PREPARING FOR LIFE

A REPORT ON SCHOOL READINESS IN THE COMMUNITIES OF BELCAMP, DARNDALE AND MOATVIEW

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Noel Kelly,

Preparing For Life, Programme Manager.

CUTIVE SUMMARY

This study explored levels of school readiness among Junior Infants in three areas of Dublin 17: Darndale; Moatview; and Belcamp.

Background

The study was conducted as one element of the service design work by the Preparing for Life Group who are developing integrated services with a preventative and early intervention focus to be delivered to all children born in the area in 2007/2008, until such time as they start school. The ultimate aim of the services is to enable families to develop their capacities and skills so that they can take more control of their lives, and that their children will be ready to benefit from the school experience when they start school, and therefore be better prepared for life.

Data on 98 Junior Infants was collected through two surveys: one involved 98 parents of Junior Infant children and the other involved the teachers of 90 of those Junior Infants. Three focus groups were held with parents and teachers to aid the researchers in their interpretation of the data. Finally, the environment in four Junior Infant classrooms and schools was rated using a standardised scale to explore how the needs of the Junior Infant children were being met in the school setting.

Findings

The childrenôs teachers considered just under half of the children surveyed to be ready for school when they started in September 2004.

All four of the schools rated were providing, at least, the basic conditions considered necessary to meet the needs of Junior Infant children. However, none reached the minimal standard with regard to the provision of activities (such as sand play and art) for the Junior Infants in their care.

nd to be associated with school readiness.

- *Age* - Children rated as ready for school by their teacher tended to be slightly older.
- *Gender* - Girls showed significantly more pro-social behaviour and significantly less hyperactivity than boys.
- *Child's living situation* - Children who lived with both birth parents showed significantly better cognitive abilities than those in other living arrangements. Children who had parents that were married and living together had significantly less emotional problems and less peer relationship problems than those in other families. These children also showed significantly more pro-social behaviour and significantly less hyperactivity and conduct problems than those who did not have parents who were married and living together.
- *Health of siblings* - Children living in a house where there was a sibling with a long-term limiting illness or disability had significantly lower cognitive abilities.
- *Health of adults in the household* - Children who lived in a household where there was an adult with a long-term, limiting illness or disability showed significantly more peer relationship problems and significantly less pro-social behaviour.
- *Household solely dependent on State benefits* - Children who lived in a household dependent on State benefits showed significantly more peer relationship problems and significantly more conduct problems compared to those who lived in households that were not dependent on State benefits. Children in these households were also significantly more likely to be rated by their teachers as ósomewhat readyô or ónot readyô for school when they began the school year.
- *Chief earner was employed or self-employed* - Children in these households were significantly more likely to have been rated by their teachers as ready for school than were children in households where the chief earner was a home maker, working part time or unemployed.
- *Involvement in out of school activities* - Children involved in out of school activities showed significantly less hyperactivity than those not involved.

tification of factors, which predict or cause a lack of ysis identify the direction of causality, that is, which factor existed first and exerted influence on the other. Findings from the local research did not wholly corroborate international evidence about what might have been expected from the analysis of this set of data. For example, factors expected to have an association with school readiness such as parental mental health, the use of early childhood care and education did not emerge as significant. It is possible that some factors did not emerge as significant due to issues such as the small sample size and the retrospective view taken by the survey.

It is hoped that the insights and information presented in this report can be used to inform the design of services to enable families, schools and services to meet the challenge of preparing the children of the area to be ready to start, and to fully participate in both school and life.

ND GRAPHS

TABLES

FIGURES

GRAPHS

G FOR LIFE

The Preparing for Life (PFL) Group is made up of representatives from a range of statutory and voluntary agencies and community groups from an area on Dublinôs Northside who plan to develop ña focused long term project aimed at demonstrating the value and efficacy of early intervention in childrenôs livesé .a model of prevention that will enable families to develop their capacities and skills so that they are enabled to take control of their lives and reduce the need for service interventions to address problems.ò[1] The plan is to target all of the families of children born during one calendar year with a range of services, and to provide these children and families with support over a four to five year period.

This report is one element informing the development of integrated services with a preventative and early intervention focus for the targeted children and their families.

The PFL Group intends that the outcome of these interventions will be that all children born in the area in 2007 will be ready to benefit from the school experience when they start school, and therefore will be in the best position to be prepared for life.

AIMS OF THIS REPORT

The overall aim of the research is to establish the level of school readiness of children in Junior Infant classes living in three areas of Dublin 17: Darndale; Moatview and Belcamp. Specific objectives are as follows:

- To summarise the key points from the literature on school readiness;
- To establish the basic competencies that are to be expected from the average four and five year old;
- To describe the level of school readiness of children from the area in Junior Infants;
- To explore whether the schools were ready for the child;

[1]Extract from leaflet ôPreparing Your Child For Lifeô

vant stakeholders the factors that influence school

l progress, in this population;

KEY FINDINGS FROM THE LITERATURE

School readiness is a multi-dimensional concept, which needs to reflect the holistic nature of childrenôs development and take account of the influence of factors in their wider environment. Piotrkowski (2004) conceptualises school readiness in terms of the joint responsibilities that home, schools and communities have in providing caring environments that promote childrenôs learning. The many facets of the childôs environment, including their family and societal systems and values, neighbourhood security, quality and equality of access to the public health system, governmental policies and practices and economical considerations largely determine early childhood well-being.

When considering children, it is important to consider their physical development, cognitive skills, (e.g., how they learn), their use of language, and their emotional and social abilities (Kagan et al., 1995). When thinking about each of these dimensions, we take the view that the child is a capable and active participant in their own development and in the learning process rather than a passive recipient of external influences. To participate in school, and in life, children need skills and abilities to enable them to take part. Schools, however, must also be ready for children. While the child must be capable of learning, the schools must be able to support and teach children, regardless of their skills (Meisels, 1999). This necessitates resources, including high quality individualised instruction, a commitment to enhancing parent involvement activities and on-going professional development and support for teachers.

There are numerous factors that influence childrenôs school readiness. In the childôs home environment, parents, as the primary carers and educators, play a central role in their early years as well as in their school readiness. Research generally supports the idea that when relationships between parents and their children are nurturing, warm and responsive to childrenôs needs, there are positive cognitive and behavioural gains. Parental

in activities with their children such as reading g them together, going on outings, all help childrenôs development and sense of well-being.

Parental physical and mental health may also affect a childôs development. For example, studies show that parental low self-esteem is associated with higher levels of behaviour problems in children. In addition, studies also indicate that women who are economically disadvantaged, especially those with young children, are more likely to experience depression compared with other women (Hall et al., 1985; Liaw & Brooks-Gunn, 1994). This is a matter for concern as maternal depression is associated with numerous difficulties in early childhood including cognitive and language problems (Murray et al., 1996; Petterson & Albers, 2001), socio-emotional difficulties, notably emotional regulation difficulties and social interaction and behavioural problems (Cicchetti, et al., 1998; Field, 1995).

Another home factor that has been identified as being influential in childrenôs development is exposure to violent conflict, either between parents or between parents and a child. Children, who experience family violence, whether as witnesses of the violence or as victims of abuse, are at increased risk for developing a variety of psychological problems. Social supports serve as a buffer against many kinds of stress and when parents are isolated and without adequate support, parenting stress is increased (Ventura, 1987).

The parental education level has also been found to influence aspects of childrenôs development, notably their language development. Huttenlocher et al. (1991) found that one of the best predictors of vocabulary development is the amount and diversity of input that the child receives. There is some evidence that verbal input is influenced by socio-economic class and parental education (Fenson et al., 1994). For example, Hart & Risley (1995) found that educated families can be as much as three times more likely to provide verbal input than less educated families while Fenson et al., (1994) found that relatively uneducated and economically disadvantaged mothers talk less frequently to their children

ffluent mothers. As a result, it has been found that fluent mothers produce less speech.

At community level, school readiness resources include high quality childcare and preschool, and a high quality neighbourhood environment, for example, safe streets, and playgrounds. In a review of research, Sylva (2002), found that high quality early childhood care and education leads to lasting benefits in all domains of development including physical, cognitive, linguistic and social, particularly for children experiencing disadvantage. In terms of the neighbourhood environment, areas characterised by crime, violence and vacant buildings where parents may not allow children to play outside or walk to school alone may adversely influence children through increased stress, negative peer influences, a lack of positive role models, and a lack of institutional resources (Jencks & Mayer, 1990). While research links exposure to community crime and violence with both internalising and externalising symptoms in young children (Yoshikawa, 1994), it is acknowledged that it is a relatively small contributory factor (Leventhal & Brooks-Gunn, 2000).

