Children who live in disadvantaged areas: a case study of the health and well-being related perceptions and experiences of school-aged children and their families.

A thesis presented to the University of Dublin, Trinity College for the Degree of Doctor of Philosophy

By

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Declaration

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List of Abbreviations

BMI: Body Mass Index

CDI: Child Development Initiative

CSO: Central Statistics Office

DoCYA: Department of Children and Youth Affairs

DOH: Department of Health

DoSP: Department of Social Protection

DEIS: Delivering Equality of Opportunity in Schools

EAPN: European Anti-Poverty Network

EST: Ecological Systems Theory

FST: Family Systems Theory

GUI: Growing Up in Ireland

HRBQ: Health Related Behaviour Questionnaire

IMO: Irish Medical Organisation

NAPS: National Anti-Poverty Strategy

NCO: National Children's Office

NMBI: Nursing and Midwifery Board of Ireland

NZ: New Zealand

OMYCA: Office of the Minister for Children and Youth Affairs

OSI: Ordnance Survey of Ireland

RAPID: Revitalising Areas by Planning, Investment and Development

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

RCN: Registered Children's Nurse

SAPS: Small Area Population Statistics

SES: Socioeconomic Status

SLIC: Survey on Living and Income Conditions

UK: United Kingdom

UNCRC: United Nations Convention on the Rights of the Child

UNICEF: United Nations International Children's Emergency Fund

UN: United Nations

USA: United States of America

WHO: World Health Organisation

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Thesis Summary

Title: Children who live in disadvantaged areas: a case study of the health and well-being perceptions and experiences of school-aged children and their families.

Background: Recent times have witnessed the development of a new appreciation towards child health and well-being and consequently there has been an upsurge of research concerning various aspects of children's lives. Positive health in childhood sets the scene for good health in adulthood which is beneficial for all of society. There are however disparities in child health, and the social determinants of health such as the circumstances into which children are born, grow up and live in, are all influenced by economic, political and social forces, thus collectively shaping child health and well-being. The aim of the study presented in this thesis was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. Although much of the research to date concerning children's lives aims to better understand children's lives it remains that little is known about the lives of children who live in disadvantaged areas.

Methodology: Case study research was adopted to achieve the study objectives which encompassed the exploration of 'family' and 'health' with children and families from areas of urban disadvantage. The case in this research is a single case which is comprised of a unit of analysis (15 participating families) and sub-units of analysis (fieldnotes and archival records). Data collection consisted of face-to-face interviews with children, parents and grandparents, recording of study fieldnotes and the collection of archival data. Thematic analysis was employed to analyse the variety of data sources.

Findings: Findings indicate that children view their personal family composition very differently to adults. Family support exists in various formats within families which contributes positively to child health and well-being. Children in the study demonstrated a holistic understanding of health and view the concepts of health and well-being interchangeably. Maternal grandparents occupy a special place in the life of the child who lives in an urban disadvantaged area. Parenting issues are exacerbated by financial constraints experienced by families. The study found that the greatest challenge for parents of children from areas of urban disadvantage is keeping their children safe from drugs and drug related activity. Children view their area in a mostly positive light however, adults have mixed feelings about the area where they live.

Conclusion: Living in an area of urban disadvantage poses many challenges for the school-aged child and their family. This research provides a unique picture of the perceptions and experiences of the school-aged child and family who live in an area of urban disadvantage thus contributing to a greater understanding of these children's lives.

Drawing by Cillian, 10 years old, Family 8[1]
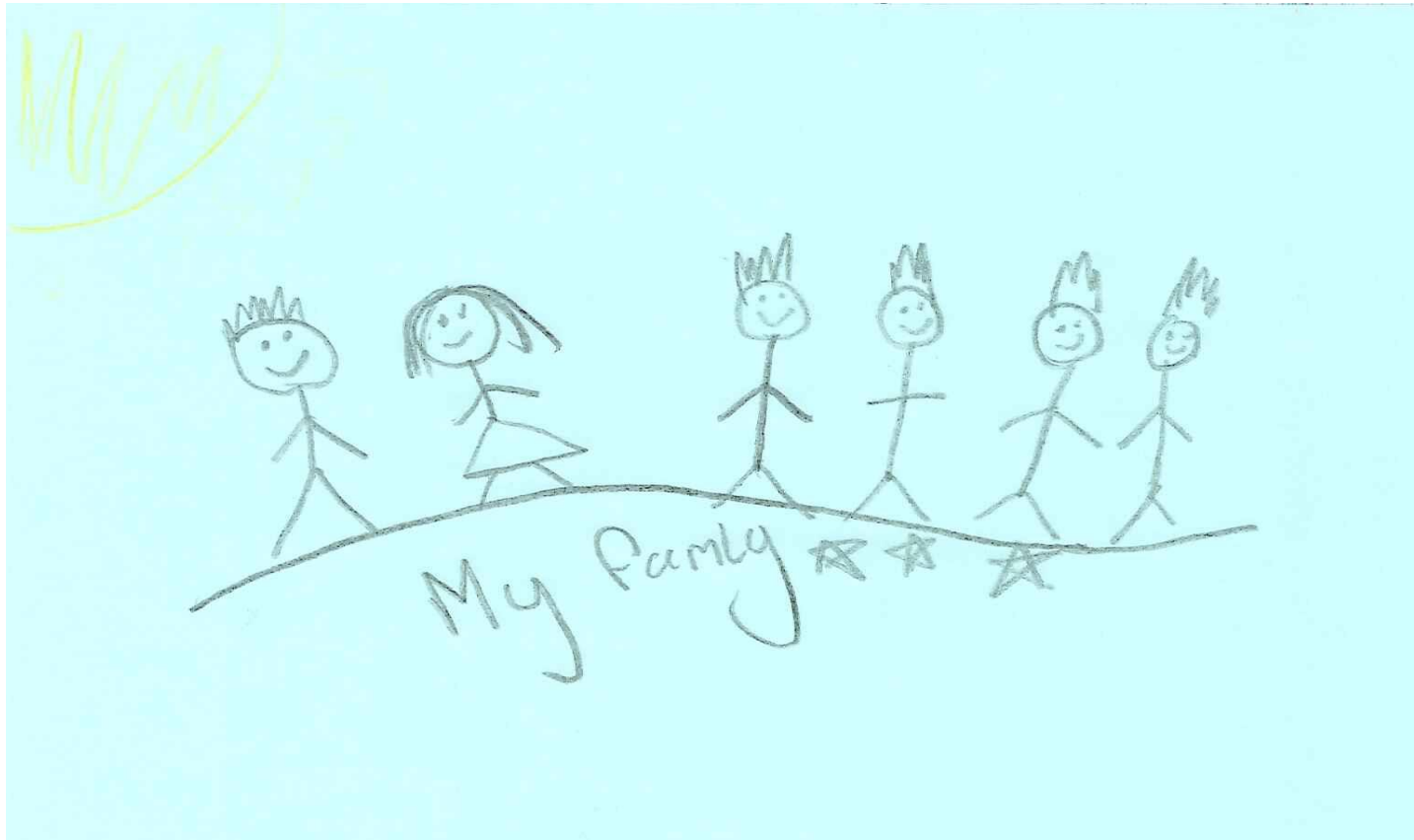
My Family

Chapter 1: Introduction

1.1 Background

Recent decades have seen a flourishing interest in the concepts of child health and well-being among researchers, policymakers, practitioners and academics alike. It is commonly understood that children[2] symbolise the future, therefore safeguarding their health, growth and development should be a primary concern for all societies. The pursuit to develop and expand knowledge in relation to the various aspects of child health and well-being is underway on a national and an international level. Children are now viewed as a distinct social group who can actively take part in research on matters affecting their lives. In the past research was conducted *on* children's lives; however, the current putative approach is research *with* children, on matters affecting their lives.

Presently, many developed countries are facing significant challenges relating to economy, health and society and such challenges can have a serious impact on child physical and mental health and well-being. In the United Kingdom, the Good Childhood Report (The Children's Society 2018) examined trends in child well-being over time and highlighted that children who live in disadvantaged areas are more likely to be unhappy. Preceding this account, the State of Child Health Report (Royal College of Paediatrics and Child Health 2017) delivered a key message stating that children who come from deprived backgrounds experience significantly worse health than children who come from more affluent backgrounds.

In the Republic of Ireland, the child population increased by 17.8% between 2006 and 2016 and children now account for over 26% of the country's total population (DoCYA 2016). Ireland, as a European Union (EU) Member State has a noteworthy large child population in comparison to the rest of the EU. In 2015 Ireland had the highest proportion of children (26%) across the entire EU, which exhibits an average child population of 18.8% (DoCYA 2016). In acknowledgement of Ireland's sizeable child population, the health and well-being of children has become a focal point for development by the Irish Government. Such developments are evident through the recent publication of Better Outcomes, Brighter Futures, The National Policy Framework for Children & Young People 2014-2020 (DoCYA 2014a). This framework document illustrates a new direction for childhood in Ireland, apparent through its vision to firstly protect the rights of children

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[2] The definition of child (plural: children) in this thesis means a person under 18 years of age and is based on the United Nations Convention on the Rights of the Child (UNCRC) definition.

and listen to children, and secondly to value and support children for who they are now and, in their future (DoCYA 2014a). Historically in Ireland, children were not always cherished or protected, and this latest policy document marks a very poignant commitment from the Irish Government to work towards a better future, having learnt from the past.

It is currently widely accepted that certain aspects of children's lives such as family, friends, relationships, income, life circumstances and the environment in which children live, all have a role to play in relation to child health and well-being (Axford 2012, Musgrave 2017). Children interact with the world around them and what they receive back from their immediate environment shapes how they think and how they behave. For children who live in disadvantaged areas, there are additional challenges associated with childhood. Many disadvantaged areas exhibit large child populations, high numbers of lone-parent families, low levels of homeownership, low levels of parental educational achievement, high levels of unemployment and high levels of antisocial behaviour and crime (Axford *et al* 2004, McCafferty, Humphreys and Higgins 2011, Murphy and Guerin 2012). Growing up in disadvantaged and marginalised areas impedes upon the opportunities which are available to children and their families (Attree 2005). In addition, the experience of disadvantage in childhood is recognised as having a variety of undesirable effects on various aspects of children's health and well-being (Conroy, Sandelt and Zukerman 2010). While much work is currently taking place to improve the health and well-being of Irish children, it remains that a certain proportion of the child population in Ireland experiences and continues to experience additional hardship in their lives.

The presence of poverty and disadvantaged areas are synonymous with each other, and although poverty is not the sole facet of disadvantage, it is a relevant factor for children who live in disadvantaged areas. In 2014, the Irish child population had a higher risk of living in poverty and children were more likely to live in consistent poverty, than the population as a whole, 11.2% in comparison to 8% (DoCYA 2016). While significant headway has been achieved towards understanding many aspects of children's lives, progress has been somewhat slower in relation to what is known about the lives of children who live in disadvantaged areas. Issues associated with living in a disadvantaged area need to be explored with children and their families so that the lives of children who live in such environments can be better understood. This thesis focuses

on the health and well-being related perceptions and experiences of school-aged[3] children and their families, who live in areas of urban disadvantage. In particular, this thesis represents the voice of the school-aged child and provides insight related to their very own perceptions and experiences of health and well-being. Furthermore, this thesis provides a rich description of the perceptions and experiences of families in respect of the maintenance of child and family health and well-being when living in areas of urban disadvantage.

1.2 Aim

The aim of the study was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage.

1.3 Objectives

In order to achieve this aim certain objectives were identified:

- To explore what 'family' means to school-aged children and their family.
- To enquire into what 'health' and 'well-being' mean to school-aged children and their family who live in areas of urban disadvantage.
- To explore health related views and opinions of school-aged children and their family who live in areas of urban disadvantage.
- To facilitate school-aged children and their family to detail how they maintain their health and well-being.

1.4 Thesis format

This thesis consists of seven chapters in total. Following on from this chapter, Chapter 2 presents a detailed background to the study and a review of the literature pertaining to the three subject areas incorporated into this research. Chapter 3 presents the theoretical framework which guided the study. Chapter 4 explores the epistemological aspects of the research and the methodology adopted. Chapter 5 describes the methods employed for the study and includes the relevant ethical considerations. Chapter 6 presents the study findings and the last chapter, Chapter 7, provides a discussion of the findings, highlights both the strengths and limitations of the study and concludes with recommendations from the study.

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[3] The term school-aged in relation to children in this thesis means children between the ages of 7 and 11 years of age.

1.5 Chapter summary

This chapter provided an introduction and a backdrop to the topic of inquiry. The aim of the study has been presented and the study objectives outlined. A profile of the format of this thesis has been offered giving an indication of what is forthcoming in this thesis. The next chapter, Chapter 2 will present the background to the study and topic of enquiry in addition to a review of literature relevant to the study.

Chapter 2: Background and Literature Review

2.1 Introduction

Perceptions of child and family health and well-being have changed considerably in the past three decades. How families live within society and the experience of family life have also transformed in recent times. Such changes have occurred as a result of variations associated with family formation and structure but also due to alterations in how child and family health and well-being are viewed, understood and evaluated. Living in an area of urban disadvantage exposes children and their families to certain obstacles which impact upon daily family life, family functioning, lifestyle choices and life experiences. In order to set the scene for the literature review, this chapter will firstly introduce the concepts of childhood, the family, poverty and disadvantage. Secondly, it will highlight relevant current national research pertaining to children and their families. This will be followed by an overview of the background to the study presented in this thesis. Lastly, a detailed account will be provided in relation to how literature was sourced and the reviewed literature, both national and international, will be critically presented.

2.1.1 Childhood in Ireland

Childhood in Ireland, and indeed the concept of childhood itself, have both evolved radically in the past 100 years. Greene and Hogan (2005) attribute the turn of the last century, as the pivotal point for the most notable change. Furthermore, Greene and Hogan (2005) explain that it was at this point in time when the concept of childhood became increasingly valued and the role of childhood began to be recognised as crucial for shaping the nation's future citizens. This new recognition towards childhood has generated increased interest and awareness among researchers and policymakers. Child health and well-being has now become a central research theme for many disciplines, with various research projects having contributed to, and influenced current policy. In an effort to streamline and collate emerging knowledge relating to the lives of children and young people in Ireland, the Government launched the National Strategy for Research and Data on Children's Lives 2011-2016 (DoCYA 2011). This policy document was published following the recognition that research and data on children's lives needed to be strategically aligned and co-ordinated so that accurate information could be accessed and current gaps in knowledge identified. This document holds particular significance as it has helped to pave the way towards providing a framework to comprehensively understand children's lives, and in turn improve children's lives, through relevant and impactful research and policy development.

2.1.2 The family

The family is considered to be one of the most naturally occurring groups within society (Scabini and Manzi 2011) however although there are many ways of describing the family there is no set definition of the family. Descriptions of the family vary from discipline to discipline. Within biology, the family is described as fulfilling the biological function of the human species. Within psychology, great emphasis is placed on the interpersonal aspects of the family and how these aspects shape the developing person. Economists describe the family in terms of a productive unit, providing material needs for its individuals and sociologists describe the family in terms of a social unit which exists as part of a larger society, contributing to its cultural values (Hockenberry and Wilson 2007).

In the past definitions of the family focused primarily on the genetic links or the legal ties which existed between individuals however, this is no longer the case. Contemporary definitions of the family acknowledge the presence of and the significance of relationships between individuals, irrespective of consanguinity or affinal kinship. In addition, modern definitions recognise diversity within families in relation to their formation and how they operate. Cheal (2002) describes the family as a group which consists of people in intimate relationships that are believed to persist over time and also across generations. Viewing from a systems perspective, Broderick (1993) describes the family as a principal sociocultural system in which patterns of behaviour are learnt and modified. Other writers take cognisance of the social and cultural influences which can impact upon families. Scabini and Manzi (2011, p. 569) describe the family as a "highly complex social organism that mirrors and actively interacts with its social and cultural context" and for this reason it assumes various forms thus adding to the complexity of identifying and defining any one family type.

2.1.3 Poverty and disadvantage

The concepts of poverty and disadvantage are often discussed interchangeably. As highlighted in the previous chapter, the existence of poverty and disadvantaged areas are synonymous with each other. Despite the apparent association, the concept of disadvantage remains elusive. Hyland (2007) puts forward that language affects how individuals are viewed. She explains that the use of labelling and the negative connotation associated with the word 'disadvantaged' is an example of how those in power distance themselves from those on the margins of society. Disadvantage is defined in the dictionary as 'absence or deprivation of advantage or equality' (thedictionary.com). Children and families who live in disadvantaged areas thus potentially experience deprivation and / or lack of equality in comparison to their peers.

Measuring or establishing the presence of disadvantage is a complex task. In 2011 in Ireland the Ordnance Survey of Ireland (OSI) and the Central Statistics Office (CSO) published the first Small Area Population Statistics (SAPS) which is a new census geography. The Pobal[4] HP Deprivation Index (Haase and Pratschke 2012) was established based on this new census geography, and an All-Island HP Deprivation Index was subsequently published in 2014 (Haase, Pratschke and Gleeson 2014). The latter deprivation index relies on ten variables[5], each of which expresses a particular aspect of relative affluence and deprivation. The ten variables are an expression of three dimensions of affluence and deprivation, namely demographic profile, social class composition and labour market situation (O'Farrell, Corcoran and Perry 2016). Although deprivation indices were initially used in the arena of health, they have since become evident in the field of local development. Deprivation indices are useful aids whereby government departments, policy developers, researchers and other relevant bodies can quickly identify areas of acute social need. The purpose of a deprivation index is to assess social conditions using a single indicator (Haase and Pratschke 2012), and in doing so, communities experiencing specific needs can be targeted for issue-specific analysis, intervention, service development and provision.

Barnes *et al* (2005) outline that traditionally, community deprivation has been conceptualised from an economic perspective, focusing on household income and employment rates. Modern-day thinking however in relation to community deprivation takes issues such as social exclusion, housing, health, job training, job opportunities and access to services into consideration since such factors can significantly compound material deprivation. Flynn (2007) writing about childhood educational disadvantage highlights that the level of disadvantage experienced by children as they move through school is strongly influenced by their socio-economic status, and the health and welfare of their family unit. Disadvantage is caused not just as a result of insufficient individual or family resources but also by other relevant community resource issues such as poorly achieving schools, substandard housing, absence of transport networks, lack of recreational facilities and lack of employment; all of which reinforce deprivation

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[4] Pobal, formerly known as Area Development Management, was established in 1992 by the Irish Government in agreement with the European Commission. Pobal works on behalf of Government to administer and manage Government and EU funding to address disadvantage and support social inclusion. www.pobal.ie

[5] 10 variables: Age Dependency Rate, Population Change, Low Education, High Education, Persons Per Room, High Social Class, Low Social Class, Lone Parents, Male Unemployment Rata, Female Unemployment Rate (Haase, Pratschke and Gleeson 2014 p.6)

experienced by community residents. The concept of 'disadvantage' is multifaceted as it encompasses economic, social and cultural aspects of daily living.

In 1997 the National Anti-Poverty Strategy (NAPS) was published by the Irish government. The strategy highlighted that poverty and social exclusion were the most significant challenges facing Irish society and that economic management and growth needed to be evenly distributed in order to treat their underlying causes (NAPS 1997). It is now more than twenty years since the publication of this policy document and the EAPN (2018) believe that the Government has had mixed results in relation to tackling poverty in Ireland. Life on a low income in Ireland is now 'the norm', and astonishingly child poverty is a reality for one in every five children in Ireland which equates to 230,000 children approximately (Social Justice Ireland 2019). The Oxford English Dictionary defines poverty as 'the state of being extremely poor' (oxforddictionaries.com) however similar to the concept of 'disadvantage' the concept of poverty is much more complicated than this definition suggests.

Following an analysis of qualitative research pertaining to poverty Ridge (2011) identified that poverty is multidimensional, and although it is underpinned by economic insecurity and a lack of access to material resources, the real impact of poverty on the lives of children and families is actually wide-ranging. The National Anti-Poverty Strategy (NAPS) (1997) developed an all-encompassing definition of poverty, which states that:

> *"People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living that is regarded as acceptable by Irish society generally. As a result of inadequate income and resources, people may be excluded and marginalised from participating in activities that are considered the norm for other people in society"* *(NAPS 1997 p.3)*

It is now well recognised that poverty affects various aspects of child and family health and well-being. Poverty has been found to have an array of adverse effects on children's lives, including educational achievement, physical and mental health and emotional and behavioural outcomes (Watson *et al* 2016). In addition to affecting child and family health and well-being, poverty also greatly influences families' utilisation of, and access to, health care services (End Child Poverty Coalition 2018).

Currently in Ireland, there are three measures of poverty; relative or at-risk poverty, material deprivation and consistent poverty (EAPN 2018). Relative or at-risk poverty is commonly used across Europe, and it includes people with an income of less than 60% of the median. When determining relative or at-risk poverty, income is weighted depending on how many children and adults live in a home. In 2016 in Ireland, 16.5% of the population had an income below 60% of the median (EAPN 2018). Material deprivation refers to an inability to afford at least two of the eleven goods or services which are considered to be essential for a basic standard of living. The eleven goods or services are:

- Two pairs of strong shoes.
- A warm waterproof overcoat.
- Be able to buy new (not second hand) clothes.
- Eat meals with meat, chicken, fish or vegetarian equivalent every second day.
- Have a joint roast or its equivalent once a week.
- Had to go without heating in the last year due to a lack of money.
- Keep the home adequately warm.
- Buy presents for family / friends at least once a year.
- Replace worn-out furniture.
- Have family or friends over for a drink or a meal once a month.
- Have a morning, afternoon or evening out in the last fortnight for entertainment.

In 2016 in Ireland 21% of the population experienced material deprivation. Consistent poverty is when people experience both relative or at-risk poverty and material deprivation. In 2016 in Ireland, 8.3% of the population experienced consistent poverty (EAPN 2018).

Recent Irish research has found that the rate of income poverty and material deprivation has been higher for children than for adults (DoCYA 2016). Analysis of Pobal Maps[6] based on Census data has also uncovered that poverty is higher in areas of urban disadvantage than in other areas of Ireland (EAPN 2018). Utilising the Central Statistics Office (CSO) 2009 Survey on Living and Income Conditions (SLIC) dataset Watson *et al* (2016) identified groups of children who were are at greater risk of child-specific deprivation, over twenty percent and the groups were:

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[6] Pobal Maps is a free Geographical Information System which provides a range of functions including area deprivation profiling throughout the Republic of Ireland.

- Where the mother is under the age of 29 years.
- Where the mother has a disability.
- Where the mother has no educational qualifications.
- Where the child lives with just one parent.
- Where the father is not working.
- Where the household income is in the bottom quintile across households with children.

Many of these markers are present in disadvantaged areas, and this places children who live in disadvantaged areas at greater risk of experiencing deprivation.

The cycle of intergenerational poverty persists in Ireland (Downes and Gilligan 2007). As an ongoing issue the percentage of children experiencing consistent poverty has increased from 8.8% in 2010 to 11.2% in 2014 (DoCYA 2016). Consistent poverty is the harshest poverty because it means that the child is both relatively poor and also materially deprived. In addition, consistent poverty is more prevalent in disadvantaged areas where social issues associated with housing, unemployment and crime already exist. Downes (2007) highlights the role of education in relation to disadvantage and poverty. He puts forward that educational investment at every generational level in a family and community is needed if those who live in poverty are to experience the opportunity to break away from the cycle of intergenerational poverty in Ireland. Furthermore Ridge (2011) believes that in order to successfully address the social, material and personal impacts of poverty on childhood, a firm understanding of how poverty and disadvantage are experienced, interpreted and mediated by children who live in disadvantaged areas is imperative.

2.1.4 Growing Up in Ireland study

One of the most meaningful developments in children's research in Ireland and a marker of the Government's commitment to improving the lives of Irish children was the commencement of the study Growing Up in Ireland (www.growingup.ie) . Growing Up in Ireland is a large scale longitudinal State funded study which commenced in 2006. The study tracks the progress of two cohorts of children, an infant cohort (n = 11,000) and a child cohort (n = 8,500) (Greene *et al* 2010). The primary aim of Growing Up in Ireland is to inform Government policy planning and development for children, young people and their families. The study investigates various aspects of children's lives such as family life, education, emotional and behavioural well-being and physical growth and development. It collects both quantitative and qualitative data from children, parents, non-resident parents, caregivers, teachers and school principals. Growing Up in Ireland

has generated and continues to generate extensive data pertaining to children and their families. A substantial amount of data has been reported on to date, and it is also possible for researchers to apply for access to the study's anonymised data sets to conduct further analysis and investigation.

2.1.5 The current study

As outlined in Chapter 1, the aim of the study presented in this thesis was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. This will be examined in an Irish context. Growing Up in Ireland has provided valuable information in relation to the everyday lives of Irish children and their families however there currently exists a paucity of research that focuses explicitly on the lives of children and families who live in urban disadvantaged areas. Children who grow up in disadvantaged areas potentially experience everyday life very differently to children who grow up areas that are more affluent. The disadvantaged area where this research took place has a large youth population and is a designated RAPID (Revitalising Areas by Planning, Investment and Development) area. RAPID areas are specific urban and rural geographical areas within Ireland that are considerably marginalised and disadvantaged and have been selected by the Government for targeted investment and development.

Similar to other RAPID areas, the area where this research was conducted is characterised by high unemployment rates, high crime rates, high anti-social behaviour and high levels of lone parent headed households (Axford *et al* 2004). Due to the social, economic and political aspects of the area, many of the children in the area carry a disproportionate burden of inequality and poverty which exists in Irish society as a whole. There has been previous research in such areas exploring the needs of children and families (Axford *et al* 2004), collating child and family demographic information (Murphy and Guerin 2012) and exploring community engagement (CDI 2017). These works have been vastly informative; however, data collection methods have mainly been survey based and adult-focused, therefore, the views and experiences of children who are living in disadvantage have been unrepresented.

2.1.6 Background to the current study

The study presented in this thesis forms part of a larger project undertaken to evaluate the implementation and effectiveness of a health-promoting school programme on the health of school-aged children attending urban disadvantaged primary schools. The larger study was funded by the Childhood Development Initiative (CDI), and the

evaluation was carried out by a team of researchers from the School of Nursing and Midwifery, Trinity College Dublin (Comiskey *et al* 2012a). The larger study was longitudinal in design and following the implementation of the health-promoting programme in 2009, data collection was conducted over three phases (baseline, year one and year two). The health-promoting programme was a manualised school-based health-promoting initiative (Lahiff 2008), which focused on children's physical and mental health through health promotion activities and initiatives in school (Comiskey *et al* 2012b). The larger study was also conducted via two separate phases; an impact evaluation and a process evaluation. The impact evaluation examined specific health and well-being outcomes for children and the process evaluation analysed the programme implementation itself. It is important to note that the current study is independent from the original impact evaluation and process evaluation. Data collection for the study presented in this thesis was carried out independently in the children's homes, yet simultaneously to the evaluation of the health-promoting school programme which took place in the schools.

2.2 Reviewing the literature

There exists some debate within qualitative research regarding the optimal point in time to conduct the literature review. Some researchers believe that conducting a literature review before data collection will influence the researchers' perception of their chosen phenomena whereas others believe that conducting a preliminary literature review sets the scene for the researcher in relation to their chosen topic (Polit and Beck 2008). There are many different 'types' of literature review and Grant and Booth (2009) believe that variety has evolved as a direct result of the expansion of evidence-based practice across sectors. Through acknowledgement and appraisal of the various literature review methods, Arksey and O'Malley (2005) consider that there is no preferred manner in which to conduct a literature review but rather that review methods provide researchers with a set of tools that must be used suitably. Coughlan, Cronin and Ryan (2013) summarise that all literature reviews share the common characteristics of collecting, evaluating and presenting available evidence on a given subject matter.

2.3 Purpose of the literature review

For the study presented in this thesis, a narrative review of the literature was conducted to establish the body of knowledge related to the health and well-being of children and families from disadvantaged areas. A narrative review was chosen by the author as it seeks to identify what has been previously accomplished in a particular field of study, it avoids duplication and identifies existing gaps or omissions (Grant and Booth 2009). The

author also opted to apply systematic properties to the literature review since the application of such properties facilitated the management of the key subject areas. Aveyard (2010) advocates adopting a comprehensive and systematic approach to reviewing the literature in order to enhance the overall reliability of the review's findings and conclusions. Furthermore, Ferrari (2015) suggests that the application of systematic principles to the narrative review enhances the overall review as bias are reduced and a more comprehensive search is conducted.

2.3.1 Defining the key subject areas

The review for this thesis was conducted following data collection and subsequent to step two of the six-step approach to data analysis (detailed in Chapter 4). Following steps one and two of data analysis whereby the researcher immersed herself entirely in the data (step one) and generate initial descriptive codes (step two) the early findings and observations were presented to the supervisory team. Early findings from the study concentrated on the meaning of family, the meaning of health and well-being and issues associated with family health maintenance. Social issues associated with living in an area of urban disadvantage were also clearly represented in the early findings. Although the researcher was aware that these were preliminary findings and that further analysis would be required, it was clear to her that certain areas of interest needed to be explored through the literature review. The researcher and the supervisory team engaged in lengthy discussion to consider the initial descriptive codes and their corresponding evidence source, and from this discussion, the three key subject areas emerged. The three subject areas identified were:

> Area 1: Family
>
> Area 2: Child Health
>
> Area 3: Disadvantaged Area

By identifying the three key subject areas, the researcher anticipated that evidence relevant to both the aim and objectives of the study would be encapsulated.

2.3.2 Sourcing information and the development of search terms

Once the three key subject areas were identified the researcher then worked with the Librarian and used a number of techniques to try and capture the relevant search terms relating to each subject area. Four key databases were selected for searching, CINAHL Complete (1937-), Medline (1946-), PsycINFO (1990-) and Applied Social Sciences Index & Abstracts: ASSIA(1987-). This database spectrum ensured a comprehensive coverage of the literature ranging from journal articles to conference proceedings and monographs. Initial scoping searches were run in both CINAHL, Medline and PsycINFO.

These searches provided a list of synonyms provided by MeSH terms and CINAHL and PsychINFO headings. The scoping search results were also manually scanned to look for additional author keywords as provided in the article bibliographic records. The literature search was conducted on the 8th of January 2018, and the search details are detailed in Table 2.1.

Table 2.1: Search details	
Key subject area	**Controlled language**
Family:	CINAHL: (MH "Family+") OR (MH "Extended Family+") OR (MH "Grandparents") OR (MH "Nuclear Family+") OR (MH "Mothers") OR (MH "Mothers+") OR (MH "Fathers+") Medline: (MH "Family+") OR (MH "Parents+") OR (MH "Siblings") OR (MH "Grandparents") PsycINFO: DE "Family" OR DE "Biological Family" OR DE "Extended Family" OR DE "Nuclear Family" OR DE "Stepfamily" ASSIA: non-appropriate EBSCO Keywords: Famil* OR "Family Member*" OR Stepfamil* OR Filiation OR "Kinship Network*" OR Relative* OR "Extended Famil*" OR sibling* OR parent* OR Sister* OR Brother* OR mother* OR father* OR Grandparent* OR Grandmother* OR Grandfather* OR Mum* OR Dad*
Child Health:	CINAHL: (MH "Child Health") Medline: (MH "Child Health") OR (MH "Family Health") OR (MH "Adolescent Health") PsycINFO: DE "Well Being" ASSIA: MAINSUBJECT.EXACT.EXPLODE("Wellbeing") ASSIA Keywords: Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile OR under?age NEAR/2 Health OR Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile* OR under?age* NEAR/2 well being OR Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile* OR under?age* NEAR/2 well-being OR Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile* OR under?age* NEAR/2 wellbeing

	OR "Social Determinants of Health"
	EBSCO Keywords: (Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile OR under?age) N2 (Health)
	OR (Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile* OR under?age*) N2 (well being)
	OR (Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile* OR under?age*) N2 (well-being)
	OR (Child* OR pediatric OR paediatric OR youth* OR young person* OR teen* OR kid* OR Juvenile* OR under?age*) N2 (wellbeing)
	OR "Social Determinants of Health"
Disadvantaged areas:	CINAHL: (MH "Poverty+") OR (MH "Cultural Deprivation") OR (MH "Psychosocial Deprivation")
	Medline: (MH "Poverty+") OR (MH "Cultural Deprivation") OR (MH "Psychosocial Deprivation")
	PsycINFO: DE "Poverty" OR DE "Poverty Areas" OR DE "Social Deprivation" OR DE "Cultural Deprivation"
	ASSIA: MAINSUBJECT.EXACT("Deprivation") OR MAINSUBJECT.EXACT("Social deprivation") OR MAINSUBJECT.EXACT("Poverty")
	EBSCO Keywords: disadvantage* OR depriv* OR "Low?Income Population*" OR "Cultural Depriv*" OR "Social Depriv*" OR "Cultural Disadvantag*" OR "Social Disadvantag*" OR "disadvantaged area*" OR DEIS OR poverty OR "Psychosocial Deprivation*" OR "poverty area*" OR "childhood adversity" OR "Socially Disadvantag*" OR "Culturally Disadvantag*"

2.4 Running the Searches

The search terms for the three key subject areas were run across the four databases. Each subject area was searched individually using the control language terms like MeSH, or CINAHL Subject Headings or PsycINFO headings. This search was then combined with additional keywords. As ASSIA does not have an in-built thesaurus, a search using keywords was run. Once each subject area had been searched; the results were finally combined with the other concepts using the advanced search function within

each of the databases. Table 2.2 outlines the list of the results based on each of the searches and the final combined number. After running the searches and combining the terms, the database searches returned a total of 3,401 articles.

Table 2.2: Overview of search results				
	CINAHL	Medline	PsycINFO	ASSIA
Family	513,102	2,658,673	834,579	215,234
Child Health	49,400	75,186	63,027	214,435
Disadvantaged Area	50,320	184,625	81,580	25,267
Combined	1,944	2,939	2,279	4,717
Filter: English Lang / Peer Review	1,295	2,514	1,633	4,475
6-12 years	676	1,520	432	733**
Total	676	1,520	432	773

**An additional search on (school?age OR school?aged or 6-12 OR 6 – 12 OR 6 to 12) was run as no filter for 6 -12 is available within the ASSIA database.

2.5 Managing Search Results: Endnote

The researcher chose Endnote to help to manage the search results. Separate Endnote Libraries were created for each of the databases. A fifth combined library was created to centralise the results. All of the results from each database, 3401 in total, were exported to their own library; CINAHL (676), Medline (1520), PsycINFO (432) and ASSIA (773). Once populated the results were then reimported into a combined Endnote Library. This was set up to exclude duplicates at the import stage. Endnote identified 556 duplicate articles across the 4 databases, and these were removed. Hand searching was also run, and a further 176 duplicate articles were identified and removed. This resulted in a total of 2669 articles for abstract and title screening, and these were imported into Covidence.

2.6 Reviewing and Screening: Covidence

Covidence is an online software product which assists evidence synthesis by streamlining the review process. The PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) flow diagram in Figure 2.1 outlines the screening process which was carried out.

2669 references imported for screening → **0** duplicates removed

> 732 duplicates were removed before importing to Covidence

2669 studies screened → **2323** studies irrelevant

346 full-text studies assessed for eligibility → **281** studies excluded
  ▶ Show reasons

0 studies ongoing
0 studies awaiting classification

65 studies included
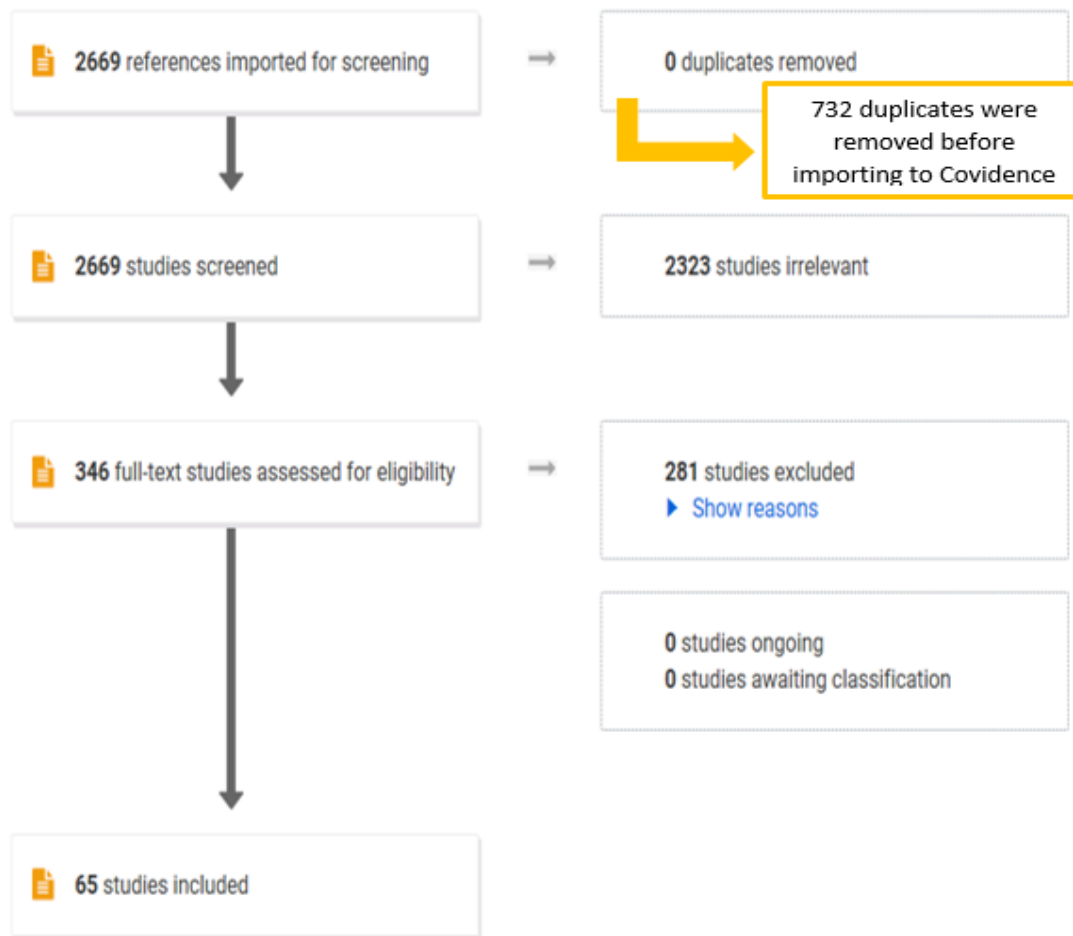
Figure 2.1: PRISMA flow diagram

For this research, the screening process was conducted by the researcher. Covidence software was adopted for use primarily for practical issues associated with screening the large volume of references obtained. Utilising Covidence facilitated the collective management of all of the references and their full-text files in one place. It also enabled the researcher to screen each reference and review each full text, one by one and divided the reviewing task into three separate stages, thus making the process more manageable. Once the screening process was complete, the researcher reviewed and critiqued the yielded works to generate a map of the evidence (Munn *et al* 2018). This task was carried out manually with paper and pen; one critique memo per yielded published piece of work. Wakefiled (2014) advises that it is essential to create a logical structure base to themes generated from a literature review and the decision to organise the themes around the study aim and objectives provided such structure. The themes and relevant literature will be presented in the next section.

2.7 The Family

One of the most important aspects of a child's life is their family. Within the spheres of children's medical and nursing care, it is widely accepted and acknowledged through models of care that the family is the one 'constant' in the child's life (Harrison 2010). Research involving families is complex, and a key rationale for this complexity is that research with families involves a grouping of people rather than an individual. In addition, families are ever-changing and evolving as their characteristics and composition transform over time (Greenstein 2006), which adds to the challenge of conducting research involving families. The family is recognised as being the most influential environment in which to care for and raise children (Government of Ireland 2000, Williams *et al* 2011, DoCYA 2014a). Although parents are usually the primary people who have the task of rearing their children, beyond their parents, children also form relationships with siblings, grandparents and a wider complex family group. Furthermore, it has long been suggested that no one solitary definition of the family exists that would be true to all cultures and situations (Cheal 2002), and for this reason, understanding and defining the family can be a complicated task.

2.7.1 Changing family patterns

Definitions of the family are relative to the social and cultural environments to which people who conceptualise their family belong to and live their daily lives in (Cheal 2002). In general terms, modern-day definitions of the family are based primarily on long-term committed relationships, responsibilities and support rather than exclusively by marriage, law or biological connections (Demo, Aquilino and Fine 2005). Family means different things to different people depending on their frame of reference, their values or their discipline. Family structure and the presence of a stable family life both have significant consequences for child health and well-being (Minuchin 1974, Brown 2012). In order to establish how children from disadvantaged areas, and their families, maintain health and well-being it is imperative that an understanding is created to establish how these children and families conceptualise their family and also what exactly family means to them.

Demo, Aquilino and Fine (2005) believe that there are a number of theoretically relevant distinctions involving the definition of the family. The first distinction is that individual family members may define their family very differently to those who are on the outside, for example, healthcare professionals, leading to objective and subjective definitions of an individual's family. The second distinction is that 'household' is very different to family and household composition must not be used to define a family. The third distinction is

that acknowledgement must be made between individual-level and family-level definitions of the family. Families are often constituted differently for various members of the same family. At a family-level, there may be different meanings of the family for different members within the family. The fourth distinction that needs to be recognised is that individuals who are not present physically may still be considered family members. The final distinction highlighted by Demo, Aquilino and Fine (2005) related to the definition of the family, is that family membership is not limited to individuals who have harmonious relationships with one another. Family members may have strained or distant relationships; however, their lives remained intertwined in unique ways; thus, they consider themselves a family.

The traditional 'one size fits all' concept of the family is no longer realistic therefore a greater appreciation of modern family structure and functioning is needed if children's lives and diversity of family experiences are to be understood better. Survey data relating to family type, family processes, family characteristics and family circumstances was collected by McKeown, Pratschke and Haase (2003) and four primary family types were identified namely; married families, cohabiting families, single families and separated families. Although two-parent married families were found to be the most common family type in Ireland the study report highlights that family and household are entirely different entities since a quarter of all children surveyed did not live in a household containing both of their biological parents. Based on this finding McKeown, Pratschke and Haase (2003) construed that there is a need for a more eclectic concept of the family, richer than the concept of household which is currently how most people understand the family.

There are times however when household composition is a useful indicator of how children's daily routines and experiences are shaped as acknowledged by Magnuson and Berger (2009). In their study on the associations between family structure and children's achievement and behaviour trajectories, they define family structure as a 'function of household composition'. Magnuson and Berger (2009) found that family structure transitions were associated with increased behavioural problems and slightly associated with decreased achievement. Currently in Ireland, census data related to the family is also based on household composition and is often used to define family. Census data has augmented over the years, and it is now possible in Irish census data to identify relationships between children and all of the individuals within the household. Although this is a step forward for census data it must be remembered that census forms are completed by one person only; usually the householder and not the individual, thus are open to misrepresentation or inaccurate reporting (Lunn and Fahey 2011).

The evolution of family diversity has been recognised and acknowledged by researcher's world round (Brown 2010, Fine-Davis 2011, Krueger *et al* 2015, Brown, Manning and Stykes 2015). Family diversity in Ireland has evolved dramatically in the past two decades (Grey, Geraghty and Ralph 2016) and this development is a reflection of changes which exist within Irish society as a whole and also modifications within Irish law specifically the introduction of divorce via the passing of the Family Law (Divorce) Act in 1996. Grey, Geraghty and Ralph (2016) site some of the most significant changes in Irish family life namely; women having fewer children, childbirth outside of marriage, co-habiting couples, mother's participation in the workforce, civil partnership and the introduction of divorce into Ireland. Hogan, Halpenny and Greene (2003) have suggested that the introduction of divorce has been the most substantial change upon Irish family life precisely because it provides a pathway for separated and divorced couples to enter into the legal sanction of marriage for a second time.

In comparison to other countries, Ireland is somewhat unique because many of the dramatic changes which have occurred in relation to the family have taken place within a relatively short period of time (Grey, Geraghty and Ralph 2016). Such remarkable changes unavoidably result in family transitions, some of which have been found to be associated with behavioural and achievement issues for children (Magnuson and Berger 2009). In spite of this however, Halpenny, Greene and Hogan (2008) highlight that Ireland is very different from the rest of Europe and the US precisely due to the influence of Irish Family Law and the Roman Catholic Church on parental separation, divorce and Irish family culture. Nonetheless, this has evolved over the years, and the change is evident in a more recent study by Fine-Davis (2011) where it has been discovered that religion now occupies a much less important role in the lives of Irish citizens. This finding represents a new outlook on the relationship between religion and Irish families and how Irish families perceive family and family life. Furthermore, these findings are in stark contrast to the Ireland of previous decades whereby the influence of religion was significantly more prominent.

Owing to the diversification of modern family structure, the concept of the family has now become more fluid (Dinisman *et al* 2017), and hence, challenges persist in relation to defining the family. A plethora of research, both national and international, has uncovered a close link between family structure and diversity and child health and well-being (Brown 2004, Fahey and Field 2008, Magnuson and Berger 2009, Lunn, Fahey and Hannon 2009, Freeman and Brewer 2013, Pearce, Lewis and Law 2013, Hannan

and Halpin 2014, Bzotstek and Berger 2017). Additionally, research pertaining to family structure and diversity has flourished as a contemporary issue which has occurred mainly as a direct result of the proliferation of diverse family forms (Thomson and McLanahan 2012). Although research on the family has grown, Brown (2012) emphasises that family structure and poverty are interwoven yet the influence of both on child well-being remains largely neglected in current literature. The noteworthy increase in family diversity experienced by Irish children inevitably alters their experiences of family life (Nixon, Greene and Hogan 2006) and this consequently accentuates the need to explore how Irish children, in particular children who live in areas of urban disadvantage, view their own family lives.

Examining family trends via Census of Population data Fahey and Field (2008) observed that marriage in Ireland has clearly lost its 'gateway' function (i.e to sex and childbearing) of the past. Cohabitation is now commonplace and may be attributed to the delay in marriage seen among young Irish adults. Cohabitation as a way of living has changed everyday family life in Ireland and how children experience family live. Cohabiting couples with children aged less than 15 years rose significantly from 12,700 in 1996 to 40,000 in 2006 (Fahey and Field, 2008). This finding is in contrast to trends in the USA highlighted by Brown (2004) whereby cohabitation and child-rearing go hand in hand as a new family form however family diversity across the USA has occurred at a more accelerated rate than has been observed in Ireland. Fahey and Field (2008) have also observed that the incidence of lone parent families in Ireland has been on a steady rise since the 1980s. In 1981 lone parent families with at least one child accounted for 7.2% of all families with children, and by 2002 this proportion had risen to 16.7%. A further large increase between 2002 and 2006 was noted by Fahey and Field (2008) when lone parent families rose to 30,00, compared to a rise of only 12,000 in six years from 1996 to 2002. Over one in five families with children under the age of 15 years are headed by a lone parent. In 2006 21.3% of families with children under the age of 15 years were lone parent families and a total of 17.6% of children under the age of 15 years lived in a lone parent family (Fahey and Field 2008). These are significant observations in relation to Irish family trends since within Ireland disadvantaged areas exhibit a high proportion of lone parent families (Axford *et al* 2004, McCafferty, Humphreys and Higgins 2011, Murphy and Guerin 2012, CDI 2017)

Researchers from the USA (Magnuson and Berger 2009) suggest that the majority of children no longer spend their childhood in a family that contains both of their biological parents. They believe that a combination of economic, sociological and psychological

theories provides an understanding of how family structure influences children. Utilising a sample of longitudinal survey data of children aged between 5 and 12 years to measure achievement, behaviour and family structure. Magnuson and Berger (2009) found that family structure transitions were associated with an increase in children's behaviour problems, as reported on by mothers via a behaviour index survey, and marginally associated with decreases in achievement for example in mathematics. They also found that transitioning to a single mother family was associated with increased behaviour issues whereas transitioning to a social father family was associated with a decrease in reading achievement among children. Although Magnuson and Berger (2009) did uncover links between family structure states and transitions with children's health and well-being, such findings must be considered with caution in light of certain limitations relating to behavioural measures obtained and excluded factors such as family income.

Employing the Census of Population as a data source, Lunn, Fahey and Hannan (2009) examined Irish family patterns and trends between 1986 and 2006 and found that old forms of diversity within family life, for example, large families, three-generational family households and unmarried siblings within the family home had all but faded away. These traditional forms of diversity have been replaced by new types of diversity within families, such as a surge in births occurring outside of marriage, same-sex couples, the proliferation of material breakdown during the 1990's and similar to Fahey and Field (2008) a marked increase in the numbers of lone-parent families. Lunn, Fahey and Hannon (2009) note five prominent emerging themes concerning changing family patterns in Ireland. Firstly, cohabitation emerged as consistent across all social groups. Secondly, particular periods within the life course impact firmly on family structures, for example, the increased likelihood of living with a partner after the age of 25 years or a dramatic increase in lone parenthood among less-educated women in their twenties. Thirdly, a delay in the process of family formation was noted among adults, mostly more educated adults, leading to couples having fewer children or entering into marriage after having children. Fourthly, adults in their forties demonstrated a higher risk towards marital breakdown in comparison to adults who were 10-15 years older. Lastly, in relation to people in lower socioeconomic groups data suggested that this cohort of individuals were more likely to parent alone, to enter into marriage at a younger age, to experience marital breakdown and also to have larger families. These findings are very significant for children and families who live in disadvantage as they highlight some of the unique challenges associated with family formation for these people.

The profound change in family structure and formation which has occurred in Ireland since the 1980's has placed emphases on the need to understand the views which underpin family formation, and for this reason, Fine-Davis (2011) conducted research investigating the attitudes to family formation with a representative sample of 1,404 people, all of childbearing age who varied by family type, education, location and having or not having children. Fine-Davis (2011) found a consensus among respondents that marriage provides stability and security for children and that marriage is more of a commitment than co-habitation. Despite this, however; 47% of respondents did not believe that it is necessary to be married in order to have a child with someone and over two-thirds of the sample believed that having a child with someone was a much greater commitment than entering into a marriage with them. These are significant findings that reflect how modern-day people in Ireland feel about and view family formation.

In relation to cohabitation, Fine-Davis (2011) also found that a significant proportion (84%) of the study sample believed that it was better to live with someone before entering into marriage with that person. This new attitude towards cohabitation is reflected in previous work by Lunn, Fahey and Hannon (2009) where a sharp rise in cohabiting couples was observed through Census of Population data. An interesting finding by Fine-Davis (2011) in relation to family structure and status is that married couples were found to have the highest levels of well-being on all measures, followed by cohabiting people and finally single people. It was also found that single mothers had the lowest level of life satisfaction and were the loneliest of all the family groups. This finding concurs with findings from Lunn, Fahey and Hannon (2009) which indicated that certain sections of society, specifically lone parents are most in need of support.

Transformations within children's family structure is a phenomenon which is now widely prevalent (Freeman and Brewer 2013, Pearce, Lewis and Law 2013, Hannon and Halpin 2014) and such transformations alter children's family experiences and well-being. Pearce, Lewis and Law (2013) examined longitudinal data from the Millennium Cohort Study in the UK to explore the role of poverty in explaining health variants of children from different family structures. They found that poverty levels varied significantly by family structure and lone parents in particular, demonstrated the highest levels of all four measures of poverty followed by reconstituted families. Findings also uncovered that children living in lone parent and reconstituted families experienced slightly poorer physical and mental health than children who lived in natural couple families.

Family structure has also been associated with children's health care utilisation. Krueger *et al* (2015) examined the association between family structure and children's utilisation of health care, including barriers to health care access, schooling and cognitive outcomes. Data from their study was obtained from the National Health Interview Survey, which is a publicly available, nationally representative household survey from the US. Results showed that when compared to children of married couples' children in single-mother and cohabiting couple families averaged poorer outcomes however, children from single-father families averaged better outcomes. The study also found that socioeconomic status only partly explains family structure disparities in children's health and also having a grandparent in a single-parent family, a cohabiting couple family or a married family does not buffer children from adverse outcomes. Krueger *et al* (2015) concluded their paper by placing emphasis on the diversification of family structures which currently exists within the US and by specifying the need to better understand the links between children's family contexts and child health and well-being.

2.7.2 Children's concepts of family

It has been widely acknowledged that historically, children have lacked voice in published works and have relied upon adults to describe and account for their everyday lives and experiences (Bucknall 2014). The voice of children within research will be discussed in detail in Chapter 5 however, for now, when discussing 'the family' children's concepts and views are represented to some degree within the literature. An early study in the USA by Mann *et al* (1992) aimed to explore children's age-related changes in their understanding of the concept of 'the family' and to establish whether or not their views were mediated by their own family structures. Findings from the study indicated that younger children typically identified people who live together as belonging to the same family. As children got older, they began to develop an awareness and appreciation of kinship and biological relatedness. Children's understanding of 'the family' did not appear to be related to the experiences of their own family in that children from intact and disrupted family types did not distinguish in how they explained family membership. Mann *et al* (1992) propose that this finding may be attributed to children's exposure to varied family types through popular television and media sources at the time. This study also highlighted the young child's limitations to understand and conceptualise kinship. This finding is significant as it places emphasis upon the age-related cognitive ability of the child to understand the concept of the family.

Another older research study by Gardner (1996) explored the family perceptions of children aged between 8 and 15 years who lived in long-term foster care. Among these

children it was found that their concepts of both actual family and their ideal concept of family, omitted their biological parents and their biological siblings. Additionally, children consistently referred to their foster family rather than their biological family. Gardner (1996) suggests that the findings from her study may be understood as an extension of the consequences of separation, daily contact with parents is lost and siblings may not be present on parental visits or may themselves be in other long-term foster care. Furthermore Gardner (1996) highlights that the children's representations of their concepts of family reflect a realistic assessment by the children in relation to who is responsible for them and major aspects of their lives.

Concepts of family among children have also been investigated by Dreby and Adkins (2011) who explored how migration of family members in Mexico affects children's concepts of their families. Although this study involved children being separated from various family members, the separation was family decided and thus different from that experienced by the children in long term foster care described by Gardner (1996). In contrast to the findings by Gardner (1996), Dreby and Adkins (2011) found that children's concepts of their family are not always reflective of their personal living situation or even cultural archetypes of family. Instead, their findings suggest that migration impacts upon children's imaginations of family most notably by reinforcing membership in the family. Participating children in the study by Dreby and Adkins (2011), although separated from family members due to migration, managed to maintain daily and weekly contact with various separated family members thus the maintenance of relationships was achieved for the children. Results from the study indicate that, from a child's perspective, migration does not severe symbolic membership of the family but rather highlights various family roles in the imagination of the child.

Utilising focus groups Nixon, Greene and Hogan (2006) explored concepts of the family among Irish children aged between 9 and 11 years and found that children are accepting of a variety of family forms and view supportive family relationships as the basis for defining 'the family'. Children placed particular emphasis on family processes, and the quality of relationships within the family which is reflective of findings from McKeown, Pratschke and Hasse (2003) who also found that family processes were the central element within family life and that this process facilitated children's adjustment across diverse family structures. Despite the shift in changing family patterns seen in Ireland in recent decades it remains that some children still continue to view the traditional nuclear family as the ideal family form (Nixon, Greene and Hogan 2006). Some age-related themes are also evident in the literature relating to how younger children identifying more

'traditional' roles such as 'mother as the 'carer' and 'father as the earner' (Nixon, Greene and Hogan 2006) and how younger children conceptualise the family as a group of people who all live in the same house (Mann *et al* 1992).

Anyan and Pryor (2002) uncovered some cultural differences when exploring perceptions of family structure among adolescents in New Zealand (NZ). Results from survey questionnaire found that groupings consisting of at least one adult and children and extended family members constituted a family for 80% of respondents. The least likely grouping to be endorsed as a family was lone-mothers, partner and children. Adolescents in lone parent and stepparent families were less like than those in two biological parent families to endorse non-resident parents and their children, and mothers' partners and children, as part of their family. Cultural differences were noted within the data and are reflected in the finding that Maori adolescents endorse a wide range of family forms in comparison to other groups within the sample. Maori adolescents also did not make any distinction between married and cohabiting parents. An interesting find in this study is that adolescents who were members of stepfamilies endorsed grandparents highly as part of the family and Anyan and Pryor (2002) attribute this to be the result of grandparents caring for grandchildren during transition from intact families to lone parent and stepfamilies. This finding highlights the critical role of grandparents within the family, especially in time of family transitions. This study also revealed that young people identify non-immediate family members as being part of their family, and this membership is based upon their unique individual relationship with the child.

Further research by Rigg and Pryor (2007) aimed to compare and contrast children's perceptions across family structures and cultural groups revealed that children endorsed the married couple with a child as being a family. Non-resident fathers were highly endorsed as being part of the family and blended families of more than 10 years were also highly endorsed as being a family. The least likely scenario to be endorsed as a family was the lone mother with a child and her non-resident partner. Similar to Anyan and Pryor (2002), this study also found that Maori children did not differentiate between married and cohabiting parents. In addition, Maori children were less likely to endorse a couple without children as a family and also less likely to endorse a same-sex couple without children as a family.

When children were asked about defining a family the majority referred to affective factors such as love, caring and 'there for you' which is a similar finding to those of Anyan and Pryor (2002) and Nixon, Green and Hogan (2006). Differences in relation to defining

the family can be seen between the responses of the children in the Rigg and Rryor (2007) study and the children in Anyan and Pryor (2002) in that adolescents describe on average two criteria and children reference just one. Rigg and Pryor (2007) attribute this difference to the child's age and its associated developmental variance between the two groupings of children. One common finding between the children in Rigg and Pryor (2007) and the adolescents in Anyon and Pryor (2002); however, that is both groups were resolute about the importance of family.

2.7.3 Family relationships

Family relationships and family dynamics are complex issues for children and parents. The structure and quality of the relationships which occur between family members are central elements of family functioning and a key influence on the well-being of parents and children alike (Fahey, Keilthy and Polek 2012). The term 'family relationships' is a very broad term which can be multifaceted in nature depending on the unique family dynamics which exist within any one family. Although relationships within the family are critical for the development of children's well-being, Dinisman *et al* (2017) suggest that little is known about the particulars of family relationships, especially among diverse family structures. Family living arrangements are not always reflective of family structure or relationships due to the assortment of modern family structures. Brown, Manning and Stykes (2015) observe that research pertaining to children's living arrangements has lagged somewhat by focusing on the child-parent relationship only and overlooking the wider family unit.

The quality of the relationship which exists between parents is an essential aspect of family well-being as a whole. McKeown, Pratschke and Haase (2003) found from Irish survey data that no statistically significant difference existed in the quality of the relationships between cohabiting couples and married couples. This finding was derived by measuring the extent to which couples experienced their relationships as 'fulfilling and intimate'. However, utilising Growing Up in Ireland (GUI) data to examine family relationships Fahey, Keilthy and Polek (2012) found substantial differences in the parental relationship quality between cohabiting couples and re-partnered couples (those in stepfamilies). They found that from both mother and father responses, re-partnered couples were more likely to have good quality relationships, married couples were somewhat less likely, and cohabiting couples were much less likely. This finding was also corroborated by another indicator within the analysis, which was the 'frequency of argument' with the other parent as reported by the primary caregiver. One-third of cohabiting couples reported arguing frequently, one in five married couples reported

arguing frequently, and only one in eight re-partnered couples reported arguing frequently. These findings indicate that cohabiting partnerships may be less stable than married partnerships.

A unique aspect of the GUI study is that 'quality of relationship' data was also collected for parents who live apart. This data has been analysed by Fahey, Keilthy and Polek (2012) who found that just over half of the resident parents rated their relationship with the non-resident parent as negative and this negative rating was more evident among never-married lone parents. From their analysis, they suggest that this negative rating may be associated with infrequent contact and that 'negative' may actually mean 'non-existent'. Fahey and colleagues (2012) concluded that the better parents get along together could possibly be mirrored in the frequency of contact. Although the main objective of the GUI study is to determine causal pathways in relation to children's well-being and the context in which they grow up, through the collection and analysis of longitudinal data, Fahey, Keilthy and Polek (2012) acknowledge the limited analytical opportunity associated with using point-in-time data, specifically wave one data which was available to them at the time. Nevertheless, these researchers envisaged the opportunity to use the point-in-time data to enable a descriptive account of various aspects of children's lives.

Parenting plays a key role in the development of family relationships and also in children's development and well-being. Parents approach their parenting duties in different ways and research has categorised approaches to parenting practices. The most notable research on parenting was conducted by Baumrind who, by adopting a typology approach to the conceptualisation of parenting style, identified two primary dimensions of parenting behaviour; parental warmth / acceptance and parental control. From these dimensions Baumrind categorised parenting styles into three distinct styles; authoritative, authoritarian and permissive (Baumrind 1967, Baumrind 1973). Authoritative parenting style combines parental control with warmth and responsiveness whereas the authoritarian parenting style involves the observation of rules and obedience with less warmth and responsiveness. The third style identified by Baumrind, permissive, was later expanded upon and further categorised into permissive indulgent[7] and permissive neglectful[8] (Baumrind 1966, Maccoby and Martin 1983). Permissive indulgent and permissive neglectful styles describe parents who although are responsive to a certain degree they tend to be lenient and permit children to self-regulate rather than

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[7] In the GUI study this parenting style is referred to as Indulgent Permissive.
[8] In the GUI study this parenting style is referred to as Uninvolved Neglectful.

take control of the situation (permissive indulgent) or they opt to be uninvolved, neglectful and provide very low levels of support (permissive neglectful).

An abundance of research has identified that the authoritative parenting style is positively associated with child well-being from a variety of perspectives such as children's educational achievement (Shucksmith, Hendry and Glendinning 1995, Kordi and Baharudin 2010), children's development (Talib, Mohamad and Mamat 2011) and children's attachment (Karavasilis, Doyle and Markiewicz 2003) to mention but a few. Some studies have examined parenting styles across a range of social contexts and identified that parenting behaviours that foster child development do not depend on parental level of education or whether parents are married or single but rather on how parents spend time with their children, support their children and encourage their children (Amoto and Fowler 2002). However, there are also contradictory findings evident in the literature for example differences in parenting styles have been identified among divorced parents in Baumrind's (1991) study when she found that divorced parents were less likely to adopt an authoritative parenting style that any other style of parenting. Additionally, Shumow, Lowe-Vandell and Posner (2014) conducted research with low income families and observed that family characteristics were indeed associated with parenting practices. They found that parents with least income and lower levels of education were more likely to report harsh parenting practices than parents with low income and slightly better education levels. They also found that parents in single parent homes, unemployed parents and African American parents were more likely to report harsh parenting strategies.

From an Irish perspective child parent relationships and parenting styles have been examined in the national longitudinal study GUI. In GUI nine-year-old children were asked if they 'got on well' with their parents and siblings, Always, Sometimes or Never. The majority of Irish children reported that they got on very well with their parents, 86% with their mother and 83% with their father. In families where there were higher levels of conflict children were more likely to report that they got on just fairly well with their parents. GUI results pertaining to child and parent relationships also demonstrate some discrepancy between child and adult responses. Some children (9%) reported that they only *got on fairly well* or *did not get on well at all* with their mother despite the mother reporting that her relationship with her child was close. From a parenting style perspective GUI data indicates that the more desirable authoritative parenting style is the style most frequently displayed by Irish parents, more so by mothers than fathers, 77% and 68% respectively. The second most commonly used style is indulgent

permissive practiced by 16% of mothers and 20% of fathers. Clear differences are evident between mothers and fathers in relation to the less desirable parenting styles of authoritarian and uninvolved neglectful. Fathers are twice more likely to demonstrate an uninvolved neglectful parenting style than mothers, 6% and 3% respectively. Fathers are also more likely to demonstrate an authoritarian parenting style than mothers, 7% and 4% respectively.

Additional data pertaining to child well-being in Ireland is available via the State of the Nation's Children biennial reports published by the Department of Children and Youth Affairs. Data from the most recent report, DoCYA (2016) shows that over 82% of older children (10-17 years) find it easy to talk to their mother when something is bothering them. A statistically significant difference was found to exist between girls and boys in that a lower percentage of girls than boys find it easy to talk to their mother when something is bothering them. Furthermore, a lower percentage of children from lower social classes reported that they find it easy to talk to their mother when something is bothering them. In relation to relationships with fathers, the reports indicate that 70% of children find it easy to talk to their father when something is bothering them. Once again statistically significant differences were observed across age, social class and gender with a higher percentage of younger children, a lower percentage of girls and a lower percentage of children in lower social classes reporting that they find it easy to speak with their father when something is bothering them. These results provide a snapshot of how Irish pre-teen and teen children feel about their relationship with their parents. It is also interesting to note that improvements have been recorded over time through these reports. DoCYA (2016) records an improvement from previous years when only 56% of children reported being able to speak with their fathers and just over 77% being able to speak with their mother when something was bothering them.

2.8 Child Health

From a national and an international standpoint, child health has become a research topic of significant relevance whereby various governments strive to implement and achieve the principles of the United Nations Convention on the Rights of the Child (UNCRC 1989) in an effort to improve the lives of their child populations and also to safeguard future generations. Within Ireland, the most significant attempt to document children's well-being from the Government came via the launch of the National Children's Strategy (Government of Ireland 2000) as prior to this there was no concrete policy focus on measuring children's well-being (Fitzgerald 2004). The publication of the National Children's Strategy instigated a firm shift in attitudes towards children from a government

standpoint and within Irish society as a whole with prominence placed on a life cycle approach to policy development (Government of Ireland 2000). Since then, reporting of children's well-being in Ireland is evident in the biennial State of the Nations Children's reports, which commenced in 2006. These reports present information on key aspects of children's lives, are reported upon by children themselves and are based on the National Set of Child Well-being Indicators published in 2005 (Brooks and Hanafin 2005).

Ben-Arieh (2008) attributes the proliferation of research concentrating on child health and well-being to the endeavours of governments towards the development of accountability based public policy. The activity of promoting child health is essential as it paves the way towards a healthy adulthood (Aldgate 2010); however, as a concept, 'child health' remains elusive.

2.8.1 What is child health and well-being?

Child health is a multifaceted phenomenon which means different things to different people. The terms 'child health' and 'child well-being' are often used interchangeably, and these terms are evident in many government reports and policy documents. When considering health, a new shift in focus is advocated from what can go wrong in people's lives to what makes their lives go well (DoCYA 2014a). It is this shift in focus, which has established the interchangeable use of the terms 'child health' and 'child well-being' when considering the health of children.

