

# CHILD-FOCUSED COMMUNITY PROFILE 2015-2019

Draw your favourite things about our community and how we grow together

I Love My community My After-School



An Roinn Leanaí, Comhionannais,  
Míchumais, Lánpháirtíochta agus Oige  
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# Summary

- Data indicate young people perceive themselves to have very high levels of resilience and feel secure and content with their place within the world.
- Shifts in child outcomes were recorded between 2015 and 2019, with notable improvements in social and emotional, cognitive, language, and literacy domains.
- Service-level improvements were also realised through quality enhancement and capacity building initiatives. Levels of quality across seven participating Early Years settings in 2015 showed marked improvements across all domains of the environmental rating scales in 2017.
- Striking indicators of disadvantage were recorded by comparing Let's Grow Together electoral district Census and small area data to national figures between 2011 and 2016. Of note, significant increases in the number of family units within households were recorded for the Let's Grow Together area, reflecting the severity of the national housing crisis.
- This Child-Focused Community Profile provides a comprehensive picture of improved child outcomes. Census data and small area statistics confirm the intergenerational effects of poverty and deprivation, however, data emerging from the application of more nuanced child-level measures highlights shifts made in child outcomes at a population level.
- Results add to the evidence base on the potential for improving childhood developmental trajectories and underscore the realisation that children living with disadvantage have the same capacities for healthy growth and development when supported and nurtured appropriately and effectively. Organisations should remain cognisant of this and committed to monitoring child-level outcomes and utilising data to further improve child and community outcomes.
- Relying on adult-focused population health data can result in an underestimation of the developmental health needs of children in low-income communities. This profile provides evidence of methods employed and their value for monitoring and reporting child-level population health data. Collection of child-specific data helps to understand improvements and dis-improvements in child development and well-being, thus informing prevention, promotion, and early intervention programming and services.
- The availability of a child-focused community profile can be a catalyst for innovative approaches to supporting child development.

# Introduction

Lifelong health and well-being have roots in early childhood (Marmot, 2020). Extensive research shows that adult outcomes such as mental well-being, physical health, education, employment, and longevity can all be linked to the early years (Shonkoff and Garner, 2012).

If communities are to thrive, cognisance of how children are doing, the challenges they face, their relationships and environments, and the effectiveness of childhood supports is essential. To better understand the experiences and needs of children in specific communities requires child-focused area-level data.

Child health and development are interlinked. Moreover, they differ significantly from adult health in the extent and way they are influenced by the environment. A healthy childhood is one in which children are supported to realise their full potential, develop their capabilities, build responsive and nurturing relationships, and interact successfully with social environments.

This moves child health beyond a focus on the presence or absence of disease to a positive focus on supporting children to achieve their full developmental potential. Child development outcomes are a measure of how well individual children are doing and of the extent to which communities of children are healthy and thriving (Minh et al., 2017).

Child development refers to the physical, social, emotional, and cognitive health and well-being of the developing child. Early childhood development refers to the rapid growth and change that takes place during the critical period in human life between conception and age six. During this time the child is gaining the basic skills, language, and competencies which will be necessary throughout their life. By the age of six, neuropathways have been developed which will form the basis for lifelong health and well-being.

# Ecology of Child Development

Children's development is strongly influenced by the environment in which they are born and live. Bronfenbrenner's ecological theory explores the circumstances. While Bronfenbrenner's model focuses primarily on family, other settings which are considered as crucial influences on child development include childcare and school.

**Microsystems:** The microsystems describe the immediate environments that the child experiences first-hand. They include the physical, social, and emotional circumstances that support or impede the child in developing their full potential. Nurturing relationships with family, school, and peer-groups all play a role.

Within the microsystem, influences can be viewed in terms of structure and process (Duncan and Brooks-Gunn, 1994). Structural influences include the impact of family socio-economic circumstance on child development. Other structural effects include household composition, home ownership, and parental education. Process refers to the child's relationships which play a crucial role in mitigating the effects of socio-economic circumstances. While Bronfenbrenner's model focuses primarily on family, other settings which are considered as crucial influences on child development include childcare and school.

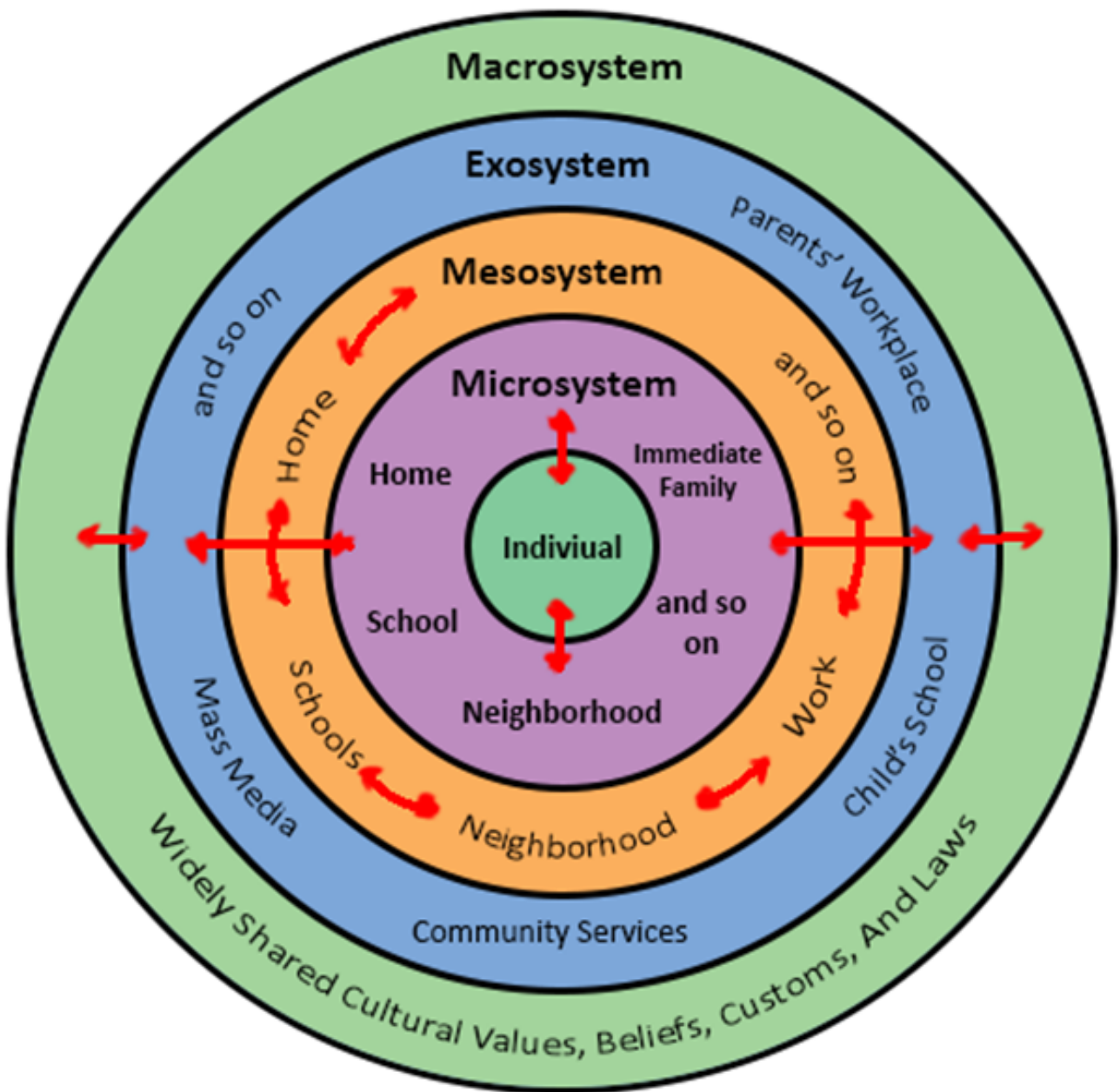
**Mesosystems:** The mesosystems are the links between the various elements of the microsystem. Of particular relevance are the links between the home and school or childcare environments.

**Exosystems:** The exosystems are outside settings which are not directly related to the child but nonetheless impact on their development. The neighbourhoods into which children are born and/or live are key. 'Neighbourhood' generally refers to geographical areas with census tracts often used as proxy for neighbourhood boundaries. Jencks and Mayer (1990) identified five mechanisms through which neighbourhoods effect child outcomes, namely: neighbourhood resources, collective socialisation, contagion, competition, and relative deprivation.

**Macrosystems:** These refer to the overarching socio-cultural systems in which the micro, meso, and exosystems are located, and which provide the norms and values that inform each of the systems.

# Ecology of Child Development

FIGURE 1: BRONFENBRENNER'S ECOLOGY OF CHILD DEVELOPMENT



Source: Bronfenbrenner and Morris (2006)

# Infant Mental Health

'The foundations for virtually every aspect of human development - physical, intellectual, and emotional - are laid in early childhood. What happens during those early years, starting in the womb, has life-long effects' (Marmot, 2010).

Advances in our understanding of neuroscience, biology, and child development underscore the importance of early environments (from conception to age six) in shaping life-long health and well-being (Shonkoff & Phillips, 2000).

Nurturing relationships with parents and other caregivers provide the foundations from which children grow and develop. It is these early responsive relationships and supportive family environments that shape the child's future well-being, educational engagement, and health (Weatherson & Rosenblum, 2018).

Families, however, do not exist in a vacuum. Communities and nations that value families and create environments where children are supported to achieve their full potential perform better across a range of health and social indicators.

## **Resilience and Vulnerability**

Children adapt to meet the pressures of their early environment. Resilience and vulnerability are opposite poles of a continuum, with resilience representing a positive and vulnerability a negative adaptation in response to particular environmental triggers. Vulnerability is often expressed in behavioural and psycho-social responses to the environment (Luthar, 2015).

Understanding the early environment and the child's response to this environment are important aspects of the evidence base which is needed to inform area-based childhood initiatives.



# Let's Grow Together! Infant and Childhood Partnerships

Let's Grow Together! Infant and Childhood Partnerships CLG (Let's Grow Together) is a multi-disciplinary area-based prevention and early intervention partnership built on a strong foundation of local interagency collaboration. Let's Grow Together works across four neighbourhoods in the Northwest Sector of Cork City.

The main objective of Let's Grow Together is to govern, support, and develop area-based prevention and early intervention programming and approaches that support early childhood development, relationships, and environments. Let's Grow Together aims to set the foundations for infant and child development, learning, well-being, and quality of life outcomes, and by doing so mitigate the intergenerational impact of child poverty.

The subsidiary objectives are:

- Respectfully enhancing skills and early childhood development knowledge of all parents, caregivers, practitioners, and services.
- Strengthening and supporting all relationships and environments that are important to every child's early development.
- Embedding systems and community change to support early childhood development.
- Undertaking participatory learning and evaluation, documenting, and policy development.

This work is underpinned by an innovative Infant Mental Health (IMH) Framework and draws on best international evidence and practice.

Let's Grow Together works from four interconnected work streams: Infant Health and Wellbeing; Speech, Language, and Literacy; Prosocial Behaviour and Self-Regulation; and Early Childhood Care and Education. The strategic approach across all work streams involves an emphasis on capacity building, integration, and quality improvement at the level of both the local practitioner and the service provider.

Let's Grow Together works directly with families through a relationship-based model informed by the IMH framework. This is complemented by the delivery of evidence-based parenting programmes and groups.

Indirectly, Let's Grow Together enhances existing services by supporting the development of quality skills and environments using coaching, mentoring, and continuous professional development of practitioners who engage with children (from pre-birth to age 6) and their parents.