School readiness and the factors influencing it are currently receiving widespread attention in many countries. This is largely due to evidence indicating that getting off to a good start at school is predictive of later academic achievement and socio-emotional adjustment (Belsky & MacKinnon, 1994; Guo & Harris, 2000). Supporting childrenôs school readiness is also associated with economic gains. As Heckman (2000) points out, children who develop well at an earlier age and are ready to start school will elicit interactions and experiences that accelerate development, thereby maximising the return on early investment. Helping children to be prepared for school is a very important challenge that is especially pressing in high-need communities where childrenôs school readiness may be compromised by the fact that they are disproportionately exposed to threats to their health and well-being, and by the lack of the kind of support which enables them to develop to their full potential.

enôs readiness for and interest in formal education can and by negative experiences that may be linked to poverty. There are many initiatives underway to support children from disadvantaged backgrounds some of which are aimed at enhancing their school readiness, e.g. the creation of a National Anti-Poverty Strategy, and targeted early educational interventions such as the Early Start programme and pre-schools for Traveller children. With the emergence of local Area Based Partnership companies, communities have become interested in understanding what influences childrenôs school readiness within their area so that they can design and implement tailored interventions to meet local childrenôs needs that will better prepare them for life. There is a dearth of Irish data on the conditions that promote school readiness. This study aims to address our current lack of empirical studies on school readiness in Ireland and to contribute to the design of services in particular neighbourhoods.

SO WHAT CAN THE AVERAGE FOUR AND FIVE YEAR OLD DO?

The first six years of life, is a time of remarkable growth and development. Table 1 shows the milestones that children from 4-6 years typically achieve and the domains used in the table are areas, which have been identified in the literature review as relating to school readiness. When reading the table below it is important to understand that each age range and each domain of school readiness overlaps the other. It is not possible to neatly separate out expected outcomes or to use age as a marker for the time by which a child should have achieved mastery of particular tasks because individual differences in childhood development are considerable.

S EXPECTED AT EACH DEVELOPMENTAL (STAGE)

AGE OF CHILD	PHYSICAL WELLBEING AND MOTOR DEVELOPMENT	SOCIAL AND EMOTIONAL DEVELOPMENT	APPROACHES TO LEARNING	LANGUAGE DEVELOPMENT AND EMERGING LITERACY	COGNITION AND GENERAL KNOWLEDGE
4 YEARS	▪ Can dress without help ▪ Copy a circle ▪ Running, jumping, hopping, throwing and catching become better co-ordinated	▪ Argues about parental requests ▪ Is physically aggressive ▪ Ability to control own emotions improves	▪ Understands taking turns ▪ Plays with a group ▪ Attention becomes more sustained and is led by a plan	▪ Speech all understandable ▪ Adjusts speech to fit the age, sex and social status of speakers and listeners	▪ Names 4 colours ▪ By age 4 has a vocab of 1,500 words
5 YEARS	▪ Brushes teeth and washes face without help ▪ Laces shoes ▪ Draws more complex pictures ▪ Writes name ▪ Uses an adult-like pencil grip	▪ Plays board and card games ▪ Often has unreasonable fears ▪ Enjoys humour and laughing ▪ Better at social problem solving	▪ Asks lots of questions ▪ Begins co-operative group play ▪ Corrects own errors in learning to pronounce new words	▪ Can define 5 words	▪ Begins to sense time ▪ Understands opposites ▪ Uses colour names ▪ Can discriminiate letters of the alphabet

A number of different methods were used to gather information about the children in the area who were in Junior Infants in April 2005.

Dartington Social Research Unit, UK, supplied the core parent survey with some additional input from the Childrenôs Research Centre (CRC), Trinity College, Dublin and the School of Nursing, Dublin City University (DCU). The teacher survey was designed by the School of Nursing, DCU and the CRC. Northside Partnership reviewed and suggested some amendments to both surveys. The Partnership also coordinated the recruitment of participants for both the parent and teacher surveys.

The parent survey was administered by Quota Search, a survey data collection company. Parents were surveyed about different areas of their Junior Infant childôs life, home, school and neighbourhood that might influence their childôs school readiness. Most parents gave their permission for their childôs teacher to complete a survey about the childôs school readiness and the factors that they thought might help or hinder the childôs school progress. Focus groups were held, (two with parents and one with teachers), to help with the interpretation of the initial results from the interviews and the surveys, and these were facilitated by the CRC and the Northside Partnership. Finally, the school environment in four schools was rated by the CRC using a standardised rating scale to find out how the schools meet the needs of the Junior Infant children.

Preliminary data anlaysis was carried out by Dartington Social Research Unit and the in depth analysis detailed in this document was undertaken by the CRC and the School of Nursing, DCU.

WHO TOOK PART IN THE PARENT SURVEY?

98 parents in total took part in the survey, 96 of whom were mothers. As only two fathers were interviewed, and in an effort not to give the impression that the survey gives a fair representation of the perspectives of both mothers and fathers, the term mothers rather than parents is used when describing the survey data. The survey collected data on 98

40 children in Junior Infants in the area. Seven of the the Travelling community.[2]

The children

There were slightly more boys (52) than girls (44) in the group of Junior Infant children who were surveyed.[3] At the time of the survey[4] , 77 (78%) of the children were age five, 17 (17.3%) were age four and 3 (3.1%) were age six. All but one of the children were born in Ireland.

Family structure

Just under half of the children (47) lived with a lone parent (usually their mother) and almost the same number of children (46) lived with both their birth parents.

All 98 mothers were asked how often their Junior Infant child had seen their father over the past month. Just over half (50) of the children had seen their father every day for a few hours, and ten children had seen their father about once a week. Sixteen children had not seen their father at all over the previous month.

52 children did not live with both of their birth parents. In answer to a question about contact with their absent parent, 13 of the 52 children had no contact at all, 11 of the children had contact once a week or less, while 22 had contact more than once a week. The rest of the children either had irregular contact with their absent parent or their absent parent was dead.

All of the children had regular contact with extended family or close family and friends living nearby.

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[2] Data was not collected about 42 Junior Infants. Feedback from a focus group of teachers regarding the survey data suggested that some of these children may be living in the more chaotic households in the area, and that data about this potentially high need group have not been captured.
[3] Readers may notice that total figure for each child variable does not always add up to 98. This is due to missing data for some variables.
[4] April 2005

Junior Infant child had a long-term illness, health problem or disability that limited their daily activities. Eight children were identified by their mother as having a condition that limited their daily activities either all or most of the time and seven children were limited in their daily activities some of the time.

29 mothers said that they have another child in the house who is limited by a long-term illness, health problem or disability either all or most of the time. The survey did not, however, ask for information as to the nature, severity and impact of these conditions.

The child and school

Mothers were asked, how they thought their child was doing in school overall. Almost all mothers said they thought their child was doing about average (59), or better than average (36). Eighty eight out of the 98 children were described by their mothers as achieving their potential at school. When asked whether their child was particularly good at anything, ten mothers said no.

Fourteen mothers said they had not discussed their childôs progress with the teacher since the child started school. Of the 84 mothers who had discussed their childôs progress with the teacher, 11 said that the childôs teacher had identified an educational problem for the child. Only four of the childrenôs mothers said that their Junior Infant child had a special educational need while 11 mothers told us that there were other older children in the house who had special educational needs.

Days missed from school

Twenty five of the children surveyed missed between 5 and 20 days in school, while five children missed more than 20 days. Seventy eight mothers gave óillnessô as the reason their child missed school and the next most common reason given was óappointmentsô (7).

d did not have opportunities to mix with other children over the past week. However, only 24 of the 98 mothers said that their child was regularly involved in out of school activities. A table detailing involvement in those activities is presented below.

TABLE 2: INVOLVEMENT IN OUT OF SCHOOL ACTIVITIES

Activity	**Yes**	**%**
Music, Dance or Drama	13	13.3
Sports Team	7	7.1
Other	5	5.1
After School Club	2	2.0

Childcare

Mothers were asked if anyone, other than the childôs parents, cared for the child during the day, from birth to the time they started in school (with the exception of babysitters). Sixty nine out of the 98 mothers said some-one else had looked after the child. The table below details the kinds of childcare those children experienced.

