**SUMMARY REPORT**

# HOW ARE OUR KIDS?

## Experiences and Needs of Children and Families in Limerick Regeneration Areas


**PREPARED BY**

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### Acknowledgement

The Research Team would like to thank the participants in this research for giving so generously of their time, and sharing their experiences and their insights. We are sincerely grateful to the parents, carers and children who agreed to be interviewed as part of the household survey, and to the residents and the service providers who participated in the focus groups. We also wish to acknowledge the assistance of those who helped with the organisation of the focus groups, and the members of the research sub-group of the Children's Services Committee for their advice and support throughout the research.

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# 1 INTRODUCTION

This is the summary report of the findings of the study, ***How are our kids?*** The research explores the needs and experiences of children and families in Limerick City, with a particular focus on communities which have been targeted for assistance under the Limerick Regeneration Initiative. These are the most deprived local areas of the city. The research was commissioned by the Limerick City Children's Services Committee. The overall aim of the research is to contribute to creating evidence-based research to inform the work of Limerick City CSC and its constituent agencies and strategic planning of services for children and families in the city[1].

# 2 METHODOLOGY

The research involves both quantitative and qualitative research methods, and a mixed methods approach. As a baseline exercise, focused on measurement of needs, there is more emphasis on the former. The qualitative methods generate additional data in order to build up an understanding of conditions, needs and experiences, and inform the interpretation of the quantitative findings.

## 2.1 Research Design

The research is cross-section in design, meaning it provides a snap-shot of the situation at a single point in time, the summer and early autumn of 2010. It is anticipated that research will be undertaken in subsequent years by the Limerick City Children's Services Committee to establish whether, and the extent to which, the study areas have changed over time (i.e., stayed the same, improved, deteriorated). The research design involves an element of "control". It establishes variations or differences between families in the most disadvantaged communities (the two regeneration areas) and relatively more advantaged communities in the city (a Disadvantaged Control and an Average Control Area) at the baseline stage in 2010. A "gradient" from the most disadvantaged, to disadvantaged and up to an average area is built into the design of the research. By going back to the same areas in subsequent years, this design enables an assessment of the extent to which outcomes for children and families in the most disadvantaged areas converge towards the average over time. The study areas were selected as types of areas, with concentrations of family-based households with children, broadly representative of neighbourhoods in Limerick City as a whole.

[1] The Limerick City Children's Services Committee is a city-wide initiative established in 2007 as one of four such pilot initiatives in the country at that time. It consists of senior representatives of the key statutory agencies with a remit for the delivery of services to children and families including: the HSE, An Garda Síochána, the Probation Services, the Department of Education and Skills, the National Education Welfare Board, Limerick City Council, Limerick City VEC, the PAUL Partnership and Limerick Regeneration Agencies.

## 2.2 Quantitative Strategy: A Social Survey of Households

Focusing on the quantitative strategy, the primary research is addressed to two types of participants in households with children under 18 years, namely: (i) parents / carers of children and (ii) children aged seven years and older. Both types of participants are drawn from the same households (i.e., all child participants are drawn from households where parents / carers completed the survey). The research instruments comprise highly structured questionnaires (closed questions involving ticking responses) covering a wide range of topics designed to investigate the position with reference to outcomes for children and families specified in national policy. The parent / carer questionnaire includes modules for self-assessment of health status of the parent / carer (SF-12 Version 2) and assessment of child strengths and difficulties (SDQ). The latter focuses on one sample child in the household. The questionnaires were designed for administration based on face-to-face interviews in the homes of those who agreed to participate.

## 2.3 Samples and Sampling Strategy

The survey is based on four independent samples (one sample from each study area) and uses a probability (or random) sampling approach. It was not possible to construct a sampling frame (i.e., a complete list of family-based households with children under 18 years) across all study areas. In all areas, samples were randomly selected based on a systematic sampling approach (e.g., selecting every fifth, sixth, or seventh house). The sample in each area was stratified by sub-areas (estates, streets) based on estimates of the proportion of households with children in the sub-areas, relative to the study area as a whole.

## 2.4 Social Survey: Fieldwork Implementation

While the fieldwork presented many challenges, an overall response rate of 70 per cent was obtained and 418 valid parent / carer questionnaires. This exceeded the target of 400 set (100 for each of the four study areas). Response rates were highest in the most disadvantaged areas (Regeneration Areas). Achievement of child interviews proved to be more difficult than expected. The number of useable child interviews was 128 across all areas. The reason for achievement of lower than expected targets here generally related to the non-availability of children in the home at the time of the parent / carer interview.

## 2.5 Qualitative Strategy: Focus Groups

The qualitative component of the research involved focus groups with two sets of participants: (i) parents / carers in the study areas; and (ii) service providers to children and families in the city. Priority was given to engaging with parents / carers in the Regeneration Areas, and also to service providers working in the most disadvantaged areas of the city. The purpose of the focus groups with parents / carers was (i) to gather relevant data, and (ii) to promote awareness of, and a sense of

ownership of, the research. Interview schedules were developed for both sets of focus groups. Service providers such as schools, crèches, youth services and community organisations assisted with recruitment of parent / carer participants and practical aspects of organisation (e.g., securing a venue). Overall, eight focus groups involving 32 participants were held. Focus groups with service providers were organised mainly through the structures of the Youth Fora, now operating in various areas of the city. Overall, seven service provider focus group discussions were held involving 42 participants.

### 2.6 Data Analysis

Analysis of survey data involved, *inter alia*, bivariate analysis with a strong focus on an area-based comparison. The purpose was to establish the key patterns of variation across the study areas. Multivariate statistical techniques (linear multiple regression) were also undertaken using the child "total difficulties" scale as the dependent or outcome variable.

With the exception of two focus groups which were not tape recorded, transcripts of focus group discussions were prepared. Based on these transcripts and notes, detailed analysis of the data was undertaken.

The qualitative data analysis was structured as a thematic analysis. A coding frame was developed based on sub-categories identified in the process of data analysis, and using the precise words of participants. Using this method of analysis and constant comparison across the dataset, core categories were identified. Illustrative quotes were identified to correspond with the core categories.

### 2.7 Progress Reporting

Over the time period of preparation and implementation of the study, regular meetings of the Research Team and the Limerick City CSC Research Sub-group were held. The purpose was to obtain views and feedback at key stages and to report progress and preliminary findings.

## 3 NEIGHBOURHOOD CONTEXT: PROFILE OF THE STUDY AREAS AND THE SAMPLE

Chapter 3 of the report locates the study areas in the physical and social geography of Limerick City. It identifies the broad typology of the study areas, and key demographic and socio-economic characteristics of households in these areas. This analysis draws on secondary sources of data, namely the most recently available census data (2006)[2], as well as findings from the household survey. The child profile is presented drawing on the analysis of findings of the parent / carer survey (for the sample child selected in that survey instrument) and the child survey itself.

[2] At the time of writing the preliminary results of the 2011census were not available.

## 3.1 Limerick City: Profile

The population of Limerick City has declined over the last census period (2002-2006) and has grown only slightly over the last ten years. This is in contrast to the trend in population growth in the County, the Mid-West region, and the State as whole. The main population growth in Limerick urban area (including the suburbs) has been concentrated in parts of the suburbs (outside the City boundary), the redeveloped inner city, and Rhebogue.

There has been sharp population decline in the most deprived areas centred on the large local authority estates on the Northside (Moyross / Ballynanty) and the Southside (Southill and Ballinacurra Weston) of the city. Rates of population decline here are well in excess of what would be expected from normal demographic change; rather this trend is explained by an exodus of population from these areas, some of it linked to movement of population under the regeneration programme. This has resulted, in part, in a wider dispersal of disadvantage into other areas of the city, suburbs and county towns. However, a highly disadvantaged residual population remains in the large local authority estates of the city. Population decline and concentrated deprivation in regeneration areas (and pockets of other areas) coincide with high rates of youth dependency. This is explained, in part, by the dominant family structure in these areas, namely, lone parent families.

In terms of the location of households with families, various parts of the city have concentrations of non-family-based households (e.g., areas with a strong presence of students, and people living alone including young professionals and older people). Areas with larger household sizes and / or concentrations of family-based households with children include St. Mary's Park, Southill and Moyross (disadvantaged areas), Corbally (including affluent parts), and Rhebogue.

Limerick City has the highest proportion of lone parent families of any local authority area in the state – with 27 per cent of all households headed by a lone parent (CSO 2006). Lone parent rates are particularly high in the large local authority housing estates of the city (over 45%). In recent years, there has been a dispersal of lone parent families in Limerick linked to housing policy, in particular the effect of the Rent Supplement / Rental Assistance Scheme (RAS) in facilitating the movement of lone parent families (and others) into private rented accommodation in both the city centre and suburbs.

Limerick City is characterised by a high degree of inequality in the distribution of affluence / deprivation across the local areas of the city as compared with the national context. A key feature of Limerick urban area is the extent of concentrated disadvantage in parts of the city (namely, the local authority estates) as reflected in the proportion of Electoral Divisions (EDs) classified as "extremely disadvantaged" and "very disadvantaged" (Haase and Pratschke, 2008). The trend over the last ten years in the spatial pattern of affluence / deprivation shows a widespread disimprovement in the whole urban area; those areas classified as "extremely disadvantaged" and "very disadvantaged" have

remained in that position, and they have been joined by other areas that have disimproved relative to the national average.

### 3.2 The Four Study Areas

The four study sites are:

1. the **Northside Regeneration Area**, covering Moyross Estate and St. Mary's Park;
2. the **Southside Regeneration Area**, covering the Southill estates of Keyes Park, Kincora Park, John Carew Park and O'Malley Park, and the parts of Ballinacurra Weston included in the Southside Regeneration plan;
3. **Disadvantaged Control Area**: a large area comprising Garryowen, Kennedy Park and the Old Cork Road area. Parts of these areas have concentrations of families that are disadvantaged, and also family-based households which are "empty nest" and with adult children. Overall, the area has a better socio-economic profile than the regeneration areas (which are the most disadvantaged areas in the city);
4. **Average Control Area**: a large area comprising most of Corbally within the city administrative boundary, and the housing estates in Rhebogue. While it has an average profile, there is a degree of heterogeneity within it – i.e. some parts are affluent / very affluent, some are intermediate, and others are lower middle class areas.

The selection of the two control areas was informed by the analysis of secondary data to identify areas within the City that had: (i) the required socio-economic profiles (one area of socio-economic disadvantage and one with an average socio-economic profile); and (ii) concentration of households with families including children under 18 years.