Implementation of the Let's Grow Together programme began in 2015.

# Local Context of Child-Focused Community Profile

The Let's Grow Together area is one of multifaceted and multi-generational deprivation. Let's Grow Together activities are underpinned by a community-based prevention and early intervention model which is multi-layered and multi-sectoral. In this context, evidence on the lives of children within the area is needed.

Local demographic information and strong anecdotal evidence indicated there was a significant level of intergenerational poverty and adversity in the area. Census data confirms the area experiences considerable disadvantage but provides very little data directly related to children. Moreover, in Ireland, data on child health and well-being indicators are not available at community level, so adult-oriented indicators of disadvantage are used as proxy. However, this level of data is insufficient to adequately plan and evaluate child health and well-being programmes.

To better understand the local context of children's lives, it was necessary for Let's Grow Together to create a set of indicators based on data extraction from existing administrative sources and collection of primary data where feasible.

Bronfenbrenner's ecological model provides a framework from which to develop a profile. Within this framework a combination of community-level data and child development measures provide a holistic picture of how a population of children are doing over time.

## **Purpose of Profile**

This child focused community profile provides an in-depth understanding of local childhoods to inform the evolving programmatic direction of Let's Grow Together area-based prevention and early intervention programme and to develop an understanding of the trajectory of local childhoods using child-level data collected between 2015 and 2019.

# Methods

Between 2015 and 2019, data were collected within the original Let's Grow Together catchment area (Buckley & Curtin, 2018) using validated assessment instruments and administrative data sources. Convenience sampling was used drawing on data available from partner agencies and collecting primary data where appropriate.

Data sources were chosen to provide an ecological profile fitting within the Bronfenbrenner framework. These reflected the key domains of child development: social and emotional, language, and cognitive, as well as indicators of the social context of local childhoods.

## **Areas of Child Development Assessed**

- Social and emotional development
- Literacy and cognitive development
- Language development
- Well-being

## **Indicators of Social Context of Childhood**

- Small area statistics
- Early years environment

Child development outcomes within the area were collected primarily on children who were in their first year of formal education – Junior Infants, typically aged 4-5 years. At this age, a clear picture of early childhood outcomes can be formed. However, data on literacy and cognitive development were collected for older cohorts through standardised tests administered routinely by the schools. Four primary schools are located within the Let's Grow Together area which are attended by most children in the community and therefore provide a representative local sample. Finally, well-being data was collected for sixth class students from three primary schools in the area and one first year class from a local secondary school.

To capture area-level social indicators of the quality of childhood environments in the area, two approaches were used. The first was the extraction of relevant child-level indicators from the census small area statistics. The second was an assessment of the quality of childcare settings in the community.

# Methods

## Child Development Measures

### **Social and Emotional Development**

#### ***Strengths and Difficulties Questionnaire (SDQ)***

The SDQ is a widely used measure of the socio-emotional and behavioural health of children between the ages of 4 and 17 years and is a validated predictor of population-level prevalence of child mental health disorders (Goodman et al. 2011).

It consists of 25 items relating to five sub-scales, namely: emotional symptoms (5 items), conduct problems (5 items), hyperactivity (5 items), peer problems (5 items), and pro-social behaviour (5 items). Each item is scored on a three-point scale (0, 1, 2). Each sub-scale has a score of 0 to 10. A total difficulty score (sum of four sub-scales excluding pro-social behaviour) ranges from 0 to 40, with higher scores indicating greater difficulty. Scores are then split into a four-fold categorisation with cut-off points based on normative data. Categories are: close to average (80% of population), slightly raised (10% of population), high (5% of population), and very high (5% of population). Cut-off points based on normative data from the United Kingdom are also valid for the Irish population.

SDQ can be completed by parents, teachers, or children aged over 11. Let's Grow Together used teacher-completed questionnaires for children in their first year of formal education (Junior Infants) across the four primary schools in the catchment area in 2015 and again in 2019.

### **Literacy and Cognitive Development**

#### ***Mary Immaculate Reading Attainment Test (MICRA-T)***

The MICRA-T is a standardised test used across Irish primary schools to assess reading attainment. It was first developed in 1988 at the Curriculum Development Unit of the Mary Immaculate College and was revised in 2003 with standardised scores based on normative values for the Irish population (Wall and Burke, 2004).

Tests are first administered with children in their third year of primary education (First Class) and continue to the final year in primary education (Sixth Class). Tests correspond to the expected level of reading attainment based on age and length of schooling (Department of Education and Skills, 2016). Reading assessment is conducted annually during the final term of the school year.

Aggregated, anonymised MICRA-T scores were provided for students attending three schools in the area for 2014. MICRA-T data from all schools were collected in 2019. Scores were aggregated to class level and presented by 20th percentile. No identifying data on individual students were provided, therefore exact ages of the children is not recorded.

# Methods

## Child Development Measures

### **Language Development**

Speech and Language Therapists (SLTs) employed by Let's Grow Together conducted oral language assessments with all children in Junior Infants across the four primary schools in the catchment area. Screening/assessment was carried out annually at the end of the Junior Infant school year (between April-June) from 2015 to 2019. The children were assessed on-site during school hours and standardised scoring was applied. The Pre-School Language Scale 5th Edition (PLS-5) was used in May-June 2015 only. Between 2016 and 2019, the Renfrew Action Picture Test (RAPT) and two subtests from the Clinical Evaluation of Language Fundamentals Preschool 2nd Edition (CLEF-P) were administered.

### ***Pre-School Language Scale 5th Edition (PLS-5)***

The PLS-5 is a well-validated diagnostic tool designed specifically to assess language development and identify children with language delay or disorder. The tool consists of two scales: the Auditory Comprehension (AC) scale measures a child's level of understanding of what is being communicated to them, and the Expressive Communication (EC) scale evaluates how well a child communicates with others. Aspects of language development examined are attention, gesture, play, vocal development, social communication, vocabulary, concepts, language structure, integrative language, and emergent literacy (Zimmerman, Steiner, Pond, 2011). Standardised scores range between 50 and 150 with lower scores indicating greater severity of language delay or disorder (i.e., 70 or under = severe, 71 to 77 = moderate, 78 to 84 = mild, 85 to 114 = average, and 115 to 150 = above average).

### ***Renfrew Action Picture Test (RAPT)***

The RAPT is a brief screening test used to assess expressive language ability using a series of picture cards. Children's responses were recorded verbatim and scored for information and grammar according to the user's manual. The Information score examined the children's ability to convey information on what they observed in the pictures, and the Grammar score assessed grammatical structure. Children were considered as having a language deficit if they scored greater or equal to one standard deviation below the recognised population mean.

### ***Clinical Evaluation of Language Fundamentals Preschool 2nd Edition (CELF-P)***

The CELF-P is a standardised assessment that measures a broad range of expressive and receptive language skills in children aged three to seven. Two subtests of the CELF P 2nd edition, Concepts and Following Directions and Phonological Awareness, were administered to children in Junior Infants.

The Concepts and Following Directions subtest assessed receptive language. The children's ability to interpret, recall, and execute oral commands of increasing length and complexity that contain concepts of functional language was evaluated. The Phonological Awareness subtest was used to gather information on the children's phonological skills across seventeen different tasks. Each task contains five items designed to measure the student's mastery of the sound structure of words and is an important predictor of later reading ability.

# Methods

## Child Development Measures

### **Well-Being**

Child well-being was measured in three ways: self-perception of well-being from the perspective of the young person; parents' perception of the young person's sense of well-being; and teachers' perception of the young person's sense of well-being. Several tools were employed.

### ***Piers Harris 2 (PH 2)***

PH 2 is a self-report instrument to assess self-concept in children and adolescents (60 questions). Questions are in the form of statements that express how students feel about themselves.

### ***Child Youth Resilience Measure 12 (CYRM 12)***

CYRM 12 explores individual, relational, communal, and cultural resources available to young people that may bolster their resilience (12 questions).

### ***Personality Inventory for Children 2nd Edition (PIC2 SF)***

PIC2 SF is a fully validated, parent completed, multi-dimensional objective questionnaire, providing a picture of a child/young person's emotional, behavioural, social, and cognitive adjustment from a parent/guardians' perspective (96 questions).

### ***Student Behaviour Survey (SBS)***

SBS assesses achievement, academic and social skills, parent cooperation, and emotion and behavioural adjustment (102 questions).

### ***Growing up in Ireland Study (GUI)***

GUI is the National Longitudinal Study of Children. PH 2 data collected by Let's Grow Together was compared with national PH 2 GUI data.

### ***MICRA-T***

Details of the tool are outlined above.

### ***SIGMA-T***

The SIGMA-T series of mathematics attainment tests has been specially developed and standardised for use in Irish primary schools. Levels are based on main strands of the Primary School Mathematics Curriculum and the content has been fully aligned with the mathematics programme.

General population MICRA-T and SIGMA-T data were compared to well-being results.

# Methods

## Social Context of Childhood Measures

### **Small Area Statistics**

The Central Statistics Office (CSO) produces small area population statistics from national census data using 46 indicators across 15 themes. Based on the Bronfenbrenner Ecological Framework, items relevant to childhood environments were selected from among the 46 indicators and extracted from the 2011 and 2016 census. Interactive mapping was used to extract data on the indicators that matched to the Let's Grow Together catchment area as it was constituted between 2015 and 2019. The chosen indicators related to demographic make-up, education, employment, ethnicity, family status, and housing.

### **Early Years Environment Assessment**

Let's Grow Together contracted independent evaluators, A+ Education, to conduct assessments in all seven Early Years (EY) Childhood centres in the catchment area using the Environment Rating Scales (ERS). Baseline assessments were conducted in January 2015 with repeat assessment in October 2017, following a series of quality improvement interventions. ERS are highly regarded research tools used for assessing the quality of EY settings. Each scale is evidence-based and rigorously field tested, and is proven, valid, and reliable. ERS evaluate programmes on process quality (what children experience in their environment including various interactions and other features that support those interactions) which is indicative of positive child outcomes.

The ERS assessment tools used to measure the quality of the seven EY settings were:  
**Infant Toddler Environment Rating Scale (ITERS-R)**

Evaluates EY centre-based provision for children from birth to 3 years (crèche)

### **Early Childhood Environment Rating Scale (ECERS-3)**

Evaluates EY centre-based provision for children aged from 3 to 5 years (pre-school)

Both scales consist of seven sub-scales: space and furnishings, personal care routines, language and reasoning, learning activities, interaction, programme structure, and provision for parents and staff. ERS provide a structure for recording, improving, and evidencing different aspects of the learning environment provided for children. Each scale is grounded in research, is rigorously field tested, and is proven valid and reliable.

Each subscale consists of 4 to 10 items. A trained observer assigns a score to each item. A total score for each of the sub-scales is generated on a scale from 1 to 7. A score of 1 is considered inadequate, 3 indicates minimal quality, and 5 indicates good quality. A score of less than 3 is generally considered to be unacceptable. An average score of 5 indicates 'good' or 'developmentally appropriate practice' whereas a score of 7 indicates 'excellent' or 'enhancements to practice'.

# Methods

## **Analysis**

Data were analysed using SPSS. Instruments were scored and interpreted in accordance with standardised guidelines. All data were aggregated to population level and the identity of individual children protected. Results were compared to expected national and international standards available for each of the instruments used.

## **Ethical Issues**

Fully informed consent was obtained in writing from the parents of the children involved in social and emotional development data collection, language assessments, and the well-being study. All other data (Micra-T, Census data, and small area statistics) came from secondary or administrative sources with no individual identifiers.



