

A Study of the Daily Demands on

Community Childcare Services

in County Fingal



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Fingal County Childcare Committee & Blanchardstown Area Partnership through their work with Community Childcare Groups identified a need to research the demands on community Childcare Facilities. Therefore we invited tenders to carry out a Community Childcare Study of a sample of 5 Community Childcare Services in Dublin 15 and invited a number of groups to partake in this study.

The Primary Goal of this action is to enable the community Childcare sector to put forward an argument for additional Staffing both for Management and for staff and to increase Capital funding available for Community Childcare.

Areas addressed in the research consist of Identifying and analysing time allocation of those working in the community Sector, Assessing reliance on CE workers in the Community Sector, Identifying whether there is a need for higher staff ratios and therefore increased staffing funding in the community sector due to additional supports needed within the service and Reviewing secondary research related to Community & Childcare Development in Dublin 15.

In conclusion recommendations have been made to address these findings and to meet the Community Childcare needs identified. We will present these recommendations to the relevant voluntary and statutory agencies on behalf of the Community Sector.

Grainne Burke

Chairperson

Fingal Childcare Committee

Acknowledgements

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This report was researched and compiled by Jo Smith (independent researcher) under contract to Fingal County Childcare Committee and Blanchardstown Area Partnership. Jo would like to extend warm thanks to Michelle Butler (Manager Fingal County Childcare Committee) and Pauline Mangan (Community Development Worker, Blanchardstown Area Partnership) who formed the steering committee for the research.



Abbreviations / Glossary of Terms

BAP	Blanchardstown Area Partnership
CE	Community Employment
CECDE	Centre for Early Childhood Development and Education
CSO	Central Statistics Office
CSP	Community Services Programme
DoE	Department of Education
ECCE	Early Childhood Care and Education
ED	Electoral Division
EOCP	Equal Opportunities Childcare Programme
FCCC	Fingal County Childcare Committee
GBDP	Greater Blanchardstown Development Project
HSE	Health Service Executive
NAHB	Northern Area Health Board
NCIP	National Childcare Investment Programme
NCNA	National Children's Nursery Association
NOW	New Opportunities for Women
OECD	Organisation for Economic Cooperation and Development
RAPID	Revitalising Areas by Planning, Investment & Development.
SAPS	Small Area Population Statistics

Community Employment (CE): Community Employment is a FÁS provided community based employment and training programme primarily aimed at the long-term unemployed and other disadvantaged groups. CE offers participants an opportunity to engage in useful work within their communities on a temporary, fixed-term basis.

Community Services Programme (CSP): (formerly FAS Social Economy Programme) The Community Services Programme supports community organisations and community enterprises to provide essential services to their communities which:-

- ✦ Alleviate disadvantage in those communities
- ✦ Promote social and economic development within the communities

- ✦ Provide employment for those most distant from the labour market
- ✦ Promote the sustainable and inclusive development of the communities
- ✦ Strengthen local ownership through participation in decision-making.

The programme is funded by the Department of Community, Rural and Gaeltacht Affairs under the National Development Plan 2007 – 2013. Projects supported under this programme are those which engage in economic activity in order to meet social objectives

POBAL: Pobal is a not-for-profit company with charitable status that manages programmes on behalf of the Irish Government and The EU. Included among the programmes managed by Pobal are the Equal Opportunities Childcare Programme (EOCP) and the National Childcare Investment Programme (NCIP)

RAPID (Revitalising Areas by Planning Investment and Development)

The RAPID Programme is a Government initiative, which targets 45 of the most disadvantaged areas in the country. The Programme aims to ensure that priority attention is given to the 45 designated areas by focusing State resources available under the National Development Plan. The Programme also requires the Government Departments and State Agencies to bring about better co-ordination and closer integration in the delivery of services.

An Area Implementation Team (AIT) was established in each of the 45 areas to develop a plan for their area. The AIT brings local State Agency personnel (Health Board, Local Authority, VEC, Dept of Social & Family Affairs, FÁS, etc) the local Partnership Company, residents of the local community and, where they exist, Local Drugs Task Forces, together to prepare a plan identifying the needs of each area.

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Section 1: Introduction

This research is a joint initiative between Fingal County Childcare Committee and Blanchardstown Area Partnership. Both partner organisations are committed to advancing the development of quality childcare services, the former throughout Co. Fingal and the latter within the Blanchardstown area.

The focus of this study is to research the demands on *Community Childcare Services* in County Fingal on a daily basis and to identify if there is a need for higher staff ratios and therefore increased staffing funding due to the additional supports needed within childcare services operating in the community sector.

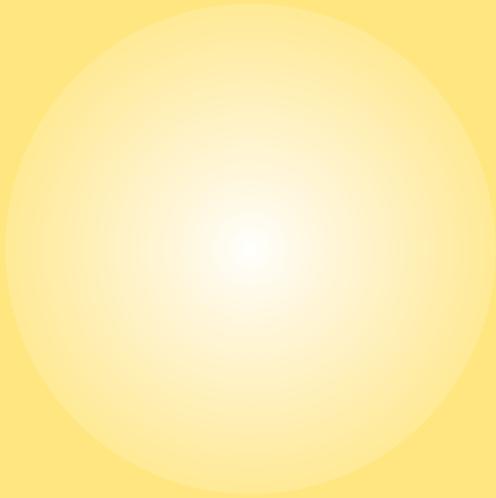
The need for this research was identified through the work of BAP's community development worker and a member of Barnardos staff, Olivia Speight. Through meetings of the Community Crèche Managers network and ongoing liaison with BAP, a range of issues facing crèche managers and staff were highlighted. A brief document was prepared on these challenges and presented to Fingal County Childcare Committee. Agreement was reached that BAP and FCCC would jointly fund a research project to fully investigate the daily demands on Community childcare services.

Areas addressed in the research include:

- ▶ Identification and analysis of staff duties and time allocated to each area of activity.
- ▶ Reliance on Community Employment workers in the community childcare sector.
- ▶ Additional supports needed within the community sector and resulting staff requirements.
- ▶ A detailed demographic profile of the Blanchardstown area
- ▶ Review of secondary research relating to community childcare development in Ireland and national and international models of good practice for childcare and family support services in disadvantaged areas.

There are currently a total of 32 community childcare services in Co. Fingal, 18 of which are located in the Blanchardstown area. Five of those operating in Blanchardstown were used as a sample for this research. These

services were Blakestown Community Creche, Mountview Community Creche, Huntstown Community Creche, Kidzone Creche and Little Learners in Mulhuddart.



Section 2: Methodology

The field research was characterised by three distinct stages. Firstly all staff members within the five services were asked to complete a brief questionnaire outlining the activities they are involved in regularly in the course of their work and the percentage of their time which is taken up by such activities. This questionnaire was completed in person by the researcher with the managers and it was distributed to the remaining staff for completion and return.

Secondly, face to face interviews were held with the managers of the five community services and finally an interview was held with a member of the management committee from each facility. A copy of the staff questionnaire used and a broad outline of the topics discussed at the managers and committee members meetings are included in Appendix 1.

Time was also allocated to a desk research phase. Socio economic data relating to County Fingal, the Blanchardstown area and the particular communities in which the five target childcare services operate were analysed. An overview of community childcare development in Ireland and current childcare policy was prepared. In addition a number of national and international models of good practice on community childcare and family support provision in disadvantaged areas were outlined.

Section 3 contains the information gathered in the desk research, section 4 outlines current childcare provision in Co. Fingal and profiles the services which took part in this research, section 5 documents the findings from the field research and the final section, section 6, contains a series of conclusions and corresponding recommendations from the information gathered.





Section 3: Desk Research

3.1 Profile of County Fingal

Fingal is a new administrative county, which came into being following the re-organisation of Local Government in the Dublin Region in 1994. It consists of the northern part of County Dublin and includes the new town of Blanchardstown as well as the more historical towns of Swords, Balbriggan, Skerries, Malahide, Baldoyle and Howth. The population of Fingal was 239,813 at the last Census (2006). This was a 22% (43,400 persons) increase from the 2002 census, compared to a national increase of 8%. Fingal's growth rate between 2002 and 2006 has been unprecedented in the history of the State. Nearly 6% of the country's population now live in Fingal. Fingal has the youngest and most economically active population in Ireland. (Source: www.fdb.ie). Fingal also has the highest proportion of children in the state.

In the inter census period 2002-2006, Fingal was by far the fastest growing of the 4 areas within the Dublin Region (Dublin City, South Dublin, and Dun Laoghaire-Rathdown) absorbing 68% of the population growth of the Dublin Region.

3.2 Socio Economic and Demographic Profile of Blanchardstown

The Greater Blanchardstown Area comprises of twelve Electoral Divisions (EDs) in County Fingal. These EDs include Abbotstown, Blakestown, Coolmine, Corduff, Delwood, Mulhuddart, Roselawn, Tyrrelstown, Castleknock Knockmaroon, Castleknock Park, Lucan North and The Ward. The first eight ED's listed above are serviced by the work of Blanchardstown Area Partnership, the remaining four are not within the partnership's target areas. The ED boundaries do not correspond with the areas identified as a local community. E.g. Blakestown Parish is geographically straddled across Coolmine and Blakestown EDs. The childcare facilities under consideration in this report service a specific community or parish and as statistics are compiled on an ED basis rather than community basis, firstly a brief profile of Blanchardstown will be given and then reference will be made to the areas within this serviced by the aforementioned childcare facilities.

The information to follow refers to the Greater Blanchardstown Area (12 ED's as listed above). All five childcare services who participated in this research are located within BAP's target areas

Population

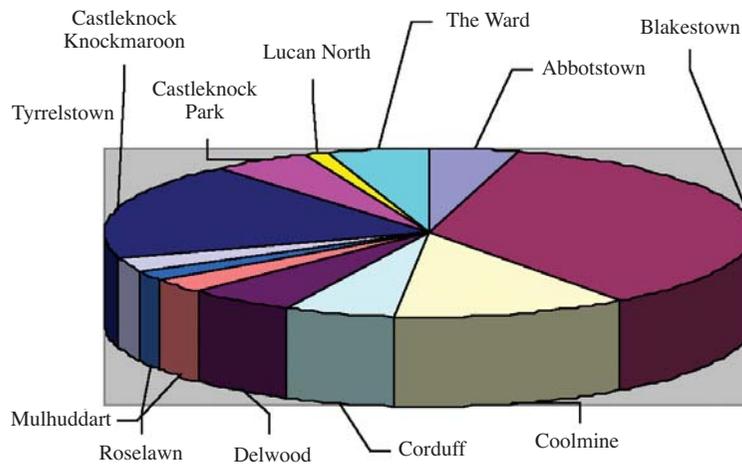
The Greater Blanchardstown area has grown from a small rural village of less than 3,000 people in 1970 to almost 91,000 in 2006. It has experienced a 27.1% increase in population since the last census in 2002. Blanchardstown is the fastest growing part of the fastest growing county in the fastest growing state in the EU. This rate of growth, will continue to have significant implications for planning service provision, transport and local development.

