

Over the Fence:

Perspectives on and experiences of child poverty in Tallaght

*Because then like, it's just
it's not like a joke, it's gone -
bullying has gone too far...
And no matter how many times you say,
like even they just won't stop... Then like
you just have to stay out of school 'cause
you just can't take any more*

*I want young people to be happy in
Tallaght and spend more time with
their friends and I don't know, just
spend time with their family and
be happy*

*I wish the river was cleaner and the
whole place was cleaner, and the
rainforest in Tallaght.
It is good, it is a very nice place, but
some people might not like it, and might
think it scary*

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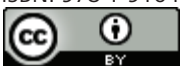


Table of Contents

Acknowledgements	vii
Executive Summary	viii
a. Lifting children out of poverty and material deprivation	ix
b. Responsive social housing	ix
c. Addressing the impact of the pandemic	ix
d. Investment in early childhood	ix
e. Child-led solutions to child poverty	ix
f. Holistic Interventions	x
g. Policy influence, further research, and data sharing	x
List of Acronyms	xi
1.0. Introduction	1
1.1. Introduction	1
1.2. Study Questions	1
1.3. Aims of the Study	1
1.4. Tallaght Population Profile	1
1.5. Overview of child population in Ireland compared to Tallaght	3
2.0. Policy Context and Literature Review	5
2.1. Policies addressing child poverty in Ireland	5
2.2. Poverty and child poverty in Ireland	8
2.3. Outcomes associated with child poverty	9
2.4. Summary	10
3.0. Approach and Methodology	11
3.1. Secondary Analysis	12
3.2. Focus Group Discussions	13
a. Participant access and recruitment	13
b. Implementation of Focus Group Discussions	13
c. Participation Techniques for children	14
3.3. Ethics Approval	14
3.4. Analysis Approach	14
3.5. Summary	15
4.0. Data Analysis and Presentation	17
4.1. Participant Profile	18
a. Service providers and parents	18
b. Children and young people	18
4.2. Tallaght, our home	18
4.3. What is living in child poverty like?	19
4.4. Income and material deprivation	20

a.	Income and material well-being.....	20
b.	Food poverty.....	22
c.	Accommodation and homelessness.....	23
4.5.	Active and healthy.....	29
a.	Access to early intervention.....	31
b.	Nutritional health.....	32
c.	Mental Health.....	32
d.	Drug abuse.....	34
4.6.	Safe and protected from harm.....	37
a.	Clean neighbourhood.....	37
b.	Safe places to play.....	37
c.	Neighbourhood safety.....	38
d.	Bullying in the neighbourhood.....	39
e.	Influence of the socio-economic environment.....	42
4.7.	Connected, respected, and contributing to the world.....	44
a.	Parent-Child Relationships.....	44
b.	Peer Relationships.....	47
c.	Socio-emotional wellbeing in the pandemic.....	49
d.	Enhancing peer relationships for children and young people.....	50
e.	One-parent families.....	51
f.	Childcare.....	53
4.8.	Achieving full potential in learning and development.....	54
a.	What do children like about school?.....	55
b.	Disparities in access to educational resources.....	56
c.	Education in the pandemic.....	56
d.	Homework support for children and parents.....	58
e.	Bullying in the school context.....	59
4.9.	Improving outcomes for children in Tallaght.....	60
a.	Community connections for children.....	60
b.	Material Well-being.....	61
c.	Community Safety.....	61
d.	Early Intervention.....	62
4.10.	Summary.....	62
5.0.	Discussion and Summary.....	64
5.1.	Introduction.....	64
5.2.	Positive sense of community.....	64
5.3.	Understanding child poverty.....	64
5.4.	A deepening housing crisis.....	64
5.5.	'Looking over the fence'.....	65
5.6.	Mental Health.....	65
5.7.	Covid-19 is more than a health issue.....	66
5.8.	Community safety and belonging.....	66
5.9.	Information and Education.....	67

5.10. Parenting.....	67
5.11. At-risk groups for child poverty.....	67
5.12. Study Strengths and Weaknesses.....	67
6.0. Recommendations.....	69
• Lifting children out of poverty and material deprivation.....	70
• Responsive social housing.....	70
• Addressing the impact of the pandemic.....	70
• Investment in early childhood.....	71
• Child-led solutions to child poverty.....	71
• Holistic Interventions.....	71
• Policy influence, further research, and data sharing.....	72
References.....	73
Appendices.....	77
Appendix One: Current Debates on Measurement of Child Poverty.....	77
1. Defining and measuring child poverty.....	77
a. Monetary poverty.....	77
b. Multi-dimensional Approach to child poverty.....	77
c. Exploratory, as defined by children.....	78
Appendix Two: Summary of Secondary Analysis Indicators.....	79

List of Tables

Table 1: Overview of children in Ireland compared to Tallaght.....	3
Table 2: Mapping of Innocenti into BOBF.....	12

List of Figures

Figure 1: Infant Mortality Rate between 2014 and 2019 for Ireland and South Dublin.....	30
Figure 2: Breastfeeding rates in Ireland and South Dublin between 2014 and 2017.....	30
Figure 3: Comparison of historical primary school absenteeism.....	54
Figure 4: Comparison of historical post-primary school absenteeism.....	55

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Executive Summary

Despite the several regional commitments, national policies, and strategies that Ireland has implemented to improve outcomes for children, poverty remains a major challenge with children being among the most vulnerable groups. There is an ongoing debate on how best to define and measure poverty and child poverty, with many measurements used being income-based and not capturing the experiences of children and families living in poverty. Irrespective of these debates, child poverty remains one of the major challenges in Ireland. In 2018, more than 92,000 children (0-18 years) were living in consistent poverty. This study was conducted to capture child poverty experiences in Tallaght in 2020 which inadvertently incorporated the global Covid-19 pandemic. Capturing the experiences of the pandemic in a disadvantaged community was therefore subsequently added to the purpose of the study.

The objectives of this study were:

- To review selected literature and draw comparisons of child poverty indicators at Ireland level, South Dublin County level, and/or Tallaght level.
- To explore how children, young people, and families in Tallaght understand and experience child poverty.
- To engage children, young people, and families on how to reduce the impact of child poverty and improve outcomes for children in Tallaght.
- To explore the impact of Covid-19 on children, young people, and families in Tallaght.

A secondary analysis and focus group discussions were used to achieve the objectives of this study. Focus Group Discussions (FGD) were conducted with children (9 to 18 years; N=50), parents (N=17) and service providers (N=20) in Tallaght. In total, we conducted ten FGDs; six FGDs with children and young people, two with parents and two with service providers.

Key findings from this study include:

- A positive and strong sense of community existed in children and families in Tallaght. Broadly children and parents had positive experiences and views of Tallaght including a sense of belonging, community working together and availability of services to assist families in need.
- Income poverty is a key driver of household poverty. Income poverty is associated with deprivation in material well-being, food poverty, housing, access to health services and education. Children living in low-income households were more likely to experience poor mental health and socio-emotional outcomes.
- Participants described the housing crisis in Tallaght as deepening and having far reaching consequences. Parents experiencing housing challenges also referenced experiencing mental health challenges which subsequently affected the parent-child relationship. Children who experienced homelessness and housing challenges experienced negative socio-emotional outcomes and mental health challenges, which have long term consequences for children and parents. Parents viewed inflexible procedures in the allocation of social housing and the underdevelopment of housing in Tallaght compared to surrounding areas as the key causes of the housing challenges.
- Mental health difficulties emerged as a big challenge for both children and parents. Parents and children experienced mental health difficulties which included depression, anxiety, isolation, general stress, and suicidal ideation. Experiencing mental health difficulties was linked to income inadequacy, experiencing homelessness and drug abuse. Services which offer mental health support systems in Tallaght were perceived to be inadequate for both children and parents.
- Covid-19 has impacted various areas of well-being for children and families including material well-being, socio-emotional well-being, and access to education. Families experienced a spike in food poverty, children and parents experienced mental health difficulties and children could not afford essential resources for accessing online education.
- Neighbourhood safety appeared to be a major concern for families and children in Tallaght with cases of

robberies, break-ins and stealing perceived to be on the rise. There was also a perceived high prevalence of anti-social behaviour and bullying in the neighbourhoods of Tallaght. The apparent erosion of a sense of community and responsibility in children and young people was suggested as being a major factor leading to antisocial behaviour.

- Child poverty is a multidimensional concept and some cohorts of population experience poverty more than others. These include children with disabilities, migrant families, families living in Direct Provision, young families and parents raising a family alone.

Considering these findings, key recommendations in this study are:

a. Lifting children out of poverty and material deprivation

Material deprivation emerged as one of the major ways children experience poverty in Tallaght. Income inadequacy and food poverty were identified as major challenges for families in Tallaght, and this was exacerbated by the Covid-19 pandemic. Through the Roadmap to Social Inclusion, the Government of Ireland has provided income supports for families with children and expanded the School Meals Programme. Other social welfare changes however have negatively impacted on families in need, such as the relatively new restrictions to claiming the one parent family payment. This study recommends the delivery of a policy framework which seeks to ensure that no child lives in poverty or experiences consistent material deprivation. In addition measures should be implemented to ensure that children are guaranteed of a at least one nutritious meal every day, irrespective of whether or not they are in school.

b. Responsive social housing

Parents and service providers in our study pointed out structural and procedural challenges that perpetuate housing challenges in Tallaght. It is recommended that along with housing investment and support, procedures and processes to access Local Authority supported housing are reviewed for their user-friendliness and responsiveness, and changes made in consultation with service users. More importantly social housing should be sensitive and responsive to needs of children living with a disability and their families.

c. Addressing the impact of the pandemic

A Covid-19 Recovery Plan is required which is integrated, person-centred, multidimensional approach and underpinned by an enabling framework. There is an urgent need for the allocation of resources to children who have been disproportionately disadvantaged because of the pandemic, in relation to both formal and nonformal education, social and therapeutic services.

d. Investment in early childhood

Investment in early childhood and early interventions should be prioritised to ensure children have timely access to critical services in their childhood. Whilst early intervention should be implemented on a universal basis, services must also be delivered and resourced in such a way as to respond to those children and families who are at risk and who require more intensive interventions.

e. Child-led solutions to child poverty

Interventions seeking to address child poverty should be implemented with children and not to children. Children and young people should be afforded the opportunities to co-design interventions seeking to address child poverty.

Key priorities for participants in this study were addressing homelessness, creating community platforms and clubs that foster child interactions and socio-emotional wellbeing, improving community safety and focusing on children with specific needs. With the findings of this study, further consultations should be conducted with children on designing, developing, and implementing solutions to child poverty in Tallaght. This will strengthen the chances of addressing the felt needs of children, develop children's capacity to lead and own interventions seeking to address child poverty, maximise the sustainability of interventions and embed ownership of the results within the community.

f. Holistic Interventions

Interventions that address the holistic well-being of the child or family are needed to enhance those services and supports which address specific issues. Strategic planning needs to be comprehensive and connected. Provision of holistic interventions goes beyond one service provider and one intervention. Enhancing interagency collaboration and referral systems becomes a critical piece in the fight against multidimensional child poverty. Activities to raise awareness of available services and how they can be accessed are needed, to ensure children and families access comprehensive services. This includes the delivery of a user-friendly online directory of services for children and families through the CYPSC, and the provision of clear referral pathways for both professionals and parents.

g. Policy influence, further research, and data sharing

For meaningful change to the lives of children and families in Tallaght and beyond, evidence from this study should be used to influence and shape policies and strategies seeking to address child poverty. At a national level, this study can provide valuable information on the implementation of policies such as the Government's *Road Map for Social Inclusion (2020-2025)* (Government of Ireland, 2020), adoption and implementation of the European Child Guarantee and the processes for reviewing the UNCRC policy.

The replacement for BOBF should be developed as a matter of urgency as Ireland currently has no national strategy for children. The emergent overarching, cross departmental policy on children should reflect the experiences of children and young people during the pandemic, be developed in consultation with all relevant stakeholders, including children and young people, and those working with them, and provide a clear road map for post covid recovery. The policy must include mechanisms for monitoring, accountability, and celebration.

At local level, the evidence from this study should influence policies and strategies for the South Dublin CYPSC and be considered by all those working to improve the lives of children and families in Tallaght.

Further research is required to establish the prevalence of child poverty, and to determine which deprivations are statistically associated with each other.

One of the major methodological challenges of this study was accessing data at Tallaght level. Efforts should be made by service providers to ensure there is easy disaggregation of data to facilitate the sharing of research and information. A decision regarding the regionalisation of national organisations which facilitates alignment is also required.

List of Acronyms

AoN	Assessment of Need
BOBF	Better Outcomes, Brighter Futures
CDI	Childhood Development Initiative
CPNS	Child Protection Notification System
CSO	Central Statistics Office
CYPSC	Children and Young People’s Services Committees
DCYA	Department of Children and Youth Affairs
DEIS	Delivering Equality of Opportunities in Schools
ED	Electoral Division
FGD	Focus Group Discussion
Gol	Government of Ireland
GUI	Growing Up in Ireland
HAP	Housing Assistance Programme
HPSC	Health Protection Surveillance Centre
IMR	Infant Mortality Rate
IT	Information Technology
MDGs	Millennium Development Goals
MODA	Multidimensional Overlapping Deprivation Analysis
NESC	National Economic and Social Council
PCFs	Parent Care Facilitators
PE	Physical Education
SDGs	Sustainable Development Goals
SDQ	Strengths and Difficulties Questionnaire
SILC	Survey on Income and Living Conditions
SLT	Speech and Language Therapy
UNCRC	United Nations Convention on the Rights of the Children
UNICEF	United Nations International Children’s Emergency Fund



1.0

Introduction

1.1. Introduction

In 2015, the United Nations Sustainable Development Goals (SDGs) succeeded the Millennium Development Goals (MGDs) of which Ireland is a signatory. The first SDG calls for the eradication of extreme poverty globally (United Nations, 2020). There have been considerable efforts by the Government of Ireland (GoI) to fight poverty, although it continues to be a challenge affecting families, children, and communities. As part of its Anti-Poverty Strategy, the GoI committed to lift 70,000 children out of consistent poverty by 2020 (GoI, 2014). This study was conducted to capture and explore the voices of children, families, and service providers on how children experience poverty in Tallaght, a mixed community of approximately 76,000 residents, with pockets of very high disadvantage.

The first chapter in this report focuses on providing the background and overview of the study and covers the aims of the study, the questions the study sought to answer, and an overview of the profile of children and young people in Tallaght. Chapter Two considers the policy context and relevant literature, while Chapter Three provides a review of the study methodology. Using the five high level outcomes from *Better Outcomes, Brighter Futures* (BOBF), Chapter Four presents the findings from the study, which are summarised in Chapter Five together with study strengths and weaknesses and Chapter Six focuses on recommendations.

1.2. Study Questions

The key questions for the study were:

- How do children and families in Tallaght understand and experience child poverty?
- What do children, parents/families, and service providers perceive to be the causes of child poverty in Tallaght?
- How can we address child poverty and its impact on children, families, and communities? What could happen locally and nationally to achieve this?
- How have children/young people, families, and the community been affected by Covid-19? What are families and children finding difficult and what are their concerns for the future?

1.3. Aims of the Study

The main aims of the study were:

- To review selected literature and draw comparisons of child poverty indicators at European level, Ireland level, South Dublin level and/or Tallaght level.
- To explore how children, young people, and families in Tallaght understand and experience child poverty.
- To engage children, young people, and families in how to address the impact of child poverty and improve the outcomes for children in Tallaght.
- Following the outbreak of the Covid-19 pandemic, we added a further aim to the study:
- To explore the impact of Covid-19 on children, young people, and families in Tallaght.

1.4. Tallaght Population Profile

The Census results of 2016 established the population of Tallaght to be standing at 76,119, with 25,023 householders, which was a 6.4% population growth between 2011 and 2016. A large proportion of the Tallaght population in 2016 was aged between 25 and 64 years old, representing 53% of Tallaght population; children and young people (0-24 years old) represented 37% and those aged 65 years and above made up only 10% of the Tallaght population.¹ With regards to ethnicity, most of the Tallaght population in 2016 were White Irish (74%), followed by other white background (10.5%). Black or Black Irish represented 5% while Asian or Asian Irish constituted 4% of the total population. White Irish Travellers made up only 1% of the population and 2% of the population was made up of other ethnic backgrounds not mentioned.²

¹ Data was extracted from the Small Area Population (SAPs) Data for Tallaght and Tallaght was defined as covering the 13 Electoral Divisions of Avonberg, Belgard, Fettercain, Glenview, Jobstown, Killinarda, Kilnamanagh, Kiltipper, Kingswood, Millbrook, Oldbawn, Springfield and Tymon.

² Data was extracted from the Small Area Population (SAPs) Data for Tallaght and Tallaght was defined as covering the 13 Electoral Divisions of Avonberg, Belgard, Fettercain, Glenview, Jobstown, Killinarda, Kilnamanagh, Kiltipper, Kingswood, Millbrook, Oldbawn, Springfield and Tymon.

In the 2016 National Census Results, Tallaght's unemployment rate stood at 19.7% for males and 16.6% for females, remaining above the national average rates, which were 13.7% for males and 12.0% for females in 2016.³ Using several economic indicators, Tallaght continues to be one of the most economically disadvantaged communities in Ireland. Results from the Pobal HP Index⁴ show that all 13 Electoral Divisions (EDs) in Tallaght fall within the continuum of either being economically below average or economically disadvantaged.⁵ With regards to educational attainment, in 2016, the proportion of residents who were educated to primary level only in Tallaght was 19.7% compared to the national average of 13%. The proportion of people who had third-level education in Tallaght was 21% against a national average of 36% in 2016. These indicators point to educational disparities between Tallaght and national levels of educational attainment.

1.5. Overview of child population in Ireland compared to Tallaght

This section provides an overview of the child population in Ireland and in Tallaght. The data are drawn from the *Irish Census Reports* published by the *Central Statistics Office (CSO)*, (CSO, 2016) and the *South Dublin Children and Young People's Services Committee (CYPSC)* baseline report (South Dublin CYPSC, 2017). Children represented slightly above a quarter of the Irish population (26.3%) in 2016. However, children aged between 5 to 9 years represented a larger proportion compared to other age groups of children, nationally. When taken as a proportion of the adult population, the proportion of children in Tallaght (29.3%) was above the proportion of children in the national population. Consistent with the national population, 5- to 9-year-olds made up the largest proportion of children, (see *Table 1*).

Table 1: Overview of children in Ireland compared to Tallaght

Age Categories	National child population	% of National Population	Tallaght child population	% of Tallaght Population
0 - 4 year olds	331,515	7.0	6,406	8.4
5 - 9 year olds	355,561	7.5	6,582	8.6
10 - 14 year olds	319,476	6.7	5,562	7.3
15 - 18 year olds	245,244	5.2	4,019	5.3
Total Child Population	1,251,796	26.3	22,569	29.6
National Population	4,588,252	100.0	76,119	1.7

Source: Central Statistics Office, Census 2016 Results, 2016

³ <https://data.cso.ie/Labour-Force-Participation-and-Unemployment-Rate-of-Population-Aged-15-Years-and-Over-2011-to-2016>

⁴ <http://trutzhaase.eu/deprivation-index/the-2016-pobal-hp-deprivation-index-for-small-areas/>

⁵ <http://trutzhaase.eu/deprivation-index/the-2016-pobal-hp-deprivation-index-for-small-areas/>



2.0

Policy Context and Literature Review

Chapter Two focuses on policies and commitments that seek to address poverty and child poverty in Ireland. We also review selected literature on child poverty and child poverty outcomes. A detailed discussion on the current debates on poverty measurement is provided in *Appendix 1*.

2.1. Policies addressing child poverty in Ireland

At global level, Ireland is a signatory to the SDGs being implemented between 2015 and 2030. One of the targets of the first SDG focuses on the reduction by at least half the proportion of men, women, and children of all ages living in poverty in all its dimensions according to national definitions (United Nations, 2020). The Gol is also a signatory to the *United Nations Convention on the Rights of the Children (UNCRC)*, which has several articles mandating states to address child poverty. For instance, Article 27 of the UNCRC stipulates that,

“State Parties recognise the right of every child to a standard of living adequate for a child’s physical, mental, spiritual, moral and social development,”
(UNCRC, 1989).

At a regional level, the Gol is a signatory to numerous commitments addressing poverty and child poverty. In 2010, the European Nations (including Ireland) signed the Europe 2020 Strategy. With the theme of, “*A European Strategy for smart and sustainable and inclusive growth*”, the Europe 2020 Strategy sets out several targets in relation to poverty in the European Nations by 2020 (European Commission, 2010). These targets include:

- Addressing unemployment by ensuring 75% of 20 to 64 years olds in Europe are employed.
- Improving access to education by ensuring that early school leavers constitute less than 10% of the population.
- At least 40% of the younger generation should have a tertiary degree.
- Ensuring that 20 million fewer people are at risk of poverty by 2020 in Europe.

The Europe 2020 Strategy required that each member state translate these European goals into national targets and trajectories and implement measures addressing the specific circumstances of groups at particular risk (such as one-parent families, elderly women, minorities, Roma, people with a disability, and the homeless), (European Commission, 2010). In response to the Europe 2020 Strategy, Ireland submitted the National Reform Programme to the European Council in 2011 which set out its commitment and contribution to meeting the objectives of the Europe Strategy 2020. Key targets in Ireland’s National Reform Programme (Gol, 2011) include:

- i. Raising the employment rate to 71% for men, women and young people aged between 20 and 64 years.
- ii. Reducing the percentage of 18 to 24-year-olds who have at most lower secondary education and are not in further education or training to 8% and increasing the proportion of 30 to 34-year-olds who have completed tertiary education or equivalent to at least 60%.
- iii. Reducing the percentage of people experiencing consistent poverty to 2% by 2020 from a baseline of 6.3% in 2010. This was further quantified as reducing by a minimum of 200,000 those in combined poverty (consistent poverty, at risk of poverty or basic deprivation), (Gol, 2011).

Ireland regularly submits reports to the European Council on progress towards the national targets set out in Ireland’s National Reform Programme against the Europe 2020 Strategy targets, and Ireland’s performance has been above average in meeting most of the targets. In 2019, the Irish employment rate for people between 20 and 64 years of old was slightly above the Europe 2020 Strategy target, with Ireland achieving a 75.1% employment rate for this age group (European Commission, 2020). This is in comparison to the achieved 73.9% Europe-wide employment rate for the 20 to 64-year-old population (European Commission, 2020). While in 2019, Europe had an overall 10.3% of early leavers from education and training, Ireland had reduced this indicator to only 5.1% (European Commission, 2020).

Although the European Strategy target for population with third level education was at least 40%, Ireland set the national target at 60%. Ireland surpassed the continental European Strategy target of the proportion of the population with third level education but fell short of its national target with at least 58.1% of the Irish population aged 30 to 34 years of age having attained tertiary education (European Commission, 2020).

Despite Ireland's significant progress in attaining the Europe 2020 Strategy targets, several questions have been raised concerning the quality of achievements made. For instance, although there has been job growth in Ireland, there have been higher levels of underemployment, high incidence of state income support among employees, and a significant number of workers earning less than a living wage (Social Justice Ireland, 2019). Regarding targets on access to education, significant gaps have been noted which include the overall levels of public funding for education being out of step with achieving smart and inclusive growth. There is significant underfunding in early childhood education, lifelong learning, and second chance education, which are important in promoting enhanced equity and fairness in societies (Social Justice Ireland, 2019).

