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Limerick City Children's Services Committee

HOW ARE OUR KIDS?

Experiences and Needs of Children and Families in Limerick City with a Particular Emphasis on Limerick's Regeneration Areas

SUMMARY REPORT

LIMERICK **REGENERATION** AGENCIES

The **ATLANTIC** *Philanthropies*

IKOS Limited

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foreword

On behalf of the Limerick City Children's Services Committee (CSC), I would like to welcome the publication of *"How are Our Kids?": Experiences and Needs of Children and Families in Limerick City, with Particular Emphasis on Limerick Regeneration Areas.* The research provides a clear picture of the needs of children and families in six different areas in Limerick City: Moyross, Southill, parts of Ballinacurra Weston, St. Mary's Park, Garryowen/Old Cork Road and Corbally/Rhebogue. A significant focus of this research was in the Limerick City Regeneration Areas, but the Limerick City CSC recognised the need to understand the broader picture of what is happening with children and families across Limerick City. Two comparison groups, one in a non-regeneration but designated disadvantaged area and one in a non-disadvantaged area, were, therefore, included in the study.

This publication represents the culmination of approximately a year of intensive fieldwork, data analysis and report writing. The researchers conducted a comprehensive household survey as well as a series of focus groups with parents and service providers. The purpose of the research was to find out about the experiences and needs of families and children from their perspective. To this end, the household survey focused on parents and children. While the response rate from parents was better than expected, there were challenges in terms of securing interviews with children. There were a number of different reasons for this: some children chose not to participate, some were not available as they were at school or engaged in after-school activities, some were busy doing their homework and some children struggled to understand some of the questions that were being asked. The research team should be congratulated, however, for their perseverance in securing such a number of high quality interviews.

This research is very welcome in terms of the quality of data and analysis it presents, but it also presents great challenges to all those who are working with children and families across Limerick City. It presents the stark reality that some of our families are struggling to meet the basic needs of their children and themselves. Many families are struggling with issues around mental health, finances, addiction, environmental conditions, safety and security and education. While the Regeneration Programme has brought renewed promise, it has also had the short-term effect of dispersing some members of the Regeneration communities. This, however, is not the policy or the long-term goal of the Regeneration Agency; the goal is to regenerate communities so that they are safe, healthy, vibrant places to live.

The issues highlighted in this research present a challenge to all of us—policy makers, service providers, communities, parents and family networks—to examine how we might respond in a meaningful and sustainable way to the issues raised in this report. We know what children need, and we know that a minority, but a significant number of children in Limerick City, are not receiving what they need. We now need to work together to change this.

I would like to thank a number of people for their commitment to and support for this project. First, I would like to thank Limerick Regeneration Agency and Atlantic Philanthropies for recognising the value of this project and providing the financial resources for the CSC to commission it. I would also like to thank the members of the Children's Services Committee Research Sub-group, which provided valuable support to the development and completion of this project.

I would particularly like to thank the Research Team, led by Dr. Eileen Humphreys, and supported by Dr. Ann Higgins and Professor Des McCafferty from Mary Immaculate College. It is due to the diligence, commitment and profession-alism of this team that the research was conceptualised, carried out and analysed to such an outstanding standard.

Finally, I would like to thank the parents, carers, children and service providers who participated in this study and who agreed to share their experiences. Their contribution has provided us with rich and detailed information on the experiences and needs of children and families in Limerick City. I believe that this report provides all services with the information they need to make informed decisions as to how best to deliver services to meet those identified needs now and into the future.

Kevin O'Farrell,
Chair, Limerick City Children's Services Committee

HOW ARE
OUR KIDS ?

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 emphasis 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 (CSC). 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]

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[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 agencies with a remit for the delivery of services to children and families: the HSE, An Garda Síochána, the Probation Services, the Department of Education and Skills, the National Education Welfare Board, Limerick City Council, City of Limerick VEC, PAUL Partnership and Limerick Regeneration Agencies.

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 that 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 or deteriorated). The research design involves an element of 'control'. It establishes variations or differences between families in the most disadvantaged communities (the Northside and Southside 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.

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) with one questionnaire addressed to the parent / carer and a second questionnaire addressed to a child in the same household. The questionnaires cover a wide range of topics designed to investigate the position with reference to outcomes for children and families, as specified in national policy (Department of Health and Children and Office of the Minister for Children and Youth Affairs, 2007).The content and structure of the parent / carer questionnaire and the child questionnaire, with reference to outcomes for families and children, are outlined in Appendix I. The parent / carer questionnaire includes modules for self-assessment of the 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 (not necessarily the same child that participated in the survey). 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 such as estates or 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 (the regeneration areas). The preliminary stage of the survey involved calling to households in order to establish whether they were eligible to participate (i.e. a family-based household with children under 18 years), to provide information about the survey and explain what participation would involve, to establish whether or not the household would participate and, if agreeable, to fix a time for the interview(s). Interviewers were instructed to call at least three times to households on the original sample lists (400 in each area). After three failed attempts at initial contact, potential participants were reported as non-contactable; however in this process of establishing contact and obtaining a response (yes / no or not eligible) interviewers in many cases called more than three times to a household. In total it proved necessary to call on 1,869 households in order to achieve the targeted number of interviews, with additional households having to be added to the original sample lists as replace-ments for non-contactable, ineligible or refusal households. Further details of response rates are provided in Appendix II.

The number of useable child interviews was 128 across all areas. The number of child interviews related to 119 of the 418 households of parent / carers interviews (meaning that in some households, two children from the same family were interviewed). The rate of child interviews relative to the number of households with any children in the age group seven years and over (the criterion set for participation in the child interview) was 39.3 per cent. Achievement of child interviews proved to be more difficult than expected, and overall the survey achieved a higher proportion of younger children (i.e. primary school age) compared with teenagers – further details are provided below. The reason for achievement of lower than expected targets here related to the non-availability of children in the home at the time of the parent / carer interview and, in some cases, lack of capacity to do the interview. Non-availability resulted, for instance, because the child was 'out', at summer camp or with friends or other family. In other cases, the children 'didn't want to do it' at all or at the time the interviewer called, for instance, because s/he was 'busy' doing homework or 'on the computer'[2]. In some cases, the child was not capable of doing the interview because of poor language capacity and / or poor concentration.

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.

[2]Participation in the child interview required that the parent was present while the interview was conducted and this may have affected agreement to participate, especially, on the part of older children.

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[3], 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 a strong focus on an area-based comparison. The purpose was to establish the key patterns of variation across the study areas. More complex 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.

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[3]Youth Fora bring together the key statutory and voluntary service providers for children and young people. Statutory services represented include health and social care, justice and education. The Fora meet on a regular basis (once a month) to discuss, review and refer individual cases of children in need of support to the appropriate services. The Fora seek to achieve coordination between the various services. Support services require the consent of the young person and the parent(s) and involve the family.

3 Neighbourhood Context: Profile of The Study Areas and The Sample

This section 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)[4], as well as findings from the household survey. The child profile is presented drawing on the findings of the parent / carer survey, addressed to the one 'sample child' selected for that survey, as well as the child survey itself.

3.1 Limerick City: Profile

The population of Limerick City declined over the census period 2002-2006 and grew only slightly over the ten years 1996-2006. This is in contrast to the trend in population growth in the County, the Mid-West region, and the State as a whole. The main population growth in the 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 a sharp population decline in the most deprived areas centred on the local authority estates on the Northside (Moyross / Ballynanty / St. Mary's) 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 as part of the regeneration process – i.e. the process of vacating and demolishing houses on the regeneration estates and re-locating residents to other areas. 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.

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

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 Accommodation 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 the 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 in the ten years from 1996 to 2006 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' remained in that position, and they were joined by other areas that disimproved relative to the national average.

3.2   The Four Study Areas

The four study sites are:

1. the **Northside Regeneration Area**, covering Moyross 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 stronger 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. The four study areas are shown below (Figure 3.1).

Figure 3.1: Study Areas
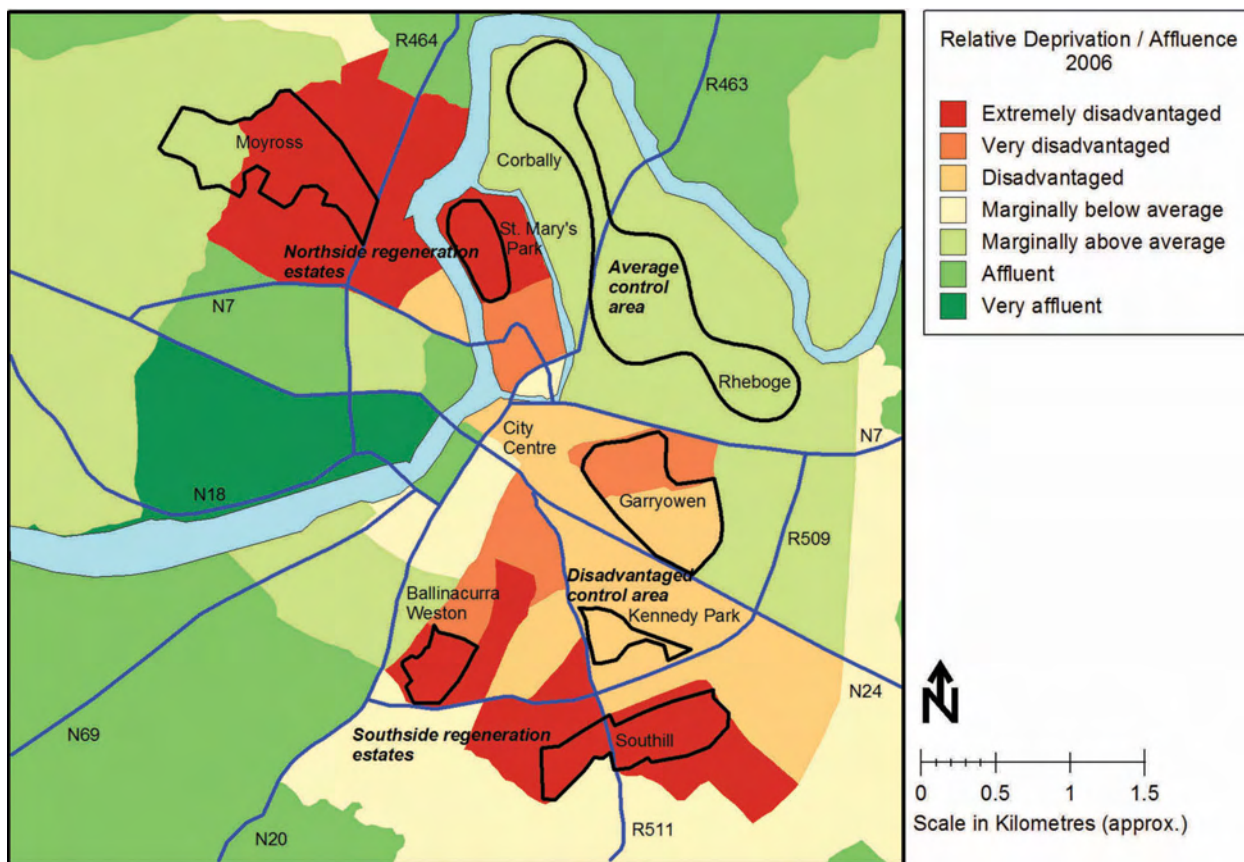
3.3   Profile of the Sample: Demographic Characteristics

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%). The age profile of the parent / carer respondents by area is shown in Table 3.2. The largest proportion of respondents (43%) is in the age category 35 to 44 years and the next largest in the age grouping 25 to 34 years (33%). Parents / carers in the regeneration areas have a younger age profile compared with those in the Disadvantaged and Average Control Areas. The variation here is statistically significant ($p < 0.001$) but the differences are modest[5]. Approximately half of the parents / carers are aged 34 years or younger in the Northside (50%) and Southside (48%) Regeneration Areas compared with some 30 per cent in these categories in the Disadvantaged Control (30%) and Average Control (27%) Areas.