Health is currently viewed as a fundamental human right for all children (WHO 2004). People who are healthy contribute to the health of everyone around them and the society in which they live, work and play. Morrow and Mayall (2009) describe 'well-being' as an appendage to 'health' and cite the roots of the connection to lie in the WHO (1948) definition of health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity'.

The need to promote and protect child health and well-being is now widely accepted since failure to do so is associated with increased risk across a variety of adult health and well-being outcomes (UNICEF 2013). Health and well-being are essential components for economic and social development and crucial for the life of every person, family and community (WHO 2014). Although 'well-being' is a useful concept in multidisciplinary research because it is understandable to researchers and policymakers from a variety of backgrounds and disciplines (Morrow and Mayall 2009), it remains as a concept ill-defined. Despite this, however, an emerging consensus is evident within the

literature which acknowledges child well-being as being a multidimensional concept (Pollard and Lee 2003, Morrow and Mayall 2009, Statham and Chase 2010) which consists of a variety of physical, psychological, emotional and social domains.

2.8.2 Child health and the family

It is now well established that child health and well-being are directly influenced and supported by family well-being and positive parenting (Newland 2014). Child health and well-being and family life are intrinsically linked partly due to the now well-established ecological approach to children's well-being. This ecological approach to child well-being emerged from the same approach to child development, which was first conceptualised and developed by Uri Bronfenbrenner in the 1970's (Bronfenbrenner 1979) which will be discussed in the next chapter. UNICEF (2007, p.3) have embraced the ecological approach, and this is reflected in their definition of child well-being, which is as follows:

> *The true measure of a nation's standing is how well it attends to its children their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born (UNICEF 2007 p.1).*

Aldgate (2010) observes that the ecological approach to child well-being is entrenched in the UNICEF definition, which represents a broad view of well-being that can serve as a base for policy and service development.

There currently exists a close connection between child health and well-being and positive family relationships (Statham and Chase 2010). McAuley, Morgan and Rose (2010) believe that family, in particular, has a lead role to play in determining child well-being. Taking a more mindful stance however; Thomson and McLanahan (2012) are conscious that the intricate association between child health and well-being and the family is not well understood at present. The United Nations Convention on the Rights of the Child (UNCRC 1989) acknowledges the pivotal role of the parents and family in the health and well-being of children. In addition, it also recognises the obligation of the State to help parents to fulfil their critical role.

Various research studies to date have explored associations between children's family structures and child health and well-being. Single mother families have been investigated and it is has been established that when compared to children in two parent biological families, children in single mother families demonstrate higher rates of psychological

problems, social problems and schooling problems (Dawson 1991, Amoto and Keith 1991, Amoto 1993, Lipman and Offord 1997). Children of divorced parents were more likely to have experienced an accidental injury and children of single mother or single mother and stepfather families are more likely to have been treated for an emotional or behavioural problem (Dawson 1991). Despite this however although single mother family status on its own is a predictor for the development of problems in childhood the mechanism by which this occurs remains unexplained. Furthermore, when other variable known to influence child health and well-being are taken into considerations, such as socioeconomic demographics and household income, the association between single mother family status and child health and well-being becomes even more elusive (Lipman *et al* 2002). When comparing child health and well-being among single mother, adoptive, biological and step families Lansford *et al* (2001) found that rather than family structure it was the importance of family processes within the family, irrespective of family structure, that was what had the greatest impact upon children's health and well-being.

Taking marriage into consideration Brown (2008) has investigated child health and well-being outcomes among school-aged children living in two biological non married cohabiting families and biological married families. She found that children in two parent biological non married cohabiting families experienced lower levels of well-being relative to children in biological married families. However, when household income and parental psychological well-being were favourable this reduced the difference for children's behavioural and emotional problems. Parental psychological well-being has also been identified by McKeown, Pratschke and Haase (2003) as a primary influence on child well-being followed by father's supportiveness and family income. Via survey research completed by parents and children aged between 11- and 16-years, McKeown, Pratschke and Haase (2003) identified that parental physical and psychological well-being is shaped mainly by personality characteristics, family processes and socio-economic environment. They found that the actual type of family in which participants lived had little or no impact on their well-being. There was one exception to this finding and that was among single parent families where it was identified that mothers demonstrated lower levels of psychological well-being than other parents. Findings from the study also observed that the key family processes which impact on parental physical and psychological well-being are the mother-child relationship (in single mother families) and the couple relationship (in two parent families). Characteristics that were found to promote child well-being were the mother's physical and psychological well-being, how supportive she was of her child in terms of offering help and encouragement, how satisfied she was with being a parent and her level of skill in relation to conflict resolution

with her partner. Although less influence was found to be exercised by fathers than mothers on child well-being, their supportiveness was found to increase the child's life satisfaction and reduce psychological disturbance.

Within all families, there exists a unique matrix of dynamic relationships and Williams *et al* (2009) suggest that the quality of the unique parent-child relationship has a particularly significant influence on the adjustment of the child into their adult life. GUI has explored the nature of such relationships between nine-year-old Irish children and their parents by focusing on levels of closeness of the relationship and conflict. Findings show that high levels of closeness are experienced by 31% of mothers in relation to their daughters and 20% in relation to their sons. High levels of closeness were reported by 25% of fathers in relation to their daughters and 31% in relation to their sons. Low levels of closeness were reported by 26% of mothers in relation to their sons and 19% in relation to their daughters. For fathers, low levels of closeness were reported as 22% in relation to sons and 25% in relation to daughters. These findings highlight higher levels of closeness among mothers and daughters and higher levels of closeness among fathers and sons and vice versa for close levels of closeness. Such findings indicate a gender influence associated with levels of closeness between parents and their children.

Gender differences are also evident in findings from the latest State of the Nation's Children Ireland report which provides information on various health and well-being aspects of children's lives. Findings presented in the DoCYA (2016) report show that a lower percentage of girls than boys reported that they found it easy to talk to their mother when something was really bothering them, Additionally a lower percentage of older children and children in lower socio-economic categories reported that they find it easy to talk to their mother when something is really bothering them. Despite this however, the percentage of children who reported that they found it easy to talk to their mother when something was really bothering them has increased from 77.6% in 2002 to 82.6% in 2014 which is a marked improvement. In relation to fathers the percentage of children who found it easy to talk to their father when something was really bothering them increased from 56.2% in 2002 to 70.2% in 2014. A lower percentage of girls found it east to talk with their fathers and, similar to the analysis of relationships with mothers, a higher percentage of younger children and a lower percentage of those from a low socio-economic class found it easy to talk to their father when something was really bothering them (DoCYA 2016). Although overall it would appear that relationships between mothers and fathers and their children have improved over time (DoCYA 2006, DoCYA 2016) gender differences persist between boys and girls in relation to the relationships

which they have with their mothers and fathers. It is however important to note that children who take part in State of the Nations Children's report surveys are older children, all in their adolescent years and this may potentially impact on how they experience and report upon their relationships with their parents.

Conflict within families is generally regarded as an inevitable yet difficult issue. Within the GUI study a twelve-item conflict scale was used to explore the more challenging aspects of the child-parent relationship (Williams *et al* 2009). Data revealed that higher rates of conflict were observed among families that were headed by a single parent and this was more pronounced in single parent headed household with greater numbers of children. Data also revealed a gender difference related to conflict mirrored in the finding that fathers were more likely to have higher levels of conflict with their sons than mothers, 29% and 25% respectively. Reports in relation to low levels of conflict appeared gender neutral in the study's findings. Data from the children's reports on their relationship with their parents found that the majority of children got on very well with their parents, 86% reporting this in relation to their mother and 83% in relation to their father (Williams *et al* 2009) symbolising a slight gender difference between relationships with mothers and fathers.

Children's happiness is greatly influenced by relationships within the family and day to day interactions with parents are central in shaping children's development (McAuley and Layte 2012, Dinisman *et al* 2017). Family well-being is profoundly important not just to its individual members, but to society as a whole (McKeown and Sweeney 2001). The strong association that exists between parental and child health appears to be primarily driven by shared experiences (Berger and Font 2015), and much of this occurs within the family unit itself. Newland (2014) postulates that family well-being is one of the most persuasive and consistent predictors of child well-being. In her writings, Newland (2014) cites adult health and well-being, family self-sufficiency and family resilience as being the core aspects of family well-being. She specifically highlights poverty and geographical location as factors that put family well-being at risk and is clear that what children need is a supportive relationship with at least one parent / caregiver in order to maximise their overall development. In an effort to put current research findings into action, Newland (2014) proposes a pathway for child well-being which incorporates the promotion of family well-being thus leading to positive parenting practices and in turn improved child well-being.

2.8.3 Children's views on well-being

Research to date in relation to children's views on their own well-being has been primarily concentrated on select aspects of children's lives rather than the broader concept of well-being (McAuley, Morgan and Rose 2010). With this in mind, there is evidence internationally and nationally to the commitment of understanding and improving child health and well-being. The most significant commitment from an international viewpoint can be seen via the ratification of the United Nations Convention on the Rights of the Child by many countries and its specific reference in Article 12 to respect for children's views in all matters that affect them (UNCRC 1989). From a national vantage point, the true marker of Ireland embracing the UNCRC came via the publication of the National Children's Strategy in 2000. This government document would subsequently act as the cornerstone for the development of policy and research concerned with all aspects of child health and well-being in the Republic of Ireland. The foundations for this evolution would emerge from the Strategy's commitment to act as an opportunity for children to become more formally involved in matters affecting them, a concrete statement of support to parents and an invitation to those who work with children to venture to work collectively in an effort to improve service provision (DoHC 2000).

There are many ways to collect research data pertaining to child health and well-being and although there is ample research available in relation to child well-being indicators there exists a deficit of robust data concerned with children's subjective well-being; that is children's self-expressed views on their personal well-being and their relationships (Bradshaw *et al* 2010). A mixed-methods study conducted in Germany in 2010 aimed to explore aspects of well-being in children aged between 6 and 11 years. The study conducted by Andresen, Hurrelmann and Schneekloth (2012) utilised surveys and interviews with children which incorporated a game, time strips, fantasy questions, vignettes and drawing. The time strips section of the interviews were included precisely because there existed a lack of research regarding the criteria which children use to describe time retrospectively (Andresen, Hurrelmann and Schneekloth 2012). The central facets of the study were the extent of and the quality of care and the type of freedom in various domains such as family, school and leisure time. Findings indicated that what promotes well-being for German children is their perceived appraisal for their own unique opinion, in that the more that they are taken seriously in family time, leisure time, school and friends; the better their well-being and their self-confidence. Time emerged as a significant factor in children's well-being in the study, particularly the availability of time and how it shapes daily life in addition to how a child has time to spend as they like, described as the balance of freedom and care.

Adopting a multi qualitative approach Noonan *et al* (2016) conducted write, draw, show and tell groups with 35 children aged between 10 and 11 years from a large city in England. This unique method was designed by the researchers following a review of the literature whereby they observed that children's voices were underrepresented in relation to their out of school physical activity and also that research available was primarily limited to singular qualitative methods. The researchers sought to facilitate children's mixed linguistic ability and interaction preference through the use of their novel technique. Findings from the study identified that physical activity was associated mainly with organised sports. Children reported that they engaged in activities primarily for the purpose of fun and enjoyment. The study also discovered that children were attracted to the competitive and vigorous nature of organised physical activities because they perceived such activities as being good for physical health. The draw and tell activity utilised within the study disclosed that children associated physical activity almost exclusively with sport. The activity of drawing provides children with control about what they express, allowing them to reflect upon what they feel is important and yields information that is truly representative of the voice of the child (NicGabhainn and Kelleher 2002). Another finding of interest from Noonan *et al* (2016) is that few children identified unstructured activity such as walking and playing as physical activity even though 60% of participating children walked to their school each day.

Curtis, Hinckson and Water (2012) aware of the current global childhood obesity pandemic conducted a study utilising focus groups to explore the perceptions of children and parents to determine the factors which influenced healthy and overweight children's after school activities. Findings indicated that children and parents both described physical activity and play as singular concepts; play was described as fun and similar to the finding of Noonan *et al* (2016) physical activity was described in terms of an organised activity. This is an exciting finding considering children identified fun as the primary reason for engaging in physical activity in the first instance. Recommendations from Curtis, Hinckson and Water (2012) conceded that in order to really impact child health and well-being positively, after school activity programmes should be designed with an emphasis on active play rather than physical activity.

Important predictors such as fun, competence, enjoyment and activity provision were all central determinants of out of school activity for participating children in the Noonan *et al* (2016) study. Similar to the findings of Curtis, Hinckson and Water (2012) parents were identified as both enablers and barriers to physical activity participation for children.

Following the identification of the importance of fun for children and engaging with friends, Noonan *et al* (2016) concluded that future interventions for children aimed at increasing physical activity outside of school should incorporate parental involvement and facilitate social interaction of children with one another.

Neighbourhood environment has been identified by children as a prime location for physical activity (Noonan *et al* 2016). This is a noteworthy finding as it confirms that children need access to safe spaces to play within their local neighbourhood and also that traffic calming initiatives are an essential element of safe neighbourhoods for families. Peer support has also been identified by Noonan *et al* (2016) as a key influence on children's physical activity in addition to parental support via physical means and verbal support. Peer belonging and adult support were also identified as key predictors of life satisfaction and perceived health for children aged between 9 and 10 years of age who self-completed surveys in a Canadian study by Gadermann *et al* (2016).

Positive parental involvement has been highlighted as being essential and influential upon the well-being of children's development however, to date much of the research has concentrated mostly on mothers over fathers (Wilson and Prior 2011). An interesting finding which emerged from the children's drawings in the Noonan *et al* (2016) study was the marked presence of fathers engaging in physical activity with children; mothers were cited much less frequently. This highlights the critical role of fathers in the physical well-being of their children as identified by children themselves. Wilson and Prior (2011) explain that although differences exist between mothers and fathers, positive parenting characteristics are similar for both; however, mothers tend to nurture more and fathers tend to be more playful. A qualitative study by Nixon, Green and Hogan (2006) set out to explore children's views about what constitutes a family and children in the study placed emphasis on how their fathers could always be relied upon to play with them over their mothers. The experience of playfulness with fathers is believed to assist children with the management of intense emotions, reduce feelings of aggression, increase social skills and hence support peer acceptance (Wilson and Prior 2011).

Utilising children's drawings as the primary data collection source Walker, Caine-Bish and Wait (2009) conducted a study exploring children's perceptions of their free time activity choices prior to the commencement of a weight management programme. The study yielded information pertaining to children's views on free time with 71% of participating children identifying themselves in their drawings engaging in non-sedentary activity when asked to 'draw yourself doing something'. Findings indicated that children

had a shared understanding of physical activity as 'body movement' and expressed feelings of enjoyment, fun and happiness in relation to physical activity. Walker, Caine-Bish and Wait (2009) concluded that if weight management programmes are to have a long-lasting effect on the health and well-being of children, then programme developers need to work collaboratively with children especially in relation to children's perceptions and beliefs about activity choice.

Photography has been established as a useful participatory tool for children to communicate their views (Clarke 2008). Christensen and James (2008) believe that when combined with other methods, photographs enable a more elaborate exploration of an issue of interest when conducting research on children's views. A model example of how photography can act as a communication tool for children can be seen in a study by Herssens and Heylighen (2012) who conducted a photo-ethnographic study with 8-11-year-old visually impaired children in Belgium. The aim of the study was to explore the spatial experiences of visually impaired children while in their school environment. This study showcases how photography can be used for children with visual impairment to communicate how they experience a very normal everyday childhood activity such as attending school and explore the associated sensory experiences of this child group. Following analysis of the photographs, it was clear that auditory, hepatic and olfactory stimuli were all represented in the children's photographs providing a very in-depth account of the children's experiences of school and thus a greater understanding of this everyday event for the visually impaired children. Herssens and Heylighen (2012) concluded that using the cameras contributed to the children's self-confidence, enhanced their happiness while simultaneously providing independent voice and opportunity for self-reflection.

Nic Gabhainn and Sixsmith (2006) also utilised photography with 8-12-year-old Irish children to explore their understandings of well-being. The study comprised of two phases, phase one, encompassed the photographic work by the children and phase two involved analysis of the photographs by another group of children with the analysis sessions facilitated by trained researchers. This study embraces the voice and the participation of the child not just in terms of data collection but also in terms of data collected by children being analysed by children. Findings indicated that children had a very comprehensive view of well-being and also of their own lives. The importance of relationships and the activity-based description of these emerged as a dominant theme. The second-largest emerging theme was activities, and although many sport and exercise photographs were categorised as activities, they were described by the children

in different terms such as having fun with friends and belonging to a team (Nic Gabhainn and Sixsmith 2006). These findings indicate that children's views of well-being were expressed in terms of having fun with friends.

The role that pets occupy in children's lives has become an area of increased curiosity, and this interest is evident in published literature pertaining to various well-being aspects of children's lives and their pets (Hawkins *et al* 2017). Downes, Canty and More (2009) conducted survey research pertaining to pet ownership in Ireland and found that the presence of school-aged children in a house increased the potential for pet ownership. State of the Nation's Children most recent report found that three out of four children surveyed had a pet of their own or a family pet (DoCYA 2016). The role that pets occupy in children's lives also emerged as a significant category from data in the study by NicGabhainn and Sixmith (2006) whereby children described their relationships with their pets primarily in emotional terms. In the GUI study pets have also emerged as one of five categories identified by children when asked about what makes them happy and many children who had pets considered that they were members of their family (Nixon 2012). Although it is evident that pets and pet ownership by children and their families contributes to children's well-being the mechanisms by which this occurs remains unclear.

Screen time is an inevitable part of contemporary childhood and it is now widely accepted that screen time influences child health and well-being both positively and negatively. Przybylski and Weinstein (2017) believe that although screen time is now a firm feature of modern childhood, there is modest empirical understanding of how it actually influences child well-being. Screen time as a concept has become more complicated with the rapid development of technology and it now consists of a variety of different activities such as television watching, laptop / computer use, i-pad use, console gaming, iPod use and the use of smartphones. Currently 45% of Irish 9-year-old children have a television in their bedroom, just under 45% have a mobile phone and 86% have a computer in their home with 91% of them reporting using it in some way (Williams *et al* 2009). Screen time is one of the most significant barriers to physical activity for children. Sisson *et al* (2010) have identified that 44% of children in the US spend two hours or more a day on screen-based activity and that both boys and girls who engage in the highest levels of daily screen-based activity are less likely to engage in physical activity. Additionally, Sisson *et al* (2010) have also recognised through analysis of national survey data that children who have a combination of low physical activity levels and high screen-based activity are nearly two times more likely to be overweight. These are interesting

findings since Noonan *et al* (2016) have further identified that when children's parents make a conscious effort to restrict their child's access to screen time, they report higher levels of physical activity.

2.8.4 Child well-being indicators

There is no doubt that the concept of child well-being is changing and evolving (Ben-Arien 2010), and this evolution can be seen partly through the advancement of the child well-being indicators movement. Bowers-Andrews and Ben-Arieh (1999) have put forward that an ideological shift has occurred with regard to children and their position in society and in life. In their writings, they suggest that this movement distinguishes childhood as a special time in human ecology, acknowledges the magnitude and perspective of the child's voice and recognises that children can contribute and teach as well as receive and learn. Ben-Arieh (2008) explains that the use of statistical indicators to study the well-being of children is not a new concept, and it is mostly agreed that child well-being indicators have their roots in the social indicators movement of the 1960's. Ben-Arieh (2008) elaborates that interest in child well-being indicators stems from the growing need for accountable public policy development and formation.

Various approaches to the development of child well-being indicators have been undertaken, some of which have been data-driven, some policy-driven and others theory-driven (Hanafin and Brooks 2005). Global and national child well-being indicators are solely based on objective measures (McAuley, Morgan and Rose 2010), and these are very useful in aspects of health and well-being such as describing, monitoring, setting goals and evaluating (Ben-Ariah 2008). For children who grow up experiencing disadvantage, child well-being indicators can help to identify these children, and in doing so interventions and preventative services to help promote well-being amongst such groups of children can be planned and instigated (Hanafin and Brooks 2005). In addition to this, child well-being indicators enable tracking of child health outcomes over time, which is an invaluable way of identifying trends, identifying emerging issues and noting improvements. Notwithstanding this good work with objective measures however, there remains a paucity of knowledge in relation to what positive well-being for children really looks like (Fattore, Mason and Watson 2007). Asher Ben-Arieh, a leading international expert on social indicators with particular interest in child well-being, puts forward that in order to measure child well-being it is imperative that children are involved in all stages of the research process which surrounds the development of child well-being indicators and this includes asking children about their understanding of well-being (Ben-Arieh 2008, Ben-Ariah 2010).

2.9 Disadvantaged Area

There is a significant body of knowledge indicating that family circumstances and socioeconomic status influence health outcomes in adulthood (Backett-Milburn, Cunningham-Burley and Davis 2003). International evidence shows that the early years of a child's life significantly affect their future health outcomes (Schweinhart 2000). Experiencing disadvantage in childhood has lasting adverse effects on a child's health and well-being however children's perspectives of growing up in disadvantaged circumstances and the impact of poverty and associated disadvantage on children's lives is under-researched (Attree 2005). It is important to note that children do not experience disadvantage in isolation but rather in the context of their family (DoSP 2016). Investigating the association between poverty and children who live in areas of urban disadvantage Attree (2005) found that poverty alone is not the sole facet of disadvantage and more importantly family relationships and friendships are critical resources for children who live their lives in disadvantage.

2.9.1 Living in a disadvantaged area

The neighbourhoods in which people live have a profound effect on residents (CDI 2017). Jacoby *et al* (2017) elaborate on this concept and put forward that family health is shaped not just by economic resources but by the actual neighbourhood in which the family resides, both in equal measure. Disadvantaged areas are typically characterised by high levels of unemployment, low levels of homeownership and high levels of social issues (Axford *et al* 2004). Barnes and Cheng (2006) highlight that the effects of living in disadvantaged areas needs to be put into context and that it is also necessary to understand the complex interaction of the family, the individual and the neighbourhood collectively.

It is now more than ever easy to access information in relation to areas of deprivation in Ireland since the launch of the Pobal HP Deprivation Index in November 2017. The Index is a free online Geographical Information System map viewer (http://maps.pobal.ie) which details the derivation scores for various urban and rural areas around the country and is based on population census data. Although this is a useful development for researchers and policy developers in Ireland, it remains that the impact of neighbourhoods on child well-being is currently poorly understood (Renzaho and Karantzas 2010). Media representations of disadvantaged areas within Ireland usually focus on negative aspects of the area, and this contributes to stigma and marginalization experienced by local residents. This type of media representation contributes to

nationwide notoriety of some disadvantaged regions within Ireland. Bradshaw *et al* (2010) have found that research to date relating to the effects of living in a marginalised community has mainly been adult-focused and that the impact on children is less understood.

A Dutch research group, Reijneveld *et al* (2010), conducted a study to examine the association between neighbourhood deprivation and the occurrence of psychological problems amongst children aged between 4 and 16 years of age. This survey research yielded a sample of 4,480 children and collected data by means of a parental questionnaire (Child Behaviour Checklist), child healthcare professional questionnaire and area deprivation score. Findings from the study indicated that child psychological problems were 80% higher in the most deprived areas in comparison to the least deprived areas. In addition, for the parental reported problems, psychological problems were reported more frequently than emotional problems. The study uncovered a strong association between child psychological issues and the context of the area where the children lived which Reijneveld *et al* (2010) believe requires further investigation for full understanding and explanation.

The physical aspects of neighbours, including available amenities and community spaces, impact child and family well-being. A study conducted in the USA by Kottyan *et al* (2014) set out to establish perceptions of the quality of, and obstacles to, childhood physical activity including play in a disadvantaged community. The study sample comprised of 1047 children attending elementary school in two disadvantaged schools, data collection consisted of parental reported survey and the response rate was just 35%. Results showed that on school days 41% of children spent more than 2 hours watching television, playing video games or spending time on the computer according to parents. Although over half of surveyed parents reported that their children got more than two hours of physical activity on a school day, 14% reported that their children got less than one hour. This finding contrasts with the WHO recommendation of a minimum of 60 minutes of physical activity a day for optimal health for children of this age group (WHO 2014). Most significantly, parents reported barriers to physical activity which related to the environment in which they lived, and these were neighbourhood violence, lack of organised activities for children in the area, scarcity of safe local playgrounds and the cost of extracurricular activities for children. Neighbourhood safety was identified as the primary barrier to physical activity and play for children in the study and for this reason Kottyan *et al* (2014) concluded their paper with the recommendation for the development

of a community-supported Safe Play Day programme which could encourage and facilitate safe physical play for children.

Following an amplified focus on disadvantaged communities and the introduction of area-based initiatives Barnes and Cheng (2006) chose to look at neighbourhood deprivation and other family components as predictions for children's behaviour problems in a cohort of 463 children aged between 5 and 12 years, all of whom were living in a disadvantaged area in the UK. These researchers hypothesised that an exclusive focus on the neighbourhood can potentially mask interactions between family characteristics and their surroundings. Structured questionnaires were distributed to the children's primary carers in addition to a face-to-face interview in the home which explored issues such as the family, parenting, parental personality, parental mental health and child behaviour. Results from the study uncovered a strong association between parental mental health issues and child behaviour problems. Younger children were found to have more conduct problems, and boys had more behaviour problems and less prosocial behaviour. Local social networks were found to be unrelated to child behaviour problems. Upon further analysis, researchers also found that parental mental symptoms may result from an interaction between personalities; for example, how one responds to the world and their experience of stress in the world. Barnes and Cheng (2006) summarised that the places where people live are important and that people within areas differ. For this reason, factors affecting community cohesion need to be considered and invested in so that a greater incentive is created for residents to engage with their surrounding neighbourhood.

In Australia, Crawford *et al* (2008) examined the relationship between neighbourhood socioeconomic status and features of public open spaces which influence children's physical activity. Although the main foci of this study was to examine the relationship between children's physical activity and their access to public open spaces it is an exciting study from the perspective of neighbourhood characteristics as it compares areas of disadvantage to areas of affluence. As highlighted earlier in this chapter, the areas in which people live, including accessible amenities and environmental features significantly affect individuals' well-being. Crawford *et al* (2008) utilised a combination of participants' geo-coded addresses and a pre-existing data set detailing which identified all public open spaces within an 800m radius of each participating child's house. The pre-existing data set was provided by the Australian Research Centre for Urban Ecology. The research team visited each identified public open space for individual detail audit over a three-month period. Following analysis of all gathered data, the study found that

areas of disadvantage had fewer amenities, fewer trees, less walking and cycling paths, less lighting and less signage than more affluent areas. Crawford *et al* (2008) concluded that disadvantaged areas identified in their study had fewer amenities to support children's physical activity and therefore their health and well-being. However, results from this study also indicate that less investment and funding is being directed towards the environments of disadvantaged areas, and this, in turn, impacts the well-being of people who live in these environments. Although this study offers a detailed objective view of the environmental aspects of a disadvantaged area, it does not explore how residents of the area feel about their neighbourhood or how they view the area in which they live.

Discrimination is often associated with disadvantage; however, Bradshaw *et al* (2016) believe that the association is poorly understood and for this reason conducted a study with school-aged children who live in disadvantaged communities in Ireland. The aim of the study was to examine the impact of perceived discrimination on well-being, perceptions of safety and school integration amongst the children. The study sample comprised of 199 children aged between 10 and 13 years who attended schools in disadvantaged areas in Limerick, Ireland. Data was collected by means of survey distribution to children, completed while in school. Results showed that perceived discrimination is negatively associated with well-being, integration into school and perception of area safety. Parental support was identified as an essential buffer between perceived discrimination and perceptions of area safety. Family support was positively associated with community identity and negatively associated with perceptions of discrimination. In conclusion, Bradshaw *et al* (2016) put forward that results indicate that perceived discrimination is associated with adverse outcomes in school integration, perceptions of area safety and levels of well-being in children who live in disadvantaged areas. Findings from this study indicate that there is a need for the development of supportive environments for children who are growing up in disadvantaged areas.

2.9.2 Impact of disadvantage on child health and well-being
As already deliberated, poverty and disadvantage are inherently linked; therefore, this section will discuss how disadvantage as a whole, including poverty, can impact on children's health and well-being.

Growing up in circumstances which are considered disadvantaged, either living in poverty or experiencing disadvantage from an economic, social or cultural perspective has adverse effects on children's health and their well-being. It is also currently

understood that children who live in poverty are more likely to become overweight, suffer from asthma, have tooth decay, perform poorly at school and die in an accident (Wickham *et al* 2016). Children who live in disadvantage and experience poverty not only experience more health issues in childhood, but aspects of socioeconomic disadvantage become biologically incorporated through critical periods of development in their lives, which leads to poorer health outcomes in adulthood (Conroy, Sandel and Zukerman 2010).

A Swedish study by Agahi, Shaw and Fors (2014) examined the association between social and economic childhood conditions and health problems in later life. A longitudinal data set was created by merging two national surveys which yielded a data set ranging from 1968 – 2004 (n = 1765). Following a detailed analysis, results showed that social and economic disadvantage in childhood was associated with earlier onset and faster progression of health problems in adulthood. More specifically, data revealed that variances in educational attainment were clearly linked with childhood disadvantage and future health trajectories. In Ireland, inequalities in education among children and young people who live in disadvantaged areas are well documented (see Hanafin and Lynch 2002, Weir and Archer 2005, Downes 2011, Ivers and Downes 2012). The findings from Agahi, Shaw and Fors (2014) highlight the need for equal opportunities for educational attainment for all children, especially those who live in disadvantage. Flynn (2007) has analysed the issues associated with educational disadvantage from an Irish perspective and specifies that the level of educational disadvantage experienced by children is influenced not just by socio-economic status but also by the health and well-being of the family unit itself. She believes that in order to establish equal educational opportunity, children who live in disadvantage require early intervention in the community, the home and the school so that their educational journey can be supported adequately.

In the USA, Delany-Brumsey, Mays and Cochran (2014) conducted a study to evaluate how neighbourhoods directly impact child and adolescent behaviour problems and also how neighbourhoods moderate the influence of family characteristics on children's behaviour. The overarching aim of this study was to create a greater understanding of how the family and the neighbourhood environment collectively shape child and adolescent behaviour. Survey data comprising of 3,085 households across 65 different neighbourhoods in Los Angeles was utilised in combination with the Los Angeles Neighbourhood Services and Characteristics Database. Within these datasets various measures were recorded, including child behaviour problems, residential stability, neighbourhood socioeconomic disadvantage and social capital. All data gathered was

reported on by the child's mother. Data was analysed separately for children aged between 5 and 11 years and adolescents aged between 12 and 17 years. Results indicated that female children had fewer externalising symptoms in comparison to male children as reported by their mothers. Children of mothers who reported more parenting-related stress had higher levels of behaviour problems. Children of mothers who reported more depressive symptoms had higher ratings for internalizing and externalizing problems. Findings from Delany-Brumsey, Mays and Cochran (2014) indicate that living in a disadvantage area is associated with more behavioural problem for young children in comparison to children who live in more advantaged areas.

A variety of disparities in relation to child health are evident in the literature. Bauman, Silver and Stein (2006) conducted research to test four such disparities (poverty, ethnicity, low parental education and not residing with both biological parents) and their cumulative effect on child health. In addition, Bauman, Silver and stein (2006) also examined whether or not access to health care reduced such disparities. Using a large sample size of 57,553 children, statistical analysis found that children who lived in poverty had poorer health than those who lived at, or above the poverty line. Low parental education was associated with lower ratings of child health. Children who did not live with two parents had poorer child health ratings than children who lived with two parents. Black children, Hispanic children and children from other ethnicities were more likely to have a health rating of poor or fair than white children. Children living below the poverty line were more likely to have a chronic condition than children living at, or above the poverty line. Results also indicated that children of parents who had a lower level of education and children who did not live with both parents were more likely to have a chronic condition. This study highlighted that the accumulation of social disadvantage among children was strongly associated with poorer overall health for children in the sample and that having health insurance did not reduce observed health disparities.

Accounting for a total of eight social risk factors Larson *et al* (2008) examined the strength of association, individually and cumulatively, of selected risk factors on parental reported child health status. Utilising telephone survey data from the National Survey of Child Health (n=102,353) Larson *et al* (2008) conducted complex statistical analysis of cross-sectional data and results showed that the percentage of children who were in poorer health increased with the number of risk factors across all health outcomes. More than half of the children had greater than two risk factors, and a quarter of the children surveyed had four or more risk factors. Low maternal health was identified as increasing the odds of less than very good child status, a finding similar to that of Delany-Brumsey,

Mays and Cochran (2014). Low household education was also identified as increasing the odds of poorer child health which again is in line with findings from Bauman, Silver and Stein (2006). Larson *et al* (2008) also found that unsafe neighbourhoods and lack of insurance contributed to the likelihood of poorer child health. Collectively findings by Larson *et al* (2008) support the hypothesis that multiple risks create a cumulative impact on parental-reported child health status when compared to just one risk alone.

Most of the published literature related to the effects of disadvantage on children's lives is of a quantitative nature however Attree (2005) conducted a systematic review of the available qualitative evidence reporting children's subjective accounts of living in disadvantaged areas. Findings from the review identified friendship as an essential aspect of children's accounts of living in disadvantage, especially having dependable friends. Children from low-income families described wanting to keep up with current trends and the difficulties associated with this. The desire to keep up with fashion trends among young people living in disadvantaged areas has previously been identified by Davis and Ridge (1997). Views related to the local neighbourhood in Attree (2005) were found to be associated with the areas social characteristics and children expressed a strong psychological facet to the experience of place. Findings also showed that family relationships are crucial resources in the lives of children who live in disadvantaged areas. Children of various age groups identified practical aspects of parental care as being central to their lives, in particular, the role of their mothers in their lives. This is a similar finding to Mitchell and Green (2002) who found that mothers played a very crucial role in the lives of young mothers, living in disadvantage, who were trying to navigate being a single mother at an early age in their lives.

From her review Atree (2005) summarising how three central domains of children's lives (family relationships, friendships and the neighbourhood environment) were all crucial to reducing the impact of disadvantage however these domains are also constraint by hardship which in turn impacts children's health and well-being. Although it was identified from the review that that friendships and neighbourhoods helped to mitigate the impact of disadvantage on children's well-being, children's accounts from the review indicated that such resources were not exclusively supportive or protective. In the concluding section of her review Attree (2005) places emphasis on the paucity of research related to children's subjective experiences of living in disadvantage, therefore, children's experiences remain on the fringe of evidence-informed policy.

Advancing her work Attree (2005) has also explored low-income parents' experiences of support networks in the context of living in poverty. This research has identified that natural occurring support systems provide material and emotional help to parents however sometimes this comes with significant drawbacks such as availability and negative associations for poorer families. Low income single mothers were found to be more dependent on support networks than two parent families and socially isolated women were least likely to seek professional help. Attree (2005) believes that formal support services can potentially fill the gaps of informal support systems for families that live and experience disadvantage however parents' perspectives are essential to informing the design, implementation and evaluation of such services. Some qualitative research studies have explored children's perspectives on policy and identified that improved social and leisure activities along with spaces to play are top priority for children who live in disadvantaged areas (Morrow 2003). Children have also reported that increased family income could improve their lives through the provision of holidays, social activities and better housing (Attree 2005).

2.10 Chapter summary

The aim of the current study was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. This chapter has provided an overview of childhood, the family, poverty and disadvantage as these concepts are directly linked to the subject matter in this thesis. This chapter has also provided a synopsis of the current study and its associated background. In addition, this chapter has presented a critical narrative review of national and international literature related to the three key topic areas of interest to this research namely the family, child health and disadvantaged area. The next chapter, Chapter 3 will explore the theoretical framework which guided the design, implementation and analysis of the research. It will also provide detail regarding how the theoretical framework was developed for the study.

Chapter 3: Developing A Theoretical Framework: Bronfenbrenner and Family Systems Theory

3.1 Introduction

Within research, the conceptual aspects of a study are described by various means such as theories, models, concepts, schemes and maps. When reading about qualitative research, one will commonly come across references to a study's 'theoretical framework' and / or 'conceptual framework'. While these terms are often used interchangeably, the distinction between the two is not apparent. Green (2014) believes that there remains a paucity of literature adequately explaining the difference between the two and how exactly they should be used within research. Various schools of thought exist regarding when a researcher should identify and define the theoretical or conceptual framework which they intend to employ for their study. One view submits that it should follow the literature review since the literature should help to identify the most suitable framework for the study and the other believes that it should be identified before the literature review in order to guide the identification of the most suitable literature to appraise. In any respect, the primary concern of the researcher when choosing a theoretical and / or conceptual framework is that the chosen framework should be relevant to guide the study adequately and produce valid results (Akpabio 2015).

3.2 Theoretical frameworks in qualitative research

The relationship between qualitative research and theory has been described as varied (Padgett 2017). Holloway and Galvan's (2017) straight forward definition of theory as it relates to qualitative research, describes theory as a framework that is useful to understand the phenomena under investigation. Theoretical frameworks can assist the researcher in the formulation and refinement of the research question, help to underpin the research or can be the outcome of the research process (Simons 2009). Within the literature the use of theory is described as essential from the beginning (Wu and Volker 2009), the scaffolding which frames the study (Merriam and Tisdell 2016) or necessary for organising the conclusion of the findings (Creswell 2013). Conceptual frameworks, on the other hand, represent a less formal way of organising phenomena than theoretical frameworks, and one notable distinguishing feature is the absence of a deductive system of propositions (Polit and Beck 2008). Conceptual models tend to be more loosely structured than theories and allow for a more inductive approach to design and analysis. Ravitch and Riggan (2012) believe that conceptual frameworks within research facilitate reasoned and defensible choices about how a phenomenon was approached for exploration by offering a critical lens through which to view the phenomena of interest.

Furthermore, Akpabio (2015) describes how conceptual frameworks are used to provide structure for the interpretation of information within a research study, thus achieving a deeper understanding of the phenomena of interest. Despite all of this however, it remains that there are no clear guidelines or indeed a consensus regarding the utilisation of theoretical or conceptual frameworks within qualitative research and differing perspectives persist (Sandelowski 1993).

3.3 Theoretical frameworks in case study research

Opposing viewpoints exist between the two main devotes of case study research (Yin and Stake) in relation to the use of theory in case study research. Yin (2014) believes that theory is desirable from the very beginning and especially prior to the commencement of data collection as it helps to guide the types of data required for the case study (Yin 2014). He describes theory as acting as a 'blueprint' for the study from beginning to end, inclusive of data analysis. Yin also acknowledges that for certain topics, existing works may provide a very suitable theoretical framework for designing a specific case study (Yin 2014). Simons (2009) acknowledges that there are both advantages and disadvantages to adopting a theoretical framework to guide data collection and analysis. She identifies that having a theoretical framework at the commencement of case study research provides security, focus and makes data analysis a straightforward task. Simons (2009) however warns that the rigid use of theory from the outset can potentially lead to false consensus by making the data fit the framework or by the researcher failing to see the unexpected.

Stake (1995) on the other hand advocates a more flexible approach to the use of theory in case study research. He believes that during the development of research questions the researcher brings with them 'etic issues'. These 'etic issues' are the researchers own issues, brought in from the outside by the researcher and may comprise of issues associated with the larger research community, colleagues or other writers (Stake 1995). Stake also describes 'emic issues' which are the issues of the actors or the people to whom the case belongs. These he believes are issues from the inside. In case study research Stake (1995) suggests that as the research questions draw understanding, the researcher restates the issues as assertions which take the form of 'petite generalisations' usually focusing on the single case and occasionally taking the form of 'grand generalisations', usually referring to a larger population of cases. In addition, Stake (1995) also describes naturalistic generalisations which he says are special kinds of generalisations that are formed by the reader of the case study report.

There is much debate evident and yet no clear agreement in relation to the use of theory in case study research. Hammersley, Gomm and Foster (2000) believe that the relationship between theory and case study depends on what kind of theory one is considering and also what one means by theory. Padget (2017) proposes that variety in the meaning of theory exists due in part to the differing degrees of explanatory ambition but also due to the level of conceptual abstraction and openness to interpretation. Thomas (2016) supposes that rather than adopting a particular theory for use in case study research the researcher should seek to link their case study to 'phronesis', an ancient Greek term meaning practical wisdom. Some advocates of case study research propose that there is not an absolute need to use a theoretical framework for case study, suggesting that perhaps doing the case study research and seeking to identify the topic of interest might just be enough (Tight 2017). Overall, debate persists concerning the place and the use of theory in case study research and there is no harmonious agreement regarding whether a theoretical framework should be adopted in case study research and if so at what point along the research process.

3.4 Selecting a theoretical framework

Child and family health and well-being are increasingly at the heart of many disciplines and there are various ways of exploring, evaluating and measuring such entities of health and well-being (Aldgate 2010). For this research the focus of enquiry concerns child and family health and well-being perceptions and experiences. These perceptions and experiences needed to be explored in the context of living in a disadvantaged area and it was essential that the position of the child remained at the axis point of the study throughout. When contemplating the option to adopt a theoretical framework with a view towards helping to guide the design and development of the study, the researcher was cognizant that any chosen framework would need to feature the position of the child as central for the study. In addition, the chosen framework would also need to facilitate the influence of different contexts on the health of the child, if the study aim and objectives were to be achieved accurately.

The researcher had previously encountered Bronfenbrenner's ecological systems theory (EST) (Bronfenbrenner 1979) whilst exploring child health related literature. Bronfenbrenner's EST is a theory that operates as an 'open system' thus deeming it exceptionally suitable for use in qualitative research as it facilitates inductive reasoning (Padget 2017). Embracing the view of Merriam and Tisdell (2016) the researcher identified and selected this framework with a vision of using it as the scaffolding for the study design, implementation and appraisal. It is currently known that children's

experiences and skills are understood in the context of their development and their well-being (Aldgate 2010). These experiences and the development of skills in childhood occur through dynamic processes which are influenced by many different factors in the child's life. Children interact with their environment and in doing so, help to shape their health and well-being (Ben-Arieh 2010). The rationale for adopting an ecological perspective is that it offers a way to simultaneously highlight both individual and contextual systems and the mutually dependent relations between these two systems (Erikson, Ghazinour and Hammarstrom 2018). From a child-centred research perspective, ecological thinking is appealing since the child does not exist in isolation, but with their family and as a family unit they exist within a broader social context which contributes to their life experiences. These are the attributes which the researcher identified within the EST and thus deemed it suitable for this case study research.

3.4.1 Ecological Systems Theory (EST) by Bronfenbrenner

Bronfenbrenner's EST was formulated by psychologist Uri Bronfenbrenner to explain how children's growth and development is affected by everything around them. The EST model consisted originally of four subsystems, namely; microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner 1979). Bronfenbrenner portrayed these levels of environment as being nested into one another and viewed each system as arising from a setting. He defined a setting as "a place where people can readily engage in face-to-face interaction" (Bronfenbrenner 1979 p. 22). The EST framework places emphasis on the importance of studying the child in the context of multiple ecological systems in order to fully understand their development and therefore presents with the child at the centre, surrounded by four influencing structures or ecosystems, the most influential and intimate of which is closest to the child (see Figure 3.1).
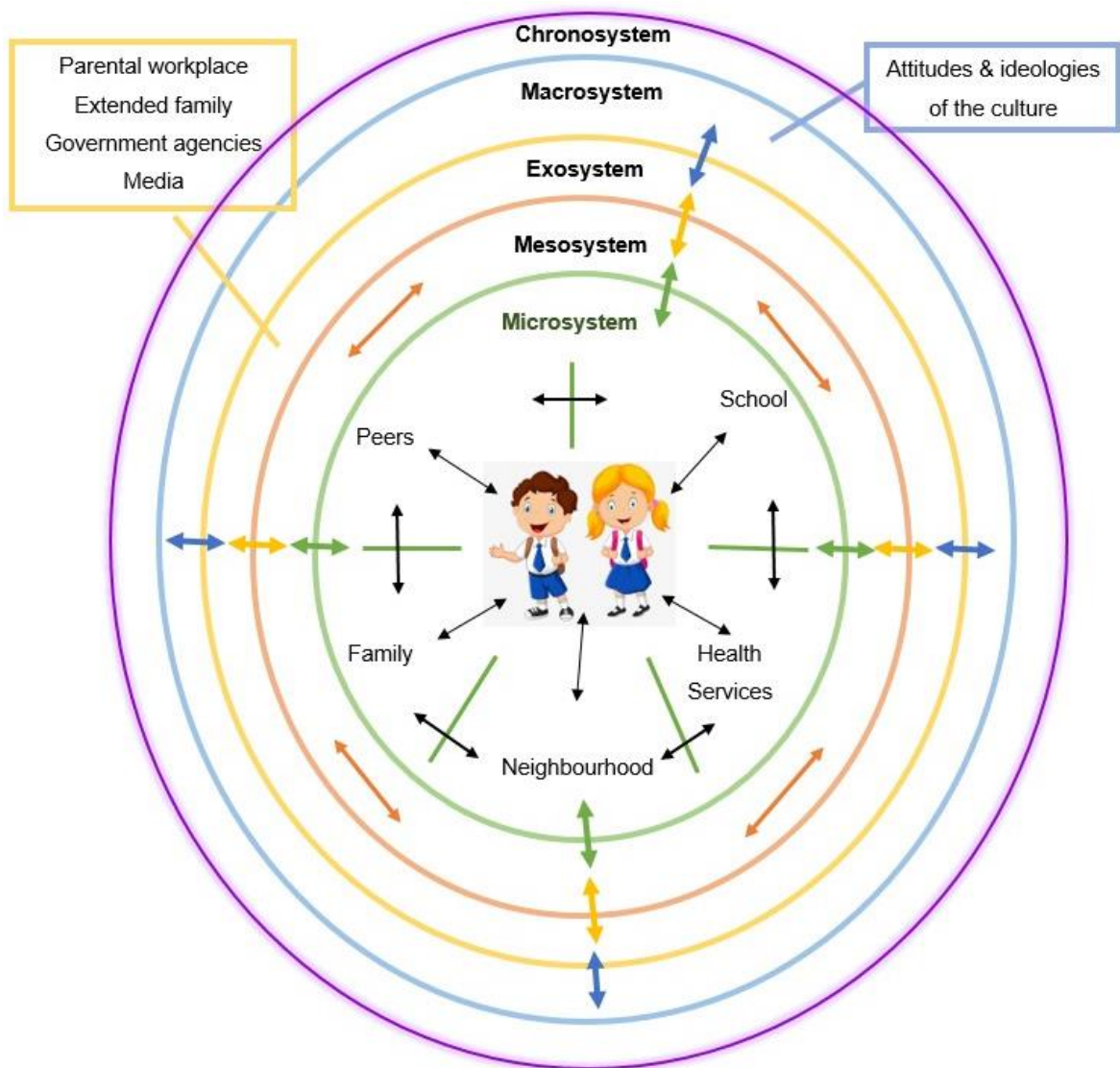
Figure 3.1: Ecosystems surrounding the child in Bronfenbrenner's Ecological Systems Theory (EST)

In order to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage, it was imperative that the study's framework took cognisance of the child's social experiences and how such experiences are constructed. The construction of social experiences for children and families who live in disadvantaged areas cannot be understood adequately without investigating the interconnectedness between multiple layers of social structure, and Bronfenbrenner's EST facilitates this.

Microsystem

> This is the level most intimate to the child and the most influential on the development of the child. "A microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting

with particular physical and material characteristics" (Bronfenbrenner, 1979 p. 22). The family is in itself a social institution and one which provides the foundation for children to learn how to navigate and fit into society (Paat 2013). The family is one of the most intimate microsystems for the child and within the family parenting practices, and family dynamics help to shape children's perceptions and life experiences. The microsystem is the place where the face-to-face interaction occurs for the child. Watling-Neal and Neal (2013) describe the microsystem as the position where the child plays a direct role, has direct experiences and has direct social interactions with others. The activities, roles and interpersonal relations combine together as the elements that make up the microsystem. In this system, the child who lives in a disadvantaged area experiences their day-to-day reality and their immediate socialisation.

Mesosystem

This system involves the interaction of the microsystems. "A mesosystem comprises the interrelations among two or more settings in which the developing person actively participates" (Bronfenbrenner, 1979 p. 25). The mesosystem represents the interconnections between microsystems and is formed or extended when the child enters a new setting (Rosa and Tudge 2013). It can be viewed as a type of buffer between systems. Onwuegbuzie, Collins and Frels (2013) describe the mesosystem in terms of connections among context such as the relationship between family experiences and school experiences, and between school experiences and neighbourhood experiences.

Exosystem

The exosystem contains environmental elements that influence a child's development, although the child is not directly involved with them. "An Exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that effect, are affected by, what happens in the setting containing the developing person" (Bronfenbrenner, 1979 p. 25). The exosystem characterises links between the social setting in which the person does not have an active role to play and the person's immediate context (Onwuegbuzie, Collins and Frels 2013). For children who live in disadvantaged areas and experience poverty, it has been suggested that the exosystem of most significant relevance is the parental social support network and the overall neighbourhood context (Keegan Eamon 2001).

Macrosystem

The macrosystem is the largest and most remote system from the child. "The macrosystems refers to consistencies, in the form and content of lower order

systems that exist, or could exist, at the level of the subculture of the culture as a whole, along with any belief systems or ideology underlining such inconsistencies" (Bronfenbrenner, 1979 p. 26). In essence, the macrosystem refers to the collective contextual patters of the systems that exist at a level of culture or subculture (Reifsnider, Gallagher and Forgione 2005). Rosa and Tudge (2013) highlight that the fundamental differences between the macrosystem and the other levels of context is that it embraces the institutional systems of a particular culture or subculture for example economic, social, education, legal and political systems. Macrosystems evolve over time as they are developed temporally (Onwuegbuzie, Collins and Frels 2013) and although distant, they provide the context in which parenting takes place (Paat 2013). For children who live in disadvantage, the macrosystem may comprise of people and places that although are distant from the child they still have significant influence on the child's life. The macrosystem is composed of values and cultural patterns which can change over time. The attitudes and ideologies of the culture are relevant in this system. The macrosystem can evolve and change with generations, and new macrosystems can be formed. It can be thought of as the blueprint for a particular societal culture or subculture (Bronfenbrenner and Ceci 1994).

Chronosystem

In addition to the four core systems of EST, Bronfenbrenner later introduced a fifth system, the chronosystem, into his works (Bronfenbrenner 1986). The chronosystem is a system which represents how change, or continuity, across time, can influence all of the other systems. The family moving to a new house, the child moving school, parental separation, are all examples of transitions that could be in the chronosystem. In addition to experiences stemming from the external environment within the chronosystem, children may also have biological experiences from within themselves, for example, puberty or illness. The main characteristic of such an experience or event is that "they alter the existing relation between the person and the environment, thus creating a dynamic that may instigate developmental change" (Bronfenbrenner 1989, p. 201). Bronfenbrenner (1986) emphasis that the simplest form of chronosystem concentrates around a life transition and elements of a chronosystem can influence on a child's development indirectly by affecting family processes.

3.4. 2 The application of Bronfenbrenner's EST in research
The EST approach highlights the importance of considering the multi-layered nature of children's lives including their health, well-being and development over the life course

(Bronfenbrenner and Morris 2006). Children, with their family, interact with the systems and subsystems and in doing so, encounter facilitators and barriers alike. Ben-Arieh (2010) suggests that these facilitators and barriers could be considered as indicators of child well-being. By adopting an EST framework, the study presented in this thesis embraces a whole-child perspective which concurs with the principles of the National Children's Strategy (Government of Ireland 2000). Utilising Bronfenbrenner's EST as the framework for research enables the researcher to conceptualise the phenomena on five different levels. Bronfenbrenner's EST has been successfully utilised as the primary theoretical framework in other research concerning the lives of children for example in the Growing Up in Ireland (GUI) study. The GUI study adopted Bronfenbrenner's EST specifically to capture a strong sense of children's individuality in addition to the complexity and diversity of their lives (Greene and Harris 2011).

EST is useful for researchers who are interested in understanding individuals in context, and it is among the most widely adopted frameworks for studying individuals in their natural environment (Watling-Neal and Neal 2013). Children and families who live in disadvantaged areas do not exist in seclusion but rather are embedded into a larger social structure interconnected with other institutions and domains therefore EST was a suitable framework for the research in this thesis. Children who live in disadvantaged areas experience unique life challenges generated in part as a result of the context in which they live thus further affirming the suitability of the approach for this study. Another reason for choosing Bronfenbrenner's EST as the framework for this research is that viewing the world through systems naturally lends itself to case study research (Thomas 2016) which is the chosen methodology for this study (detailed later in Chapter 4). Within case study research the aim is to view the case in its entirety, as a whole, and within Bronfenbrenner's model, the aim is similar in that it strives to view the world of the child in its entirety, keeping the child at the centre at all times.

Bronfenbrenner EST places emphasis on the child's interpersonal and social relationships. It is based on the propositions that humans develop through the processes of complex interactions between people and their immediate environment. These are referred to as 'proximal processes' and their content, power and form have a direct effect on development (Bronfenbrenner 1992). Bronfenbrenner (1992) further explains that the extent to which proximal processes affect development varies according to the characteristics of the developing person, the environment and the nature of the development outcomes considered. The research presented in this thesis is concerned with the health and well-being perceptions and experiences of school-aged children and

their families from disadvantaged areas therefore the children's interpersonal and social relationships are relevant to the phenomena under investigation and Bronfenbrenner's EST facilitates this exploration.

3.5 Family System Theory (FST)

The merits of Bronfenbrenner's EST and its application for the study presented in this thesis have been explored. The researcher in consultation with her supervisory team identified the EST as a valuable foundation upon which to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. However, the author as an RCN was conscious that within nursing, health and well-being assessment or exploration with the child normally necessitates an appraisal of the family structure of that child (Haefner 2014). With this consideration in mind, the author decided to operationalise the selected framework of EST in conjunction with Family Systems Theory (FST) (Bowen 1972, Bowen 1978) since FST offers an ideal framework to view the individual as part of the family (Haefner 2014).

Families of various forms all exist within communities and on a larger scale, societies. Family theory is useful to help to describe families and to understand how family's function. Furthermore, family theory provides a common language for discussion about families and provides propositions for application and research direction (Day 2010). There are many theories about family, each making its own specific assumptions about the family and each theory has its individual strengths and limitations. Day (2010) highlights a variety of key principles which are shared amongst family theorists and theories, these are presented in Table: 3.1 on the next page.

Key principle	Summary of principle
Reductionism	Focuses on small parts of the system, pragmatic but has significant limitations.
The family unit as a whole	The individual is not the primary focus of interest; the family unit is viewed as a 'whole'.
Families are goal directed	Families as a collective form an entity and are goal directed.
Families are systems with boundaries	Common to all systems thinking, families develop, use and maintain their boundaries.
Families reaching goals	Family members are more successful in reaching goals when they focus on the 'how and what' part of life rather than the 'why'.
Change happens	Family structure, members and interactions between members change over time.
Families are connected	Family development is influenced by their connectedness to proximal and distal communities.
Anticipating transitions in family life	Unexpected family transitions tend to have a negative influence on family goal achievement.
Epigenesis occurs in family life	What happens in early life impacts on later life.
Families can maximise resources	When individuals make rational choices, they maximise self-interest thus resulting in most personal reward.
Equality in resources	Stronger relationships amongst partners are characterised by equal regard to the resources which they bring to the relationship.
Inequality creates conflict	When resources are not equally distributes amongst family members, conflict arises.
Families struggle with resource allocation	All families struggle with the allocation of resources.
Consensus decreases strain	When family members have a consensus about what should occur in a family role, the family member performing the role will experience less stress.

Table 3.1: Key principles shared amongst family theorists and theories (adapted from Day (2010) Chapter 3)

Cheal (2002) describes how the family is the adaptive unit which mediates between the individual and society. It is the family that meets the needs of the individual for personal growth, development and also for physical and emotional integrity. McGoldrick, Gerson and Petry (2008) put forward that the family is the primary and most powerful system to which humans belong. They explain that a systematic perspective takes the view that family members as intertwined in one another's lives and it views all members of society as ultimately connected. FST is derived from general systems theory (von Bertalanffy 1968) and cybernetics (Weiner 1948, Bateson 1972), and is based on the idea that universal principles of organisation govern the functioning of all systems. The first fundamental concept within general systems theory is the notion of interdependence which refers to the interconnectedness of the component systems (for example, the child or parent) with a system (for example, the family). The second fundamental concept in general systems theory is that of mutual influence: behaviours of one component ripple across the whole system (Corwyn and Bradley 2005). It is important to remember that systems theory is not just one individual theory but rather it is a set of principles about how systems are organised and how they function as previously outlined in Table 3.1.

FST was one of the first all-inclusive theories of family systems functioning presented by Dr Murray Bowen in the 1950's (Bowen 1972, Bowen 1978). In FST, the family is viewed as a whole that is more than the sum of its parts. Whitchurch and Constantine (1993) highlight that the concept of wholeness is central to FST as the system cannot be understood by examining its individual parts in isolation. Bowen's FST is comprised of eight interlocking concepts[9] which collectively impact on family functioning. The primary concept within Bowen's FST is 'differentiation of self and emotional fusion' which denotes the ability of the person to differentiate themselves from their family of origin and function autonomously whilst remaining emotionally connected to relationships of importance (Bowen 1978, Haefner 2014). The cornerstone of FST is that the family is a system which is continuously interacting with its members and its environment. The emphasis is on the interactions between the members; therefore, any change can impact upon the various members of the family.

When viewing the family through the system lenses, Broderick (1993) describes the family as "an open, ongoing, goal-seeking, self-regulating social system" p. 37. He elaborates to explain that individual family systems are shaped by their own unique structural features (size, complexity), psychological characteristics (age, gender, health)

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[9] See paper by Haefner (2014) for outline and description of Bowen's eight interlocking concepts and their application in nursing p.836.

and their sociocultural position in their broader environment. FST suggests that individuals in a family unit cannot be understood in isolation from one another. In essence, families are systems of interconnected and interdependent individuals, none of whom can be understood in seclusion from the system. FST takes cognisance of family roles, family rules, and how the family self-regulates in an effort to maintain equilibrium. The key assumptions of FST are summarised by Minuchin (1985) and are as follows:

- Family systems are an organized whole, and the elements within it are interdependent.
- Patterns within a family are circular, rather than linear.
- Family systems maintain stability in their patterns of interactions.
- Family patterns change over time.
- Sub systems make up complex systems.
- Individuals in families are concurrently members of many subsystems.
- Boundaries reflect the unspoken rules that govern family subsystem interactions.

(Minuchin 1985)

Family processes are shaped by parental and parent-child relationship interactions (Minuchin 1985). Barnett (2008) suggests that mother-father relationships need to be included when exploring family functioning in low income families even if the mother and father are not married, not romantically linked or do not live together. Minuchin's (1985) observations of processes of triangulation in family relationships has greatly contributed to the understanding of children's distress and their associated behaviour. In his works he describes three main processes of triangulation as conflict detouring patterns between the child and parents, they are;

- An alliance between the child and mother (who may confide in the child) and where the father distances himself by projecting his energies elsewhere for example in paid employment outside of the home.
- Competition between the parents for the loyalty of the child resulting in the child never being able to please both parents simultaneously.
- Pattern whereby the parents join together in mutual concern for the well-being of the child.

(Minuchin 1985)

Within the family system there exists subsystems which are smaller units of analysis such as the parental subsystem or the child-parent subsystem and one of their key tasks is the maintenance of boundaries (Day 2010). Dilworth-Anderson, Burton and Klein (2005) believe that FST has a more structural rather than functional perspective. They

believe that FST is useful to view a family as a set of separate relationships, all of which are connected in some important way. Each part of the system has boundaries that although are partially permeable, are "maintained to preserve the integrity of the system" (Dilworth-Anderson, Burton and Klein 2005 p. 42).

As previously explained in Chapter 1, the aim of the research presented in this thesis was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. By assuming a FST approach in association with Bronfenbrenner's EST the author envisaged that the phenomena under investigation could be viewed not just at an individual family level but rather at a wider societal and cultural level whilst keeping the child at the heart of the study.

3.6 Chapter summary

This chapter provided an overview of the contribution of theoretical and conceptual frameworks to qualitative research. For the study presented in this thesis two relevant theoretical frameworks namely Bronfenbrenner's Ecological Systems Theory (EST) (Bronfenbrenner 1979) and Family Systems Theory (FST) (Bowen 1972, Bowen 1978) were identified for use in conjunction with one another as the most suitable theoretical framework for this research. The next chapter, Chapter 4 gives a comprehensive account of the methodological, philosophical and ethical assumptions which underpinned the study.

Chapter 4: Methodology

4.1 Introduction

This chapter presents the lead up to the study's research question, the focus of the research, the selected design and methodology. The methodological issues and challenges pertinent to the study will be discussed. Subsequently, the philosophical and ethical underpinnings of this study will be examined which will collectively provide the rationale for selecting case study to answer the research question.

4.2 Focus of this research

Traditionally children's lives have been explored and understood exclusively through the eyes of their adult caregivers (Christensen and James 2008). However, in order to truly understand children's lives research design and methods now focus on research 'with children' rather than research 'on children'. Children are no longer looked upon as objects of interest but instead as subjects with unique perspectives (McAuley, Morgan and Rose 2010). Despite this shift in research foci there exists a need to address the broader determines of child health and well-being such as the circumstances in which children are born and live in, especially in vulnerable populations (DoH, 2013). Health and well-being are not evenly distributed across society and children who live in disadvantaged areas are notably underrepresented in literature pertaining to their health and well-being perceptions and experiences.

In the urban disadvantaged area where this research was conducted one in three children live in poverty (Axford *et al* 2004) which is significantly higher than the national average of one in five children living in poverty (Social Justice Ireland 2019). Previous research in the area asked the questions "How Are Our Kids" (Axford *et al* 2004), "How Are Our Families" (Murphy and Guerin 2012) and "How Is Our Neighbourhood" (CDI 2017). These research studies and subsequent reports provide detail in relation to disadvantaged areas and the challenges associated with raising children in such areas. The "How Are Our Kids" report (Axford *et al* 2004) provides socio-demographic information in addition to details pertaining to family relationships, living arrangements, education, employment, physical and mental health and services accessed by families who live in the disadvantaged area. Data generated by Axford *et al* (2004) was gathered via surveys and interviews with parents who live in the area. The "How Are Our Families" (Murphy and Guerin 2012) research was conducted to build upon previous work within the community and to identify risk and protective factors associated with child health and well-being. This follow on research was different in that for the first-time data was

gathered from young people aged between 12 and 17 years in the area via the inclusion of a youth survey. Key findings from the youth survey focused on family and peer relationships, health, self-perception, activities and financial resources. These were the first findings reported on by children in the area, and they provide a glimpse into what adolescents from the disadvantaged area feel about where they live and the circumstances in which they live.

Following on from "How Are Our Families" (Murphy and Guerin 2012) came "How Is Our Neighbourhood" (CDI 2017), a study about community engagement, connectivity and provision in the area. This study was based on consultation with community residents, people who were working in the community and young people. The voices of the local young people, aged between 12 and 17 years, were facilitated by means of an anonymous self-completion survey and youth focus groups. The agenda for the youth focus groups were informed and directed by previous research in the community. The aim of "How Is Our Neighbourhood" (CDI 2017) was to gain additional perspective in relation to the views and experiences of the young people who live in the disadvantaged area, in the context of their neighbourhood.

Similar research has been conducted nationally in other RAPID areas for example in Limerick (McCafferty, Humphreys and Higgins 2011) however research to date in urban disadvantaged areas has relied heavily on survey data and focus groups with key stakeholders. There has been a paucity of research with school-aged children who live in areas of urban disadvantage, despite the large child population of these areas. In order to provide suitable help for children and families who live in areas of urban disadvantage, it is imperative that a greater understanding about the health and well-being related perceptions and experiences of school-aged children and their families, who live in these areas is established. Acknowledgement of the gaps in current research combined with fieldwork experience on the larger longitudinal project prompted the researcher to ask the question "What are the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage?"

4.3 School-aged child

The study presented in this thesis concentrates on the 'school-aged child' which is frequently referred to as middle childhood (Franklin and Prows 2013). Middle childhood spans from 6 – 12 years of age (Huston and Ripke 2006, Franklin and Prows 2013) and is generally when the child begins to interact with the broader world around them for example with peers in school. It has been suggested that in the world of research, middle

childhood has been somewhat neglected and Greene *et al* (2010) propose that such neglect may be attributed to the perception of middle childhood as being a relatively settled period for children in comparison to other periods of childhood. Early childhood is typically characterised by rapid growth and development which exposes this period of childhood as being significant in the life of the child. On the other end of the spectrum of childhood, adolescence is personified by both vast physical and psychological changes, also highlighting this time period as important in the child's life. Middle childhood marks the intermediate time period in the life of the child, and although it may not be characterised by rapid growth or change it is none-the-less a time period of great meaning in the life of the child. Middle childhood is denoted by crucial physical, mental, social and emotional development, making it a key period in the life of the child. Middle childhood encompasses a very noteworthy period of development in the life of the child, and for this reason, its neglect in research is undeserved (Greene *et al* 2010).

4.4 Deliberation of research approaches

Good research depends, to a large degree, on the formation of a good question. The research question acts as a guide for the data that needs to be collected (Polit and Beck 2008) and in doing so, places emphasis on the most suitable approach needed for the research study. On a basic level, research approaches can be divided into two primary 'tents of enquiry' namely; quantitative research and qualitative research. Debate exists within the literature in relation to the merits and pitfalls of both perspectives, and this debate is a result of opposing research paradigms. Quantitative research assumes the position of positivism, and at the other end of the spectrum, qualitative research assumes the position of constructivism (Yardley and Marks 2004). In the arena of child health and well-being, Cooper (2014) believes that there is no solitary or most effective way in which to conduct research with children. Issues pertaining to child and family health and well-being have been investigated from a quantitative, qualitative and mixed methods approach. Although acknowledging this truth, Greene and Hogan (2010) favour the qualitative approach "since qualitative methods are suited to enquiry into children's unique and individual encounters with their worlds" p.g xi.

Most notably, qualitative research facilitates the understanding of complex issues such as well-being (Nicholls 2009a, Nicholls 2009b, Nicholls 2009c) and offers creative tools for the collection of data, which is of substantial use for studies concerned with child and adult populations. In order to answer the research question for the study in this thesis, a qualitative approach was deemed to be the obvious choice however it was not entirely

clear initially what methodology / design would be most appropriate to facilitate the study's objectives.

