CES CENTRE FOR EFFECTIVE SERVICES

Learning from experience to inform the future

Findings emerging from the initial phase
of the Children's Services Committees in Ireland

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CES Report
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Acknowledgements

We would like to thank the CSC chairs, co-ordinators and members, and the representatives from the OMCYA and various government departments and agencies who sit on the NCSIG, who shared with us their experiences of, and ideas about, the Children's Services Committee initiative in Ireland. There were a number of individuals and organisations who have been involved with the CSCs who also provided us with their views and insights.

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Section 1: Introduction and Objective

1.1   Introduction

Governments worldwide are at different stages in terms of implementing interagency structures to improve outcomes for children. There is a widely held belief that such structures show much promise in terms of providing more co-ordinated, integrated services for children.

Evidence has shown that a lack of effective interagency collaboration can result in poor outcomes for children, who, for example, slip through the child protection net despite having had access to multiple agencies and services. We know less about the measureable benefits in terms of outcomes for children of interagency collaboration, but are beginning to build an evidence base around this.

In Ireland, the Children's Services Committees are an important national initiative designed to bring together a diverse group of agencies in local county areas to engage in joint planning and interagency collaboration in delivery of services for children.

1.2   Centre for Effective Services and our role in relation to Children's Services Committees

The Centre for Effective Services (CES) is an independent not-for-profit organisation set up in 2008, funded jointly by The Atlantic Philanthropies, the Office of the Minister for Children and Youth Affairs (OMCYA), and the Department for Community, Equality and Gaeltacht Affairs (formerly the Department of Rural, Community and Gaeltacht Affairs). The overarching mission of the Centre is to connect the design and delivery of services with scientific and technical knowledge of 'what works', in order to improve outcomes for children, young people and the families and communities in which they live. In developing models for how we do our work, the Centre's thinking is underpinned by an ecological perspective, which provides a framework for understanding how critical factors that influence child and youth development nest together within a system of multiple interacting levels that include the socio-cultural context in which children and families live; community and neighbourhood; family; school and peers; and factors specific to individuals such as their physical or mental health. Our work therefore takes in a wide range of policy and service development issues for children, families and the communities in which they live.

Our daily work is to provide technical and organisational expertise to support the design, implementation and ongoing review and development of evidence-informed services for children, youth and families. Our aims are:

- To promote and support the application of an **evidence-informed approach** to policy and practice in child, family and community services
- To promote the development of **collaborative, joined up working** that is outcomes-focused across research, policy and service providing organisations
- To **build capacity** within Ireland and Northern Ireland to take this work forward in the longer term by developing knowledge, skills and competencies.

In 2009, the Centre was asked by the Office of the Minister for Children and Youth Affairs (OMCYA), part of the Department of Health and Children in Ireland, to assist with, and advise on, the strategic development of Children's Services Committees (CSCs). A three year project plan was agreed between the Centre and OMCYA which outlines the support that CES will provide to the continuing development of the CSC initiative. See Appendix 6.1 for a Project Outline which describes the support to be provided by the Centre.

1.3 Objective of this report

One of the early stages of this work was to extract and consolidate the learning and achievements from the early implementation of the Children's Services Committees in four pilot areas. This report represents the findings from this stage of our work.

> **The objective of this report, therefore, is to distil learning from the initial implementation stage of the Children's Services Committees, with a view to informing the future development of CSCs, both existing and new.**

Many of the people we consulted emphasised the timeliness of this exercise. They indicated that the report should outline the progress made and demonstrate what is working in terms of CSCs, as well as pointing out where the challenges lie and providing clear direction in terms of the future development of CSCs.

The people we consulted urged us to "tell it as it is" and there was a widespread view that it is vitally important to learn from the experience of the first four CSCs and use this learning to inform the approach and work of the next phase of CSCs. We hope this report will help this to happen.

1.4 Methodology

The need for a rapid distillation of key learning from the four CSCs to date, and the fact that no previous research on the CSC initiative in Ireland had yet taken place, led us to adopt an approach for this part of our work that draws on the methods of qualitative research but represents a hybrid between research and consultation.

Data were collected through face to face meetings and desk review of key documents. A total of twenty meetings, rather than formal interviews, were held with a range of individuals, who were intended to be broadly representative of the major stakeholders in the process to date:

- Policy makers and senior officials in relevant government departments and bodies
- Chairs, local authority representatives and Co-ordinators of CSCs
- Members of CSCs
- Advisors and consultants

Some informants were seen individually and some were met in pairs or small groups, generally in the local area in which their work was based. The meetings were led by CES, and a discussion guide was used to structure the conversations (copy in Appendix 6.4.), but the format was

purposefully left open and flexible in order not to constrain the participants. Full notes were taken of all discussions and these notes form the basis of our analysis.

Key documents including published and unpublished reports, briefs and policy documents which were relevant to the CSC initiative were reviewed to help inform this report.

Analysis was undertaken by inputting the data into an analytic matrix, organised thematically around the headings used in the discussion guide. In the written report, an effort has been made to represent the differing perspectives offered by the participants, where relevant, and conversely to indicate issues around which there was broad consensus across the sample. Some verbatim quotes from informants have been used to illustrate key points, although we have sought to protect the anonymity of individuals consulted during the process.

The full methodology is described in Appendix 6.2.

1.5   Structure of this report

Section two of the report provides background information on the CSC initiative. Section three describes the achievements of the CSCs to date. Following this, in section four, we outline the challenges and obstacles for CSCs and in section five we draw conclusions and make recommendations for the successful development of CSCs.

Section 2: Background: What are CSCs?

2.1   Policy context

Children's Services Committees have developed and been influenced by three major government policy documents, *The National Children's Strategy* (2000), the ten-year Social Partnership Agreement *Towards 2016* (2006) and *The Agenda for Children's Services: A policy handbook* (2007).

The National Children's Strategy

The National Children's Strategy seeks to establish a "whole child" perspective at the centre of all relevant policy development and service delivery. It identified three national goals:

Goal 1 - Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity.

Goal 2 - Children's lives will be better understood; their lives will benefit from evaluation, research and information on their needs, rights and the effectiveness of services.

Goal 3 - Children will receive quality supports and services to promote all aspects of their development.

The 10 year timeframe for the current National Children's Strategy ends in 2010. Development of a new National Children's Strategy will be led by the Office of the Minister for Children and Youth Affairs.

Towards 2016

Towards 2016, the 10 year social partnership agreement provides an overarching framework to address key challenges that individuals face at each stage of the lifecycle. It focuses on the achievement of outcomes for each stage of the lifecycle and on the implementation of integrated service delivery and interventions at local level. Towards 2016 makes a number of specific commitments in relation to Children's Services Committees, including the following:

> *"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[1] who are best placed to drive this initiative to achieve coordinated and integrated services."*
> *"The objective of this initiative [the Children's Services Committees] is to secure better developmental outcomes for disadvantaged children through more effective integration of existing services and interventions at local level."*

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[1] The Health Services Executive – the agency with statutory responsibility for children's health and social services

The Agenda for Children's Services

The Agenda for Children's Services, published in 2007 by the OMCYA, sets out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland. The Agenda is a framework which applies the principles of the *National Children's Strategy* to the implementation of policies through service delivery. At the core of the Agenda is the promotion of what we want for our children – good outcomes.

As a way of ensuring a common language of outcomes within children's services, *The Agenda for Children's Services* draws together the various types of outcomes found in contemporary children's policy and presents them as a single list of **7 National Service Outcomes for Children in Ireland**. The 7 National Outcomes envision that all children should be:

1. Healthy, both physically and mentally
2. Supported in active learning
3. Safe from accidental and intentional harm
4. Economically secure
5. Secure in the immediate and wider physical environment
6. Part of positive networks of family, friends, neighbours and the community
7. Included and participating in society

According to one senior policy official, when the 'Agenda' was first published at the end of 2007 it was intended to be a working tool for all services concerned with children, and '*not just another policy document'*. It was hoped that it would '*seep into the HSE mainstream'.* As part of the dissemination process, the HSE in 2008 engaged in a consultation process to inform the planning and implementation of the 'Agenda'.

A number of other government policy documents emphasise the importance of, or allude to the need for, Children's Services Committees:

Extracts from Policy Documents relating to Children's Services Committees

Transforming public services (Report of the Task Force on The Public Service, 2008)

"*In specific areas where a number of agencies are interacting with the same client group, protocols should be developed for effective interaction and appropriate case-working.***"**

Report of the Commission to Inquire into Child Abuse, 2009 Implementation Plan (OMCYA, 2009)

"*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.*"

Programme for Government (Department of the Taoiseach, 2007)

"*Accelerate the establishment of Children's Services Committees in each county so that all the statutory agencies work together in a strategic way and use resources more efficiently for the benefit of children*".

Renewed Programme for Government (Department of the Taoiseach, 2009)

"*We will establish a Children's Services Committee in each County by 2016.*"

2.2 Origins of the CSCs

The concept

Children's Services Committees were set up by the OMCYA in 2007. They were intended to be a structure for bringing together a diverse group of agencies in local county areas to engage in joint planning and interagency collaboration in delivery of services for children, centred around the 7 national outcomes for children.

OMCYA intended that Children's Services Committees would meet the "implementation" gap which existed in relation to a range of government policies and, in particular, those actions which required cross-agency planning and delivery. OMCYA believed that achieving this kind of working at local level would be extremely challenging, and would require the development of critical relationships at local level. In fact, there was an acknowledgement that such change might not even be achievable within the current administrative and statutory structures.

