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## Early Assessment and Intervention in Educational Disadvantage

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**EARLY ASSESSMENT AND INTERVENTION IN  
EDUCATIONAL DISADVANTAGE**

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**Centre for Social & Educational Research**

**Dublin Institute of Technology**

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**Submitted to**

**CENTRE FOR EARLY CHILDHOOD DEVELOPMENT AND  
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## ACRONYMS

BCCN	Border Counties Childcare Network
BMW	Border Midlands and Western Regions
CABAS	Cork Applied Behaviour Analysis in Schools
CECDE	Centre for Early Childhood Development and Education
CLÁR	Ceantair Laga Árd-Riachtanais
CLRS	Centre for Local and Regional Studies
CPA	Combat Poverty Agency
CSO	Central Statistics Office
DAF	Department of Agriculture and Food
DCRGA	Department of Community Rural and Gaeltacht Affairs
DD	Designated Disadvantaged
DED	District Electoral Division
DEFRA	Department for Environment, Food and Rural Affairs
DEIS	Delivering Equality of Opportunity in Schools
DES	Department of Education and Science
DfES	Department for Education and Skills (UK)
DIT	Dublin Institute of Technology
DOHC	Department of Health and Children
ECCE	Early Childhood Care and Education
EDC	Educational Disadvantage Committee
EPPE	Effective Provision of Preschool Education
ESRI	Economic and Social Research Institute
GDP	Gross Domestic Product
GNP	Gross National Product
HLE	Home Learning Environment
HSCL	Home School Community Liaison Scheme
HSE	Health Service Executive
ICA	Irish Countrywomen's Association
	International Association of the Evaluation of Educational Achievement
IEA	
INTO	Irish National Teachers Organisation
LDSIP	Local Development Social Inclusion Programme
NAPS	National Anti Poverty Strategy
NCCA	National Council for Curriculum and Assessment
NCNA	National Children's Nursery Association
NCO	National Children's Office
NCS	National Children's Strategy
NDD	Non-Designated Disadvantaged
NESF	National Economic Social Forum
NLSY	National Longitudinal Study of Youth
NQHS	National Quarterly Household Survey
OECD	Organisation for Economic Co-operation and Development
PHN	Public Health Nurses
SAE	South and East Regions
UN	United Nations

## CHAPTER 1

### INTRODUCTION

In 2001 the Minister for Education and Science requested the Dublin Institute of Technology and St. Patrick's College, Drumcondra to jointly establish and manage the Centre for Early Childhood Development and Education (CECDE). The principal task of the CECDE was the development and co-ordination of a National Quality Framework for all early childhood care and education (ECCE) settings which cater for children from birth to six years. The CECDE was established to achieve the following core functions:

1. To develop a quality framework for early childhood care and education.
2. To develop interventions on a pilot basis targeted at children who are either educationally disadvantaged or have special needs.
3. To actively prepare the foundation for the establishment of an Early Childhood Education Agency as envisaged by The White Paper on Early Childhood Education (CECDE, 2001).

The Centre also aims to promote and facilitate the inclusion of parents in early childhood care and education settings, particularly focusing on the provision of services to educationally disadvantaged children and those with special needs.

In 2004, the CECDE invited tenders for four projects which aimed to address the needs of educationally disadvantaged children or children who have special needs. Tenders were invited from appropriate agencies and personnel to conduct a research project, entitled '*Early Assessment and Intervention in Educational Disadvantage*' which aimed to focus on the development of a Framework and Guidelines to assist in identifying indicators of risk of educational disadvantage among rural infants and toddlers and to identify strategies, processes and interventions to counteract this risk at individual, family and community level.

In mid-2004, the Centre for Social and Educational Research (CSER) was contracted to conduct the research on behalf of the CECDE. Established in 1997, the CSER is a dynamic and innovative research and development centre committed to improving the quality of life of children, families and society. The Centre works to achieve this through applied research and through the development of a greater understanding of the needs of local communities. The CSER is particularly concerned with the protection of the rights of children within the family and broader social contexts.

The project was researched, written and managed by Ms. Laura Hanlon (CSER Researcher) under the directorship and leadership of the Centre Director, Dr. Nóirín Hayes. Research was supported by Ms. Patricia O'Reilly (CSER Research Assistant and Eilish Dolan, CSER Research Assistant). The project team was supported by three social science field researchers, Mr. Finian Mc Namara, Mr. Ronan Gilligan and Ms. Mary Phipps who assisted in the task of conducting the field work stage of the research.

Combating educational disadvantage in children continues to be a central policy issue for the Irish government and is noted as such in many publications including the Education Act (1998), the White Paper on Early Childhood Education (DES, 1999), the National Childcare Strategy, (2000) and Sustaining Progress, (2002). In light of the continued interest in tackling educational disadvantage, the recognition of the importance of early and integrated interventions with children and their families, particularly among young rural children has prompted considerable debate on the particular nature of educational disadvantage in rural families. This report is informed by these policy documents, discussions and debates.

There has been an increased awareness, in general, that early child development can begin before a child is born and that the processes within the home environment and the wider community can have a profound impact on early child wellbeing. Recent literature has also highlighted that where it is necessary to develop effective interventions, the early identification of those 'at-risk' is crucial, (Ghate & Hazel, 2004; Tremblay, R.E., 2001; CECDE, 2003a). The framework presented in this report is one mechanism that may assist in early identification to facilitate early, effective and supportive interventions for children and their families as the need arises.

We cannot begin to improve the lives of vulnerable children and their families unless we identify, understand and respond to their needs in the context of their every day lives. In considering educational disadvantage, recent debates in ECCE have suggested that the practices of education and care cannot be separated when looking at young children (DES, 1999). Similarly research suggests that the causes of educational disadvantage are multiple and that any framework which attempts to assess the causes must adopt a multidimensional approach. In light of this, assessing and identifying risk factors needs to occur within the context of the family and the wider community. In this regard, the Centre for Early Childhood Development and Education (CECDE) have recognised that the complex nature of rural and dispersed rural disadvantage can make the identification of rural children and their families at risk of educational disadvantage difficult (CECDE, 2004).

On the premise that the needs of some children require particular understanding and closer consideration, this project is designed to assist in identifying indicators of risk of educational disadvantage among rural infants and toddlers and to identify strategies, processes and interventions to counteract this risk at individual, family and community level. Ensuring the wellbeing of children by protecting them from all forms of disadvantage and ensuring their developmental and educational needs are responded to are the responsibilities of government agencies, local community groups and parents themselves. This suggests that any assessment of educational disadvantage needs to adopt a multi-agency approach.

### **1.1 The Framework**

Early intervention is an essential support to children and their families by helping to prevent problems which can affect parenting capacity and family unity before they occur. In this regard, the proposed framework is preventative in its approach rather than remedial. The working principle of the framework is to ensure that early indicators of a birth to three year old being at risk of social exclusion and educational disadvantage are identified. Such indicators have been informed by the current



literature and prominent research on child and family wellbeing indicators, external processes outside of the home (community influences) and general risk factors associated with early child development and learning. Specific to this project is existing research on indicators of rural disadvantage.

It is envisaged the framework and guidelines will be used by health and education professionals at local level in undertaking assessments of rural birth to three year olds and their families who are in need of support and may be at risk of educational disadvantage. Such professionals could include ECCE practitioners and home visitors. In particular, the role and resources of Public Health Nurses in having a statutory right to carry out home visits with vulnerable families, place Public Health Nurses in the ideal position to implement the framework.

The success of the framework will depend on effective collaborations between government agencies, community groups and parents. This will involve a common language in which to understand early child development and learning, shared values of what constitutes child wellbeing and a universal commitment to improving the wellbeing of rural birth to three year olds and their families. In other words, early intervention must take place in partnership with families and in rural communities in an integrated and progressive way.

## **1.2 Report Structure**

The structure of the report is based on Bronfenbrenner's bio-ecological model of human development, (Bronfenbrenner, 1979; Bronfenbrenner and Morris, 1998). Bronfenbrenner proposed a framework of child development which takes account of the context within which child development occurs. This bio-ecological model of child development allows us to consider a child's world on a number of levels. The model describes the multi-leveled nature of the developmental progress of the individual child, where *'the ecological environment is conceived as a set of nested structures, each inside the other like a set of Russian dolls'*, (Bronfenbrenner 1979:3). Bronfenbrenner has drawn attention to the need for researchers to consider the complexity of interacting systems and the interactions between and within those systems. These systems are referred to as the microsystem, which is the most immediate environment for the child such as the family or day care and school. The mesosystem refers to processes and interactions which take place in the microsystem such as a parent's relationship with the school or daycare facility. The exosystems are larger institutions of policies that influence children, for example the quality of childcare or educational policy. Finally, the macro system refers to broader sociocultural processes and the community cultural processes that impact on child and family wellbeing.

Chapter 2 considers the nature of early child development and child wellbeing. The processes involved in measuring child wellbeing are examined in the context of recent international and national developments. This chapter concludes with an overview of Bronfenbrenner's theory in relation to the development of the overall framework.

Chapter 3 examines both national and international literature on different understandings of rural, encompassing an increased awareness related to limitations in defining 'rural' and 'rurality' in today's culture. This chapter will also introduce the

perceptions of rural disadvantage and the progress made in measuring rural disadvantage.

Chapter 4 reviews existing literature on educational disadvantage and the various theoretical understandings of educational disadvantage. It concludes with an overview of existing national and international approaches to assessing educational disadvantage in the early years.

Chapter 5 debates the concept of ‘risk’ factors associated with identifying rural birth to three year olds and their families who may be considered at risk of educational disadvantage. Particular weight will be given to a discussion on the effects of social capital and social capital policies in combating educational disadvantage amongst vulnerable families. Such discussions will pay particular attention to the myriad of literature on the neighbourhood and family processes affecting early child development.

Chapter 6 provides a broad outline of the methodology employed, including qualitative analysis, the research instruments applied, how the focus group data was analysed and any research issues which arose during the course of the project.

Chapter 7 presents the main findings from the parent focus groups. It outlines the current issues facing rural birth to three year olds and their families in Ireland. It assesses parent’s understanding of early child development, what the important influences on early child development are and what challenges rural communities face in tackling educational disadvantage.

Chapter 8 presents the proposed framework and guidelines to assist in identifying rural birth to three year olds and their families who may be at risk of educational disadvantage and the rationale for the proposed model.

The review of issues relating to child development, rural disadvantage, educational disadvantage and risk factors associated with child and family wellbeing have informed the overall structure of the framework.

## CHAPTER 2

### CHILD DEVELOPMENT & CHILD WELL-BEING

#### 2.1 Introduction

Babies raised by caring adults in a healthy and happy environment are more likely to become better learners than those who lack this advantage (Carnegie Corporation of New York, 1994). There is an abundance of research which shows, that supporting children's development in their early years, can help prevent the emergence of the social and educational inequalities which will become evident as children progress through school and into work (Currie & Thomas 1995; Cleveland & Krashinsky, 1998). Most children thrive in a safe, clean and supportive environment that meets basic needs such as love, nutrition and healthcare, (Government of Canada, undated, [www.growinghealthykids.com/english/home/dacont](http://www.growinghealthykids.com/english/home/dacont); Carnegie Corporation of New York, 1994).

This Chapter examines the various dimensions of child development and includes an overview of the various processes which effect child development, with particular reference to Bronfenbrenner's Ecological Theory of Child Development (1979).

#### 2.2 Defining Child Development

Development can be defined as the acquisition and growth of the physical, cognitive, social and emotional competencies required to engage fully in family and society (Aber et al., 2002). Child development is a multi-faceted process, involving physical growth processes, cognitive, social and emotional development. Developmental psychologists suggest that children's rate of development and how they develop depends on the connection between nature (the child's biology) and nurture (includes a child's surroundings, care nutrition etc.), (Gable, 2004). Research into brain development has established that:

- Learning takes place within the womb, meaning children begin learning before they are ever born.
- Development that occurs within the first three years of life are the most critical in a child's life.
- Young children's brains develop very rapidly.
- From birth, a baby's brain is like a sponge resulting in a powerful ability to learn (Blakemore, 2000)

In any analysis of child development, the multidimensional view of the various developmental processes must be considered. Child development therefore incorporates a combination of physical, cognitive, social and emotional development;

- A physical dimension which refers to a child's environment;
- A cognitive dimension which refers to a child's ability to think and understand;
- An emotional dimension which refers to a child's ability to relate to and socialise within its surroundings.

- A social dimension which refers to a child's interactions within society such as social networks in the community and social relations within the family.

All aspects of a child's development are influenced by the family, peer groups, the community and the school environment which children inhabit. A child's environment, such as the home or childcare setting play a significant role in influencing how children develop both in the current context and later in life. Children are extremely sensitive to the environment around them and any changes can have an impact on a child's development. That is why it is essential to build safe and supportive environments for children.

It is because of the rate and scale of development in the early years and the hugely influential role played by the environment which children inhabit that the early years of a child's life are the most critical for present and later development. For example, poverty, parental education and parental income can all impact on a child's life chances from a very young age.

Good quality ECCE can result in positive child outcomes in cognitive development and the improvement in a child's social skills. In the UK, there is evidence to suggest that infants who started pre-school at two were at least 10 months ahead on the commencement of primary school as compared to their peers who did not attend pre-school at all. This relates to their learning ability, reading and writing abilities and overall levels of concentration in the classroom. Even more critically, studies have found that in some cases poor quality childcare experienced by infants under the age of two can produce slightly negative effects on some children, (Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2004). Such findings emphasise the critical and influential role the environment has on children's development from a very young age and even more importantly, these findings highlight the positive impact supportive environment's can have on a child's ability to learn and socialise.

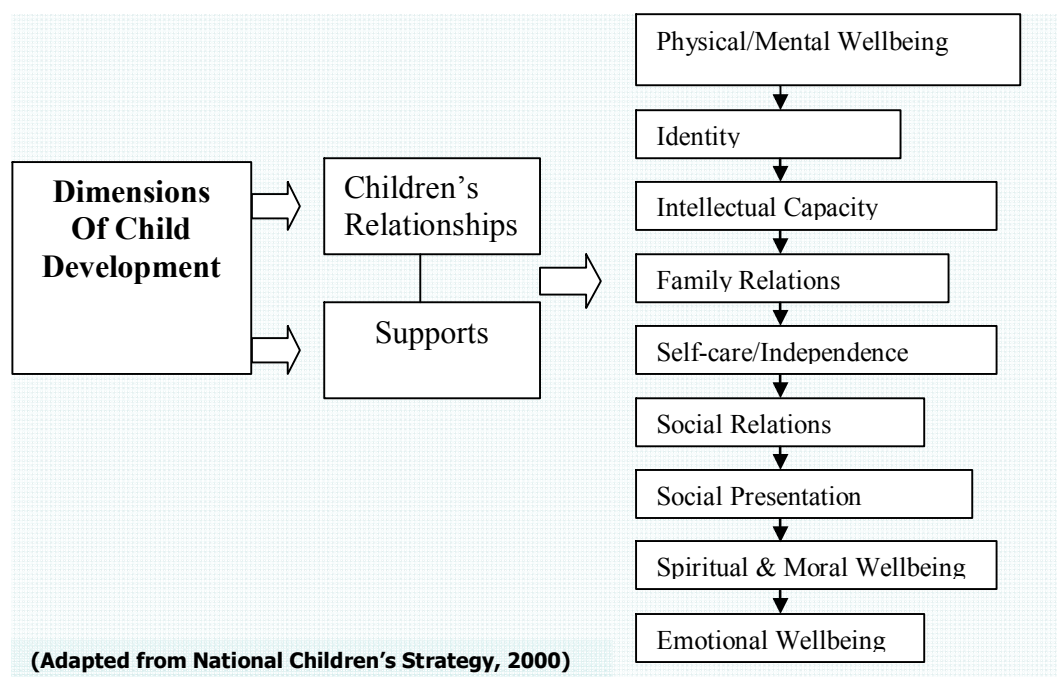
### **2.3 Dimensions of Child Development**

Factors that influence child development include family variables (e.g. household composition and socio-economic status of households), parental characteristics and neighbourhood characteristics. Providing stable family and community environments enhance positive child development and supporting a child's needs is an important element of such environments. Research by Lewis and Morris (1998) outline a list of five basic needs for positive development in children:

- A personal relationship with a caring adult,
- A safe place to live,
- A healthy start toward their future,
- A marketable skill to use after graduation from high school, and
- An opportunity to contribute to their community. Partnerships within the community can help provide for these needs.

In the National Children's Strategy, 2000, which has at its core, the objective of enhancing children's well being and quality of life, much attention is paid to the fact that children's development is influenced and affected by the relationships around them. Nine dimensions of child development are outlined, all of which are interlinked

with each other resulting in a ‘whole child’ perspective of child development. Figure 2.5 outlines the various elements incorporated under the National Children’s Strategy in their view of the various dimensions of child development.



The Strategy takes account of the changing context of children’s lives in order to develop a deeper understanding of childhood experiences. Childhood is a series of developmental stages, each of which is to be valued. Through these various stages, the foundations are laid for wellbeing in adult life (National Children’s Strategy, 2000)

Physical and mental wellbeing refers to growth and development as well as mental health, and requires that children are given adequate nutrition and appropriate accommodation, immunisation and developmental checks at the appropriate stages.

Identity concerns children’s growing confidence and their abilities as individuals to feel respected and accepted in their own right by their families and wide society and requires that children are encouraged and receive positive messages about their own gender and culture as part of a rich and valuable mix of social identity.

Intellectual capacity refers to all areas of cognitive development, educational attainment and active learning in their surrounding environment. Intellectual capacity is enhanced through opportunities to play and interact with both adults and children and appropriate access to books and other forms of intellectual stimulation.

Family relations refer to the stability of family life. A child’s capacity for development is more likely to be met where children have a sense of belonging within the family, where changes in carer are kept to a minimum and where they are given opportunities to develop their capacity for independence.

Self care and independence refers to the competencies that all children require to look after and respect themselves. It is through encouraging children to acquire

appropriate self-care skills from an early age and to add to these as they get older that their needs in this dimension are more likely to be met.

Social relations refer to a child's ability to make friends and feel part of a peer group. Children therefore require informal opportunities to play and socialise with their peers of both sexes, from an early age but with increasing significance as they grow older for effective social relation skills to develop.

Social presentation concerns children's growing understanding of their capacity to engage with others and realise the impact of their actions, appearances and behaviours on others.

Spiritual and moral wellbeing refers to feelings, experiences and beliefs that stimulate self awareness, wonder, reverence, moral and aesthetic sensibility and questions about the meaning and nature of life and death.

Emotional wellbeing refers to children's feelings and actions and includes their growing ability to adapt to change, to cope with stress and demonstrate self-control all of which will be effected by the nature and quality of the children's early attachments and also by the temperament of the individual child.

Contemporary development theory recognises that children are active participants in their own development, not just passive creatures to be stimulated. To accomplish this, it is essential to recognise that learning, in general, is an active process, (Sylva et al, 2004)

## **2.4 A Framework of Child Development.**

Context refers to the circumstances of conditions in which individuals reside. Bronfenbrenner conceptualised human development as a process that occurs within a set of defined nested contexts. This framework of assessment focuses on neighbourhood and community contexts of development, in addition to more proximal, social contexts such as the family, both of which have the ability to influence a child's developmental outcomes directly and indirectly. All aspects of the framework take account of the context within which child development occurs.

Ecology generally refers to the environments in which individuals inhabit, exist and interact. The bio-ecological model of child development proposes a multi-levelled approach to the development of the individual child, where "*the ecological environment is conceived as a set of nested structures, each inside the other like a set of Russian dolls.*" (Bronfenbrenner,1979:3). The bio-ecological model of child development allows us to consider a child's world on a number of levels. Bronfenbrenner conceptualised human development as a process that occurs within a set of embedded contexts and defined four specific embedded contexts within the biological model, namely the microsystem, the mesosystem, the exosystem and the macrosystem.

Bronfenbrenner proposed that a child's development will be enhanced if two settings in which s/he is involved are strongly linked. The exosystem are larger institutions and organisations that influence children, such as the quality of childcare or the level

of community networks. *“The exosystem comprises the links and processes taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives.”* (Bronfenbrenner, 1993:24). Macrosystems are the broader sociocultural practices, beliefs and values of a nation, region and community that impact on child and family life such as the value placed on early childcare services and educational services for very young children.

The framework proposed here examines the effects of several interrelated contexts on child development, drawing on several models which have viewed child development across a number of contexts. For example in an examination of neighbourhood effects on development, Aber et al (1997) proposed a model which drew upon social disorganisation theory, social capital and functional communities and Bronfenbrenner's bio-ecological model. This framework examines the effects of three types of processes on child outcomes, neighbourhood and community processes, social and interpersonal processes and individual processes. Aber et al (1997) note that some processes are more distal to the child (neighbourhood processes) than others which are more proximal (individual processes), suggesting that their more distal processes such as neighbourhood effects can influence child outcomes both directly and indirectly. In very young children this influence occurs through the parents and the immediate family.

The ecological perspective constantly reminds us that early child development is the result of biological and social processes; from nature to nurture. Children's rate of development differs according to their mental and physical make up. One important factor affecting the mental and physical make up of children is their social environment. *‘When sociocultural risks threaten, appropriate early intervention can help the child find new routes for adaptive development’* (Jenson and Stroick, 1999).

The assessment framework of intervention outlined in this report will be embedded in the context of Bronfenbrenner's model of child development. Critical to the framework will be the impact of neighbourhood (the mesosystem) and family (the microsystem) variables on positive child wellbeing. In this regard, the framework itself will take on an ecological approach to assist in identifying birth to three year olds and their families at risk of educational disadvantage.

## **2.5 Child Wellbeing**

The wellbeing of children is crucial to any society. Children represent the future and it is inherently important for children to lead happy and healthy lives. The concept of wellbeing can be difficult to define. As wellbeing is closely associated with quality of life it brings with it such a wide domain of enquiry. From a child's perspective, wellbeing is concerned with a child's happiness within the family, the community and in society, (Carroll, 2002). The wellbeing of children generally has two distinct elements; physical wellbeing and psychological wellbeing. In reviewing literature on child wellbeing, five distinct domains of wellbeing are evident; physical, psychological, cognitive, social and economic. The physical refers to the physical environment of the child. The psychological development refers to the mental wellbeing of the child, cognitive development relates to intellectual activity (thinking, reasoning, remembering, imagining, or learning words), social development can be

defined as relations and interactions between the individual and society and economic development relates to the financial wellbeing of the child.

## **2.6 Charting Child Wellbeing**

Efforts to measure the well-being and quality of children's lives are generally realised through a set of wellbeing indicators. Moore describes such indicators as '*measures that assess the health, cognitive and socio-emotional well being of children at a point in time and over time and across geographic areas*', (Moore, 1999). Simply stated, child wellbeing indicators describe the condition of children and monitor child outcomes, (Carroll, 2002). Tracking how a child is progressing or how a child is falling behind is fundamental in allowing any nation chart the state of their children. Associated with indicators are outcomes. Any intervention or service aimed at improving child wellbeing looks at measuring the effectiveness of the indicator by measuring the overall outcomes. '*Measuring outcomes rather than inputs represents an important new direction in program implementation*', (Moore, 1999). The framework of intervention outlined in this project will concern itself with achieving positive outcomes rather than focusing on service inputs. In looking at literature on why to measure child wellbeing and the purpose of developing indicators, four main purposes can be identified;

- (1) Description – Indicators are knowledge based and provide invaluable information on society.
- (2) Setting Goals – Indicators are used to help agencies, Governments and communities reach targets and help design strategies to reach these targets.
- (3) Monitoring – Probably the most fundamental objective of indicators is to track outcomes and monitor progress over time. For example, indicators are an important tool for tracking child outcomes over time and allow trends to be identified. Monitoring outcomes over time can also track whether outcomes are improving or deteriorating.
- (4) Evaluation – Indicators are sometimes relied on to determine whether or not programmes are effective and the reasons for success or failure, (Moore, 1999).

Tracking child wellbeing is essential to enable both government policy and practice to respond to the developmental needs of children and to sustain their economic and social wellbeing for the future. Over the last decade research has shown that developing child wellbeing indicators helps identify areas of social and developmental need and disseminate important data on children. The United States have been praised for developing an 'indicator system' containing the richest collection of information on children than any other nation, (Brown & Moore, 2003). A report, *America's Children: Key National Indicators of Well-Being, 2002*, outlines twenty-four indicators depicting the wellbeing of children in areas of economic security, health, behaviour, social environment and education. However one weakness in America's current system of indicators is that it fails to represent children living in lower levels of geography or less densely populated areas, (Capizzano & Fiorillo, 2004). This weakness makes it difficult to assess the needs of some children, including children living in rural areas. This 'information gap' poses great concerns when monitoring the development of young children in rural areas (Capizzano & Fiorillo). General statistics such as population trends, family formation patterns and socio-economic status of households are readily available for rural areas. However, economic and social data such as maternity healthcare, and the number of children attending early



educational services can be more difficult to access. When defining and collecting indicators, it is essential to realise that there are distinct differences in terms of behaviour and lifestyle in urban and rural areas (e.g. accessibility to services may differ substantially) and it is essential that any set of indicators take account of the environment to which they are intending to apply. It is therefore pivotal to ensure that indicators designed to assess behaviours in rural areas are specifically designed to reflect the actuality of life for children in rural areas. The current dearth of data, specifically addressing issues explicit to rural areas creates a serious challenge to the effective promotion and enhancement of child well being in rural areas.

It is essential that child well being indicators encompass the depth and breadth of a child's life, in terms of social, emotional, cognitive and physical development. Any indicator designed to monitor the well being of children must also encompass the multiple dimensions of a child's life including the family, education, health and childcare.

### **2.7 Child Wellbeing in the Irish context**

The National Children's Strategy's goals for children emphasise the State's commitment to the facilitation and enhancement of child well being:

*Goal One: 'Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity'.*

*Goal Two: 'Children's lives will be better understood; their lives will benefit from evaluation, research and information on their needs, rights and effectiveness of services'*

*Goal Three: 'Children will receive quality supports and services to promote all aspects of their development'.*

The Strategy recommended the development of a set of child wellbeing indicators which encapsulate all aspects of the 'whole child' perspective, including a child's own capacity, dimensions of a child's development, and formal and informal supports for a child. The National Children's Strategy identified a 'whole child perspective', which incorporated a number of distinct but inter-related elements essential to the enhancement of children's development and the promotion of child wellbeing. The strategy was one of a number of policy documents which sets out a vision for children living in Ireland. Another objective of the Strategy was that children will benefit from a built and natural environment which supports their physical and emotional wellbeing. The changing perspective on children through the Strategy has supported the development of the study of indicators of child-well being.

Fitzgerald (2004) highlights the need to track child wellbeing across a number of different dimensions in addition to global indicators such as educational achievement and infant mortality rates. In looking at reviewing a national set of child wellbeing indicators in Ireland, Fitzgerald outlines four main targets of child wellbeing indicators;

- Enable the state of Ireland's children to be monitored.

- Track changes over time.
- Evaluate progress in Ireland against other countries.
- Highlight policy and procedural issues.

Fitzgerald documents principle data sources on children and childhood in Ireland such as the Census and various household surveys (CSO Quarterly National Household Survey and Living in Ireland Survey), noting that the vast majority of data sources on children refer to data on family well being as the primary unit of observation, rather than focusing on children themselves. Frequently, such household based surveys have limited direct information about children and what results is learning about child wellbeing through parents or family circumstances. Research pertaining to child well being, where children are the direct focus of observation remains a relatively new concept in Irish terms, although there has been a movement in recent years to refer to, and include them directly in research studies pertaining to the identification of child well being .

The framework for analysing child wellbeing constructed by Fitzgerald, places the child's development and wellbeing under sixteen different domains:

- |                              |                                    |
|------------------------------|------------------------------------|
| ▪ general population         | ▪ health                           |
| ▪ education                  | ▪ housing                          |
| ▪ environment/ neighbourhood | ▪ social relationships             |
| ▪ integration                | ▪ households/ family relationships |
| ▪ transport                  | ▪ safety and security              |
| ▪ time use and activities    | ▪ identity                         |
| ▪ civic life skills          | ▪ emotional/spiritual wellbeing    |
| ▪ independence and self care | ▪ income and living standards      |
- (Fitzgerald, 2004)

Subsequently, Fitzgerald reviews official data on Irish childhood within the fourteen domains and also underlines the dearth of data available in a number of the domains, particularly in relation to the environment and neighbourhood characteristics and social relationships and integration (relationships with parents, social interactions and social capital).

It is worth noting that these domains predominantly encapsulate subjective or qualitative measures of human life. Carroll, (2002) distinguishes between objective and subjective indicators and the challenges faced in attempting to measure subjective aspects of child wellbeing.

Objective measures are based on observable statistical data such as crime rates and infant mortality whereas subjective measures are based on perceived wellbeing based on personal experiences, values and beliefs (Carroll, 2002). Examples of such measures include the assessment of individual satisfaction ratings and individual childrearing beliefs and practices. It is proposed that the assessment framework developed in this report will be based on both the subjective and the objective influences in young children's lives today.

In June of 2005, the National Children's Office (NCO) published a report on the development of a national set of child wellbeing indicators for Ireland. The report highlights the increasing awareness of the need to understand the multi-dimensional nature of children's lives and to consider a holistic understanding of children which incorporates children's experiences directly in the design of indicators and the assessment of outcomes. The NCO report details forty-two child wellbeing indicators and seven socio-demographic indicators which will be used to contextualise the lives of Irish children. The wellbeing indicators set out in the report were developed using six umbrella domains;

- Demographic characteristics
- Economic status
- Education
- Family, school and community
- Health and safety
- Social, emotional and cognitive development.

The report examined over eighty national and international indicator sets resulting in over 2,500 potential indicators. Each indicator is presented giving an overall definition and data sources relevant to each indicator. It is a timely piece of national research and it is envisaged that the indicator set will be reviewed periodically to ensure it reflects changing policy interests and advances in national quantitative systems, (NCO, 2005; 13).

However, despite the depth and diversity of the indicators, there is little specific reference to wellbeing indicators pertaining to rural children despite the differential context and environment in which children are reared and the resulting differential needs between rural and urban children (e.g. infrastructural deficits in public transport in some rural areas restricts choice and access for parents). The extent to which these indicators are directly attributable to children from birth to age three is also questionable. Many indicators are defined in relation to children aged 11 and older such as eating habits and their relationships with parents (i.e. how many times a week do they have conversations with their parents etc.). Currently the extent to which child wellbeing indicators can be used for young, Irish rural children is relatively inadequate

A recent Irish project has focused on the childcare needs of parents in rural areas. The Cross Border Rural Childcare Project was formed to promote the development of a strategy for rural childcare services in Ireland. The project's key objective was to plan and develop a model of childcare specifically tailored to meet local needs. The research raised a number of issues including an increased demand for childminders, a lack of accessible childcare services and an increasing sense of isolation amongst many parents residing in rural areas, particularly stay-at-home mothers. Some of the issues which face young toddlers and their families in rural Ireland today have been highlighted in the Government's National Childcare Strategy. It focuses on the barriers to childcare in rural areas namely isolation, transport issues, high costs and availability. The report also emphasises the lack of training programmes adapted to the needs of rural childcare provision (Expert Working Group on Childcare, 1999).

