



Kerry Children's Services Committee Workplan for Children & Young People 2014 - 2017

Contact:

The Kerry Children's Services Committee welcomes comments, views and opinions about our Workplan for Children and Young People.

Please contact:

Ms Claire O'Toole,

Coordinator,

Kerry Children's Services Committee,

HSE Community Services Building,

Rathass,

Tralee,

Co. Kerry.

(066) 7199764 / (086) 7871477

Claire.otoole@hse.ie

www.kerrychildrensservices.com

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Foreword by the Chair of the Kerry Children’s Services Committee, Mr. Oliver Mawe, Manager, Children & Family Services, Kerry.

As Chairperson of Kerry Children’s Services Committee (CSC) I am very pleased to publish our second 3 year Workplan. Since the establishment of Kerry CSC in September 2010 a lot of work has been done across the areas of Youth Mental Health; Children with Disabilities; Drugs & Alcohol; Parenting & Family Learning; Young People at Risk; Youth Participation; and Research & Information. We have developed our website on www.kerrychildrensservices.com published the *Kerry CSC Child Well-Being Indicator Reports 2013 & 2013* and the *THINK* (Teenage Health IN Kerry) Booklet; developed the Listowel Youth Resource Panel pilot as well as supported the reconfiguration of services for children with disabilities in the county to name just a few. In order to improve outcomes for children, young people and families, agencies must work collaboratively and strategically together. Working effectively together is challenging and I would like to acknowledge the hard work and commitment of all involved and I look forward to building on the strong foundations established over the past 3 years.

We will also continue to work in partnership with children, young people, families, and communities in the implementation of this workplan. Working in partnership is at the heart of our commitments across all priority action areas for 2014 – 2017. Kerry Children’s Services Committee considers this workplan to be a ‘live’ document which will be reviewed and updated as required. We are conscious that our ability to deliver on the commitments made here is dependent on the continued employment of a Coordinator to support the work. We look forward to working with the Department of Children and Youth Affairs and our and with our colleagues on the Children’s Services Committees National Steering Group to finding a way forward with these issues, to create a sustainable future for the services and to continue our work in developing “Better, Outcomes and Brighter Futures” for all our children

Oliver Mawe

Chairperson, Kerry Children’s Services Committee, June 2014

Section 1: Introduction

Purpose of Children's Services Committees

The purpose of the Children's Services Committee is to secure better developmental outcomes for children through more effective integration of existing services and interventions at local level.

The 5 Outcome areas for children in Ireland envision that all children and young people should be:

- 1. Active & healthy, both physically and mentally;**
- 2. Achieving their full potential in learning & development;**
- 3. Safe and protected from harm;**
- 4. Economically secure & have opportunities for ongoing education & training;**
- 5. Connected, respected & contributing to their world.**

Background to the Children's Services Committee Initiative and National Policy Context

Children's Services Committees in Ireland

The Office of the Minister for Children and Youth Affairs (OMCYA) established the Children's Services Committees (CSCs) initiative in 2007 with the purpose of improving outcomes for children and families at local and community level. CSCs do this through interagency collaboration and joint planning and coordination of services.

20 Children's Services Committees have now been established to serve 22 local authority areas or counties in Ireland. CSCs have been established on a phased basis since the initial pilot in 2007/2008 as follows:

Phase 1 - 2007/08: Donegal, Dublin City, Limerick City and South Dublin CSCs.

Phase 2 – 2010/11: Carlow, Fingal, Kerry, Kildare, Louth and Longford/ Westmeath.

Phase 3 – 2011/13: Cavan/ Monaghan, Meath, Sligo /Leitrim, South Tipperary, Waterford and Wicklow.

Phase 4 – 2014: Galway, Roscommon and Wexford;

The development of Children's Services Committees has been influenced and informed by major Government policies:

Better Outcomes Brighter Futures: National Policy Framework for Children & Young People 2014 – 2020 (2014) outlines the government's agenda and priorities in relation to children & young people 0-25. The framework is underpinned by the UN Convention on the Rights of the Child; it is outcomes focused and based on the 5 National Outcomes for children & young people which are that all children and young people are:

- Active & healthy both physically & mentally;
- Are achieving their full potential in learning & development;
- Are safe & protected from harm;
- Have economic security & opportunity;
- Are connected, respected & contributing to their world.

The policy framework builds on the previous National Children's Strategy 2000 – 2010 and underpins all inter-related strategies covering early childhood, childhood to early adulthood, and adolescence to adulthood reflecting a life cycle approach. The policy framework is guided by 5 core principles: children's rights; family orientated; evidence informed & outcomes focused; equality & social inclusion; accountable & resource efficient.

Towards 2016 Ten-Year Framework Social Partnership Agreement 2006-2016. (2006) This document provides an overarching framework for Government to address key challenges which individuals face at each stage of the life cycle. Towards 2016 makes a number of specific commitments in relation to Children's Services Committees: "At local level a multi-agency Children's Committee will be established within each of the City/County Development Boards. These committees will be chaired by the HSE who are best placed to drive this initiative to achieve coordinated and integrated services."

Agenda for Children's Services: A policy handbook (2007). The Agenda sets out the strategic direction and key goals of public policy in relation to children's health and social services. At the core of the Agenda is the promotion of good outcomes for children. In this Workplan for Children and Young People the *national* outcomes for children in Ireland are linked with *local* priority areas, objectives, indicators and activities.

Transforming Public Services. (2008) This report recommends a range of initiatives to improve services and outcomes for all citizens through a more integrated public service. “In specific areas where a number of agencies are interacting with the same client group, protocols should be developed for effective interaction and case-working.”

Report of the Commission to Inquire into Child Abuse, 2009 Implementation Plan (Ryan Report, 2009) The Ryan Report states that interagency, multidisciplinary work is vital to the promotion of good child protection practice and to the provision of good and safe service delivery to service users. The purpose of Children’s Services Committees is described as ensuring “that agencies work together strategically to achieve intended outcomes for children and families and value for money. They have been set up specifically to enhance interagency communications and working in partnership to meet the needs of vulnerable children and families.” Also “Managers and staff of the various agencies working in an area with vulnerable children and families need to cooperate more effectively to ensure children’s needs are met.”

Report of the Task Force on the Child and Family Support Agency (2012) The Task Force recognised that Children’s Services Committees provide a strong basis for interagency working and integrated service delivery to ensure effective planning and coordination of services at local level. “Universal and targeted services provided by the new Agency, together with services for children and families provided by other government departments or agencies and those provided by non-governmental organisations, must be coordinated and joined up on the ground where families and children live out their lives. Children’s Services Committees should be the mechanism for doing this at local level. It is crucial that the Committees work to an overall national strategy and plan.”

Kerry Children’s Services Committee

Kerry Children’s Services Committee was established in September, 2010; members include senior representatives from the Child & Family Agency, Kerry County Council, HSE, Kerry Education & Training Board, An Garda Síochána, Youth Probation Service, Kerry County Childcare Committee, Kerry Network of Family Resource Centres, South Kerry Development Partnership, North & East Kerry Development Partnership, Tusla Educational Welfare Services, Kerry Diocesan Youth Service, the Institute of Technology Tralee, Kerry Child & Adolescent Mental Health Service, the Southern Regional Drugs Task Force, Irish Primary Principals Network and the National association of Principals & Deputy Principals.

Kerry CSC will oversee and direct the delivery of initiatives that will improve outcomes for children, and which require collaboration between services. Kerry Children's Services Committee has established working groups to address issues which have a significant impact on the lives of children and young people. Working groups include: Child & Youth Mental Health; Drugs & Alcohol; Parenting & Family Learning; Young People at Risk; Youth Participation, and Research & Information.

Who We Are

The Kerry Children's Services Committee is comprised of representatives from Community, Voluntary and Statutory agencies that deliver services to children in County Kerry. In order that the CSC can address issues relating to the National Outcomes for Children, senior managers from all the major statutory and voluntary services for children and families are represented on the CSC. Membership of the Kerry CSC includes representatives from the agencies listed below.

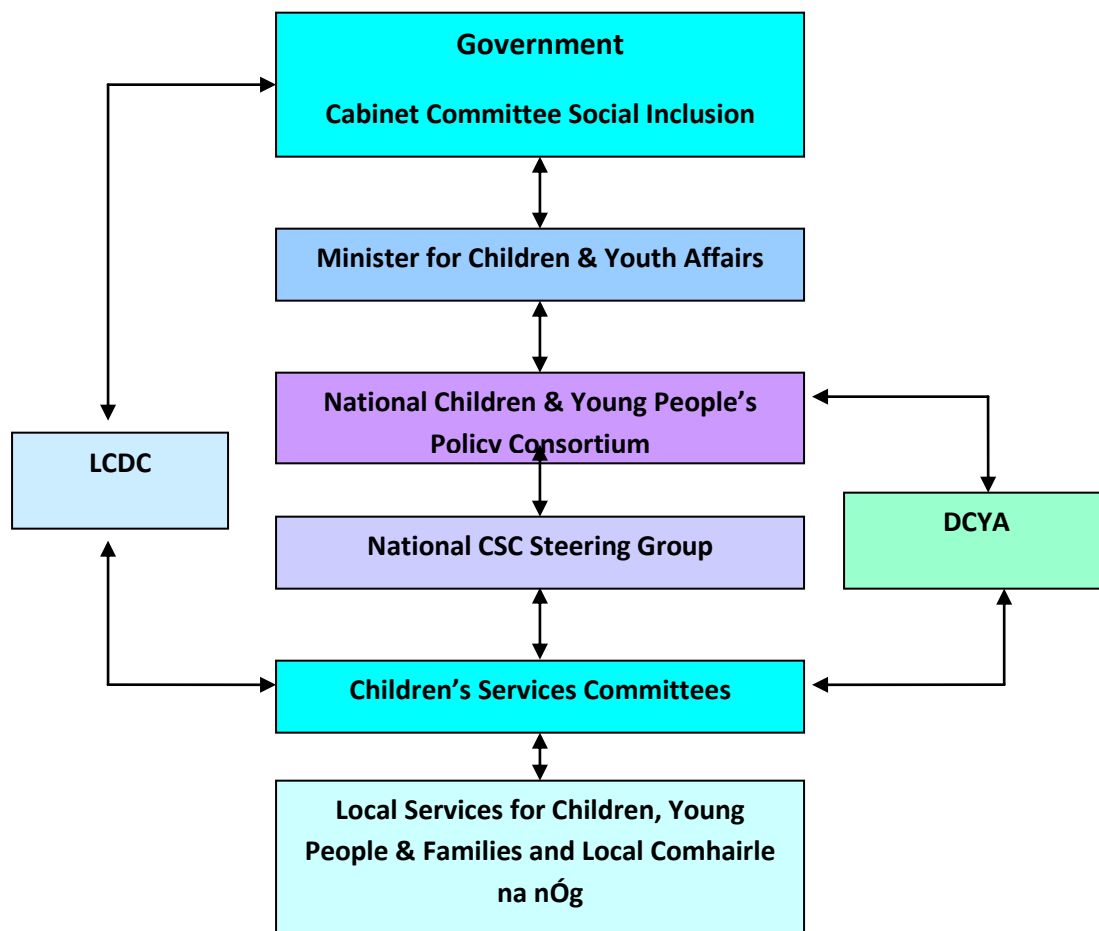
Leadership on the CSC initiative, at a national level, has been provided by the Department of Children & Youth Affairs. The DCYA designated the HSE to lead the initiative under the auspices of the County Development Board. Since the establishment of the Child and Family Agency in January 2014 the leadership role has been transferred to the Child & Family Agency.

Membership of Kerry Children's Services Committee

Oliver Mawe	Area Manager, Child and Family Agency
John Breen	Director of Services, Kerry County Council
Peggy Horan	Transformation Development Officer, HSE Primary Care
Inspector Anthony Sugrue	An Garda Síochána
Ann O'Dwyer	Education Officer, Kerry Education and Training Board
Miriam Galvin	Youth Officer, Kerry Education and Training Board
John Brosnahan	SPO, Probation Services
Dan O'Shea	Regional Manager Munster, Educational Welfare Services
Dr Aisling Sharkey	Head of the School of Health & Social Sciences, Institute of Technology Tralee
Gemma O'Brien	Senior0 Manager, Kerry Diocesan Youth Service
Oonagh Fleming	Manager, Kerry County Childcare Committee
Robert Carey	Community Development Manager, North & East Kerry Development
Noel Spillane	CEO, South Kerry Development Partnership
Seamus Falvey	Coordinator Kerryhead /Ballyheigue FRC, Kerry Network of Family Resource Centres
Ursula Coffey	Principal, Irish Primary Principals Network
Dr Claire Craven	Consultant Child & Adolescent Psychiatrist, BOC Child & Adolescent Mental Health Services (CAMHS)
David Lane	Coordinator of Drugs & Alcohol Services, Southern Regional Drugs Task Force
Claire O'Toole	Coordinator, Kerry Children's Services Committee

Governance and Accountability

Governance and accountability of CSCs will be achieved through representation and reporting structures under the DCYA, Children & Young People's Policy Consortium, National CSC Steering Group & County Development Board (CDB)/Local Community Development Committee (LCDC) to ensure a clear linear management structure which ensures appropriate governance and accountability at local level.



Achievements to Date

Kerry Workplan for Children and Young People 2011 – 2013: This was the first interagency action plan for Kerry dedicated to coordinating how agencies planned and delivered services and supports to children, young people and families in the county. It was submitted to the DCYA in June 2011. The Workplan addressed issues across a range of priority action areas which included: Youth Mental Health; Children with Disabilities; Drugs & Alcohol; Parenting & Family Learning; Young People at Risk; Budget Management; and Volunteer Led Youth Initiatives.

Kerry CSC Child Well-Being Indicator Research Report (2012): The Kerry Children's Services Committee completed its Child Well-Being Indicator Research Report in April 2012. This research provides (a) accurate baseline socio-demographic data on Children and Families in county Kerry with appropriate demographic indicators and (b) has supported the development of an appropriate Data Collection Framework for the Kerry Children's Services Committee. The research will serve as an essential reference resource which will support the work of Kerry Children's Services Committee. It will help identify the current needs of children and young people, future needs of children and young people and gaps in current service provision. It will also enable the Kerry Children's Services Committee to measure the success of actions undertaken in the county to support children, young people and their families. A copy of the Kerry CSC Child Well-Being Indicator Research Report 2012 is available online at www.kerrychildrenservices.com

Kerry CSC Child Well-Being Indicator Report (2013): The 2013 Child Well-Being Indicator Report presents updated indicators on children and young people's lives in Kerry across all 5 outcome areas: health & well-being; learning & education; risk & safety; economic security; and participation. The 2013 Kerry CSC Child Well-Being Indicator Report builds on the 2012 Kerry CSC Child Well-Being Indicator Research Report and will assist Kerry CSC to measure outcomes for children and young people over time.

Kerry CSC Directory of Services: Kerry CSC has completed a Directory of Services which outlines the services and supports available to children, young people and families across all priority action areas in county Kerry (October, 2012). Services both universal and targeted are described and listed in the Directory which is available on the Kerry CSC website www.kerrychildrenservices.com.

Kerry CSC Website: In August 2012 Kerry CSC launched the Kerry Children’s Services Committee Website www.kerrychildrensservices.com . The website was developed in conjunction with all partner agencies and is predominantly a ‘sign-posting’ website to provide easily accessible information to children, young people, parents and front line practitioners on the supports available across the priority action areas.

Guidelines to Referrals to Youth Mental Health Services for GPs & Health Practitioners: The Kerry CSC Youth Mental Health Working Group developed ‘Guidelines to Referrals to Youth Mental Health Services for GPs & Health Practitioners’; the guidelines clearly outline (a) information on the mental health services available to young people from Kerry and (b) information on how to access those services. The Guidelines were printed and circulated in to all Kerry GPs, Local Health Offices, Mental Health Services, HSE Heads of Discipline, HSE Primary Care, as well as relevant services including: FRCs, An Garda Síochána, Youth Services, Special Schools and Secondary Schools in Kerry. The Guidelines were also circulated as a pdf document to GPs. The Guidelines provide a brief description of the types of problems & conditions referred; how to access the appropriate services and service contact details. A parent-friendly version of the guidelines document is available on the Kerry CSC website www.kerrychildrensservices.com

Critical Incidents Response Protocol: The Youth Mental Health Working Group developed a Critical Incident Response Protocol. The Protocol aims to support a coordinated, standardised response to critical incidents in county Kerry across all organisations involved in dealing with critical incidents that impact on children. This protocol aims to promote civic and community leadership to mobilise people, resources and support to provide an appropriate response to critical incidents when they occur in the county. A ‘Critical Incident’ is defined as any incident that overwhelms a local community’s capacity to support children and their carers affected by events such as murder, suicide, extremely violent assault, witnessing or experiencing an incident involving firearms, sudden death in a public/community setting, and serious accidents e.g. fires, drowning, road traffic accidents. The protocol prompted the development of the Kerry Suicide Response Forum, a large interagency working group of 30 statutory, community & voluntary organisations brought together by the HSE to develop an interagency response to support families bereaved by suicide in the county. This work resulted in the Kerry Suicide Response Plan; the plan provides for both an adult and youth response. The youth response is led by the manager of Children and Family Services, Kerry.

THINK - Teenage Health IN Kerry Booklet: The Youth Mental Health Working Group developed an Information Booklet for young people and their parents which provides information on youth mental health & issues which affect youth mental health and well-being including depression, anxiety & OCD, eating disorders, relationships & sexuality, bullying & abuse, drugs & alcohol, psychosis, self-harm & suicide and grief. The THINK booklet was distributed to all second level & YouthReach students in Kerry in early 2013 as well as to Youth Services, Counselling Services and the Gardaí. The booklet is also available from all Kerry Libraries.

THINK Mobile Phone App: Kerry Comhairle na nÓg utilised the information from the Children's Services Committee 'THINK' booklet on Youth Mental Health, and Kerry Diocesan Youth Service Youth Information, incorporating information on Sexual Health to produce the Kerry Comhairle na nÓg Youth Survival Guide mobile phone app. This provides young people with information at the touch of a button to enable them to access contacts and supports available to young people in Kerry.

Youth Mental Health & Well-Being Conference: In order to promote & embed the positive messages of the THINK booklet the Youth Mental Health working group organised a Youth Mental Health & Well-Being Conference.

The aims of the conference were:

- to reinforce the messages of the THINK booklet;
- to raise awareness & open discussion on youth mental health;
- to highlight the services which are available;
- and to encourage young people to seek support when help is needed.

The focus of the conference was on promoting positive youth mental health, building resilience & coping strategies and promoting the Youth Mental Health Services & Supports available to young people in county Kerry. The YMH Working Group engaged with Guidance Counsellors, SPHE Coordinators & students in all 26 secondary schools and 5 YouthReach Centres in Kerry to ensure the content reflected the needs & concerns of young people. A total of 513 delegates attended the event: 382 students from 3 YouthReach Centres and 18 secondary schools as well as 131 adults (parents, representatives from Mental Health Services & teachers) attended the conference on October 7th in Killarney.

Kerry Intervention & Disability Services (KIDS): KIDS is a partnership of the HSE South, Brothers of Charity, Enable Ireland and St John of God Children’s Services. The Kerry CSC Children with Disabilities Working Group oversaw the reconfiguration of services for children with disabilities in Kerry to ensure enhanced support for children with disabilities at primary care level and more equitable access to specialist services for all children in the county. Under KIDS 4 Interdisciplinary network teams have been established in North Kerry, Tralee, Mid-Kerry and South Kerry. Teams include a Clinical /Educational Psychologist, Occupational Therapist, Physiotherapist, Speech & Language Therapist, Early Intervention Specialist, Social Worker, Domiciliary Care Nurse, Manager, Administrator, Clerical Officer, & Paediatrician. The team links with Public Health Nurses, GPs, Paediatricians, Area Medical Officers, Pre-school Coordinators and School Staff. Services are provided to children 0 – 18 years, are based on need and are determined by geographical area.

Listowel Youth Resource Panel: The Kerry CSC Young People at Risk Working Group established the Listowel Youth Resource Panel (LYRP) as a pilot project in the Listowel area. It is an interagency, needs led, early intervention model of best practice which maximises the strengths of the child & family. Through this initiative multi-agency supports are put in place to support ‘at risk’ children (12-18 years) and families in the Listowel area. The aim of the LYRP is to allow parents and professionals to work together to achieve a better life for the child. This is achieved by assessing the child & family’s needs in partnership with the child & family, developing an action plan to address those needs and reviewing progress throughout the process. All steps in the process are undertaken with parental consent. Support documentation including the LYRP Toolkit & LYRP Quality Assurance Framework were drafted to support the initiative. The Listowel Youth Resource Panel Pilot project will be further developed to fit within the Local Area Pathway (LAP) structure under the CHILD AND FAMILY AGENCY Prevention, Partnership & Family Support model.