The challenge presented to the first four CSCs, by the OMCYA, was to experiment with a basic model to determine what could work and how. The OMCYA's view was that, to develop a model that could be replicated, the concept had to be informed and designed from the ground up. For that reason, the initial committees received broad outlines around the purpose of the work and only a skeletal description of the model and method of working. The intention was to revise and amend the model, as it was being implemented.

Senior OMCYA officials were anxious to increase the accountability of statutory services, which receive the majority of public funding and employ the majority of staff working with children and families. The view was that statutory services had to be substantially involved in the CSC initiative if change was to happen.

CSCs were seen to "*offer the opportunity and a vehicle for people at local level to improve what they are doing, and for those with a genuine interest in children and families to experience the value of knowing who is who in service delivery and who is doing what*".

Towards the end of 2009, the OMCYA, with the assistance of CES, led the development of a "Strategic Plan for the Development and Implementation of the CSC Initiative", which built on the emerging thinking in relation to the CSCs. This plan, approved by the National Children's Strategy Implementation Group (NCSIG) in April 2010, identifies specific outcomes and core activities for the CSC initiative over the next 3 years, around, for example, the roll out of CSCs to other counties, governance issues, networking and communications.

Mandate and purpose

Since their establishment, there has been much discussion about the mandate and purpose of CSCs. Recently, the NCSIG and OMCYA in discussions around the "Strategic Plan for the Development and Implementation of the CSC initiative" have agreed the **overall purpose of the CSCs** as:

> "*securing better developmental outcomes (meaning the 7 National Outcomes) for children through more effective integration of existing services and interventions at local level*".

This decision confirms that CSCs are about improving outcomes for all children, planning and delivering more effective integrated services to the wider population of children in the county/ area.

National initiative with local autonomy
The OMCYA saw the role of CSCs as *'meeting local needs'*, and believed that what should be common across the CSCs (and therefore part of a national initiative) is:

- Identification of need
- Strategic approach to joint working
- Strategic approach to measurement
- Accountability for public funded agencies/departments in providing services and improving outcomes for children

According to one official, *'if you apply a national framework at local level, you need diversity to meet local needs. The development of the CSC initiative requires a change in organisational and human psychology. Try it, review it, change it. . . . . . Too many people focus on the problems and the obstacles rather than on creativity and solutions.'*

It was intended that CSCs would be organic in nature and begin at grass roots level. The decision was made to structure the CSC on a county basis as *"...people identify with the county jersey".* Each local county area was allowed considerable flexibility to develop their own structure and modus operandi, with the result that no two CSCs are exactly alike.

Leadership
Leadership on the CSC initiative, at national level, has been provided by the OMCYA.

The OMCYA designated the Health Services Executive (HSE) to lead this new initiative. This decision was driven by the fact that the HSE is responsible for child welfare and protection and family support services, and has trained professionals to support the delivery of these services.

Similar initiatives in other jurisdictions
Integrated, interagency, outcomes focussed planning structures similar to the Children's Services Committee's initiative are currently being developed or are in operation in many other countries, including:

- New Zealand – an interagency initiative for working with children and young people with high and complex needs requiring cross sectoral services
- USA – some county jurisdictions operate multi-agency planning groups for children
- Israel - National Programme for Children and Youth at Risk
- UK - Children's Trusts
- Northern Ireland - Children's Services Planning

Reference should also be made to Cooperation and Working Together (CAWT), which is a cross border initiative between the Republic of Ireland and Northern Ireland, which utilises an outcomes based, needs led planning model.

2.3   Structures currently in place

The National Children's Strategy Implementation Group (NCSIG) was set up to drive the implementation of the National Children's Strategy. It is a high level group consisting of senior officials from all government departments and state agencies that develop policies or deliver services that affect children and young people. It is chaired by OMCYA. (A full list of members of the NCSIG is in Appendix 6.6.)

The OMCYA and the National Children's Strategy Implementation Group decided to set up the **Children's Services Committees** on a phased basis. Four multi-agency Children's Services Committees were established initially, in 2007, in:

- Donegal
- Dublin City
- Limerick City
- South Dublin

Six new Children's Services Committees are currently in the process of being established and the aim is that 20 or more county level CSCs will be planned and operational by the end of 2012.

2.4   The four CSCs – how they operate

The four CSCs in Donegal, Dublin City, Limerick City and South Dublin became operational during 2007, albeit at different times during that year. Although each CSC is different, they each have a Chair, a co-ordinator and roughly analogous membership profiles.

Chair of CSCs
The CSCs are chaired by the HSE Local Health Manager (LHM). In some CSCs a number of different LHMs have served as Chair since the establishment of the CSC, as a result of changes in roles within the HSE.

CSC Co-ordinator
Each CSC has a Co-ordinator (part or full time), funded from within existing resources – either by being 'released' from one of the CSC member organisations or co-funded by a number of the CSC member organisations. Currently the CSC co-ordinators are employed by the HSE or the local authority. They come from a range of backgrounds and organisations (the HSE, the local authority and local community and voluntary groups).

CSC Membership
Different approaches to membership of the committee have evolved in each of the CSCs, based on the history of interagency and cross sector initiatives in the area. All four CSCs have senior representatives from the major statutory providers of services to children and families on the committee – including the HSE, the local authority, the Department of Education and Skills

(formerly the Department of Education and Science), the Vocational Educational Committee (VEC), the Probation Service and An Garda Síochána. The National Education and Welfare Board (NEWB) is represented on three of the four CSCs (not Donegal). Limerick City CSC includes members from government and statutory agencies only. Community and voluntary groups sit on a number of Limerick City CSC's subgroups. Partnership companies sit on Donegal, Dublin City and South Dublin CSC. A couple of large voluntary organisations sit on Dublin City and South Dublin CSCs. In each case, the voluntary and community organisations were invited to become members by the founding (statutory) members of the CSC, typically because they are large service providers to children and families in the area. (A list of the organisations that are members of each CSC is listed in Appendix 6.5.).

CSC meetings and subgroups

Typically, the CSC meets every 4-6 weeks. Each of the CSCs has developed a Work plan or Action Plan. All of the CSCs have established subgroups around specific outcomes / issues. The subgroups established by each CSC are summarised in Table 2. Each of the subgroups is chaired by a member of the CSC (who is accountable to the CSC for the subgroup) and usually includes a number of other CSC members. The subgroups also include organisations and individuals who have a particular expertise in the subgroup topic, but who are not members of the CSC. Many of the subgroups meet monthly. One of the CSCs has established an "Operational Group", which consists of the Chairs of the 5 CSC Subgroups and the Chair of the CSC. The Operational Group meets monthly.

Demographic and geographical snapshot of the four CSCs

The demographic population and geographic area covered by each of the four CSCs varies significantly. Some are urban only, others have a mix of urban and rural areas. Most of the CSCs have a number of regeneration initiatives underway within their area. They all have a number of Partnership Companies active in the area. Many of the CSCs cross local HSE boundaries and Garda divisions, (e.g. Dublin City CSC has 6 LHOs covering three different HSE regions). The table below outlines the total population and child population served by each CSC.

Table 1: Total population and child population served by each CSC

CSC	Total Population	Child Population (0-18 yrs)	
Limerick City • Total area • Regeneration area	59,790 9,161	12,351 2,987	(21% of total pop) (33% of Regen. area pop)
Dublin City • Total area • Model area*	505,211 23,556 (5% of total population)	97,769 3,961	(19% of total pop) (16.8% of Model area population)
South Dublin	246,935	71,736	(29% of pop)
Donegal	147,264	40,288	(27% of pop)

Source: information provided by each CSC, based on 2006 Census

* Dublin City CSC decided to select a model area, where they could test, monitor and evaluate how they could improve service delivery through better co-ordination. The model area was chosen on the basis of recognised disadvantage; the common boundaries of a number of agencies; and the lack of other initiatives in this area. The chosen model area covers 9 electoral divisions in the South West Inner City.

Communication and support to CSCs

Communication

Each CSC appears to operate as 'an independent entity', with some communication upwards to OMCYA and NCSIG but very limited communication between CSCs.

Currently each CSC reports in writing on a quarterly basis to the NCSIG and OMCYA and in some cases to the local County Development Board (CDB). A standardised report is completed by the CSC co-ordinator in each CSC and sent to the OMCYA, in advance of each meeting of the NCSIG. The reports from each of the four CSCs are circulated to all NCSIG members and NCSIG meetings appear to have devoted considerable time to discussing updates from each CSC.

Support

The OMCYA has provided support to the CSCs since their establishment. This support has included meeting with the CSCs at various stages in their development, putting the CSCs in touch with each other on specific issues, servicing the NCSIG and providing funding for small pieces of work during the set up phase of the current and new CSCs. The OMCYA also engaged a consultancy firm to support the CSCs in relation to change management, and who worked in some capacity with all four CSCs, in the period between 2007 and 2009.

Support has also been provided by the HSE Specialist, National Planning, Children and Families, to both the four existing CSCs and new counties and local authority areas interested in establishing a CSC. The support involved meetings with the CSCs, convening learning events and workshops, and providing advice and guidance on technical issues.

In many cases, individual CSCs have accessed technical support and assistance with implementation of a diverse range of approaches, models and interventions from agencies, groups or statutory bodies in other jurisdictions.

In 2009, the OMCYA developed a 'Toolkit' (Children's Services Committees – Toolkit for the Development of a Committee, Draft 2009), which sets out a six stage framework to assist a committee in the setting up phase of the initiative. A further draft based on the learning from the initial implementation phase of the CSC initiative and this report will be produced later this year.

CSC activity

In the absence of a clear framework at the outset to guide CSC development, and provide some level of explanation of the key areas of **outcomes, indicators**, **needs analysis** (including data collection and sharing)**,** and **evidence based practice**, there is now, three years into the initiative, substantial diversity between CSCs in their approaches to these four key areas.

