

How are they doing?

A Community Perspective on Child Well-Being



A Child Well-Being Study carried out by Archways with Children, Parents and Teachers in Clondalkin, Drogheda and Dundalk



Archways is a national organisation working in collaboration with local and national agencies to promote and research evidence based programmes for children & young people. Archways provides a bridge between evidence based programmes and communities and supports the development of sustainable linked practices that build on existing strengths and resources.



The Blue Skies Initiative is the consortium in the Clondalkin area (specifically North and South West) delivering the Area Based Childhood (ABC) Programme funded by the Department of Children & Youth Affairs and Atlantic Philanthropies and overseen by the Centre for Effective Services and Pobal. The initiative is managed locally by the consortium which is made up of members from several statutory and community organisations in the area and is led by Archways. The Blue Skies Initiative is designed to improve the overall well-being for children and families in the area.



The Genesis Programme is a consortium of over fifty Partner Organisations that is delivering the Incredible Years® suite of programmes and other evidence-informed interventions to children, families and communities in Dundalk and Drogheda in County Louth as part of the ABC Programme.

The Partner Organisations are made up of Early Years Settings, Schools, Community Groups and a range of statutory organisations. Louth Leader Partnership is the lead agency.

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FOREWORD

We are delighted to jointly publish the first study of its kind in Ireland ‘How are they doing? A Community Perspective on Child Well-Being’.

This study, carried out by Archways, and funded through the ABC Programme, aims to provide valuable insights into child well-being to researchers, policy makers, those who provide services, and members of the community at large. The National Children’s Strategy (2000) outlines three main goals; children will have a voice; children’s lives will be better understood and children will receive quality supports and services. We believe that this study helps to achieve those aims for the children surveyed.

This study was conducted in two separate phases and examined the well-being of children aged 7, 10 and 12 years living in Clondalkin, Drogheda and Dundalk. It covers a variety of aspects including children’s views on their well-being, self-concept, their cognitive abilities and academic performance. It gives us a great insight into how children in marginalised areas view themselves and how they are viewed by their parents and teachers.

It is an excellent example of inter-agency collaboration. We would like to acknowledge the support we received from principals, Home School Community Liaison Officers, parents and children. The co-operation of the 20 schools involved has ensured that children’s voices were heard.

We hope those agencies with responsibility for planning services for children take on board these findings and respond to the issues highlighted.

We need to continue to support and encourage our children. This report highlights the need for intervening early in their lives and continuing to support them as they develop and grow.

Claire Woods
Chairperson
The Genesis Programme

Aileen O’Donoghue
Chairperson
Blue Skies Initiative

ACKNOWLEDGEMENTS

Archways would like to thank the Department of Children and Youth Affairs for the funding to carry out this study. We would also like to thank the Blue Skies Initiative and The Genesis Programme for their contribution to this research. We would particularly like to acknowledge and thank the children, parents and teachers who participated in the study.

Special thanks to Marymount National School (Drogheda) and Gaelscoil Dhún Dealgan (Dundalk) for the use of their photographs.

EXECUTIVE SUMMARY

This study was undertaken to assess the well-being of children living in disadvantaged communities. Information with respect to children's self-perception of their well-being was collected. This information serves multiple purposes. It allows us to establish the children's own view of their strengths, their perceived deficits and most particularly their needs. It also provides us with some indication as to the type of resources and interventions these children might require and allows us to identify the optimal time to introduce these resources. The findings produced in this study indicate that children living in these areas of disadvantage prove to be highly resilient. They hold a high perception of their well-being and demonstrate a level of academic performance comparable to their peers. However, certain areas of concern were noted. These include emerging behavioural difficulties for children in 4th class and emerging social maladjustment challenges for children in 6th class.

The study involved data collection from three different sources. In the first phase of the study, the children¹, their teachers and parents each completed a questionnaire assessing various domains of the well-being of children. A measure of resilience was added in the 2nd phase² of the study in order to evaluate the possible interaction of and between the children's self-concept and resilience.

It is generally known that children in marginalised communities are exposed to a series of adversarial challenges in their environment which impact on their development, ultimately resulting in poor outcomes. The evidence, as provided by the current study, challenges the assumption of poor outcomes for children based merely on geographical location or exposure to aspects of demographically disadvantaged areas which have been identified as problematic.

It is hoped that conclusions drawn from the findings will initiate and reframe the current dialogue in relation to well-being and disadvantage. It will contribute to our understanding and highlight the complexities relating to the use of a 'deficits' versus 'strengths' models in the discourse and analysis of children's actions, perceptions and interactions with their environment.

1 The 1st phase of the Well-Being study involved only 7-year-old children in 2nd class
2 The 2nd phase of the study involved children in 4th and 6th classes

KEY FINDINGS

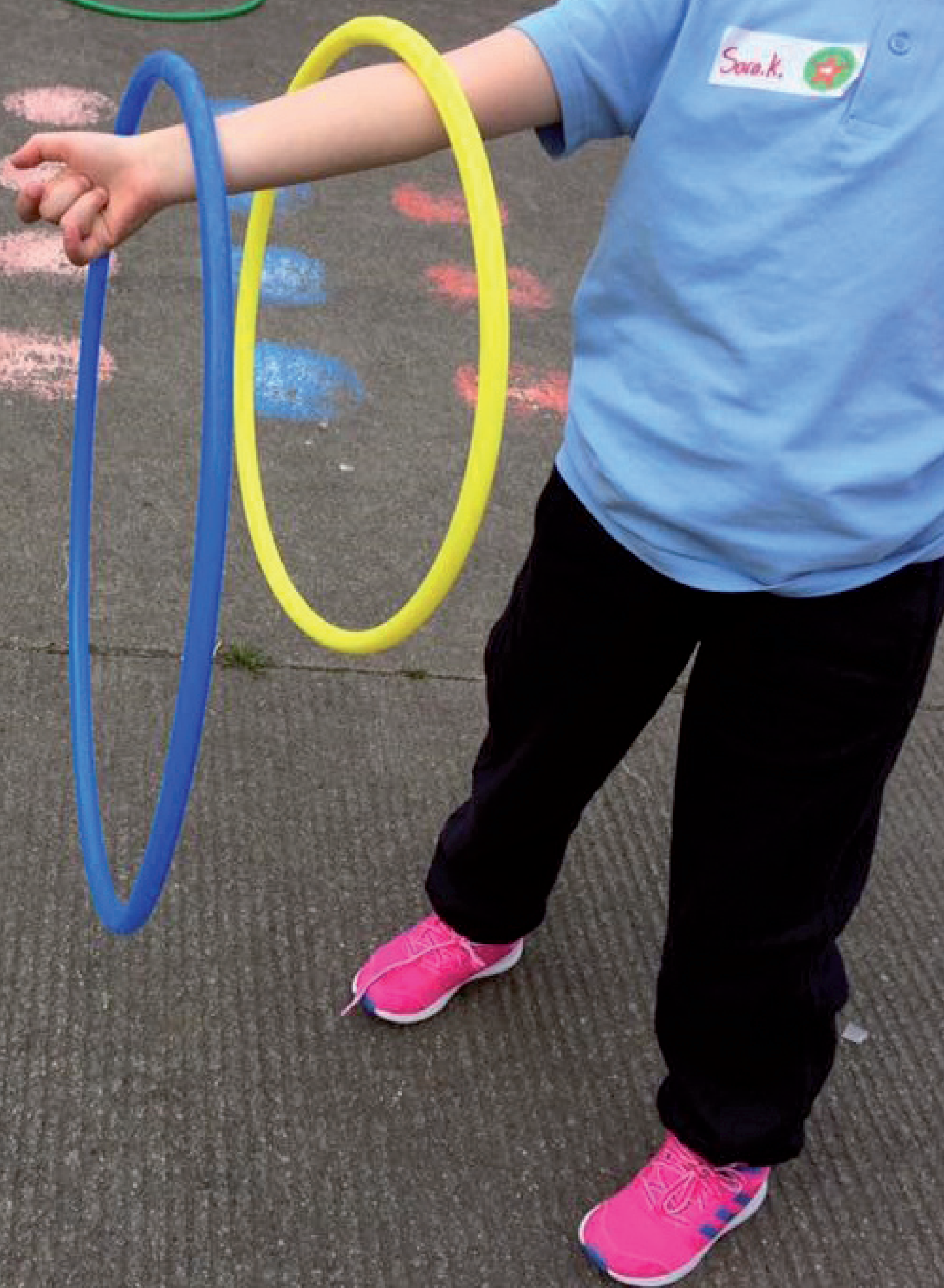
- In the first phase of the study, the children (n=306) in 2nd class (7-year-olds) reported a high level of well-being or self-concept. These ratings were higher than those given by their parents and teachers.
- The results of their STen scores were relatively consistent with the children's perceived sense of their cognitive abilities and academic performance and contradicted that of their parents and teachers.
- Analysis of the MICRA-T and SIGMA-T STen scores indicated that the children in the study produced results which were comparable to their peers and better than the national norm.
- The children (n=555) in the 2nd phase of the study were found to have a highly robust sense of resilience. Girls (83.2%) were found to be more resilient than boys (74.9%).
- The difference in gender was consistent across the cohorts and pronounced in 6th class where girls (85.7%) were found to be more resilient than boys (72.8%).
- There was a strong positive correlation between the children's sense of resilience and perceived well-being.
- The average scores of the children in all 6 subscales of the Piers-Harris scale in 2nd, 4th and 6th class in our study suggest they are all well within the average ranges, according to the scale developers¹.
- The 6th class children in the study produced comparable average scores in the six subscales of the Piers Harris Scale when compared to their peers nationally².
- The results of the teachers' ratings on the Adjustment Problem scale indicate a reduction in the proportion of children that teachers perceived to have deficits in the various aspects assessed. This increases with the children's age.
- The parents' ratings of the Cognitive Impairment scale (15.3%, 12.4% & 8.5%) indicated a consistent sliding slope in relation to the proportion of children with deficits in cognitive impairment (in 2nd, 4th and 6th classes respectively). This dip in ratings is relatively consistent with the teacher's ratings in similar areas³.
- Of particular note is the change in the Social Withdrawal scale, where parents' perception of difficulties in this area tends to increase as the children grow older (16.5% in 2nd class, 17.6% in 4th class & 19.1% in 6th class). The Social Withdrawal scale consists of Social Introversion and Isolation subscales (with Family Dysfunction scale)⁴ and is the only scale in the parents' rating with such a trajectory indicating increased proportion of deficits.