### 3.3 Profile of the Sample: Demographic Characteristics

Key characteristics of the sample of parents / carers and children included in the household survey are outlined below.

#### 3.3.1 Gender, age and length of residence in the neighbourhood

Parent / carers in the household survey are mainly female (82%) and mothers. The area with the largest proportion of male respondents (fathers) is the Average Area (30%). There is a roughly equal gender breakdown (53% boys and 47% girls) of sample children in the parent / carer questionnaire survey, and a relatively even representation across all age groups from infant through to older teenagers. Similarly, the child survey (which has a smaller number of respondents who were drawn from households where a parent / carer completed the survey) shows a good balance of males (45%) and females (55%).

On average parents / carers in the Average Control Area are slightly older, and their children slightly younger compared with the samples in the regeneration areas. However, these differences are relatively small. Overall, the four independent samples are considered to be relatively homogeneous (i.e. they are not very different from each other) in terms of the demographic characteristics of gender and, to a lesser extent, age of the parent / carer.

In terms of length of residence of families in the areas and at their current address, there is a strong pattern of longer residence in the regeneration areas compared, in particular, to the Average Control Area. While there is virtually no in-mobility to the regeneration areas in the last two years, the evidence is that there has been significant re-location and mobility of families within the areas (based on those reporting change of address in recent years).

### 3.3.2 Family structure and socio-economic characteristics

The main and strongest variations in the sample (and population) relate to family structure, marital status and key socio-economic characteristics. Families in the regeneration areas clearly have a profile of greater deprivation, and show characteristics associated with poorer outcomes for children, including a high rate of lone parenthood. Approximately half of the parent / carers in the regeneration areas (just under half on the Northside and just over half on the Southside) are parenting alone compared with 6 per cent parenting alone in the Average Control Area. The vast majority of parents / carers in the Average Control Area are married or cohabiting (94%).

In the regeneration areas, levels of educational attainment of parents / carers are very low – 70 per cent on the Northside and 68 per cent on the Southside have not proceeded beyond lower secondary education while zero (Northside) or less than 1 per cent (Southside) have a third level degree or post-graduate qualification. This contrasts with parents / carers in the Average Area especially (just 12% have not attained beyond lower secondary education while 29% have a third level degree or postgraduate qualification).

The proportion of parents / carers in employment is highest at 51 per cent in the Average Control Area and lowest in the regeneration areas (23% Northside and 26% Southside). Analysis of social class structure (based on occupational groupings) by area shows the expected variations – with the largest proportions in the regeneration areas belonging to the lower social classes (semi-skilled and unskilled occupations) and the largest proportion in the Average Area belonging to the higher social classes (professional / managerial and technical). None of the sampled parents / carers in the Northside Regeneration Area are in the professional or managerial and technical social classes.

Social Welfare payments are the largest source of household income in the regeneration areas while wages / salaries are, by far, the largest source of income in the Average Control Area. In the Disadvantaged Control Area, approximately equal proportions (half and half) identify wages / salaries and social welfare payments as the largest source of household income. Reflecting the current

economic climate, more than three-quarters of all households state that they have great (36%) or some difficulties (42%) in "making ends meet". Households in regeneration areas have greater difficulties in this respect, with some 50 per in the Northside and 56 per cent on the Southside having "great difficulties" in making ends meets compared with 12 per cent in this category in the Average Control Area.

### 3.4 Representativeness of the Sample

Based on the combination of secondary (census) data and the data gathered in the parent / carer and child surveys, the sample is considered to be a good representation of the study population in each of the four study areas. It is also considered broadly typical of types of communities and family-based households with children in Limerick City.

## 4 MAIN FINDINGS OF THE HOUSEHOLD SURVEY

A wide range of themes was explored in the survey. The specific questions were oriented to comprehensively "measuring" the current situation with reference to outcomes for children and families and the inter-relationships between the various factors and aspects of their lives which could explain differences in outcomes. The findings of the child survey (which involved a smaller number of cases drawn from households included in the parent / carer survey) generally corroborate the findings, as reported by parents, and provide additional insights. The main sources of data / findings on child outcomes, however, are derived from parent / carer reports with reference to one sample child in the household. The sample child was randomly selected as the child whose birthday comes next. The sample children span the broad age range of children from 0 (less than one year old) to 17 years. The summary findings by themes are presented in this section.

### 4.1 Neighbourhood, Safety and Social Capital

Various aspects of neighbourhood life, safety and social capital were explored in the survey.

#### 4.1.1 Quality of neighbourhood life

There are lower satisfaction ratings with the quality of the neighbourhood as a place to bring up a family in the regeneration areas (34% Northside and 31% Southside rate it excellent or good) compared with the control areas. In the Average Control Area, some 87 per cent rate the neighbourhood as excellent or good. In the Disadvantaged Control Area, quality rating are also high (70% rate it good or excellent). While the large majority of children across all areas (81%) report that they like where they live, a larger proportion in the regeneration areas (almost half) compared with children in the control areas (8%) report that they would like to move from the area.

Based on parent / carer assessment of the extent to which certain aspects of life in the neighbourhood are a problem, there are more serious neighbourhood problems in regeneration areas compared with

the control areas. For instance, on the eleven problem issues explored in the survey, less than 10 per cent of the population in the Average Control Area indicate that any issue is a big or a very big problem. Stigma of area, or the area having a bad reputation in the city and more widely, is regarded by parents / carers in the regeneration areas as a very big or big problem (73% Northside and 88% Southside). Problems with the physical environment of the neighbourhood such as boarded up houses, crime, drug dealing / drug availability and various forms of anti-social behaviour are all much more serious problems in the regeneration areas. The Average Area has the lowest concentration of such problems.

### 4.1.2 Safe places for children and teenagers

Less than one-third of parents across all areas reports that there are "safe places" for young children to play in the area. Based on parents' / carers' report, the availability of safe places for children to play is least favourable in the Southside Regeneration Area (only 5% indicate there are safe places for children to play). The situation is better for children compared with teenagers. Only 13 per cent of parents / carers across all areas report that there are safe places for teenagers to meet in the neighbourhood. The situation here is most favourable in the Northside Regeneration Area where some 20 per cent of parents / carers state that there are safe places for teenagers to meet. Taking the child perspective, on some indicators ("being afraid to go out", agreeing that "lots of mean kids are living" in the area), children in regeneration areas feel less safe, especially compared with children in the Average Control Area. However, on other aspects including "knowing grown-ups" and "grown-ups being friendly" to them, children in all areas have a positive sense of the social capital of the neighbourhood.

### 4.1.3 Social capital

Aspects of social capital were explored in terms of (i) the extent to which people know their neighbours and trust people in general in their community. Generalised trust is an important indicator of community cohesion as it affects, for instance, willingness to engage as a community and to work together towards collective action; and (ii) the extent to which parents / carers and children have social networks which provide practical and emotional support in times of need. These are the "closest ties" of family and friends, who are socially similar, and this type of social capital is often described as "bonding" social capital.

Findings related to community social capital indicate that this is most developed in the Average Area, least developed in the regeneration areas with the Disadvantaged Control Area in an intermediate position. Parents / carers in regeneration areas know their neighbours to a much greater extent (90% Northside and 92% Southside know most) compared with parents /carers in the control areas (68% Disadvantaged Area and 49% Average Area know most). However, trust in people in general in the neighbourhood is lower in the regeneration areas and lowest in the Southside Regeneration Area

(where 46% trust only a couple of people or nobody) compared particularly with the Average Control Area (where 18 per cent trust only a couple of people or nobody). The "gap" between knowing and trusting neighbours is greatest in the Southside Regeneration Area (an indicator of low social capital) while in the Average Control Area, a larger proportion of parents / carers trust most (60%) compared with the proportion who know most people (49%).

Taking the child perspective on their own social networks, the majority of children in all areas including regeneration areas report that they know their adult neighbours and have positive attitudes towards them (e.g. the grown-ups are friendly). The findings also indicate that there are positive influences in children's peer networks. Large proportions of children across all areas, including regeneration areas, have best friends who receive awards / prizes and help others voluntarily. However, children in regeneration areas, to a greater extent, have friends who engage in bad behaviour (e.g. being sent home from school for bad behaviour). The vast majority of children have an awareness of age-inappropriate (smoking, drinking), risk behaviour (drug-taking) and bad behaviour (fighting, stealing etc.) – indicating that they understand these behaviours are wrong.

In terms of support for parenting drawing on the parents' / carers' social networks – which is a manifestation of "bonding" social capital – the vast majority confirm that they have support in terms of parenting advice and practical help when needed. There are differences in the sources of support between the areas – with parents in the Average Area relying much more on their partner compared with the regeneration areas in particular. Grandparents, friends, neighbours and other family are important across all areas. As such, extended family networks are an important source of support to families in all areas.

Drawing on the child perspective, children across all areas are in regular contact with wider family. Grandparents and a parent who does not live in the family home are relatively more important in the regeneration areas. Almost all children report that they have someone they could talk to if they were worried or upset about something. As such, children and families are part of positive networks but with some differences in the actual composition of the networks.

Involvement in civic activities and voluntary activity are other important indicators of social capital. The survey findings with children indicate that they engage in civic activities including unstructured voluntary activities (individual children helping people), activities through the schools and, to a lesser extent, civic activities in communities (clean up, parades etc.).

### 4.2 Child Health

Various aspects of child health were explored in the parent / carer questionnaire with reference to the sample child. The main findings are reported in this section.

### 4.2.1 Parent / carer assessment of the child's health

The large majority of parents / carers rate the sample child's health as excellent (66%) or good (26%). Children in the Average Control area have the best health ratings; while health ratings of children are poorer in regeneration areas (i.e. less are assessed as in excellent / good health, more in fair / poor health), and the child health profile is poorest in the Southside Regeneration area.

### 4.2.2 Diagnosed health problems in the child

Some 30 per cent of the sample children are diagnosed by a medical doctor or other health professional with a physical health problem. Of these children, 63 per cent are diagnosed with asthma (18% of all sample children). A lower proportion of the sample children (14%) are diagnosed with learning difficulties, behavioural or mental health problems. Of these children, some 35 per cent are diagnosed with dyslexia / dyspraxia, the same proportion (35%) with other difficulties, followed by 29 per cent with ADHD. Rates of diagnosis of ADHD are higher in disadvantaged areas (and while the overall numbers are small, differences here are almost statistically significant).

