



The Well-Being of Parents, Children & Neighbourhoods:

**A National Study of Families
in Respond! Housing Estates**

Summary Report

Kieran McKeown Limited
Social & Economic Research Consultants



The Well-Being of Parents, Children & Neighbourhoods:

A National Study of Families
in Respond! Housing Estates

Research Team

Kieran McKeown, Social & Economic Research Consultant

Trutz Haase, Social & Economic Consultant

Jonathan Pratschke, Researcher, University of Salerno, Italy

Cathy Lanigan, Manager, R&D Unit, Respond!

Shane Burke, Research Officer, R&D Unit, Respond!

Niamh Murphy, Research Officer, R&D Unit, Respond!

Lynda Allen, Administrator / Projects Officer, R&D Unit, Respond!

Further copies of this Summary Report and Main Report are available from:
Respond! R&D Unit T: 0 818 357901. Also available on-line at www.respond.ie

Foreword

from Pat Cogan, ofm., Founder-Director and CEO of Respond!



I am delighted to introduce this detailed national research on the needs and well-being of parents, children and neighbourhoods in Respond! estates. The context which led us to commission this study was a happy one. In 2007 Respond! celebrated 25 years of housing provision, working with families in seeking to create vibrant, integrated and resourced communities. Ultimately, the goal of Respond! is to empower people to enhance their own lives and those of their wider community for the benefit of all.

One of the questions which prompted this study is core for any service provider: are we getting it right? In our case, is Respond! making a difference and enhancing people's lives – or are we off-target? Are our efforts in need of re-alignment? Are we missing the obvious? Does living in Respond! housing make a difference and how are residents faring relative to people in Ireland generally? This study provides a baseline from which to evaluate our services, and affords a framework for future comparative and longitudinal studies.

We were very fortunate to have been able to commission Dr. Kieran McKeown to undertake this detailed research on our behalf. Kieran has written very extensively on family, children and parents, and their well-being in an Irish context, including the evaluation of services which support well-being. He brings expertise and erudition to what are very complex and fluid concepts: the dimensions of need and well-being and of what makes for supportive individual and family relationships. These concepts are vital for us all. In thanking Kieran, I also want to thank the entire Research Team who prepared this report. Trutz Haase and Jonathan Pratschke brought their unique expertise in data analysis to the report. I am also very pleased that our own staff in the Research and Development Unit – Cathy Lanigan, Shane Burke, Niamh Murphy, and Lynda Allen – were involved in many aspects of the study, including the design of

questionnaires, the management of the fieldwork, and the interpretation of findings. To all involved in this study and especially the mothers who agreed to be interviewed - my thanks.

While we celebrate the findings in this study - that the vast majority of residents on Respond! estates have levels of well-being in line with the wider population in Ireland - there is a significant minority of residents for whom this is not the case, and significant aspects of well-being (income, health, education, employment) where Respond! residents fare less well than the general population.

In addition to broad-based community development work to which Respond! is committed, this timely study highlights the need to go beyond this to targeted intervention for a significant minority of young people and parents whose needs are not currently being met. The study sharpens our focus and we embrace the opportunity to creatively explore with residents, families and others what solutions will work best; and how appropriate services which take explicit account of the views of our residents, may be accessed, resourced, and assessed.

We charge ourselves, and you the reader, to work collaboratively to forge responsive, inclusive, timely and integrated quality services for the benefit of children, families, neighbourhoods and ultimately of Irish society as a whole. 'For the child there is no tomorrow – only today'. I invite you to read on and see what this study says about the needs and services for residents in Respond! estates and what resonance and learning this may have for us all.

We are indebted to all those who took part in this study - for the encouragement it gives our work to date - and for the renewed impetus it gives us to continue to work collaboratively with individuals, families and communities: strengthening networks and capacity, and ensuring that resources are accessed fairly and equitably so that all of the citizens of the nation are cherished equally.

Pat Cogan, ofm. June 2008.

Acknowledgements

This report was commissioned by Respond! in March 2007 - the year of its Silver Jubilee. Like all such reports, it is the work of many hands. The initiative for the study emanated from Pat Cogan, ofm, CEO who founded Respond! 25 years ago in 1982. In keeping with the mission of Respond!, the study is centrally concerned with the well-being of parents, children and communities, and the factors which influence them.



The study would not have been possible without the enormous contribution of Respond!'s Research and Development (R&D) team which comprises Cathy Lanigan (R&D Manager), Shane Burke (Research Officer), Niamh Murphy (Research Officer), and Lynda Allen (Administrator / Projects Officer). The team made a huge contribution at every stage of the research process by contributing to the overall conception and design of the study, assisting in the selection of research instruments, drawing the sample and informing residents on each estate that the study was being undertaken, and preparing individual-level and estate-level data which was additional to the survey data.

The survey work for the study was undertaken by QuotaSearch Ireland between May and July 2007. Under the direction of Noeline Murray, the fieldwork was undertaken with great sensitivity and meticulous attention to detail for which we are most grateful.

The study is funded entirely by Respond! and we are particularly grateful to it for supporting such an ambitious research project.

Finally, we would like to thank the mothers who completed our questionnaires. This report is about them, their children, and their neighbourhood. Our hope is that it will help to promote the well-being of all families living in Respond! housing estates. As with all studies, it is important to emphasise that responsibility for the report rests entirely with the authors.

Kieran McKeown, June 2008

Table of Contents

FOREWORD	1
ACKNOWLEDGEMENTS	3
1. Context	5
2. Purpose of the Study	6
3. Approach to Measuring Need	6
4. Questionnaire to Measure Needs of Children & Parents	7
5. The Sample	8
6. Data Analysis	8
7. Characteristics of Households	9
8. Well-Being of Mothers	12
9. Influences on the Well-Being of Mothers	12
9.1 Symptoms of Depression	13
9.2 Life Satisfaction	14
9.3 Parenting	15
10. The Well-Being of Children	17
11. Influences on the Well-Being of Children	19
12. Well-Being of Respond! Estates	21
13. Implications	23
13.1 Recognising the systemic nature of family systems	25
13.2 Interventions to improve the mental health of parents	28
13.3 Interventions to meet the needs of children	29
13.4 Interventions to support families with disabilities	30
13.5 Interventions to promote work and manage finances	31
13.6 Interventions to support parenting	31
13.7 Interventions to address local problems on the estate	32
13.8 Monitoring the effectiveness of interventions	32
14. Concluding Comment	36
REFERENCES	37

1. Context



The context for the study is set by the core objective of Respond! which is to provide housing for people in need. The organisation was founded as a housing association 25 years ago in 1982 and is informed by the Christian and Franciscan ethos of its founder, Pat Cogan, ofm. The core activity of Respond! is to build houses and, in the period to June 2007, it has built over 4,000 units, of which some 3,395 housing units are in Respond! management. This is equivalent to building a substantial Irish town like Castlebar, Tullamore or Portlaoise¹. As such it is a significant contribution to the national housing stock, and a substantial contribution to Ireland's social housing. Respond! also manages the rental of these houses and currently manages a larger and more geographically dispersed housing stock than any local authority in Ireland, barring those in the Greater Dublin Area and Cork².

In line with its objective of creating vibrant communities, Respond! provides community facilities on its estates. These typically include a community building for meetings, an estate office and facilities for childcare. Many of Respond!'s childcare facilities are staffed by tenants from the estate who have completed its childcare course, and are largely funded by Pobal, through the National Childcare Investment Programme and through the FÁS Community Employment Programme. Pre-tenancy courses and tenant participation courses are also provided by Respond! as well as other adult education courses in areas such as committee skills, book-keeping, conflict resolution, parenting skills, computer usage and arts & crafts.