4.5 Qualitative research

The roots of qualitative research lie in the disciplines of sociology and anthropology (Merriam and Tisdell 2016, Padgett 2017) as it was sociologists and anthropologists who first asked questions about people's lives and went into 'the field' to observe people, to ask questions and to look at what was happening. A full understanding of qualitative research can only be achieved by considering its philosophical foundations; however, there is little consistency amongst writers in relation to this aspect of qualitative research (Merriam and Tisdell 2016). Crotty (2010) believes that the distinction between qualitative and quantitative research does not occur at the level of epistemology or theoretical perspective but rather at the level of methods. He believes that the justification of choice of methodology and methods is something that reaches into the assumptions about reality that researchers bring to their work (Crotty 2010). These assumptions about reality encompass issues which relate to the nature of reality and existence (ontology) and basic assumptions about knowledge itself (epistemology).

4.5.1 Epistemology

Epistemology is an area of philosophy concerned with the nature of human knowledge. Bengtson *et al* (2005) believe that epistemological concerns are basic to all fields of scholarship and are thus reflected in questions such as: what is knowing, how do we know what we think we know and how useful is what we know? It is an indication of the philosophical underpinnings of the study methodology that can refer to the knowledge assumptions of the researcher and also the participants (Williams 2016). On a basic level, the epistemological approach asserts that different people construct meaning in different ways, even when they are experiencing the same thing.

4.5.2 Ontology

Ontology, on the other hand, is a branch of philosophy concerning the nature of being and relates to assumptions about reality and existence. In essence, ontology is the study of 'being', and it is concerned with the nature of existence and the structure of reality (Crotty 2010). Epistemological issues and ontological issues are often discussed together because they are inherently interlinked. Ontological assumptions give rise to epistemological assumptions which leads to specific considerations for the methodological approach of a research study. It is from here that decisions are made in relation to instrumentation and data collection (Tight 2017).

4.6 The constructivist paradigm

A paradigm is a 'set of basic beliefs' (Guba and Lincoln 1994) that represent a particular viewpoint. Within research, paradigms are often characterised in terms of how they respond to fundamental philosophical questions such as:

What is the nature of reality? (ontology)

What is the relationship between the researcher and that being researched? (epistemology)

What is the role of values in the research / inquiry? (axiology)

How should the researcher obtain knowledge? (methodology)

(Polit and Beck 2008)

Guba and Lincoln (1994) explain that the set of beliefs are basic because they must be accepted on the basis of faith and that there is no way of establishing their truthfulness. This is what sets the constructivist paradigm apart from the positivist paradigm where phenomena have objective reality; facts can be separated from values and findings are viewed as accurate or valid (Slevitch 2011). Polit and Beck (2008) believe that the constructivist paradigm began as a 'countermovement' to positivism and that it represents a significant alternative structure of conducting disciplined research. In essence, construction is viewed as a social course that is shaped by participant culture and interpersonal interactions (Yardley and Marks 2004). Constructivists consider that reality is not a fixed entity, it is constructed by the participants and that reality, of which there are many, exists within context (Polit and Beck 2008). Within the constructivist paradigm, there are multiple social realities which are dependent on the human mind and which cannot be separated from individuals' interests, values or purposes. The belief also exists that social research cannot be value-free, and thus, facts and values cannot be separated (Slevitch 2011).

Child health and well-being are areas that are currently highly researched, and children's well-being is now being monitored and tracked over time through the use of child wellbeing indicators (Greene and Hill 2010). Despite this plethora of research, however, Bradshaw *et al* (2010) are mindful that there is a shortfall in children's subjective well-being which they describe as "the expressed views of children about their personal well-being and their relationships" p. 182. Current debate also exists about whether or not researchers ought to be concerned about subjective well-being since some disciplines consider it to be 'soft' and not 'firm' like its objective measured counterparts. In addition, confusion exists within the argument between subjective / self-reported and subjective /

qualitative, which are very different entities. Qualitative research is concerned with building knowledge (Sandelowski 1996), its foundations are built upon the epistemological premise that the inquirer can only offer their interpretation, which is based on values, interests and purposes, of the interpretations of others, which are based on their own values, interests and purposes (Slevitch 2011). The family is a unique group within society identifiable by certain characteristics such as privacy, intimate relationships, shared knowledge, experiences and traditions. Qualitative research is particularly suitable for the study of such a unique social group. The overarching aim of qualitative enquiry is to develop an understanding of the phenomena of interest from the perspective of the study participant(s).

4.7 Adopting a qualitative approach

All research begins with a purpose and a question and taking the time to think about the research question will generate a design solution (Thomas 2016). Yin (2014) highlights that defining the research question is the first most crucial step to take in a research study. Thomas (2016) goes so far as to state that the research question is the pivot for the entire research project, and its formulation is the starting point for any study design.

Adopting a qualitative approach to answer a research question is suitable when a problem or issue needs to be explored and when a detailed understanding of an issue needs to be established (Creswell 2013). Qualitative research has a very special role to play in helping to generate knowledge about health at a range of levels, and qualitative approaches to knowledge generation are primarily directed towards understanding more about a phenomenon, rather than measuring it (Green and Thorogood 2018). The focus of the study presented in this thesis is the health and well-being perceptions and experiences of children and families from disadvantaged areas, therefore, deciding upon a qualitative approach was the obvious choice. As highlighted previously in this chapter research focusing on middle childhood has been largely neglected to date therefore there exists a knowledge gap related to the health and well-being perceptions and experiences of children between the ages of six years and twelve years. Qualitative research is suitable to adopt when the researcher wishes to empower the participant to tell their story (Creswell 2013) and in the case of this study, empower the child who is in middle childhood to have their voice heard.

Creswell (2013) has outlined nine key characteristics of qualitative research. These characteristics helped the researcher to confirm that a qualitative approach was both

necessary and suitable to answer the research question. The characteristics and how they relate to this particular research study are detailed in Table 4.1.

Table 4.1: Creswell (2013, p.46) outlines nine key characteristics of qualitative research	
Key Characteristics	**How the characteristics relate to the study reported in this thesis.**
1. Research conducted in the natural setting	This research was conducted in the homes of the participating children and families.
2. The researcher is the key instrument in data collection	All three phases of data collection were planned and conducted by one researcher, the author.
3. Multiple methods	The hallmark of case study research is the use of multiple methods of data collection.
4. Complex reasoning going between inductive to deductive	Complex reasoning skills were utilised throughout the entire research process.
5. Focuses on the participants perspective	The theoretical framework developed for the study ensured that the foci of the research remained on the participants' perspective throughout.
6. Situated in the context of the participant	The context is an integral part of case study research thus the context in which the participants were situated was incorporated throughout the study.
7. Involves an emerging design	Data collection methods were confirmed during and following initial data collection. Case study research facilitates this approach.
8. Is reflective and interpretive	As an RCN it was important to the researcher that the perspective of the child would be to the forefront of this research and engaging a qualitative approach to the research design facilitated this.
9. Presents a holistic picture	The researcher wanted to present a holistic and complex picture of the issue selected for investigation. This included reporting several perspectives related to the topic, and this was achieved by including multiple family members in addition to multiple data sources.

The conclusion to adopt a qualitative approach to answer the research question, including the decision to utilise a case study approach to design the study ensued almost simultaneously. The next step for the researcher was to explore in detail the characteristics of case study research to ensure that this choice of design was the most suitable design for the study.

4.8 Case study: a method, approach or design?

There is much debate within the literature regarding case study, how it is viewed and indeed, how it is used within research. In the past, it has been suggested that nurses have not embraced case study since confusion existed between case study for the purpose of research and case study as a teaching and learning tool (Bryar 1999). Despite previous uncertainty, case study has been recognised as a useful form of enquiry for nurse researchers that can be used for a variety of populations (Gangeness and Yurkovich 2006). Current literature pertaining to case study for the purpose of research has firmly settled on the term 'case study research' (Casey and Houghton 2010, Swanborn 2010, Cronin 2014, Yin 2014, Thomas 2016, Holloway and Galvin 2017, Tight 2017, Houghton, Casey and Smyth 2017) therefore any ambiguity which existed previously has now been eradicated.

There are numerous definitions of case study available in published works, and evidently, disparities exist in relation to defining 'case study research'. Within the literature case study research is described as a research approach (Felton *et al* 2005, Luck, Jackson and Usher 2006, Rosenberg and Yates 2007, Holloway and Galvin 2017), a research approach and strategy (Jones and Lyons 2004, Walshe *et al* 2004), a research approach and methodology (Brophy 2008, McGloin 2008), a research methodology (Fisher and Ziviani 2004, Noor 2008) and a research approach, methodology and method (Baxter and Jack 2008). In addition to these 'case study research' is also described as a research strategy (Sandelowski 1996, Swanborn 2010), a research design (Thomas 2011), a research design frame (Thomas 2016), a research design and method (Baker 2011) and a research method (Bergen and While 2000, Zuker 2001, Richards and Morse 2013, Cronin 2014, Yin 2014, Casey and Houghton 2010). Furthermore, to this plethora of descriptions and definitions, Cronin (2014) suggests that case study research is a systematic enquiry, design, method and approach all in one. Although it can be complicated to navigate the literature relating to case study research, it is clear from its popularity that case study research is undeniably experiencing 'a renaissance' (Sandelowski 2011) in recent years.

4.9 Defining case study research

Although there exist a variety of definitions for case study research, the most notable definitions are by the two foremost advocates of the case study. Yin (2014) defines a case study as "an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident" (Yin 2014, p16.). On a more philosophical stance, Stake (1995) defines case study as "the study of the particularity and complexity of a single case" (Stake 1995, p.xi). He elaborates to say that the case "is a special something to be studied…an entity…it is something that we do not sufficiently understand and want to – therefore, we do a case study" (Stake 1995 p. 133).

Case study research is about examining a particular phenomenon within its real-life context. This type of research is described as being context-specific (Taylor 2013); therefore, it is the exact opposite of an experiment which deliberately separates a phenomenon from its context (Yin 2014). Tight (2017) suggests that case study research should be reserved for a particular type of research design, one whereby the focus is on an in-depth study of one or a restricted number of cases. The hallmark of case study research is its in-depth study of a particular phenomenon. Thomas (2016) highlights that case study research is about seeing something in its completeness by looking at it from numerous angles.

4.10 Approaches to case study research

Case study research is unique in that although it is situated primarily in the qualitative paradigm (Bryman 2017) it can, in fact, be either qualitative or quantitative or include elements of both in one single case study. Yin (2018), however, believes that the relationship between case study and qualitative research remains not fully explored. He attributes the core characteristics of case study, namely; the requirement for defining 'the case', the triangulation of multiple data sources and the ability to include quantitative data (if determined by the case), as placing case study far beyond being a type of qualitative research.

The origins of case study research lie in the social sciences (Yin 2014) and in particular, in social anthropology (Payne *et al* 2007, Simons 2009). In addition to these, case study research has also been successfully employed in other spheres such as in business (Ravenswood 2011), marketing (Easton 2010), education (Reis-Jorge 2007), environmental science (Minkler, Vasquez and Shepard 2006, Shrestha and Kazama

2007) software engineering (Runeson and Host 2009) and also in political research (Seawright and Gerring 2008).

Within the domain of Health Sciences case study research has been utilised in a variety of professional disciplines such as nursing (Williams, Burton and Rycroft-Malone 2013, Sangster-Gormley 2013, Gardner *et al* 2016, McGaughey *at al* 2017), primary healthcare (Schadewaldt *et al* 2014), occupational therapy (Salminen, Harra and Lautamo 2006), speech and language therapy (Hasson and Joffe 2007, Vance and Clegg 2012) and in sociological studies (Geenstein 2006, Noor 2008). Case study research has been described as a bridge across paradigms (Luck, Jackson and Usher 2006) due to its ontological, epistemological and methodological flexibility. Situated in the 'real-life' setting case study research affords particular attention to 'context' and this facilitates a detailed exploration of complex phenomena. Van Wynsberghe and Khan (2007) put forward that case study research is both transparadigmatic and transdisciplinary, therefore applicable to research across numerous disciplines and domains. There are a number of approaches to case study research and deciding on which approach to adopt depends on the research question, aim and objectives. Stake (2010) one of the two leading gurus of case study research, identifies three different approaches whereas Yin (2014) the other apostle of case study research describes four approaches with a subcategory of four design types. Table 4.2 outlines these approaches and design types.

Table 4.2 Approaches to case study research (Stake 1995, Yin 2014, Thomas 2016, Tight 2017)	
Stake (1995)	
Intrinsic	The study is undertaken because the researcher wants a better understanding of the particular case. The researcher has a particular interest in the case.
Instrumental	The case is examined to explain issues; the case is of secondary interest and plays a supportive role. The case facilitates understanding of a particular issue. The researcher has an external interest in the case.
Collective	A number of cases are studied together; there is less interest in one particular case; the cases studied together all have a common thread.

Yin (2014)	
Explanatory	The purpose of the case study is to explain how or why some condition came to be, or some sequence of events occurred or did not occur. Also known as causal case studies.
Exploratory	The purpose of the case study is to identify the research question or procedures to be used in a subsequent research study. Debates the value of further research.
Descriptive	The purpose of the case study is to describe a phenomenon in its real-world context.
Design types within case study: ➢ Single holistic case study (single unit of analysis) ➢ Single embedded case study (multiple units of analysis) ➢ Multiple holistic case study (single unit of analysis within each case) ➢ Multiple embedded case study (multiple units of analysis within each case)	

Yin (2014) specifies that there are five components relating to research design which must be present in case study research. They are:

1. the case studies question
2. it's propositions
3. it's unit(s) of analysis
4. the logic linking the data to the propositions
5. the criteria for interpreting the findings.

Yin (2014) believes that the research process is guided by 'propositions'. These propositions must be established prior to the planning of data collection and ideally should not change over the course of the study.

In contrast, Stake (2010) classifies case studies into three main approaches; intrinsic, instrumental and collective. Stake (2010) believes that in order to understand a case, an extensive examination of how things get done is required, the main focus is the case itself and not the actual methods by which the case operates. He believes that the research process is guided by 'issues' and these issues can be developed and refined alongside the research process. The primary similarity between the works of Yin and Stake is that they both base their approach to case study research within the constructivist paradigm. All qualitative researchers are philosophers guided by similar ontological, epistemological and methodological principles (Denzin and Lincoln 2008). The various approaches to case study research provide the researcher with choice in

relation to decisions that need to be made along the path of the research process. Following the establishment of the research question and its aims and objectives (propositions or issues), the next step is to establish what exactly is 'the case'.

4.11 Identifying and defining the case

Case study research is suitable for use to explore real-life experiences and situations (Stake 1995, Yin 2014). It is also a useful research methodology to adopt when exploring phenomena that have not been rigorously researched already (Polit and Beck 2008). It is thus fitting to choose case study research for this research since the phenomena of interest focuses on real-life experiences and also has not been investigated deeply previously. Case study research can be challenging to employ (Yin 2014) with one of its most fundamental aspects being the identification of 'the case' which needs to be established at the outset of the study (Yin 2014, Tight 2010, Thomas 2016).

When commencing a case study, it is imperative to define the case and context, even though the boundary lines between both are often unclear. In case study research the case can be an organisation, a person or a family (McGloin 2008). Yin (2014) describes four main 'types' of design within case study research and highlights the commonality between the four design types as the desire to analyses contextual conditions in relation to the case. The four design types described by Yin (2014) are single case holistic, single case embedded, multiple case holistic, and multiple case embedded as previously outlined in Table 3.2. One of the primary distinctions when designing a case study is between single and multiple case design. The decision to conduct a single or a multiple case study needs to be made prior to data collection. The case itself can be challenging to define since it is comprised of units of analysis which are often only apparent upon development and refinement of the studies objectives (Yin 2014). The case in the study presented in this thesis is the child and family who live in a disadvantaged area, and it is a single case. This single case is a 'common' case, the objective of which is to "capture the circumstances and conditions of an everyday situation" (Yin 2014 p. 52). In order to explore the phenomenon of interest, it became apparent to the researcher that she would need to design a study which could facilitate various family types, multiple family members, including adults and children. This design feature is what led to the single case becoming an embedded case. Yin (2018) explains that when sub-units of analysis are incorporated into the single case, a more complex design is created, thus transforming the case into a single embedded case study. The main unit of analysis of the case presented in this study is the participating families. The sub-units of analysis of the case in this study are the fieldnotes and archival records.

As outlined in Chapter 2, FST was used to inform the case study. It was necessary within the case study that the phenomena of interest were examined from multiple perspectives, as case study is about seeing something in its completeness and looking at it from many angles (Thomas 2016). Within FST, the family is viewed as a system, with interconnected and interdependent individuals. Individuals within the system cannon be viewed in isolation from one another thus it was essential that a multiple perspective was endorsed for the exploration of the health and well-being perceptions and experiences of the child and family who live in a disadvantaged area. In addition, the utilisation of FST within the study ensured that this phenomenon of interest could be viewed not just at an individual family level but rather at a more extensive societal and cultural level. A primary rationale for selecting case study for this research is that it supports and facilitates the investigation of phenomena from a variety of perspectives. The unit and sub-units of analysis within the case of this case study provide a multiple perspective of the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. By adopting an embedded single-case design, the combination of the unit and sub-units of analysis facilitated significant opportunity for analysis which in turn enhances the insights into the single case (Yin 2014). It must be acknowledged, however that one potential vulnerability of single-case design is the possibility that the case may turn out to be different from what it was thought to be at the onset (Yin 2014). For this reason, it is essential that careful consideration is given to the development of the studies objectives as these direct attention to what is to be examined within the scope of the study.

4.12 Identifying and defining the context

In the study, the context is of significant importance to the overall case study. The context is the disadvantaged area where the child and family live and it is comprised of, and influenced by economic, social, political and historical elements. Taylor (2013) highlights that the context-specific nature of case study research is one of its significant strengths. The study presented in this thesis was carried out in a RAPID, Strand 1 Area. As explained in Chapter 2, the RAPID programme is a Government initiative which targets the most disadvantaged areas in the Republic of Ireland. These areas are subdivided into RAPID Strand 1 Areas and RAPID Strand 2 Areas depending on the levels of disadvantage observed in specific areas. The area where this research was carried out is characterised by a significantly large youth population. Approximately one-third of the population is under 15 years of age, and just over half of the population is under 25 years of age. There is a high level of unemployment, a low level of educational achievement,

a high concentration of rented social housing and high levels of lone parent headed households (Axford *et al* 2004). Due to the social, political and economic features of the disadvantaged area, many of the children living in the area carry a disproportionate burden of the inequality and poverty which exists in Irish society as a whole. The case and context for the study are presented in Figure 4.1.

The Context

The Case
The child & family who live in a disadvantaged area

Influenced by: economic, political & social factors

Embedded unit of analysis: Participating families

Embedded sub-unit of analysis: fieldnotes

Embedded sub-unit of analysis: archival records
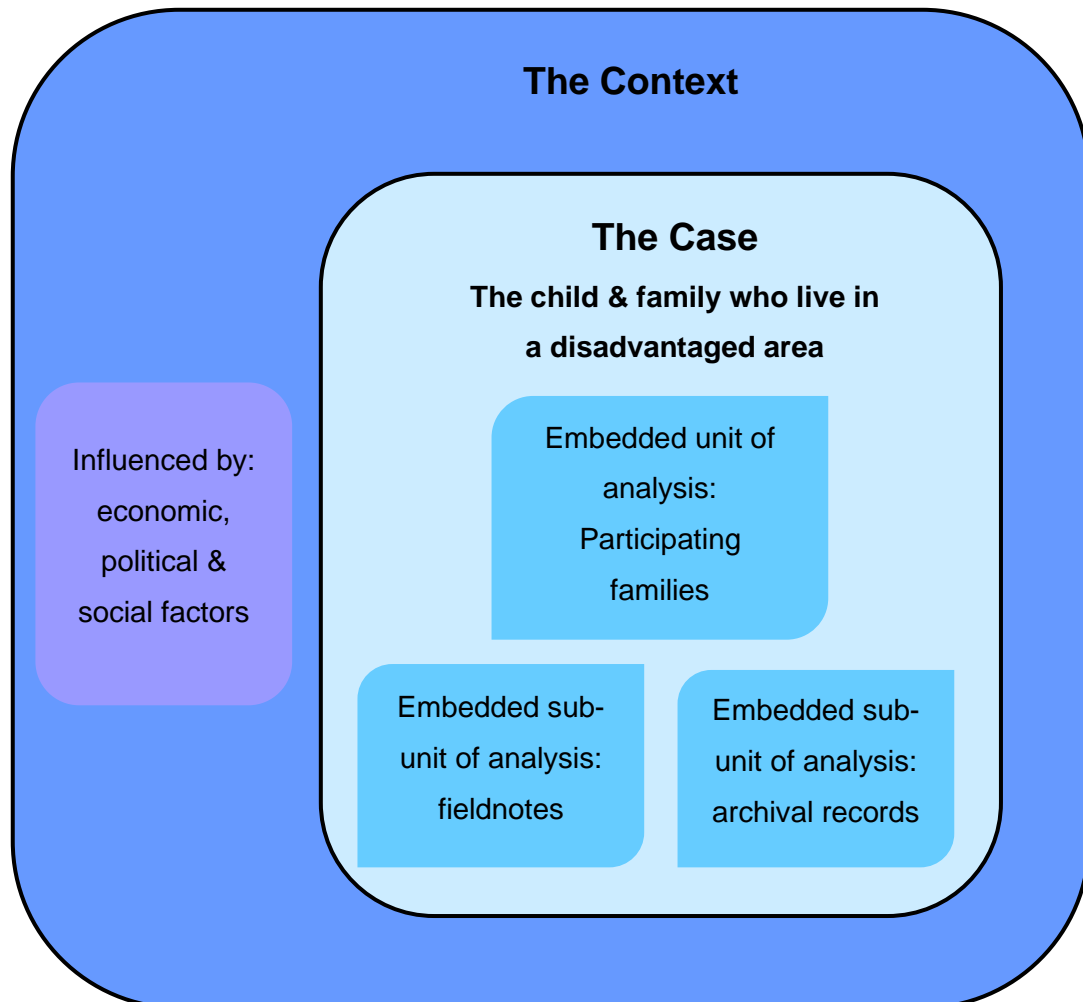
Figure 4.1: Outline of the case and context

4.13 Boundaries in case study research

Following the establishment of what the actual case is, it is essential to consider what it is not (Baxter and Jack 2008). Both Yin (2014) and Stake (1995) agree that it is crucial to set boundaries within the case study in order to establish the range of data collection and also to maintain clear lines between the case and its context. Thomas (2016) describes the case study as a frame that provides boundaries to a research study. He utilises the analogy of a searchlight beam. Everything at the end of the beam is lit up bright to see (the subject of interest), and the researcher studies what is illuminated. The beam of light has a boundary to it, an edge and the case study is defined by the edges that the researcher puts around the case, the direction in which the research goes and

how far (Thomas 2016). Njie and Asimiran (2014) note that binding the case is an important issue because it creates parameters to the case and thus enables a focused examination of the issues pertinent to the case itself. In addition to this, the establishment of a case boundary will ensure that the overall scope of the case study research remains reasonable (Tight 2017).

4.14 The case and context in this research

Case study has a number of merits that make it suitable for exploring the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. Firstly, according to Stake (1995) "case study is the study of the particularity and complexity of a single case, coming to understand it…within important circumstances" p. xi. In this study, the case is the child and family who live in an area of urban disadvantage. The purpose of the research is to create an understanding of their health and well-being related perceptions and experiences within the circumstances in which they live. Secondly, case study facilitates this exploration whilst positioning the child at the centre of the research through the use of Bronfenbrenner's EST (Bronfenbrenner 1978, 1996) as the study scaffolding. It was important that the child occupied the heart off this research because the voice of the school-aged child is greatly unrepresented in current research pertaining to children's health and well-being perceptions and experiences. Thirdly, case study is flexible, which ensured that data collection for the case could be informed by FST as the study developed and new phases of data collection emerged as being necessary. Lastly, the hallmark of case study research is the use of multiple sources of data (Houghton, Casey and Smyth 2017). Not only does this trait enhance rigour (Houghton *et al* 2013), but it also works well when conducting research with child participants. Greene and Hill (2010) recommend that children require differing methods of data collection in order to partake in and be adequately represented in research studies successfully. Selecting case study research enabled the researcher to design a study which would facilitate data collection methods conducive to both child and adult participants.

4.15 Data sources in case study research

The collection of data for case study research is referred to as the collection of evidence and 'sources of evidence' can be obtained from multiple origins. As mentioned previously in this chapter, case study research is positioned predominately in the qualitative paradigm (Bryman 2017); however, it can include both qualitative and qualitative sources of evidence. Yin (2014) describes the six primary sources of evidence within case study

research as documentation, archival records, interviews, direct observations, participant observation and physical artefacts, (see Figure 4.2) however; these are not limited.
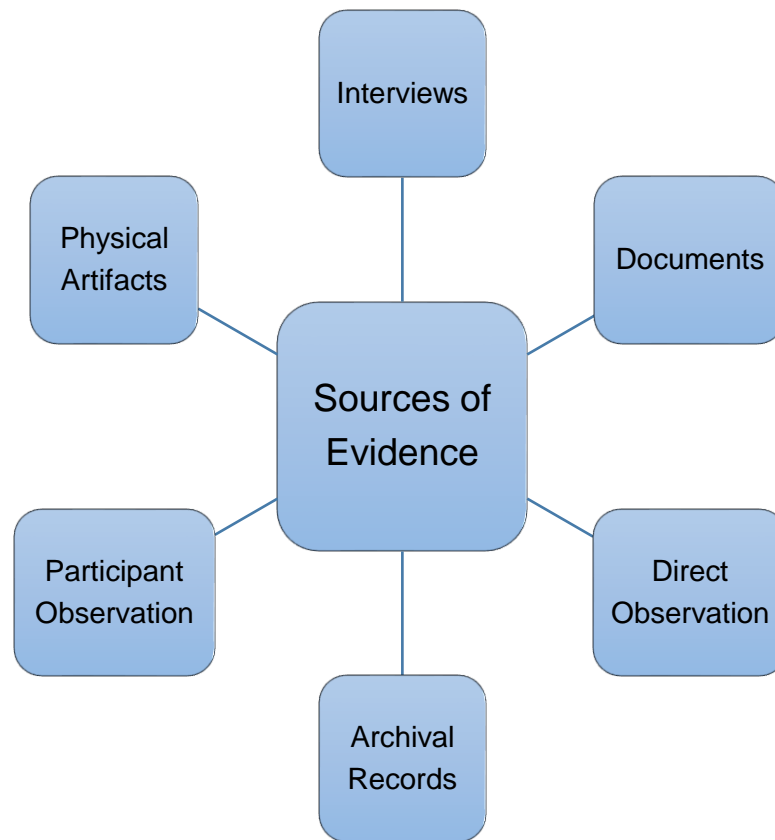
Figure 4.2: 6 main sources of evidence identified by Yin (2014)

4.16 Establishing quality in case study research

There is much debate in the literature regarding the most suitable terms to use when addressing quality issues associated with qualitative research. Despite this, however, there exists a consensus that it is imperative that quality issues within qualitative research are thoroughly addressed (Polit and Beck 2008, Silverman 2011, Creswell 2013). Table 4.3 provides an overview of the terms used to discuss quality issues in research and the corresponding terms between the qualitative and quantitative domains.

Table 4.3: Overview of criteria for establishing quality in quantitative and qualitative research (adapted from Holloway and Galvin 2017)	
Quantitative	**Qualitative**
Rigour	Trustworthiness
Reliability	Credibility
Validity (internal validity)	Dependability (audit trail)
Generalisability (external validity)	Confirmability
Objectivity	Transferability

There exists additional debate with the literature surrounding quality criteria for qualitative research, and it concerns whether to have generic or specific quality standards for various research approaches (Polit and Beck 2008). Despite the assortment of viewpoints Nicholls (2009b, 2009c) puts forward that qualitative research must be able to demonstrate that it is conducted in a rigorous fashion, generates reliable information and is true to its underlying philosophies and methodologies. This is the outlook which has been adopted for the research presented in this thesis, and relevant characteristics will now be discussed.

4.16.1 Trustworthiness

Polit and Beck (2008, p. 768) describe trustworthiness as "the degree of confidence qualitative researchers have in their data". A trustworthy study is one that is conducted in good ethical fashion, is carried out fairly and whose findings represent as closely as possible the experiences of the participants (Padgett 2017). For this research study, careful consideration was given to ethical issues associated with the study and these are detailed in Chapter 4. Recruitment of participating families and the collection of data was conducted fairly, and this approach was supported by the protocol used when contacting families by phone (detailed in Chapter 5) and also by the study protocol (Appendix 1). All participating families were treated fairly and equally. In order to ensure that the findings represented the thoughts and experiences of the participations the interview data was transcribed verbatim, children's drawings were included in the analysis and triangulation of data sources was employed. Full details in relation to the analysis of data will be addressed later in this chapter.

Much of the current literature pertaining to trustworthiness within qualitative enquiry cites the works of Guba and Lincoln who have developed a framework of criteria that address such issues. The criteria include credibility, dependability, confirmability, transferability and added at a later date; authenticity (Guba and Lincolin 1994). These criteria will now be discussed along with the techniques which were used within the study to ensure the overall trustworthiness of the case study.

4.16.2 Credibility

Credibility refers to confidence in the truth of the data, the gathering of the data and the interpretation of the data (Polit and Beck 2008). Guba and Lincoln (1994) put forward that credibility involves two steps. Firstly, to carry out the study in a way that enriches the believability of the findings and secondly, taking the steps necessary to demonstrate credibility within the study. The study presented in this thesis utilised case study for the

study design, which typically employs various sources of evidence, therefore, increasing the overall credibility of the study. Also typically used within case study is a study protocol (Appendix 1) which contains the procedures and general rules to be followed for the planning, collecting and analysing of evidence. Although the study presented in this thesis was not a multiple case study, it did contain a unit and sub-units of analysis. Therefore, a study protocol was necessary to ensure consistency and accuracy during data collection and analysis.

4.16.3 Dependability
A dependable study needs to be accurate and consistent throughout the phases of data collection and analysis. Dependability refers to the stability of data over time and conditions (Polit and Beck 2008). For this study the research question, aim, objectives and study protocol were carefully written by the researcher and refined by the supervisory team which consisted of three experts from various disciplines of child and family health and well-being. The author collected and analysed the data utilising the study protocol, which combined, ensured the dependability of the study. In addition, data saturation was obtained amongst the various units and sub-units of analysis, and this was identifiable by the researcher. Furthermore, data sources were triangulated during the analysis phase, and emerging themes were presented to the supervisory team. This was an additional step towards ensuring the dependability of the study.

4.16.4 Confirmability
Polit and Beck (2008) recommend that in order to achieve confirmability, the findings must reflect the participants' voice and the conditions of the enquiry. It is imperative that the findings are not reflective of the researcher's perspectives, biases or motivations. Within this study, all of the interviews were audiotaped and transcribed verbatim, which added to the study's confirmability by recording the views of the participants accurately. The children's drawings were included in the analysis and coded with the children's interviews. This was a further measure within the design of the study whereby the researcher strove to ensure that the views and perspectives of the children would be accurately expressed, recorded and analysed. Fieldnotes in the form of the 'Family Pen Picture' were recorded for each family and these captured emotive feelings evoked during the interviews that were not captured on audio. Finally, the triangulation of data sources helped to corroborate emerging themes and ensure that the views and perspectives of the child and family who live in a disadvantaged area were represented accurately and truthfully. Within case study research triangulation is explicitly used to minimise misperception and the invalidity of conclusions (Stake 1995).

4.16.5 Transferability

Transferability refers to the generalisability of the study's findings. Within case study research, this is one element which has received a considerable degree of criticism (Simons 2009, Swanborn 2010, Thomas 2016, Tight 2017). As a contentious issue within the literature, even Yin (2014) agrees that generalising from a single case study is not an easy task. Stake (1995, p. 8) however believes that case study is not chosen to "optimise the production of generalisations". He stresses that the real business of case study lies in the particularisation, not the generalisation. A case is identified for study so that the researcher can study it in-depth, come to know it well. Emphasis is on knowing the case and uniqueness which Stake (1995, p. 8) proposes "implies knowledge of others that the case is different from".

Within qualitative research, study participants are rarely sampled to provide a statistically representative sample of the wider population, and for this reason, the logic of generalisability is different (Green and Thorogood 2018). The initial intention of the study presented in this thesis was to create an in-depth understanding of the health and well-being perceptions and experiences of the school-aged child, and their family, from a disadvantaged area. The focus of the study was on the child in middle childhood (i.e. the school-aged child), to provide voice to this particular age group of children and to find out how they view family, how they view health and well-being and to explore their perceptions in relation to health, well-being and their future lives. In addition to highlighting the views of children who live in disadvantaged areas, the study also aimed to explore the perceptions and experiences of the child's family who also experience disadvantage. Green and Thorogood (2018) believe that within qualitative research the study population does not need to be compared to a broader population but rather that the researcher needs to think thoroughly about the study's findings, and especially about the kind of relationship the study findings have to other populations and settings, thus uncovering the exact inferences which can be drawn from the data analysis.

One could argue that there is a preoccupation with generalisability within the design and reporting of empirical research. Thomas (2016, p. 69) proposes that seeking generalisation as a primary aim can potentially inhibit or even eclipse the "curiosity and interpretation that should be at the heart of the enquiry". Within this research, the case remained at the hub of the enquiry throughout the design, investigation (data collection and analysis) and reporting of the study's findings and conclusions. Stake (2010)

highlights that the purpose of the case study report is not to represent the world but rather to represent the case.

4.16.6 Authenticity

Authenticity refers to the extent to which the researcher has ensured that the voices and the feelings of the participants have been expressed adequately and correctly (Polit and Beck 2008). The study presented in this thesis involved data collection with child and adult participants; therefore, this was a primary concern for the researcher from the beginning. Within the study, specific measures were employed for the collection of the data to ensure the study's authenticity. Firstly, the school-aged child was identified as the key informant, and therefore, face-to-face interviews were conducted with children to explore their health and well-being related perceptions and experiences. For the interviews with the children, drawing was employed as a communication technique within the interview in order to assist and facilitate the children's expression of thoughts and feelings related to their perceptions and experiences of health and well-being. Drawing is a familiar and natural activity for children that helps children to express their viewpoints independently. Therefore, data generated from the interviews with children was authentic. Secondly, face-to-face interviews for the parents and the grandparents were conducted to explore their individual perceptions and experiences of health and well-being. The interviews with the parents and grandparents were conducted on separate days. This ensured that the adult participants were not influenced by the responses of one another. All interviews were audio-recorded, transcribed verbatim and analysed utilising a specific coding approach which will be detailed later in this chapter. Every effort was made during data collection, data analysis and reporting of the data to ensure that all participants were represented fairly and truthfully.

4.16.7 Reflexivity

Reflexivity is now considered as a methodological necessity in research (Christensen and James 2008) and one which does not just occur towards the completion of a research project but rather as a continuous process throughout (Parahoo 2014). One of the most significant issues within qualitative research is that of the influence of the researcher and their participation in the research process (Stake 1995). Qualitative research can be, unwittingly, vulnerable to biases through the researchers' attitudes, values, beliefs and personality. Reflexivity is the process of the researcher reflecting upon his/her effect on the data generated in the field and also on the social and the cultural processes of the research itself (Green and Thorogood 2018). Indeed, qualitative

researchers rely on the process of reflexivity in order to guard against personal biases (Ploit and Beck 2008).

The fundamental aim of qualitative research is to understand phenomena, and this is most often achieved through the use and generation of language data through interviews and observations (Green and Thorogood 2018). Although the hallmark of case study research is multiple sources of data, it typically yields large amounts of in-depth interview data (Stake 1995, Hancock and Algozzine 2006, Yin 2014). These large volumes of rich data are produced by the researcher whom Merriam and Tisdell (2016, p. 16) refer to as the "primary instrument for data collection and analysis". Merriam and Tisdell (2016) elaborate to acknowledge that as humans' researchers have shortcomings and biases that can impact upon a study and that such subjectivities should be identified and monitored rather than eliminated or ignored. The concept of reflexivity denotes that the researcher is conscious of the biases, values and experiences that he / she brings to the qualitative research study (Creswell 2013). It has been suggested that although reflexivity represents a new chapter in qualitative research, it is poorly described and often neglected (Palaganas *et al* 2017). Despite this, however, Creswell (2013) believes that qualitative researchers today are much more self-disclosing about themselves and their qualitative writings than in the past.

The author of this thesis was the primary data collector for the study and as such, is aware that she forms part of the study due to the fact that she interacted with the participating families. Reflexivity encompasses awareness of the interactions between the research and the study participants, the participant's and the research study and it also takes into account how the research process affects the study's findings (Holloway and Galvin 2017). The author acknowledges and understands that reflexivity is a critical reflection on how the research was conceptualised, conducted and reported upon and that it locates the researcher in the project. As a qualitative researcher, it was essential that the author was not just aware of the concept of reflexivity but that she practised reflexivity as it is an essential component of qualitative research (Palaganas *et al* 2017).

For this research, the author conducted individual in-depth interviews with children and their family members. In-depth interviews enable the researcher to delve deep into personal and social matters with research participants (DiCicco-Bloom and Crabtree 2006). Conducting research in a reflexive manner denotes that the researcher acknowledges that he/she is not 'other' from those that are being studied (Bulpitt and Martin 2010). Indeed, Aarsand and Aarsand (2018) describe the qualitative research

interview as consisting of two positions: the interviewer and the interviewee. Many authors acknowledge the significance and the complexity of the interviewer and interviewee relationship (Jack 2008, King, Horrocks and Brooks 2019) however it has been suggested that few disclose details in relation to the exact nature of the relationship or the challenges encountered during the interview process (Jack 2008). One such recurring challenge experienced by the author of this thesis during the interview phase of the study was associated with conducting interviews in participants' homes. The environment in which the interview takes place can strongly influence how the interview proceeds (King, Horrocks and Brooks 2019) thus impacting on the data gathered. Family homes are busy places, and as a researcher, one is essentially a guest in the participants' home for the duration of the interview (DiCicco-Bloom and Crabtree 2006). For this research, the busyness of the family home and its associated noise and interruptions were challenging at times however by adopting a reflexive approach to data collection the author was able to overcome such challenges and engaged practical tools such as pausing of the voice recorder to minimise the collection of unnecessary language data.

Another significant issue associated with conducting interviews which requires reflexivity on the part of the researcher is the power dynamic associated with the interview process. Kvale (2006) advocates that the power dynamic which exists between the interviewer and the interviewee must not be disregarded. How one presents oneself can significantly influence this power dynamic and the researchers' relationship with the interviewee (King, Horrocks and Brooks 2019). Additionally, it has been suggested that in health-related research when a researcher identifies his/herself as a nurse, that such identification of this role may potentially influence the participant-interviewer interface (Jack 2008). As an RCN how to present and identify oneself was something which the author needed to consider in-depth.

The development of rapport (which will be discussed in greater detail in Chapter 5) is an essential component of the interview process. Research literature pertaining to the issue of interview rapport often align rapport with self-disclosure on the part of the interviewer since many believe that the two go hand in hand (Abel *et al* 2006). Jack (2008) poses many relevant questions about interviewer self-disclosure such as; if the researcher is going to disclose information; how much information is appropriate? Abel *et al* (2006) state that little attention has been paid to interviewer self-disclosure, despite the fact that such disclosure may be useful when utilised appropriately. For the research presented in this thesis, it became evident early on during the interview data collection that self-

disclosure on the part of the author was going to be a necessity if the interviews were to run smoothly. As stated previously, the author was the only data collector, thus inseparable from the study due to her influence on the participants and the interview process. It was thus elemental that the author acknowledges and declare this through the process of reflexivity acknowledging her role as a woman, a pregnant woman, an RCN and a mother. All of this had an impact on the research process, and within case study research, the case is influenced by the social constructs around the unit of analysis which in this research, this was the participating families. The request of self-disclosure surfaced during the adult interviews, predominantly during the parent interviews. Although self-disclosure has a role to play in positioning the researcher in the interaction it is vital that self-disclosure on the part of the researcher does not become excessive or self-fulling (Abel *et al* 2006) which was something that the author was acutely conscious of. Berger (2015) has proposed a variety of means for maintaining reflexivity in research and one such proposal is the maintenance of an audit trail. For this study, the author maintained an audit trail via the use of a study protocol (see Appendix 1) which is a practice frequently associated with case study research. This study's protocol was adapted early on during the interview phase to include self-disclosure once it became apparent that a certain level of self-disclosure on the part of the researcher would be required for successful data collection. The development of rapport, self-disclosure and the relationship between the researcher and the families will be explored in greater detail in Chapter 5.

4.17 Data sources in this research

Within case study research the unit of analysis is the case and within the case embedded unit(s) and sub-unit(s) of analysis can exist which essentially are units lesser than the main unit of analysis from which data is also collected (Yin 2014). In this research study, the main embedded unit of analysis is the participating families comprising of children, parents and grandparents from which data were collected. Additional embedded sub-units of analysis are comprised of study fieldnotes (Family Pen Picture and neighbourhood notes) and archival records (local media reports and online maps) as outlined in Figure 4.1 previously. The specific 'type' of data collected for the embedded unit and sub-units of analysis are detailed in Table 4.4 on the next page.

Table 4.4: Type of data collected	
Source of evidence	**Type of data collected**
Interviews	Child interview (key informant)
	Child drawings
	Parent / Guardian interview
	Grandparent interview
Fieldnotes	Family Pen Picture
	Neighbourhood notes
Archival records	Publicly available online maps
	Local media reports (published newspaper articles)

Yin (2014) advises that in addition to being acquainted with data collection procedures the case study researcher also needs to be mindful of the continuous design challenges associated with case study research such as construct validity, external validity, internal validity and reliability which will be addressed later in this chapter. Furthermore he identifies four fundamental principles for data collection within case study research namely (1) use multiple sources of evidence, (2) create a case study database, (3) maintain a chain of evidence, and (4) take care when using data from social media sources, which collectively support the construct validity and reliability of the case study. These four principles formed the foundations of the collection of data for the research study detailed in this thesis and are comprehensively detailed below.

4.17.1 Data collection in case study research principle one: using multiple sources of evidence
The first principle, using multiple sources of evidence, is not just the hallmark of data collection procedures within case study research; moreover, it is one of its core strengths. This research study utilised multiple sources of evidence, and these are detailed in Table 4.4 on the previous page. A significant rationale for using multiple sources of evidence within case study research relays to the initial motive for doing the case study in the first place, which is to do an in-depth study of phenomena in its real-world context (Yin 2018).

For this research in-depth semi-structured interviews were conducted with children, parents / guardians and grandparents. These interviews were audio-recorded, with the individual interviewee permission and transcribed verbatim. For the child interviews drawing activities were utilised as part of the interview communication process. These drawings added to the body of data collected from the children and were also treated as

evidence and analysed in the same manner as the interview transcripts. The drawing techniques and interview methods for the child interviews will be explained in detail the next chapter. The fieldnotes and archival records all contributed to the detail of the information gathered and also explicitly to the context of the case, which was the disadvantaged area where the child and family live. The most significant benefit presented by using multiple sources of evidence is the growth of converging lines of enquiry (Yin 2014). Case study findings are more likely to be accurate if they are based on converging lines from multiple evidence sources, and this triangulation of data strengthens the construct validity of the case study (Yin 2018).

Interviews are a common and essential source of case study evidence (Yin 2014). For this research, a total of 19 children, 14 parents and 6 grandparents were interviewed. These interviews entailed numerous home visits by the researcher to the participating family homes. A 'study protocol' (detailed later in this chapter) was developed by the researcher to help guide the data collection phases of the study. Yin (2014) suggests that a study protocol is a highly desirable procedural guide which helps to pilot the researcher during the data collection phase of the study and moreover it helps to increase the overall reliability of the case study.

Case study research classically takes place in the real-world setting, and this, therefore, lends opportunity for the researcher to take field notes during the data collection phases of the study. Field notes are highly recommended in qualitative research as a means of documenting crucial contextual information (Phillippi and Lauderdale 2018). The participating children and families all lived in the same urban disadvantaged area, and the children attended DEIS[10] band 1 schools in the surrounding locality. The researcher visited many homes and therefore became familiar with the region and the local estates. Fieldnotes for the study were recorded on audio shortly after the home visit and transcribed at a later date by the researcher. The researcher made a conscious decision to record objective and unbiased information in the field notes pertaining to observations of the local area. In addition, the researcher also recorded additional relevant information captured via 'chit chat' conversation with family members and feelings surrounding the interview discussions which emerge from the interview interaction itself. It was important to record these fieldnotes as they provide pertinent information which may not be captured through the interview itself. Phillippi and Lauderdale (2018) cautiously remind

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[10] DEIS: Delivering Equality of Opportunity in Schools

the researcher that field notes are an element of data collection and analysis that require the same level of professionalism as face-to-face interviews.

Yin (2018) believes that although archival records, combined with other data sources, are suitable in the production of a case study, their exact usefulness will vary from case study to case study. For this research, the archival records accessed were in the form of media reports from the local, regional newspaper and freely available online maps. The local, regional newspaper was chosen because it reports on news from the area where the research took place, it is in continuous operation since 1980, and its archived volumes are publicly accessible in the local library. A retrospective manual search of archived volumes dating from May 2010 to December 2011 was conducted, and relevant reports were selected by the researcher and scanned as evidence for the case. These dates were chosen for the review because they corresponded with the timing of phase 1 of data collection. The researcher searched for evidence pertaining to the context of the case and also evidence which would corroborate emerging themes from the initial analysis of the interview data. Yin (2018) advises researchers employing archival records as evidence in case study to be cognisant of the fact that such evidence is produced for a specific audience other than the case study. For this reason, he has advocated that their usefulness and accuracy must be interpreted mindfully by the researcher.

4.17.2 Data collection in case study research principle two: create a case study database

The second principle 'create a case study database', refers to the system of organising and recording the data collected for the case study. Yin (2014) specifies that the primary function of the database is to preserve collected data in a retrievable format. For this study, the case study database comprised of four files in total; an electronic data management software file, two electronic files and a hard copy portfolio file. Within case study research the typical multiple sources of evidence tend to generate large amounts of evidence, therefore, it is vital to have a case study database in order to organise and to be able to retrieve evidence easily. Interview transcript data was stored on Word documents and individually labelled with an identification code, for example, CB7 represents the interview for the boy child of family number 7. The children's drawings (three in total) were scanned individually and labelled with an identification code, for example, DR1CG9 represents drawing number one by the girl child of family number 9. Field notes were transcribed into Word and labelled as 'Family Pen Picture' with each relevant family number, for example, FPP6 represents the Family Pen Picture from family number 6. Media reports from archival evidence were scanned, converted to PDF format

and labelled with the month and year of publication and a relevant topic word, for example, April_2012_drug_raid refers to a media report published in April 2012 which was about a drugs raid.

Electronic data management software file:

    All of the above-mentioned data sources, including the interview audio, were organised and managed in an NVivo (version 11) software file. This software file is stored on a personal computer which is password protected and accessible only by the researcher.

Electronic files:

    In addition to the NVivo file, the researcher also maintained two additional electronic files. One file contained all of the audio files, the transcription documents, the interview guide documents and the scanned children's drawings. The second electronic file contained the study report only, which was independent of the raw data. Yin (2018) advises keeping the study report file separate from the raw data file. He rationalises this advice by highlighting that not all of the data collected will be included in the final case study report and keeping these files separate also allows for smoother rounds of further analysis at later dates. These electronic files were stored on a personal computer which is password protected and accessible only by the researcher.

Hard copy portfolio:

    A portfolio in hard copy format was also maintained, and this contained all of the original children's drawings and the child interview tools (these will be explained in detail in the next chapter). This hard copy portfolio was stored in a locked filing cabinet in a locked office, accessible only by the researcher.

The importance of creating and maintaining a case study database cannot be underestimated as it greatly increases the reliability of the case study in its entirety (Yin 2014).

4.17.3 Data collection in case study research principle three: maintain a chain of evidence

The third principle 'maintain a chain of evidence', aims to increase the construct validity of the information within the case study. This principle refers to the reader being able to trace the steps from conclusions drawn, back to the initial research questions and objectives or from the research questions and objectives to the final conclusions (Yin 2014). The case study report needs to specify what sections of the database it draws from by correct citation of evidence pieces, and it should be clear that the data collected

followed the protocol (Noor 2008). The link between the research question, study objectives and the study protocol should all be apparent within the chain of evidence.

4.17.4 Data collection in case study research principle four: taking care when using data from social media sources
The final principle refers to the inclusion of social media sources in the case study. The development of electronic media and its accessibility has generated a vast magnitude of online information and resource points. Yin (2014) advises the use of caution when including evidence from electronic sources for the case study. He highlights that the wealth of information currently available can be overpowering, it often needs to be cross-checked prior to inclusion, and social media sites can often present a dubious viewpoint. The author approached the collection of newspaper evidence with this principle in mind. She deliberately conducted the media search following step three of data analysis (detailed later in this chapter) as this is when important information about the generated data begins to emerge. It was the author's prerogative to gather evidence related to the case which was objective and also to avoid the collection of sensationalised media data. The second category of archival records accessed for the gathering of evidence was publicly available online maps, and these were gathered from a credible Government website. This reinforced the trustworthiness of the evidence and the information collected.

4.18 The case study protocol
The 'protocol' within case study research is the procedural guide for collecting the data for the case study, including the questions to be asked by the researcher (Yin 2014). The single focus of the protocol is the collection of data, and having a protocol is desirable in all case study research as it provides detail in relation to rules and procedures to follow when gathering the evidence. For this research, the four-section approach to case study protocol, devised by Yin (2009) was used to create the study protocol, and this is detailed in Table 4.5 on the next page.

Table 4.5: Case study protocol for conducting the single case study of 'What are the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage?'
Section A: Overview of the case study
<u>Research question</u>: What are the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage?   <u>Aim</u>: To explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage.   <u>Objectives</u>:   • To explore what 'family' means to school-aged children and their family.   • To enquire into what 'health' and 'well-being' mean to school-aged children and their family who live in areas of urban disadvantage.   • To explore health related views and opinions of school-aged children and their family who live in areas of urban disadvantage.   • To facilitate school-aged children and their family to detail how they maintain their health and well-being.   <u>Conceptual framework</u>: Bronfenbrenner's Ecological Systems theory (EST).   Case study also informed by Family Systems Theory (FST) throughout.   <u>Type of case</u>: Single case study, common case, intrinsic case, embedded design.   <u>Key readings</u>:   Bronfenbrenner U. (1979) The Ecology of Human Development: experiments by nature and design. Harvard University Press, London.   Stake R.E. (1995) The art of case study research. Sage Publications, Thousand Oaks, California.   Yin R.K. (2014) Case study research: design and methods. 5th ed. ed. Sage Publications, Thousand Oaks, California.
Section B: Data collection procedures
Data collected over three separate phases.   <u>Phase 1: Interviews</u>   Child interviews: key informant, face-to-face interview, conducted in the home, interview tool kit, participatory techniques, audio recorded, token of appreciation.   Parent / Guardian interviews: face-to-face interview, conducted in the home, interview tool kit, audio recorded, token of appreciation for the family.   <u>Phase 1: Fieldnotes</u>   Family Pen Picture: audio recorded by the researcher after each family visit.

Neighbourhood notes audio recorded by the researcher after each family visit.
Phase 2: Interviews
Grandparent interviews: face-to-face interview, conducted in the home, interview tool kit, audio recorded, token of appreciation.
Phase 3: Archival records
RAPID area map sourced from www.pobal.ie
Local newspaper articles sourced from the local library.
Security issues:
Lone researcher guidelines (see Appendix 2).
Preparation prior to fieldwork:
Child protection training.
Research local library.
Section C: Data collection questions
Interview toolkit:
Outlining aim and objectives (boy version and girl version, see Appendix 3).
Traffic lights (child interviews, see Appendix 4).
Interview guides:
Child interview guide (see Appendix 5).
Parent / Guardian interview guide (see Appendix 6).
Grandparent interview guide (see Appendix 7).
Fieldnotes:
Record objective observations about the local area.
Record objective supplementary information relevant to the interviews.
Archival records:
Up to date RAPID map obtained from Government website.
A selection of published local newspaper from relevant years.
Section D: Guide for the case study report
Maintain a structured database: three electronic files and one hard copy portfolio.
Target audience.
Relationship to other studies.

4.19 Data analysis in qualitative research

In qualitative research, the researcher engages with the participant(s) in order to collect data. The purpose of data analysis within qualitative research is to organise, structure and elect meaning from the data. Polit and Beck (2008) believe that data collection and analysis coincide in qualitative research. Qualitative research typically generates large volumes of data and its organisation, management and analysis can be challenging. In

addition, there are no standard analytical procedures to follow; therefore, it can be trying to explain how the analysis was conducted or how to best represent the findings from the research.

4.20 Data analysis in case study research

Data within case study research can be analysed by perusing various means since analytic procedures within case study research have not been 'set in stone' or prescribed. Yin (2018) believes that this is possibly one of the attractions of case study research as it frees the researcher from inhibited and over-restrictive rules. In this research, data was collected from various sources in order to investigate the chosen phenomena in its real-life context. Stake (1995) suggests that there is no one moment when analysis commences in case study research and he believes that the analytical strategy is guided by the nature of the study, the research question and the inquisitiveness of the researcher. He proposed two analytical strategies for case study research; categorical aggregation and direct interpretation, both of which he proposes are necessary in order to reach new meanings about cases.

Yin (2018), on the other hand, although not prescribing the analytical strategy, does put forward five analytical techniques which can be useful in case study research. These techniques are:

>   Pattern matching: the findings from the case study are compared to theory, thus enabling the researcher to strengthen their argument or to offer an alternative.
>   Explanation building: the case study data is analysed by building an explanation about the case. Mostly relevant to explanatory case studies.
>   Time series analysis: following an episode or a series of episodes over a period of time.
>   Logic models: look at chains of events and observing cause and effect over time, particularly useful in case study evaluations.
>   Cross case synthesis: uses a systematic process to analyse cases and compare cases, applies only to multiple case studies.

4.21 Data analysis in this research

The case in this research is a single, common case study with an embedded design element to the case. Price (2007) considers that the analytical approach adopted by the researcher depends on the sort of case study research conducted. For this research, the author chose not to adopt the analytical strategies proposed by Stake due to the lack of guidance on how to utilise the strategies. The researcher also chose not to select from

the suite of analytical techniques recommended by Yin because she felt that they did not offer enough flexibility for the type of case study conducted or for the variety of evidence gathered. Thematic analysis was chosen as the most suitable analytic strategy for this case study research because all of the data gathered was qualitative in nature. Thematic analysis is widely used, and Braun and Clarke (2006) advocate that it should be viewed as a foundational method of qualitative analysis. Fereday and Muir-Cochrane (2006 p.4) describe thematic analysis as "a form of pattern recognition within the data, where emerging themes become the categories for analysis". As a type of qualitative analysis, thematic analysis is used to analyse classifications and present themes that relate to the data gathered (Alhojailan 2012). Thematic analysis pays critical attention to the qualitative aspects of the research, relies on the raw data, can deal with large quantities of data and has the potential to be systematic (Joffe and Yardley 2004). Braun and Clarke (2012) devised a six-step approach to thematic analysis intended to teach the researcher how to use thematic analysis, and this phased approach was adopted by the researcher for this study, the steps are outlined in Table 4.6.

Table 4.6: Six-step approach to thematic analysis adapted from Braun and Clarke (2012)	
Step 1: Familiarisation with the data	This step is common to all forms of qualitative analysis. The researcher immerses themselves completely in their data by reading and re-reading transcripts and listening and re-listening to audio. Initial analytical observations are noted.
Step 2: Generate initial codes	This is the commencement of the systematic analysis of data through coding. Codes, as building blocks of analysis, identify and provide a label for a feature of the data that may be relevant to the research question. Codes are succinct and work as shorthand for the analyst, who understands them. They do not have to confirmed explanations; they will be descriptive and interpretative. The researcher codes every data item and ends this phase by collating all codes and relevant data extracts.
Step 3: Searching for themes	In this phase, the analysis begins to take shape as codes start to form themes. A theme captures something important about the data in relation to the research question and represents a patterned response or meaning within the data set. Searching for themes is similar to coding your codes to identify similarity in the data. The 'searching' is an active process; themes are not hidden in the data

	waiting to be discovered rather the researcher constructs themes. The researcher ends this phase by collating all the coded data relevant to each theme.
Step 4: Reviewing potential themes	The developing themes are reviewed in relation to the coded data and the entire data set. Essentially this is a quality check of potential themes against the data set. The researcher should consider whether the themes tell a compelling story about the data and start to define the nature of each individual theme, and the relationship between the themes. In this phase, a requirement may be to collapse two themes together or to split a theme into two or more themes or to discard the potential theme altogether and begin again.
Step 5: Defining and naming themes	The researcher must be able to define the theme and state, clearly, what is unique about the theme. This phase requires deep analytical work, the crucial shaping-up of the analysis into specific themes. The goal is to identify the 'essence' of each theme and constructing a concise, punchy and informative name for each theme.
Step 6: Generating the report	Within qualitative research, writing and analysis are interwoven activities. The purpose of the report is to produce a compelling story of about the data based on the analysis. Writing-up involves interlacing the analytic narrative and (vivid) data extracts to tell the reader a coherent and believable story about the data and contextualising it in relation to the existing literature

The six-step approach by Braun and Clarke (2012) outlined above was used for the thematic analysis in this research study. As previously mentioned in this thesis case study, research typically generates large volumes of data with evidence collated from various sources. Due to the large volume of data and the various sources within the study, the researcher made an early decision to manage and analyse data with the assistance of computerised qualitative data analysis software. NVivo (version 11) produced by QSR International was chosen as the qualitative data analysis software. Data analysis in case study research can be challenging due to its classical multiple sources of data; however, NVivo helped to facilitate the analysis of the multiple data sources. NVivo is a useful and pragmatic means of maintaining an audit trail which is essential in case study research (Haughton, Casey and Smyth 2017). The maintenance of an audit trail is a valuable means of developing confirmability within a qualitative research study (Barusch, Gringeri and George 2011). Furthermore, NVivo supports the analysis of qualitative data by managing and organising data and also by managing

ideas, running queries and graphically modelling ideas and concepts from the data (Bergin 2011).

4.21.1 Using computerised qualitative data analysis software

Prior to the commencement of using NVivo, Hilal and Alabri (2013) recommend that the researcher obtain knowledge and practical skills in relation to its use. In preparation for using NVivo for this research, the researcher attended two NVivo workshops and spent time practising coding on dummy files set up during these workshops. The researcher also liaised with colleagues who had experience of using NVivo to establish issues or problem which they encountered and also to conceptualise how the software would work best for this project. Hilal and Alabri (2013) advocate following a planned procedure when adopting NVivo software for use in a research project. For this research, the author decided to create a procedure specific to the project, adapted from Hilal and Alabri (2013), to assist with the effective use of NVivo. This procedure is detailed in Figure 4.3 below.

Commence project
- NVivo workshop training.
- Secure setup of NVivo file (pasword protect).
- Saving of NVivo file.

Working with evidence sources
- Format interview transcripts in Word documents with individual file labels.
- Corresponding labels for audio files.
- Corresponding labels for scanned drawing files.
- Format media files and label.
- Format filednotes in Word documents and label.

Importing files
- Sources; set up individual family files.
- Sources; set up fieldnotes file.
- Sources; set up media file.
- Import all evidence (including audio evidence).

Working with nodes
- Types of nodes.
- Creating nodes.

Figure 4.3: Procedure for adopting NVivo adapted from Hilal and Alabri (2013)

4.21.2 Coding in NVivo

When analysing qualitative data with the assistance of computerised software, it is important to remember that it is the person and not the computer that interprets the data (Bergin 2011). Coding has been described as the cornerstone of analysis for test-based qualitative data (Hilal and Albre 2013). In order to code data for the purpose of analysis, it is first fitting to define what precisely a code is. Saldaña (2013) decsribes a code in qualitative enquiry as a word or a short phrase that symbolically assigns a collective, striking, essence capturing and / or evocative atribute for a portion of language-based or visual data. Within NVivo, coding involves the creation of nodes by the researcher. A node is a collection of coded (or referenced) material about a particular activity, idea, feeling, item of interest or theme. In order for the researcher to be able to code and create nodes ,it is critical that he/she is thoroughly farmiliar with the data. This concept fits with Braun and Clarke's (2012) six step appraoach to thematic analysis, as previously outlined in Table 4.6. There are different types of nodes within NVivo; free nodes, tree nodes, case nodes and matrices and these are explained in Table 4.7 below.

Table 4.7: Types of codes in NVivo (adapted from Bergin 2011)	
Node type	**Description**
Free node	A stand-alone node that has no clear, logical connection with other nodes. These are useful nodes when commencing coding, and a structure has to be developed.
Tree node	Organised in a hierarchical structure; have a 'parent node' at the top, and this acts as the umbrella for lower-level 'child nodes'.
Case node	Nodes with attributes, such as participant type, age, occupation etc. Can represent groups, sites or other areas of interest in the research.
Matrices	These are the result of a matrix-coding query and can be used to explore and further code on data.

4.21.3 Thematic analysis and coding in NVivo

For step two of thematic analysis 'generating initial codes' (Braun and Clarke 2012), the researcher adopted the inductive approach of 'In Vivo' coding. In Vivo's original meaning is "in that which is alive" and in the world of coding, it refers to short phrases from the language of the participants as reflected in the transcripts (Saldaña 2013) thereby placing emphysis on the actual spoken words of the participants. 'In Vivo' coding is appropriate for all types of qualitative research and is particularly useful for researchers learning how to code. Manning (2017) highlights that 'In Vivo' coding is suitable when researchers interact with participants from a specific culture or microculture as it helps

to accentuate how those participants use specific words or phrases in their interaction that might not be captured using other forms of coding. In addition, the voice of the child can be marginalised in research and 'In Vivo' coding is one way of ensuring that their voice is heard. Coding to the words of the child can enhance the adults understanding of the child's worldview (Saldaña 2013) which contributes to more meaningful and reliable research findings. 'In Vivo' coding is appraised for its dependence on the participants themselves for giving meaning to the data (Manning 2017).

Step three of thematic analysis 'searching for themes' (Braun and Clarke 2012) is when the analysis begins to take shape as the researcher examines the data set for themes. In essence, the researcher codes the initial codes to identify similarities in the data. Moreover, having reviewed responses and meaning within the data set, the researcher may also generate new codes by adopting other types of coding strategies. For this research, a variety of coding strategies were utilised for this step of data analysis. Emotion coding was adopted to analyse parental / guardian responses to questions about child and family health. When employing emotion coding for data analysis, the emotions and experiences expressed by the participant are labelled or inferred by the researcher. Emotion coding is suitable for qualitative studies, in particular, those that are concerned with interpersonal experiences, thoughts and actions (Saldaña 2013). Saldaña (3013) argues further that the acknowledgement of emotions in research provides deep insight and perspective into the world of the participants since emotions are universal human experiences.