Information Brochure on Parenting Programmes in Kerry: The Parenting & Family Learning Working Group has developed an information brochure for parents on the parenting programmes available in the county. The brochure briefly outlines the Parents Plus Programmes, the Incredible Years Programmes and the Strengthening Families Parenting Programme. This is a first step towards coordinating the provision of parenting programmes across all areas of Kerry.

Information Facts Sheet on Welfare Entitlements for the Self-Employed: The Budget Management Working Group developed an information leaflet on welfare entitlements for the self-employed in order to clearly outline how previously self-employed persons can access unemployment benefits. The information leaflet is available on www.kerrychildrensservices.com

Mapping of Volunteer Led Youth Clubs in Kerry: The Community & Volunteer Led Initiatives Working Group has completed the mapping of all youth clubs, girl guides and scouting organisations in county Kerry. The information is available via interactive maps on www.kerrychildrensservices.com as well as the Kerry Education & Training Board website www.kerryetb.ie

Kerry CSC & Kerry Comhairle na nÓg: Comhairle na nÓg are local youth councils which aim to give children and young people a voice in the development of local policies and services. Comhairle na nÓg were established as part of the National Children's Strategy 2000 – 2010 in each of the 34 City & County Development Boards in Ireland. Kerry Children's Services Committee and Kerry Comhairle na nÓg are committed to working together and to ensuring the involvement of children & young people in the Kerry Children's Services Committee initiative. Members of the Kerry Comhairle na nÓg have agreed to attend every second Kerry CSC meeting from October 2012 and to update the CSC on the work of the Comhairle regularly. The Kerry CSC will endeavour to support the work of Kerry Comhairle na nÓg in any way it can. The Kerry CSC Coordinator attends Comhairle & Steering Group meetings regularly in order to share information & support their work. The Comhairle na nÓg AGM is attended by the Coordinator and members of Kerry CSC annually also.

How the Kerry CSC Workplan for Children & Young People was developed

The Kerry Children's Services Committee Workplan 2014 – 2016 was developed by the members of Kerry Children's Services Committee and its working groups between January and April 2014. The development of the Workplan was driven by a desire to build on the strong foundations of collaborative, interagency work across all statutory, community & voluntary services for children, young people and families developed since the establishment of Kerry Children's Services Committee in September 2010. This Workplan seeks to build on the achievements of the first Kerry CSC Workplan 2011 – 2013 across all priority action areas.

Kerry Children's Services Committee undertook the following steps in the development of this Workplan:

- A Review of Local & National Policy
- A Review of Local Child Well-Being Indicators Data
- A Review of Kerry Children's Services Committee Priority Action Areas
- Facilitated CSC and Working Group Planning Sessions
- Consultation with Kerry Comhairle na nÓg

National Policy & Data Review:

In 2012 Kerry CSC published its *Kerry CSC Child Well-Being Indicator Research Report*. This research report established essential baseline Child Well-Being indicator data across five domains: demographics; behaviour & risk; the environment i.e. parenting, family, school & community; youth emotional & mental well-being; agency & interagency processes to establish 'how children, young people and families are doing in Kerry'. In early 2014 the second Kerry CSC Child Well-Being Report was completed; this reports on 2012 data gathered in 2013 and builds on the data collected in original 2012 report. The Kerry CSC Child Well-Being Indicator Research Report (2012) is available online on www.kerrychildrensservices.com; The Child Well-Being Indicator Report completed earlier this year is attached as an appendix to this Workplan. It provides data on local and national child well-being indicators from 2006, 2011 and 2012 across the 5 national outcomes as well as some socio-demographic data.

The data gathered in both 2011 and 2012 have greatly informed the development of this Workplan, the priority action areas and the strategic actions agreed. In order to ensure that the new 3 Year Workplan was evidence based and informed by appropriate policy documents the Kerry CSC organised a half-day policy and data review meeting to review relevant national policy and legislation as well as key local and national indicator data across all 5 national outcomes in January 2014. A summary of the relevant National Policies reviewed during the review and planning process is attached as an appendix to this Workplan.

Kerry CSC is committed to gathering Child Well-Being indicator data on an ongoing basis at regular intervals in order to measure progress or lack thereof across all priority action areas.

Kerry CSC Priority Action Areas

Between January and April 2014 each Kerry CSC working group engaged in a review of its work to date, its strategic objectives and developed an agreed set of actions to ensure the revised strategic objectives are met within the timeframe of this Workplan.

In order to promote ‘cross pollination’ and synergy across all working group priority action areas Kerry CSC organised two facilitated half-day working group review and joint planning sessions for all Kerry CSC members in February and March 2014; the March session included all Kerry CSC and Kerry CSC Working Group members. This facilitated the sharing of learning & achievements to date as well as the sharing of ideas and solutions across working groups. The planning process also facilitated the identification of areas for future working group collaboration such as infant & toddler mental health i.e. potential collaboration between the Child & Youth Mental Health working group and the Parenting & Family Learning working group. Draft action plans developed by each working group were further developed at the facilitated review and planning session. The priority action areas of Kerry Children’s Services Committee between 2014 – 2017 are as follows:

National Outcome Area	Kerry CSC Priority Action Area Working Group
Outcome 1: Active and Healthy both Mentally & Physically	<ul style="list-style-type: none"> • Child & Youth Mental Health • Drugs & Alcohol • Kerry Intervention & Disability Services
Outcome 2: Achieving in all areas of Learning & Development	<ul style="list-style-type: none"> • Parenting & Family Learning
Outcome 3: Safe & Protected from Harm	<ul style="list-style-type: none"> • Prevention, Partnership & Family Support
Outcome 4: Economic Security & Opportunity	Although Kerry CSC does not have a working group dedicated to this outcome, every effort will be made through all our working groups to promote social inclusion and reduce inequalities for children, young people & families in Kerry.
Outcome 5: Connected Respected & Contributing to Their World	<ul style="list-style-type: none"> • Youth Participation
Change Management	<ul style="list-style-type: none"> • Research & Information

Draft Workplan

A Draft Kerry CSC 3 Year Workplan 2014 – 2017 was then prepared. It was reviewed at the May meeting of the Kerry Children’s Services Committee and by each working group.

The Draft Kerry CSC 3 Year Workplan 2014 – 2017 was presented to the Kerry Comhairle na nÓg in May 2014 in order to facilitate a brief consultation with them. The Kerry Comhairle na nÓg have reviewed the Workplan and will work together with Kerry CSC and its working groups on many of its actions. Kerry CSC and Kerry Comhairle na nÓg have established a strong and open working relationship which we will continue to foster in the next 3 years. Two representatives from Kerry Comhairle na nÓg are active and regular participants at the Kerry CSC meetings; Comhairle representatives attend every second Kerry CSC meeting.

Section 2: Socio-Demographic Profile of County Kerry

County Kerry is situated in the south west of Ireland in the province of Munster. It is the fifth largest county in Ireland and covers a total area of 1,815 square miles. The population in Kerry is widely dispersed. Large areas of Kerry have a population density of less than 10 people per Km², with a population density of 25 people per Km² in much of the rest of the county. This presents many challenges regarding the provision of accessible, equitable services to children, young people and families in Kerry.

There are three main towns in County Kerry: Tralee, Killarney and Listowel. Tralee is the county town and administrative centre. There are a further 5 large towns: Castleisland, Killorglin, Dingle, Kenmare and Cahersiveen. 35% of the population resides in the main towns of the county. There are two Gaeltacht areas in county Kerry: Gaeltacht Chorca Dhuibhne situated on the Dingle Peninsula; and Gaeltacht Uíbh Ráithaigh which is situated on the Iveragh Peninsula.

The CSO 2011 indicated that the population of County Kerry was 145,502, which was an increase of 3.7% on the 2006 population of 139,835. This percentage increase was amongst the lowest in the State, which showed an overall increase of 8.1% (national average) over the same period. This increase is dispersed across the County with 66% of the 166 Electoral Divisions (EDs) experiencing population growth, while the remainder experienced a decline. The more peripheral areas to the west and south west of the County experienced declines while the EDs in central Kerry adjacent to the Hub towns experienced growth.

There were 34,940 children and young people aged 0-18 recorded in the 2011 Census, an increase of 1,904 or 5.76%.

Kerry CSC Region (CSO 2011)	Preschool 0-4 yrs	Primary School Junior Cycle 5-8 yrs	Primary School Senior Cycle 8-12 yrs	Secondary School Junior Cycle 13-15 yrs	Secondary School Senior Cycle 16-17 yrs	Total
Tralee	2207	1791	1851	1384	877	8110
Greater Killarney	1885	1408	1374	955	632	6254
Greater Listowel	2172	1583	1619	1282	814	7470
Greater Killorglin	1096	852	790	606	361	3705
Greater Kenmare	517	379	400	304	171	1771
Greater Castleisland	1149	856	781	604	362	3752
Greater Dingle	594	435	502	494	333	2358
Greater Cahersiveen	405	349	356	242	168	1520
Total	10,025	7,653	7,673	5,871	3,718	34,940

At the heart of Children’s Services Committees and the Working Together for Children Initiative is the desire to achieve better outcomes for children and young people. Kerry CSC understands that achieving better outcomes for children is a difficult & challenging task which requires us to work more effectively & collaboratively together towards a shared vision and through integrated planning.

Key Findings:

- The child population in Kerry is 24% of the overall population but it rose by just 5.76% between 2006 & 2011 compared to the national rate of 10.9% - almost double the Kerry growth rate
- The Traveller child population in Kerry increased by over 25% between 2006 & 2011 from 285 to 381 children representing just over 1% of the total child population in Kerry.
- Approximately 1 in 12 children in Kerry are foreign national children
- 1 in 6 children in Kerry lives in a lone parent household
- 5.8% of children in Kerry have a disability which is in line with the national average

Kerry: Key Facts & Figures

Indicator & Source	Description	Kerry 2006	Kerry 2011	% State 2011
Total Population CSO	The total population of county Kerry	139,835 persons	145,502 persons +3.89%	4,588,252 which represents an increase of 7.59% from 2006
Child Population CSO	The number of children and young people aged under 18 in Kerry as reported in the 2011 census	33,036 children 0-18 years	34,940 children 0-18 years + 5.76%	25% of the total population in Ireland 1,148,687 children + 10.9%
Foreign National Children SONC 2010 & 2012	The number of foreign national children living in county Kerry.	2390 children	2762 children + 13.47%	8.3% or 93,005 foreign national children
Traveller Children	The number of Traveller children	285 Traveller children	381 Traveller children which	1.2% or 14,425 Traveller children

SONC 2010 & 2012	living in Kerry.		represents 1.1% of the total child pop +25.19%	
Children with Disabilities SONC 2010 & 2012	The number of children living in Kerry with a disability.	1,359 children	2036 children Or 5.8% of the total child population	5.8% or 66,437 children with disabilities
Asylum Seeker Children HSE Kerry	The number of children who were asylum seekers living in Kerry	115 children - 2011	169 children +31.95%	Data not available
New Births HSE Kerry	The number of children born to parents living in Kerry	1840 children	2041 children Or 5.84% of the total child population	6.5% or 74,650 (CSO)
Children born outside of Marriage	The number of births outside of Marriage in Kerry	536 children	636 children	25,344 children or 33.7% (2012)
Children born to Single Mothers HSE Kerry	The number of children born in 2011 to single mothers living in Kerry.	Not available	195 children	<i>33% of births were to single mothers (ESRI Perinatal Statistics Report 2011)</i>
Children born to Teenage Mothers HSE Kerry	The number of children born in 2011 to teenage mothers living in Kerry.		9 children	
Children in lone parent households SONC 2010 & 2012	The number of children who lived in a lone parent /carer household	5,076 children	5,407 children or 15.5% of the total child population (+ 6.12% from 2006)	18.3% or 202,444 children

A more comprehensive socio-demographic profile of children, young people and families in county Kerry is presented in the tables below.

Indicator	Measure
Population Demographics:	
Child population ¹	In 2011, 34,940 children were recorded in the county, an increase of 5.8% from the 2006 total of 33,036 children under 18 living in Kerry. Source: CSO SAPS Census Reports 2006 & 2011
New Births	2000 children were born to parents living in Kerry in 2012 a slight reduction from the 2041 recorded in 2011. Source: HSE PHN Dept 2012 & 2013
Non-Irish national children ¹	2,762 non-Irish national children were resident in Kerry in 2011 an increase of 13.47% from the 2,390 non-Irish national children are resident in the county in 2006 & represents a total of 7.9% of the total child population in Kerry. Source: State of the Nation's Children Ireland 2008 & 2012
Non-Irish Nationals living in Kerry	A total of 15,978 (11.2%) non-Irish national were living in county Kerry on Census night 2011. Source: CSO 2012
Travellers	A total of 860 Travellers were recorded as living in county Kerry. Source: CSO 2012
Traveller children	There are 381 Traveller children in county Kerry which represents 1.09% of the total child population; an increase of 25.19% on the total of 285 Traveller children recorded in 2006. Source: State of the Nation's Children Ireland 2010 & 2012
Asylum Seekers	In 2011 there were 115 children who were asylum seekers living in Kerry. This number rose to 169 (+32%)

¹ Data is available on a county basis from the Central Statistics Office for the following categories: child population, child mortality, ethnicity, non-Irish national children, family structure, parental education, traveller children

in 2012.

Source: HSE Community Work Department 2011 & 2012

Children with Disabilities:

Children with Disabilities

In 2006 there were 1359 children with disabilities living in county Kerry, this total increased by 33.25% in 2011 to 2036 children living with a disability in Kerry.

Source: State of the Nation's Children Ireland 2010 & 2012

Children with an Intellectual Disability

368 children and young people in Kerry were registered with the National Disability Database in 2011.

Source: HSE 2011

Autism

In 2012, 262 children attended the Brothers of Charity Autism Services in Kerry, an increase from the number recorded in 2011 of 226.

Source: Brothers of Charity, Kerry 2011 & 2012

Number of children with a physical disability

In 2011, 168 children & young people with a physical disability were registered with Enable Ireland. This number increased by 8 to 176 in 2012.

Source: Enable Ireland, 2012 & 2013.

Family structure¹:

Children born to single mothers

In 2012, 204 children were born to single mothers in the county. This represents 10.2% of the total number of children born to Kerry parents that year and a slight increase from the total of 195 recorded in 2011.

Source: HSE: Public Health Nursing Department 2011

Children in Lone Parent Households

In 2012, 5,407 children under 18 in Kerry lived in family household units with only one parent or primary caregiver resident. This represents an increase of 6.12% from the total recorded in 2006 of 5,076 children.

Source: State of the Nation's Children Ireland 2010 & 2012

Number of Births to Females aged 10 -17

In 2012, 10 children (<1% of the total number of children born to Kerry parents) were born to teenage mothers; 9 children were recorded in 2011.

Source: HSE: Public Health Nursing Department 2012 & 2013

8 children were born to teenage mothers in 2008 in county Kerry. In 2009 13 children were born to mothers aged less than 18 years; 7 mothers were aged 16 years old and a further 6 were 17 years old.

Source: CSO Register of Births

The Environment: (Parenting, Family, School & Community)

Education Level

The mothers of 4.2% of children in Kerry in 2011 had no formal or primary level education only; this is a reduction from the percentage of 5.4% recorded in 2006.

37% of mothers of children in Kerry had achieved a third level qualification in 2011 which represents an increase of 6% from the 31% recorded in 2006.

Source: State of the Nation's Children Ireland 2010 & 2012

Parental Health & Well-Being

In 2011, 22 mothers were referred by Public Health Nurses due to concerns about post-natal depression; this number reduced to 20 in 2012.

Source: HSE: Public Health Nursing Department 2011 & 2013

Immunisations

The percentage uptake rate of immunisations among 12 and 24 month olds in Kerry in 2011 was 95%.

Source: HSE: Public Health Nursing Department 2011

Breast Feeding

51.2% of mothers left hospital breast feeding after the birth of their babies in 2011. The average age of weaning of Kerry babies in 2011 was 4 months.

Source: HSE: Public Health Nursing Department 2011

Abuse & Neglect

Concerns about children

In 2012, 791 referrals were received by the HSE Social Work Department which represents an increase of 20.85% on the 623 referrals received in 2011.

Children in care of the HSE

153 children were in the care of the HSE in 2012; an increase from 151 children in 2011.

Source: HSE Social Work Department, 2012 & 2013.

Material Well-Being:

Availability of housing for families with children There were 1,410 households with children 0-17 identified as being in need of social housing in 2011.

Triennial Assessment of Housing Needs

Kerry Money Advice & Budgeting Service (MABS) In 2010, 508 families with children sought support from the Kerry Money Advice and Budgeting Service (MABS). There were 744 families with children being supported by MABS and a further 20 families with children awaiting an appointment with a money advisor in June 2011.

Source: Kerry MABS, June 2011

Unemployment Statistics In March 2006, there were 6,159 persons registered as unemployed in county Kerry. In February 2013 the total of persons registered as unemployed in Kerry had risen to 17,236 persons.

Source: Unemployed Statistics, National Live Register (Feb 2013)

Presentation of families to homelessness agencies In 2012, 50 families presented to Adapt Kerry which represents a slight decrease from the total of 53 recorded in 2011.

2011, 7 families presented to the Homeless Information Centre.

Source: Kerry County Council, Housing, Community & Enterprise Department.

Families in receipt of Rent Allowance In 2012, 1,074 individuals were in receipt of rent allowance; a reduction from the 1,149 recorded in 2011. (Only the number of individuals is available not the number of families with children)

Source: Kerry County Council, Housing, Community & Enterprise Department

Back to School Allowance There were 6,005 recipients of the Back to School Clothing & Footwear Allowance in 2011 in Kerry this rate fell to 5715 families in 2012

Source: Department of Social Protection, 2012

Families in Receipt of Family Income Supplement 972 families in Kerry received FIS in 2012 which represents an increase of 10.1% from the total of 873 families recorded in 2011.

Source: Department of Social Protection

Medical Card Holders

In Nov 2013 61,330 persons were covered by Medical Cards in Kerry; this represents 42% of the total population in Kerry which is slightly higher than the national average recorded of 40.6%.

Source: Primary Care Reimbursement Service, HSE

Experiences in School

School Completion Rates

92% of pupils (2006 cohort) completed second level schooling in 2012 which marks an increase from the 85.3% of pupils who entered first year of the junior cycle in 2004 & completed second level schooling no later than 2010 in Kerry.

Source: Department of Education & Skills 2011 & 2013

School Attendance

In the academic year 2010-2011 the percentage of primary school children who were absent for 20 days or more was 9.1%; this rose slightly to 9.5% in 2011-2012.

In the academic year 2011-2012 the percentage of secondary school children who were absent for 20 days or more was 19.3% a slight reduction from the previous 2 academic years of 19.6% (2010-11) and 20.7% (2009-10)

Source: NEWB, 2012 - 2014.

Self-reported bullying

18% of respondents to the Jigsaw Kerry My World Survey (2010) reported that they had been recently bullied at school. (c1200 students in 5 secondary schools in Kerry participated in the Jigsaw MW Survey.)

Youth Emotional & Mental Well-Being:

Source: Jigsaw Kerry 2010

Self-reported happiness

63% of respondents reported they were happy and 33% of respondents reported they were happy sometimes. 4% of respondents reported they were not happy when asked 'Are you happy with your life?'

Source: Jigsaw Kerry 2010

Relationship with adults
In 2010, 92% of respondents reported that there was an adult in their life that knew them well & they could trust. 8% responded that there was not.

Source: Jigsaw Kerry 2010

Deliberate self-harm
In 2012, 37 incidents of deliberate self-harm by young people under 18 years old were recorded in Kerry; an increase from the total of 34 recorded in 2011. This number reflects the number of incidents which presented to Kerry General Hospital but masks a larger problem of deliberate self-harm as experienced by Youth Mental Health services.

Source: National Suicide Research Foundation, 2013

Health promoting schools
In 2012, 58 Primary schools (of 140) and 6 secondary schools (of 26) participated in the HSE Health Promoting Schools Programme; 65 primary & 11 secondary schools participated in 2011.

HSE Health Promotion

SPHE Training of secondary teachers
In 2011, 107 secondary school teachers attended training in the delivery of the Social, Personal & Health Education Programme (SPHE); this total increased slightly to 113 in 2012.