Respond! has a community development strategy which aims to promote social inclusion by linking the needs of people in each estate to essential services in the areas of childcare, family support, adult education, training, employment initiatives, and environmental maintenance³. This strategy is initially

-
1. See Census of Population, 2006, Volume 3, Household Composition, Family Units and Fertility.
 2. For example, it manages a larger housing stock than the local authorities in Limerick, Galway or Waterford; see Census of Population, 2002, Volume 13, Housing.
 3. Respond!, 2007a.

led by Respond!'s community development and family support workers whose task, in turn, is to identify, train and support a small number of local residents to become volunteer 'community enablers' so that they can continue to articulate the needs of their estate, and other estates in their regional 'cluster', to the different service providers. This process of capacity building occurs over a five-year period, and is informed by the ethos of reducing dependency and empowering communities to be self-sustaining. At the end of this period, Respond! will continue to support community enablers in each estate to take primary responsibility for community development, but the input from Respond! will be significantly reduced.

2. Purpose of Study

The present study is designed to play a two-fold role in the overall strategy of Respond!. First, it measures the well-being of parents, children and neighbourhoods with a view to identifying needs and setting appropriate targets in line with those needs. Second, it identifies the factors associated with each aspect of well-being and, in this way, will contribute to the design of interventions which are appropriate and evidence-based.

3. Approach to Measuring Need

In order to carry out a study of need, it is necessary to begin with a clear definition of need. People are said to be in need when their well-being is below a threshold that is regarded as either normal or minimal. It is a multi-dimensional concept covering all aspects of a person's well-being and includes physical and psychological well-being, relationships inside and outside the home, neighbourhood quality, community facilities, etc. In the case of children, well-being also includes school attendance and performance as well as participation in out-of-school activities. In addition, since needs are influenced by the socio-economic status of the household and the broader physical environment, it is therefore necessary to measure household income, employment and education as well as perceptions of the neighbourhood and facilities therein.



Measuring Well-Being

- Well-being has a universal quality, associated with health, happiness, and fulfilment. Everyone knows and seeks well-being, but it is difficult to define.
- Well-being has many dimensions – physical, mental, social - and is measurable through its positive and negative symptoms.
- In practice, the average experience of well-being in society is the typical standard used for measuring if a person is well.
- In this study, we measured the well-being of mothers in terms of her physical health, disability, emotions, depression, life satisfaction, hopefulness, parenting, financial stress and support networks.
- We measured the well-being of children in terms of their behaviour, hyperactivity, emotions, peer relations, reading ability, school attendance and books at home.
- We measured the well-being of neighbourhoods by the extent of problems on the estate, quality of services, trust and reciprocity between neighbours and community involvement.
- We also measured the demographic characteristics of household such as number and marital status of parents, mother's age, education, employment, income, etc. since these are often seen as the key determinants - or proxies - of well-being.

4. Questionnaire to Measure Needs of Children & Parents

The questionnaire 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 Ireland⁴ and some have also been used in the evaluation of Springboard projects in Ireland⁵, and in the assessment of the mental health needs of children in Ballymun⁶, other parts of Dublin⁷, Mayo⁸, and Limerick⁹. As such, they provide useful benchmarks against which to measure the well-being of children and their mothers in Respond! estates. Similarly, demographic and socio-economic data were collected using questions which allow for comparison with national datasets such as the Census of Population, Quarterly National Household Survey and the Living in Ireland Survey.

4. McKeown, Pratschke and Haase, 2003

5. See McKeown, Haase and Pratschke, 2001; 2004a; 2004b

6. See McKeown and Haase, 2006.

7. McKeown and Fitzgerald, 2006a; McKeown and Fitzgerald, 2007.

8. McKeown and Fitzgerald, 2006b.

9. McKeown and Haase, 2007.

5. The Sample

The study is based on a stratified random sample of Respond! estates which meet the criterion of having at least 14 family households on the estate. The survey yielded 499 completed interviews in 34 estates. This is equivalent to 39% of all estates in Respond! management (87) and 24% of all family households (2,080). This is a very high sampling ratio and is likely to yield a reliable picture of families on Respond! estates. The sample was re-weighted to reflect the true distribution of family households and estates within Respond! We estimate that the sampling error associated with this sample, at the 95% level of probability, is in the 3-4 range for each statistic generated from this sample. In addition to the survey data, the Research & Development team in Respond! supplied anonymised data on income and employment as well as data on the characteristics of each estate such as year built, number of family households, estimated community capacity, availability of pre-school and daycare services, distance to essential services and access to public transport.

6. Data Analysis

The analysis involved preparing frequencies and cross-tabulations, the full results of which are presented in the Technical Appendix, mirroring the chapter structure of this Main Report. In addition, we use correlation analysis¹⁰, regression analysis¹¹, and multi-level modelling¹² to test the level of association

10. Correlation analysis measures the extent to which two variables - one designated as dependent, the other as independent - are associated. The correlation coefficient is the percent of variance in the dependent variable that is explained by the independent variable when all other independent variables are allowed to vary. The magnitude of the correlation coefficient reflects not only the unique covariance which the independent variable shares with the dependent variable, but uncontrolled effects on the dependent variable attributable to covariance which the independent variable shares with other independent variables. This makes correlation analysis more limited than regression analysis.

11. Regression analysis is a method of explaining variability in a dependent variable using information about one or more independent variables; it is referred to as multiple regression analysis because there is more than one independent variable. The regression coefficient is the average amount the dependent variable increases when the independent variable increases by one unit and other independent variables are held constant. The fact that regression analysis holds constant the influence other independent variables makes it a significantly more powerful statistical technique than correlation analysis. In logistic regression, the dependent variable is binary or dichotomous and is used, in this context, to assess the likelihood of a child being, or not being, in the abnormal range of the SDQ (Strengths and Difficulties Questionnaire). The results of logistic regression are expressed in terms of the odds ratio where 1.0 means there is no relationship, less than 1.0 indicates an inverse or negative relationship, and greater than 1.0 indicates a direct or positive relationship.

12. Multi-level modelling is a more advanced form of multiple regression analysis. The basic principle in a two-level model, such as we use here, is that change in a dependent variable is the outcome of influences at level 1 (individual characteristics) and level 2 (neighbourhood characteristics). These influences, in turn, can be broken into two components: (i) fixed parameters whose influence can be clearly identified and quantified from the independent variables in the dataset and (ii) random or residual variance which cannot

between the needs of mothers (in the areas of depression, life satisfaction and parenting), children (in the area of mental health), and neighbourhoods (based on an index of need) - the dependent variables - and a range of individual, family, socio-economic and neighbourhood factors (the independent variables).

7. Characteristics of Households

The study shows that Respond! family households are quite different to the average family household in Ireland in having a much higher proportion of Medical Card holders (70% compared to 28% in Ireland) and a much higher proportion of lone parents (60% compared to 21% in Ireland). The level of education among mothers in Respond! is lower than in Ireland, whether measured in terms of the age completed full-time education or highest qualification achieved. The majority of mothers in Respond! are full-time home-makers (63%), unlike the majority of mothers in Ireland (62%) who are in paid employment. Moreover those who are in employment tend to be part-time, unlike the pattern among women in Ireland where full-time employment is the norm. These findings point to the relatively weak labour market position of mothers in Respond! - particularly at a time of economic buoyancy and the widespread availability of childcare services in nearly two thirds of all Respond! estates – and may be an indicator of the disincentive effects of the tax and social welfare system on those with weak earning capacity.

