

Believe in Childcare? Believe in children



Barnardo's
Northern Ireland

An investigation into the
childcare needs of ethnic
minority communities in
Northern Ireland

Northern Ireland Council

NiCEM
FOR ETHNIC MINORITIES

Dr Donna Kernaghan
(Barnardo's NI)

March 2014



Contents



Tables and Figures	2
Acknowledgements	3
Introduction	4
Chapter 1: Policy Overview	10
Chapter 2: Methodology	18
Chapter 3: Results Part I: Living and Working in Northern Ireland	23
Chapter 4: Results Part II: Childcare Arrangements	35
Chapter 5: Conclusion and Recommendations	51
References	54

Tables and Figures



Tables

Table 1: BME communities in Southern Health and Social Care Trust	19
Table 2: Ethnicity of participants	24
Table 3: Number of children by age range	26
Table 4: Common job sectors	27
Table 5: Weekly hours worked by gender	29
Table 6: Participants' working patterns	29
Table 7: Difficulty of childcare arrangements by usual working hours	30
Table 8: Most common forms of childcare	35
Table 9: Informal childcare only	36
Table 10: Formal childcare only	38
Table 11: Type of childcare by household weekly income	39
Table 12: Combination of childcare used	41
Table 13: Participants' satisfaction with childcare	44
Table 14: Common sources of information on childcare	46
Table 15: Level of participants' awareness of support	49

Figures

Figure 1: Overview of first key actions of Bright Start Framework	12
Figure 2: Participants' country of birth	23
Figure 3: Participants' self reported English language ability	24
Figure 4: Participants' weekly household income	27
Figure 5: Percentage of participants finding childcare arrangements difficult	30
Figure 6: Participants' preferred type of childcare arrangements	36
Figure 7: Important factors when considering childcare	43

Acknowledgements



Barnardo's NI and the Northern Ireland Council for Ethnic Minorities (NICEM) would like to thank Mark Caffrey (NICEM) for his significant contribution in facilitating and co-ordinating participation in the project; and the community groups and schools that provided us with the space to conduct focus groups with parents and children.

We would also like to thank the members of the Research Advisory Group whose contributions were critical to the success of the research:

- Ana Clenaghan, Parent
- Bronagh Shields, SHSCT
- Carolyn Agnew, SHSCT
- Joanna McAlinden, Parent
- John Bao, Parent
- Trudi Best, Parent

Thanks also to the translators through NICEM who adapted materials into 10 languages for the questionnaire, consent forms and summary briefing papers; and to the interpreters who supported the research team in a number of focus groups.

Finally, particular thanks are due to all the parents and children who gave so generously of their time to participate in the research in order to share their experiences and views on childcare.



Childcare has recently become the focus of increased public attention due to the UK Coalition Government's reduction of childcare tax credit from 80 percent to 70 percent of the childcare cost and a cut in child benefits for some earners. Furthermore, parents in the UK tend to have higher childcare costs than their European counterparts. In a Northern Irish context, high cost is also coupled with the lowest levels of childcare provision in the UK (McQuaid, Graham and Shapira, 2013) and the lack of centralised direction in the absence of a dedicated Northern Ireland Childcare Strategy.

Research has found that low wage earners, parents with more than one child, lone parent families, parents with a disabled child and those in rural areas may find it particularly difficult to find childcare arrangements that meet their needs (Walmsley and Fitzpatrick, 2003; Dennison and Smith, 2012; McQuaid et al 2013; Wallace, McAreavey and Atkin, 2013). Parents from black and minority ethnic (BME)¹ communities may also face these difficulties with additional pressures such as a language barrier, non traditional shift work pattern and unfamiliarity in accessing services.

To date, little research has been carried out to explore the childcare needs of ethnic minority communities in Northern Ireland. In response to this, and to the growing number of childcare related issues raised by BME parents

using Barnardo's NI and NICEM services, the two organisations jointly funded the 'Believe in Childcare?' research project.

Purpose of this research

Barnardo's NI and NICEM worked in partnership on the 'Believe in Childcare?' research with the aim to identify and understand the childcare needs of ethnic minority families with children aged 0 – 12 years old. Specifically, the main objectives were to:

- Gain an understanding of the types of formal and informal childcare arrangements BME parents typically use and their levels of satisfaction with their chosen childcare.
- Understand the types of working patterns BME parents may have and how this relates to their childcare options.
- Identify barriers that BME parents may face in accessing and using certain types of childcare.
- Gauge awareness amongst ethnic minority communities about childcare services and benefits relating to children of this age.
- Inform childcare policy and practice in Northern Ireland.

¹ A commonly used term in the UK to describe people who are in the minority because of their skin colour and/or ethnicity.



This research is particularly pertinent given that the number of ethnic minority groups in Northern Ireland has doubled in the past decade (NISRA Census, 2011). The Southern Health and Social Care Trust (SHSCT) has been identified in the Census 2011 as experiencing the largest increase of ethnic minority groups over this time period, which was the main rationale for selecting this geographic location for the research. While the study was conducted in the SHSCT area, it is anticipated that the findings will have relevance at a Northern Ireland-wide level, and may usefully inform development of the NI Childcare Strategy in relation to the specific needs of BME families.

Methodology

A mixed method approach was used combining both quantitative and qualitative research methods. Potential adult participants had to satisfy three criteria before taking part in the research. Participants must:

- come from an ethnic minority community;
- have a child/children aged 0 – 12 years old in Northern Ireland;
- live in the Southern Health and Social Care Trust.

The ‘Believe in Childcare?’ research was conducted in three phases as outlined below.

Phase 1: Parent questionnaire

The ‘Believe in Childcare?’ questionnaire was available in 11 different languages from NICEM’s website or by paper copy between August and October 2013. A total of 353 people completed a questionnaire covering topics on how they manage their childcare around work, their experiences of the childcare services they have used and how much awareness they have of how to access information and support on childcare. Forty five questionnaires were not included due to being incomplete or not matching the stipulated criteria resulting in a final total of 308 valid responses.

Phase 2: Parent focus groups

A total of 5 focus groups with 34 parents with a child between 0 – 12 years old were conducted in November – December 2013 within the SHSCT. All focus groups were led by a Barnardo’s researcher with two focus groups conducted with the aid of an interpreter. Data from the focus groups was gathered to gain more depth about the results of the questionnaire in terms of the barriers to formal childcare, difficulties faced by working parents and access to information about childcare.

Phase 3: Children’s focus groups

Two children’s focus groups were conducted in primary schools in the SHSCT area in December 2013 with a total of 9 children aged between 5 and



9 years old. Both focus groups were conducted by a Barnardo's researcher with the children asked to draw their day to facilitate discussion around who looked after them in the morning, after school and evening. It was important to conduct children's focus groups to provide an opportunity for the voice of the child to be heard.

This project received ethical approval from Barnardo's UK-wide Research Ethics Committee and has been overseen by a Research Advisory Group consisting of representatives from the Southern Health and Social Care Trust, parents from an ethnic minority background and representatives from both Barnardo's NI and NICEM.

Key Research Findings

Family Background

- Participants were drawn from 25 countries around the world with 24 individual languages spoken.
- Polish was the largest single ethnic group in the sample (29.2%) with Lithuanian the second largest single identity (19.5%).
- Respondents of the questionnaire had a total of 610 children between them with the majority having either two children (45.5%) or one child (33.4%).

- Nearly 20 percent of participants reported being a lone parent (19.8%).
- Most participants had settled in Northern Ireland for five years or more (56.5%).
- Over half of the participants had no family members living in Northern Ireland who could help them with childcare (54.9%).

Income and Employment

- Over half of the respondents had a weekly household income below the Northern Ireland average of £367 per week.
- 56.8% of the sample identified themselves as employed or self employed with proportionally more males (84.5%) than females (50.4%) working.
- The most common job sectors ethnic minorities worked in were Food Services (25.1%) and Manufacturing and Production (14.9%).
- The majority of participants worked during the day Monday to Friday (55.1%) with a sizable number employed on a shift pattern including daytime, night time and weekend work (28.0%). A fifth of participants reported working weekday evenings and/or nights (20.0%).



- The group that worked weekend evenings also had the largest proportion of working parents that reported that they often found making childcare arrangements difficult (35.0%).
- A greater proportion of women worked part-time hours² (61.1%) compared to men (26.5%).

Childcare Arrangements

- Over one third of working parents (36.6%) found that their usual working hours always or often made childcare arrangements difficult with those who worked evenings and/or nights reporting this as a particular issue.
- Sixty eight percent of the sample used some type of formal or informal childcare while almost one third reported using no type of formal or informal childcare.
- The most frequently used types of childcare arrangements were informal and provided by friends, grandparents and other family members.

- A number of nationalities displayed high proportions of participants using no childcare including East Timor (67.9%), Latvia (42.9%), Guinea Bissau (42.9%) and Slovakia (40.0%).

Childcare Provision

- The most common factors of importance parents considered when choosing childcare were quality (95.7%), followed by availability in their local area (89.5%) and the cost of childcare (88.5%).
- Forty percent of parents were dissatisfied with the cost of childcare.
- A third of parents were dissatisfied with the flexibility that childcare providers offer regarding opening hours to accommodate atypical shift work.

² Between 0-30 hours per week



Information about Childcare

- A proportion of participants self reported that they had poor or no ability to speak (24.1%), read (20.4%), or understand English (14.2%). However, a higher percentage of respondents reported that they had none or poor ability to write in English (28.9%).
- One third (33.8%) found it difficult or very difficult to access information regarding childcare provision with a further 30.1% reporting it to be somewhat difficult.
- Friends were the most common source of information on childcare (43.8%) followed by SureStart centres (34.7%) and the local doctor's surgery (16.6%).
- Findings show a clear lack of awareness of rights and benefits amongst ethnic minority parents with just over one quarter having accessed some form of financial help in relation to childcare.
 - 69.5% of the total sample was unaware of a Childcare Voucher Scheme
 - 47.0% were not aware of the right to request flexible working hours

- 43.7% of the whole sample were unaware of free part time pre-school places for children aged 3 – 4 years old
- 25.5% of participants were not aware of Working Tax Credit

Recommendations

As outlined above, a number of areas relating to the childcare needs of ethnic minority families have been identified in the 'Believe in Childcare?' research as requiring further consideration. The following recommendations are suggestions for beginning to address these:

1. In line with other UK regions, the provision of childcare services in Northern Ireland should be on a statutory basis to ensure there is enough childcare to meet the needs of working parents in their local area.
2. The NI Executive should consider models of childcare provision and subsidies in other countries; and examples of practice across the UK in supporting families to better take up available financial help.



3. The 'Bright Start' Strategic Framework / NI Childcare Strategy should develop an associated Action Plan which addresses the specific needs of ethnic minority families in the following areas:
 - a) The development of additional, flexible and affordable childcare provision at a local level to meet the needs of parents working atypical hours or zero-hours contracts.
 - b) Greater information and awareness raising amongst ethnic minority communities about the financial support available for childcare; different types of childcare and how to access provision; issues relating to unattended children; and the right to request flexible working hours.
 - c) The public information campaigns on childcare should give particular consideration to providing a combination of ways to target information to those that have limited or no written or spoken English language.
 - d) The training and workforce development targeted at under-represented groups should include the creation of more opportunities for members of ethnic minority communities to become registered childminders.
 - e) Professional development should include the provision of cultural competency training for professionals coming into contact with ethnic minority families.
 - f) The creation of mechanisms for greater collaboration between the community/voluntary sector, statutory agencies and employers as beneficial in providing information, training and English classes to employees from an ethnic minority background.
4. The Southern Health and Social Care Trust (SHSCT) should develop an Action Plan to address the specific childcare and information needs of BME communities in the SHSCT area as identified in the 'Believe in Childcare?' research.

Chapter 1: Policy Overview



The austerity programme progressed by the Conservative/Liberal Democrats Coalition Government in the UK has been described as, “*the most far-reaching programme of change that the welfare system has witnessed in generations*” (Department of Work and Pensions, 2010:1 in Ridge 2013). Reforms have included the introduction of a limit on the total amount of benefits a household may receive, reductions to Housing Benefit payments for families that have one or more spare rooms and a reassessment of eligibility for those receiving incapacity benefits. A number of reforms have had a particular impact on families with babies and children. The reduction in childcare tax credit from providing 80 percent to 70 percent of the childcare cost coupled with a freeze in the value of Child Benefit for three years and its removal from those households with a parent earning over £40,000 has resulted in families with children being hit hard by welfare reform.

Research has found that reductions in childcare support have impacted most heavily on families in the severest poverty who have reported getting into debt and cutting back essentials to try and sustain their childcare (Ridge, 2013). Furthermore, parents in the UK tend to have higher childcare costs than their European counterparts to begin with resulting in many families being ‘pay neutral’ (Dennison and Smith, 2012). Studies have shown that low wage earners, parents with more than one child, lone parent families, parents

with a disabled child and those in rural areas may find it particularly difficult to find childcare arrangements that meets their needs (Walmsley and Fitzpatrick, 2003; Dennison and Smith, 2012; McQuaid, Graham and Shapira, 2013). Parents from black and minority ethnic (BME) communities in Northern Ireland may also face these difficulties with additional pressures such as a language barrier, atypical shift work patterns, lack of family network, racist attitudes and unfamiliarity in accessing services (Wallace, McAreavey and Atkin, 2013; Johnston, 2011; McGovern, Meas and Webb, 2011).

