



South Tipperary Children's Services Committee

Children and Young People's Plan 2013 - 2016

1.

Table of Contents

Foreword by Marie Kennedy, Area Manager, Child and Family Services, CSC Chairperson	p. 2
Background to the CSC initiative and Policy context	p. 3
South Tipperary CSC: Who we are	p. 5
Section 2: Socio-demographic profile of South Tipperary	p. 6
Section 3: Overview of Services to Children and Families in South Tipperary	p. 8
- Health and Social Services	p. 7
- Education	p. 14
- Policing & Youth Justice	p. 16
- Local Authority services	p. 17
- Social Welfare/Social Protection	p. 18
- Youth services	p. 18
Conclusion: Gaps in Service Provision and Resource Deficits	p. 19
Section 4: Local Needs Analysis in South Tipperary	p. 20
- Healthy, Both Physically & Mentally	p. 20
- Supported in Active Learning	p. 25
- Safe from Accidental and Intentional Harm and Secure in the immediate and wider physical environment	p. 26
- Economically Secure	p. 30
- Part of positive networks of family, friends, neighbours and the community / Included and participating in society	p. 32
Conclusion: Summary of Priority Areas for Children's Services Committee's attention	p. 34
How the Children's and Young People's Plan was Developed	p.36
Section 5: Summary of Children and Young People's Plan for South Tipperary	p. 37
Section 6: Action Plan for South Tipperary's Children's Services Committee	p. 38
Section 7: Monitoring and Review	p. 53
Section 8: Appendices	p. 54

Foreword

I am very pleased to present the South Tipperary Children and Young People's Services Committee (STCYPSC) Children and Young People's Plan which covers the three years from 2013 to 2016. It reflects the hard work and commitment of the members of STCYPSC and it captures the initiatives and actions planned for South Tipperary to meet the 'Five National Outcomes for Children in Ireland'.

This plan has been developed with the support of the Department of Children and Youth Affairs to ensure that children's services are planned and coordinated in South Tipperary to achieve the aforementioned outcomes for children in line with national policy.

In South Tipperary, there has been a movement of people into the county and an increase in the birth rate. South Tipperary has also been severely impacted by the current economic recession and many of our children and young people experience social disadvantage.

Overall there are some pockets of extreme social disadvantage across the county, particularly in Tipperary town, Carrick-on-Siúr and Clonmel and also within the minority Travelling community. Meeting the needs of the most marginalised children and young people in these communities will be critical to the success of this plan.

At this time of increased demand for services accompanied by reductions in available resources the need for a strategic approach to interagency working has never been more important for children, young people and families in South Tipperary. It must be acknowledged that the development of the Children's Services Committee to its full potential is going to take time. We must be realistic about what can be achieved and manage expectations about the role of the Children's Services Committee accordingly.

This plan presents a coordinated interagency approach to the delivery of services to children and young people in South Tipperary from 2013 to 2016 by all agencies working with children and young people in the area.

We welcome feedback in relation to this plan and we are committed to reviewing it at regular intervals.

On behalf of STCYPSC, I look forward to better developmental outcomes and a better future for our children and young people.

Marie Kennedy,
HSE Area Manager, Child and Family Services,
Chair of STCYPSC

Background to the CSC initiative and policy context

Children's Services Committees in Ireland

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

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

Children's Services Committee in South Tipperary

The development of the Children's Services Committee in South Tipperary builds on the legacy of the Local Government reforms over the past 10 years during which the community, voluntary & statutory sectors have been coming together under the County Development Board structures to identify needs, to plan how to meet these needs and to work collaboratively to address them. The Social Inclusion Measures (SIM) Group, in particular, has a remit to contribute to the better coordination of Social Inclusion services and activities at local level and this has meant that its actions have focussed on different facets of the needs of children and families.

The SIM Group had been expressing its interest in the development of a Children's Services Committee (CSC) for at least a year before an application was made to the Office of the Minister for Children & Young Adults by HSE South Tipperary in February 2011, supported by senior management in the Local Authority, the Garda Síochána, the V.E.C., and the Probation service. The application received the approval of the NCSIG in May 2011. Management staff in the HSE and from the other key stakeholders who had supported the application met on 30th June 2011, discussed representation on the CSC and set the date for its inaugural meeting on 19th September 2011. Ruairí Ó Caisleáin, HSE Community Development Worker, who had been involved in the preliminary stage of the application, continued to support the development process, and took on the role of de facto CSC Coordinator, with approval from HSE and the other key stakeholders.

In its first few meetings, the CSC undertook drafting its Terms of Reference and collating issues that had a bearing on Child Health, Welfare & Well-Being and which had been identified at different fora and by different CSC members. In March 2012, the CSC organised a workshop at

4.

which Sub-Groups, the specific issues for their respective remits, and their constituent representative elements were identified. Some Sub-Groups with relevant remits, already in existence under SIM Group auspices, were simply re-aligned under the CSC, while 2 new ones were formed to address issues which did not fit under existing remits. The focus now shifted to the Sub-Groups as they built up their complements with representatives from relevant services and discussed actions to address the issues under their respective remits.

5.

Who we are

South Tipperary CSC membership is currently as follows:

- Marie Kennedy, Area Manager for Children & Family services in Carlow/Kilkenny & South Tipperary, HSE/DCYA – Chairperson. (*Jim Gibson, HSE South Tipperary Child Care Manager was Chairperson initially until April 2012*).
- Sinéad Carr, Director of Community & Enterprise, South Tipperary County Council – Vice-Chairperson
- Garda Inspector Paul O'Driscoll, An Garda Síochána
- Fionuala McGeever, C.E.O., South Tipperary V.E.C.
- Dr. Kathleen O'Sullivan, Senior Area Medical Officer, H.S.E.
- Della Devereaux, Senior Probation Officer, Probation service
- Lisa Kavanagh, V.E.C. Youth Officer
- Andrew McMahon, Department of Social Protection
- Ethel Reynolds, Regional Coordinator (School Completion Programme), NEWB
- Tipperary Rural Traveller Project representative
- Catherine Joyce, Area Director, Barnardos
- Niall Morrissey, C.E.O., South Tipperary Development Company
- Clare Cashman, Chairperson, South Tipperary County Childcare Committee
- Seán McSweeney, Family Resource Centre & Community Development Projects Network
- Julie White, Coordinator, South Tipperary Community & Voluntary Forum
- Tomás Ó Slatara, School Principal, Irish Primary Principals Network
- Shay Bannon, School Principal, National Association of Principals & Deputy Principals

Also in attendance at meetings are:

- Ann Ryan, Community & Enterprise Development Officer, South Tipperary County Council
- Ruairí Ó Caisleáin, HSE Community Development Worker & CSC Coordinator

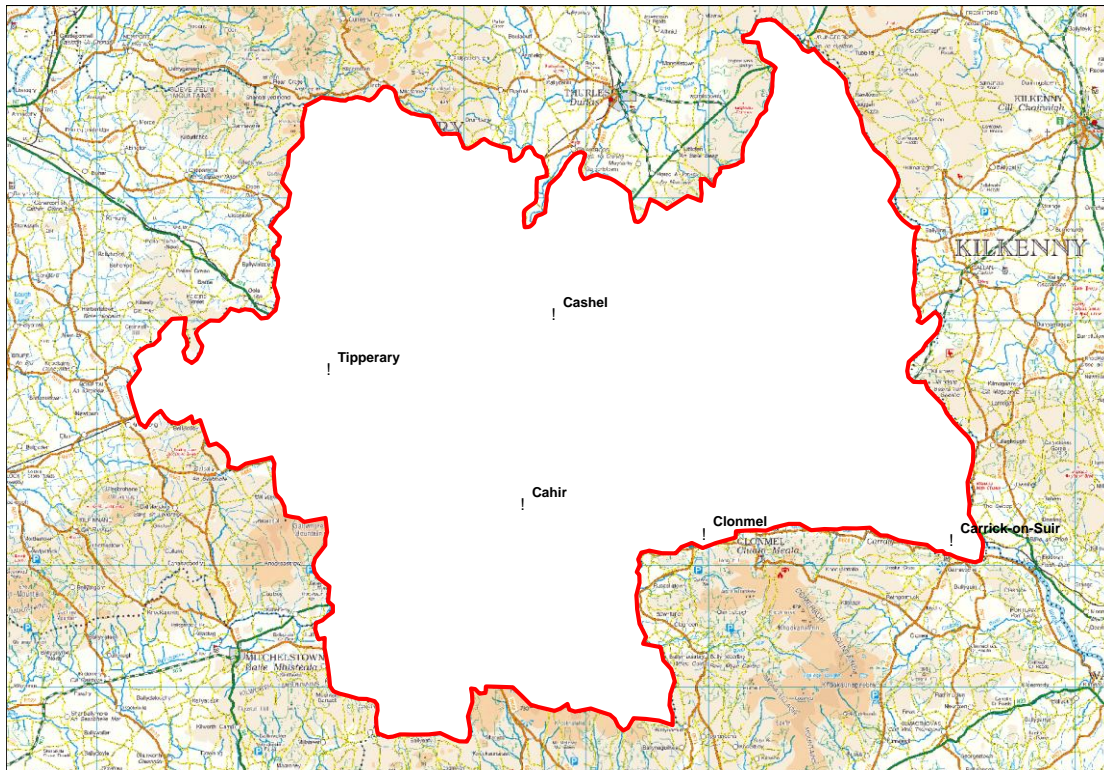
The Children Services Committee is part of the County Development Board structures and reports to the Social Inclusion Measures Group at the latter's meetings 4 times per year.

There are 5 CSC Working Groups:

- Youth Mental Health Sub-Group – issues relating to National Outcome 1
- Connecting Youth Sub-Group – issues relating to National Outcomes 2 & 4.
- Family Support Sub-Group – issues relating to National Outcome 3
- Free from Harm Sub-Group – issues relating to National Outcome 3
- Best Practice & Inter-agency Protocol Sub-Group – Change Management issues

Comhairle na n-Óg also has a programme of activities which feeds into the Work Plan and it links with the Children's Services Committee as appropriate.

Section 2: Socio-Demographic Profile of South Tipperary



Co. Tipperary S.R. presents as a county with an appropriate balance of urban and rural development. Located in a natural environment well-suited for pastoral farming and tillage, it is unique in the S.E. region in having five urban centres located around the county, the largest of which, Clonmel, has been the administrative capital of the Local Authority. The other towns are Tipperary, Carrick-on-Suir, Cashel and Cahir. According to the 2011 Census, the main areas of employment are in the Professional services sector (21.52%), the Commerce & Trade sector (21.3%), and the Manufacturing sector (16.34%). The numbers employed in the Construction sector have declined significantly due to recessionary conditions (from 12.42% in 2006 to 5.18% in 2011), while the numbers employed in the Agriculture sector have increased substantially in the same period (from 4.8% to 11.94%).

According to the 2011 Census, the total population of South Tipperary is 88,433, an increase of 6.3% (of which 2.6% is a consequence of immigration) since the 2006 Census. A notable trend was a decline of population in some of the urban DEDs and a significant increase in population in the outlying areas. The number of children, aged 0 – 17 years, according to the recent census is 22,504, an increase of 6.34% since the previous census. About 37.98 % of the 0 – 19 year age cohort are located in the 5 main towns of the County (9,304). The largest concentration of this cohort is to be found in Clonmel and its hinterland*, accounting for 26.3 % of the figure for the county (6,445).

**(DEDs: Clonmel Rural, Clonmel West Urban, Clonmel East Urban, Inislounaght, Kilsheelan/Killaloan, Ballyclerahan, Tullaghmelan, Kilcash & Lisronagh.)*

7.

The number of deaths among infants in South Tipperary for 2010 was 4 and for 2011 was 2.

The number of deaths among children under 18 years in 2011 was 3, 0.0133 % of all children in the county.

There are 3,404 households constituting Lone Mothers and children in South Tipperary, comprising 10.38 % of all households in South Tipperary, up from 9.9 % in 2006. This compares with national rate of 9.39 %. There are a further 563 households of Lone Fathers with children in South Tipperary, constituting 1.72 % of all households in South Tipperary, and compares with a national rate of 1.48 %. 46.86 % (c. 1,595) of households of Lone Mothers and children and 39.43 % of Lone Fathers with children are concentrated in the 5 main towns. While 28.29 % (963) of households of Lone Mothers and children, and 23.44 % (132) of households of Lone Fathers with children reside in Clonmel and its hinterland, there are also significant numbers of Lone Parent families outside the 4 other towns. In the area to the North-East of the county, which includes the largely rural Slieve Ardagh area and the village of Killenaule, an area comprising a cluster of 13 DEDs, there are 274 households with Lone Mothers and children and a further 51 households with Lone Fathers and children, a total of 827 parents and children in both categories of Lone Parent households. Also in the North-West of the county, there are 182 households of Lone Mothers with children in a cluster of 8 DEDs, and in addition 33 households of Lone Fathers and children, a total of 579 parents and children in both categories of Lone Parent households.

The percentage of children under 18 years whose mothers had either no formal education or primary education only was 6.9 %; for those whose mothers had attained lower secondary education, 27.27%; for those whose mothers had attained upper secondary education, 41.2 %; and for those whose mothers had attained third-level education, 13.3 %. (CSO, 2006)

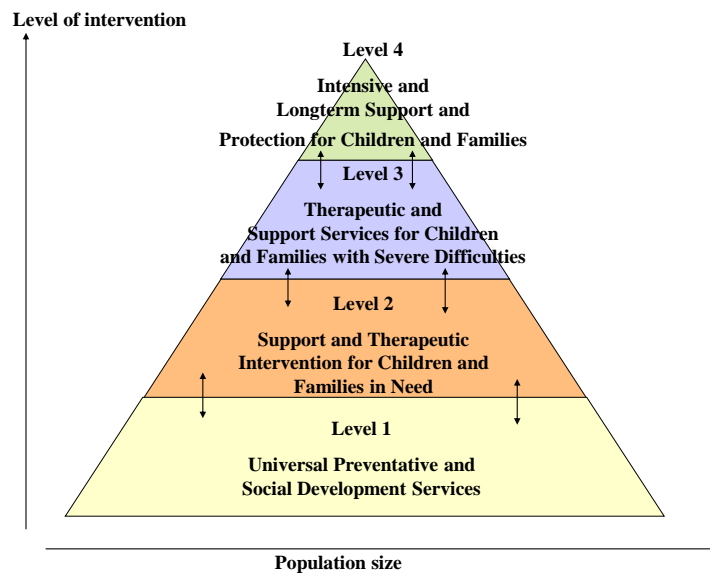
The population of Travellers in South Tipperary is 546. The number of children in the age group, 0 – 19 years, is 340.

