Community Development and Health Network (CDHN) is a regional network organisation, consisting of over 1800 organisations. We support and engage our network to advance their knowledge and skills in community development, to influence policy and to reduce health inequalities.

Health inequalities are the unfair and avoidable differences in the health status of people in our society. They exist because of the conditions in which people are born, grow, live, work and age, the wider determinants of health. “Social determinants of a child's health and development include child care, food security, household heat, housing, parent education, and parent employment.” (Stein, 2015) These determinants and how they are distributed at conception, pregnancy, birth and early years have a significant impact on child development, lifelong health and wellbeing. It is for this reason that CDHN believe a strong and viable childcare strategy is a key mechanism to tackle social determinants of health and help reduce health inequalities. We believe that the strategy must be strong in leadership and direction and viable in terms of what can be implemented. Publishing a strategy which may not be delivered upon, due to financial constraints, will be damaging to the sector, workers, children and families.

What follows are CDHN’s views on how the strategy can shape childcare so that it can both protect and promote health, boasting life outcomes for children, especially those at high risk of experiencing the impacts of inequality.

THE AIMS OF THE CHILDCARE STRATEGY

|  |
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| CDHN agrees with both the aims but feels employment as an aim is very narrow and does not serve to reflect the range of ways in which childcare can support and benefit parents and society.Childcare is critical if parents are to access training and education when (re)-entering the workforce. When consulting with our members we were cited examples of mothers being unable to access childcare while attending Further Education Colleges as childcare places on campus had been significantly reduced. The extra costs of accessing childcare off campus alongside tuition and course fees had led mothers leaving their courses. Lifelong learning has a significant role in levelling inequality for both the mother and the child. CDHN would also like to note that although training and education can be pre-cursors to employment they are also beneficial in their own right; improving knowledge, skills, self-esteem, motivation and wellbeing, these benefits can help mitigate against the impacts of inequality. Adult training and education, especially for those from disadvantaged background has two major benefits; it helps level the playing field in terms on equality of opportunity as well as mitigating against the personal, emotional and psychological impact of inequality. The importance of training and education was acknowledged in the core of the strategy, CDHN would argue that its importance also needs to be reflected in the aim. The strategy should also reflect that employment is not the only way in which people, especially women, contribute to society and the wider economy. The strategy should outline how childcare will be utilised to support these people. Carers are an excellent example of the way in which, mainly, women contribute to the economy though are not in employment or education.Carers are often a hidden group in our society, providing much needed love, support and care to others without financial reward, and sometimes with a negative impact on their own health. According to the 2011 census there are 213,980 carers in Northern Ireland. It is estimated that 8% of carers are looking after children under 18 and 40% are caring for parents(s) or parent in laws. (CarersUK 2014) There are no figures as to how many carers have responsibility for children of an age that could access childcare. Though it is possible to see how childcare could be benefit those with children aged 0 -14, providing respite, reducing isolation and building resilience. CDHN believes that the childcare strategy should recognise the invaluable contribution carers make to society and actively support them and their families.It is suggested that one strategic aim, development, could be spilt into two, child development and family/parental development. Gender equality should be separate strategic aim.For example:The aim of this strategy is to support the development of children, parents and families and promote gender equality.Child development: this is already well explained within the current aimParental/family development: to support and enable parents to develop so that they can contribute to society, either through paid employment or being an active citizen within their community and family. Gender equality: to recognise and support women in the range of roles which they fulfil in society. Through affordable, integrated and accesible childcare women will be able to(re) join the work force, remain in work and work the hours the family **needs** and progress in their careers. Women contribute to society in many other ways that through employment. This strategy will ensure these women are recognised and supported in these roles.  |

EMERGING OBJECTIVES

**Seven objectives, which if adopted, would contribute to a supporting framework for the Strategy are outlined below. These emerging objectives would shape the delivery and review of policy relevant to any final Strategy.**

