

Ballymun Needs Analysis

Summary Report

By The Centre for Social and Educational Research
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The full and comprehensive findings of this study can be found in the Ballymun Needs Analysis Final Report, which is available from the CSER or the BDG (see youngballymun.org).

Introduction

The Centre for Social and Educational Research [CSER] is an established independent research and policy analysis centre, located within the Faculty of Applied Arts at the Dublin Institute of Technology [DIT].

The CSER is dedicated to supporting the improvement of the quality of life of families, children and young people in Ireland through the provision of high quality research data and information to guide and support policy makers and practitioners in shaping and implementing appropriate policies and services in response to the varying needs of an evolving society.

In November 2005, the Ballymun Development Group for Children and Young People [BDG] commissioned the CSER to conduct a needs analysis study of children and young people growing up in the Ballymun area. Ballymun is going through a period of rapid regeneration and nationally Ireland is going through a period of increased attention to children and young people at a policy and practical level. In this context, the BDG is undertaking the development of a ten-year plan for the children and young people of Ballymun – to be known as 'youngballymun' – which is to be informed, by amongst other sources, the evidence based needs analysis study. The study was to focus on the needs of children in the age groups 4-years old; 11-years old and 16-years old and provide a sound base from which to plan actions, services and supports for the children and young people of Ballymun. The commission required the preparation of a report to present the data which will inform the work of the BDG in the preparation of a ten year, outcomes based plan for the children and young people of Ballymun. The report does not present detailed analysis or interpretation of the findings.

The following is a short summary of the main needs analysis report, outlining the main approach taken and a review of the key findings. The main needs analysis report provides further detail on the study and can be obtained from the CSER¹ or the Ballymun Development Group².



¹ Centre for Social & Educational Research, Dublin Institute of Technology, 23 Mountjoy Square, Dublin 1

² www.youngballymun.org



Methodology

Sampling

The study focused on three distinct groups; the parents of four year old children, eleven year old children (which incorporated a data collection exercise from primary school teachers of the eleven year old children) and sixteen year olds. Census data was collated for each of the three age groups and a sample population of 100 children were selected from each age group to participate in the study, representing approximately a third of the entire population in each of the age groups in the Ballymun area (based on 2002 data).

Initial attempts to select and access the four year old sample population were based on random selection from a Health Services Executive list of names and addresses of four year old children resident in the Ballymun area. However, it quickly became apparent that there was a high level of mobility amongst the target population with many parents no longer living at the addresses cited on the list (probably attributable to the regeneration). An alternative method was agreed and, based on detailed maps, field workers were allocated certain areas within Ballymun (A, B, C and D) and requested to call to every third residence and conduct interviews with parents where four year olds resided until the target population was reached. A final total of 95 interviews were conducted with parents.

To access the sample of eleven year olds, the BDG liaised with school principals in each of the ten identified primary schools, explaining the purpose of the study and inviting each school to participate. All ten schools provided a list of all attending eleven year olds with Ballymun addresses which was presented to the CSER. Using the random number generation tool in Excel, one third of all children in each school were randomly selected to participate in the study (to compensate for non-response/illness etc., a third more than the target number were selected). Through this method a sample of 100 11-year olds was identified and a final total of 91 interviews were conducted. The teachers of each eleven year old child who completed the interview were also invited to participate in the study.

It was noted from the outset that it could prove difficult to obtain an accurately representative sample of 16 year olds, due to changing circumstances, as children grow older (e.g. studying outside the general area, differential daily activities, difficulties contacting more vulnerable groups). The CSER liaised with the BDG, Ballymun Regional Youth Resource (BRYR) and the Ballymun Youth Reach Centre in an effort to include as representative a group as possible. Contact was made with the Trinity Comprehensive School (the Ballymun secondary school) and secondary schools outside the

Ballymun area where children from Ballymun have a history of attendance. A number of children were also selected for inclusion from the Ballymun Youth Reach Centre. In addition, a small sample of early school leavers were identified through a variety of community based programmes. In the case of schools, the same random selection method based on full lists of sixteen year olds provided by the schools was utilised. In addition, BRYR liaised with the Ballymun Job Centre, Youth Hostels and local projects disseminating notices to those sixteen year olds using these services inviting them to participate in the study and offered an incentive to encourage their participation. Although a small number of sixteen year olds participated through this method (5), the majority of respondents (72) came from secondary schools. Eight of the sample came from the local Youth Reach project yielding a final sample of 85.