The percentage of children of children by ethnicity or cultural background in the age group, 0 – 19 years, is as follows:

- White Irish – 87 %
- Any other White background: 6.83 %
- Black or Black Irish – African: 0.63 %
- Black or Black Irish – any other Black background: 0.167%
- Asian or Asian Irish – Chinese: 0.183 %
- Asian or Asian Irish – any other Asian background: 0.87%
- Other including mixed background: 0.845 %

Section 3: Overview of Services to Children and Families in South Tipperary.

Hardiker Model (*cf. Appendix 5*)



Health and Social Services

Health & Social Services have up to now been the responsibility of the HSE, with the significant exception of the Family Resource Centres and Community Development Projects, and service provision has been a mix of statutory and non-statutory provision funded in the main by the HSE. With the establishment of the Department of Children & Youth Affairs, some of the responsibilities will be transferring to the new structure.

As well as direct service provision, the HSE also funds a range of agencies through S. 39 funding to provide what can be generically categorised as Family Support and social services.

The HSE is also the primary funder of non-statutory service provision to children with disabilities, both intellectual and physical & sensory. These services are examined below.

The Family Resource Centres have been funded through the Family Support Agency under the aegis of the Department of Social & Family Affairs but are now transferring to the new agency in the Department of Children & Youth Affairs.

The Community Development Projects (CDPs) have been funded under the Local Community Development Programme (LCDP) of the Department of Environment, Community & Local Government. Government policy has directed that the CDPs be subsumed into the Local Development Companies. However, one CDP has maintained its status and has a Service Level Agreement with South Tipperary Development Company to deliver the LCDP. Another CDP has also maintained its status and is linked with the National Traveller Partnership

Level 1:

The G.P.s and the Public Health Nurse services represent the main front-line primary health care service provision to children and young people in the community. PHNs, operating from

9.

23 local Health Centres, provide services for ante-natal & post-natal care, for child health & development from 0 to 5 years, and for older children in primary school settings, such as audiometry, vision testing and immunisation clinics. The G.P.s as a body operate a mix of private & public services, with a significant number working with fee-paying service-users and service-users with medical cards in the community. While the administration of the PHN service aims at universal accessibility, there is generally adequate distribution of G.P. services around the county.

In the community setting, the HSE has been developing its Primary Care services as a universal integrated service for health needs presenting in the community, with the aim of prevention, early intervention & diagnosis. The county is divided into 6 Primary Care areas - Clonmel area; Cahir-Clogheen area; Cashel area; Tipperary town area; and Carrick-on-Siúr area; and Killenaule-Slieve Ardagh area. In the Primary Care areas, primary care is provided by teams of health professionals comprised of PHNs, Physiotherapists, OTs, Social Workers, Dietitians and GPs, with referral to Psychology, Speech & Language Therapy and Dental services where necessary. Progress in developing the Primary Care services has met with varying levels of success as it seeks to develop a more integrated approach, exemplified by the clinical meetings at which Primary Care Teams adopt a multi-disciplinary approach in discussing cases. The current economic constraints have had an impact in restricting available funding to develop Primary Care Centres and, because of embargos on filling staff vacancies, in restricting availability of services. Another factor has been the varying levels of participation by G.P.s.

It is worth noting that Primary Care Teams in 2 areas in South Tipperary, namely, Cashel & Clonmel, provide Community Mental Health Nursing services for service-users aged 16 years and upwards.

Health Promotion also has an important role in children's health and welfare. As part of its 3-pronged policy focussing, respectively, on Schools, the Health Services and the community, Health Promotion has begun, initially with a number of DEIS schools to assess and make recommendations on the school environment; the curriculum; relationships between teachers & parents; policies e.g., Healthy Eating, Antibullying, Physical Activity etc. from the point of view of Health & Safety.

Other services at Level 1, provided variously by HSE services and S.39 funded agencies, include:

- Generic parenting courses in Clonmel, Tipperary town, Cashel and Carrick-on-Siúr, offered variously at different times by the HSE Health Promotion service, HSE Psychology and a number of non-statutory services.
- Parent & Toddler Groups constitute a successful model for peer support to parents with very young children. There are about 18 established in the county. 8 of these are town-based and are sustained by the ongoing support of the founding agencies: the others are located in rural areas, in the main in the SW & NW of the county and are dependent on the commitment of individuals, supported by funding from the County Childcare Committee to continue. There is one Parent & Toddler group set up by the Tipperary Rural Traveller Project for Traveller families. There are areas currently in the Eastern part of the county without Parent & Toddler Groups.

There are 3 Family Resource Centres and the 3 Community Development Projects in South Tipperary as follows:

10.

- Millennium Family Resource Centre in the Slieve Ardagh area in the NE of the county
- Spafield Family Resource Centre, Cashel
- Three Drives Family Resource Centre in Tipperary town
- Community Development Project, Knockanrawley Resource Centre, Tipperary town.
- Tipperary Rural Traveller Project, based in Tipperary town, but with a geographical remit over most of the county.
- Siúr Community Development Project, Carrick-on-Siúr, which is currently being subsumed into South Tipperary Development Company and whose staff will deliver the LCDP, as well as some of its former programme of activities.

These play an important role in engaging with their respective local communities through a range of activities which, collectively, have a socially inclusive purpose. Through their provision of such Level 1 services as information, advice, a socially accepting environment, training opportunities, opportunities for peer support as in women's groups, Parent & Toddler Groups, they pro-actively contribute to the support of parents and families and play a key role in Prevention & Early Intervention.

Traveller Health

The HSE also funds and manages a specific Primary (Health) Care service for Travellers in the county. There are 3 Traveller Community Health Workers whose roles are as follows:

- To ensure take-up of all medical and health care appointments by Traveller families
- Child Health: regular visits to families of new-born babies for the 1st 2 years and checking and advising on their care and on the mothers' health and wellbeing and linking them with the health professionals as required.
- General assistance and support around medical, childcare issues, e.g., Medical Card applications, pre-school registration.

The workers are supported by a Coordinator. While there is currently no specific post of Traveller PHN with a remit for Traveller families, the workers liaise with and report to a specific PHN.

Levels 2-4:

In relation to health services, some of the services provided through Primary Care, e.g. Speech & Language Therapy, Occupational Therapy, Dietetics, might more appropriately fit under the Level 2 category of intervention, in view of the relative complexity of the needs being addressed.

Statutory social services are targeted at Levels 2, 3 & 4 categories of intervention. The HSE Social Work Department with a staff of 23 Social Workers, 6 Child Care Leaders and 7 Family Support Workers provides Child Welfare and Child Protection services for children up to the age of 18 years. Its main office is located in Clonmel but there are also Social Work offices in Cashel and Tipperary town. There are 4 teams, each headed by a Team Leader: Duty & Intake, Welfare & Protection, Children in Care, and Fostering & Resources. The service assesses concerns relating to the abuse or chronic neglect of children and young people and takes appropriate measures in accordance with the 'Children First' guidelines to ensure child safety and welfare. The service also advises and supports vulnerable families, in crisis or otherwise, to enable them

to provide appropriate care for their children. It supports children and young people placed in alternative care.

At Levels 2 & 3, HSE Psychology provides an assessment and therapeutic service for children and adolescents, 0 – 17 years, exhibiting emotional and behavioural problems, learning difficulties, developmental delay, and other issues necessitating intervention. It offers more intensive home-based intervention programmes aimed at supporting the individual needs of children and families, as for example, in relation to parenting difficulties, toileting etc. It also provides these services for children with disabilities and their families, specifically children with mild learning difficulties and with ASD, and for children in care. 2 senior Psychology staff work and a Child Care Leader work children with Disabilities, with the former respectively having responsibility for the 0 – 5 age group and the 6 – 18 years age group. 1 senior Psychology staff member, 4 staff grade members and a Child Care Leader work with generic child health issues and with children in care.

At Level 3, the HSE CAMHS service, comprising the Consultant Psychiatrist, a Junior Doctor (NCHD), Senior Clinical Psychologist and 2 community Nurse Specialists, provides psychiatric assessment services and related interventions with psychology and nursing. Its target group, until recently were children, aged 0 – 15 years, with a suspected psychiatric condition, although this is being extended to those aged 16 – 17 years, according to the new *'Access protocols for 16 and 17 year olds to Mental Health services'*, which is due to come into force in 2013.

Many of the services provided by the S. 39 funded agencies fall mainly into the Level 2 intervention category. These services include Lone Parents support; Women's Refuge; Rape Crisis Counselling intervention; Family Therapy; Family Welfare Conference; Springboard Child & Family Support; Parent Support programmes; Community Resource Centre; and development and integration of the private Child Minding sector. Some of these services have a county-wide remit, others are limited to particular towns or areas. In the latter category, the Springboard project and the Clonmel Community Mothers Project (a.k.a. Clonmel Community Parents Support Project), operate in Clonmel with the former restricted to the RAPID estates, although this has been extended to include children attending the DEIS primary school in the town. Similarly, the Parent & Family Support programme based in Knockanrawley Resource Centre offers a service only for families in Tipperary town and its environs.

The 3 Family Resource Centres also variously provide support and counselling to families in their catchment areas, for which a lot of demand is reported. What is evident is the uneven distribution of services, as well as gaps in provision, around the county. Of the 5 main towns, there appears to be no service in Cahir and Carrick-on-Siúr beyond those offered by statutory HSE services and the private sector. Access to services in Clonmel is restricted by the criteria for the different services and the lack of generic counselling is acknowledged. The gap in provision is also evident in rural areas, particularly in the South-West and in rural areas not located within the geographical remit of a Family Resource Centre.

Level 4

Children in care

The HSE Social Work service provides a Child Protection service under the 1991 Child Care Act. Where there are concerns relating to abuse and severe neglect of children, the service assesses

12.

these and takes appropriate measures in accordance with Children First: National Guidance to ensure child safety and welfare. This may mean provision of alternative care, either in foster care or residential care. There are 128 active foster carers, 4 private residential units and 1 HSE residential unit in South Tipperary.

For those in residential care, the following issues have been identified:

- Mental health needs: Difficulties in accessing psychiatry and psychology services
- Placement Care plan: **Comprehensive assessment of needs of young person on entry into placement and plan made to meet these needs; oversight of young person's welfare & placement by a Guardian Ad Litem or other agent to ensure the appropriate care of young person**
- After-care: **Needs to be planned with availability of such services as counselling/psychology, appropriate transitional accommodation with supports and coordinated response from Local Authority, Social Welfare services and FÁS**
- Education: **Need for flexible individualised educational programmes to engage the young people**
- Social Work services provision: More consistency and availability of Social Work service, including after-hours service
- Work with the families: More resources and attention to work with the families to prevent the crises that lead to placements in care, and where young person is in care to enable them to create the conditions allowing his or her return home.

Levels 2 - 4: Children with Disabilities:

The HSE is responsible for health and social service provision to children with disabilities, and in a small number of cases provides funding for basic care provision.

Health & social services to children with Intellectual Disabilities are provided by the HSE and Brothers of Charity. Once a child between 0 – 5 years is assessed by the multi-disciplinary Early Intervention Team, comprised of HSE and Brothers of Charity professionals, a plan is made around the child's health care and educational needs. Supports to children and families include Speech & Language Therapy, Occupational Therapy, Psychology and Physiotherapy. While the HSE provides for the health care needs of children with disabilities, the Brothers of Charity have a remit to provide certain support services, namely Psychology and Social Work services, as well as respite care and pre-school provision in relation to children with moderate, severe to profound disabilities. Services for the 0 – 5 years age group are reportedly very supportive as there is a stipulated protocol to be adhered to in relation to assessment, referral to the Early Intervention Team and a care plan developed. However, services appear more attenuated for the 6 – 18 years age group with gaps in specific provision for certain categories of children with disabilities.

Respite care is funded through the HSE Disabilities Services and is provided by Brothers of Charity and the RK Respite agency.

In the area of Physical & Sensory Disabilities, the agencies, such as National Council of the Blind and Deafhear, tend to focus on one disability according to their brief. In many cases, children have both intellectual and physical or sensory disabilities and are therefore service-users primarily of services for Intellectual Disabilities.

The development of services and their distribution around the county owes much to historical circumstances. As noted above, quite a lot of service provision is by non- statutory providers.

13.

What can happen with such diversity of provision is that there can be gaps and a lack of uniformity and consistency, and some of these issues are highlighted here:

- Parents' perception of service provision being minimal particularly after involvement of Early intervention Team, and of having very little support after child turns 6. For those with no eligibility to specialised services, access to mainstream services can be particularly stressful.
- Information deficit for parents
- Service gaps: Children with mild Intellectual Disability in special school who are not eligible for CAMHS or Brothers of Charity services

There is currently a government initiative to address the issues arising from the differential development of a mix of statutory and non-statutory services around the country. This 'Progressing Disability Services for Children & Young People with Disabilities' initiative is proposing a standard framework for services from Primary Care level, integrating with the Primary Care Teams, and secondary Early Intervention where needs are more complex, to levels of care where specialist expertise is required.

A key resource that parents of children and young people are able to avail of in some cases are peer support groups. Some of these include:

- Downs Syndrome Association
- Clonmel Autism Support Group
- Tipperary town Autism Support Group
- SPEAK – supported by the County Childcare Committee.

These play an important role in breaking down the isolation that many families report, and of getting useful information about services and programmes.

Substance Misuse

Services in relation to alcohol and substance misuse are provided by the HSE and by voluntary services. The HSE Substance Misuse service provides the following services for service-users under & over 18 years:

- Substance Misuse Liaison Nurse
- Community Detoxification programme
- Methadone Maintenance Programme
- Counselling/ Brief Intervention
- Drop In Clinic in Clonmel one afternoon per week for under 18 yrs
- Harm Reduction Needle Exchange one morning per week.

There are also 3 Community Based Drugs Initiatives located respectively in the towns of Clonmel, Carrick-on-Siúr and Tipperary, offering one-to-one intervention and family support as well as information and referral to relevant services. Under the current direction of the S.E. Regional Drugs Task Force, there is a growing emphasis on the goal of Harm Reduction, with the focus of all services now on supporting and working with those who are using opiates. Thus, it would appear, that there will be less an emphasis on work to reduce alcohol misuse.

At Level 3, there is one residential treatment centre, the Aisling Adolescent Addiction Centre, in

14.

Ballyragget, Co. Kilkenny. However there is now also the alternative of the Community Detoxification programme available, carried out by a clinical nurse and counsellor at home.