Despite this apparent success, poverty and social exclusion have, however, worsened in both Ireland and Europe. For instance, in 2017, Ireland still had a higher rate of poverty and social exclusion (22.7%) than the average European rate (22.4%), (Eurostat, 2019). Despite differences in how poverty rates are calculated at a national and European level (Social Justice Ireland, 2019), the consensus is that poverty remains a key challenge for Ireland and robust policies and strategies are needed to address poverty in the general population and specifically child poverty.

Ireland has been committed to fighting child poverty nationally. One of the key policies that Ireland introduced to specifically target child poverty is *Better Outcomes, Brighter Futures (BOBF): The National Framework for Children and Young People* (GoI, 2014). Whilst *BOBF* ended in December 2020, it did set out the vision of the GoI as,

“Ireland to be one of the best small countries in the world in which to grow up and raise a family, where the rights of children and young people are respected, protected and fulfilled, where their voices are heard, and they are supported to realise their maximum potential now and, in the future,”
(GoI, 2014: p. viii)

BOBF sets out five key national outcomes for children and young people for defining and measuring child poverty. The aims of the policy were that children and young people:

- i. Are active and healthy, with positive physical and mental well-being.
- ii. Are achieving their full potential in all areas of learning and development.
- iii. Are safe and protected from harm.
- iv. Have economic security and opportunity.
- v. Are connected, respected, and contributing to the world.

One of the key targets of *BOBF* was to lift at least 70,000 children out of consistent poverty by 2020 (GoI, 2014). Key issues that were prioritised during the implementation of *BOBF* include child poverty, child homelessness, mental health, and well-being, prevention, and early intervention (Department of Children and Youth Affairs, 2017). Plans to replace *BOBF* have not yet been announced, leaving us with no national policy framework for children.

To complement *BOBF*, Ireland developed the *First Five Strategy*, which sets out priorities for babies and young children. Key objectives of the *First Five Strategy* are: the early years are seen as a critical and distinct period which should be enjoyed; supporting families to nurture babies and young children and support their development; service provision for families, children, and babies; and creating communities that help babies and young children to enjoy their early years and fulfil their potential (GoI, 2019). The *First Five Strategy* also sets out four key pillars which are: strong and supportive families and communities; optimum physical and mental health; positive play-based early learning; and an effective early childhood system (GoI, 2019). Specifically objective three of the strategy states, “Families and communities will be supported to provide children with the necessary material and practical resources to encourage positive development in early years,” (GoI, 2019: 52).

Between 2021 and 2025, the Roadmap to Social Inclusion is one of the major government policy documents for addressing poverty and child poverty in Ireland. The Roadmap to Social Inclusion sets out the government's ambitious targets with headline goals of reducing consistent poverty to less than 2% or less and make Ireland one of the most

socially inclusive States in the European Union, (Gol, 2020). Child poverty becomes clearly pronounced in Ireland’s Roadmap to Social Inclusion with a new child poverty target of improving Ireland’s ranking from 20th to 5th or better for the European Union Survey on Living Conditions reporting year of 2025, (Gol, 2020). To achieve these targets the Roadmap to Social Inclusion proposes the provision of Government subsidised childcare through the National Child Care Scheme and the revision of income supports for families with children. Existing income supports which were available to families before the Roadmap to Social Inclusion was launched include the universal Child Benefit payment, and the means tested Working Family Payment, and Back to Work Family Dividend. Additional to these income supports, the Government of Ireland committed to ‘increase child dependent allowances, income thresholds for the working family payment and earnings disregards for the one parent family payment,’ (Gol,2020:34). The Roadmap to Social Inclusion also seeks to address food poverty for children through expansion of the School Meal Programme (Gol, 2020). Other areas of children and family life addressed by the Roadmap to Social Inclusion include provision of social housing, health care services and support for people living with disabilities (Gol, 2020).

2.2. Poverty and child poverty in Ireland

In Ireland, poverty is conceptualised as comprising three categories which are: consistent poverty, at risk of poverty and material deprivation. Consistent poverty refers to the proportion of the population who are both materially deprived (living in a household deprived of two or more of the eleven basic deprivation items) and have an equivalised income of less than 60% of the national median (CSO, 2019). At risk of poverty refers to the proportion of the population whose equivalised income is less than 60% of the national median income (CSO, 2019). Material deprivation refers to the proportion of households considered to be marginalised or deprived of two or more goods on the deprivation indicators list (CSO, 2019). Further debate on definitions and measurement of poverty and child poverty are set out in Appendix One.

Despite efforts to address poverty in Ireland, poverty and deprivation remain a major challenge. Dropping from 7% in 2005, the rate of consistent poverty reached 4.2% in 2008 before it peaked to 9% in 2013 (CSO, 2019). Over the five years from 2013 to 2018, the consistent poverty rate fell to 5.6%, which translates to more than 250,000 people experiencing consistent poverty (CSO, 2019). More females (6.2%) experienced consistent poverty than males (5.1%) in 2018 (CSO, 2019). However, consistent poverty was felt more by children and young people under 18 years than adults, with 7.7% of under 18-year-olds living in consistent poverty, compared to either 5.6% of those aged 18 to 64 years or 1.7% of those aged at least 65 years (CSO, 2019). In 2018, it is estimated that just over 92,000 children (0-18 years) and just over 121,000 children and young adults (0-24 years) were living in consistent poverty as reported by the Department of Children and Youth Affairs (DCYA) (DCYA, 2020).

Comparable with consistent poverty, the rate of people at risk of poverty dropped from 19.4% in 2004 to 14.1% in 2009 before increasing to 16.7% by 2014 (CSO, 2019). Over the next four years to 2018, the at risk of poverty rate dropped to 14% (CSO, 2019). In 2018, females were again more vulnerable to being at risk of poverty (14.9%) compared to males (13%), (CSO, 2019). Compared to other age groups, children were the most vulnerable to being at risk of poverty (15.9%), meaning that close to 200,000 children were at risk of poverty in 2018 (CSO, 2019).

Consistent with the first two categories of poverty, material deprivation reduced from 14.8% in 2005 to 11.8% in 2007 before it peaked at 30.5% in 2013 (CSO, 2019). Between 2013 and 2018, the rate of material deprivation fell to 15.1%, however, more females were materially deprived (15.6%) compared to males (14.7%), (CSO, 2019). More importantly, children below 18 years made up the largest proportion of those experiencing material deprivation (19.7%), (CSO, 2019). This translates to close to 250,000 children being materially deprived in Ireland in 2018. Key points to be observed from this profile are that poverty has been fluctuating over the years in Ireland and continues to be a key challenge with children being the most vulnerable group, followed by women.



Under 18year Olds

7.7% 92,000



Under 18year Olds

15.9% 200,000

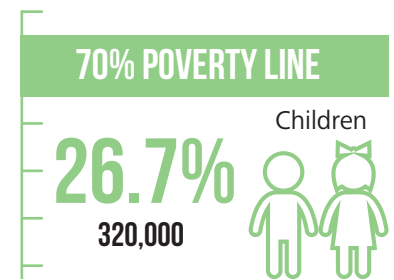


Under 18year Olds

19.7% 250,000

A recent report by the DCYA measured at risk of poverty at different levels using 50%, 60% and 70% median incomes. Using the three poverty lines, the report notes that children (0-18 years) and children and young people (0-24 years) were most vulnerable to poverty compared to the general population (DCYA, 2020). Using the 60% poverty line, 15.8% of children were living in poverty, equating to over 190,000 children in 2018 (DCYA, 2020). This compares to 14% of the general population who were living in households with incomes below 60% of the national median annual income in 2018 (DCYA, 2020). Twenty-eight percent (28%) of all people living in poverty were children and when young adults are added, the proportion of children and young people living in poverty rises to 38% (DCYA, 2020). When using the 50% line which is regarded as “*deep poverty*”, 7.4% of children live in deep poverty translating to above 89,000 children (DCYA, 2020). This is marginally above the rate of deep poverty in the general population (6.9%) (DCYA, 2020). While children made up 26% of all people in “*deep poverty*”, this rises to 38% if young adults are added (DCYA, 2020).

Over a quarter of children (26.7%) were living in poverty in 2018 using the 70% poverty line: equating to more than 320,000 children (DCYA, 2020). Using this measure, more children (26.7%) experience poverty than the general population (24%), (DCYA, 2020). Of all those living in poverty, based on the 70% median income, 27% are children and 36% are children and young adults (DCYA, 2020). These figures demonstrate the vulnerability of children to poverty, regardless of the poverty line that is used. Therefore, child poverty remains a challenge that needs to be addressed in Ireland.



More recent studies have projected poverty and child poverty during and after the Covid-19 pandemic using various possible policy scenarios (Regan and Maître, 2020). Of all the economic recovery scenarios hypothesised, there is general agreement that child poverty and poverty will increase in 2020. One of the policy scenarios from this report was that, where there is no economic recovery in 2020, child income poverty will rise from a baseline of 16.6% to at least 19.5% and at most 22.5%; and where there is labour market recovery child income poverty will rise to between 16.8% to 19% (Regan and Maître, 2020). With the Covid-19 pandemic continuing nationally and globally, these projections show that poverty and child poverty rates are likely to rise and there is a need for policy measures to respond to child poverty, as a matter of urgency. Plans to develop a replacement for *BOBF*, which ceased providing the national government framework for children’s policies at the end of 2020, should reflect these concerns.

2.3. Outcomes associated with child poverty.

Child poverty is detrimental to child development, can cause lifelong cognitive and physical impairment and perpetuates the cycle of poverty (Kurukulasuriya and Engilbertsdottir, 2011; Watson, Maître, Whelan, and Williams, 2014; Callan, Coleman, Nolan, and Walsh, 2006). In this section we briefly discuss some of the effects found to be associated with experiencing poverty in childhood.

One of the most argued impacts of child poverty is its perpetuation in children and families. Studies globally have demonstrated that children who experience poverty in childhood have greater chances of experiencing poverty across their life course. A European study that examined the long-term effect of child poverty demonstrated that being poor in childhood significantly decreases the level of income in adulthood and increases the chances of being poor (Bellani and Bia, 2019). They established that this relationship is mediated by education as growing up poor is associated with lower levels of education which accounts for more than 30% of the total effect on adult income and risk of poverty (Bellani and Bia, 2019).

Children who grow up in poverty are less likely to participate in further education, with children who have not experienced childhood poverty 1.5 times more likely to achieve at least secondary education compared to children who have experienced child poverty (Bellani and Bia, 2019). In an Irish context, the National Economic and Social Council (NESC) conducted a study on understanding household joblessness and finding ways in which the lives of people in such situations can be improved. Their study argues that children from poor households have lower returns on educational investment, lower skills, and less productivity in the long term (NESC, 2018). This is due to a greater likelihood that children from poor households will be unemployed and place greater demands on public services such as health, social welfare, and protection (NESC, 2018). This demonstrates how experiencing child poverty can have long

term effects on the lives of children and illustrates the importance of education in mitigating against adult poverty for children who experienced poverty.

Child poverty affects the social and emotional wellbeing of children. An Irish study that captured the voices of children experiencing poverty established that children felt excluded from school (they could not afford school) and some children dropped out because of bullying (Daly and Leonard, 2002). In other Irish studies, living in a low-income family is associated with maternal stress, emotional behavioural adjustment, and mother-child conflict (Nixon, 2012; Nixon, Swords and Murray, 2013). Another study which demonstrated how child poverty negatively impacts on children's socio-emotional well-being used the two cohorts in the Growing Up in Ireland (GUI) study and examined the impact of the economic recession in Ireland on child development. While controlling for other factors, the study established that economically vulnerable children had higher scores on the Strengths and Difficulties Questionnaire (SDQ) indicating likelihood of emotional problems (Watson et al., 2014). Persistent economic vulnerability was associated with a more adverse impact on the child's socio-emotional well-being compared to transient economic vulnerability (Watson et al., 2014). Childhood poverty and economic vulnerability are barriers to children's effective development and must be addressed through a range of interventions including prevention and early intervention initiatives as well as those which address material deprivation.

2.4. Summary

This section reviewed national and international frameworks, and policies which inform interventions to address poverty and child poverty in Ireland. Socio-economic data illustrate that poverty remains a major concern in Ireland and children are the most vulnerable group to poverty. We have also discussed how child poverty affects life course development and the social and emotional well-being of children.



3.0

Approach and Methodology

This study used two designs: a secondary analysis and a qualitative exploratory study. This chapter describes each approach in turn.

3.1. Secondary Analysis

Two key documents were used to define child poverty dimensions and key indicators for inclusion in secondary analysis: *BOBF* (GoI, 2014) and the *Innocenti Report Card 7* (UNICEF, 2007). The *Innocenti Report Card 7* has six dimensions of child poverty, each of which has its own set of key indicators while *BOBF* includes five dimensions of child wellbeing, and each dimension has a set of indicators. The *Innocenti Report Card 7* was mapped against the *BOBF*, and key indicators were selected for inclusion in the secondary analysis. The table below shows how the child poverty dimensions from the *Innocenti Report Card 7* were mapped to *BOBF*.

Table 2: Mapping of Innocenti into BOBF

Innocenti Dimensions	BOBF Dimensions
Material well-being	Economic security and opportunity
Health and safety	Active and healthy with physical and mental well-being
Educational well-being	Achieving full potential and development
Family and peer relationships	Connected, respected, and contributing to their world
Subjective well-being	
Behaviour and risks	Safe and protected from harm

From the two documents (*BOBF* and the *Innocenti Report Card 7*) key indicators were selected from each dimension for inclusion in the secondary analysis. For each selected indicator, the most recent data for comparison between Tallaght and the national Irish average was sought. However, because some of the indicators did not have data at Tallaght level, the comparison was extended to include South Dublin County. A list of the indicators selected for inclusion in the secondary analysis is provided in **Appendix 2**. For each indicator included in the analysis, data were extracted from different sources including:

- Public data sets (for example the Anonymised Microdata File for *Growing Up in Ireland* from the Irish Social Science Data Archive).
- Requests for specific analysis from the CSO (Researcher Microdata Files for the 2016 Census population and SILC 2018) and South Dublin County Council.
- Data from public reports (GUI Reports; Health and Behaviour in School Aged Children; Health Protection Surveillance Centre Reports; Health Services Executive National Quarterly reports; Irish Youth Justice; *Better Outcomes, Brighter Futures* Indicator set).
- Publicly available reporting platforms (What Works Outcomes for Children Data Hub, Tusla Data Hub, CSO databases).
- CDI internal research reports and annual reports.
- Data from other organisations and services in Tallaght (HSE Public Health Nurse data).
- Data from research in Tallaght.

Organisations and institutions were consulted through one-to-one meetings focusing on any improvement to the design of the study and sources of data for the indicators being tracked. Consultations were conducted with the Department of Child and Youth Affairs, Trinity College Dublin, the Children Rights Alliance, former CDI employees, and South Dublin County Council. Unstructured meetings were used to conduct the consultations.

3.2. Focus Group Discussions

Focus Group Discussions (FGDs) were conducted to explore how participants understand and experience child poverty in Tallaght and how Covid-19 had impacted their lives. Tailored FGDs were undertaken with three groups of participants which are: children and young people (between 9 years and 18 years of age); parents and caregivers; and service providers working with children, young people, and families in Tallaght. To allow for age-appropriate participation and discussions, young people were divided into three age categories: 9 to 12 years; 13 years to 16 years; and 17 and 18 years. The inclusion criteria for children, young people and parents were as follows:

- Living in Tallaght at the time of the study for any period.
- Parents have at least one child aged between 0 and 18 years.
- Children and young people are aged between 9 and 18 years of age.
- Consent and assent were provided by parents, and children and young people had to assent and have parental consent to participate.

Parents and children from minority and disadvantaged ethnic groups were actively encouraged to participate.

Service providers had to meet the following criteria:

- Be working in Tallaght providing not-for-profit and/or state services to children, families, and the community.
- Be providing services to children, young people, and families that fall within at least one of the five dimensions of child poverty (economic security and opportunity; active and healthy; achieving full potential and development; connected, respected, and contributing to their world; safe and protected from harm).

Service providers working with minority groups or ethnicities were particularly encouraged to participate.

a. Participant access and recruitment

Participants were accessed and recruited through gatekeepers, all based in Tallaght. The most disadvantaged Electoral Divisions (EDs) were identified and access to and recruitment of participants from these EDs was prioritised. Key gatekeepers included Junior and Senior National Schools, youth organisations, Early Years Services, family support, after-school, and out-of-school educational services. Service providers were recruited directly using CDI's contact database, CDI's programme platforms, and interagency structures including the South Dublin Children and Young People's Service Committee (CYPSC).

Age-appropriate and child-friendly recruitment fliers and information sheets were designed for children. Recruitment fliers and information sheets were shared with gatekeepers for distribution to children, young people, parents, and caregivers. Children and young people were required to discuss their interest in being part of the study with their parent or caregiver after which written assent and parental consent were required. All participants had at least seven days to decide whether they were interested in the study before signing and returning the assent and consent forms to the gatekeepers. Participants were encouraged to contact both the gatekeepers and directly contact CDI if they required more information about the study.

b. Implementation of Focus Group Discussions

The FGDs were conducted by facilitators trained by CDI, who were selected from a number of organisations in the area already working directly with the target groups. Facilitators attended a one-day training facilitated by CDI on the skills and techniques for undertaking research with children and adults. Training included the study's FGD guides, and procedures and protocols designed to protect facilitators and the participants. All FGDs were conducted with one facilitator and a co-facilitator taking notes. With the consent and assent of the participants, all FGDs were audio-recorded, and facilitators were required to complete a debrief form at the end of each FGD.

Each FGD comprised two sessions. The first session discussed the material well-being, protected from hard and socio-emotional well-being dimensions of child poverty while the second session focused on health (physical and mental) and educational well-being for children. Participants could choose to attend either the first or second session or both

sessions. Most participants who attended the first session also attended the second except for one FGD with children (9-12 years) where all participants differed in the two sessions.

Age-appropriate tools and activities were incorporated into the FGDs, all starting with an introductory icebreaker to familiarise participants with each other and establish a friendly atmosphere. The first section of each FGD asked participants to discuss the aspects they liked about living or working in Tallaght before discussing the specific questions on the five dimensions of child poverty. Activities to stimulate participation were used in the FGDs for parents and children. With the consent and assent of children, young people, and parents, demographic information was collected from children including gender, age, educational level, ethnicity, and household employment status.

c. Participation Techniques for children

Stimulating the participation of children in FGDs is very important in research with children. To create a safe space and encourage the participation of children, we utilised different techniques described below.

- i. **Imaginary Person:** Children (8 to 12 years of age) were asked to draw an imaginary person who they referred to throughout the FGDs. All FGD questions focused on the experiences of the imaginary person, for instance children would be asked to discuss what the imaginary child liked about living in Tallaght, his or her family, his or her peer relationships and his or her sense of safety in the community.
- ii. **Pictorial cards:** To assist with exploring children's (8 to 12 years of age) perspectives and experiences of child poverty, pictorial cards were used. The pictorial cards showed children engaging in various activities for example children playing, eating breakfast, engaged in sporting activities and many others. Children used the pictorial cards to rank what is most important to them and the least important aspects. Follow-up prompts stimulated further participation among children.
- iii. **Imaginary Stories:** Children and young people (13 to 17 years of age) were asked to develop imaginary stories of a child or young person living in poverty. This helped in exploring how children and young people understood what child poverty meant to them. Discussions referred to the imaginary stories children and young people had developed.

3.3. Ethics Approval

Children are considered a vulnerable population and require special protection and attention in the context of research. The study was also conducted in known "disadvantaged" communities and the participants required protection. Ethics approval for the study was obtained from Tusla's Research and Ethics Committee. Written approval to conduct the study was obtained on the 2nd of October 2020.

All participants were provided with full, simplified, and user-friendly information about the study - including confidentiality, anonymity, risks, and disclosure procedures - prior to giving their written consent to participate in the study. It was made clear to all the participants that declining to participate in the study would have no negative consequences, particularly recognising their participation in and access to services with CDI and beyond.

All the facilitators for the FGDs with children and parents had Garda Vetting, had completed Children First Training, and had signed the CDI Research Code of Conduct. All facilitators had also completed CDI's training on how to facilitate FGDs, how to use CDI's Distress Protocol, Disclosure Protocol, and the Complaints Procedure. FGDs were also conducted in line with the GoI health measures to prevent the spread of Covid-19. All participants were made aware of the protocols and procedures that were used in the study (Distress Protocol, Disclosure Protocol, Complaints Procedure and Health and Safety). Perhaps most importantly a perspective of wanting to learn from the experience of participants was communicated and maintained, empathy was displayed, and moments of sadness and humour acknowledged and responded to by the facilitators and researchers.

3.4. Analysis Approach

With the consent and assent of children, young people, parents, caregivers, and service providers, all the FGDs were audio recorded. All audios from the FGDs were transcribed verbatim, checked for accuracy, and coded manually

for analysis. Data analysis followed a thematic analysis, (Braun and Clarke, 2006) which is a qualitative method for identifying, analysing, and reporting patterns within data (Braun and Clarke, 2006). Thematic analysis is inductive in orientation, meaning that thematic categories and subcategories come from the data itself rather than being determined by theoretical analysis (Mayock, Butler and Hoey, 2018). After transcribing the audio files, all the transcripts were read in detail to fully understand the data. After reading the transcripts, data were coded into categories pulling together the data with similar patterns. These were later read and organised into emerging themes. Although the analysis focused on the recurring themes in the data, particular attention was given to examining negative or rare cases and contributions during the FGDs. FGD notes from the facilitators were included in the analysis as well as the notes on activities children, young people, and parents have completed for each FGD activity.

Demographic data for participants were entered into an Excel file for management and analysis. This assisted the generation of an overall descriptive sample profile. All data were anonymised by assigning pseudonyms/acronyms to participants. All service providers were assigned an acronym **SP**, while all children and young people were identified as **Child** and parents and caregivers were identified broadly as **Parent**. All potentially identifying information in the FGD transcripts was suppressed on analysis and reporting.

3.5. Summary

This chapter discussed the design and methodology used for this study, including a description of how the secondary analysis was conducted. The chapter also discussed how FGDs were conducted, ethical approval of the study, and how data were analysed.



4.0

**Data Analysis and
Presentation**

This Chapter focuses on analysing and presenting the study findings. Findings are presented following the dimensions of child poverty presented in *Table 2*. Results from the secondary analysis are linked to the findings from the qualitative analysis; where applicable, an overview of secondary analysis results are provided before the presentation of findings from the qualitative analysis. Participant quotes are used to support the findings.