The provision of affordable, flexible childcare can bring a number of benefits. Children can interact with others to enhance their learning and socialisation development with high quality provision found to have a particularly positive impact for disadvantaged children (George, Stokes and Wilkinson, 2012; Melhuish et al, 2006). This type of childcare facilitates parents to take employment, training or other opportunities to increase the household income and provides employers with a larger labour force (Walmsley and Fitzpatrick, 2003; Dennison and Smith, 2012). Conversely, the lack of affordable childcare has been widely identified as a key factor in child poverty (Barnardo’s, 2013; Fauth, Blades and Gill, 2012) as it poses obvious barriers to parents’ employment options. High childcare costs have a substantial effect on household income as it can restrict



the ability of households to have dual earners particularly in terms of mothers looking for employment or returning to work (Lawton and Thompson, 2013; McQuaid et al, 2013).

Northern Ireland

It has been well documented that there is a critical need for good quality, affordable childcare at a local level in Northern Ireland (NICMA, 2008; Dennison and Smith, 2012; McQuaid et al, 2013). In NI the average cost of a full-time childcare place is £156 per week; and it has been estimated that some parents here are spending 44 percent of their weekly income on childcare for one child (Dennison and Smith, 2012). Such high costs are also coupled with the lowest levels of childcare provision in the UK (McQuaid et al, 2013) and the lack of a Childcare Strategy to provide a centralised direction in this area. Northern Ireland remains the only nation in the UK without a dedicated Childcare Strategy and no legislative remit to ensure parents have access to childcare services (McCormick, 2013; Horgan and Monteith, 2012).

The Northern Ireland Assembly's Programme for Government 2011 – 2015³ committed the Executive to publishing and implementing a Childcare Strategy with key actions to provide integrated and affordable childcare by the year 2012/13. The Office of the First and Deputy First Minister (OFMDFM) has taken the lead on the

development of this Strategy. Despite this commitment, no Childcare Strategy for Northern Ireland has been made public to date with OFMDFM instead publishing a strategic framework document, 'Bright Start'⁴ which works towards an affordable and integrated Northern Ireland Childcare Strategy for 2014. Research being undertaken on behalf of OFMDFM to identify the cost of childcare, the levels of provision in NI, the types of providers and the challenges parents face has not yet been published.

The 'Bright Start' document has highlighted five key areas for first actions to provide more childcare places both in the community and through schools with particular focus on creating more childcare places in rural areas as summarised in Figure 1 overleaf. The framework also recognises the need to address the ways in which information related to childcare provision is communicated and promote opportunities for training and development for those that work in the childcare sector. Without an associated action plan however, it is unclear how the first key actions will be implemented. Although the 'Policy and Economic Appraisal of the Options for the NI Childcare Strategy' (OFMDFM, 2010) reports that childcare provision for children from ethnic minority families is poor, the specific childcare needs of BME communities are not addressed in the framework.

³ Programme for Government 2011 – 2015 <http://www.northernireland.gov.uk/pfg-2011-2015-final-report.pdf>

⁴ 'Bright Start': The NI Executive's Programme for Affordable and Integrated Childcare, Strategic Framework and First Key Actions (2013)



Figure 1: Overview of first key actions of Bright Start Framework

Bright Start Community Child Care Programme: 3000 affordable and integrated child care places supported and created through social enterprise.

Bright Start Wraparound Programme: 2000 affordable and integrated child care places within the schools estate.

Bright Start Rural Programme: a rural childminder start-up package creating up to 1,000 childcare places and roll out of a social enterprise model in rural areas creating, potentially, an additional 1,000 school aged childcare places.

Bright Start Childcare Information: a programme of better dissemination of information including a social media app, publicity campaign promoting the benefits of registered childcare and awareness raising around the financial support available for childcare costs.

Bright Start Workforce Development Programme: enhancing the skills base of the childcare workforce through training programmes and to encourage greater diversity in the childcare workforce.

Research and policy work in this area indicates that childcare has historically been a low governmental priority (McQuaid et al, 2013). Three priority areas of leadership, statutory provision and funding have been identified as lacking at a strategic level in Northern Ireland:

Leadership: No single NI department has taken responsibility for childcare resulting in a lack of leadership and strategic direction with little accountability (McQuaid et al, 2013; Employers for Childcare, 2010).

Statutory Provision: There is no statutory basis for the provision of childcare in NI unlike other regions of the UK such as England and Wales

where the Childcare Act 2006 places a statutory duty on Local Authorities to ensure there is ample childcare provision in their area to meet the needs of local working parents (Barnardo's, 2013; Employers for Childcare, 2010).

Funding: While the NI Executive has set aside £12 million to support the development of the Childcare Strategy until 2015, it is unclear what criteria is needed to access this fund and what funding will be available after this time (Barnardo's NI, 2013).

Implementation of the Welfare Reform Bill will impact on many families in Northern Ireland. It is likely the Bill, when introduced here, will be



insufficiently tailored to reflect the particular circumstances of NI, for example the childcare infrastructure required to support people moving into work is not in place here. Indeed it has been estimated that 30,000 extra childcare places would have to be provided in NI to have 70 percent of lone parents in employment, as targeted in the Welfare Reform Act (Welfare Reform Group, 2011). The success of Universal Credit in NI in meeting the Government's aim to make work pay will depend on the level of childcare available.

A number of other policies also reference childcare provision:

Delivering Social Change for Children and Young People⁵

Childcare has been identified in this policy as one key strand to reduce poverty amongst children and young people in Northern Ireland in terms of supporting parents into work by removing the barrier of expensive childcare cost. Additional funding through the Social Investment Fund under Delivering Social Change has been made available to take forward initiatives on Childcare.

Child Poverty Strategy

The Northern Ireland Executive's Child Poverty Strategy *Improving Children's Life Chances*⁶ has the core aim to

eradicate child poverty by 2020 and beyond. The importance of accessible childcare has also been highlighted in this policy as a means to reduce barriers to employment, particularly those experienced by disadvantaged groups, and supports child development and well being.

Pathways to Success Strategy

*Pathways to Success*⁷ led by the Department for Employment and Learning focuses on young people who are not in education, employment or training (NEET) in Northern Ireland. The provision of accessible, affordable and high-quality childcare has been identified as a factor in supporting young parents to continue or enter education, employment or training.

BME families in Northern Ireland

The last decade has seen the numbers of black and minority ethnic communities coming to live and work in Northern Ireland more than double from 0.8% in 2001 to 1.8% in 2011. Figures based on the Northern Ireland Census 2011 recorded 32,400 people from an ethnic minority background living in Northern Ireland. The largest ethnic group were Chinese (6,300) followed by Indian (6,200) and Mixed (6,000). Census Data 2011 reported that residents born outside Northern Ireland accounted for 11.0% of the population (202,000)

5 Delivering Social Change for Children and Young People (2014) <http://www.ofmdfmi.gov.uk/dsc-children-young-people-consultation-2014.pdf>

6 Improving Children's Life Chances (2011) http://www.ofmdfmi.gov.uk/final_child_poverty_strategy_-_agreed_by_executive_-_22_march_2011.pdf

7 Pathways to Success (2012) <http://www.delni.gov.uk/del-pathways-to-success-v6.pdf>



which was a 2.0% increase from 2001 (151, 000). This increase was mainly driven by migration from people born within the 12 EU accession countries as figures indicated the largest two groups were Polish (19,700) and Lithuanian (7,300). Other groups were drawn from India (4,800), the United States (4,300), Germany (3,900) and the Philippines (2,900).

Migration has brought positive economic benefits and skilled workers to Northern Ireland as well as elements of diversity including culture, food and language. Some areas have also been affected by unexpectedly high levels of migration which has created additional pressures on health care, housing and education (Russell, 2012). For example, 21.0% of new births in Dungannon were to mothers born outside the UK in 2011, with 16.0% in Craigavon and 14.0% in Belfast (NISRA, Census 2011). This has clear future implications for children and families regarding access to education and health services as well as the focus of this research report - childcare.

Parents from ethnic minority communities may face similar difficulties as the general population related to the affordability, availability and flexibility of childcare in their local area. However, they may also face particular pressures in accessing provision or information related to childcare. BME parents may be new to Northern Ireland and have little additional family or social networks for support. They may also be unfamiliar with the places or processes to gain

information or help. Research has identified two particularly common barriers for BME communities:

- **Language:** The lack of English language is an obstacle for BME communities in a number of ways in terms of gaining employment, social integration, gaining access to information and services and in communicating their needs to others (McGovern et al, 2011; Bell, Caughey, Hansson, Martynowicz and Scully, 2009). While statutory agencies are required to provide interpreters to ensure services are accessible for those that do not speak English, recent research indicates that there is a shortage of interpreters in the public sectors for certain languages (McWilliams and Yarnell, 2013). It has also been noted that the translation of some written documents has been ineffective due to differences between the spoken dialect and written word in some languages (Johnston, 2011). Furthermore, there have been some instances when a child has been used as a translator and cases were differentiation between languages such as Cantonese and Mandarin have not been made (Geraghty, McStravick and Mitchell, 2010).
- **Lack of awareness/information:** Newcomers to Northern Ireland may be unaware of services they are entitled to and may have no information about the processes required to obtain access. Some studies have found evidence of institutional racism in Northern



Ireland regarding the ability of non-English speakers to access information and services and the lack of awareness and training for staff working with ethnic minorities (Connolly, 2002; McWilliams and Yarnell, 2013). This may result in families not receiving the financial help relating to childcare that they may be entitled to or gaining awareness of their childcare options. It may be very frustrating for BME adults with a lack of English language who experience staff that are unwilling or untrained to work with their specific cultural needs.

Types of childcare used in Northern Ireland

This section provides a brief overview of the context of childcare in Northern Ireland.

Formal childcare

Formal or registered childcare has been defined as, “*those providers who are providing both early education and care services and who are registered with the appropriate monitoring body for each of the devolved administrations in the United Kingdom*” (Campbell-Barr and Garnham, 2010). In a Northern Ireland context, formal childcare providers must by law be registered with their local Health and Social Care Trust and comply with the ‘Minimum Standards for Childminding and

Daycare for Children under Age 12⁸ set out by the Department of Health, Social Services and Public Safety in 2012. The introduction of these standards for formal childcare was intended to create consistency across the sector in terms of quality and to ensure a regional approach to registration and inspection of childcare providers. Furthermore, the Workforce Development Programme in the ‘Bright Start’ Framework outlines the importance of continuous professional development of the childcare workforce to gain or enhance skills through training.

Types of formal childcare include:

- day nurseries
- play groups
- out of school clubs
- holiday schemes
- crèches and
- registered childminders who look after children in a private home

Most recent figures found that 43% of parents used day care as their main form of childcare while 25% of parents used a registered childminder as their main form of childcare in Northern Ireland (Dennison, 2013).

Additionally, the Pre-School Education Expansion Scheme funded by the Department of Education offers free part time places to 3 – 4 years old which typically involves 2.5 hours five days a week. While these free part time places are carried out in a formal setting, it is important to note the aim of this

8 Department of Health, Social Services and Public Safety (2012) http://www.dhsspsni.gov.uk/early_years_standards_-_july_2012.pdf



scheme is to prepare children for entry to primary school rather than to provide free childcare.

While it has been recognised that formal childcare can provide an interactive setting for children within a safe environment and allows parents to access work, training or education, formal childcare is associated with high cost. The Northern Ireland Childcare Cost Survey 2013 found that on average a full time childcare place (50 hours) in a day nursery cost £154 per week, while a part time place (25 hours) cost £127 per week (Dennison, 2013). Similarly, a full time place with a registered childminder costs an average of £161 per week with a part time place costing £107 per week. Various sources have also highlighted that in the UK access to formal childcare arrangements outside the hours of 8am and 6pm on a week day are very limited (Rutter and Evans, 2011). This can make it problematic for those working atypical hours or different shift patterns at weekends or nights.

Informal childcare

Informal childcare has been defined by the Daycare Trust as, “*childcare that is largely unregistered by the state for quality control, child protection and/or taxation purposes*” (Rutter and Evans, 2011). This type of care is usually carried out by:

- grandparents
- other family members
- friends
- neighbours
- unregistered childminders

- nannies
- au pairs
- babysitters

Informal childcare does not always equate to unpaid childcare and can involve both monetary and/or reciprocal payments (Bryson, Brewer, Bibieta and Butt, 2012). Those parents that use informal childcare are not entitled to claim any cost they may incur through Working Tax Credit or a Childcare Voucher Scheme. According to the most recent Employers for Childcare survey of childcare costs in NI, 15% of parents here use informal childcare as their main form of childcare (Dennison, 2013). Advantages of informal childcare may include flexibility, low cost and having a personal relationship with someone you trust to provide childcare. However, little financial assistance is available for this type of childcare and there may be wide variations in quality and safety.