¹ Average range (45T-55T)

² The comparison here is made with Growing Up in Ireland wave 2 child data (13-year-olds), while our 6th class sample consists of children who are 12 years old.

³ Graphic analysis of other various indicators of adjustment and well-being assessed in the study can be found in the appendix section.

⁴ See appendix C



Sara K.

INTRODUCTION

This report presents a brief analysis of the data gathered from both phases of the child well-being study. The study was designed to produce comparable baseline data as part of the initial evaluation for the implementation of the ABC Programme through the Blue Skies Initiative in Clondalkin and The Genesis Programme in Louth. The ABC programme is a government funded programme designed to address area based disadvantage and to promote children's health and well-being. The programme aims to 'break the cycle of child poverty within areas where it is most deeply entrenched and where children are most disadvantaged' (DCYA, 2013).

In the first phase of our study, we assessed the well-being of 7-year-old school children (2nd class) in North and South West Clondalkin, Drogheda and Dundalk. In the second phase, data was collected to assess the well-being of children in 4th and 6th classes.

HYPOTHETICAL STANDPOINT

In initiating our research into children's well-being, we set out with a central hypothetical standpoint based on a common knowledge supported by a vast collection of literature in child development. It posits that children from disadvantaged communities have poorer outcomes compared to their counterparts from more affluent neighbourhoods. Much of our previous research had demonstrated that fundamentally parental, educational and societal input underpin the successful development of children. Consequently, in this study we believed that the children we examined would demonstrate a range of significant deficits, moreover, we assumed these deficits would present across a range of individual domains. Certainly, we anticipated that academic and social competencies would be poorer than the norm and that this would have a domino effect leading to poorer school attendance, lower academic performance, early school leaving, the development of negative attribution style and ultimately in a concept of personal well-being which reflected the struggles these children routinely experienced. It is well established that the consequences of educational disadvantage can be far-reaching. Previous research has indicated that poor educational attainment is often accompanied by high socio economic costs and can include increased unemployment, criminality, higher public health spending and even lower participation in political and civic activities later in life.

Consequently, we posited that the well-being of the children examined would be poorer than their peer groups nationally, that their sense of well-being would diminish over time and that as they reached a state of concrete operational development, the recognition of the many challenges they faced would lead to a process of social withdrawal and disengagement from educational and social structures.

In short, we felt that when faced with challenges, such as intergenerational poverty, poor educational performance, drug use and unemployment, new norms would develop which would act as tangible obstacles to these children and that we would see this in how they perceived their world, their interactions with it, and most importantly judged their resources to tackle and overcome these issues. We expected that many would overcome

these difficulties, would prosper and even excel, this invariably is the case. However, in the main we felt that the obstacles faced would prove overwhelming for the majority of those children assessed and that we would see this manifest in their sense of self and well-being.

Why so pessimistic?

The locations covered in our study are by any agreed definition deeply deprived. Indeed, Clondalkin, Drogheda and Dundalk contain neighbourhoods which have been designated as being amongst the most deprived in the country. Many of the children have grown up in what could loosely be described as difficult environments, burdened by poverty, unemployment, crime and violence, parents experiencing difficulties, economic and social disadvantage.

For many years, a vast welter of studies has examined the problems faced by children whose lives have been burdened by the accumulation of these same risk factors. These areas presented fertile ground for our research, they would allow us to assess and identify the children who overcame these obstacles, to potentially form some understanding of the protective factors at work which underpin how some children grow up competent despite the many risk factors in their lives. What makes a difference? What could we learn that could guide our efforts to facilitate better development in children within these at-risk areas?

This study sought to be as comprehensive as possible and to this end we tried to gain access to the largest number of children possible. We were fortunate that the children and families were so willing to cooperate with the study and that this willingness was complimented by similar levels of support and engagement by educators and the ABC Programme project teams within the localities. This level of input was vital.

The standards by which parents, teachers, and community members judge how well a child is developing can vary, of course. Yet, there is good agreement about the standards for doing well in society, even across these very different professional and personal domains.

Our study involved the application of questionnaires to children, parents and teachers. As stated often these groupings can differ in terms of expectations and even aspirations. The questionnaires caught the broad expectations that parents have for children of different ages, how teachers view these expectations and development standards more generally and how children perceive their sense of self and draw the natural process of comparison they make with their peers.

METHODOLOGY

This study was designed as a cross-sectional study assessing various domains and indicators of child well-being using well-validated survey instruments. Data was collected from multiple sources - the child, the parent and the teacher to give a comprehensive picture of the well-being of children in 2nd, 4th and 6th classes living in North and South-West Clondalkin, Drogheda and Dundalk.

The first phase was completed in 2015. It involved the collating and analysis of data collected from 306 7-year-old children in 2nd class, their teachers and parents. Information about the child's well-being was collected from the parent using Personality Inventory for Children, Second Edition (PIC-2). This multidimensional objective tool was utilised in measuring both broad and narrow dimensions of behavioural, emotional, cognitive and interpersonal adjustments. The child's teacher completed Student Behaviour Survey (SBS), used in assessing achievement, academic and social skills, parent cooperation, and emotion and behavioural adjustment. In order to include the voice of the child in assessing their well-being, each participating child completed self-administered Piers-Harris Children's Self-Concept Scale. A validated survey tool used to collect information about children's physical, socio-emotional and behavioural well-being.

The 2nd phase of the research involved a sample size of 555 children from both areas, of which 49.7% are in 4th class while 50.3% are in 6th class. In the 2nd phase, a measure of resilience was added in order to assess the interaction of children's resilience with indicators which are understood to affect their wellbeing. The Child and Youth Resilience Measure (CYRM-12) was utilised. This validated instrument is a screening tool used to explore the resources (individual, relational, communal and cultural) available to youth that may bolster their resilience. The measure was designed as part of the International Resilience Project (IRP), of the Resilience Research Centre, in collaboration with 14 communities in 11 countries around the world.

The table below shows the breakdown of the sample according to classes, the gender of the children and the gender of the participating parent/guardian.

Table 1: Sample profile information

	Demographic Information	
	Sample (n=555)	
	4 th Class	6 th Class
	49.7% (n=276)	50.3% (n=279)
	Gender	
	4 th Class	6 th Class
Male	47.7%	50.9%
Female	52.3%	49.1%
	Gender of the participating Parent/ Guardian	
	4 th Class	6 th Class
Male	14.8%	16.5%
Female	85.2%	83.5%



RESULTS

PHASE ONE

The children reported a high level of well-being or self-concept. These ratings were higher than those given by their parents and teachers. Results of their MICRA-T and SIGMA-T STen scores were relatively consistent with their perceived sense of cognitive abilities and academic performance. Surprisingly, the children in the study produced results which were comparable to their peers and better than the national norm. These findings, in light of the vast welter of previous research, are highly unexpected.

Table 2 below shows a comparison of the national average SIGMA-T STen scores and the average amongst the study cohort (2nd Class).

Table 2: Comparing the % of average, high average and well above average scores of 2014/2015 SIGMA- T STen scores

	Average	High Average	Well Above Average	Total % of Average and above
CWBS - 2nd Class SIGMA-T	39%	14%	20%	72%
% of National Norm	34%	16%	16%	66%

Table 3 below shows a comparison of the national MICRA-T scores and the average amongst the study cohort (2nd Class).