### 4.2.3 Peri-natal health, early-years development, and accidents and injury

The sample child's physical health development across a range of indicators, on average, shows a good health profile (birth weight, weight gain), high rates of take-up of immunisation and developmental checks, and no differences between the areas on any of these indicators.

The rate of admission to hospital (A&E, in-patients) for accident and injury in the sample child is 55 per cent. There are no statistically significant differences between the areas, neither on rates of hospital admissions for accidents and injury, nor on the mean number of accidents and injuries requiring hospitalisation of the sample child.

### 4.2.4 Experience of emotionally traumatic events

Children in regeneration areas, on average, experience more emotionally traumatic events in their lives (i.e. greater experience of multiple traumas) and have greater experience of specific traumatic events. These include higher rates of bereavement of a close family member and of separation from parents compared with the control areas.

### 4.2.5 Strengths and difficulties in the child

A standardised and widely used screening instrument, the Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997) was administered as part of the parent / carer survey to assess strengths and difficulties in the child (the sample child). The assessment of strengths and difficulties is based on five scales, four of which measure difficulties and one of which measures strengths. Scales to measure difficulties are: emotional symptoms, conduct problems, hyperactivity and peer problems scales.

These four scales can be further analysed or combined to develop an overall scale measuring total child difficulties. The pro-social scale is a measure of child strengths.

In terms of child difficulties, based on average scores and the proportion falling into abnormal ranges (the latter drawing on the methodology of the developers of the screening instrument), the findings indicate that children in the Southside Regeneration Area have the greatest difficulties, followed by the Northside Regeneration Area, then the Disadvantaged Control. Children in the Average Control Area have the least difficulties. Differences between the areas are greatest in relation to conduct problems and peer problems.

In terms of child strengths, there were no statistically significant differences between the areas on the Pro-social scale, indicating that children are similar across the areas in terms of being kind, considerate and helpful towards others.

Regrouping or banding scores into abnormal, borderline and abnormal ranges, there are larger proportions of children in the abnormal and borderline ranges on all scales to measure difficulties (i.e. all except the Pro-social scale) in the regeneration areas compared with the control areas. The Average Control Area consistently shows the lowest level of child difficulties and the Southside shows greatest child difficulties followed by the Northside Regeneration Area (marginally lower levels). For instance, in relation to conduct problems, the proportion in the abnormal range in the Average Control Area is 6 per cent compared with 37 per cent in this category in the Southside Regeneration Area; on emotional symptoms, 17 per cent are in the abnormal range in the Average Control Area compared with 40 per cent in the Southside Regeneration Area; on hyperactivity problems, 12 per cent are in the abnormal range in the Average Control Area compared with 30 per cent in the Southside Regeneration Area; on peer problems, some 6 per cent are in the abnormal range in the Average Area compared with 27 per cent in the Southside Regeneration Area; and on total difficulties, 7 per cent are in the abnormal range in the Average Control Area compared with 33 per cent in the Southside Regeneration Area.

Compared with norms for an average population, using data from a study of US children aged 4-17 years[3] and data for nine-year olds in Ireland from the *Growing Up in Ireland* study (2010), rates of child difficulties in the study population are high. For instance, on the total difficulties scale, the proportion in the abnormal range for a population of US children is 7.4 per cent and for Irish nine-year olds it is 9 per cent.

Taking into account findings on diagnosed learning, behavioural and mental health problems, as reported by parents / carers, it would seem that many children who have emotional and behavioural

[3] www.sdq.

difficulties (based on proportions in the abnormal range) have not been "picked up" by the system (i.e. are not diagnosed with problems).

### 4.2.6 Child's perspective on strengths and difficulties

A more limited exploration of strengths and difficulties was undertaken in the child survey. There is some evidence that children have greater conduct problems in regeneration areas compared with the control areas. However, based on child reports, they have strong positive perceptions of themselves in their relationship with peers (having good friends, being popular etc.).

### 4.2.7 Lifestyle factors (physical exercise) and child health

Examination of the child's participation in physical exercise shows that more than half takes at least 20 minutes "hard" physical exercise every day or almost every day while 86 per cent takes at least 30 minutes of moderate physical exercise every day or almost every day. The frequency of taking 20 minutes "hard" physical exercise is lowest in the Southside Regeneration Area. Better facilities on the northside of the city may explain greater frequency of children taking "hard" physical exercise in the Northside Regeneration Area.

Based on findings of the child survey, just over half of children (7-17 years) are involved in a sports club. Rates of involvement in a sports club are highest in the Average Area (75%) and lowest in the Southside Regeneration Area (35%).

## 4.3 Education and Active Learning

Various aspects of children's educational experiences and active learning, parental engagement with schools and quality assessment of educational provision as well as parent's own orientation towards further education were explored in the survey.

### 4.3.1 Children in school and type of school

The large majority of children (87%) selected as the sample child in the parent / carer survey are in school. Focusing an all sample children, 12 per cent are in playschool / pre-school, 49 per cent in primary school, 22 per cent in secondary school, and 13 per cent not started school. The remainder is in special schools or other provision such as Youthreach (3%) or has left school (1%). While the Average Control Area has a higher proportion in primary education (55%) and a lower proportion in secondary school (14%), there are no statistically significant differences between the areas on the structure of the school population.

### 4.3.2 Childcare arrangements

In terms of pre-school children (106), just under half (48%) are minded on a regular basis in a form of childcare. There is a wide spread of care settings with the largest numbers of pre-school children who are in childcare cared for in crèches (32, 67%) and the smallest numbers cared for by paid

childminders (6, 12%). The overall numbers in different types of care arrangements (e.g. childminders, care by relatives) are small.

In terms of school-going children (308), the large majority (84%) is cared for by the parents / carer or partner and 12 per cent cared for by him/herself or older sibling. Parents / carers in regeneration areas use the latter arrangement to a greater extent compared with the control areas (and this arrangement is used most in the Southside Regeneration Area).

### 4.3.3 Special educational needs

The findings indicate that small numbers of children overall are assessed as having special educational needs (48 children or 15% of the child population at school). The highest rates are in the Disadvantaged Control area (24%), roughly equal rates in the regeneration areas (14% Northside and 15% Southside) and the lowest rate in the Average Control area (10%). Discussions with education providers indicate that provision is made for additional support to children who need it in schools in regeneration areas. However, it would seem that, in the absence of formal assessments or no recollection of assessment on the part of the parent / carer, some parents are not fully aware of the attainment levels nor the educational needs of their child.

Of those children assessed with special educational needs, 83 per cent receive learning support; and of those who receive it (40) the level of satisfaction with learning support is high (60% very satisfied, 25% satisfied and 15% not very satisfied).

### 4.3.4 Parental involvement with the school and absence from school

The findings indicate high levels of parental involvement with the school in terms of attendance at parent / teacher meetings (93% in the last 12 months).

Parents' reports of absence from school in the last school year indicate that just under half (47%) were absent from one to five days, 17 per cent were absent for a period of more than 11 days and 7 per cent for more than 20 days. While there are higher rates of absence reported for children from regeneration areas, based on enquiries with teachers in specific schools in these areas, rates of absence seem to be under-reported in the survey (i.e. there are higher rates for absence for 20 days or more, up to and exceeding 30 per cent in some cases). The main reason given by parents / carers for absence from school is illness of the child (87%).

Parent reports of exclusion from school indicates that rates of school exclusion (e.g. suspension) are low (4%); absence and exclusion rates are higher in the Regeneration Areas but differences between the areas are not statistically significant.

### 4.3.5 Homework

In terms of homework from school, based on parent / carer and child reports, the vast majority of children (91% parent report, 99% child report) get homework every day or most days. Children in regeneration areas do their homework in homework clubs (17%) to a greater extent compared with children in the control areas (who mostly do it at home). Parents in the Average Control Area help their children with homework with greater frequency compared with parents in the regeneration areas, while parents in the Disadvantaged Control Area are in an intermediate position. Patterns here may reflect parents' own level of educational attainment (i.e. lower in regeneration areas) and capacity to help the child.

### 4.3.6 Perceptions of child's level of attainment in maths and English

Parents / carers were asked to assess the level of competency of their child in maths (sums) and English (reading) with reference to expectations of attainment for the child's chronological age. They were asked to do this by drawing on the child's school report and the parent's knowledge of his/her schoolwork. There are no statistically significant differences between the areas on parent's assessment of child's level of competency in maths and English.

Just over two-thirds of all parents rate their child's attainment in maths (sums) as excellent or good. Rate of reporting excellence in maths is highest in the Average Control area (43%) and lowest in the Southside Regeneration (32%). Over 80 per cent rate their child's level of attainment in English as excellent or good. Rate of reporting excellence in English (reading) is highest in the Average Control (53%) area and lowest (41%) in the Southside Regeneration Area.

A similar pattern is in evidence in the child's own reporting of attainment in English (higher compared with attainment in maths) and maths. Ratings of attainment are highest in the Average Control Area and lowest in the Southside Regeneration Area. As with parent / carer reports, there are no statistically significant differences between the areas.

The research did not provide the opportunity for objective testing of levels of attainment in maths and English. It should be noted again that ratings are based on parent / carer and child reports and their perceptions of attainment levels. Parents (and children) may not be fully aware of levels of attainment expected by chronological age of the child. This may particularly apply in situations where parents have low levels of educational attainment themselves (which is particularly the case in the regeneration areas).

### 4.3.7 Quality rating of the child's school, teachers, and child's potential

Quality ratings by parents for the child's school are high overall (73% excellent, 18% good and 3% poor/very poor). Satisfaction ratings for the child's teachers similarly are high (76% very satisfied, 19% satisfied and 3% dissatisfied). Satisfaction ratings in terms of the child reaching his/her potential

at school are also high (76% very satisfied, 16% satisfied, 7% dissatisfied). The level of satisfaction on these indicators is slightly lower in the Southside Regeneration area. However, differences between the areas are not statistically significant.

Based on child reports, children mostly have positive perceptions of school – the majority of children report that they like school (59%) – and they like and have good relationships with their teachers. Children in the Southside Regeneration Area like school least (26% "don't like it" or "don't like it at all" in the Southside Regeneration Area compared 17% across All Areas).

Generally, parents have high expectations of their child's progress in education in that over 80 per cent expect their child to progress to third level education. While the majority of parents in regeneration areas expect their child to go to third level (71% Northside, 73% Southside), these are still below the rates for the Average Control Area where almost all (97%) expect their child to progress to third level education.

