

Children's
FOR IRELAND AND
Research
NORTHERN IRELAND
Network



CHILDREN'S RESEARCH DIGEST

April 2015

*Lessons learnt
on caring for
our children*

Volume 2 Issue 1



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Editorial

The title of a recent research report commissioned and published on behalf of Limerick Children and Young People's Services Committee asks the pertinent question 'How are our Kids' and we suggest that this special conference issue of the Children's Research Digest answers the question by providing a comprehensive overview of how we as a society rate in terms of caring for our children at the beginning of the 21st century. A selection of articles based on presentations made at the recent Children's Network for Ireland and Northern Ireland's annual conference on December 10th 2014 is included in this issue. The title of the conference 'Caring for our Children: Lessons Learnt – Informing Future Policy and Practice' prompts us to focus on the concept of 'caring for our children' and pause and consider what has been learned in the past with a view to enhancing the lives of children in Ireland in the future. In recent years we have witnessed a myriad of reports, inquiries and studies addressing how we have cared for our children, some of which have included recommendations on how we can improve. The conference addressed this from a variety of angles, with papers presented on the sub-themes of health, education and schools, early years, child protection, equality and research methods.

In the first article Helen Buckley and Caroline Nolan explore the role of child abuse inquiries conducted in Ireland between 1993 and 2010 and assess the extent to which their recommendations have been implemented. This provides a comprehensive overview of what has been learnt from the process of such inquiries and suggests future directions for policy and practice. This is followed with

insights into the experiences of the Northern Ireland Commissioner for Children and Young People (NICCY) in promoting children's rights and best interests. Alison Montgomery and Alex Tennant conclude that involving children and young people in research commissioned by the NICCY is integral to ensuring their views and experiences can effectively inform the development of policies and practices, which will ultimately shape children's and young people's lives. In the third article, Susan Kent, Galit Meir and Yael Leshem, consider similarities between the historical institutional care abuse as depicted in the Report of the Commission to Inquire into Child Abuse (2009) and possible occurrences of unreported abuse in the Ultra Orthodox Jewry (UOJ) in Israel. The authors suggest that there is potential for the lessons learnt from the Irish experience to beneficially and sensitively inform the UOJ's perspective and approach.

The critical area of children's health is the focus of the next two articles. Helen McAvoy and her colleagues in the Institute of Public Health in Ireland provide a summary of the review of the implementation of the Department of Health and Children's Breastfeeding in Ireland: A Five Year Strategic Action Plan (SAP) (2005), which highlights the on-going challenges in implementing a systematic approach to embedding breastfeeding as a priority across the health services and as a cultural norm. . . Honor Nicholl, Carole King, Thelma Begley, Aileen Lynch and Catherine Tracey present the findings of an exploratory study, which suggests that parents of children with rare conditions find the internet a useful source of support and would value the creation of an Irish specific purpose website for children with rare conditions.

The concluding three articles focus on key issues for children in the early years. Carmen Frese, Mark Ward and Antje Röder highlight the challenges experienced by new Irish families in providing childcare and investigate the relatively recent phenomenon of transnational grandparenting. Máire Hanniffy and Michelle Millar describe an innovative Draw and Tell methodological approach to eliciting children's perceptions of school readiness and meaningfully including and valuing children as participants in research. The final article in this issue by Nóirín Hayes is timely and judicious in advocating for the professional status and identity of those educating our youngest children to be recognised, supported and enhanced.

While a number of the articles in this issue chronicle a range of indefensible failures by society in relation to caring for our children, they are also a testimony to the commitment of that same society to learn from the past and provide enriched childhoods for all of our children in the present and for the future.

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Acknowledgements

We are very grateful to everyone who participated in bringing this special conference issue of the Children's Research Digest to fruition. The editors would like to thank all the authors who contributed, the members of the Editorial Committee and the reviewers for their time and patience. Special thanks are due to our graphic designer Leanne Willars who has brought life and colour to the issue. We are also grateful to the Children's Research Network Executive, its chairperson Orla Doyle and administrator Marian O'Dea for their on-going support.



Recommendations from child abuse inquiries and their impact on policy and practice

Helen Buckley and Caroline O Nolan

Introduction

This paper is based on a research study, commissioned by the Department of Children and Youth Affairs (DCYA) in 2013. It had two principal aims, the first of which was to ascertain if the recommendations of five major inter-familial child abuse inquiries held between 1993 and 2010 had been implemented. The second aim was to develop a template for devising recommendations that would be most likely to be implemented and achieve the outcome intended. It was intended that this study would thereby contribute to the conduct and value of future inquiries and inform policy generally in the area.

While it had been generally presumed up to this point that inquiry recommendations make a contribution to the formation of social policy, that assumption had never been examined in detail to prove its validity. Between 1993 and 2010 twenty-nine child abuse inquiries were published in Ireland (an unknown number were conducted but unpublished) and had, between them offered 551 recommendations. Many of the recommendations proposed local or national policy changes. Given the amount of reform in the child protection and welfare sector over the past decade, it might now be legitimately asked if a critical mass of policy recommendations had been reached. The study sought to address that question and propose a fresh approach for inquiries.

The study

To provide a context for the study, a search was made of relevant documentation, including policy reports, official documents, Oireachtas proceedings and internal memos. The five reports on which the first question was based were examined. These were the Kilkenny Incest Inquiry (McGuinness, 1993), Kelly – A Child is Dead (Joint Committee on the Family, 1996), the West of Ireland Farmer Case (Barton, 1998), the Monageer Inquiry (Brosnan, 2009) and the Roscommon Child Care Case (Gibbons, 2010). In addition, written material on the process and structure of inquiries as well as their role and function in public policy in Ireland and elsewhere was reviewed. It was noted that while inquiries primarily set out to determine the facts and to learn from what happened, other functions include the provision of catharsis, allaying of public concerns and the restoration of trust in the public sector (Sulitzeanu-Kenan 2010; Burgess 2011). Debates on the utility of child abuse inquiries were analysed and revealed that while the opportunities for change and development that they created were acknowledged, unintended consequences tended to flow from their establishment, not least of which were the personal trauma experienced by the professionals involved in the individual cases, and the defensive practice that could follow (Butler & Drakeford, 2005; Munro, 2011; Mackie, 2012).

As part of the literature review for the study, the evolution of the child protection system was traced revealing the relatively minor importance attributed to child maltreatment in the 1970s compared with its current prominent position, with a concurrent expansion in regulation and proceduralisation.

To set a context for the research questions, the recommendations made by the five inquiry reports cited above were scrutinised and a number of overlapping themes became visible. These included suggestions for improved vigilance and identification of children at risk, better inter-agency cooperation, record keeping and protocols for improved management. Changes in legislation were recommended in a number of reports, including the introduction of mandatory reporting and an amendment to the Constitution reflecting children's rights.

As well as the literature search outlined above, the other methods used for the research were semi structured interviews and some informal consultations. The interviews were held with 21 'elite' interviewees who had been close to these inquiries either as team members or policy makers. The latter group included retired and current health board/HSE managers as well as retired and serving senior civil servants who had held responsibility for implementation of recommendations. In addition, consultations were held with twenty one informants, most of whom were employed in the public sector, who were able to provide additional information about the status of more recent recommendations. The interviews were recorded and transcribed and the transcripts thematically analysed. Member checking was carried out by sending draft sections of the final report to participants whose quotes were being used, for their approval and consent.

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Findings

When asked about the value of inquiries generally, interviewees accepted that in certain circumstances they were inevitable and considered that they have become embedded in public policy and part of the child protection terrain. Some participants were philosophical about this fact while others commented about the repetitive and predictable nature of reports and outcomes, suggesting that a more constructive approach might be to focus on learning rather than constantly demanding policy change.

Establishing whether or not recommendations from the five reports had been implemented proved quite complex, particularly as some had been made in inquiries (e.g. Kelly Fitzgerald and the West of Ireland Farmer case), which were commissioned by individual health boards and therefore were primarily of local rather than national relevance. The research found that so much change had ensued since these reports had been published, that much of their impact had ‘washed out’ in the interim and it was not possible to assess whether the recommended practice changes were fully operationalised at the front line. However, the impact of the Kilkenny Report, the first major inquiry in Ireland proved to be significant and even though some recommendations had taken up to 20 years to implement, they had been comprehensively addressed. The timing of this report could be said to have been serendipitous in that it came at a time when there was both space and appetite for reform. Major structural changes had already been set out in legislation and a political ‘champion’ in the form of the then Minister for Health Brendan Howlin was prepared to usher in change. This report was viewed as a ‘watershed’ and a ‘game-changer’ which ‘almost defined an era’.

Later reports elicited less commendation, particularly when similar recommendations were repeated and in some cases, implementation was still underway. Addressing the question of which type of recommendations were most likely to be implemented, participants offered a number of insightful responses reflecting the political nature of public service reform. It was suggested that ‘if a minister was particularly interested’ or ‘if it has the ear of somebody

in the department’ a recommendation was more likely to ‘get legs’. It also appeared that some recommendations reflected matters that had been on the reform agenda for some time, the operationalisation of which had been delayed because of political inertia or lack of funding. The implementation of the Child Care Act 1991 was cited as a case in point; it had been enacted since 1991 but by the end of 1992, just 16 of the 79 sections had been implemented. A further trigger was required to expedite reform and this came in the form of the Kilkenny Report implementation. Following the publication of the Kilkenny Report the previous allocation of £3 million for child protection services was increased to £32 million, which provided the necessary resources to operationalise the provisions in the legislation. Difficulties in achieving change and what a HSE manager called the ‘heroic resistance’ put up by some sectors were identified as obstacles to implementation.