# Results

## Child Development

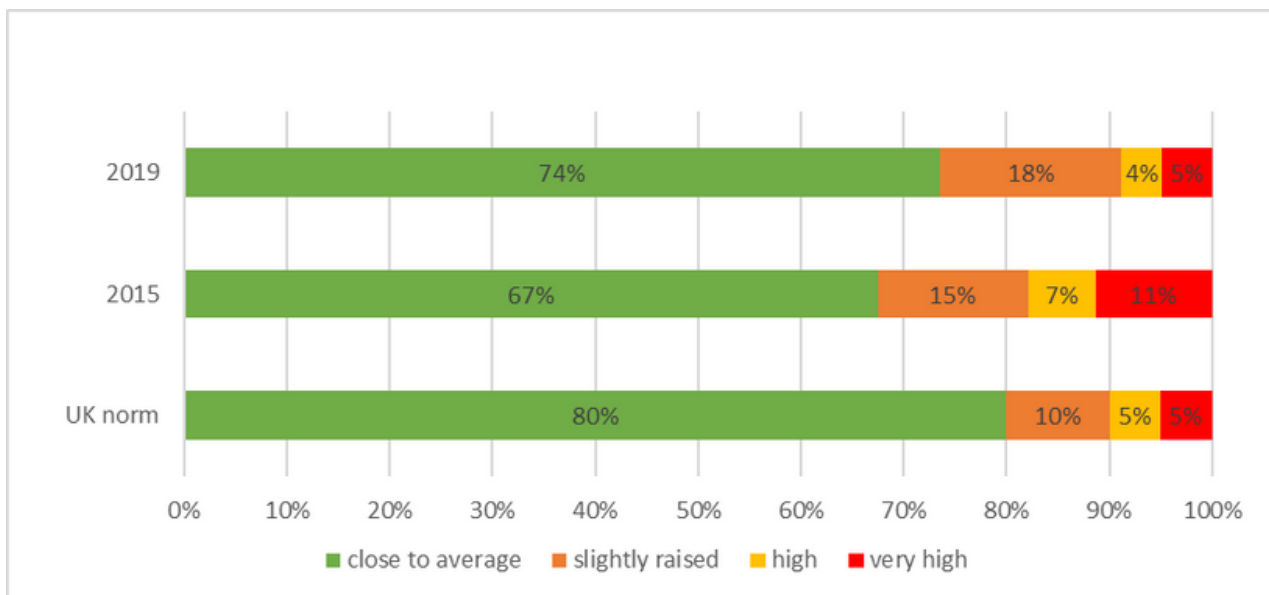
### Social and Emotional Development

Class teachers completed SDQs for 225 children in Junior Infants across the four schools in the area - 123 were completed in 2015 and 102 in 2019. Of the total, 48% (n = 107) were boys and 52% (n = 118) were girls. The age range was from 4 years to 7 years 2 months. The mean age was 5 years and 6 months.

The mean Total Difficulty score was 8.9 in 2015 and 7.5 in 2019 with no significant difference between boys and girls. In 2015, Total Difficulty scores were generally higher in Let's Grow Together area than the Irish and UK norms, indicating a greater prevalence of social and emotional difficulties among children in the cohort.

However, in 2019 the gap between Let's Grow Together area scores and national norms had narrowed. The percentage of children presenting with a very high level of difficulty dropped from 11% in 2015 to 5% in 2019. The number of children in the close to average range rose from 67% to 74% in the same period. Full details are outlined in Figure 2.

FIGURE 2: PERCENTAGE OF CHILDREN IN EACH CATEGORY OF THE SDQ TOTAL DIFFICULTY IN 2015 AND 2019 COMPARED TO UK NORMATIVE VALUES



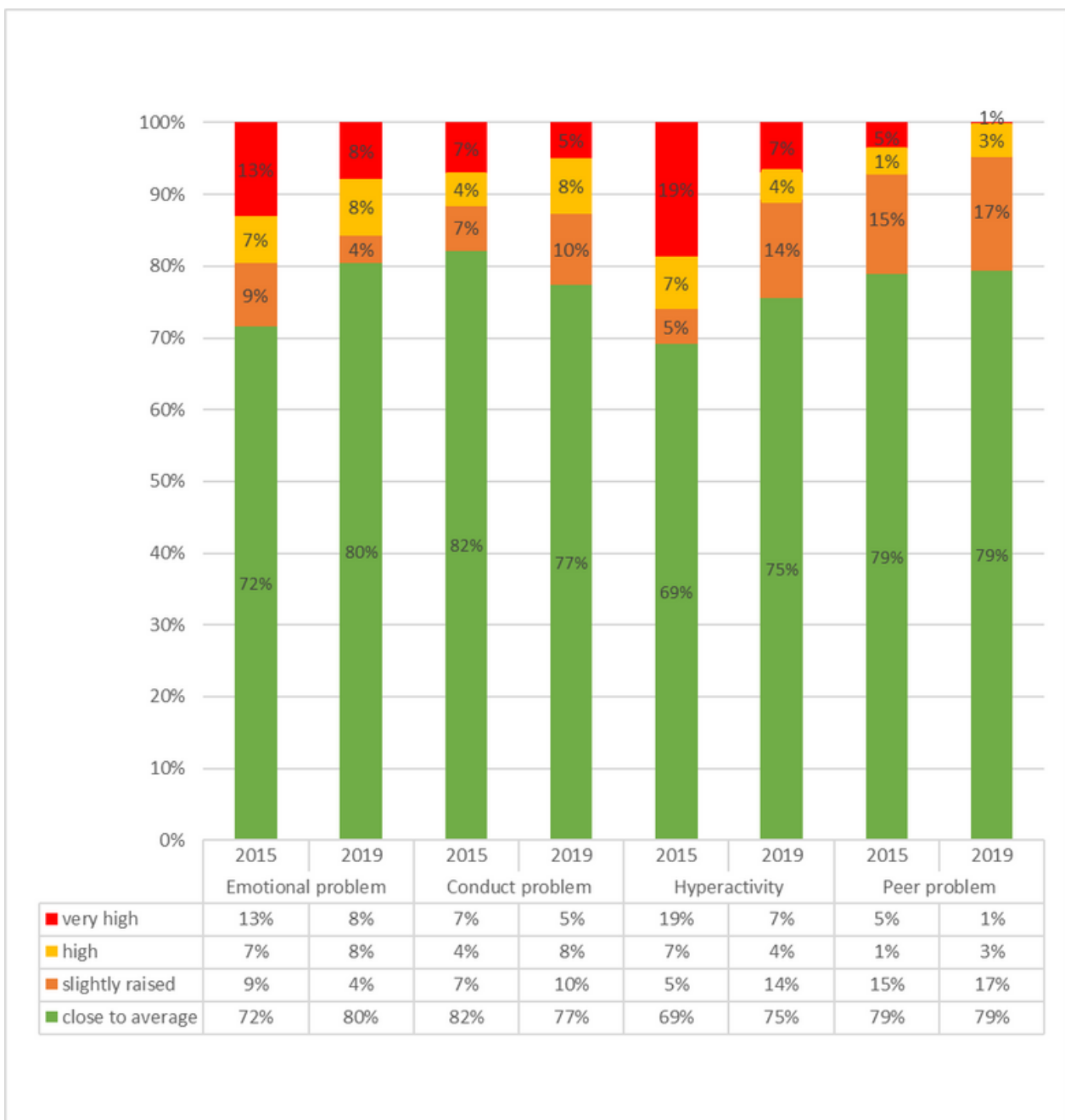
# Results

## Child Development

### Social and Emotional Development

A similar trend was evident across the individual problem scales. High problem scores were particularly noteworthy for the 2015 cohort in the Emotional Problem Scale (13% in the very high category and 7% high category) and the Hyperactivity Scale (19% in the very high category and 7% high category). In 2019, these scores were closer to normative values. A full outline of the scores across the four scales is outlined in Figure 3.

FIGURE 3: PERCENTAGE OF CHILDREN IN EACH CATEGORY OF SDQ DIFFICULTY SUBSCALES



# Results

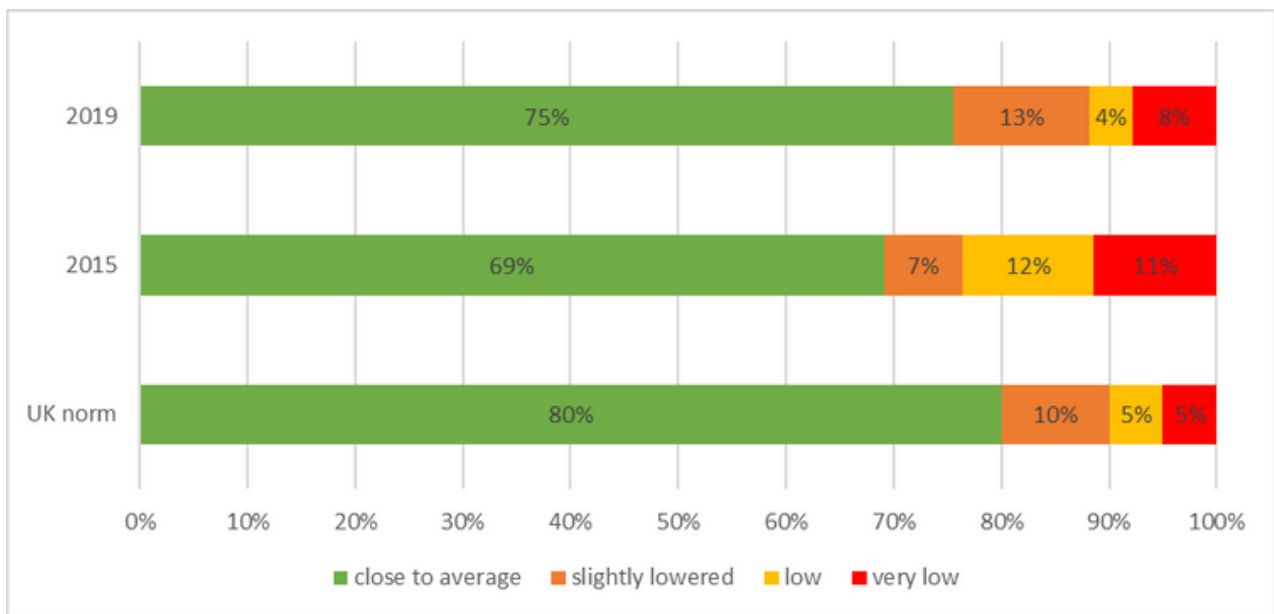
## Child Development

### Social and Emotional Development

#### *Pro-Social Behaviour*

Unlike the other sub-scales of the SDQ, the pro-social scale measures strengths rather than difficulties and focuses on the child's ability to relate to others. Scores in the Pro-social scale mirrored the findings on the difficulty scales with 11% scoring in the very low category in 2015, improving to 8% in 2019. Score categories are outlined in Figure 4.