Instruments

Different research methods were used with the different groups. All instruments were piloted with a select sample from each of the target populations (maximum ten) and a number of minor amendments were made to the instruments prior to full scale administration.

The parents of four year olds participated in a face-to-face interview. The interview was designed with structured sections including a series of open-ended questions and a generic option to provide any additional information which parents felt was relevant to the study.

The 11-year and 16-year olds completed a computer-based self-completion questionnaire. The semi-structured questionnaire was designed by CSER in consultation with Dartington Social Research Unit, and informed through previous studies of a similar nature and through consultation with those working on the ground in Ballymun. The questionnaire, for both age groups, was administered through Computer Assisted Personal Interview (CAPI) and the computer designed aspects of the instrument were conducted by Dartington. Each question was displayed individually on the screen, with an optional voice over facility and respondents selected the appropriate answer by clicking on the mouse. On selecting their answer, the next question was displayed until interview completion. A small number of open-ended questions were also included and appropriate space was provided on the screen for respondents to type in their answers. Field workers explained and supported children and young people throughout the process as necessary.

Each school allocated a room for this exercise, and children conducted interviews on laptops provided by the CSER. This was found to be helpful as it increased privacy and facilitated the children

and young people in considering and responding to the questions without interruption.

In addition to the questionnaire completed by the eleven-year olds, the teacher of each eleven-year old respondent was asked to complete a short questionnaire. The intention was to map answers to similar questions to measure the degree of match that existed across a variety of answers. An ID number was attached to each teacher questionnaire, so that teacher and child data could be linked if necessary thereafter.



Data Collection

It was decided to contract the four-year old element of the work out to a team of interviewers from the consultancy QuotaSearch, who have collected data of a similar nature for various research projects. Field workers were identified, introduced to the research project and instruments, and trained. Consultation with groups who have conducted similar studies found that participation rates increased considerably when incentives were offered. As a result it was decided to offer incentives of €10 to each participating household.

Field work for the eleven and sixteen year olds was conducted by CSER field workers who were also introduced to the research project and trained in the administration of the research instrument. Field workers were available at all times to support respondents completing the interview as necessary.

The teacher-questionnaire was completed by the teachers who taught the eleven-year old participants. A number of follow up calls were made by CSER and BDG staff to gather the completed forms, and these were collected or posted by the school depending on their preference. The response rate from teachers was 67 of a possible 91.

Ethical Issues

In addition to the general principles of ethical research there are particular issues which must be considered by research teams when involving children directly in research. These include the use of selection procedures which are as inclusive and equitable as possible. Consent to participate was sought from the parents and guardians of children and also from the children and young people themselves. Letters of consent were forwarded to the schools for the parents of the eleven-year old children, detailing the study and explaining its objectives. Only those children who returned signed forms were invited to participate. For the sixteen year olds, letters were disseminated detailing the background and explaining study objectives. If parents did not want their children to participate, they were asked to return the letter of refusal.

Involvement in the research project was voluntary and all participants were made aware of this from the outset. Respondents were also informed that they were free to withdraw from the study at any point should they wish to do so. Every effort was made to ensure that the purpose and nature of the research was as clear and transparent as possible. The extent of both confidentiality and anonymity were outlined to all participants prior to carrying out the fieldwork. The project received clearance from the DIT Research Ethics Committee.

Limitations

There were a number of constraints, particularly the short time-frame, which limited the capacity of the research team to fill the sample size to 100 in each of the sample groups. In particular the team considered that the sample of sixteen-year olds may not be fully representative as there were difficulties accessing the most marginalised of this group.

Data Analysis

The data collected was analysed by age cohort using both quantitative and qualitative methods.

Quantitative Analysis

The questionnaires³ were designed to allow for a variety of analysis. Using SPSS [Statistical Package for the Social Sciences] the data was analysed to yield prevalence tables, cross-tabulations and correlations. Inclusion of elements of the Strengths and Difficulties Questionnaire [Symptoms] within the questionnaires yielded scaled psychological data. The data was also analysed using Cluster Analysis [Ward method]. This method of data analysis is used to discover or uncover structures in data when there is no a priori hypothesis regarding groupings. It is helpful in the exploratory stage of research as it lends a context for further research planning.