In terms of financial well-being, we found that more than half of all Respond! family households (55%) are without a declared earned income and therefore totally dependent on social transfers. This is two and a half times higher than comparable households with children (aged 0-14 years) in Ireland where 22% are without an earned income¹³. The equivalised gross income¹⁴ of all family households in Respond!

be explained by the existing set of independent variables, although the amount of unexplained variance can be quantified. The influence of fixed parameters on a dependent variable can be separated, in turn, into a mean (sometimes referred to as the ‘intercept’ and denotes the overall tendency for that independent variable) and a variance (sometimes referred to as the slope and denotes the extent of change in the dependent variable for a unit change in the independent variable). These concepts are the core of multiple regression analysis as applied to level 1 variables. The analysis of level 2 variables also involves assessing their influence on the dependent variable in terms of fixed parameters (comprising both a ‘compositional effect’ arising from the particular cluster of individual characteristics at level 2, and a ‘contextual effect’ arising from unique level 2 characteristics) as well as unexplained random or residual variance. In addition, multi-level modelling assesses how the influence of level 1 variables may vary through interaction with level 2 variables. These concepts can be illustrated by drawing on our analysis of life satisfaction in Chapter Four below. This shows that the life satisfaction of mothers, over and above the level shared by all mothers (the mean or intercept), is shaped by individual level characteristics (such as hope, positive affect, etc), by estate level characteristics (such as the average local problem score), by the interaction of both levels (such as variability in the way hope influences life satisfaction in different estates), and by unknown factors (namely the variance that cannot be explained by the independent variables within the dataset). The strength of this method of analysis lies in simultaneously estimating the unique influence of all level 1 and 2 variables on the dependent variable, as well as the variability of level 1 influences under different level 2 circumstances.

during 2006/7 was €8,537 or €164 per week. Given that the poverty threshold set by the CSO's 2005 EU Survey of Income and Living Conditions (EU-SILC) – based on 60% of median equivalised income per individual – was €193 per week, this suggests that the average Respond! family household is likely to be at or below the poverty threshold. This may be tempered, however, by the benefits accruing to Respond! residents such as security of tenure, differential rent based on income including a ceiling on rents, as well as ancillary family and childcare support services on many estates.

Turning to the subjective dimension of financial well-being, the majority of mothers in Respond! (75%) are not experiencing financial strain as indicated by 'finding it difficult to manage' or 'in serious difficulties'. However a quarter experience financial strain (25%), significantly higher than in Ireland (14%), and significantly higher than other groups which are particularly vulnerable to poverty¹⁵. This suggests that the benefits of Ireland's recent economic success do not seem to have flowed into many Respond! households.



Throughout our analysis we distinguished between households with a Medical Card and those without, as well as between one and two parent households. This revealed that those with a Medical Card and those who are lone parents are in the weakest socio-economic positions, in line with expectations.

This profile of households is consistent with the policy and practice of Respond! in allocating housing to those who are most in need. All of the indicators of need used in this chapter – Medical Card, lone parenthood, education, employment status, dependency on social transfers, income and ability to cope financially – confirm that this is an extremely vulnerable group.

13. Data supplied by Kathryn Carty, CSO on 10 August 2007. Based on 2005 data from the EU Survey on Income and Living Conditions (EU-SILC). Earned income, in this context, is defined as employment income, income from self-employment, other direct income such as investment income and occupational pensions.

14. The term 'equivalised income' refers to the total income of a household adjusted to take account of the total number of persons in that household. The convention used by the CSO in its Survey of Income and Living Conditions (SILC), and adopted here, is stated as follows: "The national scale attributes a weight of 1 to the first adult and 0.66 to each subsequent adult (aged 14+ living in the household), and 0.33 to each child aged less than 14" (EU-SILC 2005, published by the CSO in November 2006, page 29).

15. Whelan, Nolan and Maitre, 2005

Profile of Families

- The breakdown of two and one-parent families in Respond! is 60/40 compared to 80/20 in Ireland.
 - Most residents (70%) have a Medical Card compared to 30% in Ireland.
 - All are in social housing compared to 3.5% in Ireland.
 - Education levels are lower than the average Irish adult.
- --- ---
- 60% of mothers are full-time home-makers and 35% are in paid work; in Ireland 35% are full-time home-makers and 62% are in paid work.
 - 55% of households have no earned income compared to 22% in Ireland.
 - Average weekly household income, based on rent data, is €164. In 2005, the individual poverty line in Ireland was €193 per week.
 - In financial terms, most describe themselves as 'making ends meet' (47%) or 'comfortable' (29%), but a minority are 'finding it difficult to manage' (14%).
- --- ---
- About 70% own or have use of a car.
 - Over 90% describe their nationality as Irish.
- --- ---

All of this confirms that Respond! is targeting families in need.



8. Well-Being of Mothers

Mothers in Respond! estates have broadly similar levels of well-being compared to other mothers in Ireland, on a wide range of domains including emotional well-being, life satisfaction, support networks, parenting relationships, and effectiveness at resolving arguments. At the same time, there are also significant areas of need among Respond! mothers, particularly in the area of depression where nearly a third (30%) show signs of depression which is more pronounced among mothers in one-parent households (33%). This is also reflected in a significant proportion showing signs of hopelessness (20%). In everyday language, people are described as hopeful who believe they have the will ('agency thinking') and the way ('pathways thinking') to achieve their goals and the survey shows that Respond! mothers exhibit greater deficits in the area of 'agency thinking', suggesting a lack of self-belief and motivation to solve their problems which is consistent with the relatively high prevalence of depression. Consistent with this, the proportion of Respond! mothers using sedatives, tranquilisers and anti-depressants (10%) is twice the national average, and highest among mothers in one-parent households (14%). About a quarter of mothers (24%) reported some form of disability, which is significantly higher than the national female prevalence rate. Smoking rates among Respond! mothers are also twice the national average (62% compared to 33%), and are also highest in one-parent households (68%), reflecting the higher prevalence of smoking among lower socio-economic groups in Ireland and internationally¹⁶. Possibly related to this, self-rated health is below that of mothers in Ireland generally, with lone parents having the lowest self-rated health. These results indicate both strengths and weaknesses in the well-being of Respond! mothers. Those in one-parent households are most likely to display significant areas of need. By contrast, having a Medical Card is not a strong or consistent predictor of need, except in the case of disability.

9. Influences on the Well-Being of Mothers

We analysed the factors which influence three aspects of well-being among mothers in Respond! estates: depression, life satisfaction, and parenting. We used multi-level modelling to test the level of association between these three dimensions of well-being (the dependent variables) and a range of individual, family, socio-economic and neighbourhood characteristics (the independent variables).

16. Centre for Health Promotion Studies, 2003: 23.

Explaining the Well-Being of Mothers:

Depressive Symptoms

- The influences on depression can be classified into
 - Risk factors
 - Protective factors
- These factors, in turn, can operate at:
 - the individual-level (90%)
 - the neighbourhood-level (10%)
- Individual-Level Risk Factors
 - Having a child whose behaviour or emotions cause difficulties
 - Negative affect
- Individual-Level Protective Factors
 - Life satisfaction
 - Hope
- Estate-Level Factors
 - Size of estate
 - Proportion with primary education only

9.1 Symptoms of Depression

Beginning with depression, we found that depressive symptoms among mothers in Respond! estates was predominantly associated with the individual characteristics of mothers, with a tenth (10%) attributable to estate-level characteristics. These 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, having a child with difficulties, and having a disability; while the main protective factors are life satisfaction and hope. 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 mothers 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 some other studies which have endeavoured to estimate the influence of individual and neighbourhood characteristics on mental health.

Explaining the Well-Being of Mothers:

Life Satisfaction

- **Individual-Level Risk Factors**
 - Difficulty coping financially
 - Single
 - Higher levels of education
- **Individual-Level Protective Factors**
 - Hope
 - Positive emotions
 - Support network
 - Married or cohabiting
- **Estate-Level Factors**
 - Local problem score (eg litter, rubbish, graffiti, noise, etc)
 - Average hope score of residents on estate

9.2 Life Satisfaction

Turning to life satisfaction, our multi-level analysis revealed that 84% of the variance in life satisfaction scores is attributable to individuals, the remaining 16% relating to estates. At the individual level, the main risk factors which threaten to reduce life satisfaction are depression, being more educated, having difficulty coping financially, and being single. The protective factors are hope, positive affect, a strong support network, and being married or cohabiting. In terms of estate-level effects, we found that more than half (56%) of the variance is attributable to ‘compositional factors’. Just less than one quarter of the estate-level variance (23%) is attributable to ‘contextual factors’ across the different estates, and these comprise the average local problem score (such as the extent of litter, rubbish, graffiti, noise, lack of safety, etc) and the average hope score of residents in the estate. The substantial influence of these contextual factors on life satisfaction is a significant result given the difficulties experienced by previous studies in finding these neighbourhood effects.