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[5] The statistical significance of findings is reported extensively in the report. In these instances we are testing to see whether the measured differences between categories (normally areas, but occasionally gender or other categories) in the prevalence of an attribute could be due merely to chance arising from the fact that our samples (of parents / carers and of children) are randomly drawn. Since the samples represent only part of the population, there exists the possibility in all cases that differences apparent in the samples do not obtain in the background population. The p values reported in the Tables and Figures measure the probability that the observed differences are due merely to chance and do not reflect real differences in the population as a whole. A difference is said to be statistically significant if it is highly unlikely to have arisen by chance, i.e. if the p value is below some critical level. We use .05 as the critical value throughout. This means that a pattern of differences between areas (for example) will be said to be statistically significant if there is less than a 5 in 100 chance of it arising by virtue of the particular random sample that we have drawn.

Table 3.2: Age profile of parent / carer by area

Age Categories	Northside Regeneration Area		Southside Regeneration Area		Disadvantaged Control Area		Average Control Area		All Areas	
	No.	%	No.	%	No.	%	No.	%	No.	%
18-24 years	9	7.6	8	8.9	6	5.8	1	1.0	24	5.7
25-34 years	50	42.0	35	38.9	25	24.0	27	25.7	137	32.8
35-44 years	31	26.1	32	35.5	54	51.9	61	58.0	178	42.6
45-54 years	25	21.0	12	13.3	17	16.3	15	14.3	69	16.5
55+	4	3.4	3	3.3	2	1.9	1	1.0	10	2.4
Total	**119**	**100**	**90**	**100**	**104**	**100**	**105**	**100**	**418**	**100**

Statistical Tests: Chi Sq=35.46 (df=12); $p < 0.001$; Cramer's V = 0.17

There is a roughly equal gender breakdown (53% boys and 47% girls) of sample children in the parent / carer questionnaire survey. There is also a relatively even representation across all age groups, from infant through to older teenagers, in the sample children in this survey – See Figure 3.3. Children in the Average Area have the lowest mean age (7.1 years), and those in the Northside Regeneration Area the highest mean age (9.3 years), compared with sample children in the Southside Regeneration Area (8.8 years), the Disadvantaged Control Area (8.2 years) and across all areas (8.4 years).

Figure 3.3: Percentage distribution of sample children (parent / carer survey) by age group
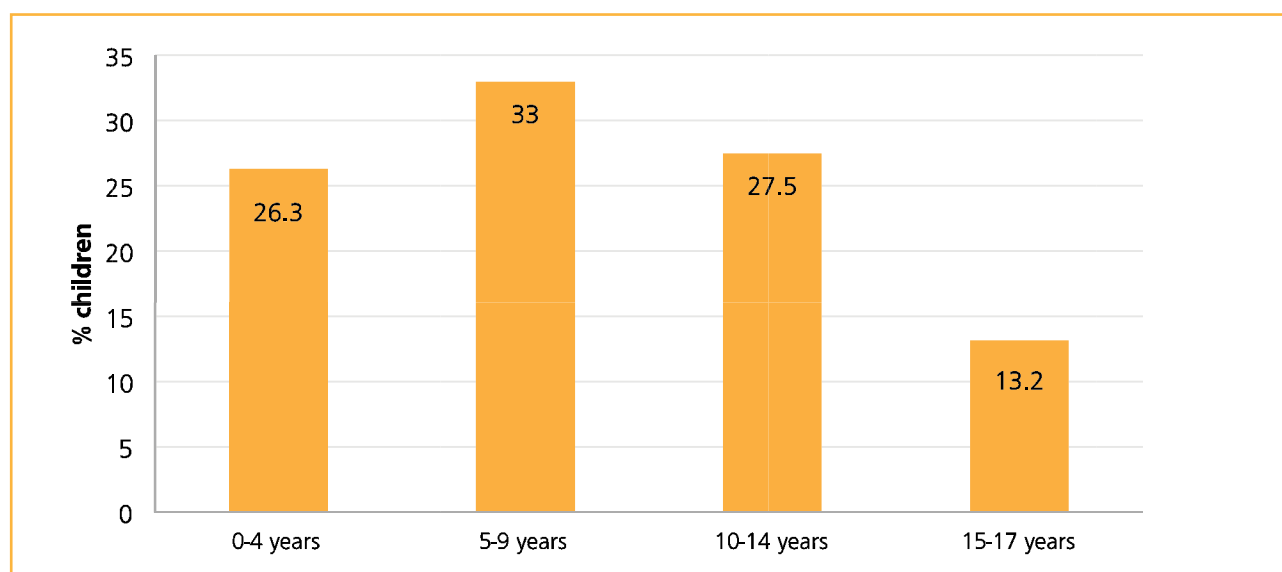
N All = 418

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%). In terms of the survey of child respondents[6], the mean age across all areas was 10.8 years. The average age of respondents was highest in the Southside Regeneration Area (11.4 years), followed by the Northside Regeneration Area (11.1 years) and the Disadvantaged Control Area (10.4 years), with the lowest mean age in the Average Control Area (10.3 years). In the child survey, some 68 per cent of respondents attend primary school, 29 per cent secondary school and six per cent another type of school.

Thus, 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%). See Figure 3.4.

Figure 3.4: Marital status of parent / carer by area
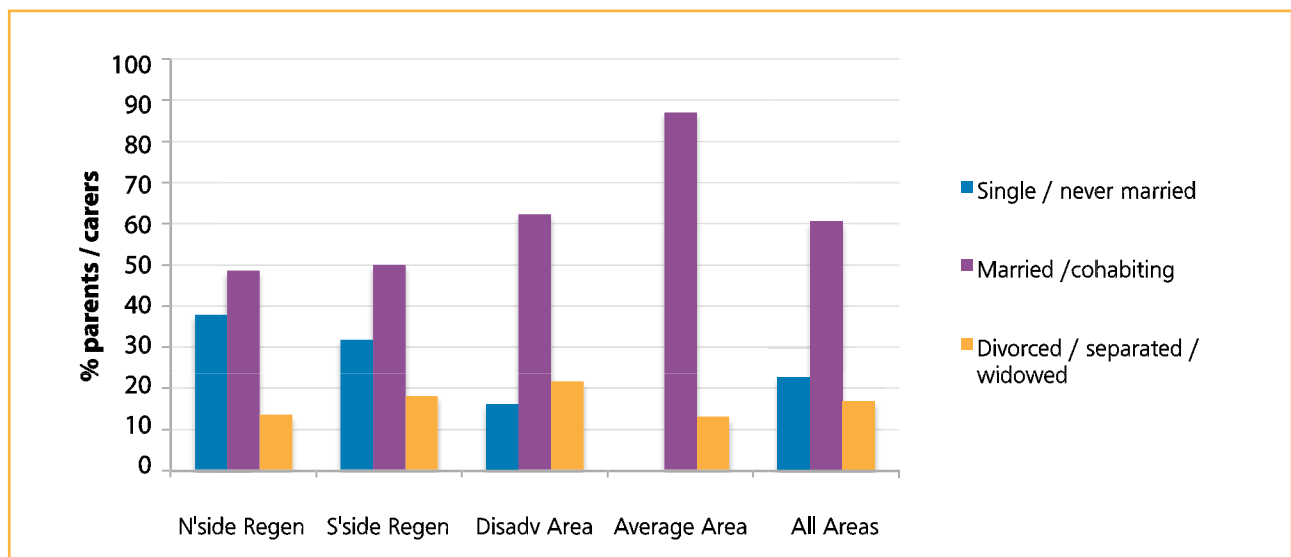
N All = 418; Statistical Tests: Chi sq=104.53 (df=12), p<0.001; Cramer's V=0.29

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[6] Children from age 7 years and upwards were eligible to participate in the child survey

In the regeneration areas, levels of educational attainment of parents / carers are very low – 70 percent on the Northside and 68 percent 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 (just 12% have not attained beyond lower secondary education while 29% have a third level degree or postgraduate qualification) – See Figure 3.5.

Figure 3.5: Highest level of educational qualification of the parent / carer by area
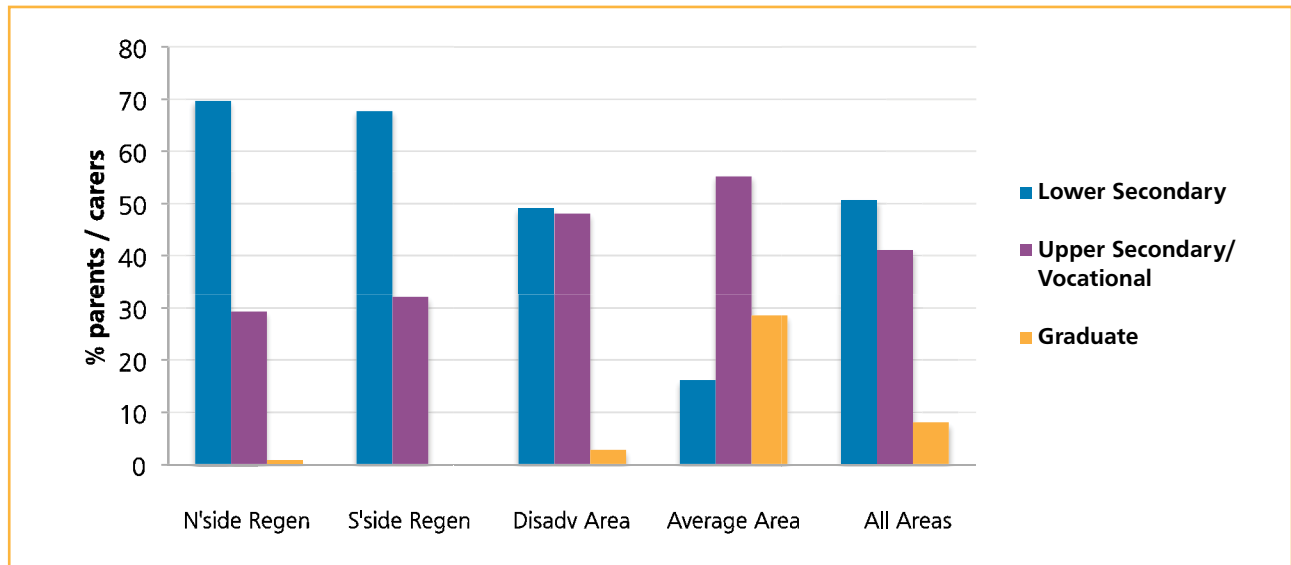
The proportion of parents / carers in employment is highest at 51 per cent in the Average Control Area and lowest in the regeneration areas (23% Northside and 26% Southside). Analysis of social class structure (based on occupational groupings) by area shows the expected variations – with the largest 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 – See Figure 3.6. 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 cent 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.

Figure 3.6: Largest source of household income by area
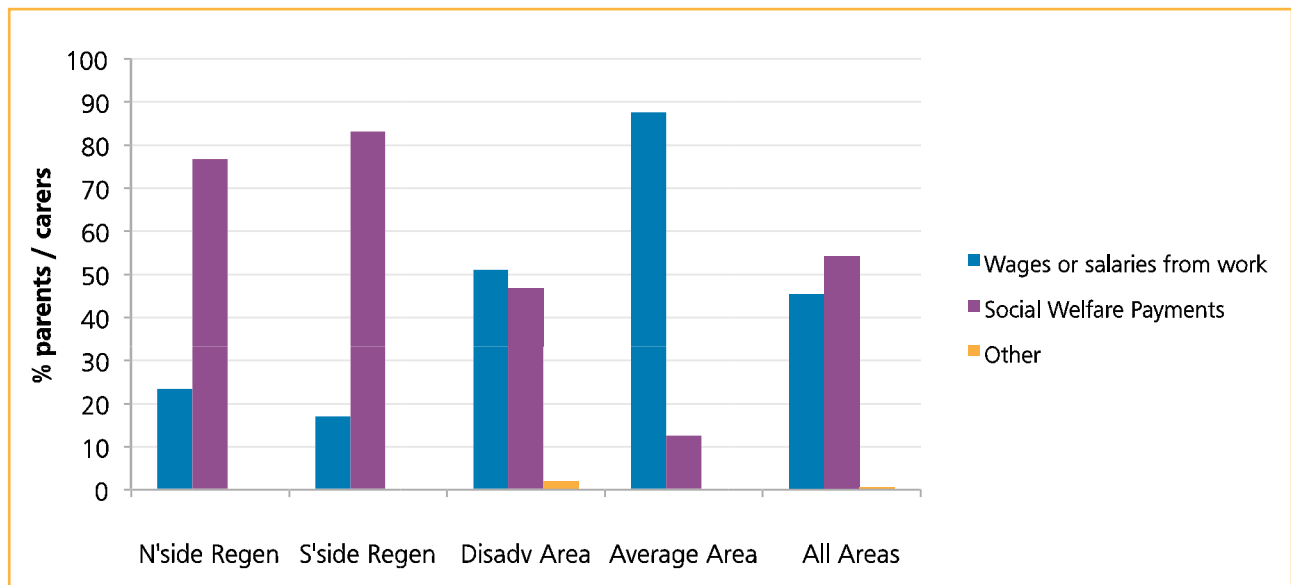
N All=401; N Northside=116; N Southside=83; N=Disadvantaged=98; N Average=100
Statistical tests: Chi Sq=132.96 (df=6), p<0.001, Cramer's V=0.41

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 were 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 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 from the parent survey 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). See Figure 4.1.

