Starting Well in Scotland (with awareness of local operations).

We used a logic modelling process to structure our thinking:

- Identify the child outcomes we wanted to achieve
- Determine the activities, including services and local supports, most likely to achieve those outcomes
- Agree on the investments required to execute the activities.

This process included planning rigorous evaluation to see whether activities achieved their desired outcomes. The Logic Model for the Preparing for Life programme is included in the appendix.

4 The Preparing for Life Strategy and Plan

Key Ideas

The plan to improve readiness for school in Belcamp, Darndale, and Moatview rests on a few simple ideas. None is new. But their practical implementation in a set of communities is novel and has not been tried in Ireland.

Children live with parents, and nearly all parents want the best for their children. We need to equip parents with practical skills that ease the job of raising kids and improve children's development.

Children grow through a series of developmental milestones, and each stage influences what happens at the next. Birth weight matters to an infant's contentment, and contentment influences attachment. We must give parents skills appropriate to every stage of a child's development to improve that stage and provide a firmer foundation for the next stage.

Parenting is expensive. Many disadvantaged parents do not find the labour market economically viable. In building parents' skills, we can provide training that will permit some to work in the expanding childcare sector.

Existing services have real strengths but are not integrated. We must work with statutory and voluntary purchasers and providers of services to innovate, streamline, and better match services to the needs of Belcamp, Darndale, and Moatview children.

The following pages detail this strategy -- what we want to achieve for children, how we will achieve our objectives, what investments those activities will require, and how we propose to move forward.

Desired Outcomes for Children

What outcomes can Preparing for Life reasonably expect to achieve for children born in Belcamp, Darndale, and Moatview in 2006 and 2007 by the time they start school in 2010 and 2011?

Our primary goal is to increase the proportion of children who are ready for school. That means they have sufficient social skills, emotional maturity, and cognitive ability to sit in a class of 20 or more pupils and engage with learning.

We will refine the targets as we move forward, but using the children starting school in 2005 and teacher ratings of their readiness as the baseline, we estimate that Preparing for Life will achieve the following improvements for children starting school in 2010 and 2011:

	2005		**Target for 2010/2011**	
	Range	***Median***	***Range***	***Median***
Not Ready	11-13	12	6-8	8
Somewhat Ready	35-43	40	26-29	29
Ready	43-53	48	57-63	63

These targets are both ambitious, representing a 33% improvement in each category, and realistic.

Stepping Stone Outcomes

Achieving the overarching goal of greater readiness for school will require improving children's physical health, psychological health, and educational skills at each stage of development. We envision a series of stepping stones, with gains at birth contributing to gains in the first year of life, enhancing development in

infancy, and by age four or five making more children ready for school. Here are some of the improvements we seek from conception to first day of school.

				Hyperactivity Behaviour Reading	School readiness
			Emotional self-regulation Recognition memory		
		Height & weight Social play Language development.			
Birthweight Neo-natal control	Nutrition Attachment Intelligence				
Motor skills					
Birth	***1 year old***	***2 years old***	***3 years old***	***4 years old***	***5 years old***

We seek to shift the mean in each of these developmental milestones 2-5%.

We are still refining the model but are targeting the following outcomes over the first five years:

- Physical health: birth weight, foetal alcohol syndrome, breastfeeding, height and weight, nutrition, accident and emergency visits, and immunisations
- Psychological health: attachment, social play, emotional self-regulation, hyperactivity, behaviour, and depression
- Educational skills: neo-natal control, gross and fine motor skills, language development, hearing and visual intelligence, recognition memory, reading and school readiness.

Desired Outcomes for Parents

Better outcomes for children depend significantly on parents' success in coping and supporting their children. Therefore, Preparing for Life will invest heavily in parental skills and well-being. Again, our approach is developmental, although some improvements apply at every stage.

					Parent/teacher contact
			Depression Warmth & criticism	Educational aspiration	
		Developmental expectations Conflict resolution			
Drug, alcohol, & substance use Post-natal depression	Positive affect Home environment				
Birth	***1 year old***	***2 years old***	***3 years old***	***4 years old***	***5 years old***

More specifically, we seek to improve:

- Parents' physical health: drug, alcohol, and substance use; post-natal depression; positive affect; depression
- Parents' hopes and aspirations for children: developmental expectations; parenting skills, educational expectations; reading to children
- Parenting skills: home environment; mother/child interaction; warmth and criticism; conflict resolution; parent/teacher contact.

Understanding What Works

In order to decide what activities can best achieve our desired outcomes for children and parents, the Preparing for Life group recognised the need to understand what causes problems in school and what works for other children in similar circumstances.

The first years of life are crucial to lifelong development. Brain research shows that the first two years constitute a critical stage in brain growth, including the first evolution of vital neural connections. Child development research consistently identifies fundamental and universal requirements for healthy growth, including:

- Competent and confident parenting, with at least one and preferably two parents providing nurture, protection, stimulation, and attachment for the child
- Health and nutrition, including adequate food and exercise for physical and mental growth and protection against disease and injury.

- Guidance in developing gross and fine motor skills, pre-literate cognitive skills, and the ability to relate to adults and children, provided by parents and quality pre-school teachers
- Constant, stable, appropriate supervision by adults to enable the child to safely explore the environment.

Our research into what works suggested six points to bear in mind as we developed the Preparing for Life strategy:

- No early intervention programme, no matter how effective, has combined all the means of improving school readiness. The Preparing for Life group recognised the need to integrate strengths from various programmes, including the Chicago Child Parent Centre Programme, the Carolina Abecedarian Project, the Perry Pre-School Project, and Headstart.
- Early intervention programmes can have a multiplier effect on families and communities. For example, David Olds found that mothers whose children participated in quality early years programmes in the US engage in less criminal behaviour and are less impaired by alcohol and drugs and do not transmit negative effects to their children in these areas.
- Quality of services matters as much as their existence. Charles Bruner demonstrated the benefits of adequate, well-trained, caring, consistent, and well-monitored staff working to clear objectives focused on improving child and family outcomes.
- Supporting parents is critical to improving outcomes for children. In reviewing research on parenting programmes, Jeanne Brooks-Gunn and Lisa Markman looked at the effectiveness of home-based, centre-based early education programmes with a parenting component, family literacy programmes, and programmes that address child behaviour problems by changing parental behaviour.