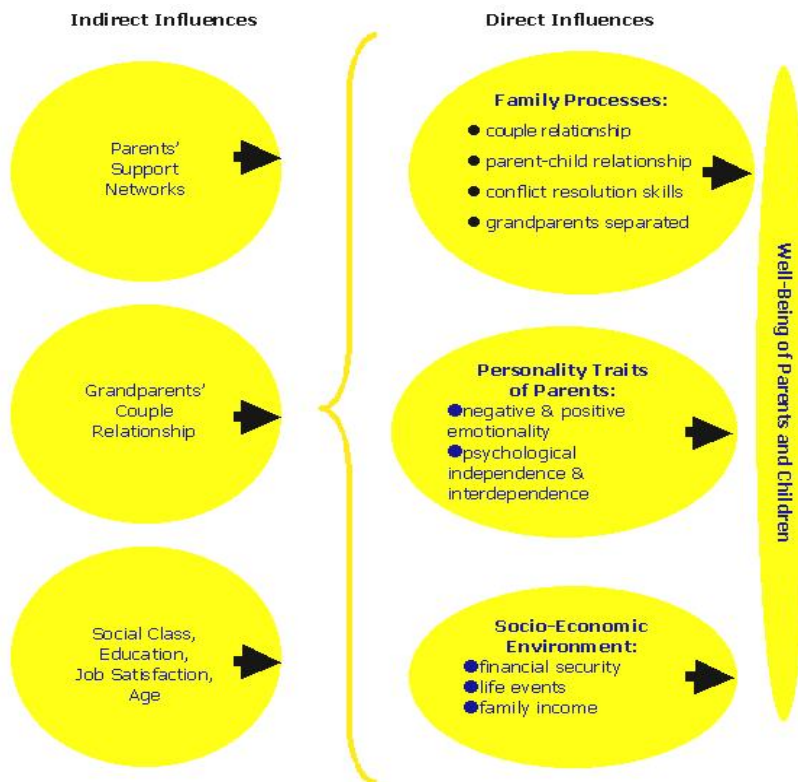
In their study on *Family Well-Being, What Makes a Difference?*, Mc Keown, Pratschke and Haase (2003) examined the effect of four broad sets of influences on the wellbeing of parents and children including:

- family type: i.e. one or two parent households and whether the parents are married, cohabiting, single or separated;
- family processes such as the way conflicts are addressed within the family, the inter-generational history of family relationships and attitudes to family and parenting roles;
- individual characteristics such as personality traits such as positive and negative emotionality and psychological independence and interdependence; and
- family circumstances such as life events, education, social class, hours worked.

The study collected data on all four variables in order to identify factors which influence both family and child wellbeing. Whilst the in-depth analysis of the study focused on 250 families, all with at least one child aged 11 to 16 years old, the findings regarding how wellbeing is defined and influenced amongst Irish families is noteworthy. Their study defines well-being in terms of both negative and positive dimensions. Negative dimensions refer to ‘psychological disturbance’ which incorporates symptoms such as anxiety, depression, anger and disruptive behaviour whereas positive dimensions refer to ‘life satisfaction’ and incorporate factors such as happiness with self, family, friends, the home and school environment. Mc Keown et al. found that *‘the physical and psychological well-being of parents and children are shaped primarily by family processes, particularly processes involving the ability of resolve conflicts and arguments, and by the personality traits of parents. However, the type of family in which one lives – such as a one- or two-parent household and whether the parents are married, cohabiting, single or separated – had virtually no impact on family well-being’* (Mc Keown et al 2003:10-11).

The study also found that the wellbeing of children, particularly younger children, is closely related to that of their parents and that there are four main areas which are directly influential on child well-being, namely, the presence of unresolved conflicts between parents and children, the characteristics of the mother, the support levels from the father and family income. The external environment is believed to be less influential on family well-being than internal family dynamics.

Based on their findings, Mc Keown et al. (2003) profile both direct and indirect influences on family well-being. Direct influences include financial difficulties and the quality of parent relationships. More indirect influences include parent support networks and a family’s social class position (McKeown et al, 2003). Of particular relevance to rural children is the report’s reference to a family’s relationship with grandparents. It was found that a grandparent’s relationship with a child has a direct influence on child wellbeing, notably the quality of this relationship can exercise a significant influence on a child. The involvement of the extended family in child rearing practices in rural Ireland remains considerably high amongst the small sample of rural families in the current study.



(Model Summarising the Direct and Indirect Influences on Family Well-Being. McKeown et al. 2003:11)

### 2.8 Gaps in qualitative data on child wellbeing.

Official statistics on children tend to focus on more global, quantifiable domains rather than qualitative measures such as parent/child relations, a child's social interaction with the environment and the general quality of children's lives. The lack of qualitative data in this regard is particularly evident in the Irish context, and even more so for younger children. Measures specifically designed for birth to three year olds are generally confined to health indicators such as infant mortality rates, health visit check ups etc. All other measures are usually defined through a child's parents through whom, in most cases, external influences on his/her wellbeing are mediated. What is considered in this framework is measuring child wellbeing within the context of dispersed rural families and the rural communities they live in.

### Conclusion

Given information gaps and difficulties in gathering qualitative data amongst rural birth to three year olds and their families, it is clear that promoting child well being is more challenging when considering both birth to three year olds and rural families. In this regard, global indicators can be considered to limiting and fail to capture the unique circumstances of young rural children and families in Ireland today.

## CHAPTER 3

### UNDERSTANDING RURAL

#### 3.1 Introduction

Rural society in Ireland has experienced far-reaching transformations in recent times associated with a continuous decline in agriculture, a decline in rural populations and the changing role of women in rural areas (O'Hara, 2000; CPA, 2005; Department of Community, Rural and Gaeltacht Affairs, 1999). An example of such change is that of the increase in the number of rural women returning to the workforce and the number of rural people moving away from rural areas and travelling to urban areas (DCRGA, 1999). However, ideas of rural idyll and powerful images of rural areas as a 'good place to live' are embedded in popular culture today (De Lima, 2004). Such evidence suggests that this continues to be the ideology and has had a powerful influence on how rural living is perceived.

This chapter explores the various dimensions of 'rural' and 'rurality', beginning with a detailed look at what constitutes a 'rural' area. It is evident that the term 'rural' can encompass many contrasting levels of settlement and locations and recent debates have argued that 'rural' embraces many meanings, adding to difficulties in defining the term itself.

Literature often associates social deprivation and poverty as features of rural settlements (DCRGA, 1999; CPA 2005). It is argued that poor housing, poor infrastructure, lack of services and supports and low incomes are common problems within rural communities. This chapter provides a contextual overview of social, economic and demographic trends in rural areas. It integrates causal factors of rural deprivation and risk factors associated with poverty and, in more recent times, the new wave of regeneration and development in rural areas which is changing both the subjective and objective typology of rural settlements. The chapter will also include a review of proposed and implemented policies which have aimed to respond to the changing face of rural Ireland today.

#### 3.2 Defining Rural

Defining 'rural' is problematic for several reasons, but most notably because the term is used as a physical, social and cultural concept and therefore has a range of meanings ascribed to it. As well as a lack of conclusiveness on how to actually define the term 'rural' there has in the past been a tendency to treat all rural areas in the same way despite the differential characteristics and problems they may exhibit. Tovey, Curtin and Haase, (1996) suggest that rural is often defined as comprising of several different distinctive characteristics which include an emphasis on agricultural production and a history of agriculture in the area, a particular organisation of space with low population density and productive activities that require access to space. Conversely, several challenges (Mc Donagh, 1998; Tovey et al 1996) have been advanced concerning this definition of the rural and the identification of rural as specific, defined areas. Such critics suggest that the idea of rural areas is a myth as the political economy of rural areas is closely linked in with that of urban areas within the globalised market. The difficulties of defining rural have also been highlighted by Tovey et al. (1996) who suggest that attempts to define 'rural' may be futile.

Common perceptions of rural areas as close-knit communities, which are homogeneous in beliefs, norms and values with strong family ties have come under scrutiny and are generally now accepted as idyllic perceptions rather than guaranteed actuality. Such a perception ignores the increasing deprivation levels, the low socioeconomic status and poor housing conditions which some households in rural areas either experience or are 'at risk' of experiencing. More recently, rural communities contain a variety of dispersed social groups and the notion of close-knit, contented communities is not always valid. The reality is more likely to include conflict, differentiation-based class division and social status conflicts within the community (Mc Donagh, 1998).

Population density is regularly used as the criterion for defining 'rural' and 'urban' areas. The Organisation for Economic Co-operation and Development (OECD) and EUROSTAT have developed rural definitions focusing on population densities and degrees of urbanisation. Of interest are the OECD definitions which distinguish between local and regional levels of rural. At the local level, rural communities are defined as communities with a population density below 150 inhabitants per square kilometre. At regional level, rural is defined under three categories depending on the degree of rurality;

- Predominantly Rural – Over 50% of the population living in rural communities nationally.
- Significantly Rural – 15-50% of the population living in rural communities nationally.
- Predominantly Urban – less than 15% of the population living in rural communities.

This definition implies that rural communities, which are geographically located a short distance from large towns and cities would be defined as 'less rural' than communities not located near large towns and cities.

This same observation was also highlighted in a report on the Irish rural structure *Irish Rural Structure and Gaeltacht Area*, the purpose of which was the development of a typology of rural areas in Ireland (Centre for Local and Regional Studies (CLRS) and Brady Shipman Martin, December 2000). The main objective of the report was to '*develop, using demographic, economic and geographical data, a typology of rural areas in Ireland and their main characteristics*' (ibid: i). The report examined the relationship between rural and urban areas looking at employment growth and the degree of remoteness of District Electoral Divisions (DED) in terms of distance from larger urban centres and the size of those urban centres in terms of population density. Findings revealed that rural areas that are 'far away' (i.e. further than 30 kilometres) from a city recorded significantly lower employment growth rates than rural areas that are 'close' to a city (a difference of 0.5 percentage points per annum) (ibid: 45)

In relation to developing rural definitions, the CLRS/Shipman Martin report (2000) proposed a typology based on demographic structure; labour force characteristics; unemployment and economic dependency; education levels; incidence of commuting; sectoral employment characteristics; structure and performance of the agricultural sector; and indicators of change (ibid: 6). Six distinct rural areas were identified based on an analysis of these various characteristics:

- Peri-urban areas, situated close to urban centres.
- Very strong areas which have a less urban influence and farming are still strong.
- Strong agricultural areas adjusting to restrictions on agricultural output.
- Structurally weak areas which consist of a large number of DEDs experiencing rural disadvantage.
- Marginal areas where agricultural disadvantage is vast.
- Highly diversified areas which involve a relatively small number of people representing an almost ‘post agricultural’ rural economy.

However, despite the ongoing research to construct a universally acceptable definition of rural, there are a pool of critics who question the extent to which it is beneficial to define any particular area as rural - in other words the extent to which one can say that a rural area exists, with characteristics that are uniquely different from urban areas, (Mc Donagh, 1998). One reason for this is the view that rural seems only to refer to spatially dispersed areas or regions that are sparsely populated. In this respect, this definition can take many different forms from small towns and villages to urbanised areas of the countryside, to areas where the local economy is still strongly structured around agricultural activities.

The Combat Poverty Agency asserts that while agriculture is a central activity in rural life, rural does not necessarily mean farming as there are significant numbers living in rural areas who are not engaged in agriculture, nor directly dependent on agriculture. They also note that a significant proportion of the rural poor are located in small towns, do not own property, live in local authority housing estates on the edges of towns; and are often marginalised, invisible and outside the mainstream of rural society ([www.cpa.ie/downloads/publications/Submissions/1998\\_Sub\\_WPRRuralDevelopment](http://www.cpa.ie/downloads/publications/Submissions/1998_Sub_WPRRuralDevelopment)).

Whilst there has been a diverse response to defining rural in recent times, it is nonetheless clear, that there is no one, universally accepted definition of ‘ruralness’. Whereas in the past, policies have tended to treat all rural areas as homogenous; there is now much research evidence to suggest a broad diversity within rural areas, where dispersed rural families often live amongst more affluent families, creating pockets of disadvantage, rather than universally disadvantaged rural areas or vice versa.

This lack of consistency and agreement in relation to a definition of rural can often complicate discussions of rural areas. Whilst it is important to consider the various interpretations of rurality as outlined above, we now move to articulating a definition of rural within the context of this report, and upon which the research is based. In this respect, rural is defined in a geographical context as outlined by the Central Statistics Office (CSO) and the OECD. The CSO define rural as ‘*communities with a population density of less than 150 inhabitants per square kilometre or any town with less than 1,500 inhabitants*’ (CSO, [www.cso.ie](http://www.cso.ie)). The Government’s *White Paper on Rural Development* (2002) also considers the geographical description of rural areas. The policy agenda laid out in the White Paper covers ‘*all government policies and interventions which are directed towards improving the physical, economic and social conditions of people living in the open countryside, in coastal areas, towns and villages and in the smaller urban centres outside of the five main urban cities*’ (DAF, 1999:19). This report considers ‘rural’ through recognition of and reference to the CLÁR Programme. The CLÁR programme is a targeted investment programme



established in rural areas. The programme provides funding to government departments, State Agencies and Local Authorities to accelerate investment in selected rural developments. These investments support physical (infrastructure supports), community (support to local community groups and support agencies) and social infrastructure (support the unemployed and training).

### **3.3 Recent trends in rural areas**

Rural communities are currently facing a number of particular challenges such as depopulation, decline in agriculture, lack of employment opportunities and social exclusion. In this section, the current trends and developments which have dominated research concerning rural areas in recent times will be explored (CPA, 2005; NAPS, 2005; DAF, 2002). Improving the social, economic and employment activities in rural areas are all regarded as challenges to rural development. There has clearly been a shift away from supporting the traditional agricultural development to focusing on an overall improvement in the economic and social wellbeing of rural people (McDonagh, 1998). This has come about through an increased awareness of declining agricultural activities in many rural areas coupled with advances in rural development (for example, expanding local resources, improvements to transport networks and increasing labour force participation rates).

#### **3.3.1 Agriculture**

Rural Ireland continues to change dramatically. In 1996, almost half of Ireland's population (46%) lived in rural areas (small villages and in the open countryside) (CSO, 1996). In the six year period alone to 2002, this figure had declined to 40 per cent (CSO, 2002). It would appear that this decline is in part, due to the decline in the number of people farming. In 2005, agriculture, forestry and fishing accounted for only 5.9 per cent of the overall labour force and only one quarter of the rural labour force were involved in farming, as opposed to the commercial sector and building and construction sector (NQHS, March 2005).

A national survey of Irish farms, carried out in 2004 estimated the average farm income in Ireland to be €15,504 in 2003, which is considerably below the national average emphasising the economic vulnerability of households and very often the importance of additional off-farm incomes amongst farming families. In fact, the survey found that over 60 per cent of farming families were engaged in off-farm employment. Overall, 40 per cent of farm households' income comes from farming (Household Budget Survey, CSO, 2002)

A recent national study mapping local, regional and county patterns of poverty found that areas with a low socioeconomic status had the highest level of small farming activity. The same areas also had the lowest levels of educational attainment. The reality of high proportions of farming families on low incomes has also been highlighted as problematic in the National Anti-Poverty Strategy 2003-2005 (NAPS). The report emphasises the need to implement policies which increase accessibility to and availability of employment in rural areas dominated by the agricultural sector (NAPS, 2005). One such strategy which has been implemented (even before the NAPS 2005 recommendations) in an attempt to address the often insufficient income generated from farming is the Rural Social Scheme, which was established in 2004 by the Department of Community Rural and Gaeltacht Affairs and provides a once off payment to subsidise income of small farmers and their families.

In Ireland, despite the changing patterns in farming activity and notwithstanding the fact that the majority of rural dwellers are neither farmers nor directly dependent on agriculture, farming will always remain one of the most important sectors in both rural and national economies (Department of Agriculture and Food, 1999).

### **3.3.2 Rural Development**

The strong association of rural communities with agricultural development does appear to have softened somewhat in recent years. Developments in policy agendas show a commitment by successive governments to maintain vibrant rural communities and develop policies which reflect such a vision (DAF, 2002). The term rural development can be understood in terms of developing rural areas and the communities which live within them, yet the nature of rural development may differ from place to place, region to region and person to person (O'Malley, 2003, McDonagh, 1998).

Mc Donagh (1998) outlines three dimensions of rural development. The first dimension relates to an integrated approach which suggests that policies should encourage community development at local level and build the human capacity of rural areas to self-develop. The second dimension of rural development highlights the need to allow local community groups for example, make decisions regarding the development of their own areas. The third dimension refers to a call for more partnership agreements between the state and local community groups to achieve greater control over rural communities. An example of such a partnership is the LEADER II Initiative, established in Ireland in 1995. The overall objective of the Initiative is *'to assist broadly-based local rural Groups capable of implementing medium to long-term plans for the development of their areas. Given the high level of diversity between groups and their differing capacity to successfully implement a "bottom-up" approach to local rural development'* (Kearney 2000: 1).

Effective delivery of services and supporting local community groups is challenging. The governments *White Paper on Rural Development* (1999) acknowledges the importance of community and voluntary efforts in promoting economic and social development in rural areas. The government is committed to encouraging and supporting communities to plan and contribute to their own areas and improve the quality of their lives. This, the government believes, will make rural communities a more attractive place to live and work (DAF, 1999).

Community groups and area-based strategies serve as an important focal point for targeting disadvantage. The White Paper on Rural Development emphasises their support for local, area-based measures which contribute to the;

- Facilitation of job creation projects.
- Provision of structures which facilitate active community participation.
- Effective integration of 'top-down' and 'bottom-up' policies at local level.
- Provision of training and support services for community development which target disadvantaged groups and the socially excluded (DAF, 1999).

### 3.3.3 Regeneration and Rural Development

Working in partnership is now an established and significant vehicle for the implementation of rural development policy in Ireland, as elsewhere in the European Union. However, it is pivotal that partnerships involving the public, private and voluntary sectors allow the voices of local communities to be heard and foster a sense of shared objectives. To date, the public sector has tended to dominate the agendas of rural partnerships. Very few emerge organically from the 'grassroots' meaning few partnerships have been developed within the local community. Instead partnerships usually emerge from the 'top' end such as within government agencies (Shucksmith, 2000). Policies relating to rural development must be formulated, implemented and managed to facilitate local people to draw on their own creativity and talents. This vision is also emphasised by both the White Paper on Rural Development, (1999) and the National Spatial Strategy (2002).

Shucksmith (2000) argues that if area-based partnerships are to continue as the preferred mode of delivery, rural policy needs to address the following key issues:

- **Top-down agendas:** Partnership programmes need to allow flexibility to address a community's specific needs, and to ease the development of effective partnership working. Local initiatives must be allowed the room to 'grow' and find their own ways.
- **Partnership-poor areas:** Direct intervention by local government or development agencies may be required to engender a more widespread capacity for regeneration initiatives and effective partnership working in all areas.
- **Sustainability:** Partnerships need more start-up funding and a sufficient lifetime to allow for the development of effective working practices and capacity-building, if there is to be a chance of continued regeneration beyond the funding period. Most will not be self-sustaining, although some of their lessons may be 'mainstreamed'.
- **Training:** More training is needed to allow all partners to contribute effectively, especially local voluntary and community groups.
- **Promote social inclusion:** The greatest challenge emerging from these experiences of rural development derives from the inequalities within each community, and especially from the unequal capacity of individuals to participate and benefit from area-based initiatives.
- **Legitimacy and accountability:** Direct representation of local interests can be rare and there is often little local accountability.
- **Long-term commitment:** Ensure a long-term commitment to sustainable regeneration at all levels of government. Provide a strong ministerial lead, regional co-ordination and visionary local leadership to create co-operation between departments and agencies; effective partnerships; policy integration at the local level; links between funding streams; and consistency in community involvement and consultation (Shucksmith, 2000).

A pragmatic review of modern, rural Ireland can help identify rural characteristics that can contribute to educational disadvantage or affect a child's readiness to learn from birth. Stereotypical views of rural living can prevent policymakers and others from making the best policy decisions affecting rural families.

### 3.4 Social Exclusion in Rural Areas

Social exclusion is defined in many different terms, from ‘*the dynamic process whereby the systems of integration fail*’ (South West Health Observatory, [www.swpho.org.uk](http://www.swpho.org.uk)) to a more multi-dimensional definition of the dynamic process which refers to the breakdown or malfunctioning of the major systems in society that should guarantee the social integration of the individual or household. It implies less of a focus on ‘victims’ and more upon system failure, particularly around the processes which cause exclusion. It also acknowledges the importance of the local context in such processes, thus, while the notion of poverty is primarily *distributional*, the concept of social exclusion focuses primarily on *relational* issues (low participation, lack of social integration and powerlessness) (Shucksmith, 2000). Rural areas are continually experiencing change, change which can often be categorised under a number of distinct but inter-related categories, including:

#### 3.4.1 Housing

Decent housing is crucial because the home is the vital focal point of family life. Living in unsuitable, overcrowded housing, can be detrimental to family relationships. The provision of suitable housing for low income households is one of the critical issues facing the countryside (The Countryside Agency, 2003). An increase in recreational home purchases (holiday homes) and the steady increase in the number of people now travelling from urban to rural areas have also contributed to an increase in house prices in some rural areas. This results in the phenomenon of rising house prices and shortage of affordable housing which has been evident in urban areas for some time, becoming more of a reality in rural communities.

#### 3.4.2 Transport

The lack of transport in rural areas has been highlighted as a major and ongoing factor contributing to disadvantage in rural communities (NAPS, 2005; The Countryside Agency, 2003; DES, 1999). Poor public transport infrastructure is linked to social exclusion and is closely associated with social isolation. Inaccessibility to essential services such as health care and education accentuate disadvantage amongst rural families. Rural families living in areas with no public transport system, often cannot access opportunities for recreation, education, employment and training. A local report carried out by the Wicklow County Development Board and Pobal Community Development Agency also emphasised the lack of access to transport services which they argue is one of the primary causes of social isolation in west Wicklow (Wicklow County Development Board & Pobal Community Development Agency, 2004). Similarly, Ghate and Hazel (2004) found that a very low percentage of those living in poor neighbourhoods had access to a car compared to the national average. They argue that ‘*implications for easy access to childcare facilities make a car particularly relevant to parenting*’ (Ghate & Hazel, 2004: 24). Transport was also identified as a difficulty amongst rural parents in research carried out by the Border Counties Childcare Network in 2000. The project ‘Think Rural Child, Rural Community, Rural Development’, provides an insight into the changing face of rural life and its effects on families with young children. Six locations in the border counties of Northern Ireland were included in the research;

- Manorcunningham, Newtowncunningham, Co. Donegal
- Mohill, Co Leitrim
- Donemana, Co Tyrone
- Belleek, Co Fermanagh

- Augher, Clogher, Fivemiletown, Co Tyrone
- North East Monaghan.

It found the lack of appropriate transport to be a major barrier to inclusion and a major concern amongst parents - almost 22% of mothers and fathers had no daytime access to transport (Border Counties Childcare Network, 2000). Suggested transport arrangements which could facilitate parents with young children attending childcare services were, formalised car-sharing schemes, community bus availability, scheme owned minibus and use of school buses. Lack of access to appropriate transport in many rural areas is often compounded by the long distances to access facilities etc. For example, it was also found that in many rural areas, the journey time between home and the childcare facility may take up to one hour.

Poor transport networks also have consequences for social networks within rural areas. Hooper (1996) carried out a study on rural lone parents and found that social networks and social activity were very limited in cases where lone parents did not have access to either a telephone or a car. It was apparent within rural areas, that the dispersed nature of employment, coupled with the lack of public transport meant many households considered it a necessity to have two cars, despite the additional costs.

One strategy which has been launched in Ireland to tackle the transport issues in rural areas is the Rural Transport Initiative which is aimed at funding community organisations and community partnerships to address individual transport needs. The National Anti-Poverty Strategy have highlighted that in excess of 13,000 people benefit from using Rural Transport Initiative transport services every month (NAPS, 2005).

### **3.4.3 Provision of Social Services and Information on Social Services**

Social services essentially incorporate health services, childcare services, educational services, recreational services and commercial services (such as shops, banks, post offices etc.). Barriers to accessing such services in rural communities include a lack of transport, poor information resources, remoteness and isolation as discussed earlier and a poor provision of services. Such barriers usually fall into one of three categories; physical (distance, lack of transport and information resources), socio-cultural, (stigma, labelling) or financial (the cost of receiving or getting to services) (The Children's Charity & Forum for rural children and young people, 2005). Such barriers often exacerbate disadvantage amongst low income families, in particular those living in remote areas with limited local services and poor mobility opportunities.

Provision of and access to healthcare services is a key issue in maintaining the quality of life in rural communities. The high dependency of Primary Care Services, such as General Practitioners and Public Health Nurses is common in rural communities. In this regard provision of a General Practitioner service in rural communities is essential. The effects of geographical isolation in rural areas regularly results in many people not accessing such health services. In this regard, Public Health Nurses are ideally positioned to meet the health needs of rural communities. Regular home visits can build the links between healthcare and the communities they serve (DAF, 1999).

The Wicklow County Development Board/Pobal Consultation (2004) also highlighted that residents accept the need to travel outside their communities to access a wide range of health services. It was also a common perception amongst residents that health service delivery in a number of communities were underutilised and in need of improvement.

The National Development Plan 2000-2006 contains a substantial allocation of funds, in excess of €500 million for childcare, community and family support services, which also includes provision for easily accessible information resources for rural families. Such developments have the potential to benefit vulnerable families in disadvantaged communities (Mc Keown, 2000).

### **3.5 Rural Disadvantage**

Regardless of whether a person lives in a rural or urban area, many of the causes and effects of poverty and social exclusion are similar. These include unemployment, lone parenthood, a lack of basic necessities, poor health and education outcomes. However strategies aiming to redress such disadvantage often need to be different to reflect the differential circumstances and lifestyles of urban and rural communities (The Children's Charity & Forum for rural children and young people, 2005).

Although rural communities differ from suburban and urban ones, as well as from each other, and although there is a diversity in definitions of 'rural', rural areas usually have at least two consistent similarities; geographical isolation and limited resources. These and other factors influence all aspects of rural life, including the way children are raised and educated (Perroncel, 2000). This argument compliments Shaw's (1979) definition of rural disadvantage which refers to resource deprivation (for example, low income and housing), opportunity deprivation (for example, the availability of services) and mobility deprivation (transport costs and inaccessibility of local services and amenities). These three contributory factors can potentially lead to a '*self-sustaining spiral of...rural disadvantage*' (Shaw, 1979).

Tovey et al. (1996) suggest that within rural areas the poor are 'invisible'. They highlight a number of reasons for such an assertion, which they believe to be the understanding of rural disadvantage, including;

- Residential patterns; In recent years the rural population has become more scattered and dispersed resulting in long distances between families. This physical separation along with the increase in availability of supermarkets has exacerbated the invisibility of rural families.
- Landscape as a consumption product; Rural poverty can be hidden behind rural idyllic landscape and does not include the native people. This urban myth does not represent the presence of rural people.
- Confusion between income and poverty; In recent urban debates, property has increasingly being linked to income/affluence. An example is that behind the front door of a farming household with hundreds of acres of land, more often than not lies a family struggling to survive and make ends meet.

Tovey et al. (1996) agree with debates which suggest that poverty in rural areas will not decline. They argue that both national and global developments impact on rural communities, suggesting that the organisation of food production on a global level and its resulting factors impact on rural areas in Ireland. Changes in the political

economy of food and in the organisation of food on a global scale have had particular impacts on rural areas, specifically in relation to the dependency of many rural areas on multi-national companies. Their discussion also suggests that the Irish government have changed their policy towards investment since the 1980s, that regional development is increasingly influenced by prevailing market forces, with the abandonment of policies designed to manipulate investment patterns and encourage investment in rural areas.

However, disadvantage should not be defined solely in terms of spatial or physical disadvantage. Pringle (2002) argues that it is very easy to fall into the trap of thinking of certain areas as disadvantaged rather than the people who live in these areas; *'Mapping poverty using the traditional ..techniques can inadvertently place too much emphasis upon areas rather than people'* (Pringle, 2002). Pringle argues that there are different spatial dimensions to deprivation. In other words, some forms of deprivation are localised and require localised solutions whilst others affect larger areas and need to be tackled on a bigger scale.

### **3.6 Measuring Rural Disadvantage**

Combating rural deprivation requires a different approach from measures of tackling urban deprivation. Measuring poverty and deprivation through the application of indicators is common practice (CPA, 2005; Nolan et al, 1999; The Countryside Agency, 2003). The Countryside Agency, a statutory UK body, which has, as its two main aims, the improvement in the quality of life for those that live in the countryside and the improvement in the quality of the countryside for all. In 2003, the Agency published area based indicators on rural disadvantage, proposing the use of indicators in five key areas as a mechanism for the identification of rural disadvantage. The five key areas outlined were;

- a) income and financial disadvantage,
- b) employment disadvantage,
- c) educational disadvantage,
- d) health disadvantage,
- e) housing disadvantage.

The Agency also emphasised that the development of indicators of rural disadvantage may evolve over time, and may need to be refined or developed further, as necessary. However, the Countryside Agency acknowledge that their use of area-based indicators does not consider that pockets of deprivation are common in rural areas and so these indicators do not measure or provide any information on the dispersed nature of rural disadvantage (The Countryside Agency, 2003). Dispersed disadvantage exists in rural areas because unlike urban areas, people with similar backgrounds do not tend to cluster together. This results in people with very different circumstances living close to each other and people experiencing disadvantage are just as likely to be dispersed throughout rural areas (The Countryside Agency, 2003).

The agency notes that there are two main limitations on the development of indicators for rural disadvantage, the fact that it is difficult to distinguish between rural and urban areas and problems in the development of indicators that highlight particular aspects of disadvantage in a rural context; *'For this reason, some aspects of rural disadvantage are not measured – in particular, quality of employment, lack of skills,*

*the availability of services such as childcare, crime, accessibility e.g. public and private transport and access to opportunities' ( The Countryside Agency, 2003:4).*

Theme-based indicators rather than a single index of disadvantage are used by the Countryside Agency. This allows for the identification and targeting of specific aspects of disadvantage. Income and Financial disadvantage includes components such as income deprivation domain;

- Percentage of households below 60% of median income,
- Geographical availability of post offices,
- Banks/building societies and
- Cash points

Employment disadvantage includes employment deprivation domain. Educational disadvantage includes education skills and training domain and the geographical availability of primary and secondary schools. Health disadvantage includes health deprivation and disability domain and geographical availability of doctor's surgeries and health clinics. Finally, housing disadvantage includes the UK mortgage index.

### **3.7 Conclusion**

Rural Ireland continues to evolve at a fast pace. A decrease in the number of farming families, an increase in the number of women in the labour force and an increased provision of funds and supports to rural communities through partnership with government agencies and local community groups have all contributed to the rapid development of rural communities. The overall effects of this on rural birth to three year olds are both positive and negative. The growing awareness of rural development should result in increased investment in rural communities. This will improve local infrastructure, introduce better transport networks and support local community groups.

However recent trends in rural areas, such as a decline of farming and an increase in overall social exclusion in rural communities (CPA, 2005) can effect the general development and wellbeing of young children. Effective delivery and support of local community services has been highlighted as a main target of government policies on rural development. For example, due to the dispersed nature of rural areas, community services are not available to many rural families. In this regard, many rural birth to three year olds are not accessing early care and educational services. The issue of developing local community services will need to be addressed to encourage and allow rural parents to develop and sustain local supports and social networks.