### 4.3.8 Safety at school

The majority of children report that they feel safe at school and could speak to teacher(s) if something was wrong or they had a problem. While children in regeneration areas feel less safe and less inclined to speak to teachers when things go wrong, differences between the areas are not statistically significant. There are more negative perceptions of safety issues and of reporting problems to teachers by children attending "other" schools (i.e. children who have left mainstream education to attend special school / other provision).

Based on child reports, discipline is applied in school (i.e. if they break the rules they get into trouble). Children do indicate that they have experienced incidents of bad behaviour from their peers (but small numbers overall report that this is the case). These incidents happen equally within and outside of school. There are more such incidents reported by children in regeneration areas, but differences are not statistically significant.

### 4.3.9 Active learning: Children's involvement in activities outside of school

Children engage in active learning through involvement in activities outside of school and home. The findings of the parent / carer survey indicate that almost two-thirds of children (sample child) are involved in at least one activity outside of school and home. Of those involved in activities, the highest percentage is involved in sport (45%) followed by cultural activities (33%) and a school-based activity club (30%). There are higher rates of participation of children from regeneration areas in youth clubs / kids clubs, and homework clubs and, in the Southside Regeneration Area, in cultural activities (music).

In terms of children reading books for fun, rates are highest in the Average Control area (83%) and lowest in the Southside Regeneration Area (52%).

### 4.3.10 Parental engagement in adult and further education

Parental engagement in adult education since leaving full-time education and their orientation towards further education (adult education and access to college) were explored in the survey, as level of parental education and attitudes towards education influence the child's educational outcomes.

Rates of engagement in adult education since leaving full-time education are highest in the Average Control Area (where parental education is highest), high in the Southside Regeneration Area and lowest in the Northside Regeneration Area. Similarly, orientation to pursue further adult education and go to college is highest in the Average Control Area followed by the Southside Regeneration Area and lowest in the Northside Regeneration Area.

## 4.4 Relationship with the Child and Parenting

Various aspects of the parent / child relationship and of family life were explored in the survey.

### 4.4.1 Family-based activities

Parents engage regularly with their child in family-based activities – having a meal together (the most frequent activity), watching TV, shopping, going out for an outing and walks / bike rides. The findings show there are no differences between the areas in terms of the intensity of family-based activities but there are differences in the frequency of engagement in certain types of activity. For instance, parents in regeneration areas take their children shopping more frequently and visit family and friends more frequently than parents in the Average Control Area; parents in the Average Control Area take more outings with the child, attend or watch sport more frequently and go for walks / bike rides more frequently. These differences are associated with differences in income, social factors, and the quality and perhaps safety of the neighbourhood environment (i.e. more places to walk, safer recreation areas etc.)

### 4.4.2 Parenting and the parent / child relationship

The majority of parents (58%) indicate they are coping well with parenting. Parents in regeneration areas are coping less well compared with than those in the control areas. For instance, some 43 per cent in the Northside and 49 per cent in the Southside Regeneration Area indicate that "sometimes (they are) coping well, but sometimes things get on top on me" while a further 5 per cent Northside and 4 per cent in the Southside Regeneration Area indicate that they are "hardly ever / not coping these days"; while 73 per cent in the Average Control Area indicate they are "coping pretty well".

The vast majority of parents have a warm and affectionate relationship with the child and are involved in the child's life (i.e. interested in how they are doing and praising them often). Using a scale created to measure parental "warmth towards, and involvement with", the child, there are no differences between the areas here. The findings also show that most parents / carers are not often angry and not always criticising the child. On a scale to measure "hostility and criticism" towards the child, parents

in regeneration areas score less well compared with parents in the control areas. However, the differences between the areas on the "hostility and criticism" scale are not statistically significant (just above the cut-off point of $p<0.05$). Stronger orientation towards hostility and criticism is associated with greater child difficulties (i.e. greater child behavioural problems measured using the total difficulties scale).

### 4.4.3 Parental monitoring of the child's activities

Various aspects of parental monitoring of the child's activities were explored in the survey. The findings indicate that approximately half of the parents across all areas allow their children to go out unaccompanied. Rates of going out unaccompanied are higher in the disadvantaged areas (where the environment, as reported by parents, is less safe) compared with the Average Control Area. However, the vast majority of parents / carers report that they always know where the child is, with whom s/he is (96%) and what s/he is doing (93%). The vast majority also know what time the child is expected home (96%) while a smaller majority reports that the child never comes home late (84%). Based on parent reports, as such, there is a high level of parental monitoring of the child.

There is slightly less parental monitoring of certain aspects in regeneration areas (knowing what the child is doing, being home late against the parent's wishes), particularly the Northside Regeneration Area. The differences here are statistically significant.

### 4.4.4 Parental disciplinary strategies

Parents were asked about the frequency of using different types of disciplinary strategies with the sample child when s/he misbehaves or upsets the parent (in the last 12 months).

The findings show that parents use multiple disciplinary strategies.

The most frequently used across all areas are non-aggressive strategies oriented to rewarding good behaviour in the child (e.g. discussing the issue calmly and explaining why the behaviour is wrong, getting the child to take time out to think about the behaviour). By far the least frequently used disciplinary strategy is physical response or actually slapping the child (15% report that they had slapped the child in the last 12 months while 85% never did so). Other non-aggressive strategies (ignoring the child, bribing the child/promising things if s/he behaves) and psychologically aggressive responses (shouting, swearing at the child; threatening to slap the child) are used with approximately equal frequency but to a considerably lesser extent by parents / carers. For instance, almost three-quarters of parents / carers report that they never ignore bad behaviour in the child and just over half report that they never bribe the child (promise him/her things if s/he is good). Just under half report that they never shouted or swore at the child in the last 12 months while the large majority (72%) report that they never threatened to slap the child in the last 12 months.

Parents in regeneration areas use positive non-aggressive strategies to the greatest extent (but differences between the areas here are not statistically significant). However, parents in the regeneration areas also use psychologically aggressive (shouting, threatening to slap) and physical response (slapping) strategies to a greater extent compared with the control areas. Differences between the areas on these more negative disciplinary strategies are statistically significant.

### 4.4.5 Problems in the family

The extent to which there are problems in the family at present was explored with parents / carers. These questions addressed issues including: domestic violence, trouble from a former partner, family member seriously ill, family member in prison, addiction problems in the family, financial problems, being away from home / family because of work, and work stress. As such, they include some issues which are particularly sensitive, and such sensitivities may have affected the reporting of such problems. Financial pressure (37%) followed by owing money (14%) are the problems reported by the largest proportion of parents / carers across all areas. While families in the Average Control Area have greater problems in terms of work stress and a parent being away from home a lot due to work (and because they are in work to a much greater extent), families in the regeneration areas have greater problems in terms of financial issues, serious addiction problems and a family member in prison.

On issues related to domestic violence, addiction and family members in prison, the actual extent of problems may be under-reported. This is linked to sensitivities (as mentioned above) as well as some of such behaviours being quite normalised and not perceived as such serious problems particularly but perhaps not only in the regeneration areas. Even with under-reporting, there is higher incidence of multiple problems in families in regeneration areas

## 4.5 Parent / Carer Health

Parents / carers were asked to rate their overall health at present, and were asked additional questions in order to assess various aspects of their health. The SF-12 (v.2) research instrument was used for self-assessment of parent health. The scales generated from this instrument to measure specific dimensions of health can be further analysed to produce two summary scales, one to measure physical health and the second to measure mental health.

### 4.5.1 Overall health assessment

The majority of parents / carers (60%) rate their overall general health as excellent or good. Parent self-assessed health is rated lower in the disadvantaged areas particularly the regeneration areas – i.e. lower percentages report that they are in excellent and good health and higher percentages in fair or poor health - compared with the Average Control Area. Parents in the Southside Regeneration area have the poorest self-rated health while parents in the Average Control Area have the best self-rated health. Differences between the areas in self-rated general health are statistically significant.

### 4.5.2 Long-standing illnesses

Just over one-third of parents / carer have one or more long-standing illnesses. Rates of illness are highest in the Northside Regeneration Area (43%) and lowest in the Disadvantaged Control Area (25%). Rates of diagnosis of psychological or emotional conditions are higher in the two regeneration areas (12-13%) compared with the control areas. Differences here are statistically significant.

### 4.5.3 Parental physical and mental health

Based on the 12 items or questions used to measure different aspects of health (SF 12, v.2), the summary findings indicate that parents' / carers' physical health profile is just above average. There are no statistically significant differences between the areas on the physical health status (self-rated health) of parents / carers. However, the mental health profile is poorer in the regeneration areas where mental health scores are below average. The Northside Regeneration Area shows the lowest mental health scores (low scores indicate worse health). Taking into account what is known from the wider literature on the relationship between mental health and physical health – i.e. that people with poorer mental health have higher risk of on-set of chronic illness and higher mortality rates – the findings provide evidence of inequalities in health linked to social status.

Based on comparison with norms for an adult population (a Canadian sample), physical health scores for different age-sub-groups in the population of parents / carers in all areas (averages) are broadly similar to the reference population. The mental health profile of parents / carers in all study areas, however, is poorer, particularly in older age groups of parents. Analysis of the correlation between parental mental health and child difficulties (based on the total difficulties scale) indicates that there is an association between these factors – i.e. that children with greater difficulties tend to have parents with poorer mental health – and this association is statistically significant.

### 4.5.4 Parents and physical exercise

Lifestyle factors were explored to only a limited extent in the household survey. Parents in the Average Control Area take "hard" physical exercise to a greater extent than parents in regeneration areas. The majority of parents / carers (67%) take moderate physical exercise (walking for at least 30 minutes) every day or most days. High rates of taking moderate exercise in the regeneration areas is linked in part to walking to everyday activities (such as school and shops) and less access to a car in these areas.

## 4.6 Service Utilisation and Quality Assessment

Take-up and quality assessment of different services to children and families, including health and social care, community-based and local services were explored with parents / carers in the survey.

### 4.6.1 Take-up and quality assessment of health and social care services

The main types of services used across all areas by parents for their children or related to parenting in the last 12 months are the GP (90%) followed by the Public Health Nurse / Child Dental Services (60%) and hospital services (56%). There are no statistically significant differences between the areas on utilisation of these services.

A relatively small proportion used specialist health services (psychologist, speech therapist) in the last 12 months (17%). There is low reported use of social workers (6%), child counselling / family / parenting support (8%), addiction services (2%) and psychiatric services (4%). There were higher rates of utilisation of psychiatric services in the regeneration areas. While rates of utilisation of specialist health services are somewhat higher in disadvantaged areas (the regeneration areas and the Disadvantaged Control Area), with the exception of psychiatric services, there are no statistically significant differences between the areas on take-up or utilisation of these services.

