

The Kerry Children's Services Committee Child Well-Being Indicators Report 2012

April 2012

The Authors: Dr. Colm O’Doherty, Dr. Tom Farrelly, Dr. Denise O’Leary

Acknowledgements: The research team thank all the members of the Children’s Services Committee and all the members of the different working groups for their co-operation and assistance with this inquiry. In particular the Team want to thank Ms.Claire O’Toole Coordinator for her enthusiastic, supportive and indispensable contribution to the inquiry. Her colleagues: Ms. Miriam Galvin (Kerry Education Service), Ms. Patricia Maher (HSE) and Ms. Noreen O’Connor (Kerry County Council), on the Research and Information Working Group were helpful and encouraging throughout the inquiry process.

The views expressed in this report are those of the research team and do not necessarily represent the views of the Kerry Children’s Services Committee.

EXECUTIVE SUMMARY

This report describes an action research inquiry undertaken to develop a local child well-being indicator set for County Kerry and a framework for examining and auditing current service provision and interagency working. The inquiry proceeded with the aim of informing the work of the Kerry Children's Services Committee (CSC) and its constituent working groups. As reported in the literature, generating a well-being indicator set is a process fraught with difficulties. These difficulties, as well as the inherent difficulties in 'measuring' a qualitative phenomenon with quantitative measures are outlined in this report. Nonetheless, despite these difficulties the project resulted in the successful development of an indicator set. This was due in no small part to the commitment and engagement of the members of the Kerry Children's Services Committee (CSC) and its working groups. The report, describing the development of the indicator set and presenting the indicator set which represent the first set of local child well-being indicators to inform the work of a children's services committee in Ireland, is structured into the following chapters:

Chapter 1. Introduction

The primary focus of this research inquiry was on constructing a set of child well-being indicators for County Kerry. A secondary but interlinked focus was an examination of collaborative processes within the Children's Services Committee and its working groups.

Chapter 2. Policy and Practice Contexts

Conceptualizing, developing, and monitoring children's well-being is central to the Irish Government's commitment to a policy framework which is being realised through Children's Services Committees. This Chapter foregrounds significant issues for collaborative working at a strategic level and highlights the following matters.

1. Conceptualisation of the term well-being.
2. The current Irish policy framework which encourages a predominantly positive view of child well-being.
3. Difficulties inherent in the processes and task of strategic interagency collaboration.
4. Positive interagency collaboration leads to improvements which over the medium/long term facilitate or permit better outcomes for children.
5. The key factors enabling and constraining successful interagency working on the ground are set out and discussed.

Chapter 3. Measurement of Child Well-being

Across the literature it is clear that well-being is conceptually muddy but has become pervasive.

This Chapter examines the concept of well-being as applied to children and young people and discusses how it can be measured and operationalized through indicators. The shortcomings of the term are acknowledged and continuing caution is advised with regard to attempts to align indicators with defined well-being outcomes.

1. Different indicators are required for measuring interagency processes which contribute to child well-being and child well-being outcomes.
2. Variations in indicators used internationally demonstrate the wide range of outcomes which are categorised as important in assessing levels of child well-being.

Chapter 4. Project Methodology

The research strategy chosen to address this inquiry was action research. The cyclical nature of action research reflects the fact that people usually work towards solutions to their problems in cyclical iterative ways. The inquiry therefore focused on creating research instruments which would engage stakeholders in processes of action and reflection capable of generating practical solutions to their research questions.

Stage one of the cycle involved a wide ranging literature review, survey design, service audit and contact making phase. Stage two of the cycle involved joint data gathering consultations through meetings. Stage three of the cycle involved a period of critical reflection leading to a re-negotiation of the inquiry focus and direction.

Chapter 5. Kerry Child Well-Being Indicator Set

Child well-being indicators were organised around the following five domains:

- Demographic Data
- Youth Behaviour and Risk
- The Child and Young Person's Environment (Parenting, Family, School and Community)
- Youth Emotional and Mental Well-being
- Agency and Interagency Processes

Outcome indicators were chosen by the each working group following a series of guided/facilitated workshops. Working group members took responsibility for gathering data and an indicator set was constructed using these data. An outline of the Kerry Child Well-Being Indicator Set is provided at the end of this executive summary, highlighting data provided at county level.

In addition, the literature on interagency collaborative processes were surveyed and a collaborative working index was constructed from the findings.

Chapter 6. Discussion and Conclusion

While the primary task of the research inquiry was to gather appropriate data and metadata a secondary but interlinked focus was on collaborative processes within the CSC and its working groups. The gathering of data and metadata proved to be a challenging and complex task. Different systems for gathering and breaking down data are in play at national, local and agency level. Gathering data was very resource intensive and some important data are simply not available at this point in time. The research process has alerted agencies to the importance of constructing data gathering processes which are capable of replication on an annualised basis.

The literature review/documentary research process highlighted the importance of process in collaborative interagency work and the collaborative working index has been instructive in offering a starting point or baseline from which a strategic approach to the facilitation of collaborative engagement can be pursued.

The recommendations in the report acknowledge that there are different levels of context and, power responsibility at play. Consequently the recommendations are presented in the following terms: individual agency/organisation level; local/county and national level.

National level

- That the relevant government department develops, in conjunction with existing CSCs, a set of national guidelines on mission, operation and procedures to support, enable and direct CSCs in carrying out their appointed tasks.

- That an appropriate national training programme on interagency collaboration be developed and operationalized for members of CSCs.
- That a national working group, with membership drawn from appropriate government departments including the CSO be established to ensure a more harmonised approach to advise CSCs in their development of indicators and the processes by which these can be measured. Its specific objectives will be to agree a set of core outcomes and indicators for use by all CSCs, to develop a protocol for gathering necessary data, to provide a backup and consultancy service for CSCs.
- That the CSO, as the central agency for data gathering in Ireland specifically include in its remit the provision of appropriately aggregated child-related data to CSCs nationwide.
- That CSCs be provided with a discrete funding stream to support activities.
- That agencies involved in children's service, supported by CSCs, involve children and young people in planning and evaluation activities.

Local/County Level:

- Further, fine grained, long-term research with children and young people in Kerry should be carried out in order to ascertain how services are impacting on their lives.
- That members of Kerry CSC and its working groups highlight the work of the CSC and disseminate and celebrate stories of successes resulting from interagency collaboration within their agencies and across the county.

Kerry CSC Level:

- That the indicator set presented in this report be revisited in September 2012 to add census and other currently missing data.
- That an annual update of indicators be undertaken. The annual update of the indicator set should occur in August/September every year to take account of data non-availability earlier in the year.
- That the CSC and working groups regularly evaluate the indicator set presented in this report and continue to add or remove indicators if necessary. Evaluations of programmes developed through CSC activities may provide additional indicator data. A programme evaluation strategy is outlined in Appendix C.
- That the desired outcomes articulated by each working group be the centre of working group practices. Desired outcomes should be continually revisited and re-evaluated.
- That members of new and existing CSCs be required as a condition of membership to pledge themselves to an agreed memorandum of participation which sets out agreed policies, protocols and procedures.

Individual Agency/Organisation Level

- That agencies adopt and embrace collaborative interagency work as an integral part of their strategy. This may require a realignment of internal agency structures and processes.
- That agencies plan the extent and the nature of their data collection processes in order to provide an effective and timely sharing of data. Agencies are now aware that they will receive a data request every year for updated data for the Kerry CSC Child Well-Being Indicator Set. They should plan to have these data ready so the information can be provided on request.
- That agencies examine information deficits highlighted in this report and ascertain ways of addressing these deficits.

- Given the importance of the Internet as a source of information and corporate image, agencies should ensure that they regularly update the information that they provide on their websites.
- Given the ubiquitous levels of social media usage by young people, agencies should consider whether having a social media presence should be incorporated into online their profile.

On a final note, as it currently stands, the indicator set presented in this report consists of 2011 data and thus can only be viewed as a means of establishing baseline data. However, it is intended that the indicator set will be updated annually and thus will provide information on how child well-being and the factors impacting on it are changing year to year. Accordingly, the indicators will serve to inform strategic planning of Kerry CSC and its working groups.

A Summary of Kerry Child Well-Being Indicator Data Provided at County Level

Indicator	Data	Figures	Description	Source
Domain: Demographics				
Population Demographics	Child Population	Not yet available	The number of children and young people aged under 18 in Kerry as reported in the 2011 census	Central Statistics Office (Census Data)
	New Births	2,041 children	The number of children born to parents living in Kerry in 2011	Health Service Executive (Public Health Nursing Department)
	Traveller Families	355 Traveller families (2010 figure).	The number of Families Self-Declared as Travellers in Kerry in 2010 according to the annual Traveller Family Count	Department of the Environment, Community and Local Government.
	Asylum seekers	115 children	The number of children who were asylum seekers living in Kerry in 2011.	Health Service Executive (Community Work Department)
Number of Children and Young People with Disabilities	Intellectual disability	368 children and young people	Number of children and young people with intellectual disability in Kerry registered with the National Intellectual Disability Database in 2011	Health Service Executive
	Autism	226 children and young people	Number of children and young people with autism attending Brothers of Charity Services in Kerry in 2011	Brothers of Charity
	Visual disability (only)	9 children and young people	Number of children and young people with visual disability in Kerry registered with the National Council for the Blind in Ireland who were not registered with other disability services in 2011	Indirectly from the NCBI through the HSE (Disability Services)
	Hearing impairment (only)	64 children and young people	Number of children and young people with hearing disability in Kerry in 2011 registered with Visiting Teacher Service who are not registered with other disability services.	Indirectly from the Dept. of Education Visiting Teaching Service through the HSE (Disability Services)

	Involvement in Education	336 children and young people in mainstream education and 192 in special schools	Number of children and young people with special needs in mainstream and in special schools in Kerry in the 2010/2011 school year.	Department of Education
	Physical disability	168 children and young people	Number of children and young people with physical disability in Kerry in 2011 registered with Enable Ireland.	Enable Ireland
Family Structure	Children born to single mothers	195 children (9.6% of the total number of children born to Kerry parents).	The number of children born in 2011 to single mothers living in Kerry.	Health Service Executive (Public Health Nursing Dept.)
	Children born to teenage mothers	9 children (<1% of the total number of children born to Kerry Parents.	The number of children born in 2011 to teenage mothers living in Kerry.	Health Service Executive (Public Health Nursing Dept.)
Domain: Behaviour and Risk				
Self-reported Alcohol Use	Alcohol use	47% young people had never consumed alcohol & 53% reported alcohol use (2010 data)	Responses to the question "How often do you have a drink containing alcohol?" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
Self-reported Drug Use	Drug use	83% young people reported that they have never taken drugs while 17% reported that they have (2010 data)	Responses to the question "Have you ever taken drugs?" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
	Frequency of drug use	60% of those who used drugs reported that they only tried them once or twice. 9% reported that they took drugs more than once a week. (2010 data)	Responses to the question "If yes, how often do you take drugs?" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
Treatment for Substance Misuse	Treatment for drug and alcohol misuse	43 young people (2010 data)	Number of young people aged under 18 who accessed the Community Drugs Initiative in Kerry for direct treatment support in 2010.	Southern Region Drugs Task Force
Issues related to drug and alcohol use	Drug and Alcohol Related Offences	163 offences	The number of drug and alcohol offences committed by under 18 year olds in Kerry between August 2010 and August 2011	Garda Síochána

	Injury to oneself or others due to drinking	70% report no injury 30% report injury to themselves or others due to drinking (2010 data)	Responses to the question "Have you or someone else been injured because of your drinking?" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
	Level of drinking has elicited concern	92% report that their drinking has not elicited concern 8% report that their drinking has elicited concern (2010 data)	Responses to the question "Has a relative, friend, doctor or other care worker been concerned about your drinking or suggested you cut down?" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
	Deaths due to drugs	This number is too low to report	Number of deaths in Kerry in 2011 of young people due to drugs only or drugs and alcohol.	Southern Region Drugs Task Force
Young people's involvement in crime	Crimes	731 total referrals (392 individuals)	Number of crimes committed by young people aged between 12 and 17 years in Kerry in 2011.	An Garda Síochána
	Referral to Probation service	34 young people	Number of young people in Kerry who were referred to the probation service in 2011	Probation Services
	In trouble with the Gardai (Self-reported)	87% of survey respondents reported they had never been in trouble with the Gardai while 13% of survey respondents report that they had (2010 data).	Response to the question "Have you ever been in trouble with the Gardai" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
Domain: The Environment (Parenting, Family, School and Community)				
Parental Health and Wellbeing	Maternal Post-Natal depression	22 mothers	The number of mothers in Kerry referred by public health nurses in 2011 due to concerns about post natal depression.	Health Service Executive (Public Health Nursing Department)
	Parental Mental Health Issues	11% of respondents indicated that their parents have had mental health problems and 15% indicated that they did not know (2010 data).	Responses to the question "Have either of your parents ever had a mental health problem?" from a 2010 survey of young people in Kerry.	Jigsaw Kerry
Early Years	Immunisations	95%	The percentage uptake rate of immunisations among 12 and 24 month olds in Kerry for 2011	Health Service Executive (Public Health Nursing Department)

	Weaning	Four months	The average age of weaning of Kerry babies in 2011	Health Service Executive (Public Health Nursing Department)
	Baby feeding method	51.2% of mothers	The percentage of new mothers in Kerry in 2011 who left hospital breastfeeding	Health Service Executive (Public Health Nursing Department)
	Uptake of free preschool year	Data have been requested for 2009/2010 but have not yet been provided. (2010/2011 school year data are not available until mid-2012)	The number of children who availed of the free preschool year in Kerry in the 2009/2010 school year.	Kerry County Childcare Committee
	Childcare places	Data have been requested for 2009/2010 but have not yet been provided. (2010/2011 school year data are not available until mid-2012)	The number of childcare places that were available in Kerry for 0 to 14 years in the 2009/2010 school year.	Kerry County Childcare Committee
	Subvention of childcare	Data have been requested for 2009/2010 but have not yet been provided. (2010/2011 school year data are not available until mid-2012)	The number of children whose childcare places were being subvented in the 2009/2010 school year through the community childcare subvention scheme	Kerry County Childcare Committee
Material Well-being	Children with Medical Cards	These data are not available for 2011 but data collection may be possible for 2012	The number of children on medical cards in Kerry in 2011.	Health Service Executive (Public Health Nursing Department)
	Presentation of families to homelessness agencies	7 families presented to the Homeless Information Centres and 53 presented to Adapt Kerry in 2011	The number of presentations of families to Homelessness agencies in Kerry in 2011	Kerry County Council (Housing, Community and Enterprise Department)
	Families in receipt of rent allowance	Only the number of individuals in receipt of rent allowance is available (1,149 individuals)	The number of families in receipt of rent allowance for more than 18 months in Kerry in 2011.	Kerry County Council (Housing, Community and Enterprise Department)

	Families in receipt of back to school allowance	6005 families	The number of families in receipt of back to school clothing and footwear allowance	Department of Social Protection
Experiences in School	School attendance Expulsions and Suspensions School non-attendance rates	These data have been requested by the NEWB from the Department of Education but have not yet been provided.	The number of children who were expelled, suspended and who did not attend school in the 2010/2011 school year	National Education Welfare Board
	School completion rates	Leaving Certificate retention rates for 2004 cohort in Kerry = 85.3%	The percentage of pupils who entered the first year of the junior cycle in 2004 and who have completed second level schooling no later than 2010	Department of Education and Skills (website)
	Self-reported bullying	18% of respondents reported that they had been recently bullied in school 82% reported that they had not been bullied	Responses to the question "Using your own definition of bullying have you been bullied in school in the past couple of months" from a 2010 survey of young people in Kerry.	Jigsaw
Built Environment	Vacant Housing	19,719 housing units (26.4% vacancy rate)	The number of vacant housing units in Kerry in April 2011	CSO
Community Opportunities and Facilities for Children and Young people	Community facilities for children and young people	The Community and Volunteer Initiative working group are currently carrying out a mapping exercise in order to provide this information.	Community facilities for children and young people in Kerry	CSC Community and Volunteer Initiative Working Group
	Library use	11,504 children and young people	Number of children and young people aged 18 and under in Kerry registered to use the library service in 2011	Kerry County Council (Housing, Community and Enterprise Department)
Abuse and Neglect	Concerns about children	626 referrals	The number of children and young people in Kerry referred to the HSE social work department in 2011	HSE (Social Work Department)
	Children in Care	151 children and young people	Number of children and young people in Kerry placed into care by the HSE social work department in 2011	HSE (Social Work Department)

Domain: Youth Emotional and Mental Well-Being

Referrals to various agencies for counselling/ psychological support	Referrals to child and adolescent counselling and psychology services	149 referred to South West Counselling Centre; 310 referred to Kerry Adolescent Counselling Service; 115 referred to HSE Child, Adolescent and Family Psychology Service; 306 referred to CAHMS.	Number of children and young people referred in 2011 to child and adolescent counselling and psychology services in Kerry	Kerry Branch of Guidance Counsellors, South West Counselling Centre, Kerry Adolescent Counselling service, Mental Health Nursing Dept, HSE, Child, Adolescent and Family Psychology Service HSE, CAHMS
	Waiting lists for counselling and psychological support	22 individuals	Average number of children and adolescents on waiting list for counselling and psychological support (average of 3 services only)	South West Counselling Centre, Kerry Adolescent Counselling service, CAHMS
Happiness	Self-reported Happiness	63% of respondents reported that they were happy, 33% reported that they were happy sometimes and 4% reported that they were not happy (2010 data)	Response to the question "Are you happy with your life" from a 2010 survey of young people in Kerry.	Jigsaw
	Relationship with adults	92% of respondents reported that there was an adult in their life that they could trust and 8% reported that there was not (2010 data)	Response to the question "Is there an adult in your life that knows you well and you can trust" from a 2010 survey of young people in Kerry.	Jigsaw
	Self-harm	38 incidents (2010 data)	Number of incidents of deliberate self-harm in Kerry among young people aged under 18 in Kerry in 2010	National Suicide Research Foundation
	Suicides	Number too low to report	Number of incidents of suicide among young people aged under 18 in Kerry in 2011	National Suicide Research Foundation
Promotion of Well-being	Health promoting schools programme	65 primary and 11 post primary schools	Number of schools in Kerry in 2011 in the HSE Health Promoting Schools programme	HSE Health Promotion

	Effective provision of Social, Personal and Health Education Programme	107 attendances	Number of attendances by secondary school teachers in Kerry in the 2011/2012 school year at training in the delivery of the SPHE programme	SPHE Support Service
Domain: Agency and Interagency Processes				
Interagency collaboration	Collaborative working	Index score of 3.59 in collaborative working	Index score from the collaborative working index/reflective tool	CSC working groups
Evaluation of pilot projects:			Examples include: Number of referrals, Number of attendees, Completion rates, Staff competencies/training	This is data that does not currently exist. The working group will gather these data on an on-going basis once CSC pilots are in place.

CONTENTS

1. INTRODUCTION.....	25
2. POLICY AND PRACTICE CONTEXTS	26
2.1 What is Child Well-Being?.....	26
2.2 Policy on Child Well-Being	27
2.2 Interagency Working to Improve Child Well-Being	27
2.3 Facilitating Interagency Working	29
Taking a Whole System Approach to Examining Organisational Fitness For Collaboration	30
Acknowledging Tensions Between Organisational Interests and Collaborative Interests and Working to Decrease Them	30
Committing to the Collaborative Effort	30
Agreeing on a Common Purpose	31
Recognising Collaborative Advantage	31
Developing Trust and Respect	31
Establishing Role Clarity.....	31
Communication	31
3. MEASUREMENT OF CHILD WELL-BEING	33
3.2 How can Child Well-Being be Measured?.....	33
3.3 Indicators used Worldwide.....	34
3.6 Guidelines for Choosing Indicators	37
3.7 Difficulties in Using Indicators to ‘Measure’ Child Well-Being	38
4. PROJECT METHODOLOGY	39
4.1 The Approach – Action Research.....	39
Stage One – July 2011.....	39
Stage Two – August to October 2011	39
Stage Three – October 2011 to April 2012	40
4.2 Stage Three – The Steps.....	41
Step 1: Articulating Desired Outcomes.....	41
Step 2: Desired Outcome Statements from Each Working Group Forwarded to the Researchers	41

Step 3: Information Packages Created for Each Working Group.....	42
Step 4: Workshop Held with Each Working Group.....	43
Step 5: Indicator Data sent to Research Team	43
4.3 Issues Encountered.....	43
4.3.1 The Meaning of Data	43
4.3.2 Confidentiality and Privacy	44
4.3.3 Geographic Boundaries Often Defined Differently.....	44
4.3.4 Resourcing	44
4.3.5 Unavailability of Some Data.....	45
4.3.6 Different Data Collation Methods	45
5. KERRY CHILD WELL-BEING INDEX	48
5.1 Introduction to Chapter.....	48
5.2: Detailed Description of Findings.....	50
5.2.1 Domain: Demographics	50
5.2.1.1 Sub-Domain: Population Demographics.....	52
Indicator: Child Population	52
Indicator: New Births.....	53
5.2.1.2 Sub-Domain: Children in Marginalised Populations	54
Indicator: Traveller Families	54
Indicator: Asylum Seekers	55
5.2.1.3 Sub-Domain: Children and Young People with Disabilities.....	57
Indicator: Intellectual Disability.....	57
Indicator: Autism	59
Indicator: Visual Disability (Only).....	60
Indicator: Hearing Impairment/Deafness Only.....	60
Indicator: Special Needs in the Education System.....	61
Indicator: Physical Disability	62
5.2.1.4 Sub-Domain: Family Structure.....	63
Indicator: Children Born to Single Mothers.....	63

Indicator: Children Born to Teenage Mothers.....	63
5.2.2 Domain: Behaviour and Risk.....	65
5.2.2.1 Sub-Domain: Alcohol Use	66
Indicator: Number of Young People who Report that they use Alcohol	66
5.2.2.2 Sub-Domain: Drug Use.....	66
Indicator: Drug use among Young People	66
Indicator: Frequency of Drug Use.....	67
5.2.2.3 Sub-Domain: Treatment for Substance Misuse	69
Indicator: Treatment for Drug and Alcohol Misuse	69
5.2.2.4 Sub-Domain: Issues Related to Drug and Alcohol Use	70
Indicator: Alcohol and Drug Related Offences	70
Indicator: Injury to Oneself or Others Due to Drinking	72
Indicator: Level of Drinking has Elicited Concern	72
5.2.2.5 Sub-Domain: Young People’s Involvement in Crime	73
Indicator: Crimes Committed by Young people.....	73
Indicator: Number of Young People Referred to the Probation Service	75
Indicator: Young People Who Have Been in Trouble with the Garda Síochána	76
5.2.3 Domain: The Environment (Parenting, Family, School and Community)	77
5.2.3.1 Sub-Domain: Parental Health and Well-Being.....	79
Indicator: Maternal Post-natal Depression	79
Indicator: Mental Health Issues in Parents.....	79
5.2.3.2 Sub-Domain - Early years.....	80
Indicator: Immunisations.....	80
Indicator: Baby feeding method	81
Indicator: Uptake of Free Pre-School year.....	82
Indicator: Childcare Places.....	83
Indicator: Childcare Subvention	84
5.2.3.3 Sub-Domain: Material Well-Being	85
Indicator: Families in Receipt of Rent Allowance	85

Indicator: Presentations of Families to Homelessness Agencies	85
Indicator: Families in receipt of the Back to School Clothing and Footwear Allowance (BTSCFA)	87
5.2.3.4 Sub-Domain: Experiences in School.....	89
Indicator: School Attendance Rates	89
Indicator: School Completion Rates	90
Indicator: Bullying in School	91
5.2.3.5 Sub-Domain: Built Environment	92
Indicator: Vacant Housing	92
5.2.3.6 Sub-Domain: Community Opportunities	93
Indicator: Community Opportunities for Children and Young People.....	93
Indicator: Library Use	94
5.2.3.7 Sub-Domain: Abuse and Neglect	96
Indicator: Concerns about Children	96
Indicator: Children in Care	97
5.2.4 Domain: Youth Emotional and Mental Well-Being.....	98
5.2.4.1 Sub-Domain: Use of Counselling and Psychological Services	99
Indicator: Children and Young People Referred to Counseling and Psychological Services	99
Indicator: Waiting lists for Counselling and Psychology Services	104
5.2.4.2 Sub-Domain: Happiness.....	107
Indicator: Self-Reported Happiness	107
Indicator: Relationships with Adults	108
Indicator: Self Harm.....	109
Indicator: Number of Schools in Health Promoting Schools Programme.....	110
Indicator: SPHE training.....	111
5.2.5 Domain: Interagency processes.....	113
The collaborative working index.....	113
An Explanation of the Collaborative Working Index Reflective Tool	113
Guidance on How to Interpret the Data Generated - Domain Explanations.....	114
Data Generated	116

Guidance on Addressing Domain issues	120
6. DISCUSSION AND CONCLUSION.....	123
6.1 Introduction	123
6.2 The Kerry CSC Child Well-Being Indicator Set.....	123
6.3 The Challenges.....	125
6.4 Recommendations.....	127
6.5 A Caveat.....	128
REFERENCES.....	129
Appendix A.....	134
Family Resource Centre Programmes	134
Killorglin Family Resource Centre	134
Ballyspillane Family Resource Centre	136
KerryHead/Ballyheigue Family Resource Centre	138
South West Family Resource Centre	142
Listowel Family Resource Centre.....	144
Shannow Family Resource Centre	144
Health Service Executive Programmes	146
Jigsaw Kerry Programmes.....	148
Kerry Diocesan Youth Service Programmes.....	150
National Educational Psychology Service Programmes	161
North and East Kerry Development Programmes	162
Appendix B – Directory of Services.....	168
Contents	168
Parenting & Family Learning.....	169
Kerry County Childcare	169
Family Resource Centres (FRC)	170
HSE Community Parents.....	171
HSE Health Promotion	172
Health Centres	172

Kerry Life Education Mobile Ltd.	172
Kerry Education Service	172
Drugs & Alcohol.	173
KDYS Drugs Projects.....	174
NEKD/KDYS Drugs Project.....	174
Youth Mental Health	174
Brothers of Charity Southern Services -Child and Adolescent Mental Health Services (CAMHS)	174
HSE Counselling & Advisory Service	174
HSE Psychology Service.....	175
Jigsaw Kerry	175
Kerry Adolescent Counselling Service.....	175
South West Counselling Centre	175
Budget Management Services	175
Kerry Monetary Budgeting and Advice Service	175
St. Vincent De Paul	175
Young People at Risk.....	176
Education Welfare Service - NEWB/NEPS.....	176
Irish Youth Justice Service- Diversion Programmes.....	176
Springboard	177
Young Persons’ Probation Project (YPP)	177
Kerry Child Protection Social Work Services.....	177
KDYS Mentor Project	178
Probation Service.....	178
Community & Volunteering.....	178
Community Centres	178
HSE Kerry Community Services,.....	179
Kerry Volunteer Centre.....	179
Kerry Community & Voluntary Forum	179
North East Kerry Development.....	179

South Kerry Development Partnership.....	179
Children with Disabilities	180
Brothers of Charity Intervention Services.....	180
Enable Ireland Kerry - Children's Services	181
Kerry Parents and Friends Association	181
St. John of God Kerry Services	181
Appendix C: Evaluation of Programmes	182
Appendix D: Kerry CSC Data Sharing Protocol.....	183

LIST OF TABLES

Table 1: Metadata – Census Data	52
Table 2: Metadata - New Births.....	53
Table 3: Metadata- Traveller Families	54
Table 4: Number of Asylum Seekers in Kerry on Dec 31st 2011.....	55
Table 5: Number of Asylum Seekers Screened in Kerry in 2011.....	55
Table 6: Metadata - Asylum Seekers	56
Table 7: Children and Young People Registered as Intellectually Disabled in Kerry.....	57
Table 8: Metadata - Intellectual Disability.....	58
Table 9: Number of children and young people with autism in each CSC region.....	59
Table 10: Range of Ability of Children and Young People with Autism	59
Table 11: Number of children in Kerry in 2011 with deafness who are not involved with any other disability service.....	60
Table 12: Metadata - Special Needs in the Education System	61
Table 13: Number of children and young people with physical disability	62
Table 14: Metadata - Physical Disability	62
Table 15: Metadata - Public Health Nursing Information.....	64
Table 16: Self Reported Frequency of Alcohol Use among Young People in Kerry in 2010	66
Table 17: Self Reported Drug Use among Young People in Kerry in 2010.....	67
Table 18: Frequency of Drug Use among Young People in Kerry in 2010	67
Table 19: Metadata - Information from 'My World' Survey	68
Table 20: Metadata - Treatment for Substance Misuse	69
Table 21: Drug and Alcohol Related Offences Committed by Under 18 year olds in Garda Districts in Kerry	70
Table 22: Metadata - Drug and Alcohol Related Offences	71
Table 23: Self-reported injury to oneself or others due to drinking.....	72
Table 24: Level of drinking has elicited concern.....	72
Table 25: Number of young people referred to the Juvenile Diversion Programme	73
Table 26: Types of Referrals to the Juvenile Diversion Programme	73
Table 27: Metadata - Crimes	74

Table 28: Number of Young People Referred to the Probation Service	75
Table 29: Metadata - Youth Referrals to Probation Service	75
Table 30: Young People in Trouble with the Gardai	76
Table 31: Mental Health Problems in Parents	79
Table 32: Metadata - Public Health Nursing Immunisation Data	80
Table 33: Metadata – Method of feeding.....	81
Table 34: Metadata - Free pre-school year	82
Table 35: Metadata - Number of childcare places	83
Table 36: Metadata - childcare subvention	84
Table 37: Number of Families presenting to Adapt by CSC region in 2011	85
Table 38: Metadata - Homeless Information Centre	86
Table 39: Homelessness - Adapt Kerry	86
Table 40: Number of Families in Receipt of BSCFA by CSC region.....	87
Table 41: Metadata - Families in receipt of back to school clothing and footwear allowance	88
Table 42: Metadata - School Retention Rates	90
Table 43: Bullying in School	91
Table 44: Number of Children and Young People Registered with the Library in each CSC region	94
Table 45: Metadata - Library Users	95
Table 46: Number of Referrals of children and young people to the HSE Social Work Department in 2011	96
Table 47: Metadata - Referrals to HSE social work dept.	96
Table 48: Number of children and young people in care in Kerry in 2011	97
Table 49: Metadata - Children in care	97
Table 50: Referrals to counselling services.....	99
Table 51: Referral Agencies for CAFPS.....	100
Table 52: Reason for Referral 2010 Table 53: Reason for Referral 2011	101
Table 54: Metadata - Referrals to South West Counselling.....	101
Table 55: Metadata - Referrals to Kerry Adolescent Counselling Service	102
Table 56: Metadata - Referrals to CAFPS.....	102
Table 57: Metadata - Severity of concern presenting to CAFPS.....	103

Table 58: Waiting Times for Counselling Services	104
Table 59: Metadata - Waiting List Data Southwest Counselling.....	105
Table 60: Metadata - KACS waiting list data.....	105
Table 61: Metadata - Waiting List CAFPS.....	106
Table 62: Self-reported happiness.....	107
Table 63: Relationships with adults.....	108
Table 64: Number of Deliberate Self-Harm Incidents by CSC region.....	109
Table 65: Metadata - Deliberate Self-Harm.....	109
Table 66: Attendance at SPHE Cluster Inservice training	111
Table 67: Attendance at SPHE School Based Support training	112
Table 68: Metadata - SPHE training.....	112
Table 69: Domain scores of individual working groups.....	117
Table 70: Scores on individual questions.....	118
Table 71: Score across questions of particular interest.....	119

LIST OF FIGURES

Figure 1: Outcomes for individuals, families and communities.....	28
Figure 2: The Hardiker Model.....	29
Figure 3: 7S Framework.....	30
Figure 4: National and Multi-national Child Well-being Indices.....	35
Figure 5: Considerations for Indicator Selection.....	37
Figure 6: Considerations for data for indicators.....	38
Figure 7: Challenges in developing and using indicators.....	38
Figure 8: Action Plan for Stage 3.....	40
Figure 9: CSC Working Groups - Desired Outcomes.....	42
Figure 10: Map of Children's Services Committee Regions.....	46
Figure 11: Map of CSC regions and available CSC member agency boundaries.....	47
Figure 12: Demographic Sub-Domains.....	50
Figure 13: Behaviour and Risk - Sub-Domains and Indicators.....	65
Figure 14: The Environment - Sub-domains and Indicators.....	78
Figure 15: Mapping index scores to strength of collaboration.....	113
Figure 16: Family resource centre locations.....	145

1. INTRODUCTION

There is worldwide acceptance that the provision of more joined up services for children and families is a worthwhile endeavour and the Irish Government's commitment to interagency working is manifested through the establishment of Children's Services Committees. Under the auspices of Kerry Children's Services Committee, established in September 2010, local agencies working with children and their families are brought together to plan services collaboratively and to develop ways of improving outcomes for children and young people in the County: "*The purpose of the Children's Services Committee is to secure better developmental outcomes for children through more effective integration of existing services and interventions at local level*" (Kerry Children's Services Committee Workplan p.5, 2011).

Guidelines in the Office for the Minister of Children and Youth Affairs (OMCYA) *Children's Services Committees: Toolkit for the Development of a Committee* (2009) recommend that the early work of each Children Services Committee should include the collation of a set of indicators in order to establish baseline data and track future progress. Indicators are quantitative measurements of various aspects of child well-being. There are different approaches to measuring child well-being with some focusing on outcomes, some on development and some on resilience. The *Agenda for Children's Services* (OMC 2007) which outlines the strategic direction and key goals of Irish policy on health and social services with regard to children emphasizes the importance of focusing on outcomes. Accordingly, Children's Services Committees have been encouraged to take such an outcome's focused approach (Stratham 2011, OMCYA 2009).

Broad outcomes are provided in *The Agenda for Children's Services* (2007):

- Children are supported in active learning.
- Children are safe from accidental and intentional harm.
- Children are economically secure.
- Children are secure in the immediate and wider physical environment.
- Children are part of positive networks of family, friends, neighbours and the community.
- All children are included and participating in society.

These high-level outcomes can give some guidance to the Children's Services Committees but within *The Agenda for Children's Services* and *Children's Services Committees: Toolkit for the Development of a Committee* (OMCYA 2009) it is acknowledged that more targeted outcomes are necessary at local level. The aim of the project was to develop a set of local child well-being indicators for Kerry.

The objectives of the research were to:

- A. Engage with working groups to establish appropriate indicators and to establish the baseline data which supports the indicators.
- B. Profile services as identified by Kerry CSC Priority Action Areas.
- C. Establish a framework for collection and storage of indicator data

This report outlines how these objectives were addressed.

2. POLICY AND PRACTICE CONTEXTS

In this chapter, the policy and practice context of working collaboratively across agency boundaries in order to improve child well-being is examined. The complexities inherent in the concept of child-well-being are discussed as well as interagency working in the context of Children's Service's Committees.

2.1 WHAT IS CHILD WELL-BEING?

There can be no one understanding of well-being as it is a conceptually complex concept. Morrow and Mayall (2010) describe well-being as a "hurrah" word which lacks definition, both as a concept and in practice. They note that its origins lie in the WHO definition of Health as,

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1946)

For many years this definition dominated the policy landscape and was incorporated into the language of public health and health promotion being reaffirmed in the Alma Ata Declaration of 1978. The Ottawa Charter of 1986 explicitly set out how

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment... Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

More recently, conceptualisations of well-being have moved towards a construct which incorporates both the absence of distress and the presence of positive mental states while taking into account the complexity and multidimensional nature of children's lives where children's relationships are as important as their material well-being or health outcomes (Nic Gabhainn and Sixsmith 2005, Bradshaw et al 2006).

Hanafin and Brooks, co-directors of the initiative to develop the Irish national set of child well-being indicators give the following definition of well-

being and it is the definition we utilise within this report:

Healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organisation), positive social relationships (with family members, peers, adult caregivers, and community and societal institutions, for instance, school and faith and civic organisations), and a social ecology that provides safety (e.g. freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society (Andrews et al 2002 p103 in Hanafin and Brooks 2005).