## CHAPTER 4

### EDUCATIONAL DISADVANTAGE

#### 4.1 Introduction

Throughout 2004/2005 the Irish economy continues to record solid growth, in line with the international economy. National accounts data from the Central Statistics Office for 2004 show that GNP grew by 4 per cent last year, while GDP growth was 4.5 per cent. Similarly, employment growth was particularly robust at 3 per cent, or over 54,000 new jobs, the highest number of jobs created since 2001 (Government of Ireland, 2005). During this period of economic growth, research has shown that it is people living in poverty and those experiencing socio-economic disadvantage who constitute the majority of people who do not benefit fully from the education system (Combat Poverty Agency, 2003). Poor educational attainment is inextricably linked with poverty. Research also suggests that distal factors such as poverty and neighbourhood characteristics can impact on education (Daly, 2004; Feinstein et al. 2004; Kellaghan et al. 1995). In this way, any strategy tackling educational disadvantage must be multi-dimensional.

In relation to young infants and toddlers who have not yet entered the formal educational system, identifying and assessing the risk of educational disadvantage proves challenging. The education of children from birth to three years of age occurs mainly within the context of the home and the wider community and it is through both these variables that we can begin to identify those children and families at risk of educational disadvantage. This chapter begins with an examination of educational disadvantage in the Irish context and the progress made in relation to early intervention in the early years. Following this, a brief review of theories of educational disadvantage is considered. Finally, policy approaches to combating educational disadvantage both nationally and internationally will be explored.

#### 4.2 Educational Disadvantage Research in Ireland

Equality of opportunity in the field of education has been a prominent discourse in educational policy in Ireland. Evidence from Ireland has suggested that impediments to optimal educational outcomes include low income, poor nutrition, impaired social and emotional stimulation, poor health status and where there are greater socio-economic inequalities, there is an increased likelihood of educational inequalities (National Economic and Social Forum, 2002; CPA, 2003; CPA, 2005). Data from Ireland supports the position that educational disadvantage begins early in life. In response to a report produced by the Educational Research Centre for the Department of Education Inspectorate, the INTO stated that the findings support the case for early intervention by the department in areas of disadvantage (INTO, 2004).

Research studies suggest that education has a profound impact on life chances and in particular the future labour market career of individuals. This emphasises the potential of education to reduce inequality in society. There is also considerable public concern about the failure of the education system, for example recent concern about the literacy crisis in primary schools (Educational Research Centre, 2004). This research carried out in 94 designated schools across the country found that, overall 28% of

primary school children had some measure of serious reading difficulties. Educational disadvantage is multi-dimensional and is rooted in factors associated with the home (family structure, parental education, and household income), the school (poor school attendance, pupil-teacher ratios, under-resourced schools) and the community (poor housing, economic poverty, rural isolation).

Educational disadvantage is a contextual problem that penetrates all strata of the education system. The project brief for this study required that the development of the overall framework will be undertaken within the understanding of educational disadvantage as outlined in the White Paper on Early Childhood Education, Ready to Learn, (Department of Education and Science (DES), 1999). Educational disadvantage is defined in the White Paper as *'the impediments to education arising from social or economic disadvantage which prevent students from deriving appropriate benefit from education in schools'*, (DES, 1999: 97). Whilst this definition foregrounds social and economic dimensions of educational disadvantage, the Educational Disadvantage Committee (EDC, 2005) suggest that the language and frames of reference of educational disadvantage need to change. They draw on the work of Gilligan (2005) who has argued that the current focus of educational disadvantage in Ireland needs to be modified;

*'Linguistic analysis and conceptual formulation hold a central place in building inclusive education for all. We must move beyond labelling people as educationally disadvantaged or marginalized and stretch towards formulations that name the aspiration of inclusion for all'*, (Gilligan, 2005)

The Educational Disadvantage Committee's report, *'Moving Beyond Educational Disadvantage'* (2005) also highlights that the education system in itself can sometimes make matters worse, by reinforcing inequality and widening the gap between those who benefit from it and those who are excluded from it. The Committee stresses that targeting resources and other supports to identify educational disadvantage is essential. They suggest, for example, conducting wider research on the nature of educational disadvantage and acknowledging the difference between urban and rural disadvantage.

The common principles of tackling educational disadvantage have focused, it is argued, on the deficit model of educational disadvantage. The Committee suggests that a more inclusive and 'enlightened' approach needs to be adapted (ECD, 2005). They suggest developing a 'life long learning policy' as there is a need in Ireland to raise awareness of the advantages of learning from an early age. Life long learning covers learning from pre- birth to post retirement and focuses on individual learning and promoting the quality of the learning experience (ECD, 2005);

*In the context of lifelong learning, solutions to educational disadvantage must begin at pre-birth stage and continue throughout the life cycle - across early childhood, primary, second level, further, higher, adult and continuing education. Interventions must span the entire spectrum of formal, non-formal and informal learning from "cradle to grave'* (EDC, 2005: 29)

Addressing literacy and early school leaving are high on the list of priorities set out in the revised National Anti-Poverty Strategy (National Anti Poverty Strategy, 2005). The strategy also notes the importance of early life experiences and identifies children as one of the most vulnerable groups in Ireland today. In the revised NAPS Action Plan, additional measures in reaching its overall target for poverty reduction were developed. Such measures include increasing early care and education services (ECCE) with a specific target on disadvantaged areas. The NAPS framework document clearly states that children experiencing poverty do not perform as well in school, thus reducing their overall life chances. Whilst the revised NAPS action plan does not outline any specific targets for rural birth to three year olds and their families, it does highlight the continued success of the Centre for Early Childhood Development and Education (CECDE) in highlighting the importance of developing forms of intervention and supports for children from disadvantaged backgrounds. The action plan also recognises the work of the CLÁR programme in tackling social exclusion in remote rural areas and the need for continued support in areas marked by rural disadvantage and experiencing severe marginalisation (NAPS, 2005)

Research evidence illustrates that educational disadvantage as measured by developmental outcomes can be observed in children of a young age. Gershoff (2003) examined the effects of low income on the development of kindergarten children using data from the Early Childhood Longitudinal Study Kindergarten Class of 1998-99 in the US. Gershoff found that by the time of school entry, children in low income families had already fallen behind their more affluent peers on academic, social and physical measurements of development. Gershoff suggests that *‘...these findings provide clear support for a broad perspective on factors that promote school readiness and early school success. They are particularly relevant to a current policy debate about the emphasis primarily on interventions that develop academic skills versus those that include attention to both health issues (with necessary attention to obesity) and social and emotional competence’* (ibid: 7). The research also found that by the time they begin formal schooling, children also lag significantly behind their more affluent peers across different domains of development. This study suggests that any intervention must be broad-based and take account of a range of multiple factors including family supports, quality early years services and a lack of funding and resources at government level.

The IEA<sup>1</sup> Preprimary Project, focused on institutions such as schools and pre-schools that were in areas designated as disadvantaged and non disadvantaged. Whilst the study did not examine the existence of a direct relationship between individual experiences of disadvantage and developmental outcomes, it is likely that those schools and pre-schools designated as disadvantaged included a higher proportion of individuals from disadvantaged backgrounds. Phase two of the IEA Preprimary Project (Hayes & O’Flaherty, 1997) found that there was a significant difference in the main developmental areas between children in Designated Disadvantage (DD) preschools and the children in both DD and Non-Designated Disadvantaged schools (NDD). Children attending DD preschools scored lowest on all measures of developmental status, except social skills. There were also significant differences between children attending DD preschools and children attending NDD preschools in areas such as time, language development, fine motor skills, and pre-number and

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<sup>1</sup> The International Association for the Evaluation of Educational Achievement

writing skills. The study also found that the average family income was significantly lower in families of children attending DD schools (£12,000) than those attending NDD (£21,500). Phase three of the IEA Preprimary Project followed up on the sample of 4 year olds at age 7 years. Hayes and Kernan found that *'Children attending DD schools scored lower in cognitive development, language development, mathematics, reading comprehension and science than children attending NDD schools. The difference in scoring in all areas was statistically significant'* (2001:vii). The findings from this study, point to the fact that at age 4 and age 7, children from lower socio-economic backgrounds are disadvantaged relative to their peers and that the differences in developmental outcomes are significant at this early age.

The CECDE submission to the Educational Disadvantage Committee (January, 2003), pointed out that early intervention in the early years is intended to alleviate educational disadvantage and that in order to fully understand childhood disadvantage we must broaden intervention to include early supports for families. In discussing early interventions before birth, the submission discussed evidence to suggest an intergenerational transmission of disadvantage. In order for intervention to be lasting and effective, it has been argued that it will have to be in place over two to three generations to, literally, break the cycle. *'... [I]t is clear that by the time of a woman's first pregnancy important risk factors have already been established, some of which may not be amenable to intervention in a single generation'* (Chapman and Scott, 2001:318). To minimise disadvantage in the next generation of children, we have to support the parents and grandparents in the lives of children. *'In order to fully address the issue of childhood disadvantage, a broadening of the time frame of intervention to include women's health status prior to conception is needed'* (Chapman and Scott, 2001:305).

The promising results of an evaluation of the Community Mothers Programme, which supports families on the birth of their first child through home visitations was also mentioned. The critical role of home visitation in supporting the family was highlighted, *'with the support of the Public Health and Family Development Nurses they [Community Mother's] are in an excellent position to assess need through non-intrusive observation'* (CECDE, 2003: 5). The Community Mothers Programme did not appear to be available in any of the rural areas participating in the focus groups. In many cases, parents were not aware of the Community Mothers Programme.

Depending on the identification of the root cause of disadvantage, interventions have a tendency to focus on one of the 'nested structures' as outlined in the Bronfenbrenner theory (Bronfenbrenner,1979) to bring about change. Fleming and Murphy (2000) note in an examination of interventions, designed to combat early school leaving in Dublin that interventions tend to be based on the assumption that the cause of early school leaving lies either with the parents, the local community, the school or society, as separate units rather than the inter-related effects of all these systems. Interventions which associate individuals and individual characteristics with educational disadvantage will focus on developing the individual's social skills and self-esteem and may also focus on the reduction of problem behaviour. On the other hand, interventions focused on the school will emphasise the development of additional supports in the school content, curriculum and training. Where the family is the focus, interventions will concentrate on family support. What is notable about the Fleming and Murphy report is the suggestion that no one intervention in isolation is sufficient

to combat disadvantage. The authors introduce the concept of human and social capital and suggest that educational disadvantage includes personal, social, cultural and economic factors. Therefore any intervention must focus on increasing the stock of personal, social, cultural and economic capital available to the individual child. They stress that *'all of these capital elements must be included in any interventionist programme and to omit any one of them fragments and reduces the effectiveness of the response'* (Fleming and Murphy, 2000; v).

The interim report from the National Economic and Social Forum (NESF) on Early Childhood Care and Education, (2005) suggests that one of the strongest factors influencing the child and society is that of high-quality preschool education. The best evidence comes from studies of programmes that target disadvantaged children within universal provision and a wide, mixed policy approach to support parents in rearing children. However the report also highlighted that access and availability of services for children aged birth to three was particularly problematic in Ireland. This concern extended to the dearth of service provision for children living in rural areas and children with special/additional needs.

Evidence gathered over a number of years suggests that children from lower socio-economic backgrounds are less likely to succeed in the educational system, highlighting the fact that there is a strong link between the socio-economic background of a child and his educational achievement. The figures are illustrated in Table 4.2. For example in 1999, 25% of the unskilled manual group left school after completing their Junior Certificate, compared with 8.2% of those in the employers and managers category, 7.7% of those in the higher professionals category and 5.6% of those in the lower professional category.

<b>Comparison of Post-Junior Certificate School Leavers (1999) by Socio-Economic Group</b>	
<b>Socio-Economic Group</b>	<b>% of Group</b>
Unskilled Manual	25.0
Lower Professional	5.6
Higher Professional	7.7
Employers and Managers	8.2

Source: NESF (2002:34).

The situation however, is not simple. There is some evidence that children from very poor farming backgrounds are entering third-level education and are doing exceptionally well, compared to their urban peers at much the same standard of living. There have been many attempts to explain this phenomenon, from the argument that farm families receive more third-level grants and subsidies, to the suggestion that rural culture is somehow very favourable to educational success. Pat O'Hara's (Journal of Rural Studies, 2000) work on farming wives suggests that farm children's educational success is largely the work of their mothers, who bring a great deal of control to child-rearing and a strong work ethic. Such mothers are also determined to ensure that their children, and in particular their daughters, do not lead the sort of lives they themselves have done, as farm wives. One significant observation is the unwillingness of daughters to replicate their mother's lives by marrying a farmer or

moving away from rural life to escape the 'muck and dirt of farm life' (O'Hara, 1998: 59 in Journal of Rural Studies, 2000).

However, in line with the NESF report, there is strong evidence to suggest that educational disadvantage is linked to poverty. Combat Poverty suggests that the educational problems of a child from a disadvantaged background can be intensified if the child attends a school where the majority of students come from low socio-economic backgrounds (CPA, 2003). However, this conclusion would be less typical in rural areas due to the dispersed nature of populations in rural areas. This is in part due to an increasing awareness of the role that education can play in combating poverty and in producing a more equal and inclusive society.

From the milieu of research examining the cause and effect of educational disadvantage, there has been a shift of focus away from the individual child and family to the child and family within the whole community. In a discussion on how the presence of educational disadvantage can be identified Kellaghan, Weir, O hUallachain and Morgan (1995) outline a number of indicators of educational disadvantage;

- *Poverty* - Linked to economic limitations. The definition of poverty is usually associated with deprivation levels (in relation to resources and parental capacity to encourage their children to succeed in school) in addition to income levels.
- *Family structure and size* – Single parent families more so than dual parent families are usually associated with educational disadvantage. An index of family size has been widely used in identifying levels of educational disadvantage. For example, it has been highlighted that the size of the family composition can have a negative effect on children's abilities and achievements.
- *Socioeconomic status* – The relationship between a child's family background and educational achievement and attainment. A mother's educational level can be a very important indicator in this regard.
- *Location* – Kellaghan et al. believe this particularly relevant for rural disadvantage. Because rural disadvantage is dispersed in pockets (as opposed to concentrated areas in the cities) it is less noticeable, therefore different measures need to be taken. For example, isolation and dispersal can cause educational disadvantage with households located distances from schools and local amenities.

In discussing location, Kellaghan et al (1995) argue that rural dispersal and isolation create difficulties in providing intervention to help families with disadvantage. '*Educational disadvantage, at least in numerical terms, is predominantly a rural phenomenon since three out of five disadvantaged pupils live in small towns or in the open countryside*' (Kellaghan et al, 1995: 38). In this regard, rural educational disadvantage differs from urban disadvantage; educational disadvantage may occur in single family units or small pockets, and it is widely dispersed, meaning its presence and effect are less noticeable than in urban areas. In addressing educational disadvantage, the authors also argue that policies need to acknowledge the importance of changes in the school environment and the importance of parental involvement and school-community links. Kellaghan et al, (1995) also argue that the issue of educational disadvantage has received more attention in urban areas than it has in rural areas. Despite evidence to suggest that 1 in 6 pupils in rural areas are

disadvantaged, the provision for intervention in Dublin is nine times better than in rural areas and four times better than in towns, (Kellaghan, 1995).

Kellaghan et al. (1995) highlight the fact that measures of disadvantage concentrate on intervention measures designed to improve educational performance but do not address the question of how those in need of intervention might be identified.

The belief that rural disadvantage and poverty are compounded by issues of physical isolation and demographic dependence is supported by the Irish National Teachers Organisation (INTO) in a policy review document in 2004. In identifying strategies to combat educational disadvantage in Ireland, the INTO highlight that an integral part of the process is identifying schools requiring additional support and assistance. The report supported the principles of the Breaking the Cycle Scheme but stressed that the criteria used to select schools needs to be reviewed regularly. The INTO also believe that *'in a rural context, the criteria used for determining disadvantage should be broadened to include such factors as isolation and remoteness, poor road network, falling enrolments, overall population decline, and the decline in the number of services available'* (INTO, 2004:5).

Similarly, in a review of projects targeting educational disadvantage in the border counties, it was found that after-school services make an important contribution to children's wellbeing. It is not only the presence of after-school services in rural areas but the value of a variety of after-school activities which have an impact. It was felt by a number of school principals involved in the consultation process that after-school services are an important step in tackling early school leaving (Costello, Walsh & Abery, 2000).

Increasing the supply of integrated pre school services for children from diverse socioeconomic backgrounds has also been found to have a positive impact on child development. A project carried out in the UK, the Effective Provision of Preschool Education Project (EPPE); found that all preschool experiences, compared to none, enhance development in the early years (Sylva et al. 2004). This project was the first of its kind in the UK focusing on the effects of pre-school education on the development of three to seven year olds. Other key findings, at the end of stage one of the study, highlight the benefit of quality preschool services for disadvantaged children, the duration of attendance was found to be important and the earlier the start, the better.

These findings have important implications for family policy by drawing attention to the need for a complex mix of measures which develop and support relationship skills, since these are crucial in determining the well-being of families. All families, irrespective of type, need these skills if parents and children are to experience well-being (McKeown, 2003; Carroll, 2002). At the same time, interventions to support families also need to acknowledge the influence of parents' psychological traits and the broader socio-economic circumstances of the family. In other words, interventions to support families need to be mindful of all of the factors which operate systematically to influence the well-being of its members and their relationships.

### 4.3 Theoretical Understandings of Educational Disadvantage

Having established that there are patterns of educational success and failure in Ireland and that these patterns are clearly visible in the early stages of a child's educational career, it is worth examining some of the most important theories that have attempted to explain educational disadvantage particularly in relation to young infants and toddlers. Owing to the multi-dimensional nature of educational disadvantage, it is unlikely that any one theory will be sufficient to explain the phenomena. Different theories place emphasis on different spheres or levels when examining the cause of educational disadvantage and therefore suggest different approaches and contexts for intervention. There are a number of theories which aim to explain educational disadvantage, not all of which can be easily categorised. A useful approach for categorising the explanations of disadvantage is the examination of theories against the nested context of Bronfenbrenner's model that they most focus on. In other words, some theories will focus on the individual child, some on the family context, some on the school context and some on the wider societal structure. Explanations for educational disadvantage include;

- *Transmitted deprivation* regards the environment in which children grow up as deficient in some way, usually in terms of parenting, language activities, educational experience or literary and numerical activity. Transmitted deprivation explanations suggest that poor educational outcomes result from upbringing.
- *Material deprivation* theories suggest that home-based factors such as poor health, lack of resources (like books and toys) and lack of facilities (such as a quiet space to study) impact on educational outcomes. They posit that family size and environment can affect the degree of stimulation a child receives and so effect development.
- Others view *school based factors* as the primary cause of educational disadvantage. These factors include low resources, limited curriculum, and low teacher expectations. These may be reinforced by streaming, the restrictive examination system, and high teacher turnover.
- The *structure of society* has also been cited as a cause of educational disadvantage amongst children. Social class and poverty are reflected in overall educational achievement as a result of both home based and school-based influences. Structural theories relate educational disadvantage to the structure of society ([www.rgu.ac.uk/publicpolicy/introduction/education.htm](http://www.rgu.ac.uk/publicpolicy/introduction/education.htm)).

In many cases, the educational outcomes for children depend on the interaction of all factors outlined above. The individual circumstances of the child, the family environment and the wider community environment can all have a limiting effect on a child's early educational outcomes. In this section, we examine both national and international approaches to identifying and tackling educational disadvantage in the early years and assess a number of policies put in place to challenge educational disadvantage.

Educational disadvantage is rarely caused by one single factor. Feinstein, Duckworth and Sabates (2004) created a model which examined the effects of family factors on the transmission of educational success, a model which suggested a mechanism for



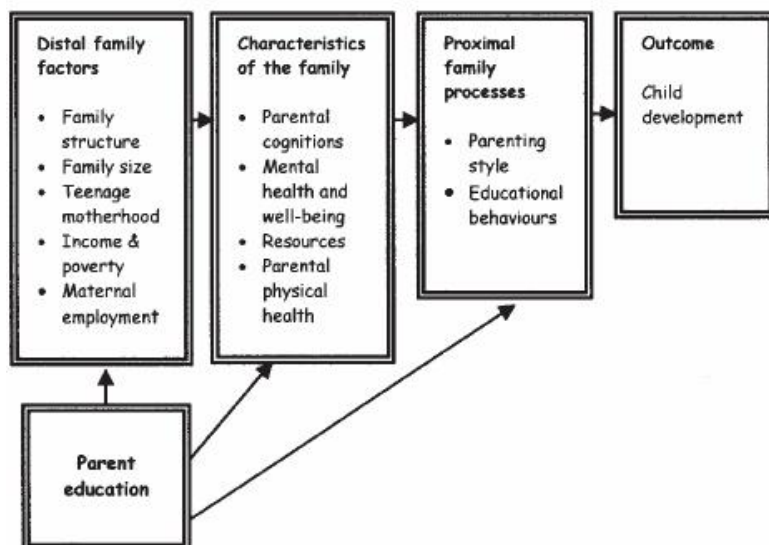
the transmission of intergenerational disadvantage. Their model is based on the distinction between distal and proximal processes. Distal factors refer to factors which influence a child's environment such as parental occupation, parental attitude and activities within the home. Proximal processes are factors which are closer to the direct experiences of the child's learning, for example, parental attitudes to learning, time spent reading to the child and the quality of relationships (Feinstein et al, 2004). They found that the most important socio-demographic influences on children's achievement were parental education and income. According to) occupational status and family size are also important. They suggest that while risk factors often associated with educational disadvantage such as family structure and young parents, may have important indirect, but important effects on educational attainment. However, they are not viewed as major influences in themselves on educational success.

Characteristics of families which either had an independent effect on attainment or were the mechanisms for the effect of socio-demographic factors, included parental beliefs, values, aspirations and attitudes. Feinstein et al. (2004) suggest that both the facts of the socio-demographic factors and the family characteristics on child development are mediated by '*proximal interactions between parents and children ... Parenting skills in terms of warmth, discipline and educational behaviours are all major factors in the formation of school success. These factors are mechanisms for the effects of the family and can offset or exasperate the influences of family characteristics and circumstances*' (ibid: iv.). These close interactions have been identified by Bronfenbrenner and Ceci who argue that 'proximal processes' are seen as the engines of development (Bronfenbrenner & Ceci, 1994). Elaborating on the construct of process, the authors argue that human development, especially in its early phases, takes place through processes of progressively more complex reciprocal interactions between an active and evolving bio-psychological human organism and the persons, objects and symbols in its immediate external environment. To be effective, the interactions must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as *proximal processes*. Examples of enduring patterns of proximal process are found in feeding or comforting a baby, playing with a young child, child-child activities, group or solitary play, reading, learning new skills, athletic activities, problem solving, caring for others in distress, making plans, performing complex tasks and acquiring new knowledge and know-how (Bronfenbrenner & Morris, 1998: 996).

In examining probable overarching causes of positive child development outcomes Feinstein et al. (2004) find much support for the importance of educational attainment of parents. '*We find strong theoretical and empirical support for the view that education influences most of the factors that have been found to affect children's attainments. Thus the role of education is extremely substantial*', (Feinstein et al, 2004: iv). As well as having a direct influence on most of the key characteristics and parent-child interactions, parental education can also moderate the effects of risk factors and ease the effects of them on interactions between parents and children. The authors also suggest that childcare, neighbourhoods and schools are important for development and can mediate the impact of family level factors. Conversely education has protective qualities and can offset the negative effects of neighbourhoods, schools and childcare settings with poor characteristics. Figure 3

below sets out Feinstein et al's (1994) conceptual model of child development. It demonstrates the role of distal factors such as family structure, income levels etc. and the influence of proximal processes such as family characteristics and parenting styles in child development.

*Conceptual model for the mediating effects of parent education on child development*



Feinstein et al, (2004)

#### **4.4 International Approaches to Assessing and Combating Educational Disadvantage**

There have been numerous international policy documents published which relate to early care and intervention and educational disadvantage in recent times. The development of assessment frameworks as policy initiatives for vulnerable children and their families are increasingly becoming the norm. Many countries are implementing policies and programmes to assist the relatively disadvantaged and socially excluded within societies.

The National Assembly of Wales in 2001 addressed the issue of educational disadvantage, child poverty and social exclusion amongst vulnerable children and their families. In consultation with professionals and agencies linked with children and families, a national framework was developed which provides a systematic way of analysing, understanding and recording what is happening in the lives of children, their families and the communities they live in. The National Assembly is committed to ending child poverty and social exclusion and supporting vulnerable families (National Assembly of Wales, 2001). This will primarily be achieved through promoting educational attainment and ensuring that at-risk families have the opportunities to build successful, stable lives. The overall rationale for the framework of assessment is embedded in an understanding of the developmental needs of children, the capacity of parents to respond to those needs and the impact of the wider community on both the development of the child and parenting capacity. The framework was produced for professionals and relevant staff who will be involved in undertaking assessments of vulnerable children and their families under the Children Act, 1989.

Understanding the importance of wellbeing, care and education of babies and young children also prompted the Scottish government to develop a similar guidance framework based on three key features of effective practice; relationships, responsive care and respect. The guidance is an important framework outlining the different and complementary ways in which birth to three year olds are cared for in different settings. Its implementation is based on the belief that early development and wellbeing can be determined by environmental, health, community and family factors (Scottish Executive, 2005)

In Australia, a framework assessing the widespread disadvantage among certain Indigenous populations has been developed. Supportive families, positive child development and economic sustainability in the community are the visions or 'priority outcomes' set out in the overall framework and it is envisaged that through a set of headline indicators, the overall priority outcomes can be measured. To ensure the sustainability of the framework, a number of subsequent strategies have also been developed which set out strategic areas of action. Similar to both the Welsh and Scottish frameworks mentioned above, the framework is embedded in the belief that early child development is widely seen as preconditioning health and education outcomes in later years, and also that families and communities are the bedrock of society and play a significant role in early year's development (Commonwealth of Australia, 2005)

Surestart is a UK government programme which aims to achieve better outcomes for children, families and communities. The overall objectives of Surestart are to increase the availability of childcare, improve the emotional development and health of children and to support parents engaged in employment. Through working in disadvantaged areas, Surestart assists in developing local services in addition to providing financial support to parents in need of childcare. In more recent times, Surestart, Extended Schools and Families Group was established as part of the British governments Children, Young People and Families Directorate. Surestart aims to ensure delivery of free ECCE for all 3 and 4 year olds, to ensure affordable, quality childcare and develop health and family support services in disadvantaged areas. A framework to provide support, information and guidance to early care and education services responsible for children aged birth to three years was also developed by Surestart and the Department for Education and Skills in the UK. The framework was designed under the principles that parents and families are central to a child's wellbeing, social interaction with others is essential, and young children are vulnerable and dependent on others. The focus of the framework is the child and identifies four aspects of a child's development; a strong child, a skillful communicator, a competent learner and a healthy child. The Framework is primarily aimed at all professionals who work with and care for children from birth to age three, including those children with special needs. However, it will also be a useful resource for any parents who seek information about children in this age group and the types of play activities made available to them by childcare professionals (DfES, 2003).

International research also notes the importance of a multi-agency approach to both tackling educational disadvantage and in designing early interventions. Hamill and Boyd (2001) examined systems in place in twelve comprehensive schools from the perspective of all stakeholders including teachers, pupils, parents and key personnel in

other agencies including social work, community education and psychology services. They focused on inter-agency dimension and the barriers to inter-agency participation which impact on the effectiveness of the support systems for the target group of pupils. One interesting finding related to the impact of different professional contexts and perspectives. Professionals tend to assess a child's level of need according to the needs hierarchy of their particular profession. This research suggests that there may be deep rooted professional barriers which must be overcome if any initiatives are to succeed.

#### **4.5 Ireland's Approach to Assessing and Combating Educational Disadvantage**

1992 marked a significant turning point in Ireland's history of policy attention to children through its ratification of the United Nations Convention on the Rights of the Child. By so doing, Ireland accepted a number of international obligations relating to, amongst other things, a child's right to quality care and education in the early years. One of these was the support of the family and the community in meeting children's needs. The document recognises in its preamble;

*'That a child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding'* (Conventions on the Rights of the Child, 1989: Preamble)

It also recognises the support needed for parents to care for their children;

*'Ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child..Parents have the primary responsibility for the upbringing ..of the child'* (Conventions on the Rights of the Child, 1989: Article 18)

Responding to the complex, multi-faceted nature of educational disadvantage is challenging. It has to be accepted that there are no 'quick fixes' relating to it (DEIS, 2005). Knowledge in relation to educational disadvantage will need to be continuously developed in Ireland. A multi-agency approach is also a recommendation of the National Children's Strategy (2000). The strategy debates the necessity for a partnership approach in meeting the needs of children. Partnerships for example between the education system and parents and the health and education sector;

*'It is within this dynamic environment of change that the strategy seeks to listen to, think about and act more effectively for children. The task requires the combined efforts of multi-levelled partnerships built around childcare. The status of children and the quality of their lives will be improved only if these partnerships engage in effective interaction'* (DOHC, 2000:92).

From our review of all the educational inclusion measures implemented in Ireland since the 1980s, a range of strengths and weaknesses can be identified. A number of those specific to rural areas are;

*Strengths:*

- Successful home/school/community liaison scheme which has increased parental involvement in education overall.
- Stronger partnerships have been developed between the private, community and voluntary sectors.

*Weaknesses:*

- The lack of a standardised system for identifying levels of disadvantage in schools.
- Limited ECCE supports both at government and local level.
- Insufficient focus on measuring child and family wellbeing.
- Lack of partnership between government departments and agencies (e.g. between the education and health sector).

Many initiatives in Ireland relating educational disadvantage are focused on breaking the link between educational inequality and class. To date, a number of key documents have helped shape the current situation of educational disadvantage policy in the early years in Ireland. These include;

***Ready to Learn: White Paper on Early Childhood Education, 1999:*** The Department of Education and Science's White Paper examines existing early years provision and proposes to improve the quality of ECCE by meeting the needs of children with special needs, disadvantaged children and enhancing the involvement of parents. The overall objective of the White Paper is to;

*'Support the development and educational achievement of children through high quality early education, with particular focus on the target groups of the disadvantaged and those with special needs'* (DES, 1999)

Whilst the White Paper agrees that the benefits of early childhood care and education services are more significant for children who are disadvantaged or those who have additional needs, there is greater attention to the age range of three to six years and no specific reference to rural children and their families. However, within the remit of the current project, the White Paper acknowledges the importance of early intervention to combat educational disadvantage. Such interventions, it is suggested, would be integrated services of the health, social welfare and education sectors. An integral feature of interventions would be the identification of disadvantage amongst children followed by a means of tracking disadvantaged children over a number of years.

The active involvement of parents is also noted as a crucial factor in positive child development and early education, particularly amongst birth to three year olds. In this regard the White Paper argues that the most direct approach to enhancing parental involvement in the early years is through provision/services in the home or in parent and toddler groups.