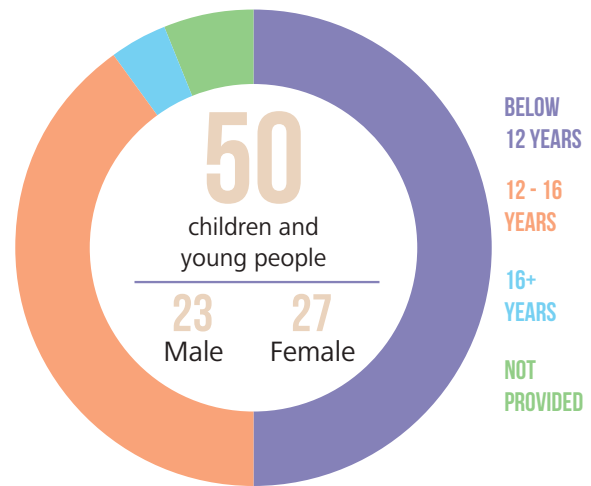
4.1. Participant Profile

a. Service providers and parents

We conducted two FGDs (four sessions) with 20 service providers representing a range of sectors including family support, speech and language therapy services, community work, migrant and refugee services, education, primary care psychology, social work, child protection, drug and substance abuse services and youth work. For parents, we conducted two FGDs (four sessions) and 17 parents participated.

b. Children and young people

Fifty children and young people participated in six FGDs with two sessions for each focus group discussion. Twenty-three children and young people were males and 27 were females. The average age was 12 years, with the youngest child being eight years old while the oldest young person was 17 years old. In terms of age groups, 25 children were below 12 years, while 20 children were between 12 and 16 years old, inclusive. Only two young people were above 16 years of age. Three children did not provide their age.



In terms of ethnicity, 37 children and young people had a White Irish background, four children and young people had a Black African background, three children and young people identified as Black Irish, three children and young people identified as Other White background, one child had a mixed background, and two children did not report their ethnic identity. Thirty-five children and young people lived with both of their parents while 15 children lived with one parent. Twenty-five children had both parents working, 21 children had one parent who was working while four children had none of their parents working.

4.2. Tallaght, our home

Children, young people, and parents identified numerous positive aspects about living in Tallaght. Children identified Tallaght as a community comprising people working together and people from different backgrounds. This gave them a sense of communal living and belonging.

Child: You're in a community.

Facilitator: So, you feel that is important?

Child: Yes.

Facilitator: Ok and what else?

Child: Lots of different people, skin colour etc. Diversity.

Child: Um, well, the thing we love to see like is community working together.

Facilitator: Okay, yeah. In what way?

Child: Like clean-ups and everything.

For parents, the sense of being in a community was well illustrated through the availability of services (individual and organisational) helping individuals and families in need, especially supporting with material needs. Specific service providers mentioned by parents include An Cosan, St Vincent De Paul and Tallaght Adventures and how they have assisted parents and families in Tallaght experiencing food poverty, homelessness, and other various needs.

Parent 1: Every Thursday and Sundays a fella comes with two other people, and they do hampers and stuff.

Parent 2: St Vincent de Paul is in the church in here and they are around the area.

Facilitator: So, they are supporting everyone?

Parent 3: Yes, I see people coming out of the church with bags and stuff.

Facilitator: So, what is it? Tallaght Adventure World was a good place?

Parent: No, they were doing dinner for the homeless and they did it at Christmas and all like.

Parent: I know him actually... He is my dad's best friend. I fed the homeless with them and all last year, it was a great experience.

Besides having a feeling of living in a community, children and parents agreed that Tallaght provided places for children to play, and various activities children enjoy. These places included community centres and the playgrounds. Swimming, sports, leisure, and youth clubs were also mentioned as activities that children and young people enjoyed.

Child: That in Tallaght you can get... and sports bikes.

Facilitator: Yeah?

Child: And then everywhere else you cannot. Yeah, and all the kids and all the fun centres and the swimming pools and every other centre that we can play in.

Parent 1: A lot of playgrounds and green areas.

Parent 2: Playgrounds and open space - kids have a lot of access to that. It is a positive aspect.

Parent 1: A lot has changed since I came here in 1980.

School was named by two children as one of the positive places in Tallaght and identified school as a place of learning and socialisation.

Child: School.

Facilitator: School? What is good about school?

Child: It is a place to go to see your friends and get an education.

Child: Um, her name is [imaginary name]-

Child: -and she likes going to school.

Facilitator: She likes going to school. Why does she like going to school?

Child: She likes to learn stuff.

4.3. What is living in child poverty like?

Children and young people discussed what they understood about child poverty and identified key life experiences of children living in poverty. To construct this meaning of child poverty, we used two key techniques depending on the age group of the children. Children older than 13 years were asked to develop an imaginary story of a child living in poverty and describe the possible key experiences of child poverty. For children younger than 12 years, a list of key child poverty markers was provided, and children were asked to identify or rank the key markers of a child living in poverty. From the imaginary stories that were developed, common points about experiencing child poverty were: having an "inadequate income in the family" and "living in a family struggling to meet all the needs". Other characteristics of child poverty emerging from the stories were: living in "families with unavailable parents or parental figures" and "having no suitable role model in the family".

Imaginary story: His name is Malick Jones. He is a young teen, 15 living in Tallaght. He dreams of playing professional basketball overseas, but it is not that simple for him. His dad is in and out of prison and has no father figure. His mum recently lost her job, and she also does not believe in his dream. He told his mum his dream and she think it is stupid and thinks he will never make it. His oldest brother is the biggest drug dealer in Tallaght, and he is always trying to convince Malick to join him. And if his brother says this is right, he will mostly likely think it is right because if it is his older brother. Marcus, Malick's brother is doing a bad job as his older brother because he should be encouraging him to do basketball. And since his mother lost his job is why she is not angry with the drug dealing because he is bringing in the money. Malick does not have a figure in his life so there is something missing for him.

Imaginary story: She's 16 and she lives in Jobstown with her nanny, but her nanny is sick, but she tries to provide for her little brother because her mam and dad died ages ago. She dropped out of school to try to get a job. She could not get one because of her appearance. It was not suitable: She has no job or no school and no money. The only money she gets is for minding her nanny. The carer's money.

For children in the younger age group, there were similarities in how children understood the characteristics of child poverty. Children agreed that inadequate income is a key marker of child poverty and that it affects other needs including housing and accommodation, clothing, food and toys. While children mentioned various indicators of living in poverty, the quotes presented here indicate the priorities for children:

Child: Um, then does not have toys to play with. Does not eat breakfast every day. Does not have winter clothes and shoes. Does not eat at least two meals, um, two meals a day. The house is cold, and water comes in. Does not get new clothes and presents. His, um, her parents do not have jobs. He does not have a permanent place to sleep.

Child: Everything's bad there. I think the worst one there is his parents do not have a job and cannot get money or any of those things.

Child 1: Does not eat breakfast every day.

Child 2: Yes. So, does not have many friends to play with.

Child 3: Um, then does not have toys to play with. Does not eat breakfast every day.

4.4. Income and material deprivation

Children and families in Tallaght are economically worse off compared to either the average for South Dublin County or the national average with regards to economic deprivation. The data from the Pobal Deprivation Index (Haase and Pratschke, 2017) show that the absolute deprivation score for Tallaght was -7.41 compared to -4.0 for South Dublin County and -3.6 for Ireland. Economic deprivation in Tallaght is also illustrated through unemployment trends with Tallaght having a higher proportion of children in jobless households (26.22%) compared to the national average of 11.8% (CSO, 2016). With regards to family affluence, about 12% of children in Tallaght reported that their families experience relatively low affluence compared to other families in Tallaght (Hyland, Hollywood, Banka, and Comiskey, 2020).

a. Income and material well-being

Inadequate income in a household was widely acknowledged by FGD participants as the core of child poverty, leading to material deprivation and deprivation in other poverty dimensions. Service providers, from their experience of working in Tallaght, noted that inadequate income was evidenced through unhealthy lifestyles, food poverty, challenges in success and progression in education, housing challenges, and inappropriate clothing.

SP: My experience of not having enough money means a totally unhealthy lifestyle because you do not have the money to buy food, like, well, you can buy food, but it is not healthy food. And often you will notice that the child will come in with a lunch that's totally white bread and jam, you know, where you notice, really notice the difference in lunchboxes or maybe just general hygiene and you just sometimes only must look and see of course, so all that impacts on material and the, you know, the health so yeah.

SP: I think very much connected with that is-is the effect and impact on education. So if there is low income in the family and if, you know, finances are really, really tight, that children often suffer the brunt of that in school, even to have the resources when they present at school, and we are aware that there's different programmes, back-to-school grants and stuff like that but then there's also problems within the home in relation to mental health, drug abuse or other issues, maybe some of the money isn't quite, if you like, safeguarded for that educational need and then children fall out of school because they don't have the resources that they need for school to participate in.

Besides adequate income being a problem for families in Tallaght, certain groups of families and children are more vulnerable to experiencing the consequences of household income shortages. These include migrant and refugee families, and families impacted by domestic violence. Children from such families were noted to experience poverty in varying ways with food poverty and inappropriate clothing being the most mentioned by service providers.

SP: Just something that has come to mind here in the refugee would be a lot of inappropriate clothing. I am thinking of a family last year that would have been wearing sandals, going out in snow, but putting on two pairs of socks, because, you know, that was keeping them warm rather than actually--think was inappropriate. Like that, and some were coming in, in heavy clothing, and only after discussion, you know, realising that it is because they did not have anything else.

SP: And what I would like to think that there is no family starving in Tallaght because it comes to our attention quite quickly and we do access the results needed and just multi-agency response for the food. But I will say clothing's an issue, and I will say that like, you will still see kids wearing summer clothes now as it is getting colder now going into winter because the finances will not be there because they have just paid out for school and you're trying to meet all the different needs.

Inadequate family income also limited early interventions intended to enhance healthy child the development. One of the service providers noted that parents could not afford the necessary materials for developmental play for children.

SP: Yeah, so a lot of the work we would be doing will be play-based and encouraging parents to use whatever things they have at home to engage and interact with their child, so I suppose sometimes parents would advise they do not have toys in the house. Some would have very limited toys, others have in the past told me they have pretty much no toys, so there have been one or two families I have linked in with Barnardos when they have told me that, and Barnardos have been able to donate them some toys.

b. Food poverty

Together with inadequate income, food poverty emerged as a major challenge from the FGDs with service providers, who suggested that the extent to which food poverty has affected children and families in Tallaght has been masked by the provision of school meals. However, with the outbreak of Covid-19 and the subsequent closure of many services for families and children, food poverty spiked in many households.

Service Provider: *I would totally agree with the food poverty. I found that during COVID and lockdown, I found out that there were more families than I thought did not have access to food. A lot of them were waiting on COVID payments. Although Barnardos was a great help with their food hampers and our primary as well provided food hampers, I suppose, you do not really realize how many families are affected by food poverty.*

Service Provider: *While I would be aware of the poverty in the area and, you know, up here in [area in Tallaght] and the surrounding areas, I think what really struck me was when we made up the resource packs to bring to the kiddies, you know, the gratefulness, but the awareness also of the real lack of resources in the home for them. And, when I was doing the food deliveries on the Fridays to help the COVID, it struck me how grateful and needy families were.*

With job losses during the pandemic, families struggled financially to provide for their children. Service providers reported that prior to the pandemic, some children would take home school meals for their siblings. With the closure of services, the withdrawal of school meals was exacerbated by the fact that children spent most of their time at home and tended to require more food. Accounts from service providers highlight an increase in food poverty for families and children during the initial stages of the pandemic.

Service Provider: *What I think also during the last six months, one of the things that we have seen is that which-- now I know the children have gone back to school now, while families were at home, there was an immediate impact on the demand for food and additional food, in homes and additional bills, that mounted even, despite the summer weather, there were additional impacts that COVID specifically had on family particularly on their food and their energy bill.*

SP: *It became a huge issue when the schools were not open because--well it became a bigger issue than it had been. We are not opened, and schools are not open, so like we would all have the school meals and children would have had the breakfast club in schools, lunch, we would have had children then and after school and they would have gotten an after-school snack. So, because children were at home all the time, it became a bigger issue. And they were obviously eating more because you were there all the time, and that support was taken away.*

Service providers responded quickly to these issues through providing food packs and deliveries for families in need.

Service Provider: This was something we were on straight away when the pandemic hit, obviously the most vulnerable families and the highest need ones were the ones that we met first, but it was all the multi-agency response anywhere from the [Community Centre]. And I am not saying no family went without food, but I will say every family that came to our attention got food, hot meals and packs.

Service Provider: I can understand what you are saying about when schools have been closed, but I have to say the likes of Barnardo's and the likes of the-- some of the schools have really pulled together over the pandemic to provide a lot of food to these families was very, very grateful that they could keep eyes on them.

Findings in this study clearly indicate that families and children in Tallaght are experiencing food poverty. CDI has a Parental Support programme implemented through Parent-Carer Facilitators (PCFs). After triangulating the data from the FGDs and PCF reports since the pandemic, it appears that food poverty among families has worsened since the beginning of the first Covid-19 restrictions in Ireland. Most of the referrals completed by PCFs related to accessing food hampers from other service providers and some PCFs have been sending hot food parcels to families twice a week since the beginning of the pandemic.

c. Accommodation and homelessness

Access to adequate accommodation for families and children in Tallaght remains a key challenge. Indicators on homeless and emergency accommodation remain high for the South Dublin County Council area. In the first quarter of 2020, there were 240 families and 640 children experiencing homelessness or living in emergency accommodation in South Dublin⁶. However, accommodation challenges and homelessness are not unique to Tallaght. In December 2020, there were 2,327 children in emergency accommodation with their families, in Ireland (Focus Ireland, 2020).



2,327
children in emergency
accommodation

i. Homelessness and Overcrowding

In the FGDs, participants agreed that the accommodation and homelessness situation in Tallaght had become a "disgrace". The housing crisis in Tallaght had resulted in homelessness and overcrowding which affected many groups of population including children. Common among participants was the mention of overcrowding as having adverse effects on the children's health, safety and reducing the quality of sleep for children.

Parent: My sitting room and kitchen is not even the size of this room. We are all literally, it is like a granny flat. Me and the baby are in the box room. There is not even one bit of floor space on the floor like I must take her cot away to get into my wardrobe do you know what I mean? But I am blessed I have a house and I am not homeless anymore, but it is not fair on the kids.

Parent: My son is autistic, and I am in a small two bed bungalow with two sons and my daughter and psychiatrists and occupational therapists have said to the Council that the house is too small for his needs, that he has melt downs all the time and it is not even the fact that it is a two bedroom it is because he has not got space that he needs, and the Council says no.

⁶ Data was supplied by the South Dublin County Council.

Accounts from children and parents showed that homelessness and living in tents was a common phenomenon in Tallaght.

Facilitator: Where'd you see it?

Child: Behind schools.

Facilitator: Behind schools?

Child: Yes.

Child: They have a tent. They live in tents now basically.

Child: Yes, there's tents.

Parent 1: People are living in tents and in the park. I am like that tent is still there.

Parent 2: They do not have enough clothing and living in tents.

Parent 1: Yes. There is a lot of hidden poverty in [place in Tallaght] as well.

ii. Housing affordability

Accounts from parents and service providers point to the housing challenges resulting from affordability of accommodation and houses in Tallaght. Being employed or receiving state housing support does not guarantee a family will not be homeless as the prices for housing were beyond the affordability for many families. Even in families where both parents are working, generating enough income to access adequate housing remained a challenge.

Parent: He had to move there, he works in Tallaght, both do, and they had to move out to get an affordable place to live. It is breaking up society. They were reared on the streets here. They love [place in Tallaght] and they would love to be in [place in Tallaght], but they cannot live in [place in Tallaght]. They cannot stay in Tallaght because the price in rent. They cannot stay in [place in Tallaght] because they would not qualify for council accommodation, they cannot apply for a mortgage because they do not earn enough.

SP: Not being able to afford rents, purchase a home, being on lengthy Council waiting lists, are a few of the many reasons which result in homelessness. Childhood poverty and homelessness forces children to reside in family hubs, sofa surf between friends and family homes, hotel rooms, etc.

Parent 1: I am living in a house, and I am getting the minimum HAP that I should be getting and €420 I get for my children's allowance all goes on my rent. We need a roof over our heads. I cannot go through homelessness; I would not survive it like because it is a disgrace.

Parent 2: Yes, I was on it, and it is a disgrace.

Parent 1: It was like €2k for a house. When you go to viewings let us say the ones that are lower has loads of people at it and the ones that are for €2k has barely anyone at it and they are getting back to you then and you are like hang on.

Parent 2: I am on homeless HAP and my house is €2k and I live in half a house. Half a house that is mouldy and in bits, everything is falling apart. Not even worth it and I was homeless for three years and that is what I got for being on the streets for three years.

iii. Housing Administration

Some participants suggested that the housing crisis was not purely a result of a shortage of housing supply but the perceived inflexibility or inefficiency of procedures in the allocation of housing units. Many parents were frustrated with the existence of unoccupied houses in Tallaght, the long waiting lists for council houses and the procedures for

allocating accommodation and benefits. Despite experiencing homelessness and living in emergency accommodation, some families were not allocated accommodation because they do not meet the required conditions for the Housing Assistance Programme (HAP) or Council housing⁷.

Parent 1: *There is a house on my road for example that is not being boarded up since January. I rang about six times the Council and because I am only three years on the list, they told me that I must basically wait until my children are 13 to get a house. I said but there is a house boarded up on the road and I would happily take it the way it is, and they said no sorry we have other people to accommodate, and I said so you expect me to share a room with a boy and a girl until they are 13? Well go on HAP. I said I am not accepted for HAP.*

SP: *I also think the housing system is so bureaucratic that it is very hard for families to access. Like you are given a big form this size to fill out, you must get back ins and forth and even with all of that, you still might get on the housing list, or you still might have a chance to get the HAP, or you might, you know-*

Parent: *A lot of houses boarded up and never touched for years.*

Facilitator: *So, there is a lot of houses that are not in use.*

Parent: *So many homeless families where a little fix up of those houses would do a big difference instead of living in a hotel.*

Parent: *Even walking down the road there are two kids that are eight and seven and they are asking why does nobody live in that house you know?*

iv. Vulnerable groups to homelessness and accommodation challenges

Certain groups were identified by parents and service providers as more affected by the housing challenges in Tallaght. The most affected groups of people were big families and young families. Most of the available council houses were not big enough to accommodate large families. In the private rental sector, landlords preferred smaller families to large families. For young families, access to affordable houses that provide enough space for themselves, and children remained a major challenge.

SP: *Due to Council housing planning and development for many years, young families are now living in extremely confined and inhabitable spaces i.e., apartments, no social/play areas, proper schools, etc. Evidence has shown how this is drastically limiting positive childhood experiences, impacting upon physical ailments.*

Facilitator: *Who would be mostly affected by the problem of homelessness if it is that?*

Parent: *Young families. You do not see young families coming back into the area, but it is not only the young families, but there are also people all the time losing their homes.*

SP: *The larger the family in terms of number of children, the harder it is to find the accommodation. It is a landlord's market. So, if a landlord can give their house to a couple that are professionals, maybe have one or two children they would rather do that than give the house to a family that has five, six, eight children because with that comes a wear and tear of the property. So, these families who are very vulnerable are left in a vulnerable situation as well. And finding accommodation through the homelessness support system that we have is also challenging if we have families with large numbers of children.*

⁷ HAP is a form of social housing support provided by all local authorities to households with a long-term housing need. <http://hap.ie/>

Other “hidden” groups more vulnerable to accommodation challenges mentioned in the FGDs were families who are leaving Direct Provision and refugee/migrant families.

***SP:** One group that sometimes does not get the voice it needs are families that are in Direct Provision. They have a very difficult period to get even into a housing list because till they get their papers and they are naturalised, they are not allowed even to join a housing waiting list so there are some families in limbo for several years.*

***SP:** So, we have this scenario of Direct Provision, we have the scenario of families that cannot access the system not getting payments. We have so many different layers to it, and I do think there is creativity to try and support those families and try and help them.*

v. Intergenerational living

Different generations living and sharing a house emerged as a challenge resulting from the housing and accommodation crisis. This created challenges for both parents and children. For children, intergenerational living affected home learning activities and space for completion of homework and schoolwork. Intergenerational living was also noted to have resulted in psychological discomforts in children who were afraid of passing on Covid-19 to the older generations in the household and sometimes leading to an increase in antisocial behaviour and violence within a household.

***SP:** Overcrowding and kind of in lots of different generations in one house. We would see that the effects of that, I suppose, when it comes to trying to do homework, say like for primary school children or studying for secondary school children, there is too many people around. There is not the quiet space that they can just go and get their work done.*

***SP:** It is one of the things that we would say overcrowding where, some of our children have moved back in with grandparents and-- or their aunties and uncles are still living in them homes as well. So, it was huge anxiety we found with the kids, and they are still talking about passing COVID on to their grandparents.*

***SP:** So, adequate housing has come up as a huge pain for local communities as a social housing aspect of it, and homelessness and overcrowding came out as a huge problem. And the different generations all living together, loads of adults, everyone sharing houses, is a huge problem.*

***SP:** For me, it is complex in the sense of you have got different generations living in a house so, we are often brought in to deal with complex issues in relation to violence, in relation to antisocial behaviour, all those different issues, because there is so many generations in a house, it is overcrowded.*

vi. Housing, homelessness and socio-emotional wellbeing for children and parents

Homelessness and accommodation challenges were linked with mental health difficulties and emotional difficulties for children and families. The effects of homelessness were reported by parents as creating severe emotional difficulties for their children.

Parent 1: I think the kids because if we were settled and secure, we would be ten times better and happier and so would the kids.

Parent 2: They're stressed.

Parent 1: Like mine had to get pulled through Bed and Breakfast's, hostels, absolutely everything.

Parent 2: Yes, so did mine.

Parent 1: I would have to wipe their tears and tell them it is alright.

Parent 1: My child has anxiety at two years old over going through the homeless.

Facilitator: So, we are talking about severe effects on the children, young children suffering from anxiety.

Parent 2: Like my little one is six and she does be crying and even cannot have a sleep over she does be telling her friends in school there is just nowhere for her to go.

Parents suggested that mental health difficulties were being exacerbated by families having no fixed accommodation and the huge waiting lists for council housing. This included depression, anxiety, and stress. There was also an acknowledgement that the parent-child relationship was negatively affected by the "housing stress", experiences of homelessness and having no fixed place to live, all of which disrupted the emotional and social "stability and routine" in children and young people.

SP: I can think of one child. Like that their family are living in a hotel at the minute. The impact that has had on child and he is the oldest, he is a young child, but he is the oldest of all his siblings. And emotionally like that has had a massive impact on that kid. Some days, like, he just actually kind of wanders in and he might not necessarily be signed up for a specific programme, but he will just wander into the centre here and ask like, "Is there anything on that I can do today?" Just so it is stability, I suppose, routine for him.

SP: To regulate and to manage. So that is probably the biggest impact we would see. You know, the stress of homelessness, the stress of housing lists, of waiting lists. Um, and-and pretty much, yeah, just to echo on-for everything, everybody has said, yeah. So, the child-parent relationship would be the biggest impact, I would say.

Remarks by some parents indicated that previous experiences of homelessness created long-term effects on their families and had created a "homelessness fear" in parents and children.

Parent: I cannot go through homelessness; I would not survive it like because it is a disgrace, stories I have heard from girls. The fact that even some of us were on the homeless HAP and the amount of us that were.