  The review found that home visiting programmes have limited impact on school readiness because they are not intensive enough and home visitors are not adequately trained or supervised. But centre-based programmes with a parenting component improve vocabulary, reading and math skills, and overall IQ, and some of these improvements last into the teen years. Parenting programmes that involve parents and pre-school staff are more successful in addressing behavioural problems than programmes that involve only parents.
- Effective programmes are flexible. In a guide to effective family support services, Kieran McKeown reviewed a broad spectrum of approaches. He found that family support needs to be flexible in engaging families, focusing on building their strengths and problem-solving abilities, and restoring confidence in their capacity to overcome adversity.

Integration of new and existing services is critical. Since most support for children in need comes from state health, education, and social services, effective prevention and early intervention require agency cooperation.

Three Programme Targets

The Preparing for Life group selected activities for this initiative based on evidence of their positive impact elsewhere and their ability to meet specific needs of the Belcamp, Darndale, and Moatview communities. This approach determined three sets of activities.

Improving parenting skills. Four activities will equip parents with skills appropriate to each stage of the child's development and linked to our desired outcomes. The initiative will build these skills through:

- Regular, one-on-one support from a trained mentor/home visitor
- Group training for parents, from pre-natal to pre-school classes
- Accredited training to prepare parents to work in the childcare sector
- Public Health Messages: Rolling out of Triple P Positive Parenting Programme to wider community..

Developing and integrating services. We plan to improve the quality and integration of existing services for children by working with:

- The CECDE to support early years providers in meeting the standards of the National Framework for Standards for pre-school and childcare services
- The HSE, schools, and voluntary providers to review, improve, and integrate services to better meet the needs of children in Belcamp, Darndale, and Moatview.

Conducting rigorous evaluation. Since we seek to prove the effectiveness of these ideas so other communities can gauge their value, we will commission rigorous evaluation and will share results with interested parties at regular intervals.

1. Improving Parenting Skills

1.1 One-on-one mentoring/home visiting. Mentors/home visitors will follow a manual designed to build practical skills proven to deliver the Preparing for Life outcomes at each developmental stage. The primary goal will be skills transfer, equipping parents to help their children achieve better outcomes.

This effort will draw on best practices of home-based family support initiatives, such as the Nurse Family Partnership in the US, Starting Well in Scotland, and the Community Mothers Programmes in Ireland. Home visitation to help families meet children's developmental needs is the cornerstone of all these models.

Programme design will differ markedly from existing services, provided primarily by public health nurses, in:

- Providing sustained follow-up to address identified problems, such as health and nutrition
- Involving many points of contact with professional support over an extended period of time
- Not depending on formal appointments to maintain contact between the parent and the public health nurse
- Delivering messages with proven impact on parenting.

This programme will provide intensive home support that continues until the child starts school. The level of service to families will vary with need and demand.

*Implementation***.** The specific role and activities of mentors is outlined in the programme manual and relates to athe various developmental stages of the child.

Delivery. A team of five mentors/home visitors, one assigned supervisory responsibility, will work with the 70-targeted children and their families. Staff with relevant training, relevant experience and a track

record of working in this or similar areas will be employed if possible. The mentor/home visitors team will include relevant disciplines, such as health, education, childcare, and community activism. This diversity will facilitate learning across the team, while meeting the immediate needs of families.

*Approach***.** Each mentor/home visitor will have a maximum caseload of 15 families and will initially visit families at home at least once a week (except during holiday periods and for other exceptional reasons). Once mentors have established rapport with the families, they will adjust the visiting schedule (subject to ongoing refinement) so families requiring more attention get more mentor time.

*Focus***.** The programme manual will specify skills for parents to build at each stage of child development and ways for mentors to develop those skills. The programme will offer incentives for parents to participate, in the form of baby packs, family portraits, and books at successive programme stages (not cash incentives).

Programme success will depend not only on mentors' technical skills but also on their ability to convey what they know and establish trust. Some families will require a mentor who can relate to their experiences.

Mentors will receive thorough training in the manual at programme inception and training updates as the programme evolves. The Daughters of Charity will assist in planning training and supervision of mentors and will also supervision the team leader who in turn will be trained and supported to supervise the other mentors/home visitors.

1.2 Group training of parents. We will train parents in groups of 8-10, at key points from pregnancy confirmation until first day of school. Training will follow the Triple P Positive Parenting Programme, which is an evidence based parenting programme from the University of Queensland, Australia. This programme was selected for a number of reasons first it is an evidence based programme, secondly the programme materials (tip sheets) will be an invaluable resource to our mentors/home visitors and thirdly while we plan to deliver the programme in group settings it can be delivered equally effectively in one to one settings. As we anticipate that some parents may not be ready for group work in the early stages it facilitates their participation in this key training.

In addition to transferring skills, the training will enhance outcomes by:

- Giving parents respite from childcare and household routines
- Building a network of support among parents at similar stages in the parenting cycle
- Sharing skills among parents
- Exposing parents to input from an established programme
- Linking parents to other community supports.

*Implementation***.** Staff on the PFL team will be trained and accredited in the Triple P Programme as part of their induction training. The training modules for parents will commence in mid 2007 when initial relationships have been established with the first parents on the programme

*Delivery***.** We will track the information, support, and skills transfer provided by the mentors. We will rely on mentors and other experts contracted to deliver specialist modules, such as language development (speech therapists), attachment (psychologists), creative play (early years workers), and family support (social workers).

Each parent will attend at least 10 two-hour training sessions a year.

*Approach***.** We will develop participative modules that include role-plays, mentor follow-up on in-home application of lessons, and parent/mentor reviews to ensure that training meets parents' needs.

*Focus***.** The training will focus on children's developmental stages, building skills to achieve stage-specific outcomes for children and parents.