As a result Blanchardstown's population is now larger than the individual populations of counties Roscommon, Carlow, Longford, Sligo or Monaghan. Indeed the Blakestown ED population alone is greater than the entire population of County Leitrim. As can be seen from the chart below, over one third of the population of Blanchardstown live in the Blakestown ED.

Table 1: Population of Ed's in Blanchardstown, 2006 (Source: www.cso.ie)

ED	Pop in April 2006
Abbotstown	4,045
Blakestown	32,305
Coolmine	10,758
Corduff	4,821
Delwood	4,958
Mulhuddart	2,783
Roselawn	1,833
Tyrrelstown	2,317
Castleknock Knockmaroon	17,110
Castleknock Park	4,394
Lucan North	1,164
The Ward	4,464
GREATER BLANCHARDSTOWN	90,952

Chart 1: Portion of Blanchardstown's Population living in each ED



The 1999 Fingal County Development Plan states that the ultimate target population for Blanchardstown is 100,000. The rate of growth, in excess of three times the rate for the Dublin Region, will continue to have significant implications for planning service provision, transport and local development.

The table overleaf breaks down the population of each ED by year of age in order to give a better insight into the numbers requiring different childcare services.

Table 2: Population by year of age, Blanchardstown ED's, 2006

	Abbotstown	Blakestown	Coolmine	Corduff	Delwood	Mulhuddart	Roselawn	Tyrrelstown	Castleknock Knockmaroon	Castleknock Park	Lucan North	The Ward	B'TOWN
0 yr	85	806	188	83	72	68	8	25	277	37	43	189	1881
1 yr	90	802	181	78	68	75	8	22	292	32	36	149	1833
2 yrs	85	811	213	81	52	71	10	39	311	35	40	165	1913
3 yrs	97	847	206	90	83	76	12	32	323	36	34	128	1964
4 yrs	76	750	208	90	53	79	7	39	303	34	21	106	1766
5 yrs	61	647	189	71	48	69	8	34	272	41	21	98	1559
6 yrs	51	544	179	83	48	58	12	42	254	26	19	79	1395
7 yrs	53	504	173	88	33	55	9	59	243	56	19	74	1366
8 yrs	48	458	164	85	36	43	14	46	254	42	16	58	1264
9 yrs	32	429	136	71	28	49	19	39	242	45	18	37	1145
10 yrs	32	387	144	74	32	27	13	49	224	67	17	37	1103
11 yrs	41	381	163	67	43	41	19	48	199	56	17	40	1115
12 yrs	27	356	149	55	32	37	22	43	232	48	12	37	1050
13 yrs	22	341	151	79	36	34	15	46	220	59	11	45	1059
14 yrs	27	389	158	57	52	34	29	43	240	71	11	40	1151
	827	8452	2602	1152	716	816	205	606	3886	685	335	1282	21564

There were 9,357 children aged 0-4 years inclusive and 12,207 aged 5-14 years in the Blanchardstown area in 2006. These figures represent the potential demand for pre-school and school aged childcare services respectively in the area. Blanchardstown has a significantly younger age profile compared

to the rest of the state. This clearly skews the demand for different social services compared to the average profile of demand in urban Ireland. In Blanchardstown some 10.28% are under 5 compared with 8.9% in Co. Fingal and 5.7% nationally (CSO, 2006).

Levels of Disadvantage

Past development features in the Blanchardstown area have included the construction of large numbers of Local Authority housing estates which have subsequently evidenced a high prevalence of single parent households, a high prevalence of unemployment, and high deprivation ratings. The entire wards of Tyrrelstown, Mulhuddart, Coolmine and Corduff are almost entirely comprised of housing estates with very high levels of social and economic disadvantage. Reflecting the extent of disadvantage two of the aforementioned EDs Tyrrelstown and Mulhuddart and part of Corduff ED have been included in the government's RAPID (Revitalising Areas by Planning, Investment & Development) programme.

Unemployment:

The labour force participation rate in Blanchardstown rose from 68.4% in 2002 to 73.2% in 2006. Unemployment also rose from 8.31% in 2002 to 9.7% by April 2006, This compares to the national average of 8.5% or Dublin's overall rate of 7.03%. The average unemployment rate for Blanchardstown disguises the double-digit unemployment rate that still prevails in several neighbourhoods, for example the individual unemployment rates are still particularly high in Tyrrelstown 25.9%, Mulhuddart 16.9%, Corduff 14.5%, Coolmine 16.9%.and Abbotstown 13%. On the other hand the ED's Lucan North and Castleknock Park have extremely low unemployment rates at 2.5% and 4.2% respectively. (CSO, 2006)

One Parent Families

One Parent Families (unmarried, separated or widowed parents, male or female bringing up children alone) now account for 18.3% of all family units in Blanchardstown. The overall Blanchardstown figure is comparable with the national average of 18% and exceeds Fingal's average of 16.4%. Individual ED's within Blanchardstown have very large concentrations of one parent families, for example Tyrrelstown (53.9%), Mulhuddart (34.2%) Corduff (31.5 %) and Coolmine (27.6) (CSO, 2006) The above statistics indicate an unusually high demand for childcare in the Blanchardstown area and this is expected to remain a persistent need.

Education

In the Greater Blanchardstown Area area 9.6% of the population whose education had ceased comprised people aged 15 years and over with no formal or primary education only. This figure is lower than the Fingal average of 10.3% and substantially lower than the State figure of 18%. Some ED's within the Blanchardstown area show higher percentages than the state average, with 20.5% and 20.8% of the population of Corduff and Tyrrelstown ED's respectively having no formal or primary education only (as a percentage of population whose education had ceased). (CSO, 2006)

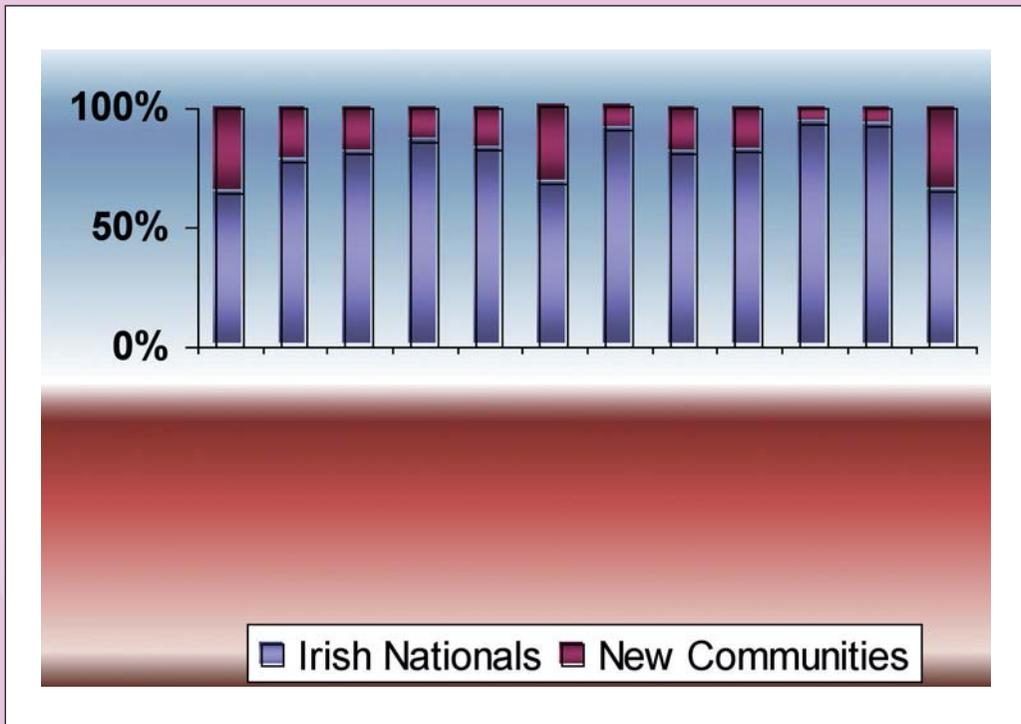
New Communities

In recent years the number of members of new communities living in the Greater Blanchardstown area has increased substantially. These represent a mix of migrant workers, asylum seekers, refugees and people with leave to remain. This increase may be partly due to the relative

availability of rented accommodation in the middle-price range in the Blanchardstown area. As can be seen from the table below, in some ED's (Abbotstown & Mulhuddart) approximately one third of the population are from new communities.

Table 3: Percentage Breakdown for Irish Nationals and New Communities across Electoral Divisions (Source: www.cso.ie)

	Irish Nationals	New Communities
Abbotstown	64.44%	35.56%
Blakestown	77.44%	22.56%
Coolmine	80.56%	19.44%
Corduff	85.91%	14.09%
Delwood	82.57%	17.43%
Mulhuddart	68.44%	32.56%
Roselawn	91.2%	9.8%
Tyrrelstown	80.58%	19.42%
Castleknock Knockmaroon	81.8%	18.2%
Castleknock Park	93.06%	6.94%
Lucan North	92.34%	7.66%
The Ward	65.07%	34.93%



Substance Mis-users

As with any area of the country it is impossible to ascertain precise figures surrounding the misuse of drugs in Blanchardstown. Drug misuse among the youth population has risen in Ireland. The detection and recorded use of hard drugs has been concentrated in socially excluded communities-such as those with a high youth population as in Blanchardstown. Figures from the Local Drugs Task Force show that 184 people in Blanchardstown presented themselves as users of ‘hard’ drugs to treatment services by the end of August 2003. It is acknowledged that this represents the ‘tip of the iceberg’ insofar as many others will not have engaged with treatment services for a variety of reasons, and others will have engaged with services outside the area.



3.3 Profile of Blakestown, Huntstown, Mountview and Mulhuddart Communities

This report is concerned with community childcare in Co. Fingal and in particular focuses on five community childcare services in Dublin 15, namely Blakestown Community Crèche, Huntstown Community Crèche, Little Learners, Kidzone Crèche and Mountview Community Crèche which service the Blakestown, Huntstown, Mulhuddart and Mountview areas of Blanchardstown. Four of the services are located in RAPID areas. Each of these areas conducted community needs analysis in recent years. The following data was sourced through the results of those analyses.

Mulhuddart

The Mulhuddart Planning & Development Group (MPDG) undertook research in the Dromheath, Parslickstown and Wellview areas in 2001. At that time there were 550 households in the area and over 1,000 children and young people aged under 19. Recommendations were made under ten key themes which included 'family support and childcare services' The report stated that many families in Mulhuddart are experiencing significant levels of stress and pressure in their day to day lives caused by low income and financial difficulties, concerns about the welfare and well being of their children, problems in relation to alcohol and drug addiction, the high levels of anti-social behaviour within the local community and loneliness / isolation. Recommendations included:

- ▶ Develop a Family Resource Centre in Mulhuddart providing counselling, family therapy, parenting programmes, peer support, and projects that would enhance the skills, knowledge and confidence / self-esteem of parents and children.
- ▶ Co-ordinate the delivery of services and supports to families living within Mulhuddart especially those considered to be particularly vulnerable and most in need of assistance from statutory agencies.
- ▶ Develop a Young Mothers Group in Mulhuddart building on the work already being carried out by Blanchardstown Youth Service
- ▶ Produce an integrated Childcare Plan for Mulhuddart.