Facilitator: So, the fear of going through the homeless services is just..

Parent: That's why I pay extra because I tried to get more of HAP, but they declined it like, but I can appeal it and I am like I cannot put more stress.

Parent: Yes, four years ago. My sister, her five kids, she was only after having a baby. There was me, my ma, my brother, all my nephews, my other sister. We were sleeping downstairs and all on blow up beds that is how bad it was. My sister was there for four years before she got a house off the Council because she was burned out of her other one like.

vii. Creation of “ghettos”

The creation of “ghetto communities” was discussed by parents as being a direct result of the housing and accommodation challenges in Tallaght. Parents highlighted that there had been significant housing developments in areas surrounding Tallaght. However, this has not been accompanied by similar housing and estate development in Tallaght. The result has been a perceived deterioration of housing in Tallaght compared to other surrounding communities. Participants also noted that the newly developed housing estates around Tallaght were not affordable to people from Tallaght which further marginalised the existing community.

Parent: *I mean they are building huge estates up Citywest. I did not realise how big that estate was. Only two weeks ago I went on a drive and then there is this whole little village of homes for rent, and it is not for sale, it is all for rent, it is all rented accommodation and that is all well and good but who are they putting in there? They are not taking the people out of the hotels because the hotels are still full so why are they getting these people to go into them houses?*

Parent: *There has been so many changes in the area, and they (Local Authorities) have not listened. Local Authorities have built other areas on top of us. We were out fixing the problems that were already here. They have done the opposite. They have created more or new problems.*

Parents singled out two specific neighbourhoods as examples of how “ghettos” have been created in Tallaght because of Council planning and strategies. Parents made striking comparisons between the two neighbourhoods with Citywest, a growing area near these two neighbourhoods. Such developments have resulted in an increased sense of alienation amongst those living in the older communities. The proximity of new, largely privately-owned and apparently ‘better’ accommodation has led to feelings of being trapped and enclosed, exacerbated by distinctive differences in the socioeconomic profiles.

Parent 1: *Yes, and that is causing segregation and it is creating another type of ‘ghetto’. What’s [place in Tallaght] to Citywest?*

Parent 2: *They’re creating ghettos and they are doing that in a couple of estates around here. They have created poverty, where they have put a load of people together of the same economic backgrounds and they sucked the hope out.*

Parent: *Yes, as I say they have done that. That is not a new concept for the Council. They have always done that, created ghettos when they created [places in Tallaght], all of them areas but they are even doing more of it, they have not learned their lessons.*

Parent: *They’re creating a cauldron of poverty.*

The accounts above highlight the frustrations and fears experienced by parents in relation to the housing situation in Tallaght. Children were also clearly conscious of these challenges and how they may affect children. One of the wishes for children was for homelessness and accommodation challenges in Tallaght to be addressed.

Child: *I would like more houses made because like if I am really affected. As a child that could probably affect that person when they [background noise] grow up- 'cos they're not used to having stuff when they grow up so then like and it will be harder for them to get jobs because like they struggle more-and having like more houses built.*

Child: *If they could make a centre where homeless people could go and sleep there because some homeless people do not have a place to sleep.*

This section presented the findings on income and material deprivation for families and children in Tallaght, including children's understanding of child poverty. While Tallaght is a designated disadvantaged area, the extent and depth of poverty has sometimes been masked. The pandemic highlighted some challenges that families in Tallaght experience, particularly in relation to accessing food. Housing and accommodation also emerged as key challenges in Tallaght, manifested through various forms including homelessness, overcrowding, intergenerational living and the perceived creation of "ghettos". Housing administration and housing affordability were suggested as key causes of housing and accommodation challenges in Tallaght.

4.5. Active and healthy

The *BOBF* and *Innocenti Report Card 7* measurements of child health and wellbeing include a number of indicators. Key indicators which were considered in this study are immunisation, infant mortality rates, breastfeeding rates and deaths from accidents and injuries (including suicide).

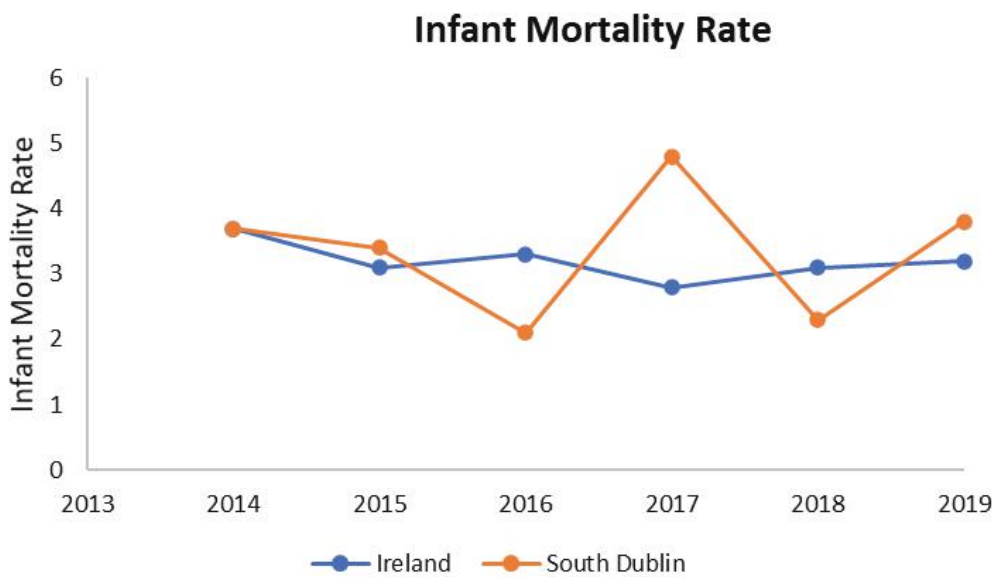
The Health Protection Surveillance Centre (HPSC) publishes reports on immunisation uptake for children nationally, with the most recent data being published in 2020 Quarter 2. The indicators show that Dublin South-West (including Tallaght) is slightly below the national average in immunisation uptake. While the proportion of children who have had their first dose of MMR at 24 months (MMR1) was 91% nationally, for Dublin South-West it was 87% (HPSC, 2020). The proportion of children who have had the meningitis C (MenCb) vaccine at 24 months was 86% for Dublin South-West while it was 89% for the national average (HPSC, 2020). The above indicators show that Dublin South-West uptake of key vaccines for children below 24 months slightly lags the national average.

While the historical data on Infant Mortality Rate (IMR) was not available for Tallaght, historical comparisons were available for South Dublin and Ireland between 2014 and 2020. IMR for Ireland has been hardly noticeably fluctuating with the highest IMR of 3.7 in 2014 and the lowest IMR of 2.8 in 2017⁸. However, for South Dublin (including Tallaght), the IMR has been visibly fluctuating with the highest IMR of 4.8 in 2017 and the lowest of 2.1 in 2016, (as shown in the chart below). The only available IMR data for Tallaght is from 2017 when the IMR was 5.7⁹. Compared to the IMR of Ireland and South Dublin in 2017, the IMR for Tallaght is the highest as IMR for Ireland was 2.8 and for South Dublin it was 4.8.

⁸ IMR historical data for Ireland and South Dublin was extracted from the Tusla Outcomes for Children data hub <https://outcomes4children.tusla.ie/healthy/>

⁹ IMR Data for Tallaght was provided by the Health Service Executive Public Health Nurse in Tallaght.

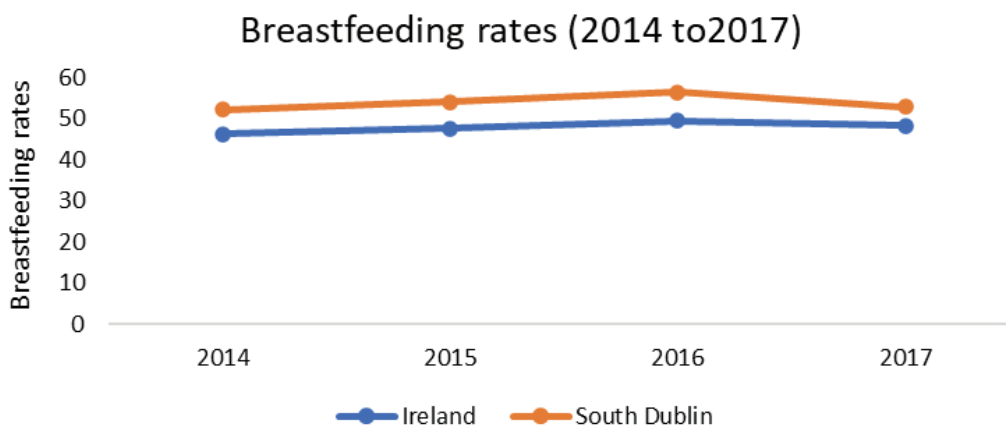
Figure 1: Infant Mortality Rate between 2014 and 2019 for Ireland and South Dublin



Data on deaths from suicides show that there has been a total of 512 deaths by suicide in Ireland between 2014 and 2019. For the same period, there were 71 deaths by suicide in South Dublin (including Tallaght), accounting for 13.9% of Ireland’s deaths by suicide between 2014 and 2019¹⁰. Although data at local level is difficult to access and make more accurate comparisons, the above indicators point to aspects of health which are of greater concern that in either South Dublin or Ireland.

Indicators on breastfeeding (infants breastfed exclusively on discharge from hospital), however show that South Dublin has better breastfeeding rates than Ireland. Data between 2014 and 2017 show that breastfeeding rates for South Dublin have been at least 52.2 with the highest being 56.5 in 2016¹¹. For Ireland breastfeeding rates between 2014 and 2017 climaxed at 49.5 in 2016 while the lowest for the same period was 46.3 in 2014 (see chart below). Unfortunately, breastfeeding data are not available at Tallaght level to make more accurate comparisons. However, perspectives and lived experiences of children and families in access and utilisation of health services were captured in this study.

Figure 2. Breastfeeding rates in Ireland and South Dublin between 2014 and 2017



¹⁰ Data on deaths by suicide were extracted from Tusla’s Outcomes for Children Data Hub <https://outcomes4children.tusla.ie/healthy/>

¹¹ Data on breastfeeding rates were extracted from Tusla’s Outcomes for Children Data Hub <https://outcomes4children.tusla.ie/healthy-performance/>

a. Access to early intervention

Timely access to prevention and early intervention health services was raised by parents and service providers as a key challenge for children in Tallaght. Assessment of Need (AoN), Speech and Language Therapy (SLT) and autism services were among the services named as hard to access due to demand, cost and waiting lists. AoN emerged as the most difficult to access, complex to engage with and its inherent delays having the greatest negative impact.

SP: *Needy children are awaiting services such as Assessment of Need, Speech & Language, Occupational Therapy, Play Therapy, Autism Services, etc. Due to the excessive waiting times for assessment, multiple years for some, children are not being diagnosed, and therefore, not receiving the all-important early interventions they require. To make things worse, even after diagnosis, they are put on other waiting lists to receive the identified support. Beyond not receiving the support in time, parents are worried, and guilt ridden seeing their children not allowed to develop and meet their full potential as every child has the right to.*

SP: *I would kind of agree with that. You know, timelier access to services, you know, when children are referred there is a need there and then, and often they are on the waiting list, which is for a long time. And I suppose for us, we do have huge number of children on our caseload and obviously not enough staff as most services do.*

Not only did challenges in accessing AoN affect early intervention for children, but parents were worried about their children ultimately reaching their full potential. Although there were private services available which offer AoN, these were not affordable for most families.

Parent: *My sister is going into first year and she was only assessed last year as the schools literally have failed her and refused to assess and now, I am fighting for my son because the teachers are saying they want him assessed but the Assessment of Need do not want them assessed and it is like, and now he is seven and he has missed early intervention and he will probably be 15 getting assessed.*

Parent 1: *I would agree with that. Assessing kids with special needs is very hard to get any assessments done.*

Parent 2: *Yes, the waiting lists so long.*

Parent 1: *Again, I think that is lack of income. If you could afford to get it done you could get it done next week.*

Interagency collaboration, coordination, and the accessibility of information about available services were named by service providers to be other challenges impacting timely access of health services for children. To this end, the provision of correct information on services available, signposting and provision of detailed information on processes for accessing services were emphasised by service providers.

SP: I find it is extraordinary how many times I pick up the phone call as a mental health coordinator that should know the local services. And I discover new services all the time in our area, services that have been there for years and I did not know about them. So, I think signposting is incredibly important, both for families and services alike. We have the mental health network meeting that is happening throughout the year, where services get to meet face-to-face and get to network. And get to tell each other, what is it that they offer, what supports can they give? And what are some of the challenges that they face. But it is- there is a lot of power in the knowing, for sure.

SP: I think it is our job as agencies to flag with schools if there is a child in need or poverty, that there are supports available because I do not believe the supports are not available. We can access food banks and different things; I believe it is about people not knowing the right person to go to or the right service to go through. So that is something that we can- we can think into.

b. Nutritional health

Nutritional deprivation emerged in FGDs with service providers as a challenge experienced by children and families. Families experiencing homelessness (especially those living in emergency accommodation) and families with inadequate income were the most likely to experience food poverty. For such families, convenience food dominated their meals although this was known to be unhealthy. Provision of information and education on nutritional health for families and children were therefore suggested as important in equipping children and families on how to choose healthy meals and food, whilst there was recognition that income adequacy is also a fundamental issue.

SP: I think just around food and nutrition and all of that especially for families in hotels, in terms of money and food, that could be accessed. But I still think there is a bit of an education piece there as well for families in hotels and emergency accommodation with the choices of getting into the habit of maybe looking for [restaurant] and it is an easier option, but it is not healthy.

SP: There is need of the education kind of side of things to. And then the children are not, always given the opportunity to healthy food, and then when they are, it is terrifying, like you are giving them, like, you are trying to poison them and you're giving them soup or something kind of like we would do and for our afterschool groups, like they would have a snack and we do try and make it a healthy snack.

c. Mental Health

Results from our secondary analysis indicate a growing concern about the mental health of children and young people in Ireland. Using the Mental Health Inventory which ranges from 0 to 100 (higher scores representing the possibility of greater mental health problems), the average score for 15- to 17-year-olds was 34.66 (Költő et al., 2020). On a different scale, the WHO Five-Well-Being Index (ranging from 0 to 100, with 0 representing lack of well-being and higher score indicating better well-being), the average score for 15- to 17-year-olds was 50.54 (Költő et al., 2020). A study conducted in Tallaght on the mental health for children and young people estimates (using extrapolation) that 30% of young people (12 to 17 years) experienced depression, 32% have suffered anxiety and 19% had suffered stress (McCarthy and Comiskey, 2019). The studies used above only provide an overview of mental health in Ireland and Tallaght and cannot be used for comparisons between Tallaght and Ireland. However, they provide a glimpse of the national mental health situation for children and young people in Tallaght and at national level.

i. Prevalence of mental health challenges

Broadly, children understood mental health to be concerned with the “*state of your mind*”. Across the FGDs, participants acknowledged the prevalence of mental health difficulties for children, young people, and parents in Tallaght. Depression, anxiety, and stress were the most identified mental health difficulties while suicidal ideation and self-harm were acknowledged as other mental health difficulties children were experiencing.

Child 1: *Mental health.*

Child 2: *A lot of people suffer from that.*

Facilitator: *Yes, okay. What types of things? What mental health problems?*

Child 3: *Depression*

Parent: *The way I have been saying about my son and the way he keeps getting put off. All last year I was called into the school because he was saying he wanted to die, and he was walking up to random people on the road saying I wish I were dead.*

SP: *Can I just say, my experience in the last six weeks parents that are getting in contact. Grandparents are very concerned about their teenage daughters who are self-harming, who never self-harmed before. That is what I am finding now. And I think we are going to be in a lot of trouble in future with suicide ideation and everything.*

SP: *And, you know, not having said that, of course, we have young people who have huge challenges around anxiety and around mental health for all the things SP mentioned. You know, few of the things that really can be distressing.*

Social media was identified by service providers as a contributor to mental health difficulties in young people. It was perceived that young people were spending more time on screens and online gaming, which reduces their social interaction and engagement with community activities, as well as potentially creating pressure in terms of level and type of activity. Closely connected to social media use, children without access to phones and tablets were identified as being more likely to be socially withdrawn and isolated. Costs associated with enabling children and young people to engage in online activity were also identified as potential pressures for parents.

SP: *With boys as well, I have seen a lot of gaming, online gaming and the online gaming world has really taken a grip of them lately and it stopped them really engaging socially and in other activities out in the community as well. They are just too caught up in online gaming, the online gaming world.*

SP: *I think something that I have seen as well, increase in numbers of people that who are coming up with diagnosis or suspect the kids are do have an issue like of ASD or some special need like that. I sometimes wonder, we have any real research supporting this of how the movement into social media and online activities has contributed towards it.*

SP: *I cannot imagine the distress that young people or, sorry, the parents of young people who are- who are demanding these things, tablets, phones, all these things. And then also social media, the acceptance on social media, who follows who, I am not friends with you because of this reason or not. I think that is a huge issue in the areas. It all comes from access to phones and tablets as well, which is poverty related. So, if these young people do not have these things, they become isolated and then they become withdrawn and they do not want to become involved.*

ii. Availability of mental health supports

A number of services were commended for supporting the mental health of children and families in Tallaght. These were the Daughters of Charity, Pieta House, An Cosan and Jigsaw. Despite this, parents and service providers agreed that mental health support services were inadequate in Tallaght for children and parents. For some parents, mental health services are inaccessible, under-resourced or fail to understand the mental health needs of children and young people. Further, interventions for mental health difficulties were emphasised as being important during the early years of childhood to prevent severe mental health outcomes in adulthood, and yet this principle does not appear to inform local delivery.

SP: *And as well, a lot of them have said that they use drugs for escape. And there's not enough mental health services in the areas for young children, like for adolescents. So that would just be something that I think needs to be added. Like those kinds of services out there but when they are gone looking for mental health when their anxiety, depression. And I know from his group of friends from the time he was like 16 he has lost like six friends to suicide now.*

Parent: *There's no mental health support in my opinion for small children and if you do not start at that young age. It gets so much worst.*

Parent: *My friend's son was suicidal, and he went into school and sobbed and said he wanted to be dead, and he is autistic, so they brought him straight to the hospital and kept him in overnight and they talked to him and were saying it is just because he is autistic. But it is not, it is not normal to be suicidal and at that age!*

Parent: *There is no mental health support in for our children. If my bell rings my child has a panic attack because there's so much anti-social behaviour. If he hears a car or firework, he has a panic attack straight away and he already suffers from asthma. He already cannot breathe.*

Mental health difficulties were linked with deprivation in other child poverty dimensions. For parents, deprivation in material well-being (particularly homelessness) and challenges with the parenting role were strongly linked to mental health challenges. Mental health difficulties were also linked with drug use in children and parents, as will be discussed below.

d. Drug abuse

The prevalence of drug abuse, not only among young people but also their families, was acknowledged in the FGDs with service providers, although it should be noted that some participants were specifically working with families affected by drug addiction. Service providers mentioned different drugs that had become prevalent in Tallaght, including cocaine and marijuana, with young people as young as 15 years old engaged in drug use and "selling it on the streets".

SP: I have seen some estates in Tallaght, and I said this earlier on, crack cocaine is becoming a big, big, big problem. And it is bigger than people realise. I can say this because I see it all the time. Any of these areas that have really addiction problems now have a big, massive crack cocaine problem. There are young people going around peddling it. It is quite organised. The like, um, it is very, very organised to deal with 15, 13-year-olds dealing it, selling it on the streets and this is the environment you are growing up in.

SP: It has really come to my attention since I took on this job two years ago. Um, crack cocaine has really emerged in Tallaght and there does not seem to be any clear pathways for families living in certain areas, um, who are heavy heroin addict. I have, I am sorry, I do not mean to drag them up. Really "heavy" heroin addict I have dealt with has plus an addiction to crack cocaine. And is this a lot of areas in around Tallaght area that have been impacted by this, and a lot of families have been impacted by this.

In one FGD the children developed an imaginary story of a young person living in poverty, which included drug use within the family. This may indicate that young people were aware of the drug use problem in their communities. However, some service providers refuted the drug problem among young people being as high as was claimed by other service providers and noted that drug abuse is a national problem and not unique to Tallaght.

Having a family history of drug use was named as an issue for children and young people. Where parents are using drugs, they suggested that children were more likely to also be engaged in drug abuse. In a few instances, service providers referenced "drug debt" as creating a cycle of drug use within families and young people.

SP: It is returning with drug debts for families, um, as well who are engaging, and having serious problems with drug debt and are trying to get out of that debt. Certainly, just an ongoing everyday situation, we are working with teenagers who are impacted by someone else's use. That is a quite a significant proportion of the whole people that we work with, who would be impacted by somebody else's use.

SP: I would say currently there are lots of issues in the area around drug abuse and young people would often see the parents, you know, using drugs, they are using alcohol as a way of opting out and forget what life all is about and the is that, you know, there is no doubt about it, [place in Tallaght].

In one unique case which was mentioned by a service provider, a history of family drug addiction had proved to be a deterrent for the child to use drugs.

SP: I suppose what I have observed is kind of both sides and that I have certainly worked with a lot of young people in their teens who have-- There's one guy coming to mind who was in and out of the care system. And his parents have been misusing drugs, particularly his mom. And so, he is kind of, he is viewing that he would never touch drugs. So, I suppose that is a positive side too, so I suppose it is that experience where it is a really lived experience of negative sides of it.

i. Lack of education on drugs

The lack of adequate education on drugs and addiction was mentioned as one of the key challenges leading to increased drug use in young people. Service providers suggested that young people hold misconceptions that glorify drug use and lack an awareness of the effects of drugs. They suggested that children and young people need to be equipped with the necessary information for them to resist the use of drugs.

SP: *The complacency about cannabis, the way that cannabis is-is being used as pre-noon use, whereas alcohol tends to be more into the evenings and the night, it is impacting on participation in school. It is the attendance at school, number one, participation, number two, obviously then homework and achievement, all of that is being impacted as well.*

SP: *I would see that as a big issue, because I think its social media and the information that is out there online, tends to glorify cannabis from what I can see. Like it is a miracle drug, particularly weed, when there are no health benefits from weed. I do not think that message is out there. But that message is lost out there in the young people.*

Child: *Like in Tallaght a lot of drugs would be sold, like drugs is a big problem. If people had more information on how to deal with and how to refuse it, how to not get involved in like that kind of group.*

Facilitator: *Anyone else, is it a problem that a lot of young people are drinking and smoking their drugs?*

Child: *Is it a problem, do you say? It is your choice to do it. So, it is your choice because no one's forcing you to do it. You could be dealing with stress.*

ii. Drug use and mental health

Mental health issues were proposed as one of the drivers for use of drugs among young people. For service providers, young people were engaging in drug use to “escape” from different life stressors and manage anxiety. Setting up the necessary support systems, supporting young people who may be at risk of engaging in drug use as well as recognising and addressing the impact of parental drug use on young people’s subsequent behaviours, therefore, become vital.