1.3 Childcare employment training. We will fund accredited training of 10 parents to qualify for employment in the childcare sector. Some may become Preparing for Life mentors. This effort will make three contributions to enhancing child outcomes:

- Additional training of these parents will improve their parenting skills and the well-being of their children.
- The income generated by the work will reduce financial stress on the family.
- The training will expand capacity-building efforts in the community and create a pool of highly trained parents, for improved community cohesion.

*Implementation***.** We will select 10 parents to participate in formal, accredited training for employment in the childcare sector in the first year, with the intention of continuation for the next four years. Selection will favour parents in the programme evaluation group. We will secure places for the chosen parents in colleges near Belcamp, Darndale, and Moatview and ensure programme entry at the appropriate level.

Preparing for Life will provide financial support for:

- Induction training to prepare parents to return to formal training
- Training costs
- Childcare costs.

Mentors will provide ongoing support to help participating parents complete the course and gain their qualifications.

1.4 Public health messaging. Each year we will deliver to Belcamp, Darndale, and Moatview messages on parenting and child development issues like sleep and routines, children's diet, the benefits of delaying parenting, parental aspirations, and the value of spending time reading and playing with children. This public health messaging will seek to influence the behaviour of all parents in the three communities, creating belief that they can improve outcomes, which encourages appropriate actions.

*Implementation***.** To define public health messages, we will tap the advice of national experts, work closely with the HSE health promotion staff, and draw on good practice examples in Dublin, like the work of Cecily Kelleher at University College Dublin. Wherever possible, we will partner with major national providers to disseminate the messages, for example, through billboards, house drops, and school-based programmes, to realise broader value from investments in Belcamp, Darndale, and Moatview. We will seek pro bono support from national advertising and marketing agencies in designing verbal and visual identities for this programme.

2. Developing and Integrating Services

2.1 Work with the CECDE to support early years providers in meeting standards outlined in the National Framework for Standards. We will partner with local purchasers and providers to improve the quality and integration of existing services. This will involve collaborating with the Centre for Early Childhood Development and Education (CECDE) and HSE, schools, and other providers of services to families and children.

Giving children at least one year of high-quality pre-school experience will greatly enhance their readiness for school. Quality is the key here as the quality of pre-school/childcare facilities in Belcamp, Darndale, and Moatview varies significantly.

We will work with the CECDE to help early years providers meet the standards outlined in the Framework for Standards. This will mean helping providers of care to children from birth to age 5:

- Assess their strengths and weaknesses
- Work with providers to design and deliver a training model to address their identified weaknesses.

We will also work with the Department of Education and Science to change Early Start, making it a full-day service with targeted attendance of five hours a day.

*Implementation***.** We will establish working relationships with the providers offering childcare/pre-school services in the target communities. We will tap experts, via CECDE, to assess provider standards and, where appropriate, make organisational and staff training changes. Our goal will be for all providers to meet the quality standards before Preparing for Life participants use their services.

Currently the Early Start Preschool offers places to 60 children for two and a half hours a day during school terms. We will seek to extend daily service to five hours by requesting the Department of Education to expand service provision from two units operating a dual day to four units operating a full day, each serving one group.

2.2 Work with the HSE, schools, and providers to review, improve, and integrate services. Children and families in Belcamp, Darndale, and Moatview have access to considerable services. Preparing for Life will encourage innovation and integration of services to better meet children's needs by:

- Supporting local providers in reviewing services and redesigning service delivery to produce better outcomes
- Providing access to best practices from sites around the world, through visits by experts and visits to best practice sites, to encourage adoption of others' practices
- Looking for new models to integrate voluntary providers in the three communities
- Administering a budget to encourage local providers to fill gaps, such as speech therapy services, by providing limited top ups from a defined development fund.

*Implementation***.** We will work with service providers who are willing to undertake thorough review of their current services for children. We will collaborate on developing and implementing a framework for delivering services that better meet needs for early intervention and treatment. This framework may require providers to develop new services, integrate existing services, or terminate ineffective services.

We will provide a method to guide this work and consultants to facilitate the review of services and prepare frameworks to improve service delivery.

3. Conducting Rigorous Evaluation

Evaluation is critical to the Preparing for Life strategy. Without it, we cannot measure the extent to which we achieve our objective of improving outcomes for children. Evaluation will include:

- Sharing results with local stakeholders
- Using those results to inform national and international policy and practice and to secure commitment from government and major agencies to provide long-term support of the elements of Preparing for Life that better outcomes for children.

Our programme model hypothesises that all children will be better prepared to start school if:

- They and their families receive enhanced pre-school and public health information services.
- Agencies better target and integrate their services.

The model further hypothesises that adding one-on-one intensive support for families through mentoring, combined with group parent training, will increase the positive effects of the programme.

With these hypotheses in mind, we have organised the evaluation to measure programme impact on:

- The total population of 140 (Group A) who will receive enhanced pre-school and public health information services and the services of a support worker who will help them access agency services and child-related incentives
- Half the population (Group B), chosen by random allocation, who will receive mentoring and group parent training in addition to the services provided to Group A.

We will evaluate programme impact on the total population by comparing the development of the 140 children in Group A with the development of children in a similar disadvantaged community. We will evaluate the impact of the additional services offered to Group B by comparing the development of the 70 children in Group B with the 70 children in Group A.

More specifically, the evaluation will include these components, perhaps delivered as a whole or by several suppliers.

Manual. A single manual will set out protocols for all elements of programme delivery, with special focus on mentors and group parent training. The manual will address such questions as target group, outcomes, and essential programme elements, for example, mentor selection. We will evaluate the applicability of the manual to other disadvantaged communities, if the programme proves successful in Belcamp, Darndale, and Moatview.

Implementation. The experimental evaluation will measure the extent to which manual specifications are applied in practice. Indicators will include:

- At least 80% of eligible parents participate in both one-on-one mentoring and group training.
- 10 parents complete the training for employment in the childcare sector.
- All parents' benefit from enhanced pre-school services that meet national standards.
- 90% of parents are aware of the public health messages; 25% intend to change their behaviour as a result, and 1% actually do so.