Explaining the Well-Being of Mothers:

Parenting

- **Individual-Level Risk Factors**
 - Having a child whose behaviour or emotions cause difficulties
 - Number of children
 - Older children
- **Individual-Level Protective Factors**
 - Positive emotions
 - Life satisfaction
 - Child has a disability or chronic illness
- **Estate-Level Factors**
 - Local problem score (eg litter, rubbish, graffiti, noise, etc)

9.3 Parenting

The third dimension of well-being which we examined was parenting, as measured by the Parent-Child Relationship Inventory (PCRI). We found that nearly nine tenths (86%) of the variance in parenting scores was attributable to the individual level, with just over a tenth (14%) attributable to estates. The main individual risk factors to the parent-child relationship are: the child has difficulties, the number of children in the households, and the age of the child. The main protective factors are: positive affect and positive emotions, life satisfaction, and whether the child has a disability. In terms of estate-level effects, we found that once again more than half (57.2%) of the variance is attributable to ‘compositional factors’, associated with the uneven distribution of risk factors and protective factors between the different estates. One fifth of the estate-level variance (20%) is attributable to ‘contextual factors’, the main one being the extent of problems in the local area, which has a negative impact on the parent-child relationship. The finding that parenting is influenced by neighbourhood factors is significant and consistent with the results of other studies which have endeavoured to estimate the influence of individual and neighbourhood characteristics on the well-being of children.



Well-Being of Mothers

- In terms of emotions, mothers are more positive and less negative than other mothers in Ireland.
- Scores for life satisfaction are in the average range.
- The proportion with depressive symptoms (22-30%) is higher than would be expected in the population.
- Most are hopeful but 22% seem to lack hope, particularly in terms of having the will to solve whatever life difficulties may arise.

--- --- ---

- Most rate their health as good or excellent but 14% rate it as fair or poor, more than twice as high as in Ireland (6%).
- Nearly a quarter (24%) have a disability compared to 10% of women in Ireland. Disability is one of the criteria for eligibility for social housing.
- Smoking rates (62%) are twice the national average (33%).
- Taking alcohol (70%) in the past month is the same as the national average.
- Taking sedatives (10%) is twice the national average.

--- --- ---

- Support networks are stronger than average.
- The parent-child relationship is better than average.
- Relationship skills are stronger for those living with a partner than those without.



10. The Well-Being of Children

The prevalence of mental health difficulties among children, as measured by the SDQ, is somewhat higher than in other population-based studies. We found that 14% of children have serious difficulties and a further 9% have some difficulties; this is equivalent to nearly a quarter of children (23%) who present with difficulties. The main difficulties involve conduct and hyperactivity (particularly among boys) and emotional problems (particularly among girls). Boys present with slightly more difficulties than girls and those aged 7-12 present the most difficulties. The proportion of children with serious difficulties is higher in one-parent households (16%) compared to two-parent households (10%) but there is no significant difference between those with and without a Medical Card.

Extrapolating these results to the total number of children aged 0-18 in Respond!, we estimate that there are 620 children who have serious difficulties and a further 420 have some difficulties; taken together, this is equivalent to nearly a quarter of children (23%, 1,040) who have some level of need.

The level of need among children in Respond! is higher than found in other studies in Ireland¹⁷, the UK¹⁸ and the US¹⁹. Further analysis of the depth of need revealed that substantial interventions will be needed to bring children who have some or serious difficulties to the level of well-being experienced by the ‘average’ child, and will need to have an impact which is greater than the scale of improvement that is usually produced by programmes for children and families.

The survey also found that 25% of children in Respond! are perceived by their mother to have at least one disability. This is higher than the prevalence of disabilities (18%) estimated by the National Council for Special Education in 2006²⁰. There is a considerably higher prevalence of disabilities among teenage

17. Fitzgerald and Jeffers, 1994; O’Connor, Ruddle and O’Gallagher, 1988; McCarthy and O’Boyle, 1986; Porteus, 1991; O’Rourke and Fitzgerald, 1985; Lynch, Fitzgerald and Kinsella, 1987; Barton and Fitzgerald, 1986; Stone, Fitzgerald and Kinsella, 1990; Mohan, Fitzgerald and Collins, 1998; Martin, Carr, Carroll and Byrne, 2005.

18. Meltzer, Gatward, Goodman, and Ford, 2000.

19. Simpson, Bloom, Cohen, Blumberg and Bourdon, 2005.

20. McKeown, 2006: 72.

children (33%), in households with a Medical Card (27%), and in households with a lone parent (29%).

Children in Respond! have similar reading ability to children in Ireland but a relatively small proportion of children (9%) may have reading difficulties. The number of books in the home is similar to Ireland but access within the home to a computer and the internet is less than in Ireland. However children in Respond! are more likely to be read to while at school going age compared to children in Ireland. School attendance rates seem to be slightly higher in Respond! than Ireland although a substantial proportion of post-primary pupils in Respond! (11%) are missing school for 20 days or more; this is equivalent to 490 children.

Well-Being of Children

- We used the Strengths and Difficulties Questionnaire to measure the mental health of children. We found that most children (77%) have no difficulties but 14% have some difficulties and 9% have serious difficulties. This is slightly higher than most other studies in Ireland.
- Boys are slightly more likely to have difficulties than girls, and those aged 7-12 have the most difficulties (17%). There are differences in how boys and girls express difficulties.
- The depth of need is greatest for those with the most serious difficulties (an effect size of 2.0) and still large for those with some difficulties (an effect size of 0.9).
- 25% of children have at least one disability, higher than the national prevalence of 18%.
- Reading ability and school attendance is similar to other children in Ireland.
- Households have broadly similar educational resources in the home compared to households in Ireland, and mothers have similar educational expectations for their child. Educational Levels tend to be lower for lone parents and those with a Medical Card.

A significant finding to emerge from the study is that children in need, particularly those with needs in the area of mental health and disability, are more likely to be found in households with one parent. As such, this is a stronger and more consistent predictor of need than having a Medical Card. With this in mind, in the next chapter we undertake a further analysis of the factors which are most strongly associated with the needs of children in Respond!.

11. Influences on the Well-Being of Children

We used multi-level modelling to estimate the factors which influence the mental health of children in Respond! estates, based on the Strengths and Difficulties Questionnaires (SDQ)²¹. The results show that more than eight tenths (83%) of the variance in children’s mental health – their SDQ scores – is attributable to individual characteristics with just under two tenths (17%) attributable to estate characteristics. These individual characteristics can be divided into risk factors (those which increase the likelihood of children’s difficulties) and protective factors (those which decrease the likelihood of children’s difficulties).



In terms of individual-level effects, we found that the main risk factors for children’s mental health are: maternal depression, the parent-child relationship, and whether the child has a disability or chronic illness. The protective factors are: positive emotions, the age of the mother, whether the mother works, and whether there is a dictionary in the home. In terms of estate-level effects, we found that just under half (47.4%) of the explained variance is attributable to ‘compositional factors’, essentially because of the uneven distribution of risk and protective factors across estates. Roughly one fifth (21%) of variance is attributable to ‘contextual factors’ across the different estates, notably the percentage of mothers in the estate who have symptoms of depression and the community capacity of the estate.



21. The SDQ is a validated and reliable instrument for assessing behaviours, emotions and relationships, and was created by Robert Goodman during the 1990s for the purpose of screening children who may have mental health or psychiatric needs. It is therefore a useful proxy measure of psychological well-being. It is suitable for 3-16 year olds and can be completed by the child (if over 11), the parent (for children aged 3+), and the teacher (for children aged 3+). Available at www.sdqinfo.com.

Influences on Well-Being of **Children:**

Mental Health Difficulties

- **Individual-Level Risk Factors**
 - Mother has symptoms of depression
 - Parent-child relationship
 - Child has a disability or chronic illness
- **Individual-Level Protective Factors**
 - Mother experiences positive emotions
 - Mother is younger
 - Mother in paid employment
 - Dictionary in the home
- **Estate-Level Factors**
 - Percent of mothers on estate who have symptoms of depression
 - Community capacity on the estate



12. Well-Being of Respond! Estates

The Respond! estates which we surveyed could be described as relatively small (an average of 38 family households), relatively new (an average of 8 years), and relatively accessible to essential services (an average of one kilometre). We found that the vast majority of mothers (78%) do not have significant local problems on their estate and the prevalence of local problems would appear to be significantly lower compared to some local authority estates²². The two biggest neighbourhood problems are litter and rubbish (38%), and roaming dogs (36%). Similarly, a majority of mothers (63%) are broadly satisfied with wider local services. Schools are given the highest rating of all services while the worst services, defined as ‘very poor’ or ‘poor’, are leisure facilities for teenagers (73%) and children (65%) as well as playgrounds (71%).