As part of the implementation of the White Paper, the Centre for Early Childhood Development and Education (CECDE) was established in 2002. The Centre's brief covers children from birth to six years of age. The main objectives of the Centre are to develop a quality framework for ECCE, to develop targeted interventions for children who are educationally disadvantaged and children with special needs and to prepare

the groundwork for the establishment of an Early Childhood Education Agency as envisaged by the White Paper.

***National Childcare Strategy – 1999:*** The increase in the size of the labour market, coupled with increased female participation in the labour market has led to a marked recognition of the changing childcare needs in Ireland. An expert working group was established in 1997 to develop a strategy which integrates the different strands of the current development and delivery of childcare and early educational services. The strategy outlines the different strands of the then current arrangement for the development of early childhood care and education (ECCE). The expert working group produced its report, the National Childcare Strategy in 1999.

In relation to rural childcare, the Working Group noted childcare provision as very limited. Barriers to childcare include isolation, transport problems, staff costs and the limited childcare training in rural areas. The strategy recognises the varied range of functions which are needed to suit such diverse settings. The report also emphasises the importance of understanding childcare within the context of local community development. In relation to rural childcare provision, an increasing number of obstacles are outlined;

(i) Dispersed populations which are common in rural areas result in increased childcare costs.

(ii) Long distances and lack of transport arrangements add to the difficulties of providing childcare in rural areas. Accessibility problems amongst young rural families are a growing concern.

(iii) Lack of purpose built childcare settings presents a barrier which results in fragmented delivery of services involving the separate provision of education, care and play.

(iv) The remoteness of rural areas has resulted in insufficient childcare services and higher transport costs for rural families (National Childcare Strategy, 1999).

In implementing the strategy, it is envisaged that levels of childcare provision in rural areas will be increased, better supports for parents with children will be provided and increased provision of information relating to early childhood care and education will be ensured.

***National Children's Strategy 2000:*** This strategy presents a vision of the rights of children from birth to eighteen years. It sets out a series of objectives to guide children's policy over the next 10 years. The strategy outlines a 'whole child' perspective which encompasses a child's own capacity to shape the world around them. It also emphasises the importance of family and community influences in early education and development. In principle, it highlights the responsibility of adults to support young children in achieving their full potential;

*'A coherent and inclusive view of childhood is crucial to the success of the Strategy... It not only provides a means for identifying the range of children's needs but it will help to identify how best to meet those needs by empowering families and communities'* (National Children's Strategy, 2000:10 ).

The strategy does not specifically outline any targets related to rural birth to three year olds. However, under objective *C* ‘*children will be supported to enjoy the optimum physical, mental and emotional wellbeing*’, *the strategy proposed to tackle the social causes of diseases including poverty, homelessness and rural isolation* (NCO, 2000:55). It does commit to improving the quality of life of certain populations of rural children. The National Children's Strategy emphasises the key importance of empowering and supporting families and communities (both urban and rural), in sustaining children’s well-being, learning and development. Of primary importance is the capacity of the government to listen to the voice of parents and children.

***Sustaining Progress. Social Partnership Agreement 2003-2005:*** Tackling educational disadvantage was a high priority in this strategy document which outlines the fundamental role education plays in providing full access to life chances and breaking the cycle of disadvantage. The document pays particular attention to literacy and numeric skills as important factors in combating educational disadvantage. Reviewing the range of measures aimed at addressing educational disadvantage prior to formal school entry, the agreement notes the establishment of the Centre for Early Childhood Education and Care (CECDE), Early Start (a pilot pre-school intervention project for pupils aged three to four years who are most at risk in areas of social disadvantage), the Rutland Street Project, funding for traveller pre-school education and Cork Applied Behaviour Analysis in Schools programme (CABAS) for early childhood services for those with special needs (DES, undated). Some of the prominent initiatives aimed at combating disadvantage in the primary section include the Giving Children an Even Break Scheme incorporating the Breaking the Cycle scheme, the Disadvantaged Areas Scheme, the Home School Community Liaison Scheme (HSCL) (DES undated).

The report notes that Ireland’s current economic and social situation can be understood by focusing on a number of vulnerabilities that have arrived together. Of importance to rural communities is ‘*the problem of social resources and capabilities, including those within the family, are now stretched in some areas, including urban concentrations of disadvantage and rural areas experiencing population loss, with consequential problems of rural isolation and pressure on services*’ (Department of An Taoiseach, 2003: 13)

The report argues that addressing these economic and social vulnerabilities provides an agenda for Ireland to achieve fair and sustainable economic and social progress (Department of An Taoiseach, 2003).

***National Council for Curriculum and Assessment – Towards a framework for early learning, 2004:*** This consultative document focuses specifically on learning throughout early childhood from birth to six years and focuses on the development of a national framework for early learning. The document articulates a clear vision of all children as capable young learners from birth with the right to be supported and guided in realising their full potential (NCCA, 2004). The following guiding principles are outlined;

- Support the development of birth to six year olds
- Emphasise the important role of parents as children’s primary educators

- Build on parental/practitioner supports in areas of learning
- Facilitate reflective practice, i.e. adults having a responsibility to reflect critically on their own practice in an effort to continually improve the quality of learning opportunities which they create for children.

While the framework does not specifically refer to rural families or rural birth to three year olds, the overall framework addresses the concept of learning across ECCE for all those responsible. The framework is based around learning mechanisms through four broad themes; wellbeing, identity and belonging, communication, exploring and thinking. Each theme embodies particular areas of a child's learning and development. The responses to this document are now being reviewed with a view to publishing an early learning framework by 2007.

***Moving beyond Educational Disadvantage, 2005:*** This report of the Educational Disadvantage Committee 2002-2005 made four key recommendations on combating educational disadvantage;

- Identifying disadvantage for the purpose of targeting resources and other supports
- Teaching supply and staffing in disadvantaged settings.
- Integrated and effective delivery of school-based educational inclusion measures
- Priority areas for action in adult and community education.

The report places considerable emphasis on the role of effective service supports to address educational disadvantage. Family and the community are central to any policy addressing educational disadvantage and parental involvement benefits both the child and the community (EDC, 2005). Addressing the value of service supports, the report discusses the role of community-based services for both children and adults. Participants in community-based learning develop their capabilities and capacities to become accepted by others, '*involvement in community life creates a sense of collective community responsibility and a sense of connection and belonging to the community*' (EDC, 2005).

The Educational Disadvantage Committee also set out a number of strategic goals and actions based on their work to date. In relation to rural birth to three year olds, a number of goals are noteworthy;

- Address issues that contribute to educational disadvantage such as poverty, substandard housing, and employment resources, and deal with them in an integrated way.
- Promote closer links between community and school initiatives dealing with educational disadvantage.
- Ensure that services are community based and flexible in their response to local needs.
- Provide quality early care and education opportunities for all children.
- Ensure parents have choice within the community on all early care and education services.

***DEIS (Delivering Equality of Opportunity in Schools), 2005:*** This action plan published by the Department of Education and Science (DES) focuses on addressing



the educational needs of children from age three to eighteen in disadvantaged communities and to ensure their educational needs are being addressed. The document emphasises the importance of educational inclusion. The overall rationale is based on;

- Targeting additional support to schools serving disadvantaged communities.
- Promoting parental involvement.
- The need to improve integration of educational measures. The involvement of parents, family and the community must be further strengthened.

In exploring early childhood care and educational matters, the action plan is aimed at both rural and urban schools and it is highlighted that any differences between rural and urban disadvantage will be taken into account in targeting actions under the programme.

ECCE for three to six year olds will be a key element. The action plan will also bring together existing interventions in schools and communities that have a focus on educational disadvantage. In particular the Home/School/Community Liaison Scheme will place renewed emphasis on the role of parents and the community in children's education. In rural primary schools, teachers/co-coordinators will be employed in schools that are not already participating in the Giving Children An Even Break Programme.

Whilst the DEIS plan supports the view that early intervention particularly amongst vulnerable children yields powerful, life long educational benefits, it is restrictive in its approach to ECCE. The plan focuses primarily on delivering equality of opportunity in schools. Schools alone cannot achieve educational equality, and the educational disadvantage debate needs to move beyond school-based education. *'Everyone stands to gain when educational inclusion is achieved as part of a bigger social and economic change agenda'* (EDC, 2005). Educational equality and promoting positive child development, as discussed, needs to begin before birth. The DEIS action plan fails to address this issue, focusing on children from three to eighteen years of age.

***NESF – Early Childhood Care and Education, 2005:*** The focus of this report is a mixed policy response to the early childhood care and education needs and rights of children in Ireland. It examines Ireland's investment levels in early care and education. Notably, the report stresses that *'many reports and initiatives over the last decade bear testimony to this new interest in policy concerns'* relating to the link between ECCE and child wellbeing (NESF, 2005: 17).

The report emphasises the importance of investment at an early stage, including prenatal care. To this end, the NESF report suggests collaboration through the Health Service Executive and Department of Health and Children to encourage healthy options and lifestyles for pregnant mothers. Supports such as the Home Visiting Programme, parental training and educational supports are very important and should also begin before birth. Any such support models must take a holistic view of the child and a holistic approach to child development i.e. the importance of the child/parent relationship and the family/child relationship.

The report identifies children with special needs including children experiencing socio-economic disadvantage, travellers and children with special educational needs. To maximise the benefit of a comprehensive approach to ECCE for children at risk of disadvantage, the report points to research which illustrates maximum, positive effects where a mix of children from diverse social backgrounds exist in the one setting and where the integration of care and education is manifested at a structural and organisational level, as well as a conceptual one, (NESF, 2005: 3)

In relation to socio-economically disadvantaged children, the NESF report recognises the need to improve services in rural areas; *'Access and availability of services for children aged 0-3 was identified as being particularly problematic...Concern was also expressed about the deficit in service provision for children living in rural areas'* (NESF, 2005: 21). The report notes that ECCE services in general are currently more concentrated in urban areas.

Despite international and national awareness of educational disadvantage and the various policy documents targeting educational disadvantage, it still remains one of the most challenging problems facing the education system today. The Irish response to both early childhood care and education and educational disadvantage have emphasised the essential role early childhood care and education services play in early development and overall child wellbeing. The policies outlined have all argued the importance of early intervention for those children (and their families) considered most vulnerable in society, e.g. travellers, children with special needs and rural families living in isolation. One common factor in all the national policy documents reviewed is the fundamental importance of actively involving both parents and the wider communities in delivering early intervention services. It has been highlighted that the role of the family and the community in bringing about effective intervention services is central to their success. The Irish response to rural children and their families has been the recognition that early childhood care and education provision in rural areas is very limited with the added pressures of inadequate transport, social isolation and dispersed populations all impacting on the delivery of services and access to those services.

#### **4.6 Conclusion**

Educational inclusion is seen nationally and internationally as a key component of social inclusion and wellbeing. Research and practice consistently show that providing quality early childhood care and education is inextricably linked to positive child development. Research has also recognised that the value of early educational support programmes can only be measured by their impact on the child, the family and the community. Societies, both at home and abroad are beginning to redefine the concept of educational success in terms of the holistic child. Childcare workers, parents and the community need to respond to children's learning needs. One of the most important factors for early years development is the educational environment that parents create for their children in the home. Impinging on young children's success are various risk factors. Neighbourhood characteristics, social class, poor nutrition and low income are just some of the factors discussed in this chapter. For dispersed rural families, the situation can be even more compelling. Other risk factors include geographical remoteness, isolation, lack of services, lack of preschool

facilities, low levels of self-esteem within the community and the economic status of the community; *'Rural disadvantage requires strategies which are tailored to cope with distinctive [rural] characteristics particularly in the identification of need and subsequent targeting of resources'* (Kellaghan, 1995: 21). Families living in rural areas, where scarcity of local resources and greater geographical distance between people and services are most common, face perhaps the greatest challenge in addressing the issue of educational disadvantage (Perroncel, 2000).

While it is a problem in its own right, educational disadvantage is more correctly understood as a symptom of a wider range of issues affecting the lives of children and adults, their families and their communities, and the structure and content of the education system. However, families, schools and communities that nurture children's natural social and educational development from the time of birth, may be opening new opportunities for future growth in ways science has yet to understand (Perroncel, 2002).

## CHAPTER 5

### RISK FACTORS

#### 5.1 Introduction

A key concept that has dominated research into parenting and child development is the notion of 'risk' and the 'at-risk' family which is usually defined in terms of families experiencing economic or social difficulties. Today a relatively large body of research exists on the context of child development and the characteristics of 'at risk' families. Identifying children who are at risk and in need of intervention and those children who are not deemed at risk is a complicated process. Assessing vulnerable families and children can be best defined in terms of identifying 'stressors' that can affect family unity and in turn impact on positive child development.

This section examines the concept of risk associated with community and family processes. This will involve a discussion on social capital as one explanation for the affects of neighbourhood and family influences on early child development. The chapter will conclude with a more detailed assessment of risk factors at the community level and risk factors associated with the family.

#### 5.2 Identifying risk

Upshur (Upshur, 1996) argues that defining risk is determined by both 'sensitivity', the degree to which children with difficulties are correctly identified, and 'specificity', the degree to which children are excluded from intervention if they don't need services. She examines the importance of developing risk indicators that are multidimensional. To focus solely on perinatal factors such as low birth weight or prematurity, she argues, is insufficiently precise. Isolating socioeconomic factors and the care-giving environment alone does not appear 'fruitful'. Her findings have shown that developmental delay in early childhood moves beyond socioeconomic status and may include maternal mental health conditions, family composition, parental educational levels and family stress for example.

Jenson and Stroick (1999) carried out a review of policy practices, policy thinking and public values across several countries. Their focus was on child outcomes designed to inform a '*societal strategy to support young children and their parents*' (Jenson & Stroick, 1999: 5). They identified three enabling conditions which lead to good outcomes for children; adequate income, effective parenting and supportive community environments. Whilst effective parenting practices and parental education attainment have received much attention with regards to their effects on child and family wellbeing, neighbourhoods and communities are commonly viewed as the immediate social context in which individuals and families interact and are also considered important factors when considering family and child outcomes. Research suggests that community socioeconomic status, community cohesion, family composition and parenting capacity interact to influence child and family wellbeing. Aber's framework of neighbourhood and community influences on child development (1997) also identifies the effects of community resources, social networks and neighbourhood socioeconomic status on child wellbeing.

Studies into risk factors influencing a child's early growth and development have shown that a wide variety of factors are influential (Mc Keown 2003, Caughley et al

1999, Gephart & Brooks-Gunn 1997, Aber et al. 1997, Chase-Lansdale et al 1997). These factors include;

- The neighbourhood
- Isolation
- Family composition (single parent families)
- Household income
- Insufficient child learning/stimulation/nurturing
- Emotionally unstable parents
- Educational attainment of parents
- Child abuse
- Drug/alcohol use in the home
- Inadequate pre-natal care
- Substandard childcare
- Lack of provision for special needs

### **5.3 Social Capital**

One perspective which has been used to explain the way in which the neighbourhood operates to moderate or increase the likelihood of risk is the concept of social capital. The concept of social capital was elaborated by Bourdieu (1980) and further developed by Coleman (1988) and later, Putnam, (1996). The definition of social capital is relatively straightforward. It is the currency which enables a society to operate more proficiently. This includes factors such as values, norms, attitudes, trust and networks. Beauvais and Jenson (2003) term social capital as 'the new arrival' noting that this term is being increasingly used in public policy to examine the community effects on family and child outcomes. The central premise of social capital is that social networks and social ties have value. Social capital can be found in friendship networks, neighborhoods, churches, schools, social clubs and community associations.

Bourdieu (1980) identified different forms of capital such as economic capital and social capital. Social capital is defined as '*the aggregate of the actual or potential resources which are linked to membership of a group...which provide each of its members with the backing of the collectively owned capital*' (Bourdieu, 1986:249). Coleman used the term to describe a resource of individuals that emerges from their 'social ties'. He defines social capital in terms of its function. It is defined as aspects of social structure that actors can use as resources to achieve their interests. Such aspects include obligations and expectations, information channels and norms and effective sanctions which constrain and encourage certain kinds of behaviours. Coleman examined the role that norms and sanctions play within family and community networks in the attainment of human capital. He was concerned with the existence of 'social ties' and the resources of individuals that can develop as a result.

In investigating the importance of social capital within the family for the educational outcomes of children, Coleman (1988) measured the social capital of families with indicators such as the physical presence of adults in the family and the attention given by adults to the child. '*Coleman finds that the ratio of parents to children in the household and the level of family networks has an important effect upon the likelihood of a child dropping out of high school*' (Winter, 2000:7).

In a similar vein, Putnam (1993) defined social capital as ‘trust, norms and networks’ that facilitate co-operation for mutual benefit. He states that ‘*the most fundamental form of social capital is the family*’ (Putnam, 1995:73). Social capital within the family is likely to be an important element of family bonding, stability and general family cohesion (Winter, 2000). The family is therefore identified as an important site for the creation of social capital. Winter (2000) suggests that this issue has been examined in two ways. Firstly in literature focused on the construction of social capital within family networks and the importance of this for children’s developmental outcomes and secondly by looking at the role of families in constructing social capital beyond family networks and into the community. The latter thus implies that to have strong communities, there must be strong families.

Furstenberg & Hughes (1995) studied family cohesion, mother’s relationship with her own mother and a mother’s educational aspirations for her own children and outlined all as measures of social capital. Such factors have also been found to influence a child’s school completion and a household’s socioeconomic status. Furstenberg and Hughes examined the relationship between social capital and adult success through a longitudinal study of children of teenage mothers ‘*...their results suggest that social capital helps youth negotiate their way out of disadvantage*’ (Winter, 2000:8).

The relationship between families and social capital has also been examined in terms of the role of families in strengthening social capital beyond family networks i.e. ‘*what patterns of family life are associated with robust norms of trust and reciprocity in social networks beyond the family*’ (Winter, 2000:10). According to Putnam (1996) the family is closely linked to measures of social capital such as educational attainment, economic hardship, residential mobility, time stress and female labour force participation. Putnam views educational attainment as a key aspect of individual and family circumstances associated with greater social capital which has a greater impact than income or social status. He suggests that ‘*well-educated people are much more likely to be joiners and trusters, partly because they are better off economically, but mostly because of the skills, resources and inclinations that were imparted to them at home and in school*’ (Putnam, 1996:4-5). Economic hardship and feeling financially under pressure accounts for lower levels of social trust and civic engagement, whilst residential stability and home ownership currently have a greater association with improved civic engagement (Winter, 1994). Increased female labour force participation rates accompanied with longer working hours are associated with a decline in social capital. Whilst levels of social capital are associated with the level of education and socioeconomic status for example ‘*key causes of the decline in social capital are a generational shift in leisure patterns away from the social to the privatised passive activity of television viewing*’ (Winter, 2000:11-12).

In an effort to identify the impact of social capital on child outcomes, researchers have examined the extent to which it, at both the family and the community levels is associated with positive behavioural and developmental outcomes for high risk pre-school children. Beauvais and Jenson (2003) examine the work of Runyan, Hunter, Socolar, Amaya-Jackson, English, Landsverk, Dubowitz, Browne, Bangdiwala and Mathew (1998) which studies the extent to which social capital can be associated with positive development in preschool children. The research used a social capital index which included factors such as two parents in the house, social support of the maternal caregiver, no more than two children in the family, neighbourhood support

and regular church attendance as measurements of social capital. It was found that the social capital index as a whole was strongly correlated with child well-being, while the individual indicators which discriminated between levels of child functioning, were the most direct measures of social capital such as church affiliation, perception of personal support and support within the neighbourhood (Beauvais and Jenson, 2003).

Lessons to be learnt from the majority of studies relating to social capital and child development are that factors affecting child and family outcomes cannot be viewed in isolation as they are instead highly intertwined and inter-related.

#### **5.4 The Decline of Social Capital**

Many authors have presented compelling evidence for the decline in social capital, particularly in the United States over the past generation. In his book 'Bowling Alone', Putnam (2000) assessed the decline of social capital through a number of measurements on participation rates in civic society e.g. attendance at church, social clubs and support groups. Putnam displays how people in the United States have become increasingly disconnected from family, friends, neighbours and their democratic structures, and how they may reconnect with such:

*'Television, two-career families, suburban sprawl, generational changes in values... have meant that fewer and fewer of us find that ...the monthly bridge club or even a Sunday picnic with friends fits the way we have come to live. Our growing social-capital deficit threatens educational performance, safe neighborhoods, equitable tax collection, democratic responsiveness, everyday honesty, and even our health and happiness' (Putnam, 2000: 2).*

An explanation for the decline in social capital, Putnam argues, is the changing value system in society. This is compounded by money and time pressures, the changing role of women and the movement of women to the workforce. However, whilst the breakdown of the traditional family unit plays some modest role, the main culprit, he argues, is television. This would appear to be the only factor that can account for the steady decline of social capital that began even earlier than previously thought in the 1940s and 1950s and which has not been followed by cohorts with anything approaching its levels of civic engagement, (Sirianni & Lewis; [www.cpn.org/tools/dictionary/capital.html](http://www.cpn.org/tools/dictionary/capital.html)). The extent to which Putnam's findings transfer to an Irish context need specific research but we can assume there are some similar trends

#### **5.5 Social Capital Policies in Ireland**

At a recent conference in Ireland, the issue of increased public consciousness of social capital and the high level of revitalization that is shaping Irish communities today was addressed. It was highlighted that Ireland needs to also address the shift in work-life balance in which the workplace demands are continually inhibiting people's connections with their families. Public policies require changes in labour laws to make it possible for people to have an active family life. The continued response to this awareness of social capital has led to a number of government initiatives and policies relating to the promotion of equality and social inclusion. These include:

- In 2000, the Government produced the White Paper on a *Framework for Supporting Voluntary Activity and for Developing the Relationship between the State and the Community and Voluntary sector*. The White Paper is concerned with the nature of the relationship between the Community sector, the Voluntary sector and the State as well as with structures and other factors that underpin that relationship. Its aim is to provide a more cohesive framework of support and encouragement for the Community and Voluntary sector. In respect to rural areas, the report outlines the high level of community spirit which exists, and acknowledges the importance of giving people, communities and voluntary organisations an active role in decision making directly affecting them. A number of social capital principles underpin the type of framework envisaged which include:
  - The need to support and strengthen informal neighbourhood networks and community organisations which help communities cope with everyday life situations such as unemployment and poverty. Such organisations and networks need to participate in developing and implementing solutions to social and economic issues (DSFA, 2000).
  - Disadvantaged communities need to be resourced to build on infrastructures of informal neighbourhood networks and local organizations.
  
- The Local Development Social Inclusion Programme (LDSIP), which seeks to establish a flexible, targeted and integrated response to local needs by providing grant aid assistance. This has been achieved through consultation with local community groups on community planning and development issues.
  
- Amongst the target groups of the LDSIP are the long-term unemployed, disadvantaged women, low income farm households, ethnic minorities, the underemployed, young people at risk and disadvantaged communities living in isolated rural areas. Community development actions range from resourcing severely disadvantaged communities to access and participate in development opportunities, to promoting and supporting participatory planning.
  
- The LEADER II programme (1994 - 1999) applied in all rural areas also offered grant aid assistance to local community groups. Approval of grants for groups occurs within detailed operating rules drawn up by the Department of Community, Rural and Gaeltacht Affairs. There was particular emphasis on community development in the programme and each of the groups is obliged to implement a programme in its area to encourage, support and facilitate the process of rural development, especially at community level.
  
- Within the White Paper on Rural Development (1999), the Government set out its commitment to supporting economic and social wellbeing in rural areas and to enhance the lives of rural families. A number of strategies which were outlined relating to building on social capital include:
  - Rural communities will enjoy access (i) to education, training and lifelong learning and (ii) to an adequate level of social and other services and infrastructures.
  - Rural communities will participate effectively in the structures and decision-making processes affecting them in an inclusive society based on the



principles of equity, particularly in relation to gender balance and social justice.

- The cultural identity of rural communities, in particular the language, traditions, heritage and sense of community will be valued and retained.
- The absence of an adequate transport service in many rural areas makes it difficult for women (especially) to avail of education, social networks and training. Thus, the provision of transport is a major priority for those living in rural areas.
- The White Paper acknowledges that children born into disadvantaged households or who live in deprived areas are at greater risk to educational disadvantage. The paper also emphasises its commitment to implement early intervention education services as an important factor to addressing educational disadvantage.
- The problems of economic dependency, particularly for women caring for children in the home, geographical location of services and amenities, and high levels of isolation are all outlined as issues which are to be addressed to improve rural development: *'The problems of economic dependency, isolation and unequal opportunity are compounded by distance from services and amenities (DCRGA, 1999: 40).*

The Irish government is committed to improving the overall social and economic wellbeing of rural families. Through partnerships with local development groups, government agencies and local families, targeted initiatives to support, strengthen and build informal neighbourhood networks and community organisation are developing. Government policies recognise that a number of strategies aimed at (i) supporting the cultural identity of rural communities, (ii) building awareness of the increased risk of rural birth to three year olds living in remote rural areas experiencing educational disadvantage and (iii) the need to increase accessible local services and improve information resources need to be prioritized.

## **5.6 Development of Risk Factors**

Of the factors outlined above, there are a number of risk factors relevant to this project, i.e. appropriate to birth to three year olds and significant to dispersed rural settings. Two factors which continue to be of interest to theorists of child development are the influences of the neighbourhood and the family contexts. Through the new generation of research, attempts are being made to assess the combined effects of individual, family and neighbourhood characteristics on the development of young children and adolescents (Gephart & Brooks-Gunn, 1997). Whilst many argue that family and individual variables remain the most significant influence on child development, neighbourhood characteristics have a more distal influence on young children through their effects on parents and the families who interact and socialise within them. With this in mind, neighbourhood influences will now be explored followed by a contextual analysis of family effects on child development.

### **5.6.1 The Neighbourhood**

Explanations for influences on young children's development and later child outcomes range from features of the individuals themselves, to the resources and

services available, through to the social norms and networks evident within a neighbourhood. The neighbourhood and the effect that the neighbourhood has on the development of children has been a topic of interest for some years, particularly in relation to children from urban areas. Neighbourhood effects on children from rural areas have been less investigated. There are many different theoretical perspectives and a small number of empirical studies which have examined the effects of neighbourhood on child development.

Neighbourhood is an important context for child development with the potential to influence the four levels of embedded contexts proposed by Bronfenbrenner. As Gephart notes: *'neighbourhood and communities can influence individual development at any and all of these levels: as a direct or indirect influence; and/or as a moderating context that conditions the relations among casual influences'* (Gephart, 1997: 6). Aber et al. (1997) note that neighbourhoods can be viewed as micro-systems, to the extent that the child comes into direct contact with the neighbourhood (unmediated by family or social institutions). Neighbourhoods are mesosystems to the extent that they influence the type of employment available to children's parents or affect the quality of children's contact with other children through the effects on other parents' children neighbourhoods are mesosystems. Institutions and organisations (exosystems), and culture, values and beliefs (macrosystems) are also an integral part of the neighbourhood context of child development. Gephart (1997) notes that communities and neighbourhoods are the social context in which individuals and families interact and engage with their institutions as well as social agents that regulate and control opportunities for access to community opportunity structures and resources.

There has been some discussion around the impact of neighbourhood effects, particularly regarding the extent to which the neighbourhood could be said to have an impact on the younger children in early years. Aber et al. (1997) suggest that in early childhood the neighbourhood influences children primarily through its effects on adults and that the effects of neighbourhoods are mediated through the family. While Chase-Lansdale et al. (1997) view the family as an important intermediary between the child and the neighbourhood contexts noting *'especially for the youngest preschoolers, many influences of neighbourhood may operate through effects on the family context'* (Chase-Lansdale et al, 1997:80). Chase-Lansdale et al. (1997) mention that young children's encounters with contexts outside the home begin slowly: *'In the earliest months of life, most children have somewhat limited contact with organised ecosystems outside the home, except for involvement with extended family, visits to health-care providers, or visits to a church or temple'* (Chase-Lansdale et al., 1997:80). However they note that as the female labour force participation rate increases, more children are being exposed to experiences outside the home on a regular basis through childcare and pre-school programmes. Greater participation in childcare may lead children to directly experience the effects of neighbourhood at a younger age. Mc Keown et al. (2003), in their study of family wellbeing in Ireland, found that the environment outside the immediate family had less direct influence on family well-being than the internal dynamics within the family itself. However they did find that certain aspects of the environment, such as support networks, the quality of the grandparents' couple relationship and social class position, had indirect effects on family wellbeing.

Neighbourhood effects may be mediated by family and psychological variables. Parents may also be active in attempting to limit the effects that the neighbourhood has on their children. Chase-Lansdale et al. (1997) suggest that parent's interpretation of the potential risks in the local community and their own child's abilities will influence the amount of direct contact which children have with the external community. For example young children in poor rural areas may not be exposed to some of the physical dangers and anxieties that are present in urban areas. Some parents may make better use of community and neighbourhood resources than others.

Chase-Lansdale et al. (1997) argue that there are five general frameworks which can be used to organise the theoretical approaches to the neighbourhood; neighbourhood resources approach, the competition approach, the collective socialisation approach, the contagion approach and the relative deprivation approach (Chase-Lansdale et al 1997: 81). Two of these, the neighbourhood resources approach and the collective socialisation approach are relevant to this study. Chase-Lansdale et al. (1997) suggest that the effects perceived in the last three frameworks proposed i.e. the competition approach, the cognition approach and the relative deprivation approach, are less important for younger children.

The neighbourhood resources approach suggests that resources present in society such as parks and children's programmes will have an impact on child development. Other resources in the neighbourhood, not directly targeted at children, may provide a context that supports child development. Collective socialisation theories propose that neighbourhoods not characterised by social isolation and social disorganisation will have greater parental self-efficiency, emphasis school and work skills and future orientation. In these communities neighbours may encourage higher quality parenting or provide supervision for neighbourhood children

Aber et al's (1997) conceptualisation of neighbourhood and community influences incorporate three distinct but interrelated dimensions of neighbourhood and community contexts; structure and composition, social organisation and cultural and symbolic processes. Structural and compositional characteristics include physical environment, community socio-economic status, age and gender structure, ethnic heterogeneity, residential stability, housing density and institutional resources. Social organisation includes aspects of the environment such as organisational participation, informal social networks and collective supervision of youth.

There are numerous studies that suggest a link between neighbourhood characteristics and overall outcomes for children. For example Brooks-Gunn et al. (1993) examined the impact of neighbourhood characteristics on the cognitive and behavioural outcomes of children at age three, finding strong neighbourhood effects on both IQ and behavioural problems. When families' socio-economic characteristics were taken into account, they found that affluent neighbourhoods had significant effects on child IQ. Caughy et al. (1999) note that other neighbourhood characteristics such as crime rates, neighbourhood community organisation, and availability of neighbourhood resources such as retail establishments, health care providers, and public agencies have a direct impact on the risk of poor pregnancy outcomes.

The neighbourhood effects of living in disadvantaged areas are complex and require more than a simple examination of the income effects of poverty. Studies examining the community influences on early childhood development suggest that there are risk factors associated with living in a disadvantaged area that may not be measurable through an examination of socio-economic status. Gephart (1997) for instance, cites a study which looked at two neighbourhoods with similar socio-economic status but where differences in rates of child abuse and neglect were evident. The study suggests that high risk neighbourhoods are more socially impoverished relative to low risk neighbourhoods. Mothers in the high risk neighbourhoods were less likely to assume full responsibility for their children, to engage in neighbourhood exchanges or to use the resources available.