TABLE 3: TYPES OF CHILDCARE ACCESSED BY THOSE WHO SAID YES

	Frequency	**Percent of those using childcare**	**Percent of total**
Pre-school	35	47%	36%
Nursery / Creche	23	35%	24%
Family relative	25	34%	26%
Other	1	1%	1%

e, the most common form of childcare used was pre-
35 of the 69 mothers who availed of childcare. 23 mothers used a nursery or crèche while 25 used a family relative to care for their child. As some mothers used two or more types of childcare the table above gives the number using each type of childcare both as a percentage of the total number of participants and of the number using childcare.

CHILDREN'S STRENGTHS AND DIFFICULTIES[5]

Parents completed a self-administered questionnaire, which asked them to rate statements relating to their childôs strengths and difficulties as ñnot trueò, ñsomewhat trueò or ñcertainly trueò.[6] Examples of some of the statements included are ñMany worries, often seems worriedò, and ñGenerally liked by other childrenò. The questionnaires were then scored to see how parents rated their childôs behaviours in each of the following five areas.

Hyperactivity was the area where parents rated their children as having the greatest difficulties. Twelve children out of 95 were rated óborderlineô, while 13 were rated as having óabnormalô levels of hyperactivity according to the norms used to interpret this scale. This rating suggests that the parents of these children may need intervention to equip them with the skills to manage their childôs behaviour in a more effective way.

With regard to **conduct**, nine of the children were rated as óborderlineô with regard to their behaviour and 15 were rated as óabnormalô. This means that 24 parents may need some intervention to help them respond more effectively to their childôs behaviour.

[5] The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) consists of 25 items designed to assess childrenôs emotional well-being and social behaviour. There are five subscales: prosocial behaviour, emotional symptoms, conduct problems, hyperactivity/inattention, and peer relationship problems, as well as a total difficulty score. A childôs behaviour on each subscale is rated as either normal, borderline or abnormal.

[6] Three of the 98 Strengths and Difficulties Questionnaires were removed from the sample as they were not properly completed,

ems were also assessed. It was found that 13 children fficulties, while four children were rated as having an óabnormalô level of difficulty.

A majority of the children were rated as ónormalô with regard to **emotional symptoms**. However, four children were assessed as showing óborderlineô difficulties and three as showing óabnormalô difficulties. Most of the group were also rated ónormalô with regard to **prosocial behaviours**, in that only one child was rated óabnormalô, and two were rated as óborderlineô. Prosocial behaviours are positive social behaviours such as helping others and sharing toys.

The total difficulties score (that is, the overall rating of this group of childrenôs level of difficulties in the first four areas described above) indicated that 14 children were óborderlineô and five showed óabnormalô behaviours as rated by their mother.

Age

Over half of the children's parents were aged between 25 and 34, and a third were aged 35 plus. It is interesting that so few of the parents surveyed (12) were under the age of 25. Very few children had parents in their teens or early twenties.

Employment status of main earner

Thirty six mothers described the main earner in the home as working full time, and 19 main earners were described as working part-time. In 25 homes the main earner was described as being a full-time homemaker.

Just over a third (34) said that their household was dependent on State benefits as their only source of income. The survey did not ask how many families were in receipt of State benefits and working (e.g. Family Income Supplement).

Social Class

Twenty four of the children's parents were classed as belonging to social classes D and E. This means that they are considered to be either working class (D) or living at the lowest level of subsistence (E). Eight parents were classed as belonging to C1 (lower middle class) and 24 to C2 (skilled working class). None of the children's parents were classed AB (upper middle class or middle class).

TABLE 4: HIGHEST LEVEL OF EDUCATION COMPLETED

	Frequency	**Percent**
Primary school	38	39%
Junior / Intermediate Certificate	34	35%
Leaving Certificate	17	17%
3rd level diploma/other	4	4%
Other	5	5%

ers completed their primary education while 34 got as tificate. 17 got to their Leaving Certificate, and four had a third level qualification.

Money or lack of money

Mothers were given a list of the items and asked if there were any items on the list that they couldnôt afford. These items are outlind in the box below.

A cooked main meal every day for each child
A cooked main meal every day for each adult
Warm winter clothes for each child
Warm winter clothes for each adult
Heating whenever you need it
A family holiday away from home once a year
A family day trip or outing once a year
Basic toys and sports gear for the children

The vast majority of mothers (at least 92 of 98 on each item) could afford all the items on the list with the exception of a family holiday once a year, which only 40 mothers said they could afford.

Mothers were also asked if they had been seriously behind in payments in the previous year (i.e., getting threatening letters, etc.). 13 mothers had serious difficulties keeping up payments on their rent and the same number were seriously behind with their electricity bills. Ten said they were seriously behind in paying their TV licence, and five with the gas and phone bills. A small number of people had a supply or service disconnected in the previous year: two had the gas disconnected; one other their electricity disconnected and one further individual had their rubbish collection stopped.

Sixty two of the 98 mothers told us that there were times in the last year when they needed to borrow money for their families day-to-day needs. Twenty seven mothers

e point, nine borrowed from a money-lender, and six

Depression

Mothers were asked to complete a questionnaire that assesses levels of depression[7] and 30 mothers were found to be depressed using this scale. Within the group of 30 there were some mothers with very high stated levels of depression.

Self-esteem[8]

Mothers were asked to complete a scale that measured their self-esteem. The scale ranges from 0-30 with a score of 0 indicating very low self-esteem and a score of 30 indicating very high self-esteem. Mothersô average score on this scale was 23.4 (S.D. = 5.6) This means that on the whole mothers report fairly high self-esteem with no-one scoring below the mid-point on the scale.

Being a parent

One survey question asked ówhere do parents get their information and support about being a parent?ôThe table below presents the answers to that question and it can be seen that the main source of information and support, for 63 mothers, was their own family. The second most popular source was friends who have children (21 mothers), óother friendsôand books or magazines shared the position of third most popular source (15 of mothers). Nineteen mothers told us that they didnôt get information or support about parenting from any of the sources we mentioned. It is interesting to note that the majority of mothers got information from informal rather than formal or professional sources.

[7] [7] The questionnaire is the depression scale developed by the Center for Epidemiologic Studies (Radloff, 1977) and is a short self-reporting scale intended for the general population. Mothers were asked to rate statements about ways they may have felt of behaved during the past week such as ñI was happyô, óI talked less than usualô The rating is a four point scale ranging from ñRarely or none of the time (1 day)ò to Most or all of the timeò (5-7 days)ò.

[8] Self-esteem was measured using the Rosenberg Self-Esteem Scale. Again, mothers were asked to rate a list of statements about how they feel about themselves, which included statements such as ñI take a positive attitude towards myselfò, and ñI certainly feel useless at timesò. The scale is a four point scale ranging from ñStrongly agreeò to ñStrongly disagreeò.

RMATION AND SUPPORT ON PARENTING

	Yes
Own Family	63 (67%)
Friends who have children	21 (22%)
Other friends	15 (16%)
Books or Magazines	15 (16%)
GP / Doctor	9 (9%)
Teacher	7 (7%)
Parenting course	7 (7%)
Play or toddler group	4 (4%)
TV / Radio	2 (2%)
None of these	19 (20%)

Parent activities with child

Mothers were asked about the kinds of activities they engaged in with their child. Seventy one of the 98 mothers **played indoors** with their Junior Infant child every day, 25 said they did so at least once a week, and one mother said she rarely played indoors with her child. Sixty mothers said they **read** to/with their child daily, while 27 did so at least once a week and eight mothers said they rarely read to/with their child. Mothers were also asked about **going on trips** with their child and 31 said they did so every day. Forty nine said they went on trips at least once a week and 14 went at least once a month. **Playing outside** was another category enquired about and 23 mothers said that they played outside with their child every day, 52 did so at least once a week and eight at least once a month. Thirteen mothers said they rarely played outside with their child.

Mothers were asked if they would like to do more of these activities with the child, or whether they think they have it about right. 31 said yes they would like to do more, while

t right. It would be useful to also have data on the e in these activities with their child.

Parents' routines for their child

Mothers were asked about the routines they had in place for their child. With regard to routines that were positive for the child, almost all (97) mothers said that they talked to their child about his/her day, 95 helped their child with things for school the next day, and the same number decided what time the child goes to bed. Eighty four children ate their breakfast at home, and 81 had mothers who decided what clothes the child wears. Sixty mothers said that they read to/with their child for 15 minutes or more daily.

