TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Tusla National Area-Based Childhood Programme **Annual Report 2025**

Area Based Childhood Programme

Acknowledgements

We would like to sincerely thank all the children, parents and caregivers who engaged with the ABC programme. We deeply value the trust you placed in our services.

We are grateful to the organisations and practitioners who worked collaboratively to deliver high-quality services. We also wish to acknowledge the dedication of all ABC frontline and support staff who are committed to supporting children and families across the Programme.

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List of Acronyms

ABC	Area-Based Childhood
CDNT	Children's Disability Network Teams
CRM	Customer Relationship Management
ECCE	Early Childhood Care and Education
GSWRP	Getting Started with Restorative Practices
GUI	Growing Up in Ireland
HLE	Home Learning Environment
I-ECMH	Infant and Early Childhood Mental Health
JRS	Just Right State
PEI	Prevention and Early Intervention
PHN	Public Health Nurse
RP	Restorative Practices
RPFS	Restorative Practices Facilitation Skills
SDQ	Strengths and Difficulties Questionnaire
TOPSE	Tool to Measure Parenting Self-Efficacy
ToT	Training of Trainers
WEMWBS	Warwick-Edinburgh Mental Well-being Scale

Our Vision and Mission

ABC Mission

"Through prevention and early intervention approaches, the ABC Programme works in partnership with families, practitioners, communities, and national stakeholders to improve outcomes for children and families living in areas where poverty is most deeply entrenched."

What does this mean?

"Working with parents from the earliest possible time to make sure their children are happy, health and safe."

ABC Programme Vision

"An Ireland where no child is impacted by poverty and all children are supported to reach their full potential."

Our Ways of Working

Frontline delivery of PEI services for children and families, which support early child development.

Capacity building, facilitation, and support to other service providers to implement evidence-based ways of working.

Systems change efforts with managers and decision makers at local, regional, and national level.

ABC Programme Core Pillars

01 About the Report

This report highlights the successes, challenges, and lessons learnt in implementing the ABC Programme in 2025.

The report draws on two data types:

a. Output data which captures the results of ABC Programme, such as the number of children participating in a programme, the number of parents availing of supports, or the number of home visits delivered. Outputs show the scale and reach of the ABC programme, rather than the change experienced by children and families.

Output data are based on combined annual activity reports of 12 ABC areas, from January to December 2025.

Some output figures may include double counting, as parents, children, or practitioners can participate in more than one ABC intervention in each ABC area. This must be considered when interpreting and using the output data presented in this report.

b. Outcome data which captures the changes experienced by families, and children availing of the ABC Programme. For instance, changes in behaviour, or improvements in mental health and socio-emotional well-being. Outcome data were collected between September 2024 and June 2025 using the National ABC Outcomes Framework which was in its second year of implementation. Outcome data were available for some but not all ABC interventions.

1.2. Structure of the Report

The National ABC Outcomes Framework aligns with the five national outcomes set out in the Young Ireland National Policy Framework for Children and Young People 2023-2028 (Government of Ireland, 2023). Accordingly, the report outlines the achievements of the ABC Programme in relation to four of the five national outcomes:

- Active and Healthy
- Achieving in Learning and Development
- Safe and Protected from Harm
- Connected, Respected, and Contributing to the World.

Additionally, the report captures the ABC Programme's work on delivering capacity building, facilitation and support to child and family services.

In presenting outcomes from the ABC Programme, where possible the report makes comparisons to other programmes or national datasets.

Subsequently, the report presents the emerging needs that the ABC areas identified, the challenges encountered and the learning in 2025. The report concludes by providing recommendations for the ABC Programme.

1.3. 2025 in Numbers

What we delivered:

23,537

Instances of supporting children through a range of interventions and services

11,747

Instances of supporting parents through a range of interventions and services

4,283

Instances of supporting practitioners with a range of services including training, coaching, and mentoring

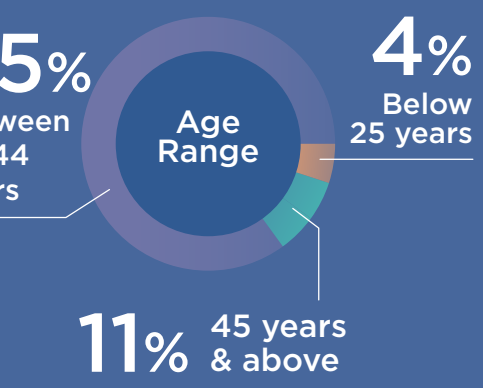
Who we engaged with[1]:

Parents

Demographic data for **907 parents** across **11 ABC areas** showed that:

90% Females

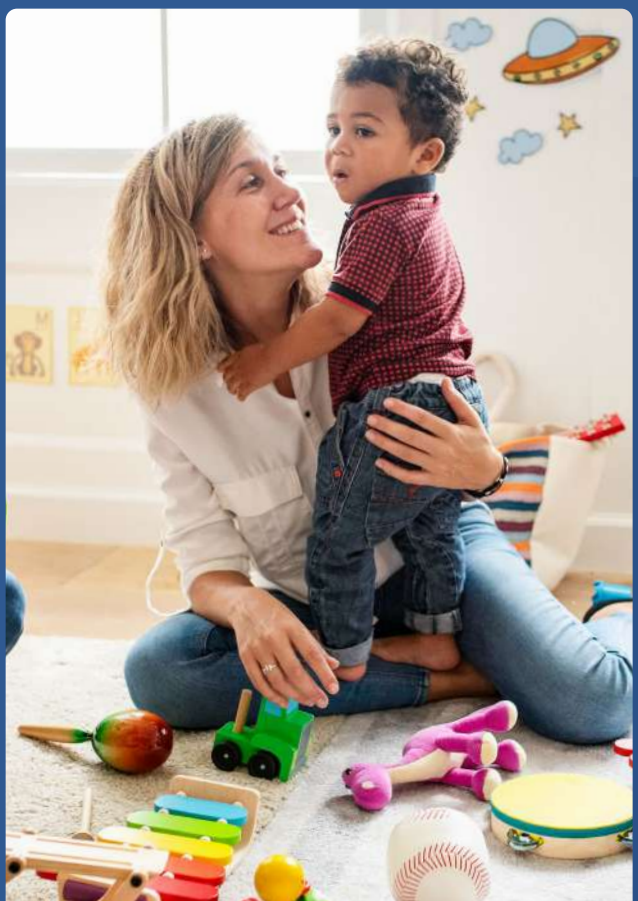
10% Males



85% Between 25-44 years

4% Below 25 years

11% 45 years & above



[1]Data are collected on the basis of consent and not collected from every parent and child availing of ABC programme.