The presence of impoverished neighbours, the presence of affluent neighbours, male joblessness, the concentration of families in a neighbourhood and the diversity of ethnicity in the neighbourhood are five measures of neighbourhood characteristics identified as important indicators of risk by Chase-Lansdale et al. (1997). They examined data from the infant health and development programme study, as well as data from the Children of the National Longitudinal Study of Youth (NLSY) to explore neighbourhood effects on child development and found that *'the family is the primary socialising unit for preschool children and that direct neighbourhood influences on such young children...are small or filtered by family experience'* (Chase-Lansdale et al., 1997: 83).

### **5.7 Risk Factors Associated with the Neighbourhood Environment**

The above sections highlight the idea that neighbourhoods have an impact on children's developmental outcomes and on the wellbeing of children. In this section some of the risk factors at a neighbourhood level, which have been associated with negative outcomes for children, will be examined in more detail.

#### **5.7.1 Socio Economic status**

In addition to impacting directly on the resources available to families, the socio-economic status of the neighbourhood has been found to have an impact on developmental outcomes. This effect can be either positive or negative. For example, a less well off child living in a wealthy neighbourhood may perform better in terms of developmental outcomes than the same child living in a less well off neighbourhood. In a review of neighbourhood effects on children and youth, it was found that neighbourhoods with high socio-economic status had a positive effect on the achievement outcomes of children and that neighbourhoods with low socio-economic status and residential instability were associated with young children externalising behaviour problems (Tremblay et al., 2001). In looking at infants Klebanov et al. (1998) noted that *'the level of income in neighbourhoods, over and above family income, is also associated with early school age developmental outcomes'* (Klebanov et al, 1998:1420). The authors looked at the effects of living in a poor neighbourhood on maternal psychological and behavioural characteristics and on the quality of the home environment.

Kellaghan et al. (1995) found similar results. This study outlined a number of indicators of educational disadvantage. Poverty and deprivation were found to be the most common indicator. In this study, the authors refer to poverty as a lack of community resources, family resources and household income.

In a recent study, the Combat Poverty Agency (CPA) found that levels of educational attainment in Ireland can be linked to patterns of disadvantage. Whilst the education levels were influenced by the age structure of a region (for example, areas with low levels of educational attainment also had the highest level of populations over sixty-five years of age), the overall results show that levels of education can aid the understanding of spatial patterns of disadvantage (CPA, 2005). This implies that to a certain degree low levels of educational attainment can be linked to levels of deprivation. However, it was found that key social indicators relating to poverty included unemployment, education and social class. There were also clear differences in levels of poverty at regional and local level. The national study found that poverty is concerned with structural processes such as unemployment, low educational attainment and low income. Whilst the spatial distribution of poverty largely reflects spatial variations in these processes, poverty is not found to be a spatial phenomenon (CPA, 2005). Overall, less populated areas were found to be more disadvantaged. In this regard, the District Electoral Divisions (DED) with the highest unemployment rates were far worse off than those with low unemployment rates. More significantly, the CPA report suggests that there was evidence to suggest a '*tendency towards clustering of the worst with the worst and the best with the best*' (CPA, 2005: 145). The report concludes that in assessing overall poverty levels, a focus on geographical location offers the '*crudest*' source for reaching 'at risk' populations (ibid: 145).

### **5.7.2 Delivery of Community Supports**

In any community there are both formal and informal support structures. Formal supports refer to services provided either by local community or statutory organisations and informal supports are supports arising out of a persons own network of family and friends. In general, rural communities pride themselves on the high level of informal support structures over their urban counterparts. In a study focused on school readiness among American rural preschool children, the importance of local community support and networks were stressed. Whilst the structures and organisations within rural American communities can differ from Irish rural communities, the findings relating to strong community networks and informal social supports are noteworthy:

*'Many rural people are used to calling on one another for help..and sharing limited resources. Collaboration within and among rural communities is an important strategy for helping children succeed* (Perroncel, 2000: 1).

In a large-scale national survey of 1,754 British parents with children aged 16 years or under, Ghate & Hazel (2004) focused on parenting in poor environments. One of the main objectives of the study was to explore the extent and quality of social support services available to parents in poor communities, for example, the access to information, relations between families and neighbours, and formal supports such as social, health and education support services. The national survey gathered data from both urban and rural communities. They highlight evidence suggesting that the absence of such support services can be a risk factor for family and child wellbeing:

*'Research suggests that social support can act as a direct protective factor by actively providing help or support at moments of particular need...and by bolstering parents' self esteem and sense of efficacy'* (Ghate & Hazel, 2004: 106).

The overall level of informal and formal support structures was low amongst parents in poor environments. Most parents did not receive a great deal of help or assistance through informal networks. It was also found that parents did not feel overly confident in seeking informal help if it was needed.

At the level of semi-formal and formal supports (such as services provided by the government or statutory organisations), parents were relatively happy with the overall quality. However the actual use of services was low despite the high need population. Overall, almost half of respondents (47%) felt unsupported (through both formal and informal support services) in parenting to some extent (Ghant & Hazel, 2004).

A distinct model of social support, established over ninety years in rural areas, is the Irish Countrywomen's Association (ICA). The organisation has been at the forefront in seeking change to improve the standard of living and opportunities for rural women in Ireland. The ICA works closely with families and the wider community to promote women's experience and knowledge, and to influence government and national policy making. The ICA roots lie in education and in strengthening rural communities through the involvement of women. The National Plan for Women (2002) was welcomed by the ICA with its emphasis on prioritising strategies, policy and consultations on rural women. However, the ICA has considered a number of proposals which have yet to be addressed. A number of points relevant to rural birth to three year olds and their families include:

- Reduce poverty by provision of opportunities of early childhood development for all children, provide accessible, affordable childcare, early interventions for children with special needs, recognition for stay at home mothers, support parents on low income and ensure that rural women develop to their full educational potential.
- Make health services work for women through provision of health services at local levels, avoiding long waiting lists, provision of more mobile health units in rural communities, Public Health Nurses attending to people regardless of financial income (i.e. means tests) and more access to information at local level (ICA, 2002).

Supports arising from a person's own network of family and friend have been found to be of great importance to families (Ghate & Hazel, 2004; McKeown, 2000). McKeown (2000) argues that support networks form part of the social capital of families and are important for success and survival. He outlines four key explanations for the importance of social networks. Firstly, they help maintain links between individuals and their families and between families and the community. Secondly, having support networks can improve physical and mental health. Thirdly, families who do not have supportive social networks are often disadvantaged. Fourthly, the quality of a person's support networks can influence the effectiveness of interventions. There is an abundance of literature demonstrating that lack of both formal (education, health services) and informal services are associated with parenting problems. The network size and frequency of contact is an important measure of informal supports within the family.

The lack of available health services is a common issue in rural areas. In Ireland, many new born babies do not receive statutory health checks simply because the

waiting lists are too long or the services are not available. A report on the perinatal statistics for 1999 found that thirty-nine percent of mothers (of singleton birth) did not have their first prenatal check up until after twenty weeks (ESRI, 2002). Birth to three year olds who are unable to access these health checks run a higher risk of poor health and developmental outcomes through parents lack of knowledge on nutrition, child development and learning.

### **5.7.3 Support Services and Stigmatisation**

There has been much debate on the most effective means of delivering family support services. Some argue for targeted services specifically designed for vulnerable families, whilst others argue in favour of universal family support services for all families (Pugh, De'ath & Smith, 1994). The argument in favour of universal services is that parents feel less labelled or stigmatised by asking for support. Stigma is cited as one of the most frequent reasons for families not taking up services (Pugh et al, 1994). On the other hand, targeting families for special family support services can be stigmatising, causing families to feel embarrassed or making parents feel inadequate (Lyons et al. 2001). A recent report in the UK by the Child Poverty Action Group on the effects of stigmatisation, found that the uptake of free school meals amongst children was very low. *'All too often the existing system openly identifies those in receipt of free school meals, resulting in stigma and low take up'* (Child Poverty Action Group, 2005: 22). This was also found to be the case with school tours. Children receiving social support often experience social stigmatisation. Stigma or labelling only worsens the experience of childhood poverty (Lyons et al, 2001).

### **5.7.4 Proportion of Single-Parent Families in a Neighbourhood**

There appears to be a clear association at the individual level between lone parents and poor developmental outcomes for children. Some studies have questioned the link between these factors at neighbourhood level. For example, Boyle and Lipman (1998) examined the impact of neighbourhood characteristics on behavioural and emotional problems in children, noting that the only neighbourhood factor associated with all categories of problem behaviour examined was the proportion of single parent families in the neighbourhood. However other researchers have not found a relationship between the proportion of single parent families in a neighbourhood and negative outcomes for children (Beauvais and Jenson, 2003; Nolan, 2000). In his research on child poverty determinants in Ireland, Nolan (2000) found that despite Ireland's increasing lone parenthood rate, only one in ten children in households below the 50% line were in single parent families. Children rated below the income poverty lines were in larger families. On average, children in households below the 60% line had an average family size of 3.5 (Nolan, 2000). Whilst Nolan's study did not focus specifically on rural poverty, it did note that findings from the Living in Ireland Survey 1997 revealed that twenty-four percent of children living in households headed by farming were at risk of poverty (60% relative income poverty line). This figure remained the same for the results of the 2000 Living in Ireland Survey (24.3%).

### **5.7.5 Accessibility/ Transport Issues**

The risk of social exclusion and educational disadvantage in rural areas is associated with lack of access to essential services and feelings of isolation (NAPS, 2005). The strategy notes that tackling accessibility issues will require provision of adequate income, access to essential services, improved infrastructure and improved transport

services. The NAPS revised action plan has prioritised the improvement of transport services to rural areas through a combination of state support and community provision (NAPS, 2005).

The inadequacy of public transport and housing provision and its affects on families was underlined time and again by parents consulted in the public consultation for the national report, *Families and Family Life in Ireland: Challenges for the Future* (Daly, 2004). In discussions on accessibility and availability of support services, the regional spread of services came in for special criticism. People spoke time and again of how difficult it is to get a service if you live in a rural part of Ireland. '*An insufficiency of services may mean that people in rural and outlying areas have to travel long distances to access services*', (Daly, 2004:69). People in rural areas are also faced with the unavailability of specialised services since the more specialised services are only available in Dublin.

Community level analysis suggests that structural and demographic elements of a neighbourhood are likely to affect children's overall developmental outcomes. This involves indirect influences such as the number and quality of social networks, organisational participation and social values. A deficit of social networks and informal and formal social supports in communities has, in recent literature, commonly been referred to as a form of 'social isolation' (Ghate & Hazel, 2004).

### **5.8 The Family**

Whilst the effects of neighbourhood characteristics and community norms and values have a considerable impact on child and family outcomes, it would still appear that families remain the key agents in promoting positive development in children (Mc Culloch & Joshi, 2000). Families provide continuous learning environments for young children. Family socio-economic status such as parental education, household income and family composition are important influences particularly in the early years of life. This section examines the most important social contacts for the child in the first years of life i.e. the family. This examination of the family ranges from the individual behaviours of parents to the role of the family as a social unit.

The potential impact of the social context on child development has been outlined in the various interactions of Bronfenbrenner's bio-ecological model (1979; 1986; 1998). As conceptualized by this model, an important element of the micro-system, particularly for the young child, is the home and the interactions which take place between the child and one or two other adults. As the child ages the micro-system becomes more complex and involves more people, such as when a child attends a child care centre or a crèche.

The importance of the family context for educational disadvantage has been acknowledged by the CECDE, which notes that a '*child does not experience disadvantage on his/her own, but in the family context. The child's future is affected by the number of risk factors associated with a family's experience*' (CECDE, 2004).

In Ireland, attainment in the educational system is closely linked to family background and in particular the social class background of the family (CPA, 2005; Kelleghan et al, 1995; Nolan, 2000). Much research acknowledges the importance of



family in positive outcomes for children. In looking at data from the second generation of the British National Child Development Study, McCulloch and Joshi (2000) found that *'family level measures such as residence in social housing and maternal schooling were almost always fairly powerful predictors of children's cognitive development'* (McCulloch and Joshi, 2000:17). Phase two of the IEA Pre-primary Project in Ireland examined the impact of familial factors on children's development at age four and found that *'background factors were causing the difference in scores between children attending Designated Disadvantaged and Non Designated Disadvantaged settings'* (Hayes et al., 1997:95). These background factors included the number of hours spent per child in a setting per week, the number of occupants in a household, the birth order of children, presence of a dictionary in the household, the number of years of maternal education and the marital status of the mother. McKeown et al. (2003) studied the importance of families and their influence on child well-being. They found that the well-being of children is closely related to that of their parents and suggest that the experiences within the family directly influence the well-being of both adults and children. They also found that child well-being is influenced by four main factors:

- a) The presence of unresolved problems or conflict between the parent and the child.
- b) The characteristics of the mother – the mother's physical and psychological well-being, her ability to offer support and encouragement to the child.
- c) The father's supportiveness. Although fathers exercise less influence than mothers regarding the well-being of their children, McKeown et al. suggest that a father's supportiveness increases the child's life satisfaction and reduces their psychological disturbance.
- d) Family Income. Children from higher income families showed fewer signs of 'psychological disturbance', however, this was the least influential of the four factors influencing child well-being (McKeown et al, 2003).

From these findings we can conclude that parents within the family have a profound influence on the well-being of children for both internal and external factors. One interesting finding in the Mc Keown study was that the family composition i.e. one parent families or two parent households, had limited impact on family well-being. Rather it is the quality of the family processes and the relationships that impact most on child development.

In discussing the implications for the study, the authors point out the need for future family policy to support relationship skills within the family. They also point to the difficulty of not simply developing interventions to improve the well-being of families, but finding a mechanism to identify families who would benefit from such interventions. It's about knowing and understanding the 'needs' that exist within families and how to successfully address them.

The effect of families on child outcomes may be greater than the effect of other contextual factors such as neighbourhood and community. Brooks-Gunn et al. (1997) found that though neighbourhood effects impacted on a child's IQ, part of the effect of neighbourhood on preschool children's IQ at age three was mediated by the provision of learning experiences in the home. Therefore it is important to look at the family risk factors that might be associated with educational disadvantage. McCulloch

and Joshi (2000) acknowledge that although neighbourhood poverty has an impact on lower cognitive development for children aged 4 to 5, the size of the estimated effects of neighbourhood conditions were usually much smaller than the estimated effects of family level conditions. Thus, it appears that families should still be viewed as the key agents in promoting positive development in children (McCulloch and Joshi, 2000); *'These results provide further evidence that the effects of neighbourhood on preschool children are likely to be mediated in part by parental behaviour'* (Gephart, 1997:29). This may be especially true for children aged birth to three years.

## **5.9 Risk Factors Associated with the Family**

Just as the family has an important impact on the child's early development it is also the family which mediates the effects of society for the child. There are many different family factors associated with children's positive and negative developmental outcomes, some of these are profiled below.

### **5.9.1 Supporting Pregnancy**

The wellbeing of children begins during pregnancy. A supported pregnancy will inevitably be a healthy pregnancy and access to antenatal care is increasingly associated with positive child health and development. The availability of antenatal care should be an integral part of every community. The physical health of an expectant mother needs to be the responsibility of both the family and the community. Access to information on pregnancy, nutrition and child development is also an important factor in early development (CECDE, 2003; Carroll, 2002). The National Childcare Strategy, 1999, also emphasises that barriers to rural childcare include high costs, lack of childcare facilities and lack of information.

### **5.9.2 Parent's physical and mental health**

Healthy pregnancies generally result in healthy babies. The influence of parental wellbeing on child wellbeing begins before birth. Studies have shown that parent's physical and mental wellbeing effects positive child wellbeing, (Mc Keown, 2003; Ghate & Hazel, 2004; Mc Keown et al, 2003). Mc Keown (2003) found that whilst the physical and emotional wellbeing of both parents impacted on child wellbeing, it was the mother's health status which had the greatest impact. The study found that parents who had an overall poor health rating was reflected in the poor parent-child relationship *'factors which reduce child wellbeing are the mother's negative emotionality'* (Mc Keown, 2003: 9). Other factors which can affect the health status of parents include the presence of household conflicts, family income and access to available social supports.

Parents in poor environments generally have a good perception of their own health (Ghate & Hazel, 2004). However when asked about sources of stress in their lives, over two thirds (38%) of parents stated that they found it difficult to keep fit and healthy. Ten percent of parents felt that keeping healthy was an actual stress in itself (Ghate & Hazel, 2004). The results show that generally parents in poor environments have a substantially lower level of physical and emotional wellbeing than in more affluent communities. With regard to mental and emotional health status, Mc Keown found an extremely high level of symptoms relating to depression, particularly amongst women. Poor parental health not only affects parent-child relations but also

affects a parent's supportiveness to the child, creates low self-esteem and can result in conflicts between parents (Mc Keown et al, 2003).

### **5.9.3 Parenting Capacity & Parenting Style**

Parents are a child's first educator and how a parent copes with the stresses of parenting can affect the overall early development of young children. Children thrive in loving and caring home environments and more recently, literature relating to parenting have argued that a lack of parenting skills and capabilities such as reading to a child and playing with a child can have a detrimental effect on positive child development, particularly in the early years (Jenson and Stroick, 2000; Aber et al, 1997).

Jenson and Stroick (2000) note that effective parenting is necessary for good child outcomes. They suggest strategies to facilitate effective parenting which include flexible employment hours, improved access to health, developmental programs and community resource centres and increased availability of developmental child care and preschool for both employed and stay-at-home parents.

Cook and Willms (1998) examined the influence of parental involvement on child behaviour and pre-school vocabulary skills of children. Parental involvement was measured by the number of times per week the parent engaged the child in talking, reading, playing, laughing, praising and doing special things. The authors found that children who experienced higher levels of parental involvement had fewer behavioural disorders and exhibited more pro-social behaviour. Regular reading to the child during the toddler and pre-school years was significantly related to the child's pre-school vocabulary skills. The effect of parental involvement on these outcomes was greater than the effect of socio-economic status and family structure (Cook and Willms, 1998), pointing to the importance of effective parenting in early child development.

Many processes that lead to positive outcomes in early childhood are also largely based around the home and the family. Aber et al. (1997) believe these include the primary transactions in the home that directly affect children. These are; experiences of parents' sensitivity and trust that fosters the growth of interpersonal trust, experiences of cognitive stimulation and exposure to stimulating material that foster curiosity and language and mathematical reasoning ability. Experience of structure, predictability and cognitive responsiveness also foster the growth of self-regulation. Aber et al. found that transactions in the home, especially between parents and other primary caretakers and the child, are thought to be key (Aber et al, 1997).

Parenting in poor or less developed environments can be challenging. Klebanov et al. (1994) looked at the effects of living in a poor neighbourhood on maternal psychological and behavioural characteristics and on the quality of the home environment. However in recent times there has been growing interest in the concept of resilience and the ability of families to continue healthy functioning in spite of a disadvantaged background. This has resulted in research looking at factors within the ecology of the family that might 'buffer' families from stress in relation to child and family wellbeing (Ghate & Hazel, 2004: 16). Ghate & Hazel refer to such factors as 'protective' factors such as social support networks between family and relatives and close relations between spouse or partner. The concept of protective factors takes the

focus away from families in which parents are struggling to researching factors which are helping to make parenting easier – factors which are having a positive effect on family and child wellbeing.

#### **5.9.4 Poor Housing**

As the family environment has the most influence on early child development, decent and secure housing is crucial for a stable family life. Housing tenure is commonly used as an indicator of disadvantage (CSO, 2004; CPA, 2005). Research has shown that families who do not own their own home are more at risk of disadvantage and poverty than those who live in privately owned accommodation. In Ireland, families living in local authority accommodation are most at risk of poverty at over twice the average income poverty risk. For Irish families, this risk is higher in rural areas and less populated areas (CPA, 2005). The Border Midlands and Western region (in particular, Donegal, Cavan, Leitrim, Longford and Mayo) was identified as having above average rates of poverty. Furthermore, findings suggest that the rural areas and villages have a slightly higher risk of poverty than Dublin or larger towns (CPA, 2005: xxiii).

Daly (2004), in her report on families and family life in Ireland, places similar importance on secure and decent homes for young children and their families: *'decent housing is crucial because the home is the vital focal point of family life. Living in unsuitable, overcrowded housing, as many people do in Ireland, can by itself lead to the breakdown of family relationships'* (Daly, 2004).

Strongly related to poor housing is the poor quality of housing amongst at-risk families. Overcrowded, dilapidated housing is often related to low income families (Ghate & Hazel, 2004). Lack of space, insufficient heating and sanitation are all indicators commonly used to measure a family's level of deprivation and disadvantage (CSO, 2003).

#### **5.9.5 Parental Education**

Educational disadvantage can be instrumental in the transmission of intergenerational disadvantage (CECDE, 2003). This would suggest that a parent's educational attainment can influence the positive development and educational achievements of their children. Hayes et al. (1997) found that mothers' education was a significant predictor of performance on certain child development measures suggesting that mother's level of education may be a good predictor of child school performance. Feinstein et al. (2004) created a model which examined the effects of family factors on the transmission of educational success, examining the mediating effects of parental education on child development. They found that the most important socio-demographic influences on children's achievement were parental education and income. In examining probable overarching causes of educational success or failure, Feinstein et al. noted that *'we find strong theoretical and empirical support for the view that education influences most of the factors that have been found to affect children's attainments. Thus the role of education is extremely substantial'* (Feinstein et al., 2000). The authors also suggest that childcare, neighbourhoods and schools are important for early development and can mediate the impact of family level factors. Conversely education has protective qualities and can offset the negative effects of neighbourhoods, schools and childcare settings with poor characteristics.

### **5.9.6 Access to a car**

Ownership of a private car is commonly used as a proxy indicator of household affluence (Ghate & Hazel, 2004). In dispersed rural areas, lack of public transport and geographical location of local services and amenities means rural families are more disadvantaged in this regard than their urban counterparts. However, contrary to urban beliefs, owning a car in rural areas can be a necessity and not a proxy for affluence. Easy access to childcare facilities, services such as doctors surgeries or hospitals make a car particularly essential in isolated rural areas.

Many research studies have explored the wide range of background factors considered as important influences in early child development, including daily activities in the home. In a European longitudinal study of children aged three to seven years, the Effective Provision of Pre-School Education (EPPE) project sampled young children's development at three and four years of age. The objective of the study was to investigate the effects of pre-school education on children. The EPPE team collected a wide range of information on 3,000 children, their parents, their home environments and pre-school settings. Interviews conducted with parents revealed that what parents and carers do makes a real difference to young children's development. The EPPE project developed an index to measure the quality of the home learning environment (HLE). This measures a range of activities that parents undertake with pre-school children that are related to improvements in children's learning and have a positive effect on their development. For example, reading to child, teaching songs and nursery rhymes, painting and drawing, visiting the library, teaching the alphabet, teaching numbers and providing opportunities for them to play with their friends at home were all associated with higher intellectual and social/behavioural scores (Sylva, Melhuish, Sammons, Blatchford and Taggart, 2005).

### **5.10 Conclusion**

In conclusion, there is stronger evidence to suggest that family characteristics and processes have a greater influence on child wellbeing than neighbourhood characteristics. Family characteristics and processes range from parental physical and mental health to parental education. Family stress can contribute to emotional distress and family dysfunction. This in turn has a negative impact on child development. Whilst the family stress model is borne of the concept of economic deprivation, its merits on the breakdown of family unity leading to less effective parenting is interesting. Less effective parenting includes lack of control over a child's behaviour, lack of warmth and support towards a child, inconsistencies and hostilities (Conger et al., 1997). Rural disadvantage may be associated with a degree of isolation from a range of services available in towns and cities. It can be a burden to travel to work or avail of services that are geographically inaccessible. Isolation and dispersal also present difficulties when it comes to providing intervention to help young children cope with disadvantage (Kellaghan, 1995). Families with high levels of stress do not generate positive child outcomes, and as mentioned earlier, the effects of poor parenting in the early years can lead to poor physical, mental and social development.

Combined with these factors, parents make choices which also influence a child's development and wellbeing. These include, among others, parenting styles, income levels and housing tenure. In this regard, neighbourhood and environmental influences can often be identified as choices made by parents. This is not necessarily the case, however, in poorer families who may not have the choice in relation to their

neighbourhood. Outcomes such as educational attainment and socioeconomic status are influenced by a range of factors relating to both the family and the community. Reviewing and applying such factors is invaluable to developing a 'conceptual roadmap' to assist in the early identification of rural families and young children who may be at risk of educational disadvantage:

*'It is essential that in assessing needs and planning interventions in the lives of children, professionals give sufficient weight to evidence about children's' personal networks and parental networks especially in the case of younger children' (Gilligan, 1999; 87).*

## CHAPTER 6

### METHODOLOGY

This chapter outlines the research design and strategy adopted to achieve the objectives of the study. It outlines the research objectives and applied methodologies including population sampling methodologies, the content design for the focus groups, research limitations and advisory support structures utilized for the duration of the research.

#### 6.1 Research Objectives

Drawing on national and international research, the CECDE identified the early identification of children at risk of educational disadvantage and their families as a priority and has noted the assessment of need as an integral part of being able to intervene effectively.

Specifically, the objectives of the research include:

- a) The development of a framework to assess dispersed educational disadvantage among children of 0-3 years.
- b) The production of guidelines for using the framework
- c) The application of the framework in the context of existing early interventions in rural Ireland
- d) The generation of recommendations relating to the design of best practice interventions for families and children of 0-3 years in rural Ireland
- e) The evaluation and refinement of the framework and guidelines
- f) Dissemination of the findings across the early years sector.

The project brief was to conduct qualitative research with a small sample of rural families with young children. The main body of data, it was proposed, would come from structured focus groups with parents to ascertain their views on educational disadvantage in young rural families and the supports and barriers, which would then inform the design and development of the framework.

The development of the framework involved researching existing literature on risk factors associated with educational disadvantage and indicators associated with the wellbeing of young children. An examination of previous intervention frameworks was also conducted to get various examples of different approaches to identifying and assessing young children and their families at risk of educational disadvantage. This examination also informed the overall guidelines, a companion document on how to apply the framework

Refinement and evaluation of the framework involved consultation with members of the Advisory Committee and an independent research consultant who provided further recommendations and suggestions to the final working framework.

Through an analysis of both current literature on educational disadvantage and existing Irish policies relating to rural development, and findings from the focus groups, specific recommendations relating to the design of best practice interventions

for families and children of birth to three year olds in rural areas have also been developed.

It is recommended that dissemination of the findings across the early years sector will involve distributing the published report to government agencies and local level agencies with a childcare remit. Dissemination will also involve attendance at conferences, conference presentations and preparing research articles.

## **6.2 Research Methodologies**

The study was primarily qualitative in nature. Methodologies employed throughout the study included:

*Documentary Analysis:* All stages of the research process were informed by extensive documentary research. The literature informed the research team in the design of appropriate definitions for the concepts of ‘rural’, ‘educational disadvantage’ and ‘rural disadvantage’. This work subsequently informed the research team of the most appropriate population samples to include in the research to ensure the most comprehensive experiences of rural families with young children at risk of educational disadvantage were included and that their experiences informed the development of the framework. Documentary analysis also included evaluative research of international and, where possible, national intervention projects in rural areas with young families and an analysis and synthesis of material to yield relevant headline indicators and strategic actions to inform the content of the framework. Interventions reviewed included, the Community Mother’s Scheme (Health Service Executive), Breaking the Cycle – Rural (DES, 1996) and Early Start (DES, 1994). However, given Ireland’s limited intervention experience in this regard a review of international intervention models operational in Scotland, England, the USA, Canada and Australia was also carried out to inform the research.

*Structured Focus Groups:* Focus groups are particularly beneficial as an explorative research tool to facilitate in-depth discussion and information sharing amongst a group of people whose opinions and experiences on a specific issue may vary widely. In research terms, focus groups are commonly used to learn about issues that are generally poorly understood as the context behind each group helps to illuminate the background behind people’s thoughts and experiences. Focus groups target these complex influences by encouraging participants to investigate ways that they are both similar to and different from each other (Morgan, 1998).

The strength of focus group discussions lies in the fact that they create a process of sharing and comparing amongst participants. Participants will bring their own interpretation to topics and issues throughout the discussion which will add depth to the overall data. For example, in a group discussion on the issue of educational disadvantage amongst birth to 3 year olds, many participants gave their views and opinions on the cause and effect of educational disadvantage on birth to 3 year olds. However within the same discussion, other participants did not believe birth to 3 year olds experienced educational disadvantage. What followed was a lively group discussion giving us the kinds of interpretive insights we were seeking.



Overall, in excess of 100 families were approached to take part in the study. On average 6 participants attended each of the focus groups, giving a total sample of fifty parents. One focus group was carried out in each of the ten counties.

*Consultative Advisory Group:* An Advisory Committee consisting of expert academics, policy makers and practitioners was established at the outset to advise and contribute to research and project development at key stages throughout the duration of the research. In particular, the committee advised on key issues when defining ‘rural’, ‘disadvantage’ and ‘educational disadvantage’; effective methodologies to gain access to parents in identified geographic areas through the utilization of existent community and support services, and provided valuable input on the development of the framework. The Committee included Geraldine French, Early Childhood Specialist, Damien Mc Keown, Childcare Directorate, Department of Justice, Equality & Law Reform, Ashling Hooper, National Children’s Nursery Association (NCNA), Denise Mc Cormilla, the Border Counties Childcare Network (BCCN), Annette Mc Donnell, the Centre for Early Childhood Development and Education (CECDE), Maire Mhic Mathuna, School of Social Sciences & Legal Studies, DIT and Anne Colgan, The National Parents Council. Other members of DIT academic staff contributed valuable comments and assistance throughout the project.

### **6.3 Research Instruments**

Themes and topics for discussion and analysis at the focus groups were identified following the literature review and consultation with the Advisory Committee. In addition to a number of introductory questions, designed to ease the participants into discussion, and one closing question, where focus group participants were invited to add any further comments/experiences they felt were relevant to the research area, six main themes were identified for discussion at the focus group and are outlined as follows;

- *Theme 1* focused on the child. Questions were designed to gather data on parent’s understanding and perception of child development, the importance of developing physical, emotional, social and cognitive skills appropriate to birth to 3 year old. Parent’s perception of the beneficial/necessary needs and the appropriate supports to respond to these needs were also discussed for young, rural infants and toddlers.
- *Theme 2* focused on the parent. Questions were designed to gather data on parents’ roles in their child’s early development, the role of the home environment in teaching infants and toddlers and to identify what are important parental needs and supports for raising a young family in rural communities today.
- *Theme 3* focused on the parent’s perception of education and educational disadvantage. Questions were designed to gather data on how to firstly tackle educational disadvantage in the early years of a child’s life and also parent’s views on how to prevent educational disadvantage.
- *Theme 4* focused on the community and gathering data on community resources that are available specific to rural areas and how early care and education services can be improved in the area. This section also concerned itself with increasing parental involvement in community services and existing family focused services and access to services.

- *Theme 5* focused on rural living. Items were designed to gather data on the benefits of living in a rural area and conversely, parent's views on the disadvantages of living in rural areas.

-*Theme 6* is the final section and contains 3 questions focusing on intervention/support service delivery. The aim of this section was to gather data on respondents' opinions of early childhood support services and what the perceived benefits are to young infants and toddlers.