Outcomes

Three of the four CSCs have identified outcomes which are reflected in their work plans and sub group formation and are based on the 7 national outcomes for children. The fourth CSC formed sub –groups loosely related to the national outcomes. This CSC is now using research and facilitation input from a local education consortium to inform the development of an outcome's focused work plan.

Table 2 CSC outcomes & sub-groups

Donegal (Outcomes & sub-groups)	Dublin City (Outcomes & sub-groups)	Limerick City (Sub-groups)	South Dublin (Outcomes & sub-groups)
Health & holistic well-being	Child care	LANS (Limerick assessment of need system)	Child welfare, child protection & family support
Economic security	Healthy living	Research framework	Participation
Safe & Secure	Safety	Restorative practice	Safe & secure
Lifelong learning	Literacy & Numeracy		Education, training & learning
Information	Interagency collaboration	Engagement with city wide youth fora	Communications, data & planning
			Interagency case work

Source: CSC work plans/action plans

Indicators and needs analysis

There is a need for indicators to measure the success of the CSC in achieving the identified outcomes for children in their county. This in turn determines what data needs to be collected at the outset as a basis for needs analysis in the area.

The importance of data being used to tell us about our children's lives was emphasised by many of those consulted. '*Data collection and analysis are key to making it work, building on knowledge we already have and generating new knowledge of children and their well-being . . . . allowing us to measure child outcomes on a county wide basis*'.

Examples of CSC work in relation to needs analysis and data collection include:

- Quality of Life Project – mapping and synergising data to get a picture of the area using the work of Pobal & Truste Haatz *(South Dublin)*
- CONNECT, the geo-coding of 84, 000 households to enable the CSC to plot gaps in service areas based on socio-demographic and other data *(South Dublin)*
- Gathering socio-economic data on children and linking it to other data collection, geo-mapping systems e.g. Healthstat, CAWT, HSE *(Donegal)*
- Audits of services in the local area and directories of services for frontline staff produced *(Limerick City & South Dublin)*
- Research project to conduct a household survey to establish a baseline profile of children living in the city regeneration areas. *(Limerick City)*

Evidence based practice

The CSCs, either in sub-groups or as a committee, have sourced evidence-based or certainly evidence-informed initiatives from other jurisdictions, mainly the UK[2]. They view these initiatives as a means of demonstrating the potential for interagency working as a more efficient and effective mechanism to utilise resources within their area.

Examples of interventions, approaches or models being implemented or adapted by CSCs include:

- Identification of Need (ION) – *Donegal*

- Limerick Assessment of Need System (LANS) – *Limerick City*
  Both of the above are based on the Common Assessment Framework (CAF), England & Wales, and are employing the 'My World' assessment tool, taken from 'Getting it Right for Every Child' in Scotland.

- Alternative Response Model (ARM)– *South Dublin* (Pilot area, Jobstown)
  Based on the Differential Response Model, Minnesota, USA

- Information sharing for interagency case working - *South Dublin*
  Based on Young People at Risk model (YPAR) UK, amongst others

- Local Interagency Committee (LIC) & YPAR – *Dublin City*

- Child and Interagency Youth Fora – *Limerick City*

- Restorative practice – *Limerick City*
  Based on UK model

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[2] A guide to these initiatives, giving more detailed descriptions and definitions of these terms, is currently in preparation by the team at CES

Section 3: Achievements to date

3.1 Overview

In Ireland, the CSCs are at an early stage in their development, and much of the early work has centred around developing structures and processes. This appears to be consistent with other similar large scale initiatives being developed internationally, where the indications are that measurable impact at the level of specific outcomes for children and young people takes time to emerge. This is also consistent with other large scale change management initiatives, where time and effort are required at the early stages both to develop 'fit for purpose' processes and structures and to build relationships.

There is widespread acceptance, among those we consulted, that the CSCs are a long term initiative. Senior OMCYA officials stated that it is likely to take 10 years for the full impact of the CSCs to be evident because *"…..changes in attitude come first, where people develop an understanding of each other and their respective roles in children's services. Change in behaviour follows and this then leads to changes in outcomes for children"*. One CSC member said *"we knew from the beginning that the CSC would be a long hard road"*.

3.2 Building support for the CSC initiative

The most consistent message we heard though our consultations with CSCs and members of the NCSIG was that the early work had generated an overwhelming commitment to, and engagement with, the CSC initiative. Many CSC members differentiated the CSCs from other multi-agency groups or committees with which they are involved, indicating that they believe the CSCs are different, are already making a difference and have huge potential. The fact that the CSCs got off the ground initially, were formed into fully functioning and operational committees, and are still in existence three years later provides evidence in itself of the support for CSCs from those involved. We heard from government departments of their interest in the OMCYA's effort to develop a coherent framework for the delivery of services to children, in the context of very significant financial investment by the state in services to children and families.

The experience of interagency working in one CSC provided for them a real example of why *"working in silos should be a thing of the past"*. The philosophy underpinning interagency working as they see it is *"that one family gets touched by the CSC, rather than by 8 or 9 different agencies operating individual"*. This should ultimately lead to a reduction in the services provided to families, as interagency working translates into more efficient means of using resources at the CSC's disposal. CSCs are *"the only way forward to structurally address complex needs across all sectors, in an integrated way"*.

For parent government departments there was recognition of the CSC as being:
 "a huge, very ambitious and worthy project"
"really significant"
"the only option" (and a question was raised as to whether the OMCYA could leverage this fact more effectively).

Many participants in the CSC initiative recognise that interagency groups at local level have the capacity to identify and bring issues of national importance to a national level. As a structural approach, CSCs are seen to have the potential to make a huge difference, and as one person observed, *"CSCs have the potential to be one of the most powerful structures in the State, as they impact on all major sectors of health, education and justice."*

3.3 Relationships between agencies and greater understanding of respective roles

The major area where the CSC initiative is seen to have had an early impact is in terms of building relationships and understanding of the role of different agencies, at CSC, CSC subgroup and NCSIG level.

"…in bringing people together, they listened, created space for change, ideas for sharing buildings/spaces, giving voice to people, emphasising the need to change how we work".

*"CSCs have had a huge positive impact on relationships at local leve*l".

CSC members point to specific examples of interagency projects and issues relating to individual cases and families which have been progressed or resolved effectively, because of the relationships built among CSC and CSC subgroup members. They also identify that their involvement with CSCs has brought a *"broader view, helping us to look at wider issues"* (beyond the narrower focus of individual agencies).

Many NCSIG members emphasised the value of relationships built between senior people through the NCSIG. The NCSIG is *"an opportunity to hear what others are doing"*. It provides access to people, provides connectedness outside of individual sectors and is perceived as a useful forum for making contacts and sharing information. A number of people commented that they had learnt *"a huge amount [from the NCSIG] in terms of understanding the role of different agencies in relation to children"*. They also remarked that *"lots of issues are sorted out on the margins of NCSIG meetings"*. One person noted: *"the fact that it exists, with such a broad level of coverage, is a huge achievement"*.

Many individuals remarked that relationships between the HSE and local authorities at CSC level are working well. Some CSC members noted that interagency working within the education sector at CSC level has been very powerful.

A number of the organisations consulted emphasised the need for interagency work to become embedded in the system, rather than dependent on individuals. This poses a challenge as the importance of the personal relationships built (at CSC and NCSIG level) is widely recognised, and yet there is recognition that interagency working should be part of "how we work" and not dependent on specific individuals. In the four CSCs, where there has been turnover of members at CSC level (due to changes in roles within individual agencies), new people appear to have become quickly involved in the CSC. This is a positive, early sign of interagency working becoming embedded in the system.

Several of the CSCs identified that attitudes have changed, that there has been "*change in ways of thinking, in how we deliver our services".*

3.4 Local champions and local ownership

At local level, each CSC is chaired by a HSE Local Health Manager (LHM). In practice, leadership at CSC level appears to be provided jointly by the HSE and the local authority. Most of the CSCs emphasised the value of having a senior local champion who stays with the initiative - who this champion is appears to vary from area to area.

In addition, a strong sense of local ownership has developed among CSC and subgroup members, in relation to the work being conducted by each CSC.

3.5 Structures

A number of structures have been developed with the aim of enabling the CSCs to operate. During our discussions, suggestions were made as to how the functioning of many of these structures could be improved. The challenges associated with some of these structures are outlined in the next section.

However, it is generally acknowledged that the existence of these structures has facilitated the development of the CSCs to date. The main structures in place to support the initiative include:

- The CSC itself and CSC subgroups, in each area - All four CSCs have succeeded in sustaining representation on the committee by senior individuals from most of the major statutory, community and voluntary providers of services to children and families, in the area. This appears to be due to the fact that most, if not all, CSC members believe the CSC to be worthwhile, valuable and productive. There is a strong view that retaining senior representation on CSCs is essential and the fact that this has been the case, over the three years since their establishment, is a real achievement
- The CSC co-ordinator - the role of the co-ordinator is viewed as essential by all CSCs, and has been very important in driving forward the work of the CSCs - "*in the absence of a dedicated co-ordinator, a CSC will struggle*"
- Reporting mechanisms – update reports from the CSCs to the NCSIG keep the NCSIG in touch with the work underway in each CSC
- Links to County Development Boards –the CSCs with links to the local County Development Boards felt that being accountable at both local (i.e. county) and national level was helpful, given that CSCs have a local remit, but are operating as part of a national initiative

3.6 CSC activity

The CSCs are currently conducting local needs analyses, identifying outcomes, prioritising actions and implementing initiatives to meet the needs of the local area.