(MNAG, 2001)

Blakestown

The Blakestown Needs Analysis Group (BNAG) was established in early 2002 to carry out a survey of local residents living within the Blakestown parish. At that time there were 1,073 households occupied in Blakestown. Recommendations from this research included:

- ▶ A new multi purpose Health Centre should be constructed within the Blakestown/Mountview area. This should provide a range of healthcare services (e.g. doctors, dentists, addiction counsellors, social workers, and speech and language specialists). It should aim to adopt a holistic and integrated response to the physical, emotional and psychological needs of local residents.

- The Northern Area Health Board (since renamed HSE) should increase the resources which it is expending on family support services within the Blakestown area. There are a large number of families who could benefit from greater access to social workers, family support workers, counsellors etc. However, there are difficulties and delays in accessing these supports on account of resource problems within the HSE. In this context, the HSE should provide additional resources for family support services within the Blakestown area.
- There should be greater co-ordination in the delivery of services and supports to families living within Blakestown. The HSE, the Department of Social, Community & Family Affairs, Fingal County Council, schools and other relevant agencies / organisations should work more closely together to ensure that they are providing a comprehensive and integrated range of supports to families who are considered to be particularly vulnerable and most in need of assistance from statutory agencies.
- An integrated childcare plan should be produced for Blakestown. This childcare plan would be based on an assessment of the childcare needs of local parents and the types of childcare services which need to be put in place in order to respond to these needs. Following the production of the childcare plan for Blakestown, it will then be necessary to secure the resources which will be required to implement the proposals and recommendations contained within the childcare plan.

(BNAG, 2002)

Huntstown

In 2004, the Greater Blanchardstown Development Project (GBDP) undertook a needs analysis survey in the Huntstown neighbourhood of Blanchardstown. At that time there were 1,302 houses in the area. There were 776 children aged 0-14 in the households which took part in the research. Two recommendations from the report related to family support and childcare services. These were:

- More affordable and accessible childcare provision needs to be developed within the Huntstown area. The outcomes from the survey clearly indicated that the cost of childcare, rather than the availability of childcare, is the single most important factor which prevents parents from accessing paid childcare provision. Hence the need to develop new models of childcare in Huntstown which are both accessible and affordable to parents who require full daycare and to parents who require part-time sessional childcare.
- Consideration should be given to the establishment of a Family Resource Centre in the Huntstown area. This centre would develop programmes and other initiatives which are focused on the participation of local families and would be a response to the fact that many survey respondents have identified the clear need to set up family activities (rather than activities which are solely orientated towards either adults or their children).

(GBDP, 2004)

Mountview

The Mountview Needs Analysis Group (MNAG) was formed in early 2002. A survey of the residents in the Fortlawn and Whitechapel estates was undertaken shortly thereafter. A total of 351 households took part, representing 78% of the occupied houses in the area. The results of this survey were publicised and circulated in the wider Mountview area and it was agreed that the findings were a good representation of the views, opinions and ideas of the overall population of the Mountview area. The following were the recommendations in the report that related to family support and childcare issues:

- ▶ A new multi-purpose Health Centre should be constructed within the Mountview / Blakestown area (as detailed under Blakestown recommendations)
- ▶ More resources and support should be provided to Mountview Resource Centre so as to enable this centre to provide a greater range of services and programmes to local residents. The outcomes from the survey suggest that the centre is well recognised and well respected within the local area and that it is well positioned to deliver more services and more programmes to local residents.
- ▶ The Northern Area Health Board (since renamed HSE) should increase the resources which it is expending on family support services within the Mountview area. There are a large number of families who could benefit from greater access to social workers, family support workers, counsellors etc. However, there are difficulties and delays in accessing these supports on account of resource problems

within the Health Board. In this context, the Health Board should provide additional resources for family support services within the Mountview area.

- ▶ There should be greater coordination in the delivery of services and supports to families living within Mountview. The NAHB, the Department of Social, Community & Family Affairs, Fingal County Council, schools and other relevant agencies / organisations should work more closely together to ensure that they are providing a comprehensive and integrated range of supports to families who are considered to be particularly vulnerable and most in need of assistance from statutory agencies.
- ▶ An integrated Childcare Plan should be produced for Mountview. This would be based on an assessment of the childcare needs of local parents and the types of childcare services which need to be put in place in order to respond to these needs.

In November, 2006, Blanchardstown Area Partnership (BAP) conducted an audit of supports for families available within the Dublin 15 area. One of the key aims of this research was to identify where the gaps in support are and whether there is a need for a more co-ordinated approach to the provision of these services. A total of 28 services were identified which offer some form of family support in the area. The following are some of the gaps identified by various organisations who participated in the research:

- ▶ Lack of services to meet the needs of the large number of children presenting with behavioural problems, speech delay or Autism type behaviour.

- A central agency to link between all agencies to ensure families get the best services available.
- Insufficient Services for Families with Children Under 12 Years
- Early Intervention, Support and Preventative Measures are needed.
- Inadequate Crèche Facilities while parents attend support services.
- More Childcare needed so that working mothers can come to training, parenting and information classes.
- Gap in area of Child Counselling and Family Therapy.
- Structured support and childcare for young women doing Drug Detox and Rehab Programmes during the required 6-8 week period.
- Services needed to monitor and support children from vulnerable families at various stages of education, e.g. more follow through after Pre-School level.
- Co-ordination between services in relation to work being done with individual family members in different services.
- Access to counselling services (on demand) for parents/young people in relation to addressing issues when they come up, rather than having to wait weeks/months, when perhaps the motivation for engaging may have reduced.
- Resources to work with young mothers aged 16+ in the Greater Blanchardstown area. Such young mothers tend to be an isolated group of young people who need specific targeting and resourcing in order to engage them effectively.

(MNAG, 2002)

3.4 Childcare in Disadvantaged Areas

Ireland has a long history of targeted interventions with children experiencing disadvantage. The first day nursery established in Ireland, the Liberties crèche was one such initiative. It was opened in Meath Street in 1853.

Substantial research exists to extol the benefits of early childhood care and education (ECCE). The National Children's strategy acknowledges that *'quality childcare and early childhood education services provide lasting cognitive, social and emotional benefits for children, particularly those with special needs or who are disadvantaged'*.

Similarly early intervention is seen as paramount for children with special needs *'... , most professionals, parents, advocates, and policy makers now agree that it is a societal responsibility to provide needed early intervention programs for children with established disabilities and for those whose development may be compromised as a result of biological or environmental factors. Similarly, most agree that the early years constitute a unique opportunity for influencing child development and supporting families, an opportunity that may well maximize long-term benefits for all concerned.'* (Guralnick, 1997 as quoted in CECDE, 2004).

A recent report by Southside Partnership outlined the aims of community childcare as follows:

1. To address equality for children so that all children have equal access to quality childcare services notwithstanding their socio-economic circumstances living in areas of disadvantage
2. To address an important gap in the family support needs of families living in disadvantaged communities
3. To support the childcare needs of parents living in disadvantaged circumstances who want to access employment, education and/or training opportunities. (Southside Partnership, 2005)

This report also outlined that the childcare needs of children living in disadvantaged environments are likely to be more acute than the normative childcare needs. This can potentially put greater demands on the community childcare service providers in the day to day provision of quality services to support these accentuated needs.

3.5 The History of Community Childcare Development and Current Childcare Policy in Ireland

The roots of many ECCE services in Ireland are embedded in the so-called 'third sector', generally taken to comprise both community and voluntary approaches. Many services were developed in the 1980s and 1990s as a result of funding initiatives whose aims were related to social inclusion and equality. A prime example of this is the New Opportunities for Women (NOW) initiative, which

was designed to promote equality of opportunity for women to participate in the labour force, which stimulated the development of a wide range of ECCE services. In most cases the impetus for the establishment of a service was the local identification of need either by an individual, group of individuals or a community development organisation. Charitable and/or religious organisations also played a key role in the establishment and development of services. The broad themes that acted as the stimulus for the establishment of ECCE services by the community and voluntary sector can be summarised as:

- Child welfare/ protection
- Family support
- Promoting equality of opportunity (in terms of parental participation in education, training or employment)

This latter category is very typical of services developed by community-based organisations. Many community-based ECCE services address the needs of children at risk of disadvantage or with special needs. However, in many instances, childcare services evolved as a support for disadvantaged parents and for combating their educational disadvantage, rather than their children's. This trend is particularly evident in the 1980s and 1990s when increased investment was targeted at combating high rates of unemployment. Childcare services were provided to overcome barriers to parents' (particularly women's) participation in education, training or employment schemes. Their success was measured in these terms therefore, not in terms of their impact on the children (CECDE, 2004).

In 1999, the first National Childcare Strategy was launched. The *Thematic Review of Early Childhood Education and Care Policy* (OECD, 2002) identified this Strategy as the 'first concerted attempt to develop a coherent and comprehensive government policy that specifically addressed childcare'. However the OECD review points out that the childcare strategy is inextricably linked to labour market participation, since the terms of reference of the Expert Working Group was to consider the needs of children whose parent/s were attempting to access work through training and/or education. "It was not conceptualised as a general move towards universal provision of early childhood education and care." (OECD, 2002).

This was followed in 2000 by substantial funding being made available under the National Development Plan 2000 – 2006 and the launch of the Equal Opportunities Childcare Programme which included a package of capital and staffing grants for community run childcare services (and limited capital funding for private providers). This programme was under the auspices of the Department of Justice, Equality & Law Reform and related to supports to parents to access training and employment.

This programme was succeeded by the National Childcare Investment Programme (2006-2010) which came into effect on January 1st 2006 and management responsibility for both programmes transferred to the Office of the Minister for Children. €575 million has been allocated to the 5-year NCIP. The key objectives of this programme are to:

- ✦ Increase the supply and improve the

quality of early childhood care and education services, part-time and full day care, school age childcare and childminding.

- ✦ Support families to break the cycle of poverty and disadvantage.
- ✦ Support a co-ordinated approach to the delivery of childcare, which is centered, on the needs of the child.

The EOCP Staffing Grant ceased on 31st December 2007 and is being replaced by the NCIP Community Childcare Subvention Scheme (2008-2010), which was launched on the 1st of July 2007. Current recipients of the EOCP Staffing Grant will continue to receive funding at their existing level for the first half of 2008. This is to facilitate the smooth transition for these services from the Grant system into the Subvention system.