This definition takes account of the notion that child well-being is dependent not only on how children function as individuals but also on risk and protective factors relating to their *families* and the *communities* within which they live. Risk factors are factors to do with children, their families or their environment which increase the chance for lower levels of well-being. Protective factors on the other hand have a buffering effect and reduce or eliminate the effects of risk factors on children (Lou et al 2006). A good relationship with parents for example is a very important protective factor and can give children the resilience to function successfully and experience high levels of well-being despite living in adversity (Orthner et al 2004, Ni Gabhann and Sixsmith 2005).

It is important to note that well-being does not mean that children feel happy all the time. Instead children who experience psychological well-being are aware of their own capabilities, resilient, have the social skills to develop relationships, can make

a positive contribution to their community and are capable of dealing constructively with the stresses of life.

In Ireland, in recognition of the complex and multidimensional nature of child well-being, the development of effective interagency collaboration in children's services provision has become a key policy priority. The Irish government has committed to establishing a multi-agency Children's Services Committee (CSC) in every City/County Development Board area in

recognition of the fact that collaboration can lead to efficiencies through the elimination of overlap and a more effective use of resources (Department of the Taoiseach 2006). Four initial multi-agency Children's Services Committees were established in Dublin City, South Dublin, Limerick City and Donegal in 2007 – 2008. To date thirteen CSCs have been created with the establishment of the Kerry Children's Services Committee (CSC) occurring in September 2010. Children's Services Committees are focused on improving child well-being through interagency working.

2.2 POLICY ON CHILD WELL-BEING

According to the Centre for Effective Services (CES Report, 2010:7):

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

This policy push for the development of new local policy and practice structures capable of coordinating and integrating services for children originates from an understanding of child well-being which reflects the multi-dimensional nature of children's lives. Child well-being, within this policy framework, is generally represented by how children are doing in a number of different domains of their life. The "whole child" perspective of the *National Children's Strategy* is in turn derived from the holistic view of the child

encapsulated in the *UN Convention of the Rights of the Child (1989)*. The current Irish policy position which recognises the agency of children and their capacity to influence their own lives and to form positive relationships while being supported by their families, their communities and formal supports and services is underpinned by the *UN Convention of the Rights of the Child (1989)*.

On the more general policy level there has been an upsurge of interest in well-being as an indicator of the quality of people's lives. The focus of a recent National Economic and Social Council (NESC) report *Well-being Matters: A Social Report for Ireland (2009)* was very much in line with the well-being/ life cycle policy framework contained in *Towards 2016*. The NESC report documented current understandings around the concept of well-being, detailed key well-being trends across the life cycle and provided pointers towards future policy directions.

2.2 INTERAGENCY WORKING TO IMPROVE CHILD WELL-BEING

McKeown (2011 p. 29) notes that "there can be few areas of public policy in Ireland about which there is more consensus than the need for state-funded agencies to work more collaboratively"

particularly so in the "case of services for children and families". However, the *National Review of Compliance with Children First (2008 p. 18)* concluded that an inter-agency approach was "not

working effectively” and that the “sharing of information is not happening in the way it was envisaged (p. 6). In this context it was intended that the formation of a network of Children’s Services Committees would help facilitate greater levels of information sharing, more collaborative working which in turn should lead to more effective, targeted and responsive interventions for children and their families. McKeown’s (2011 p. 38) assessment of measuring the effectiveness of interagency networking in Ireland captures this difficulty particularly well where he argues that the:

error is that problems with services are often misdiagnosed as flaws in the inter-agency process when in fact they may be problems of individual agency performance and management, and the broader policy environment which lacks instruments to promote quality standards for intra-agency and inter-agency working.

A particularly telling comment about this difficulty was noted by the former Director General in the Office of the Minister for Children and Youth Affairs where he noted that while Ireland has historically been very strong in policy formulation it has been “relatively weak when it comes to implementation [due to a] lack of appropriate structures and processes” (Langford 2007 p. 250). However, it is the recent review of the initial phase of the Children’s Services Committees in Ireland that most forcefully articulates this difficulty where they argue that “there is a general consensus that the concept of outcomes and

lack of clarity about their origins” (Burke et al. 2010 p. 25).

Working Together for Children (Statham, 2011) reviewed international evidence on interagency working and found that:

A common theme in the reviews of research on interagency working is that while there is a considerable amount of information on how the *process* of agencies working together (and what helps or hinders this), there is very little evidence on how more joined -up working impacts on outcomes for children and families. There are significant challenges to undertaking research and evaluations in this area, especially linking outcomes to the impact e.g. integrated working (Oliver *et al*, 2010).

Statham (2011) argued that ‘outcomes’ may be achieved at different points and stages of a critical pathway (See Fig. 1). Outcomes in this sense are points on a journey and may be observed in the form of *learning* (changes in knowledge or thinking), in the form of changes in *behaviour or actions*, or as changes in *conditions*. Destinations on the critical pathway can be reached promptly (short-term outcomes), steadily (medium -term outcomes) or by degrees (long-term outcomes). Ideally effective inter-agency working should impact at *earlier points* along the critical path. Changes in learning and action for agencies and agency personnel create the ‘permitting circumstances’ for better functioning of front-line services and front-line staff and produce changes in conditions (health, education, economic

Figure 1: Outcomes for Individuals, Families and Communities

SHORT: Learning	MEDIUM: Actions	Long-Term: Conditions
<p>Changes in</p> <ul style="list-style-type: none"> • Awareness • Knowledge • Attitudes • Skills • Opinion • Aspirations • Motivation • Behavioural intent. 	<p>Changes in</p> <ul style="list-style-type: none"> • <i>Behaviour</i> • <i>Decision-making</i> • <i>Policies</i> • <i>Social action</i> 	<p>Changes in</p> <ul style="list-style-type: none"> • <i>Conditions</i> • <i>Social (well-being)</i> • <i>Health</i> • <i>Economic</i> • <i>Civic</i> • <i>Environmental</i>

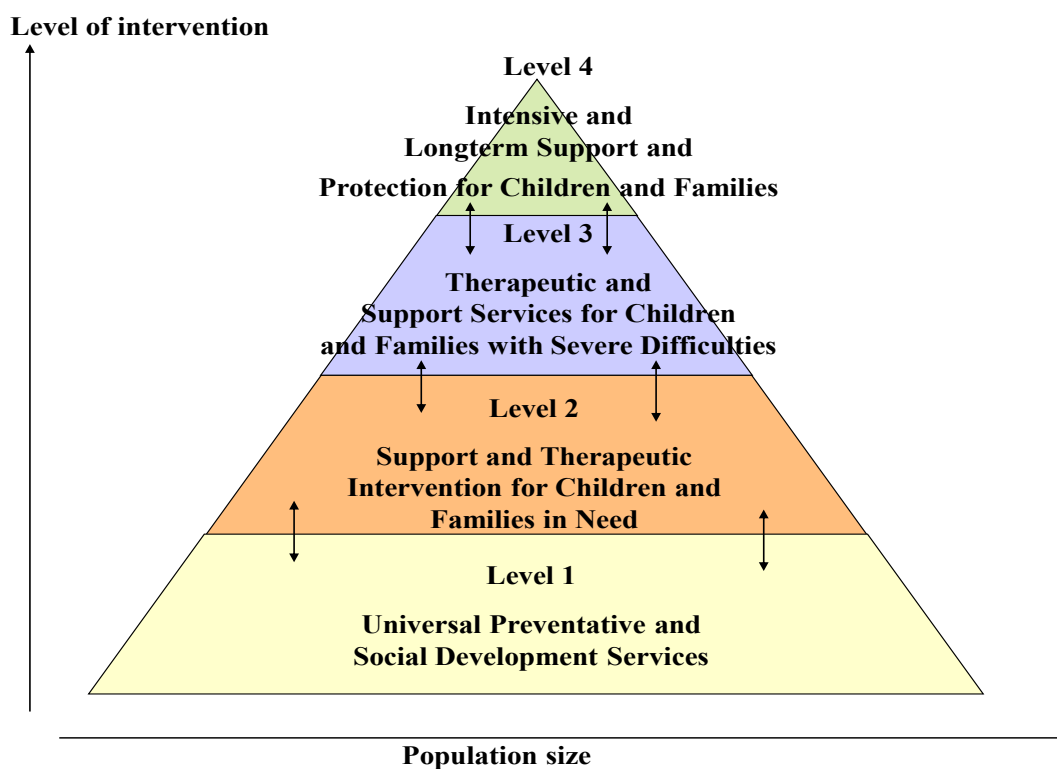
outcomes-focused practice is not well understood amongst individual agencies, and their remains a

circumstances, civic status, and environmental prospects) which ultimately lead to better

outcomes for children. While the evidence is reasonably strong that interagency working improves processes (Statham, 2011) it has proved difficult to demonstrate improved *outcomes* for children and young people resulting directly from interagency working. However, greater interagency co-operation and collaboration can facilitate a better understanding of the interacting domains of development needs, parenting capacity and wider family and environmental factors which are representative of the ecology of childhood. Services can then be mapped onto an identified and agreed practice framework such as the Hardiker Model (fig.2) . Al-Rousi, makes the point that,

Through their collaborative efforts, partner organisations can share understandings of different service user groups. For instance, for those families and individuals who are able to engage successfully with single professionals and services, there is arguably no need to work in an integrated way. For families and individuals who consistently fail to have their needs met by single service interventions , integrated delivery should be designed by all organisations in the service user’s eco-system. (p.30,2011)

Figure 2: The Hardiker Model



2.3 FACILITATING INTERAGENCY WORKING

Interagency working is becoming increasingly important in the development and application of public policy on child well-being throughout the world (Sink 2001). Nevertheless effective

interagency collaboration is difficult to achieve (Huxham and Vangen 2005). The political climate, organisational factors, professional obstacles and

achieving commitment can all prove challenging (Statham 2011).

There are a number of ways in which interagency working can be facilitated and these are presented in the following sections.

TAKING A WHOLE SYSTEM APPROACH TO EXAMINING ORGANISATIONAL FITNESS FOR COLLABORATION

Statham (2011) argues that a whole system approach – such as McKinseys 7S Framework¹- is required in order to facilitate interagency working. The basic premise of the 7S Framework is that there are seven internal aspects of an organisation that need to be aligned if the organisation is to successfully embrace the changes required to operate within an interagency structure. These seven factors are interdependent -a change in one affects all the others- and can be characterized as either “hard” or “soft” elements.

Figure 3: 7S Framework

Hard Elements	Soft Elements
Strategy	Shared Values
Structure	Skills
Systems	Staff
	Style

By examining the whole system within an organisation an agency can identify what needs to be realigned to improve interagency working.

ACKNOWLEDGING TENSIONS BETWEEN ORGANISATIONAL INTERESTS AND COLLABORATIVE INTERESTS AND WORKING TO DECREASE THEM

Organisational procedures, language, power structures and communication can all differ between organisations and these differences can impact on collaborative efforts (Huxham and Vangen 2001, Davidson 2005). Collaboration is easier if the goals of the collaborative group are

¹ Developed in the early 1980s by Tom Peters and Robert Waterman two consultants working at the McKinsey and Company Consulting Firm

aligned with the goals of the organisations (Hawkins and Little 2011). Acknowledging differences in organisational goals, culture and norms and finding commonalities between the different traditions can be a means of nurturing collaborative efforts (Children’s Acts Advisory Board (CAAB) 2009, Hibbert et al. 2008). Members of collaborative groups must acknowledge that other agencies may be involved for different reasons to their own and be prepared to make allowances for this (Hawkins and Little 2011).

Success or failure in interagency partnership can impact on future attempts to engage in collaboration. Therefore, it is important to aim for success in every collaborative venture as failure will not only impact on the current venture but future attempts also.

COMMITTING TO THE COLLABORATIVE EFFORT

Strong support from the top within each organisation is important in initiating and maintaining collaborative ventures (Sandfort and Milward 2008, Hawkins & Little 2011). There must also be a commitment from staff (Statham 2011). Sometimes the benefits of collaboration need to be sold to management and staff across organisations; identified ‘champions’ of the collaborative venture can facilitate this process (Statham 2011).

At an individual level, having the skill to collaborate is essential in effective interagency working. Members of interagency teams engaged in change efforts operate within a complex and dynamic environment which can be difficult to negotiate without these skills (Gray 2008). Leaders across individual agencies can facilitate interagency collaboration by providing appropriate training. Managers can further facilitate collaboration by giving staff involved in collaborative ventures the power to make decisions on behalf of the agency. This can aid collaboration as it allows group decisions to be made in real time (Huxham & Vangen 2001).

AGREEING ON A COMMON PURPOSE

Long-term strategic aims coupled with short-term objectives should be clarified and articulated in order to provide direction in interorganisational collaborative efforts (Genefke and McDonald 2001, CAWT 2008). Goals should be agreed jointly as this will allow partners to discuss their commonalities and differences and take joint ownership and responsibility for achieving desired outcomes. Members of collaborative groups should be familiar with and continually reminded of group goals and objectives as all working group activities should focus on these goals (Hogan and Murphey 2002). This is not to say that goals and objectives are static. They should be regarded as dynamic, and as a result, regularly revisited (Huxham and Vangen 2001).

RECOGNISING COLLABORATIVE ADVANTAGE

Statham (2011) highlights the importance of recognizing the need for collaborative working across agency boundaries. Indeed, interorganisational collaboration is difficult and is only appropriate in certain circumstances. It should only be used as an approach if it is likely to provide a better outcome than individual organisational efforts (Huxham and Vangen 2001, Hawkins and Little 2011). Sometimes, the benefits of collaboration have to be sold to other partners in the collaborative effort or others in the organisations involved. This can be achieved more easily if there is monitoring and evaluation of group efforts (Sullivan and Skelcher 2002).

DEVELOPING TRUST AND RESPECT

An atmosphere of trust and mutual respect within a group are important in the success of collaborative efforts (Genefke and McDonald 2001, CAAB 2009, Stratham 2011). Higher levels of trust and respect within teams have been associated with better communication, greater cohesiveness, (Mach et al. 2010), greater team effort (DeJong and Elfring 2010), greater satisfaction and commitment (Costa et al. 2001), greater co-operation (Bierly et al. 2009) and higher

creativity (Barczak et al. 2010). Also important in successful collaboration is open and honest communication and an effective means to deal with rather than avoid conflict. These group characteristics do not necessarily occur spontaneously and must be nurtured. Statham (2011) highlights the need for time and space to develop trust. Strong leadership is important in creating an atmosphere where this can occur. They can do this by encouraging input from all group members, by creating opportunities for group members to provide expertise, by establishing ground rules that encourage respect within group meetings, by being accessible themselves, by acknowledging their own failures, by downplaying power differences, by using positive language, encouraging active listening and providing constructive feedback. Group members also have a part to play by using positive language, recognising and celebrating progress, listening actively to others, taking part in decision-making, encouraging others to do the same (Bunderson and Bourngarden 2010, Faraj and Yan 2009, Koch and Kralik 2006, Nembhard and Edmondson 2006).

ESTABLISHING ROLE CLARITY

A lack of clarity on roles can result in confusion and individuals working at cross-purposes. Clarity and agreement on roles and responsibilities has been associated with more success in collaborative efforts (Hawkins and Little 2011, LeMeunier-Fitzhugh & Piercy 2006). Group leaders should be aware of their own role within the group. There is no one model of leadership that works across all collaborative ventures but facilitation of joint decision making is often an appropriate approach (CAAB 2009).

COMMUNICATION

Communication between partners should be regular and consistent through both formal and informal channels (Statham 2011). Clarity and accuracy in communication have been associated with success in collaboration. Overuse of organisation and professional jargon on the other hand can impact negatively on collaborative efforts (CAAB 2009, Statham 2011). Participants

should be cognisant of the language they are using as well as seeking clarification from others if they need it (Huxham and Vangen 2001).

Establishing clarity in the types of information that should and should not be shared with each other

can be important in the success of interorganisational groups (CAAB 2009). Developing information sharing protocols can be a means of achieving this.

3. MEASUREMENT OF CHILD WELL-BEING

This chapter outlines indicators that are used to measure child well-being internationally and provides guidance on choosing indicators. The challenges inherent in using indicators to measure well-being are also discussed.

3.2 HOW CAN CHILD WELL-BEING BE MEASURED?

Developing a framework of assessment has at its heart positive ambitions for children; however, it is important to note that within this process is the inherent difficulty of measuring wellbeing and cooperation in a tangible and meaningful sense. In other words while we may well be measuring something, we may not be measuring what we intend to measure. This difficulty is well documented in the literature across a range of settings and jurisdictions. For example, a recent Lippman et al. (2009) UNICEF working paper on 'Indicators of Child Well-Being' noted that while a "large and nuanced vocabulary and matching assessment measures have been developed" it is more difficult to agree "what defines positive development and consequently measure it" (Petersen & Seligman 2004 cited in Lippman 2009 p. 5). In charting the history of indicator development Lippman et al (2009) draw attention to a theoretical shift over the past fifteen years *in understanding the development of children and adolescents- their needs and behaviours and how to support optimal development (p.4).*

This new conceptual approach is explicitly strengths –based , focusing on cultivating children’s assets , positive relationships, beliefs, morals, behaviours, and capacities to give children the resources they need to grow successfully across the life course. There has been a shift from an adult perspective on child well-being to a child perspective , with broad acceptance for children’s subjective perspectives on their own well-being and for children as reporters as a preferred method of assessing their well-being (Ben-Arieh 2008). We use the term positive indicators to describe the competencies,

skills, behaviours, and qualities, as well as the relationships and social connections, which foster healthy development across the domains of a child’s life.

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

Indicators are statistics that enable measurement of different dimensions of child well-being.

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

Indicators can be collected annually or at other regular intervals. They provide a means of establishing baseline data by providing information on the current situation. They also allow agencies to improve planning by providing information on issues that exist and therefore on the types of improvements to aim for and benchmarks to establish. Additionally, indicators provide a means of evaluating progress. Simply put, they provide information that can allow

agencies to evaluate where they are, where they want to get to and how they are going to get there (Hogan and Murphy 2002). *The Agenda for Children's Services* (2007) and the *Children's Services Committees: Toolkit for the Development of a Committee* (OMCYA 2009) highlights the importance of developing a set of indicators to allow this type of evaluation in efforts to improve child well-being.

3.3 INDICATORS USED WORLDWIDE

In Ireland, a commitment to the development of a set of national child well-being indicators was first articulated relatively recently in the *National Children's Strategy* (Department of Health and Children 2000). However, this development reflects a tradition at international level where the measurement of aspects of child well-being has been occurring for longer. UNICEF has compared child well-being across different countries since 1979. Likewise, World Health Organisation (WHO), the Organisation for Economic Development (OECD) and the United Nations Education, Scientific and Cultural Organisation (UNESCO) have measured different aspects of child well-being for decades.

Individual countries also measure child well-being at a national level. In the UK for example, policy on child well-being is articulated in the *Every Child Matters* framework (Department of Education and Skills UK 2003). This framework contains a total of twenty five indicators within a national indicator set. Other examples of national and multi-national well-being indices are listed in Figure 4. The figure also gives details of the index domains in each case. Domains are fields under which indicators are categorized.

Policy on measuring child wellbeing in Ireland is underpinned by the 'whole child' perspective set out in the *National Children's Strategy* (Department of Health and Children 2000) which recognizes the multidimensional and complex

nature of children's lives. The perspective involves examining three interlinked dimensions of their lives.

- the extent of children's own capacities;
- the multiple interlinked dimensions of children's development;
- the complex mix of informal and formal supports that children rely on. (Government of Ireland 2000, p.25)

One of the key objectives identified under the *National Children's Strategy* (Department of Health and Children 2000) was the development of a set of child wellbeing indicators, to allow measurement of the effectiveness of the strategy. The aim is to allow children to have a voice, to better understand the lives of children and to ensure that children receive quality supports and services.

In Ireland, a set of forty two national indicators were developed and are published every two years in the *State of the Nation's Children* reports (Office of the Minister for Children 2006, Office for the Minister for Children and Youth Affairs 2008, 2010). These indicators were developed by drawing on existing research in the area (Brooks and Hanafin 2005), on the expertise of multiple stakeholders and the input of children themselves on what they consider important in their lives (Nic Gabhainn and Sixsmith 2005).

Figure 4: National and Multi-national Child Well-being Indices

National and Multinational Child Well-Being Indices	Number of Indicators	Domains
The <i>US child well-being index</i>	28	<ol style="list-style-type: none"> 1. Material well-being 2. Health 3. Safety/behavioural concerns 4. Productive activity (educational attainment) 5. Place in community (participation in schooling or work institutions) 6. Social relationships (family, peers) 7. Emotional/spiritual well-being.
The UK <i>Every Child Matters Framework</i>	25	<ol style="list-style-type: none"> 1. Be healthy 2. Stay safe 3. Enjoy and achieve 4. Make a positive contribution 5. Achieve economic well-being
The <i>Multi-National Project for Monitoring and Measuring Children's Well-being</i>	50	<ol style="list-style-type: none"> 1. Safety and Physical Status 2. Personal Life 3. Civic Life 4. Children's Economic Resources and Contributions 5. Children's Activities.
Ireland's <i>State of the Nation's Children Reports</i>	42	<ol style="list-style-type: none"> 1. Socio-demographics 2. Children's relationships 3. Children's outcomes (Education outcomes; health outcomes; and social, emotional and behavioural outcomes) 4. Formal and informal supports
Australia's <i>Children: Their Health and Well-Being</i>	78	<ol style="list-style-type: none"> 1. Demographics 2. Mortality, Morbidity, disability and burden of disease 3. Maternal, perinatal and infant conditions 4. Vaccine-preventable and other communicable diseases 5. Chronic diseases 6. Oral health 7. Injury 8. Risk and Preventive Factors 9. Health Services
UNICEF (Comparisons across OECD countries)	21	<ol style="list-style-type: none"> 1. Material well-being 2. Health and Safety 3. Education 4. Peer and Family Relationships 5. Subjective Well-being 6. Behaviour and Risk

There have also been some previous attempts to develop child well-being indices at a more local level. In the UK, staff at the Social Policy Research unit and the Social Disadvantage Research Centre at the University of Oxford have developed an Index of Child Well-being (Bradshaw et al 2009). The researchers encountered difficulties due to a

lack of availability of data broken down into appropriate age groups and the geographic areas of interest which were at the level of local authority districts and county council regions. A similar study in the United States (Pemberton et al 2006) highlights similar issues with availability and accuracy of data.

3.6 GUIDELINES FOR CHOOSING INDICATORS

The initial focus on child well-being indicators tended to focus on child survival (Ben-Arieh 2008) but moved over time to address a broader range of competencies (Rychen and Salganik 2003). Indeed over the past 15 years, a theoretical shift has occurred in understanding the development of children and adolescents- their needs and behaviours and how to support optimal development (Larson 2000; Lerner and Benson 2004; Lerner and Steinburg 2004; Scales and Beson 2005; P.C.Scales et al. 2001). This new conceptual approach is explicitly strengths-based, focusing on cultivating children's assets, positive relationships, morals, behaviours and capacities to give children the resources they need to grow successfully across the life course. There has been a shift from an adult perspective on child well-being to a child perspective, with broad acceptance for children's subjective perspectives on their own well-being, and for children as reporters as a preferred method of assessing their well-being (Ben-Arieh 2008).

Child-well-being indicators should reflect the multidimensional and complex nature of child well-being. This means that indicators must not only take account of children as individuals but also their dependency on their family, their schools and their communities (Bradshaw et al 2006). Children's families, for example, are the most important determinant of well-being (Orthner et al 2004). Accordingly, factors such as the educational attainment of parents or income levels of parents impact on child outcomes (Bradshaw et al 2006).

From a review of the literature, considerations to take into account when selecting indicators are summarized in Figure 5. This information was utilised by working group members when choosing indicators for the Kerry CSC Child Well-Being Indicator Set. Indicator choice must also be dictated by the characteristics of the underlying data. These characteristics are outlined in Figure 6 and were utilised by working group members in indicator selection.

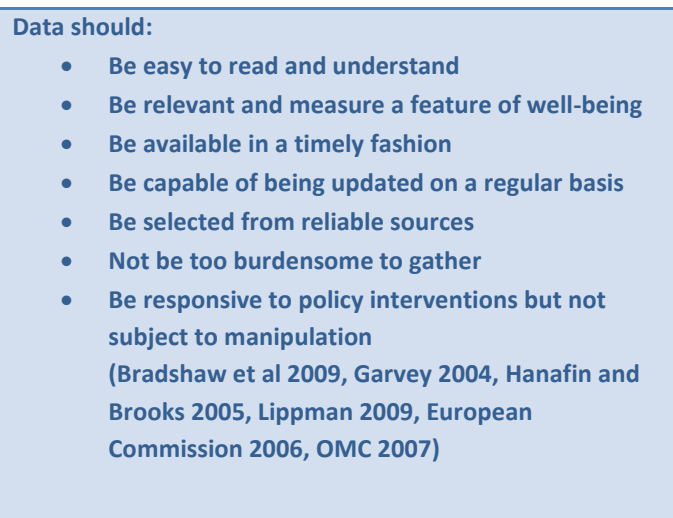
Figure 5: Considerations for Indicator Selection

Indicators should:

- Take *process* as well as *outcome* into account
- Reflect the *multidimensional and complex* nature of child well-being
- Examine *current well-being* in addition to '*well-becoming*'
- Focus on both *positive* and *negative* aspects of a child's life
- Take account of *all ages*
- Include *objective measurements* but also attempt to take into account the voices of children by including some *subjective perceptions* of well-being
- Take account of children who are not living at home or are in mainstream education.

(Bradshaw et al 2006, 2009, Hanafin and Brooks 2005, Lou et al 2006, OMC 2007)

Figure 6: Considerations for data



3.7 DIFFICULTIES IN USING INDICATORS TO ‘MEASURE’ CHILD WELL-BEING

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

Difficulties are also posed by the fact that environmental influences are not unidirectional. Children interact with their environment and therefore they have an active role in determining their own-well-being. Accordingly, similar

influences may impact on individual children in different ways. This makes it difficult to measure child well-being (Bradshaw et al 2006).

Researchers developing social indices all report on the difficulties posed by non-availability of different types of data (e.g. Bradshaw et al 2006, 2009). Often data from national surveys is only gathered once every few years, making it out of date (Hogan and Murphy 1999). Additionally, most indicators available are negative rather than positive, making it difficult to achieve a balance (Hogan and Murphy 1999).

These and other challenges are summarized in Figure 7.

Figure 7: Challenges in developing and using indicators

- Can be difficult to ensure that children not part of mainstream society are represented
- More data available on older than younger children (but there are differences in well-being across differing age groups) (Bradshaw 2006)
- Quantitative measurement to measure qualitative outcomes
- Difficulties with non-availability of data.
- Data can be out-of-date – e.g. survey data collected only once every few years

4. PROJECT METHODOLOGY

4.1 THE APPROACH – ACTION RESEARCH

The research design for this study incorporated action research as the form of inquiry. Ideally action research is directed towards change that aims to improve social situations through constructive engagement and collaboration with stakeholders. The first stage of the action research cycle was concerned with mapping our current understanding of the efficacy of the KCSC in discharging its task of improving the lives of children and families in the County through integrated planning, working and service delivery.

The data collection process in stage one employed a similar methodological approach to that used in Burke et al.'s study *Learning from experience to inform the future-Findings emerging from the initial phase of the Children's Services Committee* (2010). Firstly a desk review of key documents and statistical data was undertaken. Sources included: non-governmental and voluntary agencies as sources of documents, ascertaining level and type of service provision and statistical data; examples include: NEKDP, In terms of government departments and agencies, these sources include the CSO; DES; HSE and the KES as sources. During the second stage of the action research cycle the researchers planned and engaged in a collaborative and participatory series of meetings with a range of representative individuals either as individuals, pairs or small groups. Circulation of an online questionnaire to ascertain levels of interagency working and collaboration was to have constituted stage three of the research project. In interagency initiatives it is important to gain agreement on how processes and outcomes should be measured. Otherwise, if there is not a jointly agreed strategy on monitoring performance and processes, confusion and interagency friction can occur (Hawkins and Little 2011). Mindful of the need to achieve a *consensus* on the significance and meaning of widely theorized but equivocal terms such as 'well-being', 'indicators' and

'effective integration of services' the researchers adopted an approach which placed an emphasis on respectful negotiation of interpretations between the researchers and members of Kerry CSC and its working groups. In keeping with this participatory & consultative approach, stage one and stage two gave a 'voice' to key stakeholders and their differing perspectives on the research design were explored and integrated into a re-calibrated stage three of the project. In this reconfigured stage, workshops were held with working groups in order to decide on a set of indicators appropriate for use in a Kerry Child Well-Being Indicator Set.

STAGE ONE – JULY 2011

July 2011- Planning and Deskwork

- Contacted co-ordinators of CSCs in Dublin, Limerick and Donegal.
- Began service audit
- Compiling Database (contacting service providers/CSO)
- Survey design
- Rubric for service integration
- Indicator investigation and formulation.

STAGE TWO – AUGUST TO OCTOBER 2011

- Attending KCSC Meeting 20/07/11

August 2011- Attending Meetings/Consultation/Service Audit /Data base

- Devising framework for survey and consultation with sub-committees/working groups
- 9/08/11 Met Senior Speech Therapist HSE South and discussed research to be covered and the work that the Senior

Speech Therapist is responsible for in the area of disability

- 10/08/11 Meeting with KCSC Co-ordinator.
- 23/08/11 Meeting with information sub group
- 26/08/11 Meeting with Childcare Manager HSE and KCSC Co-ordinator.

September 2011 Attending meetings and consulting with working groups/ Service Audit/Data base

- 1/9/11 Attending Parenting and Family Learning working group
- 7/9/11 Attending Young People at Risk working group
- 14/9/11 Attending Youth Mental Health working group
- 16/09/11 Meeting with information working group and Head of Department of Humanities and Social Science ITT.
- 23/09/11 Attending meeting of Budget Management working group.
- 30/09/11 Meeting with information working group

October 2011 Survey /Data Analysis / Writing Report /Service Audit/Data Base

- 5/10/11 Meeting with KCSC

STAGE THREE – OCTOBER 2011 TO APRIL 2012

October/November 2011-Evaluative Reflection / Consultation/ New Understandings

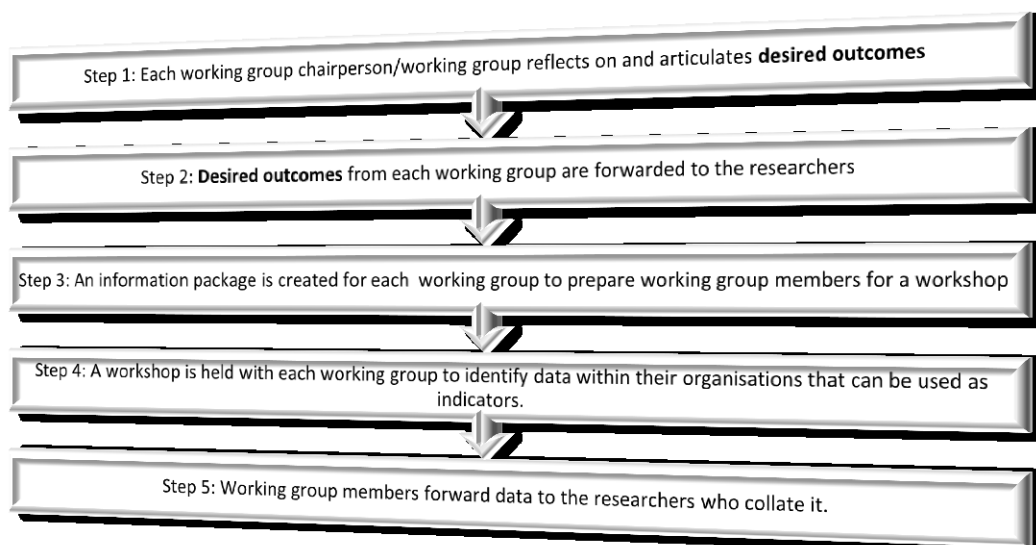
- 05/10/11 to 20/10/11 Evaluative Reflection
- 20/10/11 re-configuring research methodology
- 27/10/11 confirming new research strategy with KCSC Co-ordinator.

November 2011 – April 2012 – Development of child well-being indicator set in consultation with working groups

- December 2011 and January 2012 – Meetings with working groups or chairpersons to establish desired outcomes for each working group
- January 2012- February 2012 – Workshops with each of the working groups
- January 2012-April 2012 – Engagement with individual working group members to obtain data for the indicator set.

An action plan was developed for stage 3 of the research. This is illustrated In Figure 8. The steps are described in section 4.2.

Figure 8: Action Plan for Stage 3



4.2 STAGE THREE – THE STEPS

STEP 1: ARTICULATING DESIRED OUTCOMES

The first step in the process was to articulate a set of outcomes by focusing on working group goals and objectives.

Each of the eight Kerry Children’s Services Committee working groups target different aspect of child well-being, although there is significant overlap due to the multidimensional and complex nature of well-being. The working groups are:

- Budget Management Working Group
- Children with Disabilities Working Group
- Community and Volunteer Initiatives Working Group
- Drugs and Alcohol Working Group
- Information Working Group
- Parenting and Family Learning Working Group
- Youth Mental Health Working Group
- Young People at Risk Working Group

Prior to workshops, working groups were asked to reflect on their working group aims and objectives,

and if necessary to adjust them. They were requested to articulate their aims and objectives as *desired outcome statements*.

Desired outcome statements are broad statements of intent and a means of providing direction and common purpose. In interagency initiatives they reflect goals that cannot be achieved by any one organisation, individual or programme, but can only be achieved through co-operation and collaboration. Desired outcome statements are clear, positive and declarative statements such as “All children are ready for school” rather than “school readiness” (Hogan and Murphy 1999). Expressing outcomes as desired outcome statements provides clarity and direction by allowing individuals from different agencies to ask themselves: *What can we do to ensure that all children are ready for school?* In this way, focusing on desired outcomes can provide a tool for long-term strategic planning.

STEP 2: DESIRED OUTCOME STATEMENTS FROM EACH WORKING GROUP FORWARDED TO THE RESEARCHERS

As the data working group was not directly engaged in activities to improve child well-being, this committee served in an advisory role and did not participate in workshops and therefore did not provide desired outcome statements. Two other working groups, the budget management working group and the community and volunteer initiatives working group had achieved their aims and therefore were ceasing activities during the

timeframe of the project. During discussions with working group chairpersons, it was decided not to conduct workshops with these working groups. The desired outcomes for the remaining five working groups were forwarded to the researchers and are listed in Figure 9.

Figure 9: CSC Working Groups - Desired Outcomes

Children with Disabilities Working Group:

1. Disability Services will be reconfigured so that all children with disabilities will have equal access to disability services.
2. All children with disabilities and their families will receive the support they require so that each child can a lead and full and active life.

Drug and Alcohol Working Group:

1. Children and young people's misuse of alcohol and drugs will be reduced.
2. A community/environment will be exist which ensures that children & young people living in the Kerry area can grow and mature, safe from the dangers associated with drug and alcohol misuse.
3. Children and young people living in the Kerry area will be aware of the dangers associated with drug and alcohol misuse.
4. Children and young people will be provided with and aware of the facilities available to them regarding rehabilitation from drug and alcohol misuse.

Parenting and Family Learning Working Group:

1. All children will be cared for in a loving, supportive, caring home environment which supports their social, emotional, cognitive and intellectual development.
2. All children will be school ready on day one of primary school
3. All young people will be prepared well to be caring, supportive and loving parents.

Youth Mental Health Working Group

1. The mental health and well-being of children in Kerry will be improved.
2. All children and young people will be able to access appropriate mental health care supports when they require them.

Young People at Risk Working Group:

1. Young people who engage in crime and other high risk behaviours will have improved life chances.
2. Young people will have reduced experience of and involvement in crime, anti-social behaviour and other high risk behaviours.
3. Young people will adopt and engage in positive lifestyles.