* Childcare services that are **available** to all children, regardless of where they live, their needs or circumstances with a registered and appropriate childcare place for every child that requires one
* Childcare services that are **affordable**—no longer taking a disproportionate share of average household incomes
* Childcare settings that aim to become **sustainable**, able, eventually, to cover their costs from the fees they charge
* Childcare settings that foster lifelong respect for **diversity**, thereby laying the foundations for a more tolerant and inclusive future
* Childcare services that are of high **quality**, meeting or bettering the current minimum standards and with all staff and managers trained to the appropriate level
* Detailed and up to date information on the childcare sector that is readily available to parents, allowing them to make **informed choices** regarding the childcare services they use
* Childcare services that are **integrated** with, and complementary to, educational and youth services.

**For each of the proposed emerging objectives – please tell us to what extent you agree that these are appropriate to the delivery of a Childcare Strategy.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| **Available** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Affordable** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Sustainable** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Diversity** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Quality** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Informed Choice** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Integrated** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Please provide any further comment you may have on the emerging objectives which are outlined above**

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| --- |
| There is a tension between how affordable and sustainable are explained as objectives. It is for this reason that we did not express agreement or disagreement.CDHN fully agree that creating affordable childcare should be a core objective of the childcare strategy. Childcare costs are crippling for many families, according to Employers for Childcare survey in 2012, “63% of parents struggled with their childcare costs either throughout the year or at some point during it. The high cost of childcare also impacts on employment decisions for some parents and for 46% of last year’s respondents it influenced the number of hours they worked (either by reducing working hours or leaving work altogether).” It is right that action be taken to reduce the stress and financial burden which childcare costs can create, this will help families meet material and social needs, thereby promoting wellbeing and reducing the social exclusion faced by some families.The trends within society; parents working, living in a different place from grandparents etc means that “traditional” childcare, ie: as provided by a grandparent or a parent staying at home, is becoming less common and it is very unlikely this trend will change. Given this CDHN fully believes that we must develop both a sustainable and affordable model of childcare. The tension between affordable and sustainable arise when it is inferred within the sustainability objective that over time financial support from the Executive for childcare will be reduced or removed. If providers have to recoup all costs from fees then it is likely that this will be passed onto already struggling parents. This places both the providers and parents in very difficult positions and would raise serious questions about the sustainability of the childcare model. In the core of the strategy it is stated “we recognise that some childcare settings, particularly those addressing the needs of our most disadvantaged communities, may find it difficult to become fully sustainable before their grant funding ending. Where settings have genuinely made progress towards sustainability…we will **aim** to continue to support the services they provide, including finically, thereby enabling to maintain the progress they have made.” CDHN applaud the sentiment though we approach with caution as the word aim lacks commitment and greater detail as to how the progress towards sustainability will be assessed is required. Lack of commitment to funding affects morale and turnover which can have a knock on effect on the quality of service being provided which in turn affects outcomes for children. CDHN understand that subsiding childcare may not always be popular and is expensive, especially in the current climate, but we feel commitment must be made to ensure the on-going subsidy of childcare. We believe that sustainability of childcare should be a shared responsibility between the Executive, providers and parents. Given the range of departments and programmes which currently fund childcare in a range of ways; OFMDFM, DHSSPS, DSD, we hope the reform of the departments and a greater commitment to a joined up government will be seized as an opportunity to reorganise and fund in a way which sustains subsidy costs, where required. Joined up, approaches, funding and action would ease pressure on resources and improve services and outcomes. CDHN believe that for effective collaboration and whole of government approach a lead department is required and we call for one to be identified within the strategy. |

**Are there any further objectives which you think should be considered for inclusion in a Childcare Strategy that are not included here?**

No

PROPOSED INTERVENTIONS IN THE CHILDCARE SECTOR

The consultation document outlines a series of proposed actions to increase and improve the provision of childcare services by increasing existing provision where it is required. For ease of reference, each action (or intervention) has been given a roman numeral identifier and the 22 actions have been grouped under the following themes:

**Theme 1:** Supporting increased childcare provision

**Theme 2:** Improving childcare services

**Theme 3:** Joined up childcare

**Theme 4:** Changing the childcare context

**Theme 1: Supporting Increased Childcare Provision**

**To what extent do you agree or disagree with the following proposed interventions:**

**Intervention i: School Age Childcare Grant Scheme (18,500 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| Given that the data indicates that the greatest area of need for childcare places is that for school aged children and that this will continue to grow over the coming years it is crucial that this area is funding on a on-going basis. |

**Intervention ii: Meeting the needs of 12-14 year olds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| CDHN feels that it important that the needs of this group are met however we feel that the strategy lacks detail about how the needs of 12-14yr olds will be explored and how these will be met. It appears that this will mainly fall into the evaluation of the School Age Childcare Grant scheme, if this is the case CDHN would like an extended remit for exploring what 12-14yrs old, their parents and providers would like to see going forward. |

**Intervention iii: Supporting Childcare for the 0-4s (3,000 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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|  |

**Intervention iv: Supporting Private Sector Childcare Providers (1,500 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| **See intervention vi** |

**Intervention v: Supporting Private Firms to Provide Childcare (1,500 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

|  |
| --- |
| Supporting larger firms to provide childcare on site can be beneficial for parents. Especially for those who may not be able to access normal childcare options, such as those working shifts on hospital sites. In the strategy it states that we will review how private sector providers might provide childcare on behalf of the statutory sector. Third sector organisations should also be included in this process. |

**Intervention vi: Supporting Community-Based Childcare Providers (750 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| CDHN agree that a mixed economy of providers can support the creation of a sustainable childcare model. In supporting the development of a mixed economy CDHN would like to see a greater balance between the provision of support between community based and private sector. Especially as the strategy acknowledges how the community sector show a great awareness and ability to respond to local need, the ability and capacity for the at least part of the childcare sector to operate in this was should be protected and enhanced.CDHN also query the focus on new centres, there are great examples of services who are at capacity and with support could develop their services further. We are aware of members who provide high quality childcare and have waiting lists for their services, who can struggle to bring in the funding needed to manage and further develop their services. Women’s centres have been hugely important in the provision of high quality, local, accessible childcare. The strategy should outline how future, secure funding for these centres will be achieved post March 2016. An audit of childcare settings that could expand using the capital funds needs to be compared with an audit of need for new centres, to ensure that the right balance between interventions is achieved. |

**Intervention vii: Supporting Cross Border Childcare Services (750 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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**Intervention viii: Capital fund for Childcare (1,000 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| **See intervention vi** |

**Intervention ix: Rural Childminding Services Model**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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**Intervention x: Transport services supportive of rural childcare provision**

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| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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**Intervention xi: Childcare for Children with a Disability**

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| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| CDHN welcome the moves to improve outcomes for children with disabilities, though many families can still struggle to find a suitable childcare place. We feel that this area could be advanced in parallel to the training and development of childcare professionals, ie: a clear link is made between training and professional development in terms of working with disabilities and career progression. Working with disabilities could be become a specialism within the childcare setting opening another route other than management for professional development. |

**Intervention xii: Flexible Childcare (1,000 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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**Intervention xiii: Public Sector Franchises (1,000 places)**

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| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| CDHN strongly agree with the principle of public sector franchises, though more detail is required on how and at what cost and to whom unused rooms and building can be converted into suitable childcare settings. |

**Intervention xiv: Childcare places for low income families (3,000 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| CDHN strongly agree that childcare should be more affordable and accessible for families form low incomes. Further detail on how places will be affordable and what threshold low incomes families are defined are required. CDHN feel that the income threshold will be very important and would query why very low income was used rather than low income.Low cost and/or free childcare should also be made available to families with caring responsibilities. Providing free child to carers would ease financial pressures, provide respite and help carers feel valued by wider society. As women make up the largest percentage of carers, supporting carers through childcare would also help promote gender equality.Families could be identified and referred through carers assessment by health and social care staff. Caring can negatively impact of family finances and can be emotionally and physically demanding.  |

