

Children, Families & Neighbourhoods in the Bray Area

A study for Bray Community Consortium

**This report is available in Braille, large font, on cassette or disk on request
Published in 2008**

Bray Community Consortium:
Bray Partnership
Bray Local Drugs Taskforce
Young Peoples Facilities and Services Fund Local Development Group
Bray Travellers Community Development Group
Little Bray Family Resource and Development Centre
St Fergal's Resource Centre
Bray RAPID Programme



Printed on Recycled Paper



Summary Report by

- Trutz Haase
- Kieran McKeown
- Jonathan Pratschke

Contents

	Page
The Context	1
Key Findings of the Study	6
Policy Implications	10
Monitoring the Effectiveness of Interventions	14
Glossary of Terms	15

Summary Report

Summary Report

This summary report draws together the key findings from the study entitled Children, Families & Neighbourhoods in the Bray Area, undertaken for the Bray Community Consortium during Autumn 2007. The summary draws out the policy implications by highlighting how the understanding of need which emerges from the study can help to develop and evaluate services in light of these needs and their determinants. The full report is available in PDF format from the partner organisations.

1 The Context

The context for this study is set by the wider objectives of the seven organisations which have come together as Bray Community Consortium to commission this study. These are to provide services particularly to those individuals, families, groups and neighbourhoods in the Bray area that are at the more disadvantaged end of the social affluence spectrum. To this end, the aim of this study is to identify the extent of special needs as they occur between different groups and localities, identify the factors that contribute to the exceptional level of needs experienced, and make recommendations with regard to how these may possibly be responded to.

1.1 Bray Community Consortium ¹

Bray Partnership

Bray Partnership was established in 1995 and is one of 38 area-based local development companies in Ireland. Its mission is to tackle social exclusion and disadvantage in the Bray area, using a partnership approach. This is achieved by bringing together local community groups, statutory bodies, social partners and elected public representatives to identify local needs and issues and develop effective collaborative responses. Each year, Bray Partnership's programme of activities resources and supports a wide range of projects and initiatives aimed at tackling the disadvantage, poverty and exclusion experienced by individuals and communities in the Bray area. A number of inter-linked support programmes, ranging from education to employment supports, enterprise and community development, give practical application to the Partnership's mission and objectives. The programmes offer a wide range of supports including funding to individuals, groups and communities to address the issues that affect their everyday lives.

Bray Local Drugs Taskforce (LDTF)

Local Drugs Task Forces were established in 1997 by the Government in areas experiencing the worst levels of opiate misuse. Bray was designated as an LDTF area in 2000. The LDTF in Bray was established with representatives from the voluntary, community and statutory sectors in Bray to work in partnership and develop a service development plan for Bray. Following a comprehensive public consultation process this plan was produced in 2001 and included a range of measures in relation to treatment, rehabilitation, education, prevention and curbing local supply. Bray Local Drugs Task Force is responsible for overseeing the implementation of this plan. Bray LDTF is currently undergoing a Strategic Planning process and will contribute to the development of a new National Drugs Strategy post 2008.

¹ Bray Community Consortium comprises: Bray Partnership, Bray Local Drugs Taskforce, Young People Facilities and Services Fund Local Development Group, Bray Travellers Community Development Group, Little Bray Family Resource Centre, St. Fergal's Resource Centre and the Bray RAPID Programme.

Children, Families & Neighbourhoods in the Bray Area

Young Peoples Facilities and Services Fund Local Development Group (YPFSF)

The Young Peoples Facilities and Services Fund (YPFSF) is a programme administered by the Department of Community Rural and Gaeltacht Affairs. The YPFSF targets those young people most at risk from substance misuse in areas of disadvantage. By developing youth, sport and other recreational facilities the YPFSF seeks to attract at-risk young people away from the potential dangers of substance misuse into safe, non-threatening and constructive environments.

The Local Development Group (LDG) was established in Bray to develop plans relevant to the needs of the community and to oversee the implementation of these plans. The LDG in Bray is made up of representatives from Bray Local Drugs Task Force, County Wicklow VEC, Bray Town Council, Bray Partnership and Community Representatives.

Bray Travellers Community Development Group

Bray Travellers Community Development Group was founded in 1993. The basis of its work is integration rather than assimilation. Its catchment area stretches from Shankill to Kilcoole. The group employs seven staff members and is funded under the CDP Programme of the Department of Community, Rural and Gaeltacht Affairs.

The group's work is based on the belief that Travellers form part of a distinct culture within Irish society, that their culture and distinctive lifestyle, based on a nomadic tradition, sets them apart from the settled population of Ireland, and believes that Travellers experience isolation and exclusion from many aspects of Irish society because their culture and traditions are little understood. The group strives to address this and advocates for and with Travellers in addressing issues of equal rights, discrimination, educational disadvantage and inadequate health care.

Little Bray Family Resource and Development Centre

Little Bray Family Resource and Development Centre was initiated in 1986 to support women and their respective families in the area with a wide range of services. The project received core funding through the Community Development Programme in 1993. Much has been developed over the past twenty two years through the commitment and participation of local people. Developments have also been initiated through collaboration with state agencies to address the needs and issues of the local area, which includes Fassaroe Estate and the wider Little Bray area.