STEP 3: INFORMATION PACKAGES CREATED FOR EACH WORKING GROUP

Based on the desired outcome statements, an information pack was compiled for each working group. This information package outlined the workshop structure, expectations, background information on child well-being indicators and examples of indicators used in national, international and local child well-being indexes

which related to the desired outcome statements of that working group. The pack contained examples of outcome indicators and process indicators in recognition of the importance of focusing on both. Working group members were asked to prepare for the workshops by investigating data gathered by their agency.

STEP 4: WORKSHOP HELD WITH EACH WORKING GROUP

In January and February 2012, half-day workshops were held with each working group, facilitated by one of the researchers. Within each workshop, discussions resulted in agreement on appropriate data from partner agencies to be integrated into a local child well-being index. Individual participants undertook to gather and provide the data as well as filling out a metadata sheet in order to provide information about the data. Participants agreed to supply data for Kerry, and where possible, for smaller geographic regions within the county.

By the final workshop, there was agreement reached on a set of child well-being indicators. Outcome measures of child well-being were

included as well as process indicators which take account of individual agency processes. Working group members noted that there was no current evaluation or measurement of collaboration within the working groups and in response, a reflective tool was developed. This consisted of a survey incorporating questions on different aspects of collaboration and a reflective guide. The survey was distributed to working group members in March 2012. An interpretation of the results is presented in Section 5.2.5 in Chapter five, which, along with the guide to facilitate reflections is intended as a tool which can help both the CSC and its working groups improve collaboration.

STEP 5: INDICATOR DATA SENT TO RESEARCH TEAM

Requests and repeat requests were sent to workshop attendees in the three months following the first workshop for the data they agreed to provide. Requests were also sent to attendees for information on the programmes undertaken by their agencies as this addressed one of the original aims of the research, and workshop participants,

recognising the value of sharing such information, agreed to provide it. By the time of writing there were some data requests outstanding, but for the most part, working group members provided data.

The child well-being indicators and results of the questionnaire are provided in Chapter 5. Where data have yet to be provided, this is highlighted.

4.3 ISSUES ENCOUNTERED

A number of issues were encountered which had a bearing on the development of a set of local child well-being indicators, some of which were addressed during the course of the project. The issues and where appropriate, the solutions, are described in the following sections

4.3.1 THE MEANING OF DATA

Without clear and detailed explanation of what data sets mean, data shared between agencies can

be open to misinterpretation. This can be particularly problematic in the case of administrative data which are generally recorded and stored for administrative rather than statistical purposes. Confusion can occur because agencies have different remits and as a result store different types of data. The differences in agency remits also means that professional jargon used within one agency's administrative data can be confusing to other professionals. In an effort to avoid misinterpretation of data, working group

members were asked to provide detailed metadata² describing each data set. The resulting information, when provided by agencies, is listed in chapter 5 with the relevant data.

4.3.2 CONFIDENTIALITY AND PRIVACY

The Data Commissioner's office define personal data according to the EU Data Protection Directive (95/46/EC) as

any information relating to an identified or identifiable natural person ('Data Subject'); an identifiable person is one who can be identified, directly or indirectly, in particular by reference to an identification number or to one or more factors specific to his physical, physiological, mental, economic, cultural or social identity.

In order to protect the confidentiality and privacy of individuals, no personal data could be shared between agencies. A data sharing protocol was developed and provided to all Children's Service's Committee members (See Appendix A). The protocol was ratified at the CSC meeting held on 8/3/12. In keeping with the protocol, agencies only provided data on an aggregated basis and indicator data are only listed in this report if there were six or more individuals in a data set. This limit of 6 individuals before a data set could be shared means that much of the data provided for CSC regions could not be presented as the number of individuals in the data set for those regions was too low. In those cases, data were not included in the report or data for several regions were combined. Additionally, there were data for Kerry that could not be shared. Suicides in under 18 year olds and deaths in under 18 year olds due to drugs were data sets that contained less than 6 individuals and as a result are not presented in this report.

4.3.3 GEOGRAPHIC BOUNDARIES OFTEN DEFINED DIFFERENTLY

Almost all the agencies involved in the Children's Services Committee working groups operate

according to different geographic boundaries. Indeed, within one of the agencies involved in the project, different departments within the agency operate according to different geographic regions. Although in some cases, this did not impact on collating data for the county of Kerry it did make data gathering at a sub-county level more difficult. Additionally, it makes direct comparison of data from different agencies across a sub-county level unfeasible for the most part.

In an attempt to address this issue, the children's services committee was asked to choose regions at a sub-county level appropriate for CSC activities. CSC regions, based on HSE primary care team areas, are shown in Figure 10. Maps were designed and provided by the GIS department of Kerry County Council.

Working group members were asked to provide data by these geographic boundaries if possible. Some agencies provided data by CSC region, meaning that cross-comparisons can be made between these data. However, in the case of most agencies aggregation of data by CSC region was not possible and data were provided either solely for the county or by the sub county boundaries used by that agency. Such data cannot be compared across agencies. Boundaries used by a number of agencies are shown in Figure 11.

4.3.4 RESOURCING

The current economic climate has resulted in financial uncertainty, frequent change and reorganisation of staff, and a reduction in resources provided to agencies. Coupled with this, although political rhetoric supports the work of the children's services committees, agencies are not provided with any extra resources to engage in CSC activities.

This impacted on this project as working group members noted that finding the time and resources to extract agency data to include in the child well-being indicator set was difficult. Explicit buy-in at management level to the work of the CSC was particularly important in facilitating staff involvement in this project. Without it, obtaining data from their agency was difficult. There also

² Metadata is simply information about data

had to be true buy-in at staff level as staff had to prioritise data gathering for this project in order to provide information to the researchers in a timely fashion.

4.3.5 UNAVAILABILITY OF SOME DATA

There were some indicators included in the indicator set which are not currently populated with data. An indicator of prime importance for which there is no currently available data is the number of under 18 year olds in Kerry according to the 2011 census. Not having this figure makes analysis of many other pieces of data difficult as raw numbers cannot be expressed as a percentage of the total number of children in Kerry. Other indicators suggested in the *Children's Services Committees: Toolkit for the Development of a Committee* as important to include in an indicator set are also not currently available at county level. This information will be released by the central statistics office during 2012 and 2013 and additional indicators can be added to the indicator set as the data becomes available.

Other indicators for which there is no data for 2011 currently available are highlighted in chapter 5. The approximate dates when the data will become available are provided.

There were several pieces of data that workshop attendees believed were available either within their own agency or within others. Further investigation revealed that these data were either not in fact available or too difficult to access. Data that were originally included in the well-being indicator set but had to be removed due to difficulties accessing it were:

- Number of Refugees – these data are difficult to gather as once asylum seekers have gained recognition as refugees, they are free to seek employment and they leave the accommodation provided to asylum seekers. Accordingly, HSE staff did

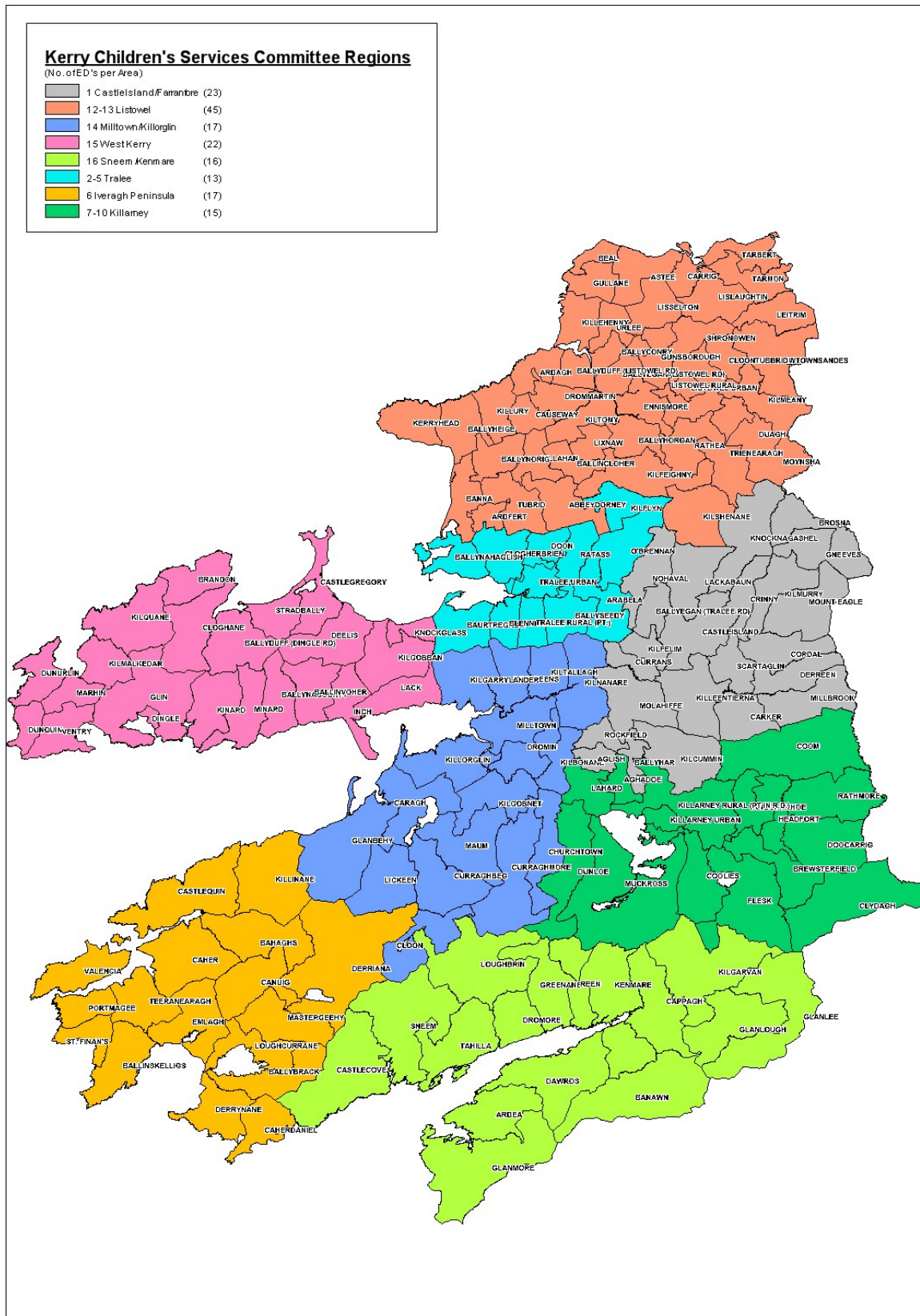
not have data on the number of asylum seekers in Kerry in 2011 but are investigating methods of gathering these data for 2012.

- Number of children on medical cards - HSE staff did not have access to this information for 2011 but are investigating methods of gathering it for 2012.
- Primary school test results – primary and secondary school principals were unaware of any central collation of these data.
- The number of children with speech and language difficulties/dyslexia/dyspraxia and the number of children with physical disabilities - Although assessment of children's needs by parents can be requested under the *2005 Disability Act*, and these data are stored on a database, the information only includes some of the children with these difficulties in Kerry and thus was not included in the report. Data were requested of the HSE therapy services and they were unable to supply the data.
- Number of people presenting to KGH Accident and Emergency Department with Drug and Alcohol Related Issues – these data were stored on individual records but HSE staff were unable to access aggregated data giving total numbers.

4.3.6 DIFFERENT DATA COLLATION METHODS

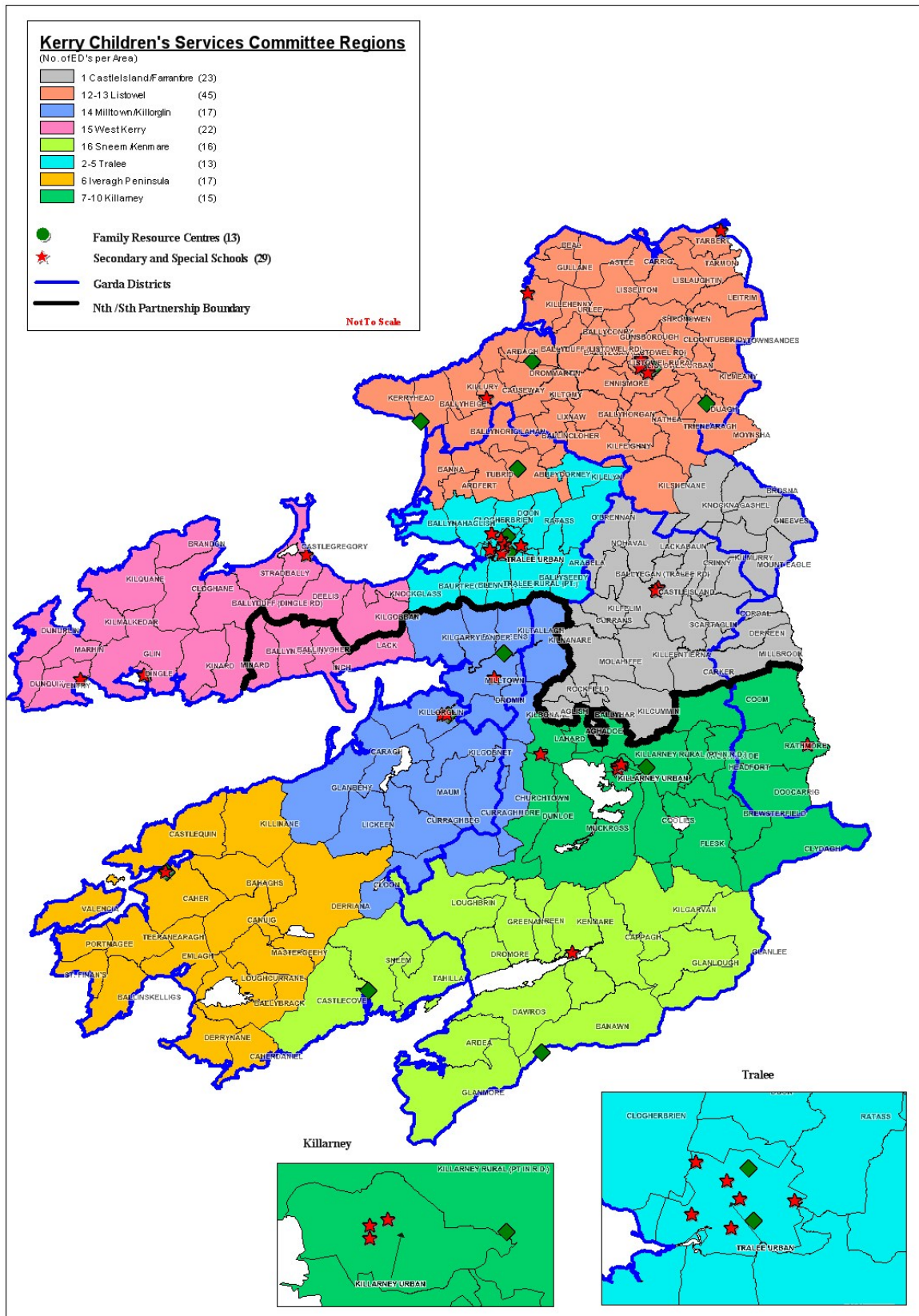
This issue was particularly pertinent in relation to age range data. Some agencies include 18 year olds in the data they gather on young people, while most do not. Similarly, when agencies collate data for internal purposes into different age groups, these age groups differ across agencies. This makes cross-comparison of data difficult.

Figure 10: Map of Children's Services Committee Regions³



³ Maps were designed and provided by the GIS department of Kerry County Council

Figure 11: Map of CSC regions and available CSC member agency boundaries



5. KERRY CHILD WELL-BEING INDEX

5.1 INTRODUCTION TO CHAPTER

This chapter presents the culmination of efforts of researchers and Kerry CSC working group members which resulted in the development of a child-well-being index. The index consists of 52 indicators chosen by working group members. The indicators are organised into five domains:

1. Demographic Data
2. Youth Behaviour and Risk
3. The Child and Young Persons Environment (Parenting, Family, School and Community)
4. Youth Emotional and Mental Well-Being
5. Agency and Interagency Processes

Rather than presenting a separate set of indicators for each working group, the indicator set presented in this chapter is based on the work of Kerry CSC as a whole. This is in recognition of the complexity and interconnectedness of the factors impacting on child well-being, evidenced by the fact that indicators chosen by different working groups often overlapped. Although some domains are of more relevance to some working groups than others, working group and CSC members are strongly encouraged to take all domains into account when examining their work.

Indicator choice was guided by the principles outlined in section 3.6 of this report. The indicators included in each domain are mostly made up of administrative data sourced from agencies within the Kerry CSC and its working groups. Additionally, CSO census data are included. In acknowledgement of the importance of including subjective data as well as objective data (OMC 2007), indicators extracted from two surveys are included.

The first survey is the 'My World' undertaken by Jigsaw Kerry in 2010. The advantage to utilising data from this survey is the inclusion of the voices

of young people. This inclusion is aspired to in the development of indicator sets but is often not achieved (Nic Gabhainn and Sixsmith 2005).

The second survey was developed by the researcher to serve as a reflective instrument for each working group to allow them to examine their interorganisational relations, their working group processes and the context within which they operate. A reflective guide was provided to the CSC co-ordinator to accompany the survey containing evidence based guidance on addressing any issues highlighted by survey results. The survey was designed for descriptive statistical analysis only, as inferential statistical analysis is not possible due to the small numbers on each working group.

Detailed data are provided in Section 5.2. Data providers were asked to provide metadata describing the data and these metadata, when provided by agencies, are included with the data. Information at county level is summarised in the table provided in the executive summary. Gaps where data are not yet available are highlighted.

In addition to indicator data, working group members were asked to fill out *programme information forms* to provide details of the various programmes provided and initiatives undertaken by their services. It was acknowledged that this information could not be included in the child well-being indicator set because an accurate count of the number of individuals involved in programmes in Kerry was impossible due to the possibility of counting the same people more than once. However, the importance of this information was acknowledged and workshop participants requested that it be included in this report to the Kerry CSC in order to facilitate greater awareness among partners of the services provided by other agencies. These data are listed in Appendix A.

Not all agencies provided information and in a couple of cases, some general information was made available to the researchers which was not compatible with the information requested in the *programme information form* and is not included in this report. Accordingly, the data contained in

the appendix can only provide a starting point which can be added to as CSC work progresses.

The information is organised by service. For directory information on the services please refer to the directory of services in Appendix B.

5.2: DETAILED DESCRIPTION OF FINDINGS

Data were provided by the organisations involved in the Kerry Children’s Services Committee and it’s working groups. Data are presented by indicator domain. Each domain contains a number of sub-domains which in turn contain indicator data.

5.2.1 DOMAIN: DEMOGRAPHICS

Demographic data are commonly utilised in child well-being indices. The working groups identified population demographics, children in marginalised populations, children with disability and family structure as the four sub-domains of interest to the Kerry CSC. Within each of these sub-domains are demographic indicators as illustrated in Figure 12.

Figure 12: Demographic Sub-Domains

- **Sub-Domain: Population Demographics**
 - Indicator: Child population
 - Indicator: New births
- **Sub-Domain: Children in marginalised populations**
 - Indicator: Traveller Families
 - Indicator: Asylum Seekers
- **Sub-Domain: Children with Disability**
 - Indicator: Intellectual disability
 - Indicator: Visual disability (only)
 - Indicator: Hearing Impairment/Deafness (only)
 - Indicator: Autism
 - Indicator: Special needs in schools
 - Indicator: Physical disability
- **Sub-Domain: Family Structure**
 - Indicator: Births to single mothers
 - Indicator: Births to teenage mothers

These indicators were chosen for a number of reasons. Population data provide baseline information important in examining child well-being. These data are useful at level 1 of the Hardiker Model, which refers to the provision of services to the general child population. It is also important to include data on children who may experience social exclusion who may require services or interventions at levels 2 and 3 of the Hardiker model (Bradshaw et al 2006, 2009). Thus, the Kerry child well-being indicator set includes demographic indicators to take account of children from the Traveller and asylum seeker communities.

It was important to also take account of children with disabilities and special needs. These children are more likely to experience poor and declining well-being than the general population (National Disability Authority 2009). Disability is associated with early school leaving, higher poverty risk, lower employment and decreased life expectancy (National Disability Authority 2009, Patja et al 2000). However, there are differences across categories of special education needs. Children with emotional and behavioural difficulties and specific learning difficulties are more likely to experience lower well-being while on the other hand, children with speech and language difficulties are not.

Factors can be cumulative. For example, children with disabilities in families with lower incomes experience greater participation restrictions (Mont & Loeb 2008) and people from socially deprived backgrounds are at greater risk of becoming disabled (National Disability Authority 2009).

It is important to look at children from a ‘whole child’ perspective which recognizes the importance of the child’s immediate and wider environment on his or her well-being. Family structure is included as an indicator

as children living in single-parent families and teenage mothers are more likely to experience lower levels of well-being (UK Department of Health 2009). Children in these families as well as children in families that have dissolved due to separation and divorce are at higher risk of psychological, social and behavioural issues as well as lower educational attainment (UK Department of Health 2009).

Demographic data are presented in the following sections.

5.2.1.1 SUB-DOMAIN: POPULATION DEMOGRAPHICS

INDICATOR: CHILD POPULATION

Description: The number of children and young people aged under 18 in Kerry as reported in the 2011 census

According to Census 2011 (Central Statistics Office 2012) there were 1,148,687 children aged under 18 in Ireland on Census night 2011.

At the time of writing, the census data available for Kerry were the number of children and young people aged 0-19. There were 38,083 individuals aged 19 and under in Kerry in 2011 according to census 2011. However, this figure does not equate directly to other data presented for children and young people in this report as it includes 18 and 19 year olds.

The population of Kerry according to the 2011 census was 145,502, an increase of 4.1% since 2006 (CSO 2012).

Metadata on census data, including child population, are provided in Table 1.

Table 1: Metadata – Census Data

Indicator(s)	Census Data		
Agency:	Central Statistics Office		
Contact Person:	Downloaded directly from website- www.cso.ie		
Description of Indicator(s):	2011 census data		
Geographic Area:	Kerry & Ireland		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individuals		
Timespan data represents:	The child population on census night (April 15 th 2011)		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	LOW SENSITIVITY – freely available		
Approximate year data began to be collected		Data can be readily accessed from:	
Available on computer?	YES	Software system used to store data	
Likely that data collection will continue?	YES	Changes proposed in relation to the data	
Accuracy of data	ACCURATE	Means by which data collected	Census of the population
Regularity of updating of data	Every 4 years	Staff who can access and provide the data	Freely available on website
Any issues with/ additionally information about this data set?	Only some census 2011 data are currently available		

INDICATOR: NEW BIRTHS

Description: The number of children born to parents living in Kerry in 2011.

In 2011 there were **2,041** children born to parents living in Kerry. These data were provided by the Public Health Nursing Department of the HSE.

There were 73,724 births registered in Ireland in 2010 (CSO 2010). The number of births registered in 2011 is not yet available (CSO data will be published around September 2012), but if the 2011 figure is taken as similar to the 2010, births in Kerry make up approximately 3% of the national total.

Metadata describing new births are provided in Table 2.

Table 2: Metadata - New Births

Indicator(s)		New Births	
Agency:		HSE SOUTH	
Contact Person:		MONICA SHEEHAN	
Description of Indicator:		The number of children born to parents living in Kerry. (The children could have been born in hospitals outside of Kerry)	
Geographic Area:		KERRY	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Individuals	
Timespan data represents:		JAN-DEC 2011	
Confidentiality of data:		LOW SENSITIVITY	
Approximate year data began to be collected	Unknown	Data can be readily accessed from:	Immunisation & PHN DEPT
Available on computer?	YES	Software system used to store data	HSE
Likely that data collection will continue?	YES	Changes proposed in relation to the data	-
Accuracy of data	ACCURATE	Means by which data collected	Immunisation Dept upload onto their system from information received from the PHN
Regularity of updating of data	Daily	Staff who can access and provide the data	Immunisation/PHN DEPT
Any issues with/ additionally information about this data set?	No		

5.2.1.2 SUB-DOMAIN: CHILDREN IN MARGINALISED POPULATIONS

INDICATOR: TRAVELLER FAMILIES

Description: The number of families self-declaring as Travellers in Kerry in 2011

Although the number of Traveller families in Kerry in 2011 were not available, in 2010 there were **355** Traveller families reported to be living in Kerry.

This figure was obtained from the Department of The Environment, Community and Local Government (DoECLG 2010) which carries out an annual count of Traveller families. In 2010 they report that there were 9,470 Traveller families in Ireland and 355 (3.8%) of those families were in Kerry. It is possible that this number is an underestimation, since in 2009 the Community Work Department, HSE South conducted a count of Traveller families in Kerry. The total figure was 408 families. This compared to the much lower count of 292 families by the Department of The Environment, Community and Local Government in 2009.

Although census figures on Traveller children or families are not available, 2011 census data indicates that there are 860 individuals who identify themselves as Travellers living in Kerry. This equates to 0.4% of people in the county. The National Traveller population was 29,573, a rise of 32% since the 2006 census.

Table 3: Metadata- Traveller Families

Indicator(s)	Travellers		
Agency:	Department of the Environment, community and Local Government		
Contact Person:	Available to download on website		
Description of Indicator:	The number of families self-declaring as Travellers		
Geographic Area:	Kerry & Ireland		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Families		
Timespan data represents:	Jan – Dec 2011		
Confidentiality of data:	Low Sensitivity		
Approximate year data began to be collected		Data can be readily accessed from:	
Available on computer?	Yes	Software system used to store data	Unknown. Report downloaded as pdf file
Likely that data collection will continue?	Unknown	Changes proposed in relation to the data	None reported
Accuracy of data	Possibly inaccurate (explanation provided in text)	Means by which data collected	
Regularity of updating of data		Staff who can access and provide the data	Freely available on website
Any issues with/ additionally information about this data set?	Travellers must self-declare as Travellers to be counted		

Description: The number of asylum seekers living in Kerry in 2011

The *United Nations 1951 Convention relating to the Status of Refugees* defines a refugee as:

" a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country; or who, not having a nationality and being outside the country of his or her former habitual residence, is unable or, owing to such fear, is unwilling to return to it."

This definition was incorporated into Irish Law in the *1996 Refugee Act*. Asylum seekers are defined as those who have applied for recognition as refugees and are awaiting a decision on their application. Applications from asylum seekers under the age of 18 are generally included with their parents. Asylum seekers are not legally entitled to work or to claim social welfare entitlements. They are provided with food and accommodation by the state and given a weekly allowance of €19.10 per adult and €9.60 per child.

The number of asylum seekers in Kerry on December 31st 2011 was **198**. Included in this figure were **115** children. The number of children aged under and over 6 is shown in Table 4. These data were provided by the Community Work Department of the HSE.

Table 4: Number of Asylum Seekers in Kerry on Dec 31st 2011

Number of Asylum Seekers	198
Number of Children Aged 0-6	82
Number of Children Aged 7-18	33

The number of asylum seekers in Kerry in December 2011 was made up of **106** asylum seekers in Tralee, housed in Atlas House (Tralee) and Johnston Marina and **92** asylum seekers in Killarney housed in Atlas House (Killarney), Linden House and Park Lodge .

Confidential health screening is made available to asylum seekers and is provided by the HSE. Asylum seekers are screened for hepatitis, tuberculosis, HIV and other conditions or ailments that are discussed during the screening process. Immunisation status and vaccination needs of the asylum seeker and their family are also investigated. Follow-up treatments are provided free of charge. The numbers of asylum seekers screened in Kerry in 2011 are listed in Table 5. **206** asylum seekers in total were screened and **33** of those screened were children.

Table 5: Number of Asylum Seekers Screened in Kerry in 2011

Number of Asylum Seekers Screened	206
Number of Children Aged 0-6 Screened	24
Number of Children Aged 7-18 Screened	9

Metadata on asylum seekers are provided in Table 6.

Table 6: Metadata - Asylum Seekers

Indicator Name		Asylum seekers	
Agency:		HSE	
Contact Person:		Ann Moynihan (Community Work Dept. linking with the Area Medical Office)	
Description of Indicator:		Number of asylum seekers living in Kerry on Dec 31 st 2011 and screened in Kerry in 2011.	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Individuals	
Timespan data represents:		January 1 st to December 31 st 2011	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		High sensitivity	
Approximate year data began to be collected	2001	Data can be readily accessed from:	2001
Available on computer?	Yes	Software system used to store data	OHYSS
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	The data strategy group is currently assessing this – re movement of individuals v. total numbers.
Accuracy of data	Accurate- recorded every Week from accommodation centres	Means by which data collected	Accommodation centres submit info. to HSE AMO dept. every Monday
Regularity of updating of data	Weekly	Staff who can access and provide the data	AMO Dept.
Any issues with/ additionally information about this data set?	The numbers of asylum seekers and refugees at any one time can be supplied but the figures do not reflect the transience of the sector and the total number of individuals who have been accommodated in Kerry. This explains the greater number of asylum seekers screened during the year than were living in Kerry on December 31 st 2011.		

5.2.1.3 SUB-DOMAIN: CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

The working groups identified a number of demographic indicators specifically relating to children and young people with disability:

- intellectual disability
- Visual disability (only)
- Hearing Impairment/Deafness (only)
- Autism
- Special needs in schools
- Physical disability

INDICATOR: INTELLECTUAL DISABILITY

Description: The number of children and young people with intellectual disability in Kerry appearing in the National Intellectual Disability Database (NIDD) in 2011

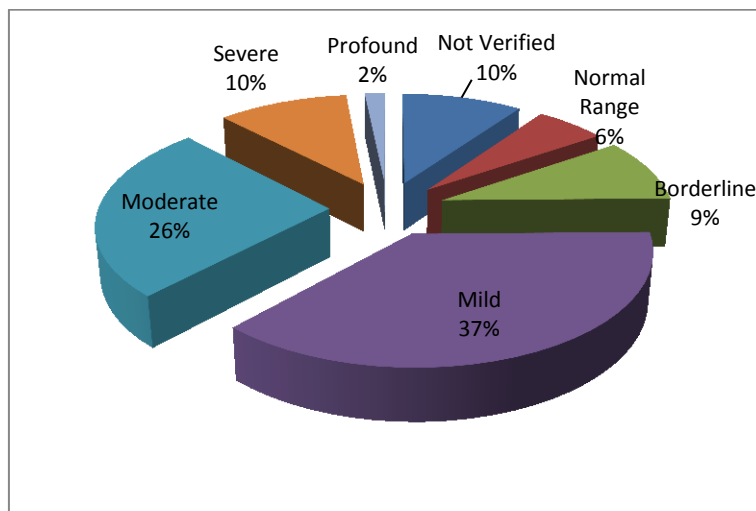
The World Health Organisation defines Intellectual disability as:

a significantly reduced ability to understand new or complex information and to learn and apply new skills.

In 2011, there were **368** children with intellectual disability in Kerry registered with the National Intellectual Disability Database. **Fifty three** of those children were 0-6 years old and **315** were 7-18 years old.

Table 7 shows the percentage of NIDD registered children with different degrees of Intellectual Disability as classified in the International Statistical Classification of Diseases, 10th Revision (ICD-10).

Table 7: Children and Young People Registered as Intellectually Disabled in Kerry



Range of Ability	Not Verified	Normal Range	Borderline	Mild	Moderate	Severe	Profound	Total
# Children	36 (10%)	21 (6%)	34 (9%)	137 (37%)	95 (26%)	39 (10%)	6 (2%)	368

Mild Intellectual Disability: Ability to use speech in everyday situations; usually full independence in self-care; IQ range 50-69.

Moderate Intellectual Disability: Slow in comprehension; Supervision of self-care required; retarded motor skills; IQ between 35-49

Severe Intellectual Disability: Marked Impairment of motor skills; clinically significant damage to CNS; IQ between 20-34

Profound Intellectual Disability: Severely limited understanding; immobility of restricted mobility; incontinence; requires constant supervision; IQ less than 20

These data were provided by the HSE but the Brothers of Charity and St John of Gods Services double checked the numbers on the NIDD database and confirmed that the children with ID in their services have been added to the NIDD. The only exceptions are children and young people with autism who also have intellectual disability who utilised Brothers of Charity services. Those data are included in the section on autism.

Table 8: Metadata - Intellectual Disability

Indicator Name		Intellectual Disability	
Agency:		Health Service Executive	
Contact Person:		Ann Sheehan A/ Care Group Co-ordinator	
Description of Indicator:		Number of Children registered on the National Intellectual Disability Database as being intellectually disabled	
Geographic Area:		Kerry	
Units of data represent:		Individual Children	
Timespan data represents:		2011	
Confidentiality of data:		Low Sensitivity	
Approximate year data began to be collected	2007	Data can be readily accessed from:	2007
Available on computer?	Yes	Software system used to store data	NIDD
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	
Accuracy of data	Relatively accurate ⁴ .	Means by which data collected	Data are provided to the HRB primarily by service providers, HSE personnel and school principals.
Regularity of updating of data	An individual's record is amended when there is a significant change in his or her circumstances. In addition to this, each individual's information is reviewed at least once a year	Staff who can access and provide the data	Health Research Board, service providers, HSE
Any issues with/ additionally information about this data set?	The National Intellectual Disability Database (NIDD) is managed by the Health Research Board (HRB) on behalf of the Department of Health and Children. For the purposes of the NIDD, intellectual disability is defined using the criteria set out in the International Statistical Classification of Diseases, 10th Revision (ICD-10).		

^{4 4} There are some children in the county that are not registered with the NIDD. For example, children or young people with mild or borderline intellectual disability are not always identified as being intellectually disabled. Another example includes the children and young people with autism utilising Brothers of Charity services, even though some of these children and young people can be classified with varying degrees of ID. On the other hand, HSE staff note that there are some individuals considered borderline ID or in the normal IQ range included in the NIDD. Thus these figures cannot be considered entirely accurate.

INDICATOR: AUTISM

Description: The number of children and young people with autism in Kerry attending Brothers of Charity Services in Kerry in 2011.

In 2011 there were **226** autistic children and young people attending Brothers of Charity Services. **19** (8.4%) of these children were between 0 and 6 years old and **207** (91.6%) were aged between 6 and 18 years.

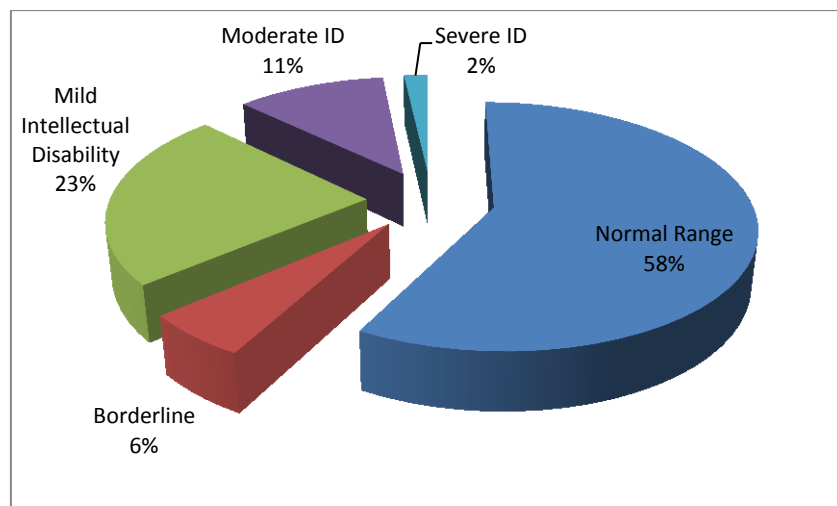
The number of children and young people with autism in each CSC region is shown in Table 9 below.

Table 9: Number of children and young people with autism in each CSC region

CSC Region	Number (Percent of total)
Greater Tralee	73 (32.3%)
Greater Castleisland	19 (8.4%)
Greater Killarney	58 (25.7%)
Greater Listowel	40 (17.7%)
Greater Caherciveen	6 (2.7%)
Greater Killorglin	22 (9.7%)
Greater Dingle	8 (3.5%)
TOTAL	226

Some of the 226 children and young people with autism registered with the Brothers of Charity have been identified as having varying levels of intellectual disability. These data have not been registered with the NIDD and thus are not included in the Intellectual Disability indicator on the previous page (except possibly in the case of 20 children who may have been registered through the special schools they attend). Table 10 shows the range of ability of the autistic individuals.