Values coding, motif coding, verbal exchange coding and holistic coding were also used during step two of data analysis and following review of in vivo codes and other responses within the data set. Values coding is the application of codes to responses indicative of the participant's attitudes, values, beliefs and perceptions reflecting their own perspectives or worldview (Saldaña 2013). Motif coding is of particular use when exploring participants' own perceptions and experiences in case studies. Motif coding is best applied to story based data extracted from interview extracts (Saldaña 2013). Research participants often use story telling to answer questions in semi-structured qualitative interviews (Kvale 2006). For this research motif coding was used for certain sections of the interview transcripts when participants reminisced about their experiences and expressed these experiences via story telling. Verbal exchange coding is "the verbatium transcript analysis of and interpretation of the types of conversation and personal meanings of key moments in the exchanges" (Saldaña 2013 p. 136). This type of coding was selected for analysis of the interviews pertaining to family structure and

composition for the child and parent / guardian interviews. For the child interviews verbal exchange coding was applied to the interview transcripts and the child drawings. In particular, verbal exchange coding was applied to the drawings about family composition and drawings about everyday life for participatiing children. Figure 4.4 provides an example of verbal exchange coding with interview transcripts and child drawings.
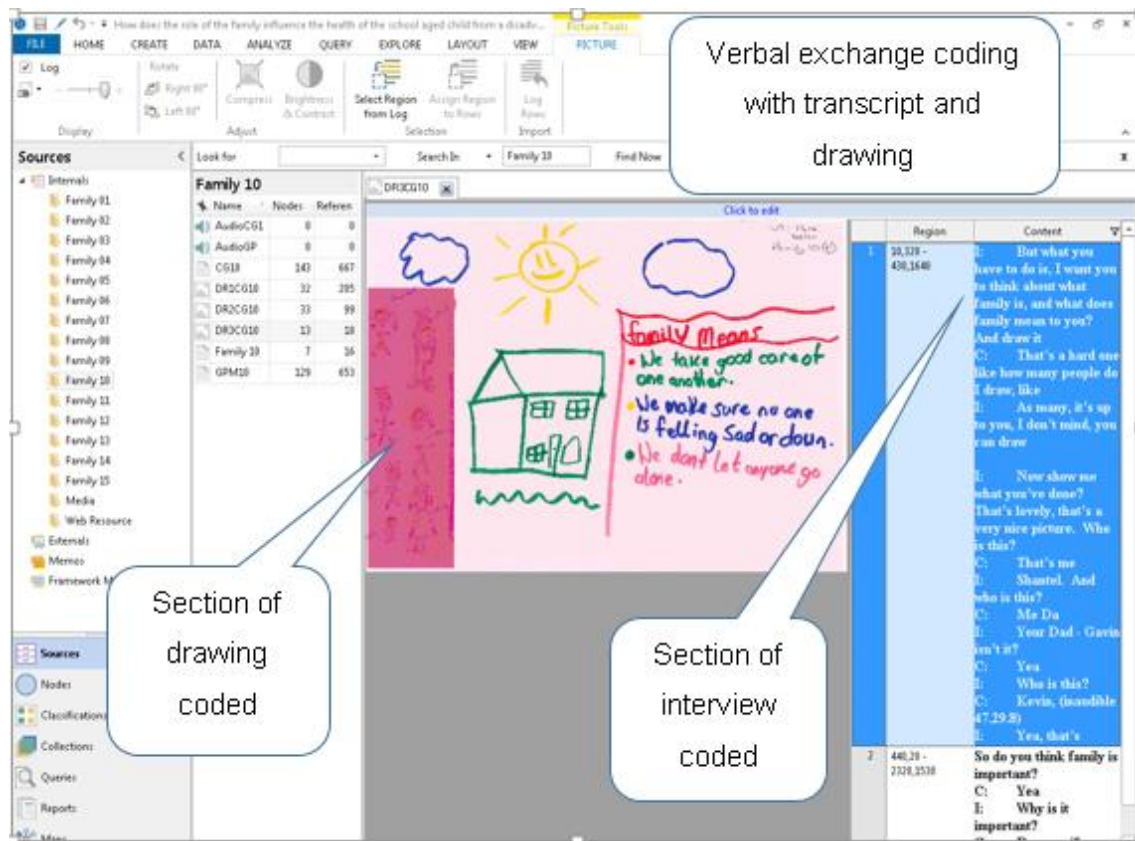
Figure 4.4: Verbal exchange coding with interview transcript and drawing in NVivo

Holistic coding was also used during this step of analysis as holistic coding is suitable for use when the researcher has a general idea of what to examine within the data. Saldaña (2013) decsribes holistic coding as 'preparatory groundwork' which is carried out on large amounts of data, from various sources, prior to more detailed coding of the data. In total ,four types of coding were adopted for step three of thematic data analysis; emotion coding, values coding, motiof coding and holistic coding. Figure 4.5 provides an example of the codes generated within NVivo from step three of data analysis. Emotion codes are indicated by the green arrow, values codes are indicated by the orange arrows, motif codes are indicated by the pink arrow and holistic code examples are indicated by the purple arrow.
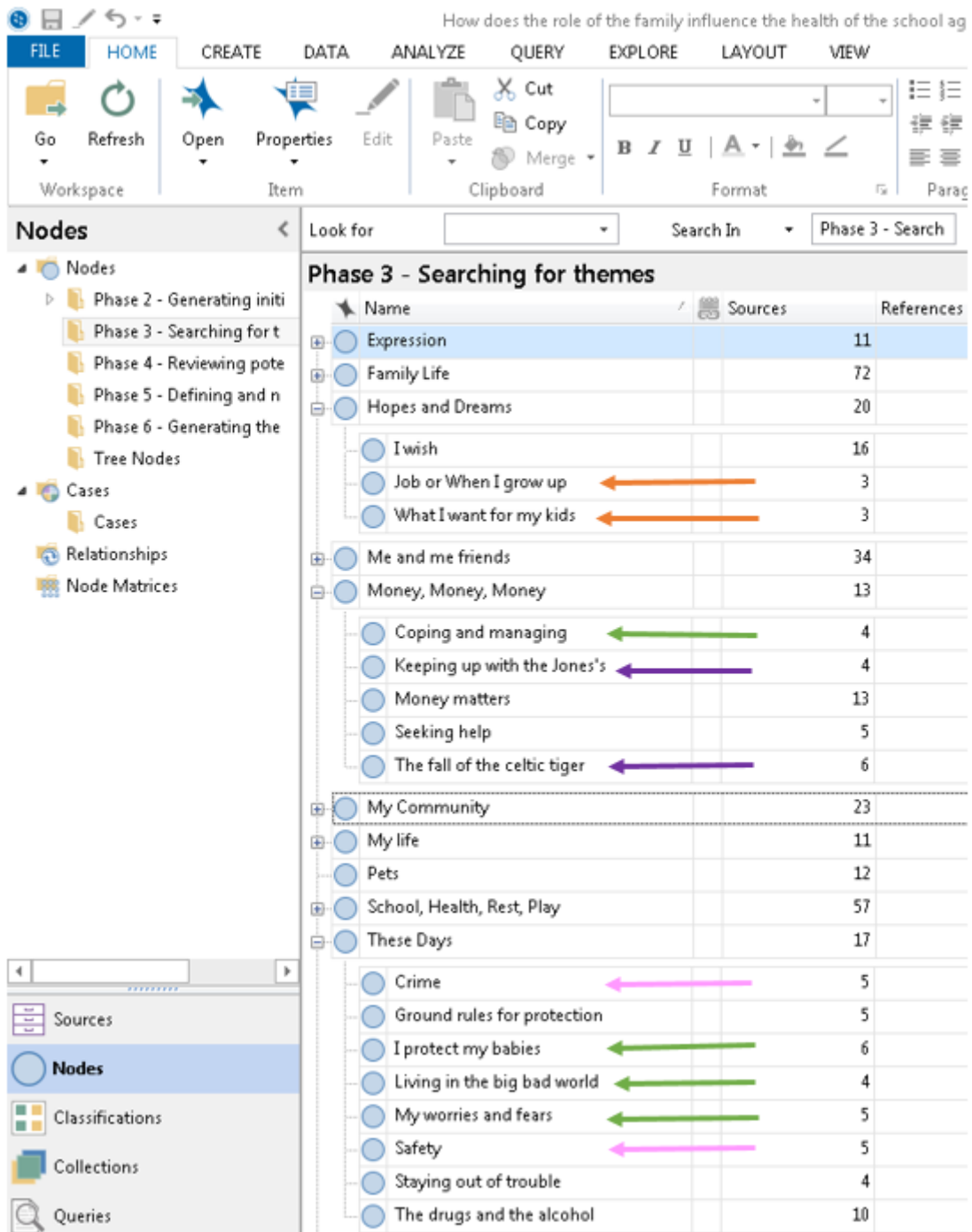
Figure 4.5: Codes generated within NVivo from step three of data analysis. Code examples are highlighted by a coloured arrow. Coded examples: emotion codes (green arrows), values codes (orange arrows), motif codes (pink arrows) and holistic code (purple arrow).

Step four of thematic analysis 'reviewing potential themes' (Braun and Clarke 2012) entails the reviewing of themes which are in development within the coded data. The researcher needs to begin to define the nature of each theme and how the themes relate

to one another. Saldaña (2013, p. 175) describes a theme in terms of being an outcome of coding and defines a theme as "an extended phrase or sentence that identifies what a unit of data is about and/or what it means". In this step, the researcher needs to conduct a quality check amongst the themes to establishe their accuracy in relation to the data. Some codes may need to be discarded or relocated under different themes. In addition, the boundaries of a theme may need to be reconfigured so that it captures the data more meaningfully (Braun and Clarke 2012). For this research, the author strove to form a set of themes which captured the most significant and relevant elements of the data as suggested by Braun and Clarke (2012). Table 4.8 outlines the thematic map as it stood at the end of step four of thematic analysis within this study.

Table 4. 8: Thematic map at the end of step four of thematic analysis

Name		Sources	References
Family health and well-being		62	778
Child health and well-being		52	370
Parental health and well-being		8	54
Rest and play		43	177
School		45	177
Family hopes and dreams		29	72
Employment		11	31
My future		17	22
My kids future		3	19
Family life		72	1278
Family difficulties		17	179
Family Dynamics		58	255
Grandparents		29	199
The meaning of family		68	589
Times have changed		14	56
Good friends and neighbours		28	60
Friends		26	56
Good friends and neighbours		2	4
My community		37	78
Community facilities for children		6	7
My area		12	30
My community		20	31
Services		6	10
Parenting during difficult financial times		40	330
Keeping my kids safe nowdays		37	210
Keeping up		4	21
Managing money		15	99

Step five in thematic analysis 'defining and naming themes' (Braun and Clarke 2012) is the final step of the process where the researcher defines the themes following sincere analytical effort. This step involves identifying and selecting suitable extracts to present. Then, the researcher must analyse the selected extracts and set out the story for each finalised theme. Braun and Clarke (2012) advise the development of themes that:

- Ideally, have a singular focus and do not try too hard.
- Are related, however do not overlap (avoiding repetition).
- Address the research question directly.

Four core themes were identified and arranged in a hierarchical structure as an end result of a thematic analysis of the multiple sources of data within this research. The final themes and their individual description will be presented and discussed in detail in Chapter 6.

4.22 Chapter summary

This chapter comprehensively presented the methodology chosen for the study by discussing its application and associated philosophical and ethical underpinnings of the study. The case study in this research is a single case study with an embedded design element. The case is informed by multiple data sources as is typical of case study research. Due to the multiple data sources, analysis was inevitably going to be a complicated task, and this chapter has thus explored and explained the systematic approach to how data were analysed for the study. Data analysis resulted in four primary themes which will be presented in detail in Chapter 6. Before then, however, the next chapter, Chapter 5 will explore how the methodological foundations of case study research were applied in this study in order to collect data with children and their families.

Chapter 5: Research Methods

5.1 Introduction

This chapter will detail the steps which were taken to answer the research question. It will also present the detail about how the methodological foundations of case study research were applied within the study.

5.2 Research question

What are the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage?

5.2.1 Study aim

The aim of the study presented in this thesis was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage.

5.2.2 Study objectives

In order to achieve this aim certain objectives were identified:

- To explore what 'family' means to school-aged children and their family.
- To enquire into what 'health' and 'well-being' mean to school-aged children and their family who live in areas of urban disadvantage.
- To explore health related views and opinions of school-aged children and their family who live in areas of urban disadvantage.
- To facilitate school-aged children and their family to detail how they maintain their health and well-being.

5.3 Overview of study design

The choice of which research method to employ largely depends on the research question and case study research was adopted for this study. Case study research is appropriate to use when investigating real-life experiences and interactions in depth (Noor 2008). The theoretical framework developed for the study consisted of a combination of Bronfenbrenner's EST and FST (detailed in Chapter 3). The incorporation of Bronfenbrenner's EST helped to position the child at the heart of the study throughout. In addition, it facilitated the exploration of the interrelated layers of social structure for children and families who live in disadvantaged areas which collectively contribute to the construction of social experiences. The inclusion of FST helped to understand the participating families and how they function in relation to the health and well-being. Case

study research provides a well-rounded picture of the phenomena of interest and this 'whole picture perspective' can be attributed to the multiple sources of evidence employed within case study research. Health and well-being are complex issues, thus requiring multiple perspectives for investigation if the experiences and perceptions of children and adults from disadvantaged areas are to be explored successfully. Figure 5.1 provides a step-by-step outline picture of the processes which were undertaken for this research.
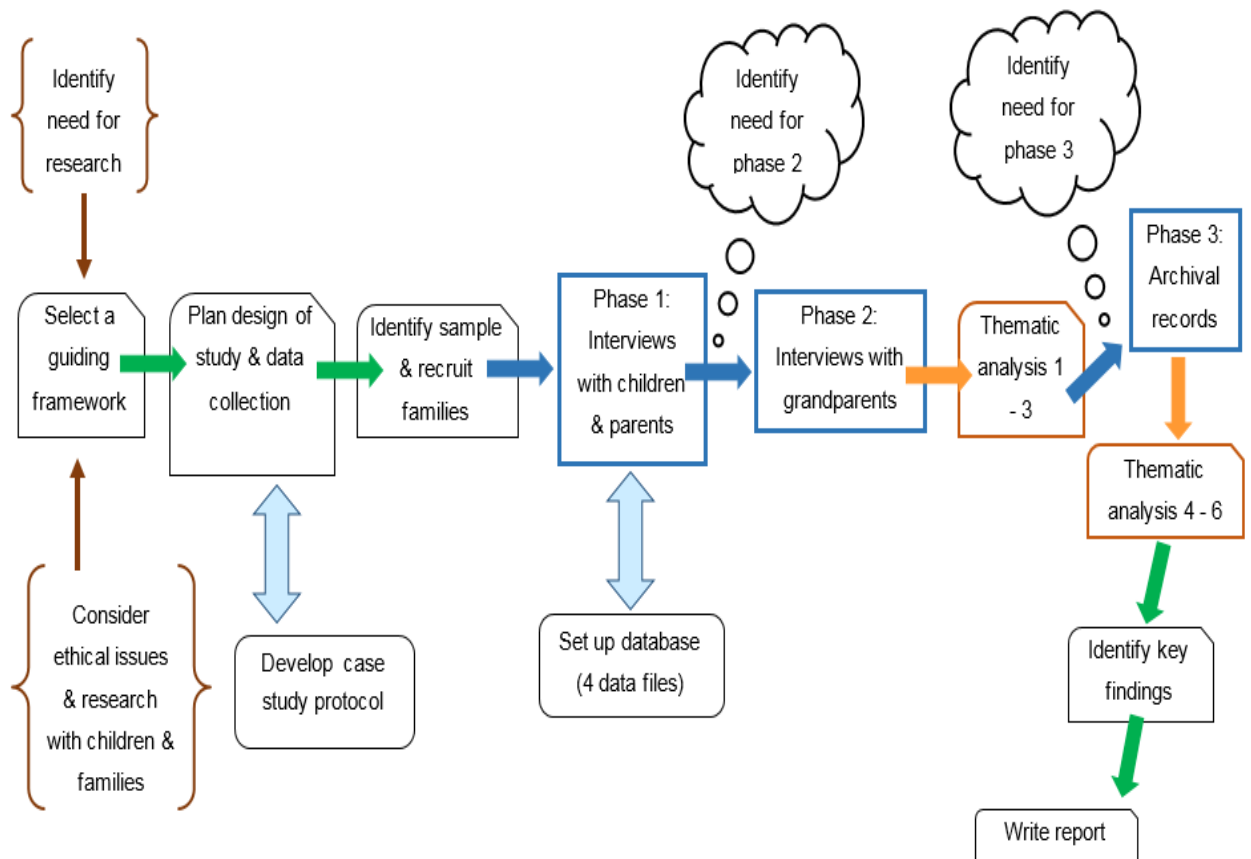
Figure 5.1: The research process

5.3.1 Study design

A notable characteristic in designing a case study is between using a single or a multiple case study design, and this important decision needs to be made prior to the collection of any data (Yin 2014). In this research, the single case is the child and family who live in a disadvantaged area. Case study is about studying the particularity and complexity of a single case and by doing so coming to understand it (Stake 1995). Yin (2014) proposes that a single case design is an appropriate choice under specific circumstances, and he outlines five single case rationales; having a critical, unusual, common, revelatory or longitudinal case. A single case design was chosen for this study in order to acquire a deep understanding of the health and well-being related perceptions

and experiences of school-aged children and their families, who live in areas of urban disadvantage. The case study presented in this thesis is a common case whereby 'the objective is to capture the circumstances and conditions of an everyday situation' (Yin 2014, p. 52). Stake (1995) emphasises that cases are not studied necessarily to understand other cases, instead, the primary obligation of case study is to understand the one selected case.

The core aim of this study was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. One of the main study intentions was to do this from the perspective of the school-aged therefore the study needed to identify family composition from the perspective of the child, in addition to the meaning attributed to concepts such as health and well-being, from the perspective of the child. Children and their families go together; they form a unit in which the child grows and develops. Families are complex and unique units; whose health and well-being strategies are interconnected and occur within the social context to which the family is exposed. Byrman (2008) suggests that case study is an apparent and appropriate blueprint to employ when striving to understand a particular behaviour within its social setting. The case in this research is the child and family who live in an area of urban disadvantage and this case is an intrinsic case since it came about not with a secondary purpose in mind, but out of authentic interest (Thomas 2016). Stake (1995) stresses that intrinsic case study is about 'the case' having the greatest importance.

5.4 Binding the case
'Binding' the case or the creation of boundaries in order to focus the scope of the research is similar to the development of inclusion or exclusion criteria (Baxter and Jack 2008). Once 'the case' has been identified, it is crucial to consider boundaries for the case in order to develop and maintain a centre focal point for the research study as a whole. In addition to maintaining focus, binding the case will ensure that the research project is realistic and feasible within the constraints which exist. In this study, the case boundaries were as follows:
  ➢ Participating families could communicate in English proficiently.
  ➢ Child aged between 7 years and 11 years.
  ➢ Child attending 1 of the 5 DEIS schools included in the main evaluation study.
  ➢ Parent / guardian willing to participate.
  ➢ Child independently willing to participate.

During the initial period of data collection, it became apparent that grandparents played a significant role in the lives, health and well-being of the children and their families. This identification came from the interviews with the children and also from interviews with the parents. Data collection for the study was informed by FST (detailed in Chapter 3), which helped to identify the connections between family members. Once the prominence of grandparents in the lives of the children and their families became apparent, the researcher decided that a phased approach to data collection would be necessary. A phased approach to data collection facilitated a streamlined means of collecting the multiple sources of data which would be necessary to answer the research question. The inclusion of the grandparents in the study was informed by FST and, was also closely aligned with Bronfenbrenner's EST. The flexibility of case study research facilitated the inclusion of grandparents if they could be successfully recruited. The recruitment of grandparents and the detail relating to the three phased approach (outlined in Figure 5.1) to data collection will be discussed later in this chapter.

5.5 Ethical considerations

A study which is designed and conducted upon the foundations of good ethical conduct means that the study, in its entirety, adheres to ethical standards. Ethical principles are utilised to navigate the researcher through the research course (NMBI 2015). Hill (2010) notes that ethical issues surrounding non-medical research with children have received little attention until recent times. Progress has been made, however, and this is reflected in the publication of the report on Ethical Review and Children's Research in Ireland (Felzmann *et al* 2012). Further developments have also been observed as identified in the report on 'Guidance for developing ethical research projects involving children' by the DoCYA (2012) which strives to provide direction to researchers who conduct both medical and non-medical research with children. The latter publication mentioned here identifies six comprehensive core principles for conducting research with children and these are outlined in Table 5.1.

Table 5.1: Principles for conducting research with children. Adapted from DoCYA (2012)	
Core Ethical Principles for Conducting Research with Children	Minimising any potential risk or harm.
	Informed consent AND assent of the child.
	Maintain confidentiality and anonymity.
	Adhere to child protection principles.
	Legal obligations & policy commitments related to children.
	Adopting and maintaining a child-centred approach.

It is essential to acknowledge that ethical guidelines do not provide effortless answers. Instead, they encourage the researcher to consider, reflect upon and justify the standards that they value and most importantly, to be accountable to their participants as well as their peers (Alderson 2014).

This research study was informed by the Ethical Review and Children's Research in Ireland (Felzmann *et al* 2012) and guided by the principles of beneficence, respect for human dignity and justice. Moreover, it was underpinned by article 3.1 of the United Nations Convention on the Rights of the Child (UNCRC1989), which states:

> *"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the **best interests of the child shall be a primary consideration**".*

The principles of beneficence, respect for human dignity and justice, all of which were considered in great detail during the design phase and data collection phases of this study are detailed below.

5.5.1 Ethical approval
Before recruitment, ethical approval was applied for as an addendum to the original ethical approval (Appendix 8) and obtained on the 12th of July 2010 from the Faculty Ethics Committee, Trinity College Dublin (Appendix 9).

5.5.2 Beneficence
Beneficence means to 'do good', non-maleficence means to 'to do no harm', and these are fundamental ethical principles which the researcher must be cognisant of when designing and conducting research. These core principles are fundamental for the right of participants not to be harmed during the research process. The researcher, as a Registered Children's Nurse, is bound by the Code, which is the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014) to ensure that the rights of study participants are protected at all times during the research process. In addition to adhering to the Code (NMBI 2014), the researcher also employed the ethical principles and consideration guidelines set out by the Ethical Conduct in Research Professional Guidance (NMBI 2015).

When considering beneficence and non-maleficence for the families participating in this study, the researcher needed to be mindful of the impact on the various family members

taking part. The researcher was committed to the participating children's well-being and to doing or causing 'no harm' to family members. Alderson (2011) highlights that 'harm' can often be elusive or invisible. It is commonly understood that medical research can cause harm, and for this reason, the need for ethical regulation seems obvious. Non-medical research, on the other hand, may sometimes be viewed as benign or harmless (Alderson 2011) however this type of research often involves asking questions which may seem very personal or even intrusive into people's lives, and this, in turn, could potentially cause upset or embarrassment.

Prior to conducting data collection, the researcher was vetted by the Garda Síochána National Vetting Bureau for child protection purposes. Yin (2014) acknowledges that training is often necessary to prepare the case study researcher and in line with this, the researcher completed child protection training with the Health Service Executive, which was based on the Children First: National Guidelines for the Protection and Welfare of Children (DoCYA 2017). For the child interviews, children could choose to have their parents present if they so wished. Irwin and Johnson (2005) suggest that parental presence during child interviews can act as 'scaffolding' and add richness to the child's account. All interviews with the children in this study were conducted in the child's home with their parent present in the home at the time. When undertaking research with child participants, it has been found that conducting interviews in the child's home is the most comfortable and relaxing setting for children (Spratling, Coke and Minick 2012).

Groundwater-Smith, Docket and Bottrell (2015) emphasise that in order for researchers to adequately address beneficence and non-maleficence they must take action to assess any potential risks to the participants, demonstrate reflexive sensitivity towards participants and also consider the social impacts of the research. For this study, the researcher was exceptionally mindful of potentially causing emotional upset to the participating children due to the various personal subjects which would be discussed during the interviews. In order to prevent such situations from arising the researcher devised a 'traffic light system' (Appendix 4 and detailed later in this chapter) which enabled the children to skip questions which they did not want to answer. The 'traffic light system' is user friendly and provided the child with a non-verbal means of communicating that they did not wish to answer a particular question.

5.5.3 Respect for human dignity
The ethical principle of respect for human dignity includes the right to self-determination and the right to full disclosure (Polit and Beck 2008). The principle of self-determination

refers to the right of the participant to decide voluntarily whether to take part in the research and without concerns or worries relating to their decision. Furthermore, it means that participants have the right to ask questions, seek information, and refuse to give information or to withdraw from the study at any stage.

5.5.4 The process of consent

One crucial procedure for protecting the right to self-determination for participants is the process of gaining their consent. When research involves children the legal right to provide consent resides with the parents/guardians rather than the child themselves, and this is derived from an age-based approach to competence (Groundwater-Smith, Dockett and Bottrell 2015). Although informed consent was obtained from parents/guardians to participate in the study, this was not taken for granted for the children on the day of the interview.

Informed consent for researchers who work with children is comprised of the assent of the child in addition to the original parental / guardian consent (Kodish 2005). Hill (2010) puts forward that in an ideal situation consent should be obtained in person by the researcher following the presentation of written and verbal information regarding the study in addition to the opportunity to discuss its implications and any queries which the child may have. Furthermore, the DoCYA (2012) place additional emphasis on the idea that the assent of the child should be sought independently and also that information explaining a research study should be presented in a child appropriate manner.

Before conducting interviews with the children, the researcher used a specially designed laminated leaflet outlining the study's aim and objectives (Appendix 3) which depicted a cartoon of a boy or a girl thinking deeply. Bray (2007) advocates that the researcher should 'go through' the information leaflet with the child prior to conducting the interview. The thinking clouds from the boy or girl outlined the objectives of the study in summary, easy to read format. The researcher used this laminated information leaflet to explain the objectives of the research, how long the interview would take, what was required to take part, what would be done with the information, who would have access to the information and finally that the child could stop taking part at any time if they wanted. Alderson (2011) specify that the literacy ability of participating adults or children is irrelevant and that it is always imperative that the researcher uses an information leaflet to explain their study and ensure that the child or adult understands fully and does not feel pressurised into participating.

The presentation and discussion of the laminated cartoon information leaflet in conjunction with the 'traffic lights system' ensured that the children had time to discuss the study and their participation in full. It also afforded the children with ample time to ask questions, seek clarification and decide fully if they wished to proceed. Furthermore, this initial dialogue between the researcher and the children presented the researcher with the opportunity to build rapport with the child. Livesley and Long (2012) suggest that the establishment of a positive rapport between the researcher and the child is essential in order for the child to be able to engage effectively during the research interview.

5.5.5 Full disclosure

The principle of the right to full disclosure means that the researcher has explained in full; the nature of the study, the participants right to refuse participation, the researchers' responsibilities, potential risks and benefits to the participants (Polit and Beck 2008). For this study all prospective participants (parents/guardians) were spoken to via telephone prior to the home visit and interview to ensure that they understood participation was entirely voluntary, confidentiality would be maintained at all stages during the research process, the nature of the study and what participation entailed in terms of from the parents and from the children. Emphasis was placed on the maintenance of confidentiality and anonymity by the researcher except for the disclosure of a child protection issue of concern during the research process (OMCYA 2004). During the telephone conversation, the researcher stressed that the assent of the child would be required on the day of the interview and that the study in its entirety would be explained to the child in a child friendly manner. The researcher explained that she would phone back in 7-10 days to see if the family wished to take part, this ensured that the family (parents and child(ren)) had time to consider whether they wished to take part.

5.5.6 Justice

The principle of justice refers to fairness and equality and implies that that the research procedures are fair and just (Holloway and Galvin 2017). All participants within the study were treated fairly and equally. The study protocol (Appendix 1) ensured that procedures for recruitment and data collection were streamlined and this acted as a safeguard to ensure that all participating children and their families were treated the same. The researcher was acutely aware of treating all families with respect, kindness and understanding throughout the research process.

As mentioned earlier in this chapter, case study is about understanding the particularity and complexity of a case (Stake 1995) and in order to do this for this study the researcher

had to ask very personal questions to participating families. Maintaining confidentiality and anonymity can be a challenge within case study research when the personal depth of the investigation is so great; however, it is an ethical necessity. Family numbers were assigned to each participating family; codes were applied to each parent and grandparent and pseudonyms were allocated to each child. Particulars relating to the design and allocation of pseudonyms and codes will be presented in Chapter 6. The coding system was designed by the researcher and understood only by the researcher. The researcher exclusively maintained an identity log of each family and their associated numbers and codes which was kept in a locked filing cabinet, in a locked office. Issues pertaining to confidentiality and anonymity were addressed by the researcher during the informed consent procedures, and participating families did not express any concerns in relation to such matters.

5.6 The setting and the sample

This research was conducted in Tallght, which is the largest town in South Dublin and the largest suburb of the city of Dublin, Ireland. The population of South Dublin is 265,205, and it is predominately comprised of white Irish, catholic people. The most common household type recorded in South Dublin is that of husband, wife and children, followed by husband and wife, followed by mother and children (CSO 2011). The Tallaght area itself has a population of 76,119, and within the area, there are three RAPID[11] areas. As outlined in Chapter 2, RAPID areas are specific rural and urban areas identified by the Government as being particularity disadvantaged and marginalised. This research was carried out in these three RAPID areas of Tallaght.

The study presented in this thesis, although independent, forms part of a larger project undertaken to evaluate the effectiveness of a health promoting school programme. The larger project was conducted in five primary DEIS Band 1 schools in Tallaght (Comiskey *et al* 2012a). DEIS is a policy instrument, launched in 2005 by the Department of Education and Skills, to focus on and address the educational needs of children from pre-school straight through to post primary school, from disadvantaged communities. Schools participating in the DEIS programme receive additional resources and supports such as extra staffing, to help them to achieve the aims of the initiative. The level of additional resources and supports allocated to schools depends on the level of disadvantage of the schools and the communities which they serve. In total, there are four categories of DEIS schools with categorisation made between urban and rural

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primary schools, but no difference highlighted for post primary schools. The categories are outlined below:

- DEIS Band 1: urban highest disadvantaged primary schools.
- DEIS Band 2: urban disadvantaged primary schools.
- DEIS rural: rural disadvantaged primary schools in communities with a population below 1,500.
- DEIS post primary: disadvantaged schools, no distinction between urban and rural.

(Department of Education and Skills 2005)

The children of the families that participated in this study attended DEIS Band 1 schools meaning that they live and attend school in areas of most considerable urban disadvantage.

5.6.1 Identifying the sample

For the main study, 604 children from five intervention and two comparison DEIS Band 1 schools participated in the programme evaluation (Comiskey *et al* 2012a), and these formed the project contacts database. Within this database, 312 parents gave their consent to be contacted by the evaluation team for further aspects of the study. These 312 parents formed the study population for the research presented in this thesis. A purposive sampling approach was adopted by the researcher, the goal of which was to sample participants that could answer the questions being posed. When purposive sampling is adopted in qualitative research, it often occurs at more than one level (Bryman 2017), and that was the case in this research. The researcher sampled for child's age and family configuration. The age of the child was identifiable from the Health-Related Behaviour Questionnaire (HRBQ) (used in the main study) and only children between seven and eleven years were selected for the sample. This meant that children in 2nd class right up to 6th class would be included in the sample.

The 312 families were screened for family configuration, which was identifiable from the HRBQ. All of the families lived in the schools surrounding area, which is an area of significant disadvantaged. The researcher tried to yield a sample of varied family structuring so that information pertaining to families of all forms could be gathered. From the database, the researcher identified five family groupings which were:

- Family type 1: mother, father and child(ren) in the family home.
- Family type 2: mother only and child(ren) in the family home.
- Family type 3: father only and child(ren) in the family home.
- Family type 4: mother, stepfather and child(ren) in the family home.

- Family type 5: grandmother and child(ren) in the family home.

Following the screening process, approximately 55 families were identified as the sample for this study. Some families, although appearing suitable for inclusion, were not included due to contact numbers not being fully recorded on the database.

5.6.2 Inclusion criteria
Inclusion criteria for the study were as follows:
- Participating families could communicate in English proficiently.
- Child aged between 7 and 11 years.
- The child is attending 1 of the 5 DEIS Band 1 schools in the main evaluation.
- Parent/guardian willing to participate.
- The child is willing to participate.

5.6.3 Exclusion criteria
Exclusion criteria for the study were as follows:
- Parents who did not consent to be contacted for further aspects of the main study.
- Children below the age of 7 years.
- Children above the age of 11 years.
- Children who did not wish to take part.

5.7 Recruiting the families

Once potential families were identified and grouped, phone call sessions were commenced by the researcher. If phone calls were answered, the parent/guardian were given specific points of information which are detailed in Table 5.2 below.

Table 5.2: Points of information for potential participating families when contacted by phone
➢ This is the children's nurse from the Healthy Schools Research Team who measured the weight and height of your child in school.
➢ You are being contacted now about a new aspect of the study.
➢ Would you be happy to receive information about this aspect of the study in the post so that you can discuss taking part with your child?
➢ Taking part entails me visiting your home to interview you and your child (if your child is happy to do so).
➢ I will phone you again in 7-10 days to see if you and your child would like to take part.

The researcher made successful phone contact with 40 families in total. None of the parents contacted wished to receive information in the post. Some parents stated immediately that they were not interested in participating for a variety of reasons. Parents who were interested requested a call-back by phone so that they could consider and discuss taking part with their child before agreeing to participation. The call-backs took place 7-10 days after the initial phone call and a home visit were scheduled with the families who wished to take part. Each participating family selected the date and the time for their home visit and interview. Of the 40 families contacted by the researcher, 18 opted to take part; however, in the end, 15 families took part as three cancelled before the home visit due to illness and family issues. Table 5.3 provides a final summary of how many families were contacted and how many participated in the study.

Table 5.3: Family contact record		
Family type	**Number of families contacted by phone**	**Number of participating families**
Family type 1: mother, father and child(ren) in the family home.	10	8
Family type 2: mother only and child(ren) in the family home.	14	4
Family type 3: father only and child(ren) in the family home.	3	1
Family type 4: mother, stepfather and child(ren) in the family home.	11	1
Family type 5: grandmother and child(ren) in the family home	2	1
Total	**40 families**	**15 families**

5.8 Development of interview guides

A qualitative interview is conversational without being an actual conversation, something which Padgett (2017) describes as being difficult to distinguish or indeed put into practice. For this research, interviews were conducted with children and with adults. In total, three interview guides were developed, one for the child interviews, one for the parent interviews and one for the grandparent interviews. For qualitative research interviewing, flexibility is a key requirement, and the researcher needs to be able to respond to issues that emerge during the interview in order to have the respondents represented adequately and accurately (King, Horrocks and Brooks 2019). Semi-

structured interviewing was chosen for this study which enabled the researcher to follow certain lines of enquiry (Holloway and Galvin 2017). Flewitt (2014) notes that the decision about which type of interview to employ for a particular study depends mainly on the approach that is most likely to provide answers to the research question being asked. Within qualitative research interview guides typically outline the main topic that the researcher wishes to cover however they are flexible regarding the phrasing of questions and the order in which they are asked (Bryman 2017, King, Horrocks and Brooks 2019).

The interview guides were developed following engagement with relevant research literature pertaining to child and family health and well-being. The interview guides were developed collaboratively with the researcher and her supervisors. The researchers' fieldwork experience from the main study greatly informed the development of the interview guides because the researcher had gained invaluable practical experience in relation to children's ability to engage with the research process, sit and answer questions and to follow instructions. During the development of the wording for the questions contained within the interview guide, the researcher adhered to several considerations suggested by Polit and Beck (2008), which are outlined in Figure 5.2.
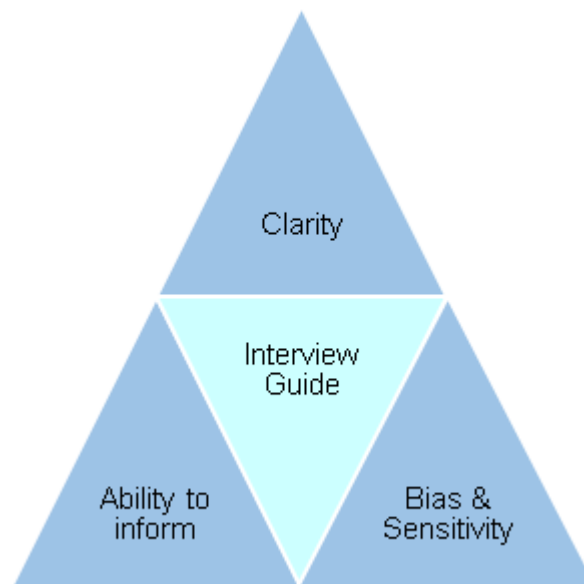

Figure 5.2: Considerations for wording interview questions. Adapted from Polit and Beck (2008)

By employing these considerations, the researcher was able to develop clear, unbiased, un-ambiguous questions to ask the children, parents/guardians and the grandparents that would help to elect meaningful information from the interview processes. Issues

about clarity and ability to inform were addressed through the use of NALA (National Adult Literacy Agency) Plain English guidelines (https://www.nala.ie/resources/plain-english-guidelines-glance) and also via the researcher's experience as a Registered Children's Nurse working with children and families in a variety of settings. The researcher was conscious of forming questions that were phrased in everyday language and not professional vocabulary to encourage informed and relaxed interview dialogue. The researcher also devised questions that asked about concrete experiences rather than theoretical questions as advocated by Green and Thorogood (2018) for example in the child interview schedule "Can you tell me about a time when you felt sick or unwell"? (Appendix 5: Section D). Asking about real experiences rather than hypothetical experiences has been found to be appropriate for children of various developmental levels (Spratling, Coke and Minick 2012) therefore suitable for this research study as children between the ages of 7 and 11 years took part.

5.9 Conducting research with children and families

Conducting research with families is unique and different for a variety of reasons. Greenstein (2006) suggests that research with families is distinctive on the grounds that defining the family is not straightforward, families are systems of individuals, family members sometimes occupy multiple roles, much of family behaviour is private, and finally, everyone has preconceived ideas about family life. Conducting research with families is further complicated by the fact that research with families entails collecting data from both child and adult participants.

Children and young people are now seen as active partners in the process of research (Alderson 2008, Christensen and James 2008, Heath *et al* 2009). Not only do children have things to say, but they want to heard (Livesley and Long 2012). It is widely accepted that in order to understand children and childhood, children need to be listened to actively and also be dynamic participants of the research process (Lambert, Glacken and McCarron 2013). This, however, does not come without its challenges as planning and conducting research with children involves sufficient flexibility on the part of the researcher in addition to particular methodological and ethical challenges.

Recent decades have seen a significant increase in the drive to research and understand children's lives. Following the United Nations Convention on the Rights of the Child (1989) children are now viewed as reliable and knowledgeable contributors to modern society (Harcourt and Einarsdottir 2011) who have a right to be heard and have their views taken into account (Thomas 2011). A new paradigm for the study of childhood is

emerging (Prout and James 2015) and this paradigm is framed by the 'new sociology of childhood' whereby the focus is on children as social actors in their lives and how they influence their social circumstances in addition to how they themselves are influenced by them (Christensen and James 2008, Christensen and Prout 2010, Mason and Hood 2011).

5.9.1 Differences between children and adults

There are specific inherent differences between children and adults, and for this reason alone, it is logical to suggest that when conducting research differences must, and do exist. Differences exist between children and adults when conducting research not necessarily because of children's ability to understand but rather as a consequence of the perceived roles within the community, society and culture which they find themselves (Fraser, Flewitt and Hammersley 2014).

Hill (2010) cites two key primary differences between children and adults when conducting research, and these are directly related to ability and power. Children's ability differs greatly from child to child, and their developmental level also varies considerably even for children of a similar age. Power is closely linked to status. Within society, adults are attributed with authority over children, and consequently, children may find it difficult to disagree with an adult or say something which they think an adult may not approve of (Hill 2010). Punch (2002) remarks that while it is essential to acknowledge the power difference between adults and children, it is also imperative that that this one difference does not dominate to the determinant of other important research issues such as rapport development and clarity of questions.

It has been suggested that there exist three broad areas of explanation as to why research with children is different from research with adults and these are the position of childhood in society, adults' attitudes towards children and children themselves (Punch 2002). As mentioned previously there currently exists a 'new sociology of childhood', and this has emerged as a result and most notably due to the influence of the United Nations Convention on the Rights of the Child (UNCRC 1989). It has become widely accepted and believed that children are valued members of society and furthermore have agency in their own lives (James and Prout 1997).

Although the development and generation of knowledge have traditionally been viewed as an adult domain, the new position of children in society, coupled with the explicit recognition of children's agency has led to the idea of children sharing power as co-

creators of knowledge (Kellett 2014). In Ireland, this new concept is clearly evident in the various consultations with children for example in the report Life as a Child and Young Person in Ireland: Report of a National Consultation (Coyne, Dempsey and Comiskey 2012), the consultation with children report on Healthy Lifestyles, Have Your Say: A Consultation with Children and Young People (DoCYA 2016) and the consultation with children on after-school care in the report Consultations With Children on After-School Care (DoCYA 2017), to mention just a few. Since the publication of the National Children's Strategy in 2000 (Government of Ireland 2000), a variety of initiatives have been undertaken to encourage and facilitate children and young people's participation. One such strategic initiative was the establishment of an Ombudsman for Children Office in 2002 and the appointment of the first Ombudsman in 2004 (https://www.oco.ie/about-us/). This development was closely followed by the establishment of the Department of Children and Youth Affairs in 2011 and the very first ministerial post for children in Ireland. Collectively these initiatives and consultations actively strive towards giving children a voice in matters which affect them, they allow children to voice their thoughts and feelings on matters affecting their lives and they also give children the opportunity, to contribute to the generation of new knowledge on issues concerning them.

5.10 Participatory research techniques for children

Darbyshire, McDougall and Schiller (2005) believe that research with children requires creativity, not only on the part of the researcher but also on the data collection methods adopted for the study. Mayaba and Wood (2015) concur with this thought by remarking that collecting data from children is not 'child's play' but rather a challenging task which requires thoughtful design on the part of the researcher. There are numerous creative participatory techniques for data collection with children described within the literature. Examples of these include the decision making pocket chart, the pots and beans activity, the diamond ranking (O'Kane 2008), the stick a star quiz (Lambert, Glacken and McCarron 2013), storytelling, digital photography, participatory audio or video (Kleine, Pearsons and Poveda 2016), time strips (Andersen, Hurrelmann and Schneekloth 2012), picturetalk (Guijt 2014), photovoice (Curtis, Hinckson and Water 2012), interactive floor mats (Forde *et al* 2017) and the popular draw and write technique (Backett-Milburn and McKie 1999, Bradding and Horstman 1999, Horstman *et al* 2008, Knighting *et al* 2011, McWhirter 2014). Researchers world round endeavour to create new methods to access children's perspectives (Merriman and Guerin 2006) or to refine tried and tested reliable participatory techniques. Creative techniques can aid the communication process when collecting data with children however additionally, as highlighted by Spratling, Coke and Minick (2012) they can also serve as adjunct data sources rendering them even more

worthwhile. On a cautionary note, Greene and Hill (2010) emphasise that the researcher must be cognisant of the level of understanding of participating children and also of their specific level of knowledge and interests when engaging participatory techniques.

Art based techniques are a recognised conduit for children to express their views on many different topics that interest them. Art is regarded as the symbolic language (Coad 2007) of children through which they express their feelings and viewpoints. Drawing, in particular, is one of the most important means by which children express themselves as it is a natural activity that they engage with on a regular basis. Drawing techniques with children include support tree, amoeba people, drawings of significant others and house people (Taylor, Clement and Ladet 2013). Drawing as a participatory technique is suitable not only for children who do not have language fluency to express themselves but for all children since drawing is, in itself, considered to be an alternative language for children of all ages (Hamama 2009).

Visual methods are particularly helpful for children to recall and explore both positive and negative experiences (Kleine, Pearsons and Poveda 2016). Task based activities direct children's attention away from the researcher and to the 'task at hand'; this, in turn, bestows greater control to the child over their participation (Coad 2007). Visual and art based techniques facilitate a certain scope for imagination during data collection. Ireland and Holloway (1996) believe that children's imagination confirms the accuracy of a research study's findings. With this in mind, it is imperative to remember that all participatory research activities must be fully explained to participating children to ensure clarity before the task (Coad 2007).

5.11 Data collection and observations

The end goal of case study research is to understand the case as completely as possible (Richards and Morse 2013). Classically, case study research relies on interviews, observations and document analysis (Denzin and Lincoln 2008). Yin (2014) believes that most people associate the doing of a case study with the collection of the case study data. As mentioned earlier in this chapter, prior to the commencement of data collection, a protocol for the study was developed. Yin (2014) advises that using a protocol is an effective way to increase the reliability of the case study in addition to ensuring the efficient collection of case study data.

5.11.1 Phases of data collection overview

Although a phased approach to data collection was planned from the beginning of this case study (due to the multiple sources of evidence) the execution of how this would be achieved was not clear from the outset. In the end, data collection occurred over three completely separate phases. Phase one carried out between August 2010 and July 2011, comprised of a series of semi structured one-to-one interviews with the study child and the child's parent in the family home. Phase two of the study was conducted between October 2012 and January 2013 and comprised of semi-structured interviews with grandparents in their home. During the initial steps of thematic analysis (steps 1-3), the researcher identified a need to conduct phase three of data collection before advancing the study analysis further. This decision was made following the identification of the initial themes within the data. The researcher knew that advancement of the data analysis could not take place until the third phase of data collection was complete. The rationale behind this was that in order to 'review developing themes' (step 4) and 'define the theme and state what is unique about it' (step 5) the researcher needed to gather specific data that would enable a further element to the triangulation of data and affirmation of information about themes. Phase three of data collection was conducted in November 2016.

5.12 Preparation for interviews with children and their families

Within qualitative research, interviews are often coupled with other forms of data collection in order to provide the researcher with the most well-rounded view of the phenomena of interest. Before commencing phase one of data collection, a pilot interview was conducted. By conducting a pilot interview, potential limitations or flaws within the interview or design are highlighted (Turner 2010), which enables necessary augmentation to the interview guide and study protocol before data collection. For this study, a pilot interview was essential to ensure that the chosen participatory techniques and the interview guides were suitable for the children and the parents as well as the study's objectives.

5.12.1 Developing rapport

The development of rapport is seen as a key component for successful interviewing in qualitative research (King, Harrocks and Brooks 2019). As a children's nurse, the researcher is intensely aware of the importance of developing a rapport with children and their families in order to cultivate a therapeutic relationship. When caring for children and their families in the hospital setting a rapport can be established during the admission process and built upon during the child's hospital stay. For the purpose of research,

however, the development of rapport with children and families can be challenging, especially if the researcher has just a single opportunity during one home visit. King, Harrocks and Brooks (2019) believe that although there is no 'guaranteed recipe' for the successful development of rapport, it may be helpful to meet with study participants prior to conducting the research interview. They elaborate to explain that by meeting participants before the day of the interview, the research is not trying to build rapport from 'cold' at the start of the interview. For this study, the researcher had previously met with all of the participating children when she measured their Body Mass Index (BMI) in school for the larger evaluation project. Although this interaction with the children in their school had been short, the foundations for the development of rapport had been initiated. Livesley and Long (2012) highlight that in order to conduct insightful research interviews with children, it is essential that the researcher establishes a positive rapport and develops a meaningful relationship with the child.

5.13 Child interviews

The school-aged child was the 'key informant' in the study, and key informants are valuable for whom they know and for what they know. Although the inclusion of a key informant interview provides vital information for the study façade, Padgett (2017) forewarns that it is not a substitute for interviewing a wide variety of individuals concerned with the phenomena of interest. All of the interviews were scheduled for a date and a time which suited the family; therefore, some were conducted during the day while others were conducted in the evening time. Face-to-face interviewing, coupled with the verbatim transcribing of interview audio, is an excellent way to ensure the authenticity and confirmability of a study. All the child interviews took place in the home, which is the most commonly used location for research interviews with children (Spratling, Coke and Minick 2012). Parental presence has been found to be both comforting and inhabiting for children during research interviews (King, Harrock and Brooks 2019). For this study, the children themselves choose whether to have their parent present for their interview.

Conducting research interviews with children in the home can be challenging, and the need to be flexible in one's approach cannot be overestimated (Bushin 2007). No two families are the same, and for this reason, each interview situation is different. King, Harrock and Brooks (2019) put forward that the physical space where interviews take place can significantly influence how the interview proceeds and they highlight comfort, privacy and quiet as being the three main influencing environmental aspects. For the study presented in this thesis, the researcher had very little control over the environment due to the nature and reality of conducting interviews in busy family homes. When

interviewing in family homes, a flexible thinking approach is recommended (Bushin 2007) as this will greatly influence the level to which the child is able to engage with the research process.

At the commencement of each interview, the researcher showed the child a cartoon picture of a thinking boy/girl, which outlined the study objectives in plain English (Appendix 3). Visual materials are often used by researchers to stimulate discussion as part of an individual interview (Heath *et al* 2009). The researcher used this cartoon outline to ensure that the child understood what would be discussed during the interview, what would be asked of them and also to allow the child to ask any questions which they may have before commencing the interview. Livesley and Long (2012) emphasise that researchers are obliged to ensure that children are aware of their role within a research study and furthermore that they understand the researcher's expectations of them. The use of the cartoon pictures contributed towards the study's trustworthiness and also ensured that each child was treated fairly.

The use of creativity by the researcher has been found to significantly enhance the qualitative research interview with child participants (Spratling, Coke and Minick 2012). For this study, the researcher made a set of laminated traffic lights by hand (Appendix 4). The objective of the traffic lights was to provide the child with a non-verbal means of bringing the interview to a standstill (red light) if they wished to skip a question and indicate if they were ready to proceed to the next question (green light). The working mechanism of the traffic light system was explained and demonstrated to the children at the commencement of the interview. When conducting research with children, there is always the potential for sensitive issues to emerge (Tisdall, Davis and Gallagher 2009) therefore the researcher wanted the children to have a nonverbal means of opting to skip any questions which they did not want to answer. The inclusion of the 'traffic light system' added to the study's credibility because their use ensured that children answered the questions which they wanted to answer and wanted to talk about. Their inclusion also ensured that children were not coerced into answering questions that they did not want to answer or discuss topics that they did not wish to talk about.

The use of participatory techniques for interviews with children has been explored earlier in this chapter. O'Kane (2008) advocates the use of participatory techniques for research with children; however, she warns that their success is dependent on the process adopted for the technique rather than the technique alone. For this reason, a detailed account of each technique was included in the child interview guide (Appendix 5) and

referenced in the study protocol (Appendix 1) to ensure that the researcher adopted the same process for each child. By adhering to the interview guide and the study protocol, the credibility and dependability of the study were maintained. The activity of drawing was chosen as a technique to use with the children in the study since it serves as a springboard (Clark and Moss 2009) to get the interview underway and also because it is a child-centred method (Merriman and Guerin 2006). The child interview comprised of three drawings in total which were interwoven with interview questions, sections a, b, c and d of the child interview guide. Each child was offered a selection of coloured paper and markers to choose from to do their drawings, which although a small gesture, facilitated choice and autonomy for the child. For the first drawing, children were asked to draw a 'spider diagram' (genogram) of who was in their family. A genogram is a useful tool that enables the gathering of very complex family information (Wim-Bush and Peters 2000). Some of the children were familiar with the concept already from school, and for others, this was a new concept; therefore, it needed to be explained in more detail. Genogram's highlight the family in the broadest context (Butler 2008) while at the same time providing qualitative information on family functions such as relationships and communication (Wim-Bush and Peters 2000). A genogram is a graphic portrayal of the composition and structure of one's family (Rempel, Neufeld and Kushner 2007, Taylor, Clement and Ledet 2013). The purpose of the genogram was to identify who constitutes the family of each child from their own perspective. See Figure 5.3 for an anonymised genogram example from the study.
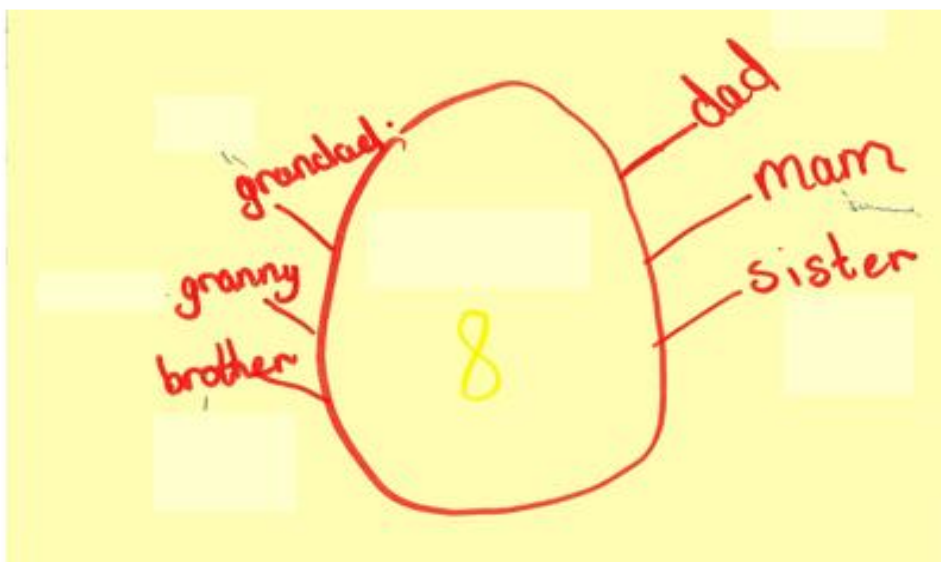
Figure 5. 3: Drawing 1: 'Spider diagram' by Lucy, eight years old, Family 9

When the child completed their genogram the researcher and the child chatted about the 'spider diagram' (Appendix 5: child interview guide section a) to clarify meaning and representation and also to identify who were the significant people in the child's life and family. Fargas-Malet *et al* (2010) remind us that although research in the past focused on the meaning of children's drawings, the more modern approach is based upon the child's explanation of the drawing. This was the central technique used in this study to give voice to the child during the interview process and to elect an accurate representation of the perceptions and experiences of the children.

The second drawing activity within the child interviews was the 'Time Pie'. Children were asked to draw a circular pie which would represent a typical day from when they got up in the morning right through to going to bed and get up the following day. They were then asked to divide their day into sections, with each section representing how they spend their time (Appendix 5: child interview guide section b). Larger slices of the pie would represent more significant segments of time, and smaller slices would represent smaller segments of time in an ordinary given day. Figure 5.4 is an anonymised example from the study.

Figure 5.4: Drawing 2: 'Time Pie' by Sophie, 11 years old, Family 10

When the children were finished, the researcher discussed each section of the pie with the child and explored time spend, activities, and whom the children spend their time

with. Some of the younger children asked the researcher to fill in the activity for the sections they drew, and other children asked for help with their spelling. The researcher encouraged the children to 'not worry' about spelling and offered help with spelling as required. For the families where two children were participants, instructions for the drawings were delivered to the children together, and the drawing activities were conducted together. Once the drawings were complete, the children took turns to be interviewed and to discuss their drawings.

The third and final drawing in the interviews with the children was the 'My Family' drawing. The objective of this drawing was to prompt the children to think about what 'family' means to them as individuals. Figure 5.5 provides an anonymised example from the study.
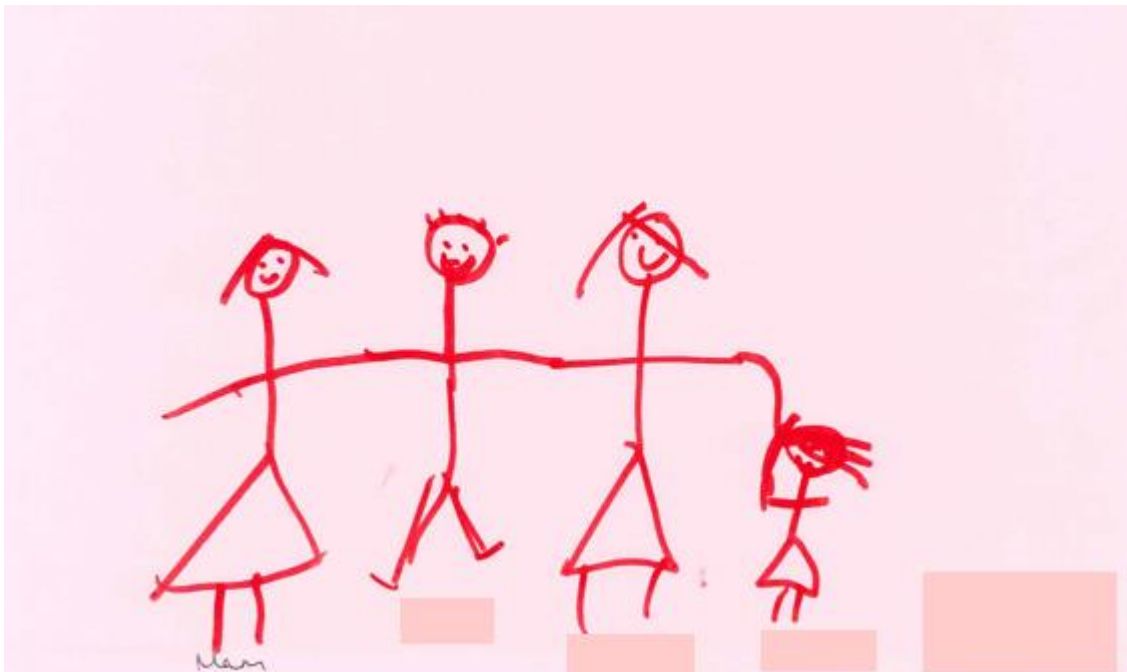
Figure 5.5: Drawing 3: 'My Family' by Emma, nine years old, Family 13

When the children completed their drawing, the researcher asked them about what they thought 'family' meant, and if they thought that family was important or not. This opened a discussion with the child about their perspectives on family and how they felt about their family and also about their family life experiences.

As previously mentioned, all of the child interviews were conducted in the home. Scott (2008) believes that when conducting research with children, the location of the interview is likely to influence the child's response. The researcher was cognisant of ensuring that

the child felt relaxed during the interview process. Responses from children interviewed in school can be influenced by fellow students (Scott 2008), whereas the home environment is more relaxed and familiar to the child. Despite this, however, the home environment can and does pose certain challenges for the researcher, as highlighted earlier in this chapter. As a visitor to the home, the researcher must negotiate their position since this is not clearly defined (Mayall 2008). The home environment can be boisterous, and interruptions can occur easily. Bushin (2007) believes that due to the uniqueness of each family home, the interview setting and situation cannot be managed in the same way as for other research settings such as in schools. For this research, the author approached each home visit with a flexible mind-set, and the study protocol combined with the interview schedules, helped the researcher to maintain a streamlined approach as far as was possible.

Various authors who have the real-life experience of conducted research with children all cite the importance of rapport (Westcott and Littletion 2005, Scott 2008, Fargas-Malet *et al* 2010, Livesley and Long 2012) and this has been discussed previously in this chapter. Having formed the foundations of rapport through meeting the children in their school for the larger evaluation study, the researcher took time when meeting the child in their home to chat with them informally before the commencement of the interview. The inclusion of drawing activities as participatory techniques greatly encouraged and supported the rapport between the researcher and the child. In addition, the drawing activities empowered the children to express their thoughts, feelings and experiences about a variety of complex issues related to health and well-being.

5.14 Parent interviews

Interview data was collated from 14 parents in this study. The parent interviews were conducted during the same scheduled visit as the child interviews with the exception of one family that needed to be visited twice in order to complete the interviews. The home visit was negotiated and arranged between the researcher and the parent on the phone; however; the researcher had not met the parents before. Issues that influence interviews with children are similar for adults and Aldgate and Bradley (2008) cite 'rapport' as being the most significant issue. The foundations for rapport with the children had been established in their school, as discussed previously. However, the home visit would be the first meeting between the researcher and the parents. How one presents oneself including clothing, non-verbal communication and type of language used, impacts upon the establishment of rapport and the relationship with the participant (King, Harrocks and Brooks 2019). For the study presented in this thesis, the researcher opted for casual

clothing and an informal, friendly approach as she did not wish to appear overpowering to the families. Bryman (2017) describes the establishment of rapport between the interviewer and the interviewee as a 'fine balancing act' as too much rapport may result in the interview going on too long, and respondent may get bored or too little rapport may result in short and limited answers from the respondent. The researcher took time to have some general chat with the parent before commencing the interviews in an effort to foster rapport and to make the parent feel comfortable to engage in the interview process. Despite these efforts, however, it became clear to the researcher after the first two home visits that in order to negotiate place within the home (Mayall 2008) the researcher would have to divulge some personal information. During each interaction with parents in the study, the researcher was asked personal questions about having children and work life balance. These informal conversations, initiated by the parents, were crucial to the development of rapport with the parents and the negotiation of place (Mayall 2008) within the home.

In order to commence the parent interview, the researcher used the same laminated cartoon pictures (Appendix 3) that would be used for the child interviews. The rationale for this was that it set the scene for the parent in relation to what their child(ren) would be asked and also what they would be asked about their family, health and well-being. Parents were encouraged to ask questions and seek clarification at any point in time. Certain probing tactics were utilised during the interview process to elect in-depth information from the parents. King, Horrocks and Brooks (2019) believe that effective probing technique required active listening on the part of the researcher. The researcher listened intently to what the parents had to say, allowed ample time for parents to answer questions and maintain positive and encouraging body language throughout the interviews. Non-confrontational standard probing techniques (Bryman 2017) were used to elect further detail on certain issues and topics that arose from the interview, such as "can you tell me a little more about that"? Similar to the child interviews, the parental interviews were audio-recorded to be transcribed verbatim at a later date.

5.15 Grandparent interviews

Grandparent interviews were conducted during phase two of data collection, and in total, six grandparents were interviewed. When interviewing older adults, researchers need to be mindful of certain issues specific to the older adult population such as age-related changes in sensory and cognitive processes (Gerolimatos, Gregg and Edelstein 2014). The fifteen families that took part in phase one of the study were contacted by the

researcher via phone. If phone calls were answered, the parent was given specific points of information which are detailed in Table 5. 4 on the next page.

Table 5.4: Points of information for potential participating grandparents when contacted by phone
➢ This is the nurse researcher who visited your home recently to interview you and your child about families, health and well-being.   ➢ I am contacting you now because I am looking for some grandparents to take part in the same study.   ➢ Would you be happy to receive information about the interviews with grandparents which I now seek?   ➢ Taking part entails me visiting your / your parent's home to interview them (if they are happy to take part).   ➢ I will phone you again in 7-10 days to see if your parent would like to take part.

It was not possible to get through to all of the families who participated in phase one of the study. When phone contact was successfully made, none of the parents' wished to receive information in the post, and all indicated immediately if they thought that their parent might or might not like to take part. The parents acted as the family gatekeeper between the researcher and the grandparents. The researcher was mindful of the older-adult population and therefore asked the parents if the grandparent had any sensory or other issues which may hinder their participation. When parents indicated that a grandparent might like to take part the researcher specified that she would phone back in 7-10 days to confirm participation which allowed time for the parents and grandparents to consider their participation. In the end, five grandparents were recruited for phase two of the study; one grandparent had already taken part in phase one as she was the child's guardian.

Polit and Beck (2008) highlight the significance of trust in the relationship between the researcher and the gatekeeper. The establishment of trust between the family and the researcher had been established as a result of the success of phase one of data collection and the prologue of meetings between the researcher and the children during the school visits. All of the grandparents were interviewed in their own home and similar to the parent interview, in order to negotiate place within the grandparents' home, the research had to divulge some personal details. The grandparents asked the same questions as the parents related to how many children the research had and if she worked full time. The grandparent interview guide (Appendix 6) was utilised to guide the

interview and the questions, informed by phase one of data collection with the children and parents, focused on grandparent perspectives on the meaning of family, the role of the grandparent within the family and the role of the grandparent in promoting health and well-being within the family. Interviews were audio-recorded and transcribed verbatim later.

5.16 Collection of archival evidence

The third and final phase of data collection comprised of collecting media data from the local library and archival evidence available online. The researcher visited the local library and accessed the publicly available local media reports. These reports were filed and stored in leather bound books. The researcher examined all media reports published in the local newspaper between May 2010 and December 2011. These dates were selected for analysis because these were the dates when phase one of the child and parent interviews were conducted. Reports relevant to the themes which were beginning to take shape from steps 1-3 of thematic analysis were selected. These reports were then scanned and saved to be imported later into the NVivo software file.

Thomas (2016) highlights that nowadays there exists an abundance of websites whereby rich, reliable and informative data can be downloaded. As part of phase three of data collection deprivation index maps were accessed using the online resource at https://www.pobal.ie/. Pobal, formally known as 'Area Development Management' is an organisation that works on behalf of the Government to support communities in their quest for social inclusion and development. RAPID area communities are included in Pobal's remit; therefore, its free Geographical Information System online tool was used to collect data about area deprivation profiling. Relevant information was accessed, and maps were created. They were then downloaded and imported into NVivo as part of the media files.

5.17 Token of appreciation

The idea of giving participants a 'gift' or a 'token of appreciation' is met with varied opinions within the literature (Kodish 2005, Hill 2010). Bushin (2007) describes it as a controversial issue that is not straight forward and requires further discussion. Kodish (2005) specifies that not all payments carry the same ethical implications; therefore, it is important to distinguish between payments. Hill (2010) makes the distinction between bribery and fair compromise, and further states that unannounced rewards do not count as incentives. For this research each child received a €10 voucher for a popular toy store, each family received a €20 voucher for a popular supermarket, and each grandparent

received a €10 voucher for a popular supermarket. These vouchers were gifted by the researcher upon departure from the home and were presented as 'a token of appreciation' from the researcher. Bushin (2007) believes that 'to pay or not to pay' child participants required the researcher to reflect on his/her understanding of children and childhood. For this research, the researcher did not view these vouchers as payment but rather as symbols of gratitude for welcoming the research into their home and for giving their time freely. The researcher also wanted the research experience to be a positive experience for the children and their family and believed that expressing gratitude in this manner would elicit a positive memory for the families.

5.18 Chapter summary

This chapter has explored in detail how the methodological foundations of case study research were applied for the study presented in this thesis. The chapter commenced with the overview of the study design and a detailed matrix flow chart of the research process (Appendix 10) as it occurred within the study. Ethical considerations pertinent to the children and their families were explored, including a detailed account of how the ethical principles were applied within the study. Research with children and families can be complicated, and for this study, a variety of communication and participatory approached were required in order to collect accurate and in-depth data. A thorough account of sample identification and family recruitment has been provided. Moreover, finally, the development of the interview guides was explored, and the intricacies of data collection were discussed. The next chapter, Chapter 6 will present the findings from the study.

Chapter 6: Presentation of Findings

6.1 Introduction

This chapter presents the findings from the study. Before the findings are presented an overview of the study population and sample will be provided and then an overview of the participating families. Detail will also be provided pertinent to the phased approach which was adopted for the collection of data. Case study research design classically employs multiple data sources and within this study the largest data source was generated from the face-to-face interviews. A comprehensive account of the amount of interview data generated will be offered along with an account of how the data was anonymised prior to reaching the findings stage.

6.2 Overview of the study population and sample

The author has previously outlined in Chapters 2 and 4 that the study presented in this thesis, although independent, forms part of a larger project which evaluated the effectiveness of a health-promoting school programme among children attending urban disadvantaged schools. Owing to the larger project, certain information about the population of the study reported on in this thesis, and the schools that participating children of the current study attended, is now available. This information, derived from findings from the larger project, contributes to what is known about the population from which the sample for the study in this thesis was obtained. The population of the main study, and subsequently the sample for this study, comprised of children who attend DEIS band 1 schools. This means that the population and yielded sample included children attending schools that are recognised by Government as being at the highest level of disadvantage and participating children all lived locally to these exceptionally disadvantaged schools.

Findings from the larger study have identified that the ratio of two-to-one parent households was lower than the national average, 60:40 and 80:20 respectively (Wynne *et al* 2014). This is not a surprising finding since the area where this research was conducted is characterised by higher than national levels of lone parent households (Axford *et al* 2004, Murphy and Guerin 2012). Despite this however, although many of the parents who participated in the larger study categorised themselves as being single in survey tools, most (60%) lived with a partner (Wynne *et al* 2014). This possibly explains why the final sample for this research comprised mostly of children who lived with both their mother and their father.

The main study identified that psychological well-being, school environment, social support and peer relations were all found to be statistically significant predictors of higher levels of depression in children under the age of 12 years (Comiskey *et al* 2015). This finding highlights the primary predictors associated with the mental health of the children within this study's sample population. Comiskey *et al* (2015) believe that further research among children who live in disadvantaged areas needs to focus on the impact of social, peer and parental supports on children's health and well-being. The larger study also unveiled interesting information in relation to children's activity, well-being and safety aspects of their lives. Within the sample of the larger study 86% of children reported that they owned a bike however only 50.4% reported that they wore a helmet when cycling their bike. More encouragingly however, when the children were asked about wearing seat belts while travelling in vehicles, 93% of children reported that they wore a seatbelt (Quirke *et al* 2013). The larger study also identified that children approaching adolescence reported poorer physical and school well-being than younger children (Comiskey *et al* 2015). Additionally, it also found that children whose parents had moderate-to-severe levels of depression fared worse on school well-being than children whose parents were not depressed (Hollywood *et al* 2013).

The information yielded from the main study is relevant for the study presented in this thesis as it helps to set the scene in relation to what is currently known about this study's population. The sample for this research was obtained from the population of the main study sample and thus participating children and families all live in areas of significant disadvantage. Furthermore, information generated from the main study has provided an informative background in relation to certain aspects of health and well-being of the children who participated in this research. The next section will outline how families were recruited from the sample database of the main study.