Little Bray Family Resource and Development Centre has been the key focus of community development activity and development in the area, with a wide range of services and needs addressed. These include Childcare, Education and Training, Environment, Youth, Health and Drugs. The key focus of addressing all these issues has been participation of local people in decision making processes. The central focus of development and participation of local people in making decisions that affect their lives has been fundamental to any positive initiatives and developments over the past twenty two years.

St. Fergal's Resource Centre

St. Fergal's Resource Centre is a community development project which has been providing a broad range of services and programmes for 19 years. The project targets those who experience social exclusion in the community of Ballywaltrim.

Summary Report

Bray RAPID Programme

The RAPID (Revitalising Areas by Planning, Investment and Development) Programme is a focused Government initiative to target the 45 most disadvantaged areas in the country. The Bray Programme aims to ensure that priority attention is given to tackling the spatial concentration of poverty and social exclusion within the designated areas through targeting state resources, available under the National Development Plan. The Programme also calls on Government Departments and State Agencies to bring about better co-ordination and closer integration in the delivery of services. The RAPID estates in Bray are Oldcourt, Ballywaltrim Heights, Deerpark, Ard na Greine, White Oaks, Heatherwood, Cois Sliebhe, Kilbride Grove and Fassaroe.

The RAPID programme in Bray since 2001 has provided funding for estate enhancements, traffic calming measures, employment of staff for local authority estate development, community adult education, childcare and youth work. RAPID has further supported local groups to access funding for the building of community centre's in Little Bray and Ballywaltrim, as well as making applications under the Sports Capital and Dormant Account funds.

1.2 The Bray Study

Approach to Measuring Need

In order to carry out a study of need, it is necessary to begin with a clear definition of the concept. People are usually said to be in need when their attributes, possessions or opportunities are below a threshold that is regarded as either normal or minimal within a given society. In this study, we extend this mainly socially and economically defined concept to include measures of personal and community well-being. We thus consider three dimensions of need: social need, personal well-being and social capital. The first two concepts are considered both at the individual and estate level, while the last concept applies to estates only. Furthermore, as there already exists a considerable body of work on the affects of social stratification, this study focuses particularly on the less common analysis of personal well-being.

Questionnaire to Measure Needs of Children, Parents and other Adults

The questionnaire which was used in this study draws together a range of instruments which have been tried and tested internationally. Equally important, they have been used in a national study of family well-being in Ireland and some have also been used in the evaluation of Springboard projects in Ireland and in the assessment of the mental health needs of children in Ballymun, other parts of Dublin, Mayo, Limerick and Respond! housing estates. As such, they provide useful benchmarks against which to measure the well-being of children and their parents in Bray estates, as well as that of other households without children. Similarly, demographic and socio-economic data were collected using questions which allow for comparison with national statistics such as the Census of Population, the Quarterly National Household Survey and the EU SILC.

The Sample

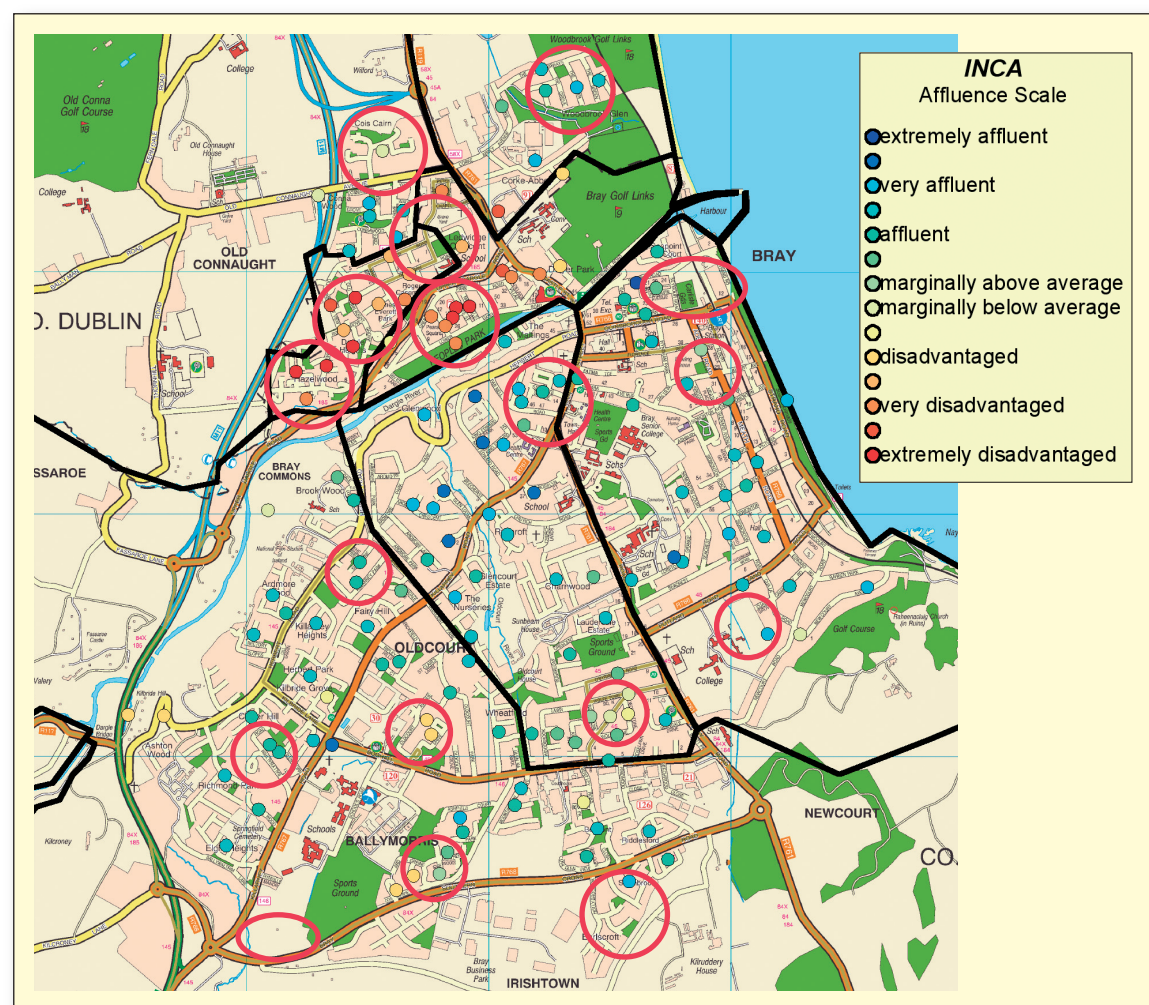
The study is based on a sample of Bray estates which heavily concentrates on the more disadvantaged neighbourhoods. However, some more affluent estates were also included to provide control data and considerable care was taken in re-weighting the data to obtain estimates for the Bray area as a whole. In addition, the survey includes interviews from