SP: *I would agree... something about like mental health services and supporting young people with managing like stressful experiences, stressful times. And so, minimising or reducing the need to turn to drugs where particularly some of the kids I work with, where they have had a parent or both parents involved in drugs and alcohol.*

SP: *From conversations with him (SP brother) and his friends, he is now 24, he still says that there is a lot of peer pressure in the area to kind of like to be part of them gangs and to do them sort of thing. And as well, a lot of them have said that they use drugs for escape. And there's not enough mental health services in the areas for young children, like for adolescents.*

SP: *I mean, nearly every child going to school that smokes now is smoking weed and it's-I feel it is a result of anxiety, you know, they feel that it calms them down, but we all know that it has the opposite effect, you know, and then it leads to bigger things.*

SP: *They have not had that experience of having their emotional world regulated by a parent because the parents was, in fact, reliant on drugs. I think that is important. And again, I think that is right from the beginning to support parents of young children and then rise so really like targeted mental health services.*

Findings presented in this section show that access to early intervention health services remains a key challenge for children in Tallaght, with the AoN process being described as particularly problematic. There is also a perceived high prevalence of mental health difficulties for children and parents in Tallaght and inadequate mental health services for children. Drug abuse was perceived to be a key challenge for children in Tallaght. Key drivers identified for drug abuse include lack of mental health support for children and young people and a lack of adequate information on drugs and effects of drug and substance abuse.

4.6. Safe and protected from harm

Data for indicators which measure safety and protection from harm were not available at Tallaght level. Comparisons were therefore made between South Dublin County and the national results. In 2017, while there were 20,006 children referred to the Garda Youth Diversion Programme in Ireland, 5.2% (1,042) of these youths were from South Dublin County, including Tallaght (Garda Youth Diversion and Crime Prevention Bureau, 2017). Concerning child protection, in the third quarter of 2020, there were 952 children on the Child Protection Notification System (CPNS) with 71 children being from Dublin South-West (including Tallaght). In 2019, nationally 18,343 (1.47%) children were in receipt of family support services and 11.4% (2,096) of these children were living in Dublin South-West (Tallaght included), (Tusla, 2020). These results show that South Dublin County/Dublin South-West (which include Tallaght) has a higher proportion of children in receipt of family support services, a significant proportion of children referred to Garda Youth Diversion Programme and a considerable number of children in need of child protection. However, interpretation of these indicators must consider that a referral does not necessarily mean a child is in need or is not safe and protected.

a. Clean neighbourhood

Accounts from children and parents reveal that the neighbourhoods they were living in have problems with dumping and littering. This exposed the community to different health issues. On the social and behavioural impact, a littered environment does not provide children and young people with a sense of belonging nor does it illustrate the importance of being responsible citizens when they grow up.

Child: *I have on my thing, I wish the river were cleaner and the whole place was cleaner, and the rainforest in Tallaght. It is good, it is a very nice place, but some people might not like it, and might think it scary.*

Parent: *Yes, I have seen suites of furniture! I mean who thinks that is ok for a suite of furniture to go into the local river?! Where do they get it? They think that is ok. It comes from how they are thought of as a whole community.*

Parent: *When you walk around you see young people dumping rubbish everywhere. Is that a problem? They cannot get a skip or something? And their health. Or is it a lack of education?*

Parent: *The school are trying to teach about society and environment and at the end of the day if they are not seeing it in their real world, and if they are not seeing it in a park and they are not walking on a clean path to school then that is their teacher.*

Parent: *So why should they contribute to and as they get older, I find that is the hardest thing is to keep them on that sort of 'come on guys bin your rubbish', because as they get older, they sort of go 'ah ma, come on everybody else does it'.*

b. Safe places to play

When participants were asked to discuss the positive aspects that Tallaght offers for children, parents and children agreed that Tallaght had many green areas for children to play in. However, later in the FGDs, it emerged that these

were not always safe for children to play. There were inadequate places for play, and some were “**burned**” or had “**smashed glasses**”, making them dangerous for use by children and young people.

SP: I think there is a lack of, um, proper outdoor possibilities for young people and children to just socialise and have fun. I remember one day walking to-to the home of a family who lives in [place in Tallaght] and the playground was only after getting burned and it was full of glass, and it was just desperately looking. And I am thinking if I was a five-year-old living here, is this what I see? Or if I were a 12-year-old, would-would this be, you know, the green space outside my home where I can meet with my peers and just hang out.

SP: I want to echo what [SP] said there about spaces for young people to kind of a bit. You know, I see it quite a lot in [place in Tallaght]. Young people have nowhere else to go what the size of their streets and their areas, which is going to be prone for them to get involved in other sort of activities for them to be whatever it is to be groomed to become something else, uh, is quite prevalent.

Child: I hate the children who play up the park over there. They smash glasses in the football pitch thing. [crosstalk] glass. I hate it when people just go around smashing glasses and like that.

c. Neighbourhood safety

Children, parents and service providers pointed to criminal and antisocial behaviour in the local area which threaten the safety of children and the community. Such antisocial behaviour includes robberies, break-ins, stealing, the emergence of crime-gangs and fires in the community. The most mentioned antisocial behaviours were house break-ins and robberies.

Parent: So, it is an avenue, and it is a small road on it and grass and all for them to run on, but it is more the danger of letting them out. Only last night I heard the screams of some poor girl getting someone breaking into her house and I could hear the screams from my house.

Facilitator: So, you do not feel safe in your neighbourhood?

Parent: I do not feel safe myself never mind the kids. There is too much anti-social behaviour in my area.

SP: I know there has been a lot of antisocial just over here, at [place in Tallaght] around the shops, and the cashiers have been broken and destroyed, [place in Tallaght] was broken into and destroyed. And the guards seemed really, helpless to do anything, even though they know who the young people are, they knew the age group, they knew where they lived.

Parent: There's a woman on my road that has one of her little trolleys like and she went up for her shopping two weeks ago and someone robbed her walking home.

Children mentioned the proliferation of the use of fireworks and “**bonfires**” in their neighbourhoods which frightened them and suggested measures to ban the use of fireworks in their communities.

Facilitator: Okay. What about [imaginary child], anything she does not like?

Child: That's there's loads of bonfires and people stealing stuff.

Child: So, like you will not fall into like trouble with anyone and like there should be a rule that you are not allowed like any fires or anything.

Safety concerns were raised about the use of fireworks in the neighbourhoods. One of the children raised a concern about fireworks being launched into people's homes. In one case, a parent mentioned the use of fireworks as triggering an anxiety attack in their child.

Child: I want people to stop putting fireworks in people's gardens.

Facilitator: Fireworks. You want to stop the fireworks.

Child: Some bad people, they take the fireworks around with their friends and they launch the fireworks out at people's windows, I hate that.

Parent: If my bell rings my child has a panic attack because there's so much anti-social behaviour. If he hears a car or firework, he has a panic attack straight away and he already suffers from asthma. He already cannot breathe.

Cognisant of the antisocial behaviour and community safety concerns in their neighbourhoods, some parents had chosen to move out of Tallaght, whilst there was also an example of a family who chose to live in emergency accommodation to protect their children. Conversely, children felt their parents had become overprotective of them because of safety concerns in their neighbourhoods.

SP: The mom would choose to stay in emergency accommodation because of the anti-social activity in her estate. And so, her children are in an overcrowded home as it is. But the idea of even trying to let the kids out to play or anything like that, it is just not on. So, I think that is another issue, but I would certainly hear a lot about such just, anti-social activity, in several different hotspots where children cannot get out to just kick a ball safely or go for a walk or interact with other kids.

Child: Most parents know about Tallaght, and they are overprotective. Like my parents are overprotective and when my younger siblings were born, I was overprotective of them and then I understood why they were overprotective.

SP: Yeah, I was just going to say what **SP** said there was on the antisocial behaviour, like, involvement in gangs and stuff. I had a family last year who were looking for a transfer out of their estate because their eldest son was starting to become involved in sort of the gangs and their houses were being targeted and he was getting inand that caused huge issues there for that family and they are still in that situation as well.

d. Bullying in the neighbourhood

Bullying came out strongly across the FGDs with children, parents and service providers. Parents were finding it unsafe to let their children play outside the house because of bullying and antisocial behaviour. Besides bullying, children mentioned racism and "being mean to each other" as forms of antisocial behaviour in their neighbourhoods. From accounts by parents, older children and young people emerged as the major perpetrators of bullying and anti-social behaviour to younger children.

Parent: I stand out on my balcony, and I see kids 10, 11 going around hitting kids four or five and it's not like going up and pushing them and slapping them they're proper hopping on them and punching them around. I've had to shout down from the balcony and the bigger kids turn around and stick their finger up at you.

Parent: My son cannot go out on the road as he gets atrociously bullied and it is very upsetting but the children that are doing the bullying, they need somewhere to go. That is a result of how [place in Tallaght] has been situated and how those children have no access to anything else other than streets.

Facilitator: Okay, so is there anything that they do not like about Tallaght?

Child: Uh, people being mean to each other-

Facilitator: Definitely, that would make Tallaght better.

Child 1: Less racism.

Child 2: I was going to say that.

However, there seemed to be hotspots in the neighbourhoods of Tallaght where bullying and antisocial behaviour is more prevalent than others. One parent refuted the prevalence of antisocial behaviour in their neighbourhood referencing that children and young people played together safely in the streets.

Facilitator: So, anybody have a situation where their kids can go happily and play on the road?

Parent: Yes, my road has over 20 kids and they just play in big groups.

Facilitator: So, you have just got this little road that seems to have...

Parent: Yes, it is great to see, and they are younger and older, and they are all just in one group.

i. Eroded sense of community and bullying

It was suggested by several parent participants that one of the major factors fuelling the prevalence of bullying and antisocial behaviour in Tallaght was the erosion of responsibility and sense of community in both children and parents. Parents referenced their childhood memories of people in the community looking after each other and older children protecting younger children. Parents suggested that this had been eroded and that there was no community responsibility amongst children and adults. This was worsened with the dwindling of community activities over the years during which children socialised and learnt how to be responsible to each other. The result, as reported by parents, has been older children becoming bullies to younger children in the neighbourhood.

Parent 1: So, this was just leaning on each other, and it was doable at the time, but you are going back to a time when there was a huge sense of community.

Parent 2: That's true though. And neighbours probably threw an eye in, and she would have the key and let you in etc.

Parent 3: Yes, there was a bigger sense of community, yes massive years ago.

Parent: Again, there was clubs. We all used to bring our kids up to the dance and all our kids went to dance so we all knew each other so there was always a sense of 'howaya' and all the kids knew each other and there was a huge sense of community around clubs and I do think that is what is missing that children do not have the opportunity to be children and mix with children in a positive way other than school because school doesn't give them that.

Parent: That's the responsibility of the older kids to deal with those younger kids. They learned that from, I suppose different clubs and different things that were going on and being the bigger, responsible, older child. Whereas now, the bigger, older child is a bully to the younger child.

Parent: Yes. I think for our children a place where children will be children. Where they can go and play, and they can go and mix, and they can go and have adventures. This is it that they are not getting. That changes a child. That changes how they are with the older kids. It gives the older child's responsibility for the younger children. They feel a sense of that they can show the younger children how to do.

ii. Bullying and fitting in

The pressure to fit in with peers came up as one of the major factors causing children to be bullied in Tallaght. Children who do not wear the same type of clothes as their peers or did not fit in with others were more likely to experience bullying, mostly verbal bullying.

Parent 1: Some kids must be a certain way to fit in. Like if you have dirty runners, you are going to get bullied. Some parents embed it in their children's heads that they must wear this and that.

Parent 2: Sometimes they can even wear the dearest of jackets and they be literally ripped off the bikes or that jacket you would be bet!

Parent: There's no consequences for teenagers and anti-social behaviour and I think that is why it is continuing for so long because there are so many good kids but then for them not to be bullied or to fit in, they must become one of these types of kids.

Parent: There's so much pressure on the kids as well it is not even their fault. They need these things to fit in and be part of the group and if they do not get it, they suffer.

Child: Not fitting in.

Facilitator: Like not being like everyone else.

Child: If you do not have all the nice clothes, you could be judged.

Child: So, if all your mates are smoking and you do not, they can call you frigid.

Children who looked "different" were the most likely to be bullied in the neighbourhood. Being "different" included how a child is dressed, appearance or even intelligence, all of which could expose children to bullying in the community.

Facilitator: Why do people get bullied?

Child: Because they are different.

Child: [crosstalk] Their looks.

Facilitator: How they look. Exactly how they look. How else might they be different?

Child: They dye their hair pink and all... wearing glasses and all that.

Child: And different people, um, bullied over their appearance and everything. Small, um, tall, or something like that or then like um, for also like being smart or something like, and like smarter than the others so they could be bullied about it.

Child: They're different than everyone else. They bully as someone when generally they can say, "That's disgusting. You're different."

e. Influence of the socio-economic environment

The socio-economic context was noted as playing a key role in shaping the behaviours and aspirations of children in Tallaght. As noted earlier in this section, the community context is seen as predisposing young people to bullying, antisocial behaviour and drug abuse. In addition, it was suggested that the social and physical environment also affected the potential and aspirations of young people for their future and breaking out of the poverty cycle.

Parents: They are the result to what has been happening in [place in Tallaght]. Children become anti-social, they become almost, they do not care about their parents and what they would say. They just have no respect for adults but that is not their fault. That is a result of how [place in Tallaght] has been situated and how those children have no access to anything else other than streets.

SP: I really cannot stress enough, um, sort of, the environmental factors of why people might be struggling in terms of, uh, economic. That would be the two values of the people who live around the areas, you know, they are going to follow suit, they are going to see these things as normal, as acceptable, and they may not have any kind of real, um, ambition to come out of this, like, you know, um, so there's lot of support needed in these areas.

Parent: Even aside from Halloween, in general, you try to teach your child and the school are trying to teach about society and environment and at the end of the day if they are not seeing it in their real world, and if they are not seeing it in a park and they are not walking on a clean path to school then that is their teacher. As well as me being there, that is their teacher.

Facilitator: So, they are not expecting a clean environment.

Parent: So why should they contribute to and as they get older, I find that is the hardest thing is to keep them on that sort of 'come on guys bin your rubbish', because as they get older, they sort of go 'ah ma, come on everybody else does it'.

The antidote to the negative impact of the environment on children was suggested as "having that one good adult" in their families and community. Role modelling was commended by parents and service providers as providing children with a positive view of life and encouraging them to engage with the various services and supports in the community that can assist them.

Parent 1: *There is this programme at the minute, and it is called One Good Adult and that is all every child needs.*

Parent 2: *So, every child needs one person that they can look up to that will give them good guidance and like, me and [friend] had a talk about this a few weeks ago, that is just what I want for the kids. I just want them to have one good adult because me growing up looking back now, all my one good adult is probably dead now because they were literally the old people in the estate because no one else really cared and now I am looking around and the old people are afraid of the teenagers. Like whom are the teenagers supposed to have now?*

SP: *But just I suppose, working in the preschool, um, I think you notice it from the very start when a child comes in, if they are lacking in confidence, you'll often see that the mother has no confidence so the child or you see the complete opposite that the child has too much knowledge altogether, you know, and has knowledge to stuff that she shouldn't read, or he shouldn't have. But it is, you know, as **SP** said, it is that one person that connects with them, that makes that connection and folks that gives them that little bit of attention and thumbs up when they achieve something, you know, and help them to achieve it even if it is only to draw a straight line, it is a start.*

Service providers were incorporating role modelling in different ways in their services and noted that having at least one person in their service who can “connect” and communicate effectively with children can make a huge impact on children’s lives. In one service, to encourage young people and children to progress with their education, the staff were intentionally pursuing third level courses and making it known to children and young people. Having someone to look up to inspired young people to do better in their lives.

SP: *So, like currently at the have gone back to do our Masters and we have another staff member that is doing his degree part-time. And we made that well-known to them. And it is not that we are making it well-known to like brag or anything like that. We are making it well-known just to say, “You know, we can do all these things.” Um, and so then over time, like **SP**, say, initially as soon as they come in, they do not want to be here at all. But the more they are surrounded by other people that have that kind of positive attitude towards education, I suppose, it filters down and it rubs off on them.*

SP: *Well, they are a bit like myself here now and so I can connect with them. You know, it does not have to be the professional in the box, it can be just that person. And there's-there is someone that works in this service here that is so real with the kids, she just throws herself in there. And like often when we have a child that is really struggling, you know, she is there for them. And they do not know that she is doing the work that she is doing because she is just herself. And it is amazing to see her work like that.*

In summary, being safe and protected from harm was perceived by all participants to be a key challenge for parents and children in Tallaght. This was illustrated by a perceived increase in antisocial behaviour, house break ins, bullying and litter in the streets. An eroded sense of community and responsibility was cited as a major cause of bullying and antisocial behaviour. Children were also perceived to be at higher risk of bullying if they did not fit in with their peers.

4.7. Connected, respected, and contributing to the world

Key indicators of social and emotional wellbeing that were selected from BOBF include children’s relationships with parents, availability of social support, peer relationships, self-esteem, and satisfaction with life. However, no data was available at either South Dublin Level or Tallaght level and therefore no comparisons could be made to national data.

Data on the indicators of social and emotional wellbeing were extracted from the *My World Survey Report*¹². Although the study collected data from adolescent (those in second level education) and young adults (those in third level education), only findings from the adolescent cohort were used in this report. 70% of the adolescents reported that they enjoyed family life, (Dooley, O’Connor, Fitzgerald and O’Reilly, 2019), whilst 76% reported they have a special adult in their lives when in need. Adolescents also reported optimal levels of school and peer connectedness with a score above the midpoint of 18 (Mean Score=20.11) on the Hemmingway Measure of Adolescent Connectedness, (Dooley et al; 2019).

Subjective well-being forms a major part of social and emotional wellbeing for children. From the *My World Survey Report*, 46% of adolescents were satisfied with their bodies, with boys more likely to be satisfied (57%) than girls (38%), (Dooley, O’Connor, Fitzgerald and O’Reilly, 2019). Overall, adolescents are satisfied with their lives, as they scored much higher than the midpoint of 24 on the Brief Multidimensional Student’s Satisfaction with Life Scale (Mean Score =31.56), (Dooley et al; 2019). With regards to self-esteem, adolescents in Ireland scored two points above the midpoint of 25 on the Rosenberg Self-Esteem scale, (Dooley et al; 2019). Findings from the *My World Survey* highlight that adolescents are experiencing optimal levels of socioemotional wellbeing. Presented below are the lived experiences of children in Tallaght with regards to socio-emotional well-being.

Children and young people were asked to rank the most important things in their lives. One of the top-ranked items on the list was “*feeling happy with yourself*”. Young people identified feeling happy with themselves as important for their self-esteem, well-being, and quality of life.

Child: *Yes, so feeling happy with yourself. If you are getting bullied, you will not feel happy with yourself then. Because then you will always be putting it to your head, and you will not be feeling happy at the results. And then you will not have a good feeling, so good about yourself is important. And then like when you go to school, you will not be concentrating a lot because you just keep on thinking and thinking about what that person said to you.*

Child: *I think two are important.*
Facilitator: *Two- two of them?*
Child: *Yeah, one of them is eating your breakfast before going to school and the other one is feeling happy, making yourself that.*
Facilitator: *Feeling happy in yourself, deadly is there-- which one then would be next?*
Child: *Spending time talking to your parents or family.*

Child: *Kind of feel happy with yourself. If you doubt yourself, usually, it will not get it done but if you believe in yourself, you can get it done.*

a. Parent-Child Relationships

Spending time with parents and families was identified by children as one of the significant aspects of children’s well-being and important in helping to build good relationships with parents.

¹² My World Survey 2 is Ireland’s largest and most comprehensive study of young people’s mental health and wellbeing. It captures the views of more than 19,000 young people from across Ireland to understand what can lead to increased mental health difficulties, and what can help to protect young person’s mental and health wellbeing. <http://www.myworldsurvey.ie/about>

Child: Spend more time with them. Because, like, say if their mom or dad goes to work early, they barely spend more time with you. And, if you do not spend much time with, like, your parents and everything, you do not have a good relationship with them.

Facilitator: And what types of things do they do together?

Child: Like activities that, like, just, say, uh, watch a movie-do like, some exercise, just activities.

Facilitator: Feeling happy in yourself, deadly is there-- which one then would be next?

Child: Um, spending time talking to your parents or family.

Child: [Imaginary child] feels to spend time her family. Uh, she feels happy that she is spending time with her family. And kind of interested on what they are doing.

Pre-Covid-19, parents and children did various indoor and outdoor activities together including going to cinemas and restaurants. However, with the outbreak of Covid-19, outdoor time and activities were severely affected.

Child 1: Go to the park.

Facilitator: Go to the park. Anything else?

Child 2: Go for a walk.

Facilitator: Walk.

Child 3: Go to the zoo.

Facilitator: Zoo?

Child 4: Go to the football game.

Child 1: [imaginary child] goes on horses with them.

Facilitator: Okay.

Child 1: [imaginary child] father teaches him how to play football.

Facilitator: Okay sure, yes.

Child 2: [imaginary child] dad teaches him boxing.

Parent 1: We would always have done something like that, walking or going to local parks. We would not have had a huge amount of stuff that we would have paid for to be honest. When I say local parks, I mean Corkagh Park or Watergate Park, not these parks. Bushy Park or going up to Blessington and sit down with the kids.

Parent 2: It is harder now. We used to go to the cinema at the weekend but now it is closed.

Parent: Go on walks. [crosstalk]

Parent: Go to the playground, walks, cycle.

Facilitator: Cycles, walks. So, physical outdoor activities?

Parent: Baking at home, art.

i. Quality family relationships

Although parents and children were spending time together, both sets of FGDs (children and parents) indicated challenges in building quality relationships and conversations between children (especially teenagers) and parents. These included parents being conscious of the safety of the community they were living in and their perceived over-protection affecting relationships with their children.

Parent: I do not think anyone has a good relationship, there is always challenges with teenagers when they are trying to push the boundaries. I nearly think we have an extra challenge because we are conscious of the safety of our children and I suppose they see, and my children went down to [place in Tallaght] down to [place in Tallaght] and they see different aspects. Their friends were out at nine o'clock at night and they were pals and at the shops and my kids were 12 and 13 and I would tell them they are not going to the shop.

Facilitator: And how is it to have relationships and conversations with young people?

Parent 1: So cheeky.

Parent 2: Even from young like.

Parent 3: I have a ten-year-old and she is so cheeky.

Parent 1: So is my ten-year-old.

Parent 3: My mam keeps telling me to stop fighting with her but because I am 28 and the age difference, it is funny how it is changing. She is so cheeky.

Some parents felt they did not have adequate skills to build quality relationships with their older children. The lack of confidence in their parenting skills, especially amongst young parents, made it difficult to make decisions about their children. This left them depending on their parents or other older people to make parenting decisions.

Parent 1: I still look for an adult even though I am an adult. I am like mam, what is going on?

Parent 2: We just need assurance from other people and that is what I hate about myself like I know what I am doing ...

Parent 1: I cannot make decisions; I must have people make decisions for me.

Parent 1: I do be like that with my mam I am like what do I do? I just need her to say yes, you are right like.

Parent 2: It is no confidence, and you do not have the support to feel confident as a parent.

Children implied key barriers to building quality relationships with their parents were authoritarian parenting style, parents being busy working and not having time to spend with them.