Figure 4.1: Rating of the neighbourhood as a place to bring up a family
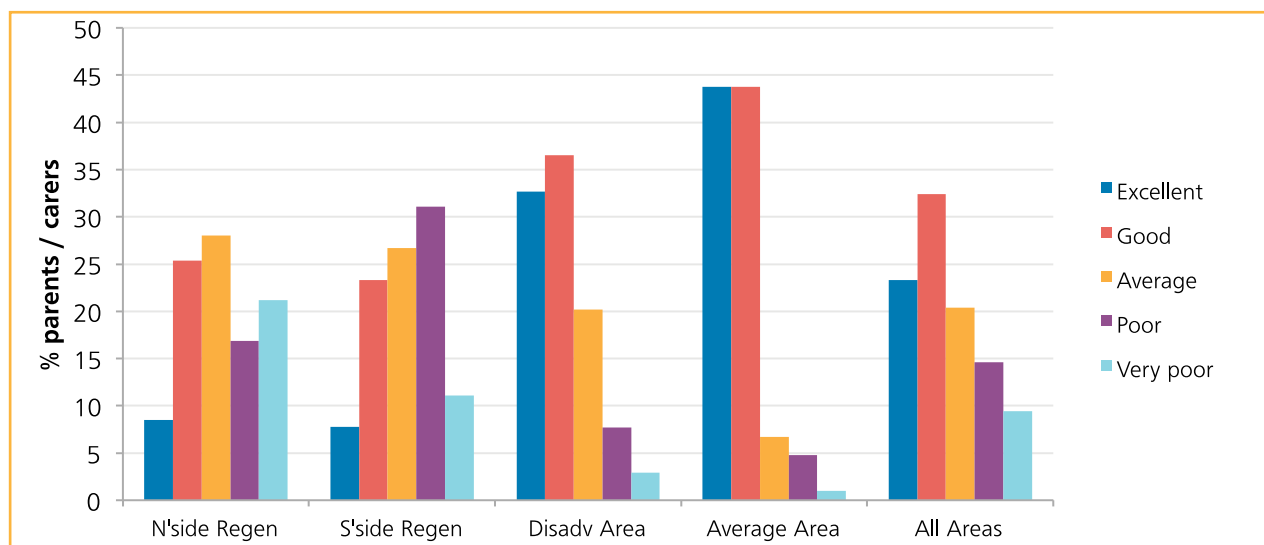
N All =417; N Northside=118; N Southside=90; N Disadvantaged Area=104; N Average Area=105
Statistical Tests: Chi Sq-125.10 (df=12): Cramer's V=0.319, p<0.001

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 – Figure 4.2.

Figure 4.2: Child perceptions of the neighbourhood as a place to live, by area
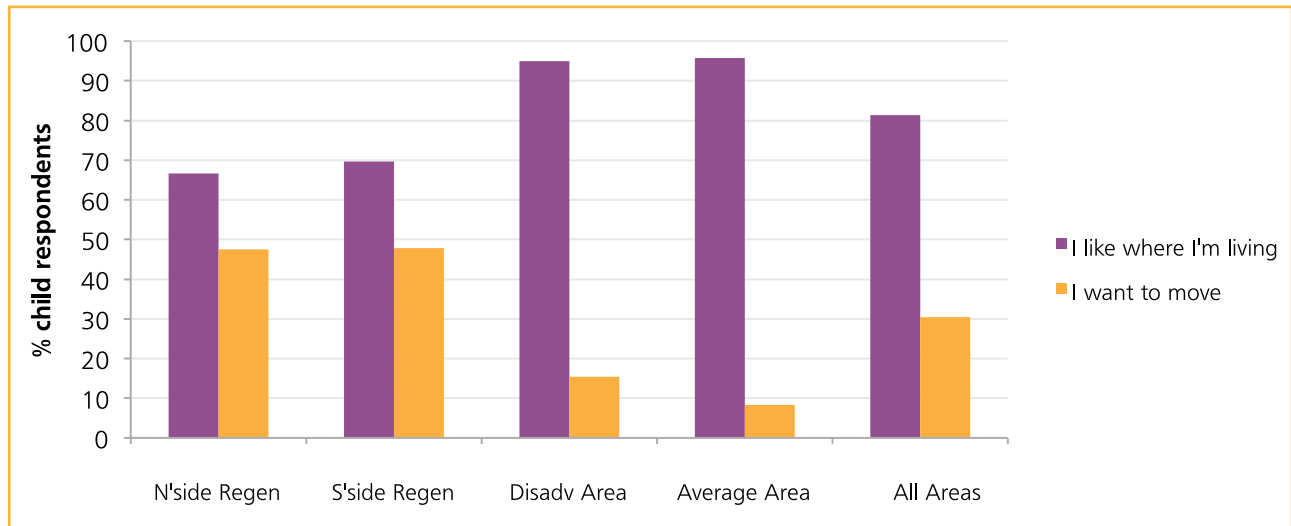
N All =128
Statistical Tests: I like where I'm living Chi Sq=16.03 (df=3), Phi=0.34, p<0.001
I want to move: Chi Sq=18.84 (df=3), Phi=0.38; p<0.001

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. Stigmatisation of an 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 report that there are 'safe places' for young children to play in the area. Based on parents' / carers' reports, 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. See Figure 4.3.

Figure 4.3: Whether there are safe places for children to play and teenagers to meet (% yes)
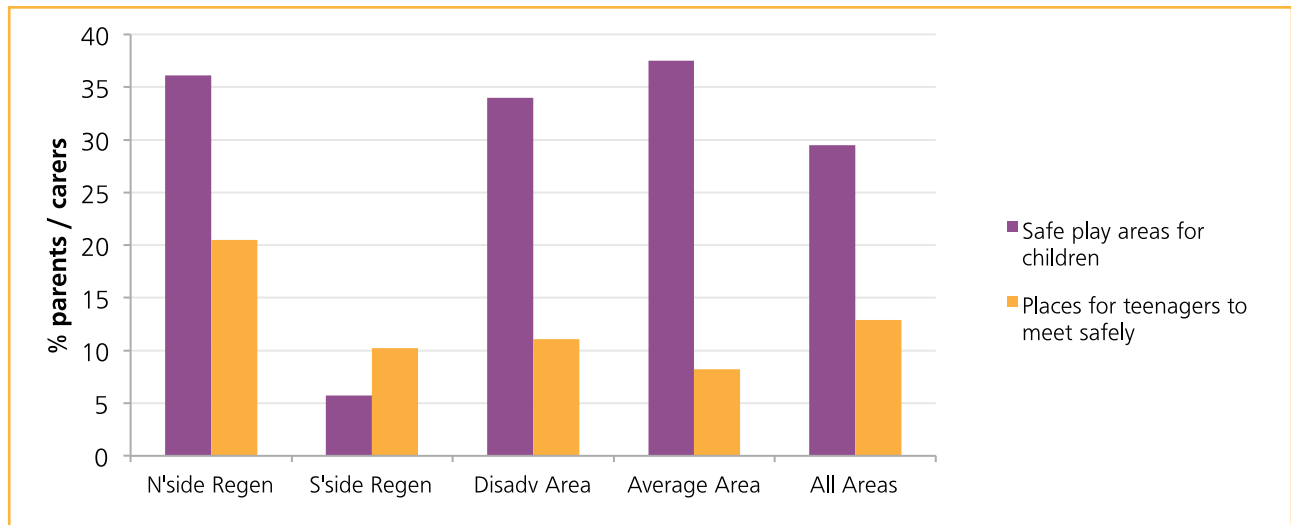
N Safe places for children=414; N Safe places for teenagers = 396
Statistical Tests: Children Chi Sq=30.74 (df=3); Phi=0.272; p<0.001
Teenagers: Chi Sq=8.534 (df=3); Phi=0.147; p<0.05

Figure 4.4: Child perceptions of neighbourhood safety by area: Various indicators
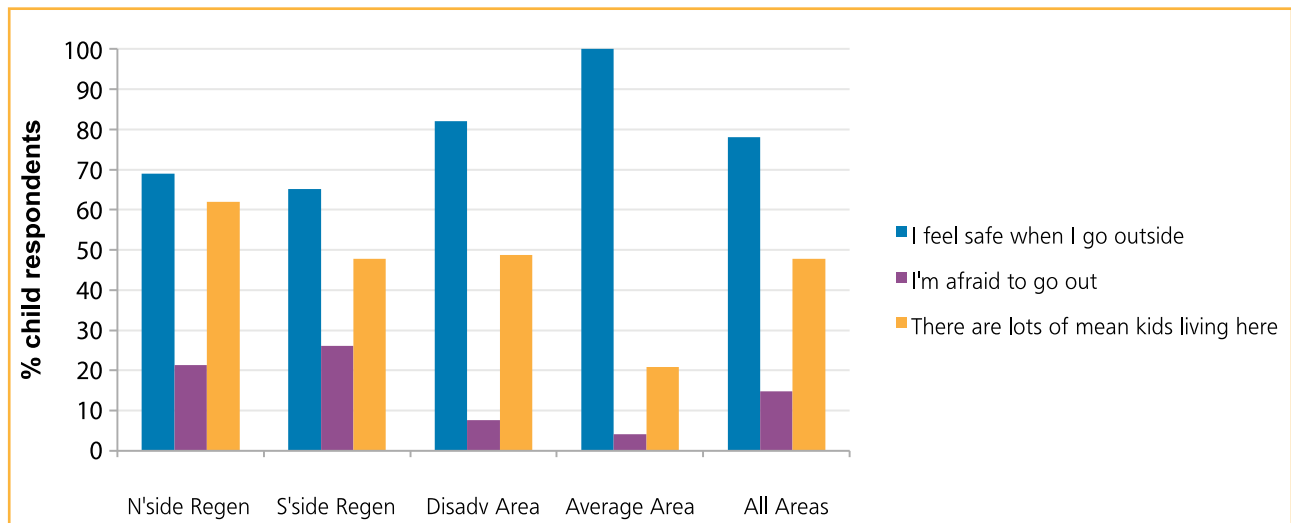
N All =128
Statistical Tests: Feel safe: Chi Sq=11.34 (df=3), Phi=0.30; p<0.05 (p=0.01); Afraid to go out: Chi Sq=7.48 (df=3); Phi=0.28; p=0.06 (almost significant);
Lots of mean kids: Chi Sq=10.36 (df=3), Phi=0.28; p<0.05 (p=0.02)

Taking the child perspective, children in regeneration areas feel less safe on a number of indicators, especially compared with children in the Average Control Area. For instance, just under half of children surveyed across all areas consider it true that 'there are lots of mean kids living around here'. The proportion is highest in the Northside (62%); there is little difference between the Disadvantaged Control (49%) and the Southside Regeneration Area (48%); and the lowest rate is in the Average Control Area (21%). All children surveyed in the Average Control Area agree that 'I feel safe when I go outside', but this falls to 65 per cent in the Southside Regeneration Area. Conversely, the largest proportion saying it is true that they are 'afraid to go out' is in the Southside Regeneration Area (26%), followed by the Northside Regeneration Area (22%). The smallest proportion of children stating this is true is in the Average Control Area (4% (Figure 4.4). 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 a number of indicators, including 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. In addition, the questionnaires assessed 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, and 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%). See Figure 4.5.

