MARGINALISED CHILDREN IN IRELAND: ADDRESSING THEIR NEEDS USING AN ASSET-BASED APPROACH

Dr. Michal Molcho
michal.molcho@nuigalway.ie

Ms. Lhara Mullins
Lhara.mullins@nuigalway.ie
ACTIVITY

• Tear out a blank sheet of paper

• Roll it in to a ball

• Throw it in the bin (from where you sit)

• Whoever gets the paper in the bin of their first attempt gets a prize!
WHAT DOES MARGINALISED MEAN?

• Individuals or groups outside of mainstream society

• “A process by which a group or individual is denied access to important positions and symbols of economic, religious, or political power within any society” (Schiffer & Schatz, 2008)

• Less favourable access of opportunities to participate relating to:
  - education
  - healthcare
  - social events
  - community events
  - employment
  - financial resources
WHAT GROUPS OR INDIVIDUALS DO YOU THINK OF WHEN YOU THINK OF MARGINALISED CHILDREN?

- Children living in poverty
- Children from ethnic minority groups
- Migrant children
- Homeless children
- Refugees & asylum seekers
- LGBT children
- Young carers
- Children in care
- Children living with mental illness
- Children with disabilities
THE ASSET MODEL FOR HEALTH

Definition: A health asset can be defined as any factor which maximises the opportunities for individuals, local communities and populations to attain & maintain health and well being
THE DEFICIT MODEL...

‘..policy development has focused too much on the failure of individuals & local communities to avoid disease rather than their potential to create and sustain health & continued development’ (Morgan & Ziglio, 2007)
An asset model for public health

Source, Morgan, Hernan, Ziglio, 2011
THE ASSET MODEL

• Focuses on solution, not on the problem
  • Looking to create conditions for health
  • Identify & strengthens capacities & capabilities in individuals and communities

• Places people at the centre of the health development process
  • Programmes that are developed by those who need them are more sustainable
• The asset model is about thinking differently (the glass half full)
• The asset model is about identifying the protective factors that keep us well.
  • These can offset the risks people face
• The asset model looks to re-energise community based programmes to activate solutions for health and wellbeing through recognition of individuals & communities
ACTIVITY

• Break in to groups of 3-5 people

• Identify 3 challenges a marginalised child may experience.

• What could you do as a professional to respond to each of these challenges?
WHAT ARE THE IMPLICATIONS OF MARGINALISATION IN CHILDHOOD & BEYOND?

Lower educational attainment
- Poorer diet & nutrition
- Greater rates of poverty
- Inequalities in access to health care
- Increased susceptibility to further adverse occurrences/disadvantages

Greater pressure to work from poorer families
- Early school leaving
- Addiction issues
- Poor involvement in afterschool activities & clubs
- Lack of social opportunities with peers

Increased risk of generational marginalisation
- Lower life expectancy
- Obesity
- Greater risk for mental health issues
- Higher rates of chronic illness

(Woodhead et al. 2013)
MARGINALISED CHILDREN IN IRELAND
• A Young Carer is a child or young person under 18 years whose life is affected in a significant way by the need to provide care for a family or household member who has an illness, disability, addiction or other care requirement.
YOUNG CARERS: HOW MANY? HOW MUCH?

- **Numbers**
  - 4,244 carers are aged 15-19
  - 4,228 carers are aged under 15
  - 1,838 carers of those aged under 15 are under 10 years of age

- **Commitment in a year:**
  - Children aged 9 & under provided a total of 13,738 hours of care
  - The older age group of 10 to 14 year olds provided 24,758 hours
  - The number of hours of care provided by children aged 14 & under was 2,000,000
WHO ARE YOUNG CARERS

• Average age of young carers is 12 YO & getting younger
• More girls (56%) than boys (44%) provide care
• 56% live with one-parent families
• Those caring exclusively for a parent tend to live in one-parent families
• 82% of yc provide emotional support
• 25% care for a sibling with a disability
• 63% are in a caring role for three years or more
YC CONCERNS AND PROBLEMS

• Worried about
  • The health of the person being cared for (81%)
  • Their own health (67%)
  • Who will look after them (if their parent is hospitalised for example) (53%)
  • School work (68%)
  • Money (48%)
  • Bullying (36%)
  • Having no friends (35%)

• Suffer from
  • Sleeping Problems (60%)
  • Thoughts about suicide (36%)
  • Self Harm (34%)
  • Eating Problems (30%)
  • Problems with police due to parental drinking (25%)
MIGRANT CHILDREN (UN, 2017; FANNING ET AL., 2001; BRIND ET AL., 2008)