Table 10: Range of Ability of Children and Young People with Autism



Range of Ability	Normal Range	Borderline	Mild	Moderate	Severe	Total
Number of Autistic individuals	131 (58%)	13 (6%)	53 (23%)	25 (11%)	4 (2%)	226

At the time of writing, metadata were not provided with the data.

INDICATOR: VISUAL DISABILITY (ONLY)

Description: The number of children and young people with visual disability in Kerry in 2011 who were registered with the National Council for the Blind and who were not registered with other disability services

There were 9 children in total who were registered as blind and were not in touch with any other disability services. This figure was provided to the Children’s Services Committee through the Care Group Provider in the HSE by the NCBI (National Council for the Blind in Ireland).

Data were subdivided for the CSC regions in Kerry but the numbers were less than 6 and thus cannot be reported. Raw data were also subdivided into children aged 0-6 and 7-17 but the numbers cannot be reported as there was a group containing less than 6 individuals.

At the time of writing, metadata had not been provided with the data.

INDICATOR: HEARING IMPAIRMENT/DEAFNESS ONLY

Description: The number of children and young people with hearing disability in Kerry in 2011 registered with the Visiting Teacher Service who were not registered with other disability services.

Visiting teachers are employed by the Department of Education to provide a service for deaf or hard-of-hearing children and give support to the child and their parents.

These data were provided by the visiting teachers to the HSE disability services who in turn provided it to the Kerry CSC. In 2011 there were 64 children and young people in total who were registered with the visiting teacher service and who were not registered with other disability services. The age breakdown and geographic region of these children and young people are illustrated in Table 11.

Table 11: Number of children in Kerry in 2011 with deafness who are not involved with any other disability service

Total number of children	64 ⁵
Age	
Number of children aged 0-6	9
Number of children aged over 6	51
Geography²	
Greater Tralee	21
Greater Killarney	13
Greater Castleisland	12
Other CSC regions	8 ⁶

At the time of writing, metadata had not been provided with the data.

⁵ The age and location of 4 of these children were not provided and as a result they are not included in the data broken down by age or geography

⁶ There are less than 6 individuals for each of the other regions, thus these data cannot be reported separately

INDICATOR: SPECIAL NEEDS IN THE EDUCATION SYSTEM

Description: The number of children and young people with special needs in mainstream and in special schools in the 2010/2011 school year

There were **336** pupils registered with the Department of Education as having special needs in mainstream schools in the 2009/2010 school year, making up **2.2%** of the total of 14,985 pupils attending mainstream schools.

There were **192** pupils in special schools in Kerry in the 2010/2011 school year. These pupils make up **1.2%** of all the children and young people attending school in Kerry (15,513 pupils). There are three special schools in Kerry, one each in Listowel, Tralee and Killarney.

Data were provided by special education needs organiser (SENO) for Mid and South Kerry on the number of students with special needs in that region. There were 52 children attending special needs schools in that region in 2011 (Killarney, South East Kerry, Rathmore and Kenmare/Lauragh/Bonane). Data were not provided by SENOs for the other regions.

Metadata on children and young people with special needs in the education system are provided in Table 12.

Table 12: Metadata - Special Needs in the Education System

Indicator Name		Special Needs	
Agency:		Department of Education	
Contact Person:		Available on website. Local data: Mary McMahon special education needs organiser (SENO) for Mid and South Kerry.	
Description of Indicator:		Number of children and young people registered with the Department of Education as having special needs	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Individual Children	
Timespan data represents:		2010/2010 school year	
Confidentiality of data:		Low Sensitivity	
Approximate year data began to be collected		Data can be readily accessed from:	
Available on computer?	Yes	Software system used to store data	Proprietary database system
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	
Accuracy of data	Relatively accurate.	Means by which data collected	Data are provided to the Dept of Education by Schools.
Regularity of updating of data	Every school year	Staff who can access and provide the data	Freely available on website
Any issues with/ additionally information about this data set?	Children and young people must first be identified as having special needs before they can be included in the data provided to the department of education. Accordingly, only some of the children with special needs are counted.		

INDICATOR: PHYSICAL DISABILITY

Description: The number of children and young people with physical disability in Kerry in 2011 registered with Enable Ireland.

These data were provided by Enable Ireland. As shown in Table 13, in 2011 there were **168** children and young people utilising Enable Ireland Kerry Children’s Services. **Seventy four (46%)** were children under 6 and **86 (54%)** were aged 6 to 18. There were also 8 young people over 18 who were still attending secondary school utilising the service.

The number of children and young people utilising Enable Ireland services in 2011 in each CSC region is illustrated in Table 13. Metadata are provided in Table 14.

Table 13: Number of children and young people with physical disability

Total number of children and young people	168
Age	
Number of children aged under 6	74
Number of children aged 6 and over	94
Geography	
Greater Caherciveen & Greater Kenmare	8
Greater Castleisland	10
Greater Dingle	8
Greater Killarney	34
Greater Killorglin	8
Greater Listowel	41
Greater Tralee	50

Of the 168 young people with physical disability (aged 6-18 or over 18 and still attending school), **6 (3.6%)** also had intellectual disability. Data were provided by CSC region, but the numbers were too small to report.

Table 14: Metadata - Physical Disability

Indicator Name		Physical Disability	
Agency:	Enable Ireland Kerry Children’s Service		
Contact Person:	Maria Leyden		
Description of Indicator:	Number of service users with a Physical disability		
Geographic Area:	Kerry & CSC regions		
Units of data represent:	Children 0-18years with a primary physical disability.		
Time span data represents:	January 2011 to December 2011		
Confidentiality of data:	High Sensitivity		
Approximate year data began to be collected	From referral. Data provided for 2011	Data can be readily accessed from:	Maria Leyden
Available on computer?	Yes	Software system used to store data	Goldmine
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	Updating as required
Accuracy of data	High	Means by which data collected	Verbal information provided by parents/carers
Regularity of updating of data	On-going – 6 to 12 monthly at IFSP (Individual Family Service Plan meeting)	Staff who can access and provide the data	Administrative
Any issues with/ additionally information ?	Not at this time.		

5.2.1.4 SUB-DOMAIN: FAMILY STRUCTURE

The working groups identified two indicators related to family structure to include in the child well-being indicator set:

- **Children born to single mothers**
- **Children born to teenage mothers**

INDICATOR: CHILDREN BORN TO SINGLE MOTHERS

Description: The number of children born in 2011 to single mothers living in Kerry

There were **195** babies born to single mothers in 2011, making up **9.6%** of the total number of babies born to Kerry parents. These data were provided by the Public Health Nursing Department of the HSE.

Census data reported in *This is Ireland: Highlights from Census 2011, Part 1* shows that within Ireland in 2010 approximately 10% of family units with children were headed by single parents⁷. These data are not directly comparable to the number provided above of children born to single mothers as the census figure takes account of all family units, not just children born in 2011, and includes single-parent families with fathers.

Metadata are provided in Table 15.

INDICATOR: CHILDREN BORN TO TEENAGE MOTHERS

Description: The number of children born in 2011 to teenage mothers living in Kerry

There were **9** babies born to teenage mothers aged under 19 living in Kerry in 2011. This figure makes up less than one percent of all births to Kerry parents. These data were provided by the Public Health Nursing Department of the HSE.

The number of births to teenage mothers in Ireland is not yet available for 2011. In 2010, according to the CSO's *Vital Statistics: Fourth Quarter and Yearly Summary* Report 2.7% (2,019) of total births were to mothers 19 and under. (35 of those births were in Kerry, a figure which comprises 1.7% of births to teenage mothers nationally)

Metadata are provided in Table 15.

⁷ 25.8% (215,300) of the 834,266 family units with children were headed by lone parents, two fifths (approximately 86,000) of whom were single. This approximates to 10% of family units with children being headed by single parents

Table 15: Metadata - Public Health Nursing Information

Indicator Name	Public Health Nursing Information		
Agency:	HSE SOUTH		
Contact Person:	MONICA SHEEHAN		
Description of Indicator(s):	Data consists of Total Number of Babies Born to Single Mothers Number of Babies Born to Teenage mothers, Number of mothers referred by public health nurses to GPs because of concern re post natal depression.-		
Geographic Area:	KERRY		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individual children and mothers		
Timespan data represents:	JAN-DEC 2011		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	LOW SENSITIVY		
Indicator Name	Public Health Nursing Information		
Approximate year data began to be collected	Unknown	Data can be readily accessed from:	PHN DEPT
Available on computer?	YES	Software system used to store data	HSE
Likely that data collection will continue?	YES	Changes proposed in relation to the data	
Accuracy of data	ACCURATE	Means by which data collected	Data are submitted by each PHN
Regularity of updating of data	Daily	Staff who can access and provide the data	Each PHN has access to their own data
Any issues with/ additionally information about this data set?			

5.2.2 DOMAIN: BEHAVIOUR AND RISK

This domain of behaviour and risk takes particular account of those children and young people who are at level 4 of the Hardiker Model as outlined in Figure 4. These are the children and young people who need intensive and long term support and protection.

Drug and alcohol use as well as involvement in crime are factors that impact on the well-being of young people. Drug use, for example, has been shown to be a risk factor for a number of illnesses including mental illness and HIV (Mladovsky et al 2009, Alcohol and Drug Research Unit 2009), while alcohol use is the third greatest cause of avoidable death and disease in the EU (Mladovsky et al 2009).

The working groups identified a number of sub-domains and indicators relating to risk behaviour of young people. These are provided in Figure 13.

Figure 13: Behaviour and Risk - Sub-Domains and Indicators

- **Sub-Domain: Alcohol Use**
 - Indicator: Alcohol Use
- **Sub-Domain: Drug Use**
 - Indicator: Drug Use
 - Indicator: Frequency of Drug Use
- **Sub-Domain: Treatment for Substance Misuse**
 - Indicator: Treatment for Drug and Alcohol Misuse
- **Sub-Domain: Issues related to Drug and Alcohol Use**
 - Indicator: Drug and Alcohol Related Offences
 - Indicator: Injury to Oneself or Others due to Drinking
 - Level of Drinking has Elicited Concern
 - Deaths due to Drugs
- **Sub-Domain: Involvement in Crime**
 - Indicator: Crimes
 - Indicator: Referrals to Probation Service
 - In Trouble with the Gardai

5.2.2.1 SUB-DOMAIN: ALCOHOL USE

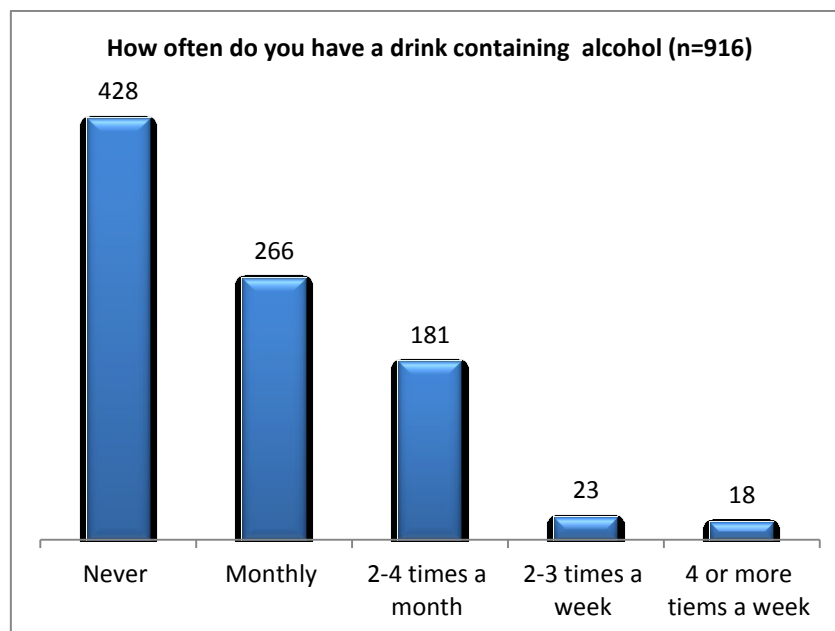
INDICATOR: NUMBER OF YOUNG PEOPLE WHO REPORT THAT THEY USE ALCOHOL

Description: Responses to the Question 'How often do you have a drink containing alcohol' from a 2010 survey of young people in Kerry.

Data for Kerry on the number of young people reporting that they use alcohol were extracted from the Jigsaw 'My World' survey . For details of the data collection methods etc., please refer to the metadata in Table 19.

Self-reported alcohol use is illustrated in Table 16. Nine hundred and sixteen young people answered the question. 488 (53%) of respondents reported that they consumed alcohol while 428 of respondents (47%) had never consumed alcohol. 4% of respondents reported that they consume alcohol more than once a week.

Table 16: Self-Reported Frequency of Alcohol Use among Young People in Kerry in 2010



5.2.2.2 SUB-DOMAIN: DRUG USE

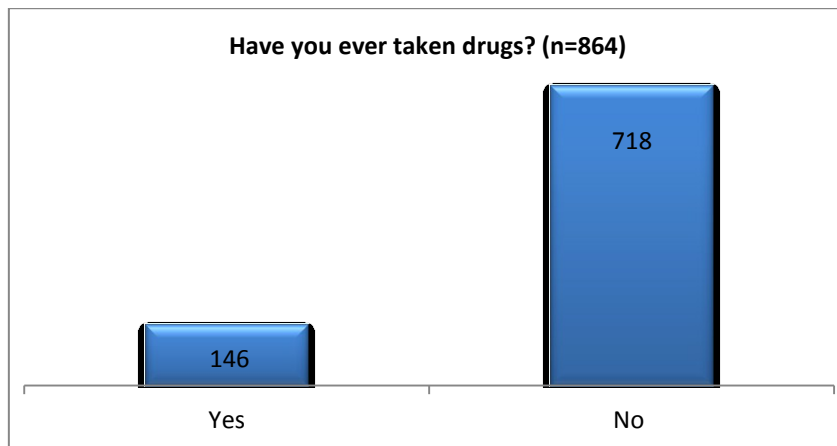
INDICATOR: DRUG USE AMONG YOUNG PEOPLE

Description: Responses to the Question 'Have you ever taken Drugs?' from a 2010 survey of young people in Kerry.

These data were extracted from the Jigsaw 'My World' survey undertaken in 2010. Metadata related to the data are provided in Table 19.

As Illustrated in Table 17, 864 young people responded to the question. **83%** (718 of respondents) of survey respondents reported that they had never taken drugs while **17%** (146 of respondents) reported that they had taken drugs.

Table 17: Self-Reported Drug Use among Young People in Kerry in 2010



INDICATOR: FREQUENCY OF DRUG USE

Description: Responses to the Question 'How often do you take drugs?' from a 2010 survey of young people in Kerry.

As shown in Table 18, **60%** (82 respondents) of those who reported that they had taken drugs (137 respondents) stated that they only tried them once or twice while **9%** (12 respondents) noted that they take drugs more than once a week. The remainder (**31%**, 43 respondents) stated that they had taken drugs once a month or more.

Data were extracted from the Jigsaw 'My World' Survey. Metadata are provided in Table 19.

Table 18: Frequency of Drug Use among Young People in Kerry in 2010

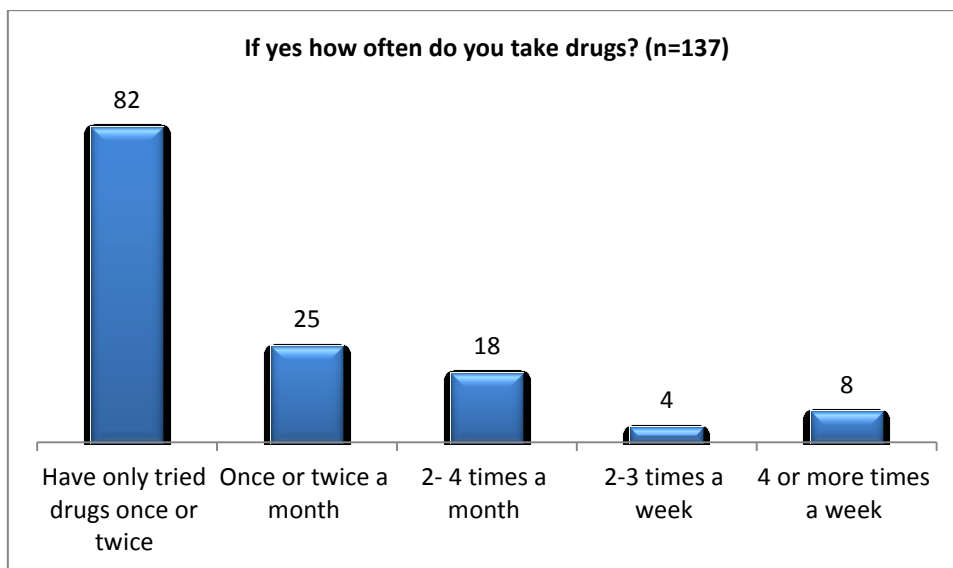


Table 19: Metadata - Information from 'My World' Survey

Indicator Name		Data from Jigsaw 'My World' Survey	
Agency:		Jigsaw Kerry	
Contact Person:		Mairead O'Sullivan	
Description of Indicator:		Data from survey distributed to young people aged 12 - 19 in 5 pilot schools in Kerry. 1200 young people completed and returned the survey.	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Individuals	
Timespan data represents:		The survey was distributed between April and June 2010	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		Low (participants are anonymous and schools are not named)	
Approximate year data began to be collected	The survey was distributed between April and June 2010	Data can be readily accessed from:	N/A
Available on computer?	yes	Software system used to store data	My World data collection
Likely that data collection will continue?	Plan is to carry out the survey every two years	Changes proposed in relation to the data	
Accuracy of data	Accurate (as accurate as self-reported can be)	Means by which data collected	Survey
Regularity of updating of data	Possibly every two years	Staff who can access and provide the data	Jigsaw Kerry Manager & Education Coordinator
Any issues with/ additionally information about this data set?	It was generally a large cohort of younger years in each school who completed the data, therefore not a large representative of those aged 17 – 19.		

5.2.2.3 SUB-DOMAIN: TREATMENT FOR SUBSTANCE MISUSE

INDICATOR: TREATMENT FOR DRUG AND ALCOHOL MISUSE

Description: Number of young people aged under 18 who accessed the Community Drugs Initiative in Kerry for direct treatment support in 2010.

2011 data are currently not available and thus, are not included in this report. Data will be available in May 2012. 2010 data were provided by the Southern Region Drugs Task Force.

In 2010, **43** young people aged 17 and under accessed the community drugs initiatives for treatment support for problematic substance use. This cohort made up **34%** of all individuals of all ages accessing the initiatives for treatment support. Metadata are provided in Table 20.

Table 20: Metadata - Treatment for Substance Misuse

Indicator Name	Number of young people aged 17 and under who accessed the Community Drugs Initiatives in Tralee, Killarney and Listowel for direct support		
Agency:	Southern Regional Drugs Task Force		
Contact Person:	Chris Black		
Description of Indicator:	The number of young people aged 17 and under referred to one of the three Kerry community drugs Initiatives for treatment for problematic substance use. Individuals are referred by friends and family, other drug treatment centres, medical agencies or social services. Referrals can also be self-referrals. Presenting issues in 2010 included use of alcohol, cannabis, opiates and benzodiazepines. For the purpose of the NDTRS, treatment is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems'.		
Geographic Area	Kerry		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individuals		
Timespan data represents:	Jan 1 st 2010 to Dec 31 st 2010		
Confidentiality of data:	Low sensitivity		
Approximate year data began to be collected	2010	Data can be readily accessed from:	SRDTF & Health Research Board
Available on computer?	Yes, data are requested from Health Research Board	Software system used to store data	
Likely that data collection will continue?	yes	Changes proposed in relation to the data	
Accuracy of data	100%	Means by which data collected	National Drug Treatment Reporting System forms
Regularity of updating of data	Annually	Staff who can access and provide the data	SRDTF Coordinator
Any issues with/ additionally information about this data set?	none		

5.2.2.4 SUB-DOMAIN: ISSUES RELATED TO DRUG AND ALCOHOL USE

INDICATOR: ALCOHOL AND DRUG RELATED OFFENCES

Description: The number of alcohol and drug related offences committed by young people aged 17 and under in Kerry between August 2010 and August 2011

The number of alcohol and drug related offences committed by under 18 year olds between August 2010 and August 2011 are listed in Table 21 (Data for January 2011 to December 2011 have been requested and will be provided to the CSC when available). There were **163** alcohol and drug related offences committed by young people in that time period.

Alcohol and drug related offences include the following:

- Drunkenness Offences
- Purchase/Consumption of Alcohol by young people aged under 18
- Simple Possession, drugs
- Intoxicated Driving a Vehicle
- Possession of Drugs for Sale/Supply
- Liquor Licensing Offences

The total number of alcohol and drug related offences recorded in Kerry is provided in Table 21 as well as the number of drunkenness, purchase/consumption of alcohol and drugs possession offences. The number of offences in the three categories of Intoxicated while driving, possession of drugs for sale/supply and liquor licensing offences, are not listed in Table 21 as the number of offences in the time period in Kerry were less than 6.

The number of offences in Caherciveen in each category is less than 6, thus the figures for Listowel and Caherciveen are combined in keeping with the Data Sharing Protocol signed by CSC members. Metadata are provided in Table 22.

Table 21: Drug and Alcohol Related Offences Committed by Under 18 year olds in Garda Districts in Kerry

Garda District ⁸	Total Number of Alcohol & Drug Related Offences (Under 18 year olds)	Drunkenness Offences	Purchase/Consumption of Alcohol	Simple Possession of Drugs
All Kerry	163	71 (44%)	63 (39%)	18 (11%)
Tralee	75	40	17	13
Killarney	54	10	37	Too low to report
Listowel & Caherciveen combined	34	21	9	Too low to report

⁸ See Figure 11 for Garda district boundaries in Kerry

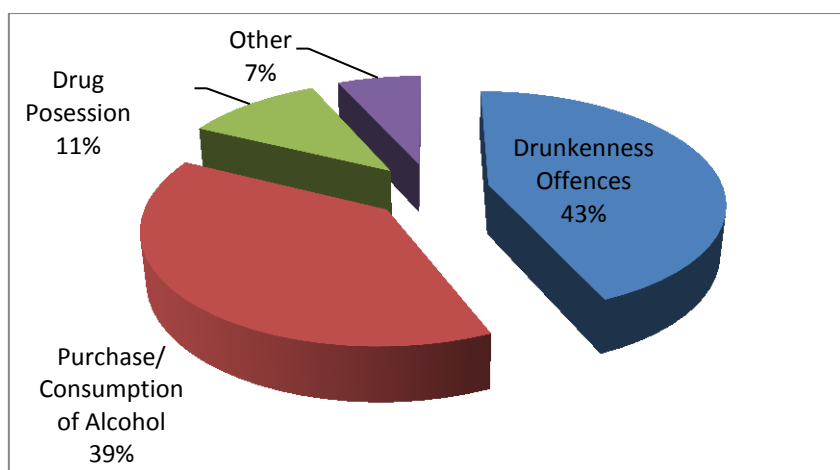


Table 22: Metadata - Drug and Alcohol Related Offences

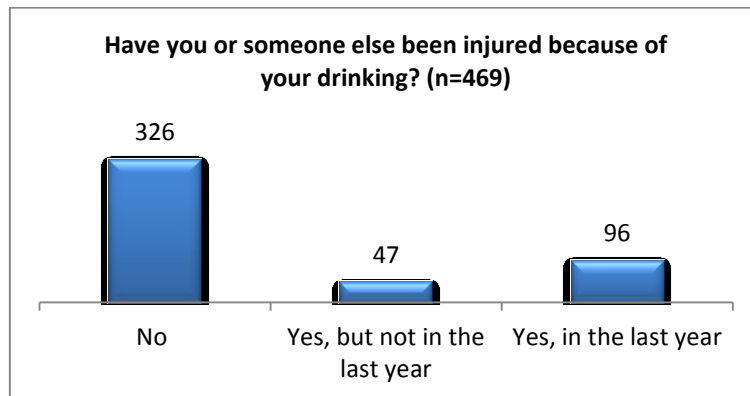
Indicator Name			
Agency:		An Garda Síochána	
Contact Person:		Insp. Fearghal Pattwell, Listowel	
Description of Indicator:		Alcohol & Drug related crimes committed by young people aged between 12 – 18 years Kerry Division.	
Geographic Area:		Kerry Garda Division	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Juvenile Crime	
Timespan data represents:		1/8/10 – 31/8/11	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		High Sensitivity	
Approximate year data began to be collected	Unknown	Data can be readily accessed from:	Decades Ago
Available on computer?	Yes	Software system used to store data	Pulse Garda System & Garda Statistical Unit
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Very Accurate	Means by which data collected	Gardai ensure data are inputted onto system as soon as crime is reported
Regularity of updating of data	Daily	Staff who can access and provide the data	All Gardai
Any issues with/ additionally information about this data set?	Details of crime can be given at District Level but some information cannot be given if the number collected is under or near 6. The 2011 figures are available to date but do not give accurate picture as some referrals are still pending.		

INDICATOR: INJURY TO ONESELF OR OTHERS DUE TO DRINKING

Description: The responses to the question 'Have you or someone else been injured because of your drinking?' from a 2010 survey of young people in Kerry.

These self-reported data were extracted from the Jigsaw 'My World' Survey. As indicated in Table 23, 469 young people responded to the question. **70%** (326 of respondents) reported that their drinking had not caused injury to either themselves or others. **30%** (143 of respondents) reported that their drinking had caused injury. Metadata are provided in Table 19.

Table 23: Self-reported injury to oneself or others due to drinking

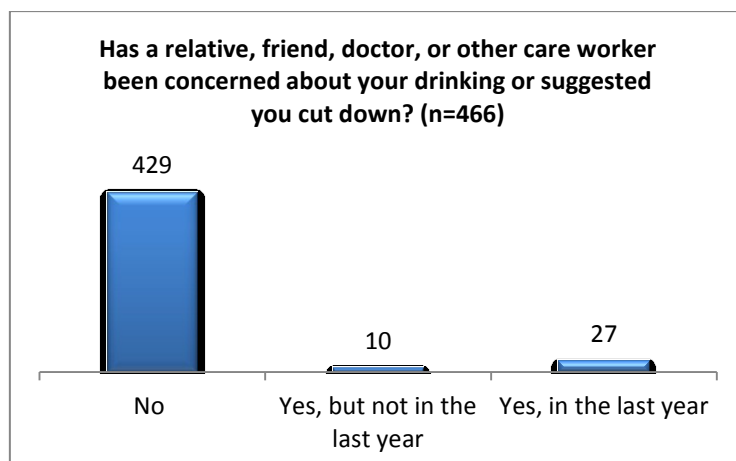


INDICATOR: LEVEL OF DRINKING HAS ELICITED CONCERN

Description: The responses to the question 'Has a relative, friend, doctor or other care worker been concerned about your drinking or suggested you cut down?' from a 2010 survey of young people in Kerry.

These data were extracted from the Jigsaw 'My World' Survey undertaken in 2010. As indicated in Table 24, 466 young people responded to the question. Of those, **92%** (429 of respondents) reported that their drinking has not elicited concern while **8%** (37 respondents) noted that a relative, friend, doctor or other care worker had been concerned about their drinking or suggested that they cut down. Metadata are provided in Table 19.

Table 24: Level of drinking has elicited concern



5.2.2.5 SUB-DOMAIN: YOUNG PEOPLE'S INVOLVEMENT IN CRIME

INDICATOR: CRIMES COMMITTED BY YOUNG PEOPLE

Description: The number of crimes committed by young people aged between 12 and 17 years in Kerry in 2011

The Juvenile Diversion Programme was established by the 2001 Children's act. The programme aims to discourage young people who have committed crimes from continuing to engage in criminal activity. Young offenders in the programme are given cautions rather than formally charged and prosecuted and thus do not enter the full criminal justice system. Young people where appropriate are dealt with by Garda Juvenile Liaison Officers (JLOs) who are specially trained. JLOs liaise with HSE staff, school attendance officers, teachers and other Gardaí.

As indicated in Table 25, the number of young people aged between 12 and 17 who were referred to the juvenile diversion programme in 2011 was **392**. This was for a total for **731** offences. Metadata are provided in Table 27.

Table 25: Number of young people referred to the Juvenile Diversion Programme

Garda District	Number of Referrals to the Juvenile Diversion Programme	Individuals	Male	Female
Tralee	309	146	74%	26%
Killarney	258	146	71%	29%
Caherciveen	96	54	80%	20%
Listowel	68	47	77%	23%
All Kerry	731	392	74%	26%

The types of referrals to the Juvenile Diversion Programme are listed in Table 26.

Table 26: Types of Referrals to the Juvenile Diversion Programme

Garda District	Individuals	Total Referrals	Informal Caution ⁹	Formal Caution ¹⁰	Restorative Caution ¹¹	Unsuitable for all Cases ¹²	Other ¹³
Tralee	146	309	121	38	28	<i>These data cannot be reported for each area because in one area the number was less than 6 individuals</i>	45
Killarney	146	258	101	53	39		23
Caherciveen	54	96	30	22	7		28
Listowel	47	68	37	14	6		11
All Kerry	392	731	289	127	80	128	107

⁹ An "Informal Caution" means a caution to be administered to a child where

- a) no previous caution has been administered, or

b) one or more than one informal caution has been previously administered

¹⁰ “Formal Caution” means a caution to be administered to a child where

- a) no previous caution has been administered, or
- b) one or more than one informal or formal caution has been previously administered

¹¹ A restorative caution allows for the presence of a victim when a formal caution is being administered

¹² The term “Unsuitable for all cases” means that the Director of the Diversion Programme has deemed the person unsuitable for any further cautions and the young person dealt with in the Court System.

¹³ The status of “Pending” or “Other” means that the referrals has not been dealt with yet, the investigation may not be complete, the young person may not be cautioned to date.

Table 27: Metadata - Crimes

Indicator:		Crimes	
Agency:		An Garda Síochána	
Contact Person:		Garda Cecilia Scanlon, Juvenile Liaison Officer, Killarney Garda Station	
Description of Indicator:		All Crimes committed by Young people aged between 12-17 years	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Juvenile Crime	
Timespan data represents:		January 1 st 2011 – December 31 st 2011	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		High Sensitivity	
Approximate year data began to be collected	Unknown	Data can be readily accessed from:	Decades ago
Available on computer?	Yes	Software system used to store data	PULSE System & Garda Statistical Unit
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Very Accurate	Means by which data collected	Gardai updated onto system as soon as crime is reported.
Regularity of updating of data	Daily	Staff who can access and provide the data	All Gardai
Any issues with/ additionally information about this data set?	Details of Crimes can be given at District level but some of the information cannot be given at the number is under 6. The 2011 figures are available to date but do not show the complete picture as some referrals are still pending.		

INDICATOR: NUMBER OF YOUNG PEOPLE REFERRED TO THE PROBATION SERVICE

Description: The number of young people in Kerry who were referred to the probation service in 2011

In 2011 **34** young people aged 12 to 18 years were referred to the probation service. The probation service deals with children and young people aged 12-18 years who come before the Courts or who are in the Children Detention Schools/Centre.

28 cases were completed by Dec 31st (For an explanation of completion rates see the metadata in Table 29) Of the completed cases, 14 young people were either committed to prison, committed to a detention centre, committed to a detention school or did not appear in court and a warrant was issued.

Table 28: Number of Young People Referred to the Probation Service

Number of young people in Kerry referred to probation service in 2011	Completion rate (See metadata sheet below for details)	Number of Young People Committed to Prison or a Detention Centre
34	28	14

Table 29: Metadata - Youth Referrals to Probation Service

Indicator Name	Youth Referrals to Probation Service (12-18yrs) & completion rates
Agency:	Probation Service
Contact Person:	John Brosnahan, SPO
Description of Indicator:	Number of youth referrals to Probation Service
Geographic Area:	Kerry County
Units of data represent: (Individuals, families, households, estates, schools etc.)	Cases referred to probation service.
Timespan data represents:	2010
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	Low Sensitivity (Publicly Available via website / annual reports)
Agency:	Probation Service
Contact Person:	John Brosnahan, SPO
Description of Indicator:	Completion rates take into account a number of reasons that a case may be closed: The young person had finished serving their probation period The young person was committed to prison/a detention centre/ a detention school; A fine was imposed; The young person did not appear in court with the result that a warrant was issued for their arrest; There was a decision made by a judge that no further involvement by the probation service was required; The young person received a suspended sentence which means that they did not have to serve time in prison/a detention centre/a detention school as long as he or she committed no further offences during the period of the sentence.
Geographic Area:	Kerry County
Units of data represent:	Cases completed by probation service

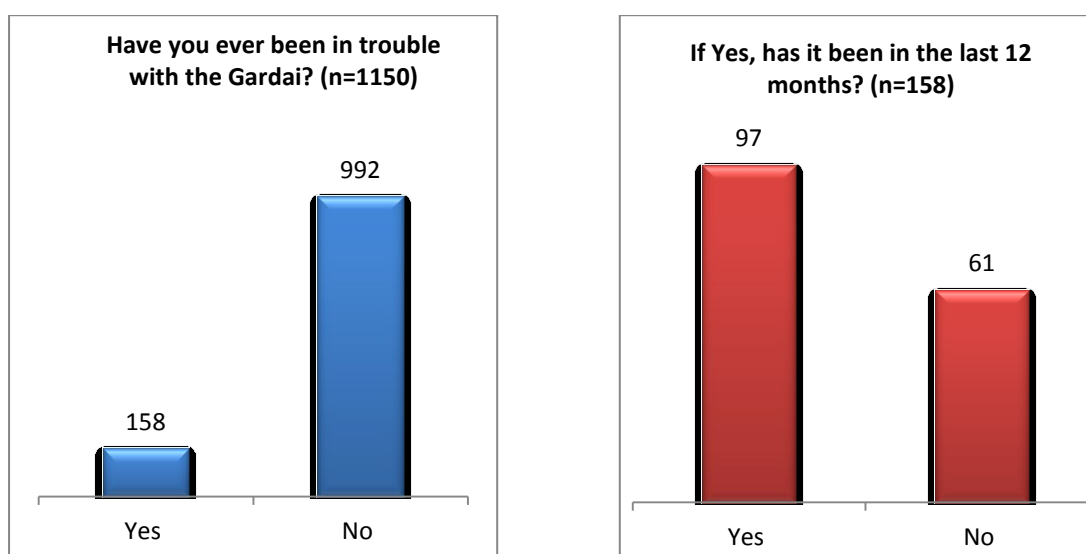
Timespan data represents:	2010		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	Low Sensitivity (Public record but names not identified)		
Approximate year data began to be collected	2006	Data can be readily accessed from:	Information & Statistics Unit, Probation Service
Available on computer?	Yes	Software system used to store data	Hard copy data base & Spreadsheets
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Very accurate	Means by which data collected	Probation Officers
Regularity of updating of data	On-going	Staff who can access and provide the data	Probation Officers or Information & Statistics Unit, Probation Service Contact – Aidan Gormley
Any issues with/ additionally information about this data set?	Unlikely that this info will be provided for local PCT areas given the low numbers involved.		

INDICATOR: YOUNG PEOPLE WHO HAVE BEEN IN TROUBLE WITH THE GARDA SIOCHÁNA

Description: Response to the question: 'Have you ever been in trouble with the Gardai?' from a 2010 survey of young people in Kerry.

These data were extracted from the Jigsaw 'My World' Survey undertaken in 2010. Metadata are provided in Table 19. As indicated in Table 30, 1150 young people responded to the question "Have you ever been in trouble with the Gardai?". Of those, **87%** (n= 992) reported that they had never been in trouble with the Gardai. Of the 158 young people who reported that they had been in trouble, **61%** (n = 97) of them reported that they had been in trouble in the previous 12 months.

Table 30: Young People in Trouble with the Gardai



5.2.3 DOMAIN: THE ENVIRONMENT (PARENTING, FAMILY, SCHOOL AND COMMUNITY)

Child well-being can be impacted on by community conditions. For example, neighbourhood crime can impact negatively on child well-being and neighbourhood poverty can impact negatively on children even from families not experiencing family poverty, especially in urban areas (Bradshaw et al 2006). In rural areas, poorer access to services can impact negatively on child well-being (Ridge 2002).