Table 3: Comparing the % of average, high average and well above average scores of 2014/2015 MICRA-T STen scores

	Average	High Average	Well Above Average	Total % of Average and above
CWBS - 2nd Class MICRA- T	40%	17%	11%	68%
% of National Norm	34%	16%	16%	66%

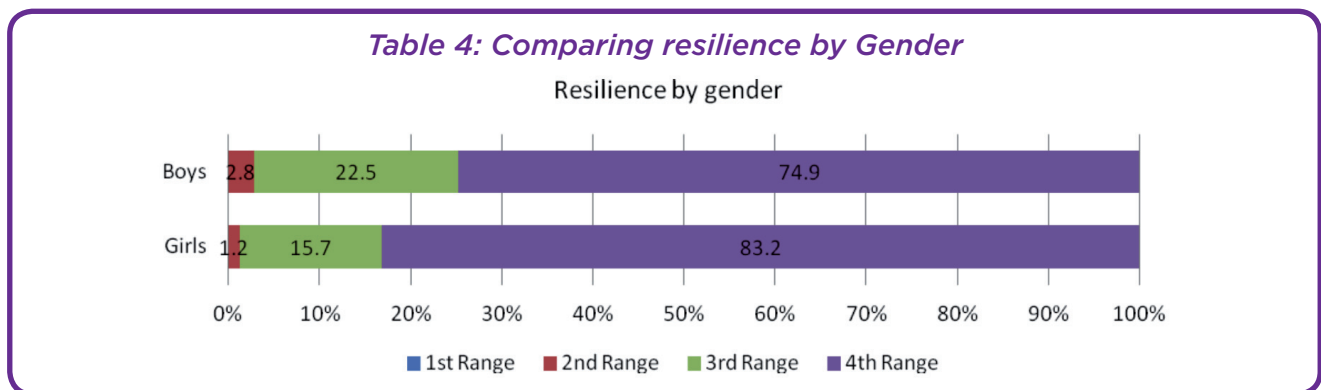
Our analysis of the children's STen scores was consistent with these unexpected results. Using the STens scores of our cohorts and comparing them with the national figures, the children assessed exceed the scores of the national norm across both the English and Maths components of the STen system. These Findings from the first phase strongly indicated that further exploration was required. In spring 2016 a second phase of the Child Well-Being study began with the aim of assessing the well-being of children in 4th and 6th classes.

PHASE TWO - MEASURING RESILIENCE

In the second phase of our study we included a Child and Youth Resilience Measure (CYRM-12) to assess the resilience and sense of efficacy of children in 4th and 6th classes. Some sample questions from the tool include: *I have people I want to be like. I am treated fairly. I feel that I belong at my school.* The participants had a choice of 3 likert scale options: No, Sometimes, Yes. Cohort scores were interpreted on a simple scale with four ranges:

Range 1 (indicating the lowest resilience, below 25%). Range 2 (from 26%-50%). Range 3 (from 51%-75%). Range 4 (indicating the highest resilience, from 76%-100%).

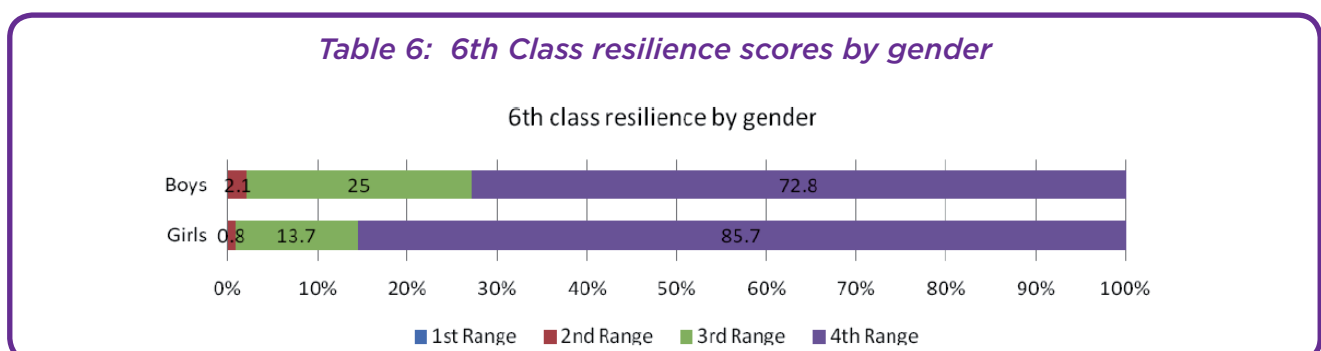
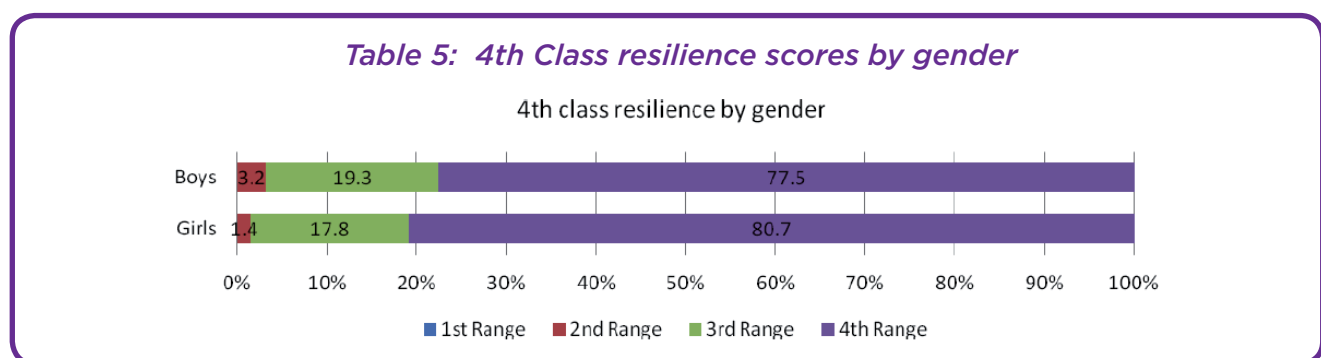
Table 4 shows that girls were found to be more resilient than boys. 83.2% of girls in the sample compared to 74.9% of boys scored within the 4th range of the scale.



An analysis of the graphs demonstrates that the vast majority of the children in both classes scored at the 4th range of the scale, in short it can be said that the children in the study demonstrated a highly robust sense of resilience.

Whilst there was expected differences in gender and the figures below indicate this to be the case, although girls are more resilient than boys in both 4th and 6th classes, even amongst the male population we tested, the resiliency was of a higher level than expected.

Table 4 and 5 highlight the differences in resilience both in males and females in 4th and 6th class.

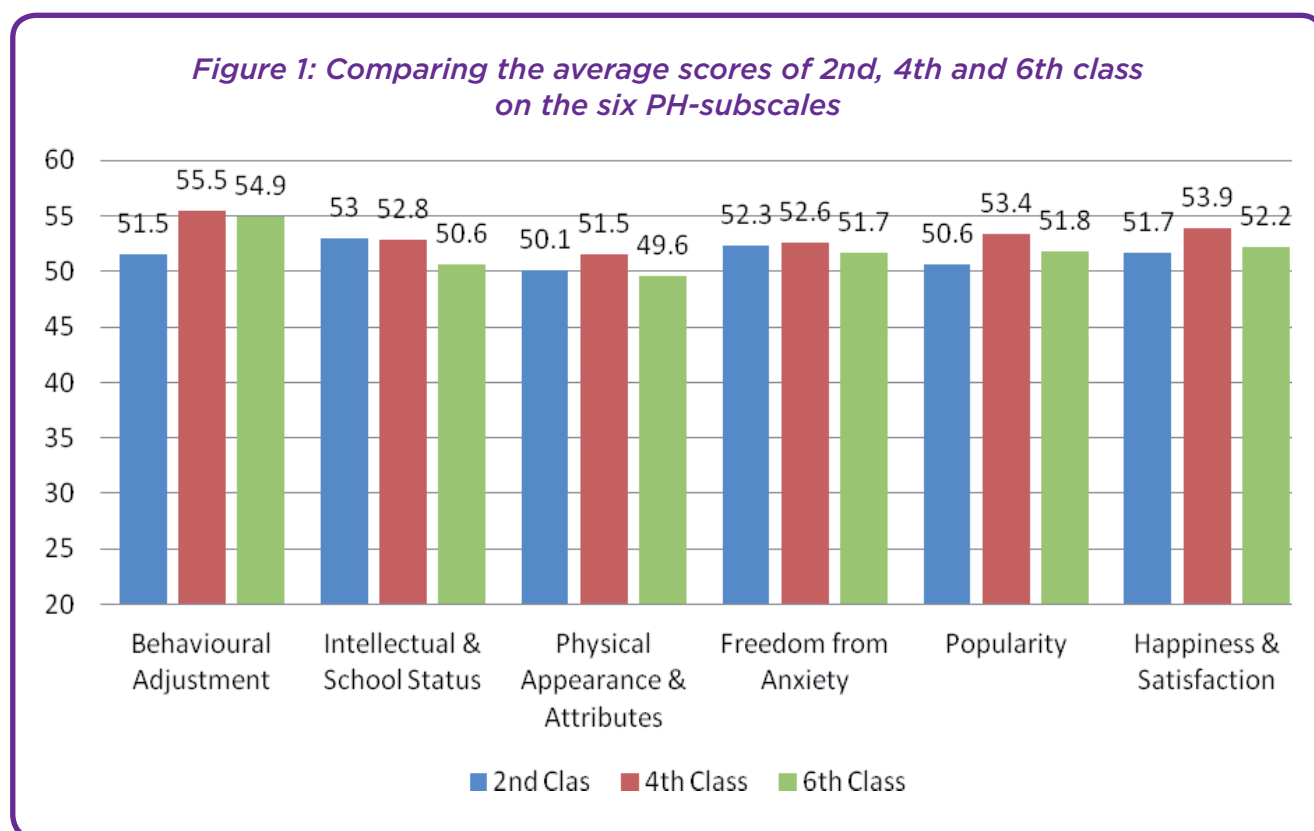


ANALYSIS

The results, as they currently present, suggest we may need to rethink our previous analysis regarding performance outcomes for children from demographically deprived areas. Furthermore, rather than focus on possible reasons for dysfunction, future research is needed to examine the contextual and environmental contributions which might explain why these children appear to be succeeding at levels beyond our expectations. The children who we assessed are, to all intents and purposes, typical of children from demographically disadvantaged areas. Extensive information was gathered about the lives of these children, including information about their academic competence, sense of self and many family and individual aspects of their environment which should have effectively acted as significant risk factors for poor academic performance, the development of negative attributions and overall poor social engagement.