FIGURE 4: SDQ PRO-SOCIAL SCORE 2015 AND 2019 COMPARED TO UK NORM



# Results

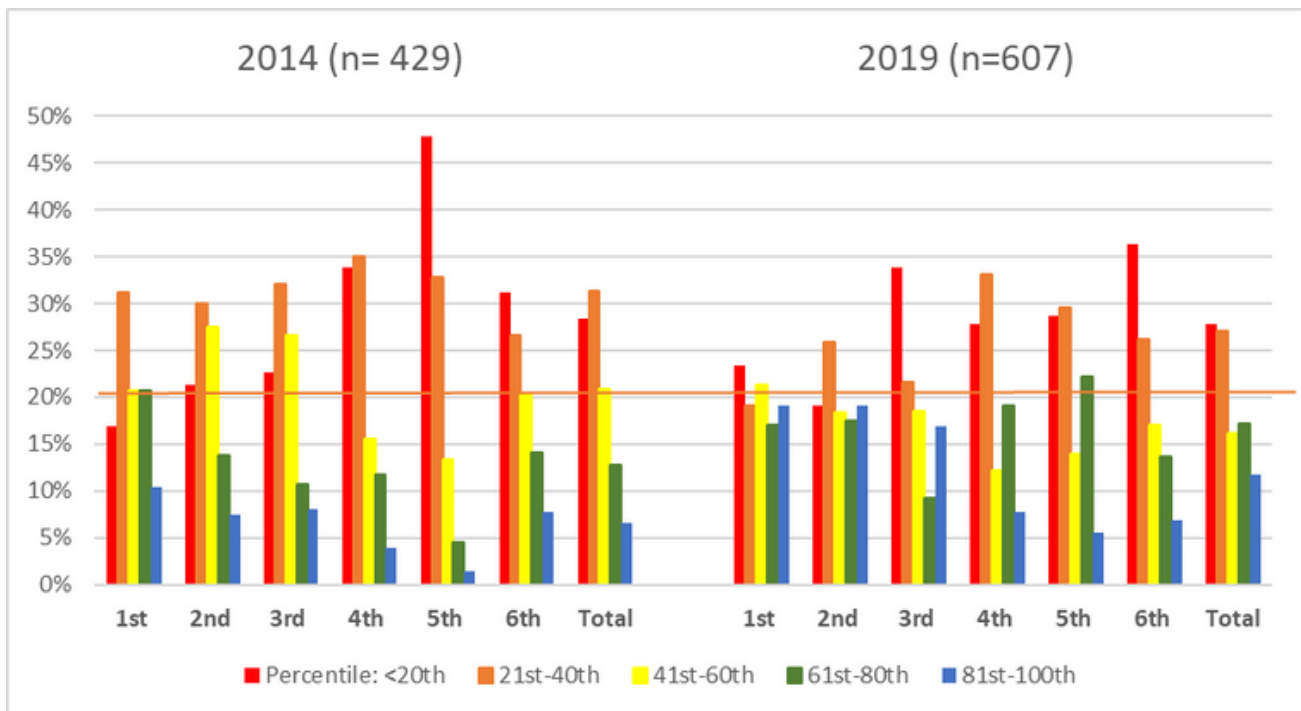
## Child Development

### Cognitive Development and Literacy

Anonymised, aggregated data on MICRA-T test scores were obtained from three of the four primary schools in the area in 2014 (n = 429 children) and all four primary schools in 2019 (n = 607 children).

Children were overrepresented in the lower percentiles, with 32% of children in 2014 and 28% in 2019 in the lowest 20th percentile. A further 28% in 2014 and 27% in 2019 were in the 20th to 40th percentile range. This is particularly marked in the fourth and fifth classes in 2014, where over 40% of children were in the lowest 20th percentile (Figure 5).

FIGURE 5: MICRA-T SCORES PER CLASS AND TOTAL SCORES FOR 2014 AND 2019



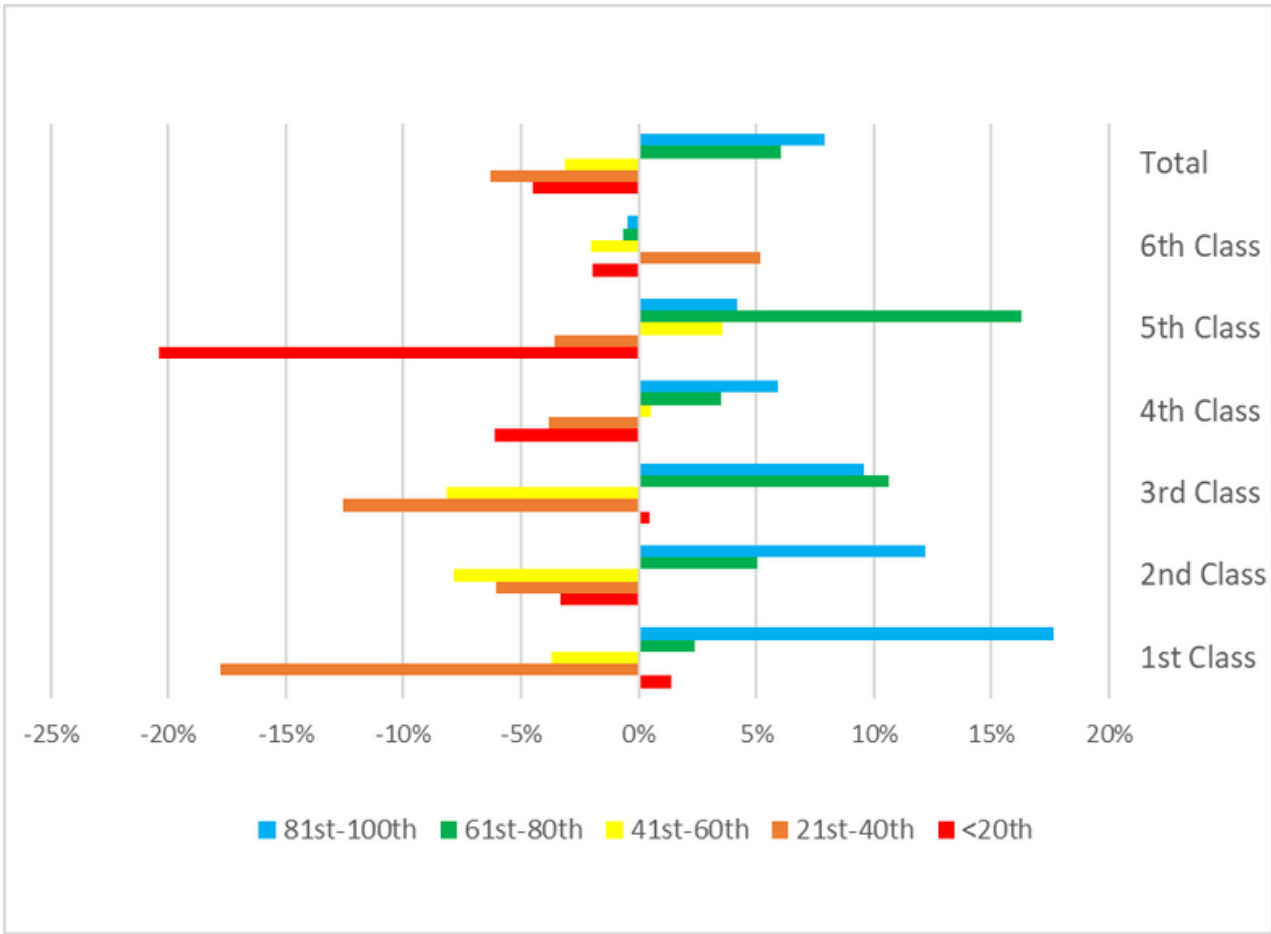
# Results

## Child Development

### Cognitive Development and Literacy

However, changes in scores calculated between 2014 and 2019 illustrate an increase in the number of children in the higher percentiles across all class groups except sixth class. The total increase in the 81st to 100th percentile was 8% and in the 61st to 80th percentile was 6%. There was a decrease of 5% in the number of children in the lowest range. Percentage changes in each of the ranges are outlined in Figure 6.

FIGURE 6: CHANGES IN MICRA-T SCORES IN EACH PERCENTILE BY CLASS FROM 2014 TO 2019



# Results

## Child Development

### Language Development and Literacy

Initial language development assessments, conducted in 2015, were administered through the PLS-5. However, from 2016 to 2019 language development was screened using two sub-scales of the CELF-P2 and the RAPT.

#### **Expressive and Receptive Language, 2015**

Expressive and receptive language were assessed for children in Junior Infants (n=117) across the four primary schools in 2015. Of those assessed, 59% (n=69) were identified as having language difficulties in at least one of the two scales, with 38% (n=45) having difficulties on both. (Within the general population, approximately 6%- 8% of two- to five-year-olds experience language delay (Rafferty, 2014)).

Fifteen percent (n = 17) were assessed as having difficulty on the Auditory Comprehension scale only. A further 7% were found to have difficulty on the Expressive Communication scale only. Based on parental report, only 30% of those exhibiting language difficulties had previously been referred for assessment to Speech and Language services.

Twenty two percent (n=26) of the children assessed were identified as having severe difficulty on at least one scale, while 13% (n=15) had a severe difficulty on both scales. Almost a quarter of all children (24%) experienced moderate to severe difficulty in both scales. Levels of difficulty on each scale are outlined in Table 1.

TABLE 1: SCORES ON PLS-5 SCALES 2015 (N=117)

	Auditory Comprehension Scale % (n)	Expressive Communication Scale % (n)
Severe difficulties (<70)	17% (20)	18% (21)
Moderate difficulties (71 to 77)	17% (20)	13% (15)
Mild difficulties (78 to 84)	18% (21)	14% (16)
Average (85 to 114)	48% (56)	50% (58)
Above average (115 to 150)	0	6% (7)

# Results

## Child Development

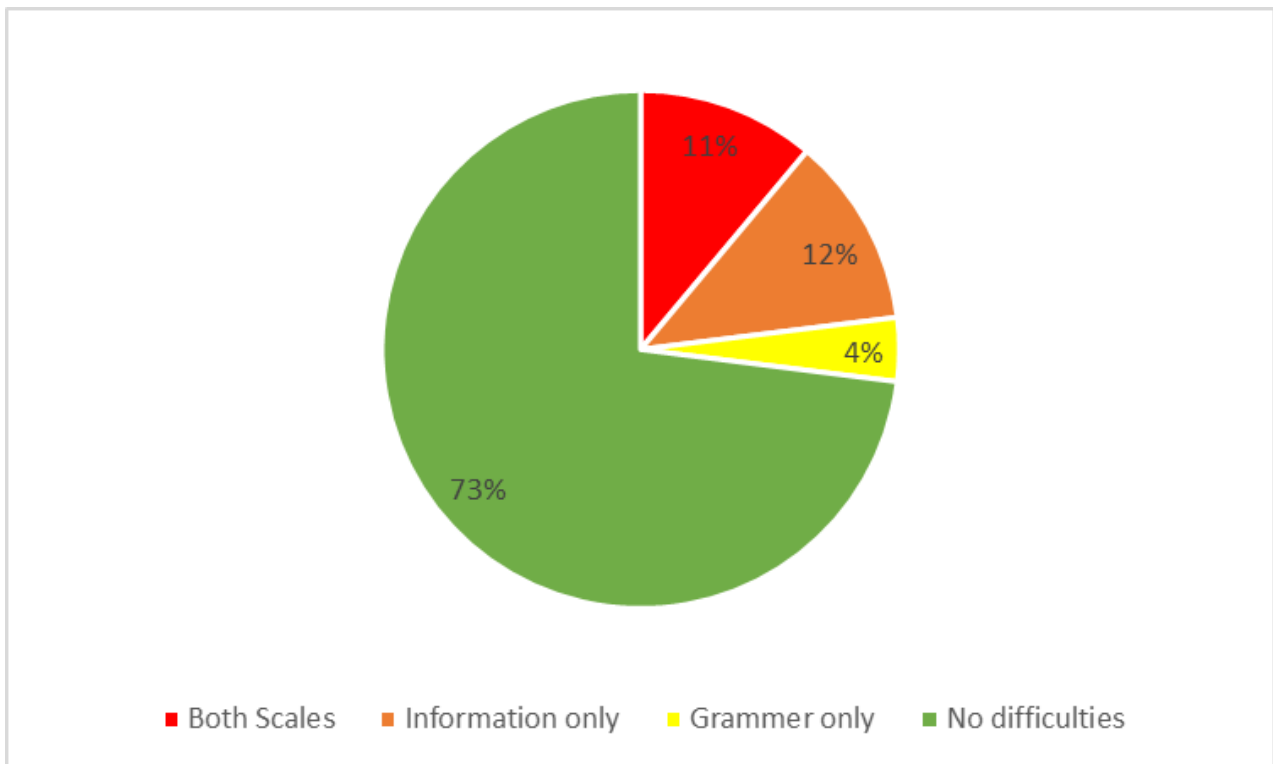
### Language Development and Literacy Language Assessment, 2016 to 2019

Language assessments were conducted with 379 children in Junior Infants annually between 2016 and 2019, of which, 56% (n=212) were girls 44% (n=167) were boys. The age ranged from 4 years and 7 months to 6 years and 8 months, with a mean age of 5 years and 6 months.