Figure 4.5: Community social capital: knowing most and trusting most by area
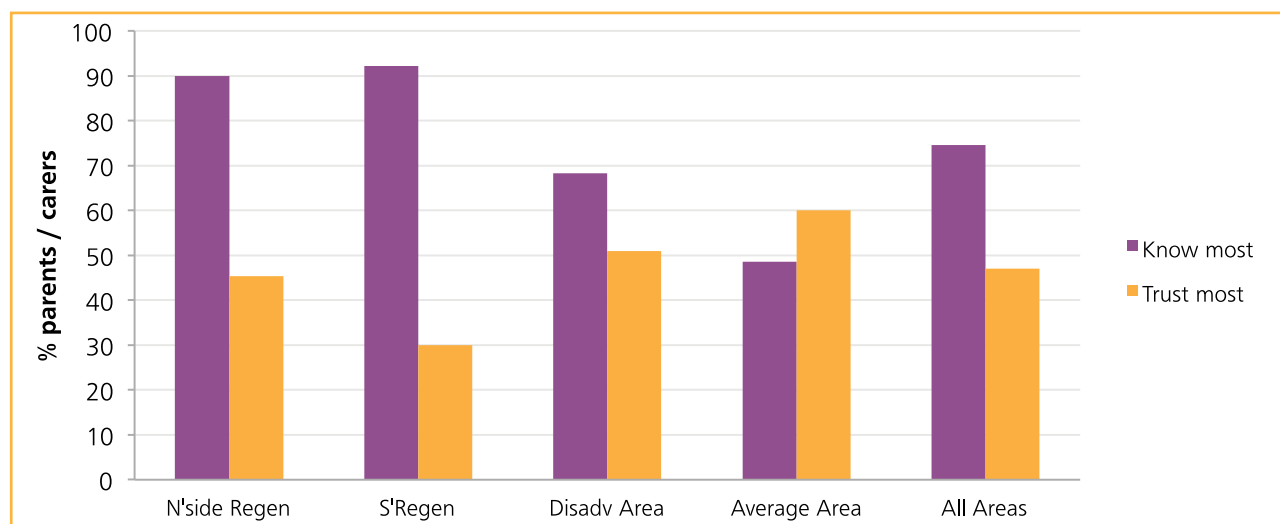
N=418
Statistical Tests: Know neighbours: Chi-sq.=76.639 (df=9); Cramer's V= 0.247, p<0.001
Trust neighbours: Chi-sq.=24.011 (df=9); Cramer's V= 0.138, p<0.01 (p=0.004)

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 behaviour (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 from the parents' / carers' social networks – which is a manifestation of 'bonding' social capital – the vast majority confirm that they have support in the form 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. Clearly, 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 – Figure 4.6. Grandparents and a parent who does not live in the family home are relatively more important in the regeneration areas. Reflecting higher rates of separated parents, larger proportions of children in the regeneration areas regularly see 'a mam or dad who doesn't live with me' (39% Southside and 29% Northside compared with one child only (4%) in this category in the Average Control Area).

Figure 4.6: Children's regular contact with people in the extended family by area
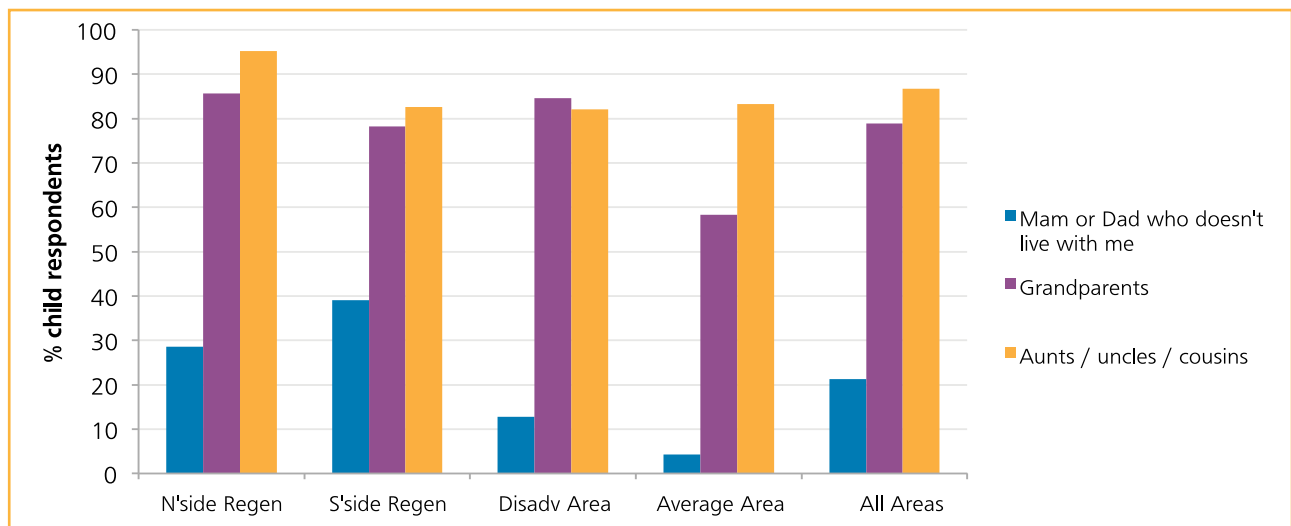
N All=127 (Mam or Dad who doesn't live with me) and 128
Statistical Tests: Aunts / uncles / cousins=not significant; Mam or Dad Chi Sq=11.32(df=3), p<0.05 (p=0.01), Phi=0.30; Grandparents Chi Sq=8.04(df=3), p=0.05, Phi=0.25

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 for 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. fewer are assessed as in excellent / good health, more in fair / poor health), and the child health profile is poorest in the Southside Regeneration area – Figure 4.7.

Figure 4.7: Parent / carer's assessment of sample child's health
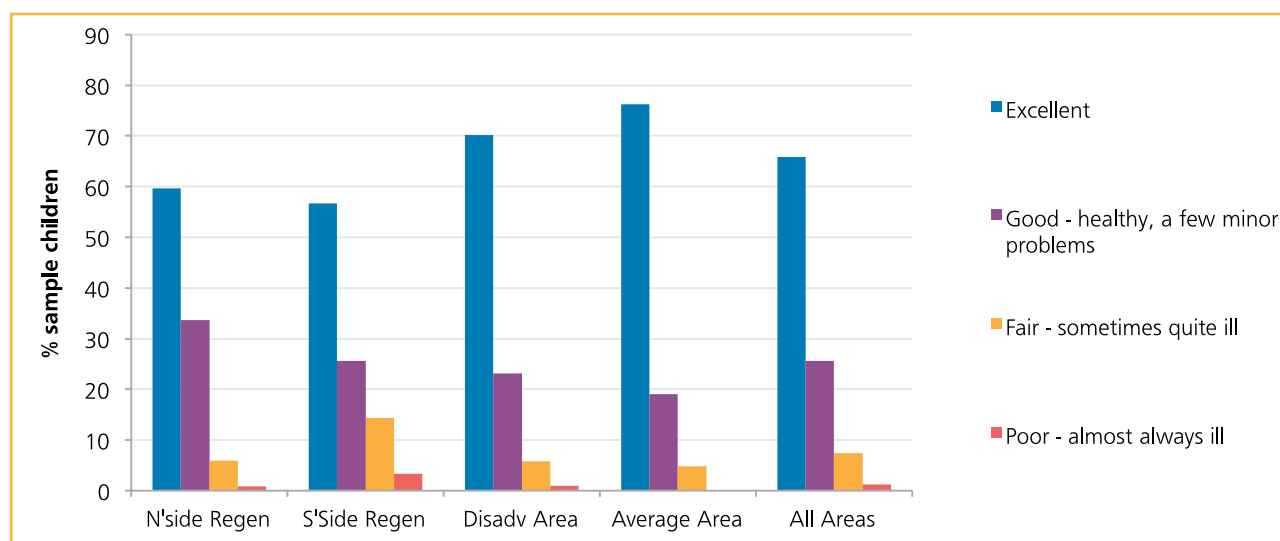
N All=418; <u>Statistical tests</u>: Chi sq=21.471 (df=9), Cramer's V=0.131, p<0.05 (p=0.011)

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 the 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.

With regard to child difficulties, based on average scores and the proportion falling into "abnormal" ranges (the latter determination being based 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 Area. 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 normal, 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). 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 – See Figure 4.8 showing findings on 'total difficulties'.

Figure 4.8: Total Difficulties Scale: Classification by Normality Ranges and Comparison with US Children (4-17 years) and Irish 9 year olds
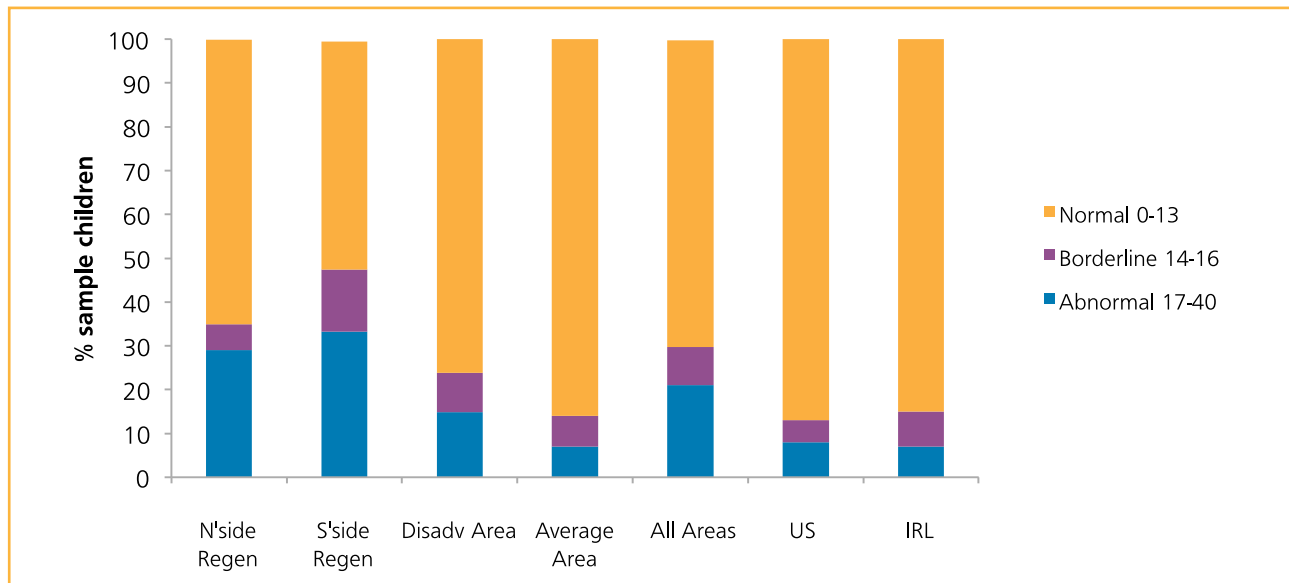
Statistical Tests between Four Study Areas: Chi Sq = 29.76 (df=6); Cramer's V=0.20, p<0.001

Compared with norms for an average population, using data from a study of US children aged 4-17 years[7] 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 difficulties (based on proportions in the abnormal range) have not been diagnosed with such problems by health care or other professionals in primary care and / or education.

[7] www.sdq.

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 their 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 on 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 have not started school. The remainder are in special schools or other provision such as Youthreach (3%) or have 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 being cared for in crèches (32, 67%) and the smallest numbers being 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, but 12 per cent are cared for by the child him/herself or older sibling, meaning that children in the latter category are effectively 'home alone'. Parents / carers in regeneration areas use the latter arrangement (children 'home alone') to a greater extent compared with the control areas, and this arrangement is used most in the Southside Regeneration Area (20%).

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 of 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%) of the children 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, enquiries with teachers in specific schools in these areas suggest that rates of absence are 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 (i.e. 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

Parent / carer and child reports indicate that 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 than 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 than 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 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 the child's level of competency in Maths and English.

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

A similar pattern is evident 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 the chronological age of the child. This may apply particularly in situations where parents have low levels of educational attainment themselves (which is 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 with 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 parents' orientation towards further education (adult education and access to college) were explored in the survey, as the 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 or 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. However, parents in the Average Control Area take more outings with the child, attend or watch sport more frequently and go for walks or 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 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 in the Northside and 4 per cent in the Southside Regeneration Area indicate that they are 'hardly ever / not coping these days'. In contrast, 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 sample 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, therefore, 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 in 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 misbehaved or upset 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. See Figure 4.9 for a summary of the types of disciplinary strategies used by parents.