Parents

59%

Had a Third Level education (National Framework of Qualification Level 6 and higher)

- Among parents with a medical card, Third Level educational attainment was lower (39%)

14%

Were unemployed or not working (including due to permanent sickness or disability)

- Unemployment was higher among those with a disability (31%), medical card (29%) and those with lower than Third Level education (26%)

20%

One-parent families

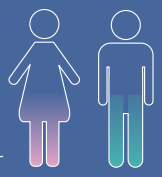
31%

Had a medical card (used as an imperfect proxy of income).

Children

Demographic data for **802 children** across **11 ABC areas** showed that:

51% **Girls**



49% **Boys**

26%

Lived in a one-parent household

53%

Lived with a parent who had a medical card

33%

Had at least one parent with a Third Level Education (National Framework of Qualification Level 6 and higher)

- Parental educational attainment was lower among children living in one-parent families (28%)

18%

Lived with at least one-parent who was unemployed or not working (including due to permanent sickness or disability)

- Parental unemployment was higher among children whose parents had a medical card (26%).

Case Study[2]

Sandra lives with her husband and two children – a newborn and a 2-year-old. After the birth of her second child, Sandra experienced postnatal depression. Traditionally, she would lean on her parents' family for emotional and practical support. However, that relationship had broken down, leaving her anxious and isolated.

During a post-natal appointment, a Public Health Nurse referred Sandra to an ABC Programme. The referral process was straightforward, reflecting a strong working relationship between ABC and local community services.

Sandra joined an ABC-funded home visiting programme. An experienced home visitor visited her twice a month and supported her to recognise her strengths as a parent. Through eye contact, responsiveness and recognising baby's cues, Sandra started building confidence as a parent. She became more attuned to her children's emotional needs, reducing the risk of relapsing into crisis. The home visitor also provided evidence-based resources and opportunities for social connection through wraparound supports.

Eventually, Sandra joined other community groups, including Peep Learning Together (parent and baby), Circle of Security, and Mindfulness. The trust and consistency the home visitor had built enabled Sandra to engage fully with these supports.

When Sandra and her family faced eviction, the home visitor supported them to engage with housing services. The family secured accommodation in a homeless hub.

Sandra commented that her confidence in navigating daily challenges had improved.

[2] Names changed for anonymity

"I'm not just getting by anymore, I feel secure, I have a home for myself my husband and my children. I now know how to cope when things feel overwhelming, I'm not alone anymore, I have different groups and friends in my life now that I can turn to when needed."

2.0. Active and Healthy

In alignment with the Active and Healthy national outcome of the Young Ireland Policy Framework, the national ABC Programme delivers interventions that contribute to:

- supporting children's developmental milestones
- improving perinatal and parental mental well-being
- improving parent-child attachment, and
- improving children's physical and mental well-being.

2.1. Home Visiting Programmes

Home Visiting Programmes provide practical, emotional and developmental support to parents and carers, especially during pregnancy and the early years of childhood. They contribute to a range of outcomes for children and their parents, including children's cognitive development, socioemotional skills, children's academic achievement, home environment, and parenting behaviours and skills (Doyle, 2020; Filene et al., 2013; Orri et al., 2019). The ABC Programme implements a range of Home Visiting Programmes, including (but not limited to): Preparing for Life, Parent Child Plus, Barnados Homemaker, Infant and Early Childhood Mental Health (I-ECMH) Home Visiting, Up to Two, Let's Grow Together, and Community Families.

Home Visiting in Numbers, 2025

1,258
families availed of Home Visiting Programmes

1,009
children from zero to and three years old benefitted from Home Visiting Programmes

126
children older than three years benefitted from Home Visiting Programmes

2.2. Supporting Child Health and Development

Supporting parent child-attachment and positive I-ECMH experiences is central to the ABC Programme's work with children aged 0-5 years. I-ECMH refers to children's capacity to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn within the context of family and cultural expectations (Zero to Three, 2018). I-ECMH experiences contribute to the formation of a child's brain architecture, shaping neural connections and pathways through repeated experiences and early relationships (Zero to Three, 2018). Consistent positive experiences—such as responsive caregiving, safety, play, and emotional attunement—support healthy brain development, secure attachment, emotional regulation, and a child's long-term capacity for learning and relationships.

255 parents and 189 children
availed of the interventions that support a positive I-EMCH

232
practitioners trained to implement I-ECMH interventions

94
I-EMCH Learning Network meetings providing space for peer learning and support to practitioners

I-ECMH interventions included Building Baby from Head to Toe, Newborn Behavioural Observation, Baby Box and Mirror Play.

Interventions that nurture a secure parent-child attachment (such as Circle of Security, Infant Massage, Incredible Years Baby, etc) were delivered to:

- **1,398** parents and **1,151** children
- **81** practitioners trained to deliver interventions supporting a secure parent-child attachment.

Parents who completed interventions that support secure parent-child attachment self-reported improvements in:

- play and enjoyment with their children **(72%)**
- empathy and understanding of their children **(65%)**
- emotion and affection **(63%)**

2.3. Parental and Perinatal Well-being

ABC areas delivered supports contributing to positive parental mental well-being and perinatal well-being.

- **136** parents availed of perinatal well-being interventions, including antenatal and postnatal classes and postnatal depression support groups
- **103** parents availed of interventions supporting parental mental well-being including Mindfulness for Parents and Parents Plus Parenting When Separated.

Changes in parental mental well-being were assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Self-reported data from parents showed significant improvements in parental mental well-being after the ABC interventions:

- From a score of **49.1** before the interventions to a score of **52.3** after the interventions
- While not directly comparable, an evaluation of the Infant Massage intervention in Northen Ireland using the WEMWBS recorded a pre-score of **51.4** and a post-score of **58.4** (Cameron & Shepherd, 2018). The study in Northen Ireland had more support than just Infant Massage intervention.