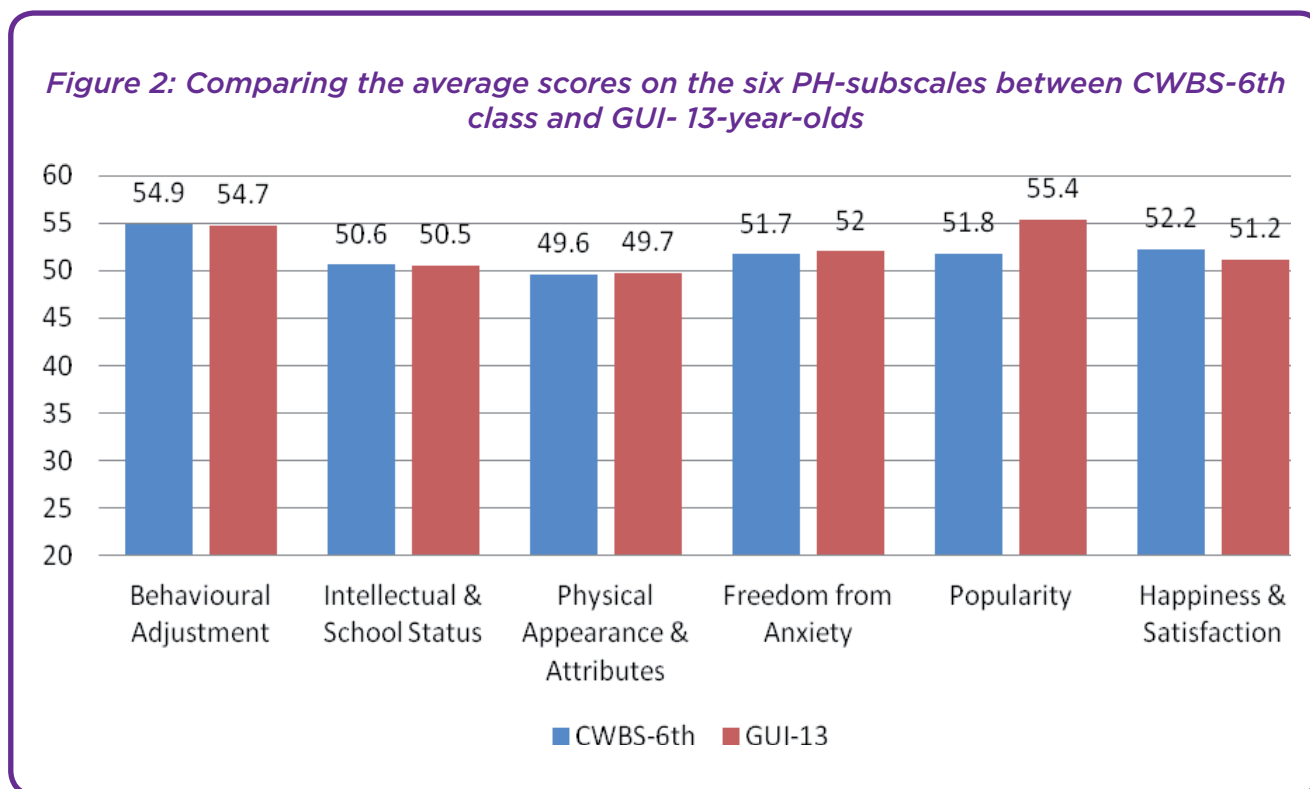
Children's self-concept was measured using Piers-Harris Self Concept scale (2nd Edition). This measure was used in the Growing Up in Ireland (GUI) study. The scores were compared with Growing Up in Ireland study¹.

Figure 1 below compares the average scores between 2nd, 4th and 6th class on the six PH-subcales.



¹ It is pertinent to note that the comparison here is made with Growing Up in Ireland wave 2 child data (13-year-olds), while our 6th class sample consists of children who are 12 years old.

Figure 2 below shows that the 6th class children in the study produced comparable average scores when compared to the peers nationally¹. With average scores of between 50 and 56 in all 6 subscales of the Piers-Harris scale, children in 2nd, 4th and 6th class in our study are well within the average ranges according to the scale developers².

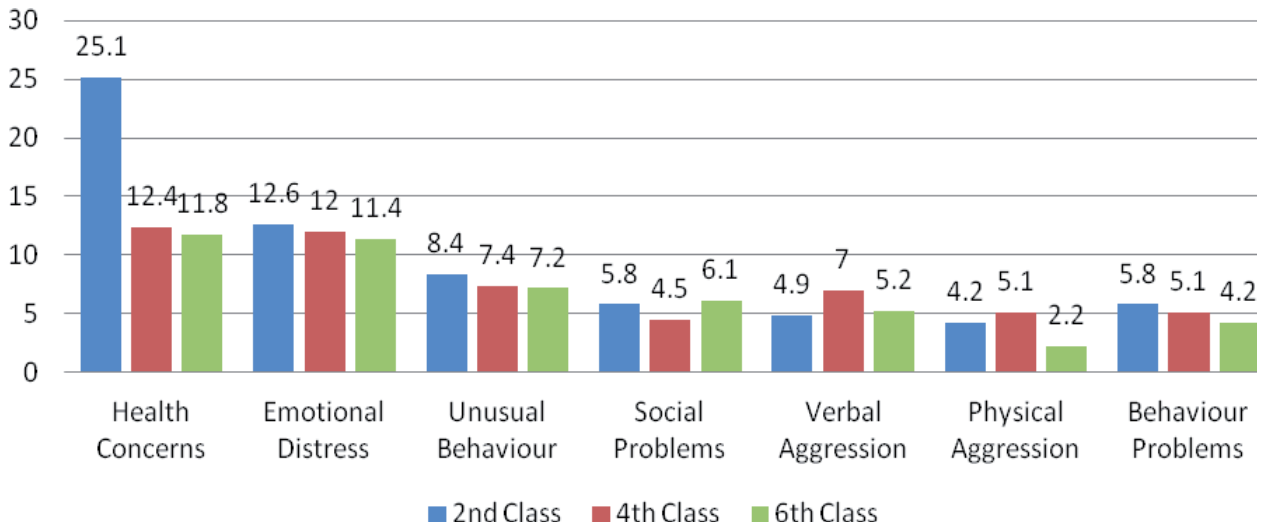


Similarly, parent and teacher’s opinions differed as to their perceptions of the children’s outcomes and performances across a range of dimensions, and both negative parent and teacher assessments are again viewed as significant risk factors for successful child development. Of note was the fact that both parents and teachers in the first phase indicated that the children, in their opinion, were doing less well than their peers and neither were as accurate nor gauged the actuality of the children’s competencies and capacities as well as the children did themselves (as illustrated by the STENS Scores).

Figure 3 below presents the teachers’ ratings and shows the percentage of children with below average score in various subscales of the Adjustment Problem scale. The results highlight a reduction in the proportion of children that teachers perceived to have deficits in various aspects assessed as the age increases.

1 As in 1 above
 2 Average range (45T-55T)

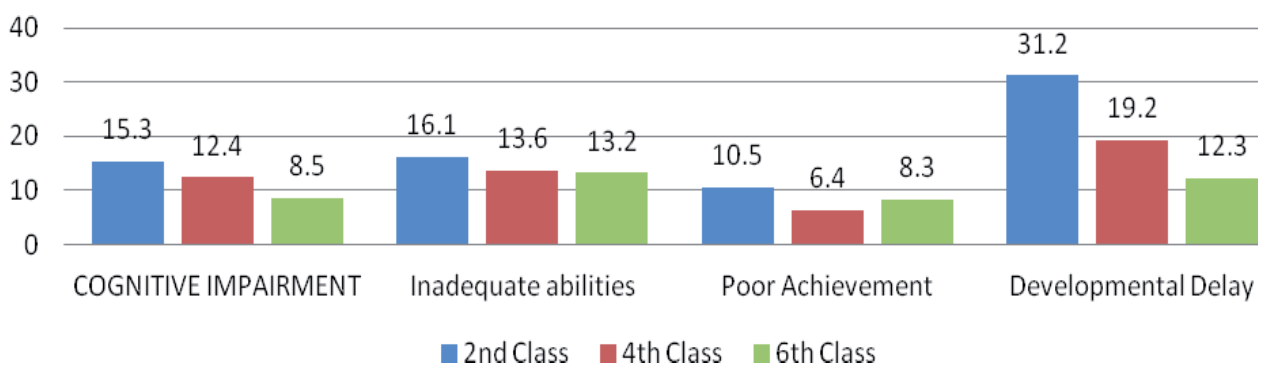
Figure 3: Showing % of 'below average' scores of 2nd, 4th and 6th class on 7 subscales of Adjustment Problem subscale



However, overtime there was a strong convergence across parents, teachers and children amongst 12-year-olds, with regard to children’s abilities, all three groupings rated performance capacity at higher levels than at previous testing points. However, it is noteworthy that children still assessed their performance at levels greater than their parents and teachers and that this assessment was the most accurate in terms of the data from the STen scores.

Figure 4 below shows a consistent sliding slope in relation to the proportion of children with deficits in cognitive impairment scale. This dip in ratings is relatively consistent with the teacher’s ratings in similar areas¹.