In terms of the quality of service provision, GPs (85% excelllent / good), public health nursing / child dental services (84% excellent / good) and specialist services (74% excellent / good) are rated highest by parents / carers. Quality rating of hospital services (A&E, in-patients, outpatients) is less satisfactory but still quite high (58% excellent / good). Psychiatric services are rated as excellent / good by 52%, and as poor or very poor by 38%. There are no statistically significant differences between the areas on any of these quality ratings.

In relation to services in social care, users are mostly satisfied but, as indicated above, reported usage is low. Home-School-Community Liaison Services, linked into schools, receive the highest satisfaction ratings (85% excellent/ good) and addiction services, with very few users, the lowest (47% rate them excellent or good while a further 47% rate them poor / very poor).

### 4.6.2 Quality of community based and local services

There are differences between the areas in parent / carer assessment of the quality of community-based services (crèches, after-schools facilities, recreation facilities) and in the extent to which they report that specific services are available in the local area or easily accessible to them. Satisfaction ratings with provision of crèches and after-school facilities are higher in the regeneration areas. In relation to community crèches, 84 per cent of parents / carers rated them as excellent or good in the Southside Regeneration Area and 75 per cent excellent or good in the Northside Regeneration Area. For after-school facilities the corresponding ratings (excellent or good) were 68 per cent in the Southside and 55 per cent in the Northside Regeneration Area. In the control areas, with the exception of recreation for children and families, larger proportions of parents compared with the regeneration areas report that there are “none of the services here”.

In relation to other local services, adult education (79% excellent / good) and courses for adults to go to college (75% excellent / good) are highly rated by parents / carers while training and job search service receive lower quality ratings (56% excellent / good). There are no statistically significant differences between areas on quality ratings for any of these services.

Local shops are rated as poorer in regeneration areas compared with the control areas. Just over half rate the local Gardaí as excellent / good but satisfaction ratings are lowest in the Southside Regeneration Area (34% excellent / good, and 30% poor / very poor). Differences here are statistically significant. Very few parents / carers offer an opinion on the probation service. The highest quality ratings on estate maintenance / management are in the Northside Regeneration Area (54% excellent / good) and the lowest in the Southside Regeneration Area (45% poor / very poor). An explanation of low satisfaction with estate maintenance / management in the Average Control area is that there is uncertainty about future management of new estates in parts of the study area (Rhebogue) where some estates have not been adequately finished and developers are now out of business.

Assessment of quality of planning and development shows low rates of satisfaction overall (13% excellent / good, 72% poor/very poor).

### 4.6.3 Identifying the set of factors affecting child outcomes

Bringing the various findings together, multivariate analysis of the data set identifies a set of factors, independent of each other, which explain a proportion of the variation in child outcomes (using the Total Difficulties Scale as the outcome variable). This analysis shows that greater difficulties in the child are associated with: older children; low levels of parental educational attainment; poorer parental mental health; higher concentrations of neighbourhood problems; more hostility and criticism in the parent child relationship; and lower levels of affection / warmth and involvement (e.g., interest, praise) in the parent /child relationship.

# 5 MAIN FINDINGS FROM THE FOCUS GROUPS

This section profiles the main findings of the qualitative component of the research in relation to the three key themes investigated by the focus groups: neighbourhoods; services; and education and support for active learning.

## 5.1 Neighbourhoods

When asked about the qualities of their neighbourhood, participants highlighted some positive elements which included good neighbours, facilities, resilience and compassion of residents, celebration of community life and aspects of the natural environment. A sense of involvement in community games also featured as a positive aspect of community. On both the north and south sides of the city, focus groups identified local sporting heroes as role models, and this also contributed to

the positive aspects of community. However, the negative elements of these neighbourhoods predominated across all conversations. Negative elements included bad parenting practices, traffic, drugs, feuds, firearms and intimidation, anti-social behaviour, deterioration in the physical environment, the vulnerability of the elderly, negative peer influences, the vulnerability of young people with special educational needs, negative role models of *'the hard men who intimidat*e', and the normalisation of the presence of the Emergency Response Unit (ERU) and Gardaí.

Participants highlighted the negative impacts on residents living in these communities. They described how children's and adults' mobility was compromised due to safety concerns, and also how the delivery of services, ranging from GP visits to fast food delivery, was also affected. Parents worried that their children were growing up in contexts where criminality was normalised, and described their heightened concerns as their children got older and began to spend time out of the home environment. They relayed how they kept ringing them on their mobile phones to ensure they were safe. They controlled the mobility of younger children by keeping them in-doors or in the back garden and inviting their friends to visit them. Parents spoke of always being on alert in case trouble broke out.

Both providers and parents spoke of the lost potential of children living in such conditions, and how some children just get '*glimpses of a proper childhood'*. While the feuds in the city have impacted on the communities, providers also believed that feuding has a negative impact on the children of feuding families. Parents spoke with compassion about these young people but were very protective of their own children and did not want them to be negatively influenced. Safety and security were major issues for all participants interviewed. Participants across focus groups acknowledged the potential of services to provide safe places for young people to mix with their peers and with responsible adults.

Participants discussed the level of facilities available within their communities, often highlighting the lack of facilities in comparison to other communities. Furthermore, they identified the need for information sharing about facilities, and discussed issues of access to facilities and the extent to which facilities were open to the community. Both parents and service providers claimed that existing facilities could be used more extensively if there were increased levels of staffing. Extending the use of local community facilities to host Leaving Certificate grinds at weekends was also raised by both parents and providers.

Parents identified gaps in service provision and highlighted the need for supervised parks, a swimming pool, youth clubs, dressing rooms at the pitches and pedestrian lights to make access to facilities safer for children. Parents also identified a need for more services for teenagers who hang around and are treated with suspicion by residents who '*see gangs of teenagers around and they think they are up to something, if they sit on the walls or anything like that'.*

Some service providers suggested there had been improvements in services in recent times, especially in sports and youth clubs. The value of services like the School Completion Programme, the

Northside Learning Hub, the local community centres, schools, Family Resource Centres , "the Bays" (Moyross) , crèches, the Youth Diversion programme, sports facilities and sports organisations, Youth Cafes, and Barnardos along with after school provision provided through the local schools were acknowledged.

Parents reflected on the challenges of working with teenagers within an embedded drug culture, highlighting that some teenagers are not easy to engage. The needs of older teens were also raised, with parents contending that there was a need for customised provision for seventeen year olds.

## 5.2 Services and How to Improve Them

Services and how to improve them is the second area of investigation in the qualitative dimension of this study. The voices of service providers, all of whom were members of either the Youth Fora or the OSCAILT[4] network of DEIS band 1 Primary and Secondary schools, predominate. It should be remembered that not all constituent organisations of the Youth Fora were represented nor were the participants empowered to speak on behalf of their individual services. Service providers were sharing their opinions as members of organisations and as workers in the field. Where parents were in a position to contribute, this has been included. The parents were recruited through service providers such as the Home School Community Liaison (HSCL) scheme and as such may well represent some of the most engaged parents. Not all parents had direct experience of services and, even if they did, there was some sensitivity around disclosure.

In the service provider focus groups, the Hardiker model was used to generate discussion across levels of need and service provision.

### 5.2.1 Outcomes

At a most basic level one provider focus group suggested that the fact that the young person is *'still alive'* is a positive outcome. More generally, good outcomes for children and families, as defined by the providers, mean that young people have positive *'childhood experiences with their families'* and within their communities. Effective integrated services were seen as a mechanism by which young people and their families are empowered to develop the skills, attitudes and behaviours to enable them to live happy lives. An effective system was not seen as static, but as a dynamic process of engagement, referrals, assessments, interventions and after care. As one provider noted, with reference to the Hardiker model, services need to be able to '*move them on and move them down'* (i.e., to lower levels of needs).

The capacity of services to meet the level of need plays a fundamental part in determining the quality of service outcomes. It was clear across the discussions that system failure has both a short and long-

[4] OSCAILT is a network of the twenty two DEIS band 1 schools in Limerick city, the Department of Education and Skills (DES), Limerick City, and Mary Immaculate College. The DES successfully secured Dormant Accounts funding to enable schools to maximise the use of their premises and facilities for their communities. The OSCAILT network facilitated the sharing of information and good practice for the duration of this initiative.

term negative impact; not only does the system not meet the need of the young person in any one instance, but it also engenders negativity in the service users, prompting them to disengage further from services.

### 5.2.2 Connecting with family and community

There was broad agreement that connecting with family and community was the most responsible and ethical mechanism for service providers to address a young person's needs. There was also agreement that many parents want *'to get it right for their kids but life comes crashing down around them'*.

In order to appreciate the diversity of population and the complexity of need, it is important to have an understanding of the challenges faced by parents and providers living and working in these areas. Providers noted that sometimes parents can be operating at survival levels, and are not in a place '*to consider their own strengths'*. Providers believed that encouraging parents to actively engage in Youth Fora and other initiatives in which they are supported to take an active part in decision-making is core to parents developing a greater sense of their capacity to help their children.

### 5.2.3 Quality of services

Providers argued that investment in quality services was cost effective. Criteria for 'quality' provision include the effective use of resources, the extent to which services are achieving high quality standards, the extent to which services are needs-led, and responsive to needs, the extent to which they are inclusive of the voices of young people and families, and the extent to which they are socially inclusive.

Providers identified a number of ways in which they make good use of resources. These include services sharing their facilities and transport. Sharing of resources was seen to be maximised through structures such as the Youth Fora, which enable the sharing of both physical resources and of good practice. The Youth Fora were seen to facilitate interagency collaboration and provide a mechanism for constructive family engagement. It was also acknowledged that, more recently, summer provision of services is better co-ordinated.

However, providers also identified a number of ways in which resources could be used more effectively. These include extended use of facilities such as school buildings and community centres which have playing pitches, stages and cooking facilities. The value of the Dormant Accounts funded initiative, 'Maximising community use of school premises and facilities' was acknowledged.

Providers observed that reviewing allocation of funding, improving communication between services, reviewing the location of services, and addressing staff turn-over were pertinent to making the best use of resources. Participants noted that strategic investment would also entail reviewing current provision prior to investing in new services, to ensure that there was no duplicating of existing services.

Providers identified a number of ways in which they considered that they were achieving high quality standards. These included, investment in relationships with service users and other service providers, maximising use of physical resources, appropriate information sharing, and operating from an inclusive philosophy.