Qualitative Analysis

Using the data from the open-ended questions a number of themes of relevance to the study were identified. Sample case studies for one high-risk child/young person were developed as illustrative for the purposes of planning discussions by the BDG. The data can be considered comparatively with national and international data. However, it is important to be cautious with such comparisons, as the data is unique in that the information generated refers to specific cohorts rather than to a general population of children or young people, more typical in childhood research.



³ Questionnaires and further details of the research methods and analysis are available from either Dr. Nóirín Hayes or Siobhan Bradley, CSER, Dublin Institute of Technology, 23, Mountjoy Square, Dublin 1 or Ann Matthews, youngballymun, c/o Ballymun Partnership.

Summary findings

The summary findings⁴ for each age group are presented against the child outcome and possible action areas identified by the BDG in its development of the overall ten-year plan for children and young people in Ballymun.

Summary data for Ballymun Four Year Olds

Four Year Old – Child Outcomes

Non Cognitive Skills	SDQ Hyperactivity Scale: 22% High Need SDQ Conduct: 17% High Need SDQ Peer Problems: 7% High Need
Mental Health	SDQ Emotion: 14% Some/High Need
Physical Health	Child Health: 4%– Not Good 22% Fairly Good 18% – suffer a long term illness 16% – Breathing Difficulties 20% – Sleeping Difficulties 3% – Eat Fast Food More than Five Times per Week 40% – Eat Less than Three Portions for Fruit/Veg per Day
Safety	29% – Affected by Anti-Social Behaviour 27% – Experienced Bullying Last Term
Positive Attitude	6% – Some/High Need

Four Year Old – Possible Action Areas

Comprehensive Quality Pre-school	6% – attend neither primary/pre-school Of 48 children in primary school, 87% (42) had attended pre-school 49% had started pre-school at age 2
Raising teacher/parents expectations of children to achieve	85% feel it is 'very important' child has opportunities they did not have 70% would like child attend 3rd Level, 26% Leaving Cert 45% of parents had accessed half of list of ten information services
Developing services for excluded children	25% referred/had help from professional in previous year
Building a positive attitude to life and their child's life	74% enjoy child's company all the time 26% sometimes 94% feel close to child all the time 5% sometimes 90% show affection all the time
Improving the mental well-being of parents	25% of parents reported experience of mental health ailments 21% had been on medication for these ailments
Developing parent's skills to help children: learn, healthy & contribute	69% had not been to pre-school other than to drop off/collect child 33% of those at school had not discussed progress with teacher 94% had breakfast at home 37% bed after 8pm 48% watched more than three hours TV per week 59% have never been to library 33% don't read every day
Ensuring social spaces are safe for children	65% believe crime in the neighbourhood is a problem 28% say they have been directly affected by crime in neighbourhood 60% say anti-social behaviour is a problem 29% say they have been directly affected by anti-social behaviour 73% have garden/open space (but concerns expressed re: quality and safety)

⁴ The full and comprehensive findings from this study can be found in the Ballymun Needs Analysis, Final Report available from the CSER or BDG (see www.youngballymun.org).