Figure 4: Showing % of 'below average' scores of 2nd, 4th and 6th class on 4 subscales of Cognitive Impairment subscale



¹ Graphic analysis of other various indicators of adjustment and well-being assessed in the study can be found in the appendix section

Figure 5 below shows the percentage of 'below average' scores of 2nd, 4th and 6th class on 3 subscales of Impulsivity and Distractibility subscale.

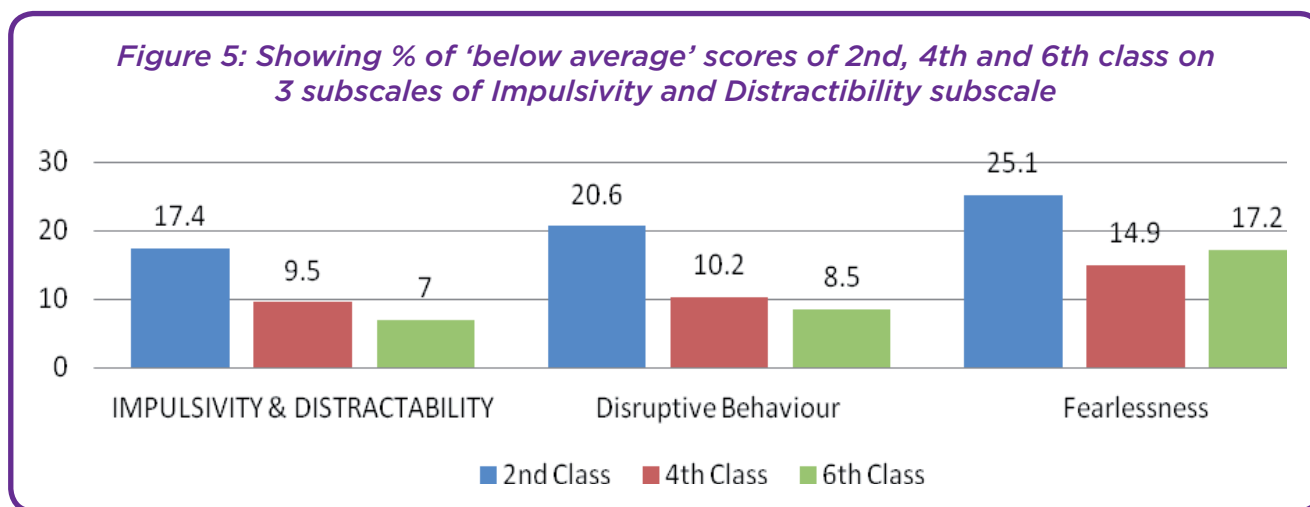
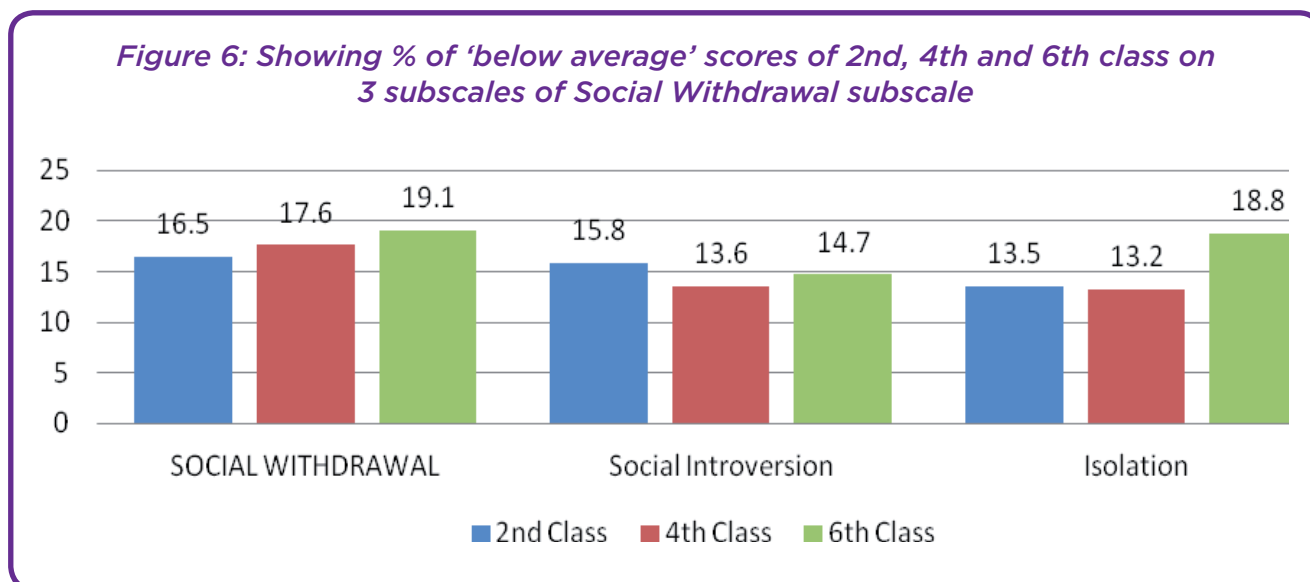


Figure 6 is of particular note, showing the change in Social Withdrawal scale, where parents' perception of difficulties in this area tends to increase as the children grow older. Social Withdrawal scale which consists of Social Introversion and Isolation subscales (with Family Dysfunction scale)¹ is the only scale in parents' rating with such trajectory indicating increased proportion of deficits.



¹ See appendix C



DISCUSSION OF FINDINGS

How might one account for these findings? One possible explanation for these findings is that these children had access to more internal and external resources, particularly in the form of evidence based programmes and interventions than peers in other areas. Both Clondalkin and Louth have invested heavily over the last ten years in the Incredible Years programmes for teachers, parents and children. They have provided programmes which promoted good thinking and problem-solving skills amongst these children, teacher competency training programmes and programmes specifically designed to produce effective parenting. These areas have also benefitted from DEIS (Delivering Equality of opportunity In Schools) supports. Previous research has shown that risk factors do not seem to derail development if these key adaptive resources are made available, generalized across the community and inculcated in children when they are young.

“
Both Clondalkin and Louth have invested heavily over the last ten years in the Incredible Years programmes for teachers, parents and children.

The children we surveyed were highly resilient and had a competency and capacity profile more in keeping with children who had no more than the normative level of stress in their lives. ”

As we have seen, the children we surveyed were highly resilient and had a competency and capacity profile more in keeping with children who had no more than the normative level of stress in their lives. They demonstrated good coping skills. They perceived themselves to be good problem solvers, able to learn and pay attention. They had close attentive relationships to adults in their lives who regardless of family make up seemed to have provided warmth and care for them. There were activities made available to them at schools and in their communities. They seem to have developed the capacity and skill sets to establish to close friendships. They had good self-esteem and felt effective.

These findings are highly unexpected. The consensus was that children from these areas were impacted by greater risks and had available to them limited protective resources. Consequently, weighed down by constant exposure to risk factors these children developed significant problems. This was taken to be an absolute. However, our research indicates that this is not the case with regard to the children we assessed. In this study we found that children who were supported through and who succeed in the developmental tasks of childhood were very likely to continue to succeed in the new arenas of competence as they mature. We can see this process at work amongst the 10-year-old and 12-year-old grouping.

This is not to suggest that the research indicates that the process of development presents

or is devoid of challenge. We noted that the transition period between 8 and 10 years is a significant one for the children. Unlike the 7-year-old cohort the 10-year-old grouping demonstrated higher levels of insecure and unstable behaviour (as seen in Clondalkin cohort)¹.

Whilst we found these results noteworthy, it is consistent with previous research which indicates that the level of problems children experience and externalise during this period does appear to routinely increase. For example, a number of risk factors can become more prevalent during this period, poorer levels of home school collaboration; families with a poor education are no longer able to adequately support their children's academic work. Accompanying the greater prevalence of these risk factors is the natural development of the child. Children at this age experience a natural drive towards autonomy and to push boundaries and disobey commands. Children at this age are also more open to the influence of others and parental control begins to wane.

The children in this study would appear to have been assisted throughout this process by both well informed and practiced parents and teachers. The majority of the children assessed appeared to overcome these obstacles within a two-year period largely. This could be a consequence of having access to caring adults who remained involved in their education, communicated high expectations and facilitated their school attendance. In addition, these children often also had access to homework clubs and teacher supports which helped them to negotiate this difficult transitional period. This is clear when we examine the well-being assessment of children at 6th class (12 years).

Our findings are consistent with literature produced from a variety of different jurisdictions. This literature suggests there is a list of protective factors which once available, act as a powerful protective shield for children's normative development. These would appear to be ordinary human resources situated, in the children's families and relationships, in their communities and schools. These protective systems act as a kind of protective system or buffer.

As a consequence of Government policies, such as ECCE (Early Childhood Care and Education), DEIS and evidence based programmes (such as the Incredible Years) it might well be the case that children within the Clondalkin and Louth areas were better served than their peers in similarly disadvantaged areas because of the availability of this type of protective system. If this is indeed the case, it follows that efforts to promote competence and well-being in children at risk should focus on making available similar strategies to those introduced in these areas. These strategies and programmatic elements have demonstrated a capacity to prevent or compensate for risk factors and threats to these basic systems.