### *Expressive Language*

Expressive language was assessed using the Renfrew Action Picture Test (RAPT) which comprises of two subscales (Information and Grammar). A total of 378 individual children were assessed. Expressive language difficulties were evident in 27% (n=102) of the children assessed. Overall, 11% of children presented with difficulties in both Information and Grammar subscales (see figure 7). Comparatively, more children presented with difficulties on the information subscale (23%) than the grammar subscale (15%). More boys (32%) presented with expressive language difficulties than girls (22%), with 16% of boys and 7.5% of girls showing difficulties in both information and grammar.

FIGURE 7: EXPRESSIVE LANGUAGE DIFFICULTIES MEASURED USING THE INFORMATION AND GRAMMAR SUB-SCALES OF THE RAPT 2016 TO 2019 (N=378)



# Results

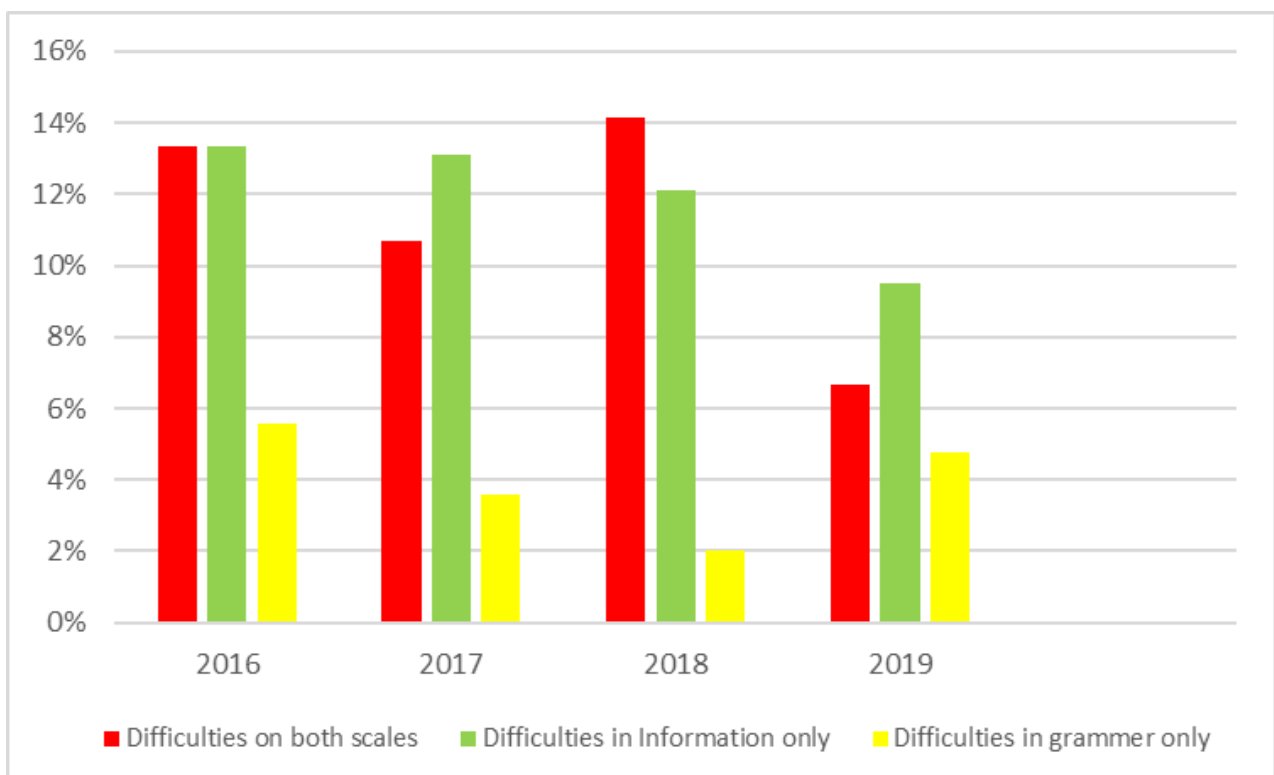
## Child Development

### Language Development and Literacy

#### ***Expressive Language, 2016-2019***

The percentage of children who were assessed and found to have no expressive language difficulty increased from 68% (n=61) in 2016 to 79% (n=83) in 2019. Of particular note was the decrease in the number of children presenting with difficulties in both scales from 13% (n=12) in 2016 to 7% (n=7) in 2019 (Figure 8).

FIGURE 8: EXPRESSIVE LANGUAGE DIFFICULTIES (RAPT) 2016 TO 2019 (N = 378)



#### ***Phonological Awareness, 2016-2019***

The CELF-P2 Phonological Awareness scale was administered to 379 Junior Infants children between 2016 and 2019. Overall, 22% (n = 83) of the children assessed presented with difficulty. Levels of difficulty detected annually ranged from 31% (n=26) in 2017 to 16% (n=17) in 2019 with no year-by-year trends detected.



# Results

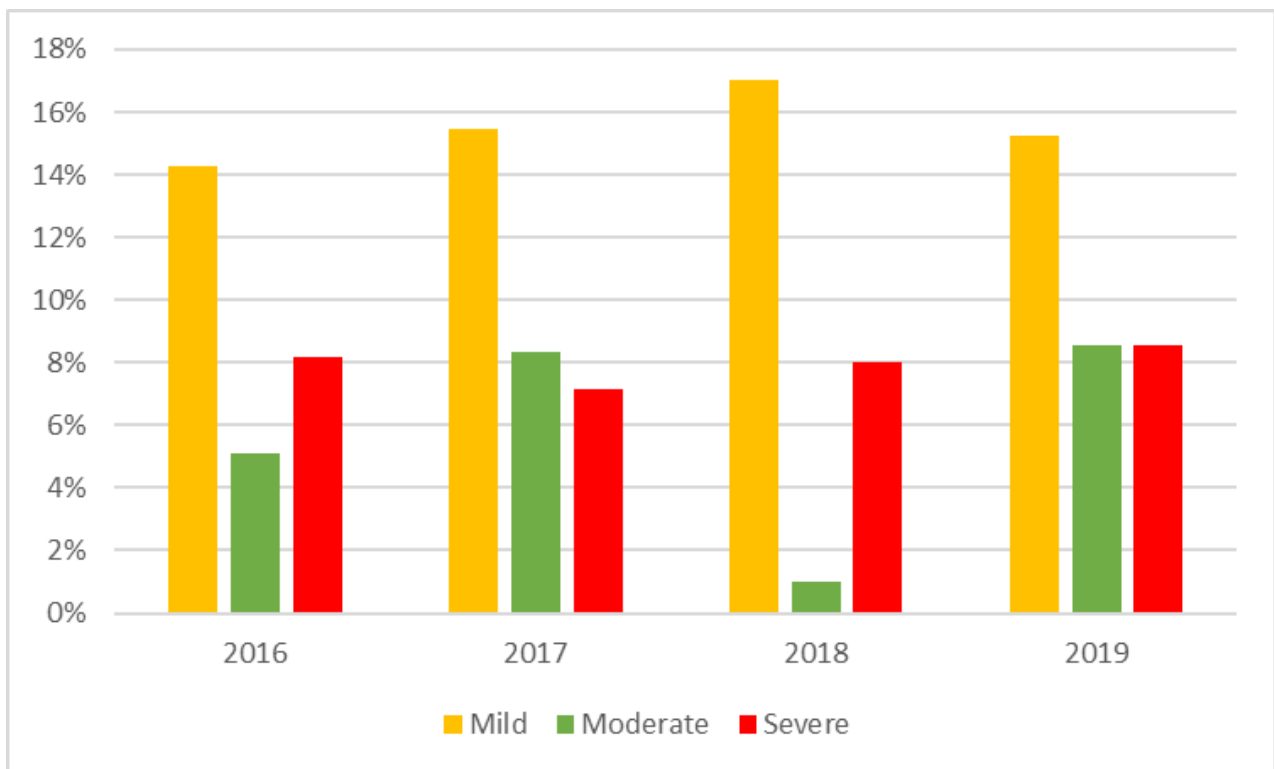
## Child Development

### Language Development and Literacy

#### ***Receptive Language, 2016-2019***

Receptive language was assessed using the CELF-P2 Concepts and Follows Directions subscale. A total of 375 Junior Infants were assessed between 2016 and 2019. Overall, across the four years, 66% (n=248) presented in the average range and 4% (n=14) in the above average range. Of those presenting with difficulties 8% (n=31) were severe, 6% (n=22) moderate and 16% (n=60) were mild difficulties. Overall, 18% of girls showed mild difficulty compared to 13% of boys, moderate difficulty was evident in 4% of girls and 8% of boys, and severe difficulties were identified in 6% of girls and 11% of boys. No significant trends were noted between 2016 and 2019. A yearly breakdown of percentages presenting with difficulty are outlined in Figure 9.

FIGURE 9: PERCENTAGE OF CHILDREN PRESENTING WITH RECEPTIVE LANGUAGE DIFFICULTIES ON THE CONCEPTS AND FOLLOWS DIRECTIONS SUB-SCALE OF CELF-P2 (N=375)