Children, Families & Neighbourhoods in the Bray Area

two special population groups, Travellers and homeless people. Together, the survey comprised 350 interviews in 17 estates and the two population groups.

The estates chosen cover roughly one third of Bray's total population and, within these, roughly one tenth of households were included in the survey. This is a comparatively high sampling ratio and yields a reliable picture of households in the specific neighbourhoods. The sample data was subsequently re-weighted to reflect the true distribution of households and estates within Bray. However, because of the requirement to include a large number of specified and more disadvantaged estates in the survey, the sample is not a random sample of all Bray neighbourhoods, and the estimates for the Bray area as a whole are thus not as robust as would otherwise have been the case.

Figure 1: Location of Survey Areas



Note: INCA (Irish National Classification of Addresses) is a street/neighbourhood level classification system of relative affluence and deprivation based on the Irish deprivation index (Haase & Pratschke 2005) and is jointly developed by GAMMA, Ticketmaster and Trutz Haase.

Summary Report

Data Analysis

The analysis undertaken in the course of this study involved mainly the preparation of frequencies tables and cross-tabulations, the full results of which are presented in the Technical Appendix of the full report. In addition, the authors used regression analysis and multi-level modelling to ascertain the relationship between the needs of respondents (in the areas of Depression, Life Satisfaction and parenting) and, where present, their children (in the area of mental health), and a range of individual, family, socio-economic and neighbourhood factors.

The Technical Appendix to the main report presents detailed data for the seventeen specified estates, as well as data for North, Central and South Bray, four types of households (two- and one-parent families, and older households without children), male and female respondents, medical card holders, Travellers and homeless people. The results reported for the latter groups are based on the combined Bray and Wicklow surveys; i.e. 470 interviews. Throughout the study, frequent comparisons are being made with the results from two other recent studies by the same authors, one for Barnardos in Limerick and one for the Respond! Housing Association. Both studies used almost identical survey instruments and thus represent important reference points for the present study.

As an identical study to this has recently been carried out for the rural parts of Wicklow on behalf of the County Wicklow Partnership, the Technical Appendix also contains estimates for County Wicklow as a whole.

Children, Families & Neighbourhoods in the Bray Area

2 Key Findings of the Study

2.1 Characteristics of Households

Based on the 2006 Census of Population and the most recent Measures of Deprivation for Ireland, we know that Bray is slightly above the national average in its social composition. The Bray town area comprises a population of about 31,000 and has, over the past five years, grown at well below the national rate of population growth (3% compared to 8% nationally). Single-parent households make up 28% of households with dependent children, above the national level of 21%. Education levels are marginally above national levels with 16% of adults having primary education only (compared to 19% nationally) and 35% having third level education (compared to 31% nationally). Educational standards are mirrored in the social class composition, with 36% of Bray households being in the professional classes (33% nationally) and 16% in the semi-and unskilled manual classes (19% nationally). Unemployment rates are marginally above those prevailing for Ireland as a whole (10% male and 9% female, comparing to 9% and 8% nationally). With regard to housing tenure, Bray has a higher share in local authority housing (12% compared to 8% nationally), reflecting its more urban character.