With regard to routines which are potentially negative for a child, 44 mothers said their child watched 3+ hours of TV a day, while 43 mothers said their child goes to bed after 8.00pm. Thirty nine mothers said their child decides what to eat after school and 34 said their child decides when to get up in the morning.

Mothers were asked if their Junior Infant child was difficult to manage. Eighty seven mothers told us their child was either very easy or quite easy to manage. Ten mothers said they found their child was either quite difficult or very difficult to manage. Thirty eight mothers also said that they found the other children in the household difficult to manage.

DISCIPLINE AND THE JUNIOR INFANT CHILD

Ninety three parents completed a questionnaire on how they disciplined their child.

All mothers said that they had tried to discuss a problem with their child calmly at some point and most said that they had given the child a chore to do at some point. In general, reported levels of psychological aggression are quite low with shouting at the child or threatening to smack the child being the most common. Very few said that they told the child they did not love them and about 36 had walked out on the child or refused to talk to them at some point. Nearly half of the respondents had smacked the childôs bottom at

ed their childôs hands, arms or legs. Smaller numbers or shaking them.

TABLE 6: DISCIPLINE AND THE JUNIOR INFANT CHILD

	Yes
Discussed issue calmly	93
Gave child chore to do	66
Walked out and left child	36
Refused to talk to child	38
Shouted or yelled at child	76
Said you wouldnôt love them	7
Threatened to smack child	59
Smacked childôs bottom	45
Smacked childôs hands, arms or legs	25
Smacked childôs face	2
Grabbed or pushed child	10
Shook child	4

Mothers were also asked to think about how clear they thought the rules in their house were. Forty six mothers said that they thought the rules in their house to be very clear, 36 said the rules in their home were somewhat clear, 11 said they were not really clear while two said that they were not clear at all.

Parenting style

On the whole, mothersô parenting style shows high levels of warmth towards their children as indicated by their agreement with statements such as óyou show child affection - all of the timeô (95 mothers), and óyou feel close to the child or fairly close ï

ever, some mothers were having difficulties in coping

example, 11 mothers said they felt they canôt cope with their child óall of the timeô and 26 said they felt they canôt cope ósometimesô.

Parental expectations for their child

Mothers were asked what **level of schooling** they expected their child to reach. Three mothers said they expected their child to reach Junior Certificate level, and 68 expected their child to reach Leaving Certificate level. Seven didnôt mind what level their child reached while 18 chose ótherô levels of education that were not included in the survey.

None of the respondents said that they either expected or would like their child to reach the levels of either the Applied Leaving or Applied Junior Certificates.

Mothers were asked what they expected their child to do **on leaving school**, as well as what they would like their child to do on leaving school. Their answers are presented in table 7 below. It is interesting to note that the majority of mothers both expected and would like, their child to go to college or third level on leaving school.

TABLE 7: WHAT DO YOU EXPECT/WOULD LIKE YOUR CHILD TO DO ON LEAVING SCHOOL?

	Expect your child to do	**Like your child to do**
Get a job straight away	4	2
Trade/apprenticeship	10	8
College/third level	59	80
Donôt know	19	2
Other	5	5

Conflict with a partner[9]

Mothers were asked about how they handled conflict with their partners, and were also asked how their partner responded to them during times of conflict. This section only applies to the **49** respondents who have a partner. The main response to conflict that the respondents claimed to use was ódiscussing the problem calmlyô.

Almost everyone reported that they discussed a problem calmly with their partner at some point. In terms of psychological forms of aggression, insulting, sulking and stomping out of the house were quite common but saying something out of spite and crying were less so. Threatening to hit or throw something was reported to be very infrequent. In terms of actual physical aggression, reported levels were very low with only two people saying that it occurred to any extent.

The neighbourhood

Sixty one mothers have lived in the area for ten years or more, while 21 mothers have lived there between five and nine years.

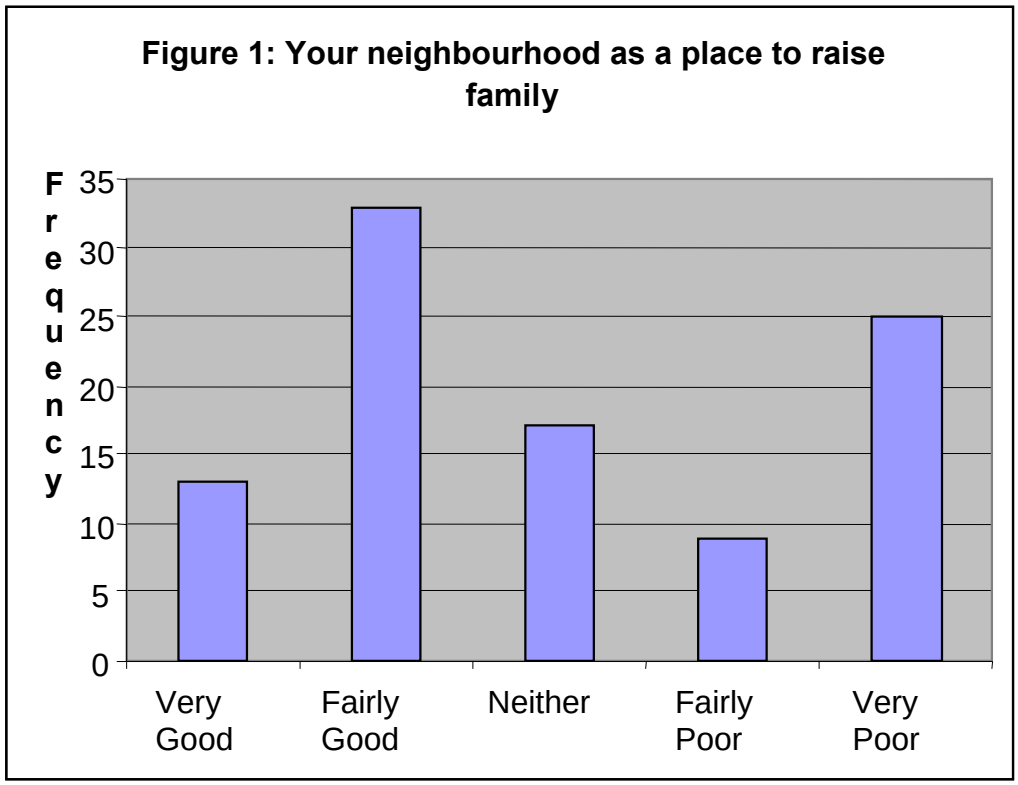
Seventy one children are living in homes rented from the Council, while 16 are living in homes that their parent(s) are buying or own. A small number of mothers were living in either their parents or their partnerôs parentsô home (6). Nine mothers had been homeless, with five of those having been homeless for a year or more.

Mothers were asked whether there had been any problems with the house and 34 mothers said that they had no problems of this kind. Twenty one said that they had fixtures or fittings in need of attention, 18 had problems with unsafe windows and/or doors, ten mothers told us that they had problems with their heating, while six said that they had

[9] The Conflict Tactics Scale is used to measure how partners respond to disagreements and conflict between themselves through use of negotiation, psychological and/or physical attacks and was originally developed by Straus (1979).

95) said that they had use of a garden where their

Participants were also asked how they would rate their neighbourhood as a place to bring up a family and the illustration below in figure 1 summarises the answers we were given.



Forty six mothers said they thought of the area as either very good or fairly good to bring up a family in. However, it is of concern that 25 rated the area as a very poor area in which to bring up a family.

Mothers were also asked whether there was a problem with crime, or anti-social behaviour or their local environment. With regard to crime, 51 mothers said there was a problem in the area but that they werenôt affected. Thirty four said there was a problem with crime and that it affected them. Anti-social behaviour was described as a problem by 49 mothers who said they were not affected, while 32 mothers said that anti-social behaviour was a problem and that it affected them. Forty two mothers said there was a problem with the local environment but that it didnôt affect them although 33 mothers

l impact upon them. Finally, there was a sub-group of n with crime, with anti-social behaviour, and with the local environment.

TABLE 8: IS THERE A PROBLEM WITH THE FOLLOWING IN YOUR AREA…?