# Results

## Well-Being

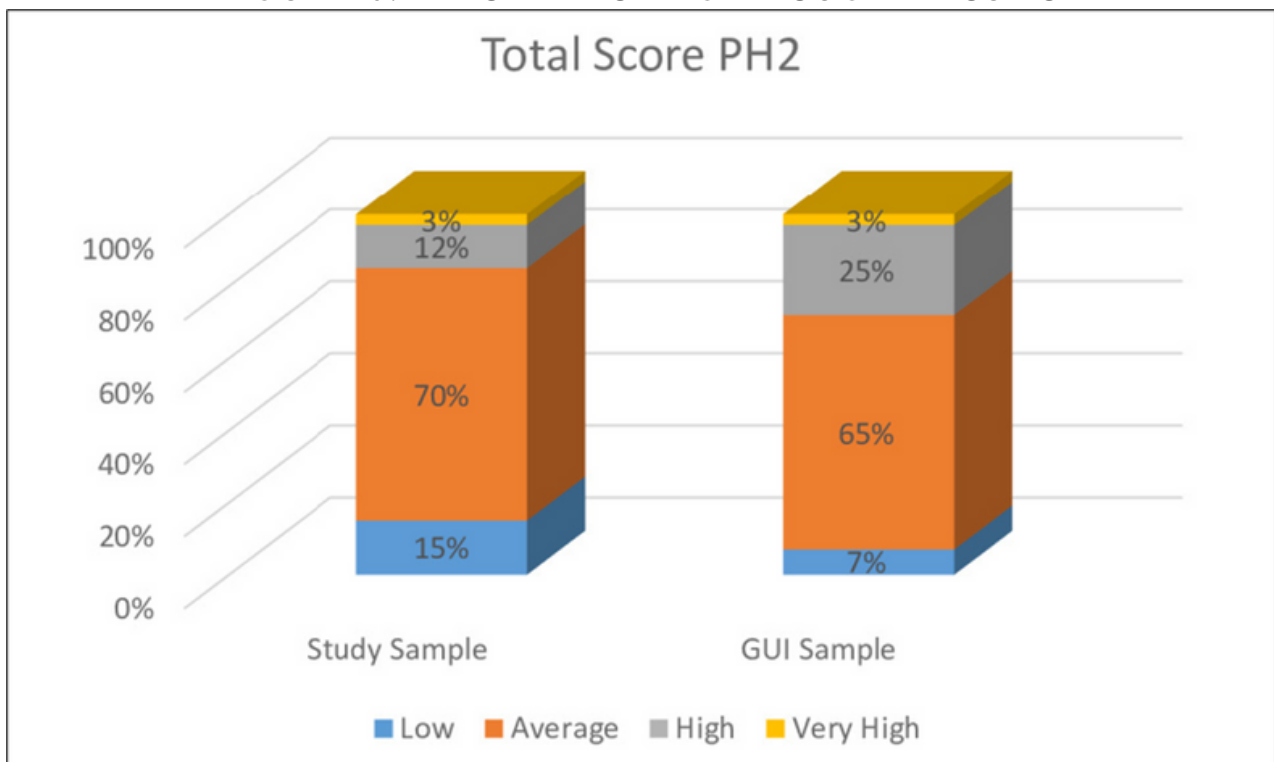
### Young person's self-perception of well-being

#### *Piers Harris 2*

Figure 10 illustrates Piers Harris 2 Total Score results compared to GUI data. This domain reflects the young person's self-concept scores covering a range of domains. 12% of the study sample scored in the high range of this domain compared to 25% of the GUI sample. Both groups of young people who scored a high Total Score are reflecting a strongly positive general self-appraisal. These young people are typically confident in their abilities across many domains. They view themselves as likeable, valued by others, and as having good relationships with family members and peers. Additionally, these young people view themselves as happy and relatively free from worry and are typically able to acknowledge a few negative aspects of themselves along with many positive aspects. The young people who scored in the low range reported difficulties across the Piers Harris 2 domains.

Most of the young people in both samples scored in the average range with a slight difference (5%) between both samples. More of this study sample are in the average range 70% compared with 65% of the GUI sample. These young people see themselves as having a reasonable level of self-concept that they get on well in school and home. Although they see themselves as having some struggles regarding their self-concept.

FIGURE 10: PIERS HARRIS 2 TOTAL SCORE RESULTS



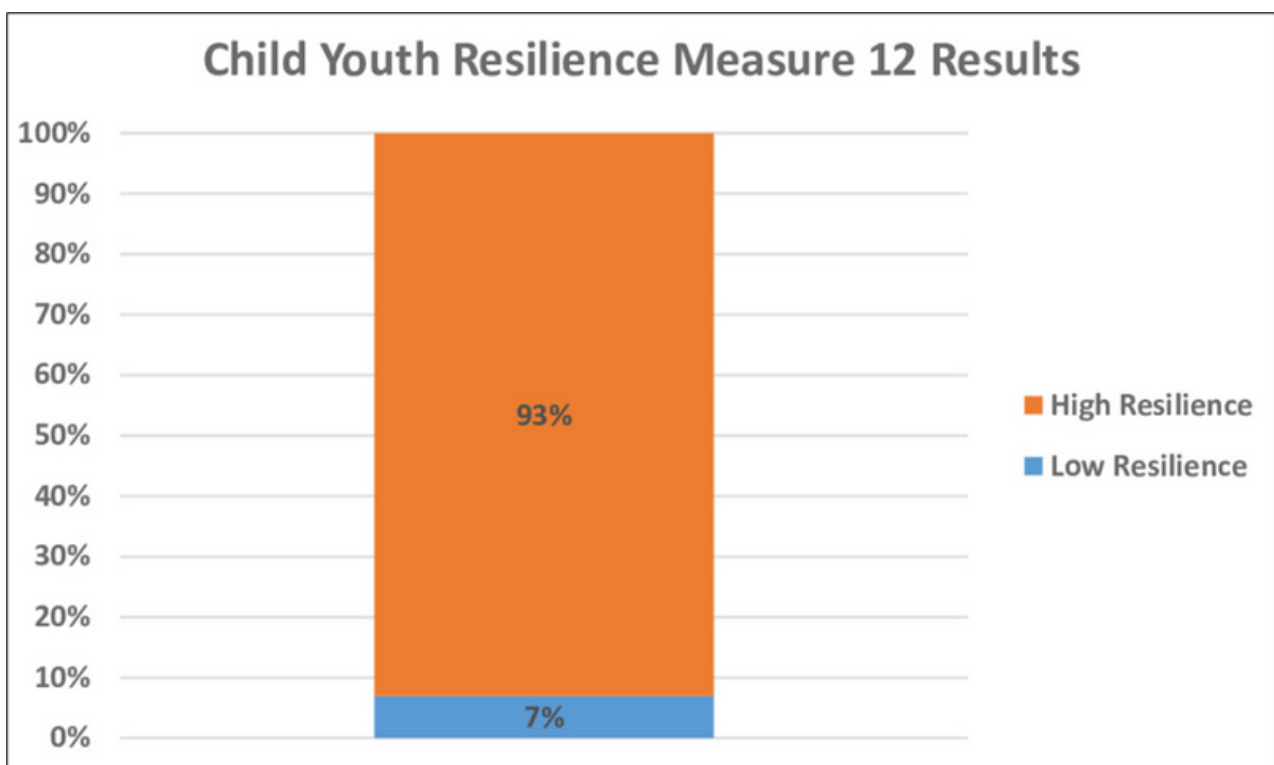
# Results

## Well-Being

### Young person's self-perception of well-being CYRM 12

Figure 11 shows 93% of young people scored as having high levels of resilience. This suggests that these young people feel supported in their communities and that they have people that they can look up to. They also feel they are treated fairly. High resilience scores also suggest that these young people both enjoy and feel connected to their communities. These young people scored as being generally resilient in the face of challenges and able to take active steps when dealing with adversity. 7% of the study sample scored as having low resilience levels. These young people are reporting that they have difficulties adapting to and bouncing back from difficult situations. Low scores here also suggest that these young people do not feel as supported as those who scored in the high range.

FIGURE 11: CYRM 12 RESULTS



# Results

## Well-Being

### Parent/guardian perspectives of child well-being

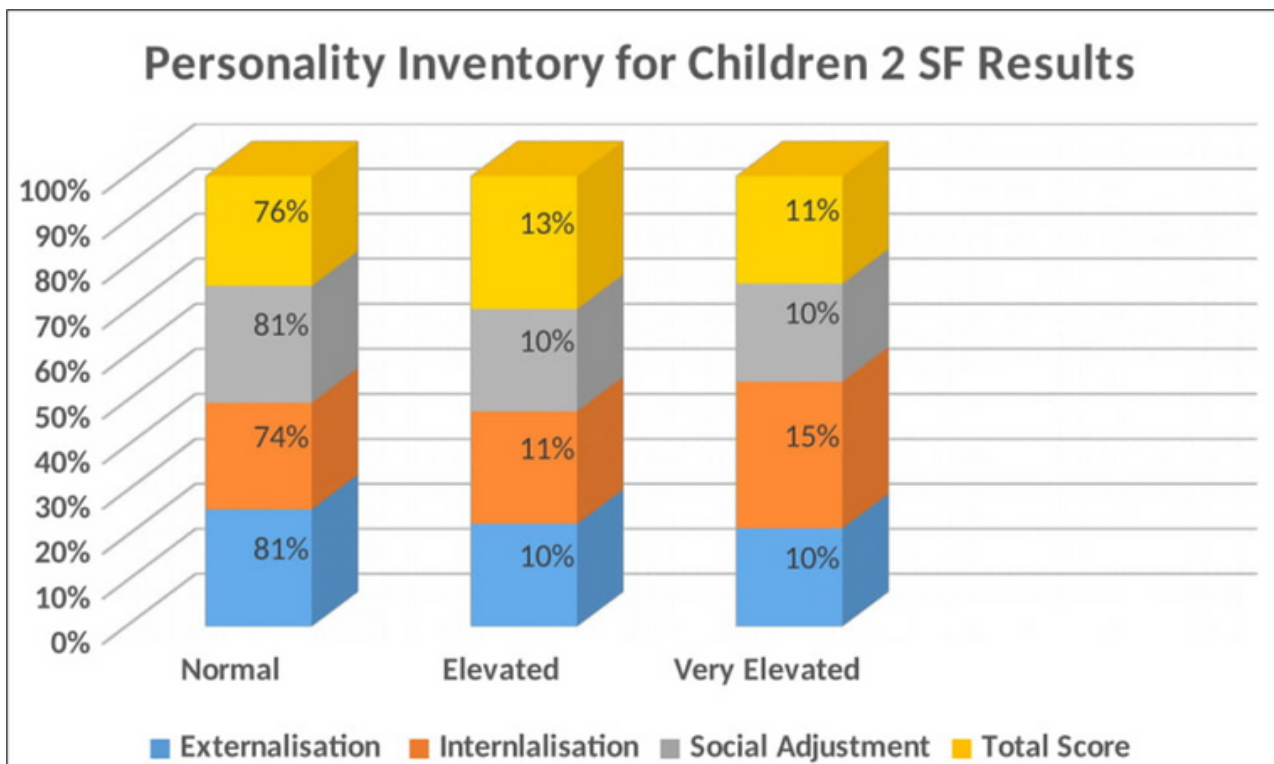
#### PIC 2

Figure 12 shows the majority of parent/guardians feel their young person has no problems in relation to externalising (e.g. acting out), internalisation (e.g. being very controlled emotionally and behaviourally), and social adjustment (e.g. being comfortable socially).

The Externalisation domain represents problems of under-controlled behaviour such as non-compliance or disruptive behaviour. The Internalisation domain represents the symptoms usually classified as behavioural and emotional control. The Social Adjustment domain measures inadequate social abilities and experiences as well as discomfort and conflict. Total Score summarises an overall picture of the young person's emotional, behavioural, social, and cognitive adjustment.

A substantial minority of young people scored in the elevated and very elevated ranges across all domains including Total Score. Those who scored in the elevated ranges have problems of a mild nature. While those in the very elevated range present with difficulties of a more serious nature.