6.3 Participating families
The previous chapter provided an account in relation to how families were recruited to participate in the study. Of the 40 families contacted 15 opted to take part and these varied by family configuration and family circumstances. The recruitment of families for phase one of data collection is detailed in Chapter 4. For phase two of data collection, 14 of the 15 families that took part in the study were contacted again by phone and asked if there was a grandparent within the family who would be interested in taking part in the study also. One family was not contacted as the grandparent had taken part already in her capacity as guardian for the participating child. The information points provided over

the phone were similar to the original information points for recruiting families. These are detailed in Table 6.1 below.

Table 6.1: Points of information for potential participating grandparents when families were contacted by phone
➢ This is the children's nurse from Healthy Schools who you met a few months ago when I interviewed you and your child in your home.
➢ I am phoning now as I am looking for some grandparents to participate in the same study as you and your child.
➢ The reason I am now including grandparents is to get a whole picture of the family and their health and well-being.
➢ There is absolutely no obligation for a grandparent to take part.
➢ Would you like to receive information about this aspect of the study in the post so that you can discuss taking part with a grandparent within the family?
➢ If a grandparent wishes to take part it entails me visiting them in their home or your home (whichever is preferable) to interview the grandparent.
➢ You can be present for the interview if the grandparent wishes.
➢ If a grandparent decides to take part they can change their mind at any stage.
➢ I will phone you again in 7-10 days' time to see if there is a grandparent within the family who wishes to take part.

In total 14 families were successfully contacted about grandparent participation, 4 expressed an interest in taking part, 3 declined straight away on the phone for a variety of reasons, 3 said that the grandparent was deceased, and 4 families were uncontactable. None of the families wished to receive information in the post and every family asked to negotiate a date and time for the interview via text message. In the end, five grandparents took part (one had already participated in capacity of guardian) and each of the five were maternal grandparents. Similar to the child and parent interviews in phase one, the grandparent interviews were audio recorded with the permission of each of the grandparents.

6.3.1 Archival data: media data
Phase three of data collection took place following step four of data analysis. It was important to commence analysis of the child and family data prior to phase three of data collection because this was the only way of knowing what contextual elements needed to be identified in relevant media data and archival records. It was also essential that

phase three of data collection was complete before step five of data analysis which is when the themes are defined and named. The media data source chosen for analysis was the local newspaper. This data source is publicly available in the local County Library and was accessed in November 2016.

6.4 Interview data
Altogether 15 families participated in the study and interview data were collected from 19 children, 14 parents and 6 grandparents. Interview duration varied greatly from family to family. The child and parent interviews in phase one lasted for between 50 minutes and133 minutes, with an average of 84 minutes. The grandparent interviews of phase two lasted for between 15 minutes and 96 minutes. The volume of audio interview data is detailed in Table 6.2 below.

Table 6.2: Summary of interview data gathered by family number				
Family Number	Child interview	Parent interview	Grandparent interview	Total interview time
1	18 mins	32 mins	N/A	50 mins
2	103 mins		15 mins	118 mins
3	60 mins		N/A	60 mins
4	77 mins		64 mins	141 mins
5	90 mins		22 mins	112 mins
6	83 mins		N/A	83 mins
7	60 mins		N/A	60 mins
8	133 mins		N/A	133 mins
9	73 mins		N/A	73 mins
10	55 mins	N/A	32 mins	87 mins
11	47 mins	46 mins	N/A	93 mins
12	46 mins	30 mins	N/A	76 mins
13	84 mins		96 mins	180 mins
14	100 mins	20 mins	N/A	120 mins
15	46 mins	37 mins	N/A	83 mins
Total length of interview audio				1,469 mins (24 hrs 29 mins)

6.5 Characteristics of participating families
Eligible families were identified from the main study database and using the Health-Related Behaviour Questionnaire (HRBQ) as a guide, families with children aged between 7 and 11 years were identified. Families of various ethnic backgrounds were

included in the list of families contacted however; the final sample comprised of white Irish families only. Although particulars relating to family living circumstances, parental / guardian employment status or educational level was not sought via recruitment or interview, such information was volunteered by family members and became evident during the course of data collection. The researcher collated information from listening to the interview audio and as such, the information, relevant to the characteristics of the participating families is presented in Table 6.3. This information is relevant since it provides some key information related to the background of the participating families.

6.5.1 Protecting the identity of families

During phases one and two of data collection all participants were reassured that their responses would be ammonised in order to protect their identity. In order to protect the identity of the families who participated in this research each family was allocated a family number (1-15). The allocation of pseudonyms is not a straightforward undertaking (Morrow 2008) since it is accompanied with a variety of practical and ethical challenges. For this reason, the decision to allocate pseudonyms over codes or vice versa, requires careful consideration (Saunders, Kitzinger and Kitzinger 2015). Within each family, individual participating children were allocated a pseudonym. Some research studies involving children have generated pseudonyms from the participating children themselves, for example in Morrow (2008) as this was regarded as a fun way to conclude the interview. For the study presented in this thesis the researcher knew each child by name from meeting them in school and in their home. The researcher personally conducted all of the interviews with the families and due to the experience of these interpersonal interactions she decided to apply pseudonyms after data analysis had taken place. The rational for this decision was that the researcher believed that a more accurate and authentic analysis would be achievable if she approached the data with the interpersonal knowledge and personal experience that she had gained from the study fieldwork.

Pseudonyms were employed following the completion of data analysis for the purpose of reporting the findings of the study. The pseudonyms selected for this research were derived from the Central Statistics Office (CSO) database of the top 100 baby names registered in Ireland in 2017, these were accessed online on the 11th of September 2018 (https://www.cso.ie/en/releasesandpublications/ep/p-ibn/irishbabiesnames2017/bnt/). Pseudonyms were selected randomly from the top one hundred boys and girls names, girls were allocated a name from the girls list and boys were allocated a name from the boys list. The researcher selected this database of names to randomly pick pseudonyms

from because it is easily accessible online, and it is comprised of the most popular names for Irish children therefore adding to the anonymity of the allocated pseudonym. The parents were allocated a letter indicating whether they were the mother (M) or father (F) within the family and a number indicating which family they belonged to, for example FF1 respondent is the father in family number 1. Grandparents were allocated letters indicating whether they were the grandmother (GM) or grandfather (GF) within the family and a number indicating which family they belonged to, for example GMF2 respondent is the grandmother of family number 2.

The rational for allocating pseudonyms to the children and codes to all other participants was twofold. Firstly, from a practical point of view it would be convoluted to allocate a pseudonym to each individual as 39 people in total participated in the research interviews. Secondly, Bronfenbrenner's EST (Bronfenbrenner 1979) which was chosen to help guide the design of the case study is a child centred framework. In line with the concept of child centeredness the researcher endeavoured to ensure that the position of the children would remain central to the study thus children were allocated pseudonyms and not codes to avoid the possibility of their experiences and perceptions being lost in a sea of impersonal codes. By allocating a pseudonym to the children, rather than a code, the researcher believed that the analysis and subsequent presentation of the findings would be child centred, authentic and more engaging for the reader. Table 6.3 on the next page provides a detailed outline of the allocated family numbers, pseudonyms, family characteristics, parental codes and grandparent codes used for the presentation of the study findings.

Table 6.3: Family identification number, child pseudonyms, family characteristics, parent codes and grandparent codes				
Family Number	**Child Pseudonym & age**	**Child's family characteristics**	**Parent Codes**	**Grand parent Codes**
Family 1	Sadhbh (11)	Single parent family, mother deceased. Sadhbh is the youngest in her family, she lives with her father and older siblings. Her father has work intermittently. Her mother passed away a few years ago.	FF1	N/A
Family 2	Sarah (11) Conor (8)	Single parent family, parents separated. Sarah and Conor both live with their mother. Their parents have been separated for a few years. Their mother works full time. Their father lives with his new partner and child.	MF2	GMF2
Family 3	David (11)	Two parent family. David lives with his mother, father and sibling. His father has been in and out of work for a long time but is currently working. His mother is currently looking for a job having completed a course.	MF3	N/A
Family 4	Ciara (11)	Single parent family, father deceased. Ciara lives with her mother and sibling. Her mother just recently returned to work. Ciara's father passed away when she was a baby.	MF4	GMF4
Family 5	Bobby (11)	Two parent family. Bobby lives with his father and mother. His mother is expecting a new baby. Bobby's father currently works although his hours have been reduced. His mother works sometimes.	MF5	GMF5

Family 6	Tadhg (11) Sadie (9)	Two parent family. Tadgh and Sadie live with their mother, father and siblings. Their father has work intermittently although he went through a period of no work for a long time. Their mother has worked in community development schemes however she is currently a stay-at-home-mother.	MF6	N/A
Family 7	Ethan (11)	Two parent family. Ethan lives with his mother, father and sibling. His father currently works although he has been on reduced hours for a long time. David's mother is a stay-at-home-mother.	MF7	N/A
Family 8	Cillian (10) Max (7)	Two parent family. Cillian and Max live with their mother, father and older sibling. Their father currently works however he has recently been out of work. Their mother gave up work to care for Cillian.	MF8	N/A
Family 9	Lucy (8)	Two parent family. Lucy lives with her mother, father and siblings. Lucy's father has work intermittently and her mother is a stay-at-home-mother.	MF8	N/A
Family 10	Sophie (11)	Single parent family, legal guardian. Sophie lives with her grandmother who does not work anymore as she is retired. Her mother lives nearby with her sibling, half sibling and mother's boyfriend. Sophie's father also lives a short distance away and she visits him every second weekend.	N/A	GMF10

Family 11	Sam (11)	Single parent family, parents separated. Sam lives with his mother and half sibling. Sam's mother is a stay-at-home-mother. His parents broke up before he was born, and he visits his father in the neighbouring county every second weekend.	MF11	N/A
Family 12	Adam (10)	Single parent family, parents separated. Adam lives with his mother and siblings. His parents are separated, and he sees his father twice a week through the social services. His mother is a stay-at-home-mother and his father does not work.	MF12	N/A
Family 13	Emma (9)	Single parent family, parents separated. Emma lives with her mother, half-siblings and mother's boyfriend who she sometimes refers to as her 'step-father'. Emma's mother does not work due to health issues. Emma sees her father every second weekend; he does not work.	MF13	GMF13 GFF13
Family 14	Noah (8) Alex (7)	Two parent family. Noah and Alex live with their mother, father and siblings. Their father has work at the moment, but his work has not been consistent. Their mother is a stay-at-home-mother.	MF14	N/A
Family 15	Niamh (11)	Two parent family. Niamh lives with her mother, father, sibling and step siblings. Her father works although he has had reduced hours in the past. Her mother has recently started to work a few hours a week.	MF15	N/A

The 'Family Pen Picture' for each family was coded according to family number, for example FPP1 represents the Family Pen Picture for family number 1 and so on. Some of these fieldnotes were modified and added to following the grandparent interviews. The media reports were scanned, saved and allocated an individual title as per their unique content. The archival records were accessed online, saved via screen shot and labelled according to content.

6.6 Findings

The overall reporting of a case study should aim to tell the story of the evolution, development and experience of the case of interest (Simmons 2009). In this research, the case of interest is the child and family who live in a disadvantaged area as detailed in Chapter 4. Yin (2018) describes the reporting of the findings from a case study as 'composing' and attributes this type of reporting to the fact that case study does not follow any specified stereotypical format. The case in this study is a single case, it is comprised of a unit and sub-units of analysis which are collectively embedded into the case and it sits within a particular context. The units of analysis and data sources have been explained in Chapter 5. The findings of this research are organised under four primary themes which were formed following a complex triangulated analysis of the various data sources. In line with the final step of thematic analysis described by Braun and Clarke (2012) each theme was given a name and a description. Theme names and descriptions are provided in Table 6.4.

Table 6.4: Final themes and description of themes	
Name of theme	**Description of theme**
Theme 1 Our family life	Provides an in-depth account of what family means to children and families from the perspective of the child, the parent / guardian and the grandparent. This theme captures the uniqueness of the perceptions of children and families who live in an area of urban disadvantage. Additionally, this theme provides a comprehensive account of the unique family dynamics which exist among these families and how children and families from areas of disadvantage live their everyday lives. This theme also emphasises the significance of the role of maternal grandparents in the lives of the child and family who live in disadvantage.

Theme 2 Sustaining family health	This theme provides a detailed narrative of children's perceptions and experiences of health and well-being. It explores concepts associated with health and well-being from the perspective of the child. This theme also offers a thorough explanation of how children engage with play and how they incorporate rest into their daily lives. Finally, this theme explores parental health status and parental perceptions of health and well-being.
Theme 3 Parenting during difficult times	This theme presents and explores challenges experienced by parents in relation to the maintenance of their child's safe growth and development. This theme also highlights the complexity associated with family's financial experiences.
Theme 4 Living everyday and looking to the future	This theme depicts the thoughts and views of children and families in relation to the area where they live. This theme provides a detailed account of the experiences of children and families about the issues associated with living in an area of urban disadvantage. Finally, this theme presents parental experiences of and issues associated with employment.

Each of the four formed theme consists of sub themes and these are presented in Table 6.5 below.

| Table 6.5: Theme number, theme and sub-themes		
Theme Number	Theme	Sub-themes
Theme 1	Our family life	• What family means to us • How our family works • Role of maternal grandparents
Theme 2	Sustaining family health	• Children's health and well-being • Parental health challenges
Theme 3	Parenting during difficult times	• Keeping kids safe these days • Managing money
Theme 4	Living everyday and looking to the future	• Our area • Employment

6.7 Theme 1: Our family life
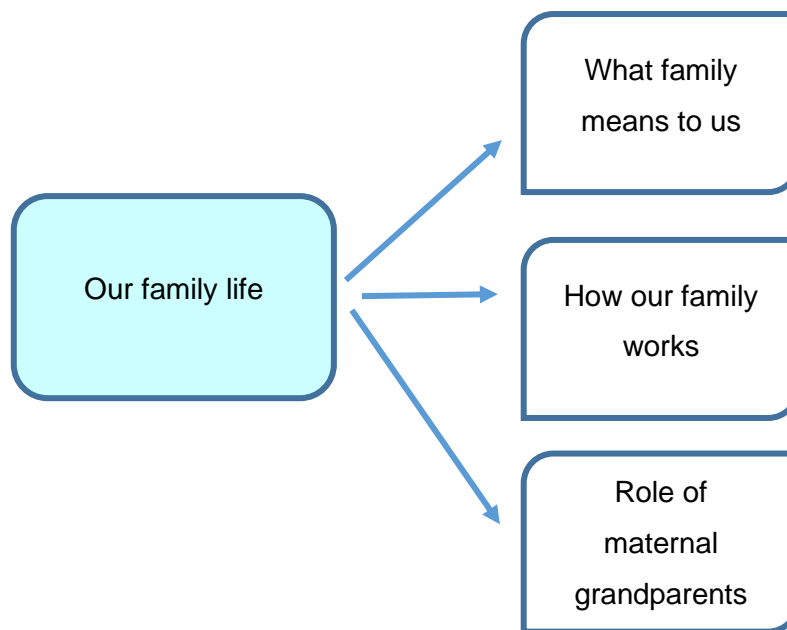
Figure 6.1: Theme 1: Our family life.

Our family life was the most significant theme that was formed from the study data. An overview of the theme 'Our family life' in relation to its number of sources and number of units of meaning coded, is provided in Appendix 11. The sources which contributed most to the formation of this theme were the child interviews, parental interviews and the child drawings as shown in Appendix 12. This theme comprises of three sub-themes as shown in Figure 6.1 and will therefore be presented under these headings.

6.7.1 What family means to us

The composition of family and the meaning of family was explored with the children through the 'spider diagram' drawing activity and discussion of these family genograms (spider diagram). This section of the interview was led by each child as they decided who was in their genogram and which member of the family they wished to discuss first. The children produced an array of colourful genograms the smallest depicting four family members and the largest depicting twenty-one family members. Eight of the nineteen children included their immediate family only (mother, father, siblings), nine children included grandparents and extended family members (uncles, aunts, cousins), two children included family members who had deceased, and one child included the family pets and previous pets that had deceased. Children presented their spider diagrams in a variety of fashions. Some children allocated a name to each leg of their spider diagram while others allocated labels for example 'uncles' or 'cousins', to their spider legs. Each name and label was discussed in detail with the children.

During the drawing and discussion of the family genogram Conor includes his half-brother (who he refers to as his 'step-brother') and his father's partner as members of his family however this is in stark contrast to his sister's genogram where is there is no mention of a half-brother or their fathers' partner. Conor places emphasis on his half-brother's existence by choosing to talk about him first with the researcher. Conor says:

> *Researcher: Ok. Right so which is the first one that you want to give me?*
>
> *Conor: Aaah me step-brother (name).*
>
> *Researcher: And how old is he?*
>
> *Conor: He is, don't know. Three or something.*
>
> *Researcher: Three. And who is his daddy?*
>
> *Conor: Am my daddy.*
>
> *Researcher: And who is his mammy?*
>
> *Conor: Ammmh (name).*
>
> *Researcher: …Is he cute?*
>
> *Conor: Yeah, he has long hair and he goes crazy.*

(Conor, 8 years old, Family 2)

Conor's sister Sarah talks through her family genogram which consists of her parents, her brother, her grandparents from both sides and various uncles, aunts and cousins. Unlike her brother's genogram, Sarah does not include her half-brother or her father's partner. Many of Sarah's aunties live nearby however, she describes how she only sees her aunties from her father's side of the family when she visits him in another town. Sarah explains:

> *Researcher: Oooh very good so I will group them (the aunties) like that. So how often then do you see (names of aunts from mother's side)?*
>
> *Sarah: I'd see (name of aunt from mothers' side) when they come down to my nanny's.*
>
> *Researcher: Oooh ok very good and when then do you see (names of aunts from father's side)?*
>
> *Sarah: I see them every (pause) when I go with my Dad.*

(Sarah, 11 years old, Family 2)

Conor and Sarah's parents are separated and their mother (MF2) anticipated that they would depict two very different accounts of their family structure. She attributed this to the fact that the children were at very different ages when the marital separation occurred. MF2 explained that Conor would not have any memory of the original family unit whereas Sarah would have memories of family life before their father left the family home. This conversation was recorded in the Family Pen Picture. MF2 describes how

the marital separation affected the way that the children conceptualise their family and other children's families. She explains:

> *MF2: Well I suppose ammh from our perspective like if we meet someone new or we go somewhere Conor especially will say "Oooh they have a Daddy"!*
>
> *Researcher: Oooh right?*
>
> *MF2: So you know (pause) where Conor was a baby, he doesn't ever remember his dad living here.*
>
> *Researcher: Oooh right ok.*
>
> *MF2: So he just yeah, where Sarah kinda does remember he was here and then, but I'd say that memory too is fading now because she was three when he left so but for a while she did know that he lived here. Conor never, that was just never part of his memory even though you'd tell him or. Or for him it would be "Oooh they have a Daddy" or he might say "such a boy in my class his Daddy doesn't live with him either "so..*

Conor and Sarah's mother elaborated to explain that from her perspective their family unit within the home now consists of her and her children and also that she would not introduce another adult into the family home while the children are young.

> *MF2: Yeah well there is the three of us here like. I wouldn't have another like, I wouldn't, like when they're probably older and understand.*
>
> *Researcher: Mmmh.*
>
> *MF2: But at the moment we wouldn't have, like I wouldn't have a partner here or (pause) J'youknow.*

David's genogram comprised of his parents, his brother, his grandparents from his mother's side and his various uncles, aunts and cousins. In total he includes thirteen members of his family and he talks about each member easily. David provides a firm response when asked about his maternal grandmother who lives a little bit away from him and it is clear that they are very close:

> *Researcher: …..and then there's your nanny?*
>
> *David: Aaahh yeah.*
>
> *Researcher: And do you see her much?*
>
> *David: Ye I actually see her a lot. I seen her yesterday as well.*
>
> *Researcher: Oh right very good are you close to her?*
>
> *David: Yeah.*

(David, 11years old, Family 3)

David spoke clearly about his maternal grandparents and in particular very lovingly about his grandmother throughout his interview. Figure 6.2 shows the section of David's genogram which was coded when he discusses his maternal grandparents with the researcher.

Figure 6.2: Coded genogram (drawing 1) discussing maternal grandparents.

Sarah's maternal grandmother not only occupies a special place in her life but also in Sarah's daily life and she chooses to talk about her first. Figure 6.3 shows the section of Sarah's genogram when she explains that she sees her maternal grandmother on a daily basis. Sarah says:

> *Researcher: And this is your Nanny?*
> *Sarah: Yeah.*
> *Researcher: And where does your nanny live?*
> *Sarah: (name of estate).*
> *Researcher: Yeah. And how often do you see your nanny?*
> *Sarah: Every day.*
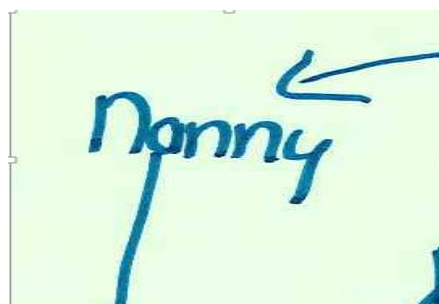
(Sarah, 11 years old Family 2)

Figure 6.3: Coded genogram (drawing 1) discussing daily time spent with maternal grandmother.

Just like Sarah, Ciara goes to her maternal grandmother's house every day after school while her mother is at work. Many of the children reported this scenario and most were

from single parent headed homes. Ciara explains the routine once she reaches her grandmother's house after school. Ciara explains:

> **Researcher:** *And this is your nanny?*
>
> **Ciara:** *She lives down in (name of estate) as well.*
>
> **Researcher:** *And that is your Mam's mam…..And is that your nanny that you go to after school?*
>
> **Ciara:** *Yeah.*
>
> **Researcher:** *Yeah, what do you do when you get home [to your nanny's house] from school?*
>
> **Ciara:** *Well we have like somethin' to eat and then I do some homework and then she'll give me money to go out.*

(Ciara, 11years old, Family 4)

In the area where this research took place the lone parent ratio is considerably high and varies from 24% (lowest) to 58% (highest) depending on the which small area within the community is examined. One small area within the RAPID area where this research was conducted has a lone parent ratio of 40% as highlighted (see red circle) in Figure 6.4 which was collected from Pobal online deprivation maps based on 2016 Census of Population data.
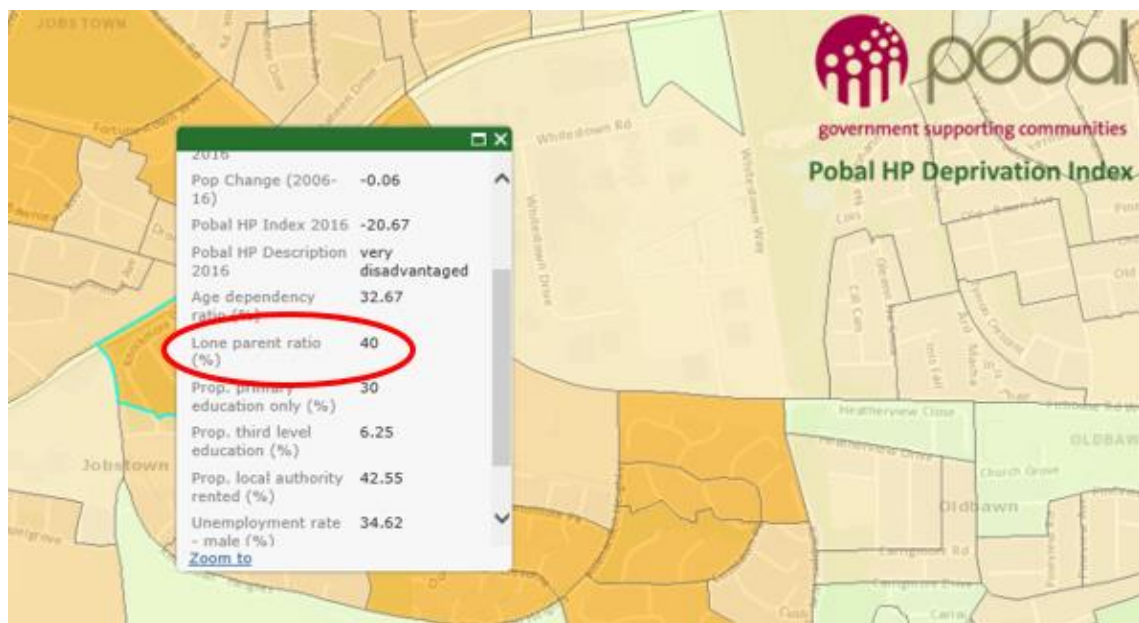

Figure 6.4: Lone parent ratio of one small area within the RAPID area provided by Pobal.

Findings from the study show that mothers parenting alone relay heavily on their own mothers for assistance with the day-to-day management of getting their children to and from school while they work. This means that the children spend a lot of time with their

grandmothers and this time spent is reflected in the children's descriptions of what family means to them. All of the children who reported visiting their grandmother daily after school described activities such as homework and having an after-school snack while waiting to be collected by their mother. As previously mentioned, nine children included grandparents in their family genogram and it was clear from the genogram discussions that these children enjoy close relationships with their grandparents, especially their maternal grandmother. All but one of these children lived in close proximity to their maternal grandmother which geographically facilitates regular contact and the maintenance of strong family relationships.

Sam's parents broke up before Sam was born. He lives with his mother and his younger half-sister. Sam father is now married with two other children and Sam visits him regularly. Sam's mother has a boyfriend (not father to Sam's half-sister) who although does not officially live in Sam's house, spends a lot of time with Sam, his mother and his half-sister. In Sam's genogram he includes his parents, half-siblings, grandparents and a variety of extended family members. He also includes his mother's boyfriend as a member of his family and speaks very positively about him. Sam says:

> **Researcher:** *And who is this?*
>
> **Sam:** *(name), me Ma's boyfriend.*
>
> **Researcher:** *Very good, and does (name) live here?*
>
> **Sam:** *Most of the time he's over here yeah.*
>
> **Researcher:** *Ok, tell me a little bit about him?*
>
> **Sam:** *He eh, always gets me stuff, if like me stuff, if things are broken, he always fixes them for me, sometimes we do messin with each other.*

(Sam,11 years old, Family 11)

It is very evident from talking with Sam that he gets along well with his mother's boyfriend and they spend a lot of family time together. The significance of Sam's mother's boyfriend in Sam's view of his family is also reflected in his 'My Family' drawing where he also includes him (circled in drawing, name anonymised) as seen in Figure 6.5 on the next page.
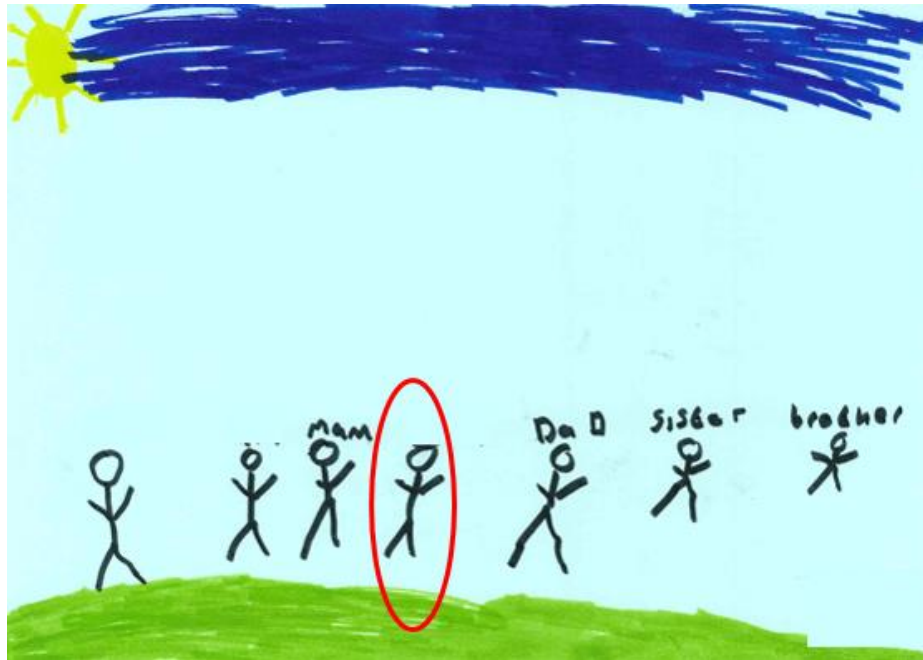
Figure 6.5: Inclusion of mother's boyfriend in 'My Family' drawing (drawing 3, all names anonymised).

Deceased family members were included in the genograms of some of the children. Bobby includes both of his maternal grandparents, although his grandfather passed away five years previously. During his interview Bobby acknowledges that although his grandfather is no longer alive, he still considers him to be part of his family and he speaks very lovingly about him. Bobby says:

> *Researcher: And this is your granddad?*
>
> *Bobby: Yep.*
>
> *Researcher: ....and is he your mams dad or your dads' dad?*
>
> *Bobby: My mams dad. He died but I like, I still consider him like as a family member.*
>
> *Researcher: Yeah, what was he like?*
>
> *Bobby: Eeeh very nice....He always used to collect me from school.*

(Bobby, 11years old, Family 5)

From the interview discussion it is clear that Bobby had a close relationship with his maternal grandfather who played an active role in Bobby's daily life prior to his passing. The evidence of this close bond is apparent in Bobby's interpretation of family and also in his 'My Family' drawing when he includes his grandfather again. See Figure 6.6.
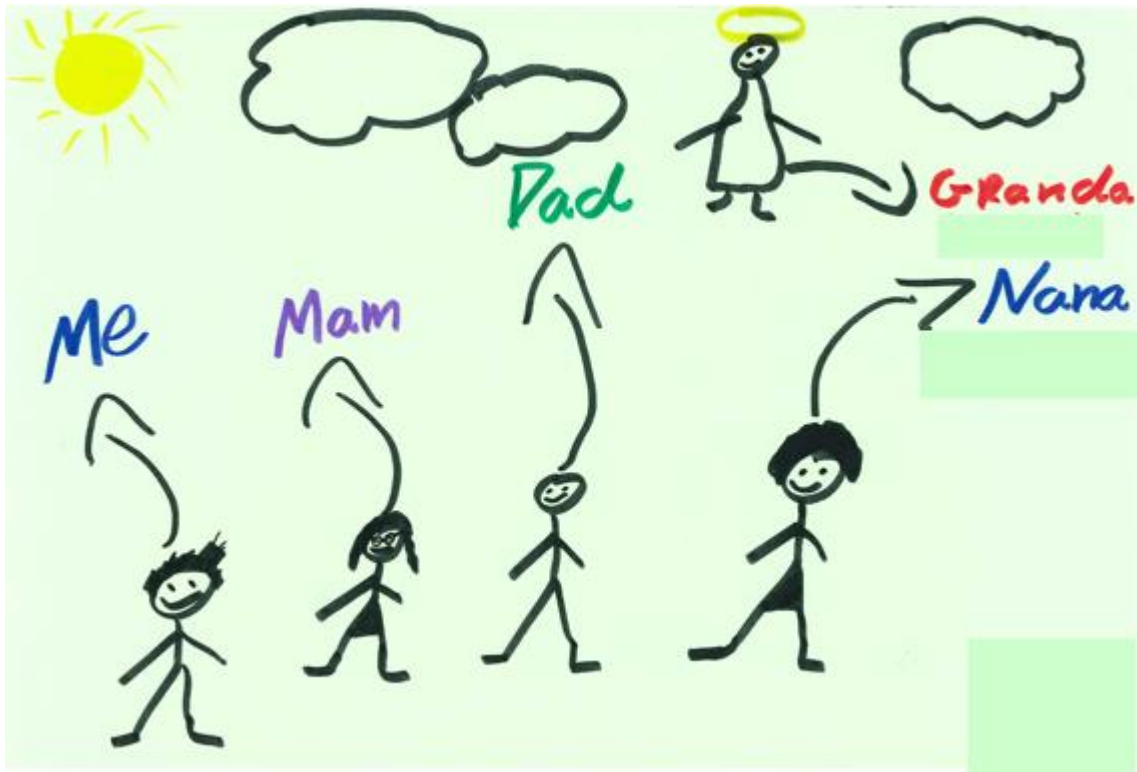
Figure 6.6: Inclusion of deceased family member in 'My Family' drawing (drawing 3, all names anonymised).

Ciara is familiar with the concept of the 'Spider Diagram' (genogram) and equates it to a 'brainstorm' chart that she has made in school previously. She produces a very comprehensive family genogram depicting twenty-one members including her mother, her grandparents, various uncles, aunts and cousins. Ciara also includes her father (see Figure 6.7) who has been deceased since Ciara was a toddler. This is how she explains:

> **Researcher:** *Is (name) your friend?*
>
> **Ciara:** *No she is my Aunty.*
>
> **Researcher:** *(Aunts name) and she lives nearby is it.*
>
> **Ciara:** *She lives down the road.*
>
> **Researcher**: *Very good. And your Dad?*
>
> **Ciara:** *He is up in heaven.*

(Ciara, 11 years old, Family 4)

Figure 6.7: Section of genogram coded depicting deceased parent (all names anonymised).

In addition to representing her father who passed away, Ciara also includes her little cousin who passed away shortly after birth in her genogram. Ciara explains:

> **Ciara:** And that's (name).
> **Researcher:** Who is (name)?
> **Ciara:** That's (name of aunt's) daughter but she died when she was only born.

(Ciara, 11 years old, Family 4)

For the children in this study family composition from the perspective of the child is influenced mostly by the relationships that the children have with family members. Children's perspective of composition does not appear to exclude family members who they once lived with and no longer live with, nor does it exclude close family members who they never lived with. Family composition from the perspective of the child is clearly based on the child's personal relationship with the individual family member or significant person in their life. For the children whose parents are no longer together or are in strained relationships, this does not appear to impact on the child's perspective of their family composition. Grandparents featured as family members in almost half of the children's genograms. Of the genograms that featured grandparents each one included the maternal grandparents and only three of the nine genograms featured the paternal grandparents. This indicates that children enjoy close relationships with the maternal grandparents almost exclusively. Children who included their maternal grandparents spent a lot of time talking about their maternal grandparents and discussing how they enjoy their time together. Children described how maternal grandmothers in particular provide care for them, especially after school, while their parents were at work. Findings indicate that death of close family members does not exclude members from family composition from the perspective of the child. This shows that for the children, family composition is not time bound but rather context bound. The family members who are close to the children in their present life and family members who were close to children in the past but are now departed, are still included in the children's family composition.

Children's beliefs and understanding of the concept of family were explored during the child interviews. Children were asked what thinking about family prompted them to consider. For some children this inspired positive emotional feelings about the people around them. This is how family makes Conor feel:

> **Researcher:** *So think about family, what does it make you think of?*
> **Conor:** *Happiness!*

(Conor, 8 years old, Family 2)

When thinking about family Lucy describes the unconditional love that she feels from her family. Lucy explains:

> **Lucy:** *I think the best thing about my family is that they care about me.*
>
> **Researcher:** *Yeah, and how do you know that they care about you?*
>
> **Lucy:** *Because every day they always say they love me no matter what.*

(Lucy, 8 years old, Family 9)

Cillian enters into a discussion about the meaning of family and describes family as the people who love you. Cillian also uses the words help, generous, kind and caring when describing how he feels about his family. Cillian explains:

> **Researcher:** *What do you think family is?*
>
> **Cillian:** *The people who love you.*
>
> **Researcher:** *Do you think that family is important?*
>
> **Cillian:** *Yeah.*
>
> **Researcher:** *Why are they important?*
>
> **Cillian:** *Because they're there to help you when something is wrong.*
>
> **Researcher:** *What's the best thing about your family?*
>
> **Cillian:** *They're generous and very kind and they love us all.*
>
> **Researcher:** *They love you all?*
>
> **Cillian:** *Yeah.*
>
> **Researcher:** *Very good ok.*
>
> **Cillian:** *They're caring.*

(Cillian, 10 years old, Family 8)

Lucy has a vast network of family and extended family living in close proximity to her. During her interview Lucy relay's how she plays with her cousins regularly and also how she walks to school every day with various cousins. Lucy's daily interactions with various family members is reflected in her explanation of what family means to her. Lucy says:

> **Lucy:** *I think of my Mam and my Dad and my brother and my sister and all my cousins and my Nannies and my Granddads and my uncles and my aunts and people like related to me.*

(Lucy, 8 years old, Family 9)

Findings from the study identify a consensus amongst the children in relation to the importance of family. All of the children expressed that it was very important to have a family and this view was attributed to a variety of explanations. Children described family in intimate terms, as being very close to them and holding an essential and central position within their lives. Tadhg and his sister Sadie enter into a big conversation about what family means to them. Tadhg describes family in everlasting terms and Sadie

describes the protective and caring nature of family, she believes that a family watches over its members. They explain:

> **Researcher:** *So tell me Tadhg what do you think family is, what is family?*
>
> **Tadhg:** *It's something that never goes away.*
>
> **Researcher:** *Something that never goes away, yeah?*
>
> **Tadhg:** *Something that you'll remember for ever……Because your family is always with you no matter what.*
>
> **Sadie:** *Because your family, your family always looks out for you.*
>
> **Researcher:** *When you hear the word family what's the first thing you think of?*
>
> **Sadie:** *The first thing is that everyone in your family has to care for each other.*
>
> (Tadhg, 11 years old and Sadie 9 years old, Family 6)

Many of the children described family in term of always having someone to turn to, people to communicate with and people who will stand up for you. These children alluded to the protection from loneliness which having a family provides. Ethan explains:

> **Researcher:** *Can you tell me what do you think a family is?*
>
> **Ethan:** *Some people that you can talk to.*
>
> **Researcher:** *So you can talk to them?*
>
> **Ethan:** *Yeah. And they're like there whenever you need them and just really like, you know, they'd stick up for you and stuff like that, they'll always stand by you…..Yeah because like if you didn't have a family you'd just feel all alone.*
>
> (Ethan, 11 years old, Family 7)

Similarly, Bobby cites 'people who are there for you' when asked about what he thinks family is therefore viewing family in terms of reliability and providing support. He also refers to family as having someone to communicate with always. Bobby provides the following straight forward explanation:

> **Researcher:** *Ok so what do you think family is?*
>
> **Bobby:** *Family is, basically people who are there for you…… they're kinda part of your life……. they're em just people who'll be there for you…… if you need someone to talk to.*
>
> (Bobby, 11 years old, Family 5)

Discussions with children in relation to the meaning of family unearthed their practical views regarding having a family and why family is important to them. Children cited the provision of housing, clothing and commodities for them by their families. Children associate access to basic necessities with having a family. Lucy discusses some practical reasons why her family are important to her. Lucy explains:

Researcher: Why do you think they [families] are important?

Lucy: Because they should mean a lot to you because they treat you well and they give you stuff that you might want.

Researcher: Yeah. Very good.

Lucy: And the, they give you a house to live in, a bed to sleep in and clothes to wear.

(Lucy, 8 years old, Family 9)

Adam also cited the practical aspect of housing when discussing the importance of having a family. Adam explains:

Researcher: Yeah, why would you say they're [families] important?

Adam: Because if you have no family you have no house and all.

Researcher: Yeah?

Adam: If you have no house like you have to go asleep on the street and all.

Researcher: Yeah, I'd say that wouldn't be very nice.

Adam: No.

(Adam, 10 years old, Family 12)

When considering the meaning of family with the parents the most significant views expressed were associated with 'showing love' and 'showing caring' to children, and feelings of closeness with significant family members. Closeness, caring and love were highlighted by MF3. When asked about what family means to her she explains:

MF3: Everybody I love. Yeah I think family is very important, cos without them like you just, you wouldn't really have that much, to (pause) to care for like? ………...We would have a very close family network.

MF4 elaborated about what family means to her and placed emphasis on the belief that family members should be there for one another. The idea of family members 'being there' for one another is also cited by the children when discussing the meaning of family. MF4 also places emphasis on the supportive and non-judgemental role of family when asked about what family means to her. She explains:

MF4: Oh God, being there for each other…… and being supportive and basically, major part is just listen'in and just not being critical you know like.

Like many of the other parents MF6 cites love, caring and understanding as central elements associated with family. In addition, she highlights the importance of the parent as the teacher in the family. She explains:

MF6: I suppose understanding, love, caring for each other. It's also teaching each other, you know, you've got to teach your kids.

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The idea of respect was a central element of family for GMF10 who placed great emphasis on the role of respect within the family as an adjunct to love. GMF10 (who is rearing Sophie) also holds a similar view to MF6 in that she cites the need for parents to teach their children. She explains:

GMF10: Well I think, well it means to me that there is plenty of love and respect in a home.

Researcher: Ok.

GMF10: And for the children really to have respect for their parents, as a parent would show the children respect, because I think that's the only way you get it from the children, is if you show them respect, they're going to show you.

GMF10 is an experienced parent and grandparent who raised all five of her children on her own and who is now raising her granddaughter. She has borne difficult circumstances in the past and is clearly a very strong person who strives to teach her children and grandchildren from her own experiences. The awareness of teaching children so that they can cultivate their own lives and future is also evident in The Family Pen Picture, it records:

FPP10: During the course of our interview GMF10 tells me about her husband who had a severe drinking problem. She details to me what life was like with him and how difficult it was. She also tells me about the time when she decided to part from him and how difficult this was. To me it would appear that GMF10 is the glue that holds this family together. She talks about teaching her children and her grandchildren about saving up for a rainy day or saving to buy the runners and the trackies that they want.

Findings from the study clearly indicate that family is exceptionally important. For some parents caring for their family on a day-to-day basis is what provides meaning for them in their lives. MF7 explains how her whole day revolves around her family between collecting the children from school and visiting her own mother. When discussing what family means to her she conveys the belief that for her family provides a central purpose in her daily life. She explains:

MF7: Now I actually also collect her [sisters] child from school because she went back to work fulltime so I collect her child from school as well for her. ……So I call into her like, you know, every day, I see my Mam every day because I've an hour in between pick-ups so I go there like, get the kids their lunch, have a cup of tea and, do you know what I mean, so……….. like me personally, I couldn't

see the meaning of doing anything if you didn't have your family around you, do you know what I mean.

Interviews with parents about the meaning of family revealed internal family struggles. The reasons for the difficulties varied from health problems within the family, to drug problems within the family to lingering grief resulting from the loss of significant family members. Cillian's mother spoke about the challenges she experienced trying to get people from outside of the family to accept Cillian for who he is. During the interview Cillian's mother speaks very lovingly about him and how although shocked by his diagnosis (on autistic spectrum), she was also relieved that she finally knew what the issue was as she had felt that 'something was wrong' for a long time. During the conversation about the meaning of family she places great emphasis on her desire for people to accept her son 'for who he is'. The lack of understanding in relation to Cillian instigated the decision for her to cease work so that she could care for Cillian. This was a necessary family decision to make however it was a personal sacrifice for MF8 and also had significant financial implications for the family. MF8 explains:

> **MF8:** *So em I had to leave work because people didn't understand him [Cillian] and they were, like people that mind him were saying he's very bold, he's this, that and the other and then once we found out [Cillian's diagnosis], I was kind of like well he shouldn't be put with them people to mind him if they don't accept who he is, so I left work to take care of mainly Cillian in all fairness, you know so em, so just (name of husband) now works.*

Discussion on the meaning of family unearthed another family difficulty concerning a family members drug addiction problem. MF3 spoke at length about the extent of her nephew's drug addiction, how it had impacted on the entire family and how the family were at a loss to solve the issue. She resolved that despite collective best efforts, the problem persists much to the great sadness of the entire family and that from now on the family had to practice tough love. She explains why:

> **MF3:** *He's not ready to do [give up drugs] so, so there's nothing more that the family can do and the professionals are saying it has to be hard love. It has to be harsh harsh love.*

Issues associated with alcohol and drug addiction feature significantly in the study findings and will be explored in detail in Theme 3 later in this chapter. The finding that drug addiction is beyond the capabilities of the family to solve or support is an important finding because it impacts on how family members feel about their family and about their family's functioning. During the interview MF3 explained the ways that various family

members have tried to help her nephew some of which she describes positively and some negatively. She detailed the intricacies amongst family members who may have differing opinions about what's the best course of action however concluded that everyone in the family wanted the same thing; for her nephew to get better. In conclusion of this segment of the interview, MF3 emphasised that the entire family have experienced and continue to experience, great sadness and despair due to the difficult situation.

For many of the children in the study part of the meaning of family meant having someone there for you, someone to turn to, as explained earlier in this theme. This idea of family being there for one another was also observed with the parents when discussing the meaning of family. A tragic accident in one family prompted the family to seek counselling as an adjunct to family support, for their daughter who was suffering overwhelming grief following the death of her partner. During the interview with the maternal grandmother she relays how the family were able to be there for her granddaughter and help her. She explains:

> *GMF10: She is back to work …I found the counselling was great for her, because it brought her out more, she was able to talk more, and then we were all here, that she was never kind of sitting in the house on her own, or up in her room on her own, there was always somebody coming in and out of the house.*

Findings have showcased the importance of grandparents in the children's perceptions of their family and also in their thoughts about the meaning of family. Similarly, many of the parents in the study highlight and narrate the impact of the maternal grandmother on their perception and meaning of family. In Family 8 Cillian and Max's mother spoke about how she felt when her mother passed away and how the feelings have persisted for a decade. She also emphasises the need to have family around. MF8 explains:

> *MF8: Like when my mum died I felt so lonely…….my mum was kind of like my best friend…..I found it very, very hard and I felt very alone, you know really, really lost, like even now, like it's still 10 years on and I'm completely lost without her. So like I think family is just so, I think you definitely need them, you know someone to confide in, talk to, have that closeness with and to me it's just so important like.*

The significance of the maternal grandmother is also evident in the interview with MF4 who when speaking about the meaning of family describes her own mother as 'her rock'. In addition, MF4 attributes her ability to work full-time to her own mother being there for her and the grandchildren. She explains:

> *MF4: So family is very, very important in our lives, so very…. She [her own mother] is brilliant, Ciara and [name of Ciara's sister] father died when they were babies so she is been there for me so then. She is a rock. Absolute rock!*
> *Researcher: Oooh ok.*
> *MF4: And I have only recently gone back to work full time so. I have worked part time over the years but full time now because she helps out.*

Exploration of the meaning of family also reveal complex family relationships. During the genogram discussion, Sophie consistently speaks lovingly about her grandmother who she lives with by her own choice. It appears that Sophie has a complicated relationship with her mother, and she tries to explain how she maintains contact with her mother, sibling and half sibling. Sophie says:

> *Sophie: And then on Friday my brother gets dropped here, and sometimes I see her [mother], and she [mother] comes up on Sunday to take me brother and his friends up with me little sister, and we have dinner here [grandmothers house] in the house. And then sometimes she'd come up and she'd bring out a present for me, and I go down to her on special occasions like Easter and Christmas and stuff.*

(Sophie, 11 years old, Family 10)

Despite the complexity evident in Sophie's family she summarises what family means to her very articulately in her third drawing see Figure 6.8. Sophie takes care to include bullet points about what family means to her and these points are echoed in the interviews of the other children, the parents and the grandparents.

Figure 6.8: 'My Family' (drawing 3) by Sophie,11 years old, Family 10.

Family structure variation is evident within the study sample and this variation is also apparent in the interview conversations about the meaning of family from the child and adult participants. Although the majority of the families in the study consisted of two parent families over a third of the families were single parent families. Of the single parent families, the family situation was a result of either a deceased partner or a relationship breakdown. One parent detailed how following two relationship breakdowns now she feels compelled to maintain friendly relations with both ex partners for the sake of her children. MF11 explains:

> *MF11: Yeah, well Sam was, Sam was only a baby, Sam never had his da there ever, we split up when I was pregnant and then, (cough), (name of daughter) had her da there for the first year, an then just wasn't workin so.*
>
> *Researcher: Yeah, yeah.*
>
> *MF11: Ya'r better off lettin it go if it's not happenin, d'ya know that way?*
>
> *Researcher: Yeah.*
>
> *MF11: Yeah,… it's better that we kinda be friends for them as well, d'ya know that way.*

Having discussed family and the meaning of family in detail Sarah returned to the topic again by summarising her family situation at the very end of her interview. All of the children were asked what they hoped for in their future. Many of the children cited fame, money, health or to be a famous singer or footballer. Sarah however had one very specific wish which related directly to her family circumstances. This is what Sarah's wishes for in her future:

> *Researcher: The only other thing that I have to ask you is if you had three wishes for your life in the future; what would you wish for?*
>
> *Sarah: My mam and Dad to get back together.*
>
> *Researcher: Would you, yeah?*
>
> *Sarah: Yeah.*
>
> *Researcher: How come?*
>
> *Sarah: I don't know, it's like, I love, I stay with my mam most of the time and then I go with my Dad the other, like I'd be going back and forth.*
>
> (Sarah, 11 years old, Family 2)

6.7.2 How our family works

Through the exploration of the meaning of family and the discussions related to what health and well-being mean to participating children and families, detailed accounts emerged in relation to the children's family dynamics. These accounts surrounded many

aspects of daily family life and lifestyle choices and are presented in this sub-theme called 'how our family works'. Children spoke about their parents and what they do for them. Children also explored how they spend time with their siblings. The everyday interactions between family members as told by the children were detailed mainly through the child drawings and interviews. Most of the children depicted positive family relationships while a few children portrayed strained relationships.

Many of the children spoke very positively about their parents and appear to get along well with their parents. David includes both of his parents, side by side, in his genogram (Figure 6.9) and talks easily about his family, what they do for him and how they spend time together.
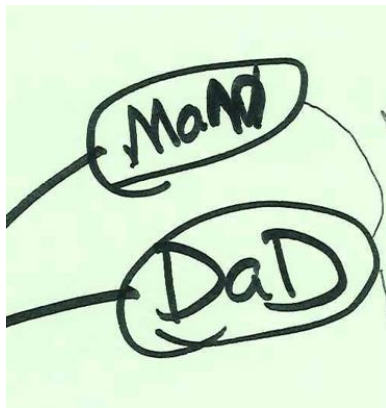
Figure 6.9: Section of genogram coded where David talks about his relationship with his parents.

It is clear that David enjoys an affirmative relationship with both of his parents. He takes some time detailing what his parents do for him and how he believes that his mother takes care of him. David explains:

> **David:** *Buyin me stuff, em giving me money to go the shop, bringing me out places, an me little sister n' all, loads of things me ma does.*
> **Researcher:** *Mmm, she takes good care of ye?*
> **David:** *Yeah, loads.*

(David, 11 years old, Family 3)

Noah has very positive things to say about his mother during his genogram discussion. In addition, he provides detail regarding why he thinks that she is a nice mother. Noah explains:

> **Noah:** *My ma is really nice.*
> **Researcher:** *Is she a nice mammy, yeah, why is she a nice mammy?*
> **Noah:** *She always like (pause) she makes sure I get food in my body.*
> **Researcher:** *Very good.*

Noah: She makes sure I get exercise and I get some fresh air.

(Noah, 8 years old, Family 14)

Many of the children were keen to represent their parents as being equally good parents to have. Children spoke separately about each of their parents and detailed what each parent did for them in their everyday lives. This representation was the same for children whose parents did not live together. Sam lives with his mother and goes to his father's house every second weekend. During a conversation about time spent with his father, Sam ensures to state that his father does the same for him as his mother does. Sam explains:

Researcher: And who is next?

Sam: Me Da

Researcher: Tell me a little bit about (name of father)?

Sam: Em, he works all the time, he's, he lives up in (name of town), he brings me out, buys me stuff, same as me mam like.

(Sam, 11 years old, Family 11)

For other children in the study their parental relationships varied somewhat. Although Sophie lives with her grandmother she has contact with her mother and her father who are no longer in a relationship. Sophie includes her father and her mother, side by side (see Figure 6.10) in her genogram however from the interview discussion it is evident that she has a better relationship with her father than with her mother.

Figure 6.10: Section of genogram coded where Sophie talks about her relationship with her parents.

Although Sophie includes her mother in her genogram and provides some detail in relation to their relationship, she is not eager to talk about her and appears less certain in relation to how they spend time together. Conversely, Sophie's father lives nearby, she sees him regularly and she is keen to chat about him. Sophie provides a lot of detail about her relationship with her father via her genogram and how they spend time together. She explains:

Sophie: And sometimes he collects me from school and brings me straight up to his house for half an hour and then we come back here, he'd drop me back here [to grandmothers house].

Researcher: Lovely. And do you like going to your Daddy's house?

Sophie: Yeah.

Researcher: Yeah, very good. And what do you do up there?

Sophie: We, like we go out and play football and stuff, and watch the tele and all.

(Sophie, 11 years old, Family 10)

Sophie's parents are no longer in a relationship and during the course of the interview it becomes obvious that she enjoys a more meaningful relationship with her father than that with her mother. Sophie's grandmother who is raising her appears to be the access point for both parents to Sophie. The Family Pen Picture records the following:

FPP10: GMF10 tells me about Sophie's dad, who is no longer with her mam. He does seem to have quite a part to play in Sophie's life and has been keen to maintain a relationship with Sophie all along. I get the impression that he does not get along with Sophie's mother however his relationship with GMF10 seems to be pretty good. GM10 jokes and rolls her eyes a little bit when she speaks about him however at the same time she appreciates that he puts effort in to maintain his relationship with Sophie. He comes to GMF10's house to collect Sophie and drops her back.

When discussing interpersonal family relationships and how family members get along it became evident from the parental interviews that the maintenance of peaceful family dynamics in many homes is facilitated via ground rules which are set by the parents. MF6 explains:

MF6:……if you can't talk to each other, come to me and I'll sort of sit with each one or if there's an argument you're not allowed hit, you're not allowed kick, that would be a very, for the younger ones especially because they'll, without thinking they'll give a slap.

For some families however, how family members co-existed was complicated by certain factors. In Cillian's house family dynamics can be strained at times due to his specific needs, his ways of living and the lack of space in the family home. Cillian's mother (MF8) details how the situation impacts on the family and how difficult it is especially for the other children. The family is in the process of seeking support from outside the home but for now they must just do what they can to try to live in harmony. MF8 explains:

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MF8: So it's very, very hard at the moment but like we're still trying to get help and find things but there's not much help out there at the moment so.

Researcher: Yeah and when he [Cillian] doesn't sleep at night, does he want to be up is it?

MF8: Yeah like eh he'd probably sleep for about 4 hours and then he'd be up and about in his room, cleaning his room, arranging things, but he also shares a room so that causes trouble, you know what I mean. And then if the room is not clean he gets very upset, like he shares a room with (name of brother) and (name of brother) can't play with any of his toys and Cillian doesn't play with toys, all Cillian's toys are still in the box.

Researcher: Ok.

MF8: Because he's scared they'd get ruined. So you know it's very hard on the other kids as well.

All of the families that participated in this research lived in areas of considerable economic disadvantage and participating children all attended DEIS band 1 schools which are designated by Government as being of being of the most disadvantaged schools in the country. Parents from each of the participating families referred to the economic recession and how the associated financial impact of recession affected their family. Findings indicate that the post 2008 economic recession which hit Ireland had significant and complex consequences for these families. One parent highlighted a direct link between the economic recession and how she believes that it has impacted on family dynamics and relationships for families in her area. MF15 explains:

MF15: And now with that recession, since that recession came in, like the kids are looking at their parents, and like you know, fighting over money problems, and it is a big strain like on people.

Financial difficulties experienced by families in the area where this research took place is also captured in local media. The newspaper report in Figure 6.11 details such difficulties. It reports specifically on how families are striving to provide for their children returning to school however families are "struggling to make ends meat" (see red brackets) and thus turning to the Saint Vincent de Paul for assistance. This type of situation was reported several times by parents in the study and charitable organisations were highlighted as being helpful to families in many ways.

Figure 6.11: Media report charity provide help to families.

Apart from the recession being a root cause of influence upon family dynamics findings also indicate that family relationships are influenced by other factors such as parental health status. In Noah's family his father lives with a chronic condition which impacts on internal family dynamics. Noah disclosed this information during his interview and his mother's joins him in conversation about how his father's chronic condition impacts of their family dynamics. Firstly, Noah expresses that his is aware of his father's chronic condition and explains what it is:

> **Noah:** Diabetes, my da has that.
>
> **Researcher:** Does your da have diabetes and what's diabetes?
>
> **Noah:** You have to make sure that you don't eat too much sugar or you don't, you have to make sure you have some sugar and you have some healthy food.

(Noah, 8 years old, Family 14)

Noah and his mother (MF14) enter into conversation about how diabetes affects Noah's father's mood and his interaction with the family. They explain:

> **MF14:** What does he be like [when his blood sugars are unbalanced]?
>
> **Noah:** Narky.
>
> **MF14:** Narky yeah.
>
> **Noah:** And angry.

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> **Researcher:** *Yeah? So that's how you know that your dad's sugar is not in the middle, is that it?*
>
> **Noah:** *I try be good when he's angry because he easily gets really bad then.*

<div align="right">(Noah, 8 years old, Family 14)</div>

In Conor and Sarah's family their parent's marital breakdown has impacted on family dynamics and wider family relationships. During the home visit MF2 provided a very candid view of their family situation and how she feels that it has impacted on the children and the whole family. Although the marriage breakdown occurred a few years previously, strained relationships seem to persist. The Family Pen Picture records:

> **FFP2:** *I did the parent interview first with MF2 and she was very open and honest in her answers I felt. There was an air of sadness when MF2 spoke about herself and her husband separating a few years previously, and I got the impression that relationships between them are still difficult.*

Despite the strained relationship which appears to exist between his parents, Conor details quality time that he spends with his father when he visits him at weekends. Interestingly however, although Conor included his step-brother and his father's partner in his genogram at the commencement of the interview, he does not provide any significant detail about time spent with them during the interview. Conor explains:

> **Researcher:** *Over the weekend [you see you father] and what do yee do?*
>
> **Conor:** *Ammh we watch telly, play games, go out on walks.*
>
> **Researcher:** *Very good. And who else is there when you are with your dad? Is it just you and your Dad?*
>
> **Conor:** *The two of us go together.*

<div align="right">(Conor, 8 years old, Family 2)</div>

As mentioned previously, Sam's parents broke up before Sam was born. He has a younger half-sister however his mother is no longer with her father, although she does report that they have a friendly and positive relationship. Sam's mother now has a new partner and both Sam and his little sister appear to get along very well with him. This significant relationship is evident in Sam's genogram and 'My Family' drawings as detailed earlier in this chapter. Family relations are varied in Sam's family and his mother does not appear to have a very progressive relationship with his father. She feels that he puts his new family before Sam and that he does not account for Sam's age and level of maturity. In particular MF11 describes in her interview how Sam is sent to bed at the same time as his younger half-siblings and she feels that this is not right. The Family Pen Picture records:

FFP11: While I am there (name of Sam's younger half-sister) dad arrives. MF11 is no longer with him however they appear to have a good relationship and are very friendly towards one another…MF11 talks to me in detail about her family…At one stage she tells me that she feels bad that she is not with either of their fathers. She says this is something that plays on her mind... MF11 is very open and it's easy to talk to her. She tells me about moving into this new house, how helpful (name of Sam's younger half-sister) dad has been…She doesn't talk as fondly about Sam's father. He lives down the country, is married now and has other children. Although Sam goes to him regularly MF11 feels that he puts his other children first. She tells me that Sam is made to go to bed at the same time as the younger children and she does not think that this is fair because Sam is a good few years older than them.

Despite this lack of cohesiveness between his parents Sam visits his father every weekend and stays with him every second weekend. His father has maintained regular and consistent contact with him since his birth. When discussing his father Sam describes how often he sees his father and half-siblings and what he does at this father's house. Sam explains:

Researcher: And how often do you see (names of siblings at his father's house)?

Sam: Every week and I go up like [to fathers house] for the first weekend like, I go up for the weekend, every second one I go up for the day.

Researcher: Oh right, very good, and do you like going up there?

Sam: Yeah, it's alright.

Researcher: Yeah, do you have fun?

Sam: Yeah.

Researcher: So what do you do when you go up there?

Sam: Eh, play out wit all me friends n all, go in n' watch a bit of telly for a while, go up to bed.

(Sam, 11 years old, Family 11)

In Emma's family her parents are no longer together and they have a very turbulent relationship. Emma included her father in her genogram however she is reluctant to talk about him in any great detail and it would appear that although she sees him regularly they spend very little quality or exclusive time together. Emma explains:

Researcher: And who is this one here?

Emma: My dad.

Researcher: Oh very good and tell me a little bit about your dad?

Emma: (no reply).

Researcher: Is he nice?

Emma: Yeah.

Researcher: What do you do at your dad's house?

Emma: I play with my baby brother.

Researcher: Yeah and what would you do now with your dad, just the 2 of you?

Emma: Sit down on the couch.

(Emma, 9 years old, Family 13)

In Tadhg and Sadie's family their parents both live together as a couple in the family home and family relationships appear pleasant. Special effort is made within the family to facilitate family time collectively for the whole family and this is something which the children really enjoy. They explain:

Sadie: We go to the park.

Researcher: Go to the park?

Sadie: Yeah, we would go for a walk.

Researcher: That's nice, isn't it?

Sadie: Yeah.

Researcher: Anything else you do with your family?

Sadie: We would go for a family day out.

Researcher: Go for a family day out, lovely.

Tadhg: Family movie night.

(Tadhg, 11 years old and Sadie 9 years old, Family 6)

Quality family time and strong family relationships are very evident in Ethan's family. He describes various family outings during the course of his interview and also positive family interactions with his parents and siblings. Ethan summaries his feelings about family time for him during the discussion of his 'My Family' drawing (Figure 6.12). Ethan explains:

Researcher: And you like hanging out with your family?

Ethan: Yeah.

Researcher: What's your favourite thing about hanging out with your family?

Ethan: Just talking really.

(Ethan, 11 years old, Family 7)
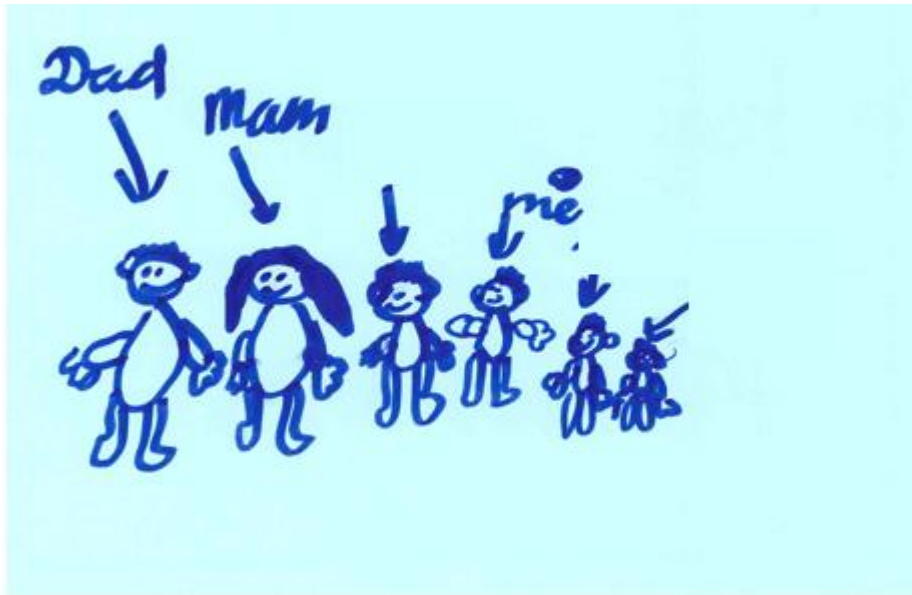
Figure 6.12: 'My Family' drawing 3 by Ethan, 11 years old, Family 7, (all names anonymised).

6.7.3 Role of the maternal grandparents

The sub-theme of maternal grandparents transpired strongly in the main theme 'Our Family Life'. Findings indicate that the maternal grandparents occupy a very significant place in the lives of the children and their families. This significant place occupied by maternal grandparents relates not only to grandparents who are alive by also grandparents who have deceased. For example, Bobby in Family 5 talks a lot in his interview about his deceased grandfather from his mother's side of the family and ensures to include him in his genogram and also in his 'My Family' drawing. Bobby remembers his grandfather well and speaks very fondly about him. From the interview discussion it is clear that these memories are very dear to Bobby and although his grandfather is deceased, he is still very much alive in Bobby's mind. In Family 8 either Cillian or Max do not include their grandparents in their drawings however their mother (MF8) details in her interview how much she misses her own mother in her life and explains that although she passed away a decade ago, the grief that she feels for her mother's lingers on. MF8 goes to great length in her interview to explain how much she misses having her mother alive and physically in her life. Findings from the study indicate that children and their mothers have very special relationships with their grandparents from their mothers' side and that these relationships and memories are not defeated by death. It is the relationship that existed that matters, the quality of the relationship and hence the strong happy memories remain.

The dominant grandparent role which occurs within this sub-theme is that of the maternal grandparents and more specifically the maternal grandmother. In Family 5 Bobby is very close to his maternal grandparents and does not mention his paternal grandparents at all during his interview or in his drawings. Bobby spends a lot of time with his maternal grandmother after school and outside of after-school time. He details how they spend recreational time together and this is something which Bobby really enjoys. Bobby explains:

> **Bobby:** I usually go down there [to the pitch and put grounds] with my nana.
> **Researcher:** Ok.
> **Bobby:** And she does play [pitch and put] with me.
> **Researcher:** Wow very good!
> **Bobby:** She bet me once by one point.
> **Researcher:** Only once (laughing)?
> **Bobby:** Yep.
>
> (Bobby, 11 years old, Family 5)

The close relationship which exists between Bobby and his maternal grandmother is also captured in the Family Pen Picture. It records:

> **FPP5:** I remember Bobby from school and he remembers me. He is very easy to interview, very eager to draw and to answer the questions. He can be quite funny at times and makes me laugh a lot. He speaks ever so fondly of his grandmother and it is clear that he spends a lot of time with her. I actually went on to interview Bobby's granny months later and likewise she speaks ever so fondly of Bobby. He is without doubt the apple of her eye.

In Family 10 Sophie also spends a lot of quality time with her grandmother who she lives with. Sophie discloses during the interview that it was her choice to live with her grandmother and it is evident that she enjoys a very stable family environment living with her grandmother. Sophie describes a typical day out for them:

> **Researcher:** And what else would ye do to have fun?
> **Sophie:** Go out with me Nanny and stuff, to the cinema and stuff.
> **Researcher:** Where do you go to the cinema?
> **Sophie:** In town.
> **Researcher:** Oh right, very good. Would ye get the (name of public transport) into town?