#### **6.4 Sample Selection**

The sample size is small by normal survey standards, but is however intended to provide in-depth base line data on risk factors associated with educational disadvantage in the early years with a small sample of dispersed rural families.

The project aimed to obtain as representative a geographical spread as possible. An equal number of counties from the Border Midlands and Western region (BMW) and the South and East region (SAE)<sup>2</sup> was seen as imperative. Counties with at least sixteen CLÁR regions (Ceantair Laga Árd-Riachtanais)<sup>3</sup> were identified from the BMW and SAE regions through using purposive sampling to generate as wide a sample population as possible. CLÁR regions were chosen to capture the rural and disadvantage elements of the project. Five counties were subsequently selected at random from each of the two regions to participate in the study and are outlined as follows:

##### **Border, Midlands and Western Region**

- Ballaghaderreen, Co. Roscommon
- Burtonport, Co. Donegal
- Kilnaleck, Co. Cavan
- Ballycroy, Co. Mayo
- Clifden, Co. Galway

##### **South and East Region**

- Bantry, Co. Cork
- Kenmare, Co. Kerry
- Upperchurch, Co. Tipperary
- Doon, Co. Limerick
- Ardmore, Co. Waterford

A demographic profile on each of the ten rural areas including data on population statistics, labour force participation rates, family unit composition and family socioeconomic status has been included in the Appendices 1. A summary of the sample population (all ten counties) is included in the focus group findings chapter later in this report.

The research team liaised with the County Childcare Committees in each of the ten designated counties to source appropriate families to participate in the study. The County Childcare Committees compiled databases of all notified early education and

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<sup>2</sup> The regional divide used is the classification used by the European Union for regional aid purposes. The counties in the Southern and Eastern region (SAE) are Dublin, Kildare, Meath, Wicklow, Carlow, Kilkenny, Waterford, Wexford, Cork, Kerry, Clare, Limerick and Tipperary. The Border, Midland and West Region (BMW) are Monaghan, Leitrim, Donegal, Mayo, Sligo, Galway, Louth, Roscommon, Cavan, Longford, Westmeath, Offaly, and Laois

<sup>3</sup> CLÁR is an investment programme for disadvantage rural areas. It was introduced in October 2001 arising from a commitment in the Programme for Prosperity and Fairness to provide a targeted investment programme in disadvantaged urban and rural areas. CLÁR (Ceantair Laga Árd-Riachtanais) is the rural strand of the programme. A list of CLÁR regions can be found at [www.pobail.ie](http://www.pobail.ie).

childcare services operational in their county. Through this consultation, the research team sourced addresses for all parent and toddler groups operational in the CLÁR areas of the counties. There were a number of criteria in choosing parent and toddler groups;

- a) Parent and toddler groups had to be located in a CLÁR region.
- b) Families chosen to be involved in the focus groups/interviews must reside in a CLÁR region.
- c) Parents chosen for the focus groups must have at least one child 0-3 years of age.

It was felt that contacting parent and toddler groups would yield optimum results in identifying parents with young infants and toddlers more so than pre-schools or crèches. Letters were subsequently sent to each of the parent and toddler groups, informing them of the research study and its objectives and inviting them to identify appropriate parents to participate in the study. Parental consent forms were also sent to the parent and toddler groups, to be signed by parents agreeable to project participation. Follow up calls were made to parent and toddler groups once the letters were sent.

In a number of areas where parents could not be identified through parent and toddler groups or where parent and toddler groups did not operate in CLÁR Regions, local community childcare centres and local primary schools were contacted. In the majority of cases, parent and toddler groups also provided the premises to hold the focus groups. In one or two isolated incidences, parent and toddler groups felt they could not participate in the research for a number of reasons; no child from a CLÁR region attended the parent and toddler group, there were not enough parents availing of the parent and toddler group to make up a focus group or the parent and toddler group were simply not interested in participating. However, the overall response rate was very positive and parent and toddler groups were very helpful and open to facilitating the research. They made considerable efforts to encourage parental participation and organize parental consent. There were only three cases where fathers attended the focus group. The remaining focus groups consisted entirely of mothers. While the research team made every effort possible to encourage fathers to participate it proved very difficult.

## **6.6 Data Collection**

The focus group schedule was informed by current literature and existing research on educational disadvantage and rural disadvantage. The analysis of material to yield relevant headline indicators which fed into the overall structure of the framework was also referred to in developing the focus group schedule. Fieldwork was conducted during May and June 2005 by the project researcher and four trained fieldworkers. Training for the fieldworkers took place in April over one afternoon. Fieldworkers were given a brief on interview ethics, the project background, progress to date, an overview of the focus group themes and interview schedules and an opportunity to discuss any issues /queries.

Each individual focus group was conducted by a moderator who oversaw the focus group discussion and a second fieldworker who recorded the sessions and took notes as necessary. Appointments were made at each of the ten locations at dates and times that were convenient for the parents. The majority of focus groups took place within the parent and toddler group setting or local Community Hall. On occasions where this was not accessible, the focus groups took place in nearby hotels.

Before each focus group took place, the moderator introduced participating parents to the background of the project, the purpose of the focus groups. All focus groups were recorded to ensure comprehensive compilation of information discussed. Parents were made aware of and were agreeable to this process. It was also stressed to the participants that the discussion called for their personal views and experiences and that the research team did not seek 'correct' or definite responses. The moderator facilitated the group discussion throughout and encouraged the participation of all parents throughout the session.

### **6.7 Data Analysis**

On completion of the field work, the tape recordings were transcribed and content analysis conducted. Researchers then grouped together common themes or trends based on response patterns from the transcripts and additional notes compiled by the field worker in each focus group. For each question, a number of common themes were developed which informed the overall construction of the framework. Six overall themes emerged (were evident) from the qualitative analysis of the focus groups, and are outlined as follows;

- Isolation – Of key concern to many parents, in particular mothers, was the idea of isolation that is common in dispersed rural settings. Mothers spoke of isolation not only in terms of geography (distance between neighbouring houses) but also the feeling of social exclusion that can often be experienced in rural areas. For example, the lack of contact both parents and children have with others outside the home. Parents felt this was certainly a contributing factor to positive child development.
- Accessibility – This was discussed in terms of lack of transport, poor infrastructure and poor street lighting. Parents discussed their concerns around safety issues both for parents and young children in areas where street lighting was poor and roads and pathways were of poor quality.
- Health/Nutrition – Parents are aware of the importance of good nutrition when it comes to very young children. However, overall parents felt that lack of available information on issues of child health and nutrition was common. Poor diet coupled with inadequate health checks also contributed to poor child development and wellbeing
- Parenting Capacities - This theme is concerned with the impact positive parenting can have on the development and education of young infants and toddlers. Lack of information resources or provision for parenting courses was highlighted as a concern among many parents. It was felt that whilst parents had a good grasp of the dimensions of child development, many suggested the importance of parent networks or parenting evenings at which parents could chat about any problems or

issues they may be having with their birth to three year olds, in an informal and relaxed manner.

- Rural Community Spirit – Building on existing community networks in the rural communities was seen as an integral part of supporting young rural children. The high level of family networks and neighbourhood networks amongst parents was very evident. Parents identified building on existing community structures as essential for positive community networks. Parents were aware of the impact positive community spirit can have on the social and educational development of very young children and their families.
- Access to Information – Parents acknowledged the importance of accessible information on issues of child development, health and nutrition and available local supports. However, such information resources were not easily accessible in any of the ten rural areas. Parents suggested that the Public Health Nurses could be a practical and viable information resource. Other suggestions were holding information days at local parents and toddler groups and telephone help lines offering advice and assistance to rural parents.

## **6.8 Conclusion**

The research design and strategy adopted to achieve the objectives of the study included a comprehensive literature review drawing on national and international research. This review coupled with data from the focus groups, yielded significant information and indicators associated with children and their families who may be at risk of educational disadvantage. Such information assisted in informing the content of the overall framework. The strengths of the focus group as an explorative research tool were also outlined. The varied opinions and experiences amongst rural parents resulted in fruitful discussions on common matters affecting rural parents and their families. A number of parents remarks included;

*‘Well the role of the parent would be everything. They are the primary educator’*

*‘A lot of parents get involved in the community through the school when children start going to school’*

*‘I think if you don’t access services before children actually go to national school, they are disadvantaged’.*

Analyzing the focus groups produced rich data on parents’ perspectives of the responsibility of the family and the community in combating educational disadvantage and contributed to the refinement of the framework to its current form. The overall literature review, evaluations of international and national interventions coupled with the data from the focus groups contributed to the development of the proposed intervention framework for birth to three year olds and their families that may be at risk of educational disadvantage in rural Ireland.

## CHAPTER 7

### FOCUS GROUP FINDINGS

Community social organisation, community structure and community cultural processes all impact on the physical, emotional and cognitive development of children and family wellbeing (Aber et. al, 1997). Community social organisation refers to the physical environment and community resources. Community structures focus on the community's informal networks including informal social networks between the family and within the wider community. Community cultural processes refer to the norms and values within a community for example, a community's perception of educational disadvantage or the level of community spirit evident in a community. As parents are considered a child's first educator, the stable and nurturing home environment has a significant influence on early development. In light of this, this chapter presents the findings from parent focus groups which took place in ten rural communities around the country.

The purpose of the focus groups was to gain insight into rural parent's understanding of child development and early educational disadvantage from within their communities. This involved their perceptions on the impact of the home and the community on the overall wellbeing of their child(ren). Factors of particular relevance to rural families were also examined such as community resources, public transport infrastructure, social networks and the concept of educational disadvantage amongst rural birth to three year olds.

The focus group data is analysed in the context of the Aber et al.(1997) framework of community and neighbourhood influences. This approach employs a structural-ecological model to understanding neighbourhood and community influences on child wellbeing. This framework also reflects Bronfenbrenner's ecological model of child development which has been a fundamental influence on the overall development of the framework. Whilst Aber's model is concerned with influences on child development at the macrolevel, one limitation is that it does not filter down into the home environment and the impact of family processes on child development. In this regard, aspects of Bronfenbrenner's model which focus on familial and home processes will be considered.

The detailed parent focus group schedule can be found in Appendix 3. A demographic profile of the total parent sample is located at the end of this chapter. It outlines a number of relevant family and community processes that can affect overall child development and wellbeing such as socioeconomic status, type of tenure and family composition.

#### **7.1 The Community Context**

Community factors such as the level of social networks and the availability of social supports and services can impact on child and family wellbeing. In this section we examine common community processes which parents highlighted as important influences on early child development.

### 7.1.1 The Physical Environment

The physical environment refers to all aspects of the physical environment which impact on a child's development such as housing density, population density and the physical structure of a neighbourhood. In discussing rural communities, parents were generally very positive and content about the environment in which they reside. Many parents emphasised the importance of the open spaces available for their children's play and recreational activities. Parents compared 'rural living' to 'city living' in this regard and there was a general perception amongst rural parents that the lifestyle in urban areas is too busy, there is a threat to children's safety and there is 'no sense of community'.

*City life is much faster. There is a lot more going on in city life...noise...pollution'.*

*'You feel more relaxed in a rural area than you do in the city'.*

Overall, parents agreed that rural birth to three year olds and their families have a better standard of living compared to those residing in urban communities. Perceived reasons for this perspective included more plentiful physical space, greater personal safety, healthier lifestyle and an overall better quality of life. The perception of rural life as 'relaxed' and 'easy going' was seen as important for both parents and children. Getting involved in farming activities such as feeding animals or planting fruit and vegetables was seen to help children develop a sense of appreciation and independence and was considered important by parents for early development. It was suggested that such rural experiences encouraged a harmonious relationship between children and the local environment, an experience parents viewed as very positive. There was a unanimous and positive belief amongst parents that the positive features of outdoor life, such as fresh air and vast open spaces engaged children in a more active and healthy lifestyle from an early age.

*'It's almost like living down here is like being on your holidays!'*

*'Even walking down the road.. a car might not come for eight hours'.*

*'They [ older children] are not tied up in tight spaces'.*

*'They go over to their uncles...there are big fields to play and farms'.*

Parents associated the plentiful physical space in rural areas with a sense of freedom which they felt to be a basic need for birth to three year olds. Allowing children the chance to explore and use their imaginations was seen as an integral part of their development;

*'I think we are quite lucky around here. We have the beaches and the open spaces.. They [children] have so much freedom'.*

Overall, most parents did not consider rural birth to three year olds to be more disadvantaged than their urban counterparts. Whilst the lack of services and access to available services was a widespread disadvantage, parents did not think that living away from the city is considered a disadvantage. On the contrary a number of parents felt it was an advantage;

*'I don't think it's a disadvantage to be fifty miles from the nearest city. I think living in a rural area is a possible advantage. You can feel more isolated sometimes living in Dublin'.*

### **7.1.2 Cost of Living in Rural Areas**

In discussing the cost of living in rural areas or the pressures facing rural parents, financial difficulties and the high cost of local services and amenities were persistently highlighted as problematic. For a number of rural parents, financial pressures were a source of family stress, which in turn can affect the dynamics of the family, (Carroll, 2002, Mc Keown, 2003).

Some parents felt that the high cost of living in their area is prohibitive and compounded by the limited number of services (e.g. there was only one supermarket in some small villages) and a resultant lack of competition. This lack of competition coupled with the high cost of fuel means food prices in remote rural areas tend to be much higher than elsewhere in Ireland. Such a situation places a strain on many rural families and impacts on their available funds for other basic amenities such as heating, clothing etc. Indeed, this risk, and often this reality is supported by national research which acknowledges that rural areas have higher incidence of poverty compared with larger urban cities and towns (CPA, 2005). Parents felt that an increase in the number of supermarkets in rural communities was necessary to bring healthy competition and improved choice and a consequential fall in the overall cost of food.

*'The cost of food is mad!'*

*'It is as cost effective for people here to drive to Derry or go across the border to stock up'.*

Many parents felt that the lack of competition moved food prices beyond their affordability, often leading to restrictions in their choice and impacting on the quality of food they can purchase. Whilst parents demonstrated an awareness of the nutritional needs of young children, limited financial means and high food prices often meant significant compromise around choice with many parents reporting a tendency to purchase 'junk' food over 'healthy', simply because the latter was not affordable to them. ;

*'They [professionals] speak about giving children good food but the price of food ... People can't afford it'.*

### **7.1.3 Health and Community Services:**

Parents frequently mentioned money as a barrier to accessing community and health services. A common concern amongst rural parents was the fact that many parents could not visit the local doctor regularly enough because of the high cost. This sometimes contributed to parental stress and worry over the welfare of their child(ren). The cost of General Practitioners was a major source of stress for the majority of rural families interviewed.



*'I think a birth to three year old cant tell you what is wrong with them and you cant afford to take the risk and I just think, you are the parent, you are in charge. You have to go to the doctor or the hospital. I think you are at a huge disadvantage in those early years. I think there should be free medical care..doctors or advisors'.*

In addition to restricted access to health services because of high costs, many parents also emphasised high costs as a prohibitive factor in accessing recreational activities such as the swimming pool, supervised playgroups, drop in crèches or the cinema, meaning their children often missed out on recreational activities and opportunities for social interaction with their peers.

*'Everything is so expensive. Just take going to the cinema, it's €11 and if you get a coke and popcorn, that brings it up to €16'.*

*'It would be nice if there were crèche facilities..Not even full time but a drop in service.'*

Whilst parents did recognise that a small number of crèches are subsidised by the state, they did not feel that provision was at a sufficient level to cater for all children.

Overall, parents appear to be very aware that there are both advantages and disadvantages to living in rural communities compared to urban areas. The physical environment, the open spaces, fresh air and an overall healthier standard of living was expressed by parents. Conversely, parents also acknowledged that the dispersed nature of many rural areas has resulted in higher prices for food, local services and basic amenities such as heating, petrol and clothing. This has inevitably lead to added pressure and stress for many rural parents.

#### **7.1.4 Community Resources**

Rural communities depend on social support services at local level, such as General Practitioners and early education services. Due to the declining rural population and the dispersed nature of many rural communities, it is rare that such services exist locally.

*'I think there is very little for kids under the age of five.. You can't go swimming unless you are a [club] member. There is nothing'.*

In this section a number of services deemed essential by parents were discussed including early care and education services, health services and commercial services such as supermarkets, shops and leisure centres.

##### **(a) Early Care and Education Services**

The majority of parents emphasised their concern over the lack of early care and education services within their communities. The importance of such services for birth to three year olds was recognised by all parents but particularly those parents (primarily mothers) who worked outside the home either part time or full time. The important role early care and education services can play in tackling educational disadvantage was also discussed, as was the opportunities it provides for social interaction and building relationships with peers.

The lack of funding and subsidisation of childcare were particularly pertinent issues amongst parents, especially in relation to the lack of investment and planning in rural communities. Parents often compared urban developments against rural developments in this regard and there was a perception amongst parents that the government does not consider rural areas in its planning and investment in community resources.

*'They [the government] seem to put the cart before the horse...They just deal with something when it becomes an issue'*

When questioned around the types of early care and education facilities currently available within their area, all parents mentioned the toddler groups over anything else. Much emphasis was also placed on the advantages of such services for parents and young children, particularly the opportunities they provide for social interaction and the development of good social behaviour amongst children. One parent described how her child's development advanced 'in leaps and bounds' once he began mixing with other children within the parent and toddler group.

*'Parent and toddler groups and playgrounds... They are the things that appeal to me at the moment because of the young age my kids are...'*

*'There should be a parent and toddler group in every rural area.'*

The overall importance of early care and education facilities to rural parents was very evident. Parents had strong views on what they expect from such facilities in respect of early child development and learning. Parents defined the encouragement of play, reading, sufficient toys learning equipment and interaction with other children as crucial elements of any ECCE service. Whilst such facilities do exist in rural communities, parents felt that there was certainly room for improvement.

*'I suppose you would like to think they [early care and education facilities] would bring on your child's development...That they weren't just put in a room with toys but that they were encouraged to play ...and maybe it would be monitored so that you weren't just dropping your child off and coming back three hours later and you wouldn't know what was going on. You would have an involvement in the activities basically.'*

However, despite parent's discussions on the benefits of ECCE services, it was also suggested by many parents that such services should only be used if parents are working or cannot find neighbours or family to look after their children. Indeed, it was suggested within two of the focus groups that the low number of childcare facilities actually contributed to 'better societies'. Generally then, the majority of parents placed considerably greater importance on the benefits of birth to three year olds being cared for at home;

*'I think in a rural society, we're perhaps a bit better because there's not so many crèches. We're all at home with our kids and I think its important for them to be in a maternal environment ..in their own environment and not shipped off to somewhere else.'*

Mothers in particular, felt strongly about their role in early child development and there was a belief amongst many of the mothers that having young children in crèches resulted in parents missing out on their child's daily activities and development, and even more significantly that childcare facilities cannot care for children like a mother or father can;

*'If you are not around as a parent to see them doing things it is very hard because no matter what anybody will do, no one will do it the way a mother will..'*

*'I think mothers are more tuned into the 'educational programme' of their children'.*

Whilst it would appear that the majority of rural parents praised the operation of local parent and toddler groups and also acknowledged the benefits of ECCE services (albeit with restrictions), there was an over-riding feeling amongst parents that more could be done specifically for birth to three year olds in rural areas. Despite the many benefits children derive from open spaces in rural areas, there was a unanimous consensus amongst parents from all ten rural areas on the significant need for an outdoor playground for birth to three year olds. A designated area where children can interact and socialise together out of doors was considered essential in all rural communities. There was also a consensus that playgrounds in rural areas added to a sense of 'community' and also facilitates parental interaction and networking.

*'Playgrounds in small rural villages and towns...that is very important'.*

*'Give us playgrounds..give us parent and toddler groups and we are sorted!'*

*'We have actually gotten into the car and driven down to Cavan just for the playground..We drove 15 or 16 miles just to go to the playground!'*

*'A playground is a huge advantage...it is a community thing'.*

(b) *Health Services* – In general parents felt that inadequate healthcare in the early years can hinder educational development and contribute to educational disadvantage. All parents voiced concern around the lack of health centres and health supports in rural communities. In general, parents were not happy with the services offered by General Practitioners, but particularly in relation to high costs, inaccessible locations and the lack of contact between General Practitioners and parents were persistent areas of frustration and concern amongst parents.

A number of parents proposed the subsidisation of health care for birth to three year olds, the establishment of 'one-stop' health centres with Public Health Nurses, General Practitioners and Community Workers as possible strategies to redress the current issues. They felt such provisions would improve the overall accessibility to health services which is currently hindered by transport problems and high costs.

*'It is the financial cost of taking a child to the doctor. In other countries it is subsidised up to a certain age..And I think it's ludicrous that for a six month old baby you have to go to the Doctors and hand out the full 'whack''.*

There were also suggestions to introduce a home visiting scheme where doctors would visit the child's home directly in cases where children were unwell. It was felt

that this would be particularly beneficial to parents who were not comfortable taking their children outdoors or parents who were hindered in accessing health services because of their remote location and/or lack of transport. The introduction of regular information days within local parent and toddler groups, where a Public Health Nurse would speak to parents regarding children's health and development and answer any queries parents may have in an informal setting was also proposed as a possible strategy to redress parent's limited contact with health services.

*'I think Public Health Nurses should come to the mother and toddler group and talk to us about child health and then it would give you a chance to bring up any queries.'*

In fact, many parents favoured this informal delivery of health services as felt it would reduce waiting lists, prove more cost effective and improve the overall health of young children in their communities. Parents felt that, for the most part, they were seeking information regarding child health and development rather than medical attention or medical advice, yet despite this, they very often had no choice but to go through the health centre or local doctor to receive information.

*'I think a lot of the time you feel like you are making something formal out of something that should be informal...Like you have to make it a medical issue and its not. Its just information that you are looking for'.*

The importance and the value place on services offered by public health nurses was widely recognised and acknowledged by rural families. Indeed, the Public Health Nurse was the most frequently cited source when parents were asked what services can impact on early development and how local services can be improved. Supports offered by the Public Health Nurses outlined by parents included health examinations, support for parents (in particular first time mothers), advice on health and nutrition and advice and encouragement to parents who may be feeling the pressures of parenting. These supports were seen as vital for rural parents and birth to three year olds.

*'Public Health Nurses get it touch with you. I've been here a year and a half and they send you a note saying you've an appointment for a development check for your kids which is great'.*

*'It is almost like the district nurse [the traditional name for Public Health Nurses] comes in when the baby is born and they know you almost need somebody to take account or take numbers and set up your child up for the future'.*

Parents also felt that Public Health Nurses played an important role in the prevention of educational disadvantage in birth to three year olds. Parents believed that if more public health nurse resources were available and better access to public health nurse services from the early postnatal check ups to the developmental checks, children in general would have less developmental and learning difficulties. However, despite the recognition and value placed on the work conducted by Public Health Nurses, it was felt that the services offered are somewhat restrictive in that there are no statutory health checks once a child reaches eighteen months until the commencement of formal schooling. However, Public Health Nurses are entitled to visit children and their families beyond this age. Again, when comparing rural and urban services,

parents felt that health services provided in remote rural areas were too limited and often insufficient when compared to larger urban areas.

As with access to doctors, difficulties of accessibility and availability of Public Health Nurses were frequently cited as a concern by parents. Even more detrimentally, many parents felt that Public Health Nurses were under-resourced and subsequently often confined in their abilities within their role due to their workload. Some parents felt that the under-resourcing in this area meant many rural birth to three year olds did not receive any check ups from the Public Health Nurses. Whilst this wasn't the case for any of the parents in the sample, parents were aware that it did happen on occasion.

*'The Public Health Nurses are over-stretched'.*

*'It doesn't have to be a medical issue but it would be great if only once or twice a year, you could put any questions you had. It would educate you as a parent'.*

*'Often the district nurses will just come and visit you and just take the details and you are left again by yourself. There is no one there to saying welcome and tell you what's in the area. But you are basically on your own'.*

However, despite the positive work of the Public Health Nurse, parents were not satisfied with the level of support offered by the health service overall. Suggestions to improve supports included an increase in the general number of public health nurses allocated to rural communities, more locally based public health nurses and establishment of a daily help line which parents could access with queries or concerns;

*'I would love to have someone I could ring up and say 'am I right if I'm doing this?'' Health Nurses are so overstretched and they can't handle it anymore'.*

*'You need a facility where they [Public Health Nurses or doctors] come to the house',*

One general concern in accessing social supports and services in rural communities is the poor public transport infrastructure in all rural areas. Such a disadvantage compounds difficulties in accessing local services, accentuates parental pressures and hinders opportunities for early learning, education and social interactions amongst young children and their peers. The distance and time required to local services (e.g. health services, recreational services), childcare facilities and even the nearest neighbour was considered a disadvantage for many rural families which often added to their sense of isolation and remoteness. The most pertinent and significant barrier to accessing such services was highlighted through all focus groups as lack of access to a transport.

*'If you don't have a car you are literally trapped'.*

*'We have to drive our kids or get a bus to get to the library. It is not like you can walk down the road and the library is there. You have to drive everywhere with them [the children]'.*

*'A disadvantage for the parents is they have to jump in the car to go anywhere'.*

*'In a sense, transport is a cause of educational disadvantage...We have to drive everywhere'.*

The poor public transport infrastructure in many areas often left families with little choice but to fund two cars, the cost of which was highlighted as a disadvantage and very often dependent on parental income. For families without a car, their sense of isolation was increased even further.

*'We are very lucky we have our own cars. If you couldn't afford a car you would be very isolated...you wouldn't have access to take them [children] to town or go swimming'.*

Whilst a large number of the rural areas within the sample had some form of public transport network it was felt to be insufficient and poorly operated. Parents acknowledged that adequate local supports within easy reach coupled with good transport networks would create better opportunities for rural families and ease the stress caused by isolation and remoteness.

*'There is a bit of public transport but you would have to be gone for hours to go anywhere.. It goes about half nine ..and you would be gone til six o'clock'.*

The social organization of rural communities plays a central role in creating a stable and integrated family environment. Providing secure communities and adequate community resources is critical for early development and child wellbeing. This incorporates social, educational and health supports to both rural birth to three year olds and their families. In dispersed rural communities, this can be difficult to achieve. Poor infrastructure, geographical location of local social supports and the high cost of living can hamper the social organization of rural communities.

## **7.2 Informal Social Networks**

What appears to be an integral feature of rural communities are the close ties rural parents develop with each other. Parents discussed the concept of the 'parish' and the importance of mixing with other families and the comfort in having familiar faces around;

*'I am from the Parish and know exactly who their parents are and who they are talking about. I know what is going on'.*

*'More and more parents are finding it difficult. They don't know how to parent because when our parents were growing up they had grandparents there and they had support networks where as now we are just completely left and suddenly you realize 'well what am I supposed to be doing?'*

*'I think in rural areas you realise with a child how unsupported you are. If there is a crisis, for example, and you have no one to take the kids'.*

Informal networks were felt to be important to parents, in particular mothers. Not having informal networks such as close family ties result in parents feeling

unsupported and feeling isolated from the community. Often parents stated that spending time outside the home, eased the pressures of feeling socially excluded.

*'The main pressure for me is not getting a break. Not being able to go out and having nobody there to take him [her child]'.*

*'I find myself working at making myself do things outside the home as much as I can with my limitations of being a mother'.*

Many mothers acknowledged the many advantages of parent and toddler groups. Knowing that there is a place for parents to go and meet other parents whilst their young infants interact with each other was invaluable. Many parents stated they were 'blow ins'<sup>4</sup> and had not lived in rural communities for long. The idea of parent and toddler groups really appealed with these parents and many argued that without them, their lives would be so different;

*'I think there is a need for 'blown ins' to try and meet other people'.*

### **7.3 Perceptions of Educational Disadvantage**

Parents were asked to discuss the factors which they felt were associated with educational disadvantage. Key factors outlined included limited opportunities for socialising and peer interaction, limited childcare facilities, poor parenting skills (such as a lack of attention and support for the child) and poor/irregular health checks. Many parents also felt that a low household income can also contribute to educational disadvantage.

*'I think that if they don't have access to services before children actually go to national school then they are disadvantaged'.*

*'It is an education thing with parents too. Parents need to be educated about the importance of birth to three year olds and then they need the money to access [services]. Otherwise they are disadvantaged'*

A number of parents felt that a lack of local childcare facilities and places where parents could socialise and network with each other impacted on the education of birth to three year olds. Parents argued very strongly for improved facilities in rural communities to develop children's learning skills and prepare them for the transition to formal schooling.

*'I think when you are in rural areas if there aren't any facilities for parents to socialise with or without the children, then that has a huge impact on their [children's] education'.*

*'It's crazy! If you are in a rural areas with a child birth to three years of age, forget about it...you are just left with your child...[They] get frustrated and become a problem child'.*

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<sup>4</sup> 'Blow ins' refer to people who have moved from the larger towns or cities to live in a rural community.

However, despite the emphasis placed on educational, developmental and recreational services for young children throughout the focus group sessions, a number of parents did not think birth to three year olds could experience educational disadvantage and were of the opinion that a child's education does not commence until the child begins formal schooling. Some interesting comments described how young children's development can be affected by family networks in the community.

*'Well birth to three year olds..I don't know... That's sort of the family bit. Like how the parents network in the neighbourhood' .*

There was, however a general consensus that without a supportive family environment and opportunities for children to interact with their peers outside the home environment, children may not develop or learn as quickly as those that have such supports available to them. There was also a recognition that the family environment is enhanced by opportunities for networking and information sharing.

#### **7.4 Perceptions of Child Development and Child Needs**

Parents were asked to define their understanding of child development and outline what they felt were the needs of and supports required by birth to three year olds to reach their full potential. Most parents defined child development in terms of how other children are developing and gauged their own child's development by comparison with other children's development of the same age.

*'You can pick up on areas where your own children are a bit weaker than others'.*

A number of parents defined their understanding of the concept of child development in terms of recognising the need to support children in achieving their full potential and support them in developing confidence and independence and improving their physical and mental growth. All Parents were aware that children under three years of age are constantly developing and using their imaginations.

*'Child development is developing all the skills that are needed for their growth and development ...developing from a child to an adult'.*

*'Progression from sleeping to crawling to walking to talking..'*

*'Their minds are developing the whole time..Particularly at that age' .*

In reference to the needs/supports required by children in terms of physical and emotional development, skills such as reading to their children, eye-hand coordination, crawling, feeding themselves and developing their social skills were frequently referred to. It is worth mentioning that the development of social skills, such as peer interaction and socialisation outside of the family were deemed to be the most important dimensions of early child development in all rural areas, but even more so in dispersed remote rural communities where *'live out in the middle of nowhere'*. It was felt that the development of such skills from an early age laid the foundation for later life.

*'Social skills would be important..That they get on with other people and like other peoples company..to be able to play with one another'.*



*‘Social skills is a big one...I know children who haven’t developed their social skills until later on and they find it very difficult to deal with other children and they want to fight with everybody’.*

One service which many parents considered essential for early development is the parent and toddler group. It is a service whereby both the child and the parent benefit and network/socialise with others, providing parents with an opportunity to interact with other parents, to socialise outside the home environment and to relax and comfortable and providing young children with an opportunity to develop a whole range of skills from learning to sharing with other children to developing language and coordination skills.