If recommendations were considered more ideological than practical, (described by a former health board manager as ‘delightful aspirations’), they were considered less likely to be effective. It was also suggested that while the country had not been ready at the time that some reports were published to embrace their more challenging proposals, such as enhancing children’s rights, the ideas became more acceptable as time passed and other social changes took place. While later reports received a more formal response in terms of implementation plans with identified time lines, official interest in some of the earlier ones was time-limited. One of the most effective methods of monitoring implementation was where opposition parties kept matters live by challenging

ministers during Dáil question time, but as time went on and administrations changed, political concern waned.

The research drew a distinction between addressing and implementing recommendations, the former being where matters became the subject of discussion and inclusion in proposals and further reviews and the latter being where the identified reform reached fruition.

The value of recommendations

Findings from this research have indicated that while the recommendations of earlier inquiries, particularly the Kilkenny report, have acted as mechanisms for positive change, they have now become too numerous, predictable and repetitive and are of less significance in the context of so much recent change. It was suggested that the benefits from inquiries have become subject to the law of diminishing returns and the capacity of the child protection system to withstand the unlimited expectations of reform is now more or less exhausted. Quality assurance is a relatively young concept in Irish public service but has emerged in different forms over the past decade, including the implementation of the Health Information & Quality Assurance (HIQA) standards in child welfare and protection. None of these systems existed when the inquiries under study in this research were commissioned and it was suggested that they have now partly obviated the necessity to rely on the inquiry mechanism to highlight weaknesses in the system. It was considered timely to re-evaluate the process of constructing workable and beneficial recommendations.

A fresh approach to making recommendations

In keeping with the second aim of the research, the development of a new method of drafting and disseminating recommendations, the study proposed a forward looking method as opposed to the backward looking method formerly applied. It was suggested that the new approach should be collaborative, involving a consultative approach from the outset of the inquiry process.



The purpose would be to provide the inquiry team with local and expert knowledge to generate evidence and prevent the recommendations from being unduly biased by the values and perspectives of the inquiry team.

It was also proposed that consultation would enhance mutual understanding and feasibility. By promoting ownership, it could potentially reduce the negativity and resentment that sometimes follows inquiries. The study suggested a protocol for the conduct of reviews, and a template for drafting recommendations.

Suggested protocol

It is suggested that an advisory group, drawn from a range of relevant disciplines, should be formed at the outset of an inquiry with the purpose of providing expert advice. Written submissions should also be invited from relevant stakeholders. Draft recommendations should be discussed in an open forum such as a workshop, and following finalisations, the inquiry team should be involved in a series of briefings in order to disseminate findings.

Proposed template

The acronym CLEAR was proposed for the template, consisting of five elements as follows: Case for Change, Learning Oriented, Evidence Based, Assign Responsibility and Review. Making a Case for Change involves identifying issues that need modification and outlining the consequences should no change occur. This element also recognises that many common problems are cultural in

nature (Walshe, 2003) and need professional 'buy-in' if they are to be addressed effectively. Ensuring that recommendations are learning oriented involves highlighting lessons for practice and promoting the transfer of learning through practice guidance and research. Evidence based recommendations will flow from identification of deficits in policy and practice revealed by the inquiry and should demonstrate knowledge of the context in which they are to be implemented as well as the potential for their effectiveness.

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It is suggested that recommendations should clearly assign responsibility to specific disciplines, directorates or organisations and identify leaders to carry responsibility for coordinating and overseeing implementation. Finally,

the recommendations should be amenable to review, which means that goals and expected outcomes should be intrinsically clear in the content of the proposed action.

Conclusion

The essential message from this study was that the inquiry model operated in recent times, whereby numerous recommendations for policy change were made by a single inquiry panel, has largely come to the end of its useful life. The outcomes from the field research imply that inquiry recommendations need to be fewer in number, to have a clearer focus and to be more in synchrony with the real life operation of the system. The objective needs to shift from prescriptive policy change to learning within disciplines and across organisations. Adoption of the collaborative protocol and template proposed

by this research should assist in lowering the sense of blame experienced by managers and practitioners involved in inquiries and the promotion of a sense of ownership should assist in the production and ultimate implementation of workable and effective reform.

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Promoting children's rights in Northern Ireland: the work of the Children's Commissioner

Alison Montgomery and Alex Tennant

Introduction

This paper reflects on the experiences of the Northern Ireland Commissioner for Children and Young People (NICCY) in promoting children's rights and best interests and considers examples of research which has contributed to effecting change and improvement in children's lives. Finally, it identifies key gaps in provision for children and young people and issues which require a more effective response from Government.

'NICCY' was established under the Commissioner for Children and Young People (NI) Order 2003. The legislation outlines NICCY's primary aim, which is to 'safeguard and promote the rights and best interests of children and young people in Northern Ireland' (The Commissioner for Children and Young People (NI) Order 2003). This includes children and young people up to the age of eighteen, or up to twenty one in respect of children who have experience of care or a disability. Children's rights and best interests are therefore paramount considerations in determining how the Office carries out its work, and the 2003 Order requires NICCY to have regard to any relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC). The Office also has a reporting role to the UN Committee on the Rights of the Child in its periodic examination of the UK and the devolved institutions' compliance with the UNCRC.

The Office has a range of statutory duties and powers which include keeping under review and providing advice in relation to the adequacy and effectiveness of law, practice, and services for children by relevant authorities. It also has the power to provide assistance to a child (or their parent/guardian), in making a complaint to a relevant authority, and to undertake investigations, again with respect to relevant authorities. Five teams support the Commissioner to carry out her work; Policy and Research, Legal and Investigations, Participation, Communications and Corporate Services.

Increasing awareness of children's rights

Looking back over the ten years since NICCY was established, there is now a greater awareness of children's rights amongst children and young people, parents, professionals, politicians and the media, and importantly, what rights mean in reality and how their realisation can improve children's lives. NICCY has engaged with government departments, statutory bodies and agencies and the legal profession in a variety of ways to promote a greater understanding of the UNCRC and of the duty on government to ensure children can access these rights. This has included providing detailed advice on key policy proposals, presenting evidence to NI Assembly Committees during their scrutiny of policies and legislation and convening events to explore critical children's rights issues. It is encouraging to witness more government departments referencing the Convention and their associated responsibilities. In a recent consultation on paediatric services, the Department of Health, Social Services and Public Safety in NI (DHSSPS) recognised its responsibility in ensuring that its recommendations were: "...consistent with the relevant Articles in the UNCRC", while the current Justice Bill proposes an amendment of the aims of the youth justice system to fully reflect the best interest principle (DHSSPS, 2013, p.25, Justice Bill, 2014, 37/11-15, cl 84 (3)(a)). The Department of Education also took account of the UNCRC in guidance issued to schools regarding pupil participation in June 2014, referencing Article 12 at the outset and ensuring that the principle informed the aims and objectives of the Guidance (DE, 2014).



Ensuring effective government delivery for children and young people

Since its inception, NICCY has sought to monitor, advise and, where necessary, challenge Government to ensure it delivers effectively for children and young people. In 2008, we published a joint report with the Office of the First Minister and deputy First Minister (OFMDFM) and the Department of Finance and Personnel (DFP), which clearly demonstrated the disparity between the amount spent on a child's personal health and social care in NI with other parts of the UK (Economic Research Institute for Northern Ireland and Institute for Fiscal Studies, 2008). This scrutiny of public spending on children was followed with another report in 2014, commissioned by NICCY from the Centre for Effective Services (CES), which examined how budget allocation may be tracked down to actual expenditure on children (Sneddon, 2014). A current collaborative study is gathering information on spending on children's services, specifically the proportion allocated to early intervention programmes.

Linked to the Office's concerns about public expenditure on children and young people is the potential impact of welfare reform proposals on child poverty levels. In 2007, 22% of children in NI were living in relative poverty before housing costs – a similar figure to the rest of the UK. Since then, the UK figure has dropped to 17% while in NI it has remained steady at 22%. Recent analysis is predicting a rise in relative poverty for children to 31% by 2020, the year by which UK and NI politicians had committed to eradicate child poverty (Browne

et al., 2014). There is a plethora of research which demonstrates how poverty devastates children's lives - impacting on their home life, education, health, leisure activities and overall life outcomes. Therefore NICCY believes it is a matter of urgency that the NI Executive works together to actively tackle poverty affecting families and children.

NICCY's Legal and Investigations team has been involved in numerous legal cases over the last eight years, including two cases which addressed children's rights in the European Court of Human Rights - the first time a Children's Commissioner has had such interventions permitted by the Court. A comprehensive Child Rights Review was completed in 2004 and then updated in 2008 (Kilkelly et al., 2004, NICCY, 2008). These reviews assessed the state of children's rights in NI against the framework of rights in the United Nations Convention on the Rights of the Child (UNCRC). A wide range of issues were examined including family life, health, education, youth justice and play and leisure. Both reviews continue to inform NICCY's advice to Government and are widely used by other stakeholders. NICCY also regularly engages with Ministers, Members of the Legislative Assembly (MLAs and special advisers to discuss a wide range of issues affecting children and young people). Some of the areas addressed in recent years include shared education, case management reviews, guardianship for separated children, and child sexual exploitation. In 2014, NICCY, in collaboration with the Law Centre in NI, successfully influenced the Human Trafficking and Exploitation Bill, part of which sought to provide a guardian for trafficked children. The two organisations advocated for this provision

to be extended to all separated children. The Bill was amended accordingly and received royal assent in January 2015.