"This multi-agency approach ensured that the family received coordinated and consistent care, with all services working towards shared goals for the well-being of the parent and child."

Case Study[3]

Leah experienced a difficult upbringing and spent time in care during her childhood. As an adult parent, she faced significant challenges, including domestic violence and drug misuse. These difficulties impacted her ability to provide a safe and stable environment for her children, resulting in her two children being placed in Tusla care. Despite these challenges, Leah was motivated to make positive changes in her life and improve her parenting capacity. Following the birth of her new child, she reached out to an ABC area seeking support and expressed a willingness to engage in services, including participating in the Circle of Security parenting programme, to better understand and meet her children's emotional needs.

Leah later enrolled in the Community Families Home Visiting Programme and group-based supports such as the Incredible Years Baby and Baby and Me Café to strengthen her relationship and attachment with her new baby. The ABC area provided the supports in collaboration with Tusla Parenting Support services, and other family support services. This multi-agency approach ensured that the family received coordinated and consistent care, with all services working towards shared goals for the well-being of the parent and child.

Leah has demonstrated improvements in mental health and parenting capacity including increased confidence, stability, and ability to meet her child's needs. While Leah has not regained custody of her two older children, she has successfully maintained care of her youngest child. Leah has also graduated from the Community Families Home Visiting Programme. Leah still receives ongoing support through the Parent Child+ Home Visiting Programme, which focuses on supporting the child's development while continuing to strengthen the parent–child bond through play-based interactions.

[3] Names changed for anonymity

3.0. Achieving in Learning and Development

The ABC Programme supports children's learning and development in a range of areas, including:

- achieving age-appropriate communication, speech, and language skills
- supporting literacy and numeracy skills development
- supporting transitions to pre-school and primary school, and
- supporting parental engagement in children's learning and development.

3.1. Children's Speech, Language and Communication Development

Research shows that early language development provides a foundation for learning, cognitive growth, and literacy, and it shapes children's social, emotional, and academic success (Gibson et al., 2021; Mendelsohn & Klass, 2018). Interventions delivered to support children's speech, language and communication development included: Speech and Language Therapy sessions, Early Talk Boost and Talk Boost, Loving Language, and Bringing Stories to Life.

869

parents availed of interventions that helped them support their children's speech and language development

2,862

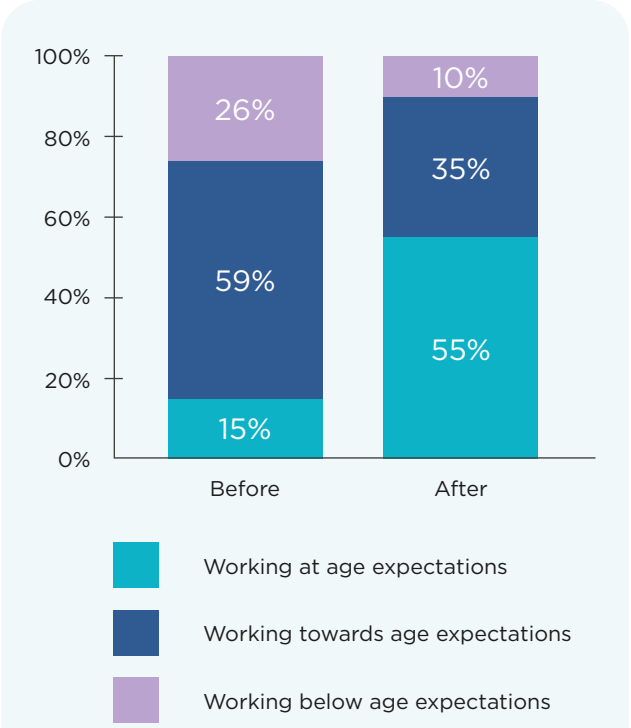
children received interventions that support speech, language and communication development

938

practitioners received training in speech language and communication development

Outcome data on children's speech, language and communication were collected from Early Talk Boost and Talk Boost Key Stage 1 interventions (n=231)[4].

Changes in Speech Language and Communication



Improvements in speech, language and communication skills were close to changes observed in a different cohort of children within the ABC Programme in 2024, in which, 15% of children were Working at Age Expectations before the intervention and 63% of children were Working at Age Expectations after the intervention. Similarly, an evaluation of the Early Talk Boost by Tusla in 2023, reported that approximately 11% of children were Working at Age Expectations before the intervention, which increased to 63% after the intervention (Moloney et al., 2023).

3.2. Children's Literacy and Numeracy Skills

Early literacy and numeracy development provides many benefits for children, including contributing to improved reading abilities and academic achievement (Hurry et al., 2022; Stern et al., 2023). ABC areas delivered literacy and numeracy interventions and supports to:

- **1,813** children in primary school, **680** children in Early Years settings and **356** children aged between 0 and 3 years
- **459** parents to enhance their capacity to support their children's literacy and numeracy development.

ABC areas also provided school-transition support and information packs to:

- **1,304** parents to support their children's school transition
- **141** children transitioning to pre-school
- **2,441** children transitioning to primary school.

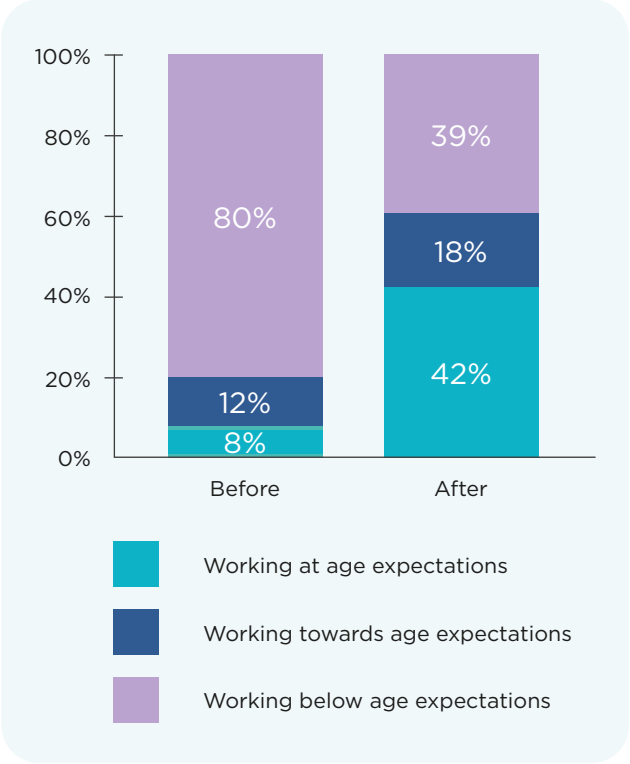
Outcome data on literacy skills were collected from two interventions: Doodle Den and Wizards of Words. For children who participated in Doodle Den:

- **88%** showed improvements in their reading skills
- **85%** showed improvements in their writing skills.