Longitudinal experiment. The experimental evaluation will test hypotheses on improved outcomes for children and parents, such as:

- 10% positive shift in the mean of each developmental outcome targeted (e.g., birth weight, height, and behaviour) in Group B and 5% in Group A
- 5% shift in the mean of parents' psychological health in Group B and 2% in Group A; 10% increase in parents' aspirations in Group B and 5% in Group A; and 5% increase in good parenting in Group B and 2% in Group A
- Improved overall school readiness of 33% in Group B and 10% in Group A.

The longitudinal evaluation will start at pregnancy confirmation, with cases randomly allocated to the experiment and control groups by an independent body. The evaluation will monitor cases twice a year, collecting data from parents and professional support and at the start of school. Data collection will use standardised instruments linked to target outcomes.

Comparison with another disadvantaged community. Since some of the programme elements will apply to all 140 children in the experiment and control groups, and the public health messages will theoretically benefit all children in the three communities, we need an additional point of comparison. So we will compare the progress of the 140 children in Belcamp, Darndale**,** and Moatview with the progress of children in a similar disadvantaged Dublin community. This evaluation will use existing longitudinal studies or cross-sectional data collected at defined intervals.

Ethnography. The evaluation described above will provide objective analysis of programme success and failure. But we also need qualitative analysis of subjective elements of success, such as sources of mentor motivation. We will regularly interview key programme participants, monitor attempts to improve agency integration, and support staff members willing to conduct action research.

Service integration. To evaluate the potential of Preparing for Life as a model for improving service integration, we will monitor providers' collaborative efforts to develop integrated services, with the proviso that they state commitment to rigorous evaluation at the implementation stage.

Investment Requirements

The Preparing for Life group will deliver the programme outlined above over six years, supporting all the participating families until their children start school. This will require an investment of approximately €5.7 million, some €950,000 a year. (The full budget is in the appendix.)

We will allocate this investment as follows:

- Staff and administration costs (62%). The team will consist of eight people: a programme manager, four mentors, an information officer to support the control group, a communication and public relations officer, and an administrator.
- Evaluation (21%). Our commitment to demonstrate the value of investing in child outcomes requires intensive and rigorous evaluation, which in turn requires significant resources.
- Programme activities (17%). We will need to fund other activities -- for example, childcare support to permit parental participation in the programme.

We are seeking funding from diverse sources, including major philanthropies, the central government, and local agencies. We will receive support in the form of direct investment and indirect contributions to specific activities, such as staff seconded from local agencies, time donated by specialists, and office space donated.

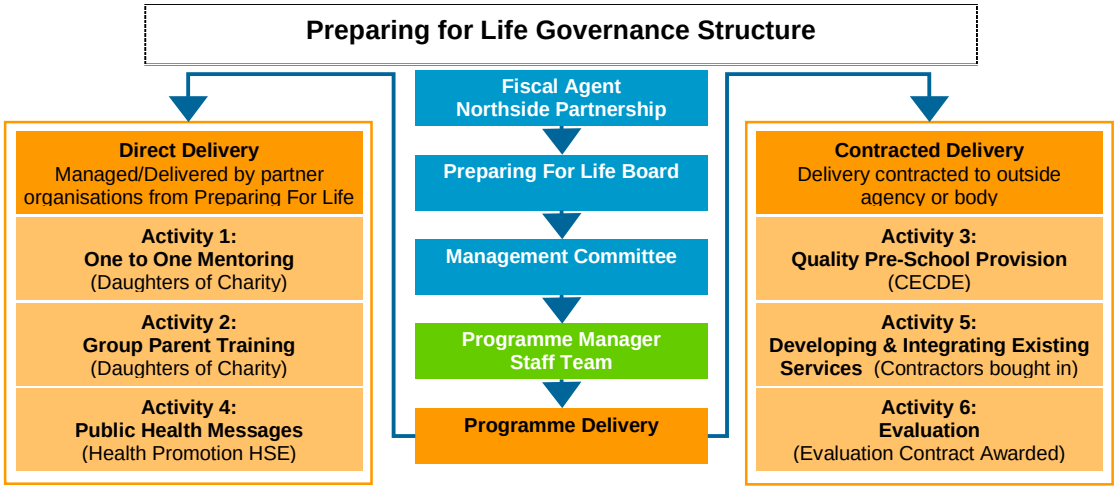
Programme Governance

We have defined clear arrangements to govern the initiative and its finances. These arrangements rest on the principle of using and building on existing arrangements, wherever possible.

Northside Partnership will manage the finances and overall contracts with funders. A board consisting of representatives of the partner organisations, community members, and experts in children's services will oversee the programme. A smaller management committee will be responsible for day-to-day programme management. The programme manager will manage staff and report directly to the management committee.

Since programme activities will be executed by partner organisations and outside contractors, we will put in place service agreements and contracts to ensure fidelity to the programme model. We will facilitate involvement by agency personnel and community members by organising work groups focused on individual parts of the plan, such as defining and delivering public health messages.

Here is a summary of these governance arrangements.



The Programme at a Glance

Reviewing the detail of programme activities and administration makes it easy to lose sight of the few fundamental, closely connected ideas that underlie Preparing for Life. Here is a brief summary of them.

We need to make some new investments in children from conception until the day they start school.

The investments that will have the greatest impact on improving outcomes for children combine mentoring and group training for parents to improve parents' skills, esteem, and aspirations for their children. These improvements for parents will translate into better physical and psychological health and educational outcomes for children at each stage of development from birth to school entry.

Investments in improving the quality of pre-school services to a national minimum standard and enhancing inter-agency collaboration to address obstacles to children's development will create a continuum of prevention, early intervention, and treatment that improves outcomes.

This integration of public health and targeted prevention activities will reduce the number of children who experience developmental problems and improve child development within the normal range.

Training parents to mentor other parents will improve parenting in the trained group, give those households income, and foster community cohesion.

Rigorous evaluation of outcomes will increase the likelihood of government investment in the successful elements of the model for all children in disadvantaged communities in Ireland, helping to close the educational gaps between rich and poor.

To ensure visibility into how well Preparing for Life translates all these ideas into practice, we will document in detail the way we conduct and evaluate our work so that other communities can take our plan and implement its successful elements with little support from us. We invite policymakers, practitioners, researchers, children, and families to watch the developmental progress of children in Belcamp, Darndale, and Moatview.