Promoting children and young people's participation and inclusion

In many respects, children are experts in their own lives and should be involved in decisions affecting them. However, in reality, children and young people can feel marginalised or ignored and be subject to negative stereotyping by communities and the media. Government policy and legislation can also marginalise children. A stark example is the NI Executive's Programme for Government commitment to develop age discrimination legislation relating to Goods, Facilities and Services. If under eighteens are not covered under the proposed changes to the legislation, they will not be protected by law if they are discriminated against in the provision of goods, facilities and services (GFS) on the basis of age. For example, children and young people will not be protected if they are unlawfully discriminated against on the grounds of their age when accessing health and social care services, or if they are refused entry to facilities, for example, a shopping centre or leisure centre, because of stereotypical negative attitudes about their age. While it had been assumed that the legislation would introduce measures to prevent discrimination for people of all ages, it has become clear that there is no agreement amongst NI Executive Ministers to include children and young people in this legislation, due to issues of emerging capacity and the need for protection. Working with the Equality Commission (NI), NICCY commissioned a legal report to demonstrate that children and young people should be included in this beneficial legislation and indeed, ironically, that their exclusion could result in them being discriminated against because of their age (Allen and Masters, 2013). Our understanding is that the NI Executive has, however, decided not to progress this legislation within the current mandate.

Children have also been overlooked in the development of policy and legislation in relation to the proposed Welfare Reform Bill.



The Equality Impact Assessment (EQIA) of the proposals noted that although ‘the majority of households affected by the policy will have children’, a proper assessment of the data and research with regard to the impact on children under the ‘Age’ category was not completed. Instead, the EQIA focused solely on direct recipients of benefits and did not take account of the considerable impact of the proposals on children (DSDNI 2011). In response, NICCY commissioned research on a child rights’ impact assessment regarding the Bill, which has been employed in subsequent engagement with the NI Assembly and NI Executive (Horgan and Monteith, 2012).

Ensuring that children and young peoples’ voices are effectively heard is essential and there has been some progress in this matter as government departments and agencies seek to demonstrate their commitment to participation. However, research commissioned by NICCY last year found that engagement with children was potentially limited, and there was little evidence of their views being taken into account by government departments and agencies (Keenan, 2014).

The need for children’s rights legislation

The findings from the research into children and young people’s participation, referenced above (ibid 2014), correspond with the outcomes of an earlier study which used the UNCRC General Measures for Implementation as a standard to assess how effectively Government was delivering for children and young people (Byrne and Lundy,

2011). The research identified significant delays in the development of strategies, limited participation of children in their development and in the implementation of strategies and action plans, a lack of transparency with regard to budgets and a significant problem in ‘joining up’ government in relation to funding, strategic planning and implementation. The report’s findings are consistent with the ongoing experiences of NICCY where too often the response provided to a child reflects existing administrative arrangements rather than their unique needs, rights and best interests.

Due to current budget constraints, government departments are focusing primarily on delivering their statutory responsibilities, and many important services for children are under threat. NICCY is strongly convinced that legislation is required to properly implement children’s rights in NI. This should include ‘direct’ incorporation of the UNCRC, that is, making the Convention legally enforceable, as well as ‘indirect’ incorporation, which would place a statutory responsibility on Government in relation to the General Measures of Implementation. This would require Government to ensure that all those working with children understand how their work affects children’s rights and best interests, and that every policy and piece of legislation in NI affecting children and young people is subject to a Child Right’s Impact Assessment. There will also be a need to ensure that accurate, up-to-date data is collected about every aspect of children and young people’s lives and that

children are at the centre of service planning and delivery. Also every government department and agency will have to work beyond ‘silos’ to co-operate in delivering services and support for children and young people. Furthermore, it means determining how much is spent on children’s services, and ensuring adequate, appropriate and accountable budgeting (Byrne and Lundy, 2013).

In undertaking all of this work, access to relevant, up-to-date research is vital in supporting the Office to determine where there are breaches of children’s rights and in monitoring how Government can deliver more effectively for children and young people. Commissioning high-quality research has enabled NICCY to access expertise in specific issues affecting vulnerable children and young people, and to speak with authority when providing advice. Involving children and young people in such research and ensuring their voices are heard is vital and integral to ensuring their views and experiences can effectively inform the development of policies and practices which will ultimately shape their lives.

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Secrecy versus disclosure of child maltreatment: Similarities in the religious communities of Ireland and the Ultra-Orthodox Jewry in Israel

Susan Kent and Yael Leshem

Introduction

TACHYwe (Transnational Academic Careers in Child and Youth Welfare) is an EU Tempus project that brings together students, professionals and professors from Germany, Ireland, Israel, Italy and Russia. A recent meeting in Trinity College Dublin (2014) focused on common challenges in child welfare. Immediately, similarities were noted between the historical institutional care abuse as depicted in The Commission to Inquire into Child Abuse (CICA) commonly known as The Ryan Report in Ireland (2009) and possible occurrences of unreported abuse in the Ultra Orthodox Jewry (UOJ) in Israel.

Specifically, the rabbinical governed UOJ is similar to the practices seen in the latter end of the last century under the Roman Catholic Church in Ireland. Similarities were found in the reluctance among the religious communities in Ireland and Israel to disclose abuse and to involve the state's authorities. Such involvement of secular authorities was typically perceived as a threat to the tradition of the communities.

It is hoped this collaborative enquiry will promote change of a culture where the secrecy of abuse is allowed to thrive under the governance of religious orders

The purpose of this paper is to highlight similarities and differences between the two countries. The Israeli and Irish students in the group explored new perceptions of these social issues. Of note was the lacuna of data on this issue, and especially on the cultural norms that guide communities to deal with child welfare issues within these communities. Conflicts arise regarding the role of Rabbis versus state service providers and traditional versus civil law. As actions are required to bridge the gaps and enhance collaboration between religious authorities and the state, it is hoped this collaborative enquiry will promote change of a culture where the secrecy of abuse is allowed to thrive under the governance of religious orders.

The Commission of enquiry into Child Abuse (CICA) in Religious Institutional abuse: also known as The Ryan Report (2009)

Professor Eoin O'Sullivan from the School of Social Work and Social Policy, TCD, summed up the findings of the Ryan Report (2009) in the TACHYwe project for the benefit of the international students (O'Sullivan, 2014). He viewed the institutionalisation of children from the nineteenth century as a response to a major social problem in Irish society. The inquiry took ten years and spoke to 1,500 inhabitants of reformatory and industrial schools. These institutions were owned and managed by Christian religious congregations. The Ryan Report (2009) also notes that there was little variation in

the beatings experienced by residents within the existence of the institutions. Further exploration shows that although sexual abuse was present for girls it was endemic for boys. The main objective within the institutions was to avoid public disclosure of the abuse and to protect the perpetrator. Powell, F., Geoghegan, M., Scanlon, M. and Swirak, S., (2013) further suggest that the Irish State should also bear responsibility.

Changes were occurring in Irish society at the end of the 20th Century. A change in attitude developed, partly through the help of the media, towards disclosure of such abuses. Society became aware of these abuses through investigative journalism. Societal attitudes towards the Catholic Church and its authority changed. Denial of the events by the church, state, society and even families led to many sufferers experiencing traumatic lives, suffering from mental health issues and emigration as a form of escape from this society (The Ryan Report, 2009).

Who are the Ultra-Orthodox Jews ('Haredi')?

The Haredi are a religious orthodox community that strictly follows a religious lifestyle, guided by the laws and commandments of the 'Halakha'. According to estimations, the group consists of approximately 637,000 people = ~8.8% of Israel's population. UOJ normally reside in separate 'Haredi' communities. There is no available data on the 'Haredi' population; therefore data is usually obtained through examination of settlements with high portions of Ultra-Orthodox Jews (Hanani, 2010).

Although the OJ are usually mentioned as one homogenous group, there are actually various religious movements. Each movement has a different behavioral code based on different interpretations of the 'Halakha' – given by the leader of each community- the Rabbi (Shor, 1998). The family unit is highly valued by the UOJ and is solely responsible for the inter-generational transition of tradition. This includes the education of the children and instilling a profound respect for parents by the children (Shor, 1998).



There is a system of mandated reporting in Israel according to which every citizen is obliged to report on any suspicion of harm inflicted to a child by a person responsible for the child (Schmid and Benbenishty, 2011). One welfare system serves all sectors in Israel, including non-Jewish communities. That said, there is a growing recognition of the need for culturally- sensitive interventions for the various populations coexisting in Israel's society (Attar-Schwartz et al., 2011).

Accordingly, several models were developed in past years for training and interventions in the UOJ society. There is however, a lacuna of data on children at risk from the UOJ sector. Existing data reveals a relatively high percentage of UOJ children known to the welfare departments (probably due to high fertility and poverty rates), but also low rates of reported cases of child maltreatment in UOJ localities (Attar-Schwartz et al., 2011).