Source: SPHE Support Service

Behaviour & Risk:

Treatment of < 18 years old in Kerry General Hospital A&E Dept due to Drugs & alcohol Misuse.
In 2012 35 youths were treated via A&E in KGH re alcohol & drugs; a slight reduction from the total of 38 youth were treated in 2011

Source: Kerry General Hospital A&E Department.

Self-reported alcohol use
53% of respondents reported (488 young people) that they consumed alcohol at least once a month. 47% of respondents reported they had never consumed alcohol.

Self-reported drug use
17% (146 respondents) reported that they had taken drugs; 83% reported they had never taken drugs.

Source: Jigsaw Kerry, 2010.

Treatment for substance misuse
In 2012 67 young people aged under 18 accessed Community Based Drugs Initiative treatment for drug &

alcohol misuse in Kerry; this represents an increase of 35.8% from the 2010, 43 young people recorded in 2010 .

Source: Southern Regional Drugs Task Force, 2011 & 2013.

Drug & alcohol related offences

124 drug and alcohol related offences were committed by young people (<18 years) in 2011 in Kerry.

Source: An Garda Síochána

Injury to oneself due to drinking alcohol

30% (143) of respondents reported that they had caused an injury to themselves or others because of consuming alcohol.

Level of drinking has elicited concern

8% (37) of respondents reported that a relative, friend, doctor or other care worker had been concerned about their drinking / suggested they cut down.

Source: Jigsaw Kerry 2010.

Young People's involvement in Crime

Crimes

In 2012 there were 802 referrals (397 individuals) to the Juvenile Diversion Programme for crimes committed by young people aged 12-17 years in Kerry. This represents an increase of 8.85% in 2011 when there were 731 referrals (392 individuals) recorded.

Source: An Garda Síochána, 2012 & 2013

Referrals to Young People's Probation Service

In 2011, 34 young people aged 12-18 years old were referred to the Young People's Probation Service.

Source: Probation Service, 2012.

Self-reported young people 'in trouble' with the Gardaí

In 2010 the Jigsaw Kerry My World Survey asked 'Have you ever been in trouble with the Gardaí?'; 13% of respondents reported yes and 87% of respondents reported they had never been in trouble with the Gardaí.

Source: Jigsaw Kerry, 2010.

Kerry Children's Services Committee Regions

(No. of ED's per Area)

- 1 Castleisland/Farranbre (23)
- 12-13 Listowel (45)
- 14 Milltown/Killorglin (17)
- 15 West Kerry (22)
- 16 Sneem/Kenmare (16)
- 2-5 Tralee (13)
- 6 Iveragh Peninsula (17)
- 7-10 Killamey (15)

● Family Resource Centres (13)

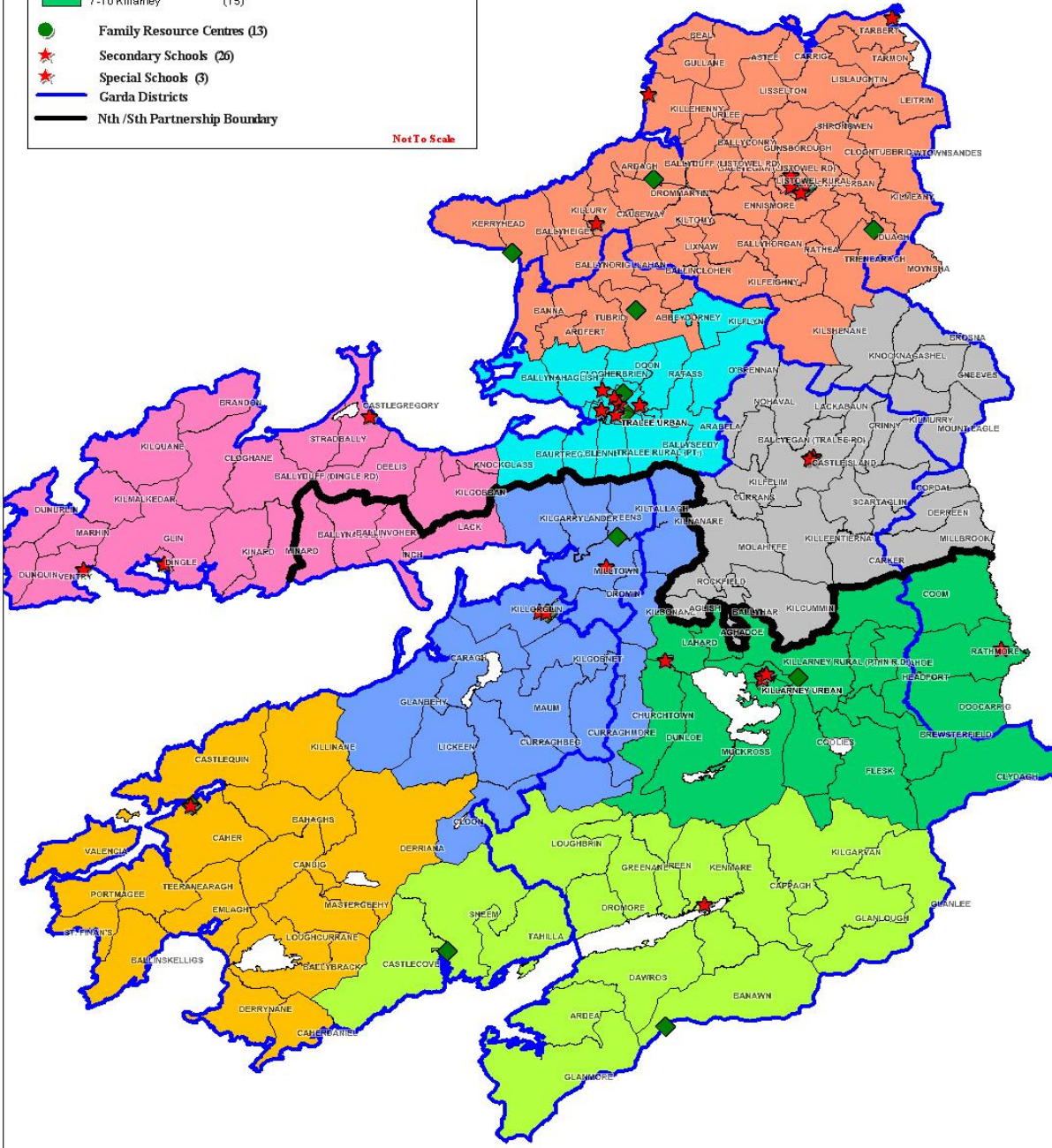
★ Secondary Schools (26)

★ Special Schools (3)

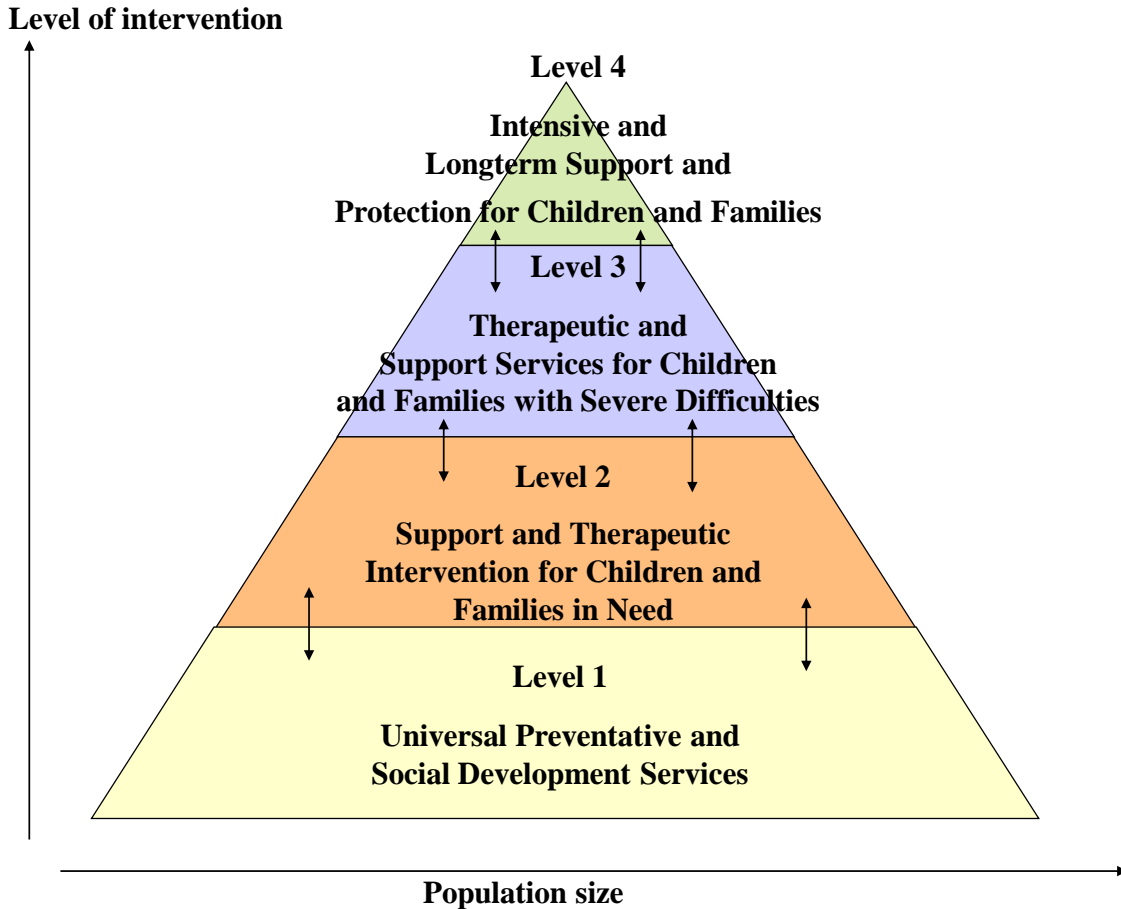
— Garda Districts

— Nth /Sth Partnership Boundary

Not To Scale



Section 3: Overview of Services to Children, Young People & Families in County Kerry.



Hardiker Model

Overview

Kerry Children's Services Committee has completed a comprehensive Directory of Services which can be downloaded from www.Kerrychildrenservices.com. A summary of the services and supports available to children, young people and families in county Kerry is outlined briefly below.

Universal Health & Social Services

HSE

Kerry Primary, Community & Continuing Care Services & Local Health Centres

HSE health services available from the Local Health Office and 18 Health Centres in Kerry include GP services, Public Health Nurses, Medical Cards, GP Visit Cards, Child Health Services, Community Work, Disability Services, Older People Services, Chiropody, Ophthalmic, Speech Therapy, Addiction Counselling & Treatment, Physiotherapy, Occupational Therapy, Mental Health Services, Home Help and more. There are 16 primary care teams operating across the county.

Public Health Nurse (PHN) Home Visits

It is a statutory obligation for all PHNs to visit all new mothers and babies in the home after the birth of their baby. Home or clinic visits are ongoing depending on the needs of the family. The PHNs have a role in enabling families to become competent parents in all aspects of their child's needs. They do this by providing support & advice on physical, emotional and social wellbeing. Ongoing advice is given on feeding and expected developmental milestones. PHNs place an emphasis on stimulation & bonding, communication with baby, reading, playing and all other aspects of parenting up to school going age. PHNs provide universal developmental screening and refer as appropriate to multi-disciplinary team members as necessary. Information on the importance of immunisation programmes is also discussed with families. The PHN identifies and coordinates the early intervention supports necessary for marginalised and vulnerable families and works closely with social workers and other multi-disciplinary team members to support at risk families.

HSE Community Parents Support Programme

The community parents programme is a research based education project which provides a parent-to-parent home visiting programme in Kerry. The Community Parents are trained as peer mentors in the programme by a Public Health Nurse. The PHN provides ongoing supervision & support to enable them to deliver the service. The aim of the programme is to support and aid the development of parenting skills therefore enhancing parents' confidence and self-esteem with a clear emphasis on empowering parents to take responsibility for their own health and for the health and overall development of their

children. All first and second time parents are invited to participate in the programme. Targeted referrals are also accepted from social workers, PHNs and community groups.

Breast Feeding Support Groups

All nursing mothers are welcome at Breast feeding support groups which are available in Tralee, Killarney, Listowel, Castleisland and Dingle and are organised by the HSE and the La Leche League. Research has shown that breastfeeding provides a strong protective factor for babies: it protects from illness and infection, it also contains the correct nutrients for a growing baby, aids the development of eyesight, speech and intelligence and furthermore promotes a special loving bond between mother and baby.

Meet a Mum Groups

Meet a Mum groups are organised by the PHN and local communities. New mothers are invited to attend. Workshops are provided by Speech & Language Therapists, Dietician, Red Cross, Physiotherapy etc and allow new mothers to learn more about their new baby's early development and to promote positive interactions and experiences.

HSE Health Promotion

Health Promotion is a process of enabling people to increase control over, and to improve, their health; a means of making the healthier choice the easier choice. The Health Promotion Department works to promote health in a number of different settings, such as the education setting, the community and within the health service itself, and aims to build capacity to address the wide range of factors that impact on our health. Some of the key areas of work the department is involved in locally include: training, information & school supports, in particular the Health Promoting Schools Programme.

Family Resource Centres

There were 13 Family Resource Centres (FRCs) established in Kerry under the Family Support Agency which is now within the Child & Family Agency (Child and Family Agency). These FRCs are located in Abbeydorney, Ballyduff, Cahersiveen, Castlemaine, Duagh, Kerryhead/Ballyheigue, Killarney, Killorglin, Listowel, Tralee (x2), Sneem and Adrigole. FRCs provide a wide range of supports and services to people within their own communities including: education & training; information & advice; childcare;

counselling & family mediation; parenting; and support groups. A further 2 Family Resource Centres have been established in Kerry outside of the FSA programme in Castleisland and Kenmare. These FRCs also provide a wide variety of community based support programmes to individuals and families in their areas.

Parent & Toddler Groups

Parent & Toddler groups provide a place for parents, child minders & carers to relax and chat together while babies & toddlers play with a variety of toys and learning resources. Groups meet in local community centres once or twice a week and are supported by Kerry County Childcare Committee through the provision of help and advice in setting up a P&T group as well as providing small grants to groups. There are currently 48 P&T groups in county Kerry.

Kerry County Childcare Committee

Kerry County Childcare Committee coordinates and supports the provision of quality, accessible and inclusive childcare services throughout the county. Kerry CCC provides information, advice, training and support to 136 childcare services (78 private & 58 community) and 47 (CFA Registered & voluntary Notified) childminding services in Kerry. On behalf of the Childcare Directorate of the Department of Children & Youth Affairs (DCYA), the County Childcare Committees administer the main childcare funding programmes that subsidise fees for parents in early years services locally. The Childcare Programmes that are available to parents are: Early Childhood Care & Education (ECCE) Programme; Community Childcare Subvention (CCS) Programme; and the Childcare Education and Training Support (CETS) Programme.

Early Childhood Care & Education (ECCE) Programme: provides access to a free year of early childhood care and education in preschool to children aged between 3 years 2 months and 4 years 7 months in the year before they start primary school. The ECCE scheme enables preschool children to access appropriate programme based activities in a structured learning environment. ECCE promotes school readiness through formal social, emotional and educational development opportunities outside of the home.

Community Childcare Subvention (CCS) Programme: Community Childcare services in Kerry participate in the CCS. This is a support programme for community-based childcare services to provide quality childcare services at a reduced rate to parents. It is a programme which enables Community Childcare

Services to give parents in receipt of certain social welfare payments (the majority of which are covered under the CCS Programme), Family Income Supplement, and holders of medical cards and GP visit cards, a reduction in their childcare fees.

Childcare Education and Training Support (CETS) Programme: Many of the Community & Private childcare services in Kerry participate in the Childcare Education & Training Support Programme (CETS). This is a childcare support scheme where subsidised childcare places are available to qualifying parents who are attending an eligible Kerry Education & Training Board educational programme.

Kerry Diocesan Youth Service

The Kerry Diocesan Youth Service (KDYS) is a voluntary youth work organisation. The KDYS carries out its work in partnership with several other organisations in order to best meet youth needs. KDYS has formed collaborative partnerships with statutory organisations including: Kerry Education & Training Board (KETB), Health Service Executive (HSE) and Irish Youth Justice Service to provide services in order to best meet the needs of young people and their communities. Key to KDYS delivery is the provision of quality training to volunteers to support them to work with young people in their local community.

KDYS delivers a diverse range of family support and youth services throughout the Diocese of Kerry. KDYS understands how individually diverse projects such as Youthreach, Garda Youth Crime diversion work, drugs and alcohol projects, family support projects such as Springboard and Neighbourhood Youth Projects as well as universal services for young people, can combine to generate a more effective overall response to the young person.

KDYS has established Youth Centres in Killarney, Tralee, Listowel and Killorglin and out-reach bases in Kenmare, Cahersiveen, Castleisland and Millstreet. In each of the KDYS Youth Centres, opportunities are provided for young people to engage in the Youth Café, Drop in Service & Band Projects. There are also 4 bases in Tralee for the KDYS Garda Youth Diversion Projects- MY Project, Just Us, Connect 7 and the KDYS Springboard Project.

Jigsaw Kerry

Jigsaw Kerry is part of a national network of Jigsaw projects supported by Headstrong, the national centre for youth mental health. Jigsaw is an innovative youth mental health programme which works

with young people, communities and local services to change the way Ireland thinks about youth mental health. Jigsaw is a preventative, early intervention model which promotes mental health and well-being.

Southern Regional Drugs Task Force

The Southern Regional Drugs Task Force (SRDTF) provides planning, coordination and evaluation of drug and alcohol services across counties Kerry and Cork under the National Drugs Strategy (*Interim*) 2009 – 2016. The SRDTF works with the community to determine needs and to develop recommendations and services in the prevention and treatment of drug and alcohol misuse. The SRDTF supports the community to develop community based responses to drug and alcohol misuse. It provides support to existing services working in the field of drugs and alcohol. The SRDTF gathers and collates up to date information in order to develop a cohesive response to drug and alcohol issues as they emerge. The task force works to improve the provision of drug and alcohol services to those who are experiencing issues related to drug and alcohol misuse.

Targeted Health & Social Services

Child & Family Agency Services

The Child and Family Agency was established on the 1st January 2014 and is now the dedicated State agency responsible for improving wellbeing and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland.

Child Protection & Welfare Services

Where child protection and welfare concerns exist, the Area Social Work Team provides support to children and families at risk in the community. The team which consists of social workers, childcare workers and family support services ensures the protection and welfare of children and provide alternative care for children when required. Referrals are accepted from anyone who has a child protection or welfare concern about a child. The standard report form for child protection & welfare is available on www.tusla.ie

Alternative Care Services

The Child and Family Agency has a statutory responsibility to provide Alternative Care Services under the provisions of the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007. Children who require admission to care are accommodated through placement in foster care, placement with relatives, or residential care. The Child and Family Agency also has a responsibility to provide Aftercare services. In addition, services are provided for children who are homeless or who are separated children seeking asylum. The Agency is responsible with regard to adoption processes. The Agency is committed to the principle that the family affords the best environment for raising children and the objective of external intervention should be to support families within the community. Policy is to place children in a family based setting with over 92% of children in foster care placements. One of the priorities of the Agency is to provide safer, more reliable and effective services for children in Care and to develop a range of placement options for children with additional needs.

Family & Community Support Services – Prevention, Partnership & Family Support

Prevention, Partnership & Family Support: The Child and Family Agency has developed and is rolling out a suite of policies 'Prevention, Partnership & Family Support' which will support the development of Local Area Pathways (LAPs) and Child & Family Support Networks (C&FSNs) across each county. The Child & Family Agency is committed to providing high quality services to children and families at the earliest opportunity across all levels of need. Providing help to children and families early in the stage of a difficulty can prevent situations getting worse. The Child and Family Agency acknowledges that investment in early support services can keep many children safe from harm. Working in partnership is a very important aspect of this work. The Child and Family Agency aims to work closely with families, other agencies and professionals so that a response can be provided quickly to meet the needs of children. Early identification and provision of help at community level is in the best interest of all children.

Educational Welfare Services

The Educational Welfare Services (formerly the National Educational Welfare Board – NEWB) of the Child and Family Agency operate under the Education (Welfare) Act, 2000. This is a progressive piece of legislation that emphasises the promotion of school attendance, participation and retention. The

statutory and school support services of the Child and Family Agency's Educational Welfare Services work together collaboratively and cohesively with schools and other relevant services to secure better educational outcomes for children and young people. The Child and Family Agency provides a range of educational support services including Educational Welfare Officers, school support services under the DEIS Initiative as well as information for parents, guardians, and schools.