Funding under the new CCSS will commence in January 2008 and will be open to community based not for profit childcare services. Under this scheme subsidies are available to childcare services in respect of parents of children attending who are in receipt of social welfare payments or are engaged in education, training or work experience programmes where an underlying entitlement to a social welfare payment is established, for persons in receipt of Family Income Supplement (FIS) and for those who are marginally above the Family Income Supplement(FIS).

The key eligibility requirements for the Community Childcare Subvention Scheme are that a service:

- ✦ is directly related to the provision and development of community-based childcare facilities;
- ✦ is fully compliant with the Child Care (Pre-School Services) Regulations, where applicable, and any other relevant statutory obligations;
- ✦ operates a child-centred approach and adheres to standards of best practice at all levels;
- ✦ demonstrates a commitment to supporting disadvantaged families through the provision of childcare;
- ✦ operates a minimum level of childcare service, which is not less than a continuous session of 3.5 hours per day, 5 days per week, and for at least 46 weeks during the year;

- ✦ operates high standards of governance including an appropriate legal structure for the employment of personnel;
- ✦ operates an agreed and effective tiered fee system based on maximum and minimum fees set at appropriate levels;
- ✦ demonstrates a commitment to sustainable financial planning;
- ✦ demonstrates an ability to fully comply with financial and other contractual requirements of funding; and
- ✦ fully comply with all reporting/contract requirements and implement any recommendations arising from audits or verification reports.



3.6 Models of Good Practice in the Provision of Childcare & Family Support services in Disadvantaged areas

Many examples exist of successful projects where childcare and family support services are combined. To follow are three such examples. The first is an Irish based project, the Rutland street project which has been in existence since the 1970's. The remaining two, Sure Start and Childcare Links Projects are UK and Australian models respectively. All were initially focused in disadvantaged areas, although the Sure Start project has been extended to introduce centres throughout the UK.

The Rutland Street Project

The Rutland St. project was a joint venture between the Department of Education (DoE) and the Bernard van Leer Foundation. Rutland St. was established to cater for children between the ages of 3 and 5 in two daily sessions of two and a half hours each, with the children staying in the programme for two years. For some years now Rutland St. pre-school has operated a single session per day from 9.20a.m. until 2.00p.m., and remains a two year programme. Features of the project include:

- ✦ Along with the teaching staff, there were three social workers attached to the project, with a nursery nurse and a project director.
- ✦ The curriculum, which was developed for the project, pursued '*...primarily... cognitivescholastic objective*', which included language development

and personal and social development.

- ✦ The project was also committed to a community programme '*... to develop the parents' capacity to play an active role in their children's education*'. The parental involvement project also included home visits by teachers, parents visiting the school and parent/teacher meetings.

The ensuing evaluation demonstrated positive results for the programme, as did the follow up study of the participants some twenty years later. (Description extracted from CECDE, 2004)

Sure Start Children's Centres

Sure Start is a UK government initiative. Sure Start Children's Centres are places where children under 5 years old and their families can receive seamless holistic integrated services and information, and where they can access help from multi-disciplinary teams of professionals. The Government is committed to delivering a Sure Start Children's Centre for every community in England by 2010.

Sure Start Children's Centres in the most disadvantaged areas offer the following services:

- ✦ Good quality early learning combined with full day care provision for children (minimum 10 hours a day, 5 days a week, and 48 weeks a year).
- ✦ Good quality teacher input to lead the development of learning within the centre.
- ✦ Child and family health services, including ante-natal services.
- ✦ Parental outreach.

- ✦ Family support services.
- ✦ A base for a childminder network.
- ✦ Support for children and parents with special needs.
- ✦ Effective links with Jobcentre Plus to support parents/carers who wish to consider training or employment.

Child Care Links Projects

Child Care Links is an Australian initiative. It was developed as a pilot program and uses child care centres in disadvantaged areas as community hubs to link families with young children to local support services and to strengthen community networks. It aims to build the evidence base for using this model as an early intervention strategy to improve outcomes for young children and their families. Employing what is essentially a community development model, the project aims to establish child friendly communities.

Under the initiative, a Child Care Links worker is funded at each site to facilitate the development of networks and linkages between the child care service and other family and children's services.

The expectations of the Child Care Links projects are that they will:

- ✦ Increase parents' knowledge and understanding of services, facilities, information and available supports within the area.
- ✦ Increase understanding in the community of the importance of early childhood development and care and its influence on later outcomes in life.
- ✦ Lead to a greater use of child care centres for community activities which promote community connectedness and stronger families.

The projects focus on the needs of parents of children aged 0 to 5 years living in areas that have particular needs including issues related to poverty and isolation; children at risk of abuse and neglect; significant numbers of people who are indigenous and/or from a culturally and linguistically diverse background; families not accessing community services and activities and rural and remote areas.



Section 4: Childcare Provision in Fingal

4.1 Overview of Childcare in Co. Fingal and Blanchardstown¹

There were 290 childcare services in Fingal County operating at the time of this research. We have divided the greater Blanchardstown

area into the following three areas for a more detailed analysis.

1. Blanchardstown, North of M3

Blanchardstown North of the M3	008 Blanchardstown – Abbotstown 011 Blanchardstown – Corduff 013 Blanchardstown – Mulhuddart 015 Blanchardstown – Tyrelstown 041 The Ward
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- ✦ According to the FCCC 2007 survey results, all children registered in childcare services in the ED of Blanchardstown-Mulhuddart are in Community/NFP facilities. In total there are 123 children registered at four facilities.
- ✦ There are a very significant number of children waiting to attend services in the EDs of Blanchardstown-Corduff and

Blanchardstown-Mulhuddart, namely 161 and 108 respectively. This is combined with a lack of additional places in services in these EDs.

- ✦ There is a limited number of places in the ED's of Blanchardstown-Tyrelstown and Blanchardstown-Abbotstown, where there are 22 and 10 children registered respectively.

2. South East Blanchardstown

South East Blanchardstown	012 Blanchardstown – Delwood 014 Blanchardstown – Roselawn 016 Castleknock – Knockmaroon 017 Castleknock Park
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¹ Sourced from Fingal County Childcare Committee Strategic Mapping Exercise, 2007

✦ The ED with the second largest number of childcare services in the Blanchardstown Area (Area 1-3) is Castleknock-Knockmaroon, with 15 providers (of which only 1 is Community/NFP). There are a total of

487 children registered in the ED and a further 310 waiting for a place.

✦ The ED of Castleknock-Park has 173 children registered and a further 111 children waiting for places.

3. South West Blanchardstown

South West Blanchardstown	009 Blanchardstown – Blakestown 010 Blanchardstown – Coolmine 027 Lucan North
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✦ There are a total of 30 facilities and 760 children registered in the ED of Blanchardstown-Blakestown. This is

the ED with the most facilities and greatest number of children registered.

4.2 Profile of Services which Participated in this Research

Five community childcare services in the Blanchardstown area participated in this research. Hereafter they will be referred to as services A, B, C, D & E as it is intended that the outcomes of this research could be applied to any community childcare service operating in a disadvantaged area in Co. Fingal.

Two of the services surveyed are established over 10 years, while the remaining three are in existence for less than five years. Three provide a sessional care service only for two 3½ hour sessions per day. Those providing full daycare also cater for children on a sessional basis. Only one service caters for

babies under one year, the other full daycare provider accepts children from one year upwards. All are in receipt of staffing funding from the NCIP and all have some level of reliance on Community Employment (or Community Services Programme) workers in their services. Two services currently have special needs assistants employed to work with individual children attending their facilities. All five participating services reported having current waiting lists in excess of 100 children. Table 4 overleaf provides a detailed profile of the services surveyed in terms of services offered, children catered for and staff employed.

Table 4: Profile of Surveyed Childcare Services

	Year Service Established	Services Offered	Age Range Catered for	Total No. Paid Staff						Number CE / CSP workers	No. Children Catered for daily	
				Funded Through NCIP		Funded Through Fees		Special Needs Assistant (HSE funded)			PT	FT
				PT	FT	PT	FT	PT	FT		PT	FT
Service A	1996	Sessional Care x 2 sessions per day	2yrs 10mths – 5yrs		2	1			6	22		
Service B	2003	Sessional Care x 2 sessions per day	2yrs 10mths – 5yrs		2				3	24		
Service C	2002	Sessional Care & Full Daycare	1-5 yrs	2	2	2			3	25	7	
Service D	2004	Sessional Care x 2 sessions per day	2½ -5 yrs		2	2		1	2	24		
Service E	1997	Sessional Care & Full Daycare	3 mths – 5 yrs		2	2			3		15	



Section 5: Findings of the Research

5.1: Staff Questionnaires – Division of staff member's time

A brief questionnaire was designed to ascertain the various activities that different staff members within community childcare services are engaged in on a regular basis and the amount of their time taken up in each area of activity (See Appendix 1 for copy). It did not prove feasible for staff to quantify the percentage of their time given to a particular area as some activities were undertaken daily, others weekly, monthly or less frequently. This questionnaire was gone through in detail by the researcher with the managers and it was distributed to the remaining staff for completion and return. The following is an analysis of the responses received from the five managers in relation to the division of their working time.

Working with Children

Managers in all five services reported that for more than half of the services opening hours, they are engaged in working directly with the children. Three out of five work 70-80% of their time with the children.

Planning & Preparation of Activities

The amount of time spent in planning and preparing for activities varied across services. One manager reported preparing daily plans

in one hour per week, another spends 1 hour per day planning activities. A further provider estimated that one day per month is taken up planning activities, while in another facility plans are prepared at monthly staff meetings which last for approximately 2½ hours. The final service reported preparing plans for the entire year in September each year.

Carrying Out Child Observations

Two of the five participating services reported that they currently carry out no child observations due to time constraints. When asked which areas they would like to allocate more time to, observations were cited by both. One service conducts child observations every quarter. Each staff member observes three children. Approximately 3-4 hrs are required to conduct and write up the observations. Another provider conducts weekly observations and estimates that it takes three hours per week writing them up. The final service formally observes children on a fortnightly basis.

Applying for & Reporting on Funding

In all but one of the services surveyed, the manager is responsible for applying for and reporting on grant aid. In the final service, the administrator with the family resource centre housed in the same building as the crèche undertakes responsibility for these

tasks. The other four services reported that at the moment they are not involved in submitting any funding applications, but that they are extremely time consuming when underway. All are in receipt of NCIP (EOCP) staffing funding and they are required to report on it quarterly. Two providers estimate that this takes a half day each quarter, another suggests that a full day is required and the final manager outlined that two days per quarter are taken up with this activity when follow up phone calls and requests for additional information are dealt with.

Reporting On HSE Referral Cases

Four out of five of the services participating in this research reserve a number of places in their facilities for children referred by the HSE. A quarterly meeting is held between all four crèche managers and representatives of the HSE. These meetings usually last about four hours. The progress of children in placements is discussed and children on the referrals list are allocated a place in the most appropriate service if a vacancy exists. This is the only formal liaison between crèche managers and the HSE, but all four managers reported that they maintain very regular contact with the public health nurses working with the families from which children are referred. This contact is usually daily and can take up to half an hour. Phone calls would also be received from social workers, family support workers and other professionals associated with these children.