[4] On the chart, Before refers to pre-intervention and After refers to post-intervention.

Changes in Reading Comprehension Skills

For children who completed the Wizards of Words intervention, changes in their reading comprehension skills are displayed in the chart below.



3.3. Parental Engagement in Children's Learning and Development

Parental engagement in children's learning and development is often referred to as the home learning environment (HLE). HLE refers to the amount and quality of learning-related activities parents do with their children in the home. Such activities may include reading together, numeracy activities, art and active games. A positive HLE contributes to socio-emotional competency for children, improves literacy and reading, and its benefits can last even into secondary school (Foster et al., 2005; Lehrl et al., 2020; Li et al., 2023).

In 2025, ABC areas delivered a range of interventions to improve parental engagement in children's learning and development:

- **406** parents and **792** children participated in structured interventions supporting the HLE
- **7,874** children aged 0 to 5 years and **1,056** primary school children received reading books through Book Gifting interventions
- There were **1,765** parental attendances to events and workshops supporting the HLE
- There were **2,701** parental and **2,763** child attendances to drop-in interventions supporting the HLE.

With regards to capacity building, ABC areas:

- Delivered training to **180** Early Years Practitioners to support them to work with children
- Delivered training to **84** practitioners to support delivery of interventions aiming to enhance the HLE.

3.4. Children's Socio-Emotional Development

Social-emotional development refers to the ability to understand the feelings of others, control own feelings and behaviours, and get along with peers (Mid-State Central Early Childhood Direction Center, 2009). Children's socio-emotional development has been linked to a range of outcomes including academic success (Leerkes et al., 2008), social competence (Denham et al., 2003), and later life well-being (Mid-State Central Early Childhood Direction Center, 2009).

In 2025, the ABC programme delivered supports and interventions aimed at improving children's socio-emotional development and:

3,147

children availed of interventions supporting socio-emotional well-being:

- 364 aged 0-3 years
- 1,066 in ELC
- 1,717 in primary school

531

parents availed of interventions to support their children's socio-emotional well-being

163

practitioners trained in delivering socio-emotional well-being interventions

Outcome data on the impact of socio-emotional development interventions were collected using the Strengths and Difficulties Questionnaire (SDQ) from universal and targeted interventions[6]. Outcome data were collected from **617** children who participated in universal school-based interventions (pre-school and primary schools) and **53** parents who participated in targeted interventions for children's socio-emotional well-being.

Table 1 summarises the outcomes of universal and targeted socio-emotional development interventions and compares with scores from the national Growing Up in Ireland (GUI) study. The results from the ABC socio-emotional development interventions show a significant decrease in the Total Difficulties and Peer Problems scores, indicating a positive and intended change in emotional regulation. The Prosocial Behaviour scores increased significantly, reflecting a positive and intended change.

Table 1: Comparisons of SDQ scores between ABC interventions and Growing Up in Ireland

	Universal ABC Interventions		Targeted ABC Interventions		Comparison Growing Up in Ireland Scores		
	Before	After	Before	After	3 Year-Olds	5 Year-Olds	9 Year-Olds
Total Difficulties Score	10.7	8.7	18.9	16.2	7.9	7.4	7.7
Prosocial Behaviour Score	5.9	7.1	6.1	6.6	8.0	8.4	9.0
Peer Problems Score	1.8	1.2	3.5	3.0	1.2	1.0	1.1

Table 1 shows that post scores from ABC universal interventions are closely similar to the scores from the GUI study. However, post Total Difficulties scores from targeted ABC interventions are higher compared to the GUI study. This reflects the targeted nature of such ABC interventions towards children with higher levels of need.

[6] Universal interventions are delivered to all children irrespective of the level of need, while targeted interventions are delivered to children or their families who present with a specific or higher level of need.

Case Study [7]

Jamie is 6 years old. He was struggling with negative self-talk and found it hard to make friends. He refused to go to school, parties and social events. His parents reached out to the ABC Programme for support. They wanted to help Jamie build confidence, enjoy hobbies, and feel less anxious in social situations.

A Family Worker met with Jamie and his parents to understand his needs and plan the right support for the family. This holistic approach was tailored not only to Jamie's individual needs, but also to his parents' capacity to support him at home.

The Family Worker started with two structured sessions per week with the family. One session involved joint parent-child work, based on two evidence-informed programmes: This Is Me and Just Right State. The second session offered the parents a space to reflect on Jamie's progress, and to explore new strategies and routines.

Jamie started naming his emotions. He learned about managing big feelings and explored his interests and goals. His parents learned practical strategies to strengthen communication and encouragement through daily check-ins with Jamie.

After completing this intervention, Jamie and his parents engaged with the Just Right State (JRS) programme. JRS uses sensory activities, food-based strategies and age-appropriate cartoons to help children understand emotional responses and develop self-regulation skills. This parent-child approach allows practicing the strategies at home and in school. Jamie and his parents became more aware and accepting of individual differences. Jamie successfully managed his big feelings in various situations.

After the two interventions, Jamie started attending school regularly. He developed positive routines and explored a range of extra-curricular activities, including swimming, music and rugby. His confidence, social skills and sense of belonging within his community improved. Today, Jamie can name his feelings and ask for help when he needs it. His anxiety has reduced, allowing him to participate in parties, camps and family events.

"Jamie started naming his emotions. He learned about managing big feelings and explored his interests and goals."