These underlying population data are broadly reflected in the survey data. The study shows that Bray has a comparatively strong 'family' base, with 54% of households being family households that include children up to 18 years of age. This is above the national average of 50% and contrast even more strongly with Dublin (47%) and particularly Dublin City (38%), all based on the 2006 Census data. Bray thus reflects the trend for families to increasingly locate in the urban periphery, rather than the major cities.

The proportion of the population aged 55 and over accounts for 21% of Bray's population and differs just marginally from the proportions observed in Dublin (20%) and Ireland as a whole (22%). Thirty-seven per cent of Bray respondents have a medical card, which is considerably above the national level of 28%, although this estimate may be somewhat on the high side due to the particular sampling strategy of the study. Single-parent households account for 13% of survey respondents, compared to 14% in the 2006 Census. The level of education among Bray adults is almost identical to that for Ireland as a whole and their economic status also broadly reflects the national averages, although the estimates based on the survey indicate a slightly lower educational profile due to the stronger representation of disadvantaged neighbourhoods in the sample. In terms of financial well-being, we found that 13% of Bray respondents are experiencing financial strain, a proportion marginally below that pertaining for that for Ireland as a whole (15%).

Overall, one could say that the Bray area, and even more so County Wicklow constitute a microcosm of Ireland as a whole, with very similar average social and economic characteristics. Thus, the thrust of this report is not on how much Bray distinguishes itself as an overall deprived area within Ireland (or otherwise), but on the differentiations between the families, households, groups and neighbourhoods living within it.

2.2 The Well-Being of Adults

Overall, Bray's population enjoys slightly higher levels of well-being than Ireland's population in general, and this applies to a wide range of domains including emotional well-being, Life Satisfaction, support networks, and relationships with partners and children. At the same time, there are also significant areas of need among Bray respondents, particularly among specific population groups and neighbourhoods. There is a lower prevalence rate of depression amongst Bray residents (16%) than has been shown to be the case in Limerick (17%) and Respond! housing estates (30%), but females (9%) are slightly more affected than males (5%), as are one-parent households (12%) and particularly Travellers (63%) and

Summary Report

homeless people (94%). This is also reflected in the proportion showing signs of "hopelessness" (14%). Again, there are significant differences in the degree of hopelessness experienced by different population groups which are broadly similar to those of Depression, but with the addition of older households.

Seventeen per cent of respondents judge their health to be in either a 'fair' or 'poor' state, which is marginally higher to that reported in Wicklow Rural (15%). Five per cent of parents indicate such state of health, which is marginally below comparative figures for Ireland (6%) and well below Limerick (9%) and Respond! (14%). Poor health is particularly found among older people (26%) and medical card holders (28%), as well as Travellers (37%) and homeless people (59%). Rates for long-term limiting illness and disability exhibit similar distributions as self-rated health, but is even higher amongst homeless people (77%). The proportion of Bray respondents using sedatives, tranquillisers and anti-depressants (5%) is equal to the national average, but is three times higher amongst medical card holders compared to non-medical card holders, and even higher among Travellers (16%) and homeless people (36%). Overall, there appears to be a clear differentiation in personal well-being, with socially disadvantaged groups such as lone parents, medical card holders, Travellers and particularly homeless people showing lower levels of well-being across all of the dimensions considered.

Influences on the Well-Being of Adults

We analysed the factors which influence five aspects of well-being among respondents in Bray estates: Depression, Life Satisfaction, Negative and Positive Affect and Parenting.

Symptoms of Depression

Beginning with Depression, we found that depressive symptoms among respondents in Bray estates were predominantly associated with their individual characteristics, and about one sixteenth (7%) attributable to estate-level characteristics. The individual characteristics can be divided into risk factors (those which increase the likelihood of depressive symptoms) and protective factors (those which decrease the likelihood of depressive symptoms). Our analysis found that the main risk factors for depressive symptoms are Negative Affect and having a disability; while the main protective factors are Positive Affect and Life Satisfaction. In terms of estate-level effects, we found that more than half (59%) of the estate-level variance was attributable to 'compositional factors'. More than one quarter of the estate-level variance (27%) is attributable to 'contextual factors' across the different estates, notably the size of the estate and the concentration of parents with a primary education only, both of which increase the susceptibility to depressive symptoms in a statistically significant way. These results are consistent with findings from other studies which have endeavoured to estimate the influence of individual and neighbourhood characteristics on mental health.

Life Satisfaction

Turning to Life Satisfaction, 83% of the variance in Life Satisfaction scores is attributable to individuals, the remaining 17% relates to estates. At the individual level, the main risk factors which threaten to reduce Life Satisfaction are Depression, a child having a disability and gender (with men indicating lower levels of Life Satisfaction). The protective factors are Hope, Positive Affect, a strong support network, and lower levels of education. The latter is probably indicative of higher levels of education also instilling higher expectations which may easier remain unfulfilled. In terms of estate-level effects, we found that a very large proportion (88%) of the variance is attributable to 'compositional factors' and just 12% of the estate-level variance is attributable to 'contextual factors' across the different estates.