The low rates of reported cases of child maltreatment in Ultra- Orthodox communities in Israel can be explained in several ways. Without the evidence it is difficult to discern whether there are fewer cases or fewer reports on child maltreatment. If we were to focus on the latter assumption then the low rates can be explained as a result of the isolation of the Ultra-Orthodox society from the general population; the negative perception of state intervention into the UOJ family; the rabbinical authority being perceived as superior to state authority; the centrality of the family; the different approaches practiced by professionals to abuse and neglect and the lack of social services and social work resulting in their practice being 'blinkered' (Shor, 1998; Bilu, 2000; Goldstein and

Laor, 2007; Buchbinder and Shoob, 2013). The main challenges are therefore, creating ways to work in collaboration with the UOJ religious interpretation of the Torah, which appear challenged by the work of the community social workers (Kadman, 2010).

How may the Ryan Report findings display similarities to Ultra Orthodox Jewry?

From the reading of the Ryan Report and the limited available Hebrew papers, what is seen is that there are similarities in the cultural and societal approaches to child abuse. A selection of points of significance is:

- Both countries allowed the religious orders to practices within closed societies detached from the secular population.
- There was a culture of avoiding public disclosure of child maltreatment at all costs.
- There was insufficient enquiry when suspicions were raised in Ireland and in contemporary Israel. This was collaboratively the responsibility of the State, academia, media, religious orders and society.
- Both the Irish religious orders and the UOJ religious orders appear to practice a law separate to the State law. No enforcement of State law appears to override the rabbinical and the then religious authorities in Ireland.
- In Ireland the common law of 'reasonable chastisement' still exists, although legislation that allowed parents use

corporal punishment was repealed fifteen years ago. Ireland has come under scrutiny from the UN Committee on the Rights of the Child (2006) and other international bodies over this issue. In Israel Guttman et al., (2009, p.1187) offers that UOJ and Israeli Arabs 'tend to support corporal punishment for children'.

- For both societies the absence of legislation has also rendered the child's voice as silent. The referendum on children's rights passed in 2012 (currently awaiting legislation) will address this in Ireland.

What did Ireland do?

Ireland has attempted to address the findings of the Ryan Report (2009) by creating new legislation (Children's First National Guidelines, 2005; Children's Referendum, 2012) and child agencies (Department of Children and Youth affairs, Child and Family Agency – TUSLA; Ombudsman for Children) to protect children and also allow children to be human beings in our society rather than human becomings.

Figure 1: The processes that allowed Ireland to address the findings from the Ryan Report



What can Israel learn from Ireland?

By considering similar approaches to the Irish approach and to prevent the potential for escalation of these similar concerns, Israel can learn from the Irish mistakes. They could enforce the Israeli law on Reporting Child abuse. Open discussion and transparency through education can begin to address this issue. We as professionals, who work with children in either country, need to learn the cultural backgrounds and sensitivities of the communities that we work and live in. Both cultures are now enriched with a diversity of peoples. We need to engage with disciplines that are exploring the taboo areas. There must be transference into practice of the findings of academic research and enquiry. Many areas of social marketing have found routes to address this topic and integrate it with the rabbinical educational approaches as seen in other OIJ communities internationally (Boehm and Itzhaky, 2004; Davis, 2013).

Exploration of this area will highlight the sensitivity around the issue that many of the perpetrators were victims themselves (Devi, 2005). There is an onus on professionals and practitioners to explore issues of relevance in the area of child abuse to develop literature from an Israeli context. It is expected that the collaborative practice shared in the TACHYwe project, will encourage international colleagues to create, through research frameworks and models of therapeutic care, culturally specific models for practice.

Sanctions imposed on perpetrators and supports offered to both victims and perpetrators are unclear

Where to go from here?

As identified further exploration and research is needed. The evidence from an Irish experience is now prolific and from an Israeli perspective, much of the research is developing from universities and from practice, albeit at a slower pace. Research is also being undertaken in large UOJ populations outside of Israel such as Brooklyn (Davis, 2014). The UOJ community needs support to facilitate them in addressing this issue particularly without jeopardizing the credibility of the religious teachings. Recent work carried out by some rabbis and UOJ researchers in addressing the issue, needs to be disseminated and demonstrated to rabbinical authorities (Shor, 1998; Schmid and Benbenishty, 2011). Integration of this information with the teachings of the Torah must be developed (Freund and Band-Winterstein, 2013). It is apparent that a separate law to that of the State may be in operation. The issues of sanctions imposed

on perpetrators and supports offered to both victims and perpetrators are unclear. Shor (1998) also suggests a link between perpetrators of abuse having once been victims themselves.

As a result of this collaborative process, we have commenced

the exploration and dissemination of this issue. This will be further debated at the TACHYwe conference in April 2015. Further work is on-going on the development of a literature review of this particular aspect of child abuse and gaps in knowledge are being identified. All professionals engaged in

preparing students for work with children need to explore this aspect of social work to address the religious communities. This type of sensitivity and understanding is also transferable to other religious communities and cultures.

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Lessons learnt from a review of the implementation of breastfeeding policy in the Republic of Ireland

Helen McAvoy, Noelle Cotter, Olga McDaid, Joanna Purdy and Teresa Keating

Introduction

In 2005, the Department of Health and Children published Breastfeeding in Ireland: A Five Year Strategic Action Plan (SAP) setting out five overarching goals, eighteen objectives and forty four actions to provide for more effective promotion, support and protection of breastfeeding. This paper presents findings from a review of the implementation of the SAP carried out for the Health Service Executive (HSE).

Methods: A mixed methods approach was used.

Table 1. Overview of methods used in the review

Phase	Output	Methods
1	Assessment of the policy landscape in Ireland – past and present.	Key learning was extracted from published national and international policy reviews.
2	Assessment of progress towards the high level targets of the SAP.	Documentary review assessed progress with information systems and staff appointments. Data analysis of the National Perinatal Reporting System (NPRS) and Growing Up in Ireland Longitudinal Study of Children (GUI) was conducted to assess breastfeeding rates. The national Baby Friendly Hospital Initiative (BFHI) co-ordinator provided data on hospital involvement in BFHI.
3	Assessment of the functioning of National Breastfeeding Strategy Implementation Committee (NBSIC)	Documentary review and interviews with NBSIC members.
4	Assessment of progress in terms of the 44 actions in the SAP.	Objective measures of progress were sought - documentary evidence of developments in policy, resources, research and practice allied to the actions. Subjective measures of progress were attained through a process of structured engagement: <ul style="list-style-type: none">• Sixteen interviews with lead agencies named in the SAP.• Online survey with identified stakeholders (n = 312 of 460 approached).
5	A literature review of the evidence for what works in the promotion, support and protection of breastfeeding.	A rapid review focussed on evidence from systematic reviews and Irish studies.

Key findings

Phase 1: Assessment of the policy landscape

Reviews of the implementation of breastfeeding policies were considered (Health Promotion Unit, 2003; Dyson et al., 2006; Gossrau-Breen et al., 2010). A national nutrition policy and a national maternity policy were notable as absent elements of the wider policy architecture in Ireland.



Phase 2: Assessment of progress towards high level targets of SAP

Table 2. Progress with high level targets of SAP

Target: Data collection	Findings
Comprehensive, accurate and timely infant feeding data collection system to be developed in co-operation with the Programme of Action for Children, and form part of an overall child health information system.	The child health information system was not developed.
Target: Breastfeeding rates	
<p>A sustained increase to be achieved in the overall national breastfeeding initiation rate of at least 2% per year, with an increase of 4% per year for socio-economic groups 5 and 6.</p> <p>A sustained increase to be achieved in the overall national breastfeeding duration rate of at least 2% per year, with an increase of 4% per year for socio-economic groups 5 and 6 – measured at 3 or 4 months of age, at 6 months of age and at one year.</p>	<p>Over the term of the SAP (start 2005 to end 2010) breastfeeding on discharge from hospital/48 hours after birth increased: ‘Any breastfeeding’ rates (the sum of exclusive and partial breastfeeding) increased on average by 1.1 percentage points per year falling short of the target of a 2 percentage point annual increase. Exclusive breastfeeding increased on average by 0.3 percentage points per year falling short of the target of a 2 percentage point annual increase. (See Figure 1. and Table 3.)</p> <p>Information systems did not permit an annual assessment of breastfeeding duration. Of mothers who initiated breastfeeding in 2008, 50% were still breastfeeding by around 3 months.</p>
Target: Baby Friendly Hospital Initiative (BFHI)	
<p>100% participation by Irish maternity hospitals in the BFHI by 2010</p> <p>50% of hospital-births occurring in designated Baby Friendly Hospitals (BFH)</p>	<p>Of the 20 maternity hospitals in operation in 2010, two were not participating in the BFHI.</p> <p>In 2005 around one in seven babies hospital-born in Ireland were born in a designated BFH. By 2010, around one in three babies were born in a designated BFH.</p>
Target: regional co-ordinators	
Ten breastfeeding co-ordinators with a defined regional responsibility to be in post by October 2006.	No progress.

A twenty two percent increase in births occurred between 2005 and 2010. Increases in rates of ‘any breastfeeding’ were largely driven by increases in partial rather than exclusive breastfeeding.