Working with Children with Additional Support Needs

Two managers reported that they do not currently have any children in their facilities

diagnosed as having special needs. One service outlined that as they do not have a special needs assistant that staff members offer 1:1 support to a special needs child on a rota basis. Another manager recounted that her service has been granted funding from the HSE for two special needs assistants in recent weeks, but previous to that that two special needs children in her care required 1:1 attention which put severe pressure on staff. The final service manager related that she spends up to 5% of her day making phone calls to various services seeking further supports or referrals for the special needs children in her care and for children who have not been diagnosed as having special needs, but require assessment for various difficulties.

Staff Support & Supervision

In three of the services surveyed, formal staff support & supervision sessions are not held. Instead staffing issues are dealt with as part of an overall staff meeting held once per month. Notwithstanding this staff are free to approach managers at any time on a one to one basis. Another of the services dedicates one hour per month to each staff member and in the final service staff support and supervision sessions are currently conducted quarterly, but will soon be held every six weeks.

Reporting to Management Committee

Each of the five managers are required to attend a monthly meeting with their management committee. For one manager this is a 20 minute slot at the beginning of the group's meeting and it takes her about one hour to prepare a report in advance. The

other meetings usually last 2-2½ hrs and preparation of reports and following up on tasks between meetings require a half to one day per month.

General Administration

Tasks which fall under this category include preparing staff rotas, paying bills, collecting fees, following up on late fees, maintaining accounts, dealing with enquiries, form filling and making phone calls. The above list is not exhaustive and general administration takes up a substantial portion of each manager's working week. Two spend up to 3-4 hours per day engaged in these activities, the other three spend 1-2 days in their office, but are also repeatedly called out when working with the children.

Meeting with Parents

All providers reported that informal meetings with parents are ongoing and up to one hour per day is taken up discussing issues related to the service and other parental concerns. When children first start attending the service a lot of time is spent explaining various aspects of the provision to parents. Sometimes language difficulties can be an issue among parents from new communities. Supports offered to parents will be dealt with in more detail later in the report.

Participating in Training

Managers varied in the amount of time they spend participating in training. One reported that she currently has no time available to attend training courses, another outlined that she undertakes training in her own time, and although time in lieu is allowed in principle, she has been unable to take time

off. One manager aims to commence training one day per week in September and the final participant estimates that she avails of some type of training or attends a conference once every two months.

When asked what other activities managers are engaged in during the course of their work on a regular basis, most outlined that a substantial amount of their time is taken up shopping for food and other supplies for the service, sourcing materials for projects and banking. Also dealing with enquiries from parents wishing to get on the waiting list for the service, helping them fill out forms and providing the general public with information can also take up a lot of time.

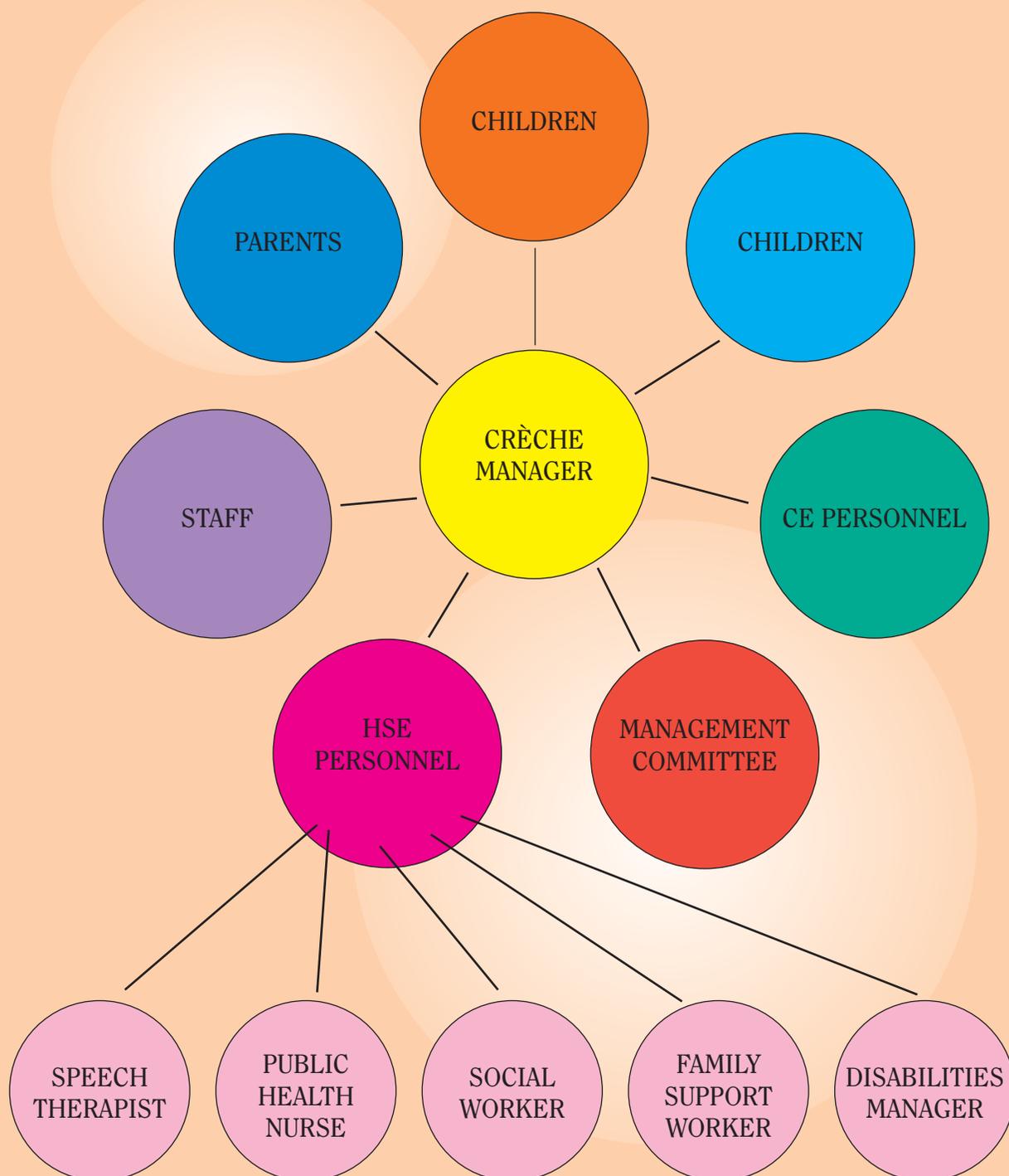
As can be seen from the above account, the tasks undertaken by managers in each of the services surveyed in this research are varied and extensive and individuals reported that they often don't get a chance to take lunch breaks and work late in the evenings in order to catch up on their workload.



Managers were asked if there are any areas which they would like to allocate more time to if it were available. The areas cited included spending more time with the children, catching up on paperwork, staff support and supervision, child observations,

recording meetings with parents, following up on arrears payments. The chart offers a diagrammatic representation of the wide range of personnel that childcare managers are engaged with on a regular basis.

Diagram 1: Agencies / Individuals which Childcare Managers liaise with on a regular basis



As stated the remaining questionnaires were distributed to other staff members for completion and return. Staff positions include senior childcare worker, childcare worker, CE participants and special needs assistants. Only four of the participating services participated in this element of the research.

Senior Childcare Workers

The responsibilities of senior childcare workers varied across services. In one facility the senior childcare worker works 100% of her time with the children while in the other two 60 & 70% respectively of the senior childcare workers time is spent working with the children. In these cases the senior childcare worker assists the manager with the general administration and operation of the service. (The final senior childcare worker was unavailable to complete the questionnaire.) In the services where special needs children are in attendance, the senior childcare workers spend a substantial proportion of their time engaged in supporting them.

Childcare Workers

Five childcare workers employed in the services under consideration completed the questionnaire. Childcare workers in all services spend the majority of their time working directly with children. The remaining time is spent planning and preparing activities and conducting observations. In one service as outlined in the managers section, staff offer one to one support to special needs children on a rota basis. Informal liaison with parents takes place with all staff members at the end of each session.

CE & Community Services Programme Worker Support

Ten questionnaires were completed by CE and Community Services Programme participants working across the five target services. These individuals are contracted to work 19½ hours per week, but all are engaged in some training during this time. The frequency of training varies from person to person, but some service managers reported CE participants being available in the service for only 8 out of the 19½ hours and others being on training courses for three days per week. While in the service, these workers are engaged working directly with the children and planning activities, with a low level of child observations and meeting with parents also reported.

5.2: Interview with Managers and Representatives of Management Committees

A more detailed one to one interview was held with each of the managers from the five services and a representative of the management committee from each facility. The following discussion topics were common to both sets of interviews and as the feedback was broadly similar a combined description is given.

- Children Referred to the services by the HSE
- Children from New Communities attending the services
- Special Needs Children
- Family Support
- Fees & Fundraising
- Applying for and Reporting on Grant Aid
- Employment Schemes
- Staff Absenteeism

Issues of Management committee membership and operation were discussed with committee representatives and are discussed at the end of this section.

HSE Referrals

Four out of five of the childcare services which participated in this research reserve a number of places for children referred to the facility by the HSE. The final service currently does not reserve places but is asked from time to time by HSE staff to take a child. See table 5 for a breakdown of the number of places reserved in each facility.

Table 5: Reserved Places for HSE Referrals

	No. Places Reserved for HSE Referrals
Service A	7
Service B	0
Service C	2
Service D	4
Service E	7

In the past the local Public Health Nurse would contact the childcare service directly asking for a placement, but in recent times a more formal structure is in place whereby all the crèche managers concerned meet with representatives of the HSE on a quarterly basis. At this meeting cases for referral are discussed and the most appropriate setting is chosen for the child to attend.

Children referred to childcare services by the HSE are from families with current HSE involvement through Social Workers, Public Health Nurses, Family Support workers or Speech and Language therapists. Children referred have to be part of an ongoing and / or urgent service strategy.

Families referred require HSE involvement and one or more of the following:

- Financial problems
- Homelessness – housing problems
- Families with social problems
 - Poor maternal health
 - Families needing extra support
- Speech and language difficulties
- Addictions
- Psychiatric problems
- Development delay
- Intellectual / behaviour difficulties awaiting diagnosis (e.g. ADD/ADHD)
- Children at risk of coming into care
- Vulnerable teenage parents

These children usually present with a range of problems from poor nutrition and general care, speech and language difficulties, behaviour problems or special needs and require a lot of extra support from staff in the services.

A range of HSE staff may be in contact with the child and his or her family including social workers, family support workers, public health nurse, speech therapist etc. and each of these personnel may regularly contact the crèche manager for information and updates on the child's progress. On the other hand, the child may require input from these various services but is not obtaining it and crèche managers often find themselves

making repeated phone calls seeking services for the children concerned.