Negative and Positive Affect

The analysis shows that two of the important determinants of personal well-being are Negative and Positive Affect, both of which are personality traits; i.e. characteristics which rest with the individual and cannot easily be changed. However, further analysis of these

Children, Families & Neighbourhoods in the Bray Area

two constructs reveals that they are at least partially associated with financial well-being and social class. Furthermore, both constructs reveal a strong neighbourhood structuring, which reflects the operation of collective processes as well as individual experience. This is a very important finding, as it confirms the importance of social class differentiation on personal well-being.

Parenting

The final dimension of well-being which we examined was Parenting, as measured by the Parent-Child Relationship Inventory (PCRI). We found that the main individual risk factors to the parent-child relationship are: whether the child has behavioural and/or emotional difficulties, conflicts between parent and child and financial difficulties. The main protective factors are Hope and a good support network.

2.3 The Well-Being of Children

The survey reveals that 8% of children in the Bray area have serious difficulties and a further 8% have some difficulties. This is similar to the levels reported in Rural Wicklow, but lower than in the other two Irish comparative studies (Limerick 9%+8%, and Respond! 14%+9%) and also two percentage points lower than indicated in a study of 10,000 children in Britain. A marginally higher proportion of boys present with serious difficulties than girls, and a substantially higher proportion of boys present some difficulties. The main difficulties involve conduct, hyperactivity and emotional problems. Girls are marginally more likely to present conduct problems, while boys are more likely to present hyperactivity problems. Emotional problems are roughly equal between boys and girls. These results differ from the more common situation, where boys present more conduct and hyperactivity problems and girls more emotional problems. The proportion of children with serious difficulties is higher in one-parent households (11%) compared to two-parent households (8%), and in households with a medical card (15%) versus households without a medical card (6%).

Extrapolating these results to the total number of children aged 0-18 in Bray, we estimate that up to 540 children may have serious difficulties and a further 560 may have some difficulties; taken together, this is equivalent to nearly 15% of children in Bray.²

Parents also assessed whether their child had any form of long-term limiting illness (LLI) or disability, using a question from the 2006 Census of Population. The survey shows that 6% of children are perceived to have at least one of the LLI/disabilities mentioned. This is considerably lower than the prevalence of disabilities (18%) estimated by the National Council for Special Education in 2006 from a range of sources, but higher than the rate estimated in the 2002 Census of Population (2%) which is generally regarded as an underestimate. There is a considerably higher prevalence of disabilities among households with a medical card (14%) than those without (3%), and in households with a lone parent (10%) as against two-parent households (5%) and Traveller children (14%).

Reading ability among Bray children is slightly above that for Ireland as a whole. Children's reading difficulties based on the surveyed households in Bray are three times as high among girls (12%) than boys (4%), which is at odds with the findings of almost every other study on this subject.

A significant finding to emerge from the study is that children in need, particularly those with needs in the area of mental health, disability and reading difficulties, are consistently more likely to be found in one-parent households, in socially disadvantaged households as indicated by the respondent being eligible for a medical card and particularly among Traveller households.

² It should be noted that this is entirely in line with international findings. A very large study of 10,000 children in Britain found that about 10 per cent of children experienced serious difficulties as measured through the Strength and Difficulties Questionnaire (SDQ).

Summary Report

Influences on the Well-Being of Children

We found that the main risk factor for children's mental health is parental depression, while the protective factors are a good parenting relationship and trust within the wider community. It should be noted that the analysis of the factors that influence children's well-being is limited in this study due to the relatively small number of families with children in the overall sample. The Limerick and Respond! studies, both of which focused exclusively on the study of families with children and thus comprised larger sample sizes, were both able to identify a larger spectrum of influences.

2.4 The Well-Being of Neighbourhoods

The third theme of the report concerns the well-being of neighbourhoods. We found that the vast majority of respondents (78%) do not have significant local problems on their estate. The two biggest neighbourhood problems are litter and rubbish (37%) and dog dirt (32%). Similarly, two-thirds of respondents (68%) are broadly satisfied with local services. Schools are given the highest rating of all services, while the worst services, defined as 'very poor' or 'poor', are related to the lack of a swimming pool (67%) and the quality of playgrounds (60%) and leisure facilities for young people (53%) and teenagers (51%).

In the area of Trust, the survey found that four out of ten respondents (40%) do not trust most or many of their neighbours. This represents a marginally higher level of Trust (60%) than reported in the Limerick study (57%) and a significantly higher level than reported in the Respond! study (38%). A previous study, using the same question and based on a random sample of 1,000 adults in Ireland, found that 51% trusted most of their neighbours, which is lower than the level of trust reported in a UK study, based on over 8,000 households, which found that 58% trusted most of their neighbours.

We measured Voluntary Activities using a question from the 2006 Census of Population. This showed that only 11% of Bray respondents engaged in any such activity over the past four weeks, which is lower than the prevalence of volunteering in Ireland in 2006, at 16%, based on the same question.

Finally, we constructed an 'ad-hoc' index for each estate, based on a composite measure of social need, well-being and social capital. The resulting list of estates, ranked on increasing level of need, will assist Bray Community Consortium in selecting estates where interventions may be of greatest benefit in promoting the well-being of adults, children and neighbourhoods.