Facilitator: Do you have deep conversations with your parents, talking about feelings or how you are getting on?

Child: Not about feelings, but how the day's going.

Facilitator: No? Why not?

Child 1: They like bossing others and...

Child 2: We have different opinions on things, like different views on the way things happen in the world.

Child: [Imaginary Child] does not like that she, uh, must see her mom leave the house, so she kind of so her mom needs to go to work for a full day and then come back tomorrow--she wants to just spend time with her mom, but her mom cannot.

Facilitator: Let us say [imaginary child], right? [imaginary child] does not do these things with his family, right? Why might that be?

Child: Because he does not feel like he has a good relationship with them. Because, like, he does not spend much time with them, or he would be arguing a lot with them.

ii. Family relationships and mental health

Mental health difficulties emerged as one of the challenges that negatively impact parent-child relationships. In an FGD with parents, one parent shared how they have been struggling with spending quality time with their children. Although they are physically present with their children, mentally they are “lost”, and it affects the quality of the relationship.

Parent: *But if the parents are suffering with mental health, they are not going to want to. I play Lego with my kids all the time, but your body is sitting there playing Lego, but your mind is not. My hands are busy, I will check out for a while. Before I used to sit down and get really engrossed with them and now, I set it up for them and I am in and out and they're missing that time, but I cannot because my mind is racing.*

Facilitator: *Yes, it is very hard to let go when you are ...*

Parent: *Yes, and they miss it like...Yes ever since the [children] left that has affected me especially with the [children], I am like, I just cannot. It is like something is missing, as bad as it is to say but I do now, but at the start I really did not have any time to do anything with them because my head was all over the place.*

b. Peer Relationships

Children and young people mentioned various activities they do with their friends. These include spending time with their friends, doing activities or hobbies together and visiting each other's families.

Facilitator: *So, this time with their friend, what are some things they can do with their friends?*

Child: *He goes horse-riding.*

Facilitator: *Yes. Where?*

Child: *I do not know, but it was like three years ago that I used to go horse riding. It used to be fun.*

Child: *Like she met some friends at the shop or at the park and at school.*

Facilitator: *And what do they do together?*

Child: *They visit each other's houses.*

However, some children only had friends at school and did not have friends in their neighbourhood. This was raised in FGDs by both parents and children.

Parent 1: *My child has no friends as they are all older on the road, there is no young people for her. Her only play is in school, and she is literally like my best friend is in school and she does not see her at weekends only in school.*

Parent 2: *That's like my kids. I do not let them out on the road. They are still too young.*

Parent 3: *Even if mine are ten they will not be going out on my road. Not a chance.*

Child: *Because I do not have like more like friends. The only friends I really have is in school. And then I do not have any friends at school, I just stay in my class.*

One of the reasons perceived to be preventing children from having peer relationships in their neighbourhoods related to the lack of activities, groups and facilities that bring children and young people together for socialising.

Parent: I do not think there is any clubs or anything in it anymore.

Parent: It is the clubs they used to do in the community centre, and they would go every weekend.

Parent: And the kids club over there.

Parent: And in my generation the kids would all be excited to go and just shows the difference. We had people that put the time and effort into us. Now you just do your own thing.

Parent 1: Like there is no clubs or activities. Foroige used to be great around here for years.

Parent 2: There is one in [place in Tallaght], my sister did a recording thing with them, but I do not think it is open anymore I think it is walk in.

Parent 1: I used to volunteer with Foroige, and I opened a kids club over in [place in Tallaght], but we had to close as we had no facilities for it.

Material deprivation was highlighted as one of the key challenges impacting children's ability to build fulfilling peer relationships. Children who did not have money to spend, new clothes or other material possessions appeared to be more likely to have difficulties in having fulfilling peer relationships.

Child: Because their parents might be poor, and he just goes around on his own bike when the wheels are burst or something. Then there is a school trip and he really wanted to go, but his parents would not let him. It was for the whole day, so he could not go to school. He went to the bus, and they all start laughing at him. That is why nobody wants to be friends because he does not have much money.

Parent: They turn to the anti-social behaviour because that is how they fit in then and they come home and put the extra pressure on their mams. My cousin is in second year now and she asked her mam for €60 pair of runners for Christmas, like, and she comes from a single parent and has a big sister, and she is like all my friends are getting them.

Parent: They'd be robbed off her anyway!

Child: Because people might not like him because he does not have the newest clothes.

In one instance, a parent mentioned that their child does not have confidence in engaging and making new friends which prevents them from having fulfilling peer relationships. In another case children (using an imaginary story) mentioned that children whose families are engaged in criminal activities are judged by other people and therefore may fail to have fulfilling peer relationships.

Parent: I have noticed that because my kids do not get out a lot to make new friends, they depend a lot on other kids for reassurance. My kids teachers are always saying to me that in class settings if [child] wants to do something he will look around first to see if anyone else, so if the teacher says to him pick what toy you want to play with today he will wait and see if someone that he plays with will pick something first and then he'll just pick what they pick because he is afraid to go to a new setting where it's not the people that he's friends with if you get me. He is not confident in making relationships.

Child: [imaginary child] is fortunate enough to have two best friends but the reason he has no more is that people go to him and say you are just going to be like your brother.

Facilitator: Ok.

Child: He does not want to be like him because he is a drug dealer. That is why people stay away from them.

c. Socio-emotional wellbeing in the pandemic

Spending time playing outdoors and interacting with peers are important activities for child development. However, both aspects were severely affected by the pandemic and impacted children's social and emotional wellbeing. For most children, they missed playing outdoors and interacting with their peers. Even though schools opened during the pandemic, the public health guidelines restricted children from mixing and playing with their friends in other classes.

Child: I cannot play with him or him anymore because we are in two different classes now, we go split up and we cannot even play with each other.

Child: Yeah, cos the young people they used to be able to go outside like spend time with their friends and do sports. But until then all got cancelled and it was not safe for them to go out and visit your friends.

Child 1: Before the Corona Virus, people were having fun- Like learning and playing the balls and all. And then they closed.

Child 2: Because you do not get like to play with your friends.

Child 3: Because she does not like COVID because she cannot talk to her friends or even get outside-

Facilitator: He does not play with other children. Why not?

Child 1: Because he stays in all the time because of the Corona.

Child 2: Um-um, because they cannot really meet their friends as much as they did before in the past because of COVID, and stuff like that.

Parents also felt the pandemic had impacted on the socio-emotional well-being of their children and feared that their children's abilities to engage in peer relationships were affected by lack of outdoor playing. Parents also missed the outdoor time and the various places they would visit before the pandemic, with their children.

Parent: Right now, it is the lockdown because my kids do not go out to make new friends. They depend a lot on other kids for reassurance.....he is afraid to go to a new setting where it is not the people that he is friends with, like he is not confident in making relationships.

Parent: Like we just said, we always have done something like that. Walking or going to local parks. It would not be a huge amount of stuff that we would have paid for, to be honest but the parks, the local parks. But that was before COVID. It is harder now.

More importantly the pandemic resulted in mental health difficulties for both children and parents. Children reported mental health difficulties related to spending time indoors with little variety of activities and the fear of a family member contracting Covid-19. Service providers noted anxiety and behavioural difficulties among children related to the pandemic. With job losses during the pandemic, some families had moved back to live with their grandparents. Some children developed anxiety over the wellbeing of their grandparents and were fearful of passing Covid-19 to their grandparents.

Child: Yes, maybe depressed. Well, I cannot do anything, I must remain inside. I cannot even do anything with my friends, I cannot go to school. One of your family members may get the coronavirus and they got sick and passed away.

Service Provider: So even before I came on this call this morning, I took a drop-in call, and it was a child presenting with a stutter or stammer that the mom would say is pandemic-related and particularly returning to school. So some very, like directly related to COVID, so some children with worries, I think that was an important one about, you know, the worrying about grandparents, about getting themselves getting sick, their parents getting sick. So certainly, anxiety and-and behavioural difficulties because of that, you know, sort of children really, um, feeling dysregulated and-and distressed.

Service Provider: It is one of the things that we would say overcrowding where, some of our children have moved back in with grandparents and-- or their aunts and uncles are still living in them homes as well. And that was causing issues over the lockdown. So, it was huge anxiety we found with the kids, and they are still talking about passing COVID on to their grandparents-

d. Enhancing peer relationships for children and young people

Improving children's peer relationships and social and emotional well-being emerged as a key priority for children and families in the FGDs. Parents and children emphasised the establishment of community facilities (youth centres, community clubs and activities) for children as important for socialisation and improving peer relationships for children.

Child: *If there was like this club and it was, say just for these people that do not say have many friends or anything where like they could go into it and meet somebody you could get along with and you had to do like a buddy thing like and be a club that could help, like make your social skills better. So, like it can be something that like you could like meet a good friend and then people could say they could be your buddy for like a week going on like trips.*

Parent: *Foroige is still there, there is still a presence, but it is not out there as much as it used to be, and it is not present in [place in Tallaght]. It would get the kids off the road and keep them out of trouble. Like even the likes of I remember they used to have a youth cafe and the kids were always off the road.*

Child: *You're like a community and everyone knows, or like most people know most people-- You just you go down the road and are like, " Hello," you know everyone so that is good.*

e. One-parent families

Parents and service providers discussed the key challenges and issues affecting one-parent families in Tallaght. Participants raised different challenges which spanned across the five dimensions of poverty, and these are presented below. The recurring themes relating to parenting alone is not surprising given that this is recognised as a key risk of child poverty.

i. Material deprivation and one-parent families

Income poverty came up as a major challenge that one-parent families experience with household income from one parent inadequate for the family. Additionally, unaffordable childcare costs greatly reduced any potential for those parenting alone to fully work outside the home. Inadequate income also affected the family's access to adequate accommodation, childcare, better employment opportunities and the upkeep of the family.

Parent: *Again, lack of income because you are doing two people's job and it is not even an income because you cannot even work because you are raising the kids alone and you've no one to mind them. It is overwhelmingness of just having to be on all the time. You've nothing left for yourself. You are just mammy.*

SP: *Well, I think for our perspective, like the biggest issue or challenge for us is giving lone parents the opportunity to have employment and you know, get back into mainstream life, like all of us. But the supports and structures out there do not really allow that as a real challenge for anybody who is raising a family to juggle those demands. The supports are not adequate to meet the demands.*

Parent: *Even the thoughts of it, it is draining. It is draining on people's energy to think I will be at this job, how am I going to get this done, how am I going to get this done, how does that work, how do other people do it then you are ringing around creches or whatever it is and that is €700 a month and you are like what? I am not working that is my whole wages a month for certain people, it is ridiculous. And then petrol, lunches, the kids, you would just be working for nothing. You've nothing left in your pocket.*

ii. Society and One-parent families

There was a consensus amongst parents and service providers that society holds a negative attitude towards one-parent families. Service providers pointed to an attitude of blame towards one-parent families and viewing them as "dysfunctional".

SP: I just think, there is also a kind of an attitude to, towards lone parents as well, like a blame. You know, I wonder about that because there is something about confidence of people, you know, and their own self-blame, but it is something to do- it is a societal thing. You know, it is an attitude towards it. And yes, we see there is this attitude towards lone parenting about being wrong or dysfunctional or not correct, or something. There is something wrong with attitudes to families, that we have not quite addressed properly yet.

SP: But ultimately there is an element of blame that comes back on the parent who is parenting alone, and in that parenting alone, and we see it, we see it a lot with the strengthening family's programme. That lack of support for lone parents.

SP: I think that lone parents are very vulnerable as well. You know and everyone is socialised that lone parenting is not a good thing and people taking advantage of them, you know, that might impact on them, their ability to be able to function socially, their families to really engage, particularly to live in an area that is quite a lot of antisocial issues.

Parents felt that society did not give them the dignity they deserve for being the only parent in a family, especially at a young age, and this negatively impacted on their confidence and skills to parent.

Parent: Once we fell pregnant our life was over, that was that you are a mammy now, the community is going to look at you because you are a young mother, and everyone will give you the look and then after that that look never changes and they are always going to look at you when the child is running in muck, and you just feel judged constantly.

Parent: Not even as a single parent but because around here like loads of parents are starting young around here so you do not have that confidence around here. Everyone is looked down upon around here for being a young parent like. There is no support at all for them. Even in hospitals after they have the baby there is no support at all for them.

iii. Mental health for one-parent families

Parents who were parenting alone appeared to have an increased risk of experiencing mental health difficulties related to the parenting role. Some service providers mentioned that where there is a child with additional needs in a one-parent household, the parent is at a greater risk of experiencing mental health difficulties. Parents described their coping mechanisms as including ignoring any mental health difficulties, as they have neither the time nor the energy to reflect on them.

Parent 1: I just keep pushing it down, I do not even think about it. I just go all day nonstop, and I just go to sleep, and I am so tired I just go asleep and do not think of it.

Facilitator: Pushing it down, you mean the emotion?

Parent 1: Yes, just bottle it up. It is all you can do.

Parent: I genuinely agree that we do not cope. We get on with it and keep going because it is the only option we have. We had a conversation this morning about a woman who committed suicide and she left her two kids behind and the heartbreak that it left them with. That is probably the only thing that saved me so many times because it is having the kids, knowing no one else can love them the way you do and take care of them, so I do not think we are coping but I think we are getting by for the sake of our kids.

An Cosan emerged as one of the community resources which parents, especially one-parent families, appreciated for offering mental health support systems. The service provided a space for parents to meet and share their experiences as well as offering counselling services, which positively impacted parents experiencing mental health difficulties.

Parent: *And its gas every morning when I come in here (An Cosan) no matter how bad is it getting over here like I will be walking over, and I will be crying or screaming some days and as soon as you come in and you sit down everyone is happy again. Everyone is smiling. We are humans again, we are not just at home cleaning, minding kids etc.*

Parent: *No, I am a lone parent the last six years I have an eight- and nine-year-old child and if it were not for An Cosan I would not be working.*

Facilitator: *So, there is one limited service in [place in Tallaht]?*

Parent: *As far as I know.*

iv. The Parenting Role

Young parents and parents living in one-parent families appeared to face challenges in their parenting role. Young parents felt inexperienced in their parental role and identified difficulties in dealing with children's behaviours. Some young parents suggested that they did not have adequate parenting skills and confidence which affected their mental health and relationships with their children. For those parenting alone, discussing honestly the whereabouts of the other parent with their children presented them with major difficulties.

Parent 1: *I still look for an adult even though I am an adult I am like mam what is going on? I cannot make decisions*

Parent 2: *We just need assurance from other people and that is what I hate about myself like I know what I am doing. I do be like that with my mam I am like what do I do? I just need her to say yes, you are right like... It is no confidence, and you do not have the support to feel confident as a parent.*

Parent: *I think there is a lack of like how do you talk to your child about it? I have done parenting courses and I still do not know how to sit down and explain to my son he does not have his daddy there. He is only turning seven, but it breaks his heart because he sees other dads going down to school and he is like 'why don't I have one of them?'*

f. Childcare

In FGDs with parents and service providers, childcare was acknowledged as one of the huge challenges that those parenting alone experience with the cost of private childcare being prohibitive. Due to the unavailability of affordable childcare services, some parents raising a family alone could not be fully engaged in employment and economic activities.

Parent: *And for lone parents is that, especially when you want to get back out to the workforce. I mean, childcare is atrociously priced. I walked down to many services, and they are always supposed to be community-based childcare and the community, but I do not think any of them are affordable to me.*

SP: *I think we must come back to the issue of childcare has to be provided across to either facilitate training development courses either socially or whether it is for a job that the issue of childcare will always come up, there will always be the barrier because otherwise we are just really having a false sense of hope because unless there's childcare supports, they are not going to move forward.*

For parents, not only was the childcare system unaffordable but childcare services are inadequate in some neighbourhoods of Tallaght. This created frustration in parents as they try to balance engaging in employment and ensuring their children have adequate childcare.

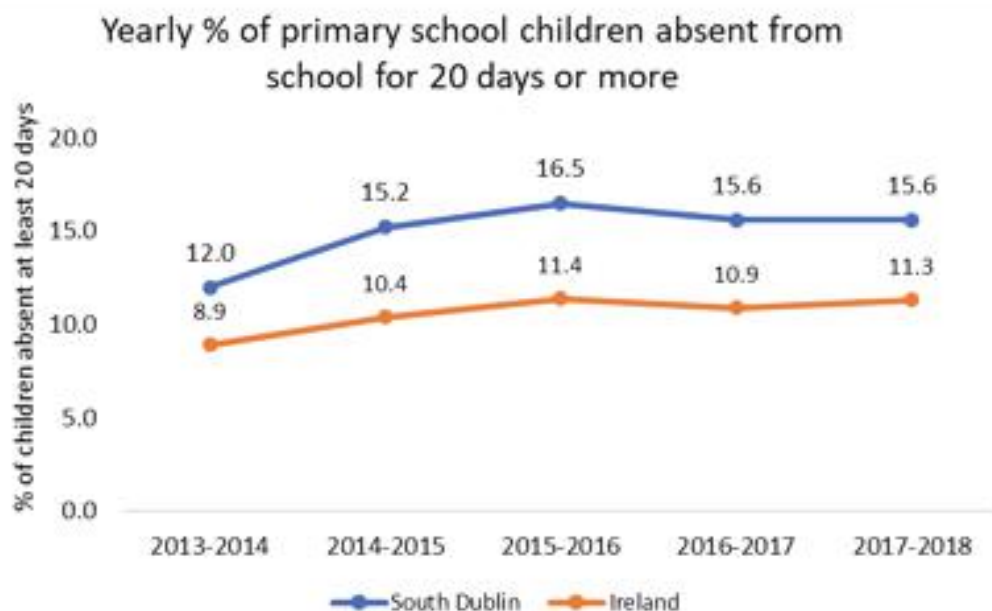
Facilitator: So, there is one limited service in [place in Tallaght].
Parent 1: As far as I know.
Parent 2: Parents and Kids Together is just an activity. Parents and Kids Together there is just an activity. Just like everything, there is not someone to.
Facilitator: But it does not really do what a real parent's needs.
Parent 1: Yes, probably not.

In this section, secondary data highlighted that children and young people in Ireland are experiencing optimal levels of social and emotional wellbeing including enjoyment of family life and peer connectedness. However, perspectives and experiences shared by children and parents pointed to perceived challenges in relationships between parents and adolescent relationships, parental confidence, and skills. Mental health difficulties, societal attitude and childcare appeared to be challenges particularly experienced by parents raising a family alone.

4.8. Achieving full potential in learning and development

Historical data on key indicators for education and achievement show that South Dublin (Tallaght included) is slightly behind national averages. For instance, in the academic year 2017 to 2018, the percentage of primary school children absent from school for 20 days or more in the school year was 15.6% for South Dublin County while the national average was 11.3% (Tusla, 2020). The chart below shows a historical comparison of school absenteeism for primary school children between South Dublin County and Ireland.¹³

Figure 3: Comparison of historical primary school absenteeism

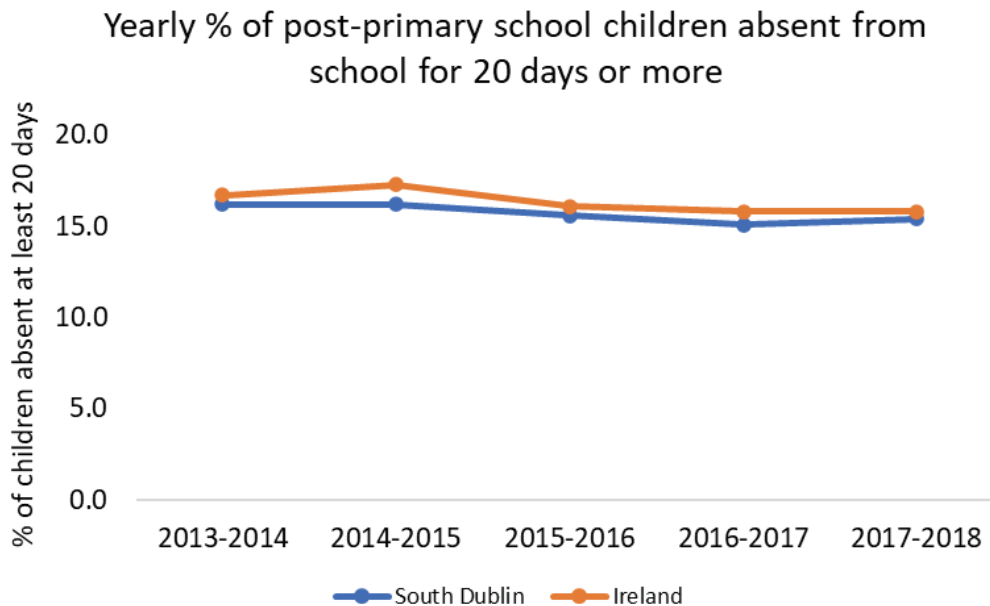


For post-primary education, South Dublin has been performing slightly better than the national average. For instance, the percentage of post-primary school children absent from school for 20 days or more in the school year was 15.4% for South Dublin whilst the national average was 15.8% (see Figure 2) (Tusla, 2020). Although the retention rates for

¹³ Data were extracted from <https://outcomes4children.tusla.ie/achieving/>

the Junior Certificate for South Dublin (97.35%) are similar to the national rate (97.35%) for the cohort 2010, (Tusla, 2020) retention rates for Leaving Certificate are slightly lower for South Dublin (88.60%) than the national average, (91.20%), (Tusla, 2020). Progression rates to third-level education for children in South Dublin (69.7%) fall behind the national average of 77.8% (CYPSC, 2017). Although these data do not provide a full picture of education and achievement for children in Tallaght, they do offer insights into the performance of the area compared to national averages.

Figure 4: Comparison of historical post-primary school absenteeism



The section below presents accounts from children, parents, and service providers on the experience of education for children and young people in Tallaght.

a. What do children like about school?

Children and young people were asked what they liked about school. Children mentioned specific activities and subjects which they enjoyed with Physical Education (PE) and Art being the most frequently mentioned. Other subjects which emerged as enjoyable for children were history, science, and mathematics.

Child: [Imaginary child] likes PE, history, and science.

Facilitator: PE, history, and science. Okay, why?

Child: Because she thinks that science is like how the world would be, um, for example, experiments and all. She likes history because it is interesting, and it is about the past of the planet. And she likes PE because we do body crunches.

Child 1: Well, I like it.

Facilitator: So, you like maths? [Imaginary child] likes maths. [chuckles] Very good.

Child 2: [Imaginary child] likes, um, Art, and PE.

Facilitator: Art and PE.

Child 2: But what stopped her from PE is that her friend, uh, has also asthma problems.

When children were asked what children may not like about school, they talked about bullying in the school context, pressure from schoolwork and having a negative attitude to school.

Facilitator: Why would [Imaginary child] does not like school, do you want to?
Child: Um, because she might be getting, um, bullied, or in trouble.

Child: Because it is boring and its child abuse.
Facilitator: School is?
Child: Yeah, because they are keeping you in somewhere where you do not want to be.