Figure 4.9: Parental disciplinary strategies – summary measures by area (score)
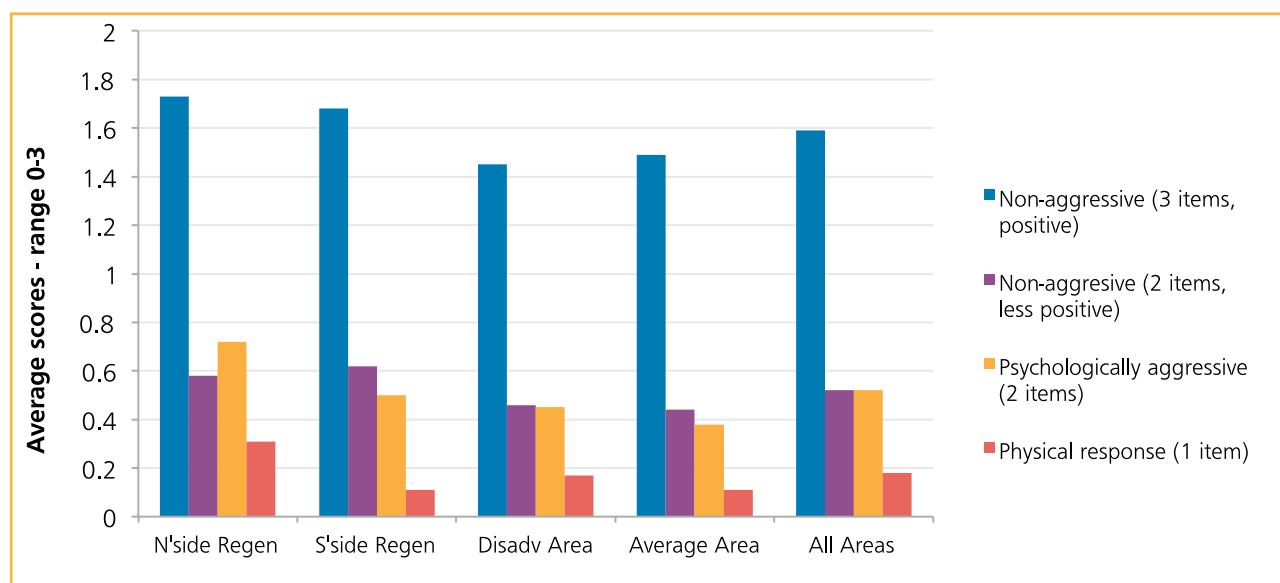
Statistical Tests: Physical response F=4.37; p<0.001; psychologically aggressive F=7.41, p<0.001

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, having a family member seriously ill, having a 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 these 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, families in the regeneration areas have greater problems in terms of financial issues, serious addiction problems and having a family member in prison.

On issues related to domestic violence, addiction and having family members in prison, the actual extent of problems may be under-reported. This could be due to sensitivities about these issues (as mentioned above) as well as the normalisation of such behaviours so that they are not perceived as serious problems. In any event, there is higher incidence of multiple problems in families in regeneration areas – See Figure 4.10.

Figure 4.10: Selected family problems by area
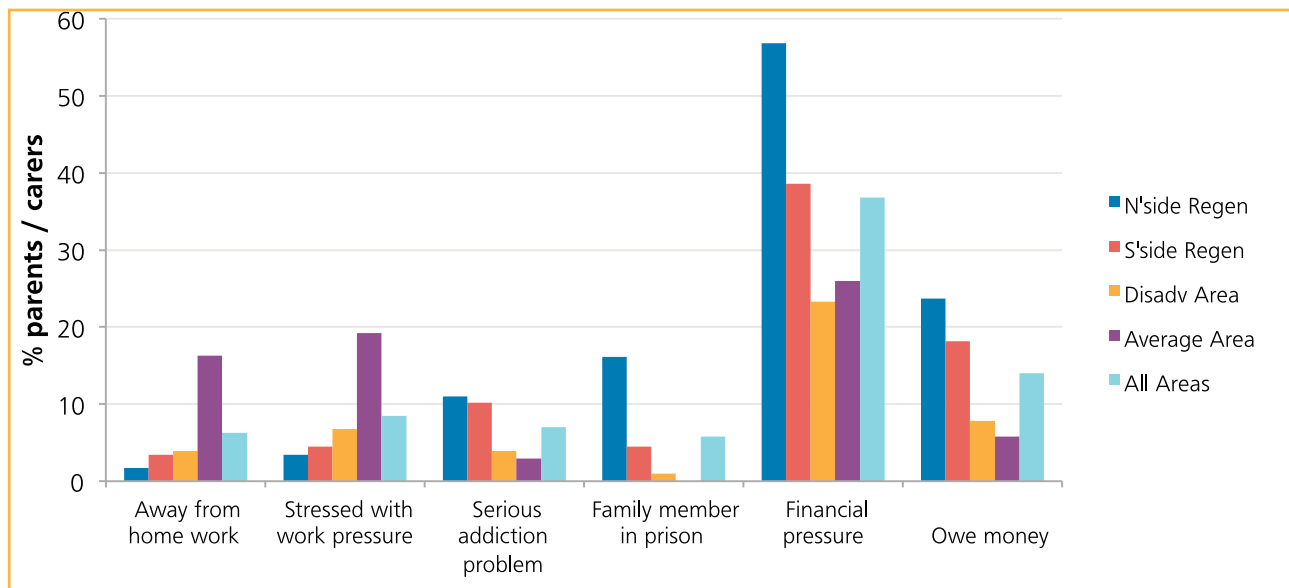
N=413 N;Northside=118; N Southside 88; N Disadvantaged=103; N Average=104

Statistical Tests: Away from home Chi Sq=24.30(df=3), p<0.001; Phi=0.24; Stressed with work pressure: Chi Sq=21.57(df=3), p<0.001; Phi=0.23; Addiction problem: Chi Sq=8.88(df=3), p<0.05; Phi =0.14; Family member in prison=Chi Sq=33.91(df=3), p<0.001; Phi =0.29; Financial pressure: Chi Sq=33.70(df=3), p<0.001; Phi =0.29; Owing money: Chi Sq=19.68(df=3), p<0.001, Phi=0.22.

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 particular 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 / carers 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 (score of 50). 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 (score of 50). 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. A further observation is that in all disadvantaged areas, there is a greater difference or 'gap' between mental health and physical health summary scores (with the latter better) than in the Average Control Area (where this difference is very small). The difference between physical and mental health is greatest in the Southside Regeneration Area – Figure 4.11.

Figure 4.11: Physical (PCS) and Mental Health (MCS) Summary Scores by Area
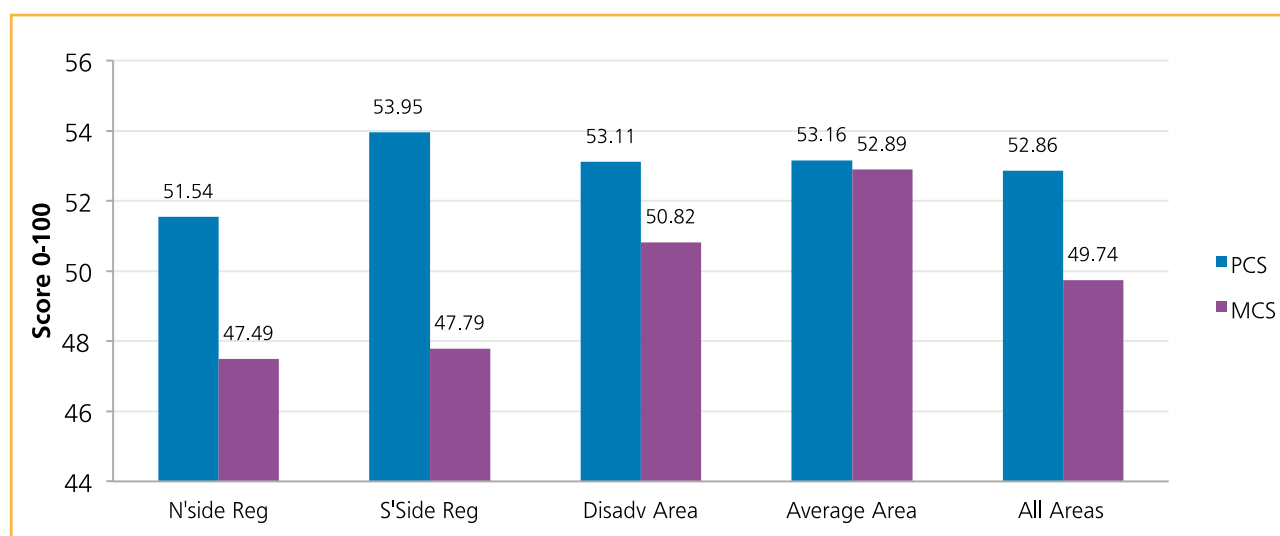
N All=418. Significance: PCS not significant; MCS p<0.01 (p=0.001)

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.

According to the developers of the SF-12, scores of 42 or less on the Mental Component Score (MCS) can be used as a preliminary screener to identify respondents 'at risk' of depression (Ware and Kosinski et al, 1993). Applying this measure, one-fifth of parents / carers across all areas (20%) are 'at risk' of depression. Rates are highest in the Northside Regeneration Area (29%) and lowest in the Average Control Area (10%). Differences between the areas here are statistically significant – See Figure 4.12).[8]

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[8] Rates of "at risk" of depression is also influenced by gender - higher for females than males - and the Average Control Area has the highest proportion of male respondents. Controlling for gender, variations between the areas are significant for females but not for males.

Figure 4.12: Parent Mental Health Component Score: at risk of depression by area (%)
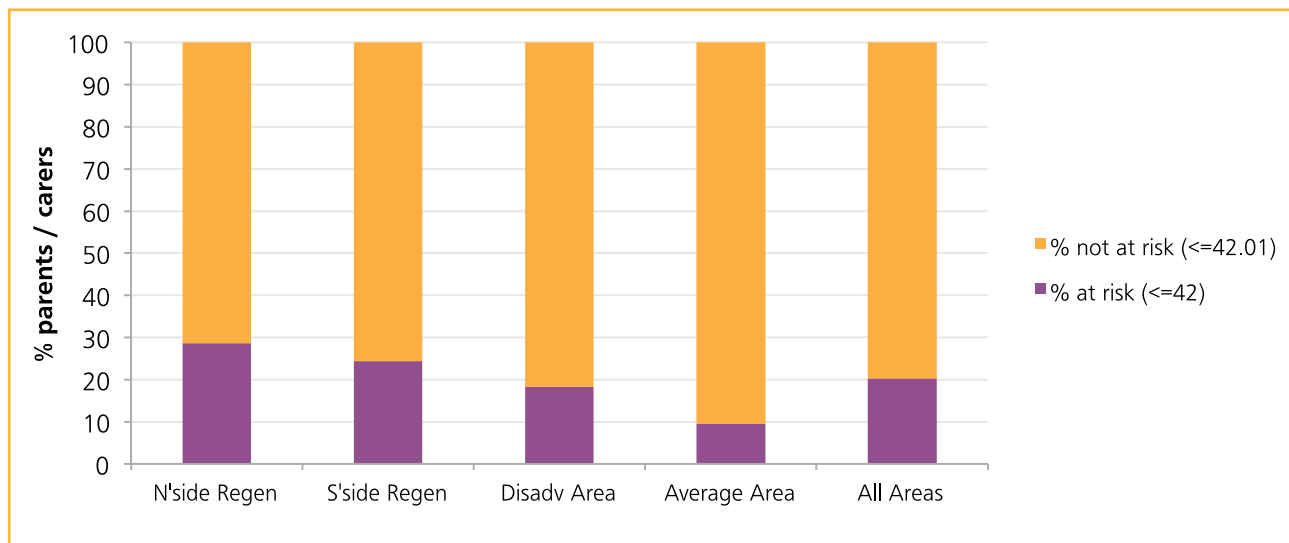
Statistical Tests: N All=418; Chi Sq=13.77 (df=3), phi=0.18; p<0.01

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 are linked in part to walking to everyday activities (such as school and shops) and to less access to a car in these areas.