2.5 The Well-Being of Travellers and Homeless People

For the first time in Ireland, a study of this kind explicitly includes Travellers and homeless people in the analysis. Although we have previously applied the survey instruments in other studies on the well-being of parents and children living in specific geographical areas (i.e. estates or neighbourhoods), it was not clear at the outset of the study what results this extension of its approach might yield. It now appears that the survey instruments worked very well not only in extending the study to households without children, but also in their ability to capture the extent to which the two specific population groups experience social and economic disadvantage and exclusion from mainstream society.

There are many anecdotal accounts of the needs of Travellers and homeless people, but few studies that measure their well-being in a more precise manner. This study achieves just that: by reporting the outcomes on each of the indicators in question side by side with other area and group estimates, a picture emerges which shows how much the well-being of Travellers and homeless people lags behind the experience of even the most disadvantaged neighbourhoods.

Children, Families & Neighbourhoods in the Bray Area

3 Policy Implications

This study was designed to throw light on the well-being of children, families and neighbourhoods in the Bray area. Given the commitment of Bray Partnership and the other organisations that combined to form the Bray Community Consortium, to addressing social exclusion, the study aimed at identifying the factors that influence well-being and the groups of people and neighbourhoods that experience relatively low levels of well-being. As such, the study adds another dimension to the prevailing studies of social exclusion, which are based on comparing the differences between 'poor' and 'non poor', 'excluded' and 'included', 'disadvantaged' and 'advantaged'.

These studies have comprehensively documented that there is a 'social gradient' between these two groups in terms of almost every aspect of well-being including birth weight, life expectancy, health, education, employment, earnings, etc. It is clearly important to map these social gradients from the point of view of equity in society and this study further reinforces these findings by extending the concept of social exclusion into the actual measurement of physical and psychological well-being. At the same time, the study highlights that there are also significant differences within these groups and, in order to understand the dynamics of poverty and social exclusion, that it is equally important to understand 'within group' as well as 'between group' variations in well-being.

This study therefore tries to extend the analysis of social exclusion by assessing how well-being is shaped by both the 'external environment' and the 'internal environment'. The external environment, in this context, is measured by indicators such as education, employment, housing tenure, neighbourhood quality, service usage, etc., while the internal environment is measured by the thoughts, emotions and behaviours that shape the mental health and relationships of individuals and families.

From the perspective of promoting social inclusion, our analysis suggests that a broader range of interventions is required – over and above those which address the 'external environment'. It also implies that perspectives which rely too heavily on the external dimension alone may tend to underestimate the multi-dimensional nature of well-being and the complex interactions between external and internal environments. In addressing the needs of Bray residents therefore, it is essential to work with this multi-dimensionality, mindful of the associations which simultaneously link these dimensions as both cause and effect.

In this section we highlight some of the ways in which the study could contribute to the development of interventions to support the well-being of individuals, families and communities in Bray estates. We stop short of making specific recommendations essentially because the development of services requires consideration not just of the processes described in this study but must also consider the available evidence on 'what works' to promote different aspects of well-being. In addition, the process of developing services requires an active engagement between service provider and service user in order to ensure that interventions are properly customised to the specific needs of individuals, households and estates. These interventions should thus be needs-led rather than service-led, person-centred rather than provider-centred. In other words, the process of service development requires an integration of all these elements, and the conclusions that we propose in this section should be seen as a contribution to that process.

In drawing attention to the implications of the study, it is also important to be mindful of its limitations. In the case of households with children, the study is based solely on interviews with parents. At the same time, it is reasonable to assume that, although there are differences in the perceptions between parents and children, the latter tend to underestimate their own difficulties.³

³ A detailed discussion of this is provided in McKeown, Haase & Pratschke (2001) Springboard – Promoting Family Well-being through Family Support Services. Dublin: Department of Health and Children.

Summary Report

Secondly, and possibly of wider importance, is the considerable emphasis placed on conceptualising and measuring the influences of the internal environment in this study. This is largely because of the ready availability of a large body of work on the effects of the external environment and our interest in drawing attention to extend the analysis of social exclusion beyond the analysis of material deprivation alone. This is not meant to imply that the analysis of the 'internal' environment is more important than that of the 'external' environment, but we do believe that a comprehensive needs analysis should comprise both elements.

3.1 Recognising the systemic nature of family systems

From the onset, it is important to emphasise that the factors, whether inside or outside the family/household, which influence the well-being of adults and children do not operate in isolation from each other, and it is often their interaction which creates need. This means that certain factors can act as cause as well as consequence. This understanding suggests that problems – whether among parents (such as symptoms of depression, reduced Life Satisfaction, or stresses in parenting) or children (such as mental health difficulties) – might be seen as part of a negative self-reinforcing cycle, whilst their solution involves creating a positive self-reinforcing cycle. A key implication of this is that interventions should endeavour to spread their benefits to as many domains as possible in order to create self-sustaining cycles of well-being.

In drawing attention to the systemic nature of family life, it is also important to emphasise that while parents influence the well-being of children, and children influence the well-being of parents, it is the characteristics of parents which, other things being equal, are likely to exert the main influence. This suggests, in turn, that interventions to promote the well-being of parents are likely, other things being equal, to have a greater impact on the family system than interventions with children.