In the area of trust, the survey found that seven out of ten mothers in Respond! (72%) do not trust most or many of their neighbours. This is a significantly lower level of trust than reported in previous studies, and may be due to the relatively young age of respondents, the newness of the estates, and their relatively disadvantaged status, all of which are known to be associated with lower levels of trust. By contrast, we found a relatively high level of reciprocity between neighbours in Respond! estates with around three quarters engaged in giving and receiving favours.

A minority of Respond! residents (22%) have been involved in local structures over the past three years. This is very similar to the proportion of Respond! residents who volunteer (21%). Significantly, the prevalence of volunteering in Ireland, based on 2006 Census of Population, is 16% which is lower than that found in Respond! estates. However the level of participation on local structures would seem to be less than that found in more middle class suburban estates in Ireland. We also rated the community capacity of each estate and found that two thirds (65%) had low capacity, a fifth (20%) had high capacity, and the remainder (15%) had medium capacity.

In terms of social capital, it is difficult to draw definitive conclusions about the well-being of Respond!

²². McKeown and Haase, 2007; see also Fitzgerald, 2007: 6.

estates due to the lack of strictly comparable data on other types of housing estates in Ireland, particularly in the social housing sector. When account is taken of the factors associated with social capital – notably age, length of residence, and disadvantaged status – the results suggest that Respond! estates are in line with expectations and not dissimilar to the description of Ireland as being about “average or above average for European countries on most indicators of social capital”²³.

Finally, we constructed a global index of need for each estate - based on a composite factor of depression, life satisfaction, parenting, and children’s mental health – and aggregated individual scores to the level of each estate. The resulting list of estates, listed by their level of need, may assist Respond! in selecting estates where the type of interventions suggested in the next section may be of greatest benefit in promoting the well-being of parents, children and neighbourhoods.

Well-Being of Neighbourhoods

- Most (78%) do not have significant problems on their estate. The two biggest problems are litter & rubbish (38%) and roaming dogs (36%).
- About two thirds (63%) are broadly satisfied with wider social services. The highest rated service is the school but leisure facilities for children and young people are seen as poor by around 70%.
- Most (72%) do not trust many or most of their neighbours, much higher than other studies in Ireland and UK. Greater trust and reciprocity tends to be associated with being older, living longer in the area, and higher incomes.
- About eight out of ten people exchange favours, and look out for neighbours, similar to elsewhere.
- The level of volunteering (21%) is higher than in Ireland (16%) but participation in local structures is lower than would be found in more middle class estates.



23. National Economic and Social Forum 2003: 61.

13. Implications

This study was designed to throw light on the well-being of parents, children and neighbourhoods in Respond! estates. Given the commitment of Respond! to addressing social exclusion, and the fact that its residents are socially excluded according to national income-poverty thresholds, the study is also useful in examining the sources of variation in well-being within this socially excluded group of people. As such, the study offers a different perspective to the prevailing paradigm of social exclusion which is based on comparing the differences between ‘poor’ and ‘non poor’, ‘excluded’ and ‘included’, ‘disadvantaged’ and ‘advantaged’. This paradigm has yielded a wide range of studies which 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. However the acknowledged differences between these two groups tends to overlook the fact that there are also significant differences within these groups and, in order to understand the dynamics of poverty and social exclusion, it is equally important to understand ‘within group’ as well as ‘between group’ variations in well-being.

In this study therefore we try to extend the social exclusion paradigm not only by examining ‘within group’ variations but also by assessing how well-being is shaped by both the ‘external environment’ as well as the ‘internal environment’. The external environment, in this context, is measured by indicators such as income, education, employment, neighbourhood, 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. We found that while the external environment has an influence on the well-being of Respond! residents, the internal environment had a considerably greater influence²⁴. In other words, when we delve more deeply into the quality of life experiences of Respond! residents, we find substantial variation in their ‘internal environment’ despite sharing a broadly similar ‘external environment’. This

24. A similar conclusion emerged from a recent review of the literature on child outcomes which observed that socio-economic indicators “have relatively limited utility as guides for designing effective interventions because they tell us relatively little about the causal mechanisms that explain their impacts on child development. Thus, researchers and service providers are focusing increasingly on the importance of within-group variability and individual differences among children and families” (Shonkoff and Phillips, 2000:354).

implies, in turn, that significant variation exists in the capacity and resilience of households to cope with an ‘external environment’ that is defined as ‘poor’.

From the perspective of promoting social inclusion therefore, 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 – such as the social exclusion paradigm – 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 Respond! 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 light of this, we now draw out some of the main implications of our results.

In this concluding 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 Respond! 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 the service user in order to ensure that interventions are properly customised to the specific needs of individuals, households and estates and, by virtue of that, are 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 implications which 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 be mindful of its limitations. The study is based solely on interviews with mothers and the exclusion of fathers is an important limitation – even though 60% are lone parents in female-headed households. At the same time, it is probably not

unreasonable to assume that, although there are differences in the perceptions of mothers and fathers, our results are likely to have relevance to all parents and to all family types. It is important, therefore, that this limitation does not distract from considering the type of support services which would enable fathers to play a nurturing role in the lives of their children, thereby adding to their own well-being as well. For this we refer to parents generally, rather than mothers only, in drawing out the implications of the study.

General Conclusions

1. Respond! residents have specific needs when compared to the rest of the population, but there is also significant variation in well-being within the population of Respond! residents.
2. Well-being has an external dimension (such as education, employment, income, health, neighbourhood characteristics) as well as an internal dimension (such as mental health, life satisfaction, family relationships). Responding to social exclusion requires addressing both dimensions.
3. The study confirms the systemic nature of family systems and the inter-dependency between parent, child and neighbourhood well-being. Well-being is shaped through cycles which cumulatively influence each other to create either a positive or negative outcome.
4. These findings are consistent with the overall philosophy of Respond! which is to develop individuals and communities and not just housing.
5. In order to turn these findings into actions, it is necessary to: (i) have some knowledge and skill about 'what works' and (ii) dialogue with Respond! residents on how to address the needs identified.

13.1 Recognising the systemic nature of family systems

It is important to emphasise that the factors, whether inside or outside the family, which influence the well-being of parents and children do not operate in isolation from each other because it is their interaction effect which creates the susceptibility to need. In other words, these factors operate simultaneously as well as sequentially, because they have a cross-sectional dimension as well as a longitudinal dimension. This means that each factor acts as cause as well as consequence, essentially because nothing exists independently. This understanding suggests that problems – whether among mothers (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 while, correspondingly, 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 mothers influence the well being of children, and children influence the well being of mothers, it is the characteristics of mothers which, other things being equal, are likely to be the predominant influence on the well-being of both. This suggests, in turn, that interventions to promote the well-being of mothers are likely, other things being equal, to have greater impact on the family system than interventions with children.

Our analysis also confirms that the well-being of mothers and their children is shaped not just by the family system but also by the neighbourhood context in which the family is situated. This is illustrated by the fact that different aspects of well-being are shaped by estate-level characteristics such as the extent of local problems (which influences life satisfaction and parenting), the size of estate (which influences depression), and the estate's community capacity (which influences children's difficulties), as well as the geographical concentration of specific characteristics such as hopefulness (which influences life satisfaction), depression (which influences children's difficulties), and primary education only (which influences depression). 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 influences²⁵. 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 mothers and children, there is also a complementary and supportive role for neighbourhood and community-based interventions.