Summary data for Ballymun Eleven Year Olds

Eleven Year Old – Child Outcomes

Cognitive Skills	<p>60% rate themselves 'above average' in school performance</p> <p>59% rate themselves as having the same marks as classmates</p> <p>23% have not thought about starting secondary school</p> <p>18% are 'worried' or 'very worried' about starting secondary school</p> <p>73% looking forward to going to school</p> <p>75% agree that school is interesting</p> <p>80% agree that school is very important</p> <p>66% report that parents have contact with school</p> <p>51% report difficulty with school subjects</p>
Non Cognitive Skills	<p>33% bullied at school in last two months</p> <p>52% called names/made fun of</p> <p>73% report it is 'somewhat easy/easy or very easy' to make friends</p> <p>95% have lots of fun with friends</p> <p>SDQ Hyperactivity Scale: 19% high need</p> <p>SDQ Conduct: 21% high need</p> <p>SDQ Peer Problems: 16% high need</p>
Mental Health	SDQ Emotion: 26% high need
Physical Health	<p>40% report 'fairly good health'</p> <p>35% sometimes had upset stomach/indigestion</p> <p>17% went to bed at 10.30 or later</p> <p>61% played soccer</p> <p>66% went swimming/ 66% went cycling</p> <p>9% – Eat Fast Food more than three times per week</p> <p>65% – Eat less than three portions for Fruit/Veg per Day</p>
Safety	<p>25% – reported family directly impacted by crime</p> <p>26% – reported family directly impacted by anti-social behaviour</p> <p>25% – report that the environment had a direct impact on their families</p> <p>10% – reported being 'in trouble' with the Gardaí in the past 12 months</p>
Positive Attitude	<p>44% reported that parents talked to them about friends 'everyday'</p> <p>58% reported families doing enjoyable things 'almost everyday'</p> <p>88% indicated that education 'very important'</p> <p>SDQ pro-social: 14% high need</p>

Eleven Year Old – Action Areas

Raising teacher/parents expectations of children to achieve	66% report parents have contact with teacher
Encouraging children to stay in education longer	<p>88% reported that parents thought education 'very important'</p> <p>22% wish they didn't have to go to school</p> <p>75% report that mothers [74% fathers] 'always' help with school work</p> <p>17% report mothers [17% fathers] 'sometimes' help with school work</p> <p>63% report that mother 'always' explains when they want something done</p> <p>59% report that parents usually encourage them to try harder after poor marks</p>
Improving the mental well-being of parents	26% of eleven year olds reported parents as having a long term illness/disability
Building a positive attitude to life and their child's life	<p>62% live with both parents</p> <p>72% fathers [and 17% mothers] work full time</p> <p>36% do not live with natural father</p>
Developing parent's skills to help children: learn, healthy & contribute	<p>98% report that they enjoy being with the family</p> <p>93% report family get on well</p> <p>44% report talking with their parents 'almost every day' about their friends</p> <p>19% report rarely talking with their parents about their friends</p> <p>77% report that parents usually praise for good marks</p> <p>90% reported having books/reading materials at home</p> <p>90% reported having a study area at home</p> <p>73% reported going to the library</p>
Ensuring social spaces are safe for children	<p>59% report crime in their neighbourhood</p> <p>62% report anti-social behaviour in their neighbourhood</p> <p>51% met friends on the street in the past week</p> <p>77% liked where they lived</p> <p>68% wished they lived in a different neighbourhood</p> <p>71% felt secure in their neighbourhood</p>

Summary data for Ballymun Sixteen Year Olds

Sixteen Year Old – Outcomes

Cognitive Skills	<p>30% do not like school</p> <p>78% reported difficulty with at least one subject</p> <p>25% discuss progress with teachers (75% do not)</p> <p>37% wish they did not have to go to school</p> <p>53% do no study outside of class & 35% study for less than 5 hours per week</p> <p>38% missed 6+ days last term</p>
Non Cognitive Skills	<p>SDQ Hyperactivity scale: 25% some/high Need (12% High)</p> <p>SDQ Conduct: 27% some/high Need (12% High)</p> <p>SDQ Peer Problems: 14% some/high need (6% High)</p> <p>SDQ Total: 25% some/high need (8% high)</p>
Mental Health	<p>SDQ emotion: 20% some/high need (6% high)</p>
Physical Health	<p>6% – not good, 57% fairly good</p> <p>'Often/Always' in last six months: headaches 15%, trouble sleeping 27%, poor appetite 8%</p> <p>11% – reported long term illness</p> <p>20% – eat fast food more than three times per week</p> <p>39% – eat less than three portions for fruit/veg per day</p> <p>32% – drink alcohol 'often/a lot'</p> <p>32% – smoke tobacco 'often/a lot'</p> <p>12% – smoke cannabis 'often/a lot'</p>
Safety	<p>71% – report problem with crime,</p> <p>37% of whom report being directly affected by it</p> <p>75% – report problem with anti-social behaviour, 25% of whom report being directly affected by it</p> <p>75% – report problem with alcohol and drugs, 13% of whom report being directly affected by it</p> <p>26% – disagree that they feel safe in area</p> <p>4% – bullied at least two/three times a month in last month</p>
Positive Attitude	<p>10% – SDQ pro social some/high Need (6% High Need)</p> <p>38% – wished they lived elsewhere</p> <p>34% – reported being in trouble with Gardaí in past twelve months</p>