	No Problem	Yes, but not affected	Yes, and affected
Crime	13	51	34
Anti-social behaviour	17	49	32
Local environment	23	42	33

Profiling groups of parents

Cluster analysis was used to identify subgroups of parents. It is a tool frequently used in market research to identify different customer types. The analysis of parents in this study identified three clusters or subgroups.

The first cluster consists of 27 mothers who are living with their childôs biological father, who generally completed more than primary education and who all live in households where the chief earner is employed full time. Compared to the other two clusters, this cluster is of average age, high in self-esteem and low in depression.

The second cluster consists of a group of 28 mothers none of whom are living with the biological father of their child, nearly all of whom went further than primary school and who generally live in households where the chief earner is unemployed or a home maker. Compared to the other clusters, this cluster is younger. Its members have lower levels of self esteem and higher depression than the first cluster but they are doing better on both than the third cluster.

others who all live in households in which the chief nployed. The vast majority only completed primary education. There is roughly an even mix of mothers who live with the biological father of the child and those who do not. Compared to the other clusters, this cluster is older, lower in self esteem and higher in levels of depression.

When this type of statistical analysis was applied to the children as a group, no consistent or statistically interesting clusters emerged.

FOR THE CHILDREN?

A researcher visited the four schools attended by most of the children surveyed. The researcher made an assessment of each school in seven areas by means of a well-established rating scale[10]:

- Space & furnishing
- Personal care routines
- Language-reasoning
- Activities
- Interaction
- Programme structure
- Parents and staff

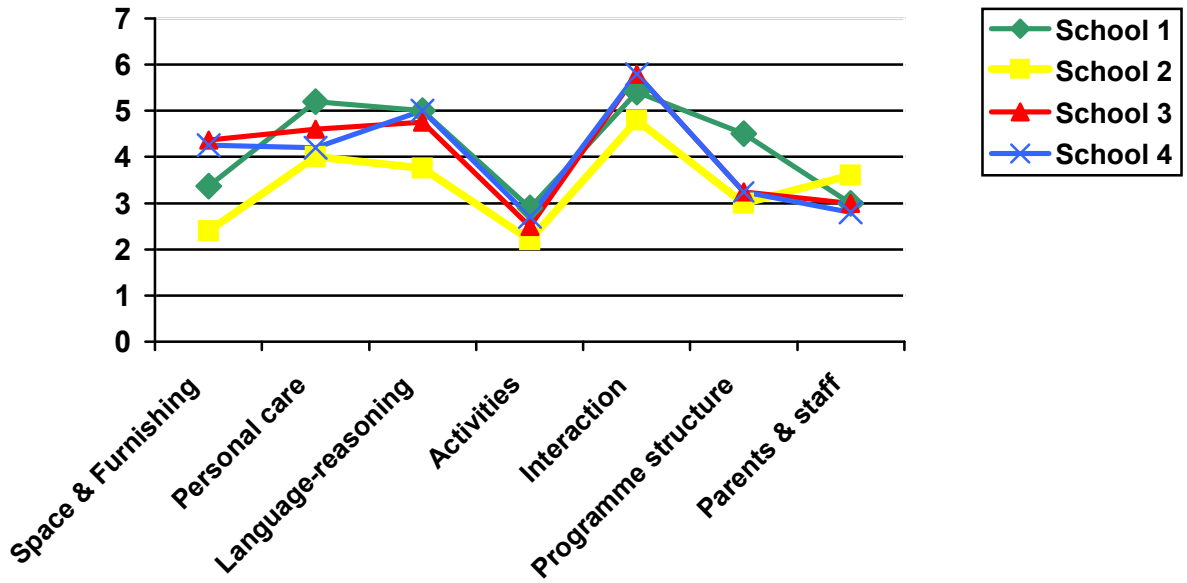
The information needed to be able to assess the school was collected by observing the classroom environment. This took four hours on average. Each item was scored using a 7-point scale where 1 = inadequate, 3 = minimal, 5 =good = and 7 = excellent.

The average number of children enrolled in each class was 23 (SD=10). All children were between 4 to 5 years of age. Regardless of the number of the children enrolled in each class there was always only one staff member present.

Graph 1 shows the profile for each school. It is possible to observe a clear and common pattern among all four schools.

[10] The Early Childhood Environment Rating Scale ï Revised edition (ECERS-R) was the instrument used to assess how ready the environment in each school was to respond to the needs of junior infant children.

profile for each school



Most schools scored between 3 and 4 on **space and furnishing**[11]**, which** means that the conditions range between óminimalô and ógoodô. However there was one school, which scored between inadequate and minimal. Furthermore, the two schools that scored lowest had the largest number of children enrolled in the class.

All four schools scored between 4 and 5 on **personal care**[12], which suggests that they offer good personal care. The item ónap/restô was scored in all schools although it is not generally a school practice to facilitate nap/rest conditions for junior infants. The reason this item was scored was, we thought, that some children aged between 4 and 5 may need to nap while at school.

[11] Items on this subscale are indoor space; furniture for routine care, play and learning; furnishings for relaxation and comfort; room arrangement for play; space for privacy; child-related display; space for gross motor play; and gross motor equipment.
[12] Items on this subscale are greeting/departing; meals/snacks; nap/rest; toileting; health practices; and safety practices.

regard to conditions for **language and reasoning**[13]. ich was just above the minimal conditions.

The lowest score for all four schools was with regard to **activities**[14]. None of the schools reached the minimal standard, their scores ranging from 2.2 to 2.9 (see Graph 1). Only one school had equipment for sand play, which children could use once per week. Most schools were able to provide opportunities to do artwork on a regular basis. However, in the case of the class with the largest amount of children enrolled, artwork couldnôt be done easily because the teacher did not have any assistant to help her.

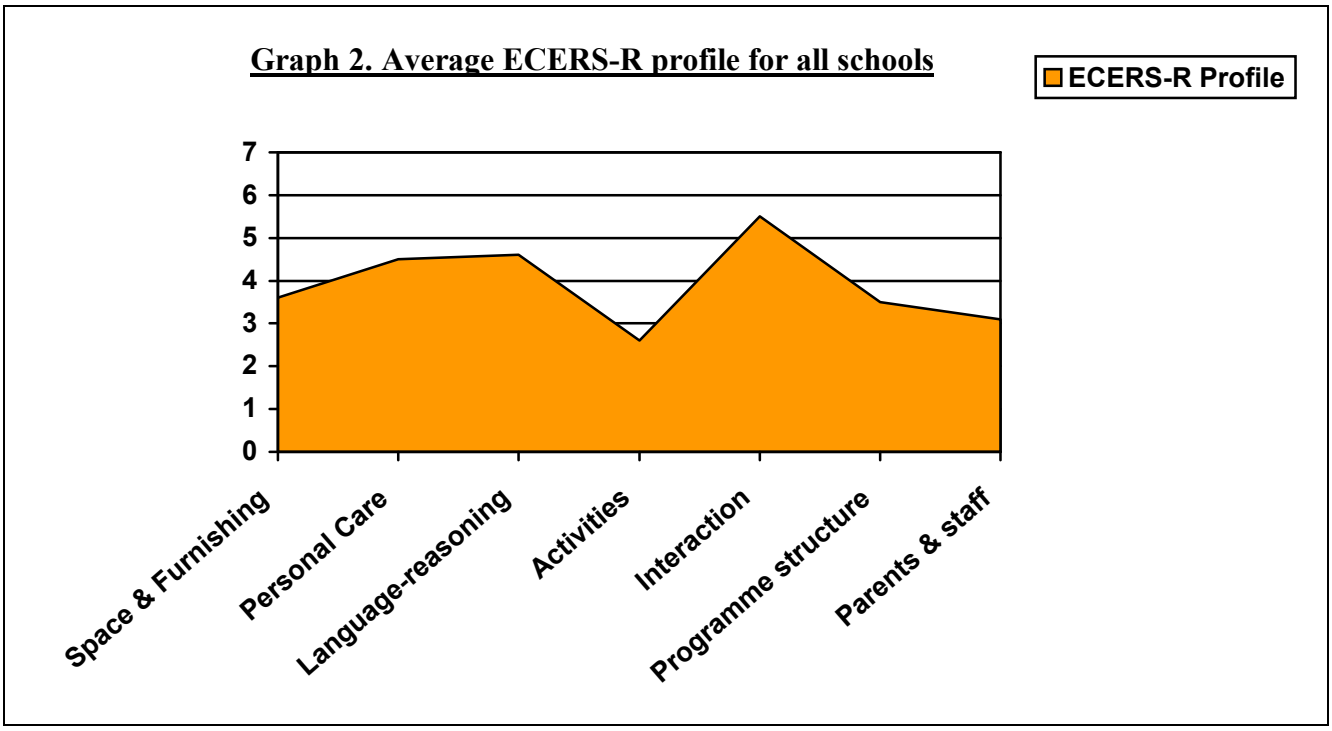
All four schools scored highest on the subscale that looked at **interaction**[15], with almost all schools scoring between 5 and 6 (see graph 1).