> *Sophie: Yeah,…We'd either get the bus to (name of place), or we'd walk down to (name of place) if it was a nice day… and then we'd get something to eat, and go back.*

<div align="right">(Sophie, 11 years old, Family 10)</div>

From the child and grandparent interviews it would appear that Sophie's grandmother has been the one steady and constant adult figure in Sophie's life. This is captured within the Family Pen Picture. It records:

> *FPP10: GMF10 tells me that her oldest daughter is Sophie's mother. She now lives elsewhere with her boyfriend, Sophie's brother (full blood brother) and half-sister. She explains to me that Sophie went to live with her mam, when she got herself sorted however she did not like it and returned to live with GMF10. It is towards the end of the interview that I am told that this occurred within the last year. I don't ask about the details as I don't want to pry. From our conversation I understand that GMF10 has very much been a constant in Sophie's life and that Sophie has spent a lot of time living with her granny.*

Maternal grandfathers also featured in the child interviews and children offered detail in relation how they like to spend time with their grandfathers. In Family 2 Conor sees his maternal grandparents, who live nearby, on a very regular basis. His grandfather works however Conor spends time with him on his day off, Conor explains:

> *Researcher: And how often do you see your granddad?*
>
> *Conor: I'd say every Wednesday.*
>
> *Researcher: How come on a Wednesday?*
>
> *Conor: Because he does be in work the rest of the days.*
>
> *Researcher: Very good. And what kinds of things would you do with your Granddad?*
>
> *Conor: Walk the dog.*
>
> *Researcher: Walk the dog yeah. Does your Granddad have a dog?*
>
> *Conor: Well it's my dog but we just keep him at my nanny's.*

<div align="right">(Conor, 8 years old, Family 2)</div>

In Family 9 Lucy is also close to both of her maternal grandparents who live nearby. She sees them daily and they often give her money which she enjoys spending. Lucy describes her relationship with her grandfather. Lucy says:

> *Researcher: And what's he [grandfather] like?*
>
> *Lucy: Sometimes he goes out to the dogs to feed them and all and he brings me to the shops to get me stuff and he gives me pocket money as well.*

> *Researcher: Very good. You get a lot of money from your Granny and Granddad don't you? What do you spend the money on?*
> *Lucy: Sometimes clothes and sometimes toys.*

<div align="right">(Lucy, 8 years old, Family 9)</div>

As previously stated, the maternal grandmothers feature meaningfully in the study's findings. Mothers from various families provided information about their relationship with the own mothers and these relationships appear to be very important to the entire family. These mother and maternal grandmother relationships also emerge as relationships of positive mutual dependency and closeness. Mothers provided detail about how they care for their own mothers, seek advice from their own mothers and also relay on their own mothers for advice and parenting support. In Family 9 MF9 often relies on her mother for parenting reassurance. She explains relationship difficulties between her daughters and how she tries to parent through such conflicts. When she feels unsure about her parenting practices she turns to her own mother for advice and reassurance. MF9 explains:

> *MF9: Because I even said to me Ma 'am I treating her any different?', you know like you say, and she said 'no (name of MF9), you're not'.*

In Family 7 the maternal grandmother offers practical advice to her daughter about meal preparation for the children and advises against cooking different meals for different children due to its associated higher workload. The maternal grandmother feels that this is too much effort for her daughter and the children should all eat the same meal. MF7 explains:

> *MF7:…my mother gives out to me dreadfully for that [cooking] because sometimes I will make different things.*
> *Researcher: So you make them [the children] different things for their dinner?*
> *MF7: Sometimes, yeah.*

Grandmothers are a source of practical help as well as pragmatic advice for their daughters. In Family 10 Sophie details how her aunt's working hours are facilitated by the fact that her grandmother looks after her little cousin after school. This practical help is exceptionally important for her aunt who is a single parent and enables her to work and earn a living. Sophie explains:

> *Sophie: And we mind me little cousin, every day, like on a weekday, when she comes home from school because her Ma does be in work.*

<div align="right">(Sophie, 11 years old, Family 10)</div>

Findings indicate that a reciprocal helping relationship exists between grandmothers and their daughters. For many of the families mothers conveyed a unique closeness to their

own mothers and also provided detail in relation to how they help and look after their own mothers. In Family 9 Lucy's maternal grandmother has recently had surgery which required a lengthily recovery. She was cared for by Lucy's mother (MF9) and the efforts which were required are reported in the Family Pen Picture. It records:

> *FPP9: I am greeted by (name of MF9) who is the mam. She is very welcoming to me and brings me into the living room which doesn't have a door hanging on the frame. MF9 explains to me that the door was removed when she recently brought her mother home from hospital to care for her, if I remember correctly she had had hip replacement. MF9 had the door removed from the hinges to make it easier to get her mam in and out to the toilet. She had a bed brought downstairs and placed it in the living room for her mam to sleep on and she slept on the sofa while she was caring for her.*

During the parent interview MF9 details how she provided convalescence care for her mother after the surgery. She takes her time to explain that she has always had a very close relationship with her mother. She does the weekly grocery shop for her and brings her to all of her hospital appointments. MF9 explains:

> *MF9:…. like I bring her, like doing her shopping and bringing her to the hospital kind of stuff… me Dad works as well, you know, I always, I'm always with her, you know, always with her, you know, so.*

For the grandparents themselves, they all expressed positive feelings associated with their role of grandparent and many reasons were cited. For one grandparent he expressed positive feelings associated with being able to help his children and grandchildren over the years. GFF13 explains:

> *GF13: Well I like that fact that I have grandchildren most of all and being able to care for them through the years, give help. And they've all grown up very, very loving, which is one good thing and I think the fact that we had to wait so long made it more precious when we had the grandchildren.*
>
> *Researcher: You've ten grandchildren, isn't it?*
>
> *GF13: Ten, yeah, ten and one great-grandchild.*

When exploring what it means to be a grandparent in the interviews this grandparent also explained the unique joy associated with becoming a grandparent and how it differs from becoming a parent. GF13 says:

> *GF13: The thing I like most about being a grandparent is when one of them calls me granddad.*
>
> *Researcher: Do you like being called granddad?*
>
> *GF13: Ah I love being called granddad (Laughing).*

Researcher: Do you?

GF13: When you become a parent you think it's marvellous, da-da, you know, but when you become a granddad, it's on a different level, it really is…. You're a lot more relaxed in yourself when you become a granddad.

Researcher: Do you think you can enjoy being a grandparent more than when you were a parent like?

GF13: Yes, simply, more because of the fact that, you know, I was always working during the day time and that, you know, and sometimes at night, but now that I don't have to work like, you know, I'm here all the time, it's one of the bigger things in your life, being called a granddad like, you know.

6.8 Theme 2: Sustaining family health
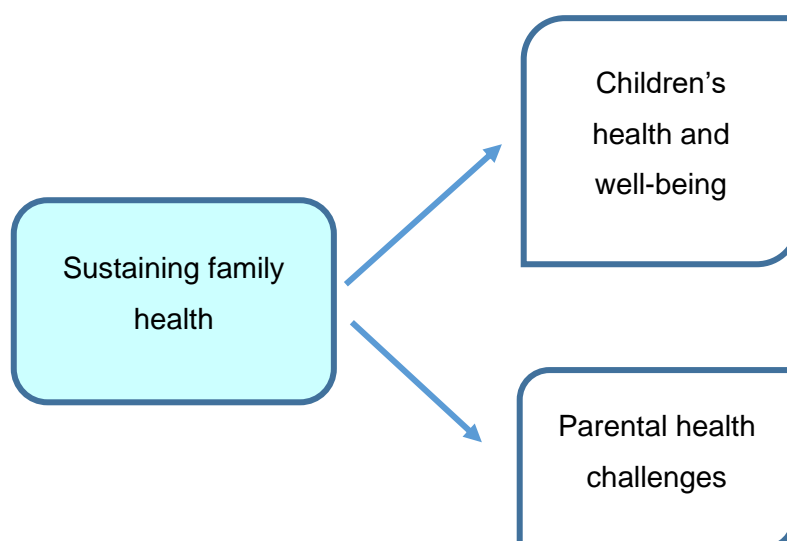
Figure 6.13: Theme 2: Sustaining family health.

Sustaining family health was the second most significant theme which was formed. An overview of the theme 'Sustaining family health' in relation to its number of sources and number of units of meaning coded, is provided in Appendix 11. The types of sources which contributed to the formation of this theme are presented in Appendix 12. This theme comprises of two sub-themes as shown in Figure 6.13 above and will be presented and under these headings.

6.8.1 Children's health and well-being

Health and aspects of well-being were explored with children, parents and grandparents during the interviews. For the child interviews children were asked about what they thought health was and what they did every day to maintain their health and well-being.

Daily routines and lifestyle choices were explored with children via the drawing 'Time Pie' which children drew as a representation of their average day.

Findings from the study indicate that children are knowledgeable about health and well-being. They have picked up many of the key messages surrounding positive health behaviour and well-being. When asked what they thought health was many of the children described health in terms of eating fruit and vegetables. Conor describes his understanding of health in terms of the food that he eats. Conor says:

> **Researcher:** ....when people talk about health so what do you think health means?
>
> **Conor:** Like eating apples, and healthy food like oranges and bananas. Apples, pears plums like vegetables.
>
> > (Conor, 8 years old, Family 2)

Similarly, Max describes health in terms of eating fruit however, he includes a rationale for this eating practice which is to grow and develop into an independent person. Max explains:

> **Max:** Health is where you eat bananas and then your bones grow stronger and you get bigger and you grow bigger too.
>
> **Researcher:** Yeah, why is it important to grow big and strong.
>
> **Max:** Because if you don't then you'd be like a parent that's so small. ..No you wouldn't be able to reach the press or do anything, you've have to get someone that's big.
>
> > (Max, 7 years old, Family 8)

Although Cillian knows that eating vegetables is good for him, he has struggled in the past with this however he has since changed his mind about this aspect of his food choice. Cillian explains:

> **Cillian:** I used to hate the veg and salad and now it's my favourite food, isn't it mam?
>
> > (Cillian, 10 years old, Family 8)

In addition to eating fruit and vegetables Lucy details a more social dimension to how she views health. Lucy associates the concept of health with eating healthily, participating in sport and having fun. Lucy explains:

> **Researcher:** …and can you tell me what do you think 'health' means?
>
> **Lucy:** Like going walking, doing sport and eating like fruit and vegetables and having fun.
>
> > (Lucy, 8 years old, Family 9)

Ciara is very informed about her daily intake of fruit and vegetables. She cites eating her five a day when asked about what she thinks health is. Ciara says:

> *Ciara: I think it should be eatin' healthy like. Like I'll have in school, have like mostly have 2 of my 5 a day or even 3 because I have apples, like I'll have pineapple slices or I'll have grapes or apple slices in a bag.*

In addition, Ciara describes health promotion practices when elaborating about what she believes health is. Ciara explains:

> *Ciara: Yeah, and like brushin' your teeth every mornin' and washing your hands after you go to the toilet….And before your meal.*

> (Ciara, 11 years old, Family 4)

Many of the children interviewed presented holistic viewpoints in relation to the concept of health. Bobby believes that health is about being fit and showcases the extent of his knowledge by citing the connection between fitness and the maintenance of positive mood. Bobby explains:

> *Researcher: ok very good what do you think health means?*
> *Bobby: Emm, just how fit ye are and (pause) how you take care of your body.*
> *Researcher: Yeah, and how would you know that you're fit?*
> *Bobby: Emm if you were running around for ages and like you don't need, you wouldn't be that tired….Its important just to keep your health good…keep ye in a good mood.*

> (Bobby, 11 years old, Family 5)

Tadhg and Sadie demonstrate insight in relation to health and illness when they enter into a conversation about what they think health is. They make the comparison between the two states and highlight that the two concepts are at opposite ends of the spectrum. They explain:

> *Tadhg: Health means all better, healthy, strong!*
> *Researcher: Strong?*
> *Tadhg: Big.*
> *Sadie: You're able for things…Health is the opposite to sick.*

> (Tadhg, 11 years old and Sadie, 9 years old, Family 6)

Many of the children cited fitness and physical ability in their concepts of health. Cillian makes a comparison between being overweight which he depicts as negative on one's health and fitness which he describes as being able to run without becoming breathless. Cillian explains:

> *Cillian: To keep fit and like if you're overweight you'll die and health is like something that keeps you healthy like you can run far without being out of breath and all.*

(Cillian, 10 years old, Family 8)

Ethan believes that being self-aware is a very important aspect of health. He considers that knowing how you feel is essential and that if you lack self-awareness then you could do harm to your health. Ethan explains:

> **Ethan:** *Well it sort of means like do you feel good or do you not feel good…you should be aware like what you do because it could hurt your body and stuff like that.*
>
> **Researcher:** *What kind of things could you do that could hurt your body and make you feel not well?*
>
> **Ethan:** *Eating too much sweets.*
>
> **Researcher:** *…What would happen if you had too many sweets?*
>
> **Ethan:** *You'd get sick.*

(Ethan, 11 years old, Family 7)

Awareness and knowledge in relation to disease prevention and safety were also evident among the children when discussing the concept of health. Many of the children cited information from public health campaigns which they had picked up and remembered. Adam explains the take home messages which he has received from televised public health campaigns. Adam explains:

> **Adam:** *Like I saw in the ad, you know, smoking can kill…That's not healthy because you can die and all…Yeah, and don't drink and drive because you might crash and kill other people and you can kill yourself…You can't drink, you can't, because all the bacteria in your mouth, the gum, will get kind of black on your teeth, when you drink and smoke.*

(Adam, 10 years old, Family 12)

During the interview's children were asked about their personal experiences of illness, how being unwell made them feel and who looked after them. All of the children were able to recall a time when they were unwell and they provided detailed accounts of the comforting things that their mothers did for them while they were unwell. Many of the children elaborated on their experience of illness by providing a rational as to how and why they became unwell in the first instance. Conor provides an insightful account about how and why he got sick, how it made him feel and who looked after him while he was poorly. Connor says:

> **Researcher:** *Ok, now have you ever been sick?*
>
> **Conor:** *Yeah.*
>
> **Researcher:** *What was wrong?*

Conor: This year I was sick cos I forgot to zip up my jacket.

Researcher: And what happened?

Conor: I'm after getting a cold. But I wasn't allowed out for three days but then it went and then it came back and then I wasn't allowed out until it went.

Researcher: And how did you feel when you were sick?

Conor: Sad.

Researcher: And who minded you?

Conor: My mam.

Researcher: What did she do to mind you and make you feel better?

Conor: She wrapped me up in a blanket and she brought my bed pillow down.

Researcher: And did you feel better then?

Conor: Yeah.

(Conor, 8 years old, Family 2)

In addition to understanding how and why they became ill children also demonstrated an understanding of how illness can be passed from one person on to another. Chicken pox, a common illness in childhood, was reported by several children in the study when they were asked about a time when they felt unwell. Children showed a clear understanding about how such an illness can be transmitted. Tadhg and Sadie enter into a big discussion about having the chickenpox, who looked after them and whether going to school was better than being sick. They explain:

Sadie: One time I had the chickenpox.

Researcher: Oh you had the chickenpox?

Tadhg: She passed it on to me.

Researcher: So how did the chickenpox make you feel?

Tadhg: They were itchy in the daytime but they weren't itchy in the night-time.

Researcher: Okay. And how did it make you feel Tadhg?

Tadhg: Happy, I didn't have to go to school!

Sadie: I didn't like having the chickenpox because I think school is better than being sick.

Researcher: Okay, so you prefer school to chickenpox.

Sadie: Yeah.

Researcher: So what did you have to do then to get better?

Sadie: Just sitting around.

Tadhg: Sitting around, don't scratch them and put this annoying cream on.

Researcher: Oh! So how did you know now not to scratch them, who told you not to scratch them?

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Tadhg: Oh well I knew not to scratch them because she said before, because when I asked about the chickenpox if I ever get them, don't scratch.

Researcher: Who said that though?

Tadhg: My Mam…If I get them.

Researcher: Very good. And what kind of cream did you have to put on?

Tadhg: We had to put on this cream, it was so cold.

Researcher: And who put the cream on for you?

Tadhg: My Mam put the cream on for me.

(Tadhg, 11 years old and Sadie, 9 years old, Family 6)

All of the children interviewed reported that it was their mother who looked after them while they were unwell. One exception to this was in Family 10 where Sophie's legal guardian is her grandmother therefore, it was her grandmother who Sophie reported as looking after her during episodes of illness. Many children described how they were cared for by their mothers and the comforting things that their mothers did for them while they were unwell. Sarah describes how her mother gave her medicine, lots of fluids and sang to her to make her feel better. Sarah explains:

Sarah: …. when I had the chicken pox.

Researcher: Oooh you had the chicken pox. What was that like?

Sarah: It was, it wasn't that sore.

Researcher: And who minded you?

Sarah: My mam.

Researcher: Your mam. Very good and what did she do to mind you?

Sarah: She gave me medicine. She sang with me and I went to bed early like and she gave me loads of like, am drinks and hot waters and all.

(Sarah, 11 years old, Family 2)

Sophie lives with her grandmother and explains how she was cared for. Sophie explains:

Sophie: Me Nanny, like she got medicine and stuff, and cream…And gave me like boiled up 7Up, you know the boiled 7Up.

(Sophie, 11 years old, Family 10)

Throughout the exploration of the children's health and well-being views it became apparent that several the participating children had personal health issues. In addition to providing information about their health problems children were also well able to articulate how they manage their health and specifically how they manage to stay well. Ethan has asthma and he demonstrates a good understanding of his condition and what he needs to do in order to stay well. Ethan explains:

Researcher: And like how do you know if your asthma is giving you trouble?

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Ethan: Because when I start to, well I start to cough sometimes and like it's usually when it's coming into Summer I start to cough but it hasn't been doing it that much for the past few years…but do you know when you're coughing and you sort like can't stop…I have an inhaler…It's the blue…And [I have the] the brown one too…Yeah, just slow [demonstrates how to take a puff and breath] in and out.

(Ethan, 11 years old, Family 7)

Ethan's mother (MF7) explains that the children get ill regularly with reoccurring infections. She worries a lot about Ethan's health because he has a stent in his kidney which is monitored by the children's hospital on an annual basis. MF8 is more vigilant of Ethan getting sick because of this.

MF7: Their health, the younger ones like they're always getting like chest infections and throat infections, like I was at the doctor today there with his tonsillitis again, Ethan had to get his tonsils out, do you know what I mean, and you just sort of worry along, like he was, when he was a baby he had a problem with his kidney, he had an operation when he was, God I was taken straight from [name of maternity hospital] to [name of children's hospital] , he was only two days, three days old.

Cillian has needs associated with his neuro developmental disability and he finds the school environment particularly challenging because of noise levels and the volume of children in his school. Cillian is in mainstream school and the school which he attends is unable to cater for his specific needs. Cillian explains why his school environment is challenging for him:

Cillian: Because they [other children in school] do be running around at break and screaming when they talk, they can't talk proper, they have to scream at each other they do.
Researcher: And would lots of them be doing that?
Cillian: All of them would.

(Cillian, 10 years old, Family 8)

The school Cillian attends is unable to meet his needs therefore enduring the school environment is an enormous daily challenge for him. Cillian spends his day in school trying to conform which takes a toll on him and he returns home from school each day feeling exhausted. Cillian's mother (MF8) describes the impact of the school day on him. She explains:

MF8: Ah yeah, em the only thing is he doesn't mix at school, there's days when he'll come home and he'll be screaming like the minute he'll get out of school

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because he tries so hard to please you, like he really does try so hard and the more he's trying the more he's getting upset. So when he gets out of school like he could throw himself on the ground and eh I never knew why he done that but according to (name) clinic they said that's part and parcel because he's tried all day to be like this normal child.

Researcher: He's exhausted?

MF8: It's taken too much out of him and then he just explodes then but then it's us that get the backlash of it then because he'll explode for the whole day.

MF8 provides many examples of the various situations which Cillian cannot cope with and explains how he likes to be on his own. She rationalises that she accepts her son for who he is and encourages him to be himself. One distinct aspect which she finds challenging however is not being able to comfort Cillian when he has outbursts as he does not like to be touched. MF8 explains:

MF8: And like you can't hug him, he doesn't like being hugged, doesn't like being touched, so…Yeah I feel sorry for him, you know but like he knows now that he's different, he knows that he doesn't have to conform the way other people do, you know so like we've told him like just be who you are…You know yeah like I mean I'm not, I don't care what people think, I'm not worried, you know so I told him the same, don't worry what people think.

Having identified Cillian's tribulation with the school environment his mother has worked hard to secure a place for him in a school for children with special needs. Cillian is looking forward to the move. He explains why:

Researcher: Yeah, why do you think this will be a good school for you?

Cillian: Because it's for people, kids who have disabilities.

Researcher: Ok do you think they'll understand you better and you'll understand them better?

Cillian: Yeah. There's only going to be 7 people in my class…there won't be much shouting and only two classes go out on yard at a time.

(Cillian, 10 years old, Family 8)

In Family11 Sam has a rare eye condition which his mother is concerned about. Sam's condition was only diagnosed two years previously because the symptoms which he had been experiencing were mistaken for conjunctivitis all along. His mother's main concern now is that he could go blind as this can happen to children with the condition. Sam experiences flare ups regularly, he must wear sunglasses if it is very bright out and he must avoid exposure to dust of any description. Sam's mother (MF11) explains the extent of her concerns:

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> *MF11: ….he suffers with that [eye condition] so some things he eats can flair it up like but there's no time to find out like, it's like where we have skin under our eyelid here [points to eye] to protect us from dust and dirt, he hasn't got any, so he has no layer of skin at all so any single thing…There's a possibility he could go blind before he's eighteen so there's, it's a big thing like, d'ya know wha I mean, he has to have them [eye drops] all the time.*

MF11 explains that Sam attends the local children's hospital to have his eye condition monitored and that a consultant specialising in the condition comes from the UK every six to twelve months to see children with the condition in Ireland. MF11 feels that the service is slightly disorganised, she never knows when the specialist is coming and would prefer if Sam could be seen as private patient however she is unable to afford private care for him. Sam demonstrates a good understanding of his eye condition, how it affects him and what he needs to do to ensure that it does not progress. Sam explains:

> *Researcher: Your mammy was telling me about your eyes, you tell me about your eyes?*
>
> *Sam: Eh, well I have sometin' wrong with me eyes called it's called KBC. Only a few people in Ireland have it and I'm one of em. So I can go blind if I don't take my eyedrops and all. The grass, like if I went out on a sunny day or something it would start going all read and all, swollen and all, hurting. Itchy, I'd have to go in.*

> (Sam, 11 years old, Family 11)

How children spend their time on an average day was explored through the 'Time Pie' drawings. Exploration of these drawings provided information about children's daily activities and hobbies and also information about who they spend their time with. The drawings produced by the children included a variety of activities such as organised and non-organised sporting activities and other activities (example singing, dancing). Children also included technology orientated activities, playing and necessary activities such as eating and sleeping. Discussing the drawings with each individual child posed a unique opportunity to talk about what children were interested in and how they both conceptualise and maintain their health and well-being. Children demonstrated concepts of health that were prevention orientated, promotion orientated, holistic concepts of health and social dimesons of health.

In Family 2 Conor is 'sport mad' as described by his mother and when he does his 'Time Pie' drawing most of his slices are allocated to sporting activities (Figure 6.14) such as tennis, rugby, gaelic, all of which he does in school and Taekwon-Do and swimming

which are organised by his mother. Conor also includes football which he plays on the road with his friends, walking, going on his bike and running. His remaining two slices are allocated to writing and school. Conor is passionate about sport and is keen to talk about his various sporting activities and why he enjoys them.
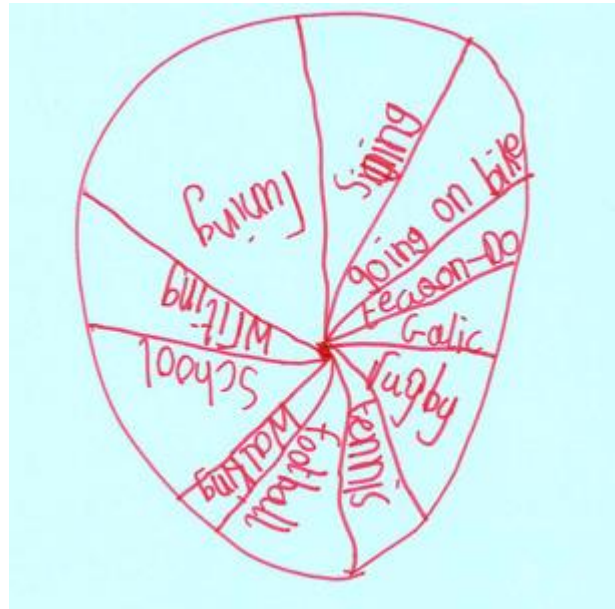
Figure 6.14: 'Time Pie' drawing by Conor, 8 years old, Family 2

Conor's favourite pastime is soccer and he is eager to discuss his team and how their coach, who he calls their manager, helps the team to develop their skills. Conor explains how he knows when the team have played well. Conor says:

> ***Conor:*** *… after matches we do be very sweaty. And we smell! Our jerseys smell!*
> ***Researcher:*** *Smelly, yeah, that kinda goes hand in hand with it?*
> ***Conor:*** *My manager said the smell of the jerseys on Saturday; they were really sweaty cos they tell ya how good yas were!*
> ***Researcher:*** *Oooh really! So the smellier your jersey is the better you played?*
> ***Conor:*** *Yeah!*
> ***Researcher:*** *And was yours very smelly?*
> ***Conor:*** *Yeah. (laughs)*
>
> (Conor, 8 years old, Family 2)

Conor cites that he enjoys sports because of its fun element and also because it helps to maintain his fitness. Conor says:

> ***Researcher:*** *You seem to really like sport. Why do you like sport?*
> ***Conor:*** *Cos it's fun, keeps you fit?*
> ***Researcher:*** *And do you think that it's important to be fit?*
> ***Conor:*** *Yeah.*

Researcher: Why is it important to be fit?

Conor: So your muscles aren't weak.

(Conor, 8 years old, Family 2)

David also likes sport however; unlike Conor he enjoys unstructured sport time playing football with his friends in the local community centre which is open to all local children on certain evenings free of charge. David explains:

David: Well the occasional time I like watching it [football] and mostly playing it.

Researcher: Are you on a team?

David: No.

Researcher: Or you all just play together?

David: Ye we just me and me friends play together and there's..in the community centre down the road the (name of place) community centre yeah they do the football there..and its every Monday and Wednesday ye can go and play football.

(David, 11 years old, Family 3)

Although Tadhg does not include sports in his drawing he does include 'exercising' as one of his daily activities (Figure 6.15). His sister Sadie also includes a slice for exercising in her drawing and during the drawing discussions the children demonstrate an understanding of the connection between exercising and the maintenance of good health.
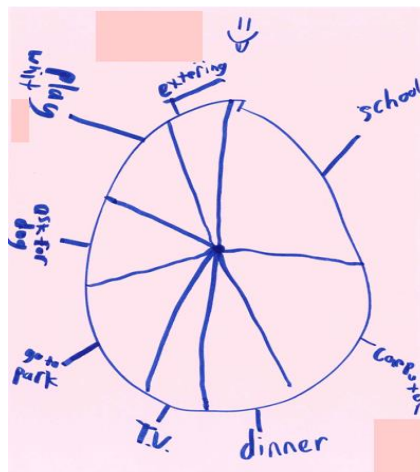
Figure 6.15: 'Time Pie' by Tadhg, 11 years old, Family 6

Tadhg explains how he exercises and elaborates that although it doesn't feel good to do the activity, it feels good afterwards having done the activity. Tadhg says:

Researcher: Very good. And the next one then is exercising.

Tadhg: Yeah.

Researcher: What kind of exercising do you do?

Tadhg: Well I run around the place.

Researcher: Very good.

> *Tadhg: And I like doing the games like football and air hockey and all.*
>
> *Researcher: Very good. And how does exercising make you feel?*
>
> *Tadhg: Exercising not, when I'm finished it makes me feel better.*

<div align="right">(Tadhg, 11 years old, Family 6)</div>

Children discussed their non-sporting hobbies and explained why they likes these activities. Bobby includes a unique pastime in his drawing which is practicing his magic (Figure 6.16). Bobby talks about how his interest in magic began when his dad got him a magic set. He practices a lot, especially card tricks and he uses the Internet to research new tricks to perform.

Figure 6.16: 'Time Pie' by Bobby, 11 years old, Family 5

Practicing and performing magic is what Bobby does to feel well. He explains:

> *Researcher: Yeah ok very good, what things then would you do every day that help you to feel well?*
>
> *Bobby: Magic that's one main thing.*
>
> *Researcher: Yeah? How does magic make you feel well?*
>
> *Bobby: Like if I'm just performing a trick and I get it right that makes me feel good.*

<div align="right">(Bobby, 11 years old, Family 5)</div>

When speaking to children about what their average day consists of it is not surprising that technology features in various formats. Findings from this study show that the majority (12 out of 19) of the children included technology in some format such as television, computer, laptop, i-pad or other technology related device in their drawings.

Children represented television watching as being separate from technology devices such as i-pads or computer. Sadie includes television watching, playing x-box and computer all in her drawing, circled in Figure 6.17. In total seven children did not include technology orientated activity in their drawing, either traditional technology (television watching) or modern technology (computer, i-pad ect).
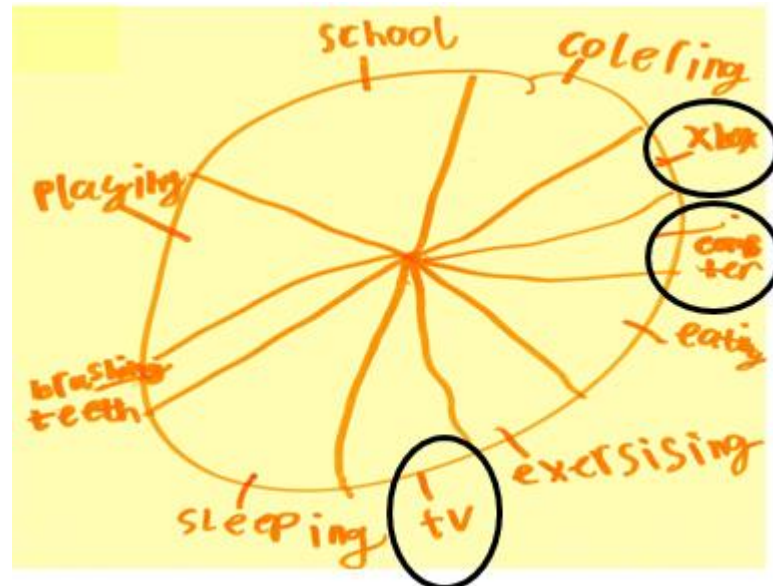
Figure 6.17: 'Time Pie' by Sadie, 9 years old, Family 6

For the children who included computer and i-pad in their drawings they described how they use the internet for leisure time. Many children play online games while others used social media sites such as Facebook. Tadhg explains his leisure time on the internet, he says:

> *Researcher: What's the next one here, so this is computer. Your computer slice is very big, do you spend a lot of time on the computer?*
>
> *Tadhg: Yeah.*
>
> *Researcher: And what do you like doing on the computer?*
>
> *Tadhg: Go on Facebook.*
>
> *Researcher: Are you on Facebook?*
>
> *Tadhg: Yeah.*
>
> *Researcher: What do you do on Facebook?*
>
> *Tadhg: I just talk to my friends.*
>
> (Tadhg, 11 years old, Family 6)

Several parents in the study spoke about the influence of technology on how they feel they can or cannot maintain their children's health. Some parents felt that children are 'plugged in' too much and that they crave the incorporation of technology in their life

because their friends have access to technology. This makes it very difficult for parents to limit the amount of technology time that their children engage in. MF3 explains her concerns:

> **MF3:** *What I think as well like a lot of time they [children] are plugged into things aren't they, plugged into iPods, plugged in socially. And you're a bad mammy if you don't let them do this, you don't let them do that, and she is allowed do it, and she .. And I do be just like I am not her mother (laugh) and one day you will thank me… but it's very very hard, it's very hard.*

Other parents voiced concerns about the impact of technology on their children's physical activity levels. MF7 explains:

> **MF7:** *The might play like in the Summer you'll get the bit of football or a thing a rounders but no, these things, the Gameboys and the PSPs and, do you know what I mean, a lot less active.*

Many of the children spoke positively about having routine in their lives and it is evident from the findings that routine helps to maintain their health and well-being. For Sadie she describes her daily routine for her oral care and even denotes a slice of her 'Time Pie' for this activity. Sadie explains:

> **Researcher:** *Very good. And the next one is brushing your teeth. How often do you brush your teeth?*
>
> **Sadie:** *Well I brush in the morning and before I go to bed.*
>
> **Researcher:** *Very good. And why do you brush your teeth?*
>
> **Sadie:** *I brush my teeth to make them stay white.*
>
> (Sadie, 9 years old, Family 6)

Sophie has a very structured daily routine living with her grandmother and this is something which Sophie enjoys very much. She details her routine enthusiastically via her drawing, Sophie explains:

> **Sophie:** *I just get up, brush me teeth, wash me face, and then I do get ready, and then I go down and get me breakfast, and then I brush me hair, and get ready, and then watch a bit of telly before I go, and then me cousin comes…. she comes about twenty-past eight because her Ma goes on to work then, about twenty to nine, so she has to be down here….When I done me homework, have me dinner, and sometimes I go on it (laptop) probably for about an hour or two…I go on Facebook….*I'd stick it on (TV) or whatever like, like I watch whatever me Nanny is watching, because she'd watch stuff that I'd be watching.
>
> (Sophie, 11 years old, Family 10)

Routine is an essential part of Cillian's life and an integral component to maintaining his well-being. As part of his nuero-developmental condition Cillian has obsessive behaviour and for this he cleans things. The extent of Cillian's disorder is very apparent in his 'Time Pie' drawing seen in Figure 6.18 where the largest slice is devoted to cleaning (circled in red). Cillian details how he spends his day which entails school, eating, maths, Irish and cleaning. Cillian does not play with other children and sleeping is not something which he can achieve to the extent of other children. During his interview Cillian explains why he likes to clean and how it makes him feel.
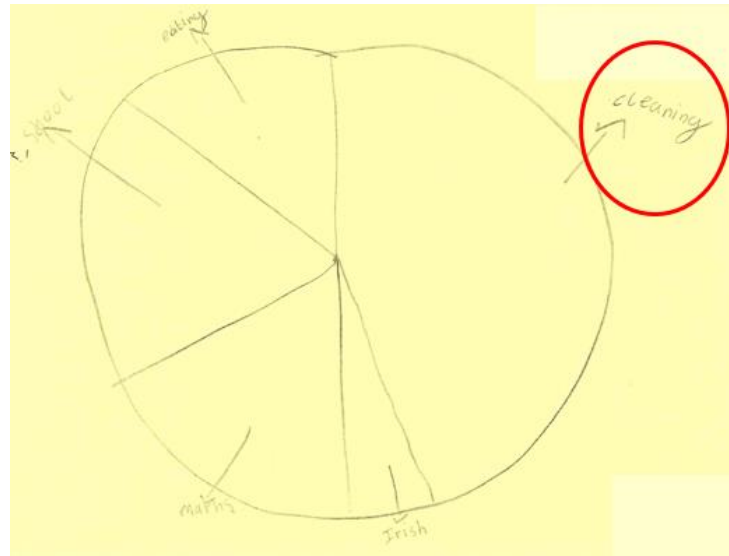
Figure 6.18: 'Time Pie' by Cillian, 10 years old, Family 8

When Cillian gets home from school, he is exhausted and emotionally drained. He likes to stay indoors, and he likes to be alone. This is how Cillian spends his time indoors:

> **Researcher:** *You prefer to stay indoors?*
>
> **Cillian:** *Yeah.*
>
> **Researcher:** *Yeah and tell me what do you do then when you stay indoors?*
>
> **Cillian:** *I either clean or I don't know, go asleep.*
>
> **Researcher:** *What do you clean?*
>
> **Cillian:** *The house.*
>
> **Researcher:** *Like everything or just?*
>
> **Cillian:** *Everything.*
>
> **Researcher:** *And how does cleaning make you feel?*
>
> **Cillian:** *I don't know, it's just fun.*
>
> (Cillian, 10 years old, Family 8)

Cillian's mother explains that Cillian does all of the cleaning in the family home and that he needs to do this so that he can feel calm and relaxed. Cillian's routine and

obsessiveness with cleaning however has its associated problems which are not good for him or the family, MF8 explains:

> *MF8: Cillian will take care of all the cleaning because that's part of his, eh he has obsessive compulsive behaviour, so cleaning is his.*
>
> *Researcher: Is his thing?*
>
> *MF8: Yeah and it keeps him calm.*
>
> *Researcher: Ok, so that's good then for him, or is it?*
>
> *MF8: It goes overboard because you're scared to touch the cups, you have to remember what way he has the cup hanging up and em if you step on the floor, he's like "I washed the floor", you know things have to be a certain way and then his skin does be very bad because he loves bleach, loves cleaning with bleach. So it's good, it's calming for him but it's very hard for the rest of the family. And everything must be arranged in a certain way. So em, like as I said at times its good for him, I'd say 90% of the time it's good for him but then he gets so overwhelmed if something, like if you stand on the floor or you know put the cup in the wrong place, so it's kind of a hard one to.*

Since Cillian's diagnosis MF8 has worked hard to educate herself in relation to his needs so that she can make the right decisions for his well-being. She explains how the family felt very alone following Cillian's diagnosis, how there was no help available and how she decided to research Autism herself so that she could understand her son better. She explains:

> *Researcher: You've obviously done a lot of reading around it [Autism] and, in that you're very knowledgeable on it?*
>
> *MF8: I have, like as I said I never heard of it before until he was diagnosed with it and 2 weeks after like I said to hell with this, you know I really needed to start finding out and like, because I was thinking then God am I doing stuff wrong, because like I notice when I'd be screaming at him, he was getting worse. So I was kind of like ok well I must read up, you know start finding out, like oh yeah I'm doing this wrong and I'm doing that wrong, so I should be doing this and, you know so it kind of helped me but I didn't, like I thought Cillian was a bit weird as well. Until I actually started reading up about it and it kind of made me think, I put myself in his shoes, he sees things completely different than the way we would and like we'd make sense out of things where he wouldn't be able to. So it helped me as well to be honest, you know, it was something that I needed to do, not only for him but for myself.*
>
> *Researcher: But you had to do that, you had go to and search for the information yourself?*

> *MF8: Yeah like no one was willing to help, you know that's the thing, like when we went to (name of clinic) you were basically told this is what your child has and be off with you.*

Although Cillian's parents have a better understanding of him now and his needs living together as a family can be challenging. MF8 elaborates on the specific challenges that the family experience: She says:

> *MF8:…. Cillian is constantly crying all the time.*
> *Researcher: Oh ok.*
> *MF8: If things don't go his way or you know if something happens.*
> *Researcher: Yeah.*
> *MF8: He'll just keep crying and at time that goes through our [points to head], you know so, and he's still not toilet trained.*
> *Researcher: Ok yeah.*
> *MF8: So that can cause problems as well.*

The palpable extend of Cillian's condition on him and his family is captured in the Family pen Picture, it records:

> *FPP8: I can't help but notice how clean the kitchen is, very tidy and I can smell bleach…When we finish our conversation she (MF8) takes me to show me Cillian's room. I did not ask to see his room but she (MF8) wants to show it to me. I stand at the door, I don't go in because I feel like I am imposing slightly. It is a typical boy's room, lots of blue and lots of toy tractors, cars and diggers. The only striking difference is that it is the neatest boy's room that I have ever seen as every single toy is in its original box.*

For the 'Time Pie' drawings all the children included activities which they enjoy and activities which help them to relax. Following exploration of the drawings with the children and analysis of the drawings in conjunction with the child interviews it became apparent that children spend their time in a variety of ways including active and sedentary activities. Children reported on activities which they are engaged with in their school and activities which they engage with their friends at home. Several children in the study reported that they enjoyed playing traditional games with their friends outside in the areas surrounding their homes. Traditional games cited by the children included 'Tip the Can' (also known as 'Kick the Can'), Cops N' Robbers and Bulldogs Charge, all of which require no equipment or special facilities. Children explained how they really enjoyed these games and were eager during their interviews to talk about the games and explain their rules.

In Family 7 Ethan describes the traditional game of 'Tip the Can' as his favourite game to play when he has play time. Ethan plays this game with his friends on his road. Ethan explains:

> **Researcher:** *And what's your favourite thing to do to have fun?*
>
> **Ethan:** *Playing Tip the Can.*
>
> **Researcher:** *Playing Tip the Can.*
>
> **Ethan:** *It's this game, right, we use a pole up the road, it's sort of like hide and go seek except they come searching for you and you have to stay in your hiding place but say if they go past you, you've to run out and say tip the can, I'm free.*
>
> **Researcher:** *And you've to tip the pole?*
>
> **Ethan:** *Yeah, and then you say tip the can, I'm free, and say if they saw you they can say tip the can, I see whoever in that garden.*
>
> (Ethan, 11 years old, Family 7)

Emma also cites the traditional game of Cops N' Robbers as the game she enjoys most when playing at home with her friends. Just like the other children, Emma plays this game in the streets and area surrounding her home, Emma says:

> **Researcher:** *Now tell me what do you do to have fun?*
>
> **Emma:** *Go out to play and play with my friends.*
>
> **Researcher:** *Yeah out to play in the front is it and what do you play.*
>
> **Emma:** *Cops and robbers.*
>
> **Researcher:** *Cops and robbers do you, and is that good fun to play.*
>
> **Emma:** *Yeah.*
>
> (Emma, 9 years old, Family13)

Traditional games are also cited by Noah in Family 14 when he is asked what he does to have fun. Noah describes how he likes to play 'Bulldogs Charge' outside with his friends. Like the other traditional games mentioned by children this one does not require equipment or special facilities. In addition, Noah likes the game because everyone gets to have a turn. He explains how to play Bulldogs Charge:

> **Noah:** *Bulldogs charge.*
>
> **Researcher:** *Bulldogs charge, I haven't heard of that one before, what's that game?*
>
> **Noah:** *It's when someone is at top right you say bulldogs, bulldogs I call whatever name, Noah but I have to go up and then I say open the gates and we have to try to get to the other wall down at the end, if you get caught your with them, the person who is on and the last person in wins but they have to make it to the wall again. And if they do, the first person who gets caught has to be on.*
>
> **Researcher:** *Right very good.*

Noah: So it's easy for all of us to get a shot.

(Noah, 8 years old, Family 14)

Findings from the study suggest that having other children to play with in their local area is very important to the children. All the participating children spoke about how they spend time with friends in their locality and especially playing outside on the streets with their friends. When friends are not available to play Adam watches television or plays on the trampoline that his mother got for him. Although he enjoys this, he points out that playing is more fun with friends. Adam explains:

Researcher: What do you do to have fun?

Adam: I play on the trampoline and watch TV and go and play with me friends.

Researcher: And where did you get the trampoline?

Adam: Me Ma ordered it on the catalogue…. I always go out there if I have nothing to do.

Researcher: Oh yeah because it's good to play on the trampoline if you're on your own because you can still have fun on your own, can't you.

Adam: But my friends, it's more fun when your friends are there so you can play game with them on it.

(Adam, 10 years old, Family12)

6.8.2 Parental health challenges

Findings reveal that many of the parents suffer from health issues which affect their well-being and how they can look after their family. Smoking and excess weight were the most prevalent health concerns reported by parents when asked about their health. Of the parents who reported smoking as a habit they all acknowledged that smoking is bad for their health and that they should not smoke. However, some describe smoking in terms of the only stress outlet of value to them. MF8 experiences stress on a daily basis as her situation encompasses caring for her son who has a variety of complex needs. In addition to caring for her son's needs MF8 experiences supplementary stress associated with living in cramped conditions, not getting enough sleep as her son wales at night and having to tend to her son's toileting requirements as he is incontinent. When she talks about her smoking habit, she describes it very much in terms of stress relief, she explains:

Researcher: And have you been smoking for long?

MF8: Oh God, since I was about twenty, you know what I mean, so yeah…a lot of it is habit as well, it is just, or when you're stressed but then other people get stressed as well so.

Researcher: Yeah. Have you ever tried to give them up?

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> **MF8:** *No…Because I think you have to be right in the head and really want to do it and I don't want to because it's all I do, like I don't go out regularly, I don't drink, do you know what I mean. I think I'm making excuses saying well that's okay (laughing)…Go out for five, ten minutes, have a cigarette and then come back in and say, yeah okay now I can cope again.*

Despite not being in the right mind set to try to quit cigarettes right now MF8 knows that her smoking habit is affecting her health badly. She has suffered with multiple times in recent years because of her smoking, she says:

> **MF8:** *I was over at the doctor again and I have pleurisy again, this is the 6th time in 3 years and he's kind of giving out now [because of smoking habit]…but I'm always sick with chest infections or pleurisy.*

Thinking towards the future MF8 believes that maybe if things get easier with Cillian and she does not feel so stressed all of the time then maybe she could try to quit smoking for good. She explains:

> **MF8:**…. *I was off them [cigarettes] for a while but I kind of went back on them because of the stress kind of like…I'm hoping if everything goes according to plan with the extension [the family have applied to the council to build an extra room which would cater for Cillian's needs] and the school [that Cillian will get on well in his new school], well at least we have the school, but em I'm kind of like I'm going to have to try again [to quit smoking].*

Smoking and challenges associated with excess weight are cited as the primary health issues for MF7 who describes her current health status as not good. MF7 explains that she does not feel well and attributes feeling unwell to being overweight and also to her smoking habit. She says:

> **MF7:** *Not great, overweight, trying to diet and out walking at the moment and trying to cut down on the cigarettes.*
>
> **Researcher:** *Do you smoke many?*
>
> **MF7:** *I would smoke about twenty a day.*

MF7 shows that she is aware that smoking is damaging to her health and her family's health. When discussing her smoking habit, she specifically makes the point that she refrains from smoking in the house and instead opts to smoke in outside in the garden. There is no smell of smoke in the house and the Family Pen Picture records the following:

> **FPP7:** *MF7 answers all of the questions easily and thinks about her answers first. She refers to her smoking habit and how difficult it is to give up cigarettes although she knows that it's really bad for her. There is not a smell of smoke in the house at all.*

Smoking is also reported as a habit in Family 15. MF15 explains how she quit smoking when she had a stomach ulcer and was pregnant with her daughter. Her partner however, still smokes and smokes in the house which she dislikes and goes to great efforts to eliminate the smell of smoke from the home. She explains:

> **MF15:** *I gave up cigarettes when, I think I was about three months pregnant on Niamh, because again that was to do with the ulcer, and I was getting sick and all, and then the smell of smoke would affect it ….and now (name of partner) smokes, and I could smell that smoke.*
>
> **Researcher:** *Does he smoke in the house?*
>
> **MF15:** *Yeah he does, yeah he would smoke in the house now, yeah, yeah, and I'd be like "Jesus the smell of smoke"!*
>
> **Researcher:** *There's no smell of smoke here though.*
>
> **MF15:** *Yea, I'm a real, I'd have the windows open early in the morning and stuff like that.*

MF15 quit smoking mainly because it was exacerbating her stomach ulcer and then decided to not revert to smoking. She is glad that she quit smoking and says she would never be tempted to go back on cigarettes despite living with a smoker. She explains:

> **Researcher:** *And did you find it hard to give up cigarettes?*
>
> **MF15:** *No, because I had that ulcer. After the ulcer, when everything was alright, I was off them say about a month, but then I just kind of got, here I was "no I'm not going back there". So I had it set in me mind, if I go back on the smokes I'll get the ulcer…. but it worked now, and now often when (name of partner) would be driving the car he'd say "just light up a smoke there for me" and I'd put it in me mouth and light it, and I would even get a taste of the smoke, like "Jesus take that away from me – rotten!"*

MF15 showed considerable strength to give up cigarettes despite being around a smoker every day in her family home. Despite this however she continues to experience challenges with motivation to reducing her weight. MF15 explains:

> **MF15:** *Yeah me health is good, I'm never sick like, I'm not a sick person, I get a bit of a cold and stuff. I'd love to be a bit better now with me diet, I've a sweet tooth now, I'd love now, and every morning I go "right today is the day, it's going to be good now" you know.*

Excess weight is a common concern reported by participating parents. MF15 spends significant time talking about being aware of carrying excess weight and now watching out for her daughter who she feels is carrying some excess weight too. The Family Pen Picture also records the issue of weight in the family, it details the following:

> **FPP15:** *It is clear that both mother and daughter struggle with their weight and weight is something which we discuss in detail during our interview.*

When discussing parental health in Family 11 weight is the only issue that is highlighted. MF11 explains how she has been motivated to lose excess weight for an upcoming family wedding. She explains:

> **MF11:** *Yeah not too bad yeah [health], I lost about a stone and a half in the last few months… for the weddin' comin' up for being bridesmaid, we're doin a lot of walkin and gym…I've always been active enough that I've walked, d'ya know that way… coming up to the weddin it was great like, we were all power walkin, went to the gym and doing our weights.*

The second most common issue reported in relation to parental health was the presence of multiple ailments. In Family 10 Sophie's grandmother who is her primary carer, has had numerous health issues over the years and gave up work as a result of these. She continues to experience ongoing health problems and also explains how certain health issues run in the family, she says:

> **GM10:** *No, I gave up work, I had three small mini strokes there about two year ago…And I have an irregular heartbeat as well…And I have acid reflux in the gut, and I have these lumps, I'm only out of hospital, I was after getting the tube down into the stomach, and they were after finding four lumps, but one of them is very big, so I only got out there last Thursday. So they're after sending biopsies away, so I'll know now next week what the story is with them. But all my family have suffered with them.*

In Family 13, MF13 reports numerous health ailments during the course of her interview. She explains that she no longer works as a result of her health problems and that she suffers daily as a result of her ill-health. MF13's health issues are apparent from the moment the researcher arrived for interview. The Family pen picture records the following:

> **FPP13:** *I am greeted by MF13 at the door and brought in, she has a hot pack on her neck and explains that she has a pain in her neck, something that she suffers with on and off.*

MF13 lists an array of health problems that she suffers from. She also explains that she is unable to work due to her health issues and describes the impact that this has on the family. She explains:

> **MF13:** *I don't work because I've bad health myself, I've very bad health.*
> **Researcher:** *Ok, I see you've got a heat pack.*

> **MF13:** *Yeah I've inflammation of the breast bone and I've rheumatoid arthritis through my whole body… I'm in third year of early menopause and I have endometriosis as well…And then I have IBS [Irritable Bowel Syndrome] and I've ulcers in my stomach as well, so I've a lot kind of, so like the kids mainly, like (name of oldest daughter), she does most of the housework for me.*

MF13 has previously been a smoker but quit smoking. Her health continues to deteriorate and in her current situation she describes being very reliant on her partner and their children to do housework and cooking as she cannot be left alone due to poor health. She explains:

> **MF13:** *And I actually took a mini stroke 2 years ago so em I had actually gone off the cigarettes and I was 6 months off them and eh my whole face and my neck swole up and I had chest pains so I went to the hospital and I'd terrible headaches and nose bleeds and they done a scan and said that I had had a mini stroke. Now I cannot actually be left on my own at all because I can just pass out, so if (name of daughter) is not there, (name of daughters partner), my daughter's partner, he'd actually come down if (name of partner) is in work and look after me with Emma because I cannot, I get terrible tremors and shakes so I know I'm going to pass out and when that happens me, now they're talking about putting me on tablets for anxiety because I get a lot of kind of attacks with that.*

Furthermore, MF13 feels that her ill health prevents her from being able to parent Emma the way she would have in the past and the way would like to. She explains:

> **MF13:** *I think it does in certain ways because I can't do certain things with her [Emma] anymore like I used to be able to like play with her and certain things but I can't now…*You know that kind of way so its finding other things, but she wants one on one time with me and her but we can't have that because I'm not well enough to be left on my own…And I can't depend on her because she's only 9 to kind of help me out or look after me and stuff like that so a lot of that is an issue with her as well so.

6.9 Theme 3: Parenting during difficult times
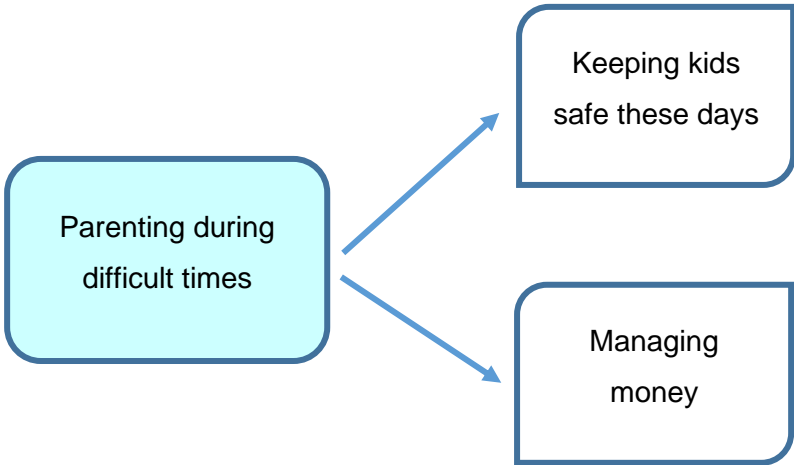
Figure 6.19: Theme 3: Parenting during difficult times

Parenting during difficult times was the third theme that was formed. An overview of the theme 'Parenting during difficult times' in relation to its number of sources and number of units of meaning coded, is provided in Appendix 11. The types of sources which contributed to the formation of the theme are presented in Appendix 12. This theme comprises of two sub-themes as shown in Figure 6.19 and will be presented and discussed under these headings.

6.9.1 Keeping kids safe these days

This sub-theme formed under the umbrella of parenting during difficult times. When discussing various aspects of parenting and general family life, keeping children safe was a significant concern voiced by parents. The primary concern expressed by parents was the threat posed by the presence of drugs in their community and also the prevalence of drugs in modern society. This issue was also very present in the media data and also recorded as a significant matter in the fieldnotes.

The topic of drugs was present very early on in data collection as a major concern for parents. Following the visit to Family 1 the Family Pen Picture recorded Sadhbh's father's main concern for the future. It recorded the following:

> **FPP1:** *FF1 mentioned the issue of drugs during the interview. He said that it was his one greatest fear for now and in the future. He commented that you can't be there all of the time as a parent. Teenagers want their own independence. He*

spoke in hope that Sadhbh would not be affected or become involved in drugs in the future.

The issue of concern over drugs also surfaced early on during the interviews in family 6 when Tadhg and Sadie's mother cited drug activity in her area as one of her major concerns for her children's health and well-being. MF6 says:

MF6: *Well I suppose the two ways that spring to mind immediately is there would be in, in this area, a high activity of drugs.*

It is also evident from the findings that the drug problem is not a new problem but rather a problem that has been around the area for at least a decade and this is reflected in the information recorded by the Family Pen Picture of Family 4. This fieldnote records how MF4 explained that Ciara's father passed away as a result of a heroin overdose when Ciara was a toddler which would have been ten years previously. It records:

FPP4: *When we talk about her immediate family she tells me that her youngest daughter was only a few months old when their dad died. She speaks in a whisper voice when she talks about the passing of the girls' father. She tells me that he died as a result of a heroin overdose and that the girls don't know this.*

Drug dealing is an activity that is present across the area where this research took place, and this was captured in numerous media reports for example the report in Figure 6.20 where individuals were arrested for selling cocaine, cannabis and heroin to undercover Gardaí in the area. Parental concerns are well founded as this is an issue which is very real and very present in their community.

Figure 6.20: Media report of local drug dealing

Findings show that many of the families have been personally touched by problems with drugs, for example David's family, Family 3. During the parental interview, MF3 explains the extent of her nephew's drug problem and how he manages to disguise it at times, she says:

> **MF3:** *He is on the heroin and everything else he can [get]. Yeah but he wouldn't be going around kind of you know and he's quite clever…and he can stay fine for a while…and then he'll have a blow out and then he'll stay fine for a while and then he'll have a blow out, but he's on that methadone thing and all.*

In Family 8, Cillian and Max's mother's chief fear is that her children will become involved in drugs. MF8 talks a lot about the local drug problem and highlights that it is concentrated in her local area. She says:

> **MF8:** *There would be, there'd be an awful of that and drugs and everything else, especially around here so.*
>
> **Researcher:** *Here in this area?*
>
> **MF8:** *Yeah in the (name of area) area.*

MF8 believes that there is a significant drug problem in the estate where she lives therefore drugs and keeping her children away from drugs and people involved in drugs is her biggest concern for her growing family. She explains:

> **MF8:** *Like drugs, eh mixing with the wrong people kind of, like that's my biggest, well for me that's my biggest, biggest fear, I worry about it every day of the week….so especially living where I'm living, that's my biggest fear.*

Although problems associated with drugs are reported on habitually in the local media parents believe that it is not just a problem exclusive to their area but a problem which is widespread across communities. Parents express that the worry of drugs is increasingly associated with parenting in today's world. MF3 explains:

> **MF3:** *I think that's [drug problems] everywhere today. The teenage thing with children today is of course the drugs and the alcohol (pause) is the fear…That's the battle when rearing.*
>
> **Researcher:** *Is there much of that around here or?*
>
> **MF3:** *There is, but I, I honestly think it's in every area.*

This viewpoint is corroborated by local media reports from a support group (see Figure 6.21) conveying that users of the support service are now not just from the immediate local area but also from other surrounding areas (see highlighted in red box in Figure 6.21).

Cocaine addiction sparks new crisis

Support group records increase in numbers with deadly habit

By Mary Dennehy
mary@echo.ie

[The newspaper clipping text is partially legible and fragmented. Highlighted portions read: "most of the people seeking help with cocaine addiction are from outside the area," Jennifer said. ... Jennifer added how the influx of clients does not solely stem from Tallaght. "We've clients from..."]

IMPACT: Rene Synnott, Jennifer Clancy and Jackie Blanchfield of Dominics Contact Centre in Tallaght.
Photo by Joe McCa[...]

Figure 6.21: Local media report from drugs support group

In Family 7, Ethan's mother's biggest apprehension about rearing her children is not just drugs but alcohol as well. MF7's concerns about drugs and alcohol are especially related to her teenage children as they gain more independence and freedom. She says:

> **MF7:** *I worry about the eldest with drink and drugs and going out and, you know what I mean, like.*

In Family 3, MF3 acknowledges the drug problem in her area and believes that drug use is present across society and not just in disadvantaged areas. She believes that what matters most is how children are reared and not specifically where they are reared. She explains how she strives to protect her children and also how she guides her children so that they don't get involved in drugs. MF3 believes strongly that how children are reared is more important than where they are reared. She says:

> **MF3:** *I don't think it's where you're reared, it's how you're reared.*

Like many of the parents interviewed MF3 has experienced challenges associated with her children as they grow up. She explains about how she has dealt with her older son trying smoking and drinking alcohol. MF3 explains:

> **MF3:** *I mean (name of older son) is the same as every other child and he's tried the drinking and I know he's tried the cigarettes. That he's been murdered for it! He's been grounded, he's been told it's not allowed.*

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MF3 is acutely aware of the challenges associated with a family member having an addiction to drugs. She devotes a lot of time during her interview talking about the difficulties experienced by the wider family and her nephews drug addiction problem. She explores the complex parenting associated with her nephew:

> **MF3:** *You must put them out [out of the family home], put them out….cos he's [nephew] stolen on his mammy and daddy, and he's stolen on his brother and I don't think he's ever stolen off mammy [grandmother] or whatever I don't know but.*
>
> **Researcher:** *He'd like steal money is it?*
>
> **MF3:** *Yeah or he's taken jewellery and everything on (name of his mother) and his brother and whatever and clothes and, whatever he can sell….but you see my sister wouldn't tell you she hid it all. Pretended it didn't happen cos that's her baby.*

MF3 states that there are harsh realities associated with trying to help her nephew and such realities are not easy. She examines this thought and quotes her aunts assessment of the situation, she says:

> **MF3:** *They [professionals] say ye have to put them out because as (name of Aunt) said yesterday, she says "you're not feeding (name of nephew) and clothing (name of nephew)" she said, "you're feeding the drug"…and she says that drug knows no matter what it does whether it robs, begs, gets out of it stays out comes back, it has somewhere to come back to. It has somewhere to come back to.*

In Family 12 Adams mother is also really worried about the presence and impact of drugs in her area. During the parental interview MF12 cites her greatest concerns as being drugs and joy riding. She feels that joy riding is commonplace in her area, occurring during the day as well as at night. Furthermore, MF12 fears for her children's safety when they are outside playing. She says:

> **MF12:** *Oh the drugs, the joy riding.*
>
> **Researcher:** *Is there a problem here with drugs and joy driving?*
>
> **MF12:** *Yeah, a lot at night time or during the day, two o'clock in the day, a robbed car will round up and down and then you're worrying about the kids, come in off the road, stay on the path, in the park, when they're coming across the park, motorbikes and everything. It's just crazy.*

Dangerous joy riding during the daytime is also reported on in the local media as seen in Figure 6.22. In this report a youth is joy riding at 5pm in the evening and ends up mounting a footpath in an estate (see red box). This is an example of the safety fear voiced by MF12 for children's welfare when playing during the day. Close analysis of the

media report shows that the person involved has been brought to the attention of the Gardaí before for drugs related issues, reported segments to the right of the article reference urine testing which is associated with drug detection procedures.
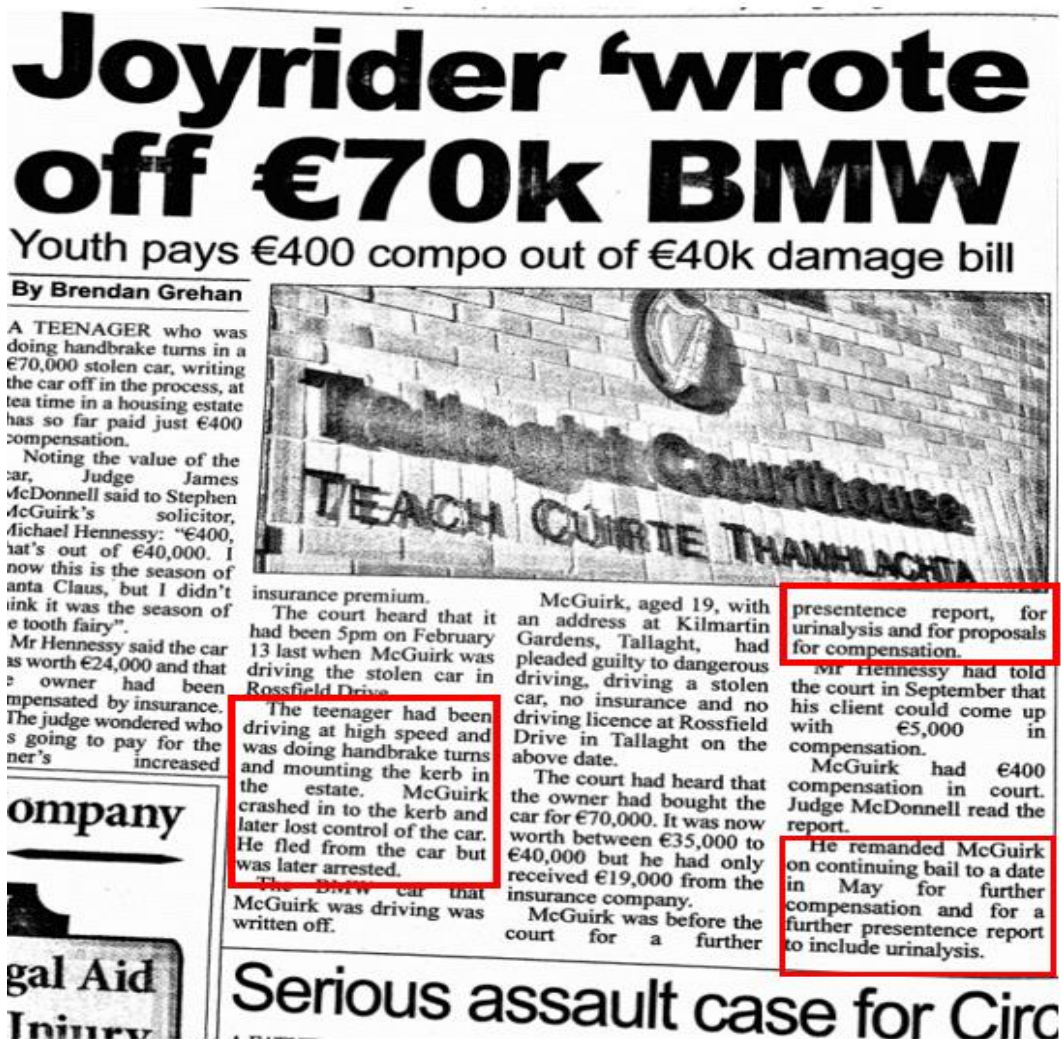
Figure: 6.22 Media report of joy riding

Findings indicate that in addition to parental concern about the presence of drugs in their community parents are also worried about the activities of drug dealers in their area. In Family 6, Tadhg and Sadie's mother describes how drug dealers have begun to use children to distribute and deliver drugs within the locality. The Family Pen Picture records:

> **FPP6:** *She (MF6) takes her time answering the questions and provides lots of detail in relation to their family life. She also talks about her fear in relation to drugs and tells me about drug pushers in the area and how they use children. She says that you have to be very vigilant when your children are playing outside and teach them not to talk to people in cars that they don't know.*

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MF6 explains during her interview what she has learnt from a local women's group and outlines how smoking cannabis and drinking alcohol is now viewed as normal behaviour among certain groups of young people. She also outlines how drug pushers are now recruiting children to distribute drugs in the area. This is a serious concern for her as a mother and one of the reasons why she does not permit her children outside in Winter evenings. She explains:

> **MF6:** *So for me personally I'm in a Women's Group, a support group and I do hear the mothers and fathers come in and their sons at a very young age are dabbling in hash and they think it's okay, it's like lighting a smoke [ordinary cigarette]…It's like, you know, very normal, you have a drink, you have a hash, it's like having a drink and a smoke, and we're talking fourteen, thirteen, you know, and for me that would be one of the areas that -.*
> **Researcher:** *You'd be worried about?*
> **MF6:** *Oh very much so, oh yeah, very much so, I'd be worried. Now I know there are certain times, like after six in the Winter I wouldn't let my kids outside, and that's not to say anything about the neighbours, but there are people going around in cars that would tease your child, will you just give that to your man down the road, and this is going on.*
> **Researcher:** *Is that how they deal drugs, is it?*
> **MF6:** *Well that's how they get the kids involved.*

The drug problem in the RAPID area where this research took place is not a new problem. Parents interviewed acknowledged the efforts of local Gardaí in relation to tackling the problem in their area. Local Gardaí have also instigated educational programmes to help families in the area to recognise when their children might be getting involved with drugs. MF6 describes education which she received from the local Garda Liaison Officer. This educational session also highlighted to MF6 how the drug problem exists amongst school-aged children in the area which she was not aware of. She explains:

> **MF6:** *This is now what we've heard and there's been like surveys done where we've had, who was it, one, the police, the Liaison Officer…He met us and showed us the drugs and showed us like, well how to be aware if your kids are using, like holes in a jumper it could be hash, if there's tinfoil, if there's a cigarette box torn…All of that type of thing. So I suppose now I would have assumed it was for the older ones he was talking about and I was actually quite shocked at how young, I think the youngest they've had to deal with is ten and I'm like, oh*

> *my God, that's Sadie, near enough Sadie's age, Tadhg's age. I couldn't even*
> *imagine them.*

Education has also been utilised within the local area as a conduit to provide help to those who have fallen into drug use or those who have been affected by drug use within their families. The local Drugs Taskforce launched education bursaries which people affected by drugs and drug use could apply for. The media report detailed in Figure 6.23 outlines how the bursaries are operated. This is an insightful way to offer an alternative option to drug use in an area which is fraught with unemployment and where opportunities are scarce. The red boxes in Figure 6.23 describe how the bursaries can help as an alternative to employment whilst paving the way towards employment for people in the future.