Domestic, Sexual & Gender Based Violence Services

Domestic and/or sexual violence is the threat or use of physical, emotional, psychological and sexual abuse in close adult relationships. This includes destruction of property, isolation from family and friends or other potential sources of support and threats to others including children. Stalking and control over access to money, personal items, food, transport and the telephone are also common examples of domestic abuse. Such abuse affects people across our society - from all walks of life, from all cultural, social and ethnic backgrounds and across all age groups. The majority of victims are women, but a significant number of men are affected and abuse also occurs in same-sex relationships. The Child and Family Agency provides a range of services to support those who experience domestic, sexual and/or gender based violence.

Early Years Services

Early Years Services is an overarching term that includes Pre-School Services. The Child and Family Agency is responsible for inspecting pre-schools, play groups, nurseries, crèches, day-care and similar services which cater for children aged 0-6, under the Child Care (Pre-School Services) Regulations 2006.

KDYS Springboard Project Tralee

Tralee Springboard is a family support initiative designed to improve the well-being of families, parents and children and to improve the organisation and delivery of services more generally. All Springboard projects have a general strategy of being open and available to all families, parents and children in the community as well as a more specific strategy of working intensively with those who are most in need. Springboard provides a coordinated and integrated response to the needs of children, parents and families by drawing upon the resources of all relevant agencies.

KDYS Neighbourhood Youth Project (NYP) Killorglin

Killorglin NYP is a community based service which aims to support young people aged 12- 18 years and their families in the Killorglin area. The N.Y.P. works in a manner that includes young people, families and the community in over- coming difficulties while working closely with other agencies through a mix of intensive family support and generic youth work services.

Kerry Traveller Resource Centre

The Kerry Travellers Development Project aims to create a partnership between Travellers and settled people, to challenge inequalities and to bring about positive change for the Traveller community at both an individual and an institutional level. The project offers information and support, Traveller community health workers and a dedicated Travellers' Resource Centre in Tralee.

Killarney Asylum Seekers Initiative (KASI)

KASI is a community based nongovernmental organisation set up in 2000 to support asylum seekers who arrived in Killarney as part of the Government Dispersal Programme. KASI provides a professional drop-in service for asylum seekers, refugees, migrant workers and their families; as well as providing a 'social' space where people feel safe, welcome and respected. KASI undertake awareness raising work in the local community on asylum/refugee and other immigration issues: as well as promote appreciation and celebration of cultural diversity.

Tralee International Resource Centre (TIRC)

The Tralee International Resource Centre provides support services to asylum seekers, refugees and broader immigrant communities. Support services include providing a welcoming, accessible and safe space for people using the centre. TIRC also provides relevant information and support; guidance and signposting to relevant services; networking opportunities with groups at a local, regional and national level; and integration and participation in wider community activities.

Services to Support Children with Disabilities

Assessment of Need – HSE Disability Services

The EPSEN Act, 2004 and the Disability Act, 2005 set out a new approach to assessing the needs of children with disabilities and/or special educational needs for health and/or educational services.

You are entitled to apply for an assessment of need for your child if you consider that your child has a disability. A person has a disability if there is a substantial restriction in his or her capacity to participate in everyday life because of an enduring physical, sensory, mental health or intellectual impairment. Your concerns may be about your child's understanding, behaviour, eyesight, hearing, speech & language, social skills or physical development.

The disability legislation states that a "substantial restriction" means that a person has a restriction which is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and means that he or she has a need for services to be provided continually or, in the case of a child, there is a need for services to be provided early in life to ameliorate the disability. At the end of the Assessment of Need process the child will receive a document on his/her Assessment of Need.

The assessment is independent and is based solely on your child's disability needs and is carried out regardless of cost or availability of services. Parents or guardians must complete an application form. The HSE Assessment Officer will help and support parents or guardians with their child's application. Application forms are available from the HSE Assessment Officer.

Kerry Intervention & Disability Services (KIDS)

KIDS is a partnership of the HSE South, Brothers of Charity, Enable Ireland and St John of God Children's Services. The Kerry CSC Children with Disabilities Working Group has overseen the reconfiguration of services for children with disabilities in Kerry to ensure enhanced support for children with disabilities at primary care level and more equitable access to specialist services for all children in the county. 4 Interdisciplinary network teams have been established under KIDS in North Kerry, Tralee, Mid-Kerry and South Kerry. Teams include a Clinical /Educational Psychologist, Occupational Therapist, Physiotherapist, Speech & Language Therapist, Early Intervention Specialist, Social Worker, Domiciliary Care Nurse, Manager, Administrator, Clerical Officer, & Paediatrician. The KIDS team links with Public Health Nurses, GPs, Paediatricians, Area Medical Officers, Pre-school Coordinators and School Staff. Services are provided to children 0 – 18 years, are based on need and are determined by geographical area.

Services to Support Youth Mental Health

Child & Adolescent Mental Health Service (CAMHS)

The Kerry Child and Adolescent Mental Health Service, HSE, is a specialist tertiary mental health service which provides diagnostic assessment and evidence based therapeutic interventions to children and adolescents up to 18 years of age who are presenting with the most severe and disabling mental health disorders e.g. ADHD, Anxiety Disorders, Obsessive Compulsive Disorders, Eating Disorders, Depressive Disorders, Bipolar and Psychotic Disorders. The service also provides an emergency liaison service to Kerry General Hospital Accident & Emergency Department and Paediatric Ward when young people present with suicidal thoughts or have engaged in an episode of self-harm. Kerry CAMHS provides a mental health of intellectual disability service to Nano Nagle & St Francis' Special Schools. The service is multidisciplinary and community based and is under the clinical direction of Consultant Child & Adolescent Psychiatrists. Referrals are accepted from GPs, senior professionals in Primary Care and other community children's services such as Social Workers, Speech & Language Therapists etc as well as Educational Psychologists, Disability & hospital services.

HSE Child Adolescent & Family Psychology Service

The aim of Child, Adolescent and Family Psychology Services is to promote psychological wellbeing and to provide assessment and therapy to children/adolescents (between 0-18 years) and their families. The Service aims to empower the child and significant people in the child's world to work towards coping more effectively with difficulties and to promote the child's well-being, welfare and protection. Referral to Kerry Child, Adolescent and Family Psychology Service can be initiated by any individual who notes concern in relation to a child's emotional, behavioural, social and psychological well-being. Permission of parents must be provided for referral.

Child & Adolescent Counselling Services

Kerry Adolescent Counselling Service, Tralee and **South West Counselling Centre**, Killarney provide a safe space to explore issues and provide support with: Feelings and Emotions; Education and Expectations; Relationships and Sexuality; Moods - Anxiety, Anger or Depression; Bereavement and Loss - Family or Peer, Family Separation or Divorce; Worries and Concerns; Substance Abuse - self or parental; Eating Distress and Body Issues; and Self Harm. A referral will be accepted from agencies such as HSE, Child and Family Agency, CAMHS, Schools, NEPS, JLOs, Youth Services or GPs as well as the

young person or a family member. To access counselling either a young person's parent/guardian or the adolescent him/herself must contact the Centre by telephone or in person. If a child or young person is less than 18 years old parental consent is required.

Kerry LifeLine (at South West Counselling Centre) aims to reach out to the Community to Prevent Suicide. Kerry LifeLine provides Free one to one counselling (up to 8 session) for individuals who are feeling suicidal and/or have attempted suicide. Free support is also provided to individuals and families impacted by the death of a loved one through suicide. Workshops and Training in the Community is also provided.

Guidance Counselling in Secondary Schools (IGC)

According to Section 9 of the Education Act (1998) a recognised school shall use its available resources to *'ensure that students have access to appropriate guidance to assist them in their educational and career choices.'* Guidance Counsellors provide second level students with careers and further education information including college courses in Ireland, Europe & beyond. Guidance Counsellors also provide impartial & confidential counselling support to students in terms of personal issues which may emerge during the school year. Guidance Counsellors make onward referrals to specialised counselling and psychological interventions as needs arise. Guidance Counsellors are professionally qualified; qualifications are regulated by the Department of Education & Skills and the Institute of Guidance Counsellors (IGC).

Éist Linn Adolescent In-patient Psychiatric Treatment Centre

Éist Linn is an In-patient psychiatric treatment facility for young people located at Bessborough, Blackrock, Cork. Treatment is usually indicated for children and adolescents with severe psychiatric disorders such as schizophrenia, depression and mania. Other presentations include severe complex medical-psychiatric disorders such as anorexia or bulimia. Admission may also be required for clarification of diagnosis and appropriate treatment or for the commencement and monitoring of medication. Referral is usually through the Child & Adolescent Mental Health Service (CAMHS) but also accepted from Adult Mental Health Service for patients 16-18 who are not in contact with CAMHS.

HSE Adult Mental Health Service

Kerry Adult Mental Health Services will provide a multidisciplinary mental health care service to young people with mental health disorders not currently being seen by Child & Adolescent Mental Health

Services (CAMHS). Disorders include ADHD, Eating Disorders, Depressive Disorders and Psychotic Disorders. Referral to Kerry Adult Mental Health Services can be initiated by any individual who notes concern in relation to a child in crisis. If possible, referral to the service is made via a General Practitioner / South Doc out of hours or the A&E Department of Kerry General Hospital.

Youth Addiction Treatment Services & Supports

HSE Addiction Counselling Service

The HSE has established a multidisciplinary addiction service in Kerry which treats both adults and adolescents at Edward Court and Brandon House, Tralee. Outreach addiction counselling is available in Cahersiveen, Kenmare, Killorglin, Listowel, Killarney and Dingle. The service provides assistance to individuals and families concerned about drug, alcohol or gambling issues. The service may be accessed by the individual or a family member / concerned person may make the initial contact. All clients under the age of 18 must have written parental/guardian consent.

The HSE Addiction Services also provides a Link Worker to support and assist service users in the treatment and rehabilitation process by engaging with other agencies to establish links with a wide variety of statutory and community/voluntary agencies.

Community Based Drugs Initiative (CBDI)

The Southern Regional Drugs Task Force funds 3 Community Based Drugs Workers in Listowel, Tralee and Killarney. The Killarney & Listowel CBDI projects are managed by KDYS; the Tralee CBDI project is managed by NEKD and each project is supported by a locally based advisory Committee. The drugs workers work with young people to support them into addiction support services or post addiction interventions to maintain positive change. The drugs worker also provides early intervention and prevention, supporting young people through evidence based practices in diverting them from substances misuse and addiction. The drugs worker offers support to family members or loved ones of those involved in substance misuse. Addiction counselling and residential treatment services are available through the HSE. Residential addiction treatment is available to adults in Talbot Grove Treatment Centre, Castleisland.

Arbour House Addiction Treatment Centre

Arbour House provides assessment, treatment and counselling for adolescents and adults with alcohol, drug or gambling problems. Community services serve both Cork & Kerry. The service may be accessed by the individual or a family member / concerned person may make the initial contact. All clients under the age of 18 have to have written parental/guardian consent.

Cara Lodge Adolescent Treatment Centre

Cara Lodge provides a residential treatment programme in a multi-disciplinary therapeutic environment for adolescent boys (14-18yrs) at Ahiohill, County Cork. The centre serves the counties of Cork and Kerry. It is a voluntary, non-profit organisation. Admission to Cara Lodge is through a designated Admissions Committee which accepts referrals from: Cara Lodge Centre Counsellors; Counsellors in the HSE Cork & Kerry Addiction Treatment Services; Probation & Welfare Officers; Principal Social Workers or Child Psychologists in the HSE Cork & Kerry region.

Aislinn Adolescent Treatment Centre

Children in Kerry can also avail of residential addiction treatment in Aislinn Adolescent Addiction Treatment Centre, Ballyragget, County Kilkenny. This is a family orientated residential treatment programme which provides treatment for young people (15-21yrs) who are experiencing drug, alcohol or gambling addictions. Clients can be admitted by a variety of sources including: referrals from Drugs & Alcohol Services, self-referrals, family members, psychiatric services, GP's, social workers, probation & welfare services.

Talbot Grove Addiction Treatment Centre

Talbot Grove is a 30 day residential treatment centre for adults suffering from alcoholism, drug addiction and compulsive gambling. The facility can admit up to 12 participants at a time to the intensive programme. Recovery is based on abstinence and improved quality of life. The programme is tailored to the needs of the individual and is delivered through group therapy, individual counselling and educational activities. Access may be by self referral or a concerned person may make the initial contact. An Assessment is required in order to access the service.

Universal Education Services & Supports

Pre-schools

131 Pre-Schools in county Kerry, including 8 in Gaeltacht areas, provide access to a free year of early childhood care and education under the Early Childhood Care & Education (ECCE) scheme to children aged between 3 years 2 months and 4 years 7 months in the year before they start primary school. The ECCE scheme enables preschool children to access appropriate programme based activities in a structured learning environment. ECCE promotes school readiness through formal social, emotional and educational development opportunities outside of the home.

Primary Schools

There are a total of 138 primary schools in county Kerry including 3 special schools. 15 primary schools are classified as disadvantaged DEIS schools. 14 primary schools serve the Kerry Gaeltacht regions of Chorca Dhuibhne (Dingle/West Kerry) and Uíbh Ráithaigh (Iveragh/ Ballinskelligs). There are also 4 gaelscoileanna in county Kerry in Tralee, Killarney, Listowel and Castleisland. In the 2012/2013 academic year the total primary school, special school & secondary school population in Kerry was 26,916. There were 15,748 children enrolled in primary school on September 30th, 2012; 15,553 pupils were enrolled in mainstream education & 195 pupils were attending Special School. 11,167 students (including Post Leaving Cert PLC students) were enrolled in secondary school on September 30th, 2012.

Secondary Schools

There are 26 secondary schools in Kerry including 5 designated disadvantaged DEIS schools. 8 secondary schools in Kerry are ETB schools. Gaelcholáiste Chairraí, Tralee; Coláiste Íde, Dingle; and Pobalscoil Chorca Dhuibhne, Dingle provide second level education through the medium of Irish in Kerry. A total of 11,025 students (5,310 boys and 5,715 girls) were enrolled in secondary school on September 30th, 2010.

Kerry Education & Training Board (ETB)

Kerry Education & Training Board (KETB) is the statutory local education body in Kerry. KETB endeavours to provide a comprehensive lifelong education service through the provision, support and promotion of high quality education and training. KETB provides education at second level to students in 8 Community Colleges in Cahersiveen, Causeway, Castleisland, Dingle, Killarney, Killorglin, Listowel

and Tralee. Further education and training opportunities are provided for adults through a network of 11 Adult Education Centres in Causeway, Cahersiveen, Kenmare, Killarney, Killorglin, Listowel and Tralee. KETB has 2 Sports & Outdoor Education Centres located in Tralee and Cappanalea, Killorglin.

Kerry Life Education

Kerry Life Education is a not for profit community based education service which provides a comprehensive range of high quality and evidence-based education services at both primary and secondary school level which are designed to add value to schools' existing Social Personal and Health Education provision. Sessions are delivered using a life-skills approach and each year, students develop increasing knowledge, skills and confidence to support them in making informed health choices. Kerry Life Education engages with schools in a number of ways and working with different year groups – from a visit by the mobile classroom to primary schools, to interactive discussions and activities coupled with a range of cutting edge technical supports specially designed to work in second level schools.

Institute of Technology Tralee

The Institute of Technology Tralee provides third level educational opportunities to approximately 3,500 students across a broad range of disciplines. A significant number of programmes at the ITT incorporate a work based learning period including international work placements.

Targeted Education Supports & Services in Kerry

Special Schools

There are 3 Special Schools in Kerry located in Tralee, Listowel and Beaufort. On September 30th, 2012, 195 children were enrolled in Special School in Kerry.

Child & Family Agency Educational Welfare Service (EWS)

The Educational Welfare Service (EWS) was set up as the National Educational Welfare Board under the Education (Welfare), Act 2000; its functions have now been incorporated into the Child & Family Agency which provides Educational Welfare Services (EWS). The EWS supports parents, guardians and children to ensure that every child attends school regularly or receives a good standard of education elsewhere. Under the Education (Welfare) Act, 2000, all children aged 6-16 must receive an education; the EWS protects children's rights to education. The EWS is responsible for the Home School Community Liaison Scheme (HSCL) and the School Completion Programme (SCP) in addition to education welfare services.

Since 2009 the EWS has been working towards providing integrated services in DEIS areas while ensuring that services are provided to non-DEIS areas. The main aim of the EWS is to maximise attendance, participation and retention of school age children. There are currently 14 schools in Kerry participating in the School Completion Programme: 7 in North Kerry and 7 in South Kerry.

Education Welfare Officer

The Educational Welfare Service (EWS) appoint education welfare officers to work in close co-operation with schools, teachers, parents and community/voluntary bodies with a view to encouraging regular school attendance and developing strategies to reduce absenteeism and early school leaving.

Home School Community Liaison Scheme

The Home/School/Community Liaison (HSCL) Scheme is a preventative strategy targeted at pupils at risk of not reaching their potential in the educational system because of background characteristics which tend to adversely affect pupil attainment and school retention. The scheme is provided to schools under the Department of Education DEIS Programme (Delivering Equality of Opportunity in Schools).

School Completion Programme

The School Completion Programme (SCP) supports parenting programmes recognising that the family is the core unit which has a predominant influence on the life of a child. The schools under the aegis of SCP are involved in Parents Plus Programme (PPP), The Incredible Years and Strengthening Families Programmes to varying degrees. The remit of the School Completion Programme is to organise activities for children/young people in school and after school.

National Educational Psychological Service (NEPS)

This school based Psychological Service focuses on developmental, learning, social, emotional and behavioural difficulties which impact a child's learning and socialisation in school. NEPS does not operate a referral system. Each school has an assigned NEPS psychologist and a dedicated allocation of service time. The school principal may request the involvement of the psychologist in supporting teachers and parents in assessment of and developing interventions to meet a pupil's needs. Where the psychologist is involved directly with or on behalf of a pupil, parental permission is sought.

Youthreach

Youthreach is an integral part of the national programme of second-chance education and training in Ireland and is a central part of the Government's contribution to the achievement of a lifelong learning society. The programme is directed at unemployed young early school leavers aged 15-20. It offers participants the opportunity to identify and pursue viable options within adult life, and to acquire certification. It operates on a full-time, year-round basis.

Under a partnership agreement with Kerry Education & Training Board, KDYS manages the Kerry Youthreach Programmes in Tralee (Tralee Youthreach Leaving Certificate Applied Course, Transform Alley Youthreach) Killarney Youthreach and Listowel Youthreach. Youthreach and VTOS training opportunities are also available in Cahersiveen and Killorglin through Kerry Education & Training Board Adult Education Centres. VTOS offers education and training opportunities for unemployed adults on certain welfare payments.

Local Authority

Kerry County Council (KCC)

Kerry County Council provides a vast range of services and initiatives to ensure that County Kerry is a great place to live, work, visit and invest in. The Council is responsible for the planning, design and construction of important infrastructures such as roads and water supply. It provides certain social and quasi-social services, such as housing, fire stations, libraries and burial grounds. KCC is responsible for protecting the environment and through its planning and environment policies it seeks to enhance the county while protecting its unique character and atmosphere. It manages the Local Community Development Committee, formerly the County Development Board (CDB), and plays an active role in the development of the county's economic, social and cultural affairs.

One of the key services within KCC is the Housing & Social Support Department. It is responsible for the provision, management and maintenance of social housing and social housing supports in the County. This happens through the direct provision of built units (houses/apartments, etc), the provision of units through the Rental Accommodation Scheme, meeting the housing needs of homeless persons, enforcement of private rented standards and other regulations and legislation dealing with housing policy and social supports.

Kerry County Council is presently restructuring its operations taking account of the dissolution of the Town Councils of Tralee, Killarney and Listowel as provided for in the Local Government Reform Act 2014 . It is also restructuring in accordance with the stated aims in the local government policy document “Putting People First” to enhance its role in economic development and in community services and quality of life issues . Its continued involvement in the Kerry CSC will enhance these roles.

Policing & Youth Justice

An Garda Síochána

An Garda Síochána is the national police service of Ireland. The mission of An Garda Síochána is ‘Working with Communities to Protect and Serve’. Some of An Garda Síochána’s core functions include: the detection and prevention of crime; ensuring our nation’s security; reducing the incidence of fatal and serious injuries on our roads and improving road safety; working with communities to prevent anti-social behaviour; and promoting an inter-agency approach to problem solving and improving the overall quality of life. There are 37 Garda Stations located throughout county Kerry. There are 3 Garda districts in the county.