In all schools, the **programme structure's**[16] standards were ôminimalô. Only three schools had a child with an identified disability. These disabilities were in relation to cognition/speech & language and social/emotional functioning. However, only one child had a formal identification of the disability. With regard to the other two children, the teacher had informally identified the particular disability in the child and had recommended the parents to follow up her concern with professional intervention.

Most of the schools attained a score of ôminimalô with regard to provision for **parents and staff**[17]. There was only one school that scored below ôminimalô.

[13] Items on this scale are books and pictures; encouraging children to communicate; using language to develop reasoning skills; and informal use of language.
[14] Items on this scale are fine motor; art; music/movement; blocks; sand/water; and dramatic play; nature/science; math/number; use of TV, video and/or computers; and promoting acceptance of diversity.
[15] Items on this scale are supervision of gross motor activities; general supervision of children; discipline; staff-child interactions; and interactions among children.
[16] Items on this scale are schedule; free play; group time; and provisions for children with disabilities.
[17] Items on this scale are provisions for parents; provisions for personal needs of staff; provisions for professional needs of staff; staff interaction and co-operation; supervision and evaluation of staff; and opportunities for professional growth.

-R profile for all four schools. In general, it can be
t least, the minimal conditions in relation to each
area, with the exception of óactivitiesô on which all schools scored just below óminimalô



COMMUNITY ENVIRONMENT AND SOCIO-ECONOMIC CONTEXT

The area that comprises the North Dublin communities of Belcamp, Darndale and Moatview face many challenges. As can be seen from the data generated by Census 2002, factors such as poor educational attainment (only 5% of adults have a 3rd level education compared to the national figure of 26%)[18] and high unemployment (three times the national average) exacerbate the usual problems of 1970ôs housing developments, particularly high drug use, crime, and, until recently, a very young population.

About 7,000 people live in these three communities (in 1,700 households). The proportion of children age 14 or younger (36%) is almost twice that of Ireland as a whole,

[18] Northside Partnership, Baseline Data Report, Census 2002 Prepared by Gamma.

a year old is also high. Almost 800 sole parents live pical Irish community. The male population has been declining, particularly in Moatview, while the female population continues to grow.

The economic picture for residents is improving, but not keeping pace with the extraordinary improvement for the typical Irish family. About 70% of families live in houses rented or being purchased from the local authority - three and a half times the national average. The percentage of adults at work has increased by almost 60% in the years 1996 to 2002, however about one in seven adults (14%) remained out of work at the time of the most recently analysed census data available from 2002.[19] The impact of such socio-economic issues is likely to be significant. Smoking rates are twice the national average,[20] indicating propensity to poor health. Parents express concerns about drug dealing, joy riding, the lack of safe play areas for children and clubs for teenagers.

The surrounding landscape has also experienced dramatic change since 2004 and will continue to change over the next five years. The green areas to the north of Darndale, Belcamp and Moatview are being developed rapidly with a mixture of housing, hotel and retail premises. The long-term plans will see the creation of a new town centre in Donaghmede and the building of over 10,000 new homes within a mile of the target area. As all of these properties are destined for the private market it will create a very different dynamic in the area. While there are potential benefits from these developments for the three communities in terms of better facilities and potential jobs, the changes will also put greater demand on existing infrastructure, such as transport and schools. This could potentially marginalise the existing communities more in coming years.

It is important to recognise that the *Preparing for Life* (PFL) initiative does not focus on disadvantage in these communities as much as on one aspect of childrenôs well-being, namely *school readiness*. Only 12 per cent of children born in Belcamp, Darndale and Moatview reach third-level education ï less than a quarter of the national average. Over

[19] Northside Partnership, Baseline Data Report, Census 2002 Prepared by Gamma.
[20] Health Promotion Needs Assessment for the Residents of Darndale and Belcamp Areas, 2003, NAHB

at or before age 15, compared with less than one-fifth beliefs that any attempt to improve outcomes for children in these communities must address poor school readiness, and that any attempt to improve school readiness must start with young children. So PFL focuses on the 140 or so children born in Belcamp, Darndale and Moatview each year.

Introduction

Ninety eight parents gave their permission for teachers to complete a survey[21] about their childôs school readiness, and teachers returned surveys for 90 children (92% response rate).[22] Surveys were received from six different schools ï the majority of the children were attending the four schools in the area but a handful (about 12 children) were attending schools outside the area.

School attendance and punctuality

We asked teachers to tell us the number of days missed by each child and how often the child was late for school. Five children didnôt miss any days at all from school while others missed as much as 41 days, with the average number of days missed at 10. Almost half of the children (38) missed 0-7 days, and just under a third (28) missed 8-14 days. The remaining children (15) missed 15 or more days. The parentsô estimate of numbers of days missed suggests somewhat lower levels.

Nearly two-thirds of the children (55) were described by their teacher as being ónever lateô or órarely lateô for school. Fifteen were described as ósometimes lateô while 19 were described as being óoften lateô or óusually lateô.

Cognitive ability: Use of language and learning style[23]

According to the test used to measure cognitive ability, a score of less than 10 suggests that those children are experiencing problems that require some form of intervention. The childrenôs average scores (10.6) on cognitive abilities showed that, as a group, they demonstrated appropriate cognitive skills for their age. There were, however, differences

[21] The teacher survey was a brief self-completion postal questionnaire. It contained standardised scales to assess the cognitive and socio-emotional aspects of childrenôs school readiness. The survey also contained a number of closed and open-ended questions about childrenôs school readiness and about the factors teachers thought were likely to affect childrenôs school progress.

[22] Due to missing data, the totals will not always add up to 90.

[23] The measure used was the Bury Infant Quick Check (Pearson and Quinn, 1986), which comprises 13 items designed to assess childrenôs cognitive abilities. It consists of two subscales, one that relates to language expression and another that relates to learning style.

xamination, it was found that over a quarter of the

t of a maximum of 13.

For example, in terms of language expression, teachers reported that 23 children were not able to produce speech that was always understandable, while four werenôt able to use two-word sentences. In relation to learning style, teachers reported that 39 children were unable to concentrate as long as required while 23 do not complete most activities required.

Social skills[24]

Teachers completed a survey that told us about the positive ways the children got on with each other, that is, their interpersonal and social behaviours. We found out that the children as a group did fairly well in this regard. The mean score on the assesssment of prosocial behaviour was 23.4 (with a standard deviation (SD) of 7.9 indicating wide variation within this group). The score ranges from 0-40 with a higher score indicating more prosocial behaviour. The Junior Infants in this study did well, averaging a score of 23.

The list below illustrates some of the prosocial behaviours the teachers were asked to rate, and the number of children to whom the behaviour ócertainly appliedô. The top three items were:

Is efficient in carrying out regular tasks such as helping with the school milk	ócertainly appliedôto 56 children
Stops talking quickly when asked	ócertainly appliedôto 48 children
Can work easily in a small peer group	ócertainly appliedôto 45 children

[24] The Prosocial Behaviour Questionnaire (PBQ) (Weir, Stevenson & Graham, 1980; Weir & Duveen, 1981) consists of 20 items designed to assess the positive aspects of childrenôs interpersonal and social behaviour, for example, their helpfulness, generousity and co-operation. Teachers were asked to rate each item/action listed in relation to each child as either órarely appliesô, ósomewhat appliesôor certainly appliesô.

work of less able children	ócertainly appliedô to 8 children
If thereôs a quarrel/dispute tries to stop it	ócertainly appliedô to 7 children
Shows sympathy for some-one who has made a mistake	ócertainly appliedô to 12 children

The Strengths and Difficulties Questionnaire(SDQ)

Teachers also completed a survey about each childs strengths and difficulties in a number of different areas, which are listed in the table below. The parents also completed this survey. The table outlines the percentages and numbers of children rated by their teachers as exhibiting behaviours considered abnormal for each of the subscales from the SDQ.