However, they also identified a number of ways in which the quality of services could be improved:

- There are gaps in services that need to be addressed, including services for the rehabilitation of drug users;
- Current services in the youth sector do not have the capacity to address the current level of needs;
- Children sometimes reside with their families over a long period of time and are subsequently taken into foster care. It was suggested that the outcome for the children might be better if the stage at which individual children are taken into care was reviewed, most especially in light of pre-existing patterns of siblings being taken into care
- Need to revisit the remit of the Youth Fora and act strategically to identify the level of young people's need, and to address these need within an overall integrated network of service provision;
- The need for clarification between the role of the Youth Fora and the role of the Health Services Executive (HSE) in child protection emerged as an area needing further clarification;
- Need to deliver preventative services (and consequently reduce the level of '*fire fighting'*) in order to prevent young people progressing to the higher levels of the Hardiker scale;
- It was noted that due to the level of needs presenting, the mental health services and speech and language services are over-burdened and the level of resourcing needs to be reviewed;
- All age groups need provision levels reviewed;
- A review of the timescale between referrals, assessments and intervention with a view to both shortening this timescale and also ensuring better use of resources including exploration of how to promote and support uptake of appointments.

### 5.2.4 Access to services

Developing access is more complex than simply '*throwing money'* at the problem. Access to services was seen to depend on a number of variables including the capacity of services to respond to needs, the quality of relationships between providers and service users, and the level of awareness of services within the community. While the level of service provision dictates the level of opportunities for engagement, the challenge of engaging youth living within a complex and challenging environment

was also acknowledged. One provider summed up the temptations that young people need to overcome saying *'why would they go and play a game of pool with us when they can do a drug run for one hundred euros'*. Effective access to services was seen as depending on the age and stage at which young people engage with universal and targeted services. One provider noted that '*the stage in which the intervention kicks in in the child's life is very important. The child even by 3 has a lot of things embedded. If you don't have them* (positive experiences and nurturing), *you are at a disadvantage'.*

There was broad agreement across parents and providers focus groups that there is a significant number of young people across the communities that need access to high quality universal and targeted services. While no formal definition of universal services was agreed, it was clear from discussions that service providers understood universal services to mean services that all young people and families could access. In the words of one provider '*universal services should be for everybody'* and should work with children *'before the crisis occurs'*. Providers proposed, and indeed parents confirmed, that the lack of universal services causes resentment among some parents whose well-behaving children had little access to services. Providers felt that the balance between 'reaction' (targeted services) and 'prevention' (universal services) needed to be addressed. The need for targeted services to support young people suffering trauma was affirmed across the focus groups. The stage at which targeted services 'kick in' was seen as pivotal to ensure positive outcomes.

A number of issues arose in relation to referrals. Providers made the point that if there was comprehensive universal provision, this would facilitate effective early referrals. Some parents felt that their children were not referred at a young enough stage, while others felt that once the referrals had been made, depending on the service in question, the service user could wait up to two years for an assessment, with no guarantee that the level of intervention required was available subsequently.

### 5.2.5 Integrated services

**'***You haven't a chance unless everyone is together working for shared goals'* (Provider).

Integration is a philosophy that not only relates to systematic co-ordinated responses but also to the ethos of engaging parents and young people as active agents in finding solutions. Providers contended that the development and enhancement of integrated practice is best nurtured through consistent integrative practices across all levels of service provision from managerial to front line workers.

### 5.2.6 Youth fora

Youth fora were seen to provide a formal structure for service providers to work in a systematic way to address the needs of young people in their areas. According to providers, (many of whom were members of the Youth Fora), they have made *'a big difference',* and improved the impact of services, but are still at the initial stages, and have some way to go to meet their full potential. The success of

the Fora to date was deemed to be due to a number of factors. Providers noted that the creation of the Youth Fora provided a *'formal structure for the expansion of existing good practices'*. Also the practice of rotating '*the chair and vice-chair so that it is not personality driven*' was seen as a positive mechanism to ensure the Fora worked effectively. The inclusion of parents and young people as active stakeholders in decision making was also deemed a very positive, if challenging, element of the Fora. As one provider noted, *'it is not easy but it is the right way to go'.*

## 5.3 Education and Support for Active Learning

### 5.3.1 The environment and support for active learning – preschools

Providers and parents acknowledged the importance of early-years education provision and spoke of the availability and quality of preschools in their communities. The value of collaboration between various early-years providers within neighbourhoods was raised. According to research participants, some neighbourhoods had better early years provision and preschool facilities than others. Parents spoke of the high quality, hygienic conditions, friendly and professional staff and purpose-built buildings as positive attributes of these services. However, parents in different neighbourhoods raised issues in terms of the quality of buildings and the capacity of facilities to cater for the numbers of children requiring early years care, especially in the context of the dynamics of migration of families. Providers said that preschool provision was *'affordable'*, and noted that local residents who worked in the preschools with the FÁS Community Employment (CE) schemes were highly trained but that their contracts were of short duration. They also noted a value in having a preschool connected to the local primary school.

### 5.3.2 The environment and support for active learning – schools

It was evident across all focus groups that the school plays a central role in the life of the child and in the life of the community. The role of the school was multi-faceted. As well as its academic remit, this role was seen to include preparing the child to live in society, building their dreams and their confidence and sense of well-being, and supporting parents to support their children's learning. Parents in the focus groups described the positive relationships they have with schools and with individual staff members. Parents described a 'good school' as a place where preschool and extra-curricular facilities were available, where children felt safe and had positive relationships with teachers, where there were good teachers with high aspirations, where there was good communication and involvement in decision making, where there were adequate resources, good behaviour management strategies, and timely assessments and supports. Good schools were also identified as places where children were nurtured to succeed from the early years onwards.

Focus groups explored the role of the school as a site for delivery of services. The delivery of services within the school, with the necessary supports, was deemed to be a creative and effective response to meeting children's needs, and indeed a welcome model of integrated service delivery, with providers

highlighting the increased uptake of services when they are delivered locally and in a collaborative fashion. Fundamentally, delivery of services on the school site was deemed to be an effective way of making good use of resources since there was a greater chance that appointments would be kept and you wouldn't have *'therapists in empty rooms waiting for the clients to come in' (*Provider). The possibility of the school being used as the point of delivery of services such as counselling and art/music therapy was also positively viewed. While some schools have therapeutic interventions in place, it was noted that the scale of young people's needs was not matched by the services available, and that staff felt like they were '*playing God',* selecting young people for engagement in these therapeutic initiatives. A similar sentiment was echoed by a provider who said that when selecting young people for inclusion in activities it felt like '*you were playing with people's lives*'.

Participants acknowledged the resources that a school receives as part of its DEIS designation. The schools located in the study areas operate within a unique context. Part of understanding this context is to understand how feuding, over time, has impacted on educational provision. Providers acknowledged that their schools can have negative profiles within the community, due to the fall-out from criminal activity. Providers were aware that criminal activity in the community can have a negative impact on the image of the school, stating that the outside world does not see the quality of education, only the presence of the ERU or Gardaí.

The challenge of trying to keep some young people engaged at second level was discussed, with participants noting the over-emphasis on academic subjects when some young people would like to learn a skill such as hairdressing (parent). The need to have alternative provision at second level was acknowledged and highly regarded where it exists. However provision is complex. One provider noted that '*some kids will not stay in school after Junior Cert'*.

School selection and decreasing enrolments were raised as issues by both providers and parents. During a discussion on secondary school selection, one parent advised that '*you have to pick whatever thing is best for your child and that is the main thing, to get their school'*. Some of the schools in the study areas are suffering from decreased enrolments, which raised the issue of amalgamation of schools. Declining enrolment was seen as the result of a range of factors, including parents choosing to send their children to school outside the locality, the negative impact of the drug culture, and out-migration of families due to the regeneration programme.

The importance of literacy attainment was recognised, with one provider observing that *'literacy enhances lives and is core to all learning'.* Some providers felt that the DEIS initiatives over the past ten years had made a huge difference. Participants recognised that while the school played a key role in literacy skill development, other areas of the child's life, including their homes and after school clubs, also needed to play their part in fostering literacy skills and achievement. Parental levels of literacy were also pertinent to this discussion.

The commitment of school staff was noted by parents and by providers. Parents acknowledged the personal interest teachers took in their children. One provider, conscious of the huge barriers that exist to children achieving their potential, remarked with gravitas, '*I refuse to give up',* noting that '*anything positive we provide for children in the school is improving the quality of their lives and helping them toward becoming happy adults'*. Focus group participants who had worked, or were working, as HSCL co-ordinators spoke at length of the challenges facing families living in these communities, noting that an important element of the solution to addressing the needs of the child resides in '*minding our moms, and in turn they may be able to help their children'* .

Participants noted that supporting children with special educational needs (SEN) must be resourced with an understanding of the context in which a child is growing and learning. Fundamentally, a child with SEN who is coming from an advantaged background differs from a child from a disadvantaged background as the latter *'don't have the supports at home'*. A number of issues were raised in relation to the provision for children with SEN. These included the age at which a child was assessed, the waiting lists for assessments, the impact of SEN on the child's transition from primary to second level, the allocation of Special Needs Assistants (SNAs), the key role they play in keeping children engaged in schools, and the impact on children with SEN of moving from a DEIS school to a non-DEIS school. Some schools related that they fundraise to meet the cost of private assessments as the level of assessments available through the National Educational Psychological Service (NEPS) was considered inadequate. Schools also fundraise to meet the costs of speech and language therapy as the services are considered inadequate to meet the needs. The role of the Special Educational Needs Organiser (SENO) in allocating resources was raised by participants who questioned the consistency of approaches and the lack of transparency. It was noted that a young person could be assessed by a psychologist and deemed to need a Special Needs Assistant (SNA) to support their learning but that this recommendation could be subsequently quashed by the SENO without communicating any rationale for this decision.

The key role played by SNAs in supporting children to access learning and to engage with school was broadly acknowledged. One provider noted that the presence of an SNA enables children to '*really succeed'*.

The issue of transition from primary to secondary school was discussed at length across all focus groups and was noted as a very important phase in a child's life. While it was noted that things have *'improved in the past two years'* there is still some worry that all children do not make a successful transition. A number of factors associated with making a successful transition to second level were discussed in the focus groups. These included, the age at which children transfer from primary to secondary school, having the supports in place to meet children's needs, and children's literacy levels.