Figure 1.
Trends in infant feeding on discharge from hospital 2005-2012 (NPRS)

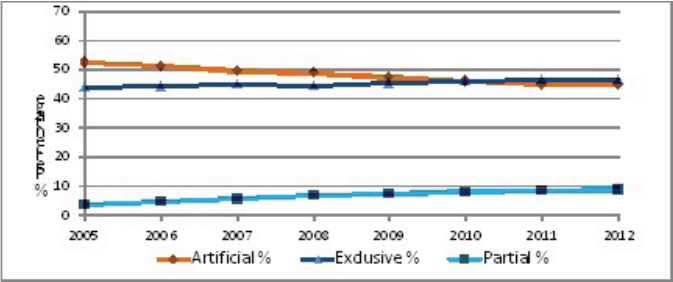


Table 3. Trends in infant feeding on discharge from hospital/48 hours (NPRS)

	Any breastfeeding	Exclusive breastfeeding	Partial breastfeeding
2005	47.6%	43.9%	3.7%
2010	54.0%	45.9%	8.1%
2012	55.3%	46.6%	8.7%

Progress in rates of breastfeeding initiation at national level and the achievement of the target for a four percentage point annual increase in breastfeeding initiation among socioeconomic groups five and six were significantly driven by the changes in national and ethnic background of mothers.

Phase 3: Assessment of the NBSIC

Key themes emerging from the interviews with NBSIC members included governance and resourcing, membership and engagement, policy and practice support, implementation barriers and future directions. NBSIC was successful in overseeing the development of information resources, standardisation of HSE infant feeding policy and improvements in breastfeeding education and training. Embedding breastfeeding as a priority across a range of health services was challenging.



The functioning of NBSIC was aided by a committed core membership and the pivotal role of the National Breastfeeding Coordinator. There were limited financial and human resources assigned to implementation of the SAP and the non-appointment of the intended regional coordinators hindered roll-out of policy.

Phase 4: Assessment of progress on the 44 actions of the SAP

Assessing progress with the goals, objectives and actions of the SAP was challenging as there were few data-defined indicators, nor a clear monitoring framework. Assessment relied principally on the subjective assessment of key stakeholders. Documentary evidence such as evaluations or audits of practice, or pre- and post- SAP surveys were lacking.

Stakeholders responding to the online survey considered that most progress had been made in relation to Goal Two (health sector policies and practice), followed by Goal One (knowledge, skills and support for informed infant feeding decisions). Within maternity services, pressures relating to staff time and availability were perceived as the major barrier to enhanced practice. Stakeholders raised the marketing of infant formula as an ongoing concern. Progress was perceived in terms of better restriction on the distribution of marketing materials within maternity services.

Eighty eight point one percent of respondents to the online survey considered that breastfeeding was still not the cultural norm among mothers in Ireland. However, over

sixty percent of respondents considered that public attitudes to breastfeeding had improved. More than half of respondents considered that mothers in Ireland were no more confident about breastfeeding in public places now than in 2005. Early attempts to enhance breastfeeding practice in primary care, paediatric and special neonatal care settings were evident, but lacked a clear long-term development plan.

Phase 5: Literature review on what works in breastfeeding promotion, support and protection

Appropriate antenatal discussion of infant feeding intentions that incorporates family can be effective in positively influencing breastfeeding intent. Tailored face-to-face support appears to be more successful than a problem-response/reactive model. Telephone or online support is useful for women who are already breastfeeding, but small groups/ individual support provided by peers or professionals that is face-to-face appears to offer the best results to both support initiation and sustain breastfeeding. Community-based

Tailored face-to-face support appears to be more successful than a problem-response/ reactive model.

peer support approaches may be particularly useful in low income communities. The BFHI is an evidence-based approach to supporting the establishment of breastfeeding in the early postpartum period.

Evidence is lacking on the current situation in terms of breastfeeding at work in Ireland and the effectiveness of interventions in this setting is unclear. The wider influence of marketing of breast milk substitutes on infant feeding decisions in Ireland is also poorly understood.

Conclusions

Reviewing the implementation of government policies on child health issues is a critical component of policy development cycles.

The most significant achievements of implementation of the SAP as captured were:

- development of standardised policy to guide consistent service development and monitoring within HSE maternity services
- enhancements in training for nurses and midwives
- expansion of appropriately trained community-led peer support programmes
- development of more appropriate media messages
- development of more consistent and accessible information.

The most significant deficits in implementation were considered as:

- failure of system to effectively translate and deliver national policy at the 'coalface' due in part to non-appointment of regional coordinators
- development of fit for purpose data collection systems relating to breastfeeding duration and evaluation/audits of practice
- culture change in infant feeding among Irish women and a clear approach to inequalities
- development of practice in engaging with fathers/ grandmothers within support approaches
- engagement with implementation within key departmental and health leadership contexts.

Acknowledgements

Special thanks to Siobhan Hourigan, HSE National Breastfeeding Co-ordinator and the HSE National Breastfeeding Strategy Implementation Committee and also to the National Perinatal Reporting System, the Growing Up in Ireland survey and the ESRI for providing data.



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Rare diseases Irish web information for families - findings from a study related to the use of the internet by parents seeking information about their child's rare condition

Honor Nicholl, Carole King, Thelma Begley, Aileen Lynch and Catherine Tracey

Introduction

Children with rare conditions¹ are the focus of major current policy initiatives in Ireland (Department of Health 2014). A condition is defined as, a rare condition when there is a prevalence of less than five per 10,000 (European Commission, 2009), it is said that the number of conditions that fit this definition is large and so the number of individuals affected by rare conditions may be numerous (Patton, 2003; Schieppati, Henter, Daina, Aperia, 2008) yet little is known about the children, their families and their needs.

Background

The Internet is a significant source of information and is changing the way health information is by sourced by parents of children with rare conditions. In addition, parents also use the Internet for support (Allen, 2002; Plantin, Daneback, 2009) as it allows them connect with other parents regardless of location (Hesse et al., 2005).

The Internet has changed dramatically parents' access to information which in turn may increase expectations and affect relationships with healthcare professionals (Roche, Skinner, 2009). Parents may use the Internet while their child is being investigated, and or, after receiving a diagnosis (Powell, Darvel, Gray, 2003). It is also used to confirm the diagnosis and to interpret the information parents have been given (Christian, Kieffer, Leonard,

¹ rare conditions/ diseases/disorders are terms used synonymously in this article



2001, van den Bree et al., 2013). Information sourced helps parents cope with an uncertain future regarding their child's condition (Hummelink, Pollock, 2006), their prognosis and management (Roche, Skinner 2009). Information can also enable parents to become experts in their child's rare condition (Skinner, Schaffer, 2006, Roche et al., 2009; Nicholl, Begley 2012), while assisting them to educate others, including healthcare professionals (Roche, 1 rare conditions/ diseases/disorders are terms used synonymously in this article Skinner, 2009; Nicholl et al., 2014), about aspects of their child's condition. This information may also empower them to advocate for their child. This advocacy role is necessary as rare conditions are usually chronic, complex and so rare that care may not fit within current health regimes and can be largely overlooked by the research and policy makers (Ayme, Kale, Graft, 2008).

However, it is also reported that the majority of parents find Internet information difficult to understand (Graber, Roller, Kaebler, 1999; Taylor, Alman, Manchester, 2001) and experience difficulties in accessing reliable and credible information as generally only generic databases are available which means information is not filtered and so can be misleading and inaccurate (Eysenbach, Powell, Kuss, Sa, 2002, Plantin, Daneback, 2009).

Aim

The aim of this descriptive exploratory study was to identify the web-based information needs and practices of parents of children with rare conditions and to assist in the development and design of the first Irish website specifically dedicated for parents of children with rare conditions.

The objectives were to:

- (i) identify parents web-based information needs
- (ii) make recommendations from the study's findings to assist in the development and design of the first Irish specific purpose website for parents of children with rare conditions.

The study was conducted in two parts. In Part one, a focus group interview was conducted with parents (n=8). Data collected from the focus group and from Porter and Edirippulige (2007) and Tozzi et al. (2013) informed the development and refinement of the study's questionnaire. Part two, the questionnaire was available for parents to complete online or by post. All respondents (n=128) completed the online version, none completed the postal version of the questionnaire.

Findings

In Part one the interview data were analysed and five themes were identified. These related to needing accurate information at the point of diagnosis, the need for peer support and reassurance from other parents, difficulties managing conflicting information, accessing support groups and the 'ideal' web site.

In Part two the vast majority, eighty-seven percent of those who responded were mothers, twelve percent were fathers and one percent legal guardians. Respondents represented persons across all educational levels. The greatest proportion, sixty-seven percent were aged between thirty-five to forty-nine years and the vast majority, eighty-four percent were resident in the Republic of Ireland. Thirty-two percent lived in towns, twenty-six percent in rural, twenty-two percent in

city and twenty percent in village locations. The primary occupational role for the majority, forty-two percent was carer, twenty-one percent were in part-time employment, sixteen percent in full-time employment and twelve percent were homemakers.

The majority used the Internet to gain information to improve their understanding of their child's condition

A total of (n=117) children were reported on, more than half, fifty-five percent of the children were male. The vast majority of respondents, eighty-one percent had one child with a rare condition, fifteen percent had two children, two percent had three children and another two percent had four or more children with a rare condition. Children's ages ranged from less than twelve months to thirty-nine years, with the majority being between four to seven years, five were less than twelve months and three were aged thirty to thirty-nine years (Table 1).