Sixteen Year Old – Action Areas

Raising teacher/parents expectations of children to achieve	<p>16% of young people not in contact with father</p> <p>74% do not discuss progress with teacher</p>
Developing services for excluded children	<p>20% visited social worker in past six months</p> <p>34% have been in contact with Gardaí</p> <p>75% have been to a GP</p>
Improving the mental well-being of parents	<p>22% reported parents having a long term illness/health problem/disability</p>
Building a positive attitude to life and their child's life	<p>86% agree that they enjoy being at home with family</p> <p>80% agree that their family gets along well together</p> <p>28% disagree that they do enjoyable things with their parents</p>
Developing parent's skills to help children: learn, healthy & contribute	<p>18% of parents never talk re: friends</p> <p>76% report their mothers 'sometimes/always' helping with their homework (25% never do)</p> <p>19% never count on mother if there is a problem (22% father)</p> <p>24% of mothers never help with school work (34% father)</p> <p>58% parents had not had contact with school this year</p> <p>78% have books/reading materials at home</p> <p>67% have quiet place at home to study</p>
Ensuring social spaces are safe for children	<p>38% wished they lived somewhere else</p> <p>22% disagree 'I like my neighbourhood'</p> <p>26% disagree they feel secure in neighbourhood</p> <p>31% meet friends on street, 7% in shopping centre</p>

Illustrative Case Studies derived from cluster analysis

A select sample of case studies were prepared based on results obtained from the cluster analysis. A child/young person was randomly selected from the 'high need' cluster within each sample population and a profile compiled based on information provided during the research interview. The following presents the high need case studies from each of the three sample populations.

Case Study – Four Year old

Selected From High Need Cluster

Profile

'Jane'⁵ is a four year old girl and lives with her mother. Her mother had her first child when she was in her late teens, has never married and currently does not have a partner although Jane does have regular contact with her father (more than once a week). Her mother has lived in Ballymun for more than twenty years and rents a flat from the council. She is aged between 31 to 35. She does not report suffering any long term illness/health problem but has been on medication for mental health problems. Jane's birth weight was 5lbs, 11oz and her mother rates her overall health as 'good'. She has just had a few colds in the last six months and does not suffer from any long term health problem/ailments/disability. She eats five portions of fruit and/or vegetables per day and rarely eats fast food (once or twice a month). Her mother does not feel Jane has any special needs and has never been referred to nor had help from any professional service.

Jane's mother finished school at age 15 on completion of her Junior Cert. She does not feel that school helped her to get the job she wanted, made her more interested in things like nature, music etc., or enabled her to do things she would not have otherwise done. She does wish she had been more serious about school when she was there and feels it is false to say that school was a waste of time. She feels her own parents did not think school was 'that important' when she was there but she now thinks education is 'very important' – 'for self-esteem, jobs and better life' (open-ended detail). She said that on leaving school she hoped to get a job straight away and did so because her parents needed money. She has not been able to afford a holiday away for herself and Jane.

Jane attends pre-school 5 days a week for between five and seven hours a day. Her mother has not visited the pre-school other than dropping off/collecting Jane but nonetheless feels the pre-school is providing Jane with the best opportunities. She feels her daughter is doing 'about average' and has discussed her progress with the teacher, who has not identified any special educational needs.

Jane has missed between 11 and 20 days of pre-school over the past twelve months due to illness and holidays. Her mother feels that her daughter has 'sometimes' been bullied by other children this term.

Jane's mother feels there is a problem with crime, antisocial behaviour and the local environment in Ballymun but feels it is only crime that has had a direct affect on their household. This, she feels is due to 'drugs and joy riding' in the area.

Jane's mother has received information on parenting from friends who have children, from her GP, her playgroup and her own parents. She has not received parenting information from talking to teachers, reading books or magazines, or parenting courses.

On a normal day, Jane decides what time she will get up, decides what clothes she will wear, decides when she goes to bed and watches more than 3 hours TV/DVD per day. On a normal day, her mother decides what she will eat after pre-school, helps her get ready for the next day, talks to her about her day and reads to her for more than fifteen minutes.