4.6   Service Utilisation and Quality Assessment

The take-up and the 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 in the last 12 months by parents for their children, or related to parenting, 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 of parents / carers 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% excellent / good), public health nursing / child dental services (84% excellent / good) and specialist services (74% excellent / good) are rated highest by parents / carers. The 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 rating (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 services 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 the 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 the following: 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. Together these six variables account for 30 per cent of the variation on the child Total Difficulties Scale.

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 their neighbourhood, participants highlighted a number of positive elements. They identified the importance of family support and of good neighbours. They gave examples of how neighbours and relatives supported each other by shopping for the elderly, looking after each other's children and warning when '*robbed cars* (are) *coming down the road*'. The presence of facilities, including schools, after-school facilities, and other programmes, staffed by personnel *'with a strong will to do good for the young people'* was deemed to be a positive element of neighbourhoods. The resilience and compassion of residents, seen as *'people with great heart'* who had *'survived many storms'* was noted as a neighbourhood strength. Participants also acknowledged that events that celebrated community life, such as community festivals and community games, were important, as were aspects of the natural environment, such as the river and a view of the mountains. On both the northside and southside of the city, local sporting heroes were identified as positive role models, and this also contributed to the positive aspects of neighbourhoods. Participants who acknowledged the positive aspects of their communities felt that the media *'only want the negative side'* and so *'give a wrong impression'* of people living in communities which serves to stigmatise them in the broader community.

The negative aspects of neighbourhoods predominated across all conversations. Negative elements included bad parenting practices with participants citing incidences of young and older children misbehaving without any consequences. They also spoke of dangers from traffic, including stolen cars, horses and quad bikes. The danger from drugs was broadly acknowledged, both directly in the consumption of drugs and indirectly through drug debt, discarded needles presenting dangers to younger children, the impact of negative role models, and dealers exerting power over vulnerable young people. The issues of feuds, firearms, intimidation and anti-social behaviour were raised across focus groups. One provider captured the tensions that families live with, stating that *'it is unimaginable what they* (families) *are dealing with'*. The deterioration in the physical environment which was described as *'soul destroying and depressing'* was raised as a negative aspect of the community, as burned-out and empty houses can be a site for anti-social behaviour, storage of drugs, and accumulation of litter, as well as places to corral horses. The vulnerability of the elderly, who are sometimes *'afraid to leave their houses'*, was raised. Finally, negative peer influences, the vulnerability of young people with special educational needs, and the negative role models of *'the hard men who intimidate'* were raised as on-going concerns. Some participants also worried about the normalisation of the presence of the Emergency Response Unit (ERU) and Gardaí.

Participants highlighted the negative impacts on residents living in these communities, with one provider asking *'is it a safe place for any child or is it fair on any child to face such uncertainty and restriction?'.* They described how children's and adults' mobility is compromised due to safety concerns, with one parent stating that she *'stops worrying when the front door is locked and the bolt is on and they are all in'.* Participants spoke of how the delivery of services, ranging from GP visits to fast food delivery, was affected, stating that '*GPs don't do house calls where we live'.* Parents worried that their children were growing up in contexts where criminality is normalised, and described their heightened concerns as their children get older and spend more time out of the home environment. They relayed how they kept ringing their children on their mobile phones to ensure they are 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, but acknowledged that if they kept them in too much they would be '*gullible and not street wise',* and not develop the skills necessary to live safely in the communities. 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, stating that '*deep down they* [young people] *don't like it at all and they wish it was all over'.* 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 services, and discussed issues of access 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, for instance, to host Leaving Certificate grinds at weekends was 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 have been improvements in services in recent times, especially in sports and youth clubs. The value of services like schools, the School Completion Programme, the Northside Learning Hub, the local community centres, Family Resource Centres, 'The Bays' (Moyross) , crèches, the Garda Youth Diversion Programme, sports facilities and sports organisations, Youth Cafés and Barnardos, along with after-school provision provided through the local schools, was 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 raised, with parents contending that there is a need for customised provision for those seventeen years and over.

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[9] network of DEIS

[9]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.

(Delivering Equality of Opportunity in Schools) band 1 Primary and Secondary schools, predominate. It should be noted that not all constituent organisations of the Youth Fora were represented to the same extent[10] 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 to this part of the research, their views have been included. The parents were recruited through service providers such as the Home School Community Liaison (HSCL) scheme and community organisations, and consequently 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 about disclosure (particularly in relation to interface with social workers and the justice system).

In the service provider focus groups, the Hardiker model[11] was used to generate discussion across levels of need and service provision – See Figure 5.1

Figure 5.1: Hardiker Model: Levels of Intervention with Reference to Needs
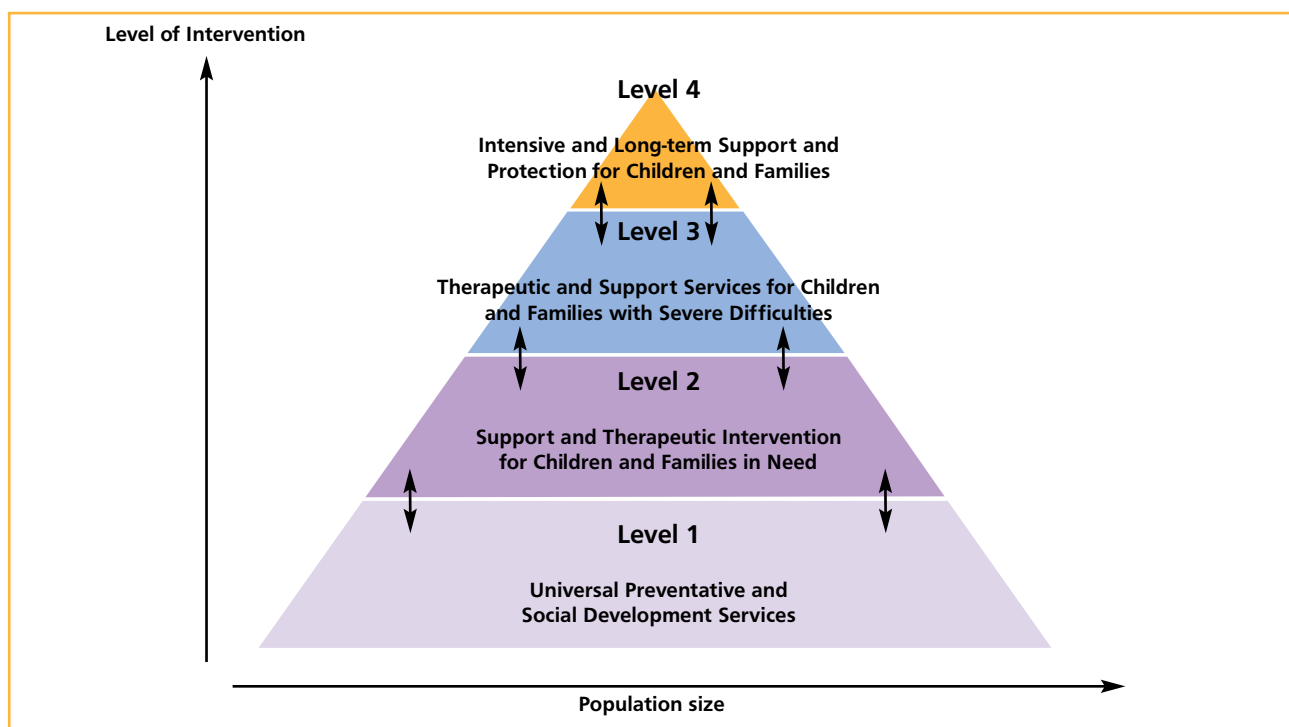
5.2.1   Outcomes

Good outcomes for children and families, as defined by service 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 can be 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 a long-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.

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[10]Participation in the service provider focus groups was predominantly from the education sector and voluntary / community sector in youth services and family support, rather than statutory services in children's services and justice.

[11]Hardiker, P., K. Exton, and M. Barker (1991). *Policies and Practices in Preventative Care.* Aldershot: Avebury.

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, with one provider stating that the family is where the child *'wants to be'* and *'if you have the parents on board, really, part of the battle is won. But it is not an overnight thing'*. 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 the 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 neighbourhoods. Providers noted that sometimes parents can be operating at survival level, with financial difficulties, mental health issues, literacy problems and addiction problems, and are not always in a place '*to consider their own strengths'*. Providers believed that encouraging parents to actively engage in the 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, are needs-led and responsive to needs, the extent to which they are inclusive of the voices of young people and families and 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 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 levels of need
*   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, especially in light of pre-existing patterns of siblings in care
*   There is a need to revisit the remit of the Youth Fora, so that they work strategically to identify the level of need of young people and address those needs within an overall integrated network of service provision
*   There is a need for clarification of the role of the Youth Fora and the child protection role of the Health Service Executive (HSE)
*   There is a need to deliver preventative services (and consequently reduce the level of 'fire-fighting') in order to prevent young people from progressing to higher levels of need on 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. The level of resourcing needs to be reviewed
- Levels of provision across all age groups need to be reviewed
- There is a need to review the timescale between referrals, assessments and intervention with a view both to shortening this timescale and to 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 to depend 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 focus groups with parents and service providers 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; existing services were seen to provide *'goodies for baddies'*. Providers felt that the balance between 'reaction' (targeted services) and 'prevention' (universal services) needs 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,[12] 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 application of integrated service delivery across all levels of service provision, from managerial to front-line workers. They highlighted the urgency of developing effective services as they contended that young people are presenting with much higher levels of need than they did in the past.

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 (some of whom were members of the Youth Fora), they

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[12]This could refer to various services including psychological assessment, speech and language therapy etc. While we are informed that the current backlog of cases waiting for psychological assessment is now cleared, parents consulted may be drawing from earlier experiences of long waiting times for this and other services.

have made *'a big difference',* and improved the impact of services, but they 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';* 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; and 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

This is the third and final area of investigation in the qualitative findings.

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. There are differences between the areas in relation to capacity issues, depending on demographic profiles and the dynamics of migration of families from the regeneration areas. 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. As well as its academic remit, the role of the school 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 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. Providers highlighted the increased uptake of services when they are delivered locally and in a collaborative way. 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 level of services available, and that staff felt like they were '*playing God'*, selecting certain young people for these therapeutic initiatives (and not others who also need them). 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 additional resources that a school receives as part of its DEIS designation. Part of understanding the unique context in which these schools operate involves appreciating how feuding and criminal activity, over time, have impacted on educational provision. Providers acknowledged that their schools can have negative profiles within the community, due to the fall-out from criminal activity in the community. For instance, this can have a negative impact on the image of the school – 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 to result from a range of factors, including parents choosing to send their children to school outside the locality and out-migration of families as part of the regeneration process.

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 have made a huge difference. Participants recognised that while the school played a key role in literacy development, other areas of the child's life, including their homes and after-school clubs, also need 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, '*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 Home School Community Liaison (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 average background differs from a child living with disadvantage 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. One provider noted that the presence of an SNA enables children to '*really succeed'*. 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[13]. The role of the National Council for Special Education in allocating resources, i.e. SNAs, was raised by participants. It was noted that a young person could be assessed by a psychologist and deemed to require an SNA to support their learning, but that they may not be subsequently allocated one. Due to the complex needs of pupils, a report is required from a clinical psychologist and in some instances schools have paid for assessments from a broad range of health professionals in order to secure additional resources.

[13] This could refer to various services including psychological assessment, speech and language therapy etc. While we are informed that the current backlog of cases waiting for psychological assessment is now cleared, parents consulted may be drawing from earlier experiences of long waiting times for this and other service.

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 were associated with children making a successful transition to second level and 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'*, 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 number of students they can cater for, and some parts of the city are better served than others in terms of provision. Providers 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. Since Youthreach attendees do not get an allowance until they reach 16 years, providers felt that the allowance is not the motivating factor here. 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. Parents may have experience of *'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. Service 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.