Help for parents

OFMDFM’s ‘Bright Start’ framework document identified the need to increase dissemination on childcare related issues, including financial assistance, to support families in Northern Ireland as a key area for action. Research by Dennison (2013) has shown that much of the general population in Northern Ireland find it difficult or very difficult to access information on financial help with childcare costs (40%) and gaining information relating to family benefits and entitlements (45%). Research would indicate that in the general population



a significant number of families are unaware of support such as the Working Tax Credit (Rutter and Evans, 2011).

The following provides an overview of benefits and rights that relate to childcare:

Childcare Voucher Scheme: These schemes operate through a 'salary sacrifice' payroll system in which the parent exchanges part of their salary for vouchers used to pay towards childcare costs. Savings made as part of the salary used for childcare costs are exempt from income tax and national insurance contributions. The scheme can only be used to pay for registered forms of childcare including childminders, day nurseries, crèches, playgroups, after-school and breakfast clubs and holiday play schemes. In all cases the childcare provider must be registered with local social services.

Free part time pre-school places: This programme is funded by the Department of Education to provide one year of non-compulsory pre-school education. These funded pre-school places are for children aged 3 to 4 years old with most places available for at least 2.5 hours per day, five days per week. The purpose of these places is not to provide free childcare but rather to prepare children for entry into Primary 1. Places are available at all types of pre-school settings including nursery

schools or nursery units attached to primary schools and voluntary or private providers.

Right to request flexible working hours: Parents have a right to request a flexible working pattern to care for a child aged under 17 or a disabled child under 18 years of age. An employer must consider eligible requests seriously but may decline a request on legitimate business grounds.

Working Tax Credit: The childcare element of the Working Tax Credit enables parents working a minimum of 16 hours⁹ to claim up to 70% of the cost of registered childcare. Childcare costs of up to a maximum of £175 per week for one child and £300 per week¹⁰ for two or more children in registered childcare may be claimed. The amount that may be claimed depends upon income, how often and for how long parents have used registered childcare and whether parents participate in a Childcare Voucher Scheme.

Although some work is now being undertaken through the 'Bright Start' framework, most commentators would agree that the high cost of childcare in NI coupled with low provision makes childcare arrangements difficult for the majority of working parents. The next chapter will outline the methodology of the project with Chapter 3 and Chapter 4 presenting the research findings.

⁹ Changes under the new Universal Credit system will remove the need to have worked a minimum number of hours.

¹⁰ <http://www.hmrc.gov.uk/taxcredits/start/who-qualifies/children/childcare-costs.htm>

Chapter 2: Methodology



A mixed method approach was used combining both quantitative and qualitative research methods. This research methodology has been specifically designed to explore the childcare needs of ethnic minority families living in the Southern Health and Social Care Trust (SHSCT) area.

The research was conducted in three phases:

- 1) Parental Questionnaire
- 2) Parental Focus Groups
- 3) Children Focus Groups

This project has been overseen by a Research Advisory Group consisting of representatives from the Southern Health and Social Care Trust, parents from an ethnic minority background and representatives from both Barnardo's NI and NICEM.

Aims and Objectives

The overall aim of the research, 'Believe in Childcare?' was to investigate the childcare needs of ethnic minority communities in the Southern Health and Social Care Trust in Northern Ireland. Specifically, the main objectives are to:

- Gain an understanding of the types of formal and informal childcare arrangements BME parents typically use and their levels of satisfaction with their chosen childcare.
- Understand the types of working patterns BME parents may have and how this relates to their childcare options.
- Identify barriers that BME parents may face in accessing and using certain types of childcare.
- Gauge awareness amongst ethnic minority communities about childcare services and benefits relating to children of this age.
- Inform childcare policy and practice in Northern Ireland.

Respondents

Potential adult participants had to satisfy three criteria before taking part in the research. Participants must:

- come from an ethnic minority community;
- have a child/children aged 0 – 12 years old in Northern Ireland;
- live in the Southern Health and Social Care Trust.

Data from the 2011 Census was used as a sampling guide to understand the ethnic minority profile of the Southern Health and Social Care Trust (SHSCT) area as shown in Table 1.



Table 1: BME Communities in Southern Health and Social Care Trust

Southern HSCT	Country of Birth	N
EU Countries (N = 15,968)	Poland	6389
	Lithuania	4840
	Latvia	1133
	Portugal	1300
	Germany	501
	Slovakia	463
Middle East and Asia (N = 2,812)	East Timor	848
	India	479
	Philippines	386
	Hong Kong	253
	China	233
Africa (N =788)	South and Eastern Africa	509
	Central and Western Africa	195
	North Africa	73

Source: NISRA, *Census 2011*

The Census 2011 data shows that the SHSCT had the largest percentage of total population born in other EU member countries living in NI from 2004 onwards (3.94%) at nearly double the NI average (1.97%) (NISRA Census, 2011). The SHSCT encompasses both Dungannon and Craigavon which in 2011 had the highest number of births to mothers born outside Northern Ireland with 21.0% and 14.0% respectively (NISRA Census, 2011). The Trust also had the highest percentage of households that do not have English as a main language (3.8%, n = 4934) (NISRA Census, 2011) and the largest numbers of ‘newcomer’ pupils with 3655 pupils accounting for 37.5% of

the NI total (NINIS, 2012). For these reasons, the geographical parameters of the research were restricted to the SHSCT area due to the large numbers of the target population. While the Census 2011 data can act as a guide for this study, it was limited as it remained unknown how many of the target population had children under the age of 12 living in Northern Ireland.

To reach the target population NICEM’s Development Officer for Mid-Ulster and Down raised awareness about the research through NICEM’s well established networks and held a number of community outreach events across the SHSCT area enabling respondents



to complete the questionnaire. Members of the Research Advisory Group also used their networks to highlight the research and direct participants to NICEM's website to complete the questionnaire online. Through a combination of these efforts a total of 308 valid questionnaires were completed.

Measures

The research was both quantitative and qualitative in nature and conducted in three phases as detailed below:

Phase 1: Parents questionnaire

The anonymous questionnaire was available in both paper and online formats from August to October 2013. The questionnaire consisted of 21 questions structured into 5 broad sections covering demographic information, home and family life, work, typical childcare arrangements and awareness of help around childcare.

To increase accessibility the questionnaire was made available in 11 different languages in both online and paper formats:

- Arabic
- Cantonese
- English
- Latvian
- Lithuanian
- Mandarin
- Polish

- Portuguese
- Slovakian
- Tetum
- Romanian

The majority of survey questions were closed for ease of comparative analysis across the 11 languages and to make it straightforward and relatively quick for participants to complete. The questionnaire was piloted with 10 people who met the criteria of the study in July 2013. This group was able to advise and refine aspects of the survey. Translating the questionnaire also meant that a number of people from different language groups were able to provide guidance on the phrasing used. The content of the questionnaire was also approved by the Barnardo's UK-wide Research Ethics Committee and by the project's internal Steering Group.¹¹ On average, the questionnaire took 15 - 20 minutes to complete. A total of 353 respondents participated in the questionnaire with 45 being discarded due to being incomplete or invalid. A total of 308 questionnaires were completed and valid. Quantitative analysis was carried out using SPSS to identify trends within the sample and draw out the key issues. Findings from the questionnaire were used to inform the development of the schedule for focus groups.

¹¹ Comprising representatives from Barnardo's NI and NICEM.



Phase 2: Parent focus groups

Respondents of the survey were given the opportunity to volunteer to take part in a focus group. All volunteers who indicated an interest in taking part in a focus group were approached with a series of dates in which the focus groups were being held. The purpose of the parent focus groups was to collect qualitative data to gain further insight into the experiences of BME parents which is not feasible through using only a questionnaire (Gibbs, 1997). A focus group pilot was held before data collection to ensure that questions being asked were appropriate.

Five focus groups were held with a total of 34 parents across the Southern Health and Social Care Trust area in November to December 2013. All focus groups were facilitated by a Barnardo's researcher with two focus groups conducted with the aid of an interpreter. All adult focus groups were transcribed and have been thematically analysed. Please note that all extracts from the focus groups have been quoted verbatim to capture the authentic expressions of the participants.

Phase 3: Children's focus groups

Most research conducted on childcare has focused solely on adult perceptions either through parents or professional childcarers (Eldén, 2012). This has resulted in the voices of children being absent from the narratives of childcare to date. In order to address this and

capture the views and experiences of BME children about childcare, it was important to conduct children's focus groups. This provided an opportunity for the voice of the child to be heard and to explore if they have additional needs from childcare providers that are not currently being met. Eldén's (2012) creative 'draw-your-day' exercise was adapted as a way for children to participate and discuss their opinions on their usual routines and childcare arrangements for the morning, afterschool and at night.



The children's focus groups were carried out in two schools in the area. Both schools were selected as they had high numbers of newcomer pupils. After each Principal agreed to the school participating in the research, consent for participation was sought from both parents and children to take part in the focus group. Two children's focus groups were conducted in December 2013 with a total of 9 children aged between 5 and 9 years old. Both focus groups were facilitated by a Barnardo's researcher. All children focus groups have been transcribed and thematically analysed.



Limitations of the study

As discussed, this study was conducted in the Southern Health and Social Care Trust which places a limitation on the generalisations that can be made across Northern Ireland as a whole.

It was important to ask children about their thoughts on childcare but the data captured was limited as only a small number of children had any experience of a formal childcare setting with most children predominantly being cared for at home by a parent.

While every effort was made to proportionally target groups that were representative of the ethnic composition of the area, it proved difficult to engage some groups, notably the Chinese and Latvian communities, resulting in low or no representation for these groups in the quantitative data. Additional efforts were made to engage under-represented communities in the adult focus groups, with some success.

Chapter 3: Results I



Living and Working in Northern Ireland

This chapter outlines the findings of both the quantitative and qualitative data related to ethnic minorities living and working in the SHSCT area of Northern Ireland. It was important to establish the typical income and working patterns of ethnic minority parents in order to gain greater understanding about their childcare needs.

Key Demographic Information Overview

The results of the survey found that participants were drawn from 25 countries around the world with 24 individual languages spoken. The key demographic information about the sample includes:

Country of birth: The largest number of participants came from Poland

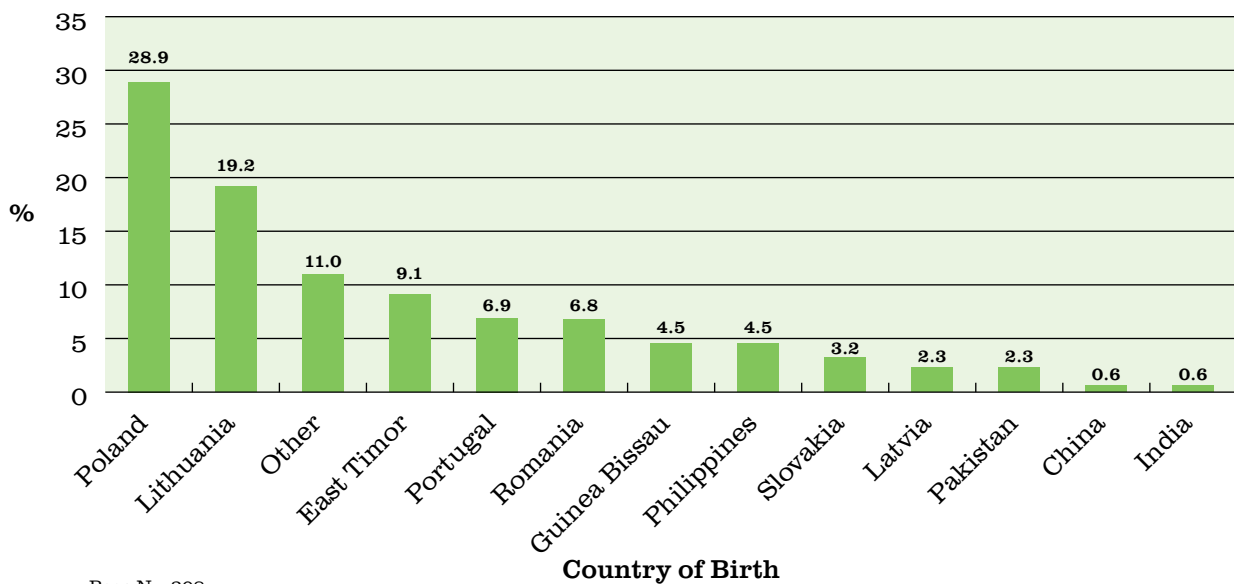
(28.9%) and Lithuania (19.2%). ‘Other’ accounted for participants from Hungary (2.6%), Bulgaria (1.9%), Ukraine (1.9%) and Thailand (1.3%). Figure 2 shows the participants’ country of birth.

Gender: The majority of respondents were female (81.2%) with nearly twenty percent male (18.8%).