Jane's mother plays indoors with her every day and outside once a week. Jane does not mix with other children of her own age as she does not play outside with other kids.

Her mother plays letters and numbers and watches TV with her every day. She has never taken Jane to the library. She thinks a child should have learned to dress themselves, be able to go to the toilet without much help, know their main colours, be able to count to ten, and be able to respond to simple instructions by the time they start school. She does not believe a child should be able to relate to other children, communicate properly, be able to read or show an interest in books and stories or use cutlery by the time they start school. She thinks that the parents should be responsible for a child's attendance at pre-school, developing their reading skills and that both those at home and school should be responsible for developing their number and counting skills, their speech and their homework.

Jane's mother feels it is very important that Jane is happy, makes friends easily, gets on well with other children, gets on well at nursery and has opportunities that she herself did not have. She feels it is not really important that Jane gets married and has a family. She also does not believe that it is important for Jane to have a big house or earn a lot of money when she gets older. She would like her daughter to continue in education through to third level.

She has been to a doctor, the Public Health Nurse and psychologist in the past 6 months (although it is not clear if accessing these services is for Jane or her mother) in addition to an advice centre and other unidentified social services.

⁵ The information contained in this case study has been collated from answers provided by Jane's mother during the face to face interview. Names used are fictitious.

Case Study – Eleven Year Old

Cluster One of Three Clusters (high need)

Profile

'Patrick'⁶ is eleven years old and in 6th class. He lives at home with his mother and father, his six year old sister and his four year old brother. Patrick describes his mother's main daily activity as 'retired' and does not provide any information on his father's. He reports his mother as having a long term illness which he describes as a 'bad back' which affects her some of the time. He describes his own health over the past year as 'fairly good' – he 'sometimes' suffers from headaches, upset stomach and poor appetite. He answered positively to experiencing a long term illness – asthma – which he says 'sometimes' affects him. He rarely has nightmares but 'often' has trouble getting to sleep. He describes his long term illness as asthma and says it affects him 'sometimes'. He has not missed any days of school this term.

He eats one portion of fruit/vegetables per day and rarely eats fast food – one to two times a month. He goes to bed between 9.30 and 10.30 on school nights and participates in running, soccer and swimming on a weekly basis.

Patrick has lived in Ballymun for between five and ten years. He believes there is a problem in the area with crime, anti social behaviour and the local environment and believes that all three have had a direct affect on him and members of his household.

Patrick agrees with the statement that he wishes he lived somewhere else. He wishes he lived in a different neighbourhood in a different house. He does not feel secure in his neighbourhood.

Patrick thinks school is 'alright' and feels it is 'quite important'. He thinks he is doing above average and is happy that he is doing his best at school. He reports some difficulties with at least one subject and has not received any additional help for it. While he gets on 'well' with his teacher he does not discuss his progress with him. He does not feel he has any special educational needs. Patrick disagrees with the statement that he looks forward to going to school and neither agrees nor disagrees with the statement that school is interesting. He is 'worried' about starting secondary school.

Patrick attends an after-school club and has mixed with friends of his own age in the past week whom he met in the sports club. He talks to his parents about his friends 'almost every day' and feels his family do enjoyable things together 'almost every day'. He agrees that he likes being with his family and that they get along well together. He can 'always' count on his mother if he has a problem. She 'always' helps

him with his school work and explains things to him when she wants him to do something. He feels he can 'sometimes' count on his father if he has a problem and that his father 'sometimes' helps him with his homework. He thinks his father 'always' encourages him to think independently and to do the best he can in whatever he does. He agrees he is a nice person and that most people like him.

Patrick has been bullied in school two or three times a month in the last few months. He says people have made fun of him and teased him several times a week. He says he has been hit, kicked, pushed, excluded from things, had money taken and has been forced to do things he did not want to do about once a week. Patrick does not drink alcohol or smoke nor has he been in trouble with the Gardaí.

Patrick believes his parents think education is 'very important'. His parents have been in contact with the school to talk about his progress in the past year. He has books, reading-materials and a quiet place to study at home. He also goes to the library. He says his parents 'usually' praise him if he gets good marks.