Next Steps in Preparing for Life

To prepare for programme launch in early 2006, we are conducting further planning. Our primary tasks over the next four months are:

Build support in government and children's services agencies. Government interest in improved outcomes in the early years and the role of projects like Preparing for Life in effecting improvements is considerable. We now have to translate general commitments into specific contributions, including matching funding from such government departments as Education and Science, Health and Children, Justice Equality and Law Reform, Social and Family Affairs, and Community, Rural and Gaeltacht Affairs. We likewise need to convert local agency buy-in into contractual funding arrangements and continue to integrate other agencies, like the Society of St.Vincent De Paul, Oblates, into our plans.

Secure philanthropical funding commitment. Our progress over the last 15 months owes much to Atlantic Philanthropies' funding of the planning effort and broad commitment to fund some programme costs. We must complete the formal application process for funding, which includes submitting this plan to the scrutiny of independent, external experts.

Prepare the programme manual. We are working with experts in each field of programme activity to detail execution requirements and approaches.

Develop a communication strategy. This strategy will ensure clear, consistent explanation of our plan to stakeholders, particularly central government and the local communities, and effective communication of our progress, results, and messages after programme launch. With the assistance of PR experts, we will begin programme communications to build interest in the local and statutory sectors.

Finalise the governance structure. We need to secure board membership from key agencies and independent experts to oversee programme implementation.

Recruit staff. Once the governance structure is set and funds are secured, we will recruit staff and establish the programme office.

Contract programme evaluation. With assistance from external experts in research, we will draft an evaluation contract, invite tenders, and select one or more evaluators.

5 Appendix

1 Cost/Benefit Case for Early Intervention

2 Preparing for Life Logic Model

3 Programme Budget Details

4 Selected Bibliography

Cost/Benefit Case for Early Intervention

There are no studies in Ireland showing the money spent on children in a defined community and the benefits of intervention programmes.

Costs of Raising Children

A number of UK studies have tried to estimate the costs of raising children. One study identified the significant differences in costs and opportunities available to mothers depending on skill and employment levels and showed that skilled mothers can often return to employment quickly and provide better for their children, partially because motherhood does not represent "lost opportunity costs". This study estimated that raising a child in Britain from birth to age 16 costs a low-skilled couple £77,000 STG (€115,000), while a high-skilled couple would invest £156,000 STG (€235,000).[1]

A 2001 study by the UK magazine *Pregnancy and Birth* estimated that the first five years of a child's life cost parents £20,315 on average. The costs in this study would not be very different from those faced by Irish parents.

Since 1960 the United States Department of Agriculture[2] has published annual figures on the average cost of raising a child to age 18. In 2004, for a two-parent family on a low income (classified as less than $41,000, which is higher than the average industrial wage in Ireland), the average annual cost of raising a child from birth to age 2 was $7,040, $7,210 ages 3-5, and $134,370 (€111,000) in total to age 18. For a single parent on a low income, these costs were $5,860, $6,640, and $127,470 (€106,000).

The Government of Manitoba, Canada, put the cost of raising a boy to age 18 at CAN$166,971 and the cost for a girl at CAN$166,549 (more investment in food for boys and more in clothes for girls).[3] These figures equate to about €120,000 over a child's life to age 18.

Early Investment in Preparing for Life

Several academic papers have shown that early investment has positive impact on a child's cognitive, social, and motivational skills.[4]

A UK longitudinal study of 142 people in an inner London borough estimated that conduct-disordered children cost public services an average of £70,019 STG by age 27 compared with £7,423 STG for children without behavioural problems.[5] Crime, extra educational provision, foster and residential care, and state benefits accounted for the difference.

A number of American early childhood programmes have tracked the return on investment as well as the impact on children and their families. The returns are measured in terms of the individual (increased earnings), society in general (reduction in alienation, crime, and anti-social behaviour), and the government and taxpayers (reduced demand for public services, including social welfare, and increased taxes resulting from higher earnings).

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[1] "Measuring the Cost of Children", Davies & Joshi, University of London, 1998.
[2] US Department of Agriculture, Annual Cost of Living Figures, 2004.
[3] Budget Guides from Manitoba Department of Agriculture and Food, 2004.
[4] See Lakshmi K. Raut, "Long Term Effects of Preschool Investment on School Performance and Labour Market Outcome", California State University at Fullerton, July 2003.
[5] Scott et al, "Cost of Social Exclusion: Antisocial Children Grow Up". British Medical Journal, 323, pp. 191-203, 2001.

Four projects measuring these criteria found that the long-term return per dollar invested ranging from $4.01 to $8.74.[6]

The Chicago Child Parent Project studied low-income 3-yearolds who participated in a pre-school programme for 18 months (1983-1986) and then followed to them age 20. The programme invested $7,4289 (in 2002 real dollars) in each child. The return was $52,711 per participant, or $7.10 for every dollar invested.

The High Scope Perry Preschool Project in Michigan (1962-1964) included 3- and 4-year-old low-income African-American children and followed them to age 27. Annual spend of $15,895 per participant (in 2002 real dollars), mainly on pre-school and home visits, yielded a return of $138,486, or $8.74 for every dollar invested.

The 1972 Elmira Prenatal/Early Infancy Project in New York studied first-time mothers and their children from the 30th week of pregnancy until the children reached age 2 and followed them to age 15. Annual spend of $7,109 per participant (in 2002 real dollars) over the course of the programme, mainly on a home visiting programme, yielded a return of $49,217, or $6.92 for every dollar invested.

The 1972 Abecadarian Early Childhood Intervention programme in North Carolina provided intensive, full-time preschool services for disadvantaged children from infancy to age 5 and followed the children to age 21. In 2002 real dollars, $35,864 invested per child (in 2002 dollars) over the entire programme resulted in a return of $143,674, or $4.01 for every dollar invested.