Substance Misuse service for Travellers

There is also a Substance Misuse project for Travellers run by the Tipperary Rural Traveller Project with one Outreach Worker.

Education

Level 1

At Level 1, education is provided at pre-school, primary school and secondary school levels in South Tipperary. Pre-school provision is a mix of private and community-based and, through funding under the Equal Opportunities Childcare Programme (EOCP), and subsequently the National Childcare Investment Programme, and the work of the County Childcare Committee, has expanded and improved in standards. The availability of ECCE funding has helped to facilitate take-up. There are about 45 private childcare providers and 33 community-based childcare facilities in the county; 87 primary schools and 15 secondary schools. There appears to be significant surplus capacity in the childcare sector with 1,923 full-time, part-time & sessional places filled out of 2,593 of these categories. The economic downturn has had an impact on take-up.

Approximately 9,772 children attend the 87 Primary Schools in South Tipperary. The approximate figure for young people attending the 16 Secondary Schools in the county is 6,600. 5 of these schools are administered by the V.E.C. and are located in Clonmel, Carrick-on-Siúr, Cahir, Tipperary town, and Killenaule. The other schools are located in Carrick-on-Siúr (2), Clonmel (3), Tipperary town (2), Cashel (2), Fethard (1), and Ballingarry (2).

In Primary & Secondary Schools, there are resources to support children and young people in their personal, social and academic development and to support them to remain in school:

- National Educational Psychological Service provides assessments to identify educational needs and to make appropriate recommendations. It is also available for schools in the event of a critical incident
- Special Educational Needs Organisers (SENO) ensure provision of appropriate resources for children with special needs. Such resources can include access to a Resource Teacher, assignment of a Special Needs Assistant, and assistive technology.
- Guidance teachers & counsellors in secondary schools
- 3 National Educational Welfare Board (NEWB) services, supporting school attendance:
 - Home School Community Liaison
 - School Completion Programmes in secondary schools and their feeder Primary Schools in Clonmel, Tipperary town, Carrick-on-Siúr, Fethard and Killenaule.
 - Educational Welfare Service.

Concerns have been expressed at CSC level about the impact of cutbacks in government

expenditure on these resources:

- At primary and secondary levels, the reduction in numbers of Special Needs Assistants has an impact on the capacity of some children to meet educational standards in the classroom and to participate in class activities.
- The cutbacks in the Home School Community Liaison programme has led to less contact with vulnerable families and consequent increased risk of Early School Leaving.
- Cutbacks to the School Completion Programme which may lead to staff reductions also has an impact on those most likely to disengage from education.
- The loss of teaching posts due to the withdrawal of Disadvantage schemes will impact on Pupil-Teacher ratios.
- National Educational Psychological Service (NEPS) support has been cut back to the detriment of timely intervention. Level of service determined by quota has no correlation to the level of demand which can vary enormously. Students with Emotional Behavioural Disorders (EBD) are having to go on waiting lists.
- The inclusion of the Guidance Counsellor post in the schools' teacher quota has had the consequences of reducing the capacity of the schools to provide pastoral care, advice and support to vulnerable students, as schools have to decide to re-deploy Guidance Counsellors to fill teaching vacancies/ to meet their teaching staff complement.
- The cutback of the Visiting Teacher for Travellers has meant a loss of a critical service and support for Traveller children and young people to engage with the educational system, with implications for their engagement with and participation in wider society.

Also of concern is the impact of cutbacks on provision of such mainstream programmes as the Leaving Cert Applied course at secondary level and Transition Year, possibly contributing to Early School Leaving. Schools are also affected by the overall reduction in capitation and related grants and by the increase in the Pupil-Teacher Ratio. *It is important to note that the cuts do not apply to all schools in the same way and also do not translate between primary and post primary in a similar fashion.*

Level 2

At present, there are two services in South Tipperary which offer integrated general education, vocational training and work experience to young people between the ages of 15 – 20 years who have left school early. These services are:

- V.E.C. Youthreach in Cappawhite with 35 places: its catchment area includes Cashel, Tipperary town and the rural hinterland.
- Clonmel Youth Training Enterprise in Clonmel with 61 places: its catchment area includes Clonmel, Carrick-on-Siúr.

The South Tipperary Development Company, in conjunction with the NEWB and the secondary schools is currently developing an initiative, Pathways, to track and mentor Early School Leavers.

Education: Children with Disabilities:

Educational services are provided by a mix of main-stream schools in a generic or special class setting, Special Schools and Brothers of Charity reflecting the range of needs and capacity. At pre-school level, Brothers of Charity have two such facilities for children with moderate, severe

16.

to profound disabilities in Clonmel and Tipperary town, the one in Clonmel also catering for children with ASD. There are also pre-schools for children with autism in the 2 Special Schools in Cashel, Scoil Aonghusa and Scoil Cormaic, and in a mainstream Primary School in Clonmel. Many may also attend mainstream pre-schools and a dual use of both special & mainstream provision has been noted, facilitated through availability of the ECCE scheme.

Educational service provision for the 6 – 18 years age group is available in the Special Schools in Cashel, with Scoil Aonghusa catering for children in the Moderate, Severe to Profound category and Scoil Cormaic catering for children in the Mild category. For children with Autism Spectrum Disorder (ASD), there is some special provision in mainstream school settings at primary and secondary levels, specifically in 3 primary schools and in one secondary school. Children already with a Mild or Moderate, Severe to Profound diagnosis as well as ASD can be provided for in the Special Schools.

For children with Physical & Sensory Disabilities who are not in receipt of special education, there are a number of services to facilitate participation in mainstream schooling, depending on type of disability, as follows:

- For children with visual impairment and for children who are deaf or who are hard of hearing, there are 2 Visiting Teacher services, respectively, which offer a range of different supports depending on individual need in the school and home settings.
- SENO resources

A particular deficit has been pointed out in relation to the assessment of needs of children with Disabilities in the educational setting. There is no representative from the Educational sector on the Early Intervention Team and therefore a lack of integration between the educational & health care perspectives at assessment level.

Policing & Youth Justice

Level 1

The police services are provided by the Tipperary Division of An Garda Síochána. More specifically, South Tipperary is covered by the Garda Districts of Cahir, Clonmel, and Tipperary town and part of the Thurles District. While all Gardaí in the sub-stations are designated Community Gardaí, there is a specific Community Policing Unit in Clonmel which seeks to work in a preventative way by building up relations in communities and cooperating with other agencies to prevent crime and anti-social behaviour.

There are 3 Juvenile Liaison Officers in the Tipperary Division, 2 of whom operate the Juvenile Diversion Programme in South Tipperary: one covering Clonmel and Cahir Districts; the other covering Thurles and Tipperary town Districts.

Level 2

- There are a number of Youth Diversion Programmes run by youth services under the management of boards on which the Gardaí are represented. The Waterford & South Tipperary Community Youth Service run the 'Edge' project in Carrick-on-Siúr and the Clonmel Youth Diversion project in Clonmel. Tipperary Regional Youth Service runs the Tar Youth Diversion project in Tipperary town. These are targeted at young people,

17.

- aged 12 – 18 years, who are involved or are at risk of being involved in criminal behaviour, and seek to support them in attitudinal & behavioural change.
 - Probation services
-

Local Authority services

Level 1

Currently, Local Authority service provision in South Tipperary is administered by South Tipperary County Council and 4 urban councils, namely Clonmel Borough Council and town councils in Carrick-on-Siúr, Tipperary town and Cashel. The services with particular relevance to the remit of the CSC include social housing and provision of facilities for children & young people. According to the Census 2011 returns, there were 3,012 households renting from the Local Authority, constituting 9.22% of all households in South Tipperary. According to figures this year from Local Authorities, there are 1,762 applicants for social housing in all, of which 867 are applicants with children.

The local authorities also have responsibilities for amenities and facilities for leisure activities for children & young people, including 6 public libraries located around the county and a mobile library service, swimming pools in Clonmel and Tipperary town, and playgrounds. To follow up government policy to develop a national play & recreational policy, South Tipperary County Council prepared a Playground policy to roll out development of playgrounds around the county. It has also developed an Integrated Teen Recreational Strategy, to include youth input in the design & implementation of plans, and adoption of a partnership approach with other relevant stakeholders in the statutory, community & voluntary sectors. As part of this strategy, its own resources, such as Arts Officer, Sports Coordinator, Soccer Development Officer, Heritage Officer, the Museum, etc. are fully utilised in implementing their respective programmes of activities for young people.

In respect of children & young people with disabilities, the Sports Partnership has established the position of Sports Inclusion Disability Officer to support the strategic development and implementation of Disability Sport in North and South Tipperary. The main function of this position is to encourage and facilitate more people with disabilities to participate in sport and physical activity, developing sustainable clubs and programmes in all settings in accordance to the Sports Inclusion Disability National Programme.

Through the Local Government Reform process, the Local Authorities have also been taking a leading role in the development of plans to address social, economic & cultural issues, all of which have had a beneficial impact on the community. South Tipperary County Council has been the lead agency, through its Community & Enterprise section, in supporting the County Development Board and its various Sub-Groups in developing strategies and identifying actions. The Social Inclusion Measures Group, in particular, has been instrumental in the set-up of focus groups to identify actions for Early School Leavers and for Vulnerable Families.

The Local Authorities have also taken the lead in the RAPID programme in the county where 2 towns, Tipperary and Carrick-on-Siúr have RAPID status, and where one town, Clonmel, has a number of residential estates with RAPID status. Since the introduction of the programme in 2002 in South Tipperary, the RAPID structures have brought representatives from statutory

18.

agencies, the Local Authority, voluntary organisations and community groups together on a sustained basis to identify a range of issues under a number of themes, such as Health, Family Support, Physical Environment & Education, and to propose actions to address these.

Level 2

The Local Authority has Community Liaison Workers to liaise with residents on relevant issues, and to support resident committees in the management of their neighbourhoods. Where a tenant presents with anti-social behaviour, there is recourse to the 'Second Chance' programme which adopts a case management multi-agency approach to address the presenting issues.

Social Welfare/Social Protection:

The Department of Social Protection is responsible for income maintenance service provision, primarily, One-Parent Family payments and Job-Seekers Benefit & Allowance payments.

There are 5 Social Welfare local offices in South Tipperary, one in each of the main towns, constituting the point of contact for those in need of Department of Social Protection services.

The Money Advice & Budgeting service (MABS) provides advice on budgeting and money management to people who are in financial difficulties or are in debt.

Youth services:

The V.E.C. has a planning role in the development of youth services. In fulfilling this purpose, its Youth Officer has a role in monitoring and assessing youth programmes, preparing a youth work development plan, and producing an annual report evaluating youth work activities in the county. The V.E.C. also provides funding in the form of a Local Youth Club Grant scheme, administered by the Youth Officer.

There are 3 youth services operating in South Tipperary: Waterford & South Tipperary Community Youth Service (WSTCYS), Tipperary Regional Youth Service (TRYs), and Foróige. Two of these, WSTCYS and TRYs, historically cover geographical remits of the Roman Catholic dioceses, respectively of Waterford & Lismore, and of Cashel & Emly, and employ most of their resources on special projects. Foróige is involved in two special projects in Carrick-on-Siúr and Clonmel. Youth service provision in terms of main-stream youth clubs at Level 1 are as follows:

WSTCYS	TRYs	Foróige	Scouting Ireland	Irish Girl Guides	Macra na Feirme	Others
3	9	9	10	4	7	7

Special projects in the smaller towns also tend to include some mainstream club attributes and have a mixed social service-user profile. There is one youth club for Disabled Integrated Youth Club based in Clonmel and one club for Traveller Youth located in Killenaule. Nonetheless, numbers involved at Level 1 are small as a proportion of the total youth population and there is a recognised dearth of service provision in both rural and urban areas.

At Level 2, the 3 youth services are involved in running special youth projects in the 4 bigger towns. WSTCYS runs a SPY project in Clonmel; TRYs runs a SPY project in Tipperary town, it operates a Rural Outreach programme with SPY funding, and runs a Neighbourhood Youth Project in Cashel; and Foróige runs a Neighbourhood Youth Project in Carrick-on-Siúr, and a project in Clonmel. There is a particular focus in these projects to work with young people who may be at risk of engaging in behaviours which could impact negatively on their personal and social development.

The particular deficits identified in youth services development are as follows:

- Cutbacks in existing services
- Under-resourced services – need for extra resources for workers, programme costs, equipment
- Gaps in service provision: Clonmel under-provided for
- Limited service provision, particularly outside operating hours
- Access difficult to get for some community centres
- Alternative options for education & training reduced: LCA, CE, Tús
- Youth Information services seriously under-funded – service gap provision
- Lack of accessible mental health services, support & counselling services
- Deficit in a range of extracurricular educational and personal & social development programmes: music workshops; IT skills; Parenting skills; entrepreneurship; LGBT groups; Sexuality & Health Education programmes; Gardening & DIY.
- Youth services in rural areas
- Substance /alcohol misuse leading to vandalism & anti-social behaviour
- Unemployment
- Early School Leavers
- The need for services to younger age groups 8 yrs and under.
- Lack of Drop-In facility for young people in rural areas

Conclusion: Gaps in Service Provision and Resource deficits

The overview of services above reveals a number of areas where gaps in service provision and resource deficits may have an adverse impact on the welfare of children and young people.

- The chequered development of the Primary Care model of health care.
- The limitation of the Child & Adolescent Mental Health services to an upper age threshold of 15 years and the lack of appropriate services for 16 – 17 years age group (up to now) is a clear service deficit. There is an insufficiency of resources at Preventative and Early Intervention levels to address the less acute mental health issues prevalent in the community.
- The care issues for children & young people in residential care.
- The uneven distribution of a range of support services around the county, so that services available in some areas are not available in others, reflecting differential development of service provision by the voluntary & community sectors. Thus services like free or low-cost counselling, parenting support and community support programmes may not be available in certain parts of the county. This is particularly noteworthy for Cahir and the South-West of the county as well as the rural area in the

North-West of the county.