Much has been accomplished by the CSCs in relation to needs analysis and data collection activities. Examples of the work in this area have been outlined in Section 2.

Each of the CSCs has developed a CSC work plan / action plan for children and families in its area. Most of the CSC work plans are structured around outcomes. The focus on outcomes has been broadly welcomed by some CSCs and it is seen by many as a '*catalyst for developing interagency working*'. Examples of interagency interventions, approaches or models being implemented by CSCs are outlined in Section 2.

Some initial work on evaluating the impact of individual CSC initiatives has begun. Dublin City CSC is collaborating with the Department of Clinical Speech and Language Studies at Trinity College Dublin to look at evaluating the co-location of speech and language therapists within schools in its Model area. South Dublin CSC has engaged the Child and Family Research Centre in NUIG to evaluate the pilot implementation of the Alternative Response Model (ARM) in Jobstown, South Dublin. Limerick City CSC is soon to go to tender for an evaluation of the Limerick Assessment of Need System (LANS).

Section 4: Challenges and obstacles

4.1   Introduction

Whilst acknowledging the strategic importance of CSCs and their perceived role as a potentially major force in transforming how services to children and families are delivered in Ireland, some people expressed disappointment at the absence of any demonstrable 'measureable impact' of the CSCs to date, and suggested this may indicate weaknesses in terms of how the CSCs are currently operating. Of course, as we have noted earlier, developing CSCs beyond planning structures into change delivery agents is a process that cannot be expected to happen quickly. Nevertheless, respondents did identify some challenges and obstacles that would need to be tackled if the CSCs are to achieve their goal of improving outcomes for children.

The challenges and obstacles identified by those we consulted are outlined below under the following headings:

- Governance
- Sustainability
- Developing a national framework
- Communication and support to CSCs

4.2   Governance

Leadership

In most CSCs, the HSE has provided leadership by chairing the CSC and driving the initiative forward. However, engagement by the HSE is regarded by others as "*patchy*", and, in at least one CSC, leadership has in practice been provided by the senior representative from the local authority. Several individuals remarked that HSE "*buy-in to CSCs is poor overall, though there are individuals within the HSE who are interested and committed*" and that the HSE "*should be at the forefront of the CSC initiative*".

Some of those consulted emphasised the need for leadership from senior government, and concerns were expressed about the changes in leadership in the OMCYA and its potential impact on the CSC initiative.

Mandate and remit of CSCs

Mandate
The mandate and remit of Children's Services Committees are not clear to those involved in them. There is no legislation or government policy document which details where the authority to implement CSCs originates and to whom the CSC is answerable. The documents and publications that do exist describe the CSCs in different ways. This has created ambiguity around the mandate, remit and specific functions of the CSCs. The ambiguity appears to have hampered progress during the early stages of the four existing CSCs, and it is likely that it will create similar problems for new CSCs, unless addressed.

Universal v targeted remit

There is an ongoing debate within the CSCs, some government departments and agencies and at NCSIG, about whether CSCs are intended to benefit all children (i.e. are universal in their approach) or whether they should be focussed primarily on disadvantaged children (i.e. should take a targeted approach). This leads to confusion about the purpose of CSCs. Some respondents expressed a view that CSCs should focus on providing a better more co-ordinated service to disadvantaged children. Conversely, others advocate strongly for CSCs to take a universal approach which would include "mainstream education".

Several organisations that were consulted pointed out however that even in the context of a universal remit, CSCs could take a lead on initiatives aimed at specific target groups, and that this should form an important element of CSCs' work. This would imply an approach that might be better described as progressive universalism, allowing for both a 'public health' approach to improving outcomes for the whole population, but in addition ensuring that the specific needs of certain groups were not overlooked. Youth justice interventions and the role that CSCs could play in supporting implementation of the National Youth Justice Strategy was cited as an example of such an approach.

Funding

Differing views were expressed by the CSCs about the role that they should have in influencing decisions about funding of services and initiatives in the area. One CSC spoke about funding still being dispersed "in silos" from government departments, therefore making it difficult to "*secure funding for multi – agency initiatives*". This CSC advocates for the committee to input into funding and project decisions by government departments and agencies in the area, and that "*funding could potentially come through the CSC itself*". This, they suggest, would ensure co-ordination and better use of resources for children and families and that new and expanded services and projects are in line with the priorities and plans for the area agreed by the CSC.

Another CSC is currently debating whether or not it should be part of its role to "endorse" new services and service developments in the area and how the CSC should be involved in influencing decisions, and being informed about planned service developments.

Members of a third CSC expressed a different perspective in relation to funding, remarking that:

> [the fact that there is] "*no money on the table... gives us freedom to have conversations around cooperation...*"

> "*It means that agencies don't feel threatened when one agency convenes a group. Money brings territorialism.*"

Mandate from 'parent' government departments

It was the view of many of those we consulted that CSCs and the issues they focus on are not viewed as a priority by all government departments and agencies connected with CSCs. Many of those we talked to suggested that senior management in many government departments and agencies could give a clearer mandate to their representatives on CSCs and the NCSIG.

Accountability

Based on our discussions, it would appear that there is little clarity around 'who CSCs are accountable to'. Different responses were received to the question "to whom are CSCs accountable?" Some of the CSCs mentioned that they are accountable to the OMCYA; others mentioned their parent government department or agency, or the NCSIG; a couple mentioned the local County Development Board. Several CSC members indicated that they feel accountable to other organisations and individuals sitting around the CSC table.

All four of the existing CSCs continue to spend significant time discussing what their mandate and specific functions are; what decisions they are meant to make; for what are they accountable, and to whom.

Membership

Representation on the CSCs from two quarters has been the subject of debate: "mainstream" education (which has, to date, been in terms of a representative from the local Regional Office of the Department of Education and Skills); and the Department of Social Protection (formerly the Department of Social and Family Affairs).

A number of individuals from the NCSIG and CSCs mentioned the "absence of mainstream education providers" on CSCs. It is widely acknowledged that this is a function of how the school system in Ireland is organised, with each school having its own board and the absence of formal local structures to bring schools in a county/area together.

All of the CSCs and some members of NCSIG remarked on the absence of representation on three of the four CSCs from the Department of Social Protection. Representatives from the Department attended CSC meetings initially but subsequently withdrew (from 3 of the CSCs) as the Department questioned the relevance of the initiative to the core work of the Department and do not think they can contribute to the CSC. Department representatives currently attend Donegal CSC and its Economic Security Subgroup. Chairs and members of the CSCs, as well as some members of the NCSIG, believe that all relevant government departments who can contribute to securing better development outcomes for children, including the Department of Social Protection, should be represented on the CSCs. They argue that having the relevant government departments involved in identifying priority areas and initiatives at local level enables the CSC to identify, develop and implement local integrated, cross-department and agency solutions. The Department of Social Protection emphasises that while it is very supportive of the CSC initiative, which it sees as critical to tackling social disadvantage, it does not believe that CSCs are directly relevant to the core work of the Department, which is about making entitlement based payments and assisting people to get back into the labour market. However, the Department has indicated that it will provide a nominated contact name for each CSC from the regional office; provide access to data; and attend specific meetings related to social welfare issues. The Department is also keen to remain involved at NCSIG level, where it can contribute from a policy perspective.

Effectiveness of the NCSIG

The NCSIG is seen largely by its members as a communication and information sharing forum, rather than a decision making body with a strategic focus. Some of the comments made by individuals who talked about this point include:

> *"NCSIG should have a strategic focus. It is not strategic. It is mostly about giving updates from each CSC."*
> *"It doesn't … produce anything or make any decisions".*

All of the departments and agencies consulted as part of this process expressed a desire to remain part of the NCSIG and involved in the CSC initiative. However the need to clarify the role and functions of the NCSIG was emphasised by many. The NCISG needs to determine if its overall purpose is to oversee the implementation of CSCs throughout Ireland, or whether it should have a wider role to oversee the development and implementation of the National Children's Strategy.

Some NCSIG members remarked on the size of the NCSIG, noting that it is "*very big*" or an "*unwieldly group*". One member of the NCSIG remarked that "*if six new CSCs came on, it would be too big*". Another said: "*…if I was to get 10 reports from CSCs, I'd have to jump into the Liffey.*"

Several NCSIG members stated that while the NCSIG gets people together, it is "*too slow*" and should be more "*action oriented*".

Some NCSIG members expressed a concern that representation at NCSIG seems to have become more junior, and that there is a need to ensure representation at a senior level from government departments and agencies. A couple of NCSIG members recognised that there had been "*too much turnover*" of personnel from their own department on the NCSIG, and expressed a willingness to remedy this situation.

A few NCSIG members remarked on the lack of detailed discussion about technical issues (such as assessment frameworks) at NCSIG level. They identified the need for a forum with the skills and expertise to discuss and agree technical issues requiring direction from national level to local CSCs.

4.3   Sustainability

'Buy in' and taking ownership of CSC initiative

The level of support for, and buy-in to, the CSC initiative, at both local and national level, varies from agency to agency, and department to department, and is often dependent on the personal interest and commitment of individuals in key positions.

There are on-going challenges for the CSCs in relation to participation on, and with, the committees, with levels of participation varying across agencies. It was reflected to us that as budgets and resources become tighter, there will be an even greater need to link resources, utilise them more efficiently and thus avoid duplication of service provision.

Embedding CSCs in the system

For many we consulted, there is an identified need to 'root CSCs into the system'. They need to be sustainable, and to ensure this '*structures and processes should not be too cumbersome, given the current economic environment, reduction in staff numbers and changes in leadership'*.