There were a variety of responses in terms of the perceived needs of birth to three including social skills, such as interaction with other children, playing games (in and out of doors), routine, parents love and support, and good health and nutrition;

*‘If I take them out of their routine, they get out of sorts and we all pay for it’.*

*‘Communication with others, mixing with kids their own age, communicating with the kids, talking to them , playing with them and encouraging them’.*

A number of community processes can influence early child development, for example the physical environment, the level of local supports and services and a community’s common beliefs and values system. A feature of the Aber model is the influence of community structures on child development. Community structures are concerned with local participation and social networks, particular informal networks between families. In the absence of proper transport networks, a considerably number of parents do not have access to social supports, both formal and informal. Community processes also impact on early child development and wellbeing. They relate to the common norms and values which knit a community together. This includes a community’s perceptions and ideologies on issues such as educational disadvantage, childcare and child development for example.

## **7.5 The Family Context**

Family processes can also have a profound effect on early child development and learning, for example, family composition, relations within the family and a family’s income. As the parent is often considered the primary educator, birth to three year olds are extremely vulnerable to processes within the family. In this regard, parent’s perception of their role in early child development incorporates many factors such as family networks, family composition and parenting capacity.

### **7.5.1 The Home Environment**

Overall, parents agreed that the home environment plays an important role in the development and learning of birth to three year olds. The importance of the home as a learning environment (in terms of parent’s influence within the home), where birth to three year olds develop basic skills and developmental ‘milestones’ was evident.

*The home is really important for birth to three year old or any child to feel secure.’*

*'Mine like to join in with things I do at home.'*

*'Teaching them to nurture and have good manners in the house is important.'*

*'I think a mother and father is so important to kids.'*

*'In our case the home is everything because they have never been to childcare.'*

*'I suppose if the home is happy, they [children] are happy. And they are bubbly and mischievous...I would imagine if its wasn't, they would be withdrawn'*

*'[Family] is the most important...they learn right from wrong...It's where they develop, learn to crawl or walk'.*

*'There is a lot to be learned around the house'.*

*'It [the home] is their main learning environment'.*

The strength of the relationships surrounding the child was also highlighted as important family process which influence on young children. Good quality parental relationships and positive relationships with grandparents were deemed to have a positive impact on even very young children. The importance of these relationships to the child extends to the idea of parents being role models for their children by setting a good example through relationships with a child's parents and grandparents which in turn helps young children develop relationships of their own in later life.

*'It is nice when my son sees the relationship I have with my mother or my husband...it helps him to develop his own [relationships]'.*

A longstanding characteristic of rural families has been the extended family. Whilst rural communities have undergone many challenges in moving away from old traditions, the extended family (grandparents, cousins etc) remain a central characteristic of rural families.

*'Yeah grandparents can be involved as well..Yeah it is very important to have grandparents.'*

*'And they [grandparents] have a huge amount of patience because they have been there and they haven't got all those chores that you have so they can actually listen a lot more then you can to the child.'*

### **7.5.2 Parenting capacity**

All parents regarded the family as the most influential in a child's life and all felt that they had primary responsibility for the wellbeing of their young children. Many parents believed the home environment is the first learning environment for children, particularly birth to three year olds and considered their role to be one of primary carer and educator of the child.

*'You have to make sure that your child is clothed, fed and is educated'.*

*'I think as a parent of birth to three year olds, you are educating them all the time'.*

In discussions around factors which parent's felt can impact negatively on children's early development, family stress (accentuated through inadequate local services and poor public transport infrastructures) were highlighted as common concerns.

*'It can be a disadvantage to stay at home...Particularly for parents. They have nobody to talk to'.*

### **7.5.3 Parental Needs and Supports**

Given that information resources are weak in rural areas means many birth to three year olds who have a learning difficulty or developmental delay are not being screened and are, so to speak, slipping through the system. Consequently, such children are not accessing social supports and in some cases may be entering the education system educationally disadvantaged.

One parent who works in the health service comments;

*'People in this area don't know what they are missing because they have never had it'.*

The majority of parents highlighted the need for increased support both formally and informally in rural communities. Formal supports included improved childcare facilities, such as crèches, parent and toddler groups and in particular, childminding (which appeared to be a preferred choice for those parents who regularly availed of childcare). Informal supports referred to access to regular babysitters.

*'I think it's important to have a babysitter you can call on. You know, just to get a break for yourself and your husband'.*

Developing social networks in small rural communities was considered a necessity for many rural mothers. Mothers felt the opportunity to interact with other mothers and discuss any concerns they may have would be hugely beneficial to them. Having someone to talk to *'who is in the same frame of mind'* was found to be difficult because of the remoteness of many rural communities, despite the comfort and security many parents felt it would provide. Parents commented that unlike urban areas, distance meant parents could not simply call next door to a neighbour or arrange to meet someone in the town accentuating a sense of isolation.

*'If you are in a rural area, forty miles from a major town then its harder again because you cant walk up town and meet people and communicate with people. You are on a country road and you have no one to turn to'.*

*'People who move into the area are completely isolated without social networks at all'.*

In this regard, parents discussed the need to address the problem of isolation and support in rural communities. Again much emphasis was place on increasing the availability of mother and toddler groups and networks to improve networking and

interaction opportunities amongst mothers and the wider community. One parent commented on attending the parent and toddler group for the first time;

*'I think it is just scary. When I first thought of going I was like 'oh my goodness I have to go down to this and what will it be like'. There is a natural anxiety that everyone has'.*

Other community resources parents felt were important for early child development and education were purpose built childcare facilities, local community halls, outdoor playgrounds and swimming pools;

*'The lack of facilities I'd say is the biggest disadvantage'.*

Overall, parents were supportive of the view that the improvement of local supports and informal networks would create a more cohesive and integrated community. While parents acknowledge the benefits of home visits for postnatal check ups, they felt that it did not solve the problems of isolation and loneliness and a number of parents suggested supports such as parenting courses or training courses that parents could access easily as a measure to reduce isolation and increase socialisation.

In assessing parents' needs and supports, one vital service which parents felt were under-developed within rural areas is that of the provision of information. The dearth of information resources was acknowledged by all parents and this was acknowledged as having an effect on their role as parents - if parents are not aware of the services available or important aspects of child development, it can impact on a child's early development and learning. Parents also felt that they may be 'missing out' on services because they are not accessible in their locality, for example, dieticians or paediatricians that may be accessed through the health services are often not reaching vulnerable or at-risk families.

*'Parents having a little bit of support...makes a big difference'.*

## **7.6 Discussion**

Both Aber's Framework and Bronfenbrenner's Model of Human Development place neighbourhood and family processes at the heart of early child development and learning. Both models consider many important dimensions to child development such as community supports, social networks, health and nutrition and parental involvement. At the apex of Aber's model are community structures and community resources. Without proper structures in place, communities often fail to provide supports to vulnerable families. Community structures extend to informal supports between families and neighbours, supports which families and children often rely on, on a daily basis. Evidence from the focus groups highlights the inadequacy and fragmentation of such supports within many rural areas. Decreases in population size coupled with poor infrastructure and inadequate local transport networks often means essential supports are not available to birth to three year olds and their families, or at the very least difficult to access. From the parents perspectives elements of rural communities which can affect overall child and family wellbeing have been identified as;

- Feelings of isolation – The issue of remoteness and isolation was prominent throughout the focus groups. Parents, (in particular mothers) discussed the risk of isolation in rural communities particularly for mothers who care for their children within the home. Parents spoke of a sense of a ‘loss of identity’ and feeling excluded from the community. This sense of isolation and exclusion often means that families are not accessing the local supports and networks which contribute to family wellbeing. Social exclusion can also contribute to educational disadvantage - early social, educational and cognitive development is enhanced by strong social networks, family ties and local supports. Without such processes, birth to three year olds may fail to develop necessary skills or develop difficulties in comparison to those children that have such supports.
  
- Lack of Transport/Poor Public Transport Infrastructure – inadequate local infrastructure, such as poor street lighting and footpaths, coupled with poor public transport infrastructure can increase isolation for rural families. Focus groups highlighted that for families who do not have access to a car during the day, there is often little or no contact made with people outside the home. Parents described the effects of poor access to public transport as inhibiting their access to essential services such as health clinics, shops or recreational activities for children. One parent told of the stress involved in taking her two year old to get shoes. The nearest shoe shop was 40 miles away and the long journey for both the parent and the child was very stressful. This parent argued that for something as straightforward as buying a pair of shoes involves much planning and takes up an entire day. Parents felt that an important factor contributing to early child development is that of social interaction with their peers. Developing social skills and relations within the wider community has a significant effect on a child’s social networks later in life.
  
- Health and Nutrition – Whilst parents felt that rural environment are generally healthier than urban areas (through open spaces, natural resources and more freedom), the health and wellbeing of birth to three years is often hindered by the lack of accessible local health services and poor information resources on child health and nutrition. Parents acknowledged the important role of public health nurses but also highlighted how under-resourced and over-stretched these services are and the need for greater support if these services are to be used most effectively. This includes easier access to public health nurses, increasing the supply of public health nurses in rural communities and overall, placing more emphasis on the benefits and values that public health nurses can bring to remote rural communities. Suggestions included increased home visits beyond the eighteen month developmental check up, utilizing public health nurses as an excellent information resource and introducing such services as telephone help lines which parents can access from their home on a daily basis.
  
- Community Spirit – For the majority of the parents in this study, the decision to raise their children in a rural community was generally considered a positive choice. The parents characterised rural communities as close communities with strong family ties. Whilst many parents discussed both the advantages and disadvantages of living in such close communities, overall parents felt more at ease in communities where everybody knows each other. This brought a sense of ease and security for parents with young children, who felt comfortable

letting their children out to play. A strong parent networks mean that parents knew who their children are socializing with. One parent described integrated rural communities as having a ‘protective spirit’ where parents look out for each others children, creating in safe and protected environment.

- Parenting Capacity – developing parenting skills was considered important to parents. Parents acknowledged the pressures in raising birth to three year olds in rural communities and the various ‘barriers’ that can often put children in rural areas at risk of educational disadvantage and developmental delays. Many parents consider the informal networks between neighbours and within families as an integral part of rural family life. In rural areas where local, formal supports are not easily accessible, informal networks are very important. Parents spoke about the value of parent and toddler groups in promoting social inclusion and the benefits to both parent and child. Parents argued that more supports need to be put in place which will provide rural parents with the information needed and the supports required to respond to the emotional, social and cognitive needs of rural birth to three year olds.
- The five factors summarised locate early child development within the community and the home environment. Parents concluded that all five factors impact on early child development and learning. Social exclusion caused by inadequate transport, lack of local services and the dispersed nature of many rural communities can affect the wellbeing of rural families and have a negative impact on early child development and learning.

Parents displayed a good knowledge in terms of child development and early learning. They are aware that from birth, a child is developing and learning constantly. Most parents understand that babies are learning from the moment they are born and even before and that babies that lack stimulation such as being read to, played with, or touched and held, may not develop as well as that of a baby who does receive such stimulation; and that what a child experiences from birth to age three can influence wellbeing later in life.

Parents often review the development of their own child by comparing them against how other children are developing. Overall, parents see the following factors as critical in promoting positive child development and enhancing the developmental needs of 0-3 year olds;

- Home – Happy, healthy supportive environment.
- Child – Social interaction with other children, developing social networks outside of the home and reaching different development milestones
- Community –Community resources, better funding and implementing a multi-agency approach to early child development. This would involve collaborations with the health system, the education system and the family in promoting child and family wellbeing.

The provision of locally relevant responses to early care and education needs in rural areas requires consultation at local level. Combating educational disadvantage in birth to three year olds also requires parental support and involvement if it is to meet the needs of local birth to three year olds. Parents were asked to identify elements of an

early care and education service they considered are important to their role as parents of young children.

In summarising what parents felt were important benefits and advantages to early care and education services and local interventions in their communities, parent's responses were twofold. On the one hand parents discussed elements of an ECCE service that would be important for them as parents. In response, parents noted that for parents:

- Improve and increase numbers of childcare facilities.
- Build on existing community spirit.
- Improve information services.
- Increase parent networks and parental involvement in ECCE at local level
- Improve resources for stay at home mothers.

In relation to the benefits of early intervention services for birth to three year olds, some important factors included increased opportunities for;

- Social interaction
- Stability in routine/structure
- Good nutrition/health
- Parent involvement in early care and education settings
- Physical and emotional development.
- Developing a level of independence.

Overall, the response to early child development and learning and families at risk of educational disadvantage does vary in rural areas. These variations depend on the local support structures and services, the level of social networks within the community and the degree of parental involvement at local level.

Policies designed to combat educational disadvantage amongst rural children will need to address a community's specific needs. Rural communities will also need training to allow all partners to contribute effectively, especially local development groups and parents.

In order to develop sustainability of interventions, effective work practices and capacity building will need to be developed to allow the regeneration of intervention services. There must also be a long-term commitment to sustainable regeneration at all levels of government. Most importantly, local initiatives must also be allowed to grow and find their own ways.

The greatest challenges facing rural families with children less than three years of age derives from the inequalities within each community, and especially from the low capacity of individuals to participate and benefit from local supports. Such disparities are, in addition to many others, the result of poor social networks, poor transport networks and the dispersed nature of many rural communities.

## **7.7 Demographic Profile of Parent Sample**

### **Introduction**

Appendix one provides statistical data on the demographic, social and economic characteristics for each of the ten rural District Electoral Divisions in which the focus groups took place. A profile detailing the population size, household type and composition, employment levels, socio-economic profile, educational attainment, transport structures and computer and internet services is detailed for each of the ten regions. However, this section outlines a summary of the total sample population.

### Marital Status

Marital Status	SAE	BMW	Total
Married	40.00%	38.00%	39.00%
Single	51.00%	51.00%	51.00%

In the SAE region 40% of people are married, a similar percentage is reflected in the BMW region at 38%, bringing an overall total to 39%. Just over half (51%) of the population in both the SAE regions and BMW regions are single.

### Ages of Children

Ages of Children	SAE	BMW	Total
0-4	7.00%	6.00%	6.50%
5-9	7.50%	7.00%	7.25%

Almost an equal number of children in both the SAE region and the BNW region are under four years of age, 7% and 6% respectively. Again an almost equal number of children are between five and nine years of age, 7.5% and 7% respectively.

### Family Composition

Family Composition	SAE	BMW	Total
Number of Family Units	1562	1628	3190
Family units with children	73.00%	72.00%	72.50%
Children under 15	35.50%	39.00%	37.50%
Children under 15 years living with father only	1.00%	0.05%	0.53%
Children under 15 years living with mother only	8.00%	5.00%	6.50%
Family units with youngest child 0-4	25.00%	23.00%	24.00%
Family units with youngest child 5-9	26.00%	17.00%	21.50%

Of a total of 3190 family units almost three quarters (72.5%) have children. Of those with children, 37.50% in the SAE region have children under fifteen years of age and 39% of family units in the BMW region have children under fifteen years of age. Almost a quarter of these family units have children under four years of age and one in five of these family units have children between five and nine years of age. Less than 1% of all children (in both SAE and BMW) regions live with fathers only, whereas 6.5% of all children live with mothers only.



## Childcare

Childcare	SAE	BMW	Total
Pre-family Couples	9.00%	15.40%	12.00%
Pre-school Couples	8.00%	8.00%	8.00%

Over one in ten (12%) are pre-family, the BMW region being much higher than the SAE region 15% and 9% respectively. In relation to pre-school couples both regions are equal at 8%.

## Employment

Employment	SAE	BMW	Total
Employed	50.00%	43.00%	46.50%
Unemployed	3.00%	5.00%	4.00%

Almost half of both SAE region and BMW region are in employment (46.5%) There is a slight gap between the number of unemployed with 3% unemployed in the SAE region and 5% unemployed in the BMW region.

## Labour Force Participation

Labour Force Participation	SAE	BMW	Total
Women in home duties	29.00%	35.00%	32.00%
Men self-employed in agriculture	46.00%	36.00%	41.00%
Men employed in agriculture as employees	4.00%	9.00%	6.50%
Women in professional services	34.00%	28.00%	31.00%

Over one third of all women in both SAE and BMW regions are engaged in home duties, the BMW has a slightly higher number at 35% compared with the SAE region at 29%. Over one third of women in the combined regions are engaged in the professional services, a slighter higher number in the SAE region at 34%, and 28% in the BMW region.

Over forty percent (41%) of men are self employed in the agricultural sector as farmers, the number in the SAE region is 10% higher than that of the BMW region. In the BMW region the number of men engaged as employees in agriculture is almost one in ten (9%) while for the SAE region it is almost half of BMW region at less than one in five (4%).

## Socio-economic Status

Socio-economic Status	SAE	BMW	Total
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Households with farming as main income	21.00%	12.50%	17.00%
Households with employers and managers as main incomes	19.00%	11.00%	15.00%

An almost equal number of households main income is derived from agriculture and as managers/employers. In the SAE region one in five are engaged in farming whereas in the BMW region it is just over one in ten (12.5%). Again this is repeated in the area of management/employers, almost one five in the SAE region with just over one in ten in the BMW region.

### Education

Education	SAE	BMW	Total
Males with primary level education only	28.00%	31.00%	29.50%
Females with primary level education only	22.00%	25.00%	23.50%
Males with second level education	43.00%	37.00%	40.00%
Females with second level education	43.00%	38.00%	40.50%
Males with third level education	11.00%	7.00%	9.00%
Females with third level education	15.00%	8.00%	11.50%

Almost one third (29.5%) of males in both regions have primary education, one in four (40%) have secondary education, whereas less than one in ten (10%) males have third level education. Less than a quarter (23.5%) of females have primary education, whereas one in four (40.5%) has secondary education and over one in ten (11.5%) have third level education.

### Means of Transport

Means of Transport	SAE	BMW	Total
People who travel by car (drivers and passengers)	53.00%	51.00%	52.00%
Walking	9.00%	15.00%	12.00%
Public transport	15.00%	16.00%	15.50%
Distance travelled - less than 4 miles	28.00%	46.00%	37.00%
Distance travelled 5-14 miles	14.00%	21.00%	17.50%
Distance travelled 15-29 miles	7.00%	8.00%	7.50%
People who travel less than 15 minutes	31.00%	50.00%	40.50%
People who travel over 60 minutes	3.00%	34.00%	18.50%

Over half of the people in both SAE and BMW regions use motor cars as the most popular means of transport for work and school, 53% and 51% respectively. More than one in ten (12%) walk, with a slightly higher percentage walking in the BMW region. Over one in four travelled for less than fifteen minutes and not surprisingly almost one in four travelled a daily distance of less than four miles. Almost one fifth travelled for over sixty minutes daily.

### **Accommodation Type**

Accommodation Type	SAE	BMW	Total
Household owner occupier	98.00%	96.00%	97.00%
Local authority accommodation	2.00%	1.00%	1.50%

Almost all of the population in both regions SAE and BMW are owner occupiers, this number is evenly distributed between both regions. As little as 1.5% live in local authority accommodation.

## CHAPTER 8

### THE FRAMEWORK

#### 8.1 Introduction to the framework

Educational disadvantage is a topic of considerable interest and research in Ireland, (Educational Disadvantage Committee, 2005). This project aimed to examine factors that are associated with educational disadvantage amongst those aged birth to 3. It is known that factors contributing to educational disadvantage can be present early in life and the early experiences of children have a profound effect on the later developmental outcomes of children. Drawing on national and international research the CECDE has identified as a priority the early identification of children at risk of educational disadvantage and their families in dispersed rural communities and has noted the assessment of need as an integral part of being able to intervene effectively.

Support for the development of this framework by the CECDE is both timely and innovative, given the level of public concern about the performance of the education system. Much research in Ireland has highlighted the fact that there are inequalities in educational achievements amongst different groups in Ireland and that this has dramatic consequences for the labour market careers of adults (Kellaghan et al., 1996; Combat Poverty Agency, 2005). However, little research has focused on the importance of the early years care and the role on infant development that can indeed begin in the womb. Child development in the first 3 years of life will have the most profound effect on positive child outcomes in the future. It has been highlighted that very little research in Ireland has focused in the birth to 3 year old age group. Furthermore, the extent of research on educational disadvantage in the early years in Ireland has predominantly focused on urban experiences. This project will concentrate on the rural context and dispersed rural families.

In addition recent debates in early childhood care and education have suggested that the practices of education and care cannot be separated when looking at young children. Similarly research suggests that the causes of educational disadvantage are multiple and that any framework which attempts to assess the causes must adopt a multidimensional approach.

This project was designed to assist in identifying indicators of risk of educational disadvantage among rural infants and toddlers and to identify strategies, processes and interventions to counteract this risk at individual, family and community level.

Specifically, the objectives of the project included:

- (i) The development of a framework to assess dispersed educational disadvantage among children of 0-3 years.
- (ii) The production of guidelines for using the framework
- (iii) The application of the framework in the context of existing early interventions in rural Ireland
- (iv) The generation of recommendations relating to the design of best practice interventions for families and children of 0-3 years in rural Ireland
- (v) The evaluation and refinement of the framework and guidelines
- (vi) Dissemination of the findings across the early years sector.

## **8.2 The Objectives of the framework**

This framework will be developed on two levels. It is firstly based on the identification of a series of risk and protective factors associated with educational disadvantage. Secondly, it will assess these risk factors through developing measures or indicators which can lead to educational disadvantage. Risk factors are known to increase the probability of negative outcomes in development (Aber, Gephart, Brooks-Gunn & Connell (1997)), while not all children who score high on risk factors will have poor educational outcomes, but the probability of poor educational outcomes is greatly increased by the presence and number of risk factors. Conversely protective factors moderate the effects of risk factors on development by buffering children from the most detrimental effects of risk factors (Aber et al. 1997).

According to Aber, Gephart, Brooks-Gunn & Connell (1997) risk and protective factors can be located in neighbourhood, interpersonal or individual processes. This framework looks at three different contexts for the development of risk factors; the child, the family and the community.

Aber et al. also noted that '*we must consider the critical issues of diversity in developmental pathways, contexts, processes and outcomes*' (1997:51) highlighting the importance of constructing a framework that is sufficiently flexible to take account of diversity that exists amongst the rural population of birth to 3 year olds.

## **8.3 Early intervention**

This framework is also concerned with early intervention. While the National Children's Strategy acknowledges the importance of appropriate interventions for children, the strategy suggests that there is an '*imbalance in service provision, leaning towards treatment rather than prevention. There will be a major expansion of preventative and early intervention services to ensure that issues can be addressed in a timely and more effective manner. It is evident from the consultation process that children and those working with them would welcome support for preventative and diversionary programmes*' (National Children's Strategy 2000:45). This framework represents one such mechanism.

## **8.4 The structure of the Framework**

The framework is based on a preventative model which is informed by our own research data and an extensive literature review on factors that affect child development in the early years and which may ultimately lead to educational disadvantage amongst birth to three year olds. The structure of the framework has three main headings; the visions, the goals and the indicators.

### *'The Visions'*

At the apex of the framework are three priorities or 'visions'. Each vision represents the three different contexts for the development of risk factors. These are represented by the child, the family and thirdly, the community. The visions reflect an illustration of how life should be for birth to three year olds and it is suggested that achieving all three visions will have a significant affect on the positive social, cognitive and educational development of rural birth to three year olds. The three visions are linked together and should not be viewed in isolation.

### *'The Goals'*

Sitting beneath the three overall visions are eleven goals. There are a number of distinct goals associated with each of the visions. It is recognised that each of the set of goals are an expansion of the specific vision. It is also understood that to achieve the overall vision, the relevant goals also need to be reached.

### *'The Indicators'*

The indicators are the backbone to the overall framework. The extent to which the goals are being achieved is indicated through a number of indicators. Again, each goal has a set of corresponding indicators. It is envisaged that applying the list of indicators to rural birth to three year olds and their families will assist in identifying those birth to three year olds and their families at risk of educational disadvantage and in need of early intervention.

VISION	GOALS	INDICATORS
<b>The Child</b>		
<b>1. Rural birth to three year olds will have an adequate standard of living</b>	A. Rural birth to three year olds are born healthy	Level of accessible information on pregnancy
		Number of public and private clinics
		Geographical location of hospital and maternity services
		% of expectant mothers accessing maternity hospitals
		% of expectant mothers accessing 8-10 antenatal check ups at each of the stages of pregnancy <sup>1</sup>
		% of babies born with low birth weight
	B. Rural birth to three year olds physical, health and developmental needs are met	% rural mothers accessing post natal care
		% of rural new born babies that have complete physical/development screening within 72 hrs of birth <sup>2</sup>
		% rural mothers who received Public Health Nurse home visit within 48 hrs of hospital discharge <sup>2</sup>

		% rural mothers & babies accessing post natal check up at 6 weeks <sup>2</sup>
		% rural birth to three year olds receiving developmental check up at 9 months <sup>2</sup>
		% rural birth to three year olds receiving developmental check up during 2nd year <sup>2</sup>
		No. of social contacts birth to three year old makes with other children outside of the home per week
		No. of social/leisure activities birth to three year old is participating in
		Levels of stimulation in the home (i.e. promoting child learning through encouragement)
	C. Rural birth to three year olds have access to appropriate ECCE	% birth to three year olds attending parent & toddler groups
		% birth to three year olds available accessing full daycare
		% birth to three year olds available accessing sessional daycare



VISION	GOALS	INDICATORS
<b>The Family</b>		
<b>2. Rural families will be enabled to support birth to three year olds by providing economic support, healthcare, wellbeing, education and social networks</b>	A. Rural birth to three year olds live in families where their basic needs are met	% of rural families below 60% of mean income level <sup>3</sup>
		% of rural birth to three year olds living in families with no household income
		% of rural birth to three year olds living with parent(s) with no qualification or primary level education <sup>3</sup>
		% of rural families with birth to three year olds headed by a single parent
		% birth to three year olds living with families with self employed agriculture as main household occupation <sup>3</sup>
	B. Rural families live in stable, decent housing	% of birth to three year olds living in privately rented accommodation
		% of birth to three year olds living in local authority rented accommodation
		% of birth to three year olds living in accommodation privately owned by parents
		% of birth to three year olds in homeless family units
		% birth to three year olds living in overcrowded accommodation <sup>4</sup>
		% of birth to three year olds living in accommodation with no adequate heating

	C. Rural families have access to reliable transportation	Household means of transport (If employed) Average distance travelled to workplace Average distance travelled to essential services <sup>5</sup> Public Transport network accessible to rural families with birth to three year olds Families with birth to three year olds with no car
	D. Rural birth to three year olds live in stable and nurturing family environments	% of rural parents with birth to three year olds who are availing/have availed of services for mental health problems
		% of rural mothers of birth to three year olds who are availing of/have availed of services for postnatal depression
		% of rural families with birth to three year olds accessing social welfare entitlements.
		% of rural families with birth to three year olds accessing social social support services.
		% of birth to three year olds who are read to daily by parent
		Levels of basic amenities in the home - food/nutrition, water, sanitation, safe play, hygiene and safety <sup>6</sup>

		% of rural parents of birth to three year olds who are afraid to let their children play outside due to concerns about crime and safety
		Distance/geographical location to nearest neighbour
		No. of contacts rural parents with birth to three year olds make outside the home per week (including extended family)
		Level of satisfaction with ECCE amongst rural parents of birth to three year olds

VISION	GOALS	INDICATORS
<b>The Community</b>		
<b>3. Rural birth to three year olds grow up in supportive communities</b>	A. Health services	No. of overall health clinics, General Practitioners, Hospitals in the community
		Geographical location of health services
		Population size served by Public Health Nurse in the community
	B. Education services	No. of overall ECCE services
		The no. of private early care and education services Vs the No. of community based early care and education services
		Geographical location of early care and education services
		No. of parent/toddler groups
		No. of parent education and recreation facilities
		No. of outdoor playgrounds
	C. Family Support Services	Geographical location/No. of available Family Support Services 7
		Geographical location/No. of available informal parent-to-parent support networks
	D. Commercial Services	Geographical location/No. of Banks
		Geographical location/No. of Credit Unions

		Geographical location/No. of convenience stores
		Geographical location/No. of supermarkets
		Geographical location/No. of Post Offices
		Geographical location/No. of libraries etc
	E. Secure and integrated neighbourhoods	Median neighbourhood income
		Crime rates in the neighbourhood
		Existence of Community Alert Scheme
		Number of public transport facilities
		High unemployment level
		% rural families with birth to three year olds who have neighbour/friend who can be called on in an emergency
		Number of places of worship

<sup>1</sup> Statutory antenatal care as outlined in '*Antenatal Visits in Ireland*', Information on Public Services, 2004

<sup>2</sup> Statutory post natal care as outlined in '*Postnatal Care for your Baby*', Information on Public Services, 2005

<sup>3</sup> Poverty and deprivation measures as outlined in EU SILK Survey, CSO, 2004.

<sup>4</sup> Local Authorities would define overcrowding as 'a house shall be deemed overcrowded at any time where the number of persons ordinarily sleeping in the house and the number of rooms therein either (a) are such that any two of those persons of ten years or more of opposite sex and not being persons living together as husband and wife, must sleep in the same room, or (b) are such that the free air space in any room used as a sleeping apartment for any person is less than 400 cubic feet - the height of the room, if it exceeds eight foot, being taken to be eight feet for the purpose of calculating free air space'.

<sup>5</sup> Essential services include shops, health services, Banks, Credit Unions, Post Offices, childcare services

<sup>6</sup> Deprivation measures used in the deprivation scales in '*The National Survey of Housing Quality*', CSO

<sup>7</sup> Family Support Services include home visiting schemes, Samaritans, AWARE, Barnardos, Family Resource Centre, Vincent De Paul, Money Advice Budgeting Service (MABS)

## CHAPTER 9

### CONCLUSIONS AND RECOMMENDATIONS

The research findings presented in this report offer an overview of current approaches and interventions aimed at combating educational disadvantage among rural birth to three year olds and their families. This overview is informed by an evaluation of international research and direct engagement with a sample of rural families in Ireland. When set in the context of international studies, many of the findings reported confirm existing trends towards identifying and supporting rural families that may be 'at risk' of educational disadvantage.

The findings from the focus groups and the international research provide the foundations for the overall assessment framework. The focus groups also provided rich insight into the current issues facing rural birth to three year olds and their families in Ireland today. The framework outlined in this report reflects the social, emotional, physical and cognitive development of young children and supports the view that a child does not experience disadvantage on his/her own but in the context of the family and the wider community.

#### 9.1 Findings

Fruitful discussions on current provision of local community supports and social support services provided insights into the barriers and impediments to healthy early child development and family wellbeing that many rural families are currently faced with. The research suggests that the rural parents consulted have a clear idea about what is needed to assist them in the bringing up of their young children. Key findings include;

1. New born babies need access to regular health checkups to ensure that developmental problems are detected and treated early. Overall parents had a good knowledge of child development and understood the importance of ensuring their birth to three year olds have regular health checks. There was also awareness that early detection of problems such as vision or hearing difficulties and delayed learning can be treated and improved if detected early.
2. Accessibility and availability of such services for rural birth to three years olds appeared to be limited. Central to this was the issue of transport. Transport networks were often poorly integrated and scheduled and there was seen to be an over reliance on private cars.
3. The importance of Public Health Nurses was widely recognised. Parents acknowledged that Public Health Nurses were overworked and under-resourced which, parents argued, has heightened the problems in health services in rural communities in recent years. The issue of accessibility and availability appeared time and time again in discussions on healthcare services.