- The gaps and lack of standardisation of service provision for children and young people with disabilities, aged 6 – 18 years, and their families.
- In mainstream education, there are significant reductions in resources for important support services such as Language support, Guidance Counsellors, Special Needs Assistants, the Home School Community Liaison programme, the National Educational Psychological Service, Resource Hours, and the School Completion Programmes. Language support has been affected and posts have been lost due to the withdrawal of Disadvantage schemes. There has also been an increase in the pupil-teacher ratio and an overall reduction in capitation and related grants. The post of Visiting Teacher for Travellers has been terminated. Cutbacks in academic programmes, such as the Leaving Cert Applied and Transition Year, can contribute to Early School Leaving.
- There is a dearth in Youth service provision in rural and urban areas. Some of this can be attributed to lack of appropriate volunteers and under-resourcing, particularly in urban areas.
- It may also be noted that, with restrictions on many services, access to these can be delayed, often for long periods of time. Depending on the level of need, this can accentuate hardship and stress for the children, young people and families concerned.
- Feedback from a number of sources, in particular the education sector, reflect dissatisfaction with levels of communication with and responsiveness from statutory children and family services in relation to referrals.

Section 4: Local Needs Analysis in South Tipperary

Healthy, both Physically and Mentally

South Tipperary performs quite well in relation to some of the indicators for physical health:

- 78 babies were born in South Tipperary, weighing less than 2,500 gm.s, equivalent to 5.3% of all births in the county, (national percentage= 5.6%) (2008)
- The percentage of newborn babies in North & South Tipperary who are exclusively breastfed was 44% (national rate 45.9%) and who are partially breastfed was 2.1%. There is a pattern of a gradual increase in the percentage of newborn babies being exclusively breastfed over a period of 5 years up to the period for the latest data available, although lagging behind the national rate. Earlier figures indicate a higher rate of breastfed infants in South Tipperary than in the North so that the latest figure for the joint counties may under-estimate the rate in the south county.
- In South Tipperary, 85.2% of mothers attended for antenatal care in the 1st trimester of pregnancy, in comparison with a national rate of 70.4%.
- In relation to childhood immunisation, the HSE target up-take of recommended doses of all vaccines among children at 12 months and at 24 months is 95% or greater. In relation to children at 12 months, South Tipperary has at least twice achieved this target over the

21.

last 2 years, 2011-2, and at other times in that period has consistently had up-take rates of over 90%, usually higher than the national rate.

The percentage uptake of recommended doses of vaccines among children of 24 months of age in South Tipperary also compares favourably with the national rate. For a number of these, South Tipperary has consistently reached the HSE target up-take over the past two years, 2011-2. There has been official concern expressed at the relatively low uptake nationally of Hibb, PCV3 and MenC3 vaccinations because of the potentially serious nature of the infections they are designed to prevent. However, the rate in South Tipperary for the Hibb dose has been around the HSE target up-take over the last 2 years; the PCV3 up-take rate has climbed from 90% to 94%; and the MenC3 up-take rate has improved considerably during the same period, from 81% in the 1st 3 months of 2011, to 90% this year.

- 331 children under 18 years are registered as having an intellectual disability, as follows:
 - Not verified: 80
 - Average range: 39
 - Borderline: 26
 - Mild: 132
 - Moderate: 33
 - Severe: 16
 - Profound: 5

392 children under 18 years are registered as having a physical or sensory disability. In many cases, children have both intellectual and physical or sensory disabilities.

According to the 2 HSE Disability Services Liaison PHNs, they have between them c. 300 children, 0 – 17 years, with ASD (Autism Spectrum Disorder).

The development of services and their distribution around the county is attributable to historical reasons, rather than any standard development of services under the direction of the HSE. As noted in Section 3, there are gaps in service provision and a lack of uniformity and consistency in terms of eligibility for services. Parents with children with disabilities report feeling that they have little support from services after their children turn 6 years of age, and also that they don't get the information that they need about services or programmes.

- Access to Primary Health Care is through the G.P. and is resourced by private family means, or where families fall below a certain income threshold, by availing of either a Medical Card or a Doctor Visit Card. In South Tipperary, 9,760 children under 16 years avail of the Medical Card or the Doctor Visit Card, constituting 48.6% of all children in that age-group.
- In 2009, there were 2,852 hospital discharges of children from South Tipperary. The 10 most frequent conditions for hospitalisation then were:
 - 1). Diarrhoea & gastro-enteritis (3.37% of cases)(average age (a.a) = 3.14 yr);
 - 2). Observation for suspected newborn infectious condition (2.4%)(a.a. = 0);
 - 3). Viral intestinal infection (2.28%)(a.a. = 2.92 yr);
 - 4). Acute tonsillitis (2.21%)(a.a. = 6.84 yr);

22.

- 5). Chronic tonsillitis (2.07%)(a.a. = 8.22 yr);
- 6). Observation for other suspected diseases & conditions(2.07%)(a.a = 4.64 yr)
- 7). Acute appendicitis (1.68%) (a.a. = 12.94 yr);
- 8). Acute upper respiratory infection (1.58%) (a.a. = 3.35 yr);
- 9). Viral infection (1.40%) (a.a. = 3.17 yr);
- 10). Pain localised to other parts of lower abdomen (1.37%) (a.a. = 11.87 yr)

In 2011, there were 3,108 hospital discharges of children from South Tipperary. The 10 most frequent conditions for hospitalisation were:

- 1). Viral intestinal infection (3.35% of cases) (average age (a.a.) = 3.19 yrs.)
- 2). Chronic tonsillitis (2.7%) (a.a. = 8.19 yrs.)
- 3). Viral infection (2.57 %) (a.a.= 2.83 yrs.)
- 4). Gastroenteritis and colitis (2.51%) (a.a. = 3.72 yrs.)
- 5). Acute upper respiratory infection (1.99%) (a.a. = 2.95 yrs)
- 6). Acute tonsillitis (1.96%) (a.a. = 4.02 yrs.)
- 7). Acute appendicitis (1.83%) (a.a. = 12.54 yrs.)
- 8). Malignant neoplasm of long bones of lower limb (1.83%) (a.a. = 8.53 yrs.)
- 9). Observation of newborn for suspected infectious condition (1.8%) (a.a. = 0)
- 10). Observation of newborn for other suspected condition (1.58%) (a.a. = 0)

Mental Health:

In evaluating the mental health status of children and young people in South Tipperary, it is important to consider mental health in terms of a continuum from relative mental well-being to acute psychiatric conditions and the various states of mental health that lie in-between. A range of risk factors and protective factors prevalent in a child's life can have a major impact on his state of mental health. Such risk factors as high levels of anxiety, low socio-economic status and difficult family circumstances can increase the possibility of a young person developing a mental health difficulty or disorder. On the other hand, protective factors such as good self-esteem, support of friends, parental approval and other such assets in a young person's life can improve the likelihood that he can respond successfully to challenges.

In 2010, there were 177 referrals of children in the 0 – 15 years age group to the Child & Adolescent Psychiatric services in South Tipperary; in 2011, there were 250 referrals to Mental Health services of children and young people, 0 – 17 years; and in 2012, up to August, there were 173 referrals of children and young people in this age range. Between 2010 and 2012, there have been 25 young people, aged 16 – 18 years, from South Tipperary admitted to psychiatric hospital.

There were no suicides recorded among children aged 0 – 17 years in 2011. However, this is not the case every year and the Clonmel Mental Health Research Project report found that 10% of young people in the age cohort, 12- 18 years, had experienced suicide ideation in the preceding 6 months.

23.

Numbers admitted to hospital for self-harm was 5 in the 10 – 14 years age group and 37 in the 15 – 19 years age group in 2010, and > 5 and 36 respectively in 2011. Adult mental health services have also reported presentation of young girls, aged 16 – 18 years, with deliberate self-harm as a rising trend, and the Clonmel report, cited below, found that 7% of its respondents aged 12 – 18, reported deliberate self-harm.

The Clonmel Mental Health Research Project (2006) has furnished a rare profile of mental health of children and young people in a community. It shows the prevalence of mental health problems and the impact of adverse socio-economic factors on mental health. One of its main findings relates to the proportion of children and young people of different age groups who meet the criteria for at least one psychological disorder, as follows:

- For the under 5s, this is one child in seven,
- For those in the age-group, 6 – 11 years, this is at least one child in six
- For young people, aged 12 – 18 years, this is one child in five.

A survey of agencies in South Tipperary in 2011 identified the following mental health-related issues arising for young people, aged 12 - 18:

- Anxiety & panic attacks
- Social isolation and lack of social skills
- Substance misuse and its exacerbation of negative behaviour
- Suicide and Self-Harm
- Inability to look for help
- Impact of exam pressure, stress and bullying.
- Depression, low self-esteem and oppositional behaviour.

While it is important to record the number of children and young people who are in contact with Mental Health services in gauging how this age group is doing in terms of Mental Health, it is also important to look at other variables which have an impact on mental wellbeing as well as indicators which have a bearing on mental health. To begin with, in view of the impact of the socio-economic context on mental health and well-being, it is important to bear in mind that 2,947 in the 0 – 17 years category reside in the 5 DEDs categorised as Disadvantaged, in other words, having a Relative Deprivation score of ≤ -10 . These account for 13.1% of the all children & young people in this age range. Of this number, there are 1,312 of the age group, 10 – 17 years, accounting for 13.56% of all in this age range. As indicated in the Headstrong 'My World' survey on Mental Health, this age cohort, from 12/13 years starts to experience rising levels of anxiety and stress which tend to peak at 19 /20 years, with concomitant impact on mental health. This is an under-estimate of the number of children and young people who may be exposed to conditions of relative deprivation and disadvantage as there are at least a further 12 Small Areas in the towns and a further 20 in rural communities with a Relative Deprivation score of ≤ -10 .

The Headstrong 'My World' survey has highlighted the close correlation between anxiety, stress and depression on the one hand and Alcohol & substance misuse behaviours on the other. Easy access to alcohol and a pattern of excessive consumption among young people, facilitated by a culture of tolerance for such behaviour, makes alcohol the most common drug of choice. According to the 'My World' survey, some 21% of the young people surveyed who reported that they drink alcohol fall into the category of 'problem drinker'. Reports from the

24.

Drug Initiative projects in South Tipperary highlight the issue as a problem for under 18s and the Clonmel Report found that 38% of young people, aged 12 – 18 years had drunk alcohol. The Drug Initiative projects also highlight misuse of illicit substances among adolescents as noted below.

The Clonmel report also interviewed young people to identify the issues which generated stress and anxiety for them. The following were identified:

- Peer pressure to consume alcohol and to be sexually active
- Bullying and intimidation
- Family problems
- Lack of awareness about services.

More recently, a survey of young people carried out by Comhairle na n-Óg in South Tipperary in 2011 identified that Body Image was the biggest concern for almost half of the female respondents and for over a quarter of the male respondents, followed by relationships and then by financial worries. Bullying was an issue for one in four of the male respondents, while Peer Pressure was an issue for the same proportion of female respondents.

An Information & Consultation Forum of Principals and Deputy Principals of Primary and Secondary schools in South Tipperary, held on 16th January 2013, considered Relationships, Peer Pressure, the Social Media, poor parenting and troubled family circumstances as being the main issues facing children and young people. Other concerns included Mental Health and Self-Esteem, and Bullying.

There appears to be a general concurrence that the clinical mental health care services provide a good professional service, but that the limitation of the Child & Adolescent Mental Health services to an upper age threshold of 15 years and the lack of appropriate services for 16 – 17 years age group (up to now) is a clear service deficit. Access is also perceived as difficult due to the long waiting list. The resources that are there appear reserved for more acute care services with an insufficiency of resources in Preventative and Early Intervention to address the less acute mental health issues prevalent in the community. The Clonmel Project report clearly endorses more pro-active preventative strategies to identify children and young people with incipient mental health problems which can be addressed as appropriate through a system of stepped care interventions. More recently, a case was being made as a submission to Headstrong to apply to develop a Jigsaw project for South Tipperary. The plan envisaged a re-configuration of relevant local services and a mobilisation of services to develop an Early Intervention response to young people with mental health issues and referral pathways to appropriate mental health treatment where required. Such a plan is currently being developed with assistance and advice from Headstrong. The Principals and Deputy Principals Forum, referred to above, has highlighted the need for actions at Prevention & Early Intervention levels, in recommending introduction of programmes to help children to develop living skills and resilience, and increased provision of Guidance and counselling supports.

The importance of supporting the child in its personal and social development as the soundest basis for mental health highlights the need for early intervention at Primary school level. Thus the implementation of programmes, such as the Friendship programme and the 'Roots of Empathy' programme by Barnardos have an important role in building up protective factors

for mental health.

The issues of bereavement and loss also relate to the mental health of children and young people. Marital breakdown is increasingly being seen as the main cause of loss for children and young people than parental bereavement. While services for more acute cases of loss are accessed through Psychology, the need for a service to help with children more generally with loss issues arising from parental separation or bereavement has been indicated by Family Support services and schools.

Supported in active learning

In relation to the indicators for this Outcome area, the data for South Tipperary is as follows:

- 29.37% of the age-group, 0 – 4 years, attended pre-school service in 2011, 31.76% in 2012.
- All of the pre-school services, except one, deliver the Free Pre-School Year under the ECCE programme. Approximately 1,115 children availed of the ECCE programme in 2011, c. 58% of all children attending pre-school. This figure was 1,215 in 2012, 58.4% of all children attending pre-school in that year.
- In 2008/9, 12.1% of pupils in primary schools were absent from school for 20 days or more. For 2009/10, the rate was 9.9%: the national rate was 10.9%.
In 2008/9, 13.2% of students in secondary schools were absent from school for 20 days or more. For 2009/10, the rate was 16.2%: the national rate was 19.4%. Over the 4 academic years between 2006 and 2010, the rate in South Tipperary has risen from 11.2% to 16.2%.
- In last quarter of 2012, there were a total of 40 young people, aged 15 – 17 years, (59 if 18 yr. olds are included) attending Youthreach, Cappawhite, and Clonmel Youth Training Enterprise
- Re. school retention rates at secondary level, the percentages of the cohorts entering secondary school in 2002, 2003 & 2004, respectively, which went on to complete the Junior Cert cycle were 95.5%, 95.4% and 95%. The national rate was approximately 95%. Of the same cohorts, the percentages that completed the Leaving Cert cycle were respectively, 80.5%, 83% and 84.7%: nationally, the rate was 81.8% - 85%.
According to these percentages, it is possible to calculate that between 52 and 58 from each cohort of students left before completion of the Junior Cycle and that a further 172, 143, and 118 students, respectively, from the cohorts left school before completion of the Leaving Cert cycle. While a number of these in the age group, 16 – 18 years, who left school may have gone on to alternative training or employment, the figures are indicative of the size of the Early School Leaving issue. Earlier figures from the 2006 Census show that there were 130 young people in South Tipperary, aged 15-17 years, whose education had ceased at 16 years or earlier. Current figures show that 58 young people, aged 16 – 18 years, were recorded as leaving their schools during the academic year, 2011/12. Of these:
 - 17 went to other mainstream schools in South Tipperary
 - 15 went to Youth reach or Clonmel Youth Training Enterprise
 - 4 went into employment
 - 2 re-located outside the county
 - 8 went to other programmes/Youth service/Further Education/ Home School

26.