Scale of CSCs

The scale and complexity of the urban CSCs raises questions for some CSCs around how a CSC should be organised to deliver on its remit in the larger urban environments.

Evaluation of CSC initiative

A number of the government departments consulted as part of this process suggested that there should be a greater focus on evaluating the effectiveness of the CSC initiative. They emphasised "*the need for evidence that this [the CSCs] is a better way of working*", and noted the need to evaluate the effectiveness of CSCs, from both a process and outcome perspective, at local and national level.

4.4   Developing a national framework

Two years after the introduction of the *Agenda for Children's Services*, levels of understanding of the framework, as intended, and the key constructs within it - namely outcomes focussed and evidence based approaches to the planning and delivery of services to children and families - vary considerably across the four CSCs.

Outcomes

There is general consensus that the concept of outcomes and outcomes focussed practice is not well understood amongst individual agencies, and there remains a lack of clarity about their origins. CSCs consulted believe that it is very difficult to get some people focussed on outcomes, particularly where they tend to be '*more focussed on inputs and outputs*'. One CSC view is that a huge amount of work is required to translate high level outcomes into practical activities and that there is a need to '*cascade down the outcomes through the system'* so that they make sense to managers and front line staff.

Indicators and needs analysis

Two difficulties have emerged as major obstacles to the CSC's work on needs analysis and the associated data collection methods.

Firstly, the 7 national outcomes do not easily map onto the national child well-being indicators that have been developed by the former National Children's Office and which preceded the outcomes focussed *Agenda for Children's Services*. These well-being indicators inform the bi-annual State of the Nation Children's Reports produced by the OMCYA.

Secondly and more importantly, data required to populate the indicator set can only be sourced from a multitude of national and European databases, and are not all available at local county level. The lack of 'co-terminosity' between data from the local health areas and District Electoral Divisions adds to the complexity.

All CSCs spoke of their frustration at the lack of coherence of data systems across sectors and emphasised the obvious need for a national data strategy, linking in to the National Data and Research Strategy on Children's Lives, a cross departmental initiative being led by the OMCYA.

Evidence - based practice

Models, approaches and interventions

CSC activity has involved the use of evidence- based and evidence- informed initiatives, but in many CSCs, rather than replicating the particular intervention, approach or model in its entirety or as designed by the developers, the CSCs have taken, by their own admission, the '*best bits'* from a number of programmes and made them their own or fit for the purposes of their target group. Unfortunately, this approach may unwittingly be diluting the 'active ingredients' of these models that contribute to their effectiveness, and when a programme is 'tweaked' by an agency or group to suit their own preferences or circumstances, they can end up with a different programme whose effectiveness is unknown.

The use of different terminology to describe the same construct and the changing of terms to more closely relate to the cultural context in which the initiative is being piloted, has added to the confusion and complexity of what is becoming a crowded intervention landscape.

Participation of children and families

Some CSCs identified facilitating the involvement of children and families as active participants in service planning and delivery as a '*point of weakness'*, and an area which has received limited attention. Supporting participation and a rights based approach is presenting as a challenge for CSCs and there is a risk of services being service driven with little or no user input. The interagency child and youth fora, the involvement of Comháirle na nÓg in some committees and the use of 'Well Connected' (a participation tool from the UK), are seen as preliminary efforts to move participation up the CSCs agenda. However, some people remarked that there are too many initiatives taking place nationally and even within small/local areas, e.g. Barnardos, OMCYA, HSE.

National framework with local autonomy

There appears to be a recognised need for some kind of overarching framework to guide the development of CSCs. However, it was firmly expressed to us by respondents that there has to be flexibility from the OMCYA and the NCSIG to allow CSCs to identify their own needs within this framework and decide their own priorities for action. Some members expressed concern that imposing a national policy framework could put constrictors and constraints on the CSC and kill flexibility and creativity.

4.5   Communication and support to CSCs

Communication, information sharing and networking

CSCs consulted relayed their sense of committees operating independently of other CSCs, their own agencies and exclusive of any national policy agenda. When asked whether they felt part of a 'national initiative', the answer was a resounding 'no'.

Presently, there is no formal communication or information sharing between CSCs (except at the NCSIG level) and the four CSCs are for the most part unaware of what each other is doing.

Some CSCs indicated they have received little support on technical issues.

Questions were asked as to the level of awareness amongst professionals, services and the public about the CSC initiative in their area or at county level.

There was a call for individual agencies sitting on the CSC to be supported by their parent department to engage with and develop the CSC in their area, and further that staff from agencies and departments sitting on CSCs would meet together regularly in their respective agencies to

discuss progress on the initiative, e.g. all representatives from education would meet or all Barnardos representatives. This would help in filtering down information to frontline staff working on the ground and generate support for the initiative within each organisation.

Reporting and resolution of issues
Reporting from each CSC to the NCSIG has been consistently described by the CSCs as a one way process. The reporting template (from the CSC to the NCSIG) helps to guide and direct but when issues are raised at CSC level and fed up to the NCSIG, the response to said issues or initiatives is slow.

Technical assistance and support
Some technical assistance has been accessed by individual CSCs, mostly around specific projects or pieces of work, for example, around needs analysis, data collection and evaluation of projects. However, our discussions indicate that there has, to date, been no comprehensive effort to identify the technical needs of each CSC and determine how these needs could be addressed.

Section 5: Conclusions and recommendations

5.1   Recap on key messages

Children's Services Committees were established in 2007 by the OMCYA. They were intended to be a structure for bringing together a diverse group of agencies in local county areas to engage in joint planning and collaborative, interagency delivery of services for children, centred around the 7 national outcomes for children. They have been implemented on a pilot basis in Donegal, Dublin City, Limerick City and South Dublin (coinciding with local authority areas).

The Centre for Effective Services was asked by the Office of the Minister for Children to distil the learning from the initial implementation stage of the Children's Services Committees, with a view to informing the future development of CSCs, both existing and new. This report presents the findings from this piece of work.

The CSCs are at an early stage in their development, and much of the early work has centred on developing structures and process. This appears to be consistent with other similar large scale initiatives being developed internationally, where the indications are that measureable impact in terms of outcomes for children and young people takes time to emerge. Nevertheless, an activity phase is starting to gather momentum and the next phase of development of the initiative should see this process gather strength.

The early work on developing structures and process is also consistent with other large scale change management initiatives, where time and effort are required initially to develop 'fit for purpose' processes and structures and to build relationships.

The **key achievements of the CSC initiative to date**, have been identified as:

- **Engendering widespread support for the CSC initiative, from those involved at both local and national level**. The most consistent message we heard through our consultations with CSCs and members of the NCSIG was an overwhelming commitment to, and engagement with, the CSC initiative. Many CSC members differentiated the CSCs from other multi-agency groups or committees with which they are involved, indicating that they believe the CSCs are different, are already making a difference and have huge potential.

- **Building of relationships** between agencies at local and national level, and **a greater understanding** of the role of different agencies in relation to children and families.

- Successfully establishing **local champions** and local ownership of the initiative.

- **Developing structures** are in place, to enable the CSCs to operate, including:
    - The CSCs themselves
    - CSC subgroups
    - CSC co-ordinators

- **Emerging CSC activities**, around:
    - Local needs analyses
    - Identifying outcomes
    - Prioritising actions
    - Implementing initiatives to meet the needs of the local area.

The **major challenges and obstacles** to be addressed if the CSC initiative is to be successful are:

- **Governance**, including the need for:
    - Strong, sustained leadership both nationally, from government, and locally
    - A defined mandate and remit for CSCs
    - Clarification of the lines of accountability for CSCs
    - Guidelines for CSC membership
    - A more effective NCSIG

- Addressing the longer term **sustainability** of CSCs

- Developing a **national framework** for the successful development of CSCs

- Implementing better, integrated **communication and support to CSCs**

5.2   Recommendations

We have developed a number of recommendations which have the potential to support the successful development of the CSC initiative. Many of the recommendations resonate with the outcomes and activities identified in the "Strategic Plan for the Development and Implementation of the CSC Initiative", tabled by the OMCYA and agreed by the NCSIG in April 2010. The OMCYA and NCSIG should reflect on how the recommendations outlined below could inform the Strategic Plan, as well identifying any gaps or outstanding issues which are not currently addressed in the plan.

The recommendations are organised around the following headings:

- Developing a national framework
- Governance
- Sustainability
- Communication and support.

Developing a national framework

To increase the credibility and accountability of the initiative at government level, a national framework for the CSC initiative should be developed. This framework would guide the successful development of CSCs and facilitate a more coherent approach to the seven national outcomes for children, and associated indicators, across the CSCs. It should allow for interpretation of policy at local level to meet local needs, and facilitate evaluation of the CSC initiative at a national level. The framework should provide a platform upon which local creativity and innovation could flourish, and should not preclude or prevent CSCs from developing their own evidence informed initiatives for use in this cultural context.

1. A National Framework to guide the successful development of CSCs should be designed. The framework could outline for example:

   I.   The mandate, remit and functions of CSCs
   II.   Outcomes to be achieved - the 7 national outcomes as described in the 'Agenda for Children's Services' – and examples of what the outcomes mean at local level
   III.   The inputs and actions needed to achieve these outcomes should be decided at local level, based on a local needs analysis
   IV.   A 'core' set of indicators, which can be used to measure outcomes by each CSC.
   V.   A clear definition of terms, concepts and constructs, so that the terms are consistently used and easily understood by everyone
   VI.   The importance and benefits of applying evidenced-informed approaches, models and interventions
   VII.   Whether different initiatives should ideally be replicated in CSCs as designed by developers, to preserve the effectiveness and facilitate evaluation
   VIII.   Standards and criteria for use of these approaches, models and interventions

2. Matching of the 7 national outcomes to the national well being indicators needs to be re-visited, so that CSCs have better guidance on the indicators which should be used in relation to each of the 7 national outcomes. This implies the need for rapid development of a co-ordinated and coherent national data strategy, to identify how and where data can be sourced nationally *and* at local county level. This will allow measurement of child well being at county level, and facilitate cross county comparison.