Facilitator: Okay.
What do you not like about school?
Child: Too much exam work.

b. Disparities in access to educational resources

Parents suggested that differences exist between schools receiving support through the Governments' *Delivering Equality of Opportunity for Schools* (DEIS) and schools that are non-DEIS. Schools under DEIS were regarded as less privileged and having substandard Information Technology (IT) equipment compared to non-DEIS schools. With schools moving to online education due to the Covid-19 pandemic, parents raised concerns about the quality of education, IT equipment and opportunities that their children in DEIS schools were receiving.

Parent: Our kids are dragged down; we are dragged down and because of that when we do like try to get our kids to do something good, they feel that they cannot do that. And I noticed as well that private schools and schools that have more income and that are not in the DEIS area, they have all the better IT equipment and software. Their kids do get a better education because they are paying for it, but every child should have them equal opportunities. They should have the opportunity to be assessed if needs to be, they should have the opportunity to learn how to use the good software instead of just the bog-standard cheapest software you could get do you know what I mean?

Parent: Ye and like I know the secondary school across the road, the teachers in that school are still taking a day a week to learn how to do Google classrooms, like you know what I mean? It is going on three weeks now and they are still not up to date with any of the equipment because they have never been given it. It was never an option to them to go in and have interactive whiteboards. They have been left behind in so many ways that now they are struggling to catch up. My sister is in that school and it is her leaving cert year and it has been awful to see them not having the access to the IT they need has had.

c. Education in the pandemic

The impact of Covid-19 on education was introduced earlier and is discussed further in this section. Service providers and parents agreed that Covid-19 had exposed the "digital divide" existing in Tallaght. Since the outbreak of Covid-19 and the subsequent public health restrictions, schools moved to online education which required children to have resources to facilitate access. However, not all parents could afford to provide these resources for their children including computers/laptops and Wi-Fi connection.

Parent: Yes, they do not have it. My kids get their homework online now but only for I have a laptop for college, they would not be able to do their homework and it is a struggle.

Parent: Most of the time if I do not have WIFI, I put the hotspot on my phone and that is just what we must do. It is just sad to think there are so many kids out there like that that do not have access to the things they need for education.

SP: The older kids were doing school online and an awful lot of them did not have laptops. So, we would lend some people laptops for the whole period of lockdown, to try and at least solve that side of things.

Parent: I have had to put extra pressure on myself now for Christmas because I have got to get them tablets obviously to do their schoolwork on. That is an extra 180 to 200 euro each that we genuinely do not have.

Parent: It is not fair. You should not have to. An effort to do so much for the kids.

SP: One of the things we are noticing now is around the digital divide, we are finding that people do not have access to, you know, laptops and that they need to engage, you know, they are hoping to engage in education and go back into for the training, or employment opportunities, Wi-Fi is a barrier.

Some parents were themselves participating in educational programmes before the pandemic, including vocational skills training programmes and third level education. However, these were not spared with the pandemic and the subsequent closure of services and colleges. The challenges of access to laptops and Wi-Fi also affected parents and caregivers.

Service Provider: One of the things we are noticing now is around the digital divide. Obviously, COVID-19 is going to be with us, and a number of young women that we are helping that are doing the program, some of the programs are online, but we're finding that people don't have access to laptops they're hoping to engage in education and go back into employment opportunities, Wi-Fi is a barrier.

Service Provider: Uh, having a laptop is a barrier. We have with three young women that we are delighted to get to support in their education, unless we get laptops for them now, they are not going to be able to do it

Parent: Especially as they've college online, we could not have gone through all of that if you did not have Wi-Fi.

The closure of schools left children feeling unsure about how to progress their education amidst Covid-19, and although some schools were reopening, there was no certainty over whether schools would remain open or be forced to close again because of the pandemic.

Service Provider: The children are fearful that the school might close again, and they must manoeuvre school in a very different way. I think COVID's had a huge impact on children, and I think we are going to see it more and more and in the next couple of months, and as the years go on that feeling for children of being put into uncertain position and not knowing, um, what the outcomes might be.

Child: It has impacted my life because I missed a year of school. You cannot go back from that; you cannot go back for like for classes. So, it impacted my school.

Facilitator: Why? So yes, young people.

Child: Because of school. They have missed days of school. You cannot go to school.

d. Homework support for children and parents

Children drew and created stories around imaginary child in the FGDs. They were later asked about the support their imaginary child receives from his or her parents in completing homework, with responses suggesting minimal parental involvement. Many children pointed out that parents were less involved and took only a supervisory role in children's homework, with several children mentioning this was due to parents wanting to ensure children can independently complete their homework.

Child: I only think they help them if they are really stuck. I do not think they give them all the answers.

Facilitator: Do you think that is a good way to help?

Child: Because just giving somebody the answers then that means for the next time they will not-- they do not know

Facilitator: Do their parents help them with their schoolwork?

Child: [imaginary child] mom would just check over to see if everything is like good.

Facilitator: Okay. Yeah.

Child: Or I just said always just-just to check has he done it. Like is he not trying to skip it?

Parental absence due to work emerged as another key reason for minimal engagement with children's homework.

Facilitator: Do their parents help them with their schoolwork?

Child 1: No

Facilitator: No, why not?

Child 1: They do not have parents.

Facilitator: Okay, yes, they might not have parents.

Child 2: And probably their parents do not want to help them or their parents or something.

Child: [imaginary child] does not have a mom. So, his dad also my dad, so checks out on her work if she is not trying to skip, and, or trying to burn the piece of homework.

Child 1: Probably because their parents are doing loads of work and they cannot help.

Child 2: Maybe her parents work for a long time so they cannot help her, or her parents do not help her so she can get smarter.

Some parents' felt they were not receiving adequate and necessary support from schools to help their children with homework. Parents who have children with additional needs were among those finding it difficult to assist their children with homework.

Parent: *It is like me. I have a 12-year-old and I cannot make head nor tail of her homework every day of the week and I am ringing up the school ah here I am sorry if that is wrong and she is getting detention and it is not fair because I am sitting there and I am doing it is just not right, sorry it is not right, and she is getting detention over it like.*

Parent: *And my child is in a special needs school, and it is like do you do not understand that she has a disability, and you are giving her detention over having a bit of wrong homework like! Over four maths questions and google could not even tell me the answers!*

e. Bullying in the school context

Whilst bullying was referenced in the community context, children and parents also referenced bullying occurring in the school context. In some cases, children mentioned bullying as one of the reasons children do not like school.

Child: *Or then, in other words, be like being bullied because like people go to school. And like if you are getting bullied then you just must think he could not go to school anymore. Because then like, say, it is just not like a joke, it is gone- bullying has gone too far. And no matter how many times you say, like even they just will not stop. Then like you just must stay out of school because you just cannot take anymore.*

Child: *And different people, bullied over their appearance and everything. Small, tall, or something like that or then like being smart and like smarter than the others so they could be bullied about it.*

Child: *Schools, outside their house, and colleges. It could be any age you could be bullied. Crushes, all that type of stuff. A myriad of places.*

Bullying in the school context occurred for similar reasons as that in the community. Some of the reasons for bullying given by children were having different personalities, being smarter than others and being bullied over appearance. Being different from others appears to be at the core of bullying.

Child: *Different personalities. One could be they love to study, video games, like books, and other people think that is weird. They do not like that.*

Child: *They're different than everyone else. They bully someone when generally they can say, "That's disgusting. You're different."*

Child 1: *There might not even be a reason to be bullied.*

Child 2: *It could just be jealousy to that person.*

Child 3: *A prior relationship with that person.*

Child 1: *If your family are criminals or something.*

Parents challenged schools to teach children social responsibility skills and have empathy for each other to reduce bullying in school settings. Building a supportive environment that shuns bullying was also suggested as key to addressing bullying in the school context.

Facilitator: Yes, responsibility towards each other
Parent: Yes, especially this year social responsibility as well. Kids are taught about social distancing in school, and they can understand that so I am sure they can understand therefore you do not bully people and maybe this child does not have new runners, but you must look at why.

Parent: Again, it is about support, it is about trying to fix all those situations. People bullied will not be terrified of bullies. I have seen him getting bullied. It is about support in school and picking up on bullying in such a huge environment.

In summary, children enjoyed different subjects in school including PE, art, and science. However, the pandemic has had a profound impact on education. Some parents could not afford the resources children needed to access online education. For parents, they perceived schools which are non-DEIS to be much better resourced than DEIS schools. Bullying appeared to be one of the challenges children experience in schools.

4.9. Improving outcomes for children in Tallaght

Parents, children, and young people discussed key outcomes for children to enjoy growing up in Tallaght. Priorities indicated key improvements in children's socio-emotional well-being, community safety and material well-being.

a. Community connections for children

For both children and parents, improving the socio-emotional wellbeing and community connection for children emerged as one of their "big wishes" for children to enjoy growing up in Tallaght. References were made to different activities through which children can meet new people and make friends. This may be in the form of organising and conducting community events, having clubs and activities in the community which foster interactions among children and young people.

Parent 1: Friends, clubs, safety.
Parent 2: Peers.
Parent 3: Generations of kids that know how to interact.

Parent: Park and playgrounds. Just somewhere for them to go to get them off the streets. Someone to teach them right from wrong. Community based activities and training people in doing that.

Child: So, like it can be something that like you could like to meet a good friend or something and then people could say they could be your buddy for like a week or so going on like trips and everything.
Facilitator: Yeah, deadly, yeah. Thank you. Anything else that maybe--- What would help [imaginary child] have a better life?
Child: Um, just more friends.

Child: I want young people to be happy in Tallaght and spend more time with their friends and I do not know just spend time with their family and be happy.

Child: Big community events.
Facilitator: Events, community events.
Child: Like big family day or-- Like for Easter

Parents identified emotional well-being as important for their children's development, including equipping children with confidence, a positive mind, independence, and self-esteem.

Facilitator: So, let us come back and the last question is, what would you want children to have to enjoy growing up in this community?

Parent 1: Confidence.

Parent 2: Comfortable in themselves.

Parent 3: Having confident parents.

Parent 4: Mindset that they can do anything. To have a better life than we did.

Parent 5: Independence.

b. Material Well-being

Contributions from children and young people indicated that they were cognisant of the housing and accommodation challenges that exist in Tallaght and beyond. Some of the children mentioned the need for more houses as a priority to improve outcomes for children and the community.

Child: If they could make a centre where homeless people could go and sleep there because some homeless people do not have a place to sleep.

Child 1: A house.

Child 2: Place for play. I guess a field or--

Child 3: Friends.

Child: I would like more houses made because like if I am really affected, let us say you are born, as a child that could probably affect that you when they grow up-'cos they're not used to having stuff when they grow up so then like and it will be harder for them to having like more um, houses built

c. Community Safety

Improving community safety for children came up as one of the key priorities for children. Children mentioned the need for a safe community in which there is no bullying, less racism and where people are "nice" to each other. The ban on the use of fireworks in the community was also mentioned by children as a priority for them to feel safe in Tallaght.

Child: If there were no more bullies.

Facilitator: No more bullies. Okay, how would that help?

Child: Cos a person gets bullied, so they do not want to come out or go to school because they are scared that they will get bullied or fought or get in a fight.

Facilitator: Definitely, that would make Tallaght better.

Child 1: Less racism.

Child 2: I was going to say that.

Child 1: So, like you will not fall into like trouble with anyone and like there should be a rule that you are not allowed like any fires or anything.

Child 2: Or like if fireworks were not here either because fireworks can blow a hole in your finger or like blow your finger off or hurt your ears.

Child: I want people to stop putting fireworks in people's gardens.

Facilitator: Fireworks. You want to stop the fireworks.

Child: Some bad people, they take the fireworks around with their friends and they launch the fireworks out at people's windows, I hate that.

Children were also concerned about their environment and wanted it to be kept clean, free from littering and well cared for.

Child: *If people stopped littering.*

Facilitator: *Oh, yes less litter. Do you not like litter? Why not?*

Child: *Because it is bad for the environment.*

Child: *I have on my thing, I wish the river were cleaner and the whole place was cleaner, and the rainforest in Tallaght. It is good, it is a very nice place, but some people might not like it, and might think it scary, but a lot of people I know is in Tallaght.*

d. Early Intervention

One parent in the FGD's stressed the need for early intervention with children to ensure they receive the necessary services and supports in early childhood. Early intervention was emphasised as key in addressing behavioural difficulties in children and young people as this would reduce the likelihood of children subsequently coming in contact with the law.

Parent 2: *We need an intervention before the kids get to that point and we let them get locked up and then they come out at 16 and wreck the gaff again. Get them sorted at eight, nine and ten and put the facilities in place rather than have our poor kids likeis going to be one of them kids and I am telling you all out straight so the less I....parents must stand up and say he has them issues and I need the help and I need to get him sorted before he reaches that point. It is not about calling the Gardai for him when he is 15.*

Parents emphasised early intervention and the need to prioritise the provision of support systems and services for children with additional needs as they struggle with schools, getting assessed and are neglected by the support system. Early intervention through AoN was emphasised as it is a required step in enabling the provision of necessary support systems to improve children's outcomes.

Parent 1: *More supports.*

Parent 2: *To be heard because my little fella has special needs, and it is hard to get supports and the other little fella is struggling. The school want him assessed and we are fighting the past year and it is just not happening. To be listened to and not just be another number like you know what I mean?*

Parent: *And I think the thing around assessments. A child cannot get an education if the supports are not in place and I just wish, if there was one thing, I could change in this country it would be that there would be assessments in place from preschool up and get them sorted out young.*

4.10. Summary

This chapter focused on presenting the findings from both the secondary analysis and FGDs. Findings were presented in relation to each of the dimensions of child poverty and emerging themes were presented for each of these. Participant quotes were used to support the emerging themes in each dimension. Priorities which were raised by children, young people, parents, and service providers on how Tallaght can be made the best place for children to grow up, have been presented in this chapter.



5.0

Discussion and Summary

5.1. Introduction

This chapter discusses the study findings and considers the literature reviewed in Chapters One and Two. A summary and interpretation of the findings under each dimension of child poverty is provided. First, the study aims are revisited and reviewed to assess whether they have been achieved.

As outlined in Chapter One and further elaborated in Chapter Three, the study aimed to explore and understand what children, young people, families, and service providers understood about child poverty; the experiences of poverty for children in Tallaght and how these have impacted their lives; how Covid-19 has impacted the lives of children and families; and how child poverty can be addressed in Tallaght. At the core of this mixed-methods study was a commitment to draw comparisons of key child poverty indicators between Tallaght and national level; and to collect and analyse the experiences of child poverty in Tallaght from parents, children, and service providers. Despite the FGDs being implemented during the Covid-19 public health restrictions, all the aims and objectives of the study were addressed. One of the ambitious aims of the study was to engage children and young people in developing and designing solutions to child poverty in Tallaght; this objective was not adequately addressed due to the tightening of the Covid-19 restrictions before the FGDs were fully implemented.

5.2. Positive sense of community

After being prompted to discuss the positives that Tallaght offers children, children and parents indicated that Tallaght provided them with a positive sense of community. Broadly children and parents had positive experiences and views of Tallaght including a sense of belonging, community working together and availability of services to assist families in need. Previous CDI studies *How Is Our Neighbourhood?*, (CDI, 2017) and *How Are Our Families?*, (CDI, 2012) had similar findings. These previous studies indicated that residents of Tallaght felt a belonging to the community, there were strong informal support structures, connections with friends and families, and shared value systems among neighbours leading to better integration in the community. Findings from this study, therefore, concur with the findings from CDI's previous studies on families and communities in Tallaght. As such, it can be established that a strong sense of community runs through the community Tallaght.

5.3. Understanding child poverty

Our study established that income adequacy was a major determinant of child poverty, despite having taken a multi-dimensional approach to understanding poverty. Children, young people and families experiencing income deprivation struggled to meet basic needs and the effects of inadequate income manifested in other dimensions of child poverty. Families with low incomes experienced material deprivation especially in accessing adequate accommodation, appropriate clothing, and food. Beyond material deprivation, low household income also affected access to health services (AoN); access to education (laptops and electrical devices for accessing online education, Wi-Fi, and internet connection); children and young people's fulfilment of their potential and peer relationships (children from low-income families found it difficult to fit in with their peers), and it created stress and contributed to mental health issues. The centrality of income to child poverty in our study is not a unique or surprising finding. Previous studies on poverty have demonstrated that income poverty is associated with deprivation in other dimensions such as health, education, social status and power, which are more difficult to price (Chzhen, Bruckauf and Toczydlowska, 2017; Ferreira and Lugo, 2012).

Despite income poverty being one of the major drivers of experiencing poverty in childhood, we argue that child poverty remains more than just a lack of, or low income and that it is multidimensional. Measures to address income must be complemented by interventions aimed at addressing other manifestations such as mental health, access to services, community safety and social inclusion.

5.4. A deepening housing crisis

Housing and accommodation challenges in Tallaght are deepening and taking various forms from overcrowding, intergenerational living, emergency accommodation, homelessness, and the creation of "*ghettos*". Children and young people are aware of the difficulties homelessness and inadequate housing presents for families and how it affects families. Children who have experienced homelessness and emergency accommodation are likely to have experienced

trauma and manifest other long-term negative effects. Studies have argued that poverty in childhood can cause lifelong cognitive and physical impairment and can perpetuate the cycle of poverty (UNICEF Innocenti Research Centre, 2012).

This study found that parents who experience homelessness and accommodation challenges are more likely to experience mental health difficulties including depression and parental stress. The experience of homelessness creates trauma and fear in parents of becoming homeless again, which further affects their mental health. Homelessness was also indirectly linked with negatively affecting the parent-child relationship. Parents experiencing mental health challenges (exacerbated or possibly caused by homelessness) were less likely to offer adequate emotional support to their children. Therefore, interventions that seek to address homelessness for families should be complemented with mental health supports for parents and children, and the early identification of and intervention into trauma or childhood adversity which may result from homelessness.

Sustainable interventions to address the housing challenges in Tallaght may require more emphasis at community level and not individual level. Findings from the FGDs point to housing challenges revolving around affordability; bureaucratic processes in accessing public and assisted housing, and a perception that policies and strategies neglect the development of housing in Tallaght compared to the surrounding locations. The latter was described as having created “ghettos” in Tallaght. Addressing housing in the long term for Tallaght may require policies at the county or national level deliberately targeting the development of quality and affordable housing in disadvantaged communities. This would ensure that communities are diverse but inclusive and reduce the creation of “ghettos”.

5.5. ‘Looking over the fence’

Accounts from parents and service providers in the FGDS included comparisons being made between life in Tallaght to that in other communities in Ireland. Parents perceived Tallaght as having much bigger and unique challenges compared to other areas. Accommodation and housing challenges in Tallaght in particular were regarded by parents as being worse than in neighbouring communities. However, the provision of adequate accommodation is a national challenge and not unique to Tallaght (Focus Ireland, 2020).

Parents also made comparisons between DEIS and non-DEIS schools, suggesting that DEIS schools were disadvantaged, lacked adequate resources, quality and up to date online education and did not provide their children and young people with the same opportunities as non-DEIS schools. However, service provider FGDs contradicted this, stating that in fact DEIS schools often have greater resources and certainly additional staffing. The need to “market” DEIS schools and the services they provide was emphasised.

In some instances, service providers perceived the drug and substance abuse challenge in Tallaght to be worse than in other communities in Ireland. However, statistics show that this is a national issue, (Health Research Board, 2020). It is perhaps inevitable that participants compared the community in which they live or work with other areas during FGD’s. However, the fact that those comparisons universally conclude that Tallaght is worse, more disadvantaged, or less well-resourced is striking. The instinct to ‘look over the fence’ is not a positive one for many and may impact on residents’ capacity to feel pride in and a connection to their community.

5.6. Mental Health

Mental health difficulties emerged as a key challenge affecting children, young people, and families in Tallaght. Previous studies conducted in the area have found a high prevalence of mental health difficulties in children and young people. The findings in this study resonate with those of a previous report commissioned by CDI on mental health difficulties among young people in Tallaght which established challenges with the availability of mental health support services, limited knowledge regarding existing mental health services, and the influence of social media on children and young people (McCarthy and Comiskey, 2019). Although the current study did not seek to quantify the prevalence of mental health difficulties or their causes, findings point to children experiencing mild and severe mental health difficulties including suicidal ideation and self-harm. Mental health difficulties among parents emerged as a prevalent factor affecting the quality of family relationships.

The findings of this report clearly established a connection between mental health difficulties and other dimensions of poverty or child poverty. Housing and accommodation challenges have been established as likely causes of mental health difficulties in both children and parents. Mental health difficulties, especially for young people, were identified as a major driver of drug abuse. For parents, mental health difficulties impacted their emotional availability to their children, indicating that mental health difficulties are interconnected with deprivations in other dimensions of child poverty. This further emphasises that interventions seeking to address child and household poverty must be multidimensional and provide comprehensive supports and services which impact the totality of well-being.

5.7. Covid-19 is more than a health issue

Our findings show that the Covid-19 pandemic has had far-reaching effects on children, young people, and families and that it is more than just a health issue. They include material deprivation through experiences of food poverty for children and families and reduced income for households. Concerning education, some families were unable to provide adequate resources for their children to access online education, resulting in tensions, stress and guilt. The changing restrictions, policies and required school closures left children uncertain about how they would continue and complete their education, and this was a cause of considerable stress for some. Moving out of the pandemic, identifying those children who need additional supports, and being cognisant of the mental health impacts on children, young people and parents, is critical.

Education for parents is very important for addressing and breaking the cycle of poverty. For those who did not have the opportunity to attain higher levels of education, further education is an important mechanism to improve their economic status and that of their families. During the pandemic, those parents who were engaged in vocational skills courses and further education were inevitably affected as education moved online and some were unable to participate.

The mental well-being of families was also affected by Covid-19, with children and parents reporting isolation, anxiety and depression related to and during the pandemic. The social lives and activities for children were severely impacted as they reported little to no interactions with their peers. While there has not yet been much Irish research completed on family experiences during Covid-19, our findings echo a quantitative study conducted by Barnardos (Flemming and Ohara, 2020). Summarised results of the study by Fleming and Ohara (2020) show that children and families were affected in their routine, mental wellbeing, and family relationships. While this study provides insights into the impact the pandemic has had on children and families, there is a need for more research on its long-term effects and how it can be addressed.

5.8. Community safety and belonging

Safety in the neighbourhood emerged as a growing concern in Tallaght affecting children, young people, and families. Incidences of robberies, break-ins, bullying, anti-social behaviour, and unsafe playgrounds emerged as key challenges affecting the safety of children and families. This resonates with findings in previous research conducted by CDI, in which parents expressed concern for their children's safety (CDI, 2004; 2012; 2017). Playing outdoors is a key activity for child well-being and development; it is their right to play, (UNCRC, 1989) and supports physical, cognitive, and socio-emotional development (Bento and Dias, 2017). The perceived safety of the neighbourhood significantly affects the level of outdoor play for children (Egan and Pope, 2019). Findings from this study point to limitations on healthy child development as parents reported being protective of their children and limiting children's play outdoors, due to concerns about neighbourhood safety.