It is significant that these considerations, based on empirical analysis of well-being among a representative

25. For example, the bioecological model of Bronfenbrenner (1979; 2001) sees child development as the outcome of influences within the family, school and local community as well as government policies and societal attitudes.

sample of 500 mothers in Respond! estates, provide strong evidence in favour of the overall vision which informs the community development and family support strategies of Respond!: “Respond!’s goal is to provide housing and assist in the building of stable communities for those on low incomes or otherwise in need of housing. We seek to ensure that such communities will foster the growth of the individual resident and that of the whole community. We aim to assist our communities to grow to the stage where sufficient local community leadership exists to enable residents to access the services of and participate fully in the structures of wider society. To that end, we invest in personal and community development activity and family supports in order to build the capacity of residents for such a role. The family should be and is at the centre of the opportunity for a holistic approach in the development of both communities and the individuals within those communities”²⁶ .

In the remaining sections of the report, we highlight the key domains where interventions are likely, other things 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.

13.2 Interventions to improve the mental health of parents



We have seen that, while the majority of mothers in Respond! estates do not have mental health problems, a significant minority do, with nearly a third (30%) showing signs of depression and a fifth showing signs of hopelessness (20%). Consistent with this, the proportion of Respond! mothers using sedatives, tranquilisers and anti-depressants (10%) is twice the national average (5%). 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 mothers, their parenting capacity and

26. Respond! 2007a:3; see also 2007b.

the well-being of their children. We have also shown 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 individual mothers 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 mothers are likely, other things being equal, to have a significant multiplier effect on the well-being of families as well as the wider community.

It is well known that the factors which influence mental health have both environmental as well as genetic components. For example, a person's pattern of positive and negative affect, although moulded through habits and circumstances, is recognised to be an enduring personality trait which is not easily amenable to change. However, this knowledge can itself be of considerable benefit to people with depressive symptoms by virtue of acknowledging that this personality trait is a natural tendency, which is not 'wrong' or a 'mistake'. This awareness could assist the person in learning to live with this trait while recognising its dangers and limitations. Interventions which promote this form of self-knowledge could have the effect of relieving symptoms of depression by helping the person find constructive ways of living with their natural tendencies.

It is also recognised that mental health has a learned dimension which is shaped by the perspective which the person adopts towards the self and others. In positive psychology, there is growing evidence that this cognitive dimension can be cultivated to produce a more appreciative, hopeful, and problem-solving approach to life. This is done through practices which help people to think and feel differently about their life and its past, present and future²⁷.

27. See, for example, Snyder and Lopez, 2002; see also www.beckinstitute.org. For example, feelings about the past can be changed by questioning the ideology that the past determines the present, and by cultivating forgiveness and gratitude towards past events. Feelings about the present can be changed through living mindfully and cultivating one's natural strengths, while positive feelings about the future can be increased through hope and optimism. This is consistent with the 'broaden-and-build theory of positive emotions' (Fredrickson, 2002) which suggests that people with more positive emotions tend to have a greater capacity for building friendships and support networks as well as being more creative at solving problems and challenges in everyday life (Carr, 2004:13-15). In other words, people with more positive emotions are more likely to see the world in terms of expansionary 'win-win' options rather than contractionary 'win-lose' options. This shows the value of cultivating positive emotions because they are known to encourage qualities such as persistence, flexibility and resourcefulness in solving problems and because they broaden the range of options which people perceive to be available (For more information, visit the Positive Psychology Center at www.positivepsychology.org and related links).

At the same time, we have seen that many aspects of mental health are the practical outcome of challenges associated with circumstances such as having a child with behaviour and emotional difficulties, having a disability, finding it difficult to cope financially, living in an estate with a high local problem score, or being surrounded by neighbours who lack hope or show symptoms of depression. Clearly, interventions to ameliorate these circumstances would, other things being equal, improve the mental health of parents with knock-on benefits for parenting, children, and estates generally.

13.3 Interventions to meet the needs of children

Most children in Respond! estates do not have mental health difficulties. However a significant minority do (23%), and this would seem to be somewhat higher than in other population-based studies. The main difficulties involve conduct and hyperactivity (particularly among boys) and emotional problems (particularly among girls), 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 mothers and weaken the mother's relationship with the child. It follows therefore that interventions to address the mental health needs of children, particularly those with serious difficulties (14%), are likely to have significant beneficial effects for the entire family system.

It is possible that a small number of children may need specialised assessment and intervention. However it is likely that all children would benefit from organised group activities, either within the estate or local community.



Our study produced evidence to suggest that children tend to have more difficulties in home environments that are not cognitively stimulating. This was indicated by the fact that children were more likely to experience difficulties if there was not a dictionary in the home. It is also well-known that “there is also a very strong association between the number of books in the pupils’ homes and their reading achievement”²⁸. These considerations suggest a range of interventions such as encouraging parents to read to their children, providing children with a ‘starter pack’ of age-appropriate books to stimulate their interest in books and reading, and making parents more aware of the importance of providing cognitive stimulation to the development of children.

13.4 Interventions to support families with disabilities

We have seen that a quarter (25%) of mothers in Respond! estates have a disability or chronic illness, nearly three times higher than the estimated national average for females. We have also seen that a similar proportion of children (25%) are perceived by their mothers to have at least one disability, also higher than the estimated national prevalence of disabilities among children. The scale of need is indicated not just by the prevalence of disabilities but also by the factors associated with it. For example, mothers with a 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 in each estate. It is only in light of this needs analysis, that the type and range of interventions can be determined.

28. Eivers, Shiel and Shortt, 2004:173

13.5 Interventions to promote work and manage finances

We know that families in Respond! estates tend to have low incomes since that is itself a criterion for accessing social housing. In fact our analysis suggests that the average Respond! family household is likely to be at or below the poverty threshold, and this likelihood is even greater for households with a Medical Card and/or lone parent. We also know that more than half of all households (55%) are totally dependent on social welfare, which is two and a half times the national average. Although only a significant minority of mothers in Respond! (25%) are experiencing financial strain, as indicated by ‘finding it difficult to manage’ or ‘in serious difficulties’, this is well above the level experienced not only by Irish households but also by reference to specific groups which are vulnerable to poverty. In other words, it would seem that the benefits of Ireland’s recent economic success have not flowed into many Respond! households.

Our analysis shows that mothers who have difficulties in coping financially tend to have reduced life satisfaction, while those without work are more likely to have children with mental health difficulties. This suggests that earning and managing one’s income are not just financial matters but have broader implications for the well-being of mothers and children. In turn, this suggests that interventions which offer advice on budgeting as well as help to find work could have considerable benefits for mothers and children. For mothers, 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 maternal employment 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 while their mothers are at work.

13.6 Interventions to support parenting



The survey revealed that, although there is no generalised need in the area of parent-child relationships within Respond! estates, 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 the children are older. Equally, parents who have mental health difficulties as expressed through reduced life satisfaction and less frequent positive emotions, 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. An encouraging finding in this context is that estates with a high level of mental health and parenting needs are already those with relatively high community capacity and this should be built upon.

13.7 Interventions to address local problems on the estate

The finding that estate-level characteristics have a statistically significant influence on various aspects of well-being shows the importance of the physical and social environment. Specifically, we found that well-being is influenced by estate-level characteristics such as the extent of local problems, the geographical concentration of specific characteristics such as hopelessness and depression, as well as the size and community capacity of the estate. We also found that a significant minority of mothers (22%) rate aspects of their estate as a very big problem or a fairly big problem. The biggest problems include: litter and rubbish; roaming dogs; dog dirt; poor state of roads, pavements, boundaries and fences; and not safe to walk alone after dark. Although these problems are located in public spaces, their impact is felt within each family and are associated with reduced life satisfaction among mothers and weaker parent-child relationships. It is clear that interventions to address local problems would have significant benefits for families as well as the estate. Equally, the method of intervention could itself be a way of improving well-being given our finding that community capacity has a beneficial effect on the mental health of children. This suggests that any interventions to address local problems should be done with as much local participation and involvement as possible, a suggestion that is wholly consistent with Respond!'s existing style of intervention.