- Community Liaison programme/Juvenile detention
- The current circumstances of 12 are unknown.

While school absenteeism at Primary School level in South Tipperary is not noticeably worse or better than the national rate, nevertheless Early Intervention at this level to prevent disengagement from school can improve prospects for school attendance later on.

At second level, the statistics on school retention rates would appear to indicate a significant Early School Leaving issue, particularly in the 16-18 years age group. The issue is compounded by the fact that there is no standard system in place of tracking those who leave school in the 16 – 18 years age group to find out whether they have become involved in alternative training options or not. In terms of the needs of the Early School Leaver, there is no mechanism of linking in at the critical point of disengagement, when immediate intervention, support and guidance are most effective. A tracking system would identify early school leavers, intervene at the earliest indication of disengagement, advocate on behalf of the young person and empower them to make meaningful long-term life choices.

Educational needs of children with disabilities

In relation to educational services for intellectual disabilities, South Tipperary is relatively well resourced in this area insofar as there are 2 Special Schools located in the county, catering respectively for children with mild intellectual disabilities and children with moderate, severe to profound intellectual disabilities. 185 children and young people attend Scoil Cormaic and 70 children and young people attend Scoil Aonghusa.

It is important to note the point that there is a perceived lack of integration between special education & health services at the level of assessment: no educational representative on the Early Intervention Team. Also there is a perception among families that there are no resources in mainstream schooling to offer realistic support for children with disabilities to be educated in mainstream schools.

Safe from Accidental and Intentional Harm and Secure in the immediate & wider Physical Environment

In relation to the indicators for this Outcome Area, the data for South Tipperary is as follows:

- The number of hospital discharges among children with a diagnosis of injuries, poisonings and toxic use of drugs in 2009 was 75, 2.63% of all hospital discharges of children. The figure for the number of hospital discharges among children in this diagnostic category in 2011 was 111, 3.57% of all hospital discharges of children.
- In 2010, 196 Child Welfare reports and 262 Child Abuse reports went to initial assessment. The number of confirmed child abuse cases was 34. The equivalent figure for 2009 was 25.
- The numbers of children in the care of the HSE for 2009, 2010 and 2012, are, respectively, 162, 158 and 199.
- The number of children, aged 12 – 17 years, referred to the Garda Juvenile Diversion Programme in 2009 was 388. The figure for 2011 was 378.
- In 2010, a total of 3 young people, aged 15 – 17 years, all males, were registered as being homeless by the HSE.
- In 2012, the number of households with children identified as being in need of social

27.

housing is 867 with 1,572 children in all - almost 7% of the total population aged 0 – 17 years. Figures from social housing waiting lists in 2011 would indicate a major surge in numbers over the past 12 months: the number of applicants with dependents in two of the towns rose by around 80%, while the number of children on the social housing waiting list for the County Council has risen by 70%.

Secure stable families are the primary environment to ensure the safety and security of children and young people. Combinations of internal and external stresses and problems can affect a family's capacity to fulfil this role to the detriment of child welfare. A major stressor can be financial problems and this is highlighted in the section below on economic security. Adverse and disadvantaged social circumstances can also be a factor, as for instance for the children and families who are on the social housing waiting lists and are dependent on income maintenance payments. The Public Health Nursing service, as a front-line service to the public targeting the health & development of the 0 – 5 years age group, has identified a no. of factors that can contribute to the vulnerability of families, whether transitory or permanent, as follows:

- Mobile / transient lifestyle
- Traveller Community
- Refugees / Asylum seekers
- Homelessness
- Poverty/ financial mismanagement
- Chronic / complex illness diagnosis
- Substance Misuse
- Obesity/ malnutrition/eating disorders
- Disability Intellectual / Physical
- Communicable Disease eg HIV, Hep C , STDs
- Depression / Mental health issues
- Marital/ Family disharmony / separation / domestic Abuse
- Early school leavers
- Probation status of individual/ partner/ offspring
- Isolation – social/geographical
- Age of child and parents
- Health Status of parent, child, relatives
- Social status – hiding behind façade e.g., upper/middle class person made redundant / loses business.
- Post natal depression
- Parent / Child Death
- Traumatic birth / preterm birth / multiple births
- Parental capacity (include supervision of nutrition, play/computer/ phone usage, keeping children safe ('stranger danger'))
- Sleep patterns for children,
- Engagement and compliance with support service opportunities
- Low educational attainment

The PHN service has identified approximately 163 families in the county, with young children between 0 – 5 years, which could be termed as 'vulnerable'. In this category would also fall those families identified as having low levels of parenting awareness and capacity, where parental

attitudes are influenced by long-term dependence on welfare and by a history of inter-generational deprivation.

As noted above, there were 199 children recorded as being in alternative care at the end of 2012, of whom 194 have South Tipperary home addresses. Their various home locations give some indication of the spatial distribution of vulnerable families in the county. The largest proportion of these children (47.4 %) were from Clonmel and environs, followed by Tipperary town (18 %), Carrick-on-Siúr (9.3 %), Cashel (6.7 %), Cahir (3.1 %), Bansha, Cappawhite and Killenaule/Slieve Ardagh (all with 2.6 %), Clogheen (2 %), Ballyclerahan and Fethard (both 1.55 %).

Another category of families in which child welfare is a matter of concern are those families which are referred to the Social Work service. Towards the latter part of 2012, there was calculated to be about 600 families engaged with the Social Work services in relation to issues of Child Welfare and Child Protection. There is a recognition nationally that the priorities of Child Protection have tended to overshadow the Child Welfare brief that the statutory social services also hold and various models of service delivery are being considered to establish an appropriate balance involving partnership with Family Support services in the non-statutory sector. This is an approach which the South Tipperary CSC considers would considerably improve inter-agency collaboration between services, leading to enhanced outcomes for children and young people.

The 1st 5 years are when the child is at its most vulnerable and is also a critical time in his or her development. The parents, as primary carers, have a decisive role during this time in facilitating the optimal development of their child. As noted in the PHN list of factors above, there are a range of circumstances that can impact on the care and welfare of the child. Interventions that can enhance parents' capacity to care at this stage of the child's development are particularly beneficial in ensuring his or her safety and security. South Tipperary CSC is considering the development of such interventions.

Children & young people in care

As noted above, where there are concerns of child welfare and safety in relation to a child or young person in his or her own home, the Social Work services must take appropriate measures according to 'Children First' guidelines and consider whether the child needs to be placed in alternative care. Such a placement can be in foster care or residential care and the majority of children in care are in foster placements.

While the issues submitted in relation to children & young people in residential care are recommendations for service provision, they also reflect needs that are important to note in relation to:

- Mental health
- Vulnerability of young person in making transition to independent living
- Difficulties with academic work
- Need for consistent care and support
- The need to maintain continuity and good relationships with young person's family so that it is sustained when young person moves out of residential care.

Other issues

Alcohol & Substance misuse

A report in 2004 by the Mid-Tipperary Drugs Initiative found that there was a problem primarily of alcohol misuse and that peer influence and relative ease of access to alcohol, in a context of cultural tolerance and in the absence of effective pro-active parental intervention or other counter-influences, facilitated experimentation at a young age, often leading to regular under-age consumption. In more recent times, alcohol misuse is still acknowledged as the major issue among young people in South Tipperary by the 3 Community Based Drugs Initiative projects. Two indicative estimates of the proportion of young people who consume alcohol are the figure of 21% from the Headstrong 'My World' survey who were categorised as problem drinkers, and the figure of 38% of young people, 12 – 18 years who were reported in the Clonmel Mental Health survey as having consumed alcohol.

The Community Based Drugs Initiative projects also report significant misuse of heroin, cannabis and prescription medicines by young people, with 200 service-users in this age range presenting to the Clonmel project in 2010, and 227 presenting to the Carrick-on-Siúr project in the same year.

The latest report providing information on alcohol and substance misuse as it presents to the services highlights alcohol as by far the main problem substance, accounting for 57.3 % of the 581 individuals who were treated by the services in 2010 (Data Coordination Overview of Drug Misuse 2011). The proportion of the 581 service-users who were under 18 years was 8.43%, compared to 7.44% regionally. This age-group also accounted for 9.36% of hospital admissions in South Tipperary for substance misuse.

As noted above, the services are focussing on opiate use. However, the extent of alcohol misuse remains a major concern. The lack of any nationally-led initiatives to address it and substance misuse in relation to other drugs such as cannabis and prescription drugs is reportedly a matter of lack of resources.

A particular concern has been raised in relation to young people who have been suspended from school on suspicion of substance misuse. The concern is that while young people in these circumstances are waiting to be tested for proof that they are not ingesting illicit substances, they can be at home and at risk of drifting further into behaviours detrimental to their welfare and dropping out of school altogether. 6 young people were identified as having been suspended in relation to this issue during the academic year, 2011/12.

Bullying:

Bullying, in its traditional form, and its extension into social media as cyber-bullying, is difficult to quantify. In the Headstrong 'My World' survey, 40% reported that they had been bullied at some point: of these, one in four reported being bullied most frequently in school, 5 % over the internet or by phone text, 5% at home, and 13% 'elsewhere'. 49% of females reported that they were bullied compared to 40% of males. (ibid., p. 31). The Health Behaviour of School-Aged Children survey (2010) found that 24% of children, aged 10 – 17 years, reported being bullied, with boys (26%) more likely to report this than girls or younger children (23%). 37% of a younger age-group, those in 3rd & 4th Classes, reported ever being bullied in school in the past couple of months. The same report also found that 17% of children, aged 10 – 17 years, reported ever bullying others, and that boys (22%) and older children were more likely to report this than girls (23%) or younger children. As noted in the Comhairle na n-Óg survey among secondary schools students in South Tipperary, bullying was an issue for one in four of the male respondents and was also an issue for

slightly less than one in five of the female respondents. While schools have anti-bullying policies in place to deal the issue in school, the phenomenon of cyber-bullying is more difficult to monitor and children can be exposed to it even within their homes. The survey of primary school children carried out on behalf of the CSC also found that bullying was a significant issue for the children.

Anti-Social Behaviour

The Health Behaviour of School-Aged Children survey (2006) found that 92.1% of the children, aged 9 – 17 years, and living in the S.E. (NUTS) region, who were surveyed reported feeling safe in the area where they lived. This compares with the national rate of 90.4%. This rate at national level was reduced in the case of children from the lowest social category to 88.5%, and was further reduced in the case of Traveller children to 77.5%. As it appears that no children were surveyed in South Tipperary in the HBSC survey, the regional rate can only be taken as indicative. In the Comhairle na n-Óg survey, in response to a question on what issues and concerns young people were aware of in their communities, a significant proportion identified the prevalence of vandalism (37.1 %), robberies (34 .8%), substance misuse (25.5%) and bullying (19.2%). Male respondents were more likely to mention violence, drugs and vandalism, while female respondents were more likely to mention robberies.

The South Tipperary Community Safety Strategy, drafted after community consultation, identified such issues as the fears expressed by young people about their environment; the negative role modelling by those young people involved in anti-social behaviour for younger children; the prevalence of bullying; the lack of parental supervision; and the tendency for people to close in on themselves out of fear or intimidation in environments where anti-social behaviour and activities prevail.

Social media:

As well as the issue of cyber-bullying, children and young people in their use of social media and in accessing the Internet can be at risk of unmediated exposure to unsuitable material or of contacts with predatory adults. This is an area which can be particularly difficult for parents to monitor and supervise, often because of their own lack of familiarity with the technology and lack of awareness of the risks. With 63.6% of households in South Tipperary having access to the Internet, the potential for a majority of children and young people to be exposed to the risks referred to above is high.

Economically secure

In relation to the indicators for this Outcome area, the latest data nationally, drawn from the 2010 national survey on income and living conditions, is as follows:

- 19.5 % of the 0 – 17 years age group in the national sample were at risk of poverty,
- 8.2% of this age group were at risk of consistent poverty.

Certain categories of households were more likely to be at risk of poverty or in consistent poverty, as follows:

- 20.5% of households comprising 1 adult and 1-3 children under 18 were at risk of poverty, and 9.3% were in consistent poverty.
- 27.4% of households where no person was working were at risk of poverty, and 16.2% of households where the head of the household was unemployed were in consistent poverty.

31.

- 18.2% of families where the head of household did not work due to disability or illness were in consistent poverty.

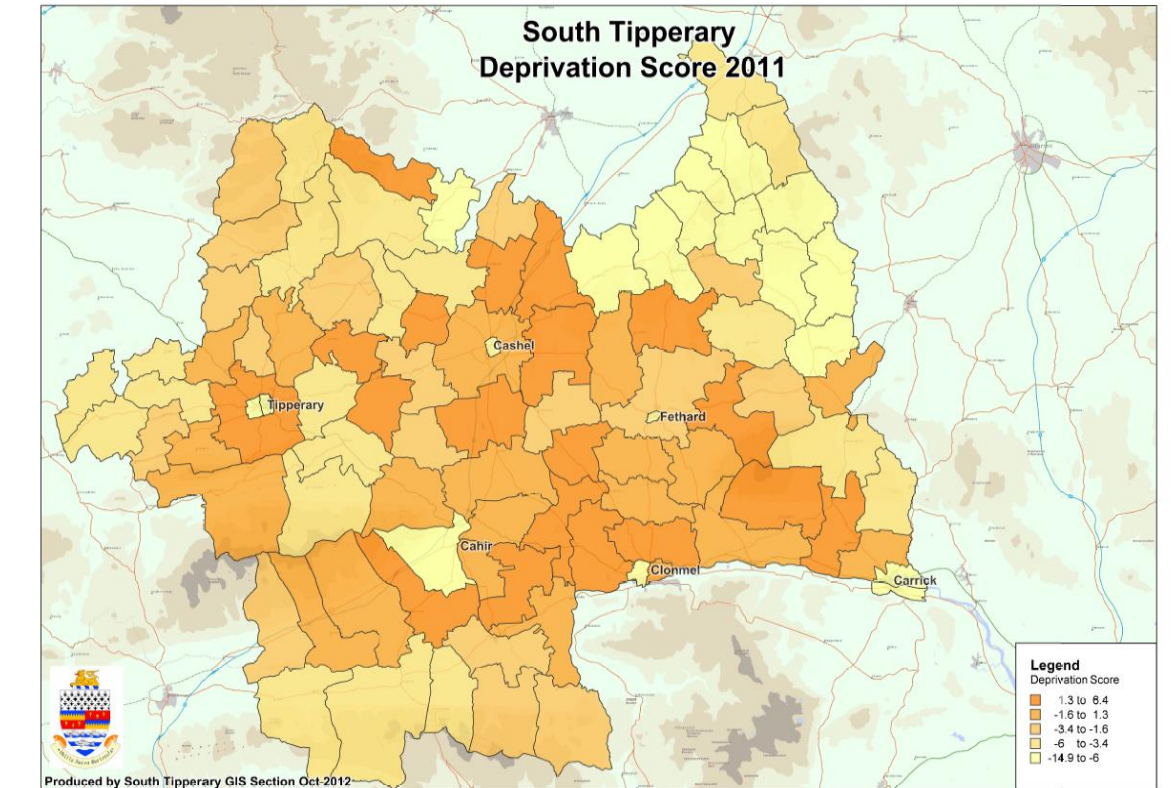
Certain indicators feature for families which are at risk of poverty or in consistent poverty, such as possession of a Medical Card, significant indebtedness, or tenure status, namely, whether a household is in owner-occupied or rented accommodation. From a review of the prevalence of these features in the population of the county, it is possible to get an indicative number of children and young people who may be exposed to economic insecurity.