4.0. Safe and Protected from Harm

The ABC Programme actively works to contribute to children's safety and protection from harm. This is achieved through delivering interventions that focus on:

- Parenting and family support
- Enhancing parental competence and confidence (self-efficacy),
- Improving parent-child relationships.

4.1. Parenting Support

Parenting support refers to the provision of information, interventions and services aimed at strengthening parental knowledge, confidence and skills to help achieve the best outcomes for children and families (Department of Children, Equality, Disability, Integration and Youth, 2022). Resourcing and supporting parents in their parenting role ensures the best possible start in life for children. Such an approach can mitigate some of the negative impacts of intergenerational poverty, challenging family circumstances and inter-parental conflict (Department of Children, Equality, Disability, Integration and Youth, 2022).

413
parents completed structured parenting interventions

1,037 parents and 454 children
received family support services including parenting workshops, drop-in supports and family events

245 parents and 207 children
living in IPAS received family support services

Outcome data on parenting support interventions were collected from two interventions: the Incredible Years Baby Programme and Parents Plus using the Tool to Measure Parenting Self-Efficacy (TOPSE). After completing these programmes, parents had made significant improvements in different aspects of their parenting role (see Table 2).

Table 2: Self-reported changes in parental confidence and competence

	ABC Interventions		Comparison Study*	
TOPSE Subscales	Pre-Scores	Post-Scores	Pre-Scores	Post-Scores
Play and Enjoyment	49.0	55.0	47.6	55.3
Discipline and Boundary Setting	35.4	43.8	-	-
Learning and Knowledge	50.0	54.0	47.7	54.9

A comparison of the TOPSE sub-scale scores from ABC interventions with a pilot evaluation of Incredible Babies Programme (an 8-week programme for parents of children aged 0-6 months) in Northen Ireland (Braiden & Marshall, 2014) shows almost similar changes before and after interventions. However, note that the evaluation of Incredible Babies had a much smaller sample.

Case Study [8]

Ciara, 9 months old, lives with her grandparents and her father, James. When James and his partner separated due to struggles with addiction, Ciara was placed under the guardianship of her grandparents. Ciara's grandparents were very anxious about caring for a baby. They reached out to an ABC area for help with child development, building positive relationships within the home, and signposting to Early Years settings. They were offered a Home Visiting Programme, with weekly visits to support the family.

At the start, James' parental confidence was low. He felt his role as a father was overlooked and undervalued within the family. He also felt unsupported by statutory and community services as a new parent. To build James' confidence, the Home Visitor used active listening and a strengths-based approach. They began by delivering the Circle of Security on a one-to-one basis. During play time in home visiting sessions, James received support in naming all the new skills he was learning.

The Home Visitor also assisted James to access personal development courses, navigate social work services, and manage co-parenting arrangements with Ciara's mother. The Home Visitor supported the family to secure an Early Years place for Ciara on 3 days a week, allowing James to stay in work and continue his personal development.

Over time, James' parental confidence improved. He began to comment on his value as a father and how his bond with Ciara was improving. After 10 months of Home Visiting support, James signed up for another ABC intervention, Peep Learning Together, to continue supporting Ciara's developmental needs.

"I learned a lot from my sessions for sure. I would have nothing but positive feedback about it all. I learned how to identify with how my child is feeling, how to encourage them to explore and how to comfort them when they come back to me. I feel like I am more confident as a dad after it all. I appreciate how kind and accommodating you have been through the whole thing, there was never an issue if I had to miss a session, if I needed it to be done online or anything like that which I appreciated a lot. I'd just like to thank you for the time, I really did appreciate and get a lot from it all" – James.

"I learned a lot from my sessions for sure. I would have nothing but positive feedback about it all. I learned how to identify with how my child is feeling, how to encourage them to explore and how to comfort them when they come back to me. I feel like I am more confident as a dad after it all."

5.0. Connected, Respected and Contributing to the World

ABC areas deliver interventions that enhance children and young people's capacity to feel connected and respected in their communities. These interventions aim to improve a sense of safety for children in the community and school, and to improve relationships in communities.

The impact of ABC work in these areas is evidenced through the Kiva Anti-Bullying Programme, and Restorative Practices.

5.1. Kiva Anti-bullying Programme

The KiVa Anti-Bullying Programme is a school-based intervention that delivers universal and targeted activities to address bullying in schools. The central aims of universal lessons are to raise awareness of the role that students play in experiences of bullying, increase empathy toward victims, and promote children's strategies for supporting the victim (Kärnä et al., 2011). Targeted activities of the programme focus on addressing cases of bullying by bringing together a team of teachers, victims and perpetrators of bullying. Additionally, bullying victims are provided with classmates who support and socialise with them.

In 2025, Kiva Anti-Bullying programme achievements were:

8,181 children availed of the intervention

At least **158** teachers trained on how to implement the intervention

32 schools implemented the intervention in 2025, and **4,246** students completed the KiVa survey:

- Approximately **13.9%** of children experienced bullying at least two to three times a month in 2025
  - **68%** of these reported they have been bullied less, or the bullying has completely stopped after the intervention
- Approximately **3.5%** of children had bullied other students at least two to three times a month
  - **75%** of these say they have been bullying others less or they have completely stopped bullying after the intervention
- Overall,
  - **70.9%** of students agree that staff in their schools treat everyone equally while **9.6%** disagree and **19.5%** student were not sure.
  - **44.3%** of children agree that students treat each other equally in their school while **18.2%** disagree and **37.5%** students were not sure.

5.2. Restorative Practices

Restorative Practices (RP) are an evidence-based set of skills that help develop and sustain strong and happy organisations and communities by actively developing good relationships, preventing conflict from escalating, and handling conflict and wrongdoing creatively and healthily (Childhood Development Initiative, n.d.). Restorative practices training is provided to practitioners and is available at several levels: beginner training (Getting Started with Restorative Practices: GSWRP), an intermediate course for those who have completed the beginner course (Facilitation Skills: RPFS), and an advanced course for trainers (Trainer of Trainers: RP ToT).