4. The informal nature of Public Health Nurses in their approach to child and family health appealed to all parents. Parents made a number of suggestions;
  - Increase the number of Public Health Nurses in each rural area. Parents argued that the problem of Public Health Nurses being over-stretched was the large population area they were responsible for.
  - Develop the home visiting system. Parents, in particular mothers, highlighted the benefits of having the resource of home visits to parents and children living in remote rural areas.
  - To ease the pressure for many rural parents who are unable to access healthcare centres, it was suggested that Public Health Nurses hold informal 'information sessions' at the occasional parent and toddler group. Other parents who supported this stated that such information sessions could involve advice on health and nutrition, information on what health services parents can and should be availing of in their locality and offering encouragement to parents who may be feeling the pressure of parenting
5. The role of Public Health Nurses in relation to issues of educational disadvantage in birth to three year olds was recognised by parents. They believe that if more resources were available to Public Health Nurses responsible for postnatal check ups and developmental checks, rural children in general would develop less learning difficulties.
6. Parents acknowledge that the number and spread of services in rural areas is insufficient and limited compared to larger urban areas. They saw this as a wider issue of concern than just in relation to young children and argued that this issues needs to be addressed by the State and local government agencies.
7. In relation to early intervention services, rural parents feel it is important that services not only support rural children under 3 years of age but also parents of rural children under 3 years of age. Not only is it important to their parenting for parents to feel supported and encouraged but it is also important for parents to develop social networks within the rural communities they live in for themselves and their development. Examples of interventions to support parents included parenting courses, parenting information evenings and 'coffee mornings'.
8. Parents understood the value of early childhood care and education services. They saw the role of early intervention services for rural birth to three year olds as including the social and emotional benefits of interacting with other children and the development of learning skills.

## **9.2 Recommendations**

Apart from their contribution to the formulation of the Framework an important function of the focus groups has been their role in informing a number of specific recommendations. The recommendations are based on what parents acknowledged are important strategies which need to be addressed to improve the overall wellbeing of rural families with birth to three year olds. The recommendations are also in response to strategies to address the issue of educational disadvantage among rural birth to three year olds and their families.

1. Increase investment and planning in rural communities. Parents recommended that better resources need to be established in rural communities such as outdoor playgrounds, purpose built childcare facilities. In addition there were calls for improved transport networks and creative response to specific rural needs.
2. Strengthen the recognition of and investment in local parent and toddler groups. The benefits of parent and toddler groups extended to both parents and children as an informal environment to meet other families.
3. Develop links between the Public Health Nurses and local parent and toddler groups as a means of sharing information and discussing aspects of child development, health and nutrition. This would ease the pressure for parents who are unable to access healthcare services locally. In many cases, parents are not looking for medical assistance but rather information and advice.
4. Establish a telephone help line. Such a service could address the issue of access to healthcare information. Telephone help lines could be operated through existing services to offer advice and support to rural parents on a daily basis.
5. Establishing and/or improve mobile resources in rural communities such as libraries and childcare facilities. Such resources are available in some areas around the country and have been very successful. Such services could be located in remote rural areas and possible visit different rural communities on different days.

The sample of parents included in this study saw wonderful benefits to rural living. However, they felt that the specific needs of rural families, particularly in respect of their requirements as parents in contemporary Ireland, were often neglected. They welcomed the opportunity to discuss these issues at the focus groups and we are grateful to them for the time and interest they showed.



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## **APPENDIX 1**

### **SMALL AREA POPULATION STATISTICS**

## **Bantry, County Cork**

### **Population**

Of a total population of 3150 persons living in Bantry, there is almost an equal percentage of males (48%) and females (52%). Of the male population 57% are single and 36% are married. Similarly half of all females are married and one in three females are single. From a nationality perspective the majority of the population (86%) are Irish and 9.5% are from the UK.

### **Family Type & Composition**

In assessing family type and composition, there are 690 family units in the Bantry area, 27% are without children, the remaining 73% of family units having at least one child. Of these 31% of family units have children less than fifteen years of age and 20% of family units have children less than four years of age. Three quarters (75%) of all children live with both parents, 3% live with fathers only and 22% live with mothers only. In Bantry there are an equal number of pre-families and pre-school families at 9% each.

### **Employment**

In total 685 men are in the workforce, three quarters (75%) are employees and the remaining quarter (25%) are self-employed. As little as 2% of employees are engaged in agriculture and the highest percentage are employed in the building industry (22%). In the self-employed sector 13% are engaged in agriculture and 30% are in commerce. 5% of males are unemployed.

In total 553 females are in the workforce, 89% are at work as employees and 11% are self-employed. In the self-employed sector, 32% of females are in the commerce sector with zero percentage in agriculture. As employees 34% of females are at work in the professional services, with as little as 2% in agriculture. 2% of females are unemployed.

### **Socio-Economic Status**

In an analysis of socio-economic status of households, only 2.5% of households are engaged in farming. Non- manual work was found to be the most common means of household income at 18%.

### **Educational Attainment**

Almost a quarter of both males (24%) and females (22%) have reached primary level education. Over half (55%) of males have reached secondary education level, again over half (51%) of females reached a similar level. 17% of males reached third level education and 22% of females reached third level education.

## **Transport**

Over half (52%) of the population use cars as a means of transport, 63% of people travel less than four miles to work or school while 5% travel over thirty miles. Two thirds of the population spend less than fifteen minutes travelling to work or school while 2% spend over ninety minutes travelling to work or school. A relatively high percentage walk to work or school accounting for almost one third of the population. 4% use public transport.

## **Computer & Internet Services**

The majority of families in Bantry do not have access to either a computer or internet services. 44% of families have computers in the home, with 38% having Internet access.

## **Clifden, County Galway**

### **Population**

The total population of Clifden is 1929 persons, almost an equal divide of male and female, 49% males and 51% females. Over half of males are single at 53%, with 40% married. 45% of women are single, with 39% married. From a nationality perspective the majority of the population (76%) are Irish with 8% from the UK.

### **Family Type and Composition**

In assessing family type and composition, there are 400 family units in the Clifden area just under one third (30%) of family units are without children, with the remainder (70%) having at least one child. Of the family units with children, 40% have children less than fifteen years of age and 24% have children less than four years of age. Over three quarters (76%) of all children live with both parents, 2% live with fathers only, while 22% of children lives with mothers only. Of 400 families, over 9% are pre family, 10% are pre school.

### **Employment Category**

In total there are 400 males employed, almost two thirds (63%) are employees and over one third (37%) are self-employed. Within the employee sector, the highest category of employment is commerce at 20% and the lowest is agriculture at 3%. In the self-employed sector again the highest number are engaged in commerce at 24% and 15% are self-employed in agriculture. 8% of males are unemployed.

In total 342 females are employed, 83% as employees and 17% are self-employed. In the self-employed sector 36% are engaged in commerce and 2% in agriculture. In the employee category, 21% are in professional services, which are the highest single category and the lowest, is 2% engaged in agriculture. 2% of females are unemployed.

### **Socio Economic Status**

In an analysis of socio-economic status of households only 7% of households are engaged in farming. Non-manual was found to be the most common means of household income at 16%.

### **Education**

Almost one third (29%) of males completed primary level education, whereas 40% of males completed secondary level education, with 9% completing third level education. 22% of females completed primary level education, 38% completed secondary level education and 10% completed third level education.

## **Transport**

Over half (52%) of the population of Clifden use a car as a means of transport to travel to work, school or college, (32% as drivers and 20% as passengers). Almost a quarter walk (23%) to work, school or college, relatively few people use public transport as little as 10%. Over half (58%) travel less than four miles and 3% travel over thirty miles to work or school. 63% spend less than fifteen minutes travelling to work or school while less than 1% spend over ninety minutes travelling.

## **Computer and Internet Services**

Over half of households have access to a computer services (56%) and 41% have internet services.

## **Glenties, County Donegal**

### **Population**

The total population is 1465 persons, with an almost equal number of males and females, 52% female and 48% males. 55% of males are single, 40% are married. Similarly almost half (49%) of all women are single, and 37% are married. From a nationality perspective, the majority of the population are Irish at 87%, with 8% being from the UK.

### **Family Type and Composition**

In assessing the family composition, there are 348 family units, 30% of these families are without children, with the remaining 70% of family units having at least one child. Of those with children, 36% have children less than fifteen years of age and 24% have children less than four years of age. 82% of children are living with both parents, 16% are living with mothers only and 2% live with fathers only. In this area there are almost equal numbers of pre-school and pre-families 6% and 5% respectively.

### **Employment Record**

In total there are 228 males at work, over two thirds (71%) are employees, with almost one third (27%) are self-employed. The highest number of employees (36%) are employed in the manufacturing industry, with 13% in agriculture. In the self-employed sector, almost one in five are engaged in each of the following, building, manufacturing and commerce with 13% in agriculture. There is a significantly high number (17%) unemployed.

There are 184 females at work, 88% are in the employee category and 9% in the self employed category. In the employee category, 20% are in professional services and 2% in agriculture. In the self-employed category 23% are in manufacturing and zero in agriculture. 5% of females are unemployed.

### **Socio Economic Status**

In analysis of socio-economic status of households, the minority of households are in farming at as low as 3%. Manual skilled was found to be the most common means of household income at 15%.

### **Education**

Looking at males and females over 15 years of age, an almost equal number of males (43%) and females (40%) completed primary education. A similar pattern exists for second level education with males completing at 38% and females at 36%. Both males and females are at 4% in the area of third level qualifications.



## **Transport**

Over half (54%) travel to work by car, either as passengers or as drivers, 42% travel less than four miles and 8% travel over thirty miles. Almost half (48%) spend less than fifteen minutes travelling to work or school. Only 1% spend over ninety minutes travelling. Almost a quarter (22%) of the population of this area use public transport. 10% travel on foot.

## **Computer and Internet Services**

Over one third (33%) of households in the area have access to computers, 27% have internet access.

## **Doon, County Limerick**

### **Population**

Of a total population of 1210 persons, the population is equally divided between male and female. Of the male population 39% are married, 57% are single. An equal number of the female population are married (39%), 47% are single. From a nationality perspective the majority of the population are Irish (93%), with 6% from the UK.

### **Family Type and Composition**

There are a total of 289 family units, 21% of are without children, the remaining 79% of units have 2.2 children per unit. 25% of family units have children under four years of age, 57% of family units have children under 15 years of age. 86% are living with both parents, 2% live with fathers only, and 12% live with mothers only. Families living in Doon with pre-school children are at 9% and pre-families make up 6%.

### **Employment**

There are 289 males in the workforce in the Doon area. Over one third (34%) are self employed, with 66% as employees. In the employee category almost one third (28%) of men are employed in the building industry, with as little as 2% in agriculture. In the self-employed category, farming is by far the highest category at 52%. Unemployment for males is at 4%.

There are 183 females in the workforce, 94% as employees and 6% as self-employed. Of the employees almost half (48%) are engaged in the professional services, with less than one percentage (.5%) engaged in agriculture. In relation to the self-employed 18% equally are engaged in the following, agriculture, commerce and professional services. Unemployment for females is at 2%.

### **Socio-Economic Status**

In an analysis of socio-economic status of households, farming was found to be the most common means of household income at 17%. Manual skilled was the next highest at 12%.

### **Education**

A quarter of males (25%) completed primary education and one in five females reached a similar level. At secondary level, males and females are at an almost equal level of 53% and 51%. A small proportion reached degree level, males at 5% and females at 7%.

## **Transport**

In looking at transport issues, 67% of the population of Doon travel by car to work or school either as passengers or as drivers. 12% walk and 7% use public transport. Almost half (46%) of the population travel less than four miles to work or school, only 4% travel over thirty miles, almost half (46%) travel for less than fifteen minutes and as little as 2% travel for a time of over ninety minutes.

## **Computer and Internet Services.**

Over one third (33%) of private households in the Doon area have computer access and almost a quarter (24%) have internet access

## **Ballycroy, County Mayo**

### **Population**

Westport has a total population of 668 of which 55% are male. Of the male population 60% are single, 35% are married. There are a much lower percentage of single women, 39% while 41% are married. From a nationality perspective almost all of the population (93%) are Irish, 6% are British.

### **Family type and Composition**

There are 150 families living in Ballycroy, 27% are without children, the remaining 73% have at least one child. 22% of families have children under the age of 4. A quarter of families have children under the age of 15. In 89% of these the children live with both parents, 3% live with just their father and 8% live with just their mother. Of the families in Westport 22% may benefit from childcare services. This is made up of 7% who are defined as pre-family, 6% who are pre-school.

### **Employment**

There are in total 114 males in the workforce in Ballycroy, 59% as employees and 41% as self-employed. Of the employee category 27% are in the building industry and 12% in agriculture. Almost three quarters (74%) of the male self-employed are in the agriculture sector. 9% of males are unemployed.

A total of 63 females are at work, with 95% as employees and 5% as self-employed. Of those as employees, 37% are in the professional services with zero in agriculture, within the 5% of self employed, they are evenly distributed between agriculture, commerce and professional services. 1% of females are unemployed.

### **Socio-economic Status**

In an analysis of socio-economic status of households farming makes up almost a quarter (24%) of households, the next most common means of household income is unskilled at 13%.

### **Educational attainment**

The overall level of educational attainment among Westport residents is relatively low. The vast majority of the population ceased education at primary level, 62% of males and 55% of females. Another 28% of males and 32% of females completed secondary education. The figures for those completing vocational and tertiary education are also very low for both sexes, 6% and 4% respectively for men and 7% and 6% respectively for women.

## **Transport**

Most people (46%) living in Ballycroy use a car to travel to work/school (either as drivers or as passengers). Of the 28% who use public transport the vast majority take the bus. Another 7% walk. The average distance travelled by respondents was 10 – 14 miles, though 15% travel 1 mile or less and 20% travel more than 30 miles.

## **Computer and Internet Services**

The number of households with a PC is relatively low, only 18% and only 14% have internet access at home.

## **Castlereagh, County Roscommon**

### **Population**

Castlereagh has a total population of 2319 with the population equally divided between the sexes. Of the male population 55% are single, 40% married. Similarly for the female 46% of women are single and 39% are married. From a nationality perspective the majority are Irish at 83%, 17% were born either in the UK or overseas.

### **Family Type and Composition**

Of the 555 family units living in Castlereagh, 32% are without children, with the remaining 68% having at least one child and in just under half of these all the children are under 15 years. In almost a third of the families (30%) the youngest child was under 4 years. The vast majority of children live with both parents (82%), while 17% live with their mothers only and less than 1% live with only their fathers.

Local childcare services may already benefit the 9% of families with pre-school children and another 11% with early-school children. There are also 10% of pre-family units who may use such services in the future.

### **Employment**

Of a total of 539 males in the workforce, 69% are employees and 31% are in the self employed category. Within the employee category, the majority (34%) are in the manufacturing area, with less than one percentage in the agriculture sector. Within the self employed sector 31% are engaged in agriculture. 8% of men are unemployed.

Of 305 females are in the workforce, 90% as employees and 10% self-employed. Within the employee category almost one in three (30%) are in professional services. Within the self-employed sector 44% are engaged in commerce with zero women in agriculture. 5% of women are unemployed.

### **Socio-economic Status**

In an analysis of socio-economic status of households, only 10% of households are engaged in farming, the most common means of household income are employers and managers who make up one eighth of households.

## **Educational Attainment**

Just over a quarter of people in Castlereagh finished their education at primary level (27% for males and 21% for females). Almost twice as many left education at secondary level, 43% of men and 47% of women. Further training was completed by 17% of men and 15% of women. 8% of males and 10% of females went on to tertiary education..

## **Transport**

Over half (54%) of people in Castlereagh travel to work/school by car, only 4% use the limited public transport options available and one fifth (21%) travel by foot. The average distance travelled was 3 miles although 4% travelled less than 1 mile and 8% of journeys were more than 30 miles.

## **Computer and Internet Services**

Less than one third (28%) of the population have a computer and 75% of these have internet access.

## **Kilnaleck, County Cavan**

### **Population**

The total population of this area is 796, which is equally divided between males and females. Of the males 55% are single, 39% are married. Similarly, half (50%) of all females are single, and 38% are married. From a nationality perspective, the vast majority (86%) are Irish and 8% are from the UK.

### **Family type and composition**

There are 175 families living in the area and 141 (80%) have at least one child, the remaining 20% are without children. 22% of family units have children under four years of age. 40% of family units with children have children under 15 years of age. Of these 87% of children live with both parents, 4% with their father and 9% with their mother.

Families who may benefit from childcare services are as follows 6% are classified as pre-family, 9% classified as pre-school and 8% classified as early-school.

### **Employment**

There are 205 males in the workforce, 67% as employees, with 33% self-employed. Almost a quarter (24%) of employees are in manufacturing. One in five are working in agriculture. In the self-employed category 49% are in agriculture. 6% of males are unemployed.

There are 150 females at work, with 92% as employees and 8% self-employed. The majority (26%) of employees are engaged in agriculture. Within the self-employed 20% are in the commerce sector. 2% of females are unemployed.

### **Socio-economic Status**

In an analysis of socio-economic status of households, farming was found to be the most common means of household income at 18%. Unskilled were the next highest at 13%.

### **Educational attainment**

Of the male population over the age of 15, 27% completed their education at primary level and 38% at secondary level. Another 17% went on to vocational training and 7% hold a first degree or higher. Of the female population 20% completed only a



primary education, 36% left after or during secondary education, 21% completed further training and 11% went on to tertiary education.

### **Transport**

Almost half (49%) of the population travel to work or to school by car either as drivers or/and as passengers. A further 17% utilize public transport and 14% walk. The average distance travelled is between 3 and 4 miles although 18% travel less than 1 mile and 6% travel more than 30 miles.

### **Computer and Internet services**

Only one third of households own a computer, and less than a quarter (24%) have internet access.

## **Ardmore, Co. Waterford**

### **Population**

Ardmore has a total population of 156 persons, of whom 52% are male and 48% female. The majority, 59% of males are single, 40% are married. An almost equal number of females are married (41%) and are single (46%). From a nationality perspective, the majority (92%) are Irish, 4% are from the UK.

### **Family Type & Composition**

There are 37 family units living in the area, 65% of which have at least one child, the remaining 35% are without children. In 42% of families all children are under 15 years of age. 19% of family units have children under four years of age. All children under the age of 15 live with both parents.

Around a third of the families might benefit from childcare services as family cycle statistics show that 11% are in pre-family, 8% are in pre-school and 11% are in early-school phases.

### **Employment**

There are 32 men in the workforce in the Ardmore area, 44% as employees and 18% as self-employed. The highest single category within the employee area is 43% in the manufacturing industry. In the self-employed the single highest category is in the agriculture sector this accounts for almost three quarters (72%) of all self employed. Of males 5% are unemployed.

For females there are 22 persons in the work force, 86% as employees and 14% as self employed. The highest single category within the employees is 42% in the manufacturing industry and again it is in this category the highest numbers of self-employed work (67%). 4% of women are unemployed.

### **Socio-economic Status**

In an analysis of socio-economic status of households, farming makes up a substantial means of income for over a third (34%) of households, the next highest categories are manual skilled and non manual at 12% each.

### **Educational Attainment**

Just over a third of all males (38%) and just under a quarter of all females (24%) ceased their education at primary level. Another 42% of males and 47% of females left education after secondary school. 12% of males and 15% of females hold a vocational or non-degree qualification. A first degree or higher was obtained by 6% of men and 13% of females.

## **Transport**

Looking at issues of accessibility and distance, 47% of the population use a car to travel to work or school, either as a driver or passenger, 33% take the bus and a further 5% walk. Most people travel between 5 and 9 miles, although 14% travel only 1 mile or less and 7% travel more than 30 miles.

## **Computer and Internet Access**

Less than half (40%) of the population of Ardmore have access to PC's at home and 38% have internet access.

## **Kenmare, County Kerry**

### **Population**

Kenmare has a total population of 2672, with equal proportions of males and females. Of the male population 53% are single, 41% are married. Almost half (45%) of the female population are single, and 39% are married. From a nationality perspective, the majority of the population are Irish (71%) and 6% are from the UK.

### **Family type and Composition**

There are 473 families living in Kenmare and 70% have at least one child, the remaining 30% are without children. In 32% of families the youngest child is under 4 years of age and in almost half of the families (47%) all the children are under 15 years. Of the children less than 15 years of age, 86% live with two parents, 13% live with their mothers only and 1% live with their father only.

The family cycle statistics reveal that 32% of the families in Kenmare may potentially use childcare facilities. These include 54 families in the pre-family stage (11%), 53 families in pre-school stage (11%) and 50 families in the early-school stage (10%).

### **Employment**

Of 693 males at work, 71% are employees and 29% are self-employed. Within the employee category the largest group are the 15% who are engaged in commerce. This pattern is repeated within the self-employed category with the highest single category at 26% again in the commerce sector, agriculture is second at 21%. 3% of men are unemployed.

The total number of women at work is 512, 85% are employees and 15% are self-employed. A quarter (25%) of employees are engaged in commerce. In the self-employed one in five is in commerce with 3% in agriculture. 2% of women are unemployed.

### **Socio-economic Status**

In an analysis of socio-economic status, farming makes up as little as 7% of households means of income. Employers and managers are the highest singular category as means of income per household at 20%.

### **Educational Attainment**

Amongst the residents of Kenmare 18% of males and 17% of females completed only a primary level education. Around one third of both males (31%) and females (34%) finished schooling at secondary level. Of the male population 19% completed a vocational qualification and 17% hold a first degree or higher. Similar numbers of women achieved these qualifications 19% and 16% respectively.

## **Transport**

Half of the people living in the Kenmare area use a car for their journey to work/school. Public transport use is negligible, only 4%, however 22% walk. This corresponds with a very short average journey length, 1 mile. Just over 39% of the population travel one mile or less, another 22% travel between 2 and 4 miles.

## **Computer and Internet Services**

Of the households in Kenmare only 37% have computers and 32% have the access to internet.

## **Upperchurch, Tipperary North**

### **Population**

The total population of this area is 318, of whom 55% are male and 45% female. Of the male population 61% are single, 35% are married. Almost half (47%) of females are single and 45% are married. From a nationality perspective the majority of the population 95% are Irish with 5% born in the UK.

### **Family type and composition**

Out of the total of 73 family units surveyed in Upperchurch 20% are without children and the remaining 80% have at least one child. Almost one third (31%) of all children are under fifteen years of age. A quarter of families (25%) of family units have children less than 4 years of age. Among these 95% live with both parents and 5% with mothers only.

The family cycle data shows that 24% of families may benefit from childcare facilities. Of these 5% are pre-family, 8% are pre-school and 11% are early school.

### **Employment**

There are 89 men at work in this area, 53% are employees and 47% are self-employed. One in three are employed in the building industry, and 74% of the self employed are in agriculture. 3% of men are unemployed.

Of 40 females at work 90% are employees, with 10% as self-employed. In the employees 39% are in the professional sector, with a quarter (25%) in both commerce and agriculture. 3% of women are unemployed.

### **Socio-economic Status**

In an analysis of socio-economic status, farming is the main source of household income at 41%. The next highest means of income per household is unskilled manual at 14%.

### **Educational attainment**

35% of the male population finished their education at primary level, 43% finished at secondary level, 16% went on to further training and 5% hold a first degree or higher. Of the female population 30% completed their education at primary level, 40% at secondary level, 14% did vocational training and another 14% went on to tertiary education.

## **Transport**

Almost half of the population travel to work or school by car, 24% use public transport and a further 5% walk. Their average journey is between 5 and 9 miles although 22% travel less than 1 mile and 9% travel more than 30 miles.

## **Computer and Internet Services**

Over one third (34%) of households own a PC and 27% have internet access.

## **APPENDIX 2**

### **CONSENT FORM AND LETTER SENT TO PARENT AND TODDLER GROUPS AND RURAL PARENTS**





**Centre for Social and Educational Research  
Dublin Institute of Technology  
23 Mountjoy Square  
Dublin 1**

**Dear**

I am contacting you in relation to a research project which is currently running in the Centre for Social and Educational Research (Dublin Institute of Technology) in relation to early childhood education. The project is commissioned by the Centre for Early Childhood Development and Education, and funded by the Department of Education. We received your contact details from your local County Childcare Committee and hope you would be interested in becoming a participant

The project is titled **Early Assessment and Intervention in Educational Disadvantage** focusing specifically on 0-3 year old infants and toddlers from dispersed rural families. The research seeks to develop a Framework and Guidelines to assist in identifying indicators of risk of educational disadvantage among rural infants and toddlers and to identify strategies, processes and interventions to counteract this risk at individual, family and community level. It is our belief that this study must locate the development of the child within important life contexts and take account of impacting relationships and processes within the family, within the community and between the child, the family and the community. We are delighted your setting would be interested in participating in this project.

The research team have randomly selected a variety of Parent and Toddler groups within the Border Midland & Western Region and the Southern & Eastern Region. As mentioned, the help of the County Childcare Committees was sought in gathering the overall sample.

In order to become involved in the research we would hope that you will assist us in the following:

To make contact with parents of four families that would be willing to participate in a focus group discussion or face to face interviews in the areas of child development, educational disadvantage and the role of the rural community in early childhood care and education. The focus group or interviews would be a one off session lasting no longer than 1.5 hours and will be conducted in the local area. Ideally both parents/carers (or one parent in single-parent families) would attend. A normal focus group involves participants sitting down and interacting and discussing predetermined issues in a mutual setting (hotel, community centre etc.). Focus groups are an increasingly popular way to learn about opinions and attitudes and give a sense of what makes people tick and what is going on in the minds and lives

of people. According to the American Statistical Association, listening as people share and compare different points of view provide a wealth of information, (ASA Series, 1997).

Fieldwork is due to begin mid April. Exact dates and times have yet to be decided and we will be in contact with you to confirm dates and times etc.

If you are still interested in becoming involved in this highly significant and unique research project, please complete the attached form. Ideally what we are hoping is to visit your Parent and Toddler group on a day convenient to yourself. We would then hope to either hold a focus group discussion with those parents who attended the parent and toddler group directly after the group finishes. We think this would be more convenient to parents. If only a small number of parents attend the parent/toddler session on the particular day we visit, we think face to face interviews with one or two of the parents at the time would be more suitable. We would need to have a minimum of 4-6 parents to conduct a reliable focus group.

Also attached our 4 parent consent forms which we would ask you to distribute to parents of four families whom you think would fit the research profile and would be willing to participate. As the research has a rural disadvantage strand, we need to locate families from CLÁR regions or CLÁR catchment areas (designated rural disadvantage regions). Also we would be looking for families that have at least one child, but ideally two or more children, in the birth to three age group.

Enclosed you will find 5 stamped addressed envelopes (1 for yourself and one for each of the four families). Also enclosed are four letters and consent forms for the parents. We would ask that you complete the attached application form and return it to us by **as soon as possible but no later than April 29th**.

Please do not hesitate to call me on **(01) 402 7616** if you require further information. We look forward to hearing from you soon.

**Kind Regards,**

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**Laura Hanlon**  
**Lead Researcher, CSER**  
(01) 402 7616  
[Laura.hanlon@dit.ie](mailto:Laura.hanlon@dit.ie)



**Centre for Social and Educational Research  
Dublin Institute of Technology  
23 Mountjoy Square  
Dublin 1**

**Parent/Toddler Settings Participation Form  
Due: Friday 29<sup>th</sup> April 2005.**

**Name of Setting:**

\_\_\_\_\_

**Contact Person:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Average No. of parents attending a P/T Group:** \_\_\_\_\_

**Do you think it would be more convenient to hold the focus group/interviews directly after a parent/toddler session or in the evening time instead:**

**After P/T group**  **Evening time**

**Would it be possible to hold the focus group/interview at your premises?** **Yes**  **No**

## **APPENDIX 3**

### **FOCUS GROUP SCHEDULE**

## PARENT FOCUS GROUP SCHEDULE

**Introduction** – I want to welcome you all here today and thank you all for taking part. The format today will be that for the next hour or so we will be talking through issues around educational disadvantage and the development of 0-3 year olds in rural areas in Ireland. This is an informal and casual discussion so please feel free to speak as openly and honestly as possible. I would also ask that you try and speak one at a time as it helps with clarity when transcribing the audio cassettes.

1. Tell me your name and one thing that one of your children does to make you smile?
2. How many children do you have?

### **The Child**

3. I want to focus now on looking at what you as parents feel are the needs of young infants and toddlers on a daily basis. Maybe XX could start..

*Probes – Support, care, education, parental involvement, family/home environment*

4. As a parent, what do you see as important skills (E.g. capabilities, talents) for a 0-3yr old to develop?

Prompts – For example on a scale of importance.

5. How important would you rate time spent reading to your child, playing and learning with your child?
6. What do you think child development means?

### **Prompts – mental and physical development**

*Probes – Healthy, educated, emotional and support issues.*

### **The parent**

7a. You mentioned there the importance of time parents spend with their children; What are your views on the role of the parent in the development and education of 0-3yr olds?

*Probes – parent as primary caregiver, parent as primary educator, importance of family structure/composition i.e. how many are in the family.*

7b. [follow up question] What about the home. What role does the home have in teaching your 0-3yr old?

8. As a parent what do you think you can do to help your child's early development in the home?

*Probes - How important is the family in early childhood education?*

9a. There has been much debate on the issue of parental support when raising a young family. From your experience as a parent, what do you think are important needs for you in raising a young family?

9b. [Follow up question] Would you say there are pressures experienced in raising a young family?

*Prompts – work/home time management, financial pressures, stress.*

### **Education**

10. The educational disadvantage of rural children is the focus of this project. Could you explain what you feel contribute to educational disadvantage?

**Prompt – What are the causes of educational disadvantage – in particular your area?**

*Probes – household income, parental education, area they live in.*

11. When does education in children begin?

*Prompts - Primary School is recognized as the first point of formal education. However this is not the case for children as young as 0-3 years who have not yet entered the school system. How do you think then their educational and development needs are being met?*

12a. Do you have any views on how to tackle educational disadvantage in the early years of a child's life?

12b. [Follow up question] Do you have any views on how to prevent educational disadvantage in the early years of a child's life?

### **The Community**

13. There are many local areas that run various community based services that parents can avail of. What services are available in your area?

*Probes – What services are parents aware of or are using? Any barriers to services?*

14. So you mentioned there xx service, how do you think early childhood care and education services could be improved in your area?

15a. What would help get parents and families involved in the community?

15b. Explain to me what more can be done to use the community in working with you and your children?

### **Rural Area**

16a. I want to find out about the pros and cons of living in a rural area. First of all what are the benefits for a family living in a rural area?

16b. [Follow up question]. Are there any disadvantages?

**Intervention Services**

17. What is your opinion of professionals and community welfare/support services in supporting the child and the family?

*Prompts – Professional services meaning Doctors, Social Workers etc.*

18. What are your thoughts on whether or not early care and education services make a difference to the quality of your birth to three year old's life?

Prompts – For example, comparisons between the home and the community service?

**Closing questions**

19. Suppose a local early care and education service was being established in your area, what would be the important elements of the service?

**Prompts - What would entice you to enroll your child?**

To finish then I want you to consider everything we talked about today regarding child development and early care education services in your area. And what I want to do is try to sum up what you consider important ingredients in bringing about good wellbeing in your 0-3yr old.

Does anyone have anything else they would like to add?