Targeted Policing & Youth Justice Services

Garda Juvenile Diversion Programme (GJDP)

The GJDP was established under the Children Act 2001 and aims to prevent young offenders from entering the full criminal justice system by offering them a second chance. The intended outcome of the GJDP programme is to divert young people from committing further offences. The Director of the National Juvenile Office decides whether or not a child is to be admitted to the Juvenile Diversion Programme once the preconditions have been met. In cases of serious offences, the Director of Public Prosecutions decides if a young person is suitable for the programme. There are 6 KDYS Garda Juvenile Diversion Projects in Kerry: Tralee (x3); Listowel, Castleisland and Killarney; these projects are currently being expanded to serve the whole county.

Young Persons Probation Service (YPP)

Young Persons Probation (YPP) is a specialised division of the Probation Service established to work with children and young people aged 12-18 years who come before the Courts or who are in the Children

Detention Schools/Centre. Probation Officers deliver a service to Court through the presentation of reports and taking referrals. They provide appropriate guidance and information relating to the community sanctions. Part of this role also involves working closely with the Irish Youth Justice Service in addition to the Court. Young persons are referred to the YPP service by the courts.

Other Services

*** North & East Kerry Development Partnership (NEKD)**

NEKD is a local development company which seeks to promote, support, assist and engage in social, enterprise and community development, and provides services on both a one-to-one basis for clients and to groups depending on the requirements of the communities. NEKD delivers development programmes & services, funded by National exchequer, EU programmes or philanthropic organisations, and these include: Local & Community Development Programme; LEADER (Rural Development) Programme; Employment Services; and Social initiatives i.e. the Rural Social Scheme & the Community Services Programme.

*** South Kerry Development Partnership (SKDP)**

SKDP is a local development company which is involved in the administration of a broad range of National and EU funded programmes in the South Kerry Region. SKDP's programmes are targeted at a broad range of individuals, communities and businesses and cover many areas including training, community development, education, business development, agriculture, and tourism. Among the programmes which are administered by SKDP are the Local Community Development Programme, South Kerry Skillnets, the Local Employment Service, The Walks Scheme, The Rural Social Scheme, TUS and the INTERREG IVB NWE Rural Alliances Project, and Rural Development Programme (LEADER). It provides services on both a one to one basis for clients as well as for groups depending on the programme elements being delivered.

* Significant changes in regard to the delivery of local development & European development programmes are scheduled to take effect in the autumn of 2014 in light of procurement processes for the delivery of same being established under the Kerry County Council Local Community Development Committee (LCDC).

Section 4: Local Needs Analysis

Kerry CSC Child Well-Being Indicator Report

The Kerry CSC Child Well-Being Indicator Report was completed in April 2012. The aims of this research were to establish an appropriate child well-being indicator set and baseline data across all Kerry CSC priority action areas as well as to establish a data collection framework which would enable the annual collection of data across all indicator sets to support longitudinal comparative analysis. A further task of the research was to examine the collaborative processes within the Kerry Children's Services Committee and its working groups.

The Kerry CSC Child Well-Being Indicator Report will be updated bi-annually to ensure that data remains current, measurable and valid. It will serve as an essential reference resource which will support the work of Kerry Children's Services Committee. It will support Kerry CSC and its working groups to identify the current needs of children and young people, and gaps in current service provision. It will also enable Kerry CSC to measure the success of actions undertaken in the county to support children, young people and their families.

Concept of Well-Being

Child Well-Being is a complex concept which it is believed originated in the WHO definition of Health as '*A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*' (WHO 1946). More recently, conceptualisations of well-being have moved towards a construct which incorporates both the absence of distress and the presence of positive mental states while taking into account the complexity and multidimensional nature of children's' lives and where children's relationships are as important as their material well-being or health outcomes (Nic Gabhainn and Sixsmith 2005, Bradshaw et al 2006). Child Well-Being is dependent not only on how children function as individuals but also on risk and protective factors relating to their *families* and the *communities* within which they live. Risk factors are factors to do with children, their families or their environment which increase the chance for lower levels of well-being. Protective factors on the other hand have a buffering effect and reduce or eliminate the effects of risk factors on children (Lou et al 2006). A good relationship with parents for example is a very important protective factor and

can give children the resilience to function successfully and experience high levels of well-being despite living in adversity (Orthner et al 2004, Ni Gabhainn and Sixsmith 2005).

In Ireland, in recognition of the complex and multidimensional nature of child well-being, the development of effective interagency collaboration in children's services provision has become a key policy priority. The Irish government has committed to establishing a multi-agency Children's Services Committee (CSC) in every City/County Development Board area in recognition of the fact that collaboration can lead to efficiencies through the elimination of overlap and a more effective use of resources (Department of the Taoiseach 2006). Four initial multi-agency Children's Services Committees were established in Dublin City, South Dublin, Limerick City and Donegal in 2007 – 2008. To date 20 CSCs have been established across the country; the CSC initiative is being rolled out nationally with a commitment to establish a Children's Services Committee in each Local Authority area by 2016. Children's Services Committees are focused on improving child well-being through interagency working.

Measuring Child Well-Being

There are different ways of measuring child well-being and these often reflect differences in perception of children and whether policy makers and practitioners are interested in 'development', 'outcomes' or 'resilience' (Hanafin and Brooks 2005). Nonetheless, well-being measurement mechanisms share common features with most taking account of children's health, safety and education, the economic situation of children's families and the emotional well-being of children. Some also focus on the degree of participation of children and young people in leisure and civic activities and their relationships with others. Each of these various well-being measurement mechanisms are made up of a set of *indicators*.

Indicators are quantitative measurements of aspects of well-being. Figures on Infant deaths along with life expectancy, premature deaths, self-reported health and disability are examples of statistics commonly used at national level to compare well-being between countries (Mladovsky et al 2009).

In Ireland, a set of forty two national indicators were developed and are published every two years in the *State of the Nation's Children* reports (Office of the Minister for Children 2006, Office for the Minister for Children and Youth Affairs 2008, 2010, Department of Children & Youth Affairs 2012).

These indicators were developed by drawing on existing research in the area (Brooks and Hanafin 2005), on the expertise of multiple stakeholders and the input of children themselves on what they consider important in their lives (Nic Gabhainn and Sixsmith 2005).

There are a number of challenges inherent in utilizing indicators as a measure of child well-being. Firstly the concept of 'measurement' is a difficult one. This is because the link between outcomes statements and indicators is an imperfect one since outcomes are qualitative statements whereas indicators by their nature are generally quantitative measures. However, it has been argued that accepting this limitation and attempting measurement, even if it is crude, is better than not attempting to measure at all.

Kerry Children's Services Committee identified 51 county level data indicators of Child Well-Being for county Kerry across 4 domains: demographics; behaviour & risk; environmental factors; youth emotional & mental well-being.

Changes in the Economy

Similar to the international economy, Ireland has experienced major economic changes in the last few years and undergone a major reversal in the prosperous economic climate that had prevailed since the mid-1990s. The census figures for unemployment in Ireland show an increase from 4% in 2006 to 14.2% in 2012 (CSO, 2012). In Kerry in March 2006 a total of 6,159 individuals (of which 3,445 were under 25yrs) were registered as unemployed. By March 2012 the total number of persons registered as unemployed in Kerry had risen to 16,643 (2,422 were aged under 25 years). The rise in the rate of unemployment in the county reflects an increase of 270%. *The lower than expected numbers of under 25 year olds registered as unemployed in Kerry in March 2012 suggests that many young people have left the county to find work.*

The current economic climate also has resulted in many agencies experiencing reductions in staff numbers due to retirements and redundancies as well as a substantial reduction in programme funding since 2007. This has resulted in agencies struggling to do more to meet the needs of children and families with ever reducing resources. Despite these challenges Kerry CSC is heartened

and encouraged by the commitment and enthusiasm of all member agencies to the Children's Services Committee initiative in Kerry.

National Policy Direction

In order to develop initiatives at county level which meet the national developmental outcome objective 'Economically Secure' and would ensure that *Children in Kerry are Economically Secure* is virtually impossible in the absence of a national policy on Child Poverty. Kerry Children's Services Committee endeavoured to address this objective with limited success. The Budget Management Working Group developed an information leaflet on welfare entitlements for the self-employed in order to clearly outline how previously self-employed persons can access unemployment benefits however the group was unable to address the economic security of children and families in Kerry in any meaningful way in the absence of a clear and coherent national policy.

Gaps in Service Provision

Common themes were identified across all priority action areas which informed the development of the Kerry Children's Services Committee Workplan for Children and Young People 2014 – 2017. These included

- **An Information Deficit:** Information on the services and supports available to children, young people and families is not always easily accessible. Therefore the Kerry CSC and its working groups will ensure that accurate information on services and supports across priority action areas is available to children, families, front line practitioners, communities and agencies. Information will be provided via Kerry Children's Services Committee website www.kerrychildrensservices.com and via appropriate publications developed by Kerry CSC working groups.
- **Accessible Services:** Clear access routes to available services and supports will be identified, publicised and promoted. Children, young people and families will be supported to access appropriate levels of support based on their needs. Where possible services will be reconfigured to meet the needs of children, young people and families in the county and ensure that access to services and supports is equitable.
- **Access Protocols:** Transitions into and out of services will be supported through effective

interagency, integrated and collaborative working. Interagency Access Protocols will be developed where required to support children and young people accessing services as they require them. Kerry CSC is mindful of the continuum of care needs of children and young people and the continuum of services available to meet those needs. It is essential that children, young people and families have access to the 'right level' of help when they require it; Kerry CSC will work to ensure that the right support is available and to ensure transitioning into & out of the continuum of care services is easy.

- **Gaps in Services:** Gaps in service provision, particularly in relation to effective, integrated, interagency working will be identified. Kerry Children's Services Committee and Kerry CSC Working Group member agencies will strive to achieve greater interagency working in order to ensure better outcomes for children, young people and families in Kerry. We will endeavour to address gaps in service provision in the county through collaborative working with service providers.
- **Local Area Pathways:** A Local Child & Family Support Network, the Listowel Youth Resource Panel (LYRP), was piloted to support children, young people and families who required multi-agency support to enable effective, needs led early intervention which focused on the strengths of the child and family. The learning from the LYRP pilot in Listowel will inform the development of the Local Area Pathways structure in Kerry under the Child & Family Agency Prevention Partnership & Family Support service delivery model.
- **Collaborative Interagency Skills Development:** In recognition of the importance of interagency working to the success of the Children's Services Committee initiative, Kerry CSC, in partnership with the Institute of Technology, Tralee developed the Collaborative Interagency Skills Development Training Programme. The programme was undertaken by all members via the Kerry CSC Working Groups in 2013 & 2014. The aim of the programme is to embed collaborative, interagency practice into all aspects of the work of Kerry CSC and its member agencies. The programme has proven very successful however, Kerry CSC members recognise that ongoing work will be required to maintain and build on the collaborative, interagency practice established to date.
- **Parental Participation within Kerry Children's Services Committee:** Kerry CSC would like to include parental representation on the committee and working groups. Unfortunately, a

'representative structure' such as a county network of Parents Associations /Parents Councils which could facilitate information sharing between Kerry CSC and parents as well as support consultation with the parents of children & young people in Kerry does not currently exist. We are currently exploring ways in which Kerry CSC could support the inclusion of parent representatives on our CSC and working groups.

Children with Disabilities:

The Kerry CSC Children with Disabilities Working Group completed the reconfiguration of disability services for children in the county and established the Kerry Intervention & Disability Services (KIDS) on September 30th 2014. 4 geographic teams have been established in order to provide equitable access to disability and intervention services for children aged 0-18 in Kerry. Further work is required to strengthen the multi-disciplinary geographical teams established however the focus of the work throughout 2014 will be on 'bedding down' the new teams, strengthening relationships within the interagency teams and strengthening relationships and links with community level services including Primary Care Teams, schools and preschools.

A clear accountable governance structure has been established both nationally and regionally to monitor and review the implementation of the recommendations of the 'Report of the National Reference Group on Multidisciplinary Disability Services for Children Aged 5-18' (2009). The Kerry Intervention & Disability Services reports to a Local Children's Disability Services Management Group which in turn reports to the Regional Children's Disability Services Management Group. The KIDS /Children with Disabilities Working Group will also remain a sub-committee of Kerry Children's Services Committee in order to ensure the CSC is informed of all developments within Kerry Intervention & Disability Services; Kerry CSC will continue to support the service in any way it can.

Child & Youth Mental Health

Services & supports are available for children and young people from county Kerry with mental health and emerging mental health needs across all levels of Hardiker. Through its work over the past 3 years the Youth Mental Health Working Group has enhanced access to youth mental health services in the county through the development of its Referral Guidelines documents. Clear, accessible information on the youth mental health services and supports available to young people has also been provided via

the Kerry CSC Website www.kerrychildrensservices.com and the THINK Teenage Health IN Kerry Booklet. Additionally, the Youth Mental Health working group developed a Critical Incidents Response for the county which prompted the development of a countywide HSE led interagency Suicide Response Plan.

The focus of the Youth Mental Health Working Group to date has been predominantly on Youth 12 – 18 years, the services available to this group and access to same. Through its review & planning process the Youth Mental Health identified the following ‘gaps in services’: infant & toddler mental health 0-3 years; child mental health 4-12 years; bullying; mental health education for professionals and front line practitioners working with children & young people; as well as the need to ensure that all child & youth mental health initiatives developed to support children & young people in Kerry are inclusive regardless of cultural or ethnic background. Throughout the lifespan of this 3 year Workplan the Kerry CSC Child & Youth Mental Health working group will develop & implement initiatives to address the current ‘gaps in services’ identified.

Drugs & Alcohol

A range of addiction services and supports are provided to young people in county Kerry. The Southern Regional Drugs Task Force funds 3 drugs workers in Listowel, Tralee and Killarney. These services are managed by 3 local steering groups and work independently of each other. The drugs workers work with young people to support them into addiction support services or post addiction interventions to maintain positive change. The drugs worker also provides early intervention and prevention, supporting young people through evidence based practices in diverting them from substances misuse and addiction. The drugs worker offers support to family members or loved ones of those involved in substance misuse. Addiction counselling and residential treatment services are available through the HSE. Residential addiction treatment is available to adults in Talbot Grove Treatment Centre, Castleisland.

While there are a range of drugs and alcohol services available to young people in Kerry, these services focus on ‘low threshold’ interventions and therapeutic interventions for young people with addiction problems. Furthermore, information on the services available in Kerry is not easily accessible. An additional ‘gap’ identified by the working group is that there is no Kerry specific, county level, coordinated, interagency preventative strategy which focuses on teen drug and alcohol misuse,

particularly binge drinking. The Drugs & Alcohol Working Group will work with all stakeholders to provide a more coordinated approach to drugs & alcohol service provision in the county; it will also work with stakeholders to provide more equitable access to services. The Drugs & Alcohol working group will endeavour to strengthen the links between schools & community services with Drugs & Alcohol Services and the Gardaí which will in turn enable the working group to develop an effective preventative, early intervention approach in the county. The working group will provide clear, accessible information on drugs & alcohol as well as the services available to young people, parents & the general public.

Parenting & Family Learning

In Kerry, parenting and family learning supports are provided across the county by a variety of service providers including the Child and Family Agency, HSE, Kerry Education & Training Board, Kerry County Childcare Committee, Family Resource Centres and the Kerry Diocesan Youth Service. Supports are provided across a continuum of care and on all levels of the Hardiker model. The Parenting & Family Learning (P&FL) Working Group recognises the importance of positive parenting and supporting parents in their parenting roles if we are to achieve positive outcomes for children and young people. Working in partnership with parents is essential if Kerry CSC hope to meet the needs of children in Kerry.

While there are a variety of parenting programmes, supports and family learning opportunities available to parents in Kerry, programmes are not coordinated across the regions. Programmes to meet the needs of parents of preschool, school age and adolescent children particularly at key transition stages, both universal & targeted, are not readily available to parents in their localities. Therefore the Parenting & Family Learning Working Group will work with all stakeholders to coordinate parenting programmes across the county. Through its review & planning process the Parenting & Family Learning working group also identified the following 'gaps' in service provision: access to quality training opportunities for front line practitioners working with children, young people and families; early years supports to enhance parenting of children aged 0-3 and strengthening links to community level supports; supporting transitions using both a universal approach i.e. piloting Parent Information Points and a targeted approach i.e. supports to more vulnerable populations to ensure positive transitions from preschool to primary school. The P&FL working group will work with key stakeholders to address these identified gaps throughout the lifespan of this 3 year Workplan.

Prevention Partnership & Family Support

A range of supports are available to children and families with complex needs in county Kerry. There are 6 Garda Youth Diversion Projects operating in Kerry under the Garda Juvenile Diversion Programme in Tralee (x3), Castleisland, Listowel and Killarney. Youth Reach projects are available to young people in Tralee, Killarney, Listowel and Killorglin. The Youth Probation Service works with young people aged 12 – 18 and seeks to promote positive change and prevent recidivism. The School Completion Programme operates in 14 schools, both primary and secondary in Kerry. The school completion programme aims to impact positively on school retention rates and prevent early school leaving. The Child and Family Agency Social Work Department is responsible for the protection and welfare of children at risk in Kerry. Many of the children and families working with targeted support services (Hardiker levels 2 & 3) are accessing multiple services. However, services often work independently of each other when providing supports.

Between 2011 and 2013 the Young People at Risk Working Group piloted the Listowel Youth Resource Panel (LYRP) project to support young people (12-18 years old) & families in the Listowel area. This needs led interagency, early intervention model of best practice maximised the strengths of the child & family. Through this initiative multi-agency supports were put in place to support 'at risk' children (12-18 years) and families in the Listowel area. The aim of the project was to allow parents and professionals to work together to achieve a better life for the child. This was achieved by a coordinated, interagency process of (1) assessing the child & family's needs in partnership with the child & family, (2) establishing an appropriate 'team around the child', (3) developing an action plan to address the identified needs and (4) reviewing progress throughout the process. The learning from the Listowel pilot will greatly inform the development of Local Area Pathway and Child & Family Support Network structures which will be established under the Child and Family Agency Prevention, Partnership & Family Support service delivery model.

The Young People at Risk Working Group will become the Prevention, Partnership & Family Support (PP&FS) Working Group & will act as the PP&FS Steering Group in Kerry. The membership of the group will be reviewed and expanded as appropriate. The Prevention, Partnership & Family Support working group will oversee the development of the Local Areas Pathway service model in Kerry.

Youth Participation

The Kerry CSC Youth Participation Working Group was established in 2013. It replaced the Community & Volunteer Led Working Group which operated in 2011 and 2012 and completed the mapping of all volunteer led youth clubs, girl guides and scouting organisations in county Kerry. Youth Participation is an underpinning goal of Kerry CSC and the Youth Participation Working Group will work toward making 'Youth Participation Everyone's Business' throughout the lifespan of this 3 year Workplan.

Through the review and planning process the Youth Participation Working Group identified the need to integrate the participation of children & young people into the work of Kerry CSC & all its working groups. It has established clear objectives and actions to achieve this objective over the course of the next 3 years. Actions include: developing actions which will make it 'easy' for working groups to include young people in their work; facilitating the active participation of children & young people in the development of the next Kerry CSC Workplan; and to further strengthen and develop the links between Kerry CSC and Kerry Comhairle na nÓg.

Research & Information

Kerry Children's Services Committee and its working groups endeavour to meet the needs of children, young people and families in county Kerry through better collaborative, interagency practice. In order to ensure actions are needs led, Kerry CSC must regularly gather and collate appropriate indicator data and review local service provision. The Research & Information working group was established by Kerry CSC to gather, collate and provide accurate information to the committee and its working groups to inform its actions. The Research & Information working group commissioned and oversaw the development of the 2012 Kerry CSC Child Well-Being Indicator Report and the Kerry CSC Website. In 2013 it gathered & collated the data for the publication of the 2013 Child Well-Being Indicator Report.

The Research & Information working group will continue to address the information needs of the Kerry Children's Services Committee and its working groups for the duration of this 3 Year Workplan.