Age: Just over half of all respondents were in their thirties (55.8%) with 29.3% in their twenties and a further 14.9% in their forties or older.

Ethnicity: Polish was the largest single ethnic group in the sample (29.2%) with Lithuanian the second largest single identity (19.5%) as shown in Table 2. ‘Other’ accounted for over one quarter of the sample (26.3%) and included Romani (4.5%), Slovak (3.2%), Hungarian (2.6%), Filipino (1.9%) and Romanian (1.9%).

Figure 2: Participants’ Country of Birth



Base N = 308



Table 2: Ethnicity of participants

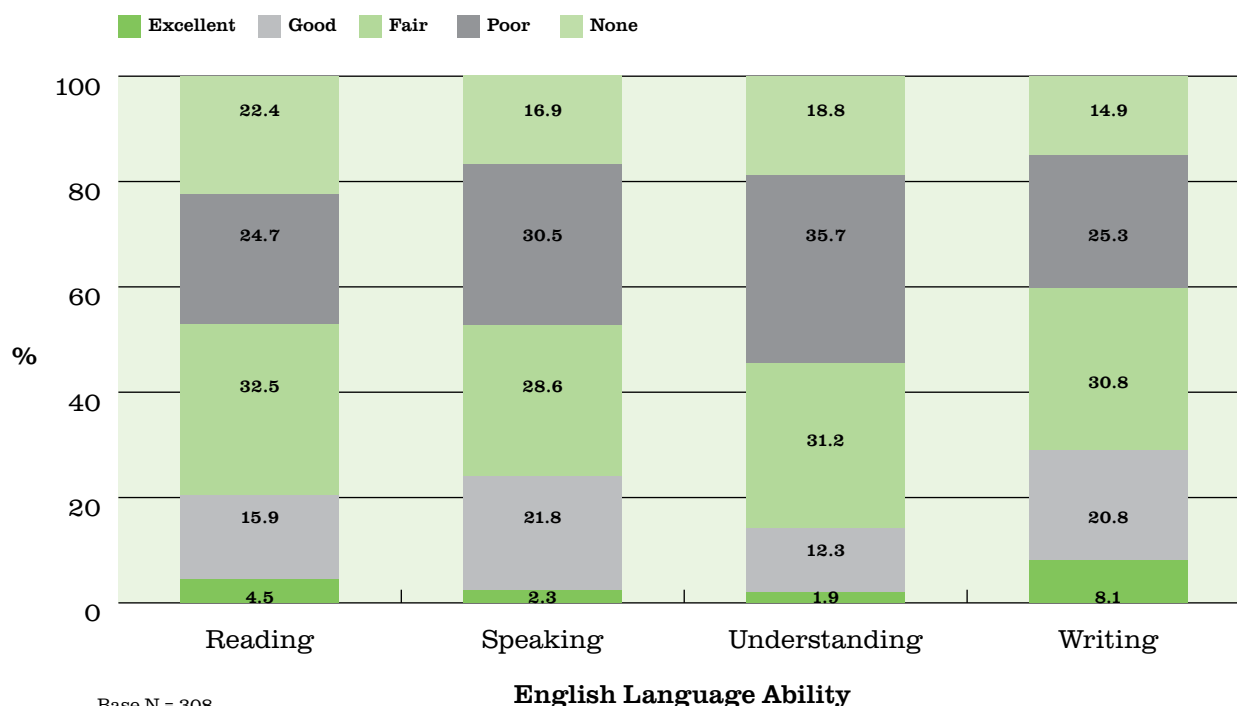
Ethnicity	%
Polish	29.2
Other	26.3
Lithuanian	19.5
White and Asian	7.8
Portuguese	5.8
African	5.5
Pakistani	2.9
Indian	0.6
White and Black African	0.6
British	0.3
Irish	0.3

Base N = 308

Languages: Related to ethnicity unsurprisingly Polish (28.6%) and Lithuanian were the most common main languages (19.5%) spoken by the sample. Other common main languages included Portuguese (11.7%), Tetum (8.8%) and Filipino/Tagalog (4.2%). Participants were asked to rate their own English language ability over four areas of reading, speaking, understanding and writing. Nearly half of the respondents rated their own ability to speak English as ‘excellent’ or ‘good’ (47.4%) with 28.6% indicating their spoken English as ‘fair’. Around one quarter rated their spoken English as ‘poor’ or ‘none’ (24.1%).

As shown in Figure 3, overall there was a proportion of participants who self reported that they had poor or no

Figure 3: Participants’ self reported English language ability





ability to speak (24.1%), read (20.4%), or understand English (14.2%). However, a higher percentage of respondents reported that they had none or poor ability to write in English (28.9%). While acknowledging that numbers here are small, participants drawn from Portugal, Slovakia and the Philippines self reported higher than average levels of English across all four areas with no participant reporting 'none' related to their ability. In contrast, findings indicated a trend that participants from Romania and East Timor self reported high levels of having none or poor English ability across all four areas. This clearly has implications in terms of strategically targeting groups in different ways to meet their needs when providing information and documents related to financial help with childcare and other needs.

Results showed that participants tended to have more confidence in their ability to understand English as the majority rated their understanding as excellent or good (54.5%). Less than half of the total sample rated their English speaking (47.4%), reading (47.1%) or writing (40.2%) as excellent or good.

Living in Northern Ireland

Participants of the questionnaire were drawn from five main areas in the Southern Health and Social Care Trust:

- Portadown (29.2%)
- Dungannon (17.9%)
- Craigavon (16.2%)

- Armagh (13.3%)
- Lurgan (13.0%)

Other areas included Newry (4.2%); Banbridge (3.6%) and Other (2.6%). Just over seventeen percent of the sample reported that they had lived in this area for 18 months or less (17.5%). The majority of respondents to the survey had settled in SHSCT for five years or more (56.5%). In terms of accommodation, the majority of participants rented privately (64.0%) with a further 14.3% having a mortgage and 5.2% involved in a Co-ownership Scheme. Just over thirteen percent lived in a Housing Executive or Housing Association home (13.8%).

Families

Respondents of the questionnaire had a total of 610 children between them with the majority having either two children (45.5%) or one child (33.4%). A further 14.6% had three children while 6.4% had four or more children. As discussed in the introduction, this survey focused on parents with children aged 0 – 12 years old. Table 3 shows the numbers of children within each age range. As shown below, most parents in the sample had babies aged 0 – 2 years old (54.7%) or young children between 3 – 4 years old (39.9%). Please note while 97.2% supplied their children's ages, a small number of children's ages were not supplied (n = 17).



Table 3: Number of children by age range

Age Range	Number of Children
0 - 2	170
3 - 4	104
5 - 6	84
7 - 8	84
9 - 10	51
11 - 12	34
13+	66

Base N = 593

The majority of respondents were married (67.5%) or cohabiting (14.3%). Nearly 20 percent of participants reported being a lone parent (19.8%) with the majority being lone parent mothers (82.0%) in relation to lone parent fathers (18.0%). In terms of a wider family circle, the majority of participants had no family members living in Northern Ireland who could help them with childcare (54.9%). For those that had family members in Northern Ireland, it was most commonly parents or siblings that were able to help with childcare.

Working in Northern Ireland

Data captured in the adult focus groups highlighted that finding work was a motivating factor in why people chose to live in Northern Ireland. This section looks at household income, job type and typical work patterns of ethnic minority parents to provide a context in which to

understand their childcare choices and preferences.

Household income and employment status

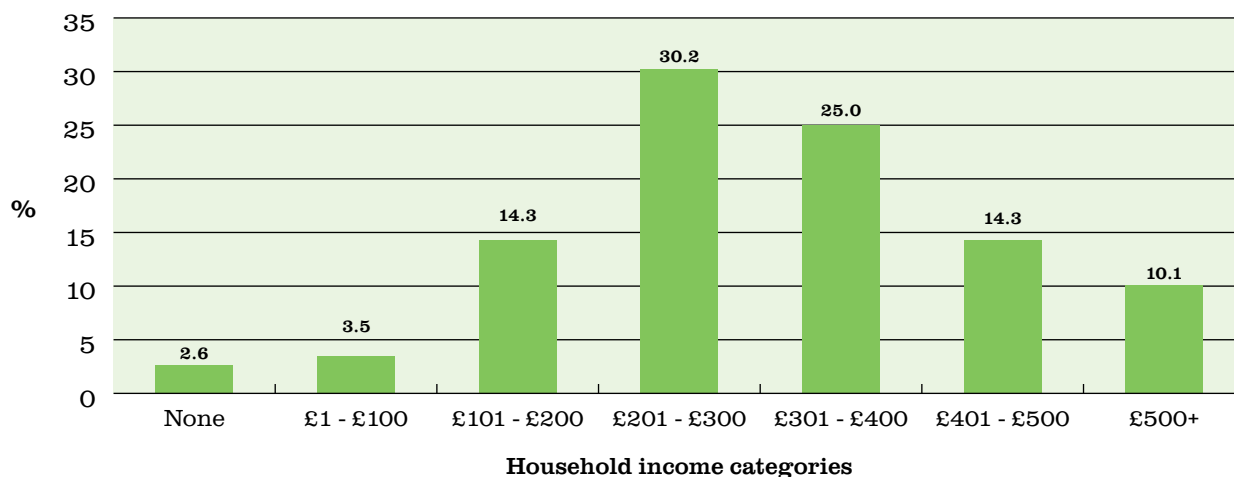
The vast majority of the sample had the right to work in the UK (95.5%). Over half the respondents identified themselves as employed or self employed (56.8%) with proportionally more males (84.5%) than females (50.4%) working. All participants were asked to indicate their total weekly household income including wages and benefits in the questionnaire. Figure 4 illustrates the participants' weekly household total which shows the most common income bracket as £201 - £300. One explanation for this could be that full time work (35 hours – 40 hours) on the UK's national minimum wage rate of £6.31 would total between £220.84 and £252.40 per week.

Based on the Annual Survey of Hours and Earnings (2013),¹² the average wage for all employees in Northern Ireland (including both part time and full staff) was £367 per week. In this context, over half of the respondents are earning below the Northern Ireland average. Related to income was the type of job sectors that ethnic minority parents worked in. Findings show that the sample held employment across a range of diverse job sectors. Results in Table 4 show the most common job sectors ethnic minorities worked in were Food Services (25.1%) and Manufacturing and Production (14.9%).

¹² ASHE Survey information accessed at <http://www.detini.gov.uk/deti-stats-index/deti-stats-index-2.htm>



Figure 4: Participants' weekly household income



Base N = 308

Table 4: Common job sectors

Job Sector	%
Food Services	25.1
Manufacturing and Production	14.9
Other	13.7
Medical and Healthcare	10.3
Hotel and Catering	7.4
Cleaner/Domestic help	6.9
Childcare and Social Work	5.1
Community/Voluntary Work	4.0
Construction	4.0
Retail Trade	4.0
Administrative services	3.4
Business Owner	2.9
Education and Training	2.3
Professional and Scientific	2.3
Customer services and Call centre	1.1

Base N = 175



'Other' job sectors included Agricultural worker (4.0%) and Interpreter (1.1%). This type of work is typically low wage shift work which may impact on childcare arrangements in terms of both cost and the need to cover atypical hours.

For those not working at the time of the survey, 12.7% of the sample classed their employment status as caring for children, partner and home. A higher proportion of women were involved in caring for the family (14.8%) in comparison to men (3.4%). Twelve percent reported being unemployed but looking for work with women (13.2%) nearly twice as likely to report this status compared to men (6.9%). Some female participants in the focus groups expressed frustration that lack of childcare was a barrier to employment and questioned where they could go to for help to get a job:

"I came from Portugal and in Portugal I was working. Because I was working, I felt much better because there is opportunities to send the child to school and be able to pay as I was working. The benefits I get is just a little bit of money and is not enough to send the child to school. Is there any place to help the mothers to get a job? That is the question!"

Guinea Bissau parent, 3 children

A further 11.7% of the whole sample reported that they were not working as they were receiving either maternity pay or sick pay.

Working hours and patterns

The majority of those that were employed or self employed worked 31 – 48 hours (44.0%) and 16 – 30 hours (41.7%). Nearly ten percent worked 0 – 15 hours (9.7%) while 4.6% worked 49 hours or more. Further analysis of working parents found distinct gender differences in the amount of hours worked. Working mothers were more likely to work 15 hours or under (12.7%) in comparison to working fathers (2.0%). Similarly, a higher proportion of women worked 16 – 30 hours per week (48.4%) compared to men (24.5%). Results show that fathers are more likely to work full time between 31 – 48 hours per week (71.4%) compared to mothers (33.3%). Conversely, a larger percentage of women reported working over 49 hours per week (5.6%) compared to men (2.0%). These results are shown in Table 5.