In 2025:

270
practitioners completed the GSWRP training

60
practitioners participated in RP Information sessions

9
practitioners completed the RP Summer Course and ToT

6.0. Capacity Building, Facilitation and Support

Capacity building and strengthening of child and family services are central to the ABC Programme. The Programme seeks to strengthen collaboration among stakeholders, improve the quality of services within the Early Years sector and embed a culture of trauma-informed practice. The intended long-term outcome is sustainability of high-quality services and supports for children and families.

6.1. Strengthening the Early Years Settings

ABC areas provide a range of supports to Early Years settings including training, mentoring and coaching with the aim of enhancing the quality of interventions and services they provide to children and families. In 2025, across the ABC areas:

- **180** Early Years practitioners received training in various areas including Nurturing Leadership, the Updated Aistear Framework, High Scope Training and Mindfulness for Early Years
- ABC areas provided **51** mentoring and coaching sessions to approximately **139** Early Years practitioners
- ABC areas conducted at least **62** meetings with Early Years providers to support implementation of interventions and services

6.2. Interagency Collaboration

Collaboration refers to a process of participation through which people, groups, and organisations form relationships and work together to achieve a set of agreed-upon results (Kochhar-Bryant, 2008). Interagency collaboration therefore brings together organisations and stakeholders working towards a shared goal and common services. A large proportion of the ABC interventions are delivered through interagency work.

- ABC areas conducted at least **189** meetings to support interagency collaboration in 2025. These meetings covered work with a range of structures focusing on diverse issues such as education, child poverty, homelessness, IPAS, parenting support and well-being
- The ABC Managers Forum, made up of managers of the ABC Programme in each ABC area, met monthly to share learnings and explore collaboration opportunities within the ABC Programme
- The ABC Programme is developing be-spoke measures of interagency collaboration and participation in decision making for pre-verbal children.

6.3. Trauma Informed Practice

Trauma informed practice or care often refers to a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010). ABC areas recognise that they work with families and children who may have experienced trauma and work towards embedding a culture of trauma informed practice.

In 2025, ABC areas:

- Coordinated **4** trainings for **63** practitioners on embedding trauma informed practices in services
- Coordinated **14** meetings for the Trauma Informed Practice Learning Network with **51** practitioners.

"Over time, Martha became an active and consistent participant in the Peer Support Group. She felt less isolated and more confident in her role."

Case Study [9]

Martha, a new Early Years manager, felt lonely and isolated in her role. She had little peer support and limited opportunities for professional connection or shared learning with other professionals in her area. This affected Martha's well-being and confidence in her managerial role.

The ABC Early Years Mentor linked in with Martha and invited her to join the ABC Early Years Managers Peer Support Group. The Group, coordinated by ABC area and chaired by EY Managers, meets every six weeks. Participants share experiences, learn from one another and build strong professional relationships, fostering a sense of community across local services.

Over time, Martha became an active and consistent participant in the Peer Support Group. She felt less isolated and more confident in her role. She and her staff availed of a range of capacity building opportunities through the Group. Martha embedded the learning in her own setting by starting peer support meetings in her EY service. Her staff went on to complete a range of ABC-supported training programmes, including Restorative Practices, Early Talk boost, and Trauma Awareness. Staff were also supported to attend well-being workshops.

Today, Martha continues to regularly engage with the ABC Programme. She actively promotes ABC early intervention and prevention services to parents.

Martha's story shows the wider impact of peer support initiatives in reducing professional isolation, strengthening leadership confidence, and building sustainable professional networks within the Early Years sector.

9 Names changed for anonymity

7.0. Emerging Needs

The twelve ABC areas identified new and emerging needs within their communities. In Table 3 below, emerging needs are organised in broad categories, with a specific description and examples grounded in local realities:

Table 3: Emerging Needs within ABC Areas

Category of Emerging Needs	Description	Example
Inadequate Service Provision	• A high demand of anxiety and behavioural supports for children • An increased demand for support with developmental challenges, additional needs and disabilities • A rise in parent mental health issues • A growing demand for maternal mental health and social support • Popular parental interventions due to increased demand included: Baby Massage, Incredible Years, Parent Plus and Peep • An increased interest in and commitment to I-ECMH among practitioners.	*"Increase in referrals for children with mental health, anxiety and behavioural difficulties. Parents report difficulties setting boundaries, managing emotional regulation, and understanding the impact of extensive screen use. These challenges are often compounded by stress, overcrowded living conditions, and lack of access to appropriate professional guidance."*
Additional Needs	• Long waiting lists to access assessment, diagnosis and support, leaving parents frustrated and stressed • Challenges managing classroom behaviour due to lack of training on supporting children with additional needs • Lack of capacity within universal interventions to provide direct and intensive support to children with additional needs.	*"Doodle Den has had an increased number of children on waiting list -this has resulted in the need for funding to train facilitators in classroom management, interagency collaboration and explore how to meet the additional needs outside the scope of the programme."*

Shortage of Early Years Places	• Limited availability childcare, preschool and afterschool services • Some children completed one year of Early Childhood Care and Education (ECCE) and some children enrolling in school at age four, risking developmental challenges • A shortage of affordable Early Years places and childcare restricted parents from returning to full-time work.	*"ECCE report that parents send children to school just after one year of completing ECCE. This can have a knock-on effect on school readiness, with Junior Infants' teachers reporting that they are assessing children on developmental tasks above their developmental age."*
Community Safety	• A rise in concerns, across multiple ABC areas, about community safety, mostly in relation to increased anti-immigration protests, posing a danger for families and staff • An increase in anti-social behaviour, drug intimidation and violence also impacted community safety • Littering and dumping in some communities posed health challenges for families.	*"Families living in areas of high social deprivation report serious concerns regarding safety and well-being. Chronic dumping, public drug use, joyriding, and intimidation have a direct impact on families' capacity to raise children in a secure environment..."*
Inadequate Housing	• Families living in emergency and transitional accommodation experienced challenges including overcrowding, limited privacy, limited play space for children, and it impacted parents' mental health • A shortage of social housing resulted in overcrowded and multigenerational living • Families in newly built social housing, experienced major structural faults including leaks, lifts breaking down regularly and anti-social behaviour in the buildings.	*"Families staying for prolonged time in emergency accommodation with overcrowding and limited privacy. It impacts parent's mental health and capacity to engage consistently with services. Children have limited space for play"*
Challenges for immigrant families	• New families immigrating to Ireland found it difficult to access support and services • Language barriers, limited social networks, and uncertainty regarding entitlements and housing pathways were common challenges.	*"An increasing proportion of migrant families use our service. These families often face language barriers, limited social networks, and uncertainty regarding entitlements and housing pathways."*

ABC areas identified several other emerging needs including rising poverty, an increase in domestic violence cases, rise in mental health difficulties and families presenting with complex needs.