Section 5: Summary of the Kerry CSC Workplan for Children & Young People 2014 – 2017

<i>National Outcomes</i>	<i>Local Priority Areas</i>
Active & Healthy both Physically and Mentally	<ul style="list-style-type: none"> • Child & Youth Mental Health • Drugs & Alcohol • Kerry Intervention & Disability Services
Achieving in all areas of Learning & Development	<ul style="list-style-type: none"> • Parenting & Family Learning 0-18
Safe & protected from Harm	<ul style="list-style-type: none"> • Prevention Partnership & Family Support
Economic Security & Opportunity	<p>Although Kerry CSC does not have a working group dedicated to this outcome, every effort will be made through all our working groups to promote social inclusion and reduce inequalities for children, young people & families in Kerry.</p>
Connected, Respected & Contributing to their World	<ul style="list-style-type: none"> • Youth Participation
Change Management	<ul style="list-style-type: none"> • Research & Information

Kerry CSC Desired Outcomes per Priority Action Area

Priority Action Area	Desired Outcomes
Child & Youth Mental Health	<ol style="list-style-type: none"> 1. The mental health and well-being of children & young people in Kerry will be improved. 2. All children & young people will be able to access appropriate mental health care supports when they require them.
Children with Disabilities	<ol style="list-style-type: none"> 1. Disability services will be reconfigured so that all children with disabilities will have equal access to disability services. 2. All children with disabilities will receive the supports they require so they can lead full & independent lives.
Drugs & Alcohol	<ol style="list-style-type: none"> 1. Reduce children & young people’s misuse of alcohol & drugs. 2. Provide a community / environment which ensures that children & young people living in Kerry can grow & mature safe from the dangers associated with alcohol and drug abuse. 3. Ensure that children and young persons living in Kerry are aware of the dangers associated with drug & alcohol abuse. 4. Ensure that children and young people are provided with and aware of the facilities available to them regarding rehabilitation from drug & alcohol abuse.
Parenting & Family Learning	<ol style="list-style-type: none"> 1. All children & young people will be cared for in a loving, supportive, caring home environment which supports their social, emotional, cognitive and intellectual development. 2. All children will be school ready on day 1 of primary school. 3. All children & young people will be prepared well to be caring, supportive and loving parents.
Prevention Partnership & Family Support	<ol style="list-style-type: none"> 1. To ensure that all children & young people can access high quality, integrated, early intervention support services at the earliest stage of difficulty 2. To improve the life chances of young people who engage in crime & other high risk behaviours. 3. Promote young people’s adoption of and engagement in positive lifestyles.
Youth Participation	<ol style="list-style-type: none"> 1. To integrate the participation of children & young people into the work of Kerry CSC & its working groups
Research & Information	<ol style="list-style-type: none"> 1. To provide & collate accurate information to the Kerry Children’s Services Committee in order to inform decision making, identify gaps in service provision and track progress over time. 2. To develop and maintain the Kerry CSC Website which will provide accurate ‘sign-posting’ information for children, young people, parents, front line practitioners and agencies.

Priority Action Area: Child & Youth Mental Health

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Bullying:	Identify the Anti-Bullying Programmes being implemented in schools & community settings in Kerry.	Number of anti-bullying programmes available in Kerry.	Increased awareness of & collaboration on Anti-Bullying Procedures	Gather appropriate information	2014 -2015	Child & Youth Mental Health (C&YMH) Working Group	A Vision for Change (2006)
	Promote interagency collaboration & coordination around bullying.			Assess what needs to be done to address gaps re bullying in Kerry	2015-2016		DES Action Plan on Bullying (2013)
	Provide information to parents re programmes available to address bullying in Kerry.	Number of awareness issues available for parents.		Provide information to parents on bullying via website or information booklet	2015-2016		Better Outcomes Brighter Futures: The national policy framework for children & young people (2014)
							Healthy Ireland (2013)
Mental Health Education for Professionals working with children & young people:	Support those working with children & young people to build capacity & resilience in managing mental health concerns.	Increased numbers from each school & community organisations who have attended relevant training on child & youth mental health.	Increased numbers from each school & community organisations who have attended relevant training on child & youth mental health.	Use the CSC website to promote information & training on child & youth mental health.	2015 & ongoing	HSE Health Promotion & NEPS	Agenda for Children's Services (2007)
	Develop a Pilot to enhance and strengthen the provision of community level supports to second level students in Killarney in partnership with schools & all stakeholders	Killarney Schools Pilot project established	Killarney Schools Pilot project established	Organise Mental Health Information Events i.e. YMH Conference /Information Evenings as required.	Use the CSC website as a sign-posting resource.		
				Map Killarney services and Identify needs			
				Clearly identify objectives of the project			
				Source funding to support the pilot project			
				Pilot the Killarney Schools Project & evaluate same			

Infant & Toddler Mental Health:	Incorporate the promotion of infant mental health into the workings of the CSC C&YMH Working Group Educate professionals in regard to issues pertaining to infant & toddler mental health.		Increased awareness of & collaboration on infant & toddler mental health	Collaborate with the Parenting & Family working group re appropriate actions going forward.	From 2014 & ongoing	Child & Youth Mental Health Working Group	A Vision for Change (2006) DES Action Plan on Bullying (2013) Vision into Action (200?) Better Outcomes Brighter Futures (2014)
Child Mental Health:	Educate professionals in regard to issues pertaining to child mental health.	Child friendly THINK Booklet available for Primary Schools Updated Referral Guidelines distributed to all GPs, Health Centres etc in Kerry	Increased awareness of & collaboration on child mental health	Adapt the THINK Booklet for children Update the Guidelines for Referrals for children	2015-2016 2014-2015	Child & Youth Mental Health Working Group	Healthy Ireland (2013) Agenda for Children's Services (2007)
Cultural Diversity:	Ensure that all groups in Kerry are included in the actions of the Child & Youth Mental Health Working Group	Greater awareness of cultural diversity to ensure the work of the C&YMH Working Group is inclusive		Consult with the International Support Groups i.e. KTCDP, KASI, TIRC Identify & implement strategies for broadening multi-cultural access to information emanating from the C&YMH WG	2014 & ongoing	Child & Youth Mental Health Working Group	

Priority Action Area: Drugs & Alcohol

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Drug & Alcohol Misuse	To delay the onset of drug & alcohol misuse among young people in Kerry	Number of D&A awareness raising activities	To address teen substance misuse through a range of awareness raising activities	Organise outreach drug & alcohol information sessions in supermarkets & public venues.	2014	Drugs & Alcohol Working Group	National Drugs Strategy 2009 – 2016
	To address teen substance misuse in particular binge drinking in Kerry	Reduced number of drug & alcohol related offences committed by young people		Schools to notify Gardaí of 'risky' events i.e. end of year mass to improve coordination & monitoring	2014 & ongoing	Secondary Schools & An Garda Síochana (AGS)	Steering Group Report on a National Substance Misuse Strategy (DOH 2012)
	Establish a 'Drugs & Alcohol Expert' within schools who would lead D&A initiatives within school & liaise with appropriate organisations outside of school i.e. AGS, D&A Services etc	A number of 'Drugs & Alcohol Experts' established within schools		Work with schools to establish a pilot project to develop 'Drugs & Alcohol Experts' in a number of schools in Kerry.	2015	Drugs & Alcohol Working Group & 4-5 Pilot Schools	Better Outcomes Brighter Futures (2014)
		THINK About Alcohol & Drugs Booklet published & distributed in Kerry.		Develop a 'THINK About Alcohol & Drugs' Booklet	2014	Drugs & Alcohol Working Group	Healthy Ireland (2013)
Drugs & Alcohol Services	Influence the effective use of resources across agencies to enable more effective co-ordination of	All young people in Kerry with substance abuse /addiction issues receive an appropriate service	An equitable geographic spread of services based on need	Work with the SRDTF and Drugs & Alcohol Services to explore the possibility of establishing 1 CBDI Committee for the county.	2014 & ongoing	Drugs & Alcohol Working Group and the SRDTF	

	services Greater coordination of D&A training in Kerry	Increased numbers of teachers, youth workers etc attending appropriate D&A training	D&A training is coordinated & the 'right' people are matched with appropriate training	Work with the SRDTF, SPHE and HSE Health Promotion to ensure D&A training is coordinated & effective.	2014 & ongoing	D&A Working Group, SRDTF, SPHE, HSE Health Promotion	National Drugs Strategy 2009 – 2016 Steering Group Report on a National Substance Misuse Strategy (DOH 2012)
Drugs & Alcohol Strategy	Develop & Coordinate a preventative youth alcohol misuse strategy for the county in partnership with the Southern Regional Drugs Task Force (SRDTF)	1 D&A Strategy for Kerry which is reflected in the plans of all stakeholder organisations	1 D&A Strategy for Kerry which is reflected in the plans of all stakeholder organisations	Identify & share all D&A action plans in Kerry i.e. SRDTF, KDYS, NEKD, KETB etc Develop 1 coherent D&A action plan for Kerry which fits within the regional SRDTF Strategy & reflects the needs of the county.	2014 & ongoing	Drugs & Alcohol Working Group and the SRDTF	Better Outcomes Brighter Futures (2014) Healthy Ireland (2013)

Priority Action Area: Kerry Intervention & Disability Services (KIDS)

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Services for Children with Disabilities	Ensure children with disabilities have equitable access, based on the needs of the child, to appropriate supports via geographically based KIDS teams.	4 fully resourced Multi-disciplinary Geographic KIDS teams established	<p>Ensure Kerry Children’s Services is updated on the progress of the KIDS service.</p> <p>Ensure strong links with Primary Care, Schools, Preschools</p>	<p>The KIDS Manager or appropriate person will update the Kerry CSC on the progress of the Kerry Intervention & Disability Services bi-annually</p> <p>Gaps within KIDS teams will be identified & addressed.</p>	2014 – 2017	Kerry Intervention & Disability Services Manager	<p>Disability Act</p> <p>Report of the National Reference Group on Multidisciplinary Disability Services for Children Aged 5-18 (2009)</p> <p>Healthy Ireland (2013)</p> <p>Better Outcomes Brighter Futures (2014)</p>

Priority Action Area: Parenting & Family Learning

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Parenting	<p>To support the co-ordination and geographic spread of universal and targeted evidence-based high quality parenting/family learning programmes</p> <p>To provide information about and support parents and 'pre-parents' to access evidence-based parenting programmes and other family programmes</p>	<p>The number of evidence-based programmes available across each age group cohort.</p> <p>Number of 'hits' on the websites</p>	<p>Co-ordinated delivery of parenting and family learning programmes across the county</p> <p>Increase in the number of parenting plus and other evidence based programmes delivered</p> <p>Ensure the Kerry CSC & Kerry County Childcare Websites provide accurate & timely information to parents</p>	<p>Audit Parenting and Family learning programmes across Kerry</p> <p>Co-ordinate information sharing between agencies on parent craft, parenting and family learning programmes.</p> <p>Co-ordinate the delivery of parenting and family learning programmes</p> <p>Promote the integration of more parenting skills and family learning skills into existing programmes e.g. antenatal</p> <p>Continue to roll out the <i>Parents Plus</i> programme & research and pilot other parenting programmes</p> <p>Update & maintain the CSC & CCC Websites</p>	2014-2017	Parenting & Family Learning Working Group (P&FL)	<p>Council of Europe Recommendation Rec (2006) 19</p> <p>Literacy & Numeracy for Learning & Life (2011)</p> <p>Better Outcomes Brighter Futures: The national policy framework for children & young people 2014-2020 (2014)</p>
Training	Support access to quality training for those who work with children and families	<p>Number of trained workers</p> <p>Number of trained workers who are delivering programmes</p>	Increased knowledge among those who work with children and families of evidence-based practical parenting skills	<p>Identify gaps in Parenting & Family Learning training</p> <p>Co-ordinate appropriate training</p>	2014 & ongoing	Parenting & Family Learning Working Group in partnership with KETB	

<p>Early Years</p>	<p>Build positive networks around parents of young children through the support of the Language and Play programmes which will in turn allow linkage to additional community supports.</p> <p>Children are school ready and supported at home - English language supports for children & parents whose first language is not English in Preschool to promote school readiness</p>	<p>Number of Language & Play Programmes delivered in the county</p> <p>Uptake of English language supports by parents whose first language is not English</p> <p>A range of English language supports for children whose first language is not English</p>	<p>15 Language & Play Programmes delivered per year (funding permitting)</p> <p>Number of parents whose first language is not English availing of English language supports</p>	<p>Coordinate the delivery of the Language & Play programme in the community.</p> <p>Evaluate the L&P Programme</p> <p>Work with KETB, International Resource Centres & Preschools re the delivery of English Language Supports</p>	<p>2014-2017</p>	<p>Parenting & Family Learning Working Group</p>	<p>Council of Europe Recommendation Rec (2006) 19</p> <p>Literacy & Numeracy for Learning & Life (2011)</p> <p>Better Outcomes Brighter Futures: The national policy framework for children & young people 2014-2020 (2014)</p>
<p>Supporting Transitions</p>	<p>Pilot Parent Information Points (PIP) in schools & FRCs to support parents & children at key transition stages i.e. from home to preschool; preschool to primary; primary to secondary as well as junior to senior cycles at both primary & second level.</p> <p>Support the transition of travellers from pre-school to primary & primary to secondary school.</p>	<p>A Parent Information Point Pilot established</p> <p>Increased numbers of Traveller children participating at all levels of the education system</p>	<p>A Parent Information Point Pilot established</p> <p>Improved participation of Traveller children in school both re attendance & full curriculum /timetables</p>	<p>Research Parent Information Point (PIPs) in other areas</p> <p>Identify pilot site(s)</p> <p>Develop appropriate information resources for the PIP</p> <p>Provide appropriate training as required</p> <p>Evaluate the PIP Pilot</p> <p>Work with Traveller Support Groups & Traveller Education Liaison Committee; preschool networks, IPPN & NAPD to improve Traveller children's participation in education</p>	<p>2015</p> <p>2014 & ongoing</p>	<p>Parenting & Family Learning Working Group</p>	

Priority Action Area: Prevention, Partnership & Family Support

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Prevention, Partnership & Family Support (PP&FS)	To provide high quality interagency, needs led, early intervention services to all children, young people & families with unmet needs which maximise the strengths of the child & family (<i>where child protection concerns are not evident</i>)	Local Area Pathway (LAP) structure established & operational in Kerry Principal for PP&FS and Child & Family (C&FS) Network Coordinators appointed	Establish the LAP in Kerry by January 2015 Support the Meitheal Model in Kerry Identify gaps in services	Agree C&FS Network Areas Work with all relevant services to support the development & implementation of the PP&FS Local Area Pathway Model in Kerry	2014 -2017	Prevention, Partnership & Family Support Steering Group	Children First: National guidance for the protection & welfare of children Meitheal: Prevention, Partnership and Family Support (CHILD AND FAMILY AGENCY 2013)
Service Coordination	To coordinate services at local level to ensure the needs of children, young people & families are met as needs arise.	The number of referrals to C&FS Networks The number of cases supported by the LAP structure	Referrals to appropriate services / Child & Family Support Networks are received 'early' and acted on quickly	Referrals are dealt with by the appropriate C&FS Network Integrated child & family plans are developed for each case Services are coordinated to avoid duplication	2015 & ongoing	Prevention, Partnership & Family Support Steering Group	Better Outcomes Brighter Futures (2014) Childcare Act 2001

Priority Action Area: Youth Participation

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Youth Participation	<p>To make it easy for working groups to include young people in a meaningful way (taking appropriateness into consideration)</p> <p>To facilitate the active participation of young people in the development of the CSC Workplan</p>	<p>Consultation plan for 2016</p> <p>Proofed the consultation process/mechanism in 2015 based on draft plan for this developed in 2014</p> <p>Map current structures that facilitate Youth Participation e.g. Youth Club mini-regions; Jigsaw; Comhairle; Students Councils etc for 12-18 years and 0-12 year olds</p>	<p>Youth Participation Officers are appointed on each CSC Working Group</p> <p>Youth Participation is an agenda item on CSC working group meetings</p> <p>By 1st January 2017 the voice of children & YP will be included in the development of the Workplan for 2017 & onwards</p>	<p>Ask young people how best we can 'listen' to them</p> <p>Use existing structures to support consultation and active youth participation.</p> <p>Ensure inclusivity across all areas – disability sexuality etc, equality proofed and representative</p> <p>Identify appropriate questions, information to source from young people</p> <p>Cross reference with other working groups and research group regarding this. (What do we want to ask of youth?)</p> <p>Explore use of technology to elicit voice of youth participation e.g. blogs, Facebook etc.</p>	<p>2014-2017</p> <p>By 1st January 2017)</p> <p>Consultation in 2016</p> <p>1) plan consultation 2014/2015</p> <p>2) Test consultation 2015</p>	Youth Participation Working Group	<p>National Action Plan for Social Inclusion (2007)</p> <p>Better Outcomes Brighter Futures: The national policy framework for children & young people 2014-2020 (2014)</p> <p>Equal Status Act 2000-2011</p>

	To facilitate the active participation of young people in CSC and working group decision-making	Evidence of involvement of YP in the actions of other working groups	Ensure vulnerable population are linked in and included in the consultation process/mechanism	<p>Include vulnerable populations/hard to reach young people</p> <p>Ensure activities/actions of working group hear input from youth regarding design/delivery and impact of action on young people i.e. Think Booklet/YMH conference etc</p> <p>Prepare an annual 'Report' or how voice of child/youth was included in actions of working group from each working group</p>	Now & ongoing		<p>National Action Plan for Social Inclusion (2007)</p> <p>Better Outcomes Brighter Futures: The national policy framework for children & young people 2014-2020 (2014)</p> <p>Equal Status Act 2000-2011</p>
Comhairle na nÓg	<p>Continue to engage with Kerry Comhairle na nÓg (CnÓg)</p> <p>Promote an awareness of the importance of hearing the voice of the child across all agencies that work with children and young people (including the voice of marginalised groups)</p>	<p>Comhairle na nÓg representatives on CSC</p> <p>CSC to support the work of Kerry Comhairle na nÓg</p>	<p>Relationship with Kerry Comhairle na nÓg is strengthened</p> <p>Comhairle na nÓg work with Kerry CSC on actions as appropriate</p>	<p>CnÓg reps to attend alternate CSC meetings</p> <p>CSC members & Coordinator to attend CnÓg meetings & events as appropriate</p> <p>CSC Coordinator to be a member of the Kerry CnÓg Steering Group</p> <p>Consult with & work with CnÓg on CSC actions as appropriate</p>	2014 & ongoing	Youth Participation Working Group	

Priority Action Area: Research & Information

Priority Area	Objective	Indicators	Target	Activities	Timeframe	Lead Responsibility	Links to Other Plans
Provide Accurate Information to the Kerry Children's Services Committee	To provide & collate accurate information to the Kerry Children's Services Committee in order to inform decision making, identify gaps in service provision and track progress over time.	Preparation & publication of the Kerry CSC Child Well-Being Indicators Report bi-annually	Preparation & publication of the Kerry CSC Child Well-Being Indicators Report bi-annually	Build on the information previously provided to the CSC and working groups by reviewing and refining/distilling indicators in collaboration with the Kerry CSC working groups Update the information provided to the working groups on a longitudinal basis by sourcing data from service providers Identify gaps in information previously provided to the working groups	2015 - 2017	Research & Information Working Group	Better Outcomes Brighter Futures: The national policy framework for children & young people 2014-2020
Provide Accurate Information to the public via the Kerry CSC Website	To develop and maintain the Kerry CSC Website which will provide accurate 'sign-posting' information for children, young people, parents, front line practitioners and agencies.	The number of 'hits' on the Kerry CSC Website	To provide accurate, useful, user friendly signposting information to children, young people, parents, agencies and the general public on the services, supports & programmes available across priority action areas in Kerry	Update the Kerry CSC Website regularly Proof content of the website with appropriate working groups & member agencies	2014 & ongoing	Research & Information Working Group	

Section 6: Monitoring & Review

How will we make sure we deliver our aspirations in this plan?

Within the Children's Services Committee:

This Kerry Children's Services Committee Workplan covers the 3 year period from 2014 to 2017. It outlines our objectives across all our priority action areas. Kerry CSC will work with all its partner agencies including the Kerry Comhairle na nÓg, children, young people, families and communities to implement the actions outlined in this Workplan.

In order to ensure that our work stays focused, a comprehensive review will undertaken each year which will summarise what we set out to achieve and note the progress made.

The Kerry CSC welcomes comments, views and opinions about our Workplan for Children and Young People. If you would like to do so please contact the Coordinator:

Claire O'Toole,
Kerry Children's Services Committee,
C/o HSE Community Services,
Rathass,
Tralee
(066) 7199764 Or Claire.otoole@hse.ie
www.kerrychildrensservices.com

At Local County Level:

The Kerry Children's Services Committee will report to the Kerry Local Community Development Committee annually. This Kerry CSC 3 Year Workplan represents the 'County Kerry Plan' for children, young people and families. It endeavours to meet the identified needs of children, young people and families in county Kerry and to compliment and add value to the strategic plans of all services which deliver supports to children & families in Kerry.

