

1. Quantitative Research Instrument

Household Survey Data Collection

1. Household Survey data collection included:
 - Family demographics
 - Family resources
 - Family support
 - Child well-being
 - Developmental screen (0-8 only, excluding 8 year olds)
 - Disability screen
 - Physical ability
 - Sensory ability
 - Cognitive ability
 - Mental health
 - Physical health
 - For children with identified impairments*
 - Description of impairment
 - Description of existing child support
 - Child support needs

The survey collected information on children aged 0 up to 18 (ie. excluding 18 year olds) in selected households. The information on children addresses:

- i. ECD survey – physical and cognitive development as indicated through skills observed for:
 - 0 to 4 year old children (ie. excluding 4 year olds)
 - 4 to 8 year old children (ie. excluding 8 year olds)
- ii. Disability survey – disability assessed through a number of questions on:
 - Impairment – information on a range of impairments
 - Disability – information on barriers to accessing home, community and school environments, due to lack of facilitation for impairment

To assess the situation of these children a range of demographic information was sought relating to living conditions, resources and parental educational background for household interviews, and size, remit and services provided by institutions in-house and from external agencies.

Household Survey Instrument

Section 1 (survey 2a)

- ◆ Demographic details on adult members of household
- ◆ Demographic details on children of these adults
 - Additional details on school attendance
 - Support with childcare
- ◆ Description of living conditions (structure, utilities)
 - Perceived adequacy
- ◆ Indicators of wealth (house, car, land, cattle ownership)
- ◆ Indicators of parental status (work role)

- Parental education
- ◆ Migration
- ◆ Household income
 - Perceived adequacy

Section 2 (see Checklist below)

- ◆ 0-4 years – developing skills [physical, cognitive, communication]
- ◆ 4-8 years – developing skills [communication, cognitive, literacy, social]

Section 3

- ◆ General Health
- ◆ Birth
 - Difficulties and outcome
 - Procedures for delivery
- ◆ General mental health screen
- ◆ Impairment screen [mobility, vision, hearing, cognition, self care, communication, health]
- ◆ Description of impact of impairment
- ◆ Barriers to use of ordinary school facilities
- ◆ Support given at home (2a)/ institution (2b)
- ◆ Support given in community
- ◆ Support given at school
- ◆ Type of support needed
- ◆ Type of formal diagnosis if any

2. Development Checklist

A checklist of 36 items (abilities and skills which may be demonstrated by young children in the course of everyday activities in the home) was developed drawing on the 1998 Dorothy Jeffree and Roy McConkey Parental Involvement Project (PIP) Developmental Charts. The checklist was based on typical developmental milestones described for children in more affluent / industrialised countries, with the checklist items adapted to avoid environmentally or culturally specific skills that might be inappropriate for respondents in this study. The items were presented at a quite general level: 'drinks from a cup without spilling'; dresses and undresses with little help', 'uses gestures to ask for things such as good or drink'. The checklist was divided into two sections: respondents reporting on children aged from birth to four years (excluding 4-year olds), and respondents reporting on children aged four to eight years (excluding 8-year olds).

Respondents identified a total of 3350 children aged 0 to 8 across the four governorates. When the results had been returned and analysed, the skill items in the two checklists were slightly re-ordered to reflect the profile of achievements recorded for the children, and then re-allocated to the age groups for which they were found to be most appropriate. The first 18 skills were allocated to age-bands 1, 2 and 3 (six items each). The next 18 skills were allocated to children of kindergarten age (4 and 5 years; nine items) and children of school age (6 and 7 years; nine items).

As a result, it was possible to:

- Report on the levels of skills achieved by the 3350 children aged 0-8 identified in the survey;
- Develop, provisionally, an age-appropriate checklist of items for children aged 0 to 8 for future use;
- Report on the aspects of children's situation and condition that are associated with their differential achievement levels.

Cautions

- i. For each child identified, respondents were asked to indicate (yes/no) whether the child was able to perform each item in the checklist appropriate to their age group. In each age group, and on every item, a number of questionnaires record a no answer. However on questionnaires where only 'yes' answers were recorded, remaining items were recorded as a 'no' during the analysis, boosting the 'no' totals analysed. The results presented in the study must be understood as offering a conservative account of children's developmental outcomes.
- ii. Numbers of children in some of the subgroups are very varied and some are small (children aged 7 living in Najaf: n=39). Percentage scores must be read with some caution, as they are less likely to generalise to the whole population when the sample is small.
- iii. Children's development in these age bands has both biological and cultural aspects: some items, such as standing and walking, tap into the maturational aspects of development more strongly than others, such as naming relatives or describing the qualities of objects. As children become school-age, some items depend entirely on experience: if a child has not been taught to count objects or write letters, s/he will be unable to achieve this skill even if developing typically in other respects. Items of this kind, however, give indications of what may be needed in planning future provision.

3. Qualitative Procedures

3.i Rationale: Stakeholder interviews and qualitative interviews with selected families

The Iraq team leaders identified stakeholders (community, religious and tribal leaders, as well as selected school principals) who were likely to have an overview of the nature and extent of childhood disability and early childhood development issues. A semi-structured interview allowed us to gather their views on issues identified in the household survey as well as their particular view of issues in their community or governorate. This data was augmented by information gathered from officials working in key service providers (health, education and social care). In this way we were able to evaluate the level of consistency and gaps between the official view of leaders and those working in the community. Interviews and focus group discussions with disability advocates added a further set of perceptions.

A series of second round interviews were also undertaken with families identified for follow-up in the household survey. The purpose of these interviews was to attempt to delve into the day-to-day experiences of families with a child or children with disabilities. In this way it was possible to build a composite picture or vignette of 'disability stories' from different communities across Iraq. Such stories have been used to highlight the

lived experience of people with disabilities and their families. Consideration of the minutiae of family life has the capacity to represent the essence, particularity and multiple impacts of issues identified in the larger household scans.

Such interviews demanded particular skill sets from the interviewers as they had to establish a comfortable dialogue with the respondent/s at the outset. Sensitivity was required to build a conversational flow to build a narrative. It was important that the interviewer be able to probe without distracting the respondent/s from the main narrative, but building detail to understand the complexity of the experience of disability and disablement.

3.ii Rationale for focus groups

Focus group discussions are recognized as ‘a powerful method of qualitative data collection where a small group of people are interviewed as a group’ (Punch, 2009:357). Focus groups allow respondents to collectively shape their views and push each other to provide insight into finer details of complexity. These discussions can afford a greater level of comfort for the respondent as they talk as a familiar group. In politically sensitive areas, however, this can also close discussion. The aim of the focus group was to engage key local people working in the fields of disability and early childhood development in discussion to share their perceptions of the extent of disabilities and identify key challenges.

The stimulus questions included:

- Could each of you please introduce yourself to the group and tell us about your work.
- In your estimation how prevalent is childhood disability in this community / jurisdiction?
- How do we become aware of a child with a disability? Is there a formal process of identification?
- What are the major forms of disability that are identified amongst children in this community / jurisdiction?
- Are there any trends that you have noticed?
- Are the disabilities linked to geographic or demographic features of this region or community?
- How is disability responded to in this community? Can you explain the responses?
- Do all children go to school? Do disabled children attend school?
- What are the main challenges to ensuring that all children go to school and participate in lessons in the classroom?
- Is there a structure of support for early childhood development? Is it left to the family / community resources?
- What are the major challenges for educating children with disabilities?
- How could we improve early childhood education?
- How could we increase the participation of disabled children in education?