### 5.3.3 Out-of-School-Time (OST) provision

OST provision is understood as the various activities before or after school hours, at weekends or during school holiday time. There was broad agreement amongst participants on the value of OST provision for all children. There was some discussion on the role and purpose of OST provision, with parents acknowledging the value of both homework support and a safe environment. The opportunity to support children's academic development was raised by a provider who noted that, '*while it is great to have all these clubs going on, there is not enough specific homework'*, that there was a real need to address homework support, and *'develop literacy and numeracy clubs'* as a means of addressing literacy attainment.

### 5.3.4 Non-mainstream educational provision

Non-mainstream provision included initiatives like Youthreach, St. Augustine's Youth Encounter Project, St. Canice's, and the Limerick Youth Service. Parents and providers felt that these services are limited in the numbers they can cater for, and some parts of the city are better served than others in terms of provision. Providers in particular highlighted the gap in provision for those under 15 years of age who drop out of school. They noted that young people who drop out of mainstream school can be very good attendees if they get a place in Youthreach, highlighting that, since they do not get an allowance until they reach 16 years, the allowance is not the motivating factor. Providers felt that investment in alternative provision was cost effective.

### 5.3.5 Parents as learners and supporters of their children's learning

There was broad consensus that working with parents was an effective way of optimising outcomes for children and young people, and that parental involvement in supporting young people through the education system was essential for success. However, securing parental engagement is a complex process due to the diversity of the parent population. For instance, some are very young parents who themselves may be immature and not have had their own developmental needs met; they may have mental health issues, have had negative experiences within the educational system and may have dropped out of school early, with consequent lack of skills and experiences.

Providers felt that many primary school parents had great *'hopes for their kids'* but that, as the children progress to second level, some parents disengage as they do not have the capacity to support them. This is due to a number of factors such as *'mental health problems, alcohol, drugs and lack of education themselves'*. According to providers, parents can be *'nervous about their ability'* to support students at second level, and have a *'fear'* of *'actually walking in the* (school) *door'* due to negative experiences they may have had in the past.

The issue of parental aspirations for their children is clearly complex. Parents in the focus groups spoke of their high aspirations for their children, indicating that they wanted them to stay in school

and do well. But providers highlighted that not all parents had high aspirations for young people, most especially as the young people progress through to second level; for individual young people it can be a great struggle to stay engaged in the educational system when they have little parental supports, because the *'parents' expectations to succeed are very, very low'.*

There was a widespread perception that parental formal educational achievement was low, and that many parents have high rates of illiteracy. Services have to be cognisant of issues like the literacy levels of parents when communicating with them. Supporting parental education was seen to be complex, with opportunities for parent education being mediated through a wide range of organisations including the school, Barnardos, Family Resource Centres and community organisations.

## 5.4 Key Findings from the Focus Groups

Participants in the focus groups described the quality of life in regeneration neighbourhoods. While acknowledging the positive elements, their accounts suggest that children are growing up in a very challenging context, which included the challenges posed by the prevalence of drugs, criminality and intimidation. Due to long standing lack of investment and poor planning, among other factors, parents are presented with formidable challenges in raising their children. Parenting in these neighbourhoods involves high levels of vigilance. Providers are presented with equally formidable challenges in designing, delivering and evaluating services to meet the needs of service users. Providers noted that some children only get '*glimpses of childhood'*, and disturbingly the cycle continues in many instances from generation to generation.

The focus groups also examined the nature of services in terms of service outcomes, their capacity to connect with family, the quality of, and access to, services, and integration of services. The study found gaps in service provision in terms of types of services available and also the age and stage at which services come into play. The lack of service capacity to meet increasing levels of need was also highlighted, as was the need to work strategically within and across services to maximise outcomes. The need for practical supports such as opportunities for staff development and access to research support was also raised.

### 5.4.1 Key components in effective service delivery

The following elements emerged from the focus groups as key components in effective service delivery:

- Services need to have the capacity to meet the levels of need within the neighbourhoods. This extends to staffing and physical resources;
- Services need to adopt an ethos which promotes integrative practice at all levels from management to front line service providers;

- Universal services are essential to effective prevention and to developing effective referral systems to targeted services;
- Early intervention in terms of age and stage of onset of problems is essential to prevent more serious problems and ensure effective resource use;
- Services need to develop streamlined systems of referrals, assessments, interventions and follow-up;
- Services need to be located where they are accessible to the service users;
- Services need to be dynamic and have the capacity to attend to changes in the profile of needs and to the migratory patterns of families;
- Services must meet service users at their needs level, and consequently parents may need pre-programme supports in order to access services;
- Services must pay attention to how they measure success, with due cognisance of the importance of the three elements of results, relationships and process in developing and nurturing sustainable success;
- Services need to develop their profiles within the communities;
- Service providers need support in terms of training and supervision;
- Effective reporting, recording and measuring systems and templates need to be developed to support effective delivery of services;
- Services need to be supported and informed through research;
- Services need to engage with families, not just young people in isolation, in order to maximise the chances of successful interventions.

### 5.4.2 Issues in service management and delivery

As parents and service providers spoke with care and commitment, it was clear that the issues involved are complex and disturbing. Tensions emerged across the topics discussed. These tensions, outlined below, help to build a deeper understanding and appreciation of the challenges faced by those endeavouring to deliver effective services within the regeneration communities. The tensions which emerged within the study include:

**Tensions which manifest at service delivery level:**

- The tension between parental aspirations and their capacity to support their children;
- The tension between restricting children's mobility to keep them safe, and preparing them to survive in their worlds;

- The tension between providing payments to parents to attend programmes and encouraging parents to take responsibility for their own development;
- The challenge to provide a service without disempowering service users;
- The challenge to deliver services that do not stigmatise the service users or the communities;
- The challenge to address the needs of young people with serious behavioural issues, while at the same time not ignoring the needs of '*the good kids'*;
- The desire to make a difference in a child's life and the consciousness that at the end of the day the child returns to families and communities that may not be nurturing;
- The tension between valuing the development of local capacity and skills via placements on FÁS Community Employment (CE) schemes and the short term of contracts on CE;
- The challenge of listening to the voices of young people and their families and finding ways to incorporate them within current provision;
- The tension between the recognition of OST facilities as 'safe places', and addressing the broader potential of OST provision in terms of academic, social and creative engagement with emphasis on quality of provision.

**Tensions which manifest at service management level:**

- The challenge to balance the tensions between reporting to funders and meeting the needs of services users;
- The challenge of working with limited resources within communities that have very high levels of need, as a result of which providers are put in the position of having to *'play God'* by selecting young people from among their peers to engage with services that do not have the capacity to meet the levels of need;
- The challenge to balance the time between administration duties and working with service users;
- The tension between supporting the child within the family context and removing the child to foster care;
- Advocating investment in universal preventative care and not having the research to back this position up;
- The challenges related to appropriate information sharing;
- The need to clearly define the remit of individual services, but also develop a shared understanding of how services can most effectively operate in an integrated manner;

- The challenge of working within the current economic constraints with increasing levels of needs and decreasing levels of service provision;
- The challenge of recognising the level of needs in the community and having the facilities but not the staff to meet those needs;
- The challenge of finding ways to measure both qualitative and quantitative outcomes;
- The challenge to balance universal and targeted services provision;
- The recognition that it is important to measure and track outcomes, and the limitations of existing tools to carry out this task.

## 6. CONCLUSIONS AND DISCUSSION

This section provides an overview of the key conclusions of the study, followed by some discussion of key areas to be addressed, drawing on the research findings.

### 6.1 Key Conclusions

The description of the lives of children and families, as reported in the findings, paints a picture of a much poorer quality of life, poorer experiences of childhood and worse outcomes for children living in the most deprived neighbourhoods of the city. On a scale to measure overall child difficulties, based on the reported incidence of emotional, conduct and behavioural problems in the child, there are much higher rates of child difficulties in the regeneration areas.

Explanation of the variations in the experiences and outcomes for children is associated with a range of factors which relate to: (i) characteristics of the families and parents, including family structure, level of parental education, social class, income and parental mental health status; (ii) characteristics of the neighbourhood, including the types and extent of problems as well as perceptions and reputation (and in the worst cases stigma); (iii) community social capital or social cohesion of place (which is affected by the types of individuals and families present); and (iv) aspects of parenting styles and strategies adopted in the parent / child relationships.

In terms of characteristics of people and households, children in the deprived areas are much less likely to live in two parent households, and the household is more likely to be headed by a female (lone) parent. While it is certainly not true in all cases, many children in these circumstances grow up without having a relationship with the parent who does not live with them, typically the father. Some parents and children in these circumstances consider this arrangement normal; however, in many cases, the adult relationships in the household (between parent and partner) lack stability. Parents in deprived areas are likely to start their families at a younger age and, over their young lives, they parent their children in difficult environments and with many stressors. Because of their profile and

circumstances, many seem to be unable to take advantage of mobility opportunities that could be available to them.

In the most deprived areas of the city, parents, on average, have low levels of educational attainment and mostly they are early school leavers themselves. Low parental education affects child outcomes in various ways and, based on the findings of this research, is associated with greater total difficulties in the child.

Parents in deprived areas are likely to have greater difficulties in managing on their incomes (where there is strong reliance on social welfare as the main source of income); are less likely to be in employment; and, if in employment, are much more likely to be in low skilled occupations, and in the lowest social classes. This provides less economic security for the child, but also poor role models in terms of the mobility aspirations of children. In the current climate of economic recession and major job losses in the city and region, many families in areas outside of the most deprived areas and in average areas of the city are also under financial pressure. On average, however, families in the most deprived areas have greater financial pressures. The problems that parents in regeneration areas experience in gaining access to employment are more clearly structural in nature (arising from low education, low skills, and little experience of work) as compared with parents outside of these areas (who are better educated, have higher occupational skill levels, more employment experience, and more recent experience in employment). In the latter cases, unemployment is related more to economic cycles than serious structural problems.

Parents / carers in regeneration areas are also more likely to face multiple problems in the family including domestic violence, addiction, family members in prison as well as more severe financial pressures including owing money. Some behaviours (aggression, violence in the home) are normalised on the regeneration estates. Such normalisation processes may not be unconnected with conditions on the estates including high incidence of various forms of anti-social behaviour. Children in families in regeneration areas are also more likely to experience specific traumas including separation from parents and bereavement in the family (including bereavement of young family members such as siblings and uncles).