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 or low literacy levels. 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 includes 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 also presented with 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 the 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
- Drawing on quantitative and qualitative methodologies, 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 self-improvement and personal development and the well-being of their children
- 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 always 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 nature of CE contracts
- 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 of balancing 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 of balancing 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 of balancing 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 Conclusion and Discussion

This section provides an overview of the main 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 much worse outcomes across a wide range of indicators for children living in the most deprived neighbourhoods of Limerick city, as compared with children in the areas of the city that have an average profile in socio-economic terms. The large body of descriptive material and statistical analysis in the main report provides a measure of the scale of disadvantage experienced by families living in the regeneration areas and the extent of the gap with the mainstream population. The qualitative findings, captured through the 'voices' of those affected by social deprivation and those working in these communities, provide insights into the difficult everyday living conditions, and the many and on-going stresses, faced by this population in parenting their children and in family life. The findings show that the gap between families now living in regeneration areas and mainstream society in Limerick is extremely wide and a major cause for concern in relatively affluent 21st century Ireland. This gap is evident from the early and formative years of childhood, which have such an important influence on quality of life and mobility opportunities over the life course. On a scale to measure overall child difficulties, based on the prevalence of emotional, conduct and behavioural problems in the child, the proportions in the 'abnormal' range in the Southside Regeneration Area (the most disadvantaged area in the city) are almost five times the rates in the Average Area, while the rate of child difficulties in the Northside Regeneration Area is over four times those of the Average Area. These are well above the rates that would be expected statistically in a child population.

It is not just the depth of problems such as those highlighted above that is of concern; it is also the fact that they are widespread and pervasive. Deprivation is not confined to small numbers of households, nor even to parts of these communities, albeit that some sub-areas are more deprived and have more problems than others. Community-wide impact, in part, is connected with the physical construction of the estates which tend to be cut-off in terms of connectivity and visibility in the city. The construction of local authority housing estates in Limerick City, adjacent to each other in large concentrations of social housing, and located in corridors to the northwest and southeast of the city has created a pattern of social segregation which negatively affects the cohesion of the city as a whole.

Explanation of the variations in the experiences and outcomes for children involves a range of factors which relate to the following: (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.

With regard to 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 not experienced by the broader population. Because of their profile and circumstances, many are 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, most directly by limiting the potential for positive educational outcomes for their children. For instance, parents with low education themselves are unable to help their children with homework, particularly as the children advance through primary into secondary school. In addition, low parental education tends to affect parents' aspirations for their children's educational progression and their expectations of success. Moreover, as they have not themselves experienced success within the educational system, they tend to lack understanding of the support and conditions required in the home environment to lead to successful outcomes in education, including successful completion of second level, and transition to, and progression within third level education. In addition to its direct effects on the child's education, low parental education is also associated in this research 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 social 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. The outcome for children in the most deprived areas is decidedly poorer with respect to 'economic security' as specified in national policy, and this is likely to remain the case, even when more favourable economic conditions prevail in the national and local economy (i.e. when there is availability of jobs in the local labour market).

Parents and carers in regeneration areas are more likely to face multiple problems in the family, including domestic violence, addiction and family members in prison, as well as more severe financial pressures, including owing money. Some behaviours (aggression, violence in the home) seem to be normalised on the regeneration estates (i.e. they are not unusual and, as such, not considered particularly to be a problem for those affected). Such normalisation processes may be connected with conditions on the estates, including the 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 the death of young family members such as siblings and uncles). Consequently, children living in the most deprived areas of Limerick are less likely to feel secure and more likely to be exposed to accidental and intentional harm in the family context compared with an average child population.

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 and as places to experience the important and formative years of childhood. Simply put, they do not 'measure up' in terms of creating environments where children feel 'secure in the immediate and wider physical environment' and 'safe from accidental and intentional harm'. The regeneration areas are much

more likely to have serious problems in the physical environment (unoccupied / boarded-up / burned-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 / drugs) and anti-social behaviour are much more prevalent as serious problems. The qualitative findings give numerous and shocking insights into the realities of life on the estates and the measures that need to be taken in order to keep children safe. They also highlight the exposure of children to serious incidents of crime, including murder, and the normalisation of the presence of Gardaí from the Emergency Response Unit. The stigmatisation of place is also an issue. Negative labelling and poor reputation of place affect 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 living 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. Low levels of community social capital indicate a lack of positive networks *across* community in these areas; it means the foundations are lacking for widespread participation in community-based initiatives, mobilising residents to act together in the wider community or common interest. These conditions, in turn, affect the potential for children and young people to be included and participating socially in their communities and the city. Furthermore, the qualitative investigation highlighted that youth identity can be problematic in communities in regeneration areas, linked to the presence there of highly visible negative role models. This can result in both attraction to, and pressures towards, gang membership and engagement in risk behaviour (drug use, carrying drugs etc.). It can also result in isolation from the broader community when young people identify themselves with feuding – even when they have no significant involvement. These are most serious concerns for parents, and affect the normal development of children's play and leisure activities, and their participation in peer child and youth networks in the community. They are problems too that, like others such as educational disengagement and unsatisfactory progression, appear to worsen as children grow into and through adolescence.

With respect to other aspects of social capital, extended families, friends and neighbours across all types of areas provide important sources of support for parenting, such as 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). The extended family, grandparents in particular, but also uncles/aunts and cousins, is an important source of support in all areas, especially for children in regeneration areas. However, it cannot be assumed that all influences from such extended family networks are positive and supportive of best child outcomes. This is a relevant consideration in decisions on care arrangements for children under state child welfare or child protection policies: family-based care is not the best option for the child in all cases.

While peer networks of children are often perceived as having mainly negative influences – and there is evidence from the qualitative investigation with parents and service providers that some of them are indeed perceived as negative – the findings indicate that there are also 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.

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 (SDQ) conducted with parents, the number of children falling into abnormal ranges is well above the numbers reported with diagnosed behavioural and mental health problems. This finding suggests that many children with such difficulties have not been diagnosed with those difficulties by healthcare or other professionals in primary care and education. The size of the gap in 'child difficulties' scores between the most deprived and average areas of the city is amongst the most important findings of this research. These difficulties start from the early years of childhood and greater difficulties are in evidence as children get older. The transition from primary to secondary school can present additional difficulties for children, particularly those presenting with problems in the earlier years of childhood. Combining that with parental education deficits and/or lack of support in some homes, the qualitative investigation indicates that prospects for successful progression in education and into the normal positive outcomes in adulthood (work, earned income, stable family relationships) are poor for such children. Parents in the most deprived regeneration areas themselves 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. This is a key finding of the study. 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) and reinforce negative outcomes for children and families. 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 (e.g. death of close family members, separation from parents) and more and greater problems within the family (e.g. violent behaviours towards other family members which may be normalised, having a family member in prison, financial pressures, addiction problems, etc.). These combinations of factors result in a downward spiral towards extremely adverse outcomes for certain children and families. The findings of this study clearly show that, statistically, such negative outcomes are much more prevalent in the regeneration areas of the city.

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, findings showing poorer mental health (i.e. more emotional and behavioural difficulties) in the child population in the most deprived areas provide evidence of the inter-generational reproduction of health inequalities in this population.

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. Parents in regeneration areas apply these positive strategies to the greatest extent. However, less positive disciplinary strategies (shouting, threatening to slap) are also used to a greater extent by parents in regeneration areas compared with control areas. More hostility and criticism towards the child on the part of the parent is associated with greater difficulties in the child. 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 (despite the fact that these are 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 when they themselves experience aggression in their relationships with other adults. They are also much more likely to have multiple stressors in their lives on an on-going basis, including more economic pressures, family problems, and experience of traumatic events including bereavement as well as mental

health problems. The findings also show that higher proportions of school-going children in regeneration areas are either 'home-alone' or minded only by older siblings. Again, this is in the context of less safe environments in regeneration areas.

The overall impression is that parents in the most deprived and difficult environments try to be good parents to their children, and indeed many are good parents. However, the findings show that in these areas there is a greater prevalence of parental deficits, such as more negative disciplinary strategies, less monitoring of the child when s/he is out and a greater tendency for children to be 'home alone'. Negative and aggressive parenting strategies and problematic neighbourhood environments are associated with more negative outcomes for children. They also negatively affect community through the connection to anti-social behaviour on the part of unsupervised children and they erode the social capital of community (e.g. trust in people in general, having a sense of 'looking out for each other') and undermine positive networks of neighbours and community.

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 the opinions of some providers, this may not be an accurate picture. It is suggested that parents, particularly in the most deprived areas, may not be in a position to provide accurate assessments of attainment levels relative to the broader population. 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. Parents with low education themselves and negative experiences of school may not always be in the best position to support educational progression, nor aspire to high standards of educational attainment in their children. For instance, while a high proportion of parents in regeneration areas aspire to third level education for their children, rates are well below those of the control area, particularly the Average Control Area. 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.

The majority of children across all areas participate in structured activities outside of school. 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, improved concentration levels and more physical activity and specific skills development (e.g. music). The opening up of schools to wider use for a broad range of community activities in the evenings and at weekends has been a positive development in recent years.[14]

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, and parental satisfaction with the quality of these services is high. Specialist services are used to a much lesser extent. Based on parent reports, social workers and targeted services for people with specific difficulties (e.g. family support, addiction) are used by very small

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[14] All DEIS band 1 primary and secondary schools have participated in the Dormant Accounts funded initiative 'maximising community use of school premises and facilities'.

numbers of children and families. 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. as expressed in the view that they are there to 'take your children' rather than to offer support).

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 show the relatively stronger position of the Northside Regeneration Area compared with the Southside Regeneration Area across most outcome indicators (neighbourhood environment, health, education, etc.). While the explanation of this pattern of variation was beyond the scope of this research, earlier studies in Limerick suggest that it may be connected with the more developed community infrastructure and community leadership in Moyross. For instance, research which sought to measure the social capital of different types of neighbourhood in Limerick found that Moyross had a stronger profile in terms of 'linking' social capital (Humphreys and Dineen, 2006). This type of social capital refers to the links beyond the neighbourhood into wider policy-making structures in the city, which enable decision-making to be positively influenced in favour of the neighbourhood, and help bring additional resources to the neighbourhood. Development of this capacity, in turn, requires strong local leadership. Similarly, a more recent study confirmed the strong capacity in Moyross to manage the complex funding regimes associated with area-based anti-poverty initiatives and to develop the infrastructure of community-based services in Moyross across a wide range of sectors, including community development, early years provision, services to children and families, youth services, youth justice, social care etc. (Fahey, Norris et al., 2011).

The qualitative investigation with parents and service providers affords insights into the many challenges of service provision in the deprived communities of Limerick's regeneration areas. Some of the findings here offer examples of what is needed to achieve and improve effectiveness in service delivery. It was outside the terms of reference of this study to investigate the individual contributions of specific agencies or indeed the collective impact of the range of statutory and voluntary service provision in regeneration areas. However, the very poor outcomes for children and families in these areas indicate that the range of services on offer is simply not adequate to deal with the scale and complexity of the problems (Fitzgerald, 2007).

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 children with difficulties. 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

Taking into consideration the history of the regeneration areas of Limerick City, the exodus of population from these areas over the last 20 years, particularly on the southside of the city (CSO 2006, 2011), and their relative position in the city now, after a decade or more of the 'Celtic Ttiger', it can only be concluded that developing large concentrations of social housing has not worked. The exodus of population from the estates, especially on the southside, shows that these are no longer places where the large majority of residents wish to remain over their life course, to raise their children and enjoy their grandchildren. Perhaps with the exception of parts of the northside (e.g. the older parts of Moyross), the areas now designated for regeneration have not matured into estates with capacity for self-management. There is an enormous gap now between the outcomes and life chances for the young population of children and families living on these estates and the mainstream population in Limerick city.

Neither the problems of social housing estates in Limerick City, nor the explication and analysis of these problems in sociological and other research, are new. The difficulties and likely outcomes for people living in these areas were highlighted from as early as the 1960s in the seminal study '*Social Dynamite*' (Ryan, 1967). Ryan provides graphic descriptions of family life and the lives of children on the anonymised (but real) estate that he referred to as 'Parkland'. Based on resident accounts of life on the estate, Ryan writes: '*the standard of life and behaviour in Parkland was the lowest common denominator. Community spirit was dead because nobody knew or trusted their neighbours.*'(p.9).

He goes on to write:

'*Drink, family quarrels, bad management, sickness, unemployment, mental and physical difficulties, each one of these alone is sufficient to create endless problems for the families that experience them. When they are found in combinations or all together, the resulting misery is unbelievable .....*'. He highlights that there are '*good families*' ... '*where the husband has a steady job ... These families are in the majority.... and their influence is very slowly helping to transform the whole community. But there are so many pressures on them that survival is difficult. It is easy to say that one might be impervious to one's neighbours; the parents might possibly succeed, but the children haven't a hope*' (p. 17-18).