- 3% of the world’s population are migrants
- 9% of the population in Europe
- 12% of the population in Ireland in 2011
- 19% of the population in Galway city
- 14% of children in Ireland
MIGRANT CHILDREN

• 20 million refugees in the world, 5% of which are in Europe. Of this 5%, 1% are in Ireland
• Third of asylum seekers in Ireland are children (~2,000)
• Spend 1-7 years in Direct Provision
The migrant-paradox

Different story for asylum seekers
  • Family life
  • Nutrition
  • Finances
  • Education
  • Living condition
• 19% are at risk of poverty (26% of 12-17 yo)
• 11% are living in consistent poverty (16% of 12-17 yo)
• Poverty can be at the individual or at the area level
• Children in poverty may
  • Have only 2nd hand clothes
  • Not enough to eat
  • Not bring friends home
  • Excluded from social events
HOMELESSNESS (CSO, 2016; CUTULI & HERBERS, 2014; WWW.SIMON.IE)

• ~ 3000 children are currently without a home in Ireland living in emergency accommodation

• Most of us are few steps away from homelessness
  • Most of the families becoming homeless have never thought this could happen to them.
  • Very low incomes or social welfare lead to serious housing difficulties as rents continue to rise.
  • Rent supplement payments fail to cover the rent.
  • Losing a job and falling into arrears resulting in losing their home.
  • Properties being taken out of the rental market
  • Lack of affordable houses
IMPLICATIONS OF HOMELESSNESS

• Poverty and homelessness are a major stressor in children’s lives
• Experience delayed socio-emotional development
• Delayed language developments
• Increased mental health concerns
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TRAVELLER CHILDREN (CSO, 2016; THE TRAVELLER MOVEMENT, 2017)

- ~ 1.5% of the Irish population
- Face low employment rates, poor housing & poor health
- 64% of traveller children live in families where the mother has either no formal education or primary education
TRAVELLER CHILDREN

• 13% of Traveller children complete secondary education compared to 92% of the general population.
• 55% of Traveller children have completed their formal education by the age of 15
• 90% of Travellers have completed formal education by the age of 17
• Currently, less than 1% of Travellers go on to third level education.
• 62% of Travellers experienced discrimination at school.
TRAVELLER CHILDREN

• Compared to settled children:
  • Fewer report excellent health & high life satisfaction
  • More report psychosomatic symptoms
  • Girls are less likely to like school
  • More smoke, drink & take cannabis
  • More girls engage in bullying behaviours
  • More report that they skip breakfast & that they go to school or to bed hungry
ACTIVITY

• Each group will be given a different case study to represent different types of marginalised children & their unique needs

• As a group, work through the questions relating to the case study

• 1 person introduce your case study & conclusions to the class group
APPLYING THE ASSET MODEL FOR HEALTH
ASSET VS DEFICIT MODEL

• Asset approach looks at:
  • What makes us strong?
  • What makes us resilient?
  • What opens us to a more fully experienced life?
  • What do asset rich communities look like? How can they support health development

• Deficit approaches looks at
  • Fitness
  • Body fat
  • Cholesterol
  • Smoking
  • Excess alcohol
  • Drug use
WHAT DO WE NEED TO ENABLE AN ASSET APPROACH?

• Evidence on what are the essential assets for health & wellbeing
• Understand how these assets can work together successfully
• Realise that the more we provide young people with opportunities to experience & accumulate the health assets, the more likely they are to achieve & sustain health & well being during childhood & beyond
KEY FEATURES OF THE ASSET MODEL

• Focuses on positive health promotion & protecting factors
• Emphasise a life course approach
• Involves people in all aspects of health development
• Assets exist in the social context of people's lives (links to health inequalities)
• Reconstructs existing knowledge to help policy & practice to promote positive approaches to health
EXAMPLE OF ASSETS

- Support
  - Family; school; neighbourhood
- Empowerment
  - Community that values youth; young people seen as resources
- Constructive use of time
  - Club participation; volunteering
- Commitment to learning
  - Achievement motivation
- Positive values
  - Responsible to other; sense of cohesion
- Social competencies
  - Cultural competence
- Positive identity
  - Self esteem
SUPER DIVERSE COMMUNITY INTERVENTION

• The Muslim girls project
  -super-diverse community
  -marginalised & social excluded
  -parental fear a major contributor factor

- working in partnership was key (at their pace!)
- respect for the values, culture & religion

Outcome:
- 5 girls attending foroige
- 2 girls nominated for mayoral awards for volunteering
- many parents volunteering in the resource centre
• Importance of recognizing marginalized children groups in society
• The challenges they face
• Their specific needs
• The asset they have (strengths and abilities)
• Offering an alternative way of working with these groups