With regards to working patterns, the majority of participants worked during the day Monday to Friday (55.1%). A sizable number also worked on a shift pattern including daytime, night time and weekend work (28.0%) with a



Table 5: Weekly hours worked by gender

Hours worked per week	Average (n = 175) %	Male (n = 49) %	Female (n = 126) %
0 – 15 hours	9.7	2.0	12.7
16 – 30 hours	41.7	24.5	48.4
31 – 48 hours	44.0	71.4	33.3
49+ hours	4.6	2.0	5.6

Base N = 175

higher proportion of working mothers (30.2%) working in this way compared to working fathers (22.4%). A fifth of participants reported working weekday evenings and/or nights (20.0%).

Weekend work also featured as 16.6% of respondents worked during the day on Saturday and/or Sunday while 11.4% reported working weekend evenings and/or nights as shown in Table 6.

Results in Table 6 would indicate many parents worked atypical hours which could limit the childcare arrangements they are able to make. The next section explores in greater depth the challenges

working BME parents have identified in relation to finding suitable childcare.

Working parents and childcare

Participants were asked how often their usual working hours made childcare arrangements difficult. While over one third rarely or never found their usual working hours to be problematic regarding their childcare arrangements (36.6%), the same percentage found that their usual working hours always or often made childcare arrangements difficult (36.6%). A further 26.9% reported that their usual working

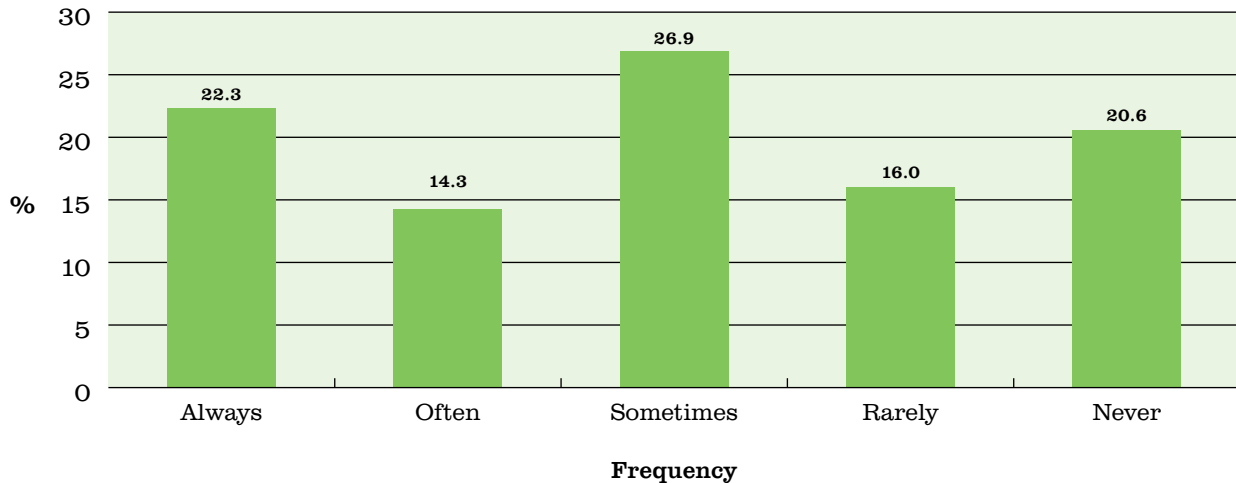
Table 6: Participants' working patterns

Usual Hours of Work	%
Weekday mornings and/or afternoons	55.1
Weekday evenings and/or nights	20.0
Weekend mornings and/or afternoons	16.6
Weekend evenings and/or nights	11.4
I work different shift patterns including daytime, night time and weekend work	28.0

Base N = 175



Figure 5: Percentage of working parents finding childcare arrangements difficult



Base N = 175

hours sometimes made childcare arrangements difficult. These results are illustrated in Figure 5.

On further analysis, the largest group that reported their usual working hours always made childcare arrangements

difficult were those that worked evenings and/or nights. As shown in Table 7 over one third of respondents who worked weekday evenings and/or nights reported that their usual working hours always made childcare arrangements difficult (34.3%), followed

Table 7: Difficulty of childcare arrangements by usual working hours

Usual Hours of Work	Always	Often	Sometimes	Rarely	Never
Weekday mornings and/or afternoons	19.4	16.1	23.7	17.2	23.7
Weekday evenings and/or nights	34.3	14.3	25.7	8.6	17.1
Weekend mornings and/or afternoons	24.1	13.8	37.9	13.8	10.3
Weekend evenings and/or nights	25.0	35.0	25.0	5.0	10.5
I work different shift patterns including daytime, night time and weekend work	24.5	8.2	30.6	16.3	20.4

Base N = 175



by those that worked weekend evenings and/or nights (25.0%). The group that worked weekend evenings also had the largest proportion of working parents that reported that they often found making childcare arrangements difficult (35.0%). Parents that worked weekday mornings and/or afternoons were less likely to report that their working hours always made childcare arrangements difficult (19.4%) as detailed in Table 7.

Overall, the participants that worked traditional weekday hours were the largest group to report that they rarely or never had difficulties arranging childcare around their working hours (40.9%). Interestingly, those respondents that reported that they worked a range of different shift patterns including daytime, night time and weekend work were the second largest group to report that they rarely or never faced this problem (36.7%). This may indicate that some forms of shift work suit the childcare needs of working parents when there is flexibility.

Participants from the focus groups also acknowledged the problems that working parents may encounter regarding their childcare arrangements. A number of themes were identified in which childcare arrangements could be difficult for working parents from an ethnic minority community.

Shift Work: A key theme emerging from focus group participants was the difficulty of finding childcare to cover

shifts outside the traditional working week of Monday – Friday 9am- 5pm. As shown in Table 4, this group tended to be employed in job sectors in which shift work is common. Childcare arrangements were particularly problematic if both parents in one family were working back to back shifts or for single parents as illustrated in the extracts below:

“We are only allowed four requests in a month. My husband works two shifts – this week he is going to be working 3pm to 12 midnight shifts and I am on permanent nights. So the following week he is going to be working from 7am to 3pm but whenever he does the 3pm to 12 midnight I have to inform my line manager that I can only do weekends. I have no choice. I have no-one to mind our children.”

Filipino parent, 2 children

“There is the night shift as well. There is no childminder during the night so I am stuck because I don’t have any family here and recently having a divorce so really there is nobody there to look after my child so I just ask the kindness of my friends to look after the child at night. I do night shift because that is the easiest for me. I can’t knock at other people’s house at seven in the morning and leave the child.”

Filipino parent, 1 child



Participants in the focus group also highlighted that these types of working patterns were challenging in terms of finding time to spend together as a family. Children also spoke about their routines changing depending on their parents work patterns and who was available to care for them:

“My dad would be at work, he comes home in the middle of the night. My mum looks after me at night time.”

Portuguese child, 8 years old

“She (mum) went to work at night and my aunty went to work at day and when she went to work at night my auntie had to take care of me. I asked my mum to go to my auntie’s house but she said ‘No’, so she comes to my house.”

Portuguese child, 8 years old

Zero-Hours Contracts: A key theme amongst participants of the focus groups was the motivation to find work. Participants highlighted the short notice period to work as a particularly frustrating aspect of zero-hours contracts. Parents felt that their lack of ability to make suitable childcare arrangements at short notice was a barrier to accepting employment or gaining additional hours which in turn impacted on the family’s income.

“I don’t mind to be a cleaner. I don’t speak the language but just need a job. The reason we are here is to work, so we need to work, but if we don’t have a place to leave the children, how can we be working?”

Guinea Bissau parent, 5 children

“It is quite difficult to get a job already and when they are in an agency they have to wait for a message to go to work. So if they get a message today what arrangements can that person make to find somebody else to look after the child?”

Guinea Bissau parent, 2 children

“It is difficult, very difficult. I have to refuse work which is something I [don’t] like to do as I am a professional. I have a certificate in bakery. I have to refuse the work as I don’t have no where to put the child for me to work.”

Guinea Bissau parent, 3 children

Children’s Illness/Emergencies: The qualitative data also revealed working parents from an ethnic minority background found children’s illnesses or emergencies particularly difficult to manage in regards to their workplace. Parents often had no informal family support and reported that they used annual leave when their children were sick. Anecdotal evidence suggests that some employers are unsympathetic to migrant workers taking time off to



care for children and that employees felt under pressure to return to work quickly.

“...my three children were sick so obviously I couldn’t come in to work as my family all sick, my husband had flu / influenza, so I rang my ward manager who said take annual leave then...”

Filipino parent, 3 children

“If your child is sick and they are still asking you to work, is that fair?”

Filipino parent, 3 children

Participants in the focus group acknowledged that many working parents faced these difficulties. However, a number felt this was particularly problematic for ethnic minority parents as they often had no other family members or support networks here to provide additional childcare at short notice or in emergencies. One potential consequence for parents of trying to balance family life with job requirements is leaving children unattended at times in order to work. While the majority of working parents in the questionnaire report that they never or rarely left their child or children unattended to carry out their usual working hours (55.4%), it became evident there was much confusion and conflicting information amongst parents on this issue. Significantly all but one focus group asked the

researchers for clarity about the specific age and length of time that would be considered appropriate to leave children unattended in NI.

The difficulties encountered by some BME parents finding childcare at short notice or to fit around both partners shift patterns appeared to go some way in explaining why children may be left unattended at times by working parents. Other reasons cited by some focus group participants included short periods of time that children were left alone while parents were commuting to and from their places of work:

“Just for ten minutes....my husband works at half eight and he leaves the house about eight o’clock and I am working until eight in the morning so it would be just five minutes....”

Filipino parent, 3 children

Other participants gave an example of the time period between when children arrived home from school and parents finished work:

“For example, the school finishes about three or three thirty and parents at that time will be working and there is no place for after school children. Some parents will be working until seven so the child finishes school where will the child be?”

Guinea Bissau parent, 3 children



It is clear from the focus groups that BME parents would welcome information and guidance about what age and for how long children can be left unattended while parents work. Some participants reported having asked professionals such as childcare workers and health visitors for clarification around the issue of unattended children and not receiving a clear response.

In summary, results show that it can be particularly problematic for ethnic minority families in balancing work and childcare in two key ways:

- Firstly, the working patterns of some ethnic minority parents

whether through shift work or short notice work means that childcare provision that only operates to suit the traditional Monday to Friday 9am – 5pm working week does not meet their childcare needs.

- Secondly, some ethnic minority parents have no informal network to provide childcare as they do not have any family members living in Northern Ireland.

The next chapter will explore the typical childcare arrangements that ethnic minority families can make with these types of restrictions.



Chapter 4: Results II



Childcare Arrangements

Findings presented in this chapter will relate to typical childcare arrangements of ethnic minority communities and compare the advantages and disadvantages of formal and informal provision. Findings related to awareness of financial help and entitlements around childcare will also be explored.

Results from the quantitative data show that parents from ethnic minority communities use a wide variety of formal and informal childcare. Overall, 68.5% of the sample used some form of formal or informal childcare while almost one third reported using no type of formal or informal childcare (31.5%). In terms of those that used some form of childcare, the most common types of childcare arrangements are informal provided by friends, grandparents

and other family members as shown in Table 8. This is in contrast to findings from a recent survey of childcare in NI which found that across the region, day nursery (43%) and registered childminder (25%) were the most common types of childcare used with only 15% using informal childcare (Dennison, 2013).

Of those BME parents that used childcare, most favoured informal childcare (36.7%) or a combination of formal and informal childcare (19.5%). Just over ten percent used only formal types of childcare (12.3%). These results have been categorised into four groups: (i) informal only; (ii) formal only; (iii) combination of formal and informal and; (iv) none, which are illustrated in Figure 6 overleaf.

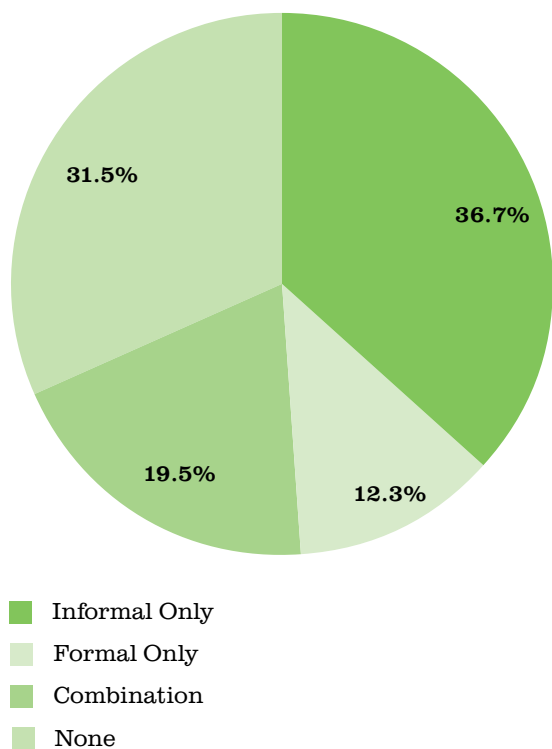
Table 8: Most common forms of childcare

Types of Childcare Arrangements	%
Friends	41.2
Grandparents of children	28.4
Other family members	28.4
Day nursery	20.4
Out of school clubs	17.5
Registered childminder	10.9
Unregistered childminder	7.6
Non family member(s) who share your home	2.4
Registered childminder at your home	1.4
Specialist day nursery (e.g. for child with disabilities)	0.9

Base N = 211



Figure 6: Participants' preferred type of childcare arrangements



Base N = 308

To explore these findings in greater depth, the demographics of each group have been analysed to identify trends between the different childcare preferences. Additionally, data from the focus groups will be added to highlight what ethnic minority parents told us about the advantages and disadvantages of using different childcare arrangements.