Costs of Raising a Child to Age 5

- Child care: up to €10,000 a year (Jigsaw commercial costs €7,647- €10,833 per child)
- Support costs for family in difficulty: Turas programme €8,108 per family
- Cost to the state of a year in primary school: €5,000 per child but additional allowances for disadvantaged schools make average about €5,700 in our target communities
- Uniforms, school books, and school equipment for primary student: €400 a year
- Community breakfast and lunch clubs: €519 per child
- Full economic cost per night in Temple Street Hospital: €875 (cost to parent: €55 public, €448 semi-private, free for medical card holders)
- Average cost of GP visit (excluding medicines) - €45
- Rental of 2-3 bedroom house in Dublin 17: €1,200 per month

The "Average" Child

There is no such thing as an "average" child, as the needs and opportunities of each child and every family differ. So quantifying the cost of raising a child depends on a host of factors, ranging from a child's health to parents' employment status to the state and voluntary support available and more.

We have attempted to reflect the situation of the "typical" family in Belcamp, Darndale, and Moatview so our costs for the "average" child rest on a number of assumptions:

- The child is born into a single-parent household in the private rented sector.
- The child does not have a serious illness or special needs and is not part of the travelling community.

[6] Charles Bruner, Many Happy Returns: Three Education Models that Make the Case for School Readiness, State Early Childhood Policy Technical Assistance Network (US), December 2004.

- The mother works on a part-time basis
- The child spends half a day a week in formal childcare for 48 weeks a year.
- The mother qualifies for a medical card, and the child sees the GP three times a year from birth to age 5.
- Family agencies or local charities provide some support, and Turas provides direct support for one year.
- The child starts school at age 4 in a school classified as "disadvantaged" that qualifies for interventions, such as Breaking the Cycle.

Based on these assumptions, here is the full economic cost to the state or service providers over 5 years:

Medical care during pregnancy (4-day hospital stay)	€3,500
Visits by nurse (7 visits to age 4)	€315
GP costs over 5 years	€675
Medicine (average €80 per year)	€400
Half-day of Jigsaw child care for one year	€5,417
Allowance for family support for one year (Turas/St Vincent de Paul)	€8,108
Year in primary school	€5,700
Lunch and breakfast clubs	€519
Total	**€24,634**
Average per year	***€4,927***

The cost to the state to provide welfare support would be significantly higher if the parents were not working. Children with special needs or serious illness or members of the travelling community would require additional investment.

We estimate these costs to the parents:

Childcare (€50 a week x 48 weeks)	€2,400
Food, clothing, etc (€50 a week x 52 weeks x 5 years)	€13,000
House rental (€300 a month x 12months x 5 years)	€18,000
Total	*€33,400*
Average per year	***€6,680***

The following state support would be available, depending on parents' employment and income status:

Unemployment: €148.80 a week
Maximum lone parent payment: €148.80 a week
Child dependant payment: €19.30 a week
Child benefit: for first and second child €141.60 a child a month; for each subsequent child €177.30 a child a month
Means-tested back-to-school clothing and footwear allowance for each child 2 to 11: €80
Rent allowances
Medical card
Minimum wage of €7.65 per hour

Benefits of Early Intervention

Early intervention improves attendance and performance at school. Children properly prepared from the start with good home support are more likely to stay in school. This is particularly crucial to breaking the

cycle of deprivation in our communities where only 5% of the population reached the third level (compared with over 20% nationwide) and more than 40% left school at or before age 15. The estimated economic return, in the form of wages, for each additional year of school in Ireland averages 9-11% for men and 14% for women.[7] The OECD estimates that an additional year of school increases economic growth 5% immediately and a further 2.5% in the long term.[8]

Increased employment prospects mean lower demand for welfare and more taxes from better-paid and more sustained employment. On the assumption that a third-level graduate is likely to earn at least the average industrial wage of €31,000, that means paying taxes at the higher rate of 42% on some of those earnings, in addition to the 20% standard rate, and PRSI payments as well as employer contributions through employers' PRSI.

The community benefits from less social alienation and more civic mindedness.

Costs of Non-Intervention

A poor start in school results in poor return on the €5,700 annual investment in an individual by the primary school system. If a student starts school at age 4 and continues until 16, receiving appropriate interventions during primary school, the total cost of that education to the state would be:

€5,700 per year for 8 years of primary school	€45,600
€6,788 per year for 4 years at the second level [need note 9 here]	€27,152
Total	**€72,752**

Leaving school early school creates far greater likelihood of dependence on welfare, at a direct weekly cost to the state of €148.80 in unemployment assistance, plus other allowances. Additional educational and training costs are likely later in life, and vulnerable families may require years of dedicated family support.

Family dysfunction may even require intervention in the form of fostering or taking of children and young people into care. The cost of such care includes payments to the foster family as well as psychological and other supports. Increased antisocial behaviour costs to community in terms of crime and vandalism.

In the worst-case scenario, a young person convicted of a criminal offence costs the state €82,300 a year if sentenced to a term at Saint Patrick's Institution for Young Offenders.

Early Intervention v Non-Intervention: Likely Impact at 30 Years

This is the Preparing for Life scenario. The child completes school, attends third level for four years, qualifying for maximum adjacent grant, and starts work at age 22 at the average industrial wage. Figures are based on 2005 values and do not allow for inflation.

Costs to State

Preparing for Life (€6,700 a year for 5 years)	€33,500
Early Start (1 year)	€3,000

[7] Harmon & Sheehan, "Pricing and Investment Decisions in Irish Education", ESRI Spring Review, 2004; Harmon, Walker & Westergaard, "Education and Earnings in Europe", 2001
[8] Education at a Glance, OECD, 2002

Primary education (8 years)	€45,600
Second level education (€6,788 a year for 6 years)	€40,728
Third level education (€8,914 a year for 4 years)	€35,656
Third level grant (€1,210 for 4 years)	€4,840
Total	**€163,324**

Benefits to State

Earning average industrial wage of €31,000 for 8 years

Tax and PRSI ([€29,400 @ 20% plus €1,600 @ 42%) less 14,250 allowances @20%])	€3,702
Employers' PRSI (10.75%)	€3,333
Annual contribution to revenue	€7,035
8-year Total	**€56,280**
NET COST TO STATE	**€107,044**

A graduate would probably earn more than the average industrial wage, and a significant portion of income would revert to the state through indirect taxes on purchases.