At National Level

Kerry Children's Services Committee is required to report on progress quarterly across all 5 National Outcomes to the Department of Children & Youth Affairs (DCYA) and the National CSC Steering Group. If required, support to fulfill our commitments is available from the National CSC Coordinator and the DCYA.

Appendices

Underpinning Legislation & Policies

United Nations Convention on the Rights of the Child (UNCRC) 1989

The UN Convention on the Rights of the Child is a comprehensive, internationally binding agreement on the rights of children which was adopted by the United Nations General Assembly in 1989. It is the most widely ratified human rights treaty of all time; all countries have ratified it except the USA and Somalia. The UNCRC was ratified by Ireland in 1992. The UN Convention consists of 54 articles: 41 articles (1-41) relate directly to the rights of the child, each of which details a different type of right; articles 42 -54 outline how Governments & adults should work together to implement measures to ensure children's rights. These rights are not ranked in order of importance; instead they interact with one another to form one integrated set of rights. A common approach is to group these articles together under the following themes:

1. **Survival rights:** Include the child's right to life and the needs that are most basic to existence, such as nutrition, shelter, an adequate living standard, and access to medical services.
2. **Development rights:** Include the right to education, play, leisure, cultural activities, access to information, and freedom of thought, conscience and religion. These outline the child's right to develop to his/her full mental & physical potential.
3. **Protection rights:** Ensure children are safeguarded against all forms of abuse, neglect and exploitation, including special care for refugee children; safeguards for children in the criminal justice system; protection for children in employment; protection and rehabilitation for children who have suffered exploitation or abuse of any kind.
4. **Participation rights:** Encompass children's rights to participation in family, cultural & social life as well as freedom to express opinions, to have a say in matters affecting their own lives, to join associations and to assemble peacefully. As their capacities develop, children should have increasing opportunity to participate in the activities of society, in preparation for adulthood.

The UN Convention includes four articles that are given special emphasis. These are also known as 'general principles'. These rights are the bedrock for securing the additional rights in the UN Convention.

That all the rights guaranteed by the UNCRC must be available to all children without discrimination of any kind (Article 2);

That the best interests of the child must be a primary consideration in all actions concerning children (Article 3);

That every child has the right to life, survival and development (Article 6); and

That the child's view must be considered and taken into account in all matters affecting him or her (Article 12).

The UNCRC acknowledges the primary role of parents and the family in the care and protection of children, as well as the obligation of the State to help them carry out these duties.

Better Outcomes Brighter Futures: The National Policy Framework for Children & Young People 2014 – 2020

Better Outcomes Brighter Futures is the first overarching national policy framework for children & young people aged 0-24 years developed in Ireland. This policy document recognises that all policy areas have a direct or indirect impact on the lives of children & young people and this policy framework attempts to coordinate all policy across Government in order to achieve better outcomes for children, young people and families. The framework aligns Government commitments to children & young people against the 5 national outcomes which are that all children & young people are:

- Active & Healthy Both Mentally & Physically;
- Achieving in all Areas of Learning & Development;
- Safe & Protected From Harm;
- Economic Security & Opportunity;
- Connected, Respected and Contributing to Their World.

It identifies 6 transformational goals which have the potential to improve outcomes and transform the effectiveness of existing policies & resources: Support Parents; Early Intervention & Prevention; Listen to & Involve Children & Young People; Ensure Quality Services; Strengthen Transitions; and Cross-Government & Interagency Collaboration & Coordination. The framework commits to measuring progress over the life-span of the policy and establishes new cross-Government structures to support implementation & monitoring of the framework.

In *Better Outcomes Brighter Futures* Government highlights the importance of collaborative interagency working and identifies Children's Services Committees as the key local structures for local needs analysis, service planning & coordination and local county level implementation of the National Policy Framework.

National Children's Strategy: Our Children – Their Lives (2000)

This policy document was an innovative step in Irish policy making, being Ireland's first ever national children's strategy and one of the first globally. Its specific focus on children as a life cycle group and its commitment to children as participants in the policy making process marked it out as an important milestone in changing attitudes towards children in Ireland. The Strategy was published in November 2000, following wide consultation with children, parents, and those working with and for children –

from both statutory and voluntary organisations. The consultation was the first of its kind in Ireland, and the quality of the consultation is evident in that the Strategy's three national goals and 24 associated objectives still hold firm; and its vision still connects with our aspirations for children today:

"An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own, where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential." *Our Children – Their Lives* set three national goals:

1. Children will have a voice
2. Children's lives will be better understood
3. Children will receive quality supports and services.

While Children's Services Committees were not referenced specifically in this policy document it recognises the importance of establishing "a comprehensive response to children's varied needs. This response should reinforce the importance of the community services, which are fully integrated and accessible, and re-emphasise prevention and early intervention."

Agenda for Children's Services: A Policy Handbook (2007).

The Agenda sets out the strategic direction and key goals of public policy in relation to children's health and social services. At the core of the Agenda is the promotion of good outcomes for children. The Agenda sets out the 7 National Developmental Outcomes for children for the first time & clearly envisions that all children in Ireland should be:

- Healthy, both physically & mentally;
- Supported in active learning;
- Safe from accidental & intentional harm;
- Economically secure;
- Secure in the immediate & wider physical environment;
- Part of positive networks of family, friends, neighbours and community;
- Included & participating in society.

Towards 2016 10 Year Framework Social Partnership Agreement 2006-16

This document provides an overarching framework for Government to address key challenges which individuals face at each stage of the life cycle. Towards 2016 makes a number of specific commitments in relation to Children's Services Committees: "At local level a multi-agency Children's Committee will be established within each of the City/County Development Boards. These committees will be chaired by the HSE who are best placed to drive this initiative to achieve coordinated and integrated services."

Council of Europe Recommendation Rec (2006) 19

In recognition of the importance of the family unit as the fundamental building block of society as set out in Article 16 of the European Social Charter "The family as a fundamental unit of society has the

right to appropriate social, legal and economic protection to ensure its full development” the Council of Ministers recommended that governments of members states “acknowledge the essential nature of families and of the parental role and create the necessary conditions for positive parenting in the best interests of the child; take all appropriate legislative, administrative, financial and other measures adhering to the principles set out in the appendix to this recommendation.” The definition of positive parenting presented is “parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child.” The Recommendation builds on the UNCRC and the rights of the child are named as a fundamental principle of the document.

Policy Objectives for Governments:

- The creation of conditions to support positive parenting.
- The removal of barriers to positive parenting.
- The promotion of the value of positive parenting & establishing it as a norm in society.

The Recommendation gives special consideration to:

1. The important role of both parents & children’s rights to maintain links with both parents, particularly fathers, in separated families.
2. Targeting of policies & measures to support: first time parents; teenage parents; families with particular needs; and families in difficult circumstances. The development of Family Support Networks.
3. Parenting in situations of social exclusion and the development of appropriate, contextually sensitive approaches.
4. Qualitative guidelines and standards for professionals working with children & families.

The Recommendation outlines core components of policies & measures to be developed in partnership with children and families:

- Supporting Parents & the provision of 3 levels of support: informal; semi-formal; and Formal.
- The promotion of education in Children’s Rights & Positive Parenting.
- Reconciliation of Work-Life Balance.
- The importance of developing local level responses tailored to local needs.

The Recommendation clearly defines the importance of positive parenting and clearly sets out a comprehensive framework to support the development of national parenting and family support policies.

Outcome 1: Children will be Active & Healthy both Physically & Mentally

Healthy Ireland: A Framework for Improved Health & well-Being 2013-2025 (2013)

The main priority of the Healthy Ireland (HI) policy is to develop a healthy Ireland where every individual in the population can enjoy mental & physical health and well-being to their full potential. The current health status of people living in Ireland and their lifestyle trends are leading us towards a costly and unhealthy future. Ireland's population is growing and has also become diverse. The census shows that people are living longer but not all living in good health. Many people living in Ireland and their families are affected by chronic diseases and disabilities related to bad diet, smoking, alcohol misuse and physical inactivity. By 2020 the number of adults with chronic diseases will increase by about 40%; diabetes will rise by 30%; heart disease by 31%; and the number of cancer cases is expected to double in the next 20 years.

HI draws on existing policies but also proposes new arrangements to ensure effective cooperation & collaboration at all levels from national to community. The framework outlines 4 high level goals & 64 actions in order to achieve the aims of the Health Ireland policy.

- **To increase the proportion of people who are healthy at all stages of life:** In order to support health and wellbeing it is necessary to address risk factors across all stages of the life-cycle starting from pre-natal stage up to old age and ensure effective interventions at key transition stages.
- **Reduce health inequalities: Research had shown that health and well being is not evenly distributed across Irish society:** In order to tackle this problem a broad focus needs to be taken on addressing the wider social determinants of health. This can be done by looking at
- **Protect the public from threats to health and wellbeing:** The HI programme is designed to ensure effective, integrated strategies to protect the public from new & emerging threats to the health and well being of the population. The approach includes preventative, early response & rapid recovery strategies.
- **Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland:** In order to promote health and well-being it is necessary that society as a whole take ownership and get involved. It cannot be left up to Government alone. This can be done by communication and promotion between different communities, local groups, policy and legislative changes at the highest level of government.

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015 (2012)

The core of the Government's health reform programme is a single-tier health service, supported by Universal Health Insurance (UHI) that is designed in accordance with the principles of social solidarity. This will mean that:

1. The population will have equal access to healthcare based on need, not income;
2. Everyone will be insured for a standard package of curative health services;
3. There will be no distinction between "public" and "private" patients;
4. We will introduce universal primary care, with GP care free at the point of use for all;
5. Universal hospital care will include independent, not-for-profit trusts and private hospitals;
6. Social care services will be outside of the UHI system but integrated around the user;
7. The health system will be based on a multi-payer insurer model, with competing insurers; and
8. The service will remain, fundamentally, publicly provided.

Future Health is built on four key inter-dependent pillars of reform.

- **Health and Wellbeing:** There will be a new focus on the need to move away from simply treating ill people, to a new concentration on keeping people healthy. The health and wellbeing pillar recognises the need for a whole-of-government approach to addressing health issues and commits to the development of a comprehensive health and wellbeing policy framework and the establishment of a Health and Wellbeing Agency.
- **Service Reform:** The service reform pillar will move us away from the current hospital-centric model of care towards a new model of integrated care which treats patients at the lowest level of complexity that is safe, timely, efficient, and as close to home as possible. This will help to move from the existing emphasis on reactive care towards preventative, planned and well coordinated care.
- **Structural Reform:** Structural reform of the Health Service will be undertaken on a phased basis to promote good governance, avoid duplication and ensure a strong regional focus in managing performance and delivering value for money. The HSE Board will be abolished and new service Directorates, including the Child & Family Agency will be established. The funding of the health service will move from tax funded to combined tax & UHI funding.
- **Financial Reform:** A new Money Follows the Patient (MFTP) funding model will be introduced in order to create incentives that encourage treatment at the lowest level of complexity that is safe, timely, efficient, and is delivered as close to home as possible. The MFTP system will be designed so that money can follow the patient out of the hospital setting to primary care and related services. This, along with other initiatives such as the introduction of integrated payment systems, will help to support integration between primary, community & hospital care.

Progressing Disability 0-18

Progressing Disability Services for Children and Young People is a national project established by the Health Service Executive working with the non-statutory and voluntary organisations they fund and

others in the health, education and disability sectors, to change the way services are provided. This is based on the recommendations of the *Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years* produced by representatives of the professions and management involved in delivering multi-disciplinary services to children. In Ireland, disability services delivered by the HSE and non-statutory organisations have developed independently over time. There is wide variation in the services available in different parts of the country and for different categories of disability. As a consequence of this, some children and their families have little or no access to services. The project is being organised at national, regional and local level and includes representatives from services (both health and education) and parents getting together to see how current services can be re-organised to achieve this better structure. The vision for the programme is:

- One clear pathway to services for all children with disabilities according to need.
- Resources used to the greatest benefit for all children and families.
- Health and education working together to support children to achieve their potential.

Disability Act (2005)

The Disability Act is designed to advance and underpin the participation of people with disabilities in society by supporting the provision of disability specific services and improving access to mainstream public services. It places significant obligations on public bodies to make buildings and services accessible to people with disabilities, provides for sectoral plans in key service areas, requires public bodies to take positive actions to employ people with disabilities and provides for the establishment of a Centre for Excellence in Universal Design. The Act establishes a basis for:

- An independent assessment of individual needs, a related service statement and independent redress and enforcement for persons with disabilities;
- Access to public buildings, services and information;
- Sectoral Plans for six key Departments which will ensure that access for people with disabilities will become an integral part of service planning and provision;
- An obligation on public bodies to be pro-active in employing people with disabilities
- Restricting the use of information from genetic testing for employment, mortgage and insurance purposes;
- A Centre for Excellence in Universal Design.

‘Disability’ under the Act refers to a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.

Assessment of Need:

Any person who considers that he or she may have a disability is entitled to apply for an independent assessment of need. Arising from the assessment, the person concerned will be given an Assessment Report. The Assessment Report will indicate:

- Whether a person has a disability
- The nature and extent of the disability

- The health and education needs arising from the disability
- The services considered appropriate to meet those needs and the timescale ideally required for their delivery
- When a review of the assessment should be undertaken.
- There is provision for a relative, guardian or personal advocate to apply for an assessment on behalf of a person with a disability.

A Vision for Change: Report of the Expert Group on Mental Health Policy (2006)

This policy document outlines a vision for mental health care provision where ‘Each citizen should have access to local, specialised and comprehensive mental health service provision that is of the highest standard’. It proposes a holistic view of mental illness and recommends an integrated multi-disciplinary approach to addressing the biological, psychological and social factors which contribute to mental health problems. A Vision for Change places particular emphasis on involving service users and their families at all levels of service provision. It recommends that treatments and interventions are person centred, recovery focused and community based. Specialist expertise should be provided by Community Mental Health Teams (CMHTs). A VFC has outlined a reconfiguration of mental health services in Ireland and clearly defined the number & type of multi-disciplinary clinicians required to establish a CMHT. Each CMHT should serve a defined population and age group within a defined population based catchment area. Through the reconfiguration of mental health services a VFC envisions an active, flexible and community based mental health service where the need for hospital admission is greatly reduced.

A Vision for Change also outlined the development of mental health services for children and young people aged 0-18 in Ireland. The mental health needs of children and adolescents come within the scope of the Disability Act 2005 and the Education for Persons with Special Educational Needs Act 2004 (EPSEN). A VFC has incorporated the requirements of both the Disability 2005 and EPSEN 2004 Acts within the policy framework. A VFC makes several recommendations with regard to the development of mental health care services for children & young people.

- Child and adolescent mental health care services should cater for all children aged 0-18 in Ireland. Transitional arrangements should be put in place to accommodate the needs of all children while the mental health services are being expanded.
- Early intervention, prevention, health promotion and family support programmes should be targeted at child populations at risk.
- Positive mental health should be promoted through the schools particularly health promoting schools, SPHE for junior cycle children and extending the SPHE programme to senior cycle children (*Mental Health Matters Programme*).
- Provision of programmes to early school leavers should be the responsibility of the DES.
- Clear links need to be established, developed and enhanced between mental health services and community & primary care resources.
- Child & adolescent mental health services should be provided by multi-disciplinary CMHTs (2x 100,000 population) in community settings.

- An additional child and adolescent CMHT in each 300,000 population catchment areas to provide paediatric liaison to mental health services.
- To establish 5 in-patient hospital units (x 20 beds) throughout the country, one in each HSE area Dublin, Cork, Galway & Limerick.
- To establish one day hospital per 300,000 population.

A VFC outlines proposals for children and adolescents who come to the attention of the mental health services and have particular needs and therefore require special consideration. These children include children with Autism, children of parents with mental health problems and children in care. The following are the recommendations outlined in a VFC for children requiring special consideration:

- Early intervention & assessment services for children with Autism should include mental health consultation with CMHT where necessary.
- Needs & risk assessment of children in high risk situations i.e. children of parents with mental health problems, should be adopted as a minimum standard. This will require cooperation between child & adolescent and adult CMHTs.

Reach Out: National Strategy for Action on Suicide Prevention (2005)

‘Reach Out: National Strategy for Action on Suicide Prevention’ (2005) is a national action plan developed to address suicide and deliberate self harm. Its development followed the passing of the Criminal Law (Suicide) Act 1993 which decriminalised suicide and resulted in Irish society addressing the issue of suicide prevention. The strategy outlines 4 levels of action:

- General Population Approach
 - *‘To promote positive mental health & well-being and to bring about positive attitude change towards mental health, problem solving and coping in the general population.’* (P. 20). This approach outlines many actions to promote positive mental health, promote positive support networks and support & information services through family, schools, youth clubs, workplace, third level education settings, sports clubs & organisations, voluntary & community organisations and church & religious groups and the media. Through this broad based approach it is hoped to reduce the stigma associated with mental health difficulties and to promote access to mental health services at primary care level.
- Targeted Approach
 - *‘To reduce the risk of suicidal behaviour among high risk groups’* (p. 33). This strategy within the action plan highlights the need to develop and support acute mental health services in the hospital setting and to identify and support high risk populations particularly those who have a history of deliberate self harm, alcohol & substance abuse, marginalised groups (LGBT, Asylum Seekers & Traveller populations, prisoners, unemployed, people who have experienced abuse). The strategy also identified the need to provide supports to An Garda Síochána who are often the first to respond to a suicide.

- Responding to Suicide
 - *‘To minimise the distress felt among families, friends and in the community following a death by suicide and ensure that individuals are not isolated or left vulnerable so that the risk of any related suicidal behaviour is reduced’* (p. 45). This level of the strategy seeks to ensure an appropriate and professional response is developed in partnership between relevant professionals and voluntary agencies. The strategy also seeks to support the development of the Coroner Services so that families can be helped through the inquest process.
- Information & Research
 - *‘To improve access to information relating to suicidal behaviour and on where and how to get help, and to encourage suicide research and improve access to research findings’* (p. 48). This action of the strategy seeks to ensure that all information and data relating to suicide statistics in Ireland is standardised, collected and maintained centrally. That links are established between different data collection systems and that research on suicide and international best practice informs suicide prevention strategies going forward.

National Breastfeeding Action Plan (2013)

Listed on the draft CYPFF but was unable to source it.

Obesity: The Policy Challenges – The Report of the National Task Force on Obesity (2005)

In its report the Task Force on Obesity sets out a vision of **‘An Irish society that enables people through health promotion, prevention & care to achieve & maintain healthy eating & active living throughout their lifespan.’** Obesity is associated with premature death, excessive morbidity and serious psychosocial problems; the damage it causes to the welfare of citizens is very serious and the problem is increasing yearly. There is a public health imperative address obesity and to ensure relevant policies maximise opportunities for positive nutrition, active transport, recreational physical activity & total physical activity in order to promote healthy eating and participation in physical activity. The task force report on obesity advocates a population health approach for adults & children as well as effective weight management interventions for individuals who are severely overweight. It sets out 4 high level goals:

- An integrated, consistent & proactive approach across all government departments, public bodies and agencies to address the problem of overweight & obesity;
- The private sector has an important role; it acknowledges it has a responsibility & will be proactive in addressing the issue of overweight/obesity;

- The public sector, private sector and community & voluntary sectors should work in partnership to promote healthy eating & active living and address overweight/obesity;
- Individuals should be personally empowered to tackle overweight/obesity and sensitive interventions should be developed to support them.

The task force made 93 recommendations for action across the following sectors: Government Departments; Education; Social & Community; Health; Food, Commodities, Production & Supply; and Physical Environment.

National Drugs Strategy 2009-2016 (2009)

The National Drugs Strategy (*Interim*) 2009 – 2016 (2009) has been developed to build on the original National Drugs Strategy 2001 -2008 (2001). Actions to prevent and counteract the problems of drugs are based around a five pillar structure: supply reduction, prevention, treatment, rehabilitation and research. The current strategy is an ‘interim’ strategy because of concern expressed during the public consultation process on the problem of alcohol as both a public health issue and in relation to illicit drug use. The strategic aims of the National Drugs Strategy (*Interim*) 2009 – 2016 (2009) are:

- To create a safer society through the reduction of the supply and availability of drugs for illicit use.
- To minimise problem drug use throughout society.
- To provide appropriate & timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs.
- To ensure the availability of accurate, timely, relevant & comparable data on the extent and nature of problem substance use in Ireland.
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009 – 2016.