Figure 6.23: Drugs Taskforce bursaries

Findings indicate that the presence and impact that drug related activity in the area has a serious impact on families. During the parental interviews the stories relayed by parents about drugs in the area are expressed through fear. Parents describe being fearful about keeping their children safe from drugs and keeping them away from getting involved in drugs. Their fear and related concerns are comprehendible when such activity takes place blatantly within the local community. MF12 explains how drug swapping takes place openly in a nearby family restaurant. She says:

> **MF12:** *Because they do go into McDonalds to change their tablets and their stuff, they exchange tablets and all in front of you in McDonalds, in the (name of shopping centre).*
>
> **Researcher:** *Like selling them, is it?*
>
> **MF12:** *No, just with the other junkies [person who injects drugs], just exchanging their tablets…Swapping pills, don't you see it…They openly just do it.*
>
> **Researcher:** *Different types of whatever they have?*
>
> **MF12:** *Yeah, amphetamines, stuff, I don't know half the tablets.*

It is difficult for parents to keep their children safe and away from the drugs problem especially when it is prevalent in the area in many formats for example dealing or affiliated antisocial behaviour. In Family 13, MF13 reports that one of the older children smokes cannabis and this is something which has caused a split within the family. MF13 explains:

> **MF13:** *He's the eldest fella (partners child) , he's 18 now, he's em, we know he smokes hash, em he's been, he's in trouble all the time now, now I won't have him in the house, I won't have him in the house because eh he robbed money and he robbed jewellery out of the house a year ago and I won't entertain him at all. I don't want him around my kids.*

In Family 12 when Adams mother talks about her fears concerning drugs, she gives the example of her older daughter who sustained a needle stick injury while travelling home on the bus. She explains:

> **MF12:** *I gets a phone call at half-past ten, "can you go down to (name of area) Accident and Emergency, your daughter is after been taking in, she sat on a syringe on Dublin Bus"…And when I went down she was in a dreadful state, "I'm dying, I've the AIDS", this, that and the other, because I've learned [taught] them about junkies [person who injects drugs] and drug use and stuff that they're aware of stuff, they're not who you speak to on the bus.*

Despite teaching her children about people who inject drugs MF12 was unable to protect her daughter from sustaining a needle stick injury. This incident shows how the prevalence of the drug problem has infiltrated into the community and how places which are perceived as being safe for people can sometimes hide drug associated dangers. MF12 explains how the incident occurred, she says:

> **MF12:** *What happened was your man had, who used it [injected himself with needle], stuffed it [needle and syringe] down at the back of the cushion so when she sat down it stuck straight into her….She turned, looked and saw it was full of blood and then panicked on the bus, screamed the whole fxxxin bus down.*

MF12 details how the needle stick injury was exceptionally traumatic for the whole family. MF12's interview is dominated by this traumatic event and she expresses upset that despite her best efforts she was unable to protect her daughter. Occurrences like this are not uncommon in the area as observed in a media report which details an incident where a ten-year-old child sustained a needle stick injury when playing on a green area with his friends, see Figure 6.24.

Boy (10) 'jabbed' by used needle dumped on green

By Mary Dennehy

A TALLAGHT boy is this week starting a six-month wait for test results after he was "jabbed" by a used needle while playing on a green space – a situation which has prompted calls for those with addiction issues to dispose of their needles responsibly.

The young boy's family and local gardai have also urged parents to speak with their children about the possible dangers posed by bags of rubbish dumped in their communities – and to steer clear.

Figure 6.24: Needle stick injury 10-year-old boy

6.9.2 Managing money

The sub-theme 'managing money' forms part of the larger theme 'parenting during difficult times'. This sub-theme was formed from the parental interview data and local media reports, none of the child data contributed to the formation of this theme. All the parents and guardians interviewed spoke about financial issues that the family were experiencing and how it impacts on their everyday lives together. This finding is not surprising in light of the financial crash which took place in Ireland in the immediate years prior to this research. The most common financial challenges for participating families included difficulties paying household utility bills and also difficulties associated with preparing for special family times such as Christmas. MF4 explains:

> **MF4:** *General household bills yeah. The amount of People gettin' strugglin' at the moment and ESBs [electricity bill] an' all… and Christmas like do ya know comin' and People havin' to tell their kids that Santie isn't real because they can't afford to give them what they want and I think that it's just terrible sad.*

In Lucy's family financial issues are a concern and Lucy's mother, MF9, describes the lack of money as a struggle and explains how financial constraints impacts on the family, the couple and the children. She says:

> **MF9:** *Just struggling with money kind of, you know, like everybody is in the same boat, you know….it puts an awful lot of stress on even couples and all, you know, when you're trying to, and then the kids are looking for this, that and the other.*

For other families it was the lack of employment that ensued from the financial crisis which impacted most on the family. Within some families, primary earners lost their jobs while in other families the primary earners working hours were dramatically decreased which reduced the family income overall. This placed additional financial constraints on families making it arduous for them to have the basics. MF6 explains:

> **MF6:** *You know, so yeah money-wise, and families as well, like there's friends of mine their husbands have been let go and the mortgage and trying to put food on the table, like the things that you would take for granted normally, and like I suppose in the past two years there's really been a big, especially in this area I've noticed now there's been a lot [unemployment]….my partner's hours were cut, he now works three days a week.*

In David's family his mother has recently been made unemployed. During her interview MF3 reflects on the time when she had work and laments that she was not shrewder with her finances. MF3 explains:

> **MF3:** *I was very foolish with money that's how I'm in the feckin hole I'm in now.*

MF3 details her struggle finding employment again and how lack of money is a significant issue for the family, she explains:

> **MF3:** *Well everything at the moment I mean it's a battle of wits isn't it to try and get a job, I'm recently out of a job so I know how hard it is to be on the other side….money is a huge issue, or lack of….Trying to find a job is even more of a struggle.*

Lack of employment opportunities within the local area is also evident in the media. Figure 6.25 on the next page shows a media report which details the movement of jobs out from the local area. The company in the report has been trading in the community for more than fifteen years therefore such an occurrence is devastating for the community.

Figure 6.25: media report about local job losses

In Adam's family a lack of money has always been an issue and MF12 explains that she has had to consistently maintain a very tight family budget. MF12 has four children in total, two of whom have recently moved out of the family home. She has always tried to explain to her children that the house must run on a certain amount of money. During her interview she explains that her oldest son is now experiencing the very same financial family challenges however, he finds it hard to talk about these. She explains:

> **MF12:** *When they leave the coop [family home] they kind of feel they're on their own and it's finding, I find now with the eldest he finds it very hard to say to me "well financially we're not great" but I know because ESB [electricity bill], heating, shopping, I know he [oldest son] found it tough but he just couldn't say those words. All he says is "Mam I know where you're coming from now, I know why you budget stuff, I know why when someone needs a pair of shoes luxuries are cut out to the minimal".*

The financial difficulties experienced by families in the study are not isolated to one generation but rather cyclic in many incidences. Experiencing financial hardship is a daily reality for families that live in disadvantaged areas and such hardship is compounded by local unemployment and problems such as drugs as detailed earlier in this chapter.

The lack of available income in the home also impacts on how parents can provide for their children's nutritional needs. In David's family his mother details how a lack of money impacts on the food which she purchases for her family. She says:

> **MF3:** *It's a cost. You naturally, you want to buy all the fresh and the veggies and all but they're astronomical prices.*

In Tadhg and Sadie's family their mother describes how she feels that she is always saying 'no' even to small treats which the children look for. She provides the following example:

> **MF6:** *If the ice-cream van comes the kids are over buying the ice-cream and I'm saying no [to my children] and I'm saying no all the time, every day, you know.*

Results show that financial issues experienced by the families are both immediate as outlined above but also enduring. In Sarah and Conor's family, their mother describes how she saves exceptionally hard to provide a holiday for her children during the Summer. She details how she manages this and saving for a holiday requires remarkable planning and sacrifice on her part. MF2 acknowledges that if her saving plan goes well during the year then they do usually have a holiday during the Summer however, she recognises that facilitating a place for her children in College education will be more difficult. MF8 explains:

> **MF2:** *I save hard to give them a holiday but you know like, college won't be as handy cos unless you can afford to go to college you won't.*

Findings from the study reveal that parents feel under significant financial strain to provide the material items which their children desire. Lucy's mother describes how she feels pressurised to provide the designer clothing items that Lucy wants for her impending birthday. She also describes being overwhelmed by the new expensive Holy Communion trend that has swept the community. MF9 explains:

> **MF9:** *And she was looking for the jacket and the handbag, and the runners and the tracksuit.*
>
> **Researcher:** *All for her birthday?*
>
> **MF9:** *And a hummer, and a hummer…do you know the hummer that's a hundred and eighty euro, that you go round in an hour and a half, a big pink hummer…Go round in it for an hour and a half with her friends. Yeah, and they give them two bottles of kids champagne in it and I'm like 'Lucy you're nine years of age' I said, I'm thirty-six and I said I've never been in a hummer.*

In Sadhbh's family her grandmother also remarks on the latest Holy Communion trend and it is evident that this fad is very popular among the local children. GMF10 is astonished by how popular this new practice is. She says:

GM10: And these limousines for their communion….Yeah, outside our chapel there was about five or six of them….they arrive in the limousines, and then after they make their communion then the limousine picks them back up, and drops them back to their house, or if they are now going to a hotel for a dinner, they'll bring them to the hotel, and I just say "Jesus"

During her interview MF9 reflects on her own childhood and how not having material things was just accepted. She alludes to how modern times are different and that nowadays parents will get into depth in order to give their children the same as what other children in the locality have. MF9 explains:

MF9: I was an only girl, I had five brothers, but what you got for Christmas and stuff like that was what your parents could only afford, but I think all that generation are going to go we hadn't got it as a kid and we're giving it, we're borrowing it even to get ourselves up to here, because somebody else has it on the road they have to have it, you know, or because I hadn't got it they're going to have what I hadn't got.

Sadhbh's grandmother GMF10 explains about how the local children all watch each other and covet each other's possessions. She remarks about how times have changed and that nowadays parents will do all that they can so that their children can 'keep up' up with their peers. GM10 explains:

GMF10: Well I know a few girls that live around the corner, and just say for instance I bought Sadhbh a guitar, and the girl next door says "oh you got Sadhbh a guitar". Then she would go out and get a guitar, you know, where years ago if, whatever you had, that's what you done with it.

Sadhbh's grandmother places further emphasis on how children watch each other for the latest clothing and how they strive to have the same fashionable clothing as their peers. She reflects on past times when clothing was handed down from one child to another and remarks how this no longer occurs. GM10 explains:

GMF10: If a new tracksuit comes out in Champion or Lifestyle, only one child has to walk down the road today, and tomorrow there'll be about ten or eleven kids with different coloured tracksuits with the same brands on them. So I think they do watch one another.

Researcher: Keeping an eye?

GMF10: Yeah. Whereas years ago we'd have hand-me-downs – not a thing wrong with them, you know, but now you wouldn't get that today…You wouldn't get anyone saying "God I have a tracksuit that fits her and there's not a mark on it" or whatever, I don't think that happens anymore.

GMF10 is not opposed to children having the latest fashion however her approach to achieving this is not by getting into debt but rather by saving up for items. She details how she instils this in Sadhbh and helps her to get the things that she wants. GMF10 explains;

> **GM10:** *Because their parents or their guardians or whoever is rearing them, is rearing them up and they're giving them everything, and now the way the place is now, the money is not there to give them everything that they want, so the kids don't understand "well how did we get it before, and we're not getting it now"….That if you don't give it to them from the start, you know, I'm not saying "Jaysus don't give them nothing". But like Sadhbh will get her pocket money or whatever, and if she wants boots that are fifty euro, Sadhbh will save, and I'll say to her "how much have you got upstairs in your drawer", "well I have thirty-five euro Nanny", "well there's the fifteen".*

In Sam's family his mother describes a similar situation where by they are saving to be able to afford an internet modem. MF11 explains:

> **MF10:** *Sam is goin' mad at the moment for me to get the modem in cause we have an actual house computer, like a proper computer, but I haven't had the money to get it in because it's €80 to secure a deposit, ya know, paying for the hotspot so we are savin' for it, so I made him save for it so I gave him twenty off an [and] he saves the tenner a week himself for it so he'll have it now in another two weeks. But it's just not possible to go and just buy it for €80, ya know dat [that] way at the end of the week so, it's a whole week shoppin!*

MF10 has no other option but to save for the items which her children want because she does not work and relies on social welfare benefit. She explains how she manages money for her family:

> **MF11:** *I know I don't work I'm on a lone parent's thing but, it's still by the time ya pay standin orders and rent an UPC [television service bill], and then you've your Bord Gais [house heating bill], that's a hundred and twenty euro gone a week, so you live on a hundred euros, d'ya know dat way, n that's for shoppin and to do stuff with them, so it's a bit hard like dat, d'ya know dat way?*

6.10 Theme 4: Living everyday and looking to the future
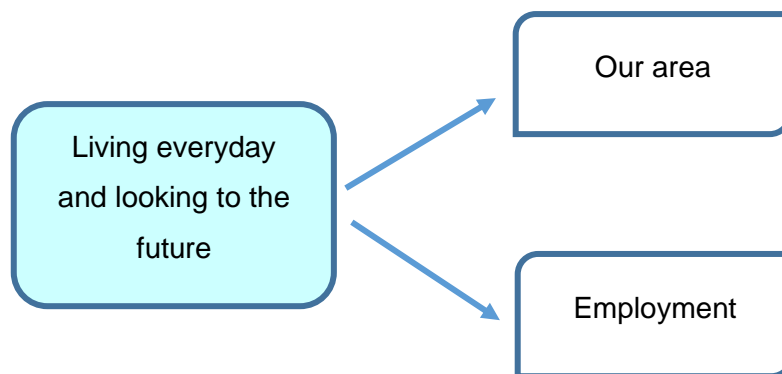
Figure 6.26: Theme 4 Living everyday and looking to the future

Living everyday and looking to the future was the fourth theme formed during data analysis. An overview of the theme in relation to its number of sources and number of units of meaning coded, is provided in Appendix 11. The types of sources which contributed to the formation of this theme are presented in Appendix 12. The theme comprises of two sub-themes as shown in Figure 6.26 and will be presented and discussed under these headings.

6.10.1 Our area

Findings from the study in relation to the sub-theme 'our area' indicate that families have mixed feelings about the area where they live. In David's family his mother, MF3, remembers when they moved into the area and talks about her surprise in relation to unsupervised children playing out on the road. This is something which MF3 refers to on numerous occasions during the interview and she cites her observation as justification for the tight grip she keeps in relation to her children's whereabouts. MF3 remembers:

> **MF3:** *It was mind-blowing for me coming up here [moving into this area] and seeing the carryon of the children on the street and the way they (pause) go on, on the street like being like mayhem like, the bullying. And the fightin and the roughness and there's no respect for adults….Certainly the children from knee height up here [in this area] I've witnessed them answering you back, they're absolutely fearless.*

The estate where David lives with his family is located in a newer part of the RAPID area. The houses are new however the development is congested and has no green area. The Family Pen Picture records:

> **FPP3:** *I remember the evening very well when I went to their home because it was raining and very dark. They lived in a newer part of the area, there was communal parking outside and houses in general seem very congested to me. I managed to get a parking spot, I hoped it wasn't the neighbours. Although it was dark wet and cold there were many children playing outside on the street, preteens and teens.*

The RAPID area where this research took place is comprised of a mix of very old housing estates and some newer housing estates. A common observation between the old estates and the newer estates in the area is the presence of congestion, little space between houses and a distinct lack of green space surrounding homes. Findings indicate that many of the families living in the older estates live in damp conditions as dampness was observed on several occasions during the home visits. Ciara's family live in an old housing estate and the Family Pen Picture describes the house and the damp:

> **FPP4:** *Their house was located in a very old part of (name of estate), it was one of the older estates,….(name of Ciara's mother) led me into the house which seemed to be laid out in an unusual fashion, winding corridors and I could feel that it was damp.*

The house that Adam lives in with his family is similar, the feeling of damp is noticeable and the estate itself is dominated by concrete. The Family Pen Picture records:

> **FPP12:** *The house is located in an old estate which is just up the road from the local school. I notice that there is no greenery, trees or flowers in the surrounding area of the estate. Everywhere I look there is concrete and open spaces, disused spaces of un-kept grass….The house is very damp and musty and we conduct the interview in the living room.*

Many of the parents and guardians within the study acknowledged the problems which exist in the area and these have been presented in previous themes. In addition, parents spoke about how they try to protect their children from such problems. Although an overview of the area environment is captured within the study's fieldnotes fewer parents dwelled on specific environmental elements such as congestion, lack of greenery, dominance of concrete and disused un-kept green spaces. Parents did however address their feelings in relation to the area where they live. In Cillian and Max's family their mother MF8 details how she dislikes where she lives although she has been resident in

the area for over thirty years. She longs to escape to a more peaceful place as she has no ties with the area since her mother passed away. MF8 explains:

> *Researcher: How long are you living here?*
>
> *MF8: Oh well I am from the front of the estate, I'm here 31 years.*
>
> *Researcher: Oh right, you know it like the back of your hand so?*
>
> *MF8: Yeah unfortunately, yeah.*
>
> *Researcher: Do you like living here?*
>
> *MF8: No.*
>
> *Researcher: Do you not?*
>
> *Max (interrupts): Its scummy, don't we mam, that word, I mean horrible.*
>
> *MF8: You're not allowed, that's a word that I have banned, couldn't think of it, I haven't heard it in a while….this was a council house but….We bought it because my dream was to sell it and move down to Cork.*
>
> *Researcher: So that was your dream and was it that the prices crashed then or?*
>
> *MF8: The prices crashed and the house wasn't worth what we wanted for it and so that kind of ruined everything but I hope when the market does pick up to sell and go because I've no plans of staying.*
>
> *Researcher: Still it might be hard to leave when you've been here for so long as well?*
>
> *MF8: I don't, I've no ties here anywhere, like my mum is dead and the only reason I stayed around was for her….I just loved Cork…. it's just peaceful, you know, people are completely different.*

Many of the parents in the study felt that there was not much in the area to keep children occupied. Amenities such as playgrounds are not available in the immediate area. In Noah and Alex's family their mother details how, she takes the children down to the local shopping centre in order to access a playground for her children to play. MF14 explains:

> *MF14: There's not really much for them to do around here but like I'll take them down to the playground now near the (name of shopping centre), that big playground.*

Findings from the study show that in the RAPID area where this research was conducted there is a marked lack of suitable spaces for children to play. In addition, the area is characterised by a shortage of green spaces, an absence of trees and flowers and a dominance of concrete. Media data from the area also highlights the deficit of suitable play facilities for children living in the area. The media report in Figure 6.27 describes how the only access to play facilities for local children is in a neighbouring estate which requires crossing a busy roadway. The report also details how parents in the area are

lobbying local councillors to have proper play facilities installed in the large estates for their children to access and play.

Figure 6.27: Lack of local play facilities for children

During the 'Time Pie' drawings with the children, the researcher explored how children spend their average day. Many of the children spoke about their social interactions with people in their local area. Play and hanging out with friends was cited by several children however, there was no evidence of designated focal play areas for children in their immediate areas. David allocated a large section of his drawing to playing with friends as seen in Figure 6.28.
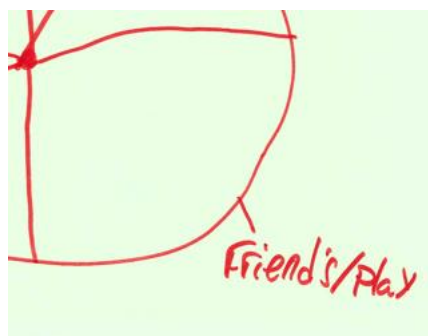
Figure 6.28: Section of 'Time Pie' drawing by David, 11 years old, Family 3

David enjoys playing football with his friends and explained how they use the nearby community centre in order to play football together. David and his friends can play football in the centre on certain nights of the week however if they wish to pay at other times their only option is to play on the road outside his house. There is also no green

space or designated play area in the estate that Bobby lives in therefore he goes to the park down the road with his friends to play. Bobby explains:

> **Bobby:** *Well sometimes we go over to the park….and eh we go over to the big goals and we have a match there sometimes or else we just have a game of chasing around it, or hide and seek around the park.*

> (Bobby, 11 years old, Family 5)

Findings from the study indicate that amenities such as local parks are utilised on a regular basis by children and their family when such amenities are available. The local park features in Tadhg's drawing and 'going to the park' is allocated a section all for itself within the drawing as seen in Figure 6.29.
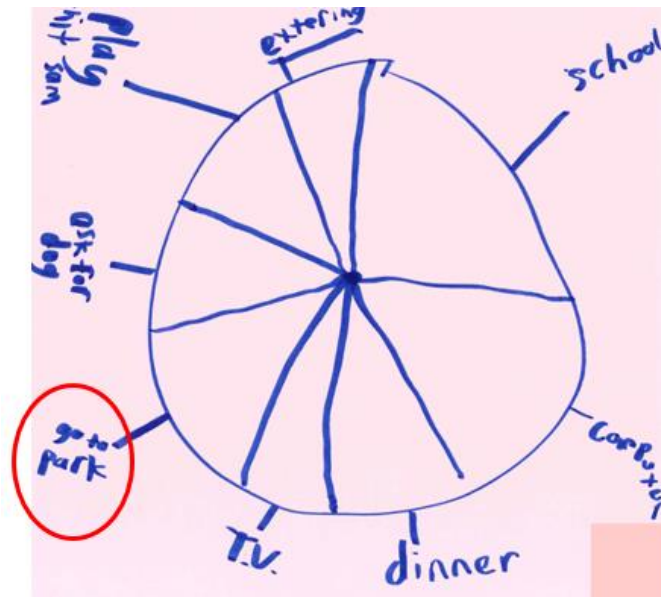
Figure 6.29: 'Time Pie' Drawing by Tadhg, 11 years old, Family 6

Tadhg explains what he does in the park:

> **Researcher:** *Yeah, who do you go to the park with?*

> **Tadhg:** *My Mam. We just play around, have fun.*

> (Tadhg, 11 years old, Family 6)

Sophie cites 'hanging out' with her friends and 'going out' in her drawing, see Figure 6.30.

Figure 6.30: Section of 'Time Pie' drawing by Sophie, 11 years old, Family 10

Sophie explains that she likes to hang out with her friends in a park which is about a 15-minute walk from her house. Sophie explains:

> *Sophie: Well I go out with me friends.*
>
> *Researcher: Yeah, where would you go with your friends?*
>
> *Sophie: I go to the park and stuff.*
>
> *Researcher: Yeah, is there a park near here?*
>
> *Sophie: Not a (pause) just in the lough there's a park there….Just grass and trees, and there's a little river down at the bottom.*
>
> *Researcher: Oh lovely, is there a playground there?*
>
> *Sophie: No, just a little park….And we just like sit and talk and stuff.*
>
> (Sophie,11 years old, Family 10)

For Family 8 there is no public park nearby and there are also no play facilities at all in the immediate area. Despite this, Max includes football in his drawing and explains how he manages to play football with his friends. Max says:

> *Researcher: Tell me where do you play football?*
>
> *Max: On the field around here….That's not a football pitch, its just a normal field, we just play football….when it (the football) goes in the road that's a throw in for my team, like my team or the other persons team.*
>
> (Max, 7 years old, Family 8)

Adam also likes to play football with his friends however, where he lives is particularly congested and there are no green areas in the estate. As a consequence, Adam plays football on the road in his estate. He explains:

> *Researcher: And where would you play football?*
>
> *Adam: Out on the road.*
>
> *Researcher: Oh on the road, yeah. Do you have goals, do you make goals yourselves?*
>
> *Adam: There's sometimes me and me friend, I have two goals out there and I bring them out sometimes.*
>
> (Adam, 10 years old, Family 12)

Findings show that safe and accessible places to play for children who live in disadvantages communities are lacking and inadequate. Furthermore, the environment where the families live has a dearth of greenery, nature and space.

6.10.2 Employment

Findings indicate that for families who live in disadvantaged areas there are many barriers to employment including lack of employment opportunities, lack of education and family health issues. In addition, findings also show that parents have varied views

about going out of the home to work while children are young with some parents preferring to stay at home and rear the children.

Suitable childcare was an issue for Cillian's mother who became a stay-at-home-mother following his neurodevelopmental diagnosis. MF8 left her employment to care for her son once she realised that the childcare which she had for him was not conducive to his needs. She explains:

> *MF8: So em I had to leave work because people didn't understand him [Cillian]….I was kind of like well he shouldn't be put with them people to mind him if they don't accept who he is, so I left work to take care of mainly Cillian in all fairness, you know so em, so just (name of husband) now works.*

Trauma and grief prevented members of Sophie's family from staying in employment. Sophie's grandmother explains how her oldest daughter was out of work for several months following her boyfriend's passing. GMF10 details how her daughter was overwhelmed with grief following his passing and required counselling before she was able to return to her employment. GM10 says:

> *GMF10: But (name of daughter) now is only back in work now a couple of months, because we buried her boyfriend last year, he was only twenty-three, he choked on his own vomit….So she was in counselling, and now, thank God, she's back at work now.*

Findings from the study show that for many families some members suffer from a variety of multiple health issues, often more than one health issue at a time and for this reason their ability to work and to hold down employment is hindered. David's father's employment has been significantly hampered by ill health. The Family Pen Picture records the following:

> *FPP3: When we spoke about health she [MF13] brought her partner in and asked him to outline his health issues which seem to have been significant and they also affected his employment considerably.*

Several families within the study struggled to secure employment and many attributed this to the recent economic recession and lack of employment opportunities. In Family 3 David's mother is aware of limited employment availability however she also believes strongly that education is the only way to get ahead and secure employment. The Family Pen Picture records:

> *FPP3: The interview with MF3 was very interesting. She placed a lot of emphasis on the downturn within the economy and how this affected her work and their lifestyle as a family. She explained to me how she was about to sit examinations for a course which she was doing and she really hoped that this would lead to*

new employment prospects for her. She seemed to place a lot of emphasis and belief in education and how important education is for people in general.

David's mother is striving to make her curriculum vitae stand out from other job applicants through education. MF3 explains:

> **MF3:** *This is why I'm trying to do this [education course] and just trying to have the extra piece of paper to the person sittin next to me.*

For many family's employment was often unpredictable and sporadic. In Family 13 Lucy's father was unemployed for a number of months and had recently returned to work however his hours were unstable. Despite this however Lucy's mother is grateful for the work and feels that its better than nothing. MF9 explains:

> **MF9:** *But, yeah, see me partner's only gone back to work, say, I think it was last year, he's only working casual, two days a week he works….he lost his job first and then it just happened that he got a bit of building work so it's just two days a week, now it could be, some weeks he could have no work, but mostly you could be sort of guaranteed two days a week, you know, so.*

The benefits of working and having a daily routine through employment was highlighted as beneficial by parents in the study. Ethan's mother reflects on the advantages of having work to go to and specifically acknowledges that it was easier to maintain a healthy lifestyle when she worked fulltime. MF7 explains:

> **MF7:** *Like I lost weight years ago at Unislim and it was like you have to eat your breakfast and your lunch and your dinner and yeah I know all this but like in reality when you're [not working], you know what I mean….Like it was easier when I was in work fulltime because you had your little breaks so you had to sit down, do you know what I mean, yeah.*

Ethan's mother is now a stay-at-home-mother and despite believing that going out to work each day is better for her own health she also remembers the difficulties associated with working and caring for her young family, MF7 explains:

> **MF7:** *And I am here during the day to look after the children, drop to school, collect from school if they're sick, do you know what I mean, because on the eldest two I did work fulltime as well and I found it very difficult between, you know, juggling everything and crèches and when they're sick and then when they started to go to school with times, the amount of time off schools get!*

Sophie's grandmother is aware of the lack of employment opportunities in her area. She details how lower paid work is now also difficult to come by. GMF10 says:

> *GMF10: Well a sister of mine went down to (name of village) and left a CV in, general cleaning, and she was told there was a waiting list!*

GMF10 explains how people within the community are now going door-to-door seeking any odd jobs that they can to make some money. GMF10 explains:

> *GMF10: I've seen guys going around "do you want your windows cleaned", "do you want your gutters done" and like I mean going back about five years ago you wouldn't see that.*

A number of mothers in the study expressed that they would prefer to stay at home to rear their children rather than go out to work. They cited various reason for this such as wanting to be there for their children and feeling that their place was in the home while their children are young. In Family 14 Noah and Alex's mother is a stay-at-home-mother and she explains that in their family her partner goes out to earn and her job is to stay at home to care for the children.

> *MF14: Yeah he works and I stay at home with the kids.*

Many mothers in the study placed emphasis on the importance of being at home to rear their children. Adams mother explains that she has been with her children since they were born and this is where she feels her place is, to care for her children. MF12 explains:

> *MF12: I'm there since the day they were born right, so I haven't, like I gave up, I used to work till I fell pregnant on (name of oldest child) and then I gave up the work because I'd rather be here with them.*

In Family 11, Sam's mother who is a single parent explains during her interview she feels the need to be at home while her children are small. Although Sam is in school, she has another child who is in preschool and she believes that it would not be possible to secure employment that would be suitable for pre-school hours. MF11 explains:

> *MF11: No, I'm not (working) at the moment, (name of daughter) too young now so, she's in an out of crèche, an she's nine to one, an the hours are awkward.*

6.11 Chapter summary

This chapter has presented the findings of this research under four main themes. The themes were formed following a comprehensive thematic analysis involving the triangulation of data sources which has been previously described in detail in Chapter 4. The themes presented in this chapter have been represented and supported by verbatim interview extracts from children, parents / guardians and grandparents. As stated previously in this thesis the hallmark of case study research is the use of multiple sources of evidence. In accordance with the study's chosen methodology the themes have also

been denoted by fieldnote extracts and archival records. The next chapter, Chapter 6 will provide a discussion of the study's findings in the context of current literature. The next chapter will also consider the implications of the findings for children, families, professionals and policy makers whilst also acknowledging the strengths and limitations of this research.

Chapter 7: Discussion of Findings

7.1 Introduction

The primary aim of this research was to explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. Chapter 6 presented the findings of the study under the four main themes which were created following a complex thematic analysis of data from a variety of sources. This chapter will now offer a discussion of the study's findings within the context of previous research and pertinent published works however, prior to commencing such a discussion it is worthwhile recollecting the study's objectives which were:

- To explore what 'family' means to school-aged children and their family.
- To enquire into what 'health' and 'well-being' mean to school-aged children and their family who live in areas of urban disadvantage.
- To explore the health and well-being related views and opinions of school-aged children and their family who live in areas of urban disadvantage.
- To facilitate school-aged children and their family to detail how they maintain their health and well-being.

In order to achieve the objectives of this study the researcher opted to assume the viewpoint of Yin (Yin 2014) and employ theory from the outset of the case study. Chapter 1 of this thesis has explained how a significant amount of work has been achieved in Ireland to date towards understanding children's lives however the lives of children who live in disadvantage remains largely unexplored. This was one of the reasons why the researcher resolved to employ theory from the commencement of the case study since achievement of the study's objectives, most of which are concerned with understanding children's lives, relied on the central positioning of the child throughout the study. The theoretical framework developed for this research comprised of Bronfenbrenner's Ecological Systems Theory (EST) (Bronfenbrenner 1979) and Family Systems Theory (FST) (Bowen 1972, Bowen 1978) which were used in conjunction with each other. The ecological systems perspective of Bronfenbrenner's EST helped to facilitate the child centeredness of this research by positioning the child at the core of the study whilst acknowledging the wider context in which children live with their families. In addition, in order to explore the health and well-being perceptions and experiences of children and families it was necessary that the chosen framework could be cognisant of the social

experiences of children and families and how such experiences are created. Furthermore, Bronfenbrenner's EST highlights the multi-layered nature of children lives thus enabling the exploration of the various way that children and families maintain health and well-being. Bronfenbrenner's EST was complimented by the use of FST since such theory is valuable to help to describe families and similarly to understand how individual family's function. This was an important consideration since one of the study's objectives was to explore what 'family' means to children and families. Within FST the concept of wholeness is central which means that the system or family cannot be understood in isolation given that the system is continuously interacting with its members and environment. The use of FST combined with Bronfenbrenner's EST helped to explore the phenomena of interest from an individual level, a family level and a wider societal and cultural level. This research provides a unique perspective on the health and well-being perceptions and experiences of children and families who live in areas of urban disadvantage in Ireland. This perspective has been facilitated with the use of case study research methodology which has helped to create an in-depth understanding of such perceptions and experiences from different viewpoints and in the real-world context.

The findings from the study will now be discussed under the four themes. Following on from the discussion the strengths and limitations of the study will be explored and the implications of the study's findings for practice, policy, research and education related to children and families who live in areas of disadvantage. The chapter ends with recommendations for future research and a conclusion of the study.

7.2 Theme 1: Our family life

The theme 'Our family life' was the most significant theme formulated following data analysis. The creation of this theme came primarily from the analysis of the child interviews and the child drawings however contributions also came from the parental interviews and other data sources. The exact contribution of the various data sources to this theme are described in the 'theme by data source' grid (Appendix 12). This theme provides a rich account of what family means to children, parents and grandparents who live in areas of urban disadvantage. It details the unique family dynamics which exist among family members in relation to health and well-being and specifically highlights the unique role occupied by maternal grandparents in the lives of children who live in areas of urban disadvantage. From an EST perspective this theme is positioned in the microsystem since the microsystem is comprised of a 'setting' where people interact and engage with each other on a one-to-one basis. Children and their families interact in this manner daily in the home. The microsystem is also comprised of 'elements' such as roles

and interpersonal relationships which are often referred to as the 'building blocks' of the microsystem (Bronfenbrenner 1979). The next three sub sections will discuss the theme in the context of current literature under its three sub-themes.

7.2.1 What family means to us

One of the objectives of this research was to explore what 'family' means to school-aged children and their family. This objective was identified very early on in the research as being necessary towards achieving the study's aim. Both the structure and the quality of relationships within a family are central elements of family functioning and a significant influence on child and parental well-being (Fahey, Kielthy and Polek 2012). The sub-theme 'what family means to us' provides a candid view of how children and families from disadvantaged areas view their family structure and additionally what meaning family has for them. The inclusion of the 'spider diagram' drawing activity to create family genograms with the children and explore the first element of the above objective, by examining children's concepts in relation to who exactly constitutes their family, was a useful means of comfortably exploring very personal thoughts and feelings with the children in the study. Clark and Moss (2009) consider that listening to children and hearing their voice should not be limited to the spoken word, rather it is a process that needs to be open to creative ways of helping children to express their thoughts and experiences. Walsh and McGoldrick (2013) describe the family genogram as a worthwhile tool that helps to facilitate family enquiry including family dynamics, significant events and family relationships.

Analysis of statistical data from the GUI study has identified that from a family structure perspective 79.2% of nine-year-old Irish children live with two biological parents, 3.3% live in stepfamilies and 17.5% of children live in lone parent families (Fahey, Keilthy and Polek 2012). Although statistical categorisation of children's family differences is certainly helpful when investigating family functioning and family well-being it does not represent the perception of the child themselves nor does it reflect the experience of the child from their own personal perspective. Findings from the study presented in this thesis go beyond the statistical description of children's families as family composition was explored from the perspective of the school-aged child themselves. Dinisman *et al* (2017) believe that considering children's opinions exceeds merely understanding children's lives since such actions prompt the realisations that children actually do think very differently from adults. The in-depth exploration of what family means to the school-aged child in this study has identified that children do indeed think differently to adults. This alternative perspective is reflected in the finding that children not only included

nuclear family members in their genograms as might be anticipated, but they also included family pets and deceased family members. This finding is significant since it means that children's thinking in relation to their family goes beyond the nuclear family and household composition which are both common reference points for the definition of family in research studies concerned with child health and well-being. The finding that children include pets in their family genogram is not completely unexpected, since 68% of Irish nine-year-olds have at least one family pet (Harris, Greene and Merriman 2011). Furthermore, previous research with children living in disadvantaged areas in the UK has found that school-aged children describe their relationships with their pets in terms of 'love' and 'like' (Westgarth *et al* 2013) therefore their placement in genograms within this study is understandable. The role played by pets in relation to child health and well-being was beyond the scope of the study presented in this thesis however it is interesting to note that pets have featured in children's definitions of family which denotes children's special relationship with their pets. Findings from GUI have identified that pets feature as one of the five most important things that make Irish children happy (Harris, Greene and Merriman 2011) therefore it is clear that pets do occupy a special role in children's lives.

The inclusion of deceased family members in the genograms created by the children is a unique finding in this study. Other research concerning Irish children has shown that 86% of school-aged children have experienced the death of someone close to them (McGovern and Barry 2010) therefore loss and bereavement are real life experiences for children of school-going age. From a FST perspective the impact of death on the family system creates a structural void that requires rebalancing (Bowlby-West 1985). It is possible that the children in this study attempt to balance such a void by ensuring that deceased family members are included in their spider diagram. Bowlby-West (1985) refers to this type of activity as an adjustment reaction used to keep the old family structure, avoid further loss and maintain the illusion of the relationship with the person who has deceased. It is comprehensible that children would want to fill the void in their family structure created by death since death in a family is not a short-term event but involves an intricate set of changing conditions (Walsh and McGoldrick 2013). In this research children were not asked about death or bereavement, the discussions surrounding deceased family members were initiated by the children themselves when exploring the meaning of family. Adults can sometimes feel uncomfortable talking about death with children and may even think that children do not fully understand death and dying. Renaud *et al* (2014) explain that a mature biological conceptualisation of death is considered to include an understanding of five subcomponents: that death is universal,

death is irreversible, death is inevitable, death means that body functions stop working and that at death the body stops functioning completely. Findings from the study in this thesis indicate that school-aged children do understand the finality of death and this is reflected in the conversations about deceased relatives with the children and also through their drawings, some of which depicted deceased family members in heaven. Children typically demonstrate an understanding of the subcomponents of death between 7-10 years-of-age (Renaud *et al* 2014). Despite this however, some studies have found that children between the ages of 5-7 years have a better understanding of death than thought by their parents since children of this age group were able to understand cause of death, cessation of body function following death and the irreversibility of death (Gaab, Owens and Roderick 2013). Although findings from this study indicate children's understanding of the finality of death it is not possible to draw conclusions regarding children's broader comprehension of all of the subcomponents of death since the exploration of death was not a primary objective of the study.

Findings suggest that in addition to thinking differently to adults in relation to family, children also have broad concepts about family. The genograms produced by children in the study went beyond the nuclear family and also beyond household composition. As well as including their nuclear family members children also represented stepparents, step-siblings, grandparents, cousins, aunts, uncles and individuals of significance in their genograms. The inclusion of individuals of significance is a unique finding from the study. The individuals of significance incorporated by the children into their genograms were people who the children have enjoyable relationships with however are not related to them by blood or by marriage for example non-resident partners of parents. Previous research by Gardner (1996) on children's concepts of family found that children included people of significance based on children's assessment of who is responsible for them in their lives. The finding of the inclusion of people of significance by the children in this study goes further by indicating that children's concepts of family are inclusive of the people in their live who although not related by blood or marriage, are included never the less on the bases of the relationship with the child enjoys with them. The level of closeness of such relationships was beyond the scope of the study presented in this thesis however findings do suggest that individuals of significance are indeed included in children's concepts of their family.

A second element to the objective 'explore what family means to the school-aged child' included the exploration of the sense of family with children. This was achieved by asking children about each of the members which they depicted in their genograms and also by

asking children what their thoughts were in relation to 'family', from their own personal perspective. Children's concepts in relation to family have been previously examined (Mann *et al* 1992, Nixon, Greene and Hogan 2006, Rigg and Pryor 2007) however; earlier research has explored children's concepts via the utilisation of vignettes and prompt cards thus the focal point of previous work has not been on children's own subjective views. The adoption of a third-party approach to examine children's interpretations creates a good general overview of children's concepts however, such methods do not capture children's personal perceptions as they relate to their own families. Findings from the study presented in this thesis reveal children's personal perceptions of what family means to them. Children described family in terms of positive feelings such as 'love' and 'happiness'. Children also described family in terms of the support which they receive from their family through having someone to talk to and a sense that your family is always there for you. This suggests that children derive various types of support from their family and that their family is a primary network of support for them. The positive feelings described by the children were mirrored in the response data from the parents who placed emphasis on ensuring that they show their children that they love them and that they care for them. Findings suggest that the majority of children enjoy very positive relationships with their parents which is a similar finding to Harris, Greene and Merriman (2011).

This study has highlighted the significance of family among various family members since children, parents and grandparents all resolutely believe in the importance of family. Similarly, the importance of family has also been identified by previous research with children (Anyon and Pryor 2002, Rigg and Pryor 2007). Although the literature demonstrates a consensus in relation to the importance of family among children this study has also revealed some practical thoughts which children have in relation to why they think that family is important. Children in this study identified practical issues which they associate with having a family such as the perception that having a family means that you have a house to live in, food to eat and clothes to wear.

Previous research with families on low incomes in Ireland has revealed that the presence of conflict within the family has a negative association with parental well-being and also, has a negative association with children's ratings of their mother's responsiveness towards them (Swords, Merriman and O'Donnell 2013). Although conflict did not emerge in the findings of the current study, exploration of the meaning of family with children and parents unearthed the presence of some difficult family situations. Parents and children were not asked about challenging family issues however, details related to such

circumstances were raised by participants during the interviews. One child within the study had a diagnosis of being on the autistic spectrum and when discussing the meaning of family, his mother elaborated on the measures that she and her family have had to take to help her son. Having a child on the autistic spectrum in a family affects the family system in several ways and parents will strive to help their child in any way possible (Altiere and von Kluge 2009) and such efforts are also evident in this study. Other family difficulties raised during the discussion on the meaning of family included the presence of drug addiction within the family. A body of research exists which indicates that family members often play an important role in the lives of those who are have drug addiction problems (Schäfer 2011) therefore it is understandable that an issue so personal to the family would be raised during a discussion on the meaning of family. The subject of drugs and alcohol featured significantly in the study presented in this thesis and will be discussed in greater detail in Theme 3: Parenting during difficult times. The third difficult situation which emerged in the study's findings is complex family relationships. Some of the children and parents interviewed disclosed experiences of complex relationships with family members. Levels of conflict between children and their parents can be suggestive of a difficult relationship (Williams *et al* 2011) and the parental-child relationship is a significant predictor of children's outcomes (Nixon 2012). This study did not set out to explore child-parent or parent-parent levels of conflict however strained family relationships did emerge in the study's findings. Despite the presence of strained relationships child and parental perceptions and concepts of family did not appear to be adversely affected. It must be acknowledged however, that the researcher did not explore disclosed strained relationships in detail as this was beyond the study's scope.

Findings from this study have also highlighted that children view their family configuration in terms of roles and relationships rather than purely by structure. This is evident in the broad perceptions of family that participating children demonstrated through the inclusion of nuclear family members, stepfamily members, extended family members, deceased family members, significant others and pets, all in their genograms. The central role of family processes has also been illuminated to various degrees by previous research (Mckeown, Prastke and Haasa 2003, Nixon, Greene and Hogan 2006, Fahey, Keilthy and Polek 2012).

Some research studies have utilised marital status and parental relationship status to define family structure (Humphreys, McCafferty and Higgins 2011, Lunn and Fahey 2011). Household composition as an indicator is also often referenced by researchers to

define family structure (Magnuson and Berger 2009, Brown, Manning and Stykes 2017). Although both of these methods yield practical and revealing information for a research study, findings from the study presented in this thesis suggest that such methods of defining the family is not representative of children's views in relation to family structure or children's understanding of the concept of family. Furthermore, such methods of defining family structure does not take family complexity or family transitions into consideration. Family transitions are commonplace in modern family life and children's experiences of such transitions in terms of coping (Halpenny, Greene and Hogan 2008) and family change (Hogan, Halpenny and Greene 2003) have been evaluated. Findings from the study presented in this thesis imply that in addition to having broad concepts of family, children from the same family can also have differences in perspectives about their family composition following family transition. This indicates that not only do children have unique concepts about family composition but that when it comes to views of their own personal family, each child has a distinctive individualised view of their family composition, unique to them. The individualised nature of children's viewpoints in this study were revealed through the genograms when children of the same family produced differing spider drawings (genogram). Such differences may potentially be attributed to the children's age when the family transition occurred. This finding suggests that children's concept of their own family is influenced by their memory and possibly by their experiences of family transition. It also showcases how the concept of family is personal and individualised to each child, even for children of the same family.

Exploration of family composition and the meaning of family was approached by the researcher via drawing activities with the children as explained in Chapter 5. Drawing activities have become increasingly popular in research with children as both an expression tool and a communication tool. Drawing activities have been utilised to explore children's perceptions of physical activity (Noonan *et al* 2016), children's understanding of health inequalities (Backett-Milburn, Cunningham-Burley and Davis 2003) and children's understanding of health and well-being (Piko and Bak 2006, McWhirter 2014) to mention just a few. Moreover, drawing activities have also been successfully employed to explore more sensitive research topics with children such as children's understanding of cancer (Horstman *et al* 2008, Knighting *et al* 2010) and activity choices for overweight and obese children (Walker, Caine-Bish and Wait 2009). Discussing family can be a delicate topic for children depending on individual circumstances therefore the drawing activities were suitable for use in this research. It is however important to remember that when choosing to adopt drawing activities with children it is essential that the drawing activity is clearly explained to the child, it's

inclusion within the study is justified and a detailed account of how the drawing activity was used is accounted for (Fraser and Sayah 2011). Each of these elements have been addressed in Chapter 5 of this thesis.

7.2.2 How our family works
An objective of the study presented in this thesis was to facilitate the school-aged child and their family to detail how they maintain their health and well-being. Child and family health and well-being are, for obvious reasons, intertwined. Family well-being is a multidimensional concept which Wollny, Apps and Henricson (2010) pronounce as being easier to recognise as a concept, rather than to define. The subtheme in this section is concerned mainly with family relationships which contribute to family well-being. Mckeown, Pratschke and Haase (2003) describe family well-being as an interconnected structure consisting of child well-being, parent well-being and family relationships as outlined in Figure 7.1 below.
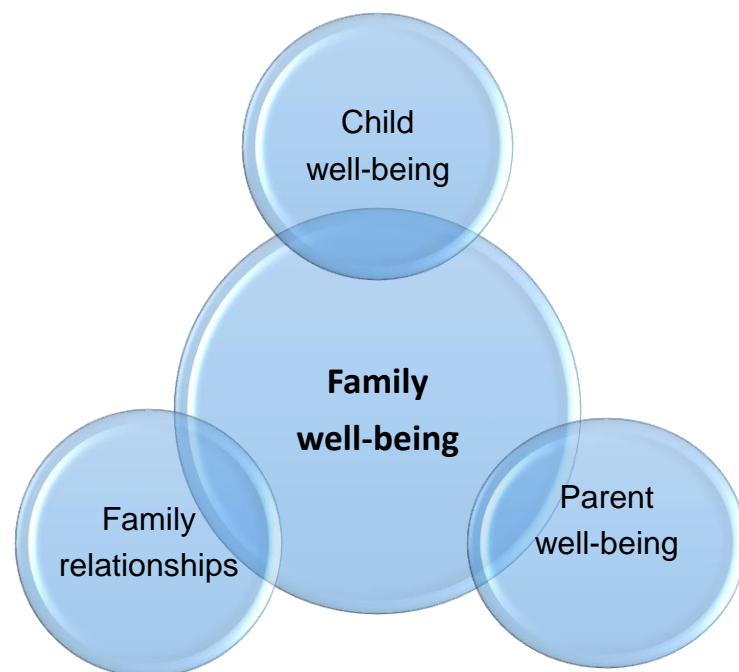
Figure 7.1: Family well-being as described by Mckeown, Pratschke and Haase (2003)
Findings in relation to child well-being and parental well-being have already been presented in the previous chapter and will be discussed in Theme 2.

How families 'get along' is often referred to as family dynamics and Newland (2014) describes family dynamics as the broad contextual factors that affect child well-being. Findings from this study show that relationships between the children and their parents appear to be for the most part positive. It has been suggested that the child parent relationship lies at the core of the family relational triangle (Fahey, Keilthy and Polek

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2012) and this often sets the scene within a family, for the overall family dynamic. Furthermore Minuchin (1985) proposes that parent-child interactions contribute greatly to how family processes are shaped within the family. The genogram and 'my family' drawings with the children in this study, provided an effective way for children to communicate their thoughts about their family members and their experiences of family life. Children spoke lovingly about their parents and appear to get along very well with their parents. They eagerly identified positive things that their parents do for them and enjoyed detailing this information when discussing their family. Many of the children in the study were enthusiastic to convey how good both of their parents were to them, although in different ways. Children portrayed their parents 'goodness' to them in equal measure, demonstrating fair treatment for both parents. This concept of treating parents fairly has previously been observed in research with children from separated families where children were particularly concerned that they treated both of their parents fairly for example not missing visitation with their non-resident fathers (Hogan, Halpenny and Greene 2003). Participating children in this study also provided information about how they spend enjoyable time with their parents and siblings together as a family.

Findings from the study also reveal some strained family dynamics. These difficult situations were evident among families where the parents were no longer together and where the relationship between the parents was characterised by limited or no personal communication. Following relationship breakdown, it is understandable that co-parenting[12] may be challenging depending on the circumstances of the breakup. Quantitative data from GUI has shown that a quarter of mothers who are no longer with their child's father describe their relationship as 'very negative' and nearly a third 'never talk' to their child's father about their child (Fahey, Keilthy and Polek 2012). In this study, the strained parental relationships were revealed through the parental interview data and the study's fieldnote data. This finding was not revealed from the child data which suggests that children are either unaware of their parents strained relationship or more likely, since they were not asked directly about their parents' marriage/relationship separation process, they chose not to bring up the matter at all when discussing their family. Previous survey research in the disadvantaged area where this study was conducted has found that 40% of homes are headed by a single parent which is higher than the national average and 21% of parents have experienced difficulties with former partners (Murphy and Guerin 2012). Findings from the current study show that parents

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[12] In this thesis co-parenting refers to the process where two parents work together to raise their child although they are no longer in a relationship with each other.

find it difficult to co-parent following relationship breakup. For the parents involved, these difficulties were compounded by new family formation and financial issues.

Findings from the study also revealed challenging family dynamics among families where the parents are still together. Parents described how family financial constraints and the associated stress impact upon their relationship with their partner and the entire family. Some research suggests that social class or socioeconomic status, has a relationship link to the stability of romantic unions and the quality of the parent-child relationship (Conger, Conger and Martin 2010). Furthermore, analysis of GUI data has revealed that parents who are 'at risk of poverty' are much more likely to report conflict with their nine-year-old child than parents who are 'not at risk of poverty' with mothers reporting the highest levels of conflict overall (Swords, Merriman and O'Donnell, 2013). Findings from the current study suggest that limited or lack of family income acts as a strain on parental relationships and also on the family system as a whole. In the area where this research took place, state benefits are the only source of income for 43% of households (Murphy and Guerin 2012) therefore many families in this area experience life on very limited finances. Inadequate family income was portrayed as taking a toll on participating families and causing problems between parents and their children thus impacting on the family system. Furthermore, findings indicate that parents experience immense pressure to provide all the material items which their children desire. Parents feel under pressure to facilitate their children 'keeping up' with their peers and providing their children with the latest fashionable clothing or popular culture fads. This desire to 'keeping up' with peers may possibly be associated with growing up in a disadvantaged area since similar concepts have been observed in previous research with children from disadvantaged areas of Scotland (Seaman *et al* 2005). Additionally, parental pressure to meet the needs and wants of children in disadvantaged areas has also be reported upon by Attree (2005).

Many of the children and parents in the study revealed personal and family health issues which will be discussed in detail in Theme 2. However, findings denote that parental health issues impact on family functioning and family processes. Parental illness can affect all levels of the family system (Davey, Kissil and Lynch 2016) and for the children in this study findings indicate that when a parent has a chronic health condition it impacts on family functioning and specifically communication within the family. It has been previously reported that school-aged children feel that their lives are made complicated when their parent has a chronic health condition due to the nature of the diagnosis and treatment (Davey, Kissil and Lynch 2016). Findings from the current study suggest that

school-aged children can recognise when their parents' chronic condition is not being managed successfully and they subsequently alter their behaviour to appease their parent while they are experiencing ill-health. Findings also suggest that school-aged children can develop a good understanding of their parents' chronic condition, what their parent needs to do to maintain their condition and also how the family can work together during periods of ill-health to make the situation better for their parent. Although a full exploration of children's experiences of parental chronic health conditions was beyond the scope of current study, this is an area for further research since parental illness can have a profound impact on children's overall well-being (Davey, Kissil and Lynch 2016). Much has been published in relation to children's experiences of parental mental health problems (Cooklin 2013, Gladstone *et al* 2011) and children's experiences of having a parent with cancer (Glesbers *et al* 2010, Kennedy and Lloyd-Williams 2009, Bugge *et al* 2008) however, there appears to be a deficit in the literature in relation to children's experiences of having a parent with a chronic condition. In Ireland, the prevalence of chronic illness is higher in disadvantaged areas than in other areas for example diabetes is 1.4 times more common in more deprived areas than least deprived areas of the country (Irish Medical Organisation 2012). This means that children from disadvantaged areas are potentially at greater risk of having a parent with a chronic health condition. In the area where this research took place previous inquiry identified that 76% of households had a family member who was the holder of a medical card (Murphy and Guerin 2012) therefore ill-health amongst families in this disadvantaged area is a significant issue for families. Furthermore, other research with families living in disadvantaged areas has identified that residing in a disadvantaged area may be associated with barriers to the management of a chronic health condition (Brown, Ang and Pebley 2007).

Study findings suggest that the maintenance of constructive family relationships and equilibrium of family dynamic is dependent on family members efforts to sustain quality family time together. Quality family time was more evident in families where parents took initiative to promote activities where quality family time would be cultivated. Quality family time was less evident in families where a parent or significant adult were not making specific efforts to promote the spending of quality family time and in families that appeared less organised and more chaotic in their operation. Children enjoy time that is specifically set aside for the family to spend together whether scheduled of occurring spontaneously. This is a similar finding to Andresen, Hurrelmann and Schneekloth (2012) who found that children from disadvantaged areas in Germany were more concerned about the quality of the time they spent with their families rather than the

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amount of time they spent with them. In the current study, children expressed feeling happy and relaxed when they spend time with their family. It is also evident from the findings that being with family is a source of great comfort to children, which in turn provides a feeling of security for children.

7.2.3 Role of maternal grandparents

Grandparents are living longer, and they can therefore enjoy lengthier and more active relationships with their grandchildren (Moultan *et al* 2017). Although there has been an increase in scholarship on intergenerational relationships, the focus has been mainly on the grandparent-grandchild relationship from the perspective of the grandparent and not from the perspective of the child (Gray, Geraghty and Ralph 2013). The study in this thesis did not set out to examine children's relationships with their grandparents. It's theoretical framework, a combination of EST (Bronfenbrenner 1979) and FST (Bowen 1972, Bowen 1978) (detailed in Chapter 3) ensured that the perceptions and experiences of the school-aged child were explored from an ecological and a family systems perspective thus, it is not surprising that grandparents were identified by the children as being part of their family system, since grandparents commonly occupy space within the microsystem of the child. It is worth remembering that functioning families are not closed systems but rather open systems with permeable boundaries and in order to understand family well-being, the family must be looked at as a 'whole' (Broderick 1993, Day 2010). For the children in this study the role occupied by their grandparents was significant in their lives.

The role of grandparents and their intergenerational influence in family systems has been examined in relation to the provision of childcare (Hughes *et al* 2007, Share and Kerrins 2009, McNally, Share and Murray 2014), caring for grandchildren of drug dependent children (O'Leary and Butler 2015) and the supportive role of grandparents within the family system (Tan *et al* 2010). Current literature indicates that grandparents are significant individuals within the family system. Findings from the study in this thesis suggest that for children who live in disadvantaged areas their grandparents occupy a very special place in their lives. Many children in the study detailed informal care which their grandparents provide for them. Children described how they visit their grandparents daily after school where their grandparents provide a snack for them, supervise homework and look after them until they are collected by their parents. For some children in the study, their grandparents were also responsible for getting them out to school in the morning. Grandparents providing informal care for grandchildren is not an uncommon phenomenon within Irish families. McNally, Share and Murray (2014) identified that of

the 38.6% of Irish infants that experience non-parental childcare, 12.4% are looked after by grandparents. It is also known that for older children in GUI two thirds have reported that they have 'quiet a lot' of contact with their grandparents (Williams *et al* 2011). Although it is understood that grandparents do play a significant role in the lives of Irish children findings from the study in this thesis provide important information in relation to the type of support and also the type of informal childcare that grandparents from disadvantaged areas provide for their grandchildren.

It has been previously suggested that grandparent support influences child well-being and may potentially improve child outcomes however little is known about children's interactions with their grandparents (Dunifon 2012). Children in the current study revealed through their stories of their regular interactions with their grandparents that they enjoy very loving relationships with their grandparents and they specifically enjoy simple activities with grandparents such as going for walks and eating together. Children spoke very fondly about their grandparents and for some children whose grandparents had deceased they ensured to have their grandparents represented in their genograms indicating the special bond which they enjoyed in the past. The role of grandparents also emerged strongly amongst parents in the study, all of whom were mothers. A unique finding from the study is that the strongest grandparent role to materialise from the data was that of the maternal grandparents and most explicitly the maternal grandmother. Although gender differences have been previously observed in relation to grandparents initiating contact with adolescent grandchildren and providing emotional support (Júlíusdóttir and Sigurdardóttir 2013) gender differences have not been previously identified from qualitative data with school-aged children. Children in the study detailed relationships almost explicitly about their maternal grandparents. Previous quantitative research investigating gender roles among grandparents has found that maternal grandmothers are more likely to provide care for grandchildren than maternal grandfathers or paternal grandmothers (Danielsbavcka *et al* 2011). Parents in the current study highlighted their relationship with their own parents and described two types of support namely practical support and emotional support. Practical support was described by parents in terms of helping out with childcare and emotional support was described in terms of supportive relationships. Mothers in the study described how they turn to their own mothers for reassurance with their parenting skills and findings indicate that mothers place great value on their own mothers' opinion and advice in relation to how they parent their children. Parents in the study were influenced by their own mothers' advice, who's knowledge and experience they trusted in full. A similar finding was generated by Mitchell and Green (2002) who explored the role of kinship among working class women in

London and also by Price (2007) who examined 'mothering' among young mothers living in a disadvantaged area in the UK. Mitchell and Green (2002) believe that maternal grandmothers have a strong influence on their daughters with children in areas of socioeconomic deprivation and they attribute this influence to social support and shared resources. The findings from the current study have also identified that maternal grandmothers and their daughters enjoy a relationship of reciprocal support. Mothers in the study detailed how they help their own mothers in practical terms with shopping and attending hospital appointments. Maternal grandmothers help their daughters with informal childcare and providing advice on parenting. Findings from the study have also revealed that grandparents enjoy their role within the family system and their time with their grandchildren. In particular, grandparents reported that they get pleasure from their role within the family system more now than when they were parents themselves, as they feel more relaxed in their role of grandparent. Júlíusdóttir and Sigurdardóttir (2013) have suggested that grandparents enjoy a less restrictive role in the lives of their grandchildren than parents since they are free from the daily challenge of parenting and from having to be formally responsible for children's welfare. Findings from this study have revealed that part of the reason that grandparents enjoy their role so much is that they are not directly involved in the parenting role which is often challenging and in addition they enjoy not being solely responsible for their grandchildren.

7.3 Theme 2: Sustaining family health

The theme 'Sustaining family health' was the second most significant theme formulated from the data analysis process. The formulation of the theme came primarily from interview data with the children, parents and grandparents. The exact contribution of the various data sources to this theme are described in the 'theme by data source' grid (Appendix 12). This theme provides a detailed account of children's perceptions and experiences of health and well-being. It explores concepts of health from the perspective of the child and provides an in-depth account of how children spend their time which contributes to their health and well-being. This theme also explores parental health from the perspectives of the parents themselves. From an EST viewpoint this theme is positioned in the mesosystem which is the system that involved the interaction of the microsystems. Bronfenbrenner (1978) describes the mesosystem as the system that comprises the interrelations among settings in which the developing child actively participates. The mesosystem is concerned with interactions and these interactions can take various shapes and forms. The theme 'sustaining family health' is a description of children's and parents' perceptions of health and well-being and what children and their families do in their everyday lives to maintain their health and well-being. The theme is

comprised of two subthemes and these will now be discussed in light of relevant literature.

7.3.1 Children's health and well-being

One of the objectives of this research was to enquire what health and well-being mean to children and families living in areas of urban disadvantage and to explore their health and well-being views and opinions. Another study objective was to facilitate school-aged children and their family to detail how they maintain their health and well-being. These objectives were developed because it is currently understood that child health and well-being are both influenced and dependent on family well-being (Newland 2014) therefore a whole family perspective was necessary. Furthermore, children's well-being is interwoven with that of their parents and family processes (Swords, Merriman and O'Donnell 2013).

In Chapter 2 the concepts of health and well-being were explored, and these terms are often used interchangeably. The exploration of the concept of health with children has been described as a distinct challenge for researchers (Piko and Bak 2006). How health is understood differs across the lifespan (Knighting *et al* 2011) therefore children in the different stages of childhood will have varied thoughts in relation to the concept of health. In the current study, school-aged children were asked what they thought health was and many responded that health was eating fruit and vegetables. Children associate the concept of health with 'healthy eating' which they describe in terms of eating fruit and vegetables. Reeve and Bell (2011) have previously explored the terms 'healthy' and 'unhealthy' among school-aged children using self-photography and found that food and drink (non-alcoholic) were the items from children's everyday lives which they photographed as meaning 'healthy' to them. For the children in the present study finding suggest that they also associate the consumption of food with the concept of health however, these children highlighted the consumption of specific food groups as being correlated with the meaning of 'health' to them, notably eating fruit and vegetables.

Findings from the study demonstrate that children are knowledgeable in relation to what healthy eating encompasses. Children exhibited an understanding of the relationship between the consumption of a balanced diet and optimum growth and development. Several of the children referenced the regular consumption of fruit and vegetables and the recommendation to eat five portions a day. These concepts in relation to healthy eating correspond with the guidelines from the WHO and the Food Pyramid (www.safefood.eu) however the children did not invoke either the WHO or the Food

Pyramid during their interviews. This indicates that children do pick up and retain key health promotion messages and although the knowledge source of these messages was not explored in the study it is plausible that school, home and media are potential knowledge sources for children. Reeve and Bell (2011) analysed children's concepts of 'healthy' and 'unhealthy' and identified school and parents as being equal knowledge sources for children's development of concepts.

Children in this study demonstrated a holistic understanding of health. In addition to referencing food consumption children also cited physical aspects of health such as exercise, emotional aspects of health such as having fun and psychological aspects of health such as mood. Findings suggest that children view the concepts of health and well-being interchangeably. Children's views of health incorporate well-being, and this is reflected in their perceptions that health and well-being span a range of domains; physical, psychological and emotional. Knighting *et al* (2011) propose that children emphasise sporting activity and the psychosocial elements in their definitions of health while adults tend to define health in terms of aspects which limit it. Previous work with children in relation to how family structure is viewed has found that children think differently to adults (Dinisman *et al* 2017). Findings from this study would also suggest that children appear to think differently to adults in relation to health. Adults perceptions of health and well-being will be discussed in the next section however, it is worth noting now that the views of adults in the study in relation to health did not include multiple domains of well-being as cited by the children in the study.