At the family level, poverty and social deprivation have been found to have a negative impact on development in children. The younger the children, the more negative the impact leading to issues such as lower academic attainment, poorer cognitive development and increasing risk of social and behavioural difficulties (Ross and Roberts 1999, Bradshaw et al 2006, Morrison-Gutman et al 2010). Children whose parents are unemployed and children in low-income households are more likely to experience lower levels of well-being (Bradshaw et al 2006, UK Department of Health 2009).

On the other hand, positive relationships with parents provide a significant protective effect against a decline in the well-being of children. This protective effect is particularly evident where children are at high risk of experiencing lower levels of well-being due to risk factors such as low income or parental depression (Morrison-Gutman et al 2010). Positive relationships with peers appear to provide a more limited degree of protection against a decline in child well-being (Morrison-Gutman et al 2010). Ni Gabhann and Sixsmith (2005) in their study of Irish children's understandings of well-being found that interpersonal relationships with family and friends were strongly identified by the children engaged in the research as central to their well-being.

Children who report that they enjoy school are less likely to suffer a decline in their well-being, emphasising the importance of a positive school environment (Morrison-Gutman et al 2010). Additionally, a safe and protective school environment reduces the likelihood of substance misuse (Meyer and Cahill 2004). On the other hand, the safety of the school environment can be reduced by high levels of teacher absenteeism and by high levels of student absenteeism (OECD 2009).

Social deprivation has also been found to have a negative impact on health. The relationship is a complex one that cannot easily be quantified but health inequalities can be as a result of the interacting influences of diet, housing, physical exercise, smoking and consumption of alcohol (Mladovsky et al 2009). Children from economically deprived backgrounds do not take part in vaccination programmes as frequently as their well off peers, have more frequent stays in hospitals and have more dental problems (Bradshaw et al 2006). It has also been shown that access to health care can differ across social groups with socially excluded individuals utilising European health systems less than those from those from more privileged socioeconomic backgrounds (Mladovsky et al 2009). In Ireland, although there is equity across all social strata in access to GPs, those from more well off backgrounds are more likely to seek specialist care (Mladovsky et al 2009).

Injuries are the leading cause of death across Europe in children aged 0-14 (Mladovsky et al 2009) and death from injury is 3-4 times more likely to occur in children coming from socially deprived backgrounds. This has been borne out by the 2010 *All Ireland Traveller Health Study Report*. Injuries have been linked to poor housing, larger families, drug or alcohol use among parents, single parenthood, low maternal age at birth and lower maternal education (Sethi et al 2006).

Parental characteristics can also have an impact on child well-being. Maternal depression can have a negative impact on the well-being of children (Morrison-Gutman et al 2010) while children from families where parents have low educational attainment are more likely to experience lower levels of well-being (Bradshaw et al 2006, UK Department of Health 2009). Parents with lower educational attainment tend to have less favourable health behaviours, possibly because of a lack of knowledge about the links between these behaviours (such as

lower participation in screening tests, poorer nutrition and higher levels of smoking) and detrimental health outcomes (Bradshaw et al 2006).

Factors relating to children themselves can also impact on their well-being. It has been estimated that 10% of children across the EU are obese and that over 20% of children in the 7-11 age group in Ireland are obese. Obesity is a major risk factor for a number of diseases including diabetes, heart disease and cancer. It has been estimated that if current obesity trends continue in Europe, that life expectancy for males will decrease by 5 years (Mladovsky et al 2009). Access to means of engaging in exercise such as sports activities can impact positively on child well-being. Physical activity not only reduces the risk of obesity but has been linked to lower levels of other chronic illness such as depression, heart disease and cancer (Nusselder et al 2008). Ireland compares well to many European countries with regard to levels of physical activity, especially among children (Dept. of Health and NUI Galway, 2006).

The working groups identified a number of outcome and process indicators relating to the environment within which young people live. These are listed in Figure 14 under the appropriate sub-domains.

Figure 14: The Environment - Sub-domains and Indicators

- **Sub-Domain: Parental Health and Well-Being**
 - Indicator: Maternal post-natal depression
- **Sub-Domain: Early Years**
 - Indicator: Immunisations
 - Indicator: Weaning
 - Indicator: Breastfeeding rate
 - Indicator: Uptake of free school year
 - Indicator: Childcare places
 - Indicator: Subvention of childcare
- **Sub-Domain: Homelessness**
 - Indicator: Homeless families
- **Sub-Domain: Material well-being**
 - Indicator: Families in receipt of rent allowance
 - Indicator: Families in receipt of back to school allowance
- **Sub-Domain: Experiences in School**
 - Indicator: School non-attendance
 - Indicator: School completion
 - Indicator: Bullying in school
- **Sub-Domain: Built Environment**
 - Indicator: Vacant Housing
- **Sub-Domain: Community Opportunities**
 - Indicator: Community facilities for children and young people
 - Indicator: Library Use
- **Sub-Domain: Abuse and Neglect**
 - Indicator: Concerns about children
 - Indicator: Children in care

5.2.3.1 SUB-DOMAIN: PARENTAL HEALTH AND WELL-BEING

INDICATOR: MATERNAL POST-NATAL DEPRESSION

Description: The number of mothers in Kerry referred by public health nurses to GPs due to concerns about post-natal depression in 2011

Mothers of new-born children are assessed by the public health nurses using standardised assessment tools to assess their physical and mental well-being. There were **22** mothers referred to GPs by public health nurses because of concerns about postnatal depression based on the results of Edinburgh Postnatal Depression Scale assessment.

Metadata are provided in Table 15.

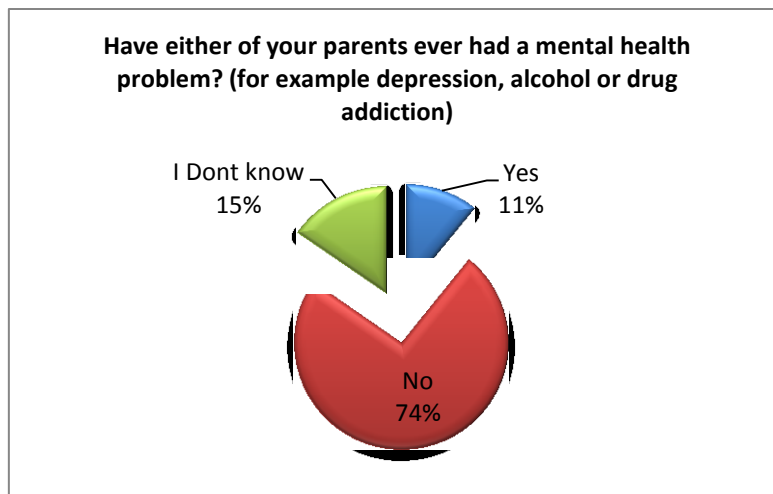
INDICATOR: MENTAL HEALTH ISSUES IN PARENTS

Description: Response to the question: 'Have either of your parents ever had a mental health problem?' in a 2010 survey of young people in Kerry.

These data were extracted from the Jigsaw 'My World' Survey undertaken in 2010. Metadata are provided in Table 19.

As indicated in Table 31, Young people were asked if either parent ever had a mental health problem and were given examples of depression, alcohol or drug addiction. **11%** (n=145) said yes, **74%** (n=789) said no and **15%** (n = 206) stated that they did not know.

Table 31: Mental Health Problems in Parents



5.2.3.2 SUB-DOMAIN - EARLY YEARS

INDICATOR: IMMUNISATIONS

Description: The percentage uptake rate of immunizations among 12 and 24 month olds in Kerry in 2011.

The immunisation uptake of children in Kerry in 2011 was 95%. The percent immunisations refer to children at 12 and 24 months. The vaccines included in this percentage are: Diphtheria, pertussis, tetanus (D₃, P₃, T₃), Haemophilus influenza type b (Hib₃), polio, hepatitis B, meningococcal group C (MenC₃), pneumococcal conjugate (PCV), measles, mumps and rubella (MMR) and Bacillus Calmette-Guerin (BCG). Metadata are provided in Table 32.

In 2009 the national uptake rate for children at 24 months was 94% for D₃, P₃, T₃, and polio, 93% for MenC₃ and Hib₃, 90% for MMR.

Table 32: Metadata - Public Health Nursing Immunisation Data

Indicator Name		Public Health Nursing Information	
Agency:		HSE SOUTH	
Contact Person:		MONICA SHEEHAN	
Description of Indicator:		Data consists of Total Number of Births = 2,041, Immunisation % uptake =95%	
Geographic Area:		KERRY	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Families	
Timespan data represents:		JAN-DEC 2011	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		LOW SENSITIVY	
Approximate year data began to be collected	Unknown	Data can be readily accessed from:	Immunisation & PHN DEPT
Available on computer?	YES	Software system used to store data	HSE
Likely that data collection will continue?	YES	Changes proposed in relation to the data	
Accuracy of data	ACCURATE	Means by which data collected	Immunisation Dept upload onto their system from information received from the PHN
Regularity of updating of data	Daily	Staff who can access and provide the data	Immunisation/PHN DEPT
Any issues with/ additionally information about this data set?			

INDICATOR: BABY FEEDING METHOD

Description: The percentage of new mothers in Kerry in 2011 who left hospital breastfeeding

The total number of mothers leaving hospital after childbirth in 2011 who were breastfeeding was **51.2%**. This compares to the most recent national statistics from the Economic and Social Research Institute (ESRI, 2011) which show that in 2009, 45.5% of women nationally were breastfeeding leaving hospital. In 2011, the average age of weaning for artificial feeding of Kerry babies was **four months**. Metadata are provided in Table 33.

Table 33: Metadata – Method of feeding

Indicator Name	Public Health Nursing Information		
Agency:	HSE SOUTH		
Contact Person:	MONICA SHEEHAN		
Description of Indicator:	Data consists of Total Number of mothers leaving hospital who were breastfeeding and average age of weaning		
Geographic Area:	KERRY		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Families		
Timespan data represents:	JAN-DEC 2011		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	LOW SENSITIVY		
Approximate year data began to be collected	Unknown	Data can be readily accessed from:	PHN DEPT
Available on computer?	YES	Software system used to store data	HSE
Likely that data collection will continue?	YES	Changes proposed in relation to the data	
Accuracy of data	ACCURATE	Means by which data collected	Data are submitted by each PHN
Regularity of updating of data	Daily	Staff who can access and provide the data	Each PHN has access to their own data
Any issues with/ additionally information about this data set?			

INDICATOR: UPTAKE OF FREE PRE-SCHOOL YEAR

Description: The number of children availing of the free pre-school year in Kerry in the 2010/2011 school year

Children aged between 3 years and 2 months and 4 years and 7 months can avail of a free pre-school place the year before they go to primary school.

The manager of the Kerry County Childcare Committee has requested this information for the 2010/2011 school year and the 2009/2010 from the Department of Education. At the time of writing, 2010/2011 data were not yet available and the Department had not provided 2009/2010 data. Metadata are provided in Table 34.

Table 34: Metadata - Free pre-school year

Indicator Name		Number of Children in Free Pre-school Year	
Agency:		Kerry County Childcare Committee	
Contact Person:		Oonagh Fleming	
Description of Indicator:		This indicator will provide the numbers of children availing of the preschool year in Kerry and what percentage take up that is.	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Pre-school Children	
Timespan data represents:		School Year Sept 2010 –June 2011	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		low	
Approximate year data began to be collected	Jan 2010	Data can be readily accessed from:	Department of Children and Youth Affairs
Available on computer?	Yes	Software system used to store data	Not known
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Very Accurate	Means by which data collected	PPS numbers verified to ensure eligibility to free ECCE place
Regularity of updating of data	Annually	Staff who can access and provide the data	Childcare Directorate - DCYA
Any issues with/ additionally information about this data set?	Kerry CCC have to wait until DCYA have distilled the national data down to county level and therefore have no control in relation to when the data are received		

INDICATOR: CHILDCARE PLACES

Description: The number of childcare places that were available for 0-14 year olds in Kerry in the 2010/2011 school year

The manager of the Kerry County Childcare Committee has requested this information for the 2010/2011 school year and the 2009/2010 from the Department of Education. At the time of writing, 2010/2011 data were not yet available and the Department had not provided 2009/2010 data. Metadata are provided in Table 35.

Table 35: Metadata - Number of childcare places

Indicator Name		Number of Childcare Places	
Agency:	Kerry County Childcare Committee		
Contact Person:	Oonagh Fleming		
Description of Indicator:	The number of childcare places available in the county, by age group from 0 to end of primary school (0-14 years)		
Geographic Area:	Kerry		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Childcare Places		
Timespan data represents:	School Year Sept 2010 –June 2011		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	low		
Approximate year data began to be collected	2000	Data can be readily accessed from:	From Kerry CCC since 2006
Available on computer?	Yes	Software system used to store data	ZENO
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Fairly Accurate	Means by which data collected	Questionnaires completed by the childcare services
Regularity of updating of data	Updated on an on-going basis when new services open or services cease to operate.	Staff who can access and provide the data	Kerry CCC Staff
Any issues with/ additionally information about this data set?	The capacity of the services is fairly fixed as it is specified in through regulation so changes in regulation will impact on capacity, it is expected to have amendments to the Pre-school regulations in 2012 and KCCC will then circulate questionnaires to all services to update the system. The Zeno system can also compare the number of childcare places as a percentage of the age group population for individual DED's or clusters of DED's or for the entire county, we are awaiting 2011 Census data for our age groups so currently the system is still using 2006 Census data.		

INDICATOR: CHILDCARE SUBVENTION

Description: The number of children in the community childcare subvention scheme in Kerry in the 2010/2011 school year

The Community Childcare Subvention (CCS) Scheme is available through Community Childcare Facilities. Families in receipt of social welfare payments, including JS Benefit/Allowance, FIS and medical/GP Visit can avail of reduced cost childcare through this scheme.

The manager of the Kerry County Childcare Committee has requested this information for the 2010/2011 school year and the 2009/2010 from the Department of Education. At the time of writing, 2010/2011 data were not yet available and the Department had not provided 2009/2010 data. Metadata are provided in Table 36.

Table 36: Metadata - childcare subvention

Indicator Name		Number of Children in the Community Childcare Subvention Scheme	
Agency:		Kerry County Childcare Committee	
Contact Person:		Oonagh Fleming	
Description of Indicator:		The indicator will be the number of families and children whose childcare places are being subvented across all age groups from babies up to and including primary school children.	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Families and Children	
Timespan data represents:		School Year Sept 2010 –June 2011	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		low	
Approximate year data began to be collected	Jan 2010	Data can be readily accessed from:	Department of Children and Youth Affairs
Available on computer?	Yes	Software system used to store data	Not known
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Very Accurate	Means by which data collected	PPS numbers verified to ensure eligibility to CCS
Regularity of updating of data	Annually	Staff who can access and provide the data	Childcare Directorate - DCYA
Any issues with/ additionally information about this data set?	Kerry CCC have to wait until DCYA have distilled the national data down to county level and therefore have no control in relation to when the data are received		

5.2.3.3 SUB-DOMAIN: MATERIAL WELL-BEING

INDICATOR: FAMILIES IN RECEIPT OF RENT ALLOWANCE

Description: The number of families in receipt of rent allowance on December 31st 2011

These data are not currently available as the number of families on rent allowance is a figure that is not currently gathered. **1,149** individuals were in receipt of rent allowance in Kerry on December 31st 2011 but there is no data available to indicate how many of these individuals have families without accessing each individual record.

This information was provided by Kerry County Council.

INDICATOR: PRESENTATIONS OF FAMILIES TO HOMELESSNESS AGENCIES

Description: The number of presentations of families to Homelessness agencies in Kerry in 2011

These data were requested by Kerry County Council from the Homeless Information Centre and Adapt Kerry Ltd. Data were provided well after the closing date giving no time for the researcher to request clarification on figures. Thus data are presented but will have to be clarified before being added to the indicator set on an annualised basis e.g. it is not known whether some of these families could have presented to both agencies and could be double counted.

Thirty six homeless families were accommodated by the Homeless Information Centres in Tralee, Listowel and Killarney in 2010 . Five of these families were repeat cases. **Seven** families were accommodated by the Homeless Information Centres in 2011. Metadata are provided in Table 38.

In 2010 **44** families presented to Adapt Kerry as homeless due to domestic violence. **10** of these families were repeat presentations. In 2011, the number of families presenting to Adapt as homeless due to domestic violence was **53** with **23** being repeat presentations. The number of these families presenting in each CSC region is shown in Table 37. Metadata are provided in Table 39.

Table 37: Number of Families presenting to Adapt by CSC region in 2011

Town	Number of Families (Percent of Kerry total)
Tralee	28 (53%)
Killarney	8 (15%)
Castleisland	7 (13%)
Listowel	9 (17%)
Kenmare	<6
Caherciveen	<6
Killorglin	<6
Dingle	<6
Total	53

Table 38: Metadata - Homeless Information Centre

Indicator Name		Homelessness	
Agency:	Homeless Information Centre		
Contact Person:	Michael Dowling		
Description of Indicator:	Family homelessness (people with children)		
Geographic Area:	Kerry		
Units of data represent:	Families (people with children)		
Timespan data represents:	1/1/2010 – 31/12/2010		
Confidentiality of data:	Low		
Approximate year data began to be collected	2004	Data can be readily accessed from:	Homeless Information Centre
Available on computer?	Yes	Software system used to store data	Excel
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Accurate	Means by which data collected	From our in-house records
Regularity of updating of data	Quarterly	Staff who can access and provide the data	Michael Dowling Clare Crowley
Any issues with/ additionally information about this data set?	Relates only to families accommodated.		

Table 39: Homelessness - Adapt Kerry

Indicator Name		Homelessness	
Agency:	Adapt Kerry Limited		
Contact Person:	Annamarie Foley		
Description of Indicator:	Homelessness due to domestic violence		
Geographic Area:	County Kerry		
Units of data represent:	Families		
Timespan data represents:	1/1/2011 – 31/12/2011		
Confidentiality of data	Low		
Approximate year data began to be collected	2004	Data can be readily accessed from:	Adapt Kerry Ltd.
Available on computer?	Yes	Software system used to store data	Excel
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	Can be altered as advised
Accuracy of data	Accurate	Means by which data collected	Review of current records
Regularity of updating of data	Quarterly	Staff who can access and provide the data	Ann Marie Foley
Any issues with/ additionally information about this data set?	Information can be readily provided based on the current breakdown of eight towns. A national comparison is not available as Safe Ireland (National) records women & children and not family units.		

INDICATOR: FAMILIES IN RECEIPT OF THE BACK TO SCHOOL CLOTHING AND FOOTWEAR ALLOWANCE (BTSCFA)

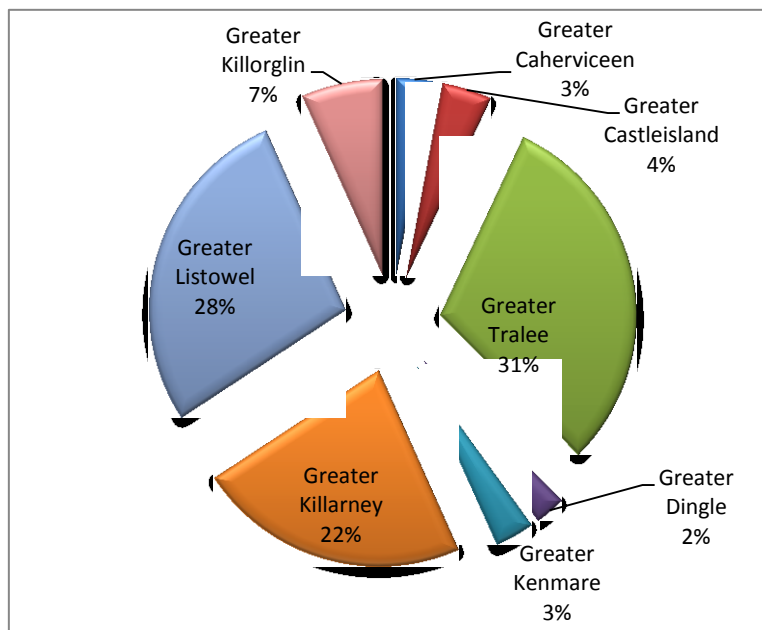
Description: The number of families in receipt of the back to school clothing and footwear allowance

The back to school clothing and footwear allowance (BTSCFA) is an allowance which helps low income families meet the cost of uniforms and footwear for children going back to school. Families can qualify for this payment if the total weekly household income is €563.60 for couples with one child and €410.10 for lone parents with one child (the income limit is increased by €29.80 for each additional child). Working group members concluded that this social transfer payment would be a useful measure of the economic well-being of families with children in Kerry.

There were payments made to **6005** families in Kerry in 2011. This figure is presented by CSC region in Table 40.

Table 40: Number of Families in Receipt of BSCFA by CSC region

Area	Number of Families (Percent of all Kerry Families on BSCFA)
Greater Caherciveen	175 (3%)
Greater Castleisland	242 (4%)
Greater Tralee	1841 (31%)
Greater Dingle	151 (2%)
Greater Kenmare	193
Greater Killarney	1347
Greater Listowel	1657
Greater Killorglin	399
Total	6005



Metadata are provided in Table 41.

Table 41: Metadata - Families in receipt of back to school clothing and footwear allowance

Indicator Name	Number of Families in receipt of Back to School Clothing and Footwear Allowance (BTSCFA)		
Agency:	Department of Social Protection		
Contact Person:	Michael Joyce		
Description of Indicator:	The BTSCFA is an allowance which helps low income families meet the cost of uniforms and footwear for children going back to school.		
Geographic Area:	Kerry and CSC regions		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Number of families		
Timespan data represents:	Jan 1 st – Dec 31 st 2011		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	Low		
Approximate year data began to be collected	Dept. of social protection took over administration of this scheme in 2011	Data can be readily accessed from:	One year previous
Available on computer?	Yes	Software system used to store data	Proprietary database system
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	Data collection and collation continually under review
Accuracy of data	Relatively accurate	Means by which data collected	Application forms
Regularity of updating of data	Data set updated as application forms received	Staff who can access and provide the data	Staff in the supplementary welfare allowance section
Any issues with/ additionally information about this data set?	A request for data must be made to the computer services division of the Department of Social Protection. It could take several months before the requested data to be extricated from the database system by computer services staff. Additionally, the data for CSC regions is assigned to each region according to the addresses on the application forms and in some cases, postal regions may not align with CSC region boundaries.		

5.2.3.4 SUB-DOMAIN: EXPERIENCES IN SCHOOL

INDICATOR: SCHOOL ATTENDANCE RATES

The National Educational Welfare Board has requested data on school non-attendance, expulsions and suspensions from the Department of Education and Skills. At the time of writing, data had not yet been provided.

INDICATOR: SCHOOL COMPLETION RATES

Description The percentage of pupils who entered the first year of the junior cycle in 2004 and who have completed second level schooling no later than 2010

The Department of Education and Skills provides data regarding retention rates on their website www.education.ie (Tickner, 2011). The leaving certificate retention rates for the 2004 cohort in Kerry are **85.3%**. This compares with a national retention rate for the 2004 cohort of 87.7%. This national figure has steadily increased since analysis began in 1991 and the 2004 cohort showed the largest national increase since 1991, probably as a result of poor labour market conditions.

These data relate to pupils who entered the first year of the junior cycle in 2004 and completed second level schooling no later than 2010. The analysis is related to students who are in state-aided post primary schooling only and does not take account of individuals in initiatives such as Youthreach or apprenticeship training. Metadata are provided in Table 42.

Showing a similar trend, information from the CSOs *Measuring Irelands Progress 2010* report shows the percentage of early school leavers in 2010 as 10.5% which has decreased from 13% in 2004. Early school leavers are defined by the CSO as individuals aged 18 to 24 whose highest level of education or training is Junior Certificate or equivalent.

Table 42: Metadata - School Retention Rates

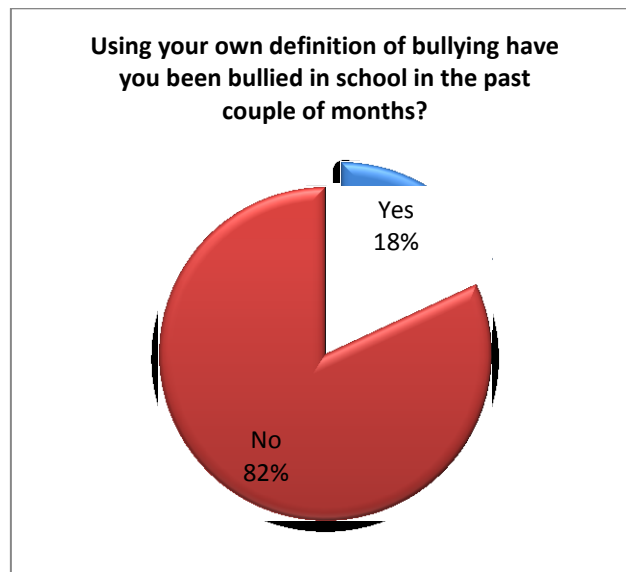
Indicator Name		Retention Rates	
Agency:		Department of Education	
Contact Person:		Available on website	
Description of Indicator:		The percentage of pupils who entered the first year of the junior cycle in 2004 and who have completed second level schooling no later than 2010	
Geographic Area:		Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Individual Children	
Timespan data represents:		2010/2010 school year	
Confidentiality of data:		Low Sensitivity	
Approximate year data began to be collected		Data can be readily accessed from:	
Available on computer?	Yes	Software system used to store data	Proprietary database system
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	
Accuracy of data	Relatively accurate.	Means by which data collected	Data are provided to the Dept. of Education by Schools
Regularity of updating of data	Every school year	Staff who can access and provide the data	Freely available on website
Any issues with/ additionally information about this data set?	Children and young people must first be identified as having special needs before they can be included in the data provided to the department of education. Accordingly, only some of the children with special needs are counted.		

INDICATOR: BULLYING IN SCHOOL

Description: Responses to the question 'Using your own definition of bullying, have you been bullied in school in the past couple of months' from a 2010 survey of young people in Kerry

These data were extracted from the Jigsaw 'My World' Survey undertaken in 2010. Metadata are provided in Table 19. As indicated in Table 43, **18%** of respondents reported that they had been recently bullied in school while **82%** had not.

Table 43: Bullying in School



INDICATOR: VACANT HOUSING

Description: The number of vacant permanent housing units in Kerry in April 2011

According to census 2011 data released by the Central Statistics Office (2012), there were **19,719** of a total of 74,747 housing units in Kerry vacant on census night. This represents a vacancy rate of **26.4%**. This figure compares with a 14.5% vacancy rate at national level and a 16.5% vacancy rate in Munster.

Although the vacancy rate for Kerry is high, 41% (8,202) of the vacant units were in fact holiday homes.

Metadata on census data are provided in Table 1.

Data on vacant housing units per DED will not be available from the CSO until September 2012. Consequently, Kerry County Council was queried to establish whether they could provide data on vacant housing per CSC region. Although some data are recorded by KCC on vacant houses, and work is on-going in this area, it is not possible to access the number of vacant housing units by CSC region. (The main purpose of data collection is compliance with planning conditions and investigating housing developments where bonds are about to expire.)

5.2.3.6 SUB-DOMAIN: COMMUNITY OPPORTUNITIES

INDICATOR: COMMUNITY OPPORTUNITIES FOR CHILDREN AND YOUNG PEOPLE

The Community and Volunteer Initiatives Working Group of the Kerry CSC undertook a mapping project to map the community opportunities for children and young people in Kerry. The process was not complete at the time of writing.

INDICATOR: LIBRARY USE

Description: Number of children and young people aged 18 and under in Kerry in 2011 registered to use the library service

These data were provided by Kerry County Council. In 2011 there were a total of 11,504 library users aged 18 and under in Kerry. This figure represented 49% of all library users. (As with other data, this figure cannot be expressed as ‘the percentage of children in Kerry who are using the library’ as 2011 census data are not currently available. This will be possible when census data for DEDs becomes available in September 2012).

Of the 11,504 users aged 18 and under, 9,812 (85%) of them were juvenile users aged 12 and under while the remaining 15% (1692) were student users aged from 13 to 18 years old.

Library users by CSC region are provided in Table 44 and metadata are provided in Table 45

Table 44: Number of Children and Young People Registered with the Library in each CSC region

CSC Region	Number of Juvenile Users (% of Kerry total)	Number of Student Users (% of Kerry total)	Total Number of Users Aged 18 and Under per CSC region (% of Kerry total)
Greater Caherciveen	444	47	491 (4%)
Greater Castleisland	754	182	936 (8%)
Greater Dingle	493	113	606 (5%)
Greater Kenmare	505	79	584 (5%)
Greater Killarney	1207	136	1343 (12%)
Greater Listowel	1149	206	1355 (12%)
Greater Killorglin	792	149	941 (8%)
Greater Tralee	2141	712	2853 (25%)
Mobile Libraries	2327	68	2395 (21%)
All Kerry	9812	1692	11504

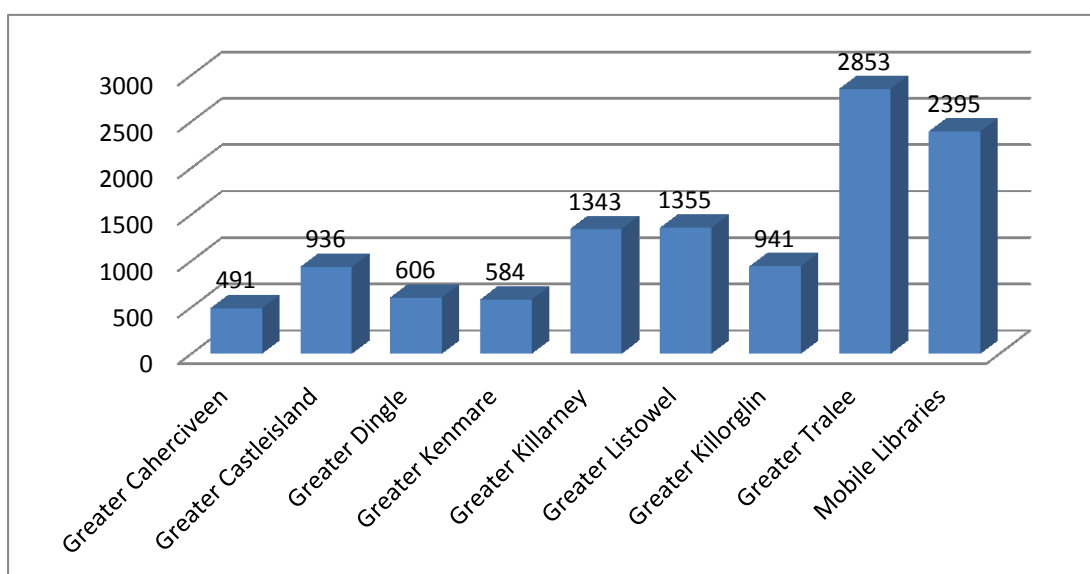


Table 45: Metadata - Library Users

Indicator Name	Number of children and young people registered to use the library service		
Agency:	Kerry Library		
Contact Person:	Seamus Dowling		
Description of Indicator:	Library User (Borrower Type)		
Geographic Area:	Kerry		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individuals		
Timespan data represents:	2011		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	Low		
Approximate year data began to be collected	January 2010	Data can be readily accessed from:	Kerry County Council Intranet Site
Available on computer?	Yes	Software system used to store data	
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	No
Accuracy of data	100%	Means by which data collected	Input by Library Section Managers
Regularity of updating of data	Monthly	Staff who can access and provide the data	All Staff
Any issues with/ additionally information about this data set?	No		

5.2.3.7 SUB-DOMAIN: ABUSE AND NEGLECT

INDICATOR: CONCERNS ABOUT CHILDREN

Description: The number of children and young people in Kerry referred to the HSE social work department in 2011

Children and young people may be referred to the HSE social work department for a variety of reasons, for example if there are concerns raised about child protection or if families request support. As shown in Table 46, the number of referrals in Kerry in 2011 was **626**. 64% (n = **403**) of these were in North Kerry and 36% (n = **223**) were in South Kerry. There was no waiting list in 2011.

Metadata are provided in Table 47.

Table 46: Number of Referrals of children and young people to the HSE Social Work Department in 2011

Total number of referrals in Kerry	Number of referrals in North Kerry	Number of Referrals in South Kerry
626	403	223

Table 47: Metadata - Referrals to HSE social work dept.

Indicator Name		Number of children referred to the HSE Social Work Department	
Agency:	HSE		
Contact Person:	Catherine Moriarty, Principal Social Worker		
Description of Indicator:	Referrals to HSE Social Work Dept Kerry		
Geographic Area:	County Kerry (North Kerry & South Kerry available but not as per CSC/PCT boundary map)		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individuals (per child even if there more than one child in the family)		
Timespan data represents:	January 1 st 2011 to December 31 st 2011		
Confidentiality of data	Low sensitivity		
Approximate year data began to be collected	Years ago (although systems have changed)	Data can be readily accessed from:	HSE Social Work Dept Kerry
Available on computer?	Yes	Software system used to store data	Unknown
Likely that data collection will continue?	Definitely	Changes proposed in relation to the data	None
Accuracy of data	Very accurate	Means by which data collected	Collected locally by Social workers – inputted locally by Anne Moore
Regularity of updating of data	As required	Staff who can access and provide the data	All social workers; easiest access via C Moriarty or O Mawe
Any issues with/ additionally information about this data set?	When census data on the number of children and young people in Kerry is made available, the number of referrals can be expressed as a percentage of all children and young people in Kerry.		

INDICATOR: CHILDREN IN CARE

Description: The number of children and young people in care in Kerry in 2011

Children may be placed into care if they are not receiving adequate care and protection from their family. They can be placed into residential care units, foster care or placed with relatives. The HSE social workers may apply to the courts to request that a child be placed in care or parents who are unable to cope due to illness or other problems may agree to voluntary care provision for their children.

As indicated in Table 48 there were **151** children in care in Kerry in 2011. **78%** (n= 118) were in North Kerry and **22%** (n = 33) in South Kerry.

Table 48: Number of children and young people in care in Kerry in 2011

Total number of Children in Care in Kerry	Number of Children in Care in North Kerry	Number of Children in Care in South Kerry
151	118	33

Table 49: Metadata - Children in care

Indicator Name	Number of children in care		
Agency:	HSE		
Contact Person:	Catherine Moriarty, Principal Social Worker		
Description of Indicator:	Number of Children in Care of the HSE in Kerry		
Geographic Area:	Kerry County		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individuals - (individual children)		
Timespan data represents:	January 1 st 2011 to December 31 st 2011		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	Low Sensitivity		
Approximate year data began to be collected	Since Health Board Began	Data can be readily accessed from:	HSE Social Work Dept Kerry
Available on computer?	yes	Software system used to store data	Unknown
Likely that data collection will continue?	Definitely	Changes proposed in relation to the data	None
Accuracy of data	Very Accurate	Means by which data collected	Social Workers give data to Anne in admin; she forwards on to P Dineen, Cork monthly. Patricia forwards to National data base.
Regularity of updating of data	Monthly to Nat Database (locally - as children are admitted into care)	Staff who can access and provide the data	All social workers; easiest access locally through C Moriarty or O Mawe.
Any issues with/ additionally information about this data set?	When census data on the number of children and young people in Kerry is made available, the number of children in care can be expressed as a percentage of all children and young people in Kerry.		

5.2.4 DOMAIN: YOUTH EMOTIONAL AND MENTAL WELL-BEING

The working groups identified a number of outcome and process indicators relating to youth emotional and mental well-being:

- **Use of counselling and psychological services**
- **Self-reported well-being**
- **Promotion of well-being**
- **Self-harm**

5.2.4.1 SUB-DOMAIN: USE OF COUNSELLING AND PSYCHOLOGICAL SERVICES

Process indicator data were requested of the child and adolescent counselling services in Kerry to provide an overview of the number of children and young people availing of services as well as the service provided. Care providers were asked for data on the number of referrals to their services, waiting lists, waiting time, number of active cases and presenting issues. Data are presented first followed by metadata on each of the services. Data from all services are not combined as the total would not be an accurate figure due to the fact that there are some children and young people who may be referred between the services and accordingly, could be counted twice.