Table 1 - Children's Ages

Age	(n)	%
<12 months	5	4.3%
1 to 3	24	20.5%
4 to 7	33	28.2%
8 to 12	28	23.9%
13 to 19	15	12.8%
20 to 29	9	7.7%
30 to 39	3	2.6%
40 to 49	0	0.0%
50+	0	0.0%
Total	(117)	(100%)



The vast majority, ninety percent of children had a diagnosis however the remaining ten percent did not. Due to rarity of some conditions not having a diagnosis is not unknown and while some children in the study in the short-term may be awaiting diagnosis, others may not receive one. The majority, sixty-six percent of the children's conditions were diagnosed when they were less than twelve months to three years of age, of these thirty-four percent were aged between one to three years. Fifteen percent were four to seven years and fourteen percent were between eight to twelve years. However, four were not diagnosed until they were between thirteen to nineteen years while one was diagnosed when, between twenty to twenty-nine years of age.

The vast majority, eighty percent of children had a disability associated with their condition. Of these, more than half, fifty-two percent had a physical and intellectual disability, almost a third, thirty-one percent had solely a physical disability and eleven percent had an intellectual disability. A large proportion, sixty-one percent of the children needed assistive equipment with some having multiple needs for equipment.

In relation to parents' Internet use almost all respondents, ninety-two percent were comfortable using the Internet. All used email and almost all used Facebook, a half used Skype and more than a third used Twitter for information and for support from other parents.

Many, sixty-four cent searched sites recommended by other parents of children with rare conditions and or by a doctor or other healthcare professional.

The majority, sixty-one percent reported regularly using the Internet when searching for information on their child's rare condition, forty percent searched most often between 7pm to midnight and most commonly from home, the person most likely to seek information was the mother. Respondents searched a variety of sites including those specific to their child's condition and general sites for rare conditions. Many, sixty-four cent searched sites recommended by other parents of children with rare conditions and or by a doctor or other healthcare professional. The majority, seventy-two percent used the Internet to gain information to improve their understanding of their child's condition and indicated that their searching habits differed from when the child was first diagnosed or when it was suspected something was wrong to when diagnosis was confirmed and or to that of now. The types of information searched for at the point of diagnosis included the child's condition and symptoms, management of the child's condition, support groups and genetic information.

More than half, fifty-seven percent felt the information gained improved their ability to care for their child. For twenty percent information gained had major influence on decisions made about their child's condition while fifty-two percent felt it had, had some influence. Fifty-eight percent indicated it enabled them to explain their child's condition better to others and influenced their interaction with healthcare professionals.

In relation to developing a specific purpose Irish website parents indicated the website should be:

- Live, up-to-date, interactive
- A credible source
- Disability friendly
- In English and Irish languages
- Plain understandable language
- Balanced in its presentations
- Available on different media for example online, Facebook

Its content should provide:

- Reliable and credible information on: rare conditions, care of the child, state services, healthcare services, educational services, and financial services
- Parent to parent support
- Information, advice and support to parents
- Details of support groups and support organisations
- Not 'just the science but also real life stories'
- Links to national and international organisations
- Up-to-date research information

Conclusion

This study addresses the current the Irish policy initiative the National Rare Disease Plan for Ireland, 2014-2018 and specifically identifies parental information needs when providing care to their children. It also adds to the body of national and international research and gives for the first time, an Irish insight into the web-based needs and practices of parents caring for their children with rare conditions.

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New Irish families' childcare strategies and challenges

Carmen Frese, Mark Ward and Antje Röder

Introduction

Managing the care of their young children is a crucial issue for all new parents. While increasing numbers of women have entered the labour market in Ireland (Russell et al., 2009), policy developments in terms of childcare have not kept up (Doyle and Timonen, 2010). International comparisons show that childcare is particularly expensive in Ireland (McGinnity et al., 2013), which has led to a reliance on informal childcare provided by extended family members, frequently by grandparents (McNally et al., 2013). A group particularly affected by this situation are parents who migrated to Ireland – many as part of the large number of labour migrants during the economic boom (Röder et al., 2014) – and who do not tend to have the same level of financial resources and familial support. This paper explores the mechanisms utilised by 'new' Irish families to reconcile study, work and care for their young children. In particular, we focus on specific childcare strategies these families employ to overcome challenges they encounter while caring for their young children. In exploring these strategies, we define 'new' Irish families as those with Irish-born children and at least one parent born abroad.

This exploratory qualitative study is part of a broader Irish Research Council funded project

called 'New Irish Families'. The analysis of the National Longitudinal Study of Children in Ireland – Growing Up in Ireland – already highlighted both lower rates of return to work among migrant mothers and differential access to childcare amongst some types of migrant families (Röder et al., 2014). In total, fourteen couples and six lone mothers were interviewed. Two of the families included an Irish parent, and all others consisted of two migrant parents. Six of the families were from African countries, five from Asia, and one from South America, while the rest were from European countries. We used snowball sampling to identify our families. The

Highly qualified professional migrant families are most often dual carer families who have the financial resources necessary to delegate childcare

interviews took place in the interviewees' family home and in some cases local community based centers known to the interviewees. In general, mothers were the principal respondents (as the main care giver), but in several families, fathers were present when interviews were conducted and they were encouraged to

participate in the discussion and to give their views. Also, alias names were used for all interviewees.

Migrants' childcare strategies: between choices and constraints

The reconciliation of work and family life is likely to exacerbate potential tensions, challenges and vulnerabilities among immigrant families raising children in receiving societies. Previous research shows that migration has a significant impact on childcare strategies employed by immigrant families (Zhou, 1997; Wall and Sao José

2004; Karoly and Gonzales 2011; Bonizzoni, 2014). For example, highly qualified professional migrant families are most often dual carer families who have the financial resources necessary to delegate childcare. On the other hand, for unskilled workers, pressure to work (with economic motives being a core reason for migration) and pressure from work (for example atypical or long hours and pressure not to miss work) are the main constraints on family life and childcare strategies. Given their often comparatively low income, these families must avail of low cost formal care arrangements with long hours of care, such as public or third sector childcare facilities or informal care (Wall and Sao José, 2004; Bonizzoni, 2014).

Additionally, flexibility in terms of access to services can be problematic. Many centre-based childcare facilities, for example, do not provide for part-time or irregular hours. This is likely to impact disproportionately on migrant families, who are – with the exception of those from other English speaking and 'old' EU countries - overrepresented in lower socio-economic groups (for Ireland see Röder et al., 2014) and are generally more likely to work unsociable hours (Bonizzoni, 2014; Wall and Sao José, 2004).

In the analysis of the interviews we identified a range of challenges and constraints families encounter. Many of these challenges, such as difficulty combining paid work and childcare as well as financial constraints are not unique to migrant families, but may be particularly pronounced for this group. Other challenges faced are more specific to migrant families, such as cultural and religious norms regarding childrearing and gender roles in the family and absence of close kin and wider familial support.

'The only option available': Combining work with family responsibilities

A dominant theme that arose from our interviews with migrant families was the degree to which they felt that they had little or no agency when it came to childcare. Due in large part to financial constraints and irregular working hours, many parents believed they had very limited options



with regard to childcare arrangements. Even professional migrant couples, often considered the least vulnerable in terms of childcare (Wall and Sao José, 2004), reported difficulty in securing adequate childcare arrangements. Access to centre-based care was particularly problematic, with only two of the twenty interviewed availing of centre-based care. The main reasons given for this were the limited choice; difficulty in accessing available services due to a shortage of places; lack of flexibility in terms of hours of care provided; high cost; and a lack of a culturally sensitive approach.

With centre-based care not an option for most families, parents either juggled childcare between partners, brought in the help of family members where possible or – often when all else had failed – adopted a mother-centred strategy, with the mother taking on the sole responsibility for childcare and giving up paid work. While in some cases, the latter reflected cultural norms and preferences, this arrangement was frequently presented as ‘the only option’ due to low wages, lack of family support and long, irregular working hours of the partner.

My husband works impossible shifts to provide for our family and he doesn't even see the kids for weeks. [...] Is only me with three small kids all day and I have no social life... We have no other options (Hua, Asian mother).

These constraints were particularly strong for lone mothers who were unable to return to work after maternity leave. However, even when parents shared childcare, mothers

tended to have the main responsibility for making sure this arrangement worked, and were the ones most affected by unforeseen circumstances:

I am the only one that has to organise my shifts carefully, because my husband has fixed working hours. [...] Many times we had to get somebody on short notice to cover for me at home with the child for one or two hours and, believe me, this was a real struggle (Tracy, Asian mother).

‘Everything is only women, women, women’

In addition to the above constraints that often led to a ‘mother-centred’ strategy, this was also the result of some first-generation migrants’ specific cultural norms and religious beliefs in relation to women’s domestic roles and their dependence on

the male breadwinner, which was particularly pronounced in families where the mother had joined the male partner already in Ireland.

In our culture men don't look after the baby, they do not cook or wash clothes. Everything is only women, women, women. [...] You could get some help in the house if you have some female relative around, but men just go and do their job and then they come and sit to eat and they do not know anything about kids (Monaidi, African mother).

While such gender norms also continue to play a large role in Western societies and their division of labour, they are more pronounced amongst first generation immigrants from countries with strong religious and cultural

attitudes supporting the male breadwinner model (Röder and Mühlau, 2014).