In terms of the neighbourhoods, the environment and ecology of the most deprived areas offer much less favourable conditions as places to bring up children. The regeneration areas are much more likely to have serious problems in the physical environment (unoccupied / boarded up / burnt out houses; rubbish / litter problems); they are likely to be less safe as places for children to grow up, and to engage in normal activities, such as play, and to meet each other; while crime (car crime, violence, harassment / abuse) and anti-social behaviour are more prevalent as serious problems. Stigma of place is also an issue. Negative labelling / reputation of place affects both parents and their children, and their perceptions of their own social status in the city.

While the most deprived (regeneration) areas have many aspects of positive social capital, reflected in findings related to support for parenting from friends and neighbours, they are characterised by lower levels of social cohesion and lower levels of community social capital (based on indicators related particularly to trust in people in the neighbourhood). This is the result of the clustering into these areas of people with characteristics associated with lower social capital (e.g. lower education), and the poorer experiences of civic and pro-social behaviour in these areas (i.e. more anti-social behaviour from neighbours and residents). These factors combine to negatively affect trust in people in general.

However, across all types of areas, extended families, friends and neighbours provide important sources of support for parenting, in terms of advice and practical help, and emotional support to children. This type of social capital, known as "bonding" social capital is positive in so far as it helps parents to "get by", and adds to the quality of life. Children, themselves, appreciate these positive aspects of social capital (knowing their neighbours, being friendly with them, having extended networks of family in whom they confide). In terms of extended family, grandparents, in particular, and uncles/aunts and cousins are an important source of support in all areas, especially, for children in regeneration areas. However, it cannot be assumed from this that all influences from such extended family networks are positive and supportive of best child outcomes.

While peer networks of children and families are often perceived as having mainly negative influences, the findings indicate that there are positive influences in peer networks. This applies to children living in all areas including regeneration areas. While children in regeneration areas are more likely to have "best friends" who engage in inappropriate, risk and anti-social behaviours, they also have "best friends" who are "good at school", receive awards and engage in helping others. Children across all types of area are aware of age-inappropriate, risk and negative behaviours, and mainly acknowledge that these are wrong. Children generally have positive perceptions of their relationships with their peers: they have friends; they like their friends; and they like being with friends.

In terms of child health, parent assessment of child health indicates that children in the most deprived (regeneration) areas are more likely to have poorer health and are more severely affected by ill-health. Based on screening for child difficulties, they are also much more likely to have difficulties on the broad range of emotional symptoms, hyperactivity / inattentiveness, behavioural and conduct problems. However, children in the most disadvantaged areas are similar to their peers in the less deprived and average areas of the city in terms of certain strengths (being kind, considerate and helpful towards others). Based on the strengths and difficulties screening exercise, the number of children in abnormal ranges is well above the numbers with diagnosed behavioural and mental health problems. This, in turn, seems to indicate that many children with such difficulties are not being picked up by "the system" in primary care and education.

Parents in the most deprived regeneration areas have poorer health status, particularly compared with parents in the average area. The proportion of parents in the "at risk" of depression range (based on a cut-off point in mental health scores) is significantly higher in the regeneration areas compared with the Average Control Area.

Poorer parental mental health and greater emotional and behavioural difficulties in the child are associated with each other (i.e. they are likely to occur together). The direction of causality could be either way. Furthermore, both parental mental health problems and child difficulties could be associated with many additional problems more likely to be experienced by families in the most deprived areas. These include more difficult environments, poorer social cohesion, difficulties of parenting alone, experiences of traumatic events over the child's life (bereavement of close family members, separation from parents), and more problems in the family (violent behaviours in the family which may be normalised, family member in prison, financial pressures, addiction problems, etc.).

Based on what is known about the relationship between mental health and physical health status over the life course (i.e. that people in poorer mental health and with long exposures to psycho-social stress are more likely to be affected by the on-set of chronic physical health conditions and premature deaths), there is evidence in this research of large inequalities in health linked to social status. Furthermore, linked to poorer mental health (i.e. more emotional and behavioural difficulties) in the child population in the most deprived areas, there is evidence of inter-generational reproduction of health inequalities.

Despite the many difficulties, parents are strongly affectionate towards, and involved and interested in, the lives of their children. This is true of parents across all types of areas in the city. Parents apply multiple strategies in disciplining their children with the most frequently used methods across all areas being non-aggressive and positive, based on rewarding good behaviour. However, less positive disciplinary strategies (shouting, threatening to slap) are used to a greater extent by parents in regeneration areas. While parents across all areas monitor the child's activities when out unaccompanied (where they are, with whom, what they are doing etc.), some aspects of monitoring are less strictly applied by parents in regeneration areas (which are also less safe environments). Part of the explanation of these differences could be that parents react by using more aggressive strategies when they live in difficult, unsafe and more aggressive environments and experience aggression in their relationships with other adults. They are also much more likely to have multiple stressors in their lives on an-going basis, including more economic pressures, family problems and experience of traumatic events including bereavement as well as mental health problems. Notwithstanding these differences, the overall impression is that parents in the most deprived and difficult environments do try to be good parents to their children.

Education and active learning are key lines of action in promoting positive outcomes for children and young people. While it cannot be stated that all children like school, on average and across all areas, many more children like school, to varying extents, than dislike it and, generally, they like their teachers. Based on children's experiences in school, on average, schools are safe places and discipline is applied by the school if children "break the rules". Together with the findings indicating that relationships between parents and school staff (teachers) are good, and that parents / carers rate the quality of schools and teachers as high, these results are particularly encouraging.

It was beyond the scope of this research to undertake objective assessment of actual levels of educational attainment (in maths and English) with reference to expected levels of attainment by chronological age. Parent and child reports (i.e. their own assessment) indicate that levels of attainment in English and maths are high across all areas and there are no differences between the areas. However, based on evidence from some educational providers, this may not be the case. It is suggested that parents, particularly in the most deprived areas, are not in a position to provide assessment of attainment levels. This is linked to factors including different profiles of school enrolment, and differences in parental levels of education and in parental expectations of educational attainment in different areas of the city. Because of these factors, the research cannot provide definitive insights on actual variations in educational attainment outcomes by type of area nor on the reproduction or otherwise of educational disadvantage and educational inequalities.

In terms of education and active learning opportunities outside of school and home, the majority of children across all areas participate in structured activities outside of school and there are high levels of participation in out-of-school activities by children living in the regeneration areas. This has importance beyond the issue of the use of leisure time, and can produce benefits in terms of improved socialisation skills with peers and adults and improved concentration levels, as well as more physical activity and specific skills development (e.g., music).

Focusing on services for children and families, the main services used by the large majority of parents and children are schools and their general practitioner. For parents with young children, the public health nurse is a further important and regularly used service. These are the "gateway" services for children and families. Parental satisfaction with the quality of these services is also high. Specialist services are used to a much lesser extent. Based on parent reports, social workers and services targeted on people with difficulties (family support, addiction) are used by very small numbers of children and families and the research findings do not indicate that they are more heavily used by families in the most deprived areas of the city. Because of sensitivities here, there could be some under-reporting of the use of services such as social workers. Generally there is a negative perception of the role of social workers (e.g., they are there to "take your children").

The research findings indicate that provision of some community-based services for children and families (crèches, after-school activities) are more developed in the regeneration areas, and satisfaction ratings for these services, on average, are high. This, in turn, indicates that the investment made in these services is appreciated. Consumer / private services (shops) are more developed and receive higher quality ratings outside of the most deprived areas of the city.

The findings of this research indicate that there are inter-dependencies and multi-causality in the problems and in the way the various factors shape and re-shape outcomes for children and families. For instance, poor parental mental health could be both a cause and an outcome of living in a deprived, unsafe neighbourhood, long exposures to different types of trauma, experience of multiple traumatic events, and parenting difficult children. Poor child outcomes and child difficulties could be a cause and an outcome of a similar set of factors.

## 6.2 Discussion: Addressing the Problems

The problems of children and families on the deprived estates, as presented in the findings of this research, could be described as "wicked problems" (Rittel and Webber, 1973). "Wicked" problems have a number of characteristics: they are difficult to define clearly; they have many inter-dependencies and are often multi-causal; attempts to address them may have unforeseen consequences; often, they are not stable; usually, they have no clear solutions; they are socially complex; it is beyond the capacity of any one organisation to respond to them; they involve changing behaviours; and some are characterised by chronic policy failure.

Tackling "wicked problems" requires a systems approach which places high value on understanding the context, and the inter-connections or relationships between the different aspects of the problem, as well as changing attitudes and behaviour. A systems approach has profound effects on the way public agencies need to operate if they are to be more effective (cutting across all the issues and working from a deep understanding of context); this approach has implications in terms of the expertise and skills set needed on the part of public agencies and stakeholder partnerships to address the problems (WHO, *Strengthening Public Health,* 2011). Changing structures and services are not adequate in themselves as solutions. Changes in attitudes towards the people affected are also required. The priority focus must be on achieving changes in outcomes for the children and families who are most marginalised, rather than on issues such as retaining services, and preserving institutional roles or specific structures.

The detailed findings of the study provide a quantification of the baseline conditions across a wide range of indicators. They provide the baseline against which future progress in terms of bridging the gap between the most deprived children and families in the city and the mainstream can be assessed, linked to resources and support from public policy interventions. Some findings may indicate specific

issues that could or should be addressed by constituent agencies of the Limerick City CSC. In terms of planning for improved services for children and families in the city, this is the future task of the CSC, drawing on the findings of this and other complementary strands of their research programme. The results of the multivariate analysis of the household survey provide indications of the key areas for attention. These relate to the following:

1. Improving levels of parental education for those with low levels of educational attainment. Based on observations from the fieldwork, many parents have learning difficulties, low levels of literacy and negative experiences themselves in education;
2. Improving the emotional health and well-being of parents, including support with conflict resolution, and promoting better quality of (adult) relationships;
3. Support with access to relevant training and employment opportunities, and on-going support to promote retention and progression in education, training and employment;
4. Services to support improved parental mental health;
5. Multifaceted interventions to improve the physical and social environment and safety issues in the neighbourhood. These should include incentives and sanctions to encourage more civic behaviour and collective responsibility;
6. On-going support to encourage parenting styles and strategies associated with the best outcomes for children.

However, the message is again emphasised that the potential for, and prospect of, finding solutions (better outcomes and a reduced gap) is not only about new or improved services and the role of institutions. It is also about attitudes supportive of social justice and equality, and empathy with those families and communities characterised by extreme social deprivation, that may, on occasions, exhibit (extremes of) un-civic behaviour.

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