INDICATOR: CHILDREN AND YOUNG PEOPLE REFERRED TO COUNSELING AND PSYCHOLOGICAL SERVICES

Description: The number of children and young people referred to counselling and psychological services in Kerry in 2011

The number of children and young people referred to their services were provided by Southwest Counselling, Kerry Adolescent Counselling Service, HSE Child, Adolescent and Family Psychology Service and Child and Adolescent Mental Health Service and are shown in Table 50. Data were requested but at the time of writing had not yet been provided by Kerry Mental Health Service, Kerry Branch of Guidance Counsellors and Jigsaw.

Table 50: Referrals to counselling services

Indicator	South West Counselling Centre	Kerry Adolescent Counselling Service	HSE Child, Adolescent and Family Psychology Service	CAHMS (Brothers of Charity Child and Adolescent Mental Health Service)
Total Referrals (of young people and children aged under 18)	149 (143 in 2010). 28 of these referrals were from the HSE child protection services.	310 made up of 147 (47%) males and 163 (53%) females	115 (103 in 2010) made up of 65 (57%) males and 50 (43%) females	306 ¹
Referrals – ages under 12	50	n/a	80 (79 in 2010)	
Referrals –ages 12-18	99	310	24 (23 in 2010)	
Active cases	18 (on December 31 st 2011)	135 (average over the year)		417 (on December 31 st 2011)

¹ This figure of 306 consists of referrals in the following proportions from the CSC regions:

Referrals to CAHMS by CSC Region	
Greater Tralee	39%
Greater Listowel	35%
Greater Killarney	13%
Greater Killorglin	4%
Greater Dingle, Caherciveen and Castleisland (combined to preserve anonymity)	7%

REASONS FOR REFERRAL TO COUNSELLING AND PSYCHOLOGICAL SERVICES

Children and young people are referred to counselling services for a number of reasons including emotional and behavioural difficulties, child welfare issues and for psychological assessment of need. A number of the services provided the most common reasons for referral to their services:

South West Counselling Centre. The most common reasons for referral were:

- Loss/Separation Bereavement
- Anger Management
- Bullying
- Exam anxiety
- Stress in Family Home
- Self-harm/suicidal ideation
- Feeling disconnected/alone/ depression

CAHMS (Brothers of Charity Child and Adolescent Mental Health Service). The top three reasons for referral to CAHMS were:

1. Attention Deficit Hyperactivity Disorder
2. Anxiety
3. Self-Harm

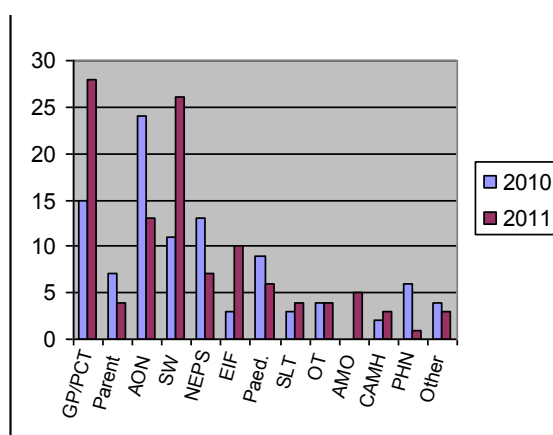
KACS (Kerry Adolescent Counselling Service). The top three reasons for referral to KACS were:

1. Family issues
2. Emotional issues
3. Anger

Child, Adolescent and Family Psychology Service. The following data analysis was provided by Dr. Anne Hill.

Referrals to the Child, Adolescent and Family Psychology Service (CAFPS) are received from a variety of referral sources as shown in Table 51. Referrals from GP's, Social Work, the Early Intervention Forum and Community Health Doctors notably increased in 2011. Assessment of Need and Public Health Nursing Referrals displayed notable reductions between 2010 and 2011 as can be seen in Table 51.

Table 51: Referral Agencies for CAFPS



Cases are prioritized based on the presence of child welfare concerns; child in care of the HSE; risk to child or others; severity of potential impact of presenting difficulty on the child and family e.g. life-limiting illness, severe emotional/behavioural problems; re-referrals of child to service and age.

Table 52 and 53 provide an overview of Reasons for Referral to the Service displayed under four categories as outlined below:

- Emotional and Behavioural Difficulties including issues below
 - Parental Separation
 - Anxiety/Fears and Phobias
 - Feeding, Sleeping and Toileting Difficulties
 - Bereavement and Loss
- Psychological Assessment (e.g. Assessment of Need, Intellectual Assessment, Emotional/Behavioural Assessment)
- Child Welfare Issues (including emotional, physical, sexual abuse & neglect)
 - Child in Care Issues
 - Parental Health/Mental Health Issues
 - Coping With Family Conflict
 - Assessment of Parenting Ability
- Adjustment to and Coping with Serious Physical Illness

Table 52: Reason for Referral 2010

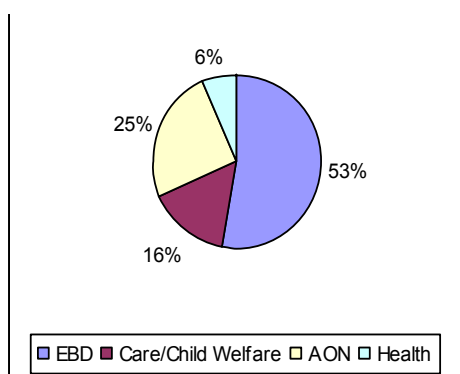


Table 53: Reason for Referral 2011

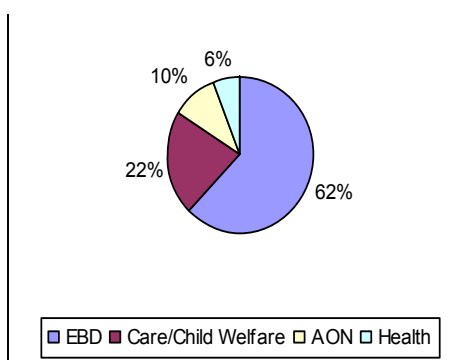


Table 54: Metadata - Referrals to South West Counselling Centre

Indicator Name	Referrals to the service		
Agency:	Southwest Counselling		
Contact Person:	Geraldine Sheedy		
Description of Indicator:	Number of referrals of children and young people to Southwest Counselling.		
Geographic Area:	County Kerry		
Units of data represent:	Individuals		
Timespan data represents:	2011		
Confidentiality of data:	High sensitivity		
Approximate year data began to be collected	2005	Data can be readily accessed from:	From 2005
Available on computer?	Yes	Software system used to store data	System developed by SWCC
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	Continuously under development
Accuracy of data	Very accurate	Means by which data collected	Information is entered into database by each staff member
Regularity of updating of data	Daily	Staff who can access and provide the data	Administrator/ Director
Any issues with/ additionally information about this data set?	These data are divided into referrals of children aged under 12 and young people aged 12-18. The number of children referred from HSE child protection services is also part of the data set.		

Table 55: Metadata - Referrals to Kerry Adolescent Counselling Service

Indicator Name		KASC Referrals	
Agency:	Kerry Adolescent Counselling Service		
Contact Person:	Caroline Flahive		
Description of Indicator:	Number of Referrals		
Geographic Area:	Co Kerry		
Units of data represent:	Individuals		
Timespan data represents:	2011		
Confidentiality of data:	Medium sensitivity		
Approximate year data began to be collected	1998	Data can be readily accessed from:	KACS
Available on computer?	In Annual Report	Software system used to store data	n/a
Likely that data collection will continue?	yes	Changes proposed in relation to the data	n/a
Accuracy of data	high	Means by which data collected	By phone
Regularity of updating of data	As referred	Staff who can access and provide the data	KACS employees
Any issues with/ additionally information about this data set?	n/a		

Table 56: Metadata - Referrals to CAFPS

Indicator Name		Number of Referrals to Service	
Agency:	Child, Adolescent and Family Psychology Service		
Contact Person:	Anne Hill		
Description of Indicator:			
Geographic Area:	Co. Kerry		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Children and Families referred to the service		
Timespan data represents:	Year from Jan 1 to Dec 31 - annually		
Confidentiality of data:	If no confidential data included - Low Sensitivity.		

Table 2: Administrative details regarding data

Indicator Name			
Approximate year data began to be collected	2002	Data can be readily accessed from:	Anne Hill in consultation with IT
Available on computer?	Yes	Software system used to store data	Microsoft Access
Likely that data collection will continue?	System may alter and additional data may be included but will continue	Changes proposed in relation to the data	Would like to redefine certain data sets, get admin support for data entry, add data re extent of input, e.g. appts, clinical time, DNAs, Cancs etc.
Accuracy of data	Medium Level – some data not entered in timely fashion	Means by which data collected	Data are available on referral and after allocation of case
Regularity of updating of data	Time dependent	Staff who can access and provide the data	Limited to Anne Hill, David Bradley
Any issues with/ additionally information about this data set?	Some glitches in the data held due to double entries, false entries etc.		

Table 57: Metadata - Severity of concern presenting to CAFPS

Indicator Name		Severity of Concern Presenting	
Agency:		Child, Adolescent and Family Psychology Service	
Contact Person:		Anne Hill	
Description of Indicator:			
Geographic Area:		Co. Kerry	
Units of data represent: (Individuals, families, households, estates, schools etc.)		Children and Families referred to the service	
Timespan data represents:		Year from Jan 1 to Dec 31 - annually	
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)		If no confidential data included - Low Sensitivity.	
Approximate year data began to be collected	Partial Data – e.g. CBCL at initial & post?	Data can be readily accessed from:	Files -
Available on computer?	No	Software system used to store data	Some tests have computer scoring
Likely that data collection will continue?	Specific Measures are used for proportion of clients. This will continue. Need to look at whether measures should be collected as a norm on referral.	Changes proposed in relation to the data	As across it may be useful to introduce a measure as a pre and post measure to get a clearer picture than given by number of referrals.
Accuracy of data	If available it is quite accurate reflection of perceptions in time	Means by which data collected	Rating Scale completed by individuals
Regularity of updating of data	Depends on case currently	Staff who can access and provide the data	Limited to Anne Hill, David Bradley
Any issues with/ additionally information about this data set?			

INDICATOR: WAITING LISTS FOR COUNSELLING AND PSYCHOLOGY SERVICES

Description: The waiting time for counselling and psychology services

To give an indication of met-need for counselling and psychology services, data were requested on waiting lists and waiting times. Data provided by a number of agencies are listed in Table 58. At the time of writing, these data had not been provided by Jigsaw, Kerry Mental Health Service and Kerry Branch of Guidance Counsellors.

Table 58: Waiting Times for Counselling Services

Indicator	South West Counselling Centre	Kerry Adolescent Counselling Service	HSE Child, Adolescent and Family Psychology Service	CAHMS (Brothers of Charity Child and Adolescent Mental Health Service)
Average Number on waiting list	10	25	2011 data not yet available. In 2010 34 (66%) were seen within 6 months (of those, 58% were seen within 3 months), 10 (20%) were seen within a year and 7 (14%) were on the waiting list after a year ¹⁴ . A similar trend is emerging for Priority cases in 2011 with 27 cases thus far having been taken up within 3 months. 10 referrals remained on the waitlist for between 6 and 8 months thus far.	31 (61%<6months, 26% 6-12 months, 13%>a year)
Average Number on waiting list – children under 12	10	n/a		Not provided
Average Number on waiting list - young people aged 12-18	9	25		Not provided
Average waiting time	6 weeks	6 weeks		Not provided
Average waiting time – children under 12	2 months	n/a		Not provided
Average waiting time – young people aged 12-18	4 weeks	6 weeks (varies depending on time of year). In a crisis situation, young people seen within 24/48 hours		Not provided

¹⁴ In some cases, delays in uptake of a priority referral resulted from on-going consultation with the referring agent (e.g. Social Work). Other factors which influence time on waiting list include; impact of very high priority cases referred; awareness of needs of re-referrals; current caseloads of psychologists; annual leave etc.

The majority of non-prioritised referrals to the service are also commenced well within one year, although a small proportion may remain on the waiting list for longer periods. Initiatives have been put in place to minimize this – such as Opt-In Letters to ensure the accuracy of the waiting list and current needs of clients referred for those who have been on the waiting list in excess of a year.

Initial assessments are completed with all clients attending. Further specific assessments and/or interventions are generally provided following initial assessment unless initial findings indicate a need for delay.

The time required for intervention is dependent on the following - among other things

- case presentation and complexity of needs;
- clinical formulation devised and intervention type planned (e.g. direct intervention with a child; parenting support & consultation with school/professionals may all be identified as needs and require clinical time, planning and co-ordination);

- client engagement with the intervention;
- availability of other professional/social supports to family
- access to specific interventions in the community (e.g. parenting programme)

Table 59: Metadata - Waiting List Data Southwest Counselling

Indicator Name		Average number and average time on waiting list	
Agency:	Southwest Counselling		
Contact Person:	Geraldine Sheedy		
Description of Indicator:	The average time children and young people spent on the waiting list in 2011 and the average number of children and young people on the waiting list in 2011		
Geographic Area:	County Kerry		
Units of data represent:	Individuals		
Timespan data represents:	2011		
Confidentiality of data:	High sensitivity		
Approximate year data began to be collected	2005	Data can be readily accessed from:	From 2005
Available on computer?	Yes	Software system used to store data	SWCC's own system
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	Currently being modified
Accuracy of data	Accurate	Means by which data collected	Information is entered into database by relevant staff member
Regularity of updating of data	Daily	Staff who can access and provide the data	Administrator/Director
Any issues with/ additionally information about this data set?	The average time on waiting list does not include children or young people in crisis. People in crisis are offered an appointment immediately.		

Table 60: Metadata - KACS waiting list data

Indicator Name		Waiting list, KACS	
Agency:	Kerry Adolescent Counselling Service		
Contact Person:	Caroline Flahive		
Description of Indicator:	Average Waiting list time		
Geographic Area:	Co Kerry		
	Individuals		
Timespan data represents:	2011		
Confidentiality of data	Medium sensitivity		
Approximate year data began to be collected	1998	Data can be readily accessed from:	KACS
Available on computer?	In Annual Report	Software system used to store data	n/a
Likely that data collection will continue?	yes	Changes proposed in relation to the data	n/a
Accuracy of data	high	Means by which data collected	By phone
Regularity of updating of data	As referred	Staff who can access and provide the data	KACS employees
Any issues with/ additionally information about this data set?	n/a		

Table 61: Metadata - Waiting List CAFPS

Indicator Name		Waiting List Times (Priority / General)	
Agency:	Child, Adolescent and Family Psychology Service		
Contact Person:	Anne Hill		
Description of Indicator:			
Geographic Area:	Co. Kerry		
Units of data represent:	Children and Families referred to the service		
Timespan data represents:	Year from Jan 1 to Dec 31 - annually		
Confidentiality of data	If no confidential data included - Low Sensitivity.		
Approximate year data began to be collected	2002	Data can be readily accessed from:	Anne Hill in consultation with IT
Available on computer?	Yes	Software system used to store data	Microsoft Access
Likely that data collection will continue?	Yes – even if data collection system may change	Changes proposed in relation to the data	Admin support in regard to entering allocation dates and 1st appt offered date
Accuracy of data	Medium Accuracy as data re Allocation and 1 st Appt has not been entered for all cases	Means by which data collected	Entered by AH currently for own cases and some others when info available
Regularity of updating of data	AH when accessing system and updating information on own cases.	Staff who can access and provide the data	Limited to Anne Hill, David Bradley
Any issues with/ additionally information about this data set?	Some glitches in the data held due to double entries, false entries and incomplete data etc.		

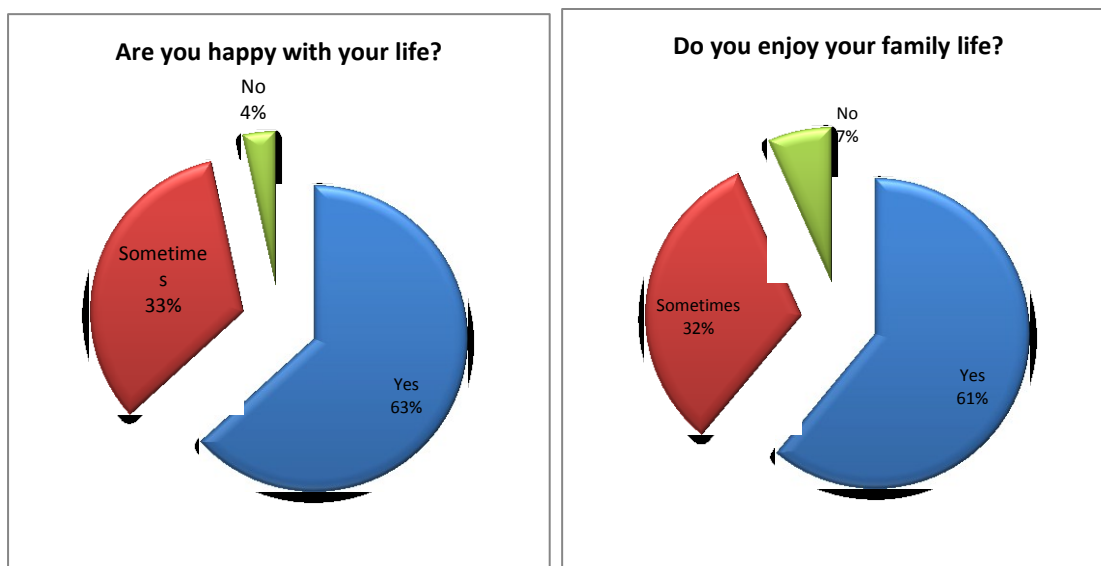
INDICATOR: SELF-REPORTED HAPPINESS

Description: The responses to the question 'Are you happy with your life' from a 2010 survey of young people in Kerry

These data were extracted from the Jigsaw 'My World' Survey undertaken in 2010. Metadata are provided in Table 62.

As illustrated in Table 62, of the 1149 young people that responded to the question 'Are you happy with your life', **63%** (n = 727) stated that they were happy, **33%** (383) stated that they were happy sometimes and **4%** (n = 39) stated that they were not happy. Respondents were also asked if they enjoyed family life. Of the 1147 young people that answered the question, 700 (61%) said yes, 371 (32%) said sometimes and 76 (7%) stated that they did not enjoy their family life.

Table 62: Self-reported happiness

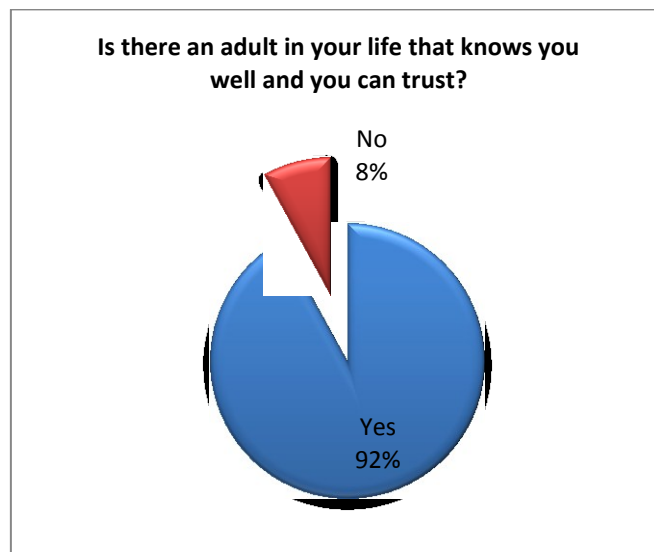


Description: The responses to the question 'Is there an adult in your life that knows you well and you can trust' from a 2010 survey of young people in Kerry

These data were extracted from the Jigsaw 'My World' Survey undertaken in 2010. Metadata are provided in Table 19.

Young people were asked if there was an adult in their life that they could trust. As illustrated in Table 63, a large majority (**92%**, n = 1054) stated that there was while only **8%** (n = 92) said no.

Table 63: Relationships with adults



INDICATOR: SELF HARM

Description: The number of incidents of deliberate self-harm in Kerry in 2010 among those aged under 18.

There were **38** deliberate self-harm incidents among young people aged under 18 in Kerry in 2010. These incidents included intentional drug overdose, self-poisoning, self-cutting, attempted hanging and attempted drowning. These data were provided by the National Suicide Research Foundation. At the time of writing, 2011 data were not yet available.

Data were provided by CSC region. Only some data can be shared, as in five regions (Caherciveen, Dingle, Killorglin, Listowel and Kenmare) the number of incidents was less than 6. Table 64 presents data from the three regions where the number of incidents exceeded 6. Metadata are provided in Table 65.

Table 64: Number of Deliberate Self-Harm Incidents by CSC region

CSC Region	Number of deliberate self-harm incidents
Greater Tralee	11
Greater Castlesland	9
Greater Killarney	6
Other CSC regions	12
All Kerry	38

Table 65: Metadata - Deliberate Self-Harm

Indicator Name	Deliberate Self-Harm		
Agency:	National Suicide Research Foundation		
Contact Person:	Paul Corcoran Deputy Director/Senior Statistician NSRF		
Description of Indicator:	Number of deliberate self-harm incidents that present to a hospital emergency department among those aged under 18.		
Geographic Area:	Kerry & CSC regions		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Individuals		
Timespan data represents:	January 1 st 2010 – December 31 st 2010		
Confidentiality of data:	High Sensitivity for individual records but low sensitivity when aggregated.		
Approximate year data began to be collected	2002	Data can be readily accessed from:	2002
Available on computer?	Yes	Software system used to store data	National Registry of Deliberate Self-Harm Database
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None
Accuracy of data	Accurate	Means by which data collected	NSRF staff record the data on self-harm from hospital records
Regularity of updating of data	As data received	Staff who can access and provide the data	NSRF staff
Any issues with/ additionally information about this data set?	Some CSC region data cannot be shared as the number of deliberate self-harm incidents among young people is less than 6.		

Description: The number of schools in Kerry in 2011 in the HSE Health Promoting Schools Programme

The Health Service Executive Health Promotion Unit manages the Health Promoting School initiative which is a framework used to co-ordinate the existing health related projects and initiatives within a school. It encourages teachers, pupils and parents to look at how healthy lifestyles and environments can be encouraged within the school.

In 2011 there were **65** primary schools and **11** post primary schools in Kerry taking part in the Health Promoting Schools Programme. Additionally, twenty two participants took part in resilience training.

A Health Promoting School supports a whole school approach to promoting health and well-being. It is a broader concept than health education and it includes provision and activities relating to: healthy school policies, the school's physical and social environment, the curriculum, community links and health services.

Mental health support for schools includes the following:

- Support for primary schools to develop and review anti-bullying policies; promoting friendship and positive relationships.
- Provision of in-service training for primary school teachers in the area of mental health (summer school)
- Mental Health information and support for HPS coordinators mainly through regular HPS Coordinators workshops
- Provision of mental health information to schools through the HPS newsletters: Ar Slainte (primary) and Beatha agus Slainte (post primary)
- Support and guidance is currently being developed for post-primary schools that wish to focus on mental health promotion through the health promoting school process.
- Resilience training for those working with young people in Cork and Kerry can be organised by the HSE's Health Promotion Department (limited availability).
- Proposal to introduce the Zippy's Friends programme to primary schools in Kerry during 2012. (Programme for 5-7 year olds aimed at helping them develop coping and social skills)

Metadata for this programme are provided in Appendix A.

INDICATOR: SPHE TRAINING

Description: The number of attendances by secondary school teachers in Kerry at training in the Delivery of SPHE Programmes in the 2011/2012 school year

There were **107** attendances by secondary school teachers in Kerry on the delivery of SPHE programmes in the 2011/2012 school year. These data were provided by the SPHE support services.

Workshop attendees suggested that the indicator: ‘the percentage of trained SPHE teachers’ would be the most useful means of expressing SPHE data for CSC purposes. Expressing the data this way was not possible for two reasons: 1. The SPHE support services do not have access to the total number of teachers in Kerry teaching SPHE. 2. There is no current definition of a ‘trained’ SPHE teacher.

Nevertheless, as data were also provided by the SPHE support services for the 2009/2010 and the 2010/2011 school years as illustrated in Tables 66 and 67, comparisons across the three years can be made. The data indicates ever-increasing engagement with SPHE training as the numbers attending training have increased each year with 48 attendances at SPHE Cluster Inservice and School Based Support training in 2009/2010, 90 attendances in 2010/2011 and 107 attendances in 2011/2012.

Table 66: Attendance at SPHE Cluster Inservice training

CLUSTER INSERVICE COURSE	2009-10	2010-11	2011-12
Positive Strategies for Managing Bullying Issues		6	3
Relational Bullying			
Resolving Bullying – Strategies for Tutors & Year Heads			4
Teaching Bullying Awareness and Prevention			4
Introduction to SPHE - 2 Day Course		3	15
Junior Cycle RSE - 2 Day Course	2	8	6
Senior Cycle RSE - 2 Day Course	5	7	5
Sexual Orientation and Homophobia		1	
Promoting Mental and Emotional Health		3	
Mental Health– Day 1			15
Mental Health– Day 2			11
Towards a Healthier Teenage Lifestyle - Physical Health		4	
Alcohol and Drugs - Exploring the Issues for Young People	1	6	2
Planning a Senior Cycle Programme (half day)			
Role of the SPHE Co-ordinator	1	1	1
Total attendance	9	39	66

Table 67: Attendance at SPHE School Based Support training

SCHOOL BASED SUPPORT	2009 -2010		2010 - 2011		2011 - 2012	
	Hours	Number attendees	Hours	Number attendees	Hours	Number attendees
WS Promoting Student Welfare					2.5	18
Team Intro to SPHE	2	3				
Team Intro to SPHE			6	20		
Team Policy Development	2	14	2	4	2	3
Team Policy Development			3	4		
Team Policy Development			4	8		
Team SPHE Dept review & action planning	6	13				
Team Programme Planning – Junior Cycle					5	16
Team Programme Planning – Junior Cycle			4	6		
Team Programme Planning – Junior Cycle					2	2
Meeting SPHE Co-ordinator	2	2				
Meeting Senior Management			1	2		
Meeting Policy groups	2	7	2	7		
Total Attendance		39		51		41

Table 68: Metadata - SPHE training

Indicator Name			
Agency:	SPHE Support Service (Department of Education and Skills)		
Contact Person:	Anne Jones (Regional Manager)		
Description of Indicator:	Teachers who have attended SPHE training		
Geographic Area:	Kerry		
Units of data represent: (Individuals, families, households, estates, schools etc.)	Number of teachers who have attended SPHE teacher training and schools who have engaged in whole staff SPHE workshops		
Timespan data represents:	2010-2012		
Confidentiality of data: (Level of Sensitivity of Data = High, Medium or Low)	Low sensitivity		
Approximate year data began to be collected	2003/04	Data can be readily accessed from:	2009
Available on computer?	Yes	Software system used to store data	Department of Education and Skills
Likely that data collection will continue?	Yes	Changes proposed in relation to the data	None at the moment
Accuracy of data	Very accurate	Means by which data collected	Date is inputted on SPHE website by the regional manager
Regularity of updating of data	After each in service event	Staff who can access and provide the data	Members of the SPHE Support Service
Any issues with/ additionally information about this data set?	These data represent the number of teachers from Kerry schools who have attended cluster in service training since 2010 and whole staff/ in school engagement.		

5.2.5 DOMAIN: INTERAGENCY PROCESSES

THE COLLABORATIVE WORKING INDEX

As discussed in the previous chapter, a reflective tool was developed to facilitate working group members in examining their collaborative practices. This collaborative working index reflective tool consists of a survey that was distributed to working group and CSC members along with the information provided in this section which consists of:

1. An explanation of the collaborative working index reflective tool;
2. Guidance on how to interpret the data generated;
3. An exposition of the data generated;
4. Guidance on how to reflect on the results and initiate changes in collaborative working.

AN EXPLANATION OF THE COLLABORATIVE WORKING INDEX REFLECTIVE TOOL

The collaborative working index is an instrument which aims to provide a quantitative indication of the levels of collaborative working and collaborative processes reported by members of the various working groups and the overall CSC. The index was compiled from the data generated by an online questionnaire that consisted of 61 statement type questions divided into 6 domains (A to G, see following section for explanation). The selection of these areas (and individual questions) was informed both by the literature review and reflection informed by the working group consultation processes.

Employing a Likert scale, each question allowed the participant to categorise their response to a statement in terms of: strongly disagree, disagree, neutral, agree and strongly agree. Each response attracted a numerical value ranging from 5 to 1 depending upon the response. The mean (or average) score for each domain and for each working group was then calculated in order to provide a collaborative working index for each working group.

It was therefore possible to generate numerical data that allowed for a sense of order to be conveyed. However, it is important to note that while ordinal measurements can indicate a ranking or degree of preference, they cannot be used to indicate the relative size or degree of difference between the items measured. It is also important to note that calculating the mean or average of ordinal data has a number of limitations and needs to be treated with caution. Nonetheless, in the context of this study the index provides a useful reflective tool that can be used to provide the CSC and its various working groups with an indicator of the factors and processes that impact on and encourage the creation of an environment that fosters collaborative working within and between groups and agencies. Figure 15 provides a means of mapping an index score to an indication of collaborative working:

Figure 15: Mapping index scores to strength of collaboration

Index Score	Strength of Collaborative Working
1.00 – 1.74	Very Weak
1.75 – 2.74	Weak
2.75 – 3.74	Medium
3.75 – 4.24	Strong
4.25 – 5.00	Very Strong

Clearly, the index scores and concomitant indicated levels of collaborative working need to be treated with some degree of caution; they should be taken as a proxy indicator and not an absolute objective measure – their real strength is as a tool to aid group reflection. Through the utilisation of the indices, the aim is to provide each working group and the CSC with a useful way to help inform their current work and help guide and inform future strategies. The purpose of action research is “to work towards change, not merely to describe a current situation as it is” (Winter & Munn-Giddings 2001, p. 18). In this sense the use of the collaborative index should not be viewed as simply the generation of a static number; it is part of an on-going dynamic reflective process.

GUIDANCE ON HOW TO INTERPRET THE DATA GENERATED - DOMAIN EXPLANATIONS

This section provides an explanation and theoretical justification of each of the six domains of the questionnaire.

Domain A (5 Questions) – The tension between organisational interests and collaborative interests

This Domain Indicates: The score for this domain is a reflection of whether your own organisational culture and working practices make it relatively easy or relatively difficult to work within the collaborative partnership of the Kerry Children’s Services Committee. The score will give your group an indication of how well the collaborative interests and working practices of the group align with organisational interests and working practices.

Notes from the Research Literature: Organisational procedures, language, power structures and communication can all differ between organisations and these differences can impact on collaborative efforts. Additionally, collaboration is easier if the goals of the collaborative group are aligned with the goals of the organisations of the group. Acknowledging differences in organisational goals, culture and norms and finding commonalities between the different traditions can be a means of nurturing collaborative efforts. Members of collaborative groups must acknowledge that other agencies may be involved for different reasons to their own and be prepared to make allowances for this.

Domain B (10 Questions): Are the right people involved and supported?

This Domain Indicates: The score for this domain is a reflection of whether the right people are members of your working group and if you all have the skills, competencies and support from higher level management for your role on the working group. If you score low in this domain, you may need to reflect on finding ways to increase your skills or decision making power. You may need to figure out who, from your organisation, you need in your corner to fight for the CSC and this working group and how you are going to get their support.

Notes from the Research Literature: Strong support from the top within each organisation is important in initiating and maintaining collaborative ventures. Sometimes the benefits of collaboration need to be sold to management and across organisations. At an individual level, having the skill to collaborate is essential in effective interagency working. Members of interagency teams engaged in change efforts operate within a complex and dynamic environment which can be difficult to negotiate without these skills. Additionally, group members having decision-making power can aid collaboration as decisions can be made in real time.

DOMAIN C (9 Questions): Working group administrative processes and goals

This Domain Indicates: The score for this domain indicates how you feel about the administration within the working group and whether you have commonly agreed, achievable goals.

Notes from the Research Literature: Goals and objectives should be clarified and articulated in order to provide direction in interorganisational collaborative efforts. Goals should be agreed jointly as this will allow partners to discuss their commonalities and differences and take joint ownership and responsibility for achieving desired outcomes. Members of collaborative groups should be familiar with and continually reminded of group goals and objectives as all working group activities should focus on these goals. This is not to say that goals and objectives are static. They should be regarded as dynamic and as a result, regularly revisited.

DOMAIN D (9 Questions): Are there advantages to collaboration and are they being recognised?

This Domain Indicates: The score for this domain indicates whether you feel there are advantages to collaborating with other agencies. When the scores from working group members are combined, this will give you an indication of how you feel as a group about this.

Notes from the Research Literature: Interorganisational collaboration is difficult and is only appropriate in certain circumstances. It should only be used as an approach if it is likely to provide a better outcome than individual organisational efforts. Sometimes, the benefits of collaboration have to be sold to other partners in the collaborative effort or others in the organisations involved. This can be achieved more easily if there is monitoring and evaluation of group efforts.

DOMAIN E (13 Questions): Trust, Appreciation and Respect

This Domain Indicates: The score for this domain gives an idea of the level of trust and respect that exists within the collaboration.

Notes from the Research Literature: An atmosphere of trust and mutual respect within a group are important in the success of collaborative efforts. Higher levels of trust and respect within teams have been associated with better communication, greater cohesiveness, greater team effort, greater satisfaction and commitment, greater co-operation and higher creativity. Also important in successful collaboration is open and honest communication and an effective means to deal with conflict (rather than avoiding it completely). These group characteristics do not necessarily occur spontaneously and must be nurtured. An interorganisational group undergoes a development process where group members learn to share decision-making, take shared responsibility for goals and develop trust.

The group leader has an important part to play in creating a group atmosphere where this can occur. They can do this by encouraging input from all group members, by creating opportunities for group members to provide expertise, by establishing ground rules that encourage respect within group meetings, by being accessible themselves, by acknowledging their own failures, by downplaying power differences, by using positive language, encouraging active listening and providing constructive feedback. Group members also have a part to play by using positive language, recognising and celebrating progress, listening actively to others, taking part in decision-making, encouraging others to do the same and trying to establish stability in group membership.

DOMAIN F (6 questions): Roles and Responsibilities

This Domain Indicates: The score for this domain indicates how well you as group members understand your role and others and will give you an indication of whether roles should be more clearly defined, whether work is evenly distributed between group members.

Notes from the Research Literature: A lack of clarity on roles can result in confusion and individuals working at cross-purposes. Clarity and agreement on roles and responsibilities has been associated with more success in collaborative efforts. Group leaders should be aware of their own role within the group. There is no one model

of leadership that works across all collaborative ventures but facilitation of joint decision making is often an appropriate approach.

Often individuals in collaborative efforts have an expectation that work will be distributed evenly and if this does not happen, it can have a negative impact on relationships within the group. Group leaders have an important role to play in monitoring this.

DOMAIN G (9 Questions): Communication

This Domain Indicates: The score for this domain indicates the effectiveness of communication both within and outside working group meetings. You are encouraged to reflect on how being in a collaboration has impacted on your communication with others, if at all and whether this can be improved.

Notes from the Research Literature: Communication between partners should be regular and consistent. Clarity and accuracy in communication have been associated with success in collaboration. Overuse of organisation and professional jargon on the other hand can impact negatively on collaborative efforts. Participants should be aware of the language they are using as well as seeking clarification from others if they need it.

DATA GENERATED

ADMINISTRATION OF SURVEY

In terms of ease of construction, administration and distribution the online questionnaire design survey tool SurveyMonkey was employed. Eight separate questionnaires (same questions) were constructed for each of the seven working groups and one for the overall CSC thus allowing for individual group data collection. Each group's questionnaire had its own web link (see Appendix) which was distributed to the relevant group and committee members by the CSC co-ordinator via an email contact list on March 22nd requesting completion by 5pm on March 28th. The initial response was quite low, therefore the submission time was extended a further 48 hours. Finally on Monday the 2nd of April, the decision was taken to grant one final 24 hour extension in order to try and improve the rather low response rates. Despite these endeavours, as can be seen from the table below, the response rates for a number of groups still remained relatively low. Overall, there were 37 completed questionnaires across all the groups. However, as a number of respondents were members of more than one group we cannot ascertain how many of these respondents represented 37 discrete participants.