3. A repository of approaches, models and interventions in use by CSCs should be developed and made available - to cover specific areas of interest e.g. needs assessment, information sharing, participation and intervention tools.

4. Appropriate mechanisms and tools should be developed to enable CSCs to involve children, young people and families in the planning and delivery of local services.

Governance

The recommendations relating to governance are explained under a number of different areas. Many of the recommendations are related, and they should be considered as a package.

CSC mandate, remit and functions

5. The mandate, remit and functions of the CSCs should be agreed, documented and communicated to all those involved in CSCs.
    a. The mandate should define what the CSCs are authorised to do and from where that authority comes
    b. The remit of CSCs should be captured in a 'terms of reference' for the CSCs
    c. The functions should identify proposed activity areas for CSCs.

6. The NCSIG and relevant government departments should consider the benefits and disadvantages of putting CSCs on a statutory basis, and enshrining in legislation the need to establish Children's Services Committees.

7. Guidance should be provided to CSCs about their role in implementing national strategies affecting children and families, including amongst others, the new National Children's Strategy and the National Youth Justice Strategy.

8. The role of CSCs in terms of influencing funding decisions about (new and existing) services in their area should be clarified by the OMCYA and relevant government departments / agencies.

9. There is a need to recognise, at both national and local level, that the Children's Services Committees are a long term initiative.

Mandate from 'parent' government departments

10. If the CSC initiative is to be effective, it should be supported by senior management in relevant government departments and agencies. There should be a clear mandate from the very top (ideally at Cabinet / Secretary General level) which requires senior management in the relevant government departments and agencies to participate actively in the CSCs and the NCSIG. Senior management in the relevant government departments and agencies should communicate that participation in CSCs is a priority for their staff.

11. The strategic and business plans of relevant government departments and agencies should reflect their role and involvement in CSCs.

NCSIG

12. The role and functions of the NCSIG should be clarified and communicated. It is suggested that the NCSIG should be split into two discrete but *closely linked* steering groups at national level:

   • A **National Children's Strategy Steering Group** to oversee the development and implementation of the National Children's Strategy. Members could include senior management from the government departments and state agencies that develop policies or deliver services that affect children and young people. The Group could be chaired by the OMCYA.
   • A **Children's Services Committee Steering Group** to oversee the implementation of CSCs throughout Ireland, including discussing and agreeing technical issues requiring direction from national level to local CSCs. Members would include the Chair of each CSC, 3-4 members from the National Children's Strategy Steering Group (to ensure coherence between the two groups) and potentially 2-4 County/ City Managers / Local Authority representatives. This Group could also be chaired by the OMCYA.

13. The responsibilities of individual members of the national steering group which oversees the Children's Services Committees should be clarified.
14. The Senior Officials Group on Social Inclusion (SOGSI), chaired by the Department of the Taoiseach, could be used as a route for addressing *major* policy or political issues, identified by the National Steering Group / NCSIG and emerging from the CSCs

CSC accountability

15. Greater clarity should be provided around to whom CSCs are accountable, in terms of improving outcomes for children. Given that CSCs are a national initiative, but with a local focus, consideration should be given to the CSCs having accountability at two levels:

   • At *national* level – to a National Steering Group – to oversee the roll out of the CSC initiative and to resolve common policy or service issues arising across a number of CSCs
   • At *local* level – to a County Development Board or some similar structure – to oversee, co-ordinate and resolve local issues.

Leadership

16. The leadership roles of the following, in relation to the CSC initiative, should be defined:

   • NCSIG
   • OMCYA
   • HSE

Membership of CSCs

17. Guidelines on a consistent approach to membership of CSCs should be developed by the NCSIG and OMCYA, covering, for example:

- The organisations that should typically be members of each CSC, and the level of seniority of the individual sitting on the committee.

- Whether CSCs should *always* include key community and voluntary service providers, as well as statutory providers, or whether this should be left up to each CSC to decide for itself.

18. Every individual government department and agency should decide how they will ensure representation on each CSC.
19. Agreement should be reached with the Department of Education and Skills about representation from the education sector on CSCs.
20. Agreement should be reached with the Department of Social Protection about how the Department should be involved with local CSCs.

Sustainability

21. Each CSC should develop a strategy or plan aimed at securing better developmental outcomes for children in the CSC's area, through more effective integration of existing services and interventions at local level.
22. Structures and processes (relating to reporting and communication, for example) should be put in place to successfully embed CSCs in the system, with due regard to minimising bureaucracy and avoid over-complicating CSC reporting.
23. Consideration should be given to defining the appropriate structures and organisation of CSCs in larger urban areas. As new CSCs come on board, it will be important that consideration be given to dividing the larger, mostly urban areas, into smaller groupings with local implementation groups attached to each of these (reporting to the CSC). This currently happens with similar initiatives in other jurisdictions.
24. Each new CSC should appoint a co-ordinator, at the outset, from within the existing resources of CSC member organisations.
25. A plan to evaluate the effectiveness of CSCs, as an interagency initiative designed to improve outcomes for children and families, should be developed and implemented.

Communication and support to CSCs

There is a need for better communication between CSCs and between the OMCYA/ NCSIG and the CSCs. Support for individual members of CSCs (from their own organisations) and for the CSCs as an entity should be strengthened.

26. The CSC initiative should now, three years into its development, be publicised on a national and local level ensuring that policy makers, practitioners, academics (and anyone working in children and community services) and the public know that the initiative exists and are clear about what it hopes to achieve.
27. Opportunities should be provided for CSCs to meet together, through networking and learning seminars and events to discuss CSC development.
28. Individual agencies and departments with representatives sitting on CSCs should organise meetings of their staff involved in CSCs to share information, issues and experiences arising from the CSC from a national and local perspective.

29. Appropriate technical support should be provided to CSCs (for example, in relation to needs assessment, use of indicators, implementation of evidence based initiatives and participation of children and families). The technical support needs of CSCs should be assessed, and mechanisms identified to meet both common needs and needs specific to an individual CSC.

30. The support which could be provided to CSCs from a "central" function, led by the OMCYA in collaboration with relevant agencies, should be defined. The aim of this "central" support should be to facilitate and guide the next phase of development of the four existing CSCs and the initial phases of the new CSCs.

31. Mechanisms for identifying common issues arising across CSCs and resolving issues raised by CSCs (relating to policy, service and funding) need to be identified and agreed by the OMCYA and the NCSIG.

32. The OMCYA and the NCSIG should ensure that CSCs are kept informed about national policies and strategies being developed and implemented, which are relevant to CSCs.

5.3   Conclusions

Governments worldwide are at different stages in terms of implementing interagency structures (local and national) to deliver better services for children. There is a widely held belief that such structures show much promise in terms of planning and providing more co-ordinated, integrated services for children, and eventually thereby delivering better outcomes from service use.

There is widespread support for the CSC initiative, among those we consulted. There is a belief that this is a very promising initiative which should be successful, provided we are thoughtful about its implementation.

In Ireland, amongst the stakeholders we consulted, there is much optimism that the initiative could be a major step in the right direction in terms of producing more effective services and delivering better outcomes for children. Much has been learned in this early phase about implementation successes and challenges. These lessons and learning from other jurisdictions that are facing similar opportunities and challenges should be used to inform the further development of the "Strategic Plan for the Development and Implementation of the CSC Initiative" and the future development of the CSCs, both the existing and newly established Committees.

Section 6: Appendices

6.1 Project outline - *Supporting the Children's Services Committees Initiative*

Background

The Centre for Effective Services (CES) has been asked by the Office of the Minister for Children and Youth Affairs (OMCYA), part of the Department of Health and Children in Ireland, to assist with, and advise on, the strategic development of Children's Services Committees (CSCs). CES's work will take place in the context of a wider strategic plan for the CSCs developed by the OMCYA and NCSIG partner agencies.

The objective of the CSCs, outlined in the current national social partnership agreement, Towards 2016, is to secure better developmental outcomes for children through more effective integration of existing services and interventions at local level. The CSCs report to the National Children's Strategy Implementation Group (NCSIG), set up to drive the implementation of the National Children's Strategy (2000). Each CSC is to be county based, chaired by the Health Services Executive (HSE) and to include representatives from the local authority, key statutory and non-statutory agencies working with children, as well as representatives from the community and voluntary sectors. Four pilot CSCs have already been established in Donegal, Dublin City, Limerick and South Dublin.

What is the aim of the project?

The aim of the project is to work with OMCYA, HSE and Local Authorities on a phased basis to assist with the development of the existing CSCs and future county applicants, culminating in the national roll out of CSCs in all counties.

How will the project be carried out?

CES has developed and agreed a three year project plan up to the end of 2012, structured around two phases. It is envisaged that CES will have an ongoing role in supporting the continuing development of the CSC initiative.