“ The best-documented asset of resilient children during this age period is a strong bond to a competent and caring adult

Similarly, it follows that whilst early intervention is clearly of benefit and should be continued, the need to target interventions at the time when, according to this study, the children are at greatest risk namely at 8-10 years in terms of behavioural difficulties and at 12 years in relation to emotional difficulties are

¹ See appendix B

a particular requirement. For example, additional after school programmes, tailored behaviour management, schools based programmes and mentoring all appear to play a powerful role in the lives of children who successfully negotiate challenges to development during this period. Programmes such as Incredible Years that support effective parenting and the availability of competent adults in the lives of children are also crucial. The best-documented asset of resilient children during this age period is a strong bond to a competent and caring adult; however, this adult need not be a parent. For children who do not have such an adult involved in their lives, the first order of business should be to provide one by using effective mentoring programmes.

One finding which is troubling was the shared concerns by both parents and teachers that the children in the 12-year-old cohort appeared to be experiencing higher levels of anxiety and social discomfort. This concern can be given additional weighting when one examines the teacher's perception of children's performance within the school environment. Once again, we find that the evidence produced is counter intuitive. Teachers rated children's abilities, learning habits and outcomes at a level comparable with their peers. However, one must examine the behavioural adjustment scale of the teacher's rating to fully appreciate the developmental problems that seem to be emerging amongst the population we examined. In the face of all previously produced data the teachers assessed themselves well equipped to deal with the externalising behaviours of children within their classrooms, similarly parents expressed the opinion, as inferred from their own data set that they too had inculcated the skills required to deal with such behaviours.



One finding which is troubling was the shared concerns by both parents and teachers that the children in the 12-year-old cohort appeared to be experiencing higher levels of anxiety and social discomfort.

However, both teacher and parent data indicate that they had significant concerns dealing with what they perceived to be the internalising behaviours of the children in their care. Both teachers and parents indicated the children were experiencing levels of social and emotional discomfort which they clearly recognised but the schools are ill equipped to deal with these challenges. This finding is worthy of particular attention, when we looked at our children's sense of social adjustment and efficacy and management within their environment we found that in comparison with their peers some of the children in our study were performing significantly less well than their peers in this area.

For these children protective factors in the form of evidence based programmes should be available to ensure we in-build mental health resilience.



Whilst it is not possible with the current data sets to suggest a definitive diagnosis, the data set produced by our 12-year-old cohort would indicate that a considerable number of the children at this stage are manifesting emergent anxiety and stress disorders. These presentations were of a degree of intensity and frequency that they were clear and apparent to both teachers and parents alike. It has long been established that generalized anxiety disorder and stress can appear within this cohort and that process has a complex pathogenesis

including hormonal changes associated with puberty. It is also clear that the nature of these disorders fluctuates overtime and can resolve spontaneously as children gain a degree of mastery over their environments. However, for many children this does not occur and the number produced in our study suggest that this might well be the case in our cohort. For these children protective factors in the form of evidence based programmes should be available to ensure we in-build mental health resilience. Interestingly in recent years several studies have indicated the potential risks to children's mental health at this vulnerable period of time and extensive efforts have been made to develop evidence based programmes, usually classroom based which can achieve this outcome.



The children at 10 years of age exhibit increased levels of externalised behaviours and their capacity to emotionally regulate becomes problematic.

When development is proceeding normally, children are motivated to learn about their environment. Our analysis demonstrates that the children we examined in our study had inbuilt capacities and competencies which acted as protective factors against the many disadvantages they were exposed to. It is plausible that the Incredible Years series of programmes made available to these children over the last ten years inculcated a strong sense of resilience. The ECCE programme and DEIS supports served to reinforce this sense of inner control and external mastery further. However, this story is only half told. As researchers, we should note that resiliency and mastery can be transitory constructs. Indeed, this is clear when we examine the children's performance at 10 years. This cohort of children still performed at unexpectedly high levels, nonetheless if we examine the figures more closely we see that slight cracks in the child's performance persona appear. The children at 10 years of age exhibit increased levels of externalised behaviours and their capacity to emotionally regulate becomes problematic.

A state of resistance develops, which is present both at home and at school. It is visible and has troubled both parents and teachers. Whilst in most of cases this is resolved, in others it clearly does not. In such cases it is easy to imagine a cycle of coercive behaviour developing between parent and child and teacher and child. Once established this coercive pattern is corrosive to relationships and can begin a trajectory which blights the progression of the children as they grow older and move from primary to secondary schools and ultimately beyond as they journey out into the world. The concept of emergent behavioural problems at this age has long been noted in the literature. Also noted was the fact that once these behaviours emerge they can all too quickly become embedded and more difficult to shift and change. Our research has identified a point of intervention which can stem the growth and development of these behaviours. We have identified a point of intervention when children are primed to positively change dysregulation and maladapted behaviours.

The research also highlighted the levels of maladjustment and anxiety of children in the later 12-year-old cohort. It was noted that both parents and teachers became cognisant of a shift in the well-being of the children in their care. This finding has clear relevance.



Unless children are provided with the necessary supports to learn to cope with these stressors, a form of generalised anxiety may develop.

Children's mental health is fragile and during this period they exist in an environment which is subject to great change both to them as individual, as a consequence of advancing puberty, and as they become exposed to higher forms of educational content and begin the transition to secondary school. Increasingly as a society we have become aware of the impact of these stressors on the mental health and well-being of our children. Unless children are provided with the necessary supports to learn to cope with these stressors, a form of generalised anxiety may develop. Once embedded this pervasive anxiety comes to shape the child's perspective of the world and ultimately sets their place within it. At best, the presence of generalised anxiety will interfere with the ability to learn and their ability to make and maintain friendships. At worse, it forces children into a state of isolation which may lead to ideation, self-harm and the development of chronic mental health conditions. Identification of relevant programmes to address these issues with this age group is important in preventing the development of more serious mental health difficulties.

CONCLUSION

The principle theoretical implication of this study is that the commonly held assumption of poor outcomes for children in less affluent areas needs to be re-evaluated. It is generally believed that children in marginalised and disadvantaged communities are exposed to a series of adversarial challenges in their environment which impact on their physical and psychosocial development, specifically their sense of self, their perception of the world and that this in turn negatively impacts upon their progression from childhood through to their teenage years and eventually adult lives.

By any measure commonly applied, the children in our study lived in highly disadvantaged communities, yet they demonstrated a level of resilience and performance comparable with their peers in terms of both self-concept and academic capacities.

This study was not specifically designed to evaluate the influence of the services available within the communities within which the children resided. Nor was it part of the remit of this study to assess the role such services potentially played in shaping the children's sense of well-being over time. However, it could be argued that the positive finding in this study may be indicative of the impact of the resources available within these communities particularly the range of Government funded initiatives like DEIS, ECCE and the ABC Programme and the widespread availability of evidence based provision such as the Incredible Years parent, teacher and child training suite of programmes. If this is indeed the case, then continued investment to provide and improve support services for families in these areas is crucially important. Similarly, it would be of huge import that Tusla continue to provide support to schools through its Education and Welfare Services to improve and concretise the positive well-being and academic outcomes for children in these areas.

This said, our evaluation did uncover a number of children experiencing difficulties in both behavioural and psychological well-being. Most worryingly our evidence also indicated there was a clear and apparent trajectory towards potential mental health difficulties when one examined the proportion of children (especially those in 6th classes) experiencing issues such as anxiety, isolation and social withdrawal. It is apparent that the availability of programmes and supports to address these emerging difficulties is required. Their introduction would prove timely at this juncture in the child's development as they would allow for interventions to be introduced at an optimal period, before the behaviours themselves become embedded.

Taken together, these findings highlight the relevance for Government departments responsible for the welfare, education and health of children to work collaboratively in achieving a desirable outcome for children and young people. Given that both the protective and risk factors identified in the study cut across the responsibilities and remit of these agencies, a strategic initiative focused at preventative work would seem most appropriate. The ABC Programme has already established collaborative work practices with local services and therefore already has the capacity to respond to these needs and ensure the effective delivery of appropriate programmes to young people and children, especially those identified as experiencing emerging mental health difficulties.

Whilst our study findings would indicate that there is a need to identify and introduce programmes which can address emerging behavioural difficulties amongst 10-year-olds, overall the study would indicate that the most pressing concerns centre on the experiences of the 12-year-old cohort. In line with current literature, we found that this period presents with particular challenges in terms of social and emotional regulation. Our study findings indicate that there is a manifest need to identify and introduce a service or programme which could address issues of child mental health and particularly anxiety. We are also of the opinion that further evaluation is required to assess the extent to which the positive changes manifest in the 7 and 10-year-old cohorts we examined is enduring and lasting. We would argue that careful attention is given to the processes which might need to be put in place to ensure these positive changes are maintained overtime.

SUGGESTED FUTURE ACTION

To conduct research assessing the well-being of older children in 2nd year of secondary school (14-year-olds) is needed. This is a period noted for particular difficulty in terms of social adjustment. It is also the period within which children begin to experience school's failure, the development of negative peer groups and eventual schools drop-out.

To conduct research within other disadvantaged communities using the data collected from our initial well-being study as a baseline for comparison between disadvantaged communities.

To identify evidence-based programmes which can address emerging behavioural difficulties and social adjustment amongst 10-year-olds.

To identify evidence-based programmes to address issues such as child mental health and anxiety for the 12-year-old cohort.