- Latest figures show that there are 1,257 recipients of One Parent Family payments in South Tipperary, who have 1,927 children in their care: 8.56% of the total population of the age group, 0 – 17 years.
- 2,326 children are fully dependent on Job Seeker Allowance payments: 10.3% of all in that age category
- The number of children on social housing waiting lists is 1,572: at least 50% of these are from One Parent families.
- 8,971 children, aged 0 – 15 years, are Medical Card holders: 44.6 % of the total population in this age group. It must be noted that on its own, holding a Medical Card does not signify being at risk of poverty: 22% of those holding a medical card were at risk of poverty, in the national survey referenced above.
- 444 families with children were service-users of the Monetary Advice and Budgetary Service in 2011, 55% of all MABS service-users for that year. Of the 795 service-users, 38% were on a Social Welfare based payment while 61% were on Other Income. 39% of all service-users were living in Mortgaged Property.
- There are 485 child dependants in households in receipt of Disability Allowance.

It is possible to identify categories of children who may be exposed to economic insecurity. There are those, amounting to 21% of the total population aged 0 – 17 years, for whose households the main income is Social Welfare based payments. The MABS figures are indicative of other categories of children who are now affected by the impact of the economic downturn.

There is also a spatial dimension to the incidence of poverty and deprivation in the county. The RAPID & CLÁR programmes (the latter since discontinued) were designed to address this spatial manifestation of multiple disadvantage. As noted above, there are 5 DEDs in the county designated as Disadvantaged, in other words, having a Relative Deprivation score of ≤ -10 . These scores are arrived at as composite measures of levels of advantage or disadvantage among a DED population across a set of variables which include Age Dependency rate, Educational attainment, Employment status and Household type. Two of these DEDs, Farranrory and New Birmingham, are in rural areas located in the Slieve Ardagh area in the NE; the other 3 are in Clonmel, Tipperary town and Carrick-on-Siúr. The population in the age group, 0 – 17 years, in these areas is 2,947. The facility to highlight pockets of social disadvantage through the Small Area maps has enabled greater exactitude in identifying this spatial dimension of poverty and deprivation. It is possible to identify not only the small areas of social disadvantage within the DEDs designated as 'Disadvantaged' but also elsewhere in the county where the indicators for the general profile of the population obscure more local profiles of smaller population clusters where higher levels of social disadvantage prevail. The largest concentration of smaller areas of most disadvantage would appear to be located in the 3 towns of Tipperary, Clonmel and Carrick-on-Siúr, justifying

their RAPID status. Residential estates with deprivation scores which would designate them as 'Disadvantaged' are also to be found in the towns of Cahir and Cashel and in the smaller but sizeable settlements of Fethard and Killenaule. There are at least 13 other rural settlements or villages of varying size around the county with significant pockets of disadvantage.



Part of positive networks of family, friends, neighbours and the community/ Included and participating in society

In relation to the indicators for this Outcome Area, the data for South Tipperary is as follows:

- There are approximately 6,502 children under 18 years living in a lone parent household
- According to the recent 'Children's Sports Participation and Physical Activity' study of a national sample, 19% of primary and 12% of post-primary school children met the Department of Health and Children physical activity recommendations – at least 60 minutes daily of moderate to vigorous physical activity. It also found that girls are less likely than boys to meet these physical activity recommendations. This latter finding finds some support in the Comhairle na n-Óg survey, in which 3 out of every 4 boys reported involvement in sport, compared to almost half of female respondents.
- Re. educational attainment of children's mothers:
 - 6.55% had attained Primary education
 - 27.27% had attained lower Secondary education & Technical/Vocational
 - 31.6% had attained upper Secondary Leaving Cert and Technical/Vocational & Leaving Cert. (possibly 45.6% as lower figure is not inclusive of 14% who proceeded to 3rd-level but did not get a qualification)
 - 13.3% had attained third-level education (CSO, 2006)

33.

The CSC carried out a survey of a sample of pre-school children which highlighted:

- a) the importance of having friends, and of social interaction.
- b) The importance of play, such as playing with toys, and of being able to play outside.

A survey of pupils of 2nd – 6th Classes in 5 Primary Schools was also carried out. 3 of the schools were mixed, one was just for boys, and one just for girls. The schools were also distinguished by being located in an urban or rural setting. When asked what made them happy, the children's responses reflected consistent themes across the age-groups:

- Family & home
- Friends
- Playing and being physically active
- Having pets and animals.

There was also an appreciation of the physical & natural environment where they lived, with children in rural settings noting such things as the open spaces, natural features, and wildlife, while children in more urban settings noted the proximity of a range of facilities. The responses also demonstrate a sense of being part of a community, particularly evident among the older children:

- 'Like to be able to walk around town myself'
- 'I know lots of people'
- 'There's places to go'.

What featured among things that they were unhappy about or wished to change included:

- Being bullied – identified as a significant issue across the age-group and the sexes.
- Being hit
- Being excluded, jeered at, upset or ignored by peers
- Fighting with peers
- Getting hurt physically
- Dynamics with siblings
- School and homework
- Local environment, e.g., 'broken windows on buildings'; 'Don't like where I live because of the people'.

Across the age-group, there was a lot of involvement in different sports and other activities. It was notable in relation to participation in formal leisure activities that cost was identified as an obstacle to joining clubs where registration fees were perceived as too high.

The Comhairle na n-Óg survey found that family, friends, health and wellbeing were identified as most important in the respondents' lives, with school also significant. In terms of activities undertaken outside school, as noted above, 3 out of 4 boys reported involvement in sport, while girls were more likely than boys to report being with friends. One young person in ten reported attending a local youth club.

Children and Young People with Disabilities

Notwithstanding the availability of some services such as the sport activities organised by the Sports Partnership, or the recreational programme organised in Scoil Cormaic, parents of children

and young people with disabilities highlighted that they have very little social life outside family; and few opportunities to participate in integrated social activities.

Conclusion: Summary of Priority Areas for Children's Services Committee's attention

From this profile of children and young people in the county, the priority areas identified are as follows under the 5 themes:

Healthy, Physically & Mentally

- The statistics would indicate that there are a substantial proportion of children and young people affected by one or more of the range of risk factors that have an adverse impact on mental health. Mental Health, viewed in terms of a continuum from relative mental well-being to acute psychiatric conditions and including various states of mental health that lie in-between, highlights the need for an integrated approach, encompassing promotion of positive mental health, Prevention and Early Intervention, as well as clinical treatment. The CSC is focusing on actions which build capacity of children and young people for better mental health, and to build the capacity of front-line practitioners to support young people. In parallel, there needs to be a development of links between those working in Prevention & Early Intervention and those working in clinical settings. The CSC, through its Youth Mental Health Sub-Group, will continue to develop readiness in the county to apply for and avail of funding to develop a Jigsaw Youth Mental Health project.
- Specific issues impacting adversely on mental health that were identified for the Children's Services Committee's attention include:
 - Body Image
 - Bereavement & loss
 - Bullying and cyber-bullying
- Children with Disabilities: Families are concerned about the perceived low levels of support for the care of their children
- The issue of promoting healthy lifestyles for children and young people was noted as one to be kept under review by the Children's Services Committee for a possible action in the future.

Supported in Education & Training

- Early School Leaving by those aged 16 – 18 years: need for a tracking system
- School absenteeism/disengagement at Primary School level
- No adequate level of supports for many children with disabilities to be realistically integrated in mainstream school setting.

Safe from Accidental and Intentional Harm and Secure in the immediate & wider Physical Environment

- The prevalence of a significant number of vulnerable families whose range of needs may be met by an inter-agency collaborative response with both Child Welfare and Child Protection remits.

35.

- Early Years Child Development
- Children and Young People in residential care
- Alcohol & Substance Misuse: The prevalence of Alcohol Misuse and the current lack of nationally-led initiatives to combat it due to lack of resources.
The case of young people suspended from school on suspicion of substance misuse and whose return to school is contingent on proof by medical test of being clear of traces of illicit substances. It has been pointed out that in these circumstances they can be of further risk and may also drop out of school altogether.
- Bullying and cyber-bullying
- Social Media exposure
- The impact of Anti-Social Behaviour on the quality of community life.

Economically Secure

- 21 % of children & young people are dependents in family households in receipt of Social Welfare payments (One Parent Family payments; Job Seeker Allowance; and Disability Payments)
- An increase in the region of 70 – 80% of families with dependents on Social Housing waiting lists over past 12 months. Total number of children on Social Housing waiting lists is 1,572 (7 % of the 0 – 17 years age cohort): 50% of these are from one-parent families.
- Largest concentrations of social deprivation in Clonmel, Tipperary town and Carrick-on-Siúr. Significant pockets of social disadvantage also located in the other towns and in a number of rural settlements.

Part of positive networks of family, friends, neighbours and the community/ Included and participating in society

- Relative isolation of children and young people with disabilities with few opportunities to participate in integrated social activities.

The Children's Services Committee has included most of these priority areas in its Work Plan to be addressed by the actions in Section 6. However, actions have not been developed at this time for some of the issues identified above. Nonetheless, these issues will continue to remain on the Committee's agenda and will be submitted to the appropriate Working Groups to be considered for suitable actions.

Issues relating to Children and Young People in the Travelling community were raised and brought to the attention of the Children's Services Committee during the period when the Work Plan was being developed. As Tipperary Rural Traveller Project (TRTP), which has a position on the Children's Services Committee, was undertaking a survey of the Travelling community in the last quarter of 2012, it was agreed to await its findings, rather than seek to replicate it. It is envisaged that the CSC will liaise with TRTP in relation to the survey's findings and incorporate the relevant issues into the Work Plan.

How the Children and Young People's Plan was developed

The Work Plan has been developed through the input of several sources. In recent years, a county-wide Social Audit carried out on behalf of Clonmel Community Partnership identified the following issues of concern which the continuing deterioration of economic conditions was likely to exacerbate:

- Unemployment
- Youth at Risk of drug & alcohol misuse, of Early School Leaving, and of being detached from activities & options around employment & further education.
- Social isolation among lone parents.
- Families on low incomes.
- Domestic Violence

(South Tipperary Social Inclusion Audit - Report 1, Community Consultants, 2008)

Through the fora of different sub-groups set up under the County Development Board since 2000, these and other issues in the community have been highlighted by a range of agencies and representatives from the community & voluntary sectors and referred for the attention of the Children's Services Committee. The consultation process with the agencies has continued through the continued involvement of representatives from the front-line services in the Children's Services Committee Working Groups and their contribution through a facilitated process to setting the work agenda for the Children's Services Committee.

The Children's Services Committee (CSC) also undertook the collation of a range of data to build up a socio-demographic profile for children and young people in the South County and to populate the set of indicators to measure their welfare & wellbeing. Data from the recent census was becoming available in the latter part of 2012, enabling a more accurate portrayal of children's circumstances in the current economic climate.

The CSC also looked for the plan to reflect the perspective of children & young people, particularly their identification of what issues mattered to them. To this purpose, the CSC worked with the Comhairle na n-Óg in the county to undertake a survey of young people in a number of secondary schools and had the feedback analysed with the assistance of Limerick Institute of Technology (L.I.T.). Adopting a template from the Carlow CSC, qualitative surveys were also carried out among children in a small number of pre-schools and primary schools. The survey of Pre-school children was undertaken with the cooperation of staff in two pre-schools. The survey of Primary School children was organised by a sub-group of the CSC and the services of a 4th-Year L.I.T. student on placement were employed to gather the views of children from a number of schools and to draft a report on the findings.

A consultation was also undertaken in relation to the needs of and issues for children and young people with disabilities with a number of key stakeholders, including staff in some of the services and parent support groups. A Principals & Deputy Principals Information & Consultation Forum organised at the beginning of 2013 was also useful in generating discussion on the main issues facing children and young people and on recommendations to address these.

From this process of consultation, data gathering and needs analysis, the Children's Services Committee and its Working Groups have identified a number of priority areas to be addressed in the Children & Young People's Work Plan. These are itemised below in Section 5.