Informal childcare

Informal childcare was the most common type of childcare used by parents in this sample. Over half of respondents (n = 158, 54.9%) reported

that they used some type of informal childcare arrangements, while 36.7% reported that they only used informal types of childcare. As shown in Table 9, of the participants that use informal childcare only, friends were the most typical source of childcare provision followed by grandparents of children and other family members. Results show that across the four categories, this group had the highest proportion of family members living in Northern Ireland who could help with childcare (60.2%). In this way, having family members to provide childcare is a considerable factor for some parents in choosing informal childcare arrangements. In terms of nationalities, a high proportion of Romanian (85.7%) and Filipino (50.0%) favoured informal childcare only.

Table 9: Informal childcare only

Informal Childcare	%
Friends	46.9
Grandparents of children	38.9
Other family members	38.1
Unregistered childminders	7.1
Non family member who shares house	2.7

Base N = 113

A key theme arising from the parent focus groups about informal childcare was the issue of trust. Participants were content to leave their children with family members or friends who they could communicate with and trusted.



“I think it is your family you can trust them. I think that it is the most important thing to trust the people you leave your kids with. I think that that is the best way”

Polish parent, 2 children

“It is easy to communicate. If someone is familiar to you then it is safe to let them look after your children.”

Chinese parent, 1 child



A number of parents expressed that they were reassured leaving their children with people they had a personal relationship with. Some parents also felt that this was beneficial for their children in terms of strengthening their own culture through language and food. Family, friends and unregistered childminders may provide a cheaper alternative than formal childcare provision and offer greater flexibility which suits parents’ needs. While many parents were thankful that family members and friends could look after their children while they worked, some voiced concerns about the impact of this on their children’s social development, progress in learning English and levels of independence.

“I prefer to send the child to the crèche because the child will develop better speech, because there are other children there and they will develop speech... they will develop quicker. Sometimes the family doesn’t have the experience or the patience to teach the child to speak.”

Portuguese parent, 3 children

“I had children that my parents looked after them for a while and it is very good for them to look after my children, but they spoil the children easily and the children’s personality didn’t develop very well.”

Chinese parent, 1 child



Formal childcare

In contrast to the group above, those parents using only formal types of childcare were identified as the smallest group (12.3%). Of those parents that reported only using formal childcare, the most common form was day nursery (39.5%) followed by registered childminders (31.6%) and out of school clubs (28.9%) as shown in Table 10. Results show that the two nationalities more likely to use formal childcare only were Portuguese (23.8%) and Slovakian (20.0%). Across the four groups, the parents using only formal childcare arrangements had the highest percentage of no family members living in Northern Ireland to help with childcare (71.1%) with the second highest rate of participants being employed or self employed (71.1%). These results indicate that formal childcare may be used by some ethnic minority parents to access employment when they have no informal childcare arrangements to rely on.

Table 10: Formal childcare only

Formal Childcare	%
Day Nursery	39.5
Registered childminder	31.6
Out of school clubs	28.9
Registered childminder at home	2.6
Specialist day nursery	2.6

Base N = 38

In every parent focus group, cost was discussed as a significant barrier to

using formal types of childcare. Many parents reported that paying large amounts of money for formal childcare would negate any earnings they gained from employment. Furthermore, it was also highlighted that families had to consider what money was available for other things such as rent, food and transport costs.

“Money is the barrier, it’s big money. If a woman and a man are working you might not get a discount and if the salary for one person is £150 and you have to pay £140 so that’s one person’s salary for the week that disappears.”

Lithuanian parent, 1 child

“Even if you have work you can’t pay. My partner lost his job this year. Before he lost the job he was working at and we couldn’t pay....the school told I had to start to pay the childcare so I had to get out of school.... There was money but if I was going to pay the childcare I couldn’t pay my bills.”

Portuguese parent, 2 children

As corroborated with quantitative data, cost is a major consideration for parents regarding the type of access they have to formal types of childcare. One suggestion to reduce the cost was for the potential to pay for childcare by the hour rather than day or half day. Results show that those parents earning under £200 per week tend not to use any form of childcare (26.8%) compared to formal childcare only (21.0%) or informal childcare only (18.6%). Those earning



between £200 - £400 per week tend to use a combination of formal and informal childcare (58.3%) which is the same as those earning £400+ per week (41.7%).

Results in Table 11 show that the cost of childcare may not necessarily be a barrier to accessing formal childcare for some BME parents as the majority of those in the highest income category tend to use a combination of informal and formal childcare. This suggests that other considerations affect ethnic minority parents' decision to access formal childcare aside from the cost.

Parents in the focus groups highlighted distrust of using formal childcare providers and a lack of local provision as reasons they did not access formal childcare. Another key barrier to using formal childcare was accessing provision at the time required. Evidence from the focus groups suggests that formal childcare hours do not always

meet the needs of those parents that work atypical hours.

“Because my working hours is from five to twelve, there is no place that is looking after children and sometimes I have to bring the children to work....because we are Chinese our business time starts from five to twelve o’clock and English people time starts at 9 or after until evening time. This is very different and we find it hard to get people to look after our babies and children. That is the problem.”

Chinese parent, 3 children

“I believe that the Chinese in the community no-one sends their children to the formal childcare because of the working hours.....so we don’t have experience and know a lot about formal childcare.”

Chinese parent, 3 children

Table 11: Type of childcare by household weekly income

Household Income	Formal Only Childcare (n = 38) %	Informal Only Childcare (n = 113) %	Combination (n= 60) %	None (n = 97) %
£1 - £100	2.6	1.8	0.0	8.2
£101 - £200	18.4	16.8	0.0	18.6
£201 - £300	36.8	25.7	30.0	33.0
£301 - £400	18.4	29.2	28.3	20.6
£401 - £500	13.2	8.8	25.0	14.4
£500+	7.9	14.2	16.7	2.1

Base N = 308



“Our shift starts at half seven in the morning and there is a late shift as well between 1pm and 8pm and childminder only starts at 8am or 9am at the earliest and they finish at 6pm and our shift at the hospital goes on to 8pm. So there is really no childminder that will take the child.”

Filipino parent, 1 child

Many parents in the focus groups reported that they could not consider using formal childcare as those services did not operate at the times they needed it. This was the case for a diverse range of employees such as hospital staff, factory workers and those working in the hospitality and catering industry. Furthermore, parents who were interested in using formal childcare cited the lack of local provision as a barrier which prevented them from using this type of childcare. Many participants also had the perception that formal childcare settings allowed little flexibility which could be problematic when working hours changed or children could not attend due to illness. As discussed previously, a parent may have to take time off work and still be expected to pay for formal childcare even if their child is not well and unable to attend.

In terms of being able to identify advantages and disadvantages of formal childcare, participants of the focus groups had a limited experience. However, there was some consensus that formal childcare settings offered a safe environment with adults trained to look after children:

“Safe environment, hygiene, so I would rather take formal, because those people are trained to look after children, to prepare the snack. As an informal childminder, you don’t know about her health or you don’t know about hygiene....The person may look clean but not be doing the things in a certain way or because they are not trained they don’t know how to do that.”

Lithuanian parent, 1 child

“I think that it is really you are looking for the quality, the safety of the child. You know that they are being looked after and you are getting the best for what you are paying for.”

Filipino parent, 3 children

Many participants acknowledged that formal childcare was beneficial to their child’s development, English acquisition and socialisation. This was particularly the case with parents of pre-school children who recognised that formal childcare has a role to play in preparing children for primary school.

“I left my wee girl when she was a baby I left her in [childcare provider]. It was very costly. I left her two days a week, and that is only half days and cost me nearly two hundred pounds. It was good because they have loads of activities inside and they could socialise with other children, and they have routines. I think they are very good for the social aspect of the child.”

Filipino parent, 3 children



“Childcare is preparing children before going to P1. This is very important”.

East Timorese parent, 3 children

Participants of the children’s focus groups reported that they enjoyed the social aspects of being with other children and having fun activities to do in formal childcare settings.

“We can play. Sometimes they give us activities and sometime we can just take things out on the tables that they put. And she puts the TV on for those that want to see the TV.”

Portuguese child , 8 years old

“There is a lot of games you can play.”

Polish child, 8 years old

Combination of formal and informal childcare

Nearly twenty percent of the survey participants reported that they used both informal and formal childcare arrangements (19.5%). Again, friends were the most common form of childcare (56.7%), followed by day nursery (47.7%) and out of school clubs (43.3%) as shown in Table 12. Similar to those parents who used only informal childcare, the majority of this group also had family members living in Northern Ireland who could help with childcare (51.7%). This group had the highest proportion of parents who were employed or self employed (80.0%) with

over one quarter of working parents working different shift patterns (26.7%). Nearly three quarters of this group had two or more children living in Northern Ireland (73.3%) with over one quarter of lone parent families (26.7%). Findings also show that participants from Latvia (42.9%) and Lithuania (32.2%) were particularly keen users of a combination of informal and formal childcare. Results suggest that the combination of informal and formal childcare may be of benefit particularly for those working atypical hours, those with two or more children and lone parent families.

Table 12: Combination of childcare used

Formal and Informal Childcare	%
Friends	56.7
Day Nursery	47.7
Out of school clubs	43.3
Other family members	28.3
Grandparents of children	26.7

Base N = 60

No childcare used

Interestingly, nearly a third of the sample report that they do not use either informal or formal childcare (31.5%, n = 97). A number of nationalities displayed high proportions of participants using no childcare including East Timor (67.9%), Latvia (42.9%), Guinea Bissau (42.9%) and Slovakia (40.0%). Results show that a small number of this group were employed or self employed (29.9%)



compared to the other groups who used a combination of formal and informal childcare arrangements (80.0%), informal only childcare (62.8%) or formal only (71.1%).

Furthermore, a higher proportion of those that did not use any type of childcare had lived in the area for 18 months or less (24.7%), had no family members living in Northern Ireland to help with childcare (70.1%) and had two or more children (70.1%). The evidence would suggest that this group does not use any form of childcare as they lack family and other support networks to avail of informal childcare arrangements. It may also be difficult for this group to access and afford formal childcare as most are not currently employed or self employed.

One important area highlighted in the focus groups was the difficulty for children who had previously attended pre-school or formal childcare in another country to adjust to not attending a childcare setting in Northern Ireland. One mother described her son's frustration:

“The child cries because he misses his kindergarten and his friends and he says to mum, “We don't have school here. It is better to go back to France. I want to go to school”. The child is getting very cross staying at home, especially since he's waiting another two years before he can go to school.”

Guinea Bissau parent, 5 children

Other parents felt that their child was missing out on interacting with other children by staying at home.

“There are a few disadvantages because there is no interaction with other kids so sometimes they just depend on me at home and sometimes that is just not enough.”

Russian parent, 4 children

“The children can communicate with others, with their peers and they can learn something they couldn't learn at home.”

Chinese parent, 3 children

While certain characteristics such as employment, the availability of family members to help with childcare and the number of children play a part in ethnic minority parents decisions on the most suitable childcare arrangements they can make, results show that parents recognise both advantages and disadvantages of using formal versus informal childcare.