APPENDIX A

CHILDREN'S RATINGS (PIERS HARRIS-2)

Figure 7: Piers Harris-2: Measuring Children's Self-Concept

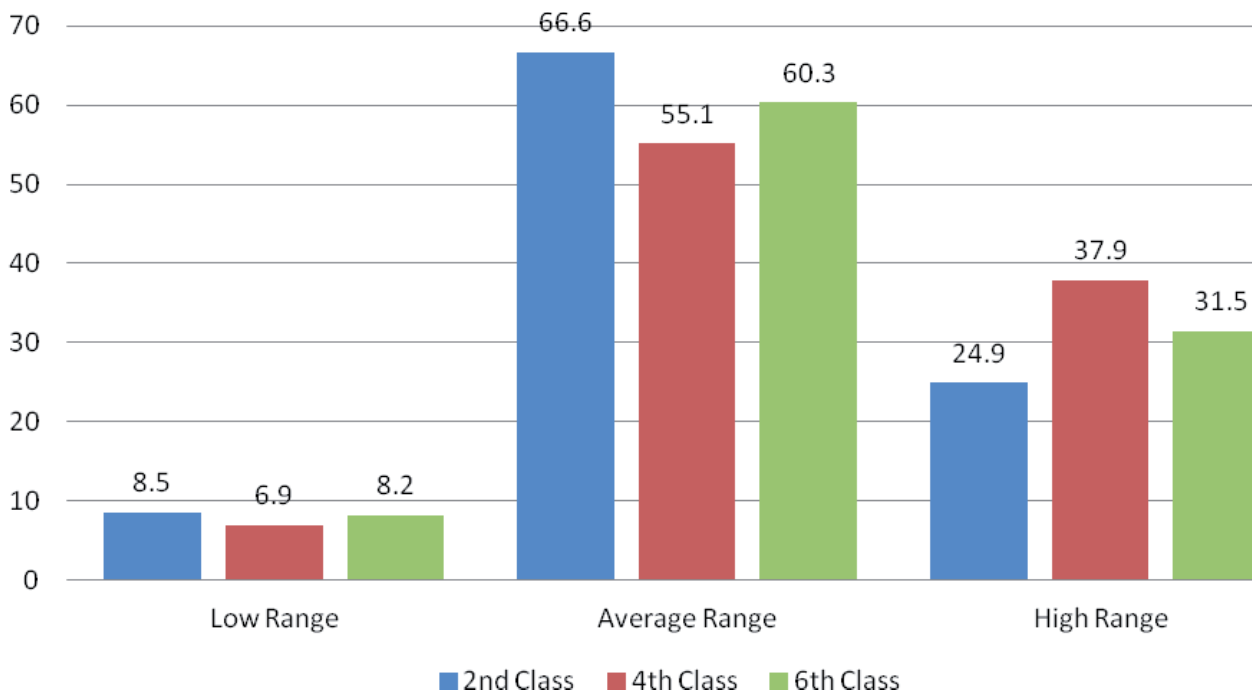
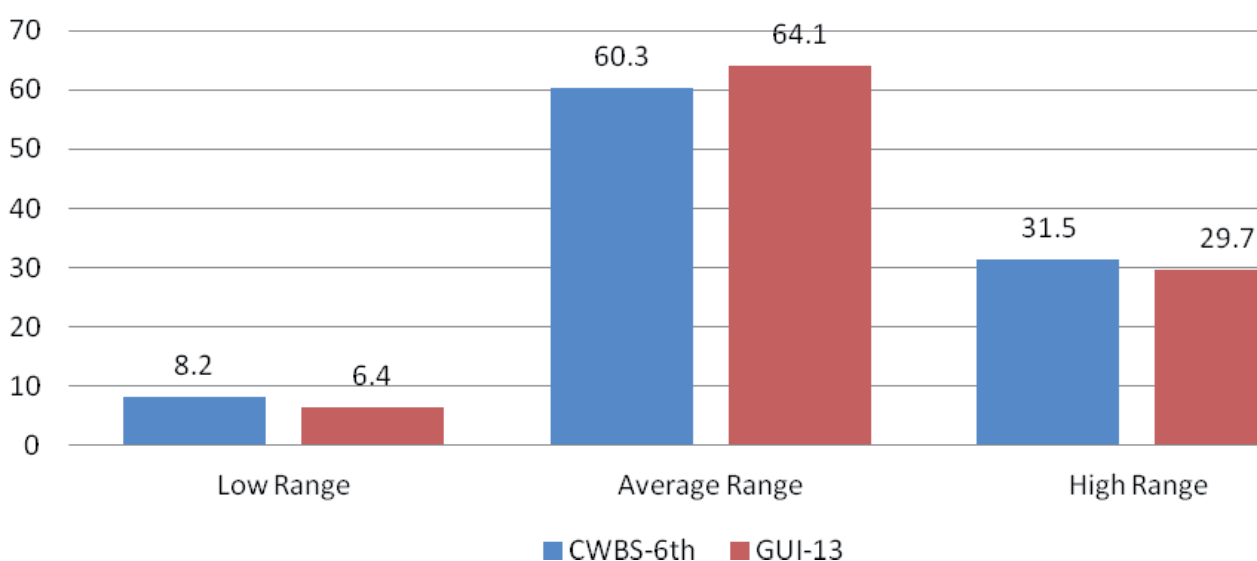


Figure 8: Comparing PH-TOT scores between CWBS-6th class and GUI-13



APPENDIX B

TEACHER'S RATINGS (STUDENT BEHAVIOUR SURVEY)

Figure 9: Showing % of 'below average' scores of 2nd, 4th and 6th class on 4 subscales of Academic Resources subscale

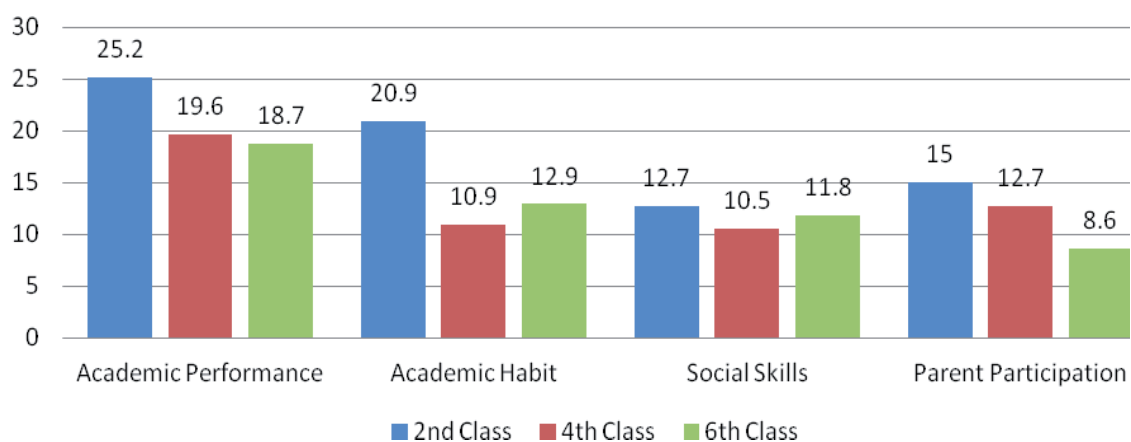


Figure 10: Showing % of 'below' average scores of Blue Skies (Clondalkin) 2nd, 4th and 6th class on 7 subscales of Adjustment Problem subscale

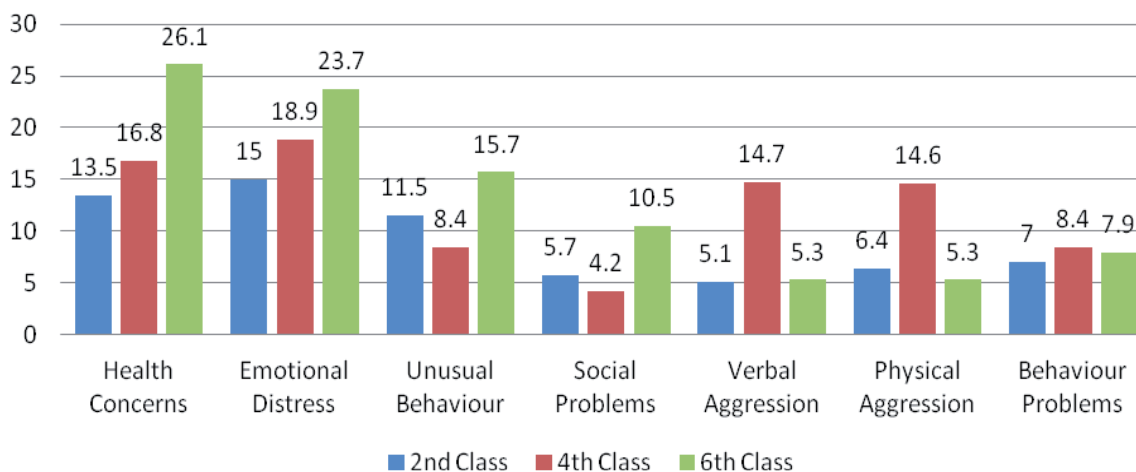
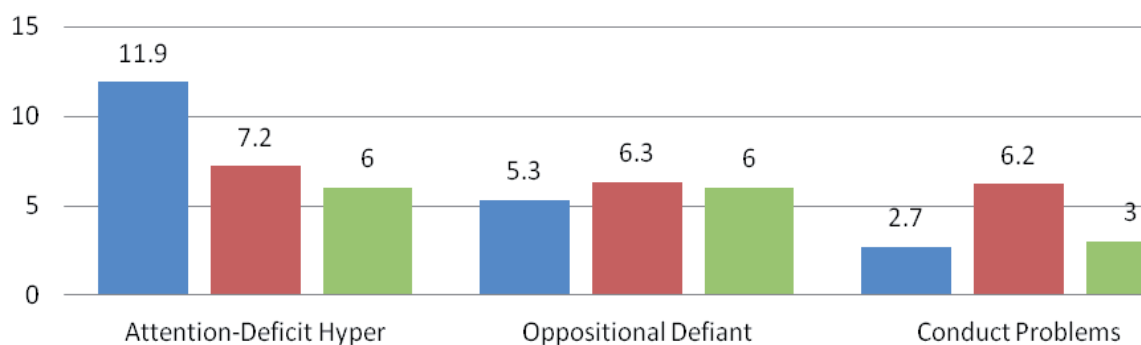