In this non-intervention scenario, the child leaves school at 16. Between then and age 30, this individual spends a total of 6 years working part-time for minimum wage, 1 year in training, and 7 years unemployed.

Costs to State

Existing costs to age 4	
Early Start (1 year)	€3,000
Primary education (8 years)	€45,600
Second-level education (€6,788 a year for 4 years)	€40,728
Unemployment assistance (€148.80 a week x 53 weeks (double Christmas payment x 7 years)	€55,205
Training allowance (€148.80 a week x 53 weeks (double Christmas payment x 1 year)	€7,886
Community training (1 year)	€18,000
Medical card usage (10 GP visits)	€450
Total	**€170,869**

Benefits to State

Earning €15,514 a year (minimum wage 7.65 x 39 hours a week x 52) Annual tax contribution of €253 Employed for 6 years	€1,518
NET COST TO STATE	**€169,351**

These scenarios represent a cost difference to the state of €62,307 – clear evidence of the power of early intervention to keep children engaged in learning

Preparing for Life Logic Model

Inputs	Activities	Outputs
Investment By Atlantic Investment By Government Support from local organisations Preparing For Life Plan Report	**1 Improving Parenting Skills** through Mentoring, Group Training, Childcare Employment Training and Public Health Education **2 Developing and Integrating Services** through Quality Pre-school programmes, redesigning existing services and Agency- PFL annual agreements **3 Evaluation** of activities and outcomes	Programme Manual Developed Mentors trained and operating family caseloads Parents trained as mentors to fill future positions Parent training courses established Quality pre-school curriculum in place, preschool capacity increased to meet quality demand Programme of public health education developed Early intervention activities and treatment developed Service agreements between PFL and agencies in place Evaluation reports produced and disseminated Programme administered to high standards
Short Term Outcomes (2006-10)	**Medium Term Outcomes (2010-11)**	**Long Term Outcomes (2015)**
Year on year improvements (0-5 years) in children's psychological, physical and emotional health, and their educational speech and motor skills. Year on year improvements in parent's psychological health, aspirations for their child and parenting skills. Programme of public health sustained. Existing services for children and families in the area better co-ordinated and better meeting identified needs	Improved school readiness as children begin school. Improved enjoyment of parenting. The successful elements of PFL extended to all newborns in the BDM area and to other disadvantaged areas	Gains for children and parents in the programme sustained into late childhood. PFL a primary influence on (a) National Policy for prevention and early intervention and (b) integrated service delivery at area level.

Programme Budget Details

The following pages show the budget required to implement the programme over the next six years. The budget is detailed as follows, with notes attached on assumptions reflected in the budget summary:

- Overall Budget
- Budget to Improve Parenting Skill
- Budget to Develop and Integrate Services
- Budget to Conduct Rigorous Evaluation

Budget for Programme Management

	Activity Summary:							
		2006	2007	2008	2009	2010	2011	Total
		€	€	€	€	€	€	€
	Expenditure:							
1	Improving Parenting Skills	234,309	354,986	368,370	383,153	398,364	411,827	**2,151,007**
2	Develop and Integrate Services	0	43,500	66,250	71,063	109,165	140,388	**430,365**
3	Evaluation	172,750	192,825	200,044	207,564	215,398	195,198	**1,183,780**
4	Programme Management	331,324	296,182	310,825	326,107	342,057	359,399	**1,965,895**
	Total Outlay Activity 1 – 4:	**738,383**	**887,493**	**945,490**	**987,886**	**1,064,984**	**1,106,811**	**5,731,047**
	Income:							
	Government/ Other private:	369,191.5	443,746.5	472,745.0	493,943.0	532,492.0	553,405.5	**2,865,523.5**
	Atlantic Philanthropies:	369,191.5	443,746.5	472,745.0	493,943.0	532,492.0	553,405.5	**2,865,523.5**

Activity 1 – Improving Parenting Skills

Team Leader (1)	52,704	66,578	67,320	69,047	70,773	72,543	398,964
Mentors (2)	77,485	135,508	141,147	146,903	152,780	157,102	810,926
Mentor / Team Leader Training (3)	20,000	5,250	5,250	5,250	5,250	5,250	46,250
External Staff Supervision (4)	4,400	10,080	10,584	11,113	11,669	12,252	60,098
Childcare Employment Training (5)	0	31,500	33,075	34,729	36,465	38,288	174,057
Childcare Costs (6)	10,500	21,000	22,050	23,153	24,310	25,526	126,538
Family Support Worker (7)	35,220	45,169	47,049	48,968	50,927	52,367	279,701
Specialist Sessional Inputs (8)	4,000	8,400	8,820	9,261	9,724	10,210	50,415
Public Health Messages (9)	30,000	31,500	33,075	34,729	36,465	38,288	204,057
Total Outlay Activity 1:	**234,309**	**354,986**	**368,370**	**383,153**	**398,364**	**411,827**	**2,151,007**

Assumptions Activity 1 – Improving Parenting Skills:

1 3 mentors appointed at point 5 of Project Worker Scale (10 point scale). Mentor appointed 1.3.06 (1) and 1.6.06 (2). Calculations allow for increases due under Sustaining Progress (National Pay Agreement). Annual increments are per above pay scales. Pay increases after expiry of Sustaining Progress assumed at 2.5% per annum.

2 Team Leader appointed at point 4 of Project Leader Scale (7 point scale). Team leader appointed 1.3.06. Calculations allow for increases due under Sustaining Progress (National Pay Agreement). Annual increments are per above pay scales. Pay increases after expiry of Sustaining Progress assumed at 2.5% per annum.

3 Initial Mentor / Team Leader training of 20 days, at est. cost of euro 1,000 per day to include trainers fees, materials, venue costs, food etc. Ongoing Mentor / Team Leader training at 5 days per year.

4 External supervision assumed at two hours per month per Mentor / Team Leader (96 Hours per year at €100 per hour). All non-pay costs are increased by 5% per annum.

5 Parents (10) undertaking accredited training. Cost to cover course fees, childcare, travel and books / materials. All non-pay costs are increased by 5% per annum.