Our analysis also confirms that the well-being of adults and children is shaped not just by the family system but also by the individual and collective external context in which the family or individual is situated. This is illustrated by the fact that different aspects of well-being are hugely influenced by people's individual social class background (as approximated by their education levels and presence of a medical card) as well as by estate-level characteristics such as the extent of local problems, the geographical concentration of specific social or well-being characteristics. This finding is consistent with the ecological theory of family systems which sees the family as a buffer zone protecting children and their parents against adverse contextual influences. The practical implication of this is that while individual and family-based interventions are likely to have the largest overall impact in terms of improving the well-being of adults and children, there is also a complementary and supportive role for neighbourhood and community-based interventions.

In the subsections below, we highlight the key domains where interventions are likely, all else being equal, to foster different aspects of well-being. These interventions could be carried out through individual work, family work, group work, community work – or combinations of them – depending on the severity of the condition, the resources available, and other circumstances. In drawing attention to the broad domains where intervention is desirable, we acknowledge that further reflection is required in order to identify specific programmes which have proven effectiveness in those domains. In addition, the question of which agency or agencies might be involved in delivering these programmes is a separate but equally challenging issue that would need to be addressed.

Children, Families & Neighbourhoods in the Bray Area

3.2 Possible Interventions

Interventions to improve the mental health of adults

The study reveals that although the majority of respondents in Bray do not have mental health problems, a significant minority (9%) show signs of depression and 13% show signs of "hopelessness". Furthermore, 4% of Bray adults use sedatives, tranquillisers and anti-depressants. Our analysis has shown that mental health has a number of dimensions – denoted by Depression, Positive and Negative Affect, Life Satisfaction and Hope – which mutually influence the well-being of adults and, where parents, their parenting capacity and the well-being of their children. The study also shows that the geographical concentration of certain mental health characteristics – notably Hope and Depression – has an estate-level as well as an individual-level influence. In other words, mental health is not just a private matter affecting individuals, but has ripple effects, for good and ill, on all family members and the wider estate. This means that interventions to improve the mental health of adults are likely, other things being equal, to have a significant multiplier effects on the well-being of families as well as the wider community.

Interventions to meet the needs of children

Most children in Bray do not have mental health difficulties, although a significant minority is in this situation (15%). The main difficulties involve conduct and hyperactivity as well as emotional problems, and these are more likely to be found among older children (7-17 years), and in one-parent households. Significantly, it is not just children who are adversely affected by their mental health difficulties; these difficulties also increase the prevalence of depressive symptoms among parents and weaken the parent's relationship with the child. It follows therefore that interventions to address the mental health needs of children, particularly those with serious difficulties (8%), are likely to have significant beneficial effects for the entire family system.

Interventions to support families with disabilities

Approximately 16% of respondents in Bray have a disability or long-term limiting illness (LLI). In addition, 7% of respondents cite an LLI or disability of their partners and 6% of a child. The study does not assess the social and economic needs arising from this, but demonstrates that the prevalence of an LLI/disability has additional implications with regard to the mental well-being of family members. For example, mothers with an LLI/disability are more likely to show symptoms of depression, while children with a disability are more likely to have mental health difficulties in the form of behavioural or emotional problems. This suggests that, in addition to the practical difficulties associated with having a disability, there are also mental health consequences. These consequences, in turn, may be exacerbated by the absence of appropriate social and medical services to assist with the tasks of daily living, but may also be aggravated by the difficulty of coming to terms with and accepting the disability, particularly if it is permanent. It is clear that further analysis is required on the extent of disabilities and chronic illness among parents and children. It is only in light of this needs analysis that the type and range of interventions can be determined.

Interventions to promote work and manage finances

We know that households in most of the estates included in the analysis tend to have low incomes, since this was a criterion for including the estates in the survey. It is also highlighted by the large proportion of medical card holders in these estates. For Bray as a whole, 2% of respondents are 'in serious financial difficulties' and another 13% are finding it 'difficult to manage', similar to the proportions pertaining for Ireland.

Summary Report

Our analysis shows that respondents who have difficulties in coping financially tend to have reduced Life Satisfaction and are characterised by greater Negative Affect and lower Positive Affect. This suggests that earning and managing one's income are not just financial matters but have broader implications for the well-being of adults and children. In turn, this suggests that interventions which offer advice on budgeting as well as help in finding work could have considerable benefits. For parents, the benefits of work would involve higher family income and, hopefully, a greater sense of achievement and fulfilment, both of which could have spill-over effects on the child. It is worth remembering, however, that the benefits of employment of both parents for children are contingent on the quality of childcare and, for this reason, it is essential to ensure that children are being properly cared for if both their parents are at work.

Interventions to support parenting

The survey revealed that, although there is no generalised need in the area of parent-child relationships within Bray families, there may be specific needs among sub-groups of parents, particularly in families where a child has mental health difficulties, where there is a large number of children, or where children exhibit serious behavioural or emotional problems. Equally, parents who have mental health difficulties, as expressed by reduced Life Satisfaction, may find parenting difficult, and this vulnerability tends to be greater among those with weaker support networks and among those who are single, separated or widowed. These findings suggest that setting up support groups for parents could have a beneficial effect on parents and on their relationships with children. Support groups could be for the specific purpose of supporting parents but could also be established to organise activities for children or address local problems, while having parent support as a by-product. Whatever the format and range of objectives, it would be important that each support group has the specific objective of cultivating flexible and reciprocal supports that strengthen the parent-child relationship.