Figure 11: Showing % of 'below' average scores of 2nd, 4th and 6th class on 3 subscales of Disruptive Behaviour subscale



APPENDIX C

PARENT'S RATINGS (PERSONAL INVENTORY FOR CHILDREN)

Figure 12: Showing % of 'below' average scores of 2nd, 4th and 6th class on Delinquency subscales

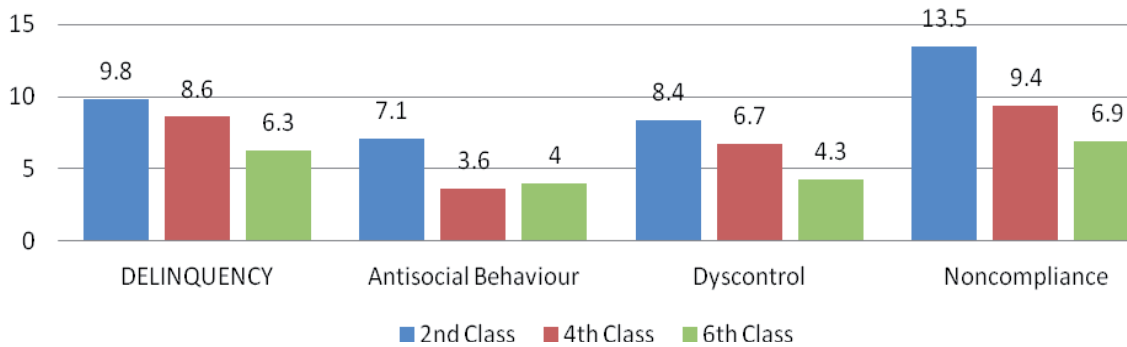


Figure 13: Showing % of 'below' average scores of 2nd, 4th and 6th class on Family Dysfunction subscale

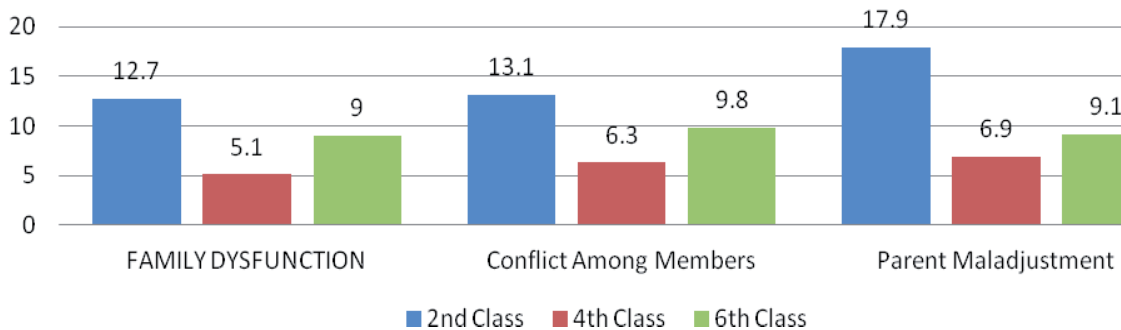


Figure 14: Showing % of 'below' average scores of 2nd, 4th and 6th class on Reality Distortion subscale

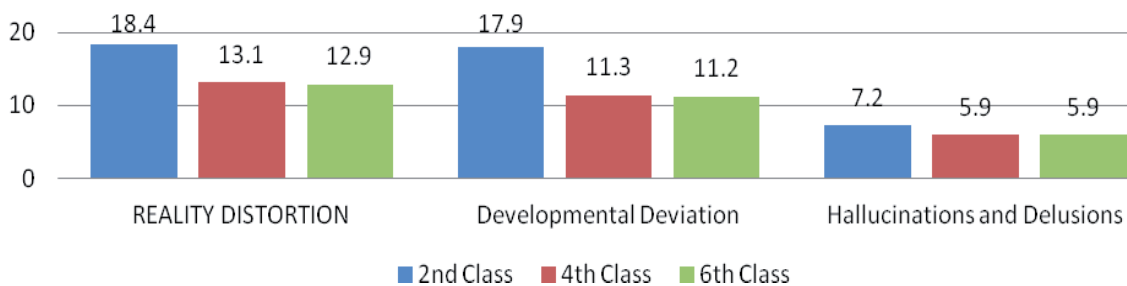


Figure 15: Showing % of 'below' average scores of 2nd, 4th and 6th class on Somatic Concern subscale

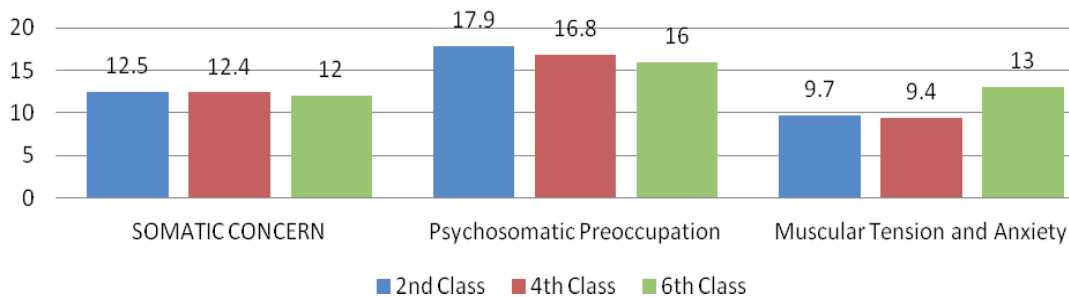


Figure 16: Showing % of 'below' average scores of 2nd, 4th and 6th class on Psychological Discomfort subscale

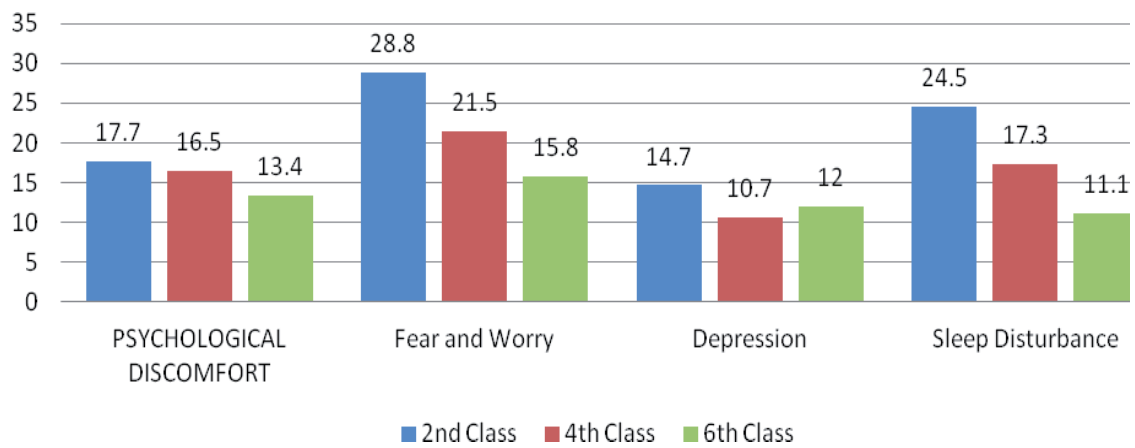
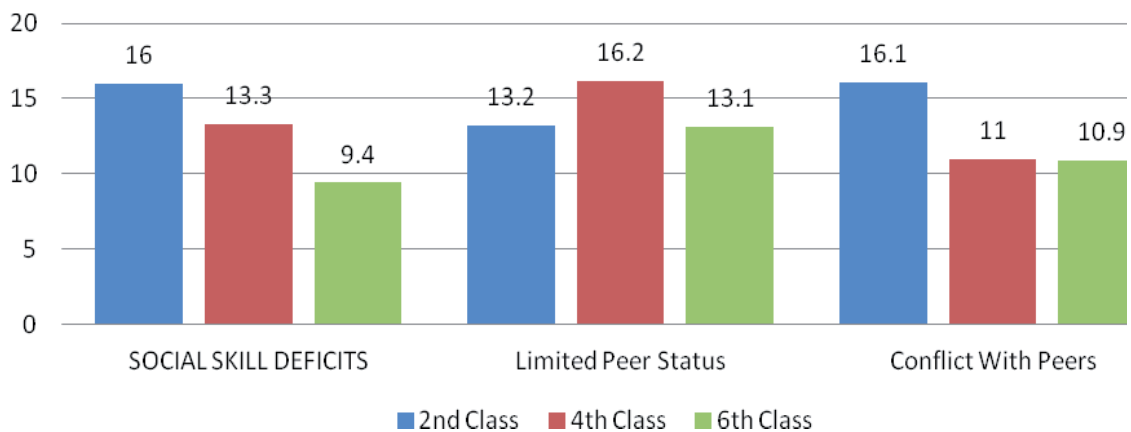


Figure 17: Showing % of 'below' average scores of 2nd, 4th and 6th class on Social Skill Deficit subscale





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