8.0. Challenges

ABC areas experienced a range of challenges in delivering services and supports. Challenges mentioned by ABC areas were qualitatively grouped (Table 4).

Table 4: Challenges experienced by ABC Areas

Category of Emerging Needs	Description	Example
Resource shortages	• Responding to emerging needs exceeded the resources available resulting in waiting lists, and failure to meet other needs • Some families presenting with needs lived outside the catchment area for the ABC Programme • Some ABC areas did not have resources to fund the administrative aspects of interventions, especially for staff in clinical practices • In other cases, ABC areas experienced challenges due to increased complexity of funding and contracting arrangements, and a need for additional administrative and governance supports • The rising overheads and staff costs, without increases in ABC Programme Budget affected ABC areas.	*"Demand for family support exceed capacity for the ABC. Families are therefore on the waiting list with increasing complexity of needs"*
Staff Challenges	• Shortage of financial resources to cover staff on long-term leave (maternity, sick leave) impacted programme delivery • Difficulties in attracting suitable candidates to the vacant roles due to uncompetitive salaries • Lack of staff capacity to support parents and children with additional needs.	"*We have faced challenges with staffing, including staff retention, covering long-term sick leave, and attracting suitable candidates when the salary is no longer competitive. There is also a high turnover rate of staff in schools and services....*"

Outcome Measurement	• Staff training and induction to use the ABC Outcomes Framework posed challenges • For ABC areas that had introduced Customer Relationship Management (CRM) systems, staff training was challenging • Some ABC areas found a lack of a robust CRM resulted in duplication of tasks in extracting and sharing reports • A lack of time, adapting to new outcome measures and supporting parents who use English as a second language posed challenges to outcome data collection • Low response rates impacting data analysis for short-term interventions • Some ABC areas felt outcome measurement did not capture the relationship building aspect of supporting families • Despite the challenges, some ABCs valued the insights from outcomes measurement in communicating the impact of the programme.	*"...a significant amount of essential work-such as relationship-building, interagency coordination, training, and peer support-is not always fully captured in reporting systems, despite being critical to effective and sustainable service delivery."*
Interagency Collaboration	• Incoming referrals to ABC areas requested services not provided or required complex support, needing ABC areas to adjust services. • Inappropriate referrals risked disjointed services and families not receiving support. • Some ABCs had challenges maintaining sustainable and consistent relationships with statutory organisations such as Tusla. This made it difficult to ensure adequate follow up with families.	*"Lack of systemic referral process from state services in Maternity Hospitals, General Practitioners and Primary Care to the community services resulting in disjointed services and many families falling through the cracks."*

ABC areas identified other challenges which impacted the implementation of the programme including a lack of appropriate venues for interventions, the Tusla Reform Programme which left uncertainty regarding local relationships between ABC areas and Tusla, and low engagement in service by some target groups.

9.0. Key Learning

ABC areas identified key lessons in implementing the ABC Programme, and these were qualitatively grouped into broader categories based on the narrative provided by each ABC area (Table 5).

Table 5: Key lessons from the ABC Programme

Category of Emerging Needs	Description	Example
Adaptability and Flexibility	**Key ad-hoc changes ABC areas made to programme delivery include:** • More focus on diversity and inclusivity for diverse cultural backgrounds • Provision of shorter, targeted and practical workshops as families experienced multiple stressors and poverty • Provision of more specialised and one -to-one services for children and families with different levels of need • Providing more 'hands on' and 'play-based' services. This included providing dedicated play spaces for children and families where their accommodation did not facilitate this. Similarly for school-based interventions, some ABCs found activity and 'hands on' interventions more effective than interventions using a 'classroom' based model.	*"Flexibility in programme design and delivery has become increasingly important. Families facing housing insecurity, financial pressure, or multiple stressors often find shorter, targeted workshops and practical interventions more accessible than longer, structured programmes. Adapting delivery formats has supported engagement and enabled services to respond more effectively to families' immediate needs."*
Interagency Collaboration	• Interagency collaboration facilitated a more cohesive, continued and efficient umbrella of supports for families • It reduced duplication, particularly while waiting for statutory or specialist services • Interagency collaboration provided a platform for reaching many families in need.	*"Collaboration is essential in meeting complex family needs. Effective* interagency *collaboration…. reduces duplication, and provides continuity for families, particularly while they wait for statutory or specialist services."*

Supporting Staff Well-being	• Importance of supporting staff's well-being, as they work with families with very high and multiple needs • ABCs prioritised staff training, provision of reflective supervision and peer support.	*"We place a lot of emphasis on supporting staff who are working with families with multiple challenges. It is essential that they are supported effectively."*

Additional lessons identified by the ABC areas include the importance of collaboration across the ABC areas, the importance of advocating for families to access specialist supports and services, and the value of building relationships with families and communities ABC areas worked with.

10.0. Summary and Conclusions

The ABC Programme aims to provide PEI services to families and vulnerable children experiencing poverty. As shown from the presentation of demographic data from children interventions, the ABC Programme, largely, worked with intended target groups. While data are not available for every child, the ABC Programme worked with more children from one-parent families (26%) than in the national population in 2022 (15.5%) (Department of Children, Equality, Disability, Integration, and Youth, 2024). More than half (53%) of children availing of the ABC Programme lived with a parent who had a medical card, which is used as an imperfect proxy for low income. A higher proportion of children lived with at least one unemployed parent (18%) when compared to national proportions of children living in households where none of the parents and caregivers are employed (9.4%) (Eurostat, 2026).