Teenspace: National Recreation Policy for Young People (2007)

This policy is aimed at young people aged 12-18 years and sets out to provide a strategic framework for the promotion of better recreational opportunities for young people. For the purposes of the National Recreation Policy, recreation is defined as ‘*comprising all positive activities in which a person may choose to take part that will make his or her leisure time more interesting, more enjoyable and personally satisfying .’* The policy encompasses both organised activities as well as casual activities for young people in their free time and sets out 7 core objectives:

- Give young people a voice in the design, implementation & monitoring of recreation policies & facilities.
- Promote organised activities for young people & examine ways to motivate them to be involved.
- Ensure that the recreational needs of young people are met through the development of youth friendly & safe environments.
- Maximise the range of recreational opportunities available for young people who are marginalised, disadvantaged or have a disability.
- Promote relevant qualifications/standards in the provision of recreational activities.

- Develop a partnership approach in developing & funding recreational opportunities across the statutory, community & voluntary sectors.
- Improve information on, evaluation & monitoring of recreational provision for young people in Ireland.

It was envisaged that local actions for implementation of the National Recreation Policy would be developed by Children's (Services) Committees and progress would be reviewed locally by City/County Development Boards annually.

Ready, Steady, Play: A National Play Policy 2004-2008

The National Play Policy is about creating better play opportunities for children 0-12 years. Its overall objective is to plan for an increase in public play facilities and thereby improve the quality of life of children living in Ireland by providing them with more play opportunities. The Policy recognises the importance of play and highlights the government's commitment to ensure that play is facilitated for all children. The following objectives have been set out for this policy:

- To give children a voice in the design and implementation of play policies and facilities;
- To raise awareness of the importance of play;
- To ensure that children's play needs are met through the development of a child-friendly environment;
- To maximise the range of public play opportunities available to all children, particularly children who are marginalised, disadvantaged or who have a disability;
- To improve the quality and safety of playgrounds and play areas;
- To ensure that the relevant training and qualifications are available to persons offering play and related services to children;
- To develop a partnership approach in funding and developing play opportunities;
- To improve information on, and evaluation and monitoring of, play provision for children in Ireland.

Youth Work Act 2001

Youth Work is defined as: *"a planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is complementary to their formal, academic or vocational education and training; and provided primarily by voluntary youth work organisations."* (Youth Work Act, 2001) This definition clearly articulates youth work as being educational and elective, structured and systematic and defines a young person as aged 10 - 24. The Youth Work Act 2001 provides for the following:

- A legal framework for the provision of youth work programmes and services. The Act gives statutory responsibility at national level to the Minister for Education & Skills & at local level to the Education & Training Boards, for the development of youth work & its coordination with other services for young people.
- The planning & development of youth work at local level.

- The establishment of a National Youth Work Advisory Committee (NYWAC) and the appointment of a Youth Work Assessor.
- The establishment of Voluntary Youth Councils & Local Youth Work Committees.

The Act was revised in July 2013 to recognise the changes in Government Departments i.e. Dept of Education & Science to Education & Skills as well as the establishment of Education & Training Boards to replace VECs.

Best Health for Children Revisited: Report from the National Core Child Health Programme Review Group to the HSE (2005)

In 1999 the *Best Health For Children (BHFC): Developing a Partnership with Families* was published. This outlined a surveillance programme to monitor child health & was supported by a professional development training programme for doctors and public health nurses. The BHFC Revisited report contains recommendations for a revised core programme for child health surveillance in Ireland in eight key areas, which will be incorporated into the ongoing national and regional training programmes for doctors and nurses. The 8 core areas include: developmental assessment; hearing assessment; Vision screening; Medical examination; Health promotion and education; Newborn metabolic screening; Growth monitoring; Oral and dental health

General recommendations include a reduction in the number of formal tests with a shift to observation of child behaviour and development. There is a continued emphasis on the value of parental observations and concern. The importance of determinants of child health and the need to work in partnership with parents to achieve positive health outcomes for children are recognised. Standardised tools, equipment and facilities are essential to ensure consistent and equitable delivery of a child health surveillance programme, as well as audit of the implementation of revised practice. This will be facilitated through ongoing delivery of regional training programmes, thereby ensuring translation of the revised BHFC recommendations into clinical practice. Further development of community child health services is also recommended to ensure equitable and timely access for all children.

Outcome 2: Achieving Their Full Potential in Learning & Development

Department of Education & Skills: Statement of Strategy 2011-2014

The overall mission of the DES as set out in this statement of strategy is *'To enable learners to achieve their full potential and contribute to Ireland's economic, social and cultural development.'* A key part of the strategy is to improve standards in literacy and numeracy and ensure that the education system is achieving quality learning outcomes to support life chances of all learners in a fast changing society and workplace. 4 overarching goals have been outlined:

- Provide a quality inclusive school and early years education system with improved learning outcomes;
- Provide opportunities for upskilling and re-skilling that meet the needs of individuals and the labour market;
- Provide high quality learning, research and innovation opportunities in the higher education sector;
- Plan and provide appropriate infrastructure for learning environments.

Action Plan on Bullying (2013)

The Action Plan on Bullying outlines 12 actions to help prevent & tackle bullying in primary & secondary schools. The actions build on the work already being undertaken in schools to prevent & tackle bullying. The report highlights the importance of parents & communities in preventing & tackling bullying; the issue cannot be dealt with by schools alone so a wider approach is required. The 12 recommended actions are to:

- I. Establish new anti-bullying procedures for schools.
- II. Undertake a review of teacher education support service provision.
- III. Develop coordinated training and resource development for Boards of Management & parents.
- IV. School Inspections & evaluations will be updated & amended to include evidence to reflect the school's progress on developing a positive school environment & effectiveness in tackling bullying.
- V. A thematic evaluation of bullying in schools: a sample of primary & post primary schools will be evaluated to gather evidence on 'what works' to create a positive school environment & is effective in tackling bullying.
- VI. School Self Evaluations.
- VII. Establish a new national anti-bullying website.
- VIII. Establish a Stand Up Awareness Week in schools to tackle homophobic bullying.
- IX. Support a media campaign focused on cyber-bullying in conjunction with International Safer Internet Day specifically targeted at young people.
- X. The National Disability Authority will undertake research on effective support for children with special educational needs re bullying.

- XI. NOSP will undertake an evidence review of the links between social media, cyber-bullying & youth mental health & youth suicide.
- XII. The DES will develop a series of awareness raising measures including guidelines for policy makers, DES, agencies which work in the school sector on all forms of bullying.

Definition of bullying: The report gives a number of definitions of bullying, one of which is ‘*Bullying is (1) intentional negative behaviour that (2) typically occurs with some repetitiveness and is (3) directed against a person who has difficulty defending himself or herself*’. The Action Plan highlights the fact that Bullying behaviour can have a serious impact and potentially tragic consequences.

At risk groups: Some young people are more vulnerable to bullying; these include children/young people with disabilities and special educational needs; Children from ethnic minority/migrant groups and the Traveller community; Lesbian, Gay, Bisexual or Transgender (LGBT) and those perceived to be; and those of minority religious faiths.

Department of Education & Skills: A Framework for Junior Cycle (2012)

A Framework for Junior Cycle sets out a vision, values and principles for the junior cycle. The learning at the core of junior cycle is described in twenty-four statements of learning. These statements describe what students should know, understand, value and be able to do at the end of junior cycle, having fully engaged with and participated in the junior cycle programme of their school. It highlights the universal importance of literacy and numeracy as being crucial for learners accessing the curriculum and in their future life chances. In addition, A Framework outlines specific aspects of the curriculum that will allow schools the flexibility to design their own junior cycle programme in order to meet the needs and interests of their students. These include subjects and short courses for mainstream students and priority learning units for a small group of students with special educational needs. The Junior Certificate Examination will be replaced with a school-based model of assessment. This will include formative and summative assessment and involve schools and teachers in ongoing assessment and reporting of students’ progress and achievement.

Literacy & Numeracy for Learning & Life: The National Strategy to Improve Literacy and Numeracy Among Children and Young People – 2011-2020 (2011)

This policy document is the national strategy to improve literacy & numeracy standards among children & young people in the education system. It aims to ensure that every young person will leave school able to read, communicate orally, in writing & in digital media and able to use maths in their everyday lives. National improvement targets for literacy & numeracy include:

- A. Improved attitudes to literacy & numeracy
- B. Improved outcomes at early childhood level
- C. Improved outcomes at primary level

D. Improved outcomes at post-primary level

The strategy defines literacy & numeracy broadly as follows:

Definition of Literacy: Literacy includes the capacity to read, understand and critically appreciate various forms of communication including spoken language, printed text, broadcast media and digital media – the broader understanding of the skill, including speaking and listening as communication using not only traditional writing and print but also digital media.

Definition of Numeracy: Numeracy encompasses the ability to use mathematical understanding and skills to solve problems and meet the demands of day-to-day living in complex social settings. Students can fail to develop adequate literacy and numeracy skills for many reasons and some of these lie outside the education system. Children from socially and economically disadvantaged communities are significantly more likely to experience difficulties in literacy and numeracy for reasons associated with poverty, poorer health, and a wide range of other factors.

The strategy recognises the critical role of parents, schools & the wider community in literacy and numeracy development. There is recognition that the family provides the best environment for children; this means that any external interventions should be designed to support and empower families from within communities and also home & schools must work together to support children's literacy & numeracy.

Healthy Ireland (see above)

Youth Work Act 2001 (see above)

Outcome 3: Safe & Protected from Harm

Child & family Agency Bill (2013)

To establish the Child & Family Agency as a dedicated agency to focus on child protection, welfare and family support separate to the HSE. The C&FA will have service responsibility for the full range of child welfare and protection services currently operated by the HSE including family support and alternative care services, child and family-related services for which the HSE currently has responsibility including pre-school inspections and domestic, sexual and gender-based violence services. It will also incorporate the National Educational Welfare Board and the Family Support Agency.

Meitheal - Prevention, Partnership & Family Support: The C&FA has developed a suite of documents which outline the national PP&FS policy, how it will be implemented as well as the support tools i.e. standardised assessment & planning tools required to implement the strategy. Key elements include the following:

- PP&FS fits within the new National Service Deliver Framework (NSDF). Through the NSDF 2 responses to child protection & family support are outlined:
- The traditional Social Work Response which responds to child protection concerns - Hardiker 3&4.
- Local Area Pathways which will provide a community level, early intervention & preventative response to child welfare concerns – Hardiker 1&2.
 - The PP&FS Commissioning Strategy will enable C&F Services to commission local agencies to deliver a service on its behalf with agreed targets etc via Service Level Agreements. The allocation of resources will respond to local needs & will be needs led.
 - Local Area Pathway (LAP) Structures:
 - LAPs will be managed by the Children & Family Services Manager.
 - A Principal will be responsible for the development & implementation of the LAPs; he/she will be answerable directly to the C&FA Manager.
 - Children & Family Support Network Coordinators will establish a number of Child & Family Support Networks across the county.
 - Role of the CSCs in the development & implementation of LAPs: A Local Area Pathway Steering Group is to be established in each CSC area which will oversee the development & implementation of the local LAP. The LAP Steering Group will be a sub-group/working group of the Children’s Services Committee.

Children First: National Guidance for the Protection & Welfare of Children (2011)

The *Children First* is National Guidance that promotes the protection of children from abuse and neglect. It states what organisations need to do to keep children safe, and what different bodies and the general public should do if they are concerned about a child’s safety and welfare. The Guidance

sets out specific protocols for HSE social workers, Gardaí and other front line staff dealing with suspected abuse and neglect. The scope of *Children First* extends beyond reporting to statutory bodies. It emphasises the importance of multi-disciplinary, interagency working in the management of concerns about children's safety and welfare. Key to this is the sharing of information between agencies and disciplines in the best interests of children and the need for full co-operation to ensure better outcomes.

The *Children First* document can be read by anyone but is primarily for HSE social workers, Gardaí and designated *Children First* staff working directly with children in different settings across schools, the health sector, clubs and the leisure sector.

Children First provides direction and guidance to the two organisations with statutory responsibilities:

- HSE social workers and other professionals involved in the assessment and management of cases of alleged abuse or neglect, and
- The Gardaí in undertaking investigations.

All organisations including Government Departments, schools, health services, religious bodies, public sector agencies, clubs and leisure sector, funded organisations, private and voluntary bodies that are in contact with or providing services to children have an overall corporate duty and responsibility to safeguard children by:

- Promoting the general welfare, health, development and safety of children;
- Adopting and consistently applying a safe and clearly defined method of recruiting and selecting staff and volunteers;
- Developing tailored guidance and procedures, in accordance with *Children First: National Guidance*, for staff and volunteers who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation;
- Identifying a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection and welfare concerns. The designated liaison person is responsible for reporting allegations or concerns of child abuse to the HSE Children and Family Services or to An Garda Síochána;
- Ensuring that the organisation has clear written procedures on the action to be taken if allegations of abuse against employees/volunteers are made;
- Raising awareness within the organisation about potential risks to children's safety and welfare;
- Developing effective procedures for responding to accidents and complaints.

Organisations should contact the HSE where they are concerned about a child's welfare and co-operate with the statutory bodies in the ongoing assessment and management of the case.

Irish Youth Justice Action Plan 2013 -2017

Listed on the draft CYPF but was unable to source it. (National Youth Justice Strategy 2008-2010 is available but dated)

An Garda Síochána Children & Youth Strategy 2012-2014

The Garda Children and Youth Strategy 2012-2014 outlines how An Garda Síochána (AGS) will work with our communities to protect and serve children and young people. The Mission of An Garda Síochána is to work with communities to protect and serve. An Garda Síochána recognises the need to protect children & young people in general in society with special emphasis placed on those children at risk of harm, neglect or in need of our guidance. AGS commitment to children & young people is: **‘Our promise to children and young people is that we will work to ensure their protection and we will be professional and respectful to them; we will be sensitive to their rights and needs if they come in conflict with the law or require our assistance.’**

This strategy focuses on 4 core values:

- **Honesty:** Being honest and ethical and adhering to the principles of fairness and justice
- **Accountability:** Accepting individual responsibility and ensuring public accountability
- **Respect:** Having respect for people, their Human Rights and their needs
- **Professionalism:** Providing a professional policing service to all communities

In order to achieve their mission AGS will focus on the following objectives:

- Confront youth crime
- Effective road policing for children and young people
- Ensure children and young people contribute to and benefit from a peaceful community
- Work with young people in the community
- An excellent organisation: AGS will strive for the development of a highly professional organisation which has the capabilities to respond effectively to the needs of children and young people.

The strategy sets out to will work with communities, our partner organisations and children and young people to make their lives safer and to help them to reach their full potential as children, as young people and as young adults capable of making a positive contribution to their community and to society.

Action Plan on Bullying (see above)

Agenda for Children’s Services (see above)

National Action Plan on Social Inclusion 2007-2016 (see above)

Outcome 4: Economic Security & Opportunities

National Action Plan for Social Inclusion 2007 -2016: Building an Inclusive Society (2007)

This action plan sets out how the social inclusion strategy will be achieved between 2007 & 2016. The overall goal of the plan is *'to reduce the number of those experiencing consistent poverty to between 2 -4% by 2012 with the aim of eliminating consistent poverty by 2016.'* The plan includes specific targets & actions relating to children including:

- Ensure targeted pre-school education is provided to children from urban DEIS school communities;
- Reduce the proportion of pupils with literacy difficulties in primary schools serving disadvantaged communities;
- Ensure that 90% of 20-24 year olds have completed senior cycle of secondary school by 2013;
- Maintain the value of child income support measures at 33-35% of the minimum adult social welfare payment & review child income supports aimed at assisting children in families on low incomes.

Europe 2020 Strategy

Europe 2020 is the European Union's ten-year growth strategy. Five key targets have been set for the EU to achieve by the end of the decade. These cover employment; education; research and innovation; social inclusion and poverty reduction; and climate/energy. Each country is required to set national targets under the National Reform Programme. The targets relating to children & young people focus on poverty & social exclusion and educational attainment.

- The share of early school leavers should be under 10%;
- 40% of 30-34 yr olds should have completed at 3rd level education;
- Poverty should be reduced by lifting 20m people out of the risk of poverty or social exclusion.

European Social Fund

The ESF is Europe's main instrument for supporting jobs, helping people get better jobs and ensuring fairer job opportunities for all EU citizens. It works by investing in Europe's human capital – its workers, its young people and all those seeking a job. ESF financing of EUR 10 billion a year is improving job prospects for millions of Europeans, in particular those who find it difficult to get work.

The ESF funds local, regional and national employment-related projects throughout Europe: from small projects run by neighbourhood charities to help local disabled people find suitable work, to

nationwide projects that promote vocational training among the whole population. The European Commission and EU countries in partnership set the ESF's priorities and how it spends its resources. Priorities include:

- Improving individuals & enterprises skills to ensure they are adaptable and efficient;
- Improving access to employment;
- Providing vocational & lifelong learning opportunities;
- Supporting disadvantaged groups to access employment.

Youth Guarantee

The European Youth Guarantee is a new approach to tackling youth unemployment which ensures that all young people under 25, whether registered with employment services or not, get a good-quality, concrete offer within 4 months of them leaving formal education or becoming unemployed. The good-quality offer should be for a job, apprenticeship, traineeship, or continued education and be adapted to each individual need and situation. EU countries endorsed the principle of the Youth Guarantee in April 2013. The youth guarantee is due to commence in 2015; details of how the youth guarantee scheme will operate in Ireland next year are still being finalised and will not be completed until December 2014.

Area Based Response to Child Poverty

In line with the commitment given in the Programme for Government, the Department of Children and Youth Affairs introduced a new Area Based Response to Child Poverty Programme in 2013. The programme will build on the existing Prevention and Early Intervention Programme (PEIP), which the Department and Atlantic Philanthropies have co-funded and which is due to cease shortly. The PEIP involved programme interventions in three project sites: Tallaght West, Ballymun and the Northside communities of Belcamp, Darndale and Moatview. The interventions were based on needs assessment and consultation with local communities. Evidence based programmes and international best practice were piloted. Inter-agency working and innovative approaches were crucial to the process. The outcomes have been subject to strict evaluation. The aim of the new initiative is to build on the learning to date from prevention and early intervention programmes and break the cycle of child poverty in areas where it is most deeply entrenched and improve the outcomes for children and young people where these are currently significantly poorer than they are for children and young people living elsewhere in the State.

Outcome 5: Connected, respected & Contributing to their World

Childcare Act 1991

The primary legislation regulating child care policy in Ireland is the [Child Care Act 1991](#). Under the Child Care Act 1991 Act, HSE has a statutory duty to promote the welfare of children who are not receiving adequate care and protection. The definition of a child is a person under 18 years of age who is not or has not been married. When carrying out its statutory duty the HSE must have regard to the following:

- It is generally in the best interests of the child to be brought up in his/her own family
- Having regard to the rights and duties of the parents, the welfare of the child is the first and paramount consideration and that, as far as is practicable, the wishes of the child should be considered

Among other things, the HSE is required to:

- Identify children who are not receiving adequate care and protection and to co-ordinate information on children from all relevant sources
- Provide child care and family support services with the aim of helping parents to care for their children and to avoid the need for such children to be taken into care
- Prepare an annual report on the adequacy of the child care and family support services.

Under the 1991 Act there are a number of procedures which the HSE can use when dealing with children who are at risk or who are in need of care. The HSE may apply to the courts for a number of different orders which give the courts a range of powers including decisions about the kind of care, and the access to the children for parents and other relatives:

- Emergency care orders
- Care orders
- Supervision orders

These orders replaced the previous fit person orders and place of safety orders. The [Children Act 2001](#) amended the Child Care Act 1991 to allow for another sort of order - a special care order. This is for situations where the child is at risk from his/her own behaviour.

Equal Status Acts 2000 to 2011

The [Equal Status Acts 2000 - 2011](#) outlaw discrimination outside the workplace, in particular in the provision of goods and services, selling renting or leasing property and certain aspects of education. Discrimination occurs when you are treated less favourably than another person is, has been or would be treated because of your:

- Gender
- Civil status
- Family status
- Religion
- Sexual orientation
- Age
- Disability
- Race (including colour, nationality, ethnic or national origins) or
- Membership of the Traveller community.

Youth Work Act 2001 (see above)

National Action Plan on Social Inclusion 2007-2016 (see above)

Kerry CSC Child Well-Being Indicator Report 2013