Section 5: Summary of Children and Young People's Plan for South Tipperary

<i>National Outcomes</i>	<i>Local Priority Areas *</i>
Healthy, both physically and mentally <i>(Youth Mental Health Sub-Group)</i>	<ul style="list-style-type: none"> - Children & Young People's Mental Health - Bereavement & Loss
Supported in active learning <i>(Connecting Youth Sub-Group)</i>	<ul style="list-style-type: none"> - Early School Leaving - School Absenteeism
Safe from accidental and intentional harm / Secure in the immediate and wider physical environment <i>(Family Support Sub-Group)</i> <i>(Free from Harm Sub-Group)</i>	<ul style="list-style-type: none"> - Vulnerable Families - Early Years Childhood Development - Children with Disabilities - Children & Young People in the Travelling Community - Alcohol & Substance Misuse - Social Media - Bullying
Economic Security	<ul style="list-style-type: none"> - Early School Leaving

<i>Change Management</i>	<i>Local Priority Areas</i>
<i>(Best Practice and Inter-Agency Protocols Sub-Group)</i>	<ul style="list-style-type: none"> - Improved Inter-Agency Cooperation - Children First implementation

Section 6: Action Plan for South Tipperary Children's Services Committee

Action Plan for Insert County Children's Services Committee

National Outcome: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Youth Mental Health	To establish a partnership approach with relevant stakeholders to engage with and help young people with mental health issues	All relevant service providers and young people will be represented on the South Tipperary Youth Mental Health Sub-Group.	Youth Mental Health Sub-Group to include all relevant stakeholders and to develop plan	To expand Youth Mental Health Sub-Group to include all relevant stakeholders and to develop a plan.(Jigsaw model)	Ongoing	Youth Mental Health Sub-Group	'Vision for Change' Jigsaw model (Headstrong)
	To build capacity among agencies to address Mental Health issues.	The number of staff in different agencies in receipt of appropriate training and engaged in a common strategy to address Youth Mental Health needs.	A range of staff from Youth services, primary & post-primary Secondary Schools, and	Provision of Mental Health training such as 'Mind-Out', WRAP, Suicide Prevention, to frontline workers. Formation of a panel to deliver Mental Health programmes to young	Dec. 2013	Tipperary Regional Youth Service (TRY); STAN (Sth Tipp Action Network) Mental Health; Sports Partnership	

Action Plan for Insert County Children's Services Committee

National Outcome: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	To engage young people in relation to Mental Health issues	The number of young people who are in receipt of Mental Health programmes.	Sports clubs, 3 Classes of young people p.a. in receipt of Mind-Out; 20 young people p.a. in receipt of WRAP or equivalent	people Delivery of WRAP and Mind-Out to young people Development of an app facilitating access to YMH information. Comhairle na n-Óg programme of activities re. Youth Mental Health	December 2013 December 2013 January – November 2013	TRYs Comhairle na n-Óg . Comhairle na n-Óg	

Action Plan for Insert County Children's Services Committee

National Outcome: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Mental well-being of children	To increase the number of personal and social development programmes in primary schools	Numbers of programmes in schools	4 classes p.a.	Personal & Social Development programmes; 'Roots of Empathy' Zippy's Friends	Ongoing	Barnardos HSE Health Promotion	
Bereavement & loss among children and young people	To increase service provision for children & young people affected by loss and bereavement	Increase of number of proposed services.	2 Rainbows programmes in Carrick-on-Siúr and Clonmel. 1 'Seasons of Growth' programme	Expansion of Rainbow model programmes to Clonmel & Carrick-on-Siúr 'Seasons of Growth' programme in Clonmel.	December 2013	Clonmel Community Resource Centre; ST Devt Company (STDC); Barnardos	
	As above	Increase in numbers availing of services in the county	15 children p.a.	As above	December 2013	As above	

Action Plan for South Tipperary Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Early School Leaving (16 – 18 years)	To track and reduce the number of Early School Leavers who are not in alternative training or employment.	Percentage contacted of ESLs aged 16 – 18 years reported as leaving school each year	100 % of ESLs aged 16 – 18 years	<u>ESLs</u> - Pathways ESL tracking & mentoring system. - Directory of services available to ESLs.	Ongoing	NEWB & STDC	
		Percentage increase of no. of young people on training programmes from baseline of 40 in CYTE & Youthreach in Q.4 2012.	15% of young people on training programme	- Training programme for 16-18 years age group in Clonmel.	Dec. 2013	WSTCYS	
		As above	20% of young people engaged with project.	Outreach pre-engagement service in Carrick & Cahir		Clonmel Youth Training Enterprise	

Action Plan for South Tipperary Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	To engage young people at risk of ESL in positive creative leisure activities	No. of young people engaged with programme	40 young people engaged with programme	Traditional music programme to encourage young people to learn musical instrument. Music Generation application	Ongoing	TRYS Co. Council V.E.C. County Council	
	To explore different approaches to address Early School Leaving	To make successful application for admission on EU-funded programme and to undertake study visit To bring key stakeholders together to discuss how to	Study visit to partner country Organising workshop	Application to 'Léargas' funded programme to undertake study visit to partner country to learn about ESL programmes Workshop to evaluate how CYTE can engage with ESLs.	Dec 2013 Dec 2013	V.E.C. Connecting Youth Sub-Group Connecting Youth Sub-Group	

Action Plan for South Tipperary Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
		address ESL issue.					
	To highlight to the DCYA the impact of reductions in service provision and supports for those at risk of ESL.	Regular feedback to CSC and through CSC to CSC Steering Group	Report at least once annually to CSC Steering Group	The Children's Services Committee will monitor impact of government cutbacks on relevant services.	Ongoing	CSC	
School absenteeism	To increase the number of children who are supported to remain in school.	The number of children who are supported to remain in school	6 children and young people p.a.	Pilot Programme to address challenging behaviour in primary schools & secondary schools in Tipperary town	Ongoing	Knockanrawley Resource Centre.	

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Vulnerable Families	To improve inter-agency collaboration among services working with vulnerable families	All relevant agencies engaging in process to improve inter-agency collaboration.	Adoption of protocols for Information Sharing and Inter-agency Working.	To develop an inter-agency case management model based on Inter-agency information-sharing & working together protocols. To link with national model.	Dec 2013	Best Practice Sub-Group, HSE, Barnardos, 'Cuan Saor', County Council.	
	As above	To establish an inter-agency case management process	Devt. of case management model.	As above	Dec 2013	As above	
	To increase awareness and take-up of supports by families.	Collation of all information on parenting supports in South Tipperary for public dissemination	Production of directory and its circulation to all relevant services.	To carry out an audit of Parenting programmes available and to include in Directory and on web-link. To identify gaps in provision, scheduling over year and target	June 2013	County Council, HSE/Children & Families services, Clonmel Community Mothers, STLPI, Barnardos.	

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
				age-groups			
				As next step, to form a Working group to identify a suite of models around parenting support and empowerment which would reach out to and engage with vulnerable families.	Dec 2013	Family Support Sub-Group	

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	To support out-of-home young people to return home	No. of young people who return home	5 young people p.a	Crisis response for out-of home young people	June 2013	HSE, Barnardos, Knockanrawley Resource Centre, WSTCYS	
	To support children who have been exposed to Domestic Violence.	Number of children admitted to 'Cuan Saor' participating in programme	6-8 children p.a.	1 programme per annum for children	Dec 2013	'Cuan Saor'	
Early Years Childhood Development	To support vulnerable parents to meet the developmental needs of children in Early Years.	Collation of all information on parenting supports in South Tipperary for public dissemination	Production of directory and its circulation to all relevant services.	To carry out an audit of Parenting programmes available and to include in Directory and on web-link. (c.f. above)	June 2013	County Council, HSE/Children & Families services, Clonmel Community Mothers, STLPI, Barnardos.	

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	As above	To set up a project to engage with parents with children, 0-3 yrs, focussing on Infant Mental Health development.	To design a project	Formation of Working Group to undertake consultation & research.	Ongoing	Psychology; Clonmel Comm Resource Centre; Family Support Sub-Group	
Children with Disabilities	To support parents in their care of children with disabilities .	To establish a Disability Working Group of relevant stakeholders under the CSC.	To have first meeting with potential stakeholders by June 2013	To explore setting up a distinct CSC Disability Group to address range of issues identified.	June 2013	CSC Coordinator	
Children & Young People in the Travelling Community	To support the Tipperary Rural Traveller Project (TRTP) in its research on needs in the Travelling community and in promoting its findings.	Liaising with the TRTP	To organise meeting and to have presentation of survey findings	Family Support Sub-Group to liaise with TRTP and to consider the findings from the TRTP survey.	March 2013	TRTP CSC Coordinator	Tipperary Rural Traveller Project (TRTP) survey

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Alcohol & Substance Misuse	To support the implementation of Regional Drugs Task Force Strategy for under 18 years old age group.	Liaison with the Local Drugs Task Force on a regular basis in relation to issues affecting the under 18 years age group	Receipt of reports from LDTF meetings and occasional attendance at its meetings	To set up a regular practice of receiving reports from LDTF meetings and to meet	Ongoing	Local Drugs Task Force Family Support Sub-Group	National Drugs Strategy
	To promote an Early Intervention approach to prepare children and their families for develop an age-appropriate response to alcohol.	Percentage of Primary Schools	10% of Primary Schools	To promote take-up of the 'Transitions' programme in Primary Schools and to encourage more pro-active involvement by the schools and by parents associations in the implementation of the programme	Ongoing	HSE Substance Misuse service	

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Bullying, including cyber-bullying	To heighten awareness of children and young people about strategies to cope with and respond to bullying	Primary and Secondary schools receive information about Safer Internet Day	All Primary and Secondary Schools in South Tipperary	To take part on Safer Internet Day (February 5 th 2013)	February 5 th 2013	Free from Harm Sub-Group	
	<i>As above</i>	Collation of information on the range of anti-bullying programmes for general dissemination	Information leaflet re. anti-bullying programmes	To produce an information leaflet as a resource for schools, youth services, etc.	June 2013	V.E.C.	
Social media: risks of unmediated exposure	To heighten awareness of children and young people about strategies to cope with and respond to cyber-bullying	Primary and Secondary schools receive information about Safer Internet Day	All Primary and Secondary Schools in South Tipperary	To take part on Safer Internet Day (February 5 th 2013)	February 5 th 2013		

Action Plan for South Tipperary Children's Services Committee

National Outcomes: Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Social Media; Alcohol & Substance Misuse; and Bullying.	To heighten awareness in the community and generate discussion around issues of Bullying, Alcohol & Substance Misuse, and safe use of Social Media	Organising and coordinating a series of events with the Free from Harm theme over a specific week or part of week	A 'Free from Harm' week	To organise a 'Free from Harm' publicity drive in November to raise awareness around issues of Bullying, Alcohol & Substance Misuse and safe use of Social Media	November 2013	Free from Harm Sub-Group CSC Education representatives	

Action Plan for South Tipperary Children's Services Committee

National Outcome: Economically Secure

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Example							
Early School Leavers (Refer to objectives, indicators, targets & actions under 'Supported in Active Learning' National Outcome above)							

Action Plan for South Tipperary Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Improved Inter-agency cooperation	To develop and implement Information-Sharing and Inter-agency Working protocols	Development of the 2 protocols and their adoption and implementation by relevant agencies and services.	Adoption of protocols by Family Support services, Gardaí , schools and other services.	- Adoption of suitable protocol template. - Organisation of appropriate training	Dec 2013	Best Practice Inter-agency Sub-Group	South Dublin CSC protocols
Children First National Guidance	To support the implementation by all relevant services of the revised Child Protection guidelines	Feedback from Anne Purcell, HSE Children First Implementation Officer, in relation to the implementation of the Child Protection guidelines . Development of a protocol to support compliance.	All agencies supported by HSE /DCYA funding	- Liaison with Anne Purcell, HSE Children First Implementation Officer re. roll-out of implementation. - To plan with Anne Purcell and in consultation with agencies how to support compliance.	Dec 2013	Best Practice Inter-agency Sub-Group	Children First National Guidance

Section 7: Monitoring and Review

This section should include details of how the implementation of the plan will be monitored and reviewed locally by the CSC during the course of its 3 year lifespan.

A standardised process for CSC reporting to the OMCYA will be developed. It may be helpful for CSCs to think about how to link in *local* CSC reviews of the plan with *national* reporting mechanisms.

South Tipperary Children's Services Committee will review overall progress, sub-structures and planning on an ongoing basis in order to quantify the level of progress and the impact of the plans, on outcomes for children and families and to integrate the learning into its planning and actions going forward. The Work Plan is considered by the CSC to be a 'live document' to be reviewed and up-dated as planning progresses.

Specifically, monitoring and evaluation will include:

- Review of CSC's remit, partnership, change management and outcomes. This will take place on an annual basis and a report will be forwarded to the DCYA.
- Review of the work and outcomes of the Sub-Groups. This will take place at CSC's meetings at which progress reports from the Sub-Groups will be submitted.

The CSC will also submit progress reports to the South Tipperary Social Inclusion Measures Group of the County Development Board or its replacement on a quarterly basis.

Section 8:

APPENDIX 1

Children Services Committee Working Groups and their membership

Youth Mental Health Sub-Group:

Name	Agency / Service /Organisation
Ruairí Ó Caisleáin (Chairperson)	HSE / Children & Family Services
Lisa Kavanagh	South Tipperary V.E.C.
Valerie Connolly	South Tipperary Sports Partnership
Ann Ryan	Community & Enterprise, County Council
Tomás Ó Slatara	Irish Primary Principals Network
Shay Bannon	National Association of Principals & Deputy Principals
Anne-Marie Burns	Comhairle na n-Óg
Dermot Davern	Comhairle na n-Óg
Pauline Strappe	Tipperary Regional Youth Service
David Green	HSE Mental Health Services
Dr. Paddy Davern	G.P.
Michell McCormack	Psychology

Connecting Youth Sub-Group

Name	Agency / Service /Organisation
Ann Ryan, (Chairperson)	Community & Enterprise, County Council
Lisa Kavanagh	South Tipperary V.E.C.
Damien White	National Education Welfare Board
Áine Donnelly	Garda Youth Diversion programme
Neil Halligan	Clonmel Youth Diversion projects, Waterford & South Tipperary Community Youth Service
Kaye Mullaney	Back to Education Initiative, V.E.C.
Ellen O'Donnell	Clonmel Youth Training Enterprise
John Kelly	Tipperary Youthreach
Phil Shanahan	South Tipperary Development Company
Ruairí Ó Caisleáin	HSE/Child & Family Services
Mary Aylward	Probation
Donal Kelly	Work Winner, Tipperary Regional Youth Service
Sheila Comerford	School Completion Programme, Clonmel
Gráinne de Stafort	Cashel Family Resource Centre
Martin Hayes	Youth services, Waterford & South Tipperary Community Youth Service
Catherine Doyle	Tipperary Regional Youth Service

Family Support Sub-Group

Name	Agency / Service /Organisation
Clare Cashman (Chairperson)	South Tipperary County Childcare Committee
Seán McSweeney	Family Resource Centres & Community Development Projects Network
Tom Landers	Social Work Department
Andrew McMahon	Department of Social Protection
Carmel McDonnell	Barnardos
Mary Barry	'Cuan Saor' Women's Refuge
Elizabeth Moloney	South Tipperary Lone Parents Initiative
Jill Sandvoss	Clonmel Community Parents Support Programme
Anne O'Mahoney	Public Health Nursing service
Carmel O'Neill	Tipperary Regional Youth Service
Ruairí Ó Caisleáin	HSE / Child & Family services
Ann Ryan	Community & Enterprise, County Council
Ethel Reynolds	National Education Welfare Board
Niall Morrissey	South Tipperary Development Company

Free from Harm Sub-Group

Name	Agency / Service /Organisation
Ruairí Ó Caisleáin (Chairperson)	HSE / Child & Family services
Sinéad O'Mahony	HSE Substance Misuse
Martin Hayes	Youth services, Waterford & South Tipperary Community Youth Service
Carmel O'Neill	Mid-Tipperary Drugs Initiative, Tipperary Regional Youth Service
Lisa Kavanagh	South Tipperary V.E.C.
Ann Ryan	Community & Enterprise, County Council
Áine Donnelly	Garda Youth Diversion programme
Della Devereaux	Probation

Best Practice & Inter-Agency Protocols Sub-Group (Change Management)

Name	Agency / Service /Organisation
Ruairí Ó Caisleáin (Chairperson)	HSE / Child & Family services
Fionuala McGeever	V.E.C.
Sinéad Carr	Community & Enterprise, County Council
Garda Inspector Paul O'Driscoll	An Garda Síochána
Niamh Browne	Social Work Department

APPENDIX 2

TERMS OF REFERENCE

- **CSC Statement of Intent**

We, in the South Tipperary Children's Services Committee, here express our commitment to work and plan together with all relevant stakeholders to improve outcomes for children & young people in South Tipperary. We are conscious that, in setting up the CSC, we are benefiting from the work of many agencies and groups in the community, voluntary & statutory sectors which have contributed to a shared experience of cooperation, collaboration and achievement of maximum benefit of shared resources and continues to do so. This is an important capacity at a time of economic constraint and scarcity of resources. We are mindful therefore of the need to be economic and effective in our own actions, while working in harmony with other stakeholders, as follows:

- To avoid duplication of effort & structures
- To avoid re-inventing the wheel and to consider adopting what has worked well elsewhere
- To be mindful of what others are already doing in the area of child welfare & wellbeing in terms of projects and activities, and not to undermine or discount these in the development of the CSC.
- To be aware of the risk of overload of information for CSC members and to keep things simple
- To start small and to develop feasible actions.