In drawing attention to importance of estate-level interventions, the limitations of this form of intervention

also need to be recognised since the size of these neighbourhood effects is relatively small – probably no more than 5% - compared to the influence of individual characteristics, although larger effects might be expected from a more diverse sample. Moreover the finding that physical and social environments have a relatively small impact on quality of life is not new. It has been demonstrated in other studies in Ireland²⁹, the US³⁰, the UK³¹, and Canada³², to name a few. All of these have found little evidence to show that neighbourhoods have a substantial impact – over and above individual-level characteristics³³ - on outcomes such as education, employment, income, mental health, etc.



These findings do not imply that attractive neighbourhoods are unimportant and are not universally valued. However they do imply that if individual-level characteristics are the main factors associated with poverty and disadvantage on the one hand, and mental health and family problems on the other, then any changes to the physical and social environment are likely, other things being equal, to have only marginal effect on these problems. In other words, if the primary causes of social exclusion are not to be found in the physical and social characteristics of neighbourhoods – since the area where one lives is really a consequence rather than a cause of social exclusion - then the primary solutions to social exclusion are not to be found there either. This is an important lesson which does not seem to be well understood, particularly in the context of urban regeneration where there appears to be an assumption – a ‘design determinism’³⁴ - that physical refurbishment programmes will result in significant improvements in quality of life without a corresponding level of investment in meeting individual and family needs.

29. Nolan and Whelan, 1999; Fahey, 1999.

30. Kling, Ludwig and Katz, 2005; Goering and Feins, 2003.

31. Bolster, Burgess, Johnston, Jones, Popper, and Sarker, 2006; see also Cheshire, 2007

32. Oreopoulos, 2003

33. Note the term ‘individual-level characteristic’, as used here, refers to data about individuals; it does imply that the individual is the cause of, or responsible for, those characteristics. In fact it is recognised that individual-level characteristics are the outcome of structural and cultural influences as well as more unique individual and personality influences.

34. Fahey, 1999:121

13.8 Monitoring the effectiveness of interventions

The findings of this report may be helpful in reviewing whether existing strategies to support families and children in Respond! estates are consistent with the understanding of need and its determinants which the study has revealed. In addition, the findings 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 parents, children and neighbourhoods could form part of an evaluation system which continuously 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 Respond! families from the normal experience of other parents, children 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.

Specific Implications

1. Interventions are required to improve the mental health of a significant minority of mothers. The lessons of CBT (Cognitive Behavioural Therapy) and positive psychology have much to contribute here.
2. There are differing levels of need among children including: (i) a generalised lack of leisure facilities for most children and (ii) significant difficulties for some children. Group activities would benefit all children but some may require individual assessment and treatment.
3. There is scope for improving the cognitive environment in some homes by encouraging parents to read to children, stimulating interest in books and reading, and raising parental awareness and expectations about education.
4. The level of disability is quite high and generates practical as well as mental health difficulties for parents as well as children.
5. There is evidence that interventions to promote employment and help mothers cope financially would improve the well-being of parents and children.
6. Interventions to improve parenting – possibly through parent support groups – would have beneficial effects on both parents and children.
7. Addressing estate-level problems such as litter & rubbish as well as roaming dogs could generate a wide range of benefits.



14. Concluding Comment

A significant and encouraging finding of the study is that almost any intervention which cultivated a more positive outlook among parents, both cognitively and emotionally would, in addition to its direct mental health benefits, also improve parenting, the well-being of children, and the quality of life on the estate. In this sense, and if one had to choose one form of intervention over all others, then the focus should be directed at the mental health of parents through cultivating positive thoughts, emotions and behaviours. This applies to all forms of intervention, whether prevention, early intervention or treatment³⁵. At the same time, the fact that the study is based solely on data collected from mothers should not be allowed to occlude consideration of fathers and their well-being, and the role which they can play in promoting positive outcomes for children, as a growing body of research is showing³⁶. Moreover, while it is generally recognised that the support services for families are inadequate, this inadequacy is even more pronounced for fathers, and especially single fathers³⁷. The same consideration also applies to the couple relationship which, although not examined in this study, is also known to have a significant influence on the well-being of adults and children³⁸.



35. Services are sometimes referred to as forms of intervention which vary according to the time at which they intervene in the life of a problem. Some interventions are made before the problem is allowed to emerge (prevention), others occur after the problem has emerged but are made early in order to stop the problem getting worse (early intervention), while yet others take place when the problem is fully developed in order to address the consequences which have evolved (late intervention, sometimes referred to as treatment). These concepts can be illustrated using the example of interventions to promote the well-being of children and their mothers. Prevention could take the form of ensuring that pregnant mothers have good mental health and have healthy lifestyles. Early intervention could involve regular screening of children in terms of developmental milestones, mental health and reading ability while offering support to mothers who may be showing signs of negative affect and depression, or using excessive discipline on the child. Late intervention would involve addressing emotional, behavioural or intellectual difficulties which are displayed when the child goes to school, or serious difficulties in the parent-child relationship, or maternal depression and dependence on sedatives, tranquilisers and anti-depressants.

36. For a review of the evidence on fathers, see Lamb, 2004; see also Carlson, 2006.

37. McKeown, 2001a; 2001b

38. See McLanahan, Donahue and Haskins, 2005; Carlson and McLanahan, 2006; Harold, Pryor, and Reynolds, 2001; McKeown and Sweeney, 2001: Chapter Four.

References

Note: for a full bibliography, refer to the Main Report of this study.

Barton, Y., and Fitzgerald, M., 1986. “A Study of Behavioural Deviance in 10 and 11 Year Old Irish Girls in an Urban Area”, Irish journal of Medical Science, March, pp.80-82.

Bolster, A., Burgess, S., Johnston, R., Jones, K., Popper, C., and Sarker, R., 2006. “Neighbourhoods, households and income dynamics: a semi-parametric investigation of neighbourhood effects”, Journal of Economic Geography, Vol 7, pp.1-38.

Bronfenbrenner, U., 1979. The Ecology of Human Development: Experiments by Nature and Design, Cambridge MA: Harvard University Press.

Bronfenbrenner, U., 2001. “The Bioecological Theory of Human Development”, in Smelser, NJ., and Baltes, PB., (Editors), International Encyclopaedia of the Social and Behavioural Sciences, Volume 10, pp.6963-6970, New York: Elsevier.

Carlson, M., 2006. “Family Structure, Father Involvement, and Adolescent Behavioural Outcomes”, Journal of Marriage and Family, 68, September, pp.137-154.

Carlson, M., and McLanahan, SS., 2006. “Strengthening Unmarried Families: Could Enhancing Couple Relationships Also Improve Parenting”, Social Service Review, June, pp.297-321.

Carr, A., 2004. Positive Psychology: The science of happiness and human strengths, Hove and New York: Brunner-Routledge.

Centre for Health Promotion Studies, 2003. The National Health and Lifestyle Surveys: Survey of Lifestyle, Attitudes and Nutrition (SÁN) & The Irish Health Behaviour in School-Aged Children Survey (HBSC), Galway: Centre for Health Promotion Studies.

Cheshire, P., 2007. Segregated Neighbourhoods and Mixed Communities: A Critical Analysis, York: Joseph Rowntree Foundation. Available at www.jrf.org.uk

CSO, Census of Population, 2006 Volume 3, Household Composition, Family Units and fertility. Census of Population, 2002, Volume 13, Housing.

Eivers, E., Shiel, G., and Shortt, F., 2004. Reading Literacy in Disadvantaged Primary Schools, Dublin: Educational Research Centre.

EU SILC, 2006, EU Survey on Income and Living Conditions, November, Dublin: Central Statistics Office. Available at www.cso.ie

Fahey, T., 1999. Social Housing in Ireland: A Study of Success, Failure and Lessons Learned, Dublin: Oak Tree Press.

Fitzgerald, M., and Jeffers, A., 1994. “Psychosocial Factors Associated with Psychological Problems in Irish Children and their Mothers, The Economic and Social Review, Volume 25, Number 4, pp.285-301.

Frederickson, B., 2002. ‘Positive Emotions’, in Snyder, CR., and Lopez, S., (Editors), Handbook of Positive Psychology, pp.257-276, New York: Oxford University Press.