INDEX SCORES

As stated previously, the index scores aim to provide each of the working groups and the CSC with an indicator of collaborative working. As such, each group will have an overall index score; however, in order to provide a more detailed analysis and hence aid reflection the domain scores are also provided. Thus, while the overall index score for a group may indicate that there are quite strong levels of reported collaboration, the scores from the individual domains provide a useful way of 'unpacking' the overall collaborative processes.

Table 69: Domain scores of individual working groups

Working Group Title	Domain Scores							Overall Index Score
	A	B	C	D	E	F	G	
Children with Disabilities (n=7)	3.63	3.72	3.41	3.70	3.65	3.78	3.57	3.63
Young People at Risk (5)	3.68	3.74	3.56	3.97	3.96	3.63	3.86	3.79
Parent & Family Learning (7)	3.56	3.84	3.08	3.53	3.41	3.44	3.40	3.44
Drugs & Alcohol (4)	3.10	3.70	3.08	3.44	3.40	3.70	3.28	3.39
Youth Mental Health (7)	3.63	3.83	3.69	3.66	3.80	3.60	3.57	3.72
CSC (4)	3.75	3.55	3.61	3.50	3.55	3.58	3.61	3.59
Domain Indices	3.56	3.73	3.41	3.63	3.63	3.62	3.55	3.59

DOMAIN COMMENTARY & DISCUSSION

With an overall index score of 3.59 the reported level of collaboration appears to be veering towards the high end of a medium strength collaborative working. Using these indices as indicators of collaborative working, the scores would suggest that the *Young People at Risk* working group has strong levels of collaboration. This is borne out by the high scores with regard to domains D (recognition of advantages of collaborative working) and E (levels of trust and mutual appreciation). The *Youth Mental Health* working group score also indicates a good level of collaboration particularly in domains E and B (the right people selected and supported).

With index scores of 3.39 and 3.44 respectively, the *Drugs & Alcohol* and the *Parenting & Family Learning* working groups had weaker levels of reported collaboration. Interestingly enough, for both of these groups domain C (working group administration and goals) was, with a score of 3.08 their lowest domain total. In fact with a score of 3.41, domain C was clearly indicated as having the lowest domain score in comparison to all the other domains. Given that this domain is concerned with issues that examine how agreements are formulated, members' knowledge of the agreements, formulation and evaluation of goals it would appear that this relatively modest score will give some pause for careful consideration. For the *Drugs & Alcohol* working group another domain that provides a discussion point is its score of 3.10 for domain A which offers an indication of levels of potential tension between organisational interests and collaborative interests.

Conversely, in examining domain B across all the groups; with a highest score of 3.73, it would appear that many of the respondents feel that the correct people and organisations are represented and that there is strong support from senior management in their respective organisations. However, as is subsequently highlighted, when one drills down into the different domain scores and examines the responses to individual questions some interesting issues are highlighted.

As can be seen from table 62, Domain C had the lowest score. This is certainly a noteworthy finding, given that this domain focuses on working group administrative processes and goals and thus one could argue it is one of the most important domains that contribute to effective collaborative working.

QUESTION COMMENTARY & DISCUSSION

This section begins by highlighting a number of issues in response to the seven lowest question scores and the seven highest scores in order to tease out and explore some of the issues raised by domain score in greater depth.

Table 70: Scores on individual questions

Q No. & Domain	Question	Score across all groups	Comment
5 - A	<i>We have discussed similarities and differences in organisational cultures and philosophies and have found a way to work together effectively</i>	2.96	Across all the groups this average score would seem to indicate the differences in organisational culture and their impact on the groups' work practices have yet to be fully resolved.
13 - B	<i>I have received training in collaborative working</i>	3.04	This is an interesting finding as the domain score of 3.73 would seem to indicate quite good levels of collaboration, yet it would appear that more training would be appropriate if the domain score is to be raised. This issue was of significance to three particular groups: the Children with Disabilities (CWD) and Young People at Risk (YPR) working groups and the CSC if judged by their scores which ranged from 2.50 to 2.60.
16 - C	<i>We have a formal agreement that spells out how we should work together within the working group.</i>	3.11	It would appear that there is some degree of uncertainty with regard to both the formulation and the knowledge of working agreements.
17 - C	<i>I know the details of our formal agreement</i>	3.09	This issue was particularly evident in the low scores in response to questions 16 and 17 respectively reported by the Drugs & Alcohol (2.75 & 2.75) and the Parenting & Family Learning (2.71 & 2.86) working groups.
34 - E	<i>We avoid conflict and issues that might be contentious during working group meetings</i>	2.88	Aside from the CWD group (3.83) this would appear to be an important issue and one that gives some cause for concern if genuine collaborative working is to be achieved.
50 - F	<i>I do more than my fair share of the work related to the working group</i>	3.03	Taking these two questions together it certainly appears that some members of the various working groups do not feel that the work is being shared fairly, which of course has huge implications for the continued effective operation of groups. This was an issue that appeared to be relevant to all the working groups and the CSC.
51 - F	<i>One or two group members do most of the work related to the working group</i>	2.97	

While the table above highlights some possible areas that need to be reflected upon in terms of the improvement of conditions which help foster a collaborative and effective environment, the seven questions in the next table highlight positive areas. The subsequent section explores some areas of interest thrown up when these two sets of responses are taken together as there appears to be some anomalies.

Table 71: Score across questions of particular interest

Q No. & Domain	Question	Score across all groups	Comment
4 - A	<i>The organisational culture and norms within my own organisation do not support collaborative working with other organisations</i>	4.11	This score indicates that there is an organisational culture from the group member's respective organisations that does indeed support participation in the CSC activities.
11 - B	<i>There is strong support from the highest levels of management in my organisation for my activities on this working group</i>	4.12	The point about organisational cultures and commitment would appear to be translated into tangible managerial support.
12 - B	<i>I feel I have the necessary skills to engage in interorganisational collaboration</i>	4.09	This response is interesting when taken in conjunction with the response to question 13. While it would appear that respondents do not feel that they have the necessary training, they do feel that they have the necessary skills.
26 - D	<i>I feel it is worthwhile for my organisation to stay in the collaboration</i>	4.18	It is clear that there are strong levels of personal commitment which is matched with a high value being placed by the respondent's organisation on their continued participation in the collaborative process. Of particular note are the CWD working group's responses which at 4.86 and 4.71 respectively indicate very high levels of commitment. In fact, across these seven questions the responses from the CWD working group were consistently among the highest scores.
27 - D	<i>Others in my organisation feel it is worthwhile for my organisation to stay in the collaboration.</i>	4.12	
45 - E	<i>I appreciate the value of the resources (money, time, expertise) others bring to the collaboration</i>	4.16	The commitment to participation and collaboration certainly appears to be matched by high levels of respect and value for the contribution that other organisations bring to the collaborative process.
48 - F	<i>I understand the roles and responsibilities of my organisation within the CSC</i>	4.07	It would appear that there is a good level of clarity about roles and obligations of the respondent's own organisation although as discussed below this response raises an interesting issues when taken into consideration along with the responses from questions 16 and 17.

Arguably, one of the most important questions in the survey was Q25 which asked respondents to rate the degree to which they felt that their working group was having a positive effect on child well-being in Kerry. While the score of 3.33 did not feature in the seven lowest scores; neither did it feature in the seven highest scores, which certainly provides some food for thought. Examining the individual group scores also highlights some interesting points indicating quite a wide variation between group scores. For example, the DA group's score was only 2.75 while the CWD group's score was a strong 3.86. The scores for the other groups were: YPR (3.75); PFL (3.14); YMH (3.33) and the CSC (3.50). Closely associated with the issues raised in Q25 is that of goal achievement as set out in Q23 (*we have achieved one or more of our working group goals or objectives*). Groups need to have a clearly articulated (and realistic) set of goals if they are to be effective. With a score of

3.32 it would appear that there is only a medium strength of feeling that goals or objectives have as yet been achieved. Once again a closer examination of individual group's scores highlights a number of apparent anomalies. Of particular note is the fact that while the CWD group had the highest score in terms of felt impact on child wellbeing (Q25), it had the second lowest score in response to Q23 with a score of 2.86, with the PFL group having the lowest score at 2.71. The scores for the other groups were: YPR (3.5); YMH (3.86) and the CSC (3.50).

Although briefly touched upon in table 70, the results of Q34 (*We avoid conflict and issues that might be contentious during working group meetings*) certainly merits further discussion. Effective collaborative and interprofessional working is not necessarily about avoiding conflict and differences in opinion; conflict within a group is not necessarily a bad thing (Robinson 1972). In fact, if managed appropriately conflict can be good for a group. Jerry Robinson (1972 p. 100) remarked: "Not all conflict is bad and not all cooperation is good". As part of a robust decision making process group members need to feel that they can voice their differences in an open and supportive environment. One of the important characteristics of an effective group is its ability to develop strategies that manage conflict and differences of opinion. When this result is taken in conjunction with the low score from Q13 (*I have received training in collaborative working*) Q16/17 (the implementation and knowledge of formal working agreements) it would appear that the working groups would benefit from the provision of training and a greater emphasis on the collaborative processes and agreements that encourage the management and resolution of conflict. This issue of training and formal agreements (including workload) also impacts on the manner in which people feel that they are doing more than their fair share of task in the working group. The work of CSCs and their constituent groups is by and large done on a volunteer basis; if people are to remain committed to the CSC project there needs to be careful allocation of workload on the part of the working group chairs. However, the chairing of committees is undertaken on a voluntary basis; chairs need to be aided and supported by having formal working group agreements that everyone has contributed to, and working group members possessing the necessary skills and training that can help them to work effectively and assertively.

Overall, there does appear to be a good sense of individual and organisational commitment to the 'idea' of collaborative working and a strong recognition of the actual and potential benefits for the role that CSCs can play. However, this commitment to the idea does not always appear to be matched in terms of concrete operational outcomes, most notably in terms of goal setting; formal agreements; training and the allocation of tasks. Nonetheless, these results need to be viewed in the context of being reflective tools not an absolute objective measure. The results are intended to provide the overall CSC and each of the working groups with an index that can help provide a guide to acknowledging existing good practices and to highlight areas that might require further work.

GUIDANCE ON ADDRESSING DOMAIN ISSUES

This section provides some guidance and suggestions in regard to addressing low scores in each of the domains.

Domain A – The tension between organisational interests and collaborative interests

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss, as a group, the tensions between organisational interests and collaborative interests.
2. Discuss what you want to change, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: outcomes could focus on changing your practices within working group meetings to take account of differences and commonalities in organisational cultures and working practices, aligning working group goals with organisational

goals or on gaining more support from top management in different organisations for CSC activities.

- b. Agree on practical steps to achieve the outcomes.
3. Carry out the practical steps and re-evaluate progress regularly

Domain B - Are the right people involved and supported?

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss what you want to change as a group, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: outcomes could focus on ensuring that everyone on the working group has the required support from their direct managers and top management, or that the right agencies are on the working group, or that everyone has the skills they need to engage in collaboration.
 - b. Agree on practical steps to achieve the outcomes e.g. training, a plan to gain management support or inviting new members.
2. Carry out the practical steps and re-evaluate progress regularly.

DOMAIN C - Working group administrative processes and goals

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss what you want to change as a group, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: outcomes could focus on the creation of achievable, mutually agreed goals.
 - b. Agree on practical steps to achieve the outcomes e.g. engaging in a strategic planning session to develop/revisit goals and objectives, developing a plan to evaluate goals and objectives regularly or develop a plan to create/revisit formal agreements
2. Carry out the practical steps and re-evaluate progress regularly.

DOMAIN D - Are there advantages to collaboration and are they being recognised?

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss what you want to change as a group, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: outcomes could be based on measuring working group outcomes or on optimising particular advantages of collaboration for working group members and their organisations.
 - b. Agree on practical steps to achieve the outcomes e.g. finding ways to optimise collaborative advantage such as gaining familiarity with the programmes and operations of other organisations or finding ways to 'sell' the advantages of collaborative working by demonstrating and measuring outcomes and outputs of programmes developed by the working group.
2. Carry out the practical steps and re-evaluate progress regularly.

DOMAIN E - Trust, Appreciation and Respect

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss what you want to change as a group, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: outcomes could be based developing an atmosphere of trust within group meetings
 - b. Agree on practical steps to achieve the outcomes e.g. finding ways to showcase the efforts of all members of the collaboration, to establish ground rules to govern interactions and deal with conflict within group meetings, to stabilise membership etc.
2. Carry out the practical steps and re-evaluate progress regularly.

DOMAIN F - Roles and Responsibilities

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss what you want to change as a group, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: outcomes could focus on all group members being comfortable and confident in their roles.
 - b. Agree on practical steps to achieve the outcomes e.g. finding ways to ensure that work is distributed evenly or that all group members understand their roles and those of others.
2. Carry out the practical steps and re-evaluate progress regularly.

DOMAIN G – Communication

Addressing Issues: If this is an area that your working group needs to address, steps you could take are as follows:

1. Discuss what you want to change as a group, i.e. where you want to be and how you are going to get there:
 - a. Agree one or more desired outcomes. Examples: the working group could focus on an outcome of improved communication within the group or that group activities be highlighted to organisations involved in the collaboration
 - b. Agree on practical steps to achieve the outcomes e.g. finding ways to ensure that jargon is explained or eliminated, communication within the group improves
2. Carry out the practical steps and re-evaluate progress regularly.

6. DISCUSSION AND CONCLUSION

6.1 INTRODUCTION

In keeping with the theory and practice of action research this report is itself part of the gathered data – it is not simply a defined framework intended to contain the process but a basis for collaborative reflection. Throughout this action research inquiry the research team actively encouraged all participants to present details of their experience and their conceptions of how progressive outcomes for children can be developed, described and realised through collaborative processes. Hence all participants have been encouraged to interpret and present data gathered by or available to their agencies and assemble pertinent indicators relevant to different well-being domains. While there has been considerable emphasis and focus on data-gathering from practice sources; theory understood as a diverse collection of possible general explanations or implications, has also been brought into play as the inquiry has progressed. As such this study has synthesised theory and practitioner knowledge within an action research paradigm. As Greenwood and Levin (1998) state; *Action research aims to increase the ability of the involved community or organisation members to control their own destinies more effectively and to keep improving their capacity to do so.*

The original research objectives were to:

- A. Engage with working groups to establish appropriate indicators and to establish the baseline data which supports the indicators.
- B. Profile services as identified by Kerry CSC Priority Action Areas.
- C. Establish a framework for collection and storage of indicator data

Objective A was addressed through the collaborative development of the Kerry CSC Child

Well-Being Indicator set presented in Chapter 5 of this report. Objective B was addressed through the presentation of agency programme provision in Appendix A of this report which can be examined in conjunction with priority action area profiles developed by the CSC co-ordinator and the Directory of Services presented in Appendix B. The framework for collection of indicator data as outlined in Objective C was established throughout the course of the project. Individuals agreeing to supply data to support the indicators were informed that this process would be repeated on an annual basis. This allowed them to establish data gathering processes within their agencies which take account of the need to provide indicator data annually.

6.2 THE KERRY CSC CHILD WELL-BEING INDICATOR SET

The development of the child well-being indicator set presented in this report was informed by best evidence in the field as outlined in Figures 5 and 6 in Chapter 3 of this report. Accordingly there are a number of features of the indicator set that should be highlighted.

Firstly, by including indicators that take account of children's families, schools, and the wider environment in which they live, we have taken an 'whole child' perspective within an ecological approach which recognises the complexity, multidimensionality and interlinkedness of the various aspects of the lives of children and young people. This is in keeping with Irish government policy on child well-being.

Secondly, we have included both negative and positive indicators, taking account of a range of risk and protective factors. Children's exposure to risk factors makes them more or less susceptible to experiencing low levels of well-being. Risk factors can be at an individual level such as having

a disability, at family level such as single parenthood or environmental level such as minimal community facilities in an area. Exposure to single risk factor does not generally have a sizable negative effect but the cumulative effect of a number of risk factors can impact strongly on the well-being of a child. Unfortunately, risk factors are often clustered. For example, a child living in a family where the parents are unemployed are often exposed to other risk factors such as poor housing, family disruption and community crime (Morrison-Gutman et al 2010). Protective factors on the other hand serve to buffer children against threats to their well-being. A good relationship with parents for example is a protective factor of prime importance.

Thirdly, Rees et al (2010) advance three reasons for taking account of the concept of subjective well-being:

1. There is a great deal of evidence of a limited link between economic prosperity and well-being. Certainly, average well-being tends to be lower in very poor countries. However, above a certain level of national prosperity, increases in wealth do not appear to be matched by increasing subjective well-being. Yet there are substantial variations in average subjective well-being between nations. There is a need to understand why this is.
2. The study of subjective well-being can be useful in illuminating the aspects and factors that are most important in people's lives.
3. There is evidence that low subjective well-being can be a precursor to other issues and problems in people's lives such as poor mental health.

Although best evidence suggests that child well-being indexes should include subjective measures, many do not. However, in the development of the Kerry CSC Child Well-Being Indicator Set, the results of the survey on child well-being undertaken in 2010 by Jigsaw were drawn upon to include subjective measurements of well-being. Jigsaw plan to undertake this survey once every two years, which means that the Kerry CSC Child Well-Being Indicator Set can continue to include

these subjective measurements, albeit on a bi-annual rather than annual basis.

Fourthly, UNICEF has called for the inclusion of 'relationships' indicators in assessing children's well-being (Lippman 2009). It is suggested that these indicators should measure relationships between children and their parents/carers, peers and other significant adults. The Kerry CSC Child Well-Being Indicator Set includes one such indicator, where children self-report on their relationship with a significant adult.

Fifthly, there are differences in children's well-being across different age groups, especially in the transition from childhood to adolescence. These differences make it important to try to gather data across these differing age groups (Morrison-Gutman et al 2010). We have attempted to take account of all ages by including indicators on infancy, middle childhood and teenagehood. Nevertheless, the period of teenagehood is best represented in the Kerry CSC Child-Well-being Indicator Set due to more readily available data for this age group. The issue of finding appropriate indicators across all age groups has been previously highlighted in an Irish context (Hanafin and Brooks 2005).

Sixthly, it can be difficult to ensure that socially excluded children and young people are included in a child well-being index. Working group members were cognizant of the need for representation of such children and young people, thus indicators relating to children in care, children with disabilities, asylum seekers, Traveller children and children in the probation service are included in the Kerry CSC Child Well-Being Indicator Set.

Finally, implicit in action research is the acknowledgement that the data-gathering process is a "joint enterprise, undertaken by all participants" (Winter & Munn-Giddings 2001 p. 19). In this sense the design of the child well-being indicator set should be viewed as an integral part of the action research process whereby all members of the various working groups were invited to influence and contribute to the formulation of the indicator set. As such the collaborative process should also be considered to

be an outcome of the action research process. Additionally, the complexity of public sector interagency working can make it difficult to find appropriate process measures (Callender 2011, Stratham 2011). Working group members recognised this difficulty and requested a means of evaluating their collaborative efforts. The resulting collaborative working index reflective tool will allow them to measure and reflect on their collaborative working practices.

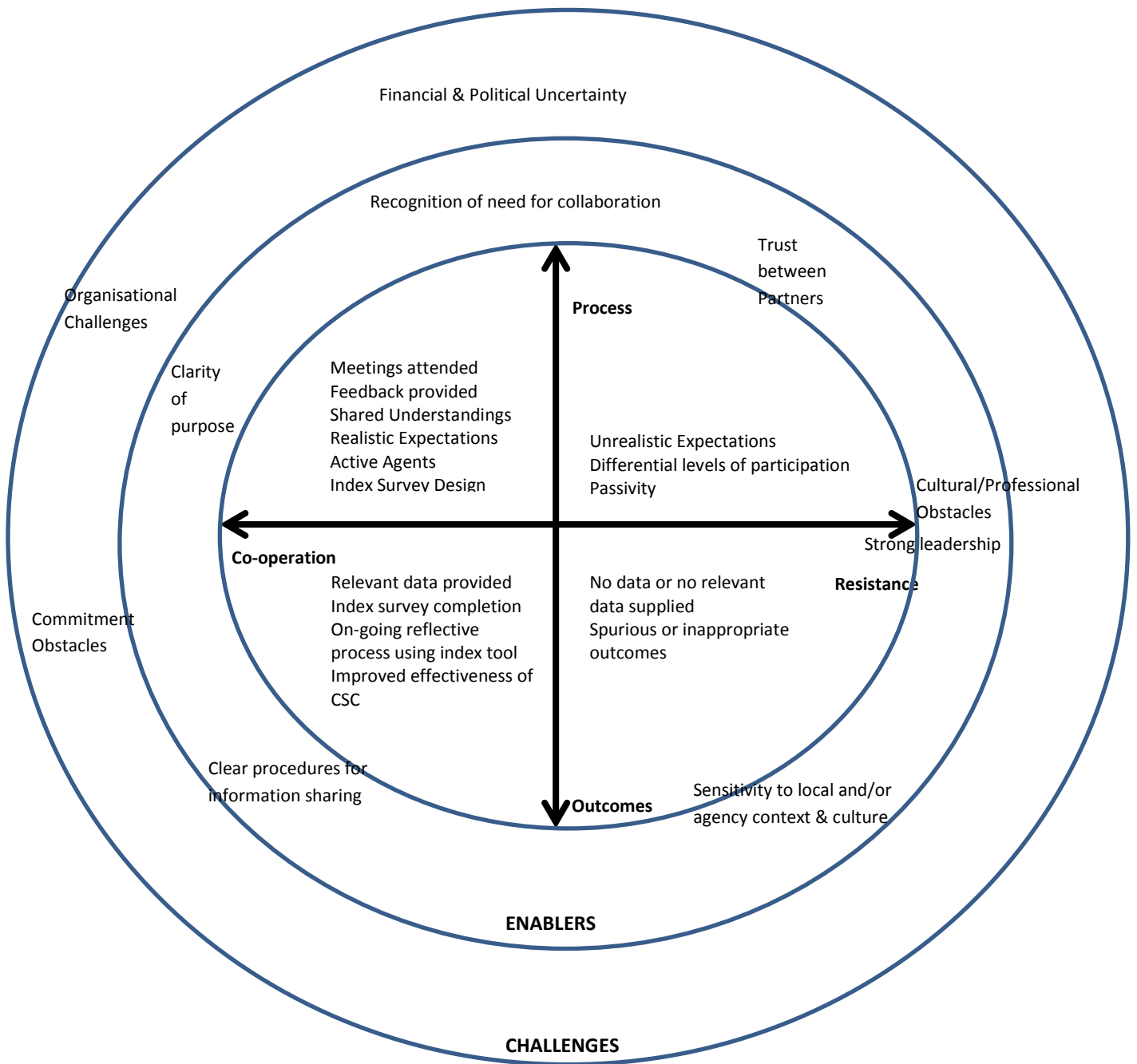
6.3 THE CHALLENGES

The project led to the development of a local Child Well-Being Indicator Set and this can be cautiously considered a successful beginning to evaluating child-well-being in Kerry. Nevertheless, there were many difficulties encountered during the process. Those relating to the data sets have already been articulated in Chapter 4 and include the potential for misinterpretation of indicator data, the difficulties posed by limiting shared data sets to those with more than 6 individuals, the difficulties

in undertaking cross-comparisons due to differences in geographic boundaries between agencies and differences in data collation methods, the unavailability of some data and the difficulty in resourcing data gathering exercises.

Other challenges also manifested themselves. Articulating a shared understanding of what action research is and its attendant role expectations proved to be more difficult than initially envisaged by the research team. Additionally, the timeframe of the project proved to be a challenge as several agencies did not have access to 2011 data and most census 2011 data were unavailable at that point in time. The process of gathering data from the various agencies involved also took many months with several deadline extensions required.

The figure overleaf shows the **collaborative axle model** which maps the key findings of this inquiry onto the key factors, identified in the literature, which enable and challenge interagency collaboration



6.4 RECOMMENDATIONS

The recommendations in this report acknowledge that there are different levels of context and power responsibility at play. Consequently the recommendations are presented in the following terms: National level, Kerry CSC level, county level, and individual agency/organisation level.

National level

There is a discernible gap between government policy statements on inter-agency working and an absence of policy instruments to implement them locally. The following recommendations are made with the intention of addressing this shortfall.

- That the relevant government department develops, in conjunction with existing CSCs, a set of national guidelines on mission, operation and procedures to support, enable and direct CSCs in carrying out their appointed tasks.
- That an appropriate national training programme on interagency collaboration be developed and operationalized for members of CSCs.
- That a national working group, with membership drawn from appropriate government departments including the CSO be established to ensure a more harmonised approach to advise CSCs in their development of indicators and the processes by which these can be measured. Its specific objectives will be to agree a set of core outcomes and indicators for use by all CSCs, to develop a protocol for gathering necessary data, to provide a backup and consultancy service for CSCs.
- That the CSO, as the central agency for data gathering in Ireland specifically include in its remit the provision of appropriately aggregated child-related data to CSCs nationwide.
- That CSCs be provided with a discrete funding stream to support activities.
- That agencies involved in children's service, supported by CSCs, involve children and young people in planning and evaluation activities.

Local/County Level:

- Further, fine grained, long-term research with children and young people in Kerry should be carried out in order to ascertain how services are impacting on their lives.
- That members of Kerry CSC and its working groups highlight the work of the CSC and disseminate and celebrate stories of successes resulting from interagency collaboration within their agencies and across the county.

Kerry CSC Level:

- That the indicator set presented in this report be revisited in September 2012 to add census and other currently missing data.
- That an annual update of indicators be undertaken. The annual update of the indicator set should occur in August/September every year to take account of data non-availability earlier in the year.
- That the CSC and working groups regularly evaluate the indicator set presented in this report and continue to add or remove indicators if necessary. Evaluations of programmes developed through CSC activities may provide additional indicator data. A programme evaluation strategy is outlined in Appendix C.
- That the desired outcomes articulated by each working group be the centre of working group practices. Desired outcomes should be continually revisited and re-evaluated.

- That members of new and existing CSCs be required as a condition of membership to pledge themselves to an agreed memorandum of participation which sets out agreed policies, protocols and procedures.

Individual Agency/Organisation Level

- That agencies adopt and embrace collaborative interagency work as an integral part of their strategy. This may require a realignment of internal agency structures and processes.
- That agencies evaluate and adjust the extent and the nature of their data collection processes in order to provide an effective and timely sharing of data. Agencies are now aware that they will receive a data request every year for updated data for the Kerry CSC Child Well-Being Indicator Set. They should plan to have these data ready so the information can be provided on request.
- That agencies examine information deficits highlighted in this report and ascertain ways of addressing these deficits.
- Given the importance of the Internet as a source of information and corporate image, agencies should ensure that they regularly update the information that they provide on their websites.
- Given the ubiquitous levels of social media usage by young people, agencies should consider whether having a social media presence should be incorporated into online their profile.

6.5 A CAVEAT

Studying interagency performance is difficult (Easton et al 2010). Within children's services this can be due to the fact that there are difficulties in assigning positive (or negative) outcomes relating to child well-being to interagency working due to the range of other factors at play. Accordingly, like any indicator set, the Kerry CSC Child Well-Being Indicator Set can only act as a crude measurement of child well-being and should not be used to assign cause and effect.

Changes in child well-being can take years to manifest themselves (Statham 2011). Thus, although the development of the Kerry CSC Child

Well-Being Indicator Set can be considered a success story, the value of the indicator set may not manifest itself immediately as comparisons between indicators on a yearly basis is not currently possible. Thus, the indicator set for 2011 must be viewed primarily as a means to establish baseline data. As year-to-year comparisons become possible over the next few years, tracking the progress of the Kerry CSC will be possible. The indicator set will need to be updated every year for at least three years before legitimate cross-year comparisons are possible.

REFERENCES

- Alcohol and Drug Research Unit (2009) *National Report to the European Monitoring Centre for Drugs and Drug Addiction by the Reitox National Focal Point*. Health Research Board, Dublin.
- Al-Rousi, S., (2011) *Interorganisational dynamics and trends: system-wide thinking* in *Interprofessional Working in Practice-learning and working together for children and families* edited by Trodd, L., and Chivers, L. Open University Press.
- Barczak, G., Lassk, F., and Mulk, I.J. (2010) Antecedents of team creativity: An examination of team emotional intelligence, team trust and collaborative culture. *Creativity and Innovation Management* 19(4), 332-345.
- Ben-Arieh, A., (2008) The Child Indicators Movement: Past, Present, and Future. *Child Indicators Research* , 1(1), 3-16.
- Bierly, P.E., Stark, E.M. and Kessler, E.H. (2009) The moderating effects of virtuality on the antecedents and outcome of NPD team trust. *Journal of Product Innovation Management* 26, 551-565.
- Bradshaw, J., Hoelscher, P., and Richardson, D. (2006) *Comparing Child Well-being in OECD Countries: Concepts and Methods*. UNICEF Innocenti Research Centre, Florence.
- Bradshaw, J., Bloor, K., Huby, M., Rhodes, D., Sinclair, I., Gibbs, I., Noble, M., McLennan, D., and Wilkinson, K. (2009) *Local Index of Child Well-Being Summary Report*. Communities and Local Government, London.
- Brooks, A.-M., and Hanafin S. (2005) *The Development of a National Set of Child Well-Being Indicators*. The National Children's Office, Dublin.
- Bunderson, J.S., and Bourngarden, P. (2010) Structure and learning in self-managed teams: Why "bureaucratic" teams can be better learners. *Organisation Science* 21(3), 609-624.
- Burke, K., Owens, S. and Ghate, D. (2010) *Learning from experience to inform the future – findings emerging from the initial phase of the Children's Services Committees in Ireland*, Centre for Effective Services .
- Callender, G. (2011) Alignment of inter-agency supply chains to enhance public sector performance management. *International Journal of Productivity and Performance Management* 60(1), 9-23.
- CAWT (2008) *Framework for Integrated Planning for Outcomes for Children and Families*. Co-operation for Working Together, Derry.
- Children Acts Advisory Board (2009) *Guidance to Support Effective Inter-agency Working across Irish Children's Services*. CAAB, Dublin.
- Costa, A.C., Roe, R.A., and Taillieu, T. (2001) Trust within teams: The relation with performance effectiveness. *European Journal of Work and Organisational Psychology* 10(3), 225-244.
- CSO (2010) *Vital Statistics, Fourth Quarter and Yearly Summary 2010*. The Stationery Office, Dublin
- CSO (2012) *This is Ireland: Highlights from Census 2011, Part 1*. The Stationery Office, Dublin
- DfES (2003) *Every Child Matters* London :HMSO
- Department of Health and Children (2000) *The National Children's Strategy*, Government Stationary Office Dublin

Department of an Taoiseach (2006) *Towards 2016*, Government Stationary Office Dublin

Department of Health and NUI Galway (2006) *Health Behaviour in School-Aged Children*, Government Stationery Office, Dublin.

Davidson, A. (2005) Using the Group Effectiveness Model in *The Skilled Facilitator* edited by Schwartz, R., Davidson, A., Carlson, P., and McKinney, S. (Editors). Josey-Bass, San Francisco, 135-144.

De Jong, B.A., and Elfring, T. (2010) How does trust affect the performance of ongoing teams? The mediating role of reflexivity, monitoring and effort. *Academy of Management Journal* 53(3), 535-549.

Department of Education and Skills UK (2003) *Every Child Matters*. The Stationery Office, London.

ESRI (2011) National Perinatal Statistics Report. ESRI, Dublin.

European Commission. (2006). *Portfolio of overarching indicators and streamlined social inclusion, pensions and health portfolios*. European Commission, Brussels.

Faraj, S., and Yan, A. (2009) Boundary work in knowledge teams. *Journal of Applied Psychology* 94(3), 604-617.

Garvey, D. (2004). *Statistical Indicators for Broad Policy Purposes in Ireland. Developing the consensus between statistics and politics. Presentation at the OECD World Forum on Key Indicators*. Palermo.

Genefke, J., and McDonald, F. (2001) *Effective Collaboration*. Palgrave, Hampshire.

Gray B. (2008) Intervening to Improve Inter-Organisational Partnerships. In *The Oxford Handbook of Inter-Organisational Relations* edited by Cropper, C., Ebers, M., Huxham, C., and Ring, P.S. Oxford University Press, New York, 664-690.

Hanafin, S. and Brooks, A-M. (2005) *The Delphi Technique: A Methodology to Support the Development of a National Set of Child Well-Being Indicators*. National Children's Office, Dublin.

Hawkins, D., and Little, B. (2011) Embedding collaboration through standards – part 2: the key aspects of BS 11000. *Industrial and Commercial Training* 43(4), 239-246.

Hogan, C., and Murphy, D. (2002) *Reframing Responsibility for Well-Being Indicators*. The Anney E. Casey Foundation, Baltimore.

Hibbert, P., Huxham, C. and Smith Ring, P. (2008) Managing Collaborative Inter-organizational Relations In *The Oxford Handbook of Inter-Organisational Relations* edited by Cropper, C., Ebers, M., Huxham, C., and Ring, P.S. Oxford University Press, New York, 390-416.

Huxham, C., and Vangen, S. (2001) What makes practitioners tick? Understanding collaboration practice and practising collaboration understanding. In *Effective Collaboration* edited by Genefke, J. and McDonald, F. Palgrave, Hampshire, 1-16.

Huxham, C. and Vangen, S. (2005) *Managing to Collaborate*. Routledge, Abingdon.

Jackson, A., O'Doherty, C. (2012) *Community Development in Ireland , Theory, Policy and Practice* . Gill and Macmillan Dublin

Koch, T., and Kralik, D. (2006) *Participatory Action Research in Health Care*. Blackwell Publishing, Oxford.

- Langford, S., (2007) Delivering Integrated Policy and Services for Children *Journal of the Statistical and Social Inquiry Society of Ireland*, June , Vol XXXVI.
- Larson, R.W. (2000) Towards a psychology of positive youth development. *American Psychologist*. 55 (1), 170-183.
- Le Meunier-FitzHugh, K. , and Piercy, N.F. (2007) Exploring Collaboration between sales and Marketing. *European Journal of Marketing* 41(7/8), 939-955.
- Lerner, R. M. and Benson, P. L. (2004) *Developmental assets and asset-building communities*. Minneapolis, MN:Search Institute.
- Lerner, R. M. , and Steinberg, L. (2004) *The Scientific study of adolescent development:Past , present and future*. In R.M. Lerner and L.Steinberg (Eds.), *Handbook of adolescent psychology* . Hoboken, NJ:John Wiley and Sons
- Lippman, L. H., Anderson Moore, K., and McIntosh, H. (2009) *Positive Indicators of Child Well-Being : A Conceptual Framework, Measures and Methodological Issues*, UNICEF
- Lou, C., Anthony, E.K., Stone, S., Vu, C.M., and Austin, M.J. (2006) *Assessing Child and Youth Well-Being: Implications for Child Welfare Practice*. Bay Area Social Services Consortium, Berkeley, CA.
- Mach, M., Dolan, S., and Tzafir, S. (2010) The differential effect of team members' trust on team performance: The mediation role of team cohesion. *Journal of Occupational and Organisational Psychology* 83, 771-794.
- Meyer, L. and Cahill, H. (2004) *Principles for School Drug Education*, Canberra: Department of Education Science and Training.
- McKeown,K. (2011) Inter-Agency Cooperation in Services for Children and Families : On why a good inter-agency process alone may not guarantee better outcomes. *Administration Vol 59 No.2*.
- Mladovsky P., Alin S., Masseria, C., Hernandez-Quevedo, C., McDaid, D and Mossialos, E. (2009) *Health in the European Union: Trends and Analysis*. European Observatory on Health Systems and Policies, London.
- Mont D. and Loeb M. (2008) *Beyond DALYs: Developing Indicators to Assess the Impact of Public Health Interventions on the Lives of People with Disabilities*. The World Bank, Washington DC.
- Morrison-Gutman, L., Brown, J., Akerman, R. and Obolenskaya P. (2010) *Change in Wellbeing from Childhood to Adolescence: Risk and Resilience*. Centre for Research on the Wider Benefits of Learning, London.
- Morrow, V., Berry,B. (2010) *Measuring Children's Well-being : Some Problems in Health Assets in a Global Context* ,Theory,Methods,Action, Springer Publishing .
- National Disability Authority (2009) *Setting Indicators of Inclusion*. NDA, Dublin.
- National Economic and Social Council (NES) (2009) *Well-being Matters: A Social Report for Ireland*, NES Dublin.
- National Review of compliance with Children First*, (2008) July, Dublin : Office of the Minister for Children and Youth Affairs.
- Nembhard, I.M., and Edmondson, A.C. (2006) Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organisational Behaviour* 27, 941-966.