Transnational grandparenting

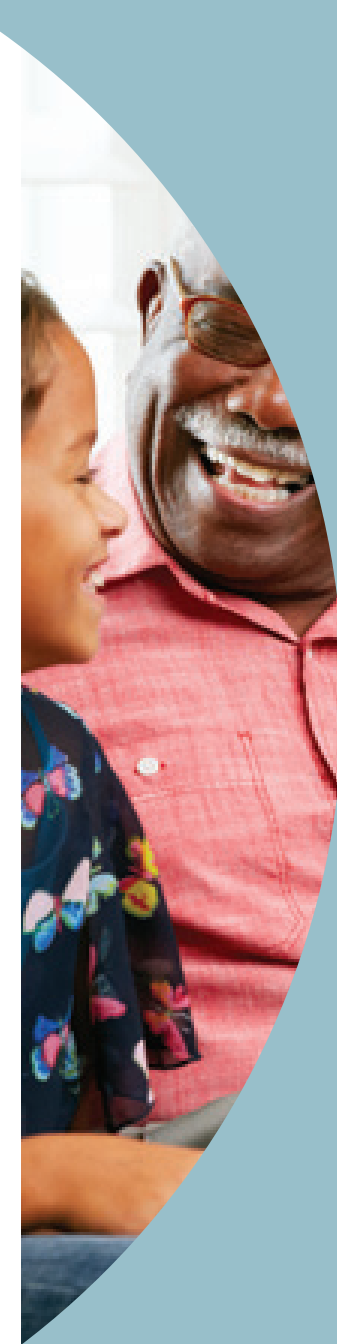
Our ‘New Irish Families’ study (Röder et al., 2014) has shown that compared to Irish born parents, migrant parents were also disadvantaged by the relative absence of familial networks that could be accessed to provide childcare. Yet, family did play an important role in how migrant parents managed childcare, with grandparents in particular providing a significant amount of support via ‘transnational grandparenting’ (Da, 2003; Lie, 2010). This often involved grandparents coming to live in Ireland either for extended periods of time or at particularly challenging times such as around the birth of a child. Their involvement was not only seen as offering convenient and cheap care from a trusted family member, but was also valued for its role in cultural maintenance:

There is tradition in our country to be raised by grandparents. My husband and I were raised by our grandparents and we went to live with our parents when we started school. [...] I want my daughter to do the same with her grandparents (Linn, Asian mother).

However, grandparents in such situations rarely had their own networks in Ireland, had little English and consequently could feel quite isolated. This was further complicated for families whose grandparents required visas to enter, which constrained their time in Ireland and added expense due to frequent trips forth and back:

My parents had to go back and forth three times in the last 9 months to renew their visiting visa, because it was not possible to renew it while they were here. Imagine, both parents going back and forth every 3 months to [their country of origin] just to renew their stay in Ireland! We spent a fortune for trips back and forth, not to mention the stress of traveling long distance for my old parents! (JY, Asian father)

Therefore, some parents opted for sending their children to live with their grandparents



instead. This phenomenon had multiple causes such as migration status, cultural differences and family values (Da, 2003) and could be part of a family migration strategy:

You know, we were able to save money while my daughter was cared for by my parents in [country of origin]. Now we can afford to move in a big house and we intend to bring my parents to stay with us in Ireland and help with childcare (Joe, Asian father).

Conclusion

Our research shows that young families of migrant origin face challenging circumstances that highlight several of the weaknesses of the current childcare regime in Ireland. Families develop strategies to deal with the consequences of their economic circumstances and distance from family, but often under great pressure and with little other support. This is particularly the case among migrant mothers, who struggle to remain in the labour market even more so than their Irish peers, which is likely to have longer term consequences not only for their careers but for the economic wellbeing of their families. Further research should also focus on the consequences for children as well as for other family members such as grandparents, whose role is only recently being given greater consideration.

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Stimulating young children's narratives - seeking children's perceptions of school readiness

Máire Hannify and Michelle Millar

Introduction

This paper proposes the use of the 'Draw and Tell Technique' as an appropriate method of data collection with young children. Findings from research that utilises this technique can be used to inform future practices and policies in the area of Early Childhood Care and Education. Research in the past treated children as passive objects and any knowledge pertaining to children and their experiences was elicited through adult observations, interpretations and reports. According to Morrow and Richards (1996) the challenge for researchers now is to develop research approaches that are 'fair and respectful' to children as the subjects, rather than the objects of the research (p.91). Including information on children in research does not automatically equate to holistic encompassing research. Research that portrays the lives and experiences of children should engage and involve children in the process, rather than merely using data based on the children. It is now acknowledged that children are social actors and can play a number of roles in the process of research.

School readiness means different things to different people (Meisels, 1999). In order to explore and represent children's perceptions of school readiness

their voice was sought, this in turn avoids the researcher making misinterpretations, thereby enhancing the findings. This study aims to explore children's perceptions of school readiness and therefore sought the views of children aged between four and six years in junior infants using the 'Draw and Tell Technique' (Driessnack, 2005).

Application and findings

The overall research study explored the school readiness perceptions of children, caregivers and educators in two schools in areas of socioeconomic disadvantage in the West of Ireland. Both schools were based in large urban towns. One school consisted of two junior infant classes whilst the other school consisted of four junior infant classes. The four to six year age range was used as the criteria for the children's group based on Irish policy in relation to school starting age. Children are required to be in formal education from the age of six and can begin formal education once they have turned four (Department of Education and Skills, 2012). From the early preschool years, children can remember and recount their own past experiences (Hudson and Shapiro, 1991;

Fivush, Haden and Adam, 1995; Stein, Wade and Liwag, 1997). However, young children can struggle to spontaneously retrieve information from their memory and therefore may need assistance. The most effective retrieval cues for younger children are likely to be sensory or perceptual rather than semantic or verbal (Ackerman, 1981, 1985; Pipe, Gee and Wilson, 1993). Cues and props such as toys, photographs and drawings

may add to children's responses by acting as aids to retrieve and report information (Salmon, 2001).

An advantage of drawing highlighted by Burt (1921), cited in Malchiodi (1998), is that it is less dependent on learned skills such as arithmetic or writing which makes it suitable for use with preschool children and children who have just started school. For these reasons the 'Draw and Tell Technique' was employed to elicit the children's views. The 'Draw and Tell Technique' was coined by Driessnack (2005) following a meta-analysis of literature and studies that introduce drawing to young children prior to the children participating in interviews. The technique is child-centred and constitutes a directed approach to data collection as it allows children to direct both the interaction with the researcher and the duration of the interview while they explain their drawing.

In order to build a rapport with the children the researcher spent an hour a week in each of the six junior infant classrooms for six weeks between September and October 2013. A week prior to conducting the 'Draw and Tell Technique' the researcher conducted a circle-time activity with the children. During this activity the researcher explained the research to the children and provided them with a child-friendly information booklet to bring home to read with their caregivers. Information packs were also sent to the children's caregivers. This pack contained a child withdrawal form to be returned if the caregiver did not wish their child to take part in the research or did not wish the information elicited from their child to be used in the study. On the day of data collection with the children in the classroom, the researcher explained the research again and sought assent from the children individually. The researcher requested each child to draw a happy face using either red or green on the assent form. Green indicated the children's wish to participate and red indicated the children's wish not to take part. Children were informed that they could withdraw from the research at any time. The children were invited to draw a picture about starting school and given ten minutes to complete their drawing. The drawings were used as a facilitative method to allow the children to organise their narrative. In the absence

The most effective retrieval cues for younger children are likely to be sensory or perceptual rather than semantic or verbal



of children’s verbal input, interpreting their drawings can be a challenge (Butler, Gross and Hayne, 1995). Following completion of their drawings the researcher sat with each child individually and transcribed verbatim the child’s views and explanations of his/her drawings. Verbal probes were also used where necessary to further discuss the topic. Using the ‘Tell’ component of this method facilitates children in having their voice feature in the research findings. Many children focused on their drawings when communicating their views to the researcher. This placed less social pressure on the children, gave the children a platform to voice their views and removed the need for the researcher to interpret what the children had drawn. Based on eighty eight drawings and seventy four verbal inputs, three main themes and ten subthemes were identified through the coding phase of thematic analysis (Boyatzis, 1998; Neuman 2003; Braun and Clarke 2006) making this a useful method in engaging with young children and obtaining their views. These themes and subthemes are identified in Table 1. below.

Table 1. Outline of themes and subthemes that emerged based on children’s views

Theme	Subthemes
1. Skills for School	i. Physical Well-Being and Motor Development ii. Social and Emotional Development iii. Language iv. Cognition and General Knowledge
2. Preparing for School	i. Prior Knowledge and Inputs ii. Materials and Resources
3.The Reality of School	i. A Picture of School ii. School Activities iii. Supports in School iv. Rules, Routines and Conforming

The children referred to four of the five school readiness domains defined by Kagan, Moore, and Bredekamp (1995); physical well-being and motor development; social and emotional development; approaches to learning; language use; and cognition and general knowledge. The children did not refer to the approaches to learning domain. Some of the children identified the preparations that took place prior to starting school. This included being informed of the activities that take place in school and the people in the school environments. The home and preschool environment were sources of this information. In addition to this the children were prepared for school by obtaining the necessary material resources. For the children, school is considered to be a big place with large quantities of people. School activities included art activities, work activities and play activities. The children indicated that their friendships and relations in school were supportive. Educators were figures of authority to the children. Rules

and routines were important social conventions in school which the children understood should be followed.