Goering, J., and Feins JD., (Editors), 2003. Choosing a Better Life: Evaluating the Move to Opportunity Experiment, Washington, DC: The Urban Institute Press.

Goodman, R., 1997. “The Strengths and Difficulties Questionnaire: A Research Note”, Journal of Child Psychology and Psychiatry, Volume 38, Number 5, pp. 581-586.

Goodman, R., Meltzer, H., and Bailey, V., 1998. “The Strengths and Difficulties Questionnaire: A Pilot Study on the Validity of the Self-Report Version”, European Child and Adolescent Psychiatry, Volume 7, pp. 125-130.

Goodman, R., and Scott, S., 1999. “Comparing the Strengths and Difficulties Questionnaire and the Child Behaviour Checklist: Is Small Beautiful?”, *Journal of Abnormal Child Psychology*, Volume 27, Number 1, pp. 17-24.

Goodman, R., 1999. “The Extended Version of the Strengths and Difficulties Questionnaires a Guide to Psychiatric Caseness and Consequent Burden”, *Journal of Child Psychology and Psychiatry*, Volume 40, Number 5, pp. 791-799.

Harold, G., Pryor, J., and Reynolds, 2001. *Not in front of the children? How conflict between parents affects children*, London: One Plus One Marriage and Partnership Research.

Kling, R., Ludwig, J., and Katz, L., 2005. “Neighbourhood effects on crime for females and male youth: evidence from a randomised housing voucher experiment”, *Quarterly Journal of Economics*, Volume 20, Number 1, pp.87-130.

Lamb, ME., (Editor), 2004. *The Role of the Father in Child Development*, Fourth Edition, New Jersey: John Wiley and Sons.

Lynch, K., Fitzgerald, M., and Kinsella, A., 1987. “The prevalence of Child Psychiatric Disorder in 10 and 11 Year Old Boys in an Urban School”, *Irish Journal of Psychiatry*, Autumn, pp.20-24.

McCarthy, PW., and O’Boyle, CA., 1986. “Prevalence of behavioural maladjustment in a social cross-section of Irish urban school children”, *Irish Medical Journal*, Vol 79, No 5, pp.125-129.

McKeown, K., 2001a. *Fathers and Families: Research and Reflection on Key Questions*, November, Dublin: Stationery Office. Available at www.doh.ie

McKeown, K., 2001b. “Families and Single Fathers in Ireland”, *Administration: Journal of the Institute of Public Administration*, Volume 49, No 1, Spring, pp. 3-24.

McKeown, K., and Sweeney, J., 2001. *Family Well-being and Family Policy: Review of Research on Benefits and Costs*, June, Dublin: Stationery Office. Available at www.doh.ie

McKeown, K., Pratschke, J., and Haase, T., 2003. *Family Well-Being: What Makes a Difference?*, November, Jointly published by Department of Social & Family Affairs, Family Support Agency and The Céifin Centre in Shannon, Co. Clare. Available www.welfare.ie and www.ceifin.ie

McKeown, K., Haase, T., and Pratschke, J., 2001. *Springboard: Promoting Family Well-Being through Family Support Services*, December, Dublin: Stationery Office. Available at www.doh.ie

McKeown, K., Haase, T., and Pratschke, J., 2004a. *Making Life Better for Families: Do Family Support Services Help?*, Evaluation of Springboard Project in Loughlinstown, Dublin, Dublin: East Coast Area Health Board.

McKeown, K., Haase, T., and Pratschke, J., 2004b. *Making Life Better for Families: Do Family Support Services Help?*, Evaluation of Springboard Project in Darndale, Dublin, Dublin: Northern Area Health Board.

McKeown, K., 2006. “Estimated Number of Children with Special Education Needs”, in *National Council for Special Education, Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004*, October, Kells Co Meath: National Council for Special Education, Chapter Three, pp.59-76.

McKeown, K., and Fitzgerald, G., 2006a. *The Impact of Drugs on Families*. Report prepared for Ballyfermot STAR. September. 58 pages.

McKeown, K., and Fitzgerald, G., 2006b. *Experiences and Attitudes of Early School Leavers*. Report prepared for EQUAL Youth Project in Ballymun and Mayo. September. 69 pages. Available at <http://www.equal-youth.ie/publications/>

McKeown, K., and Fitzgerald, G., 2007. Strengthening the Well-Being of Young People: Evaluation of a Community-based Mental Health Project in Dublin. Report prepared for Mounttown Neighbourhood Youth and Family Project. April. 118 pages.

McKeown, K., and Haase, T., 2006. The Mental Health of Children and the Factors Which Influence It: A Study of Families in Ballymun, A Report for Youngballymun, March, Dublin: Youngballymun. Available at <http://youngballymun.org>

McKeown, K., and Haase, T., 2007. Understanding the Needs of Children: A Study of Needs and Their Determinants in Limerick and Thurles, A Report for Barnardos, September, Unpublished, Dublin: Barnardos.

McLanahan, S., Donahue, E., and Haskins, R., (Editors), 2005. Marriage and Child Wellbeing, Volume 15, Number 2, Washington and New York: Brookings Institution Press and the Woodrow Wilson School of Public and International Affairs, Princeton University.

Martin, M., Carr, A., Carroll, L., and Byrne, S., 2005. The Clonmel Project: Mental Health Service Needs of Children and Adolescents in the South East of Ireland: A Preliminary Screening Study, Clonmel: Health Services Executive, Psychology Department.

Meltzer, H., Gatward, R., Goodman, R., and Ford, F., 2000. Mental health of children and adolescents in Great Britain. London: The Stationery Office.

Mohan, D., Fitzgerald, M., and Collins, C., 1998. "The relationship between maternal depression (antenatal and pre-school stage) and childhood behavioural problems", Irish Journal of Psychological Medicine, Vol. 15, No. 1, pp.10-13.

National Economic and Social Forum. 2002. The Policy Implications of Social Capital, Forum Report No 28, June. Dublin. National Economic and Social Forum.

Nolan, B., and Whelan, CT., 1999. Loading the Dice? A Study of Cumulative Disadvantage, Dublin: Oak Tree Press.

O'Connor, J., Ruddle, H., and O'Gallagher, M., 1988. Cherished Equally? Educational and Behavioural Adjustment of Children: A Study of Schools in the Mid-West Region, University of Limerick: Social Research Centre.

O'Rourke, M., and Fitzgerald, M., 1985. "An Epidemiological Study of Behavioural Deviance, Hyperactivity and Physical Abnormalities in a Dublin Primary School Population", Irish Journal of Psychiatry, Spring, pp.10-16.

Oreopoulos, P., 2003. "The Long-Run Consequences of Living in a Poor Neighbourhood", Quarterly Journal of Economics, Volume 118, Number 4, pp.1533-75.

Shonkoff, JP., and Phillips, DA., (Editors), 2000. From Neurons to Neighbourhoods: The Science of Early Childhood Development, Washington DC: National Academy Press.

Simpson, GA., Bloom, B., Cohen, RA., Blumberg, S., Bourdon, KH., 2005. U.S. children with emotional and behavioral difficulties: data from the 2001, 2002, and 2003 National Health Interview Surveys. Advance data from vital and health statistics; Number 360, June. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2005. Available at <http://www.cdc.gov/nchs/data/ad/ad360.pdf>.

Snyder and Lopez, S., (Editors), 2002. Handbook of Positive Psychology, pp257-276, New York: Oxford University Press.

Stone, D., Fitzgerald, M., and Kinsella, T., 1990. "A Study of Behavioural Deviance and Social Difficulties in 11 and 12 Year Old Dublin School Children", Irish Journal of Psychiatry, Spring, pp.12-14.

Whelan, CT., Nolan, B., and Maitre, B., 2005. Trends in Welfare for Vulnerable Groups, Ireland 1994-2001, Policy Research Series, Number 56, August, Dublin: The Economic and Social Research Institute.





Artwork by Aileen Caffrey, Designed & Printed by South East Media 051 591904

Respond! Housing Association
Airmount, Dominick Place, Waterford.

Tel: 0818 357901

Web: www.respond.ie