FIGURE 12: PIC 2 RESULTS



# Results

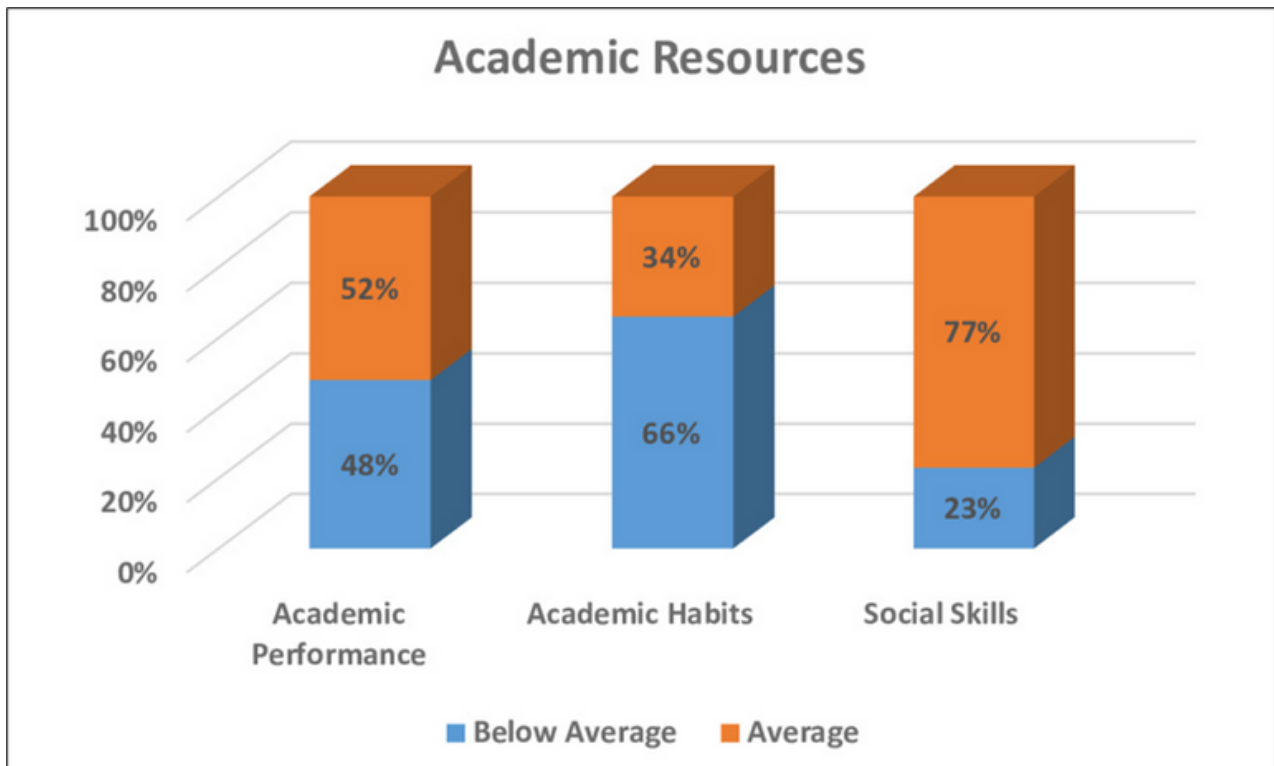
## Well-Being

### Teacher perspectives of child well-being

#### **Student Behaviour Survey**

Figure 13 provides results for the 'Academic Resources' subscale of the teacher-completed Student Behaviour Survey (SBS) survey. The Academic Resources Subscale, comprised of 3 domains, shows teachers scored most young people as being in the average ranges for Academic Performance (52%) and Social Skills (77%), suggesting no major issues in relation to core academic areas or with regard to general social skills. However, 66% of young people scored in the average range of the Academic Habits domain suggesting, from the teachers' perspective, a large percent of the sample have difficulties with motivation and persistence academically.

FIGURE 13: ACADEMIC RESOURCES (SUBSCALE OF SBS) RESULTS



# Results

## Social Context of Childhood

### **Small Area Census Statistics**

Based on data extracted from the 2011 and 2016 census small area statistics, population within the Let's Grow Together area grew by almost 3% from 12,000 in 2011 to 12,249 in 2016. The number of children under the age of 15 years decreased marginally from 2490 (21%) in 2011 to 2464 (20%) in 2016. The number of children under the age of 4 also decreased marginally from 842 (7%) to 779 (6%). This demographic breakdown is similar to that of the whole country.

When compared with the general population of Ireland, the Let's Grow Together area shows some striking indicators of disadvantage. Less than one quarter (22.5%) of the adult population (aged 15 or over) had completed any post-secondary education in 2016, compared to the national figure of 48%. Only 40% were in employment. Almost one quarter were either registered unemployed (13%) or unable to work due to disability or permanent ill-health (11%). This had improved slightly since 2011, when 30% of the population were registered unemployed and 12% unable to work due to disability or permanent ill-health. The proportion of households renting from the local authority (39%) is almost five times the national average of 8%.

In 2016, only 53% of families consist of couples with children compared with 80% nationally. Lone mothers with children made up 45% of families (nationally 18% of families). The population was largely homogenous with 87% ethnically white Irish in 2016 (a slight reduction from 90% in 2011). A further 1.3% were Irish Travellers. Between 2011 and 2016 the number of households with two or more family units increased from 78 to 123 and the number of people living in these households increased from 409 to 658 (i.e. 5.4% of the population).

A detailed demographic profile for 2011 and 2016 with national comparisons is outlined in Table 2.

# Results

## Social Context of Childhood

TABLE 2: CENSUS DATA FOR LET'S GROW TOGETHER AREA 2011-2016 WITH NATIONAL COMPARISONS

	YK catchment area 2011	Ireland 2011	YK catchment area 2016	Ireland 2016
<b>Total population</b>	<b>12001</b>	<b>4,588,252</b>	<b>12249</b>	<b>4,761,865</b>
<b>% Increase in population</b>			<b>2.07%</b>	<b>3.8%</b>
	<b>(% population)</b>	<b>(% population)</b>	<b>(% population)</b>	<b>(% population)</b>
Post-secondary education (≥15 years)	17%	43.5%	22.5%	48%
Unemployed or unable to work due to permanent disability/illness	30%	15%	24%	11%
Renting from Local Authority	38%	8%	39%	8%
<b>Ethnicity</b>				
White Irish	90%	84%	87%	82%
White Irish Traveller	1.4%	0.65%	1.3%	0.66%
Other White	3.9%	9.1%	5.4%	9.5%
Black or Black Irish	0.6%	1.4%	1.1%	1.4%
Asian or Asian Irish	0.9%	1.9%	1.6%	2.1%
Other	0.3%	0.9%	0.9%	1.5%
<b>Households</b>				
Private households with Children	52%	49%	52%	50%
Private households with two or more family units	1.2%	1.1%	2.6%	1.3%
Children under 15	21%	21%	20%	21%
Children aged 0 to 4	7%	10%	6%	7%
Children aged 5 to 9	7%	4%	7%	7%
<b>Families with children aged under 15 years:</b>				
Couples with Children	45%	78%	53%	80%
Lone mothers	54%	21%	45%	18%
Lone Fathers	1.5%	1.5%	1.9%	1.5%
Number of households with a personal computer	52%	73%	45%	68%
Number of households with broadband	48%	64%	60%	71%

# Results

## Early Years Settings

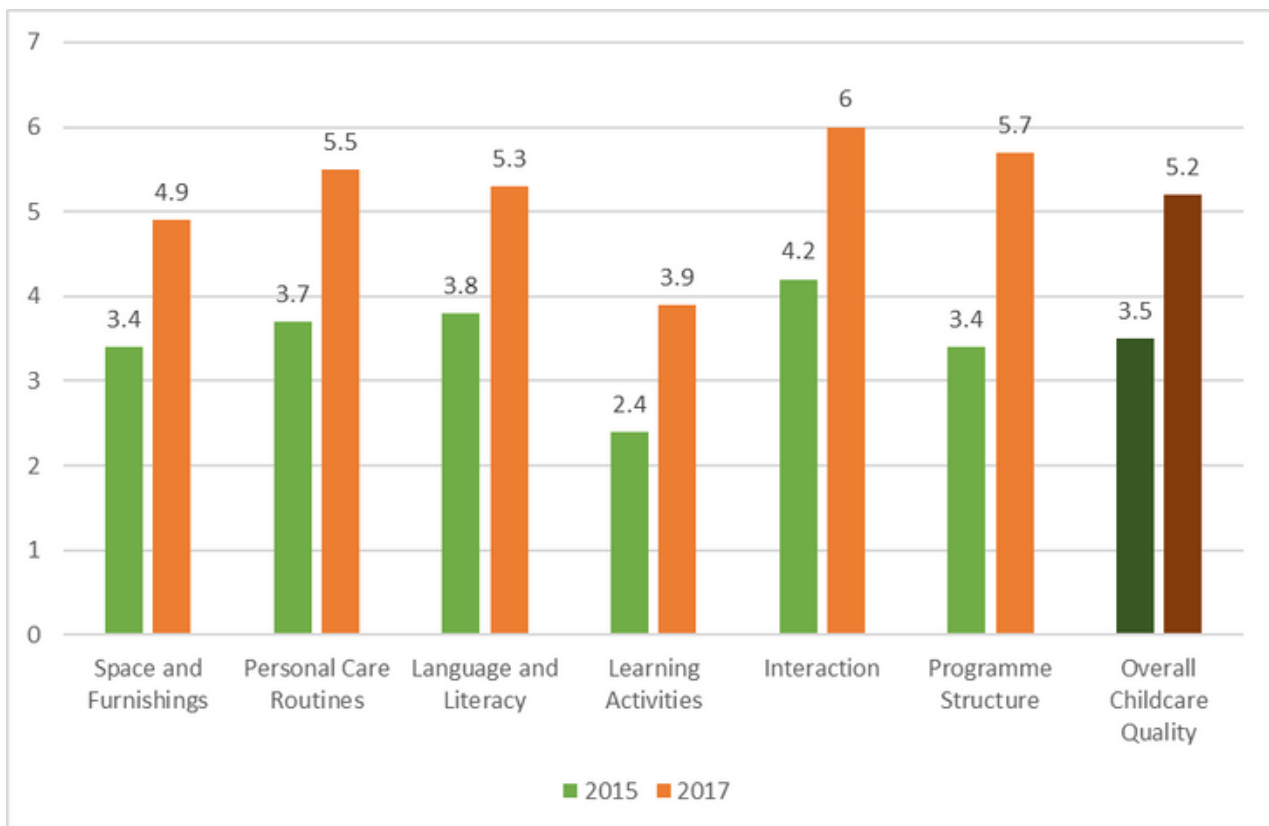
### ERS Assessments Results

ERS assessments using the ECERS-3 and the ITERS-R were completed on preschool and creche facilities respectively across seven Early Years facilities in the Let's Grow Together area in 2015 and again in 2017. Let's Grow Together supported several quality enhancement and capacity building initiatives in the Early Years centres in the intervening period.

### ECERS-3 (Preschool Rooms)

In 2015, seven preschool settings across the seven Early Years sites were individually rated. All scored less than 4 out of 7, indicating that there was opportunity for improvement in general across the settings. The mean total ECERS-3 rating across the seven settings was 3.5 out of 7, a 'sub-optimal' score on the ERS ratings scale. In 2017, ECERS-3 scores had increased in all sites with strongest gains for 'programme structure' (+2.3) and 'personal care routines' (+1.8). Figure 14 outlines the mean scores for each subscale in 2015 and 2017.

FIGURE 14: TOTAL ECERS-3 SCORES FOR ALL PRE-SCHOOL SITES (N=6) 2015 AND 2017





# Results

## Early Years Settings

### **ECERS-3 (Preschool Rooms)**

Table 3 provides a detailed breakdown of each setting's ECERS-3 result by subscale. Three settings in particular recorded significant improvements in 'programme structure' between 2015 and 2017: Centre A increased from a pre ECERS-3 score of 1.0 to a post score of 5.4 (+4.4); Centre C increased from a pre ECERS-R score of 2.4 to a post score of 5.7 (+3.3); and Centre D increased from a pre ECERS-3 score of 1.6 to a post score of 5.7 (+4.1).