6 Childcare costs associated with providing 20 hours training per annum per family (70). All non-pay costs are increased by 5% per annum.

7 Support Worker appointed at point 5 of Project Worker Scale (10 point scale). Support worker starts on 1.3.06. Calculations allow for increases due under Sustaining Progress (National Pay Agreement). Annual increments are per above pay scales.

8 Twenty hours of training for eight groups of parents, provided internally - 50%, external - 50%. External cost @ €100 per hour. All non-pay costs are increased by 5% per annum.

9 Public Health Messages includes: developing materials, promotional costs, advertisement, promotions etc. All non-pay costs are increased by 5% per annum.

	2006	2007	2008	2009	2010	2011	Total
	€	€	€	€	€	€	€

Activity 2 – Develop and Integrate Services

Activity Summary:							
Capacity Building							
Centre Assessments (1)		15,000					15,000
Facilitated Workshop (2)		3,500					3,500
Training / Implementation (3)			30,000	31,500			61,500
Voluntary Centre Support (4)			10,000	10,500			20,500
Materials				1,500			1,500
Earlystart Preschool (5)					80,224	110,000	190,224
Redesign of Agency Services		25,000	26,250	27,563	28,941	30,388	138,141
Total Outlay Activity 2:	**0**	**43,500**	**66,250**	**71,063**	**109,165**	**140,388**	**430,365**

Assumptions Activity 2 – Develop and Integrate Services:

1 Assessment of centres as compared to quality standards outlined in framework - 15 days @ €750, preparing reports - 5 days @ €750.

2 Facilitated workshop to deal with feedback reports / agree actions.

3 Training, implementation and supervision of plans over two years. Non-pay costs increased by 5% per annum.

4 Costs associated with the release of staff from voluntary organisations. Non-pay costs increased by 5% per annum.

5 Expansion of Earlystart on a pilot basis. Costs based on staff of 2 teachers / 2 childcare workers over school year (Sept - June).

6 Redesign of Agency Services budget provides for employment of consultants to assist process and buy in of additional specialist services, (e.g. speech therapy) to fill gaps, develop services.

Activity 3 – Evaluation

Activity Summary:							
RCT:							
Staffing (1)	60,000	61,500	63,038	64,613	66,229	67,884	383,264
Data Collection (2)	11,200	11,760	12,348	12,965	13,614	14,294	76,181
Programme Manuals (5)	30,000						30,000
Overheads (4)	25,300	18,315	18,846	19,395	19,961	20,545	122,362
Pre-school / Public Health:							
Staffing (1)	20,000	20,000	20,500	21,013	21,538	22,076	125,127
Data Collection (2)	5,000	5,000	5,250	5,513	5,788	6,078	32,628
Overheads (4)	6,250	6,250	6,563	6,891	7,235	7,597	40,785
Incentives:							
Parental Involvement (3)	15,000	70,000	73,500	77,175	81,034	56,724	373,432
Total Outlay Activity 3:	**172,750**	**192,825**	**200,044**	**207,564**	**215,398**	**195,198**	**1,183,780**

Assumptions Activity 3 – Develop and Integrate Services:

1 Costs cover 10% of Principal Investigator plus 100% of a post-doctoral researcher. Costs increased by 2.5% per annum. Includes Staffing of RCT and Pre-School/Public Health.

2 Data collection calculated at €40 per interview by a data collection company.

3 Parental involvement incentives of €500 per family in 1st year of involvement in programme increasing by 5% per annum. Includes provision for €50 per evaluation interview.

4 Overheads calculated at 25% of Staffing, Data Collection and Programme Manual costs

5 Programme Manual costs cover recruitment of a consultant skilled in manual preparation.

	2006	2007	2008	2009	2010	2011	Total
	€	€	€	€	€	€	€
Activity 4 – Programme Management							
Activity Summary:							
Programme Manager (1)	79,560	85,038	90,790	96,829	103,171	109,829	565,218
Administration staff (5)	30,000	31,500	33,038	34,613	36,229	37,884	203,264
Administration Overheads: (2)							
Insurance	10,000	10,500	11,025	11,576	12,155	12,763	68,019
Staff Recruitment	15,000						15,000
Light & Heat	9,000	9,450	9,923	10,419	10,940	11,487	61,217
Telephone	6,000	6,300	6,615	6,946	7,293	7,658	40,811
Committee Expenses	3,000	3,150	3,308	3,473	3,647	3,829	20,406
Audit	5,000	5,250	5,513	5,788	6,078	6,381	34,010
Rent	25,000	25,000	25,000	25,000	25,000	26,250	151,250
Security	2,500	2,625	2,756	2,894	3,039	3,191	17,005
Motor and Travel	9,000	9,450	9,923	10,419	10,940	11,487	61,217
Programme Materials	5,000	5,250	5,513	5,788	6,078	6,381	34,010
Misc.	5,000	5,250	5,513	5,788	6,078	6,381	34,010
Capital Costs (2), (6)	40,000	5,000	5,250	5,513	5,788	6,078	67,628
Communications / PR / Policy	20,000	21,000	22,050	23,153	24,310	25,526	136,038
Communications Officer (1), (3)	42,264	45,169	47,049	48,968	50,927	52,367	286,745
Total Outlay Activity 4:	**331,324**	**296,182**	**310,825**	**326,107**	**342,057**	**359,399**	**1,965,895**

Assumptions Activity 4 – Programme Management

1 Pay increases after expiry of Sustaining Progress assumed at 2.5% per annum. Programme Manager - HSE Family Centre Manager Scale. Calculations allow for increases due under Sustaining Progress (National Pay Agreement). Annual increments are per above pay scale.

2 All non-pay costs are increased by 5% per annum.

3 Communications Officer appointed at point 5 of Project Worker Scale (10 point scale). Appointed 1.1.06.

4 Staff allowances for anti-social working hours and conditions.

5 Full time administrator will be employed. Increase of 5% per annum built in for pay increases and increments.

6 Capital costs covers all costs associated with establishing and fitting out offices. All non-pay costs are increased by 5% per annum.

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