Choosing childcare

Findings from both the quantitative and qualitative data show that parents consider a number of factors in choosing childcare. In the survey, participants were asked to indicate the factors they considered important regarding childcare. Unsurprisingly, quality was selected as important by the vast majority of parents (95.7%), followed by availability in their local



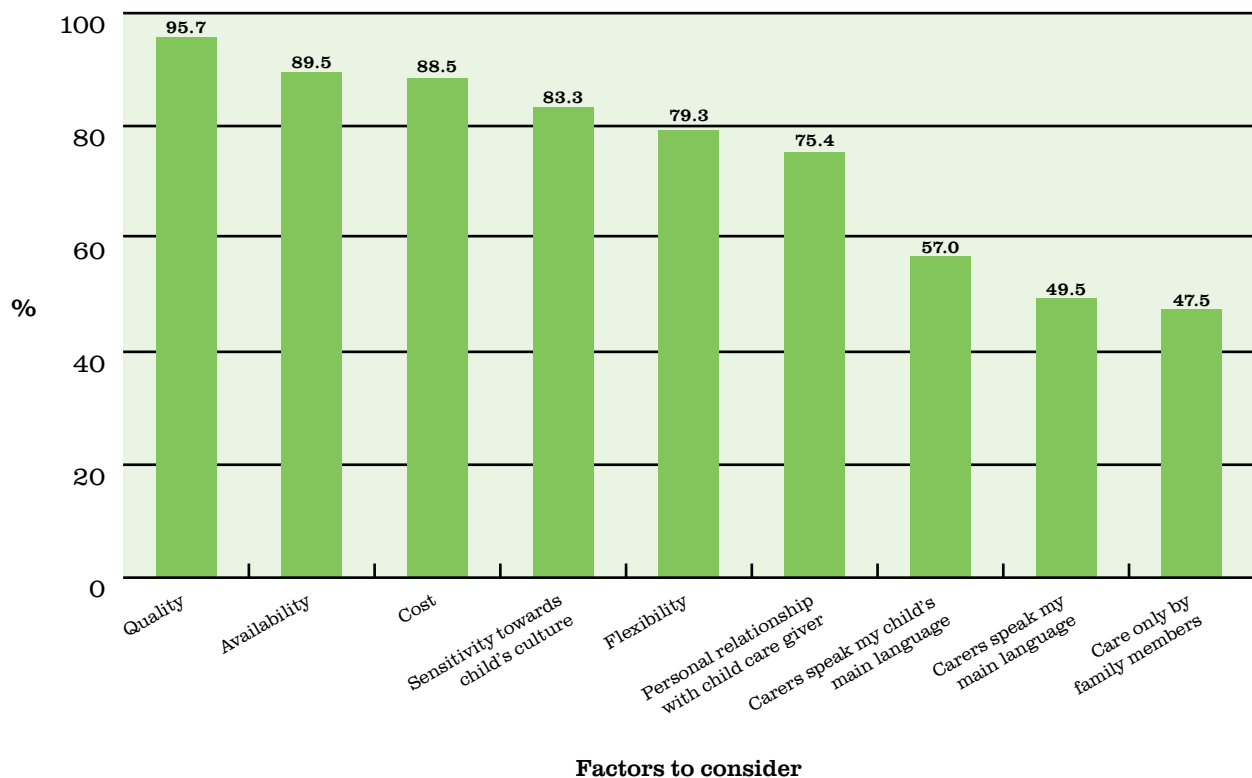
area (89.5%) and the cost of childcare (88.5%). Other important considerations for ethnic minority parents included that childcare providers would have an understanding and sensitivity towards the child’s home culture (83.3%). Some focus group participants cited religion and food as important areas for consideration for parents when choosing childcare for their child. As discussed previously, flexibility outside the traditional working week (79.3%) is a consideration for many ethnic minority parents due to their working patterns. These results are illustrated in Figure 7 below.

Factors that the majority considered to be less important included the ability of child carers to speak the parents’ main language (49.5%) and that care is carried out by family members only (47.5%).

Satisfaction with childcare

Drawing on their own experiences, participants of the questionnaire were asked how satisfied they were with a number of different aspects of childcare. The majority of parents indicated that they were satisfied or very satisfied with childcare in terms of their child’s development (76.2%). This reinforces the benefits of engaging in formal childcare as highlighted by participants

Figure 7: Important factors when considering childcare



Base N = 308



of the focus group. Three quarters of participants also agreed that they were satisfied with the quality of the childcare their child receives (74.6%) as shown in Table 13.

In contrast, cost has been highlighted as an area of dissatisfaction with parents through both the quantitative and qualitative data. Table 13 shows that nearly forty percent of parents were dissatisfied or very dissatisfied with the cost of childcare. Results from the survey found that:

- Over seventy percent of parents did not pay for childcare (71.4%).
- Of the 28.6% of parents that paid for childcare, 60.2% paid for one child

while 39.7% paid for two or more children.

- For one child in childcare, nearly half of the participants paid between £1 - £50 per week (47.1%) while 32.2% paid between £51 - £100 per week.
- A further 19.5% reported paying between £101 - £150 for one child per week with 1.1% paying over £200 per week.

Nearly one third of parents were also dissatisfied with the flexibility that childcare providers offer regarding opening hours to accommodate atypical shift work. As shown in Table 6, a large proportion of working parents worked different shift patterns (28.0%) with a

Table 13: Participants' satisfaction with childcare

For those that had experience of childcare*	Satisfied	Somewhat Satisfied	Dissatisfied
	%	%	%
Availability of childcare places in your local area	61.3	17.0	21.7
Cost of childcare	43.5	18.1	38.4
Development of your child's communication and social skills	76.2	9.8	14.0
Explanation of policy and procedures around childcare	63.2	18.1	18.6
Flexible childcare outside traditional workday hours (e.g. 9.00 – 5.00pm)	50.9	18.0	31.2
Information available about childcare options	53.8	20.1	26.2
Quality of childcare	74.6	22.0	3.4

*NB: An option 'No Experience' was included in the questionnaire responses so totals of each aspect listed vary.



further 20% working weekday evening and/or nights. Parents in the focus groups also highlighted the opening hours of formal childcare as a barrier to using this provision (see page 39 for greater discussion).

Access to Information

Information on childcare provision

An important element of this project was to gauge ethnic minority parents' awareness of childcare services and provision in their local area. Results from the questionnaire found that one third of the overall sample reported that they found it difficult or very difficult (33.8%) to access information regarding childcare provision. A further 30.1% found it somewhat difficult to access information. A smaller proportion of participants reported that accessing childcare information was not that difficult (27.5%) or not at all difficult (8.6%).

Analysis by country of birth identified over half of participants from three countries finding information about childcare very or very difficult to access. While caution should be used as the numbers by country of birth are smaller than the overall sample, over eighty five percent of Romanian participants reported accessing information to childcare as 'very difficult' (85.7%). This is in stark contrast to the average percentage of those finding access to childcare information very difficult of

13.6%. Secondly, half of all respondents from Guinea Bissau reported that accessing information about childcare was difficult (50.0%) while a further 28.5% reported that they found it very difficult. Finally, 57.1% of participants from Latvia found accessing childcare difficult while 14.3% found accessing information very difficult.

Lack of information was evident in the focus group as participants often asked the researchers questions in answer to their questions. Many focus group participants did not know where to start in terms of gaining access to information about childcare and were often confused and frustrated by official channels.

"I don't have a lot of experience in the childcare system and don't know the cost, the time, the information so really don't know a lot."

Chinese parent, 1 child

"We don't know where we can go and ask about the childcare for our children."

Polish parent, 2 children

"I think because we don't have much information about formal childcare and maybe we need more meetings just to get to know the people who will look after our children."

Polish parent, 2 children



Respondents of the questionnaire were asked if they accessed information and services regarding childcare provision from a range of sources. Results shown in Table 14 found that friends were the most common source of information on childcare (43.8%) followed by SureStart centres (34.7%) and the local doctor’s surgery (16.6%).

As shown below, respondents tended to access information on childcare either through their own social networks in their area such as friends or local groups or through services such as SureStart or GP surgeries. Findings suggest that participants source information about childcare from people that they meet on a face to

face basis. This was also corroborated in the parents’ focus groups as many participants felt that having a conversation allowed them to ask questions about their own specific circumstances.

“I think it is better face to face because Google doesn’t give the exact information needed.”

Slovakian parent, 1 child

As in Table 14, more formal sources of information including official websites and the local job centre are less likely to be used to gain information about childcare services and provision. Overall, respondents were least likely to

Table 14: Common sources of information on childcare

Source of Information	%
Friends	43.8
SureStart	34.7
Doctor’s surgery	16.6
Local groups e.g. mother and toddlers, church groups	16.2
Community and voluntary groups (e.g. Barnardo’s/STEP)	9.7
None of the above places	9.7
Health and Social Care Trust website	7.5
Language schools	6.2
Local press e.g. newsletter, notice boards at supermarket	5.5
NICEM website	4.5
nidirect website	4.2
Local Jobs and Benefits Office	3.9
Employer	2.6

Base N = 308



find information about childcare from their employer (2.6%).

Focus group participants were asked about their opinions on a social media application cited in the 'Bright Start' framework document which aims to provide parents with better and accessible information on childcare. Some individuals were enthusiastic particularly when they were familiar with and had access to the technology needed. Other participants reported that this would not be helpful to people who could not afford the handsets or internet required and felt that letters or leaflets would be more appropriate.

"I actually wouldn't use, I actually would rather take a leaflet because that is easier than going online or using the phone. I need the phone just to phone and text – that is it."

Lithuanian parent, 1 child

"If they get a letter sent to the home – that would be best because some people don't know how to use internet or don't even have the internet at home."

Guinea Bissau parent, 3 children

Focus group respondents suggested a combination of ways for parents to access childcare information including:

- letters posted to home;
- leaflets available from places that parents regularly come into contact with such as schools, GP surgeries,

health visitors, the job centre and local community groups;

- public information meetings about childcare;
- better signposting to access local information online.

It is important to note that some parents from an ethnic minority community face a language barrier when accessing information about childcare. See Figure 3 for further discussion of ability to communicate in English. Those groups or individuals in the focus group with none or limited English expressed a sense of isolation from society in general and suggested that accessing information about childcare from their own ethnic community who could communicate in their main language would be one way to remove the language barrier. However, discussion within the focus groups indicated that some community groups dedicated to supporting particular migrant communities had a lack of knowledge or understanding of the information parents needed resulting in a variation in the quality and effectiveness of support offered by these groups.

Awareness of rights and benefits

The focus groups provided particular insight into the lack of knowledge and confusion regarding rights and benefits. Most participants were unaware if they were eligible for financial help and in many cases had no awareness about the support available regarding childcare. For those



participants that had experience of applying for financial support many commented on the complicated process and the lack of support in navigating procedures and completing the necessary paperwork.

“No place to get help to understand about benefits and rights. Even if I go to the proper place to get help it is difficult because they don’t explain anything. They give you the papers and they say, ‘You fill this form in and bring it back’ so I don’t know what to fill in on the form, I don’t know what to do and just if wee things are wrong I can lose everything, even the things I am already getting.”

Guinea Bissau parent, 3 children

This general lack of awareness by ethnic minority parents regarding financial assistance with childcare was also demonstrated in the quantitative data. The questionnaire focused on four key benefits and rights related to childcare:

- Working Tax Credit
- Right to Request Flexible Working Hours
- Free Part Time Pre-School Places
- Childcare Voucher Scheme

Findings showed low levels of awareness amongst ethnic minority parents regarding the Childcare Voucher Scheme, the free part time pre-school places and the right to request flexible working hours. Participants

showed greater awareness of Working Tax Credit as detailed below.

Working Tax Credit: The childcare element of the Working Tax Credit enables parents to claim up to 70% of the cost of childcare. The largest majority of respondents had some level of recognition of the Working Tax Credit. Over a quarter of participants (26.8%) received this credit while a further 47.7% had some awareness but had not claimed this. A quarter of participants were not aware of this (25.5%).

Right to request flexible working hours: Nearly twenty percent (18.9%) had availed of the right to request flexible working hours when caring for a child. A further 16.2% were aware of this but the nature of their job meant that flexible working hours could not be facilitated. Seven percent reported that they were aware of the right to request but did not know how to apply. It is important to highlight that ten percent of participants were also aware of this but reported that they would not like to approach their employer to request flexible working hours (10.9%). Overall, 47.0% were not aware of the right to request flexible working hours.

Discussion around this issue in the focus groups suggested that many employees from an ethnic minority background were fearful of losing their jobs and that asking for flexible working hours may provide a reason for their contract to be terminated.



“Some people they afraid to ask their boss to get flexible hours they afraid to lose their job. So that is the problem.”

Polish parent, 2 children

Participants acknowledged that asking for flexible working hours was not possible in certain types of employment, such as in restaurants and work in hospitals.

Free part time pre-school places: As outlined in Chapter 1, these part time places are funded for all 3 – 4 year olds to prepare them for entering primary school. Overall, fifteen percent of participants reported that their child used a free part time place (15.6%) while 43.7% of the whole sample was not aware of these places. A quarter of parents with children aged 3 – 4 years old (n = 101) reported that their child used a part time place (26.7%) while 37.6% of this group were unaware of the places. Those with children in the youngest age category (0 – 2 years) reported higher than average levels of being unaware of the free part time pre-school place (49.7%) with a further 5.4% aware of the scheme but unsure of how to apply.

Childcare Voucher Scheme: This scheme allows parents to pay for registered childcare from their pre tax salary. Overall, 69.5% of the total sample was unaware of this scheme with only 6.3% using it. A quarter of participants had some level of awareness of the scheme but had not applied for it (23.1%) or did not know how to access it (5.4%). For those that used some form

of registered childcare (n = 95), higher levels of use were recorded with 13.7% using the scheme. A further 17.9% were aware of the scheme but had not applied while 7.4% did not know how to apply for the scheme. It was still the case that the majority of the group that used formal childcare were unaware of the scheme (55.8%).

As illustrated in Table 15, 26.8% was the highest proportion of ethnic minority participants who accessed the benefit of Working Tax Credit while under twenty percent availed of any of the other benefits relating to childcare.