TABLE 3: OVERALL PRE AND POST ECERS-3 RESULTS BY SUBSCALE

Overall ECERS-3 (Pre-school) Results												
	Centre A		Centre B		Centre C		Centre D		Centre E		Centre F	
Subscale	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Space and Furnishings	3.6	5.0	3.5	4.6	2.0	3.9	3.3	5.2	4.0	5.5	3.8	5.2
Personal Care Routines	3.3	5.8	4.3	5.5	4.0	4.3	2.7	5.7	4.5	5.5	3.5	6.0
Language and Literacy	2.6	4.4	5.4	5.8	2.6	5.2	3.3	4.9	4.2	5.4	4.4	5.8
Learning Activities	2.1	4.4	1.8	3.3	2.3	2.5	2.2	3.9	2.6	4.2	3.4	5.1
Interaction	3.0	4.6	5.4	6.6	3.2	6.6	3.1	5.3	5.0	6.2	5.2	6.4
Programme Structure	1.0	5.4	3.7	5.7	2.4	5.7	1.6	5.7	6.0	5.0	5.4	6.4
Overall Childcare Quality	2.6	5.0	4.1	5.3	2.8	4.7	2.8	5.2	4.4	5.3	4.3	5.9

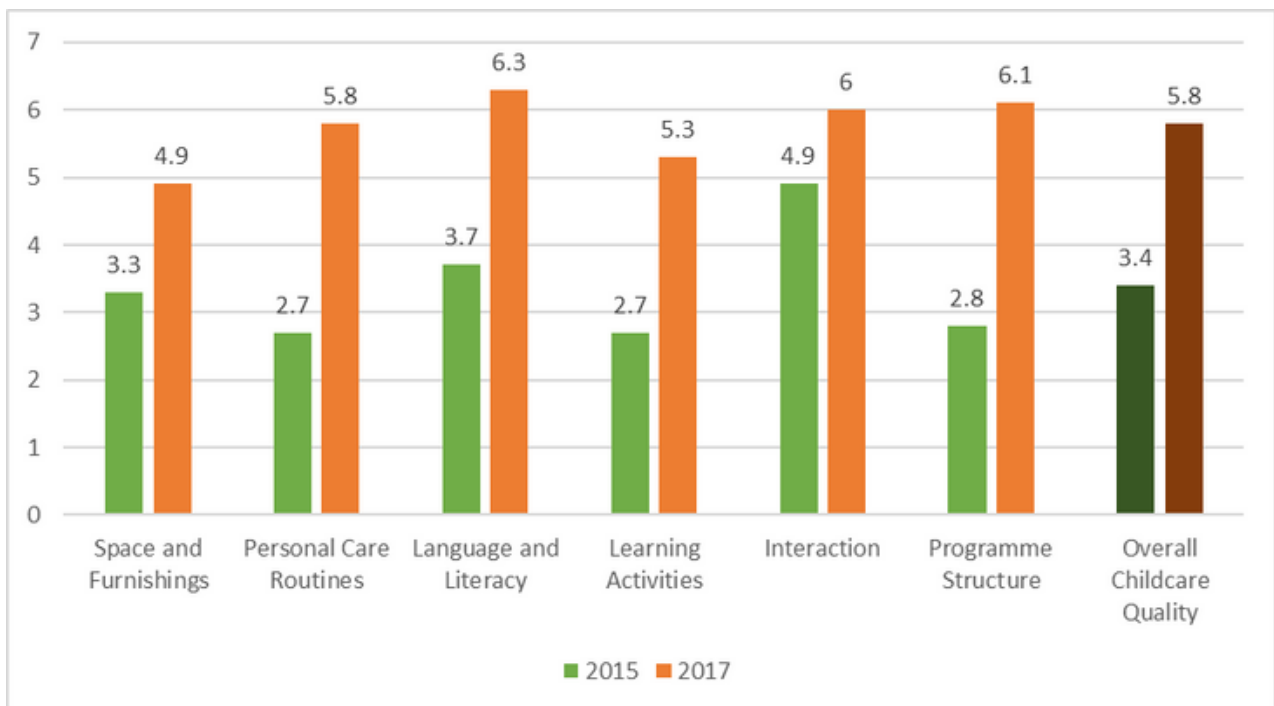
# Results

## Early Years Settings

### **ITERS-R (Crèche Rooms)**

The overall quality of the five crèche rooms across the seven settings in 2015 was rated to be an average of 3.4 out of 7 on the ITERS-R scale, which is a 'sub-optimal' score on the ERS ratings scale. In 2017, ITERS-R results showed improvements across all sub-scales with greatest increases in 'programme structure' (+3.3) and 'personal care routines' (+3.1), followed by 'learning activities' (+2.6). Figure 15 outlines the mean scores for each subscale in 2015 and 2017.

FIGURE 15: TOTAL ITERS-R SCORES FOR ALL CRECHE SITES (N=5) 2015 AND 2017



# Results

## Early Years Settings

### **ITERS-R (Crèche Rooms)**

Table 4 outlines a detailed breakdown of each setting's ITERS-R (crèche) results by sub-scale. 'Language and Literacy' and 'Interaction' recorded significant improvements between 2015 and 2017, 'personal care routines' significantly increased in five settings: Centre 1 increased from an ITERS-R score of 2.6 to 5.6 (+3); Centre 2 increased from 3.2 to 7.0 (+3.8); Centre 3 increased from 3.4 to 5.6 (+2.2); Centre 4 increased from 2.2 to 6.2 (+4); and Centre 5 increased from 1.6 to 4.8 (+3.2).

'Programme structure' in three settings recorded significant results: Centre 1 increased from 1.7 to 6.2 (+4.5); Centre 4 increased from 2.4 to 7.0 (+4.6); and Centre 5 increased from 2.4 to 5 (+2.6).

TABLE 4: OVERALL PRE AND POST ITERS-3 RESULTS BY SUBSCALE

Overall ITERS-R (Crèche) Results										
Subscale	Centre 1		Centre 2		Centre 3		Centre 4		Centre 5	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Space and Furnishings	3.5	4.4	4.1	5.2	2.2	4.7	4.2	6.4	3.2	4.2
Personal Care Routines	2.6	5.6	3.2	7.0	3.4	5.6	2.2	6.2	1.6	4.8
Language and Literacy	2.7	5.8	5.7	7.0	4.2	6.0	3.7	7.0	3.0	6.0
Learning Activities	2.0	5.8	4.3	5.9	2.6	3.9	2.4	6.4	2.8	5.6
Interaction	4.0	6.4	6.5	5.5	5.9	5.0	4.5	7.0	3.8	7.0
Programme Structure	1.7	6.2	3.7	5.5	4.0	6.5	2.4	7.0	2.4	5.0
<b>Overall Childcare Quality</b>	<b>2.8</b>	<b>5.8</b>	<b>4.6</b>	<b>6.1</b>	<b>3.8</b>	<b>5.3</b>	<b>3.3</b>	<b>6.7</b>	<b>3.0</b>	<b>5.5</b>

Full details on the Early Years capacity building and quality enhancement programme and the related results on the ERS have been documented in Buckley et al. (2020).

# Conclusion

The area that Let's Grow Together services and works alongside has a strong sense of history, identity, partnership and action. This Child-Focused Community Profile provides a nuanced picture of child outcomes. Child development outcomes were measured at a population level at school entry age, and through the years of formal education in the case of cognitive development.

Across all indicators, children performed less well than national and international expectations. This is particularly the case in 2015. Although the gains made by 2019 were by no means universal, they do show some shift in population-level child outcome measures with notable improvements in social and emotional developmental domains and cognitive development and literacy scores.

Children in the first year of primary school demonstrated concerning levels of social, emotional and behavioural difficulty compared to normative population samples on the SDQ in 2015. Of particular concern was the overrepresentation at the higher levels of difficulty across all sub-scales. This is of concern as high levels of difficulty on the SDQ are indicative of future mental health problems. However, a marked improvement was evident between 2015 and 2019, with a reduction in the number of children presenting with the highest level of difficulty across all of the subscales.

Similar trends are noted in literacy and cognitive development as measured using the Micra-T standardised tests. Baseline results showed children were overrepresented in the lower percentiles. However, improvements between 2014 and 2019 were realised.

On the measures of language development, the evidence for improvement is not as clear due to changes to assessment tools from 2016, thereby limiting the potential for comparison. Concerningly high levels of both receptive and expressive language difficulty were identified using the PLS-5 in 2015. Let's Grow Together responded with referrals to Speech and Language Therapy services as well as capacity building and support programmes for children and families. Measures used to assess language development from 2016 onwards show notable decreases in the number of children with identified language difficulty, however the limitations of different assessment batteries must be considered.

# Conclusion

Well-being data show most young people in the sample had very high levels of resilience, similar to children in the national GUI sample whose demographic profile incorporated a range of supportive protective factors. A high proportion also perceived themselves to have the coping skills necessary to reducing the impact of many risk and stress-inducing factors which typically feature in disadvantaged communities. These young people appeared to have the capacity and desire to develop appropriate peer networks and a solid sense of self-worth and value. Although positive results emerged, caution is required. The health and well-being of children and young people fluctuates depending on time, environmental pressures, financial resources, and circumstances. Forecasting and early intervention is needed if results are to be maintained, and a consistent approach across services in terms of approaches is required.

The contextual data derived from small area statistics and the assessments of early years' environments provide evidence of the broader challenges that impact children in the area. Lower than average levels of education and high levels of unemployment are evident. Lone parents headed a comparatively high number of households. An emerging concern is the number of households which consist of two or more families as this is an indicator of overcrowding and hidden homelessness. Changes in contextual demographic data is of value in determining population changes, evolving needs and family pressures.

Sub-standard levels of quality across seven participating Early Years settings in 2015 show marked improvements across all domains of the environmental rating scales in 2017. 2017 data confirmed service-level improvements following the implementation of quality enhancement and capacity building initiatives.

# Conclusion

In the initial area level profile conducted in 2015, identified need was greater than anticipated, creating a challenge for existing service delivery models. Let's Grow Together responded to the evidence of unmet need in a manner that was flexible to meet local needs and priorities while adhering to a gold standard of evidence-based interventions.

The partnership approach adopted by Let's Grow Together, which had a strong focus on quality and interdisciplinary working, began a process of re-orienting services to encompass prevention, promotion, and early intervention. This included oral language support for parents attending Public Health Nurse-led development clinics; Infant Mental Health home-visitation programme; increased availability of evidence-based parent and infant groups; training, coaching, and mentoring supports for services to embed training and enhance quality; and adaptation of traditional service delivery towards early intervention.

Positive changes were evident in the child level data in 2019. Attributing population level changes in child indicators to any one programme or factor is not possible. However, the availability of area-level data is essential in determining which communities need additional resources and what child and family supports are most appropriate. The development of longitudinal data collection on local childhoods would support programme development across health, education and child and family support.

Relying on adult-focused population health data can result in an underestimation of the developmental health needs of children in low-income communities. The availability of a child-focused community profile can be a catalyst for innovative approaches to supporting child development.

# Recommendations and Next Steps

Dissemination of the profile across the Let's Grow Together community to local families, services, and stakeholders, and to funders, wider government agencies and policymakers.

A new Child Focused Community Profile needs to be carried out for several reasons:

- To align with the recent widening of Let's Grow Together's geographical area.
- To complement 2022 Census data.
- To collect and report on updated child-level data.
- To monitor trends within the data, identifying improvements or dis-improvements and understanding the effects of COVID-19 on child outcomes.
- To include the recommendations of the Let's Grow Together monitoring and evaluation plan which requires us to collect more detailed demographic data and to better understand what works well and doesn't work well for the families we serve.
- To align with the goals and objectives set out in Let's Grow Together's strategic plan.
- To inform Let's Grow Together programming as well as wider services for children.
- To continue to support the environments, services, and people involved in improving child health and development.
- To continue to advocate for child, family, and community support services and resources.

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EARLY START

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