Phase One of support - July 2009 to December 2010

1. Developing the evidence base and rationale to support the CSC initiative through:

   • Extracting and consolidating the learning and achievements from pilot sites
   • Collating and distilling international evidence of 'what works' in integrated interagency working and collaboration, building on existing national research in this area
   • Extracting and collating experiential knowledge of similar initiatives in other jurisdictions
   • Developing an evaluation framework to measure the effectiveness of the CSC initiative in improving outcomes for children

2. Developing mechanisms to support the CSCs as they set up and develop their work through:

- Advising the OMCYA on a governance framework for CSCs at local and national level
- Convening induction and learning seminars for CSCs
- Conducting an assessment of technical and organisational needs of CSCs and identification of mechanisms to meet these needs

Phase Two of support– January 2011 to June 2012

- Assist the CSCs to develop monitoring and evaluation tools and measures
- Provide ongoing support and assistance to existing and new CSCs
- Disseminate knowledge and learning from the initiative
- Produce an 'operating guide' to inform the implementation of CSCs

Outputs from the project

Outputs from phase one support include:
- A paper outlining a recommended governance framework for CSCs
- A focused, qualitative process evaluation report of the initial implementation phase of CSCs
- An evidence review of 'what works' in integrated, interagency working and collaboration
- A summary report of key organisational and technical assistance needs

Outputs from phase two support include:

- Monitoring and evaluation plans and measures/tools
- An 'operating guide' to inform the implementation of CSCs

Further outputs will be agreed as the work develops.

Contact us:
The team at CES consists of Katie Burke (Project Leader), Stella Owens, Emma Young and Dr Deborah Ghate.

Contact us: kburke@effectiveservices.org

About the Centre for Effective Services
CES was set up in 2008 as a partnership between government and philanthropy to promote evidence-based policy and practice in child, family and community services across the island of Ireland. We are a multi-disciplinary team who provide assistance to service providers and to commissioning bodies to access and apply the latest international learning in 'what works'. Our funders are the Atlantic Philanthropies, the Office of the Minister for Children and Youth Affairs, and the Department for Community, Rural and Gaeltacht Affairs. See www.effectiveservices.org

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6.2   Methodology – for distilling the learning from the initial phase of the Children's Services Committees

Objective
The objective of this report is to distil the learning from the initial phase of the Children's Services Committees, with a view to informing the future development of CSCs.

Approach
To achieve this objective we decided to adopt a qualitative approach to collecting and analysing the information. We were interested in eliciting the views and experiences of the central players, particularly the four pilot CSCs, and members of the NCSIG due to their strategic position as representatives of the cross departmental body currently overseeing the implementation and development of CSCs, as well as the Department of the Taoiseach.

Method
A total of 20 meetings took place over a five month period between November 2009 and March 2010. A full list of all meetings is located in the Appendix.

We devised an interview format, which we called a 'discussion guide' (See appendix), and which in the interests of consistency in terminology was based on the seven stages of the Draft Toolkit (Children's Services Committees – Toolkit for the Development of a Committee, OMCYA, 2009). The 'guide' was designed to facilitate an open and frank discussion with, in the first instance, the pilot CSCs, and having been sent this in advance of our meeting, each individual CSC was asked to identify the positives/achievements and challenges/obstacles at each stage of development. Each CSC was also sent a CES 'Project Outline' which described our proposed three year plan to support the CSC initiative. (See appendix). All meetings were attended by Katie Burke and Stella Owens.

We were explicit in all meetings conducted that the report to be written following discussions would be with respect to the whole CSC initiative, rather than focussing on individual CSCs or attributing remarks, comments or observations to an individual CSC, or individual within, or any departmental representative.

The first two meetings were held with the Specialist National Planning Children & Families who in her position within the HSE played a significant role with the OMCYA in assisting the pilot sites in 'getting underway'; and secondly Prospectus Consultants who had been engaged by the OMCYA to provide support to the CSCs in relation to change management, and who in the period between 2007 and 2009 worked in some capacity with all four CSCs.

CSC Site visits
Following these initial meetings we met with South Dublin, Limerick City, Dublin City and Donegal CSCs in each of their respective sites. These meetings were attended by the Chair and/or representative from the HSE, the County/City manager, or Assistant Manager/Director of Services (all representing the Local Authority), and in three out of four cases the CSC Co-ordinator. Using the discussion guide format the meetings lasted on average between 2 ½ to 3 hours.
At the end of each meeting we requested that other members of the CSC, particularly from agencies not representative of the HSE or Local Authority, be asked if they wished to meet with us to give their own views, perspectives and experiences of the implementation of the CSC initiative.

We subsequently met with Dublin City, South Dublin, and Limerick City CSC members. Due to time constraints and lack of availability, a teleconference arranged for Donegal CSC members did not take place as planned. The members we did meet included representatives from the Department of Education, VEC, HSE Child Care Managers, Partnerships, Barnardos, An Garda Siochána, The Probation Service and the National Educational Welfare Board (NEWB). Again the 'guide' was used to form the basis for discussion.

Individual meetings with NCSIG members

Eleven individual meetings were conducted with representatives of government departments and agencies sitting on the NCSIG. An additional meeting was held with the Department of the Taoiseach. In these discussions we utilised a different discussion guide, as most departments have not been involved in the operational side of the CSCs. This 'Suggested items for discussion' focussed on:

- the nature and extent of each department or agency's involvement with CSCs,
- reflections on the CSCs with specific questions around –
    - mandate,
    - responsibilities and contributions of departments or agencies to CSC development,
    - achievements and disappointments,
    - reporting mechanisms
- the NCSIG

This discussion guide was sent to each department in advance of the meeting along with the CES Project Outline. These meetings lasted between 1 ½ and 2 hours.

Review of relevant documents

In advance of and during our visits to the pilot CSCs and government departments and agencies we requested and received many published and unpublished documents, briefs, reports, etc. which were relevant to the CSC initiative and help to inform this report.

Analysis of findings

The analysis of the findings is based on comprehensive notes taken at the meetings, which were then recorded and cross referenced by the report writers who were present for all meetings. This information was then input into an analytical matrix which we used to draw out 17 key themes, which were further reduced down to three areas of achievement and challenges and obstacles.

From the findings in each of the areas, recommendations were made for the development of CSCs.

6.3   Organisations consulted

Children's Services Committees

Donegal CSC
John Hayes, Chair (HSE)
Michael McLoone, County Manager (Donegal County Council)
Sean Sheridan, Director of Services (Donegal County Council)

Dublin City CSC
Eifion Williams, Area Administrator (HSE)
Ciaran McNamara, Assistant County Manager (Dublin City Council)
Maire Igoe, Co-ordinator (Dublin City Council)

Brendan Doody (Department of Education & Science)
Declan Dunne (Ballymun & Whitehall Area Partnership)
Steven McCarthy (City of Dublin VEC)

Limerick City CSC
Teresa Bulfin, Acting Chair (HSE)
Pat Dowling, Director of Services (Limerick City Council)
Kevin O'Farrell, Childcare Manager (HSE)
Eddie Murphy, Acting Manager PCCC (HSE)
Elaine O'Connor (Limerick Regeneration)
Margaret Mastriani, Co-ordinator

Patricia Sheehan (Dept. of Education and Science)
Dan O'Shea (National Education Welfare Board)
Supt. Frank O'Brien (An Garda Síochána)
John Brosnahan (Probation Services)
Deirdre Crowe (Limerick City Council

South Dublin CSC
Adrian Charles, Chair (HSE)
Joe Horan, County Manager (South Dublin Council)
Maria Donohoe, Co-ordinator (South Dublin Council)

Colette McLoughlin, Child Care Manager (HSE)
Francis Chance, Assistant Director (Children's Services Barnardos)
Ruth Shorthall (South Dublin County Child Care Committee)
John Moloney (Department of Education & Science)

NCSIG Member Representatives
An Garda Síochána –
  Louis Harkin, Assistant Commissioner
  Colette Quinn, Superintendant

Department of Community Rural and Gaeltacht Affairs –
  Kathleen Stack, Assistant Secretary

Department of Education & Science –
  Sean O'Foghlú, Assistant Secretary
  Jim Mulkerrins, Principal Officer
  Catherine Hynes, Principal Officer

Department of Family and Social Affairs –
  Helen Faughnan, Principal Officer

Family Support Agency –
  Pat Bennett, Chief Executive Officer

HSE –
  Aisling Gillen, Specialist National Planning Children & Families

Irish Youth Justice Service –
  Ruairi Gogan, Principal Officer

Local Government Division, Dept of Environment –
  Des Dowling, Assistant Secretary
  Joe Allen, Principal Officer

National Education Welfare Board –
  Nuala Doherty, Director of Educational Welfare Services
  Jean Rafter, Regional Manager

Office of the Minister for Children & Youth Affairs –
  Sylda Langford, Director General

Others
Department of An Taoiseach -
  Mary Doyle, Assistant Secretary

Prospectus –
  John Crimmins, Director of Consulting

6.4   Discussion guide – used in meetings with CSCs

We would welcome your comments in relation to your specific CSC (or the CSC initiative in general) with reference to the following **stages of development**, as outlined in the 'Children's Services Committees: Toolkit for the Development of a Committee' (OMCYA, 2009). Please identify the **positives/achievements** and **challenges/obstacles** in each stage.