Many of the children in the study spoke about their personal experiences of familiar childhood illnesses. The most frequent illness cited by the children were chickenpox and the common cold. Children demonstrated a good understanding of how these illnesses are contracted, the symptoms associated with them and how they are treated. Myant and Williams (2005) have previously investigated children's concepts of health and illness and found that children had greater knowledge of the disease mechanism of chicken pox and the common cold than any other common childhood illness. Children in the present study explained who looked after them during periods of illness and what was done for them to make them feel better. All but one child in the study, whose mother was deceased, explained that they were cared for by their mothers during periods of illness. Findings indicate a significant gender difference between mothers and fathers in relation to providing care for children while they are ill considering that over half of the participating children lived with their biological mother and father. None of the children who lived with their mother and father in the same house reported being cared for by

their father during periods of illness. Although the changing role of women in Ireland has been well documented (Sheehan, Berkery and Lichrou 2017) findings from the current study suggest that more traditional roles remain in the RAPID area where this research took place. The rationale for this may be that eight of the fifteen participating children's families had mothers who described themselves as stay-at-home mothers, two mothers worked full-time, one worked part-time and two described themselves as unemployed. The mothers who described themselves as stay-at-home-mothers all expressed that it was their choice to not work so that they could care for their children therefore it is not surprising that children report being cared for exclusively by their mothers during periods of illness. It is also interesting to note that survey research in the RAPID area where this study took place has previously evaluated employment status and found that 43% of respondents identified as full-time carers, 12% as unemployed or signing on, 18% as being in part-time work and 10% in full-time work (Murphy and Guerin 2012). Although the survey research by Murphy and Guerin (2012) did not specify the gender of the respondents it might be safe to assume that the majority of respondents were female considering the high response rate identifying as a 'carer' in comparison to 'unemployed or signing on' which potentially reinforces the idea that more traditional roles remain in this RAPID area. Price (2007) conducted research with women on the topic of 'mothering' in disadvantaged areas of London and found that mothers believed that a 'good mother' accepts the role of family carer and looks after her own children. Perhaps the mothers in the current study also believe that in order to be a 'good mother' them must look after their own children which means not working outside of the family home. For the children in this study, being looked after by their mother during a period of illness was something which brought great comfort to the children. Care activities reported by children included their mothers singing for them for comfort, soothing measures and the administration of medicine. Findings indicate that children sought genuine contentment and support through the care which they received from their mothers during periods of common childhood illness.

It is currently recognised that children from lower socioeconomic status families demonstrate poorer health levels than children from higher socioeconomic families (Williams *et al* 2009). Findings from the study in this thesis indicate that a number of the participating children had long-term health issues. The extent of long-term child health issues among children who live in disadvantaged areas has been previously highlighted by Humphreys, McCafferty and Higgins (2011) who found that 30% of children living in a RAPID area similar to the RAPID area where this research took place, had a medical health problem. In the current study, children's long-term health issues were a significant

concern for their parents. The children themselves all demonstrated a good understanding of their condition and what they need to in order to stay well. When discussing their health issues children expressed their understanding and health maintenance activities in a very 'matter of fact' way illustrating a certain level of practicality and resilience. Findings from the study show that parental experiences of managing and maintaining their child's health condition are varied with some parents expressing exacerbation with the public healthcare system. For other parents, the bureaucracy associated with the school system and the healthcare system was exceptionally difficult to cope with. One parent of a child with neurodevelopmental needs expressed annoyance, despair and hopelessness with not being able to access adequate services for her child, provisions which would help to maintain their child's well-being. This is a finding of concern since recent national and international data indicates that the number of children with special educational needs have increased dramatically (Banks and McCoy 2011). Furthermore, recent analysis of Irish data has uncovered that children with numeracy, literacy and emotional and behavioural difficulties are more likely to be enrolled in a DEIS school (Smyth *et al* 2009). Findings from the current study highlight some of the difficulties experienced by families of children with special educational needs both in the healthcare system and the schooling system. Families living in disadvantaged areas do not have the financial resources to pay for private healthcare or additional educational resources therefore they do not have a 'buffering' mechanism to employ whilst waiting for health or educational assessment of needs. Although the children in the current study demonstrated good knowledge of their health and well-being needs, they did not make any reference to their satisfaction or dissatisfaction of healthcare or schooling services. Furthermore, children's experiences or levels of satisfaction with healthcare and schooling services were not explored in this research as it was beyond the scope of the study.

In the current study the 'Time Pie' drawing activity facilitated the exploration of children's typical everyday activities. It was important to explore this aspect of children's lives since how children spend their free time impacts their physical, mental and emotional health and well-being (National Children's Office 2004). Drawing is a useful activity that provides children with the opportunity to express their views (Carter and Ford 2013) however drawings alone are not enough to capture the perceptions of children (Walker, Caine-Bish and Wait 2009). In this research, children depicted a variety of activities in their drawings, some of which they engaged with in school and others at home. The children also provided detail about the activities which they chose to include in their drawings including how often and where they engage with the activities, who organises

the activities, if there is a direct cost associated with the activities (i.e they have to pay to take part) and what they like and enjoy about their activities. For the boys in the study sporting activities featured significantly. Sport has also been identified by Harris, Doyle and Greene (2013) as being particularly popular amongst boys in GUI, more so than amongst girls. Boys detailed how they took part in sporting activities in school, organised by their teachers and with no direct cost implication for their family. Boys also provided information about sporting activities which they took part in from home. Most of these non-organised sporting activities could be classified as free play since the boys described playing sporting games with their friends in the estate where they live. Children, both boys and girls, also discussed nonsporting activates such as drawing, dancing, reading, magic, singing and bike riding. Most of the nonsporting activities which the children reported were not associated with a regular fee/payment and for the activities which were associated with a regular fee/payment, children did not appear to be over subscribed to such activities. GUI data has previously identified that children's participation in out of school activities is significantly associated with maternal education, social class, family type and family income (Williams *et al* 2009). Children in this research, who live in a disadvantaged area that is characterised by low levels of parental education, high levels of unemployment and high numbers of lone parents headed households (Murphy and Guerin 2012) may potentially be deprived of participating in out of school activities because of where they live and the circumstances in which they live. This is a significant finding since it is known that children's participation in structured activities has substantial benefit on children's developmental outcomes (Williams *et al* 2009).

Most of the children (12 out of 19) included technology of some description in their 'Time Pie' drawings and discussed their daily engagement with and use of technology. Findings suggest that children view television watching and the use of computer, laptop and gaming consoles as entirely different activities although all are screen-based activities. Children reported various types of technology use for example computer, television watching, laptop, game consoles and iPads. Many of the children made a clear distinction between traditional technology (television watching) and modern technology (game console, laptop, computer and iPad use). This distinction was most explicit in the 'Time Pie' drawings that the children produced since traditional technology and modern technology were allocated different time slices in the children's drawings. Findings from the study also suggest that traditional technology and modern technology use are perceived and treated very differently buy children's parents. Granich *et al* (2010) have found that the home environment, for example parental and sibling role modelling and

household rules, are the most important influences on children's use of electronic media (television watching, electronic games and computer use). Parents in current study described making conscious efforts to limit screen time associated with modern technology but not screen time associated with traditional technology. Parents rationale for trying to limit children's time spend on modern technology referenced fears associated with social media and children being less inclined to take part in physical activity. This is an important finding since it suggests that although parents are somewhat aware of the negative aspects of over engagement with modern technology for children, conversely it signifies the presence of varied parental attitudes towards traditional and modern technology forms. Screen time viewing of all description has been associated with a variety of child health issues such as increased body mass and lower levels of psychological well-being (Jago *et al* 2011). Furthermore, traditional technology use (television watching) has been specifically linked with increased cardiovascular risk among 2-12-year-old children (Stamatakis *et al* 2013). Parents in the current study also expressed concern that their children are 'plugged in' to technology a lot and that this appeared to be a source of uncertainty for parents. Although parents acknowledged that technology is now part of their children's lives and subculture, they reiterated how technology is an issue of concern for them and their parenting practices. There currently exists a deficit of literature that accurately reflects children's contemporary screen time usage. This is point of disquiet for child health and well-being considering the rapid acceleration of technology advancement and the widespread availability of various devices. Furthermore, the rapid pace of screen-based technology combined with children's utilisation of devices makes it difficult to keep track of how it continues to impact on various aspects of child health and well-being (Hale and Guan 2015).

The final aspect of this sub theme is children's affiliation with routine. Denham (2003) describes a routine as behaviours directly linked to regular activities significant to health. Findings derived from the child interviews and the child drawings strongly suggest that children enjoy having a routine in their daily lives. Although this may appear to be a basic phenomenon, it was nonetheless formed due to its significance in the child data. Family homes are the primary places where routines take place (Denham 2003) and routines are about everyday living. It is thus not unexpected that the significance of routine has featured in this finding sub-theme. Children described their daily routines and demonstrated positive connection with structured routine, much of which surrounded either basic health activities such as daily hygiene or planned family activities. Previous research has highlighted how the presence of positive routines within the family can have a constructive influence on family health and well-being (Evans and Rogers 2008). In

addition, participation in routines within the family has been positively linked with higher socio-emotional health in young children (Muniz *et al* 2014). Several of the children in the study enjoyed providing detail in relation to their daily routine via discussion of their 'Time Pie' drawings. Children spoke about what time they get up at, how they prepare for school, attend to their hygiene needs and much more. Evans and Rodgers (2008) believe that routines within a family help to provide structure to family life and are characterised by communication aimed at conveying information and having specific goals. Family routines typically provide discrete information about explicit areas of family life and family interactions. Furthermore, routines within a family act as a means for family members to teach younger members values and behaviours associated with positive health practices (Denham 2003). For one child in the study, routine was described as an absolute integral part of maintaining health and well-being due to his neurodevelopmental disability. Routines are embedded into everyday family life and provide a context for the development of children (Spangola and Fiese 2007). Although family routines and their effectiveness have been explored from a language development perspective, academic skill development perspective and social skill development perspective (Spangola and Fiese 2007) there currently exists a deficit within the literature in relation to routine for families with members who have a member with a neurodevelopmental disability (Green 2013). Findings from the current study highlight the significance of routine for children with neurodevelopmental disability. Findings also emphasise the challenges which exist for families that endeavour to meet the needs of children with neurodevelopmental disability when specific needs are compounded by lack of space in the home, access to suitable education and services. Green (2013) suggests that neurodevelopmental disability requires considerable financial investment in therapy, medical treatment, intervention education, micromanagement of the family environment and maintenance of a highly predictable routine. The current study has revealed some of the real-life challenges associated with having a child with a neurodevelopmental disability and how it impacts on the family system. For the family in this study, some of siblings were unable to comprehend their siblings' specific requirements which lead to disharmony within the family system acknowledged by the child's mother. Living in a home with a child who has a neurodevelopmental disability is challenging for family members since the environment needs to cater for their complex needs which inevitably impacts on the quality of life for the other family members (Green 2013). Although it was beyond the scope of the current study to explore the impact on family members this is an area which warrants further investigation especially for families who are already experiencing challenges associated with living in a disadvantaged area.

7.3.2 Parental health challenges

Parental health and well-being have been reported as being an influencing factor for child outcomes (McKeown, Pratschke and Haase 2003, Kiernan and Huerta 2008). Such is the relationship between parental health and well-being and child outcomes that researchers have endeavoured to evaluate and establish the precise linkages between the two (Fahey, Keilthy and Polek 2012). This is a complex task owing to the diversity of modern families and the multifaceted nature of the parent child dynamic that exists across all socioeconomic groups. The most prominent health issues reported by parents in this research were smoking and excess body weight. Parents reported that they smoked due to habit and also as a means of coping. Parents also reported that smoking was a habit which they felt they could not give up due to the stress relief which they received from smoking. There is currently a well-established relationship between smoking prevalence and socioeconomic grouping with smoking less common among people from professional and managerial groupings compared with people from manual and unskilled groupings (Kavanagh and Sheridan 2018). The idea that smoking acts as a stress relief is a well-known anecdotal phenomena and previous research has focused on the smoking habits of residents from disadvantaged areas (Price 2007, Tsourtos and O' Dwyer 2008). Stead *et al* (2001) put forward that adults from disadvantaged areas are more likely to smoke due to poverty, economic insecurity, isolation, stress of caregiving, poorer psychological health and possible low self-efficacy. In the current study, all of the parents who smoked expressed that they know that smoking is bad for their health and therefore they should quit. Acknowledgement that smoking is bad for their health was the only rationale provided by parents as a motivation for quitting however parents were not asked directly about their smoking habits or motivations for continuing or intending to quit smoking. Previous research amongst smokers in a disadvantaged area of Scotland identified three primary reasons for intending to quit smoking which were health reasons, financial reasons and significant others (Wiltshire *et al* 2003). Although acknowledging that smoking is back for their health, participants in the current research expressed that they did not feel able to quit smoking due to a variety of stressors in their lives. Stress as a perceived barrier to the cessation of smoking among people who live in disadvantaged areas has also be observed by other researchers (Stead *et al* 2001, Price 2007). Furthermore, previous research concerned with profile of quitting intentionally amongst smokers has identified a social class gradient whereby smokers (everyday smokers) in higher managerial, administrative and professional class are more likely to report a positive intention to quit than people who smoke (everyday smokers) from lower social classes (Kavanagh and Sheridan 2018). Fahey, Keilthy and Polek (2012) have identified that the prevalence of smoking amongst mothers is strongly

associated with educational attainment in that mothers with lower secondary and primary education are five to six times more likely to smoke than mothers with postgraduate education. In the current research, all but one of the parents who reported smoking everyday were mothers. Although the educational attainment level of participating parents was not recorded for this research, it is currently known that the educational level of adults in the RAPID area where this research took place is considerably low in that only 11% of the population hold a Degree, Postgraduate or Professional Qualification in comparison with 24% of people nationally (www.CDI.ie). The area where people live greatly impacts on their health and well-being and that of their family (CDI 2017). Although the prevalence of smoking has declined in general, smoking prevalence amongst socioeconomically disadvantaged populations has remained consistently higher than national averages (Stead *et al* 2001, Chesterman *et al* 2005, Kavanagh and Sheridan 2018) and people from disadvantaged areas are less likely to quit smoking (Turrell, Hewitt and Miller 2012).

The second prominent parental health issue reported by parents in the study was excess weight. Excess body weight is now a worldwide problem and the WHO (2017) have estimated that globally 1.9 billion adults are overweight of which 650 million are overweight. From an Irish perspective, six out of every ten adults are overweight or obese which means that Ireland now faces a dramatic increase in chronic diseases (Government of Ireland 2016). In this research parents expressed their problem of excess weight as being an ongoing issue that they have not been able to overcome. Cleland *et al* (2010) believe that adults from disadvantaged areas are at an increased risk of being overweight or developing obesity when compared to the general population due to lower income levels, lower education levels, unemployment and low status occupations all of which are often associated with disadvantaged areas. Lobstein and Baur (2004) have evaluated international trends and found that prevalence rates of overweight and obesity vary across populations and demographics with those of lower socioeconomic demographics faring out worse off. In the current study various reasons were put forward by participants for being overweight such as busy family life or not being in employment and having the routine which comes with going out to work every day. Although parents BMI's were not recorded as part of the data collection for the study it was the parents themselves that brought up their weight concerns when asked about their health. This signifies personal awareness of the participating parents in relation to their weight status without having exact knowledge of their BMI reading. Parents who expressed concern about their own excess body weight were also very conscious of their children's weight. This is an interesting finding since previous quantitative research has

identified that 54% of parents of overweight children, and 20% of parents of obese children described their child's weight status as being 'about right' for their height (Laytte and McCroy 2012). Findings from the research in this thesis suggests that parents who describe themselves as being overweight may be more conscious of their child's weight status and perhaps more realistic in their views of the child's weight status. Childhood overweight and obesity have increased globally, and excess body weight can adversely affect health and well-being in childhood and into adult life (Hollywood *et al* 2013). In the current study parents also articulated the believe that when you have an excess body weight issue it follows you into your adult life. It is currently well recognised that overweight children are more likely to become overweight or obese adults (Singh *et al* 2008). The concerns of parents in the current study are well warranted since a firm relationship between parental weight status and child weight status has been found (Willians *et al* 2009, Laytte and McCroy 2011). Overweight and obesity in childhood is associated with significant adverse health effect in adulthood such as diabetes, cardiovascular problems and middle-aged mortality (Heinen *et al* 2014). The relationship between parental BMI and children's BMI is well documented in the international literature. Current figures from GUI show that when both parents were overweight or obese, 33% of children were overweight or obese. This is in comparison to 11% of children being overweight or obese when neither parent was overweight or obese. Furthermore, it would appear that having normal weight parents protects children from childhood obesity (Laytte and McCroy 2013).

Finally, in addition to smoking and excess weight, parents also reported numerous health issues that they had experienced in the past and continue to experience. In particular, parents highlight how ill health affects them and their ability to care for their family. Previous work pertaining to parents who live in disadvantaged areas has found that their subjective wellbeing and general health are poorer than national averages (Boyle and Lipman 2002, Williams *et al* 2009, Humphreys, McCafferty and Higgins 2011).

7.4 Theme 3: Parenting during difficult times

The theme 'Parenting during difficult times' was the third theme formulated from data analysis. This theme provides a detailed account of the challenges experienced by parents in relation to the maintenance of their children's safe growth and development. Furthermore, it presents some of the financial challenges experienced by families living in an area of urban disadvantage. From an EST perspective this theme, similar to the previous theme, is positioned in the mesosystem, the system that involves the interaction of the microsystems. The rationale for positioning this theme in the mesosystem is that

it details issues specific to parenting that subsequently have a direct influence on the child. The mesosystem is concerned with interactions, and parenting is a central interaction in the life of the child. Findings from this study highlight how parenting issues are intertwined with, and constrained by, financial issues and the innate desire of parents to protect their children. The theme was informed chiefly by parental interviews, media reports and grandparent interviews as outlined in the 'themes by data sources' grid (Appendix 12). This theme will be discussed under its two sub-themes.

7.4.1 Keeping kids safe these days

One of the objectives of the research presented in this thesis was to facilitate children and their family to detail how they maintain their health and well-being. For the parent interviews, participants were asked about their child's health and also their own health. In addition, parents were also asked if they had encountered any challenges associated with rearing their children. Findings from the study show that the primary concern of parents was the maintenance of their child's safety. Several of the parents interviewed spoke about their desire to keep their children safe and about what they, as parents, do to keep them safe. The concept of parents from urban disadvantaged areas being fearful for their child's safety is not new and has been previously identified by researchers following community safety investigations in a similar Irish urban RAPID areas (McCulloch, Beasley and Rourke 2010). However, in the current study parent's biggest safety issue for their children's welfare was specifically related to the prominence of drugs in the area where they live. All of the parents interviewed cited drugs as being their principal fear for their children's safety, health and well-being. The presence of, and the problems associated with drugs and alcohol in disadvantaged communities have been well documented (Seaman *et al* 2006). Although drug use is now present across all groupings of society it remains a more significant problem for urban disadvantaged areas. Research in an urban RAPID area similar to the area where this study took place, has revealed the extent of drug problems in areas of urban disadvantage and how drug problems in such areas have grown and evolved over time; such developments are evident through the vast increase in drug seizures and increase in the quantities of drugs detained (Hourigan 2012). In the current study, parents explained how they were fearful that their children could get involved in drugs because of the high levels of drug related activity in their area. Parents also explained that their fears were for the hear and now, as well as for the future, since drug dealers in the area had begun to use children for the delivery of drugs. Although concerns about drugs in Irish RAPID areas have been illuminated by previous research (see McCulloch, Beasley and Rourke 2010) findings from the current study highlight the details of parental fears in relation to child safety,

health and well-being. The finding that parents greatest challenge rearing their children is to keep them safe from drugs and drug related activity is a noteworthy finding in this study. Parents in the qualitative aspect of the GUI study were asked about their experiences of parenting challenges and the most significant challenges cited by parents were safeguarding children, nurturing and discipling children and being able to finically provide for children (Harris, Doyle and Greene 2011). Keeping children safe from drugs and drug related activity did not feature in the GUI qualitative data therefore it is plausible that concerns of this nature are exclusive to families that live in areas of urban disadvantage where drug related problems prevail.

Price (2007) conducted qualitative research with mothers from disadvantaged areas to explore how they protect and promote their family's health and although protecting their children from exposure to drugs did feature in the findings it was not the strongest finding in the study. The finding in the current study that protecting children from drugs and drug related activity emerged as a primary parental concern was informed strongly by the parental interviews and media records. A few of the children mentioned drugs in their interviews however, not in any detail and children were not asked directly about their perceptions of the area in which they live. Turner *et al* (2006) have however explored how children from disadvantaged areas view their community and identified that children had both positive views and negative views of the areas in which they lived. The negative views unearthed by Turner *et al* (2006) included the presence of local gangs, litter, graffiti, traffic and alcohol and drug use in the areas. It is without a doubt striking that in the study presented in this thesis, every parent and guardian interviewed cited their concerns about drugs when discussing their family and health with the researcher. At no point in time during the interviews were parents asked about drugs therefore this indicates that parents have substantial concerns about how the drug culture in their area could potentially affect their child's health and well-being currently and in the future. Findings from the study also indicate that parents are making concerted efforts to protect their children from this prospect. Such efforts manifest through parent's attempts to educate themselves about drug related activity and also in how they can teach their children about drug related activity. Parents in the study expressed concerns that their child could 'fall in with the wrong crowd' in the future. What they meant by this is that their children could become socially involved with people who either take or deal illegal drugs. Price (2007) also identified a similar concern amongst mothers from disadvantaged areas. Parents in the current study also voiced concerns about their

children being used as drug mules[13] or watch keepers[14] within their local area as this had become common practice. Finally, findings from the study suggest that there is a tangible drug problem in the area where this research was conducted. The problem of drugs in the area is not a new occurrence but rather an issue that has been in the area for a considerable length of time (Tallaght Area Implementation Team 2002) and now spans across generations. The findings from this study also suggest that the drug problem is no longer entirely localised to this RAPID area but has become more widespread.

7.4.2 Managing money

Issues associated with family finances were discussed by every parent in the study. Although family well-being is influenced by a variety of factors, Swords, Merriman and O'Donnell (2013) have highlighted income as a high-level contributor since it can affect every component of family well-being. Findings from the current study emphasise the daily struggles experienced by families who live in disadvantaged areas and strive to survive on low incomes. Interviews with the children did not contribute to this sub-theme which indicates that the children were not as aware of difficult family finances. Recent research suggests that parents protect their children from deprivation (Whelan and Maitre 2012) therefore this may explain why no child data contributed to the formation of this sub-theme. In Norway, Sandbaek (2009) found that low family income resulted in troubled child parent relationships when children were aware of the family economy. This however, did not appear to be the case in this current study. Children did not demonstrate a definitive awareness of family economy and findings suggest that the child parent relationships were of good quality.

Financial issues which consumed parents in this study related to providing the daily necessities for the family such as electricity and heating for the home and good quality fresh food. Parents detailed very limited financial resources, which they reported affected how they could provide adequately for their family. Previous research has identified the generational impact of disadvantage on families and how poverty is handed from one generation to the next (Wiborg and Hansen 2008). This thread was also identified in this current study in the families that had adult children who had left the family home and were now struggling financially to provide for their own family. Lack of job opportunities in the area was cited as a contributing factor to the family's financial difficulties and this was corroborated by local media reports.

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[13] Drug mule: person used to transport illegal drugs.
[14] Watch keeper: person who looks out for Gardaí while drug deal is taking place

Some parents in the study provided accounts of how they strive to provide a holiday for their children during the summer, if possible. This required meticulous planning and often great sacrifice on the parents account. Current literature suggests that taking a holiday should not be dismissed as a frivolous pursuit but rather viewed as an investment in the well-being and the social fabric of society (Quinn and Stacey 2010). Furthermore, Kerrins, Greene and Murphy (2011) believe that family holidays and family days out contribute greatly to family well-being and even strengthen families. Research concerning children who live in disadvantage areas suggests that being unable to access an annual holiday is a type of social exclusion (Quinn, Griffin and Stacey 2008). Although holiday taking may not be a regular occurrence for families who live in disadvantage areas, research has shown that holiday taking can have significant health and well-being benefits. Smith and Hughes (1999) found that holiday taking provided families with a break from the stress of living in disadvantage. In addition, they also found that holiday taking for socially and economically disadvantaged families improved their well-being and their ability to cope with their reality. Quinn, Griffin and Stacey (2008) believe that not being able to participate in taking a holiday equates denial of a variety of benefits on both a personal and a societal level. In addition, they argue that denial of such benefits potentially generates a social cost. Qualitative research by Quinn, Griffin and Stacey (2008) with children and parents from disadvantaged areas found that participation in holiday taking broadened children's social horizons, created opportunities for children to learn new skills and facilitated exposure to positive role models. In the current study the topic of a family holiday was raised by the parents only and not the children. This suggests that perhaps it is parents who harbour the desire to provide such an opportunity for their children. Survey research by Swords *et al* (2011) with disadvantaged (23.9%) and non-disadvantaged (76.1%) children and parents found that an annual family holiday was among the items that parents wanted for their children but could not afford. This is an interesting finding since it affirms that parents are more concerned about providing an annual family holiday for their children than children themselves.

Ensuring that their children were able to 'keep up' with others was a significant issue for parents in the study. Parents detailed how they orchestrated ensuring that their children had the latest fashionable clothing or material items that their children wanted. This desire to 'keep up' amongst young people growing up in disadvantaged areas, has previously been identified (Atree 2004). Harris, Doyle and Greene (2011) yielded a similar finding identified consumerism amongst children as a recurrent theme in GUI qualitative data and that such consumerism was the cause of parental financial pressure. A unique finding in this research, however, is that parents explained how they encourage

and teach their children to save for the items which they want. In addition, findings show how parents and guardians support children to save for their desired possessions by matching their savings to help them achieve their goals. This suggests that parents from disadvantaged areas strive to instil saving in their children and the skills of managing money from an early age.

7.5 Theme 4: Living everyday and looking to the future

The theme 'Living everyday and looking to the future' was the last theme which was formulated following analysis of the case study evidence. The evidence which contributed to the construction of this theme included the child, parent and grandparent interviews, the archival evidence and study fieldnotes. The exact contribution of the various data sources to this theme are described in the 'theme by data source' grid (Appendix 12). This theme presents the views and thoughts of children and their families in relation to the area where they live. The theme provides a detailed account of what it is like from a health and well-being perspective to live in a disadvantaged area. From an EST perspective this theme is positioned in the exosystem. Bronfenbrenner (1986) suggests that the development of the child will most likely be affected by three main exosystems in life notably the parents' workplace, the parent's social networks and the community influences on family functioning. Bronfenbrenner (1986) elaborates to explain that the developing child is affected by these three exosystems since they influence family processes. Keegan Eamon (2001, p. 206) believe that for children who live in disadvantaged areas and experience poverty firsthand, the exosystem of most significance is the overall neighbourhood context as it "contributes to the process by which poverty affects children's socioemotional development". Keegan Eamon (2001) develops her thought in relation to children who live in disadvantaged areas by explaining that a lower quality community environment may undermine parenting practices and thus indirectly affect children's socioemotional development. Furthermore, it may impact directly on children's socioemotional development as parenting practices are undermined by lack of economic opportunities, inappropriate role models, inadequate adult supervision or harmful peer influences (Keegan Eamon 2001). The theme will be discussed under its two sub-themes.

7.5.1 Our area

Findings from the study show that children and families have mixed feelings about the area in which they live. Some parents in the study expressed feelings of shock when they moved into the area and witnessed unsupervised and unruly children in the streets surrounding the estates. Unsupervised and unruly children has also been reported as a

issues in disadvantaged areas by Humphreys, McCarthy and Higgins (2001). One mother in particular described in detail why did not like living in her area and how she longed to leave but was unable to due to financial constraints. For this mother her dislike for the area arose from her experiences of drug related activity and anti-social behaviour in the area. Previous research with residents of the same disadvantaged area has found that residents do not feel that they can influence their area, they often feel stigmatised because of where they live and thus subsequently, feeling a sense of pride in their area is challenging (CDI 2017).

Housing in the area where this research was conducted comprised of a combination of very old housing estates and some modern housing estates. Locality and housing conditions have been acknowledged as important determinants of health through three main ways; internal housing conditions, neighbourhood characteristics and housing tenure (Gibson *et al* 2011). In the current study many of the old housing estate homes had evidence of dampness within the home and these homes were typically small in size and number of rooms. Although dampness and space within family homes did not arise as issues for discussion with participating families, they were noted by the researcher in the study fieldnotes. The presence of dampness in family homes and more specifically not being able to keep homes warm has previously been shown to impact negatively on adult health (Cotter *at al* 2012, Evans *et al* 2000, Shortt and Rugkasa 2007) therefore it is safe to say that such living conditions cannot be beneficial for children's health and well-being. One factor that all of the housing estates, old and new, had in common was the high level of congestion within the estates and the limited space for children to play. Play is an essential component of not just children's physical development but their emotional, social and cognitive development also (Clark and Moss 2009, Milteer and Ginsburg 2012). Children from low-income families have been identified as being at risk of exclusion from play (NCO 2004) for a variety of reasons. Barron (2013) has evaluated the preferred forms of outdoor play for school-aged Irish children and highlighted the importance of estates having adequate space for children to play in. Findings from the current study highlight the marked dominance of concrete in the local area and a lack of cared for green spaces. When parks were available and within walking distance to homes, families reported availing of such amenities and enjoying their time there. Families in the study reported visiting parks for walks together, children visited parks to play football and others just to hang out. This finding that families utilise and enjoy parks when they are within walking distance from their home contrasts with Seaman *et al* (2005) who found that residents of disadvantaged areas viewed local parks as places of

risk. However, it must be acknowledged that in the current study, several families did not have access to a public recreational park within safe walking distance from their home.

Public housing estates have emerged as areas where people marginalised from mainstream economic and social life are congregated and many of these areas bare the hallmarks of disadvantaged areas (Randolph and Judd 2000) as presented in section 2.9 of Chapter 2. It is important to remember that in disadvantaged areas families often reside in homes that are compact for the number of individuals living in them. Furthermore, gardens in these homes are typically very small which limits children's space for play therefore increasing the importance of access to public recreational green spaces for children and families to use. Access to suitable spaces for children to play in disadvantaged areas is also very significant since many families may not be able to afford recreational and leisure activities that cost money. Children's exclusion from activities among families living in disadvantaged areas of the Scotland has been well documented (Seaman *et al* 2005) therefore such exclusion is a real issue for families living in these areas. Moreover, Leventhal and Brooks-Gunn (2000) have emphasised the importance of neighbourhood resources for example parks, community centres and libraries as encouraging social and learning spaces for children that can positively affect child outcomes. A previous theme in this research highlighted that children in the study were not oversubscribed to activities that cost money, this further accentuates the importance of access to suitable play space for children who live in disadvantaged areas. Elsley (2004) suggests that children from disadvantaged areas often engage with street play because they are unable to afford access to leisure activities that cost money. Street play featured significantly in the findings of the current study with children detailing their play time out on the streets of the estates where they live.

Pinkster and Droogleever Fortuijn (2009) put forward that perceptions in relation to neighbourhood quality differ between children and adults which is to be expected since adults and children think differently. In analysis of GUI data McCoy, Quail and Smyth (2012) found that only 57% of caregivers reported that there were suitable recreational facilities for their children in their local area whereas 82% of children reported that there was a green area accessible to them for play in their local area. In the current study, children were not asked directly about their local area however many of the children, through discussion of their 'Time Pie' drawing detailed how they played football and traditional games such as 'Bulldogs Charg' out on the street with their friends. Children's discussions did not include visiting playgrounds and most play time was detailed from the perspective of playing outside on the streets of the estates with friends. Findings

appear to suggest that children in this research participated in street play regularly as a result of lack of designated safe spaces in their immediate area. From a parental perspective parents in the study expressed that they did not think that there were enough play or recreational facilities for children in the area. Current literature reporting on public spaces within communities has noted that the quality and maintenance of open public spaces differs greatly between disadvantaged areas and more advantaged areas (Ellaway *et al* 2007, Crawford *et al* 2008). This potentially indicates that although government funding may target disadvantaged areas it is important that regeneration of areas includes quality design and a specific maintenance plan. Furthermore, it is important that redevelopment of areas takes children's perspectives into consideration as this is often not the case as signposted by Elsley (2004).

7.5.2 Employment

Issues surrounding employment featured strongly during the parental and grandparent interviews which is to be expected since this research took place during the years immediately following the financial crash in Ireland. During the interviews with the parents the researcher did not seek demographics pertaining to employment status or educational level however when discussing the future, information relating to these items did emerge. Of the families that took part in the study seven were headed by a single parent, two of whom had become single parents as a result of a partner passing away. Of these seven single parent families one was not working due to disability, two worked full-time, one worked intermittently, two were stay at home mothers and one was retired. In the sample of participating families eight consisted of two parents living in the same house. Within the eight families three fathers were working but on reduced hours and five were consistently in and out of work. For the mothers in the families, one was looking for work, two worked a few hours and five were stay-at-home-mothers. The characteristics of participating families was collated, and a detailed overview is presented in Table 6.3 of the previous chapter.

Findings suggest that there are extremely mixed views and experiences in relation to employment for families living in areas of disadvantage. Unemployment is synonymous with disadvantaged areas and findings from this study indicate that employment opportunities in the area where this research took place are sparse. Previous survey in the area found that 29% of respondents were unemployed, 19% were working part-time, 13% were working fulltime, 13% were looking after family in the home, 11% were retired, 4% were on disability, 3% were on a government programme and 2% were in fulltime education or training (CDI 2017). Many of the participants cited that there were little if no

employment opportunities in the surrounding areas where they lived. Lack of employment opportunities featured strongly in the findings which is a significant finding since survey research in the same area identified lack of employment opportunities as just the third greatest barrier to employment (CDI 2017). For the families who had members in employment several described the employment as being sporadic and unreliable. Furthermore, a number of families detailed situations where working hours had been reduced and remained reduced thus decreasing earning potential for the family. One parent cited personal level of education as a barrier to employment. This finding is in contrast with Price (2007) who found that mothers living in disadvantaged areas failed to identify their level of education as a contributing factor to their lack of employment. Barriers to employment however are complex and do not just include a lack of employment opportunities. Many mothers in the study were not seeking employment and had opted to be stay-at-home-mothers for their children instead. Previous research in disadvantaged areas had found that mothers define a 'good mother' as someone who accepts the role of family carer and cares for their own children themselves (Price 2007). Several parents in the current study felt that they would not be able to source affordable or suitable childcare if they decided to work outside of the home. The sourcing of suitable childcare has been identified as the primary barrier to seeking employment by CDI (2017). Although many of the stay-at-home-mothers in the study cited that they wished to be at home to rear their children perhaps if childcare was not such a barrier to employment they might choose or think differently.

For other families, child well-being issues or personal health issues prevented them from seeking employment. Health issues have been identified via survey research as the second most significant barrier to seeking employment (CDI 2017) amongst the residents where this research took place. Jacoby *et al* (2017) believe that the health of children and families is shaped by economic resources and neighbourhood in equal measure. Although it is now commonly understood that living in poverty has a negative effect on child and adult health and well-being it remains that the impact of neighbourhood on child and family health is poorly understood (Renzaho and Karantzas 2010). Several participants in this research provided detail of personal life trauma and ill health as barriers to employment. Furthermore, many participants provided detailed accounts of ongoing health issues which they endure, these have been presented in theme 2 previously. Having ongoing health issues impedes upon one's ability work continuously and successfully. It is currently known that people who live in disadvantaged areas have more ongoing health issues (Winkler, Turrell and Patterson 2006) which inevitably impacts upon their employment prospects.

7.6 Strengths and limitations of the study

Although the findings of this study are rich and they provide an in-depth account of health and well-being perceptions and experiences of children and families from a disadvantaged area, it is important to remember that there are limitations associated with all research (Polit and Beck 2008, Parahoo 2014) which will now be duly acknowledged. As a researcher, it is important to be able to recognise and accept the strengths and limitations of a study so that one can make informed and realistic recommendations and conclusions.

7.6.1 Limitations of the study

- Conducting this study was the researcher's first-time using case study research methodology however, despite this, case study research was fully embraced so that the objectives of the study could be successfully achieved.

- Although the researcher had previously conducted research with children in schools and as an RCN had a considerable amount of experience with children and families in the hospital setting, conducting research with children and families in their home poses unique challenges and the researcher lacked experiences in this context. Family homes are busy places and it was often challenging for the researcher to conduct the various interviews amid home life. Some unexpected challenges arose during the course of data collection in participants homes which the researcher needed to be able to anticipate and plan for.

- This research involved children, parents and grandparents therefore this posed a design challenge to create a study blueprint that would facilitate successful communication with people across the life span.

- A purposive sampling strategy was utilised to yield the sample for this study. The researcher reviewed the contacts database of the main study to identify families who had consented to be telephoned for further aspects of the study. This is a potential limitation because only 312 parents of the original 604 who had consented to participation in the main study, gave such a consent. Furthermore, while all of the participating children attended a DEIS band 1 school it was not possible to identify families of greatest need or greatest level of disadvantage from the contacts database. It is therefore possible, that parents of the families of greatest need did not give their consent to be contacted for additional aspects of the study. The researcher made contact with families over the phone and many parents stated immediately that they were not interested in taking part. It is well acknowledged that there are many challenges associated with recruitment of

participants from disadvantaged areas such as mistrust, lack of understanding in relation to research information, research process or research significance or, beliefs that participating may cause harm and stigma to participants or their community (Bonevski *et al* 2014). Although the researcher endeavoured to yield a sample that was representative of the disadvantaged population, it is not possible to say if this was achieved accurately.

- The final sample for the study consisted of white Irish families only and the majority of the families consisted of two parents living together in the family home. This may be considered as a limitation of the study since a sample reflective of diverse family forms or ethnic background was not achieved.

- The significance of the development of rapport has been previously discussed in section 5.12 of Chapter 5. Although rapport is hugely important in qualitative research it may also be a potential limitation, especially when conducting research with children. For this research the researcher had previously met the participating children in their school during data collection for the larger study therefore it is possible that when interviewed in their homes, children provided the socially desirable answers which they believed that the researcher wanted to hear.

- The participants perceptions and experiences are captured during one period, almost like a snapshot. It is thus plausible that new experience gained over time will alter their perceptions and experiences thus altering deliberations upon the phenomenon.

- The lack of generalisability from case study research is often cited as a methodological limitation (Simons 2009, Swanborn 2010, Thomas 2016, Tight 2017) however it is important to remember that lack of generalisability is a very well acknowledged limitation of all qualitative research methodology (Holloway and Galvin 2017). Additionally, qualitative researchers are not concerned with generalisability (Atieno 2009) and the emphasis within case study research is on knowing the uniqueness of the case (Stake 1995). The findings from this study provide a unique account of perceptions and experiences of children and families from an area of urban disadvantage.

7.6.2 Strengths of the study
- This study is the first of its kind to be undertaken in Ireland, focusing exclusively on children and families who live in areas of urban disadvantage.

- Currently, health and well-being are not evenly distributed across society and there is a deficit of knowledge relating to the health and well-being of children

and families who live in areas of urban disadvantage (DoH 2013). This study addresses this deficit by providing a detailed account of the health and well-being perceptions and experiences of school-aged children and families from a typical Irish urban disadvantaged area.

- Previous research with urban disadvantaged populations in Ireland has relied on quantitative research approaches which, although carrying much merit, fail to establish the real-life experiences of what it is like to live in such areas.

- By using case study research methodology, it was possible to explore the health and well-being perceptions and experiences of children and families from a variety of viewpoints and from a number of evidence sources. The utilisation of a variety of evidence sources greatly enhanced the validity and the reliability of the themes developed.

- The voice of the child is currently promoted among researchers, academics, practitioners and policymakers however; to date, children's voices have rarely been positioned as the actual nucleus of research projects. This study goes a long way in doing this, facilitated the by the development and utilisation of the study's' theoretical frameworks which is described in detail in Chapter 3. The employment of Bronfenbrenner's EST ensured the position of the child at the centre of this research. The addition of FST helped to acknowledge the prominence of the family in the life of the school-aged child whilst also helping to describe and understand how the families in this research function.

- This research went beyond just 'hearing' the voice of the child since the voice of the child helped to pave the way for the direction of the course of the research.

- The concept of 'family' has been recognised as complex to define (Cheal 2002) despite being a naturally occurring societal grouping (Scabini and Manzi 2011). In this research, the essence of the term 'family' and its true meaning from the perspective of the school-aged child has been successfully achieved. Furthermore, what family means to school-aged child and family who live in a disadvantaged area has been established. The family is a central component of child health and well-being therefore it is imperative that a firm understanding of what family means to the child and family from a disadvantaged area is created.

- Research pertaining to disadvantaged areas is often dominated by poverty issues and although poverty can be a real experience for children and families living in such areas it is not the sole facet of disadvantage. The research in this thesis, although acknowledging poverty as a real concern, has not focused solely on poverty but rather on the perceptions and experiences of children and families

living in areas of disadvantage. By not focusing on poverty, this research has been led by the child's perspective, how they see their family, how they see health and well-being and what they do within their family to maintain their health and well-being. Additionally, the utilisation of case study research has enabled the researcher to include the context, as it applies to the case, without it being a domineering component within the study.

- Case study research was utilised for this research which has been acknowledged as being particularly useful in the advancement of field's knowledge base (Queiros, Faria and Almeida 2017).

- This study provides a baseline for further research with children and families living in disadvantaged areas.

7.7 Implications of the study's findings
The findings from this research have implications for practice, policy and research.

7.7.1 Implications for practice
From a practice perspective, this research has implications for many health and educational professionals who work with children and families from disadvantaged areas. Children and young people benefit from an improved understanding of their lives (DoCYA 2011) and the findings presented in this thesis provide a significant amount of information that will help health professionals to understand the lives of children and families from disadvantaged areas. This research has identified that children do think differently from adults and children have broad concepts in relation to their family. Family is central to the life of the child, and findings in this thesis have shown that children's thinking in relation to their family goes beyond the nuclear family and household composition. Conclusions drawn from the findings indicate that children's views of their own family are influenced largely by processes within the family rather than purely by consanguinity. Findings have also provided some insight in relation to how children view their family following the death of a significant member.

This research has unearthed a significant amount of information about the health and well-being experiences of children and families from areas of urban disadvantage. Access to healthcare and educational services have featured in the findings of this research and this information will help relevant professionals to design and deliver effective and efficient services to families living in disadvantaged areas. It would be worth considering the design and delivery of services around the concept of routine since children in the study demonstrated their value for and enjoyment of routine in their

everyday lives. Furthermore, the development and maintenance of routine in the life of the school-aged child from a disadvantaged could potentially have a positive influence on lifestyle choices as they grow and develop into teenagers and on into adulthood.

From a children's nursing perspective this research provides an in-depth exploration of the experiences of children who live in disadvantaged areas. It highlights some of the challenges experienced by families living in disadvantaged areas how such a context can impact on the lives of children and their family. Findings from the study have unveiled the significance of the role of the maternal grandmother in the live of the school-aged child living in a disadvantaged area. This type of information is very relevant for children's nurses and primary school teachers who work with children from these types of areas on a daily basis since it provided a greater understanding of children's life experiences.

7.7.2 Implications for policy
From a policy perspective, this research has implications for policy designers, implementers and evaluators. In order to develop more informed and responsive policies for children it is important to understand their lives (DoCYA 2011) and this thesis has helped to create a better understanding of the lives of children who live in disadvantaged areas. Recently a National Strategy for Research and Data on Children's Lives 2011-2016 (DoCYA 2011) was published and certain data gaps were identified, and research priorities illuminated. A number of the identified gaps and research priorities relate directly to children living in areas of disadvantage who experience marginalisation, exclusion and poverty. This thesis speaks to a variety of these gaps and research priorities for example this thesis provides significant information about the "suitability of the build environment in which children live…including the availability of opens paces" (DoCYA 2011 p.11). Currently in Ireland there is significant and valuable information available relating to income and living conditions however there exists a deficit of information about the experiences of children and families who living in disadvantaged areas. This thesis will help to bridge this knowledge gap since it provides an account of family life, health and well-being maintenance, parenting challenges and everyday life all within the context of living in a disadvantaged area. This thesis also highlights the supports identified and utilised by children and families living in disadvantaged areas.

7.7.3 Implications for research
From a research perspective this thesis has provided a unique account of how research *with* children is possible and can be conducted. This research will inform other researchers about the challenges associated with conducting research with the family in

the family home. It will prompt researchers interested in family research, who are in the planning phase of their research design, to consider what they wish to find out about and how best they can achieve their study aim. The author anticipates that this work will inspire other researchers regarding data collection techniques with children. In addition, it will act as a guide regarding how children's drawings can be incorporated into the analysis of data to provide a more accurately informed set of qualitative themes. This research will be of interest to scholars who wish to employ case study research methodology since there are multiple uses and approaches to case study research. The author believes that this research will help to inform other qualitative researchers who wish to conduct research with children and / or adults from disadvantaged areas since it has provided a good account of the challenges and merits associated with conducting research with this population.

7.8 Dissemination

Dissemination of research findings is an important activity and Polit and Beck (2008) believe that a study is not complete until the findings have been shared with others. This research will add to the body of knowledge on the subject matter however it is important that as the researcher the author devises a plan to share this knowledge with others. It has been suggested previously that vulnerable populations benefit little from the research which they participate in (Benatar and Singer 2010) however that author does not believe that this will be the case for this research. Effective research communication depends on providing information that can be understood thus researchers must consider their target audience (Polit and Beck 2008). Dissemination of this research has already begun via oral presentations at a Children's Nursing Research Symposium (Hollywood *et al* 2018) attended by children's nursing educators, children's nurses working in acute and community settings, allied healthcare professionals working with children and parents of school-aged children. Findings have also been presented at an international nursing research conference (Hollywood *et al* 2016) attended by researchers, academics, nurses from a variety of disciplines, nursing students, service users and parents.

The author has prepared a schedule to write a suite of papers that will collectively share the following:

Paper 1: Findings from the study

Paper 2: Methodological workings of case study research

Paper 3: Participatory techniques with children in research

Paper 4: The use of NVivo for thematic data analysis involving a variety of data sources

The author has identified these areas for paper publication because currently there is either little published papers available related to these topics (for example the use of NVivo with various data sources) or the author wishes to contribute to current knowledge base (such as the study's findings, how case study research was used in this research). The author will also present the study's findings and methodological considerations at upcoming relevant conferences and seminars.

7.9 Concluding comments

Chapter 1 of this thesis provided an outline of how concepts relating to child health and well-being have increased in popularity among researchers, policymakers, practitioners and academics. In addition, Chapter 1 highlighted some of the challenges associated with child health and well-being such as an increasing child population in Ireland and the presence of poverty, much of which is concentrated in disadvantaged areas. Growing up in a disadvantaged area can impede upon child health and well-being since living in such an area poses certain challenges as outlined in Chapter 2. The framework document Better Outcomes, Brighter Futures The National Policy Document for Children & Young People 2014-2010 (2014) illustrates a new direction for childhood in Ireland. The vision for this framework is to make Ireland one of the best small countries in the world in which to grow up and raise a family. Noteworthy progress has been made in Ireland regarding the health and well-being of children and their families however, this thesis is original in that its focus is on the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage. This thesis contributes to current knowledge since it brings together the elements of health and well-being relevant to the school-aged child who lives in an area of urban disadvantage through a detailed account of their health and well-being perceptions and experiences. Furthermore, this thesis not only provides voice to the school-aged child, but it provides voice to the child who lives in urban disadvantage.

Appendix 1: The Study Protocol

Table 4.5: Case study protocol for conducting the single case study of 'What are the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage?'
Section A: Overview of the case study
Research question: What are the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage?   Aim: To explore the health and well-being related perceptions and experiences of school-aged children and their families, who live in areas of urban disadvantage.   Objectives: - To explore what 'family' means to school-aged children and their family.   - To enquire into what 'health' and 'well-being' mean to school-aged children and their family who live in areas of urban disadvantage.   - To explore health related views and opinions of school-aged children and their family who live in areas of urban disadvantage.   - To facilitate school-aged children and their family to detail how they maintain their health and well-being.   Conceptual framework: Bronfenbrenner's Ecological Systems theory (EST).   Case study also informed by Family Systems Theory (FST) throughout.   Type of case: Single case study, common case, intrinsic case, embedded design.   Key readings: Bronfenbrenner U. (1979) The Ecology of Human Development: experiments by nature and design. Harvard University Press, London.   Stake R.E. (1995) The art of case study research. Sage Publications, Thousand Oaks, California.   Yin R.K. (2014) Case study research: design and methods. 5th ed. ed. Sage Publications, Thousand Oaks, California.
Section B: Data collection procedures
Data collected over three separate phases.   Phase 1: Interviews   Child interviews: key informant, face-to-face interview, conducted in the home, interview tool kit, participatory techniques, audio recorded, token of appreciation.   Parent / Guardian interviews: face-to-face interview, conducted in the home, interview tool kit, audio recorded, token of appreciation for the family.   Phase 1: Fieldnotes

Family Pen Picture: audio recorded by the researcher after each family visit.
Neighbourhood notes audio recorded by the researcher after each family visit.
Phase 2: Interviews
Grandparent interviews: face-to-face interview, conducted in the home, interview tool kit, audio recorded, token of appreciation.
Phase 3: Archival records
RAPID area map sourced from www.pobal.ie
Local newspaper articles sourced from the local library.
Security issues:
Lone researcher guidelines (see Appendix 2).
Preparation prior to fieldwork:
Child protection training.
Research local library.

Section C: Data collection questions
Interview toolkit:
Outlining aim and objectives (boy version and girl version, see Appendix 3).
Traffic lights (child interviews, see Appendix 4).
Interview guides:
Child interview guide (see Appendix 5).
Parent / Guardian interview guide (see Appendix 6).
Grandparent interview guide (see Appendix 7).
Fieldnotes:
Record objective observations about the local area.
Record objective supplementary information relevant to the interviews.
Archival records:
Up to date RAPID map obtained from Government website.
A selection of published local newspaper from relevant years.

Section D: Guide for the case study report
Maintain a structured database: three electronic files and one hard copy portfolio.
Target audience.
Relationship to other studies.

Appendix 2: Lone Researcher Guidelines, Trinity College Dublin

The University of Dublin
Trinity College

FACULTY *of* Health Sciences

Lone Worker Guidelines

The following pages are **guidance** for researchers (staff and students) who are working alone or in small teams. They are intended to provide guidance to researchers in the field, irrespective of whether they are working on independent research projects or externally funded ones.

Who is this guidance for?

Members of staff or students who:

- work by themselves without close or direct supervision,
- or in small teams
- who may be vulnerable to the physical environment,
- lone travelling either by public transport or on foot and
- in particular for unaccompanied home visits.
- Researchers are expected to follow these guidelines and to use their professional judgement at all times.

Safe working arrangements for staff who work alone

Lone working on campus should also be considered to have a reasonable element of risk, particularly when working in the evening, after dark and early in the morning.

You should have permission from your Head of Department or Supervisor and notify security to let them know when you are working late or any other time where you feel vulnerable.

Ensure that you have a telephone close to you at all times and the Campus security number to hand.

It is **your** responsibility to ensure that you alert a named co-ordinator/colleague, when your work involves you working alone, in vulnerable situations or undertaking home visits, so that an effective process is put in place to ensure your safety.

This includes:-

Basics –

Good common sense should prevail and all researchers should carry the following items each time they conduct research away from the University:

- Carry an official **identity card** (with photograph).
- Carry a **comprehensive map** of the area.
- Carry a **torch** (and spare batteries).
- Carry a **mobile telephone** and **phone cards** (for areas with poor mobile reception).
- Carry a **personal alarm** (to be kept in an accessible place).

Appendix 3: Information leaflet boy / girl

Boy:
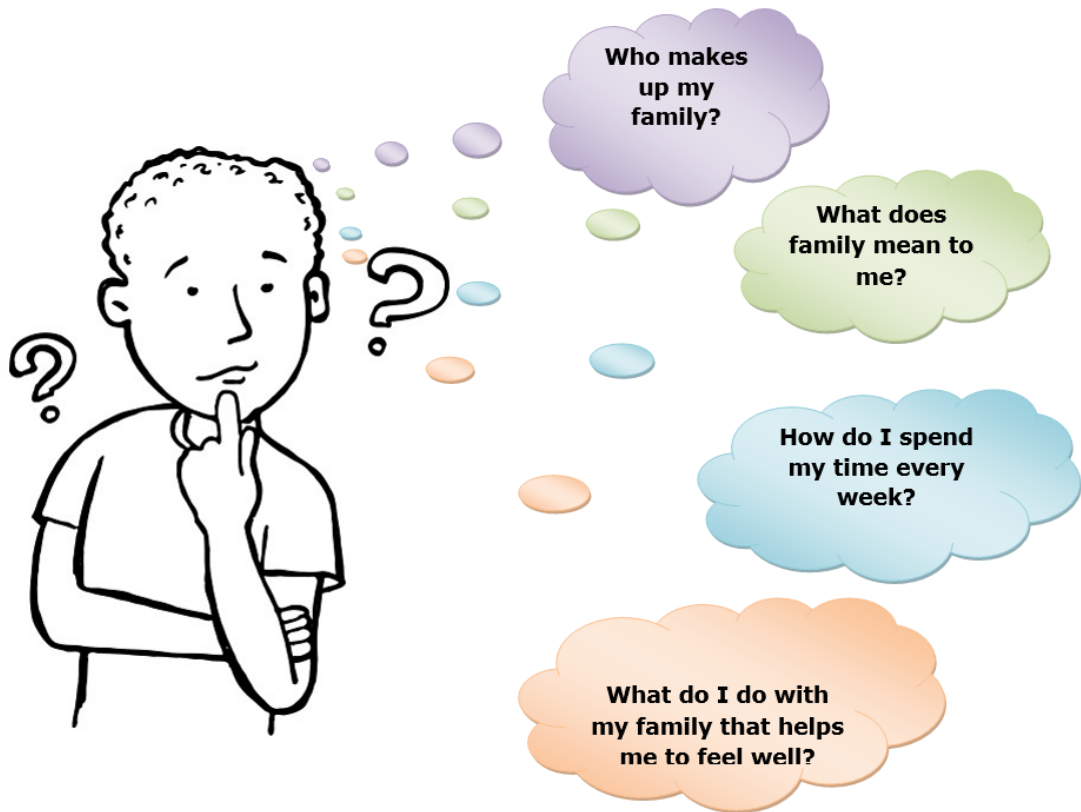
Girl:

Appendix 4: Traffic Light System
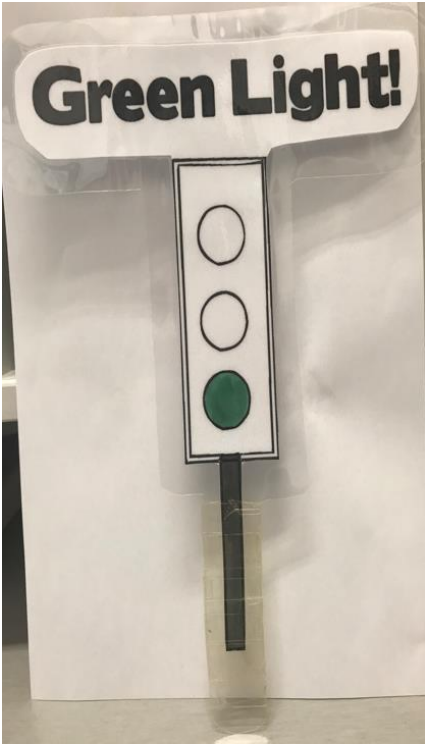
Appendix 5: Child interview guide

Introduction

Commence by explaining the study to the child.

Use the thinking boy/girl to explain the objectives of the study in more detail.

Show the child the traffic light system and explain how it works.

Ask the child if they are happy to continue.

Ask the child if they have any questions.

Section A: Genogram

Drawing number 1: Family genogram.

Explain genogram drawing to the child as a spider diagram. Present coloured paper options and markers for the child to choose and use as desired. Allow plenty of time to draw the diagram. Talk about the genogram.

Ask the child to tell you about each leg of the genogram:

who it is

why included

how often they see this person

how much time approx they spend with them

how do they spend time with them

also ask where each member lives.

Section B: Questions on hobbies

What do you do to have fun?

Do you have any hobbies or play sports ?

What are they?

What's your favourite one?

How long have you had this hobby?

How did you get into it?

Who do you do it with?

Why do you like it?

Does it cost money?

How does it make you feel?

Section C: Time Pie for a week.

Drawing number 2: 'Time Pie' drawing.

Explain concept of drawing. Thinking from when you get up first thing on a Monday morning until the end of the week, Sunday night. Again ask the child to choose paper and encourage them to take their time drawing. Talk about each section of the pie in detail. Ask who, how, where, when and why ect.

Section D: Health questions

Have you ever been sick or not feeling well?

What was wrong?

Can you tell me how did it make you feel?

Can you tell me what made you feel better?

What helped to make you feel more comfortable?

Can you tell me who was there to look after you and what did they do?

Can you tell me what do you think health means?

In general do you feel healthy?

How do you know if you feel well?

What things do you do every day that help to make you feel well?

Do you do anything with your family that makes you feel well and healthy?

Section E: Questions

Drawing number 3: My family drawing.

I want you to think about what you think a family is?

When you hear the word family what does it make you think of?

Do you think that families are important and why?

What do you like best about your family?

Section F: My three wishes

Thinking of your life in the last year (since last Christmas, last birthday) has anything changed for you?

If you had three wishes for your life in the future what would they be?

Conclusion

Thank the child for chatting and ask if they have any additional comments or if they have forgotten to say something which they think is important.

Appendix 6: Parent interview guide

Introduction

Explain who you are and the study you are doing.

Section A: Family configuration and perspectives on families

When you think of the word family, what does it mean to you?

In your opinion what makes a family?

Can you talk me through your family? How many people make up your family and tell me a little about each member.

Does each member of your family live here with you?

The members who do not live here with you, how often would you see them?

Can you tell me a little bit about how your family works? For example who does what within the family; work, cooking, cleaning, pay bills, discipline, child care, school matters, making decisions ect.

Does your family have any family rules; either spoken rules or unspoken rules?

Do you think that children and their parents/guardians think of family in different ways and if so how?

What do you think are the biggest challenges facing families at the moment?

In your experience has family life changed much from when you were a child?

In your opinion is it difficult to rear your children in this day and age? If so why?

Thinking of the past year, have your family experienced any particular difficulties and if so what were those difficulties?

Do you think that family is important and why?

Section B: Health and role of family in promoting health

How would you describe your health at the moment?

Throughout your life have you had any significant health problems?

If so what were they and how did it affect the family.

What does health and being healthy mean to you?

In general would you say that your child is healthy?

How do you think you influence your child's health?

What helps you to look after or maintain your child's health?

What makes it harder for you to look after or maintain your child's health?

Would the extended family have a role to play in your child's health and if so how?

Do you have you any concerns about your child's health?

Conclusion

Thank the parent/guardian for their time and ask if they have any questions or is there anything they would like to add to what they say.

Appendix 7: Grandparent interview guide

Introduction

Explain who you are and the study you are doing.

Section A: Grandparent perspectives on 'the family'.

When you think of the word family, what does it mean to you?

In your opinion what makes a family?

Can you talk me through your family? How many people make up your family and tell me a little about each member.

Section B: Role of the grandparent within the family.

As a grandparent can you tell me three things that you like about being a grandparent?

What exactly is it like being a grandparent? For example what jobs or responsibilities do you have in the family as the 'grandparent'.

As a grandparent are you actively involved in the raising of your grandchildren and if so can you give me some examples of how you are involved in their lives?

In your experience has family life changed much from when you were a parent with young children yourself and if so how exactly?

As a grandparent do you think that it is easier or more difficult for parents to raise children in today's world and how so?

What do you think are the big challenges that face families at the moment?

Do you see any differences in how your children raise their children (your grandchildren) in comparison to how you were with your children years ago?

Section C: Role of the grandparent in promoting health.

What does being healthy mean to you?

As a grandparent do you think that you influence your children's or grandchildren's health in any way and if so how?

What sort of things would you do to help keep your grandchildren well?

If one of your grandchildren were sick would you do anything to help them get well again or to feel better?

In general would you say that your grandchildren are healthy kids?

Conclusion

Thank the grandparent for their time and ask if they have any questions or if there is anything they would like to add to what they have said.

Appendix 8: Original ethical approval

THE UNIVERSITY OF DUBLIN

TRINITY COLLEGE

SCHOOL OF MEDICINE

FACULTY OF HEALTH SCIENCES

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Tel: +353 1 896 1476
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████████ MD, FRCPI, FRCP, F Med Sci
Vice Provost for Medical Affairs

Ms Fedelma McNamara
School Administrator

████████

School of Nursing and Midwifery,
The Gas Building,
D'Olier Street,
Dublin 2.

Tuesday, 10th March, 2009

Study: Evaluation of the Healthy Schools Programme for the Tallaght West Childhood Development Initiative Ltd.

Dear Applicant (s),

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in January 2009, we are pleased to inform you that the above project has been approved without further audit.

Yours sincerely

████████

Chairperson
Faculty of Health Sciences Ethics Committee

Schools of the Faculty: Medicine, Dental Science, Nursing and Midwifery, Pharmacy and Pharmaceutical Sciences

Appendix 9: Ethical approval

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

█████████████████

School of Nursing and Midwifery,
The Gas Building,
D'Olier Street,
Dublin 2.

Study: An Evaluation of the Healthy Schools Programme for the Tallaght West Childhood
           Development Initiative Ltd.

Dear Applicant (s),

Further to a meeting of the Faculty of Health Sciences Ethics Committee held on 12ᵗʰ July 2010, we are
pleased to inform you that the above project has been approved without further audit.

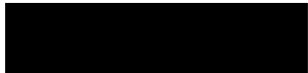**As a researcher you must ensure that you comply with other relevant regulations, including DATA
PROTECTION and HEALTH AND SAFETY.**

Yours sincerely,

█████████████████

Chairperson
Faculty Research Ethics Committee

Appendix 10: The Research Process
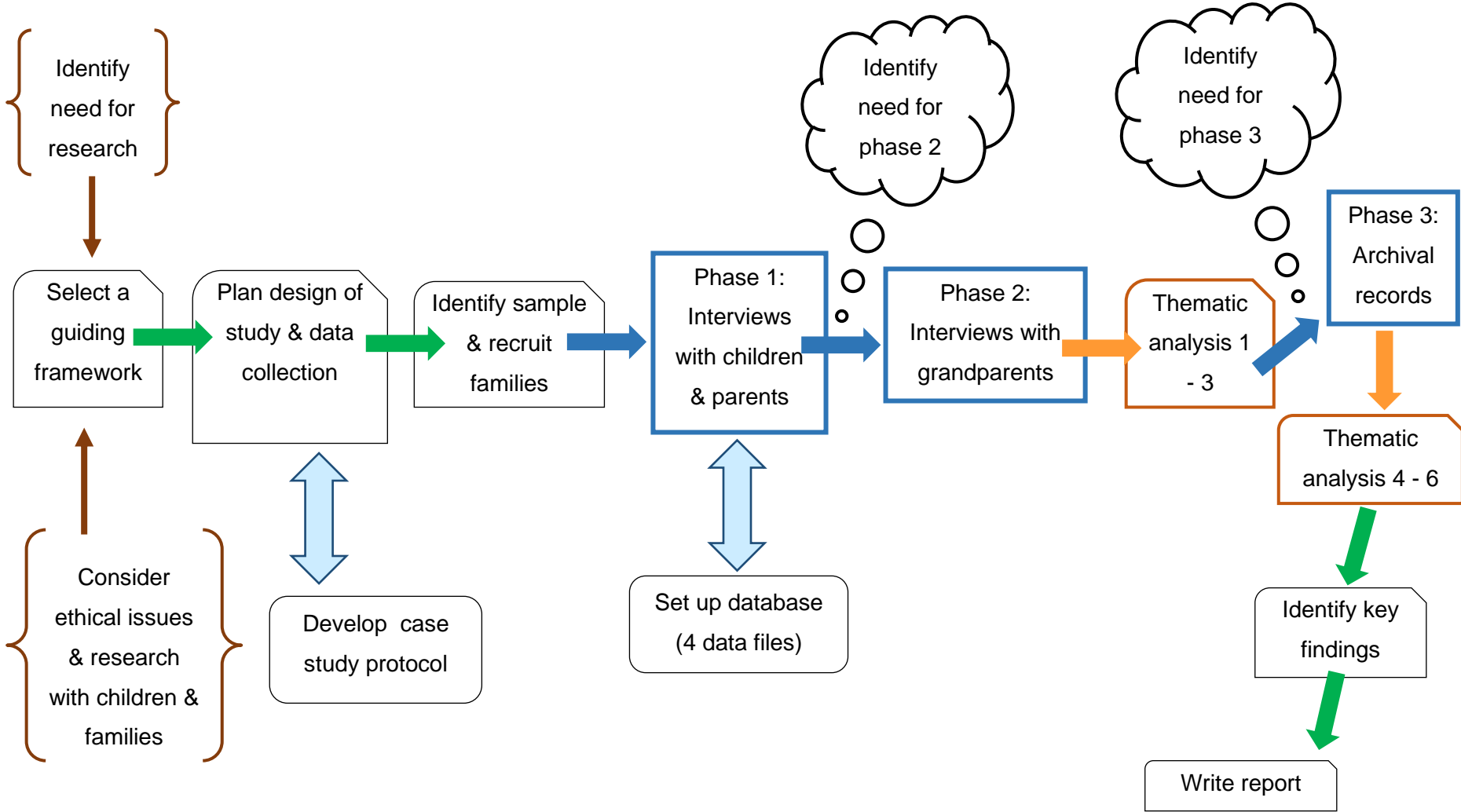
Appendix: 11: Themes by sources and units of meaning

Name	Sources	Units of Meaning Coded
T1 - Our family life	78	650
ST 1.1 What family means to us	52	206
ST 1.2 How our family works	60	227
ST 1.3 Role of maternal grandparents	31	178
T2 - Sustaining family health	66	778
ST 2.1 Children's health & well-being	55	372
ST 2.2 Parental health challenges	13	60
T3 - Parenting during difficult times	44	224
ST 3.1 Keeping kids safe these days	37	117
ST 3.2 Managing money	17	107
T4 - Living everyday and looking to the future	41	74
ST 4.1 Our area	43	74
ST 4.2 Employment	12	33

Appendix 12: Themes and sub-themes by data source

	Child Draw	Child Interv	Loc al	Paren t	Fa mil	Web Reso	Grandp arents
T1 - Our family life	121	280	2	167	22	1	68
ST 1.1 What family means	27	75	0	98	4	0	14
ST 1.2 How our family	60	141	2	30	13	0	6
ST 1.3 Role of maternal	34	64	0	39	5	0	48
T2 - Sustaining family	91	390	0	188	14	0	14
ST 2.1 Children's health	91	390	0	137	8	0	11
ST 2.2 Parental health	0	0	0	51	6	0	3
T3 - Parenting during	0	4	48	141	8	0	17
ST 3.1 Keeping kids safe	0	4	44	51	6	0	6
ST 3.2 Managing money	0	0	4	90	2	0	11
T4 – Living everyday &	4	23	21	37	13	2	11
ST 4.1 My area	4	23	21	14	11	2	3
ST 4.2 Employment	0	0	0	23	2	0	8

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