In some instances crèche managers felt that they do not always get a comprehensive briefing on the child's background which can compromise them and other staff members and inhibits their ability to provide fully for the needs of the child. For example the extent of the children's additional needs may not be fully explained.

In some cases managers reported that their services are not the most appropriate settings for some of the children referred by the HSE. They may need a more specialised facility and the individual child does not benefit greatly from their time in the childcare service and the additional support they require puts immense pressure on staff which thus reduces the effectiveness of the service offered to the remaining children.



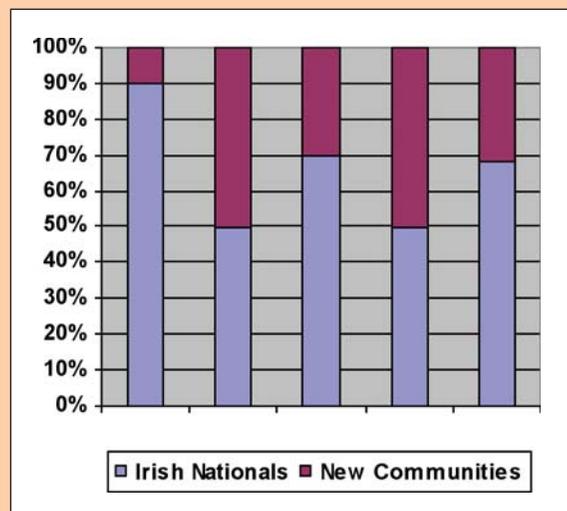
Children from New Communities

Figures from the 2006 census revealed that 21.75% of people living in the Blanchardstown area are from New Communities. The majority of this cohort are younger people and this is reflected in the breakdown of

nationalities attending each of the services in this study as in some cases up to half of the children in attendance have parents from New Communities.

Table 6: Breakdown of Nationality of Children attending participating services

	% Irish Nationals Attending	% New Communities Attending
Service A	90%	10%
Service B	Approx 50%	Approx 50%
Service C	70%	30%
Service D	50%	50%
Service E	68%	32%



Among the nationalities availing of childcare services in this area are French, Spanish, Chinese, Lithuanian, Libyan, Romanian and African from various African countries. This

multi cultural mix presents a range of benefits and challenges to childcare service provision in the area.

Among the benefits highlighted are:

- ▶ Children are introduced to a range of customs and traditions from a variety of cultures. Services organise events such as traditional costume days, national food days etc.
- ▶ Early integration with people from various cultures helps eliminate racism.
- ▶ Children interacting can help parents integration also as children from new communities will have Irish friends and their respective sets of parents will get to know each other.

The challenges presented include:

- ▶ Language difficulties. Language barriers can present problems for both children and parents although crèche managers outlined that children are quite proficient at picking up English and that after a few months in the service it is usually no longer a problem. Parents on the other hand find it more difficult and staff have difficulties explaining crèche rules or relating information to some parents with poor English.
- ▶ The cultural differences that exist especially in child rearing practices. Behaviour management techniques used by some parents can be at odds with the policies in the childcare services and although it is beyond the remit of the providers to influence child rearing practices in the home, parents sometimes ignore policies while on the childcare premises and shout at or physically punish their children.
- ▶ One provider outlined that sometimes parents are suspicious of the information sought by the service regarding family

circumstances, number of siblings, others living in the family home etc. or are reluctant to divulge information on allergies or other conditions.

- ▶ On average it takes longer for children from new communities to settle into the routine of the service.

Two service providers outlined that they have experienced no additional challenges in relation to dealing with children from new communities. One commended a seminar she attended which was hosted by Barnardos and clarified cultural differences that exist among children in particular from African communities.

Service managers were asked to state if they would describe language difficulties as a Major, Moderate or Minor issue for staff in their service. Three providers reported language as a major issue, one as moderate and the remaining one as a minor issue. All clarified that the greatest difficulty is experienced in dealing with parents rather than children. Similarly three management committee representatives when asked this question concluded that language difficulties is a major issue in the services they represent and the remaining two deem it a moderate issue.

Special Needs

Only one of the services surveyed reserve places for children with special needs, but all have had special needs children enrolled at various times. An anomaly exists between children who have been diagnosed as having special needs and those who evidently require additional support as a result of obvious difficulties such as speech delay or behaviour

problems. Although such children may require 1:1 attention, it is not possible to get special needs assistants assigned to them unless a formal diagnosis has been made.

The process of getting a child assessed can be an arduous one and services reported having children in their care for up to two years before an assessment was carried out and funding for a special needs assistant approved from the HSE. This situation puts severe strains on staff resources as core staff are assigned to giving 1:1 attention to one child and the remainder of the children are automatically placed at a disadvantage.

One service currently has three special needs children in attendance and has just recently been approved funding to employ two special needs assistants. Previous to this staffing at the service was reaching crisis stage. A difficulty with this funding, although welcome is that it is not secure and is likely to be removed if the special needs child for which it was approved leaves the setting, although there may be other children needing a special needs assistant.

Managers also felt that extra special needs training is required for staff. One management committee member also outlined the need for additional capital funding in order to make buildings suitable to meet the physical needs of children with additional needs.

Family Support

Given the level of disadvantage that exists in the areas where the childcare services which participated in this research operate, crèche

managers and other staff members reported that they are required to deal with family support issues on an ongoing basis. All services surveyed outlined having a very high percentage of children from one parent families in attendance (up to 94% in one case). Some parents are isolated and the crèche staff are the only adults they meet on a regular basis and they turn to them for all sorts of support or just for a listening ear. Some of the issues most frequently dealt with include:

- Parents wishing to discuss their personal problems with staff. Issues most often highlighted include relationship breakdown, financial problems, illness & drug use.
- Parents seeking support on child rearing issues such as behaviour management or nutrition.
- Bereavement among families. A number of parents of children attending the services have died in recent years as a result of drug use and an occurrence of gang land killing has also directly impacted on the children in one of the services.
- Childcare staff are regularly asked to make phone calls, seek referrals or fill out forms for children requiring additional support services such as speech therapy.
- Once in the process of seeking a referral, managers are often required to submit letters of support outlining their observations of the child in the service.
- Families seeking asylum requesting letters of support in order to avoid repatriation.
- Parents requesting help with all types of form filling.

Staff reported that they feel inadequately trained to deal with many of the issues presented and that an inordinate amount of their time is taken up offering support. Additional training required would include bereavement and general counselling skills and addiction studies. It is acknowledged that this is an important sub role of community childcare provision in disadvantaged areas, but it is felt that it is not taken into account by funding bodies when allocating resources. A number of the management committee representatives felt that staff are not adequately supported to deal with all the issues presented by children and families using the services and that further support could be provided by HSE staff such as social workers or that advice could be given for example on substance abuse by the community drugs team.

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Fees and Fundraising

All the services surveyed are financed by a cocktail of fees and grant aid. All five services are also in receipt of staffing funding from the National Childcare Investment Programme (formally Equal Opportunities Childcare Programme). At present they are all in the early stages of designing a tiered fee structure for their facilities. The average fees currently charged are €38 for a sessional place and €88 for a full daycare place. (The NCNA recently conducted research that estimated that the cost of providing a quality full daycare place in a sixty place nursery is €256 per week (NCNA, 2006)). It is

acknowledged that community childcare services operating in areas with the level of disadvantage of those under consideration will never be self financing and will be eternally dependent on grant aid.

As outlined in the demographic profile, the population of Blanchardstown is greater than

the individual County population of Roscommon, Carlow, Longford, Sligo or Monaghan. The table below compares their respective populations and the amount of EOCP / NCIP staffing funding approved in Blanchardstown and each of these Counties.

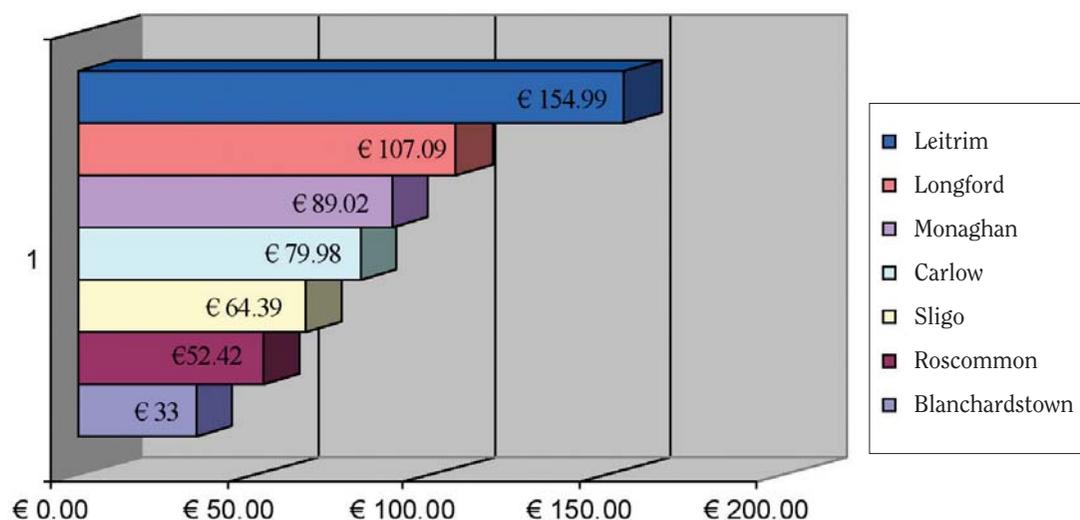
Table 7: Breakdown of NCIP funding Approved in Blanchardstown & Counties with a smaller population

	Population	Amount EOCP/NCIP Staffing Funding Approved, €
Carlow	50,349	€4,027,143.00
Leitrim	28,950	€4,487,088.00
Longford	34,391	€3,683,017.00
Monaghan	55,997	€4,984,674.00
Roscommon	58,768	€3,080,705.00
Sligo	60,894	€3,920,846.00
Blanchardstown	63,120	€2,094,229.00

Co. Leitrim, for example has a population less than the Blanchardstown ED and 45.86% of the overall Blanchardstown population, yet it has received over twice the amount of staffing funding from the EOCP/NCIP. Sligo's population is close to that of Blanchardstown, but it has been approved over 87% more staffing funding. The chart below compares the amount of NCIP funding

approved per capita in Blanchardstown and in each of the Counties with a smaller population. For every person residing in Blanchardstown, €33.18 has been approved compared to €64.39 for every person living in Sligo and €154.99 for all residents in Co. Leitrim.