Two factors were identified as contributing to safety concerns in the neighbourhood: the perceived erosion of a sense of community and responsibility in children, and how the community they were growing up in shaped their behaviours. The lack of responsibility was manifested by older children becoming the main perpetrators of bullying to young children whom they were supposed to look after. Littering and dumping emerged as another manifestation of the lack of responsibility for the community or care of their environment. Children and young people continually interact with their environment and the environment they live in plays a major role in shaping their behaviours, and it therefore needs to be considered as part of a comprehensive plan to improve children's outcomes. Interventions to improve the safety of the neighbourhood in Tallaght should deliberately focus on breaking the cycle of the negative influence of the social environment on children. Parents and service providers suggested early interventions in the community providing

opportunities for children to learn responsibility and how to take care of their environment. Having “*one good adult*” was identified as a key support to help positively shape children’s behaviours and responsibility to others.

5.9. Information and Education

Misconceptions and lack of adequate information were raised as some of the causes of drug abuse in young people, it was suggested that young people had misconceptions that glorify certain drugs but did not possess full knowledge of the health impacts of drug use. Young people also lacked adequate and accurate information and skills for resisting peer pressure to resist drug and substance abuse. However, interventions to address drug abuse require more than just interventions with children. Family history of drug use and family drug debt came out as other key factors in drug abuse by young people. Therefore, interventions providing information and education should target both children and families to enhance the impact on drug use in Tallaght.

5.10. Parenting

Parental skills and confidence emerged as recurring concerns for families in Tallaght, affecting the relationships between parents and their children. However, the lack of parental skills and confidence did not emerge in isolation but were linked to other challenges families face. Young families and those parenting alone seemed to struggle to identify support, as some available services were unaffordable, childcare services were inadequate, and some experienced negative attitudes to lone parenting. These various factors affected income for young parents or those parenting alone, further affecting other dimensions of well-being for parents and families.

The inadequacy of family support services (parent supports and mental health services) emerged as a key challenge for some families. Given the various difficulties named in this research as being faced by families, including those relating to housing and accommodation, food poverty, mental health challenges and fears of neighbourhood safety; the provision of family support becomes vital to assist parents and families to cope, and to maximise the opportunity for positive outcomes.

5.11. At-risk groups for child poverty

Children are among the most vulnerable groups to experience poverty (DCYA, 2020). However, our findings indicate that some groups of children and families face an increased risk of multi-dimensional poverty. Children from migrant families and families leaving Direct Provision were at an increased risk of experiencing income poverty (including inadequate clothing), and homelessness. It is well established in previous research that children from migrant families are at greater risk of experiencing child poverty and material deprivation (DCYA, 2020). Young families and parents raising children alone were at greater risk of experiencing homelessness, low income, mental health difficulties, childcare problems, and challenges with child-parent relationships.

Whilst policies and supportive interventions to address child poverty should target every child, there is a need to also develop supports which respond to the needs of those children and families with a heightened risk of experiencing poverty and deprivation. The Hardiker model (Hardiker, Exton and Barker, 1991) provides an appropriate framework for planning services which address child poverty at both universal and targeted levels, and across the continuum of need.

5.12. Study Strengths and Weaknesses

The methodology utilised for this research strengthened a number of aspects of this study. With the “experiential” understanding of child poverty still in its infancy, our study added to the growth of literature, both in Ireland and globally, which seeks to understand better child poverty as articulated and understood by children and parents. The mixed methods of secondary analysis and qualitative design complemented each other, with the secondary analysis providing a macro-level insight into child poverty while the qualitative design captured in-depth and intimate experiences. Incorporating the qualitative design into our methodology ensured that the study captured the lived experiences and perspectives of children and families about child poverty. There are very few studies that have utilised this methodology internationally, the latest one conducted by the UNICEF Office of Research in Montenegro (Carraro, Gavrilovic, Novkovic and Smolovic, 2020). This mixed methods approach to understanding child poverty may be replicated by other institutions, researchers and organisations seeking to understand child poverty in depth.

The FGDs conducted were comprehensive and included several groups of participants (children, young people, parents, and service providers), with ten FGDs being conducted in total, allowing different experiences and perspectives to be explored. FGDs for children were undertaken with different age groups, allowing for appropriate questions to be asked of each cohort, tailoring the methodology and enhancing the quality of the discussions.

One of the methodological challenges relates to Covid-19, and the fact that some FGDs were unable to take place due to health restrictions. Further FGDs planned to be conducted with children on designing and developing interventions that address child poverty were not implemented at all, but discussions on addressing child poverty were incorporated into all the FGDs. Some of the techniques for participation for children (art and games) which were planned to be used in FGDs with children could not be implemented due to the need to maintain physical and social distancing.

Audio recordings of FGDs also proved problematic due to social distancing as equipment was not able to capture all aspects of the group discussions.

Access to secondary data to draw comparisons of child poverty indicators at the Tallaght and national level was extremely difficult. Due to the nature of relevant public data and structures in Ireland, findings and data are not disaggregated to the Tallaght level.



6.0

Recommendations

Findings from this report point to the prevalence of child poverty in Tallaght and the many and diverse ways in which it impacts their lives. Based on the findings of the study, the priorities identified by children, parents and those working with them, and the researchers' knowledge of best practice, this study makes the following recommendations:

• **Lifting children out of poverty and material deprivation**

Material deprivation emerged as one of the major ways children experience poverty in Tallaght. Income adequacy emerged as a key challenge for families in Tallaght, especially for parents with one parent available. Through the Roadmap to Social Inclusion, the Government of Ireland has provided income supports for families with children and expanded the School Meals Programme. Other social welfare changes however have negatively impacted on families in need, such as the relatively new restrictions to claiming the one parent family payment. **This study recommends the delivery of a policy framework which seeks to ensure that no child lives in poverty or experiences consistent material deprivation.**

Food poverty was identified as a major challenge for families in Tallaght, and this was exacerbated by the Covid-19 pandemic. The European Child Guarantee encourages Member States to support access to healthy meals during school or early years services, including through in-kind or financial support, (European Commission, 2021). While most schools and early years services in Tallaght provided children with at least one nutritional meal a day, this support was removed when schools closed. Therefore, **this study recommends that support and systems are in place to ensure that children have a nutritious meal every day, irrespective of whether or not they are in school.**

• **Responsive social housing**

Families in Tallaght experience housing and accommodation challenges in various ways including but not limited to living in crowded housing, homelessness, living in emergency accommodation and housing not being affordable or easy to access for families. The European Child Guarantee highlights the need for Member States to ensure that homeless children and families are prioritised for timely access to housing (European Commission, 2021). The Roadmap to Social Inclusion, sets out that under the Rebuilding Ireland Action Plan, over 50,000 new social houses will be delivered in 2021 (through construction, leasing, acquisition and refurbishment) and 88,000 households will have their housing need met through HAP and Rental Accommodation Scheme, (GoI, 2020). More importantly beyond 2021, 12,000 social housing homes will be delivered annually up to 2025, (GoI, 2020). While the targets set out are progressive in meeting the demand for social housing, our found out that is more than demand making it difficult to access social housing. Parents and service providers in our study pointed out structural and procedural challenges that perpetuate housing challenges in Tallaght, especially accessing Local Authority assisted housing. **It is recommended that along with housing investment and support, procedures and processes to access Local Authority supported housing are reviewed for their user-friendliness and responsiveness, and changes made in consultation with service users. More importantly social housing should be sensitive and responsive to needs of children living with a disability and their families.**

• **Addressing the impact of the pandemic**

The Covid-19 pandemic severely impacted the lives of children and families, affecting their material and socio-emotional well-being and education for children and families. Its consequences are likely to have disproportionately affected children from disadvantaged backgrounds, exacerbated existing inequalities and resulted in more families and children being at risk of poverty and social exclusion (European Commission, 2021). Tackling these issues requires a Covid-19 Recovery Plan which is integrated, person-centred, multidimensional and underpinned by an enabling framework. **The Department of Children must lead a whole-of-Government approach to developing the overdue replacement for BOBF, which must maintain the focus on evidence, alongside an appropriate balance of universal provision and targeted measures.**

With regards to education, some children have struggled to participate in education due to inadequacy of essential resources such as laptops and computers, internet connectivity and software. With the return of education subsequent to restrictions being lifted, **there is an urgent need for the allocation of resources to children who**

have been disproportionately disadvantaged because of the pandemic. This includes the delivery of supports in relation to both formal and nonformal education.

• Investment in early childhood

The early years of childhood are critical in child development and the government's *First 5 Strategy* emphasises their centrality to outcomes for children (Government of Ireland, 2019). Early childhood trauma and adversity emerged as recurring themes in this study. Children experienced mental health difficulties resulting from experiences including homelessness, living with parents suffering from mental health difficulties and parents with drug and substance abuse challenges. The adequacy and accessibility of critical early interventions for children emerged as key challenges for children and families.

Study participants pointed to the need for early intervention approaches to prevent children from developing later antisocial behaviour. Other early childhood services which emerged as key challenges for children and families include AoN, Speech and Language Therapy and autism services. **Investment in early childhood and early interventions should be prioritised to ensure needs are identified at the earliest opportunity and that children have timely access to critical services when they need them.**

Closely related to investment in prevention and early intervention is the concept of progressive universalism which also emerged through this research. Although early intervention should be implemented on a universal basis, **services must be delivered and resourced in such a way as to be able to respond to those children and families who are at risk and who require more intensive interventions.**

• Child-led solutions to child poverty

This study was conducted in a community which is recognised as being disadvantaged and it illustrates the experiences of child poverty for some communities in Tallaght, and very likely in other parts of the country. **Interventions seeking to address child poverty should be implemented with children and not to children.** Children and young people understand and can articulate their experiences and **they should be afforded the opportunities and platforms to co-design and co-develop interventions seeking to address child poverty.**

In this study, children and families identified key priorities in improving outcomes for children. These include addressing homelessness, creating community facilities and clubs that foster child interactions and socio-emotional wellbeing, improving community safety and focusing on children with specific needs. With the findings of this study, **further consultations should be conducted with children on designing, developing, and implementing solutions to child poverty in Tallaght.** This will strengthen the chances of addressing the relevant needs of children, will develop children's capacity to lead and own interventions seeking to address child poverty, maximise the sustainability of interventions and embed ownership of the results within the community.

• Holistic Interventions

This research indicates that child poverty is multidimensional and that deprivation in one domain is associated with deprivation in other poverty dimensions. For instance, deprivation in material well-being proved to be linked to child and family health, education, family, and peer relationships. Inadequate housing impacted on mental health and the quality of parent-child relationships. Therefore, for child poverty interventions to have enhanced impact on children and families, **a strategic approach to planning interventions which address the holistic well-being of the child or family must be taken.** The Children and Young People's Services Committees (CYPSC) are the most appropriate regional structure through which to oversee such planning processes.

Strategic planning needs to be comprehensive and connected. Provision of holistic interventions goes beyond one service provider and one intervention. Enhancing interagency collaboration and referral systems becomes a critical piece in the fight against multidimensional child poverty. **Activities to raise awareness of available services and how they can be accessed are needed, to ensure children and families can access comprehensive services. This includes the delivery of an online directory of services for children and families through the CYPSC, which is user friendly and the provision of clear referral pathways for both professionals and parents.**

• Policy influence, further research, and data sharing

Whilst the findings of this study relate to the families and children in Tallaght who participated in the study, the voices captured through the research offer meaningful insights into lived experiences of child poverty. Evidence and learning from this study should be used to influence and shape policies and strategies seeking to address child poverty. At a national level, this study can provide valuable information on the implementation of policies such as the Government's *Road Map for Social Inclusion (2020-2025)* (Government of Ireland, 2020), adoption and implementation of the European Child Guarantee and the processes for reviewing the UNCRC policy.

Ireland's National Policy Framework for Children and Young People expired at the end of 2020 and plans to develop a new policy have not yet been publicised. **This study recommends that the "New BOBF" should be developed as a matter of urgency as Ireland currently has no national strategy for children. The emergent overarching, cross departmental policy on children should reflect the experiences of children and young people during the pandemic, be developed in consultation with all relevant stakeholders, including children and young people, and those working with them, and provide a clear road map for post covid recovery.** The policy must include mechanisms for monitoring, accountability, and celebration.

As this study captured voices and experiences of children, families and service providers, findings from the study should be used to inform and influence development of the new National Strategy for Children.

At local level, the evidence from this study should inform policies and strategies for the South Dublin CYPSC and be considered by all those working to improve the lives of children and families in Tallaght.

While this study explored the experiences of child poverty in Tallaght, it does not quantify the prevalence and rates of poverty in Tallaght and further research should seek to establish these, and to determine which deprivations are statistically associated with each other. One of the major methodological challenges of this study was accessing data at Tallaght level. Efforts should be made by service providers to ensure there is easy disaggregation of data to facilitate the sharing of research and information. Majority of the data which was not available at Tallaght level concerned the indicators in the following BOBF dimensions: achieving in all areas of learning and development; being safe and protected from harm; and being connected, respected and contributing to the world. A decision regarding the regionalisation of national organisations which facilitates alignment and access to such data is also required.

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Appendices

Appendix One: Current Debates on Measurement of Child Poverty

1. Defining and measuring child poverty.

a. Monetary poverty

In the Irish context and globally, there is a strong propensity to use monetary-based definitions and measurements of poverty and child poverty (DCYA, 2020). As has already been discussed on profiling poverty in Ireland, all three types of poverty used in Ireland have one thing in common; they all include material deprivation and are closely related to the availability of income at individual and household level. In this sense, childhood poverty is therefore understood as the proportion of children that live in a household whose equivalised income is less than a certain threshold below which all family members are considered to be poor (DCYA, 2020). The threshold used in Ireland to define poverty in monetary terms is having an equivalised income less than 60% of the median national income (CSO, 2020). Therefore, central to this concept is how a household affords income that is above a certain threshold; and if household income is below a certain threshold, all the income earners and their dependants are considered to be poor. Studies have reported that, although child poverty is multidimensional, drivers of multi-dimensional poverty in European countries is consistent with factors that are associated with child relative income poverty, such as working in low work intensity, large families, lone parents, and migrant households (Chzhen et al., 2017). Therefore, income remains one of the widely used measures of child poverty.

However, there have been several criticisms levelled against using monetary terms to define and measure poverty, with income-based measurements being labelled inadequate in capturing the scope and depth of poverty. One of the key criticisms against income-based measurements of child poverty relates to the inadequacy of the method in providing accurate calculations of who falls in the poor and non-poor category. Child poverty is mainly calculated using household income data and this requires that household income be converted into some equivalised individual incomes (UNICEF Innocenti Research Centre, 2012). To achieve such a conversion, an “equivalence scale” must be used and such scales are not based on scientific understanding of the different patterns of needs in households of different sizes (UNICEF Innocenti Research Centre, 2012).

Income-based measurements also assume that income within a household is equally distributed and equally utilised in a household to meet the needs of children of different ages and the adults in a household. However, this has been strongly questioned as household income measures do not reflect that some households may have more capacity in managing incomes or prioritising spending (for example putting the needs of the children first), (UNICEF Innocenti Research Centre, 2012). In studies, it has also been noted that it is highly likely that a child from a high-income household will not be counted as experiencing child poverty even if most of the income is not spent on meeting the needs of the children and household; conversely, a child from a low-income household will be classified as poor even if his/her parents make sacrifices to ensure the child has similar opportunities and advantages as other children (UNICEF Innocenti Research Centre, 2012). This shows that household income does not necessarily translate to spending to meet the needs of the children and families. More importantly, defining poverty through these lenses assumes household income to be an adequate proxy measure for children’s material situation and parents being adequate representatives of children’s wants and needs (Main and Bradshaw, 2012). This prevents insights into child poverty as an independent phenomenon from family poverty and excludes children’s voices and perceptions from the task of refining our understanding of poverty (Main and Bradshaw, 2012). To this end, there have been more recent approaches that have been developed to conceptualise child poverty and these are discussed below.

b. Multi-dimensional Approach to child poverty

There is an agreement in the literature that child poverty is more than just income poverty, it is multidimensional, and children experience poverty in ways that are different from adults (Chzhen et al., 2017; Main and Bradshaw, 2012;

Kurukulasuriya and Engilbertsdottir, 2011; Ferreira and Lugo, 2012). The concept that child poverty is multifaceted and multidimensional has been popularised by the UNICEF Innocenti Research Office. Probably the multidimensionality of child poverty and child well-being is best captured in the Innocenti Report Card of 2007 (UNICEF, 2007). In this report, child poverty in rich countries is defined as deprivation in at least one of the following dimensions: material well-being, health and safety, emotional well-being, peer and family relationships, behaviour, and risks (UNICEF, 2007). Each of the dimensions have age-appropriate indicators for children. In further promoting the conceptualisation and measurement of child poverty as multidimensional, the UNICEF Innocenti Research Office developed the Multidimensional Overlapping Deprivation Analysis (MODA). MODA is a framework that defines and measures multidimensional child poverty and uses the UNCRC as the basis of developing the multidimensionality of poverty (Chzhen and de Neubourg, 2014). The UNICEF Innocenti Research Office regularly monitors and publishes report cards on child poverty in high- and low-income countries using MODA. More information about the MODA can be found in Innocent Report Cards and studies referenced here (Chzhen and de Neubourg, 2014). Understanding child poverty as multidimensional, entails a specific focus on children as a unit of analysis, is sensitive to different age groups of children and offers a clear conceptualisation of which dimensions of child poverty are children deprived of simultaneously, which enhances the focus of policies and interventions responding to child poverty. In the Irish context, there have been some studies that have incorporated the multidimensionality of child poverty (Watson et al., 2014) (Watson, Maître, and Whelan, 2012).

Although multidimensional poverty analysis has been lauded for being a more sophisticated measure than income-based poverty measurements, there have been criticisms levelled against the concept. Most of the analytical approaches used in multidimensional child poverty lend themselves to quantitative surveys and analysis. This approach provides information about the prevalence of child poverty but not how it is felt and experienced. Measuring the extent of child poverty does not provide a broad understanding of the experiences and impacts of child poverty that are required for children and anti-poverty policy development (Kerrins, Greene, and Murphy, 2011). Because the approach aligns itself more to quantitative measurements, it misses out on the voice of children to define and understand the experiences of child poverty. To this end, another approach has been developed which attempts to adequately capture the voices of children in defining and understanding child poverty.

c. Exploratory, as defined by children

The exploratory approach lends itself to qualitative measures of child poverty and focuses more on how children understand and experience poverty. We established that, globally, not many studies have used a qualitative approach to capture the voices of children on how they experience poverty. Recently, the UNICEF Research Office used the exploratory method in a study to understand child poverty in Montenegro (Carraro A. et al., 2020). However, in the Irish context, there has been very few studies conducted using the exploratory methodology to child poverty (Daly and Leonard, 2002). Daly and Leonard (2002) interviewed children and families to understand and make visible the voices and concerns of the poorest households in Ireland in different dimensions of child well-being and development (Daly and Leonard, 2002). Instead of focusing on the experiences of children, some of the studies in Ireland have captured the voices of children on measurement of poverty, that is how children define and perceive poverty in terms of material deprivation, (Kerrins et al., 2011; Swords et al., 2011) and not how children experience poverty. It must be acknowledged that such an "*experiential*" approach to measure child poverty is still in its developing stages.

Appendix Two: Summary of Secondary Analysis Indicators

Poverty Dimension	Indicators	Data Source	Tallaght	South Dublin	Ireland	Publishing year
Material and Economic	% of children experiencing deprivation	HP Deprivation (SILC)		20.7	19.7%	2018
	% of children reporting low family affluence/ Deprivation Score	Pobal HP	-7.41	-4.0	-3.6	2016
	% of children in jobless households	CSO	26.22%		11.8%	2020
	Number of families in emergency accommodation/ Number of children in families in emergency accommodation	CYPSC / CDI Report		625	3422	2019
	% of children reporting that there are good places in their areas to spend free time	GUI			85.9%	2018
Health and Wellbeing	% of children who have had their first dose of MMR at 24 months	HPSC	94.46	91%	91%	2019
	% of children at 24 months who have had their third (second) dose of meningitis C (MenC) vaccine	HPSC	95.89%	88%	89%	2017
	Neonatal rate	CYPSCs Baseline		1.2	2.4	2017
	Infant mortality rate	TUSLA (What Works)	5.70%	2.1	3.3	2016
	% of children with low birth weight	TUSLA (What Works)		5.1%	5.9%	2015
	% of children overweight or obese	GUI			21.2%	2018
	% of children engaging in at least 60 minutes of moderate-to-vigorous physical activity every day	CSPPA			13.0%	2018
	Number of births registered to mothers aged <17 years	CYPSCs Baseline		14	211	2017
	Rate of deaths from accidents and injuries (Suicide)	TUSLA (What Works)		11	392	2017
	% of children breastfed exclusively on discharge (**proxy for 3 months)	TUSLA (What Works)	36.25%	56.5%	49.5%	2016
	% of children waiting less than 3 months to be seen by Child and Adolescent Mental Health Services	HSE Quarterly			95.0%	2019
	% of children reporting high life satisfaction (Score)	GUI			67.7%	
	% of children with positive mental health (Score)	HBSC	68%		34.66	2018

Poverty Dimension	Indicators	Data Source	Tallaght	South Dublin	Ireland	Publishing year
Education/ Achievement	% of children whose parents reported often engaging in literacy and numeracy activities with them before they started school	CDI Literacy Programme	33.5		35	2019
	Number of children on speech and language waiting list within 52 weeks	HSE Quarterly	100%		91.6%	2019
	% of children reaching 10 months who have had their development examination before 10 months	HSE Quarterly			92.1%	2019
	Maths score achieved by children by age 15	PISA			499.6	2018
	Reading literacy achieved by children by age 15	PISA			518.1	2018
	% of primary school children absent from school for 20 days or more in the school year	TUSLA (What Works)		15.6%	10.9%	2016/17
	% of post primary school children absent from school for 20 days or more in the school year	TUSLA (What Works)		15.1%	15.8%	2016/17
	% of children participating in formal early care and education services	Early Childhood Ireland			120601	2018
	% of children reporting liking being in school	GUI			95.2%	2018
	% of children who feel pressured by school	BOBF			43.5%	2018
	Retention rate to Leaving certificate of people in second level schools	Dept of Education		89.8%	91.2%	2017
	% of children progressing to third level education	CYCPSC Baseline		69.7%	77.8%	2017
	Average score on Strengths and Difficulties Questionnaire	GUI			7.17	2018
	% of children with Mental health problems	Inbetweeners Report	32%		49.0%	2019
Safe and Protected from Harm	Number of children and families in receipt of support services	TUSLA (Data Hub)		2096	18343	2019
	Total number of children at the end of the reporting period currently listed as ACTIVE (i.e. at ongoing)	TUSLA (Data Hub)		58	827	2019 Q4
	Households with children classified as having experienced crime					
	Number of children referred to the Garda Youth Diversion Programme	IYJ 2017		1042	20006	2017
	% of children reporting being bullied in school in the last couple of months	HBSC			30%	2018
Subjective Well being / Connected, respected and contributing to the world	Number of children living in single-parent family structures (number)	CSO	4681	15559	218,817	2016
	% of single-parent family structures (number)	CDI Housing Report	38.9%	24%	20%	2016
	% of children with scores above the middle of the life satisfaction scale	HBSC			73%	2018
	% of children who report high satisfaction with their personal relationships	GUI			1.03	2018
	% of children who volunteered and the number of hours volunteered	BOBF			16.8%	2013