- **Mandate :**

The Children's Services Committee derives its mandate from the National Children's Strategy (2000) which seeks to establish a 'whole child' perspective at the centre of all relevant policy development and service delivery. This perspective recognises the multiple inter-linked dimensions of children's development and the mix of the child's own inner resources, family and other informal supports as well as formal supports that are involved. The 'whole child' perspective informs the proposal in the Government document, 'Towards 2016'(2007) which specifically calls for the establishment of Children's Services Committees as models of best practice promoting integrated, locally-led, strategic planning for children's services in order to respond flexibly and appropriately across the range of presenting needs.

- **Guiding Principles**

- To give every opportunity for the voice of the child and the young person to be heard.
- For all stakeholders to work together in partnership so as to engage with all resources in the community that contribute to the wellbeing of children and young people.
- To seek active commitment from senior management of member organisations to support the goal of the CSC to develop a more responsive effective and integrated service provision.

57.

- To adopt a lifecycle approach that aims at providing support at all stages of family development over the child's age span of 0 – 18 years.

- Purpose

The overall purpose of the CSC is to secure better developmental outcomes for all children in South Tipperary, especially those with disadvantaged status, through more effective integration of existing services and interventions at local level. The basis for measuring the achievement of this purpose is derived from the 5 National Outcomes, as follows:

- Healthy, both physically and mentally
 - Supported in active learning
 - Safe from accidental and intentional harm and secure in the immediate and wider physical environment
 - Economically secure
 - Part of positive networks of family, friends, neighbours and the community and included and participating in society.
- Overall goals:
- To involve all stakeholders - service providers, communities, families and, particularly, children & young people - in a partnership to identify the needs of children and young people in South Tipperary and to work together to address these.
- To bring together all stakeholders contributing to child & family service provision to develop improved ways of working together within an overarching strategic planning and operational framework in order to achieve positive outcomes for children.
- To encourage & promote the development of integrated service provision and to contribute to evidence-based, outcomes-focused work practices.
- To contribute on an ongoing basis from its experience of issues on the ground to the development of the National Children's Strategy.
- Role of Committee
- Key responsibilities
 - To develop a strategic approach to interagency collaboration by implementing an outcome focused shared work plan for children's services.
 - To conduct a needs analysis relevant to the specified national outcomes for children and other relevant local issues.
 - To map the services currently available in the county.
 - To identify the gaps and priorities in relation to population groups and to services in the county.
 - To promote collaboration on sharing information on existing services and outcomes

58.

- With support of DCYA and Centre for Effective Services, to introduce improved systems for data sharing and management
- To specifically target areas of overlap and duplication in service provision to allow reorientation of services to fill identified gaps
- To feed back to the DCYA about relevant issues for policy development.
- To evaluate the implementation of the Work Plan on a regular basis.

Its position in CDB structures

- The CSC will form a sub-group of the County Development Board (CDB), operating through the CBD's Social Inclusion Measures sub-structure (or other equivalent as deemed relevant by the CDB). It will oversee the current work of the Family Support Sub-Group and the Disconnected Youth Sub-Group, both of which have been reporting to the Social Inclusion Measures Group. The CSC will report on a regular basis to the Social Inclusion Measures Group. On an annual basis, at a minimum, a report on the activities and progress of the CSC will be made to the CDB (either through the Chair of the Social Inclusion Measures Group or via a direct presentation from a nominated individual).

- **Membership:**

There are 17 members on South Tipperary CSC. The membership of the South Tipperary CSC is as follows:

• HSE South Tipperary	2 representatives
• Local Authority (South Tipperary)	1 representative
• South Tipperary V.E.C.	1 representative
• An Garda Síochána	1 representative
• Probation service	1 representative
• National Education Welfare Board	1 representative
• HSE Primary Care	1 representative
• Secondary Schools	1 representative
• Primary Schools	1 representative
• South Tipperary Development Company	1 representative
• Community & Voluntary Forum	1 representative
• County Childcare Committee	1 representative
• Traveller project	1 representative
• Barnardos	1 representative
• Family Resource Centres/ Community Development Projects network	1 representative
• Dept. of Social Protection	1 representative

There is also a regular link with Comhairle na n-Óg.

- **Term of Office:**

Members nominated as representatives of a body, eg. STCCC, will serve on the CSC for the 3-year duration of Work Plan. This does not apply to members who are serving as part of their work duties.

- Role of Chair: As stipulated by the DCYA, the role of Chair is held by a senior HSE member, the Area Child Care Manager.

The key responsibilities of the Chair are to:

- Provide leadership and direction for the Committee
- Ensure the effectiveness of the Committee in all aspects of its role, including delivery of its work programme
- Ensures appropriate interaction between the Committee and external stakeholders.
- In the case of unavailability of the person in the role of Chair at any meeting, these responsibilities will be exercised by the Vice-Chair

- Role of Vice-Chair:

The responsibilities of the Vice-Chair are to:

- Support the Chair in the performance of her/his duties
- In the case of unavailability of the person in the role of Chair at any meeting, to take the role of Chair for that meeting.

- Role of Coordinator:

The key responsibilities of the CSC Coordinator are to:

- Organise and administer meetings of the Committee
- Ensure the collection, provision and reporting of relevant data and information
- Foster and develop relationships with key personnel including committee members and other stakeholders involved in provision of child & family services

- Meetings:

- Frequency of Meetings:

Meetings will take place monthly, to be reviewed in January 2012.

- Quorum:

At meetings of the CSC, 25% of the total number of members shall constitute a quorum. If after the expiration of thirty minutes after the time appointed for the meeting, a quorum is not present, the CSC shall rise and the meeting shall stand adjourned to a date to be then named by the Chair of the meeting

- Decision making:

Decision making by consensus will be encouraged where possible. In circumstances where it is necessary to make a decision and where there is no consensus, a decision by the committee can be carried by a simple majority.

- Notice of Meetings

A notice to attend the meeting, and a draft agenda of business items for the meeting, shall be sent to each member of the Committee at least five working days before any meeting. Such notice will include any documentation relevant to the agenda for the meeting in so far as possible.

- Minutes of Meetings

The minutes of every CSC meeting when adopted shall be signed by the Chair at such meeting at which the minutes are considered, and shall be kept and certified by the CSC Co-ordinator. No Minutes shall be considered for confirmation unless a copy thereof has been previously forwarded to every member of the Children's Services Committee. The Minutes of all meetings

shall contain the names of the members and officials present together with particulars of all decisions and recommendations made. Minutes from any CSC meeting will be sent to members 10 working days before the following meeting.

- Attendance at Meetings

If a CSC member is absent from three consecutive meetings without any apology, the CSC may ask the agency or organisation which is represented by this member, to nominate another person to take his/her place on the Committee.

- Substitution of Members

Substitute delegates may only be nominated by permission of the Chair.

- Sub-Groups:

- Purpose & function: The purposes of the individual Sub-Groups are determined by the outcomes identified for the Work Plan. Thus each sub-group is established around a specific outcome or issue and identifies and develop actions that promote and contribute to achievement of the desired outcomes.
- Membership: Membership of Sub-Groups is drawn from organisations, groups and individuals who have particular knowledge and expertise in the areas relating to the specific priorities of each of the Sub-Groups
- Chair: Each of the Sub-Groups will be chaired by a member of the Children's Services Committee who has particular responsibilities and expertise in the area relating to the Sub-Group's priorities.
- Where possible an existing sub group will be used so as not to duplicate groups and increase demands on the same individuals

- Reporting mechanism

At a national level: The CSC will furnish update reports to the NCSIG and CSC Steering Committee as required.

At local level: The CSC will provide update reports to the County Development Board and appropriate sub-structures.

- Review & Evaluation

The Committee, will undertake an annual review and evaluation of its performance. This will be based on the goals and targets as outlined in the Work Plan.

APPENDIX 3

Consultations undertaken

Groups consulted	Form of Consultation	Date
470 Students in 4 Secondary Schools: - Comeragh College, V.E.C., Carrick-on-Siúr. - Scoil Mhuire, Greenhills, Carrick-on-Siúr - Gaelcholáiste Céitinn, Cluain Meala. - Presentation Secondary School, Clonmel.	Survey organised and undertaken by Comhairle na n-Óg sub-group: Evan Dunne; Megan Wells; Natasha Allen; Jade McGrath; Ellen White; Áine Davin Murphy; and Andrew O'Dwyer.	April 2012
Children in 2 pre-schools, in Tipperary town and in Slieve Ardagh area, respectively	Surveys undertaken by Child Care staff in respective pre-schools.	October 2012
Children in 5 Primary schools in both rural and urban settings	Survey undertaken by Karen Berkery, L.I.T. student	October 2012
Peer Support groups of Parents of Children with Disabilities: <ul style="list-style-type: none"> • Downs Syndrome Association • Clonmel Autism Support Group • Tipperary town Autism Support Group • SPEAK – supported by the County Childcare Committee. 	Meetings	September – November 2012
Principals and Deputy Principals of Primary & Secondary Schools in the county	Principals and Deputy Principals Information & Consultation Session – organised by CSC Education sector representatives	January 2013

APPENDIX 4

References

- Berkery, Karen (L.I.T. Student): Report on Survey of Primary School children in South Tipperary (2012)
- Community Consultants Ltd.: South Tipperary Social Inclusion Audit, Report 1: Audit Summary (2008) (commissioned by Clonmel Community Partnership)
- D.C.U.: The Children's Sports Participation and Physical Activity (CSPPA) Study (Irish Sports Council, 2011)
- Department of Children & Youth Affairs: Children First: National Guidance for the Protection and Welfare of Children (DCYA, 2011)
- Department of Community, Rural & Gaeltacht Affairs: National Drugs Strategy (Interim) 2009 – 2016 (2009)
- Department of Health & Children: A Vision for Change: Report of the Expert Group on Mental Health Policy (2006)
- Dooley, B. & Fitzgerald, A.: My World Survey: National Study of Youth Mental Health in Ireland (Headstrong & U.C.D School of Psychology, 2012)
- H.S.E.: Data Coordination Overview of Drug Misuse 2011
- Martin, Maeve & Carr, Alan: The Clonmel Project Report: Mental Health Service Needs of Children and Adolescents in the South East of Ireland (U.C.D., H.S.E.: 2006)
- Nic Ghabhainn et al.: (NUIG) The Irish Health Behaviour in School-Aged Children (HBSC) Study 2006 (Dept. of Health & Children, 2007)
- Nic Ghabhainn et al.: (NUIG) The Irish Health Behaviour in School-Aged Children (HBSC) Study 2010 (NUI Galway, HBSC, Dept. of Health: 2012)
- O'Mahony, Sinéad: Report on Young People and Drugs Misuse in the Mid-Tipperary region (2004)
- South Tipperary Joint Policing Committee: South Tipperary Community Safety Strategy (2011)
- South Tipperary Comhairle na n-Óg & Lynch, Ciaran (L.I.T.): Perceptions of Young People: Research Project carried out by Comhairle na n-Óg (2012)
- Youth Mental Health Sub-Group: Jigsaw application (2011)
(South Tipperary Social Inclusion Measures Group)

APPENDIX 5

Hardiker model

In the 1990's in the UK, building on an ecological perspective, Pauline Hardiker and her colleagues developed a model to help understand different levels of need within a population of children*. This model is now widely used and has been found to be a useful planning framework by both the UK and Irish governments. The model outlines four levels of intervention as follows:

Level 1: refers to those mainstream services that are available to all children – health care, education, leisure and a range of other services provided in communities. It also offers the potential for targeting resources through community development initiatives such as parent and toddler groups, community houses and women's groups which may be available to the whole community but particularly targeted at disadvantaged communities.

Level 2: represents services to children who have some additional needs. Services at Level 2 are characterised by referral, and full parental consent and negotiation. Examples would be Behaviour Support, Parenting Support, additional Educational services, and support for children who are deemed vulnerable through an assessment of what their need is, and via targeted specific services provided by education, health, social services, law enforcement and the voluntary sector.

Level 3: represents support to families or individual children and young people where there are chronic or serious problems. Support is often provided through a complex mix of services which usually need to work together well in order to provide the best support. State intervention can have a high profile at this level. Examples would be children on the Child Protection Register, or who have come before the courts.

Level 4: represents support for families and individual children or young people where the family has broken down temporarily or permanently, where the child or young person may be looked after by social services. It can also include young people in youth custody or prison or as an in-patient due to disability or mental health problems

(from: Owens, S.: *An Introductory Guide to the key terms and inter-agency initiatives in use in the Children's Services Committees in Ireland*, p. 17
(Centre for Effective Services, 2010))

* Hardiker, P, Exton, K., & Barker, M. : Policies and Practices in Preventative Childcare
(Aldershot: Avesbury, 1991)