He says he has someone to talk to if he is upset or has a problem and selected the 'other' category for this person.

⁶ The information provided in this case study has been compiled from information provided by 'Patrick' through the eleven year old CAPI interview. Names used are fictitious.

Case Study – Sixteen Year Old

Cluster One of Three Clusters (high need)

Profile

'Jack'⁷ is sixteen years old and lives at home with his mother, father and sister. His father works full time. He rates his health over the past year as 'good', eats five portions of fruit/vegetables a day and consumes fast food once or twice a week. He never has trouble sleeping but 'sometimes' has a poor appetite. He has missed between six and ten days of school this year due to illness. He does not report any long-term illness or disability.

Jack has lived in Ballymun all his life. He does not have use of an outdoor garden or private outside space. He believes there is a problem with crime, anti-social behaviour, alcohol and drugs in the area but does not feel that these have had a direct effect on him and/or any members of his household. He agrees that he likes his neighbourhood and disagrees with the statement 'that he would like to live somewhere else'. He also disagrees that he feels secure in his neighbourhood.

He 'neither likes nor dislikes school', but believes school is very important because 'you can't get a good job without your education' (open-ended detail). He thinks he is doing about average in school and is happy that he is doing his best. He does not report difficulty with any subjects, nor does he discuss his progress with any of his teachers. He feels he has a good relationship with eight out of his ten teachers. Jack has sat his Junior Cert and got a C in ordinary level Irish, a B in ordinary level English and a B in ordinary level maths. He disagrees that school is interesting but also disagrees with the statement that he wished he 'didn't have to go to school'. He 'neither likes nor dislikes' his current course of study and does not do any study out of school hours.

Jack agrees that he enjoys being at home with his family and that his family gets along well together. He also likes spending time with his parents. He agrees he is a nice person and that he is good looking. He feels he can 'always' count on both his mother and his father to help him out if he has a problem and both 'always' encourage him to do his best in whatever he does. His mother 'sometimes' helps him with his homework and his father 'never' does. In terms of conflict with his parents: he feels doing things as a family and religion has proven a 'severe problem'. His drinking alcohol, hobbies, progress at school and communication are 'sometimes a problem'. His behaviour, his parent's career and how he spends his money are 'not a problem'. His parents do not suffer from any long term illness/disability. He feels his parents

believe education is 'very important' although his parents have not had any contact with the school this year. He says that when he gets poor marks, his parents 'sometimes' encourage him to try harder and 'sometimes' praise him when he gets good marks. He does not have books, reading materials or a quiet place to study at home and does not go to the library.

Jack is involved in an out of school club and has met his friends outside of school hours in his friend's house during the past week but he particularly likes 'just being with me mates on the blocks' (open-ended detail). He was fourteen when he first consumed alcohol and drinks alcohol one to three times a week. He does not smoke or take any illegal drugs. He believes it is very easy to make friends. He believes it is 'certainly true' that most of his friends have done something illegal in the past year, have been in trouble with the law, have used illegal drugs and regularly use alcohol. He feels it is 'sometimes true' that his friends are sexually active and 'sometimes true' that he could count on them to keep him from getting into trouble. He says his friends would 'never' encourage him to do his best in school.

He says he has not experienced any bullying, but through the further breakdown of questions relating to bullying says he has been kicked/pushed/shoved around 'once or twice,' and also reports bullying others at school 'once or twice'. He has been in trouble with the Gardai in the past twelve months but does not elaborate as to why.

Jack does not think he gets enough information on healthy eating, alcohol, illegal drug use and divorce or separation. He has not been in contact with a social worker or doctor in the last six months. He feels he can talk to his parents if he is upset or has a problem.

⁷ The information provided in this case study has been compiled from information provided by 'Jack' through his completion of the sixteen year old CAPI interview. Names used are fictitious.

Conclusion

The summary data presented in this report, alongside the more extensive data available in the Ballymun Needs Analysis: Final Report (2006)⁸ provides the basis for evidence based strategic planning of actions, services and supports designed to meet the specific needs of different populations of children and young people in Ballymun. It also affords the baseline data against which the impact of intervention can be measured.



⁸ The Ballymun Needs Analysis: Final Report (2006) is available in pdf format at www.youngballymun.org





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