A mixed profile of the parents emerged from the data. The rate of Third Level educational attainment among parents was slightly higher than the national rate of 56% (Central Statistics Office, 2024). Additionally, the proportion of parents with a medical card in the ABC Programme was similar to the national rate of 30% (Central Statistics Office, 2024b). However, the unemployment rate among parents in the ABC Programme was close to four times higher than the national rate of approximately 5% (Central Statistics Office, 2026). It must be noted that completion of forms is voluntary within the ABC Programme and data were not collected on all interventions. Additionally, the group of parents completing the forms may be the most educated parents and less likely to experience deprivation. This likely impacted the demographic profiles of parents.

Outcome analysis showed that children and parents experience positive changes after accessing PEI supports within the ABC Programme. The ABC Programme positively contributed to improvements in children's speech and language skills, literacy skills, emotional regulation and prosocial behaviour, and safety in schools. For parents, the programme contributed to positive changes in secure parent-child attachment, parental mental well-being and engagement in children's learning and development. It must however be noted that ABC areas reported challenges with outcome measurement including low response rates, challenges with parents for whom English is an additional language, and time and resource shortages. Addressing these challenges may improve the quality of outcome data.

In addition to the ongoing needs of families, ABC areas observed an increase in emerging needs including an increased demand for PEI services, services for children with additional needs, availability of Early Years places and community safety. Some of these emerging needs are outside the remit of the ABC Programme. As such, it is important that the ABC Programme continues to emphasise the importance of interagency collaboration in meeting needs of families.

11.0. Recommendations

Having considered the achievements of the ABC Programme, the emerging needs, challenges and key learnings in 2025, the Programme must consider:

- Expanding demographic data collection to all ABC funded interventions. With more demographic data collected, a comprehensive profile of the children and parents the programme works with may be presented
- Understanding the challenges which result in low-response rates in some ABC interventions and addressing the time and resource requirements of outcome measurement particularly with parents for whom English is an additional language.
- Several ABC areas highlighted an increase of children presenting with additional needs, the long waiting lists for children and growing parental concerns for children with additional needs. Such emerging needs have been raised year on year. It is essential that the ABC areas work with other organisations and agencies to develop local solutions and support national efforts to tackle these challenges.
- Provision of training and minimum standards regarding programme adaptation, which facilitates flexibility and responsiveness whilst maintaining intervention fidelity
- Training in advocacy approaches in terms of responding to individual needs, and seeking policy change
- Training on an inter-agency basis wherever possible, to maximise collaboration
- Budgets reflect the actual cost of service delivery and adequate resources are provided to effectively respond to local need.

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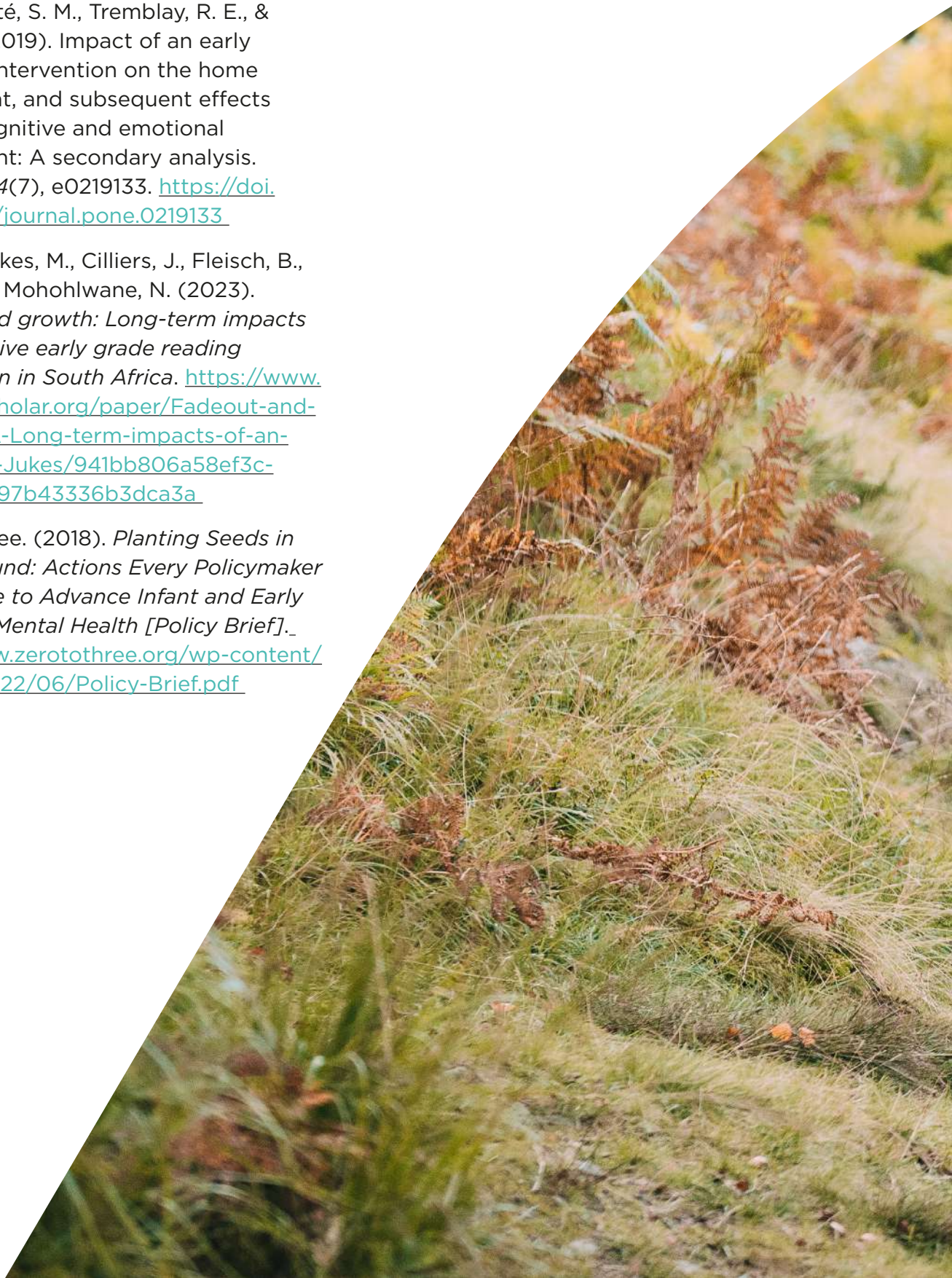

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