Interventions to address problems on specific estates

The 'ad-hoc' index of need developed as part of this study shows a steep gradient across Bray estates in terms of their social, emotional and community well-being. Although the overall order of need is of little surprise, the data reveals some interesting insights into the key dimensions which contribute to the overall level of need. In some instances, for example, the social composition implies a high level of social need, but this can either be reinforced by low levels of personal well-being and low levels of social capital, or partly be mitigated by strong community structures and support networks. There are examples of all combinations which, together, show that there is no inevitability in all dimensions of disadvantage to co-occur. Indeed, by looking at those estates which show positive signs of well-being and community structures despite high levels of social need, we may learn about the processes and initiatives which reinforce the protective factors against social and economic adversity. The overall estate-level index of need may be used to weight the interventions mentioned in the above sections, as well as other initiatives, in terms of their relative urgency.

Travellers and Homeless People

Literally across every dimension of well-being and need considered throughout this report, Travellers and particularly homeless people fare far worse than any other population group or geographical area. This clearly points to the extreme levels of social and economic exclusion experienced by these groups, as well as their considerable shortfall in personal well-being as a consequence. Given the comparatively small size of these groups (about 100 Traveller families and 100 homeless individuals in the Bray area) there is a strong moral obligation, as well as economic possibility, to tackle the social injustice experienced by these groups. The report thus provides a strong argument for the prioritisation of interventions to assist these groups.

Children, Families & Neighbourhoods in the Bray Area

4 Monitoring the Effectiveness of Interventions

The findings of the study may be helpful in reviewing whether existing strategies to support families and children in Bray estates are consistent with the understanding of need and its determinants, which the study has revealed. In addition, the quantification of need as shown in this study may act as a baseline against which the effectiveness – and cost effectiveness – of interventions may be evaluated over time. As such, the instruments used here to measure the well-being of children, families and neighbourhoods could form part of an evaluation system which monitors progress, particularly since these instruments have been tried and tested, and normative data exists against which to compare progress.

Clearly, it is always important to measure progress relative to a baseline at the beginning of an intervention. Equally, it is also important to measure progress in terms of the distance which separates Bray households from the normal experience of other households and neighbourhoods in Ireland. Both measures are complementary and help in making a rounded judgement on the effectiveness of interventions, while also being mindful of the depth of need that may remain even after an effective service has been delivered. This information is important not just for service evaluations but for service providers so that they can set realistic goals about the outcome of their services.

Glossary of Terms

Abbreviations:

CDP	Community Development Programme, funded by the DCRGA
CES-D	Centre for Epidemiologic Studies Depression Scale (scale, see below)
CTS-PC	Parent-Child Conflict tactics Scale (scale, see below)
DCRGA	Department of Community, Rural and Gaeltacht Affairs
EU SILC	European Union Survey of Income and Living Conditions
INCA	Irish National Classification of Addresses
LDG	Local Development Group, constituted under the YPF5F
LDTF	Local Drugs Taskforce
PANAS	Positive and Negative Affect Scale (scale, see below)
PCRI	Parent-Child Relationship Inventory (scale, see below)
RAPID	Revitalising Areas by Planning, Investment and Development
SDQ	Strengths and Difficulties Questionnaire (see below)
YPF5F	Young Peoples Facilities and Services Fund

Concepts and Scales:

Regression Analysis	Regression analysis is a technique used for the modelling and analysis of numerical data consisting of values of a dependent variable (response variable) and of one or more independent variables (explanatory variables). Regression can be used for the modelling of causal relationships.
Multilevel Modelling	Extension of regression analysis to determine whether neighbourhoods have an affect on the experience of people over and above what could be predicted on the basis of their individual characteristics. In other words: are there cumulative affects in certain disadvantaged neighbourhoods due to the clustering of many people who experience considerable levels of need.
Neighbourhood Effects	Effects due to the composition of estates/neighbourhoods.
Positive Affect	Scale: comprising 20 items to determine a person’s mind-set
Negative Affect	Scale: comprising 20 items to determine a person’s mind-set
Life Satisfaction	Scale, comprising 5 items to measure satisfaction with life
Depression	Scale, comprising 20 items related to depression (CES-D)
Hopefulness	Scale: comprising 8 items related to hope (HOPE)
Parent-Child Relationship	Scale, comprising 20 items on quality of relationship (PCRI)
Parent-Child Conflict	Scale, comprising 18 items on dealing with conflict (CTS-PC)
Strengths and Difficulties	Scale, comprising 25 items to assess child behaviour (SDQ)
Ineffective Arguing	Scale, comprising 4 items to assess partner’s relationship
Local Problems Score	Scale, comprising 12 items on quality of neighbourhood (LPS)
Local Services Score	Scale, comprising 13 items on quality of neighbourhood (LSS)