TABLE 9: CHILDREN SCORED AS SHOWING BEHAVIOURS IN THE 'ABNORMAL' RANGE

SUBSCALE	FREQUENCY	PERCENT (%)
Hyperactivity	21	23.6%
Conduct problems	9	10.2%
Prosocial behaviour	8	9.0%
Emotional symptoms	5	5.6%
Peer problems	4	4.5%

As can be seen from table 9 above, the area of highest need, as assessed by teachersô scoring of the SDQ, concerns the hyperactivity and inattention of the Junior Infant children. Twenty one of the Junior Infant children surveyed were assessed as being unusually hyperactive. Nine gave their teachers problems with their behaviour. It is also

ber of children (22) were scored as ôborderlineô with This means that these children could do with some help in learning how to be kind, considerate and helpful to others.

The overall score (SDQ total difficulties) for all the children averaged out at 9.24, which means that the strengths and difficulties of the group of children surveyed are considered to be those of an average group of children. However, there were big differences in the scores that individual children were given (SD=6.4), which means that while some children were rated as having no significant problems, other children had a high level of problems.

TABLE 10: CHILDREN'S TOTAL DIFFICULTY SCORES

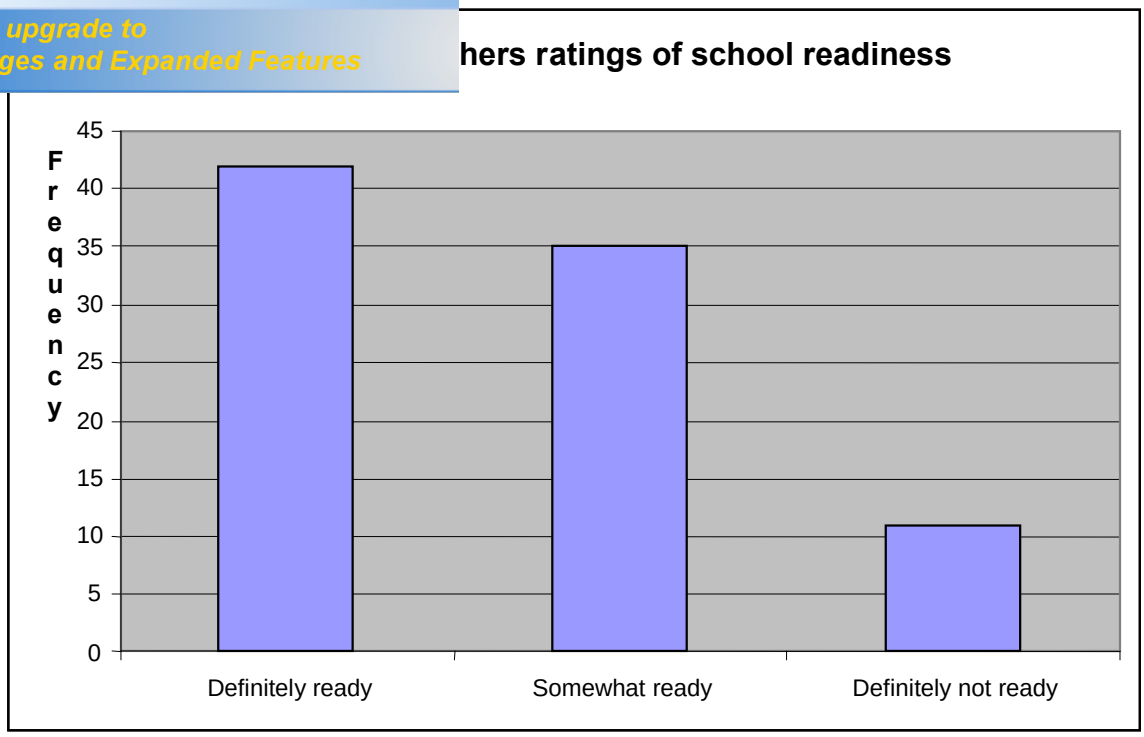
	Frequency	Percent
Normal	76	85%
Borderline	6	6%
Abnormal	7	7%

Teachers' Ratings of the Children's School Readiness

Teachers were asked the following question:

'In terms of school readiness, how would you have rated this child when s/he started school in September 2004?'

Teachers rated almost half of the children (42) as ready for school. Eleven were considered definitely not ready, and 35 children were classed as somewhat ready by their teachers. This is illustrated in figure 2 below.



Teachers were asked to explain their answers. They explained that the children they assessed as ódefinitely readyô for school were well able for school in many different ways. Physically, they had skills they needed, like being able to hang up their coats. On the subject of what the children who were ready knew, many knew their numbers, their colours and their letters. They also knew how to follow the teacherôs instructions and were able to concentrate. Emotionally, children were described as being happy and confident as well as being keen and able to start school. Socially, the children who were ready for school, were good at mixing with other children, they made friends easily and had good communication skills.

Teachers described some of the children who were **ready for school** as having either good or advanced fine motor and gross motor skills. They gave examples such as ó*she was able to…hang up/put on her coat, go to the toilet and sit down at the table.*ô Some children demonstrated abilities in the cognitive domain - that is in thinking**.** Some children had a good knowledge base in terms of language and numeracy. As one teacher said of a child *'he knew his numbers 1-5 and his colours.'* Other children were able to

d to concentrate on tasks for as long as they needed. y of the children were doing well emotionally and seemed happy and confident in themselves. for example, being ó*able to part from their parent/carer without distress'.* They wanted to start school, settled in quickly and were *'eager to learn'*. Furthermore, teachers maintained that children who were ready for school were good socially, having good communication skills and an ability to mix well with other children and make friends easily. For example, a teacher commented *'she made friends quickly and conversed with everyone around her'.*

Teachers assessed 35 children as **somewhat ready for school**. Teachers explained that these children were ready to start school in some ways, but not ready in others. For example, a child could know their colours and their numbers, and be able to stick at a task until they finish it, while emotionally they may not be ready, clinging to their mother when being dropped off and being tearful and shy through the school year. The main difficulties for children classed as ósomewhat readyô were to do with not being ready emotionally or cognitively. Teachers said that many children were emotionally not ready for school in the sense that they lacked confidence and had a nervous disposition, for example, *'L. was very shy and nervous starting school, he was a bit clingy….'.* Teachers said that a number of children showed an inability to follow instructions and to concentrate for any length of time. For example, ó*K. is unable to concentrate or focus on even simple tasks, unable to complete tasks, unable to sit in a chair'.* One teacher said *'this child is very young and small and at the start of the year found the school day very long and tiring'* or as another said *'K was not ready in the sense that her speech was very poor'.*

Teachers said that the reason they assessed 11 children as **not ready for school** was because these children had obvious difficulties in a number of areas. The main reason given was that the child was too immature for school. For instance, *'J. has good ability but tends to be immature at times, often tells tales on other children.'.* Many of the children were considered not ready for school because of the gaps in their knowledge and understanding. For example, *'S. could not recognise her name, letters or sounds. She did*

e unable to follow instructions or concentrate for any

Teacher ratings of the children's skills and abilities

Finally, teachers were asked to rate the skills/abilities of each child at two different points in time: when the child started school (September, 2004), and at the time of completing the survey (April, 2005). They were asked to rate the childôs skills/abilities as either poor, average or good. Table 11 below indicates the findings for children whose skills/abilities were rated as poor. The reason for focusing in on the children who werenôt doing well is to try and find out what kinds of help and support children require so as to be ready in all areas when they start school.

TABLE 11: CHILDREN WHO WERE RATED AS HAVING POOR SKILLS /ABILITIES BY THEIR TEACHERS

SKILL/ABILITY	SEPTEMBER 2004	APRIL 2005
Fine motor (e.g. holding crayon)	38 (43%)	9 (10%)
Gross motor (play ball games)	32 (36%)	7 (8%)
Numerical understanding and ability	28 (32%)	13 (15%)
Language expression	25 (28%)	12 (14%)
Language comprehension	21 (24%)	12 (14%)
Pre-reading and reading skills	33 (38%)	16 (18%)
Social skills	29 (33%)	6 (7%)

The children had clearly made progress since starting school. But what this table also tells us is that there were a significant number of children who did not have the skills and

, at two thirds of the way through their first school

DIFFERENCES IN PARENTS AND TEACHER RATINGS ON THE SDQ

This section presents two tables comparing the SDQ subscale scores calculated from the teacher and parent ratings of the Junior Infant children.