Chart 3: Amt (€) NCIP Staffing Funding per Capita



Applying for and Reporting on Grant Aid

All childcare services participating in this research are in receipt of staffing funding from the National Childcare Investment Programme (formally Equal Opportunities Childcare Programme). All five services employ their manager and senior childcare worker through this funding source. One service also has an additional two part time childcare workers through this funding. It is a requirement of this grant aid that quarterly reports are submitted to Pobal. In all but one of the participating services, responsibility for submitting these reports lies with the manager. The final service has the benefit of administrative support from the family resource centre housed in the same building as the crèche. Managers recounted tasks related to this reporting taking up to three days per quarter as in addition to the regular reports, Pobal often send additional questionnaires for completion. Difficulties

highlighted with the reporting procedures included:

- A perceived high turnover in staff within Pobal. This makes it difficult for service providers to develop a working relationship with their contact person in Pobal.
- Information submitted regularly goes missing and further copies must be sent.
- Phone calls are not always promptly returned from Pobal but an expectation exists that any queries from the organisation will be dealt with promptly by service providers.
- Difficulty in getting clear information regarding certain issues e.g. eligibility of bank charges etc.

The following table charts providers responses when asked to rank the complexity of the reporting requirements on this funding from 1-5 (5 being the most complex)

Level of Complexity	Least Complex			Most Complex	
	1	2	3	4	5
No. of services who selected this ranking		2	1	1	

There are no reporting procedures for funding received from the HSE for childcare places or the employment of special needs assistants. Payments are made based on quarterly invoices for the amount outstanding. Delays in receiving this money were highlighted by some providers. Services also reported that they are not in receipt of funding from any other source.

Employment Schemes

Four of the five services which participated in this research have CE participants working in their facility. The remaining service is housed in a centre which is run as a Community Services Programme and three of the workers in the crèche are participants on this scheme. Various advantages and disadvantages of having such workers in the crèche were discussed with the managers and committee members. The following is an outline of the issues raised:

Advantages:

- Without use of these schemes the services would not be financially viable and substantially higher fees would have to be charged.
- It enables the crèches to offer 1:1 support for children with additional needs.
- Having additional adults enables the core staff to undertake planning and recording etc.
- Results in the services having a higher staff: child ratio than they could afford with paid staff.
- As CE participants are engaged in ongoing training, they are constantly learning new things that can be introduced into the services.

Disadvantages:

- As they are not trained staff, they cannot be left responsible for children.
- The amount of time CE participants spend training means that the hours they are available to work in the services are reduced. Some services reported CE staff being away on training for 3 days per week. Another was absent for a two month block. Also if all CE staff are training on the same day, the service will be short staffed. It appears difficult to plan also as details of training schedules are not known well in advance.
- The training that some participants engage in may not be childcare related and therefore does not enhance their job performance.

- ▶ While on schemes, these participants are in training and then once they are trained they leave the service.
- ▶ Participants may not always have an interest in childcare as a career and are therefore not fully committed to their work.
- ▶ CE participants themselves require a lot of support.
- ▶ Schemes can be cut at any time, therefore these are not secure positions.
- ▶ Some CE workers are unreliable.

Managers were asked to state how satisfied they are with the Community Employment (Community Services Programme) scheme operational in their service. Three stated that they are satisfied, one was very satisfied and the final respondent said that she is very dissatisfied. It is interesting to note that the provider who is very satisfied with the scheme in her service has a high level of input into selecting the candidates who will work in the childcare service.

Chart 4: Level of Satisfaction with Employment Schemes Operational in Participating Services

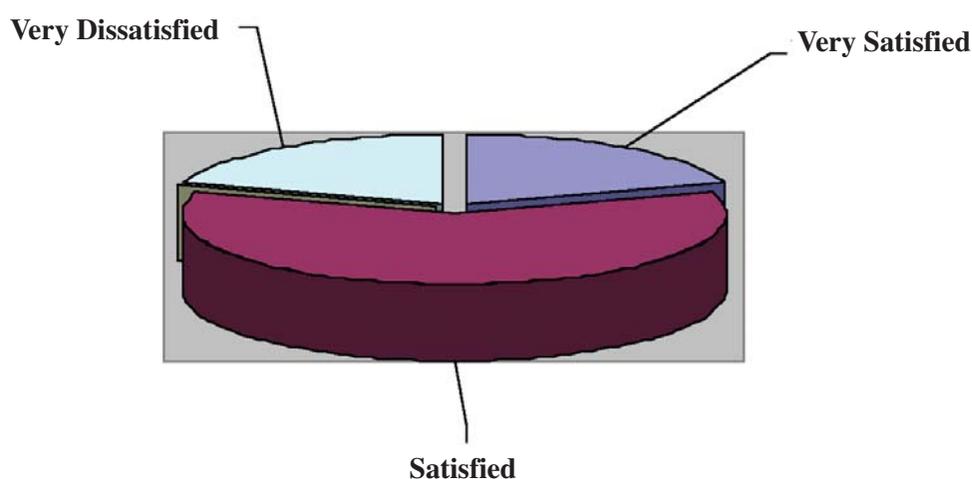


Table 4 on page 23 breaks down the number of adults working with the children in each service, the source of funding for these workers, the services offered and the number of children catered for. As can be seen from this table, the level of reliance on CE workers varies across services. Although all of the services have enough staff employed to meet the staff: child ratios necessary under the requirements of the 1996 Pre School Services

Regulations, it is acknowledged that these are only minimum standards and a greater ratio would be required for quality provision. Furthermore given the level of disadvantage that exists in the areas under consideration and the number of children presenting with challenging behaviour and additional needs, a much higher ratio is required. Also it must be remembered that the positions funded through the NCIP includes the manager's

position. From the earlier analysis, we learned that managers spend between 50% and 80% of their time on the floor working with children, but that even during this time, they are continuously being called away to deal with other issues related to their work.

Staff Absenteeism

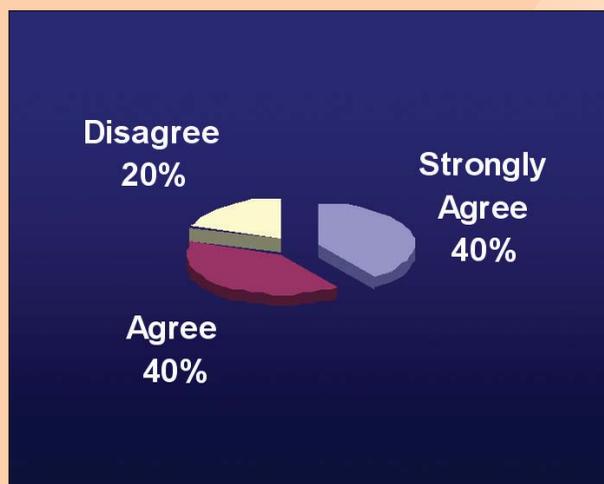
Managers were asked to state if staff absenteeism or sick leave is an issue within their service. In three of the services, it is, the remaining two do not have a problem with absenteeism. In most cases when staff are absent, the remaining staff members cover the shortfall. One service has an option of calling in a parent to help out or on rare occasions, staff from another service will assist if they have additional staff available.

Supports Available to Managers

The level of support available to managers varied from service to service. Some had a good support mechanism in place with a

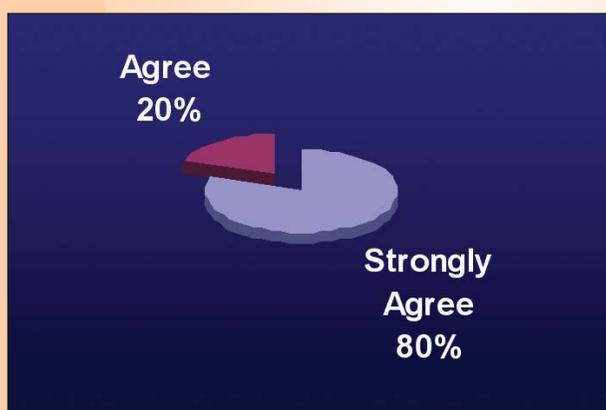
member of their management committee, others had less good liaison with their committees. Up until recently a member of staff employed by Barnardos locally offered support to all the crèche managers in their role as managers and also in observing children presenting with difficulties. This role appears to have evolved over time out of necessity rather than it being the original role of this staff member. Her services have recently been removed as she was seconded to another area. The loss of this service was bemoaned by a number of the managers interviewed. A regular support session has recently been established for one of the managers with an outside agency.

Finally, managers were presented with a series of statements and they were asked to state if they (A) Strongly Agree, (B) Agree, (C) Disagree or (D) Strongly Disagree with each. The following is an analysis of the responses.



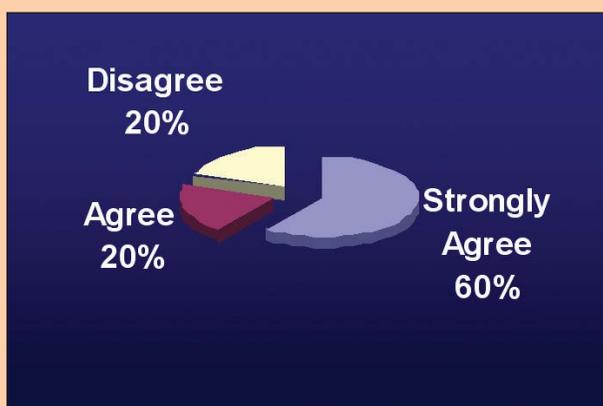
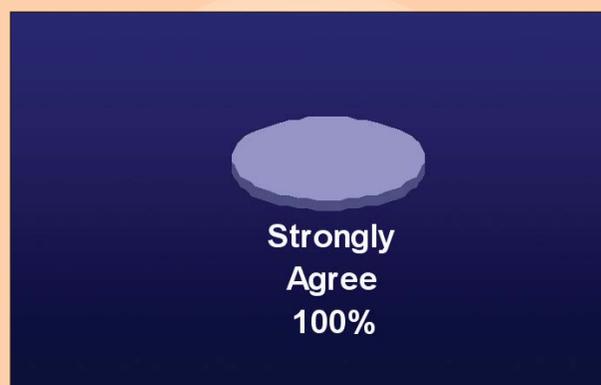
Statement 1: It is not possible to run a quality childcare service if the service is dependent on CE workers as core staff members. Two providers strongly agreed with this statement, a further two agreed and the final manager disagreed.

Statement 2: All staff members in community childcare services in disadvantaged areas should be funded through state funding. All five managers strongly agreed with this statement.



Statement 3: The level of administration and reporting requirements which exist in our service necessitates a manager position not working directly with the children. Four of the managers strongly agreed with this and the remaining one agreed. When the topic was discussed in more detail, it was agreed that although the workload exists for an office based manager that the role could not be successfully undertaken without ongoing contact with the children and parents.

Statement 4: Our service has more than just a childcare focus and is increasingly dealing with family support issues. There was unanimous agreement with this statement with all five selecting strongly agree.



Statement 5: An excessive amount of staff time is taken up liaising with agencies. One provider disagreed with this statement, a further one agreed and the remaining three strongly agreed.

Interviews with Management Committee Members

The third element of this research involved the researcher meeting with a representative of the management committee associated with each of the five target services. A total of four individuals took part as one person interviewed is chairperson of two of the management committees. The management committee representative of one of the services was not available to meet the researcher personally, but she completed a questionnaire that broadly mimicked the structure of the interviews held with the other representatives. The remainder of this section details the issues discussed with management committee members that were not common to the interviews with managers.