Table 15: Level of participants’ awareness of support

Type of Benefit	% use of	% no awareness
Working Tax Credit	26.8	25.5
Right to request flexible working hours	18.9	47.0
Free part time pre-school places for 3 – 4 year old	15.6	43.7
Childcare Voucher Scheme	6.3	69.5

Base N = 308

When exploring the quantitative data further, patterns amongst respondents drawn from different countries can be identified. As stated previously, numbers of participants by country



of birth are smaller than the overall sample and should be treated with caution. Participants from four countries appeared to have higher levels of unawareness of Working Tax Credit. Respondents from Guinea Bissau reported the highest levels of unawareness (78.6%) followed by participants from Poland (34.8%), those who reported their country of birth as 'Other' (34.3%) and participants from Portugal (33.3%). While the majority of all participants were uninformed about Childcare Vouchers as shown in Table 15, those from Guinea Bissau (92.9%), Romania (90.5%) and Latvia (85.7%) had very high levels of unawareness.

While nearly twenty percent of all participants had used the right to request flexible working hours, it was clear that some groups remained unaware of this benefit. Specifically, participants from Latvia (71.4%), Guinea Bissau (71.4%), 'Others' (62.5%) and Portugal (57.1%) displayed a lack of knowledge about the right to request flexible working hours. To a lesser degree, Polish (49.4%) and East Timorese participants (53.6%) also reported a higher than average level of unawareness of this right.

The majority of participants from Romania (85.7%), Guinea Bissau (71.4%), Latvia (57.1%) and Slovakia (55.6%) were not aware of the free part time pre-school places for 3-4 year olds. These first three groups were also the groups which found it most difficult to access information about childcare as discussed above.

Overall, findings show a clear lack of awareness of rights and benefits amongst ethnic minority parents with low proportion of uptake for support for childcare. This lack of awareness has been identified across participants from different countries and languages and suggests there is more work to be done in developing strategies that target individual needs.



Chapter 5: Conclusion and Recommendations



The lack of strategic direction has delayed production of a dedicated Childcare Strategy in Northern Ireland. An initial set of first actions have been identified through the 'Bright Start' strategic framework, with the NI Executive indicating that a full, detailed NI Childcare Strategy will be published in 2014. The needs of ethnic minority families have not been specifically addressed in the new framework. However, an appropriate policy response is required particularly given the rising BME population coming to live and work in NI, with many choosing to settle and raise their family here. In addition, the findings of this research project highlight the specific challenges for ethnic minority families in accessing suitable childcare. These include:

Childcare infrastructure: There is an increasing need to review the current childcare infrastructure and develop a childcare model which incorporates the needs of BME parents working outside traditional working hours. While this is particularly relevant to BME workers, a changing economy and job market has led to an increase in parents across the wider population employed through zero-hours contracts and working atypical hours.

Cost and availability: The high cost of childcare and low levels of local provision in Northern Ireland were significant factors for BME parents in the study. It was suggested by research participants that the lack of local childcare could be redressed to some extent if there was more training and

greater promotion of opportunities for members of the BME community to become registered childminders themselves. This would provide a pathway to employment for some, particularly women, and may also serve to increase provision outside traditional working hours.

Access to information: In respect of childcare provision, nearly two thirds of questionnaire respondents reported some level of difficulty with being able to access information. The lack of awareness amongst ethnic minority parents about the financial support available for childcare as well as a broader range of social and other benefits was particularly striking. This was very evident in respect of the right to request flexible working hours and the financial support available for childcare related costs, such as Working Tax Credit and Childcare Voucher Schemes. The majority of parents were also unclear about the legalities around leaving children unattended while they were at work and reported the need for clarity in this area. There was general consensus amongst parents in the focus groups that greater use could be made of existing points of contact such as schools, health centres and local community centres to signpost and disseminate childcare information to ethnic minority families.

Language barriers: A significant number of parents were unaware of how to access general advice or information services, or were reluctant to do so due to language barriers. Findings



also show that a considerable number of BME parents report low levels of being able to read or write in English and that official channels are often too complicated to be accessible to ethnic minorities with limited or no English. Parents often highlighted challenges in completing official paperwork and in their needs being understood by professionals across childcare, employment, health and social care settings. Many of the participants reported being disappointed with services offering advice to BME parents, therefore some evaluation in this area would be helpful. Overall, there appears to be a need for greater promotion and communication of benefits and rights that ethnic minorities may be eligible for in respect of childcare and more generally. To effectively address the issues relating to language barriers, a coherent strategy to disseminate information to BME parents through a combination of face – to –face, online and other written means is required.

Access to social and learning

opportunities: Although informal types of childcare were a common choice amongst BME parents, many indicated they would like greater opportunities to access formal childcare settings. Formal childcare was often viewed by parents as important for children’s social and learning development, language acquisition and school readiness. Children themselves indicated it was fun and that they enjoyed having the opportunity to play with other children. Many of the parents viewed formal childcare as a useful way to improve integration for their family within local

communities and expressed frustration at the barriers they faced in accessing it.

Recommendations

As outlined above, a number of areas relating to the childcare needs of ethnic minority families have been identified in the ‘Believe in Childcare?’ research as requiring further consideration. The following recommendations are suggestions for beginning to address these:

1. In line with other UK regions, the provision of childcare services in Northern Ireland should be on a statutory basis to ensure there is enough childcare to meet the needs of working parents in their local area.
2. The NI Executive should consider models of childcare provision and subsidies in other countries; and examples of practice across the UK in supporting families to better take up available financial help.
3. The ‘Bright Start’ Strategic Framework / NI Childcare Strategy should develop an associated Action Plan which addresses the specific needs of ethnic minority families in the following areas:
 - a) The development of additional, flexible and affordable childcare provision at a local level to meet the needs of parents working atypical hours or zero-hours contracts.



- b) Greater information and awareness raising amongst ethnic minority communities about the financial support available for childcare; different types of childcare and how to access provision; issues relating to unattended children; and the right to request flexible working hours.
 - c) The public information campaigns on childcare should give particular consideration to providing a combination of ways to target information to those that have limited or no written or spoken English language.
 - d) The training and workforce development targeted at under-represented groups should include the creation of more opportunities for members of ethnic minority communities to become registered childminders.
 - e) Professional development should include the provision of cultural competency training for professionals coming into contact with ethnic minority families.
 - f) The creation of mechanisms for greater collaboration between the community/voluntary sector, statutory agencies and employers as beneficial in providing information, training and English classes to employees from an ethnic minority background.
4. The Southern Health and Social Care Trust (SHSCT) should develop an Action Plan to address the specific childcare and information needs of BME communities in the SHSCT area as identified in the 'Believe in Childcare?' research.



References



Barnardo's (2013) *Paying to work: Childcare and poverty*. Barnardo's Strategy Unit, London. Available at http://www.barnardos.org.uk/ptw_childcare_and_child_poverty.pdf [Accessed 29th January 2014].

Barnardo's NI (2013) *Barnardo's NI response of OFMDFM consultation - Towards a Childcare Strategy*. Barnardo's NI Policy and Research Unit, Belfast. Available at http://www.barnardos.org.uk/ofmdfm_towards_a_childcare_strategy.pdf [Accessed 24th January 2014].

Bell, J., Caughey, A., Hansson, U., Martynowicz, A. and Scully, M. (2009) *A Report on the Experiences of Migrant Workers in Northern Ireland*. Institute for Conflict Research, Belfast.

Bryson, C., Brewer, M., Sibieta, L., and Butt, S. (2012) *The role of informal childcare: A synthesis and critical review of the evidence*. Nuffield Foundation, London

Campbell- Barr, V. and Garnham, A. (2010) *Childcare: A review of what parents want*. Research Report 66, Equality and Human Rights Commission, Manchester.

Connolly, P. (2002), *'Race' and Racism in Northern Ireland: A Review of the Research Evidence*. OFMDFM, Belfast.

Dennison, R. (2013) *Northern Ireland Childcare Cost Survey 2013*. Employers for Childcare Charitable Group, Belfast.

Dennison, R. and Smith, N. (2012) *Northern Ireland Childcare Cost Survey 2012*. Employers for Childcare Charitable Group, Belfast.

Department for Employment and Learning (2012) *Pathways to Success: Preventing exclusion and promoting participation of young people*. DEL, Belfast.

Employers for Childcare (2010) *Sizing Up: A Comparative Study of Childcare Policies with the four regions of the UK*. Employers for Childcare Charitable Group, Belfast.

Eldén, S. (2012) Inviting the messy: drawing methods and 'children's voices'. *Childhood* Vol. 20 (1): 66-81

Fauth, B., Blades, R., and Gill, C. (2012) *Child Poverty Outcomes Models: An International Review*. National Children's Bureau, London.



Geraghty, T., McStravick, C. and Mitchell, S. (2010) *New to Northern Ireland A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland*. National Children's Bureau, Northern Ireland.

George, A., Stokes, L. and Wilkinson, D. (2012) Does Early Education Influence Key Stage 1 Attainment? Evidence for England from the Millennium Cohort Study *National Institute Economic Review* No: 222: R67.

Gibbs, A. (1997) 'Focus Groups', *Social Research Update*, 19, Winter, Department of Sociology, University of Surrey.

Horgan, G. and Monteith, M. (2012) *A Child Rights Impact Assessment of the Impact of Welfare Reform on Children in Northern Ireland*. Northern Ireland Commissioner for Children and Young People, Belfast.

Johnston, J. (2011) *Barriers to health: migrant health and wellbeing in Belfast*. Belfast Health and Social Care Trust. Available at <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf> [Accessed 20th January 2014].

Lawton, K. and Thompson, S. (2013) *Tackling in-work poverty by supporting dual earning families*. Joseph Rowntree Foundation, York.

McCormick, J. (2013) *A Review of Devolved Approaches to Child Poverty*. Joseph Rowntree Foundation Available at <http://www.jrf.org.uk/sites/files/jrf/child-poverty-devolution-full.pdf> [Accessed on 22nd January 2014].

McGovern, J., Meas, W.H., and Webb, M.A. (2011) *Supporting refugee and asylum seeking families living in Northern Ireland*. Barnardo's Northern Ireland, Belfast.

McQuaid, R., Graham, H. and Shapira, M. (2013) *Child Care: Maximising the Economic Participation of Women*. Equality Commission for Northern Ireland, Belfast.

McWilliams. M., and Yarnell, P. (2013) *The Protection and Rights of Black and Minority Ethnic Women Experiencing Domestic Violence in Northern Ireland* Prepared for Submission to CEDAW, June 2013. NICEM, Belfast. Available at <http://eprints.ulster.ac.uk/26542/1/BMEWomen%26DV-CEDAWsubmission.pdf> [Accessed on 10th January 2014].

Melhuish, E., Quinn, L., Hanna, K., Sylva, K., Sammons, P., Siraj-Blatchford, P. and Taggart, B. (2006) *Effective Pre-school Provision in Northern Ireland (EPPNI) Summary Report Research Report 41*. Department of Education, Bangor.



NICMA (2008) *Childcare Matters: what the public think about childcare in Northern Ireland*. NICMA – the Childminding Association, Newtownards.

Northern Ireland Executive (2013) *Bright Start Programme for Affordable and Integrated Childcare Strategic Framework and First Key Actions*. Northern Ireland Executive, Belfast.

Northern Ireland Executive (2011) *Improving Children's Life Chances*. Northern Ireland Executive, Belfast.

Northern Ireland Neighbourhood Information Service (2012) *Census 2011*. Available at <http://www.ninis2.nisra.gov.uk/> [Accessed on 30th January 2014].

Northern Ireland Statistics and Research Agency, *Census 2011*, Belfast.

Office of First Minister and Deputy First Minister (2014) *Delivering Social Change for Children and Young People*. OFMDFM, Belfast.

Office of First Minister and Deputy First Minister (2010) *Policy and Economic Appraisal for the Northern Ireland Childcare Strategy*. OFMDFM, Belfast.

Ridge, T. (2013) 'We are All in This Together'? The Hidden Costs of Poverty, Recession and Austerity Policies on Britain's Poorest Children. *Children and Society* Vol 27, pp.406 – 417.

Russell, R. (2012) *Migration in Northern Ireland: an update. Research and Information Service Research Paper*. Northern Ireland Assembly, Belfast. Available at <http://www.niassembly.gov.uk/Documents/RaISe/Publications/2012/general/3112.pdf> [Accessed 16th January 2014].

Rutter, J. and Evans, B. (2011) *Informal Childcare: Choice or Chance? A Literature Review*. Daycare Trust, London.

Wallace, A., McAreavey, R. and Atkin, K. (2013) *Poverty and Ethnicity in Northern Ireland: An Evidence Review*. Joseph Rowntree Foundation, York.

Walmsley, P. and Fitzpatrick, S. (2003) The cross-border rural childcare project *Child Care in Practice*, 9 (4): pp 282-292.

Welfare Reform Group (2011) *Briefing for Social Development Committee*.

**Believe in
children**



**Barnardo's
Northern Ireland**

www.barnardos.org.uk

Barnardo's Northern Ireland
542-544 Upper Newtownards Road
Belfast BT4 3HE
Northern Ireland

Tel: 028 9067 2366

Fax: 028 9067 2399

Barnardo's Registered Charity Nos.
216250 and SC037605
13802