**Theme 2: Improving Childcare Services**

**To what extent do you agree or disagree with the following proposed interventions:**

**Intervention xv: Improvements to Information (5,000 places)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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|  |

**Intervention xvi: The Childcare Strategy will support a training programme to improve and enhance skills across the workforce**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

|  |
| --- |
| The strategy highlights qualified staff at management level as important. CDHN would also like to see the inclusion of practice specialism, in areas such as disabilities, as a career path for childcare workers. This would mean establishing a formal qualification processes which are linked with salary increments.One of the concerns and issues for both childcare workers and providers is the cost and time required to undertake qualifications required to meet standards. More consideration needs to be given as to how training and qualification attainment can be made more accessible and affordable. |

**Intervention xvii: The Strategy will work with other programmes to ensure good quality training of unemployed people as a pathway to work in childcare**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| Childcare is vitally important, it shapes our children’s social, cognitive and emotional development and quality practice requires skills and knowledge. CDHN has no doubt that there will be unemployed people who will be able to deliver high quality childcare and this approach has the potential to bring males and people from BME background into childcare. Social cohesion is built be supporting diversity and integration of different social groups. It is therefore important that people from a range of socio-economic backgrounds, as well as both genders and different ethnic backgrounds, see childcare as a viable career option. The childcare profession must be developed and promoted as a sound career choice throughout out the education and employment systems in order for a range of people to enter this crucial profession. |

**Intervention xviii: It will seek to align and promote existing initiatives to encourage greater diversity in the workforce – with particular reference to males and individuals from ethnic minority communities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| CDHN strongly agree that action needs to be taken in order to promote males and people from ethnic minority backgrounds.  |

**Intervention xix: Childcare Stakeholders’ Panel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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|  |

**Theme 3: Joined Up Childcare**

**To what extent do you agree or disagree with the following proposed interventions:**

**Intervention xx: Promotion of registered childcare (5,000 places)**

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| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

|  |
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|  |

**Theme 4: Changing the Childcare Context**

**To what extent do you agree or disagree with the following proposed interventions:**

**Intervention xxi: Regulation and Inspection (1,000 places)**

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| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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|  |

**Intervention xxii: Review options for statutory responsibility**

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| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide any further comment you may have relating to the above proposed intervention and your response:

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| --- |
| In principle creating a situation where there is local responsibility to address childcare needs should create a situation where services can respond quicker and more effectively to need. However due to the lack of detail about how this might work it is difficult to assess the likelihood of this being successful. |

EQUALITY IMPACT

**Any strategy is likely to have impacts beyond the specific areas and issues it may be targeting. We would welcome views on how delivering a Childcare Strategy may affect other groups in society. Please describe any effect you think the delivery of a Childcare Strategy may have on the nine groups contained within Section 75 of the Northern Ireland Act**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Positive | Mainly Positive | No Effect | Mainly Negative | Strongly Negative |
| **Religious beliefs** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Political opinion** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Racial groups** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Age** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Marital status** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Sexual orientation** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Gender** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Persons with a disability and persons without** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Persons with dependants and persons without** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide further detail as to why you feel the Strategy will have negative/positive effects.

|  |
| --- |
| Given our changing demographics, CDHN feels that the strategy should have more emphasis on how childcare can meet the needs recent entrants to Northern Ireland. There are language and cultural differences on which childcare workers and providers will require on-going training and support in order to promote inclusion and enhance anti-discriminatory practice.When speaking with Travellers about the strategy many mothers mentioned that they have concerns, outside those or the rest of the population, about leaving their children in childcare. They said that this mainly centred around fears that their child may be excluded or treated differently because they are a Traveller, and that very few childcare providers actively sought to show parents how the children from minority backgrounds would be supported and inclusion promoted.This highlights the need for training in areas around diversity, values and attitudes and anti-discriminatory practice to be core to the development of the childcare profession. |

For further information please contact:

Meabh Poacher

CDHN

30a Mill Street

Newry

Co.Down

028 30264606

meabhpoacher@cdhn.org