Many years later, following the outrage from the incident in Moyross in which two young children were burned in a petrol bomb attack, Fitzgerald (2007) similarly found:

'*The conditions .... are stark, but on their own cannot fully bring home what I found to be the everyday reality faced by these local communities. The picture that emerged during visits to these estates, and discussions with residents and community workers, was in many respects quite shocking. The quality of life for many people is extremely poor*'.

Fitzgerald clearly stated that the services currently available in these areas are not adequate to deal with the problems:

'*Although there is a plethora of agencies, both statutory and voluntary, operating in these areas, it would be hard to conclude that public funding is achieving an acceptable, let alone optimum, level of direct benefits to the communities concerned or that coordination between agencies is sufficient or effective. While the existing structures and processes for delivery may work well for the generality of situations, they are clearly not nearly sufficient for dealing with the scale of problems being experienced in the areas*' (p. 7).

Hourigan (2011) also provides graphic descriptions of anti-social behaviour, intimidation and fear on Limerick's most disadvantaged estates, and the lack of capacity of the services of the state to address these problems.

Given the longevity of these problems and the persistence, and arguably the widening of the gap between the disadvantaged areas and the rest of the city, the question has to be raised as to whether it is possible to bridge that gap. One thing seems clear: the gap will not be narrowed by the 'trickle-down' of gains from aggregate economic growth. Leaving aside the medium to long-term challenges facing the Irish and local economies, there is evidence that even when the opportunity structure changes to become more favourable (e.g. more educational and work opportunities), certain sections of the population, such as the most disadvantaged living on the regeneration area estates, are unlikely to be in a position to take advantage of this, with the result that their relative position in terms of socio-economic well-being may actually deteriorate. While Limerick City is considered to have specific problems, it is not unique here. The evidence of convergence of deprived areas with the mainstream in times of boom in Ireland (Haase and Pratschke, 2008), even when they have been assisted by area-based policy interventions, is weak (Fahey, Norris et al., 2011). The international evidence of success in turning around areas with similar concentrations of social disadvantaged is also weak (Rhodes, Tyler *et al*, 2005).

The problems of children and families on the deprived estates in Limerick City, as presented in the findings of this

research, exemplify some of the most intractable problems faced by advanced societies.[15] Such 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 such intractable problems requires a '*systems approach*' which places a 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 implications for the way public agencies need to operate if they are to be more effective in cutting across all the issues and working from a deep understanding of context. It has implications also 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 reference point for assessment of future progress in bridging the gap between children and families living with the highest levels of deprivation and the mainstream and for evaluating the effectiveness of public policy interventions in this respect. Some findings may indicate specific issues that could or should be addressed by constituent agencies of Limerick City Children's Services Committee as the CSC plans for improved services for children and families in the city. 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 have had 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. Supporting parents to access relevant training and employment opportunities, and providing on-going support for 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 address 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.

The study findings show that the needs of children living in regeneration areas are extensive and multifaceted. The specific needs of children can relate to a wide range of interpenetrating difficulties. These include: difficulties within the home, linked mainly to poverty, multiple stressors on parents, the family structure, and conflict in the extended families; difficulties stemming from the poor physical and social environment of the neighbourhoods, which are unsafe and in many areas unsuitable for children as a place to grow up; and deficiencies in the interaction of children and families with the services which are expected to protect and support them in various aspects of their development and well-being (education, health, active learning, socialisation, participation in society, play and leisure).   While it is crucial to work with the parents, the implications of a statement like 'Children First' need to be taken on board by the statutory services.

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[15] These have been described as "wicked" problems (Rittel and Webber, 1973).

Given the multifaceted nature of children's needs, one of the clearest messages from this research, one that emerges strongly from both the qualitative and quantitative analyses, is the need for better integration of services. It is essential to get to a situation in terms of service delivery where the whole is greater than the sum of the parts. Poor integration of services was identified by Fitzgerald (2007), who stated that '*the activities of the various agencies can be fragmented, and in some cases the actions of one agency may be counteracted by those of another*' (p. 7). While better coordination and integration of services has been the 'mantra' for many years, and coordination may have improved somewhat with recent initiatives, it needs to become the norm in service delivery to children and family through measures such as the development of integrated assessments and action plans for children and families. Fitzgerald also highlighted that 'out-of-hours' services are not available noting that '*It is also the case that a number of the services are only available on a 9 to 5 basis and this is simply not satisfactory given the nature of the problems*' (p7). This is a further issue that needs to be addressed. Planning by the CSC for services to address the needs of children and families living in the most deprived areas of the city requires a comprehensive framework of integrated support services and a much stronger emphasis on early and preventative services. This has been reiterated many times. Based on the findings of this study, the 'gateway' services (those with which all parents and children interact) are the schools and the General Practitioner. Integration of comprehensive primary health care services and education for children and families should be a key element of the approach. In planning for infrastructures (for play, leisure, community facilities) and universal services in the neighbourhoods and the city, the constituent agencies of the CSC and other service providers should be mindful of the need to provide more opportunities for children to mix with peers, across the social class divide, in 'normal' and safe environments.

Drawing on findings of the qualitative investigation, working in and with children and families in the most deprived area of Limerick City can be an extremely positive and rewarding experience. However, it is also a challenging environment. Consequently, service providers operating within and across organisations need to be supported through professional development, supportive management structures, effective reporting structures and opportunities for strategic networking and capacity building.

Finally, while the brief of Limerick City CSC includes planning for service provision, 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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APPENDIX I: CONTENT AND STRUCTURE OF QUESTIONNAIRES WITH REFERENCE TO OUTCOMES FOR CHILDREN AND FAMILIES

Figure API.1: Content and Structure of the Parent / Carer Questionnaire and Outcomes for Children and Families	
Questionnaire Structure and Key Issues Addressed	**Outcomes for Children and Families**
A: Introduction and Household Composition Gender, household size, household structure (couple, adults, children, relationships)	Economically secure
B. The Neighbourhood, Safety, Community Integration Years residents in the neighbourhood / at current address, car ownership, quality rating of the neighbourhood, extent of neighbourhood problems (litter, anti-social behaviour, stigma); safe play / meeting areas; knowing and trusting neighbours; availability of support in parenting.	Secure in the immediate and wider physical environment; Safe from accidental and intentional harm (neighbourhood context); Part of positive networks of family, friends neighbours and community
C. Child Health *Addressed to one sample child – namely 'the child whose birthday comes next':* Age, assessment of child's health status, birth weight, any diagnosed physical or mental health problems / learning or behavioural difficulties; for children 36 months or less, indicators of child's health record (immunisation) and development progress (weight gain, hearing etc.), incidents of accidents and injury requiring A&E or hospital admission, incidents of child trauma, strengths and difficulties assessment (SDQ); regularity of physical activity.	Healthy both physically and mentally (Child); Safe from accidental and intentional harm (family context)
D. Child's Education & Active Learning *Addressed to sample child* Whether at school; type of school attended; childcare arrangements; participation in out-of-school activities (sport, cultural, clubs etc.); whether assessed with special needs and support received; parent / school interaction; absence from school; school exclusion; homework from school; parent assessment of child's educational attainment in sums (maths) and reading (English); satisfaction ratings with school, teachers and extent to which child is reaching his/her potential; expected progress of the child in education.	Supported in active learning; Safe from accidental and intentional harm (school); Included and participating in society (out-of-school activities)
E. Relationship with Child and Parenting *Addressed to the sample child* Regularity of various family-based activities; extent to which parent is coping; relationship with the child (5 indicators); monitoring the activities of the child; types and regularity of use of various forms of discipline; problems and pressures faced by the family (illness, addiction, indebtedness)	Safe from accidental and intentional harm; Part of positive networks of family and friends, neighbours and community; Economically secure
F. Parent / Carer Health Diagnosed health problems of the parent / carer; self-assessed health (8 scales and 2 summary components – physical and mental health); regularity of physical activity	Healthy both physically and mentally
G. Service Use and Quality Assessment Use of a range of health, social care and education services over the last 12 months; quality assessment of those services; quality rating of a range of local / locally accessible services for children / families; quality rating of other local services (adult education, police, shops, etc.)	**Service outcomes:** Ensuring quality services Opening access to services
H. Demographic and Socio-Economic Profile Nationality, age, marital status, home tenure, education level, principle economic status, occupation, sources of household income and self-assessment of extent of adequacy of income (relative difficulty in making ends meet)	Economically secure

Figure APPI.2: Content and Structure of the Child Questionnaire and Outcomes for Children and Families and Service ProvisionQuestionnaire Structure and Key Issues AddressedOutcomes for Children and Families

Questionnaire Structure and Key Issues Addressed	Outcomes for Children and Families
A: Introduction and Household Composition Gender, age, nationality, whether have pets	
B. School and Learning Whether in school, class, extent to which child likes school; whether child likes teacher(s); child assessment of competency in maths / sums; English / reading; sports / PE; homework; child assessment of expected progress in school; assessment of extent to which child feels safe, can report problems / difficulties and has friends at school (6 indicators); whether any incidents of bad behaviour (kicking / hurting, threatening) and / or exclusion by peers, and location of such incidents (school, neighbourhood, other).	Supported in active learning; Secure in the immediate and wider physical environment (school, neighbourhood); **Services Outcomes:** Ensuring quality services Opening access to services
C. The Neighbourhood Child assessment of issues in the neighbourhood context: clean, safe, friendly, places to play, peers, like living there etc.	Secure in the immediate and wider physical environment (neighbourhood); Safe from accidental and intentional harm (neighbourhood context); Part of positive networks of family, friends, neighbours and community
D. About You and Your Friends Child self-assessment on certain behaviours (anger) and how they relate to friends (popular); whether child has received awards for school work / other activities; whether child likes reading; whether best friends have received awards; have engaged in positive (helpful) and negative behaviours (smoking, stealing etc.); child assessment on the extent to which certain behaviours are wrong (smoking, stealing, fighting, taking alcohol, drugs etc.).	Part of positive networks of family, friends, neighbours and community (friends)
E. About You and Your Family Whether the child engages in leisure activities with parent(s); communication (talk, praise) with parents; discipline from parents (3 indicators); whether child regularly sees people in the extended family network (categories); whether child could talk to persons in a wider network (categories) when worried / something wrong	Part of positive networks of family and friends, neighbours and community;
F. After / Out of School Activities Number and types of activities in which child participates (sport, clubs, jobs such as babysitting / help at home); whether in a sports club; extent of regular physical activity; involvement in any civic activities	Part of positive networks of family, friends and community; Included and participating in society

APPENDIX II: RESPONSE RATES

Table APPII.1: Household survey by broad area and sub-areas: Number of households approached and details of response rates

Area	No.HH in Sample (incl. replacements)	No. HH Non-contactable / not occupied/ boarded	No. HH Not Eligible (no children)	Total No. Contacted and Eligible	No. Refused	Parent/Carer Interviews Obtained	Response Rate, %
N'side Regeneration	**424**	**225**	**46**	**153**	**34**	**119**	**77.8**
Moyross	270	135	36	99	19	80	80.8
St. Mary's Park	154	90	10	54	15	39	72.2
S'side Regeneration	**425**	**270**	**42**	**113**	**23**	**90**	**79.6**
Southill	340	211	34	95	19	76	80.0
Ballinacurra Weston	**85**	**59**	**8**	**18**	**4**	**14**	**77.8**
Disadvantaged Control	**479**	**203**	**115**	**161**	**57**	**104**	**64.6**
Garryowen	274	116	78	80	24	56	70.0
Kennedy Park	127	47	24	56	30	26	46.4
Old Cork Road	78	40	13	25	3	22	88.0
Average Control	**541**	**239**	**132**	**170**	**65**	**105**	**61.8**
Corbally	331	128	98	105	34	71	67.6
Rhebogue	210	111	34	65	31	34	52.3
All Areas	**1869**	**937**	**335**	**597**	**179**	**418**	**70.**

Table APPII.2: Child Interviews - Response rate relative to all households with children 7 years and over

Area	Child Interviews, No.	Corresponding Number of House-holds, No.	All Respondent HH with children 7 years and over, No.	% of child interviews (households) relative to all households with children 7 years and over
N'side Regeneration	42	37	91	40.7
S'side Regeneration	23	22	69	31.9
Disadvantaged Control	39	37	76	48.7
Average Control	24	23	67	34.3
Total	**128**	**119**	**303**	**39.3**