1. **Pre – implementation period prior to the first CSC meeting taking place**
   • Bringing together different statutory and voluntary agencies
   • Communication and relationships between agencies
   • Understanding of key constructs and concepts driving CSC rationale (Interagency collaboration, Outcomes Focussed approach, Needs led planning, Evidence based practice)

2. **Terms of reference for CSCs with specific reference to:**
   • Roles and Responsibilities
   • CSC membership
   • Accountability & reporting – local & national level (NCSIG/OMCYA)

3. **Needs analysis**
   • Socio-demographic data
   • Audit of existing children's services

4. **7 National Outcomes**
   • Deciding which outcomes to focus on
   • Identification of well-being indicators
   • Methodologies employed

5. **Formulation of work plans**

6. **Planning for the participation of children, young people and families in CSC activity**

7. **Implementation & delivery on work plan**
   • What changes have occurred in children's lives as a result of the work of the CSC?
   • Progress on work plan
   • Support provided from NCSIG, OMCYA or external sources
   • Sharing and learning with other CSCs

8. **Monitoring & Evaluating**
   • Reporting mechanisms
   • Feedback
   • Evaluating effectiveness in achieving outcomes

8. **Are there any other issues arising that have not been referred to previously?**

6.5 Members of each CSC

Donegal Children's Services Committee
Meitheal Forbacha na Gaeltachta
Inishowen Partnership
Donegal Local Development Company
Department of Community, Equality and Gaeltacht Affairs
Health Service Executive
Donegal County Council
Department of Education and Skills
Vocational Education Committee
An Garda Síochána
Probation Board
Border Action
Donegal County Childcare Committee

Dublin City Children's Services Committee
Health Service Executive
Dublin City Council
An Garda Síochána
Barnardos
Department of Education and Skills
Dublin City Childcare Committee
National Education Welfare Board
Canal Partnership
Ballymun Partnership
Probation Services
City of Dublin Vocational Educational Committee

Limerick City Children's Services Committee
An Garda Síochána
Department of Education and Skills
Limerick City Vocational Educational Committee
Regeneration Board
Probation Services
Health Service Executive
Limerick City Council
National Education Welfare Board

South Dublin Children's Services Committee
Barnardos
Health Service Executive
Lucena Clinic – Child and Adolescent Mental Health Service (CAMHS)

City of Dublin Vocational Educational Committee
South Dublin City Council
Tallaght Partnership
Archways
Department of Education and Skills
Clondalkin Partnership
Probation Services
Childhood Development Initiative
National Education Welfare Board
The National Educational Psychological Service
The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital
South Dublin County Childcare Committee

6.6   Government departments and agencies represented on the NCSIG

- An Garda Síochána
- Children Acts Advisory Board
- Department of Community, Equality and Gaeltacht Affairs
- Department of Education and Skills
- Department of the Environment, Heritage and Local Government
- Department of Health and Children
- Department of Social Protection
- Department of Tourism, Culture and Sport
- Family Support Agency
- Health Service Executive
- Irish Sports Council
- Irish Youth Justice Service
- Local authorities
- National Education and Welfare Board
- Office of the Minister for Children and Youth Affairs
- Pobal
- Probation Service

6.7   Acronyms

ARM - Alternative Response Model
CAF - Common Assessment Framework
CDB - County Development Board
CES – Centre for Effective Services
CSC - Children's Services Committees
CAWT – Co-operation and Working Together
DSFA – Department of Social and Family Services (now the Department of Social
Protection)
HSE – Health Service Executive
ION - Identification of Need
LANS - Limerick Assessment of Need System
LHO – Local Health Office (of the HSE)
LHM – Local Health Manager (of the HSE)
LIC - Local Interagency Committee
NEPS – The National Educational Psychological Service
NEWB – National Education Welfare Board
NSCIG - National Children's Strategy Implementation Group
OMCYA - Office of the Minister for Children and Youth Affairs
SOGSI – Senior Officials Group on Social Inclusion
TCD – Trinity College Dublin
YPAR - Young People at Risk

6.8   Key Documents

An Garda Síochána *(2009)   An Garda Síochána Youth and Children Strategy 2009 -2011*
CAAB (2009)   *A Literature review of Inter-agency Work with a Particular Focus on Children's Services*   WRC Social and Economic Consultants
CAAB (2009*) Guidance to Support Effective Inter-agency Working across Irish Children's Services*
CAWT (2008) *Framework for Integrated Planning for Outcomes for Children and Families*
CAWT (2007) Children's Services Planning and Information Project, Learning from Vermont USA, Study Trip July 2007
Department for Children, Schools and Families (2008)   *Children's Trusts: Statutory guidance on inter-agency cooperation to improve well-being of children, young people and their families*
Department for Children, Schools and Families (2009)   *2020 Children and Young People's Workforce Strategy*
Department of Health and Children (2000) *National Children's Strategy: Our Children – Their Lives* Dublin: The Stationery Office
Department of Health, Social Services and Public Safety (2009)   *Families Matters: Supporting Families in Northern Ireland*
Department of Justice, Equality and Law Reform (2006)   *Report on the Youth Justice Review.* Dublin: The Stationery Office
Department of the Taoiseach (2007) *Towards 2016: Ten-year Framework Social Partnership Agreement 2006-2015*   Dublin: The Stationery Office
Department of the Taoiseach (2007) *Programme for Government 2007-2012*   Dublin: The Stationery Office
Department of the Taoiseach (2009) *Renewed Programme for Government*   Dublin: The Stationery Office
Department of Children, Schools and Families *Every Child Matters in County Durham – Children's Trust Governance Arrangements* (2009)
Health and Social Care Board (2009)   *Northern Ireland Family Support (Finding Services You Need)* Leaflet
HSE (2009) *Review of Adequacy of Services for Children and Families 2008*
Irish Youth Justice Service (2008)   *National Youth Justice Strategy 2008-2010*   Dublin: The Stationery Office
Ministry for Social Affairs (2010)   *Israel's National Programme for Children and Youth at Risk* State of Israel Ministries of Social Affairs & Services Education Health Immigrant Absorption International Security
Montgomery County Collaboration Council (2006) Planning Brighter Futures for Children, Youth and Families, A Five Year Community Strategic Plan for Montgomery County, Maryland, 2007 – 2012
National Children's office (2005) *Measuring Child Well-being: An inventory of key indicators, domains and indicator selection criteria to support the development of a national set of child well-being indicators*
National Quality Improvement Centre (2009) *Overview of Differential Response Model and the QIC-DR* Policy & Practice Information Summit, Final Report

New Zealand Ministry of Social Development & Ministry of Health, Child, Youth & Family (2007) *Protocol between the Ministries of Health, Education & Social Development for the High and Complex Needs Interagency Strategy*

Northern Health and Social Services Board (2008) *Northern Ireland Children's Services Plan, 2008 – 2011*

OMC (2006) *State of the Nation's Children: Ireland 2008,* Office of the Minister for Children Dublin: The Stationery Office

OMC (2007) *The Agenda for Children's Services: A Policy Handbook, Office of the Minister for Children*   Dublin: The Stationery Office

OMC (2007) *The Agenda for Children's Services: Reflective Questions for Policy makers, HSE Senior Managers and Front Line Service Managers and Practitioners Office of the Minister for Children* Dublin: The Stationery Office

OMCYA (2009) *Children's Services Committees – Toolkit for the development of a committee*

OMCYA (2010) *Strategic Plan for the Development and Implementation of the CSC Initiative*

Report of the Task Force on the Public Service (2008) *Transforming Public Services: Citizen-centred – Performance-focused*   Dublin: The Stationery Office

Siegal, G.L. & Loman, T. (2006) *Extended Follow –up Study of Minnesota's Family Assessment Response*   Institute of Applied Research   St. Louis, Missouri

Documents received from CSCs

Donegal CSC
Children's Services Committee, Donegal Version 1.1 (Donegal County Development Board)
Action Plan 2009
Update Report on Donegal County Children's Services Committee, May 2009
NCSIG bullet point update, June 2009 (including Information Group Action Plan)
Children's Services Committee Quarterly Progress Report for Donegal, June – August 2009

Dublin City CSC
Model Area Review, Dublin City Children's Services Committee, July 2008
Dublin City Children's Services Committee Model Area Work Plan, September 2008
Children's Services Committee Action Plan, April 2009
Dublin City Children's Services Committee Overarching Strategies

Limerick City CSC
Limerick Children's Services Workplan, 2008
Limerick City Children's Services Workshop 2 Output, February 2008 (Prospectus)
Child and Family Support Plan for Limerick Regeneration, July 2008 (HSE & Limerick Southside & Northside Regeneration Agencies)
Presentation to LANS Advisory Group, November 2009 (Prepared by Kirsten Simring)
Progress Report, December 2009
Report to the Cabinet Committee on Social Inclusion *Addressing Issues of Social Exclusion in Moyross and Other Disadvantaged Areas of Limerick City*
Limerick City-Wide Children and Youth Forum Information Pack for Parents, Young People and Practitioners
Limerick Regeneration, Social Regeneration
Strategic Research and Development Framework

South Dublin CSC
First Annual Report and Workplan, 2008
Outcome Statements and Prioritised Action Plan, August 2008
Critical Incident Protocol, April 2009
Data Sharing Protocol, Agreement for Sharing Data Between Partners of the South Dublin
Children's Services Committee, Version 0.4 – Final Draft, June 2009
Sharing Information about Children and Families, Guidance for Practitioners and Managers, July 2009
Quarterly Progress Report, September – November 2009
Well Connected A Self Assessment Tool on Community Involvement for Organisations – A Bradford Health Action Zone & Building Communities Partnership Initiative
Workplan for support of the work of South Dublin Children's Services Committee by The Child and Family Research Centre, NUIG

The Centre for Effective Services is one of a new generation of organisations focusing on the emerging science of implementation in human services. The overarching mission of the Centre is to connect the design and delivery of services with scientific and technical knowledge of what works, in order to improve outcomes for children and young people and the families and communities in which they live. Our daily work is to provide technical and organisational expertise to support the design, implementation and ongoing review and development of evidence-informed services for children, youth and families. Our aims are:

• To promote and support the application of an evidence-informed approach to policy and practice in child, family and community services

• To promote the development of collaborative, joined up working that is outcomes-focused across research, policy and service providing organisations

• To build capacity within Ireland and Northern Ireland to take this work forward in the longer term by developing knowledge, skills and competencies.

For more information about the work of the Centre please visit **www.effectiveservices.org**