Conclusion

Underlying this study is a commitment to respect the voices of children and value their contribution in research. The findings from this study can be used to inform future practices and policies as children’s views are incorporated thereby increasing the existing understandings of children’s experiences. By using the Draw and Tell Technique with young children a number of benefits are accrued. Children themselves become involved in research thereby becoming empowered. Research that captures the first hand experiences of all those involved is more insightful and accurate. Shaw (1996) concludes that children’s views must be accepted as a legitimate, lived reality. It is clear from the breadth of findings that children are credible informants. The onus is on researchers to use suitable data collection methods that account for children’s age, development and abilities and create conducive conditions that enable children to participate. In line with the United Nations Convention on the Rights of the Child (1989), Article 13 states that children have the right to express their views. This freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing. Further considerations must also be taken to ensure that the research is in the best interests of the child and children in general (Article 3) and that the research activity does not harm the child or children’s welfare and development (Article 36).

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Fit for purpose? Professionalising early childhood education in Ireland

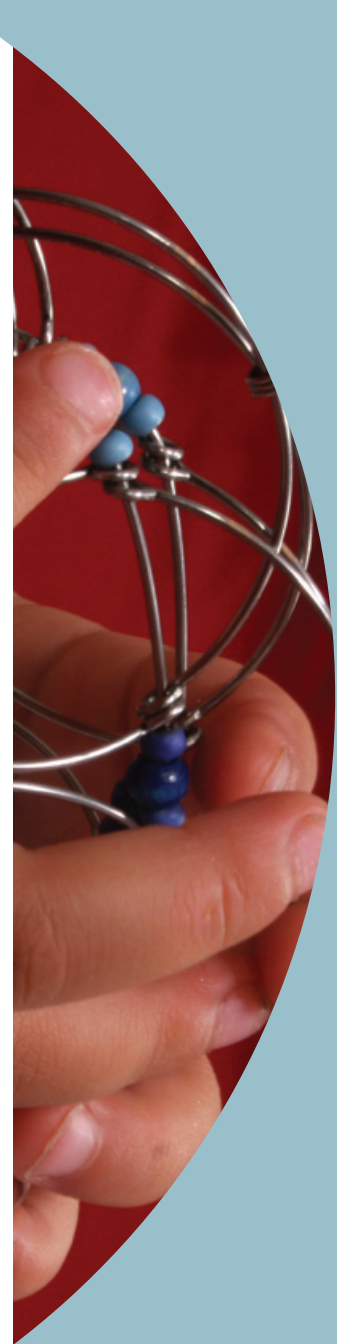
Nóirín Hayes

Introduction

Research has shown that well-educated early years professionals contribute to and sustain quality early education and care yielding positive outcomes for children. A key dimension of quality is staff professional identity and 'role clarity'. Professional clarity allows for self-identification, which in turn allows individuals to take on behavior associated with high quality and effective practice drawing on both research and experience (Dalli and Urban, 2010). While recognised globally as a key to quality it also has local manifestations reflecting cultural specifics.

A shared understanding of professional development supported by adequate initial and continuing professional development contributes to developing a professional identity. We can see this in the distinctive identity that educators in other fields of education have such as primary teacher. In early childhood education there is a particular challenge to forging this identity as a function of the complexity of roles that can be played depending on the age of the child and the educational setting.

A professional identity strengthens the status of early educators and opens access to influencing, guiding and developing the profession along the unique lines particular to it. Identifying different models of professionalisation within early education Oberhuemer (2007) argues that the policy context within which early education develops has a profound impact on the trajectory of professionalisation. Where early childhood systems have separate childcare and education sectors they tend to generate a differential and fragmented approach towards staffing and training and an inequitable division between the two sectors – privileging education. Conceptually and administratively integrated systems tend to opt for a core professional for work in all education and care services up to compulsory schooling.



The importance of enhanced professional recognition was the theme of the Competence Requirements in Early Childhood Education report (Urban et al, 2011). Known as the CoRe report it addressed mechanisms to achieve and support quality early childhood education. Critically, it promoted professionalism in early childhood education across all layers of the professional system from practice and management to policy, training and research. Such an integrated, cohesive approach to supporting and developing early childhood education requires an agreed understanding of qualification requirements for the workforce with common values, respecting diversity of approaches. Evidence of such an integrated approach to early education, and its absence, can be found in the language of policy documents, the design of policy tools and the resources provided to support improved initial professional education and continuing professional development (CPD). It is within an integrated, competent system that professional, quality early childhood education can flourish.

Educating Irish early years educators

Professional development of the early education sector in Ireland is of recent origin. Over the period 2000 to 2009 there was a noticeable shift among early education practitioners from a position of limited consensus on the professional role towards a more nuanced understanding of the professional role and appreciation of the need for continuing professional supports (Duignan, 2007). Such a shift may be

explained by increased policy attention to early childhood education since 1999 – when the National Childcare Strategy and the White Paper on Early Childhood Education were both published. These policy documents gave rise, ultimately, to the expansion of the early childhood sector, the publication of *Síolta* – the National Quality Framework for Early Childhood Education (Centre for Early Childhood Development and Education (CECDE), 2006) and *Aistear* – the Early Childhood Curriculum Framework (National Council for Curriculum and Assessment (NCCA), 2009) and the growth of membership and non-governmental organisations.

The Minister for Education and Skills has also announced a review of the training courses offered in early childhood education

However, it is only recently that there has been any qualification requirement for staff working in early childhood settings in Ireland. Until 2010 the only requirement for those working with young children was that they were ‘competent’. Since the establishment of the universal Free Preschool Year (FPSY) in 2010 settings receive a subsidy per child attending. This subsidy is linked to the qualifications of the staff working within the FPSY. The training demands are minimum and set at sub-degree level with a requirement that the leader of the FPSY have a Level 6 certificate and all other staff a Level 5 certificate. A Learner Fund has been established to improve access to training – at Level 5 and Level 6 only – and funding goes directly to training bodies providing training. Those wishing to gain training must pay for it themselves and access it in their own time.

It is also a requirement that FPSY staff follow the *Aistear* and *Síolta* frameworks, which share common values and principles derived from close consultation across the early education sector from childminding through to primary school infant classes. Both frameworks address the age range from birth to 6 years and have developed extensive support materials. They also present a view of early childhood professionals that characterises them as well-trained, reflective professionals capable of translating fairly abstract aims and learning goals into effective day-to-day practice.

Limited funding has been provided to implement training for framework implementation. *Aistear* training initiatives have been funded with investment primarily directed to introducing *Aistear* to teachers of four to six year olds in the infant classes of the primary school – a sector already well served with free initial training and subsidised CPD. No such investment was made for those providing the FPSY. On the other hand no effort has been made to integrate the *Síolta* framework into infant classes while some training has been provided to those services with the capacity and resources to access it locally. In a cohesive and competent system one might expect that the mandated training for those working within the FPSY would reflect the contractual requirements imposed upon them. However, a review of the training in early childhood care and education proves otherwise. The Level 5 certificate comprises four core modules and a series of optional modules including a practice focused requirement. Level 6 training comprises three core modules and a number of optional modules. There is no core module at either level explicitly focusing on the application of *Aistear* or *Síolta* in practice and no learning outcome within the modules specifically linked to either framework. Some lists of suggested reading refer to both frameworks.

A number of degree courses have been developed which have led the drive towards professionalism of Irish early childhood education and offer support to this emerging professional area. Graduates can be seen as potential leaders in the growth of professional identity and can be used to establish links between policy and implementation.



Through careful positioning of graduate early childhood professionals in leadership, regulatory and support positions the visibility of the profession is improved and the possibilities for a cohesive professional identity increased.

There are some hopeful signs that Ireland is moving towards recognising early childhood education as a unique profession. For instance the Department of Education and Skills (DES) has recently announced the setting up of a special inspectorate, which will comprise graduates of early childhood and primary education. Historically, early childhood services have been, and continue to be, inspected by Public Health Nurses or Environmental Health Officers rather than by graduates of early childhood education. Recent recruitment to the inspectorate continues to exclude early childhood education graduates, which does little to acknowledge the nascent profession or enhance its professional identity. The Minister for Education and Skills has also announced a review of the training courses offered in early childhood education. The Department of Children and Youth Affairs (DCYA) has created a new quality support service – Better Start. This service represents a collaboration between the DCYA and the DES to establish a single, cohesive approach to quality across early childhood education in Ireland. The primary focus of the service is to provide quality mentoring support to early childhood settings across the age range birth to 6 years.

Conclusion

Ireland operates a split system of early childhood education with the DES and DCYA both involved in policy development and

implementation. Research suggests that this system type is not conducive to supporting or sustaining a strong professional identity for those working across the varied early childhood settings. There has been a great deal of policy attention to, and investment in early childhood education service development in Ireland since 2000. Much of this activity has been reactive, fragmented and driven by the demands of the labour market rather than the needs and rights of the child (Hayes, 1995; Hayes and Bradley, 2009). Investment has, until recently, been in the form of capital investment in places and direct payment in parental support. There has been no parallel, integrated and coherent strategy to improve quality provision through training and professional development creating a situation where training and professional development has emerged organically and with limited oversight. Coupled with increased demands on services to meet standards and regulations this has placed undue pressure on those providing early educational services, which may be compromising the day-to-day quality of practice. Support for this important and emerging profession has been meager whilst expectations have grown. The external policy environment for training and qualifications is not yet fit for purpose. It is possible that the recently announced initiatives in training, mentoring and inspection will be coordinated and resourced so that the professional status and identity of those educating our youngest children will be recognised, supported and enhanced.

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and The Atlantic Philanthropies