Committee Membership

In three cases, the person who participated is the chair of the relevant group. The membership of the other two committees is currently so limited that officers have not been elected. Membership of the committees was discussed. Agencies that are represented on the committees include the Greater Blanchardstown Development Group (2), Blanchardstown Area Partnership (3), Fingal County Childcare Committee (1), Barnardos (2), Fingal County Council development workers (2), Project leaders with the local family support service or Community Development Project (3), a parent rep (1) and a CE supervisor (1) (Note: The number in brackets denotes the number of committees who have this type of membership) In recent times, the Barnardos representative has been seconded to another post and is no longer active on the committees. Similarly one of the

County Council reps has also been removed due to other commitments. One service currently has only two members on its management committee. At present, only one service is happy with the representation on its committee, all others would like to recruit new members including a representative from the HSE (4) (either Public Health Nurse or member of Social Work team), Barnardos (1), Fingal County Council (1), parent rep (1) and Blanchardstown Area Partnership (1). Regarding having parent representation on the committees, it was outlined that due to the sensitive nature of a lot of the issues which families availing of the services are experiencing, it may not always be appropriate to have a local parent representative active on the committee.

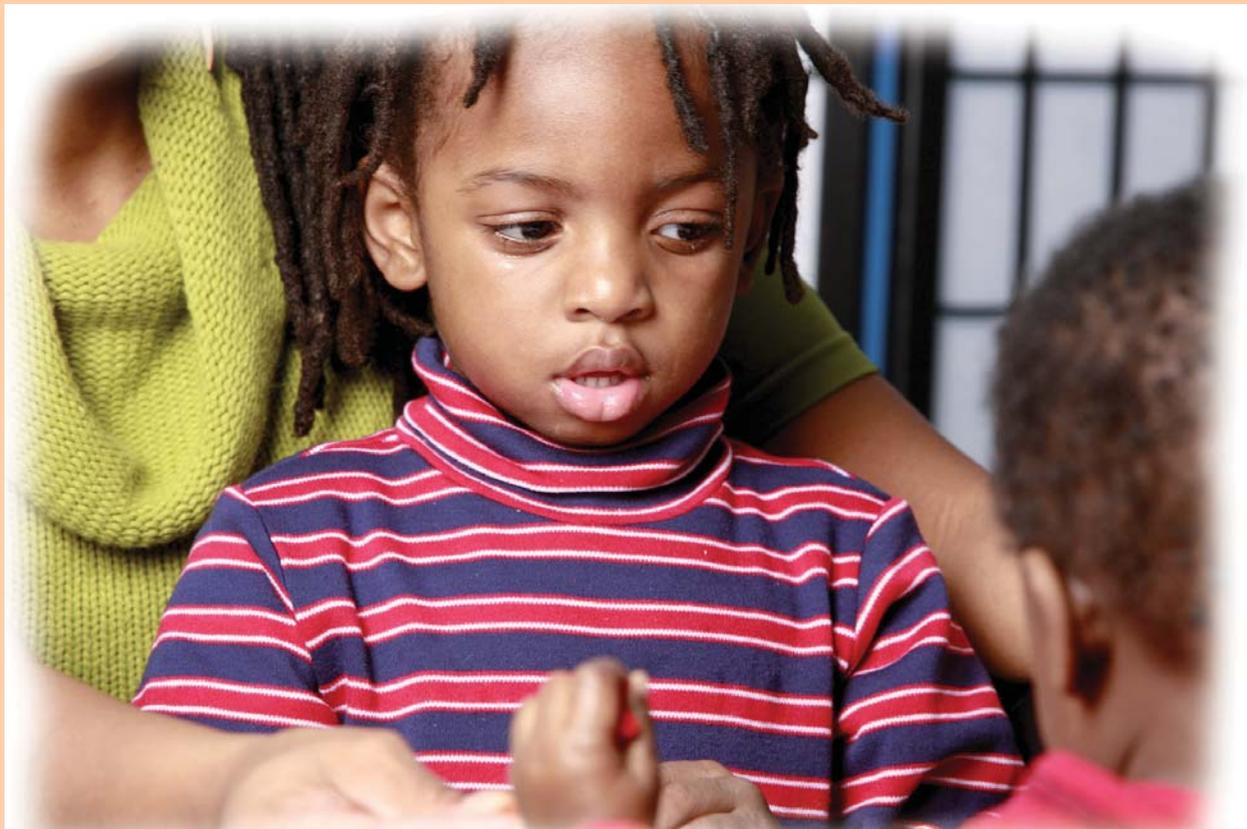
Difficulties highlighted in relation to current management committee structures include:

- Problem recruiting further members due to existing heavy workloads of those individuals who are being targeted for inclusion and the lack of resources within organisations to put forward a member.
- In most instances, the childcare committees outlined above are subgroups of an overall management committee managing a wider community centre. The lack of autonomy of the childcare subgroup was highlighted by one group as an issue as the overall management committee are the final decision makers.
- The lack of childcare expertise of most of the members on the committees limits their ability to effectively manage the facility and to adequately support staff.

Management committee representatives were asked to outline in their opinion what additional demands are placed on staff working in community childcare services in Dublin 15 as opposed to other parts of the Country. Their responses are outlined below:

- ▶ The issues related to the large percentage of residents in the area from new communities.
- ▶ The high level of anti-social behaviour in the area.
- ▶ The influence of gangland violence and drug use.

- ▶ The majority of children attending the services are from families with difficulties.
- ▶ The level of reliance on CE participants in running the services.
- ▶ The higher than average percentage of young people living in the area.
- ▶ The fact that staff are often not just involved with the child attending the service, but also with the whole family.



Section 6: Conclusions and Recommendations

In conclusion it has been identified that Managers within community childcare services in Blanchardstown are extremely stretched for a number of reasons:

- ▶ Their heavy workload which includes
 - working with children,
 - supporting staff,
 - offering family support to parents,
 - administration,
 - reporting on funding,
 - liaising with outside agencies.
- ▶ The profile of the children attending these services includes a large number presenting with additional needs on a range of levels.
- ▶ The operation of the services is dependent on CE participants and this system has its limitations.

1. Although each of the facilities surveyed are offering an invaluable service within their communities, the existing level of childcare provision is grossly inadequate to meet the needs of the area.

Recommendation: A childcare needs analysis and strategy for development for the entire Blanchardstown area should be undertaken². Agencies to be

invited to participate in this analysis include Fingal County Childcare Committee, Blanchardstown Area Partnership, HSE, Fingal County Council, Barnardos, Family Resource Centres and Community Development Projects active in the area.

2. Staff members reported feeling inadequately equipped to offer the level of support required to some parents and children availing of their services.

Recommendation: A FETAC Accredited Level 5 course should be developed and offered to the Community Childcare Sector and those wishing to work in the Community. A range of training programmes should also be made available to these staff. Topics for consideration include: basic counselling skills, bereavement counselling, addiction studies, basic and advanced special needs training and equality & diversity training.

² Recommendations in a number of needs analysis surveys carried out in the areas under consideration here included developing a childcare plan for their particular community.

3. A range of ancillary support services are required for parents in the area.

Recommendation: A model such as the U.K.'s start of Australia's link worker could be established on a pilot basis in the area. All childcare, family support and development agencies with a remit in the area could be approached by a selected lead agency to develop a network to improve supports and services and also to contribute to a cocktail of funding for this pilot project³.

4. There is an onerous amount of administration attached to operating these services. In all but one case managers reported spending approximately two days per week undertaking administration tasks.

Recommendation: Consideration should be given to each service contributing to the employment of a communal administrator to undertake some of the routine administrative tasks required on behalf of all community childcare services in the area. Alternatively consider seeking a further CE worker in an administrative capacity.

5. Children can be engaged with a range of services and systems, for example speech therapists, social workers, public health nurses and disability services. Childcare managers often receive individual contact from each branch of the system. Most contact was reported to be by telephone and unstructured in terms of frequency or approach.

Recommendation: Greater coordination is required between childcare facilities and different arms of the Health system. A meeting between childcare services and representatives of all possible services which a child could be engaged in to agree the type of information required by each would enable providers to develop a tick box type report with minimal descriptive content which could be completed for relevant children at agreed intervals. Formalising the system of reporting to the various personnel could in fact reduce manager's workload as duplication of reporting would be reduced. The quarterly meetings between managers and HSE personnel could be used as a forum to kick-start this process.

³ Operational details and model management structures for this project could form part of the study outlined in Recommendation 1 above.

6. The multifaceted nature and level of responsibility of the childcare manager's position can place individual managers under stress and in need of support or advice on various aspects of their role. A limited service of this type evolved through a Barnardos employee in the area, but this has now ceased.

Recommendation: Serious consideration should be given to the employment of a locally based Early Years Specialist who would support senior staff members in a number of services and assist with overcoming challenges posed by individual children. Ideally in the long term this position should be funded through core public funding, and delivered through the FCCC. However in the interim funding for an Early years Specialist should be sought from Fingal CCC, Blanchardstown Area Partnership, HSE, Fingal County Development Board and locally based family support agencies.

7. All services who participated in this research acknowledged that their facilities could not presently operate without the availability of CE workers, but that this system has considerable limitations.

Recommendation: A phased plan to eliminate reliance on CE workers should be developed. There should also be a shift in focus from engaging CE workers in working directly with children to appointing them to supporting roles such as cleaning, maintenance or administration.

8. Currently funding for special needs assistants is not sanctioned by the HSE until children have been formally diagnosed as having special needs. This process can take up to two years to complete which can put severe strains on staff resources where 1:1 attention is required by the child.

Recommendation: Negotiations need to take place to alter this system whereby temporary supports are put in place once a child is going through the assessment process and that longer term funding is granted on completion of assessment. In circumstances where the HSE is placing a special needs child in a service, it should be a prerequisite that funding for a special needs assistant is sanctioned prior to the placement commencing. It is proposed that the FCCC enter into talks with the HSE in relation to this.

9. Divergence exists among services in the level of involvement crèche managers have in the recruitment and management of CE participants working in their services.

Recommendation: A working agreement should be established between crèche managers and CE supervisors across all services. Procedures for recruitment, training schedules, sick leave, holidays etc. could be agreed through this forum

10. Very little provision exists for a system to cover for absent staff members.

Recommendation: The establishment of a panel of flexible qualified staff should be considered to cover for absent staff members across a number of services in the event of sick leave, training or holidays.

In conclusion, this report has identified a range of issues which currently challenge the effective operation of community childcare services in the Blanchardstown area and could equally be attributed to other disadvantaged areas in Co. Fingal. As a first step in addressing the areas highlighted, it is suggested that the research and its recommendations be brought to a forum of community providers to discuss its findings, prioritise the recommendations and develop an action plan to tackle the challenges currently being faced by these groups.



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