TABLE 12: CHILDREN SCORED AS HAVING ABNORMAL BEHAVIOURS BY TEACHERS AND PARENTS USING THE SDQ

SUBSCALE	NUMBERS SCORED BY TEACHERS	NUMBERS SCORED BY PARENTS
Hyperactivity	21	13
Conduct problems	9	15
Prosocial behaviour	8	1
Emotional symptoms	5	3
Peer problems	4	4
Total difficulty score	7	5

There is little difference between the teacher and parent perceptions of the number of children showing abnormal levels of difficulty. However, there are differences with regard to the types of difficulties as table 12 above shows. Teachers tended to consider that more children showed abnormal hyperactivity levels, and less conduct problems than did parents. Teachers also assessed children as exhibiting more difficulties with regard to their prosocial behaviours than did parents. Differences in SDQ scores between teachers and parents may relate to their differring expectations about how children should behave.

hildren act differently depending on whether they are
ent.

Table 13 below compares the teacher and parent ratings of children who fell into the borderline category. One very interesting piece of information emerges: teachers rated 22 children as having prosocial behaviours classed as borderline, while parents rated only two children as falling into the same category. Also noteworthy is the fact that twice the number of parents compared to teachers rated children as showing borderline behaviours with regard to hyperactivity and peer problems.

TABLE 13: CHILDREN SCORED AS HAVING BORDERLINE BEHAVIOURS BY TEACHERS AND PARENTS USING THE SDQ

SUBSCALE	NUMBERS SCORED BY TEACHERS	NUMBERS SCORED BY PARENTS
Hyperactivity	6	12
Conduct problems	6	9
Prosocial behaviour	22	2
Emotional symptoms	2	4
Peer problems	6	13

WHAT INFLUENCES SCHOOL READINESS?

Statistical tests were used to investigate which, if any, factors in childrensô and parentsô lives influenced school readiness. The factors listed in table 14 below were identified in the literature review as factors associated with school readiness, and were selected on that basis for use in the analysis described in this section. It is important to point out that a ógeneralô survey was used, not one specifically designed to seek out predictors of school

s between factors in the survey and school readiness condly, there may be some factors associated with school readiness that cannot be found using statistical tests due to the small (statistically speaking) sample size.

TABLE 14: POTENTIAL INFLUENCES ON SCHOOL READINESS

Potential Influences on School Readiness	Domain
Child	Age
	Gender
	Child physical health status
	Homebased Vs Centre based early childhood care and education
Home Context	Parent physical health status siblingôs physical health status
	Parental mental health and wellbeing
	Childôs living situation[25]
	Parental conflict
	Parental disciplining style
	Parenting skills
Neighbourhood conditions	Problems with crime, anti-social behaviour, environment
	Standard of housing
	Involvement in out of school activities
Socio-economic status	Social class
	Household dependent on state benefits
	Employment status of chief earner

[25] Refers to family structure

number of the factors in childrens' and parents' lives

There was little variation in the **age** of the children surveyed. There was, however, a significant tendency for those rated by their teacher as being definitely ready for school to be slightly older (that is, they were 5 years of age) as compared to those rated as being somewhat ready or not ready (they were 4.7 years old).

The child's living situation and the **health of their brother(s) and/or sister(s)** were associated with the child's **cognitive readiness** for school, that is, their thinking and language abilities. Specifically, those children living with both birth parents showed significantly better cognitive abilities than those in other living arrangements, for example, living with a single parent or where parents were living apart and separated. Children living in a house in which there was a sibling with a limiting illness or disability had significantly lower cognitive abilities compared to those who were not.

The child's living situation was associated with the child's **emotional well-being**. Those who had parents that were married and living together had significantly less emotional problems than those in other living arrangements.

The child's living situation, parental physical health and **living in a household solely dependent on state benefits** were each associated with children's **peer relationship problems**. Notably, those children who had parents that were married and living together had significantly fewer peer relationship problems than those who did not. Those who lived in households dependent on state benefits showed significantly more peer relationship problems compared to those who lived in households that did not. In addition, those who had an adult in the household with a long-term illness, showed significantly more peer relationship problems than those who did not.

[26] There may be other factors associated with school readiness that we were unable to find due to the small (statistically speaking) number of participants.

situation, parental physical health, living in a household dependent solely on State benefits and engaging in out of school activities were each associated with childrenôs **behavioural competencies.** Girls showed significantly more pro-social behaviour and significantly less hyperactivity than boys. Children who had parents who were married and living together also showed significantly more pro-social behaviour and significantly less hyperactivity and conduct problems than those who did not. Children involved in out of school activities showed significantly less hyperactivity than those not involved. However, children who had an adult in the household with a long-term illness showed significantly less pro-social behaviour than those who did not, while those who lived in households which depended on State benefits showed significantly more conduct problems compared to those who lived in households which were not dependent on State benefits.

Those households which were **solely dependent on State benefits** were significantly more likely to have children who were rated by their teachers as somewhat ready or not ready for school when they began. In addition, households where the **chief earner was employed or self-employed** were significantly more likely to have children who were rated by teachers as ready for school than were households where the chief earner was a home maker, working part time or unemployed.

The data does not allow for the identification of factors, which predict or cause a lack of school readiness. Nor can the analysis identify the direction of causality, that is, which factor existed first and exerted influence on the other. Findings from the local research did not necessarily corroborate international evidence about what might have been expected from the analysis of this set of data. For example, there was no association found between school readiness and a number of factors usually thought of as having a relationship with school readiness. These factors include: maternal depression; parenting skills, parental disciplining style; parental conflict; the level of parental education;

re and education; parents doing activities with their rime and violence.

Some findings, however, did corroborate the international evidence. Those factors found to be associated with the teachersô overall rating of school readiness, or an aspect (domain) of school readiness, were: the childôs age; the childôs living situation; health of their sibling(s); parental physical health; living in a houshold solely dependent on State benefits, engaging in out of school activities; and the employment status of the chief earner, i.e., employed or self-employed.

This study established childrenôs level of school readiness in three areas of Dublin 17: Darndale; Moatview and Belcamp. The findings indicated that teachers considered just under half of the children surveyed as ready for school at the beginning of the Junior Infant year. Furthermore, significant proportions of children were rated as having poor skills and abilities in areas relating to school readiness at two-thirds (April) the way through the school year.

The study explored the factors that might be associated with school readiness and identified the following as significant:

- Factors relating to the child were their age and gender,
- Factors pertaining to the home context were health of adults in the household, siblingôs health, and childôs living situation/family structure,
- Factors relating to the neighbourhood context were the childôs involvement in out of school activities and finally,
- Factors relating to socio-economic status included households solely dependent on State benefits and the employment status of the chief earner.

These findings do not wholly corroborate the literature regarding factors associated with school readiness, for example, it was anticipated that use of early childhood care and education and parental mental health would be related to school readiness but this was not the case in this study. From a statistical point of view, it is possible that such expected associations exist, but could not be found due to the small sample size. In addition, the study takes a retrospective view, and is informed by data collected at one point in time. This does not allow for the exploration of causal relationships between the factors identified as associated with school readiness. Finally, as 42 parents did not participate in the survey, there is a need to acknowledge that data about that group and their needs can not be included in this report. It is possible that those children were doing less well than the children in the survey but their exact circumstances remain unknown.

s that in addition to providing some understanding of l readiness in this part of north Dublin, the study provides a rich description of the lives of the Junior Infant children and their families. The findings gave some unanticipated insights. For example, the age profile of mothers showed that only a small minority (n=12) were aged under 25 years. Secondly, the majority of mothers reported high self esteem. Thirdly, 16 children had not seen their father in the previous month. Finally, over a quarter of mothers rated their neighbourhood as a very poor area in which to bring up a family.

This study also contributed an understanding about whether the schools in the study were ready to meet the needs of the children in Junior Infants. Overall, the schools provided at least minimal conditions and at times good conditions (i.e. in relation to how interactions were managed by the teacher) in terms of meeting the needs of the children in the classroom. All four schools, however, did not reach the minimal standard in their provision of activities to meet the needs of the children. For example, only one school had equipment for sand play.

It is hoped that the insights and information presented in this report can be used to inform the design of services to enable families, schools and services to meet the challenge of preparing the children of the area to be ready to start, and to fully participate in school, and in life.

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