- Nic Gabhainn, S., and Sixsmith, J. (2005) *Children's Understandings of Well-Being*. NUI, Galway and National Children's Office, Dublin.
- Nusselder, W. (2008). The relation between non-occupational physical activity and years lived with and without disability. *Journal of Epidemiology and Community Health*, 62(9), 823–828.
- OECD (2009) *Doing Better for Children*. OECD
- Office of the Minister for Children (2006) *State of the Nation's Children: Ireland 2006*. Stationery Office, Dublin.
- Office of the Minister for Children and Youth Affairs (2008) *State of the Nation's Children: Ireland 2008*. Stationery Office, Dublin.
- Office for the Minister of Children and Youth Affairs (2009) *Children's Services Committees: Toolkit for the Development of a Committee*. The Stationery Office, Dublin.
- Office of the Minister for Children and Youth Affairs (2010) *State of the Nation's Children: Ireland 2010*. Stationery Office, Dublin.
- Orthner, D.K., Jones-Saupei, H. and Williamson, S. (2004) The Resilience and Strengths of Low-income Families. *Family Relations*, 53, 159-67.
- Patja, K., Iivanainen, M., Vesla, H., Oksanen, H. and Ruoppila, I. (2000) Life Expectancy of people with intellectual disability: a 35-year follow-up study. *Journal of Intellectual Disability Research*, 44 (5) 591 - 599.
- Pemberton, D., Dow, J., and Luallen., J. (2006) *A Study of Child Well-Being in Collier County*. Lastinger Centre for Learning, Florida.
- Ross, D.P., and Roberts, P. (1999) *Income and Child Well-Being: A New Perspective on the Poverty Debate*. Canadian Council of Social Development, Ottawa.
- Rees, G., Goswami, H., and Bradshaw, J. (2010) *Developing an index of children's subjective well-being in England*, The Children's Society London.
- Ridge, T. (2002) *Childhood Poverty and Social Exclusion: From a Child's Perspective*. The Policy Press, Bristol.
- Robinson, J. W (1972) The Management of Conflict. *Journal of the Community Development Society*, Vol. 3 (2), 100-105.
- Rychen, D. S., and Salganik, L. H. (Eds.) (2003) *Key Competencies for a Successful Life and a Well-Functioning Society*. Ashland, OH: Hogrefe and Huber Publishers.
- Sandfort, J. and Milward H.B. (2008) Collaborative service provision in the public sector. In *The Oxford Handbook of Inter-Organisational Relations* edited by Cropper, C., Ebers, M., Huxham, C., and Ring, P.S. Oxford University Press, New York.
- Sethi, D. et al. (2006). *Injuries and violence in Europe. Why they matter and what can be done*. Copenhagen, WHO Regional Office for Europe.
- Sink, D. (2001) The challenges of multisector collaboration in community development. In *Effective Collaboration* edited by Genefke, J., and McDonald, F. Palgrave, Hampshire, 77-93.

Statham, J. (2011) *Working Together for Children-a review of international evidence on interagency working , to inform the development of Children's Services Committees in Ireland* , Department of Children and Youth Affairs.

Sullivan, H., and Skelcher, C. (2002) *Working across Boundaries: Collaboration in Public Services*. Palgrave Macmillan, Hampshire.

Scales, P.C., and Benson, P.L. (2005). *Prosocial Orientation and Community Service* . In K.A. Moore and L.H.Lippman (Eds.) , *What Do Children Need to Flourish? Conceptualizing and Measuring Indicators of Positive Development*. New York: Springer Science& Business Media

Scales *et al* (2001) *The role of neighbourhood and community in building developmental assets for children and youth :A national study of social norms among American adults*. *Journal of Community Psychology*, 29(6) , 703-727.

Tickner N. (2011) Retention rates of pupils in second level schools: 1994 to 2044 entry cohorts. Available on www.education.ie.

UK Department of Health (2009) *Healthy lives, brighter futures – The strategy for children and young people's health*. COI, London.

UNHCHR (1989) (Office of the UN High Commissioner for Human Rights) *UN Convention on the Rights of the Child 1989*.

Winter, R.,and Munn-Giddings (2001) *A Handbook for Action Research in Health and Social Care*, Routledge, London.

APPENDIX A

FAMILY RESOURCE CENTRE PROGRAMMES

KILLORGLIN FAMILY RESOURCE CENTRE

Programme/ Initiative Name	Youth Mental Health Programme 'Lets beat Bullying'
Agency:	Killorglin Family Resource Centre
Contact Person:	Kathleen Morris
Aim and brief description of the Programme/ Initiative:	Providing youth organisations and parents of young people with a comprehensive framework with which to address issues of bullying
How often the programme is provided or the initiative undertaken:	This programme consisted of 2 workshops (3 hours per workshop)
Location	The programme was run at Killorglin Family Resource Centre and was open to all parents and youth organisations in the Mid Kerry area
Target group	Parents, young people, youth organisations
Number of participants in 2011	20 participants
Description of what the above number represents.	Parents, young people, youth organisations

Programme/ Initiative Name	TTRS programme
Agency:	Killorglin Family Resource Centre
Contact Person:	Kay McCarthy
Aim and brief description of the Programme/ Initiative:	Specific Computer programme for children with Dyslexia
How often the programme is provided	This programme is a six week programme and runs at least 4 times per year.
Location	The programme was run at Killorglin Family Resource Centre and was open to all children the Mid Kerry area
Target group	Children with Dyslexia
Number of participants in 2011	12 participants
What does the number represent?	Children with Dyslexia.

Programme/ Initiative Name	Empowering Parenting Programme
Agency:	Killorglin Family Resource Centre
Contact Person:	Margaret Wrenn
Aim and brief description of the Programme/ Initiative:	Training for Parents of children with a disability to develop their advocacy skills in order that they may effectively speak up on behalf of their children and access supports and services. It is intended that such groups will build links with local service providers and raise policy issues, through their Family Resource Centres to wider policy arenas.
How often the programme is provided or the initiative undertaken:	This initiative ran for 2 separate sessions per week for 8 weeks. There was a morning and an evening session so that all parents could avail of it
Location	The programme was run at Killorglin Family Resource Centre and was open to all parents in the Mid Kerry area
Target group	Parents of children with a disability
Number of participants in 2011	19 Parents attended this programme
Description of what the above number represents.	Parents of children with disabilities

Programme/ Initiative Name	Parenting Support Group
Agency:	Killorglin Family Resource Centre
Contact Person:	Kathleen Morris
Aim and brief description of the Programme/ Initiative:	Developing Parenting skills Personal development Providing peer support
How often the programme is provided or the initiative undertaken:	This programme was run over 6 weeks from January to end of February.
Location	The programme was run at Killorglin Family Resource Centre and was open to all parents the Mid Kerry area
Target group	Parents especially lone parents and young parents
Number of participants in 2011	12 participants
Description of what the above number represents.	Parents, lone parents and young parents

Programme/ Initiative Name	Parenting Plus Programme 0- 6years
Agency:	Killorglin Family Resource Centre
Contact Person:	Kathleen Morris
Aim and brief description of the Programme/ Initiative:	Parents support programme for children 0 – 6years..
How often the programme is provided or the initiative undertaken:	This programme ran for 6 weeks
Location	The programme was run at Killorglin Family Resource Centre and was open to all parents in the Mid Kerry area
Target group	All parents of children aged between 0 6 years
Number of participants in 2011	12 Parents
Description of what the above number represents.	Parents of children aged between 0 – 6 years

BALLYSPILLANE FAMILY RESOURCE CENTRE

Programme/ Initiative Name	Various Programmes Run by Ballyspillane Community and Family Resource Centre
Agency:	Ballyspillane Community & Family Resource Centre Ltd.
Main Contact Person: Other Contact Persons for Specific Initiatives	Connie O Leary Centre Co-ordinator, Marian McCabe Community Dev worker. Michelle Moore Family Support Worker
Aim and brief description of the Programme/ Initiative:	<p>1.Strengthening Families programme This is a 14 week family skills programme delivered to reduce & raise an awareness surrounding problem behaviours, delinquency, and alcohol and drug abuse in children. Parents learn how to improve on their parenting skills, and an overall improvement in children’s social skills and behaviour.</p> <p>2. Parent plus (early Years age 1-6) This programme is designed to support and empower parents to manage and solve discipline problems, to create satisfying and enjoyable family relationships, and to encourage young people to grow up and reach their full potential.</p> <p>3. Youth Mental Health Projects Youth Mentoring Programme <i>This was a 12 week programme Age of participants 15 to 17 yrs Programme was developed to assist early school leavers and also those who presented themselves to be at risk of early school leaving, the programme consisted of teaching Cooking skills, while also helping the young person to access information on Opportunities available to young people i.e. Meeting with LES Officer to discuss courses and opportunities Compiling information for personal CV’s .Advise on personal and healthy choices in life this group catered for the open/award giving evening in Ballyspillane Family Resource Centre which was a great success.</i></p> <p>First Year Transition Group: This project was primarily developed for the youth in the Area to support first year Secondary School Students in their transition from primary school to secondary school education. This gave the students the opportunity to discuss any issues or worries</p>

	<p>they had in the safety of their own group with trained facilitators. From carrying out an evaluation of this project it was felt that we needed to bring the process forward and work with 6th class students. Transition Group is a mentoring project for 6th class primary school children and older students in second level schools from the Killarney area, the programme was developed to increase an awareness of the importance of furthering their education, increase their awareness of community involvement and how their input can make a difference, to increase their mental wellbeing and self esteem, the programme also covers drug and alcohol misuse, bullying, suicide and depression as these young people would be considered to be in an at risk category due to their exposure to named issues. It is a very worthwhile programme that past participants have gained coping skills knowledge and lasting friendships from.</p> <p><i>Summer Scheme: Runs for 3 weeks in July, Mixed group males; Female; Age Catered for 7-12yrs, Thirty children catered for through a referrals and family needs basis ensuring that young person's most in need are accommodated and included in the programme.</i></p> <p><i>Staff work with a smaller group of young children as funding can be limited .The programme is co-ordinated and facilitated by the Community Development Worker , Family Support Worker and two adult volunteers also assisted by B.A.P.A.D.E Project workers and Community Gardai</i></p> <p>Being Well Programme: <i>This new being well course aims to give individuals in the community the chance to look at their own lifestyle and to identify healthy changes to make that will generally improve their mental health. Being well is a general health and wellbeing programme: Topics covered: Enjoying the whole of my health, Healthy eating, Being active, Relaxation, Exploration of the above areas through group work, participatory and experiential learning methodologies, Goal setting for enhancing health, Development of practical skills to promote health. This programme is Facilitated by the H.S.E</i></p> <ul style="list-style-type: none"> <i>Some of the mental health projects that run in our centre are once off initiatives, depending on funding source.</i>
How often the programme is provided or the initiative undertaken:	Summer programme is once a year in July Youth Mental Health initiatives are run intermittingly throughout the year, some of the projects are once off initiatives
Location	Ballyspillane Community & Family Resource Centre
Target group	These programmes are bases on an umbrella method generally linking in with individual members of families, where various issues present i.e., early school leaver, parent under stress, substance issues in a family etc.
Number of participants in 2011	Strengthening Families Programme: 11 families 33 participants 91 participants in other programmes
Description of what the above number represents.	124 individuals attended mental health initiatives held in Ballyspillane Family Resource Centre.

KERRYHEAD/BALLYHEIGUE FAMILY RESOURCE CENTRE

Programme/ Initiative Name	Afterschools Service
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Maureen Moynihan
Aim and brief description of the Programme/ Initiative:	After-schools Service from Primary School Aged children, providing Homework support, Healthy Meals and Activities
How often the programme is provided or the initiative undertaken:	Monday – Friday 2-6pm
Location	Kerryhead / Ballyheigue FRC
Target group	Primary School children
Number of participants in 2011	23 – 30 young people for 48 weeks
Description of what the above number represents.	

Programme/ Initiative Name	Youth Space
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Seamus Falvey / Jennifer Cashman
Aim and brief description of the Programme/ Initiative:	Youth Space is a café styled youth activity drop-in centre aimed at young people aged 12-18 years 6 th Class Transition group takes place every Thursday to help with transition from primary to secondary school
How often the programme is provided or the initiative undertaken:	Tuesday - Sunday
Location	Ballyheigue Youth Space, Ballyheigue Community Centre
Target group	12-18 years
Number of participants in 2011	23 – 30 young people (youth Space) 22 6 th class transition group
Description of what the above number represents.	

Programme/ Initiative Name	Girl Guides
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Laura Dineen
Aim and brief description of the Programme/ Initiative:	Irish Girl Guides Branch catering for Ladybirds 5-7years, Brownies 7-11 years, Guides 11-15 years Promotes active citizenship, new hobbies & interests and offers girls an all round education and development
How often the programme is provided or the initiative undertaken:	Monday – Friday 2-6pm
Location	Kerryhead / Ballyheigue FRC
Target group	Girls aged 5 -15
Number of participants in 2011	40
Description of what the above number represents.	

Programme/ Initiative Name	Summer Camps
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Maureen Moynihan
Aim and brief description of the Programme/ Initiative:	Summer Activity Camps
How often the programme is provided or the initiative undertaken:	3 weeks in July
Location	Kerryhead / Ballyheigue FRC
Target group	Local young people aged 5-12 years
Number of participants in 2011	150
Description of what the above number represents.	

Programme/ Initiative Name	Sports Access
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Seamus Falvey
Aim and brief description of the Programme/ Initiative:	Sample sports activities for young people including Boxing, Dance, Futsal and Basketball etc.
How often the programme is provided or the initiative undertaken:	weekly
Location	Kerryhead / Ballyheigue FRC
Target group	Local young people aged 5-18 years
Number of participants in 2011	40 +
Description of what the above number represents.	

Programme/ Initiative Name	Parents & Toddler Group
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Laura Dineen
Aim and brief description of the Programme/ Initiative:	Parent and Toddler group weekly get together, parent share advice, children play and socialise through art & craft and story rhymes etc.
How often the programme is provided or the initiative undertaken:	weekly
Location	Kerryhead / Ballyheigue FRC
Target group	All parents, grandparents and carers
Number of participants in 2011	20 - 30
Description of what the above number represents.	

Programme/ Initiative Name	New Parent Support Group
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Laura Dineen
Aim and brief description of the Programme/ Initiative:	Weekly workshops for parents of new babies Workshops include paediatric First Aid, baby massage, speech and language therapy etc. Parents Support each other by sharing advice & experiences
How often the programme is provided or the initiative undertaken:	2 sessions of 10 weeks
Location	Kerryhead / Ballyheigue FRC
Target group	All Parents
Number of participants in 2011	8 mums and 1 grandparent and 9 babies Total 18
Description of what the above number represents.	

Programme/ Initiative Name	Affordable Grinds Service
Agency:	Kerryhead / Ballyheigue Family Resource Centre
Contact Person:	Laura Dineen
Aim and brief description of the Programme/ Initiative:	Grinds in Irish and Maths for national school and secondary school students
How often the programme is provided or the initiative undertaken:	weekly
Location	Kerryhead / Ballyheigue FRC
Target group	All school aged children with a special emphasis on disadvantage or potential early school leavers
Number of participants in 2011	32
Description of what the above number represents.	

Programme/ Initiative Name	Jigsaw Kerry – Youth Advisory Panel (pilot rural hub)
Agency:	South West Kerry Family Resource Centre SWKFRC
Contact Person:	Nancy Holmes-Smith – Project Coordinator
Aim and brief description of the Programme/ Initiative:	This programme is about: <ul style="list-style-type: none"> • SWKFRC keeping a focus on young people’s mental health • Advocating for policy change in relation to mental health • Challenging stigma • Engaging young people on mental health issues • Projecting a powerful voice of young people • Developing a Youth Advisory Panel as partners in the Jigsaw Kerry project
How often the programme is provided or the initiative undertaken:	At a minimum we meet with young people once a month. We also work with the secondary school on various projects
Location	South West Kerry Family Resource Centre and other venues
Target group	Young people between 12 and 25 years
Number of participants in 2011	We have over 70 young people involved
Description of what the above number represents.	There are tiers of participation and the core group is about 8 people.

Programme/ Initiative Name	The 6th Class Project
Agency:	South West Kerry Family Resource Centre SWKFRC
Contact Person:	Nancy Holmes-Smith – Project Coordinator
Aim and brief description of the Programme/ Initiative:	These young people will be working in an informal but supportive way to look at issues like Building self-esteem and confidence; assertiveness; making the transition to secondary school –fears, concerns, and hopes. Planning and study skills. Coping skills and who and how to ask for help. Some of the Youth Advisory Panel will be working with them.
How often the programme is provided or the initiative undertaken:	Pilot programme will begin on Wednesday 7 th March and run for 4 weeks if successful we may run one or two a year
Location	South West Kerry Family Resource Centre
Target group	6 th Class children
Number of participants in 2011	n/a - service starts in 2012
Description of what the above number represents.	
Programme/ Initiative Name	Jigsaw Kerry – Youth Centred Practice
Agency:	South West Kerry Family Resource Centre SWKFRC
Contact Person:	Nancy Holmes-Smith – Project Coordinator
Aim and brief description of the Programme/ Initiative:	This programme provides access and support to young people who may be experiencing stress. They can refer themselves or be referred by another. Parental agreement is required for under 18’s. The initial meeting with the staff member explores areas of the young person’s

	life and a judgement is made as to whether the young person needs to be referred for more professional help or is suitable for YCP. YCP can offer approximately 6 sessions of structured, goal setting with a young person to guide them through difficult period.
How often the programme is provided or the initiative undertaken:	Provided as required on a one to one basis
Location	South West Kerry Family Resource Centre
Target group	Young people between the ages of 12 and 25 years
Number of participants in 2011	n/a - service started in 2012
Description of what the above number represents.	5 clients since 2012

Programme/ Initiative Name	Children's Workshops
Agency:	South West Kerry Family Resource Centre SWKFRC
Contact Person:	Nancy Holmes-Smith – Project Coordinator
Aim and brief description of the Programme/ Initiative:	These are holiday time workshops for children between the ages of 5 and 12. The emphasis is educational and social awareness and integration. We take referrals from schools social workers and public health nurses for children with particular vulnerabilities as well as general families. The workshops mix children from different villages which takes children out of their normal environment and peer group. This can lift the esteem of certain children.
How often the programme is provided or the initiative undertaken:	School holidays and mid-term breaks
Location	Various – organised by the SWKFRC
Target group	Open to all children but particularly targets children between the ages of 5 and 12 with particular vulnerabilities
Number of participants in 2011	~ 80 (160)
Description of what the above number represents.	individual children (places provided)

Programme/ Initiative Name	Jigsaw Kerry – Youth Centred Practice
Agency:	South West Kerry Family Resource Centre SWKFRC
Contact Person:	Nancy Holmes-Smith – Project Coordinator
Aim and brief description of the Programme/ Initiative:	This programme provides access and support to young people who may be experiencing stress. They can refer themselves or be referred by another. Parental agreement is required for under 18's. The initial meeting with the staff member explores areas of the young person's life and a judgement is made as to whether the young person needs to be referred for more professional help or is suitable for YCP. YCP can offer approximately 6 sessions of structured, goal setting with a young person to guide them through difficult period.
How often the programme is provided or the initiative undertaken:	Provided as required on a one to one basis
Location	South West Kerry Family Resource Centre
Target group	Young people between the ages of 12 and 25 years
Number of participants in 2011	n/a - service started in 2012
Description of the above number	5 clients since 2012

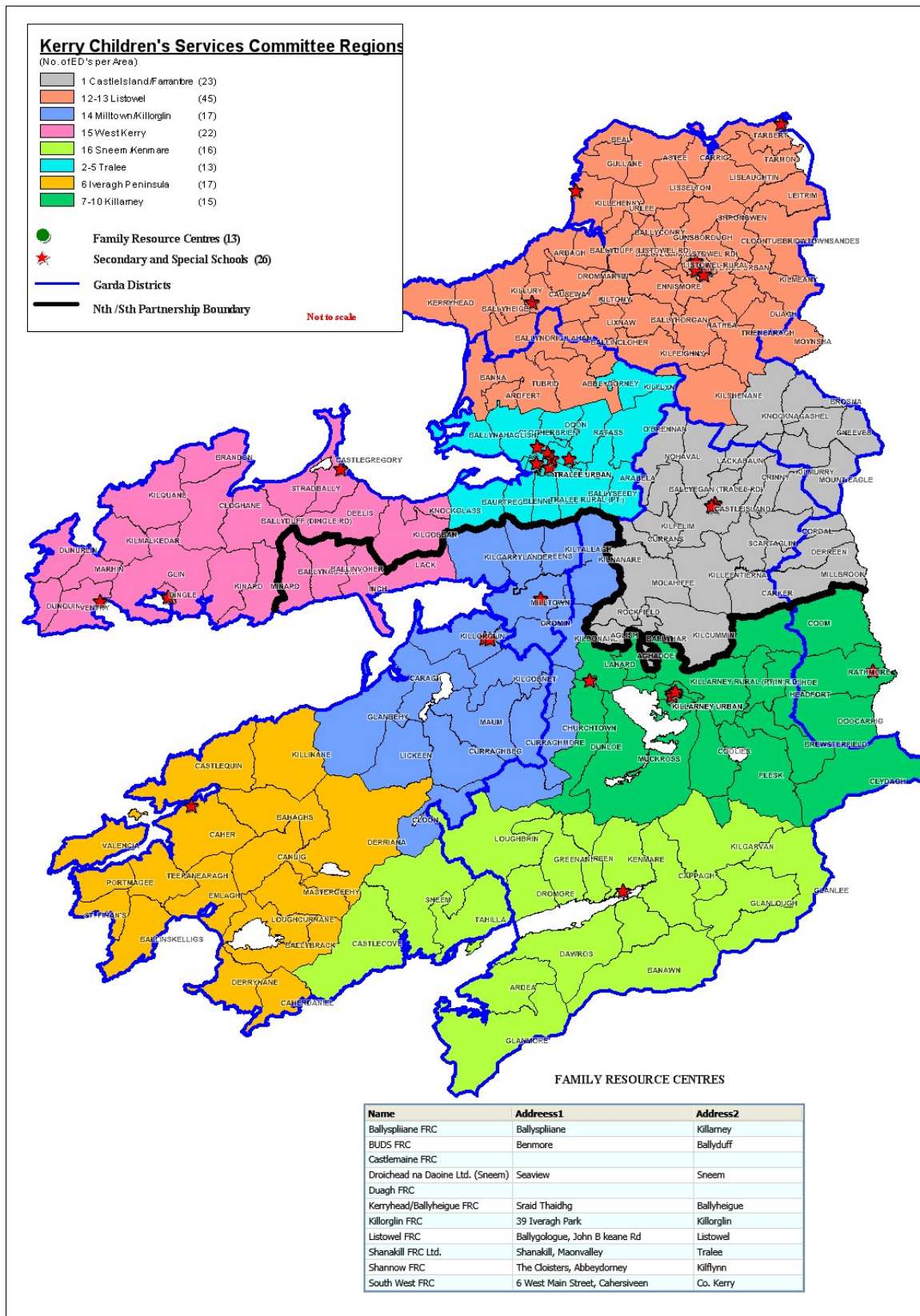
LISTOWEL FAMILY RESOURCE CENTRE

Programme/ Initiative Name	Strengthening Families Programme.
Agency:	Listowel FRC
Contact Person:	Jackie Landers, Manager
Aim and brief description of the Programme/ Initiative:	Strengthening Families Programme. 14 week programme for parents/caregivers and teenagers. A lot of the teen sessions deals with give and expanding skills on communication, listening, speaking up for yourself, setting goals, peer pressure all with an aim of strengthening families and relationships within families and relationships children/teens have with all others, e.g. teachers, peers, friends, relations, siblings etc.
How often the programme is provided or the initiative undertaken:	January – April 2011. It is hoped to run the next programme from September – December 2012.
Location	Listowel FRC but includes applications from families in the broader North Kerry areas.
Target group	Traditionally this programme is targeted at families where there may be alcohol/drug mis-use, Probation Officer involved and/or at medium to high risk.
Number of participants in 2011	12 families which included 12 parents/caregivers and 20 teenagers.
Description of number	

SHANNOW FAMILY RESOURCE CENTRE

Programme/ Initiative Name	Various programmes and initiatives provided by Shannon FRC
Agency:	Shannow FRC
Contact Person:	Cathy O’Sullivan, Manager
Aim and brief description of the Programme/ Initiative:	Low cost counselling.
How often the programme is provided or the initiative undertaken:	ongoing
Location	Shannow Family Resource Centre, The Cloisters Abbeydorney Tralee
Target group	<ul style="list-style-type: none"> • Early School Leavers • Lone Parents • Young People • Older Persons • People with Disabilities • Men • Women • Families And Individuals Experiencing Difficulties From Suicide, Attempted Suicide, Marriage Breakdown Or Bereavement
Number of participants in 2011	Approximately 300 sessions held in 2011
Description of what the above number represents.	Child Counselling (in relation to parental separation/divorce) Bereavement Counselling Bereavement Support Marriage/ Separation Counselling

Figure 16: Family resource centre locations



Programme/ Initiative Name	Health Promoting Schools (HPS)
Agency:	Health Service Executive - Health Promotion Department
Contact Person:	Julianne Prendiville
Aim and brief description of the Programme/ Initiative:	<p>The Health Promoting School initiative is a framework used to co-ordinate the existing projects and initiatives regarding health within a school. It encourages teachers, pupils and parents to look at how healthy lifestyles and environments can be encouraged within the school.</p> <p>A Health Promoting School supports a whole school approach to promoting health and well-being. It is a broader concept than health education and it includes provision and activities relating to: healthy school policies, the school's physical and social environment, the curriculum, community links and health services.</p> <p>Mental health support for schools includes the following:</p> <ul style="list-style-type: none"> • Support for primary schools to develop and review anti-bullying policies; promoting friendship and positive relationships. • Provision of in-service training for primary school teachers in the area of mental health (summer school) • Mental Health information and support for HPS coordinators mainly through regular HPS Coordinators workshops • Provision of mental health information to schools through the HPS newsletters: Ar Slainte (primary) and Beatha agus Slainte (post primary) • Support and guidance is currently being developed for post-primary schools that wish to focus on mental health promotion through the health promoting school process. • Resilience training for those working with young people in Cork and Kerry can be organised by the Health promotion Dept. (limited availability) • Proposal to introduce the Zippy's Friends programme to primary schools in Kerry during 2012. (Programme for 5-7 year olds aimed at helping them develop coping and social skills) <p>Other areas of support offered to Health Promoting Schools in Kerry include:</p> <ul style="list-style-type: none"> - Policy workshops on substance use and healthy eating - Parents information workshops on drugs awareness, healthy eating and physical activity - Physical activity training and resources - Sexual health training and resources
How often the programme is provided or the initiative	<ul style="list-style-type: none"> - Summer schools are provided annually in different locations across the region of Cork & Kerry. (cont. overleaf)

undertaken:	<ul style="list-style-type: none"> - Support to primary schools to develop and review anti-bullying policies is available on an on-going basis - HPS Coordinators workshops are run twice yearly i.e. 2 in North Kerry and 2 in South Kerry each year. - HPS newsletters are developed twice yearly for Primary schools and once a year for Post Primary, circulation is to <u>all</u> schools in Cork and Kerry
Location	The HPS programme is available across the Cork and Kerry region.
Target group	Training and support is mainly for teachers, Principals and professionals – parents are involved in information and policy workshops
Number of participants in 2011	HPS programme: 65 Primary Schools and 11 Post Primary Schools Resilience training: 22 participants
Description of what the above number represents.	HPS programme: the number of schools in Kerry signed up to the programme by year end 2011 Resilience training: 22 community professionals and volunteers working with young people in South Kerry attended training in 2011

JIGSAW KERRY PROGRAMMES

Programme/ Initiative Name	SafeTalk suicide intervention training
Agency:	Jigsaw Kerry
Contact Person:	Mairead O' Sullivan
Aim and brief description of the Programme/ Initiative:	Half a day training programme preparing individuals to identify persons with thoughts of suicide and connect them to suicide first aid resources.
How often the programme is provided or the initiative undertaken:	Whenever a group of 15 or more request delivery of the training – average of twice per month
Location	Countywide
Target group	Anyone who has an interest in upskilling and training in the area of suicide intervention and awareness
Number of participants in 2011	In 2011 the training was provided to 396 individuals
Description of what the above number represents.	396 individuals from various areas undertook the 4 hour safeTALK suicide intervention training delivered by Jigsaw Kerry.

Programme/ Initiative Name	Mental Health Awareness Training – “What lies beneath”
Agency:	Jigsaw Kerry
Contact Person:	Mairead O' Sullivan
Aim and brief description of the Programme/ Initiative:	Community based training to raise awareness of mental health difficulties in young people. The signs to look out for, and where to signpost young people to for support.
How often the programme is provided or the initiative undertaken:	Whenever a group of 15 or more request delivery of the training – average of twice per month
Location	Countywide
Target group	Anyone engaging with young people – school bus drivers, sports coaches, youth workers, teachers, community members, parents
Number of participants in 2011	In 2011 the training was provided to 488 individuals
Description of what the above number represents.	488 individuals from various areas undertook the 4 hour Mental Health Awareness training.

Programme/ Initiative Name	Kickstart self esteem through martial arts training
Agency:	Jigsaw Kerry
Contact Person:	Mairead O' Sullivan
Aim and brief description of the Programme/ Initiative:	8 week programme training young people in martial arts and self discipline and personal growth. The programme is delivered over 8 weeks and it includes sessions on increasing self esteem and the use of martial arts to increase self discipline techniques.
How often the programme is provided or the initiative undertaken:	Funding dependent – once in 2011 as a pilot, planned for 3 more in 2012
Location	Tralee
Target group	Young people aged 13 - 18
Number of participants in 2011	12 participants
Description of what the above number represents.	12 young people aged 13 – 18, mixed gender took part in this training in 2012

KERRY DIOCESAN YOUTH SERVICE PROGRAMMES

Programme/ Initiative Name	Tralee Springboard Project
Agency:	Kerry Diocesan Youth Service
Contact Person:	Redmond Powell
Aim and brief description of the Programme/ Initiative:	The Tralee Springboard project is a family support initiative designed to improve the well-being of families, parents and children and to improve the organisation and delivery of services more generally. The Tralee Springboard project has a general strategy of being open and available to all families, parents and children in the community as well as a more specific strategy of working intensively with those who are most in need. Tralee Springboard project provides a coordinated and integrated response to the needs of children, parents and families by drawing upon the resources of all relevant agencies
How often the programme is provided or the initiative undertaken:	<p>Tralee Springboard Project is an all year round initiative. Its individual programmes are cyclical in nature. The current programmes are as follows.</p> <p>Incredible Years Parenting starts in Sept and runs for 16 weeks. 14 participants</p> <p>Dina Dina programme starts in October, 17 weeks, 7 children (6-8yrs)</p> <p>Groups for boys and girls are run when needed. Currently we have small group programmes 3 times weekly.</p> <p>Individual programmes include Art therapy, 10 individual sessions, sept –June One to one work on various issues.</p>
Location	38 Ashe St is the main location. Programmes can be held in other venues or the family home.
Target group	Children and Families in the Tralee area.
Number of participants in 2011	<p>100+ children 50+ adults</p> <p>2011 annual report is currently been finalised and will be made available soon after.</p>
Description of what the above number represents.	<p>The project provides a range of services for all the family including Family support work, Developing Household routines, Parenting, advocacy, housing issues, applying for social welfare entitlements etc</p> <p>Individual work with Children Personal development, Mentoring, Retracking, Anger management, Art therapy, school support, bullying programmes, bereavement work, working with children with ADHD etc.</p> <p>Groupwork programmes The groupwork programme are an integral part of the service. The offer parents and children an opportunity to explore issues that affect them as</p>

	<p>well as a positive social experience</p> <p>Work with Parents</p> <p>Work with parents involves individual and groupwork. Individual work with parents includes helping to develop household routines, parenting, transport to services, getting children to school and advocacy. Examples of advocacy are assisting parents to apply for social welfare entitlements and advocating in relation to housing difficulties.</p> <p>Groupwork with parents primarily involves personal development and parenting programmes aimed at helping to strengthen the resilience of parents and to empower parents to take control over their life situations.</p>
--	--

Programme/ Initiative Name	KDYS Garda Youth Diversion Projects (MY Project, Just Us, Connect 7, BAPADE, An t-Oileáin, NK10)
Agency:	KDYS
Contact Person:	Gemma O'Brien
Aim and brief description of the Programme/ Initiative:	To divert those Young People either involved, or at risk of becoming involved in criminal or anti-social behaviour. The projects work in conjunction with Juvenile Liaison Officers and An Garda Síochána Community Policing, and engage referrals through a mix of both 1-1 and group-work sessions. ESF funded Youth Justice Workers also have a career and education progression remit linked to the diversionary aspect of the programmes.
How often the programme is provided or the initiative undertaken:	The programme is provided on an on-going basis, young people receiving interventions in weekly 1-1 and group-work sessions.
Location	This is where you note where the programme is located and whether this an initiative that targets the population in one or several areas in Kerry etc...
Target group	The projects address both Primary and Secondary Targets, Primary being young people who have received a caution, Secondary being those who are deemed at risk of becoming involved in behaviour leading to a likely caution.
Number of participants in 2011	MY Project: 53 YP, Just Us:41, Connect 7: 39, BAPADE: 39, An t-Oileáin: 39, NK10: 39
Description of what the above number represents.	The figures above represent the total number of Young People engaged in each project on 01/01/11, plus the additional Primary and Secondary referrals engaged throughout the year, giving a total figure for the year's end.

Programme/ Initiative Name	Youth Information
Agency:	KDYS
Contact Person:	Linda Kearin
Aim and brief description of the Programme/ Initiative:	<p>The aim of youth information is to empower young people to make informed decisions and positive life choices. It is a place where a young person can come to talk to a trained and friendly professional about whatever questions they may have and know that the whole service is there primarily to cater for them. The centre is a lively, friendly and inclusive place open to all, whether it be for themselves or someone advocating on their behalf.</p> <p>Youth Information enables you to</p> <ul style="list-style-type: none"> • develop your skills and abilities • avail of services, facilities and opportunities • actively participate at local, national and international level <p>Essentially, the youth information centre acts as a first point of contact, identifying where help can be found and will support you in availing of that help. We also facilitate a number of programmes in primary, post primary and at third level. They would be school transfer programmes, Peer Mentoring Programmes, Teambuilding days. We would also do issue based workshops on a vast range of topics including: Anti Bullying, Internet Safety, Drugs Awareness, Diversity, Interculturalism, Positive Attitude etc.</p>
How often the programme is provided or the initiative undertaken:	<p>Our Schools Work is primarily on an Annual Basis in relation to the Peer Mentoring can vary from May to September. (Daylong session with students or ran over a number of sessions depending on the schools requirements)</p> <p>Teambuilding Days September annually. (Day Long Session with the students)</p> <p>The transfer programmes can be over a number of weeks normally 5 Or 6 weeks in duration.</p> <p>Our workshops can be delivered throughout the year as required and vary in their duration they can last from 60 mins to 3hrs depending on target group.</p>
Location	Our centre based service is offered in 2 locations in our centres based in Tralee and in Killarney. We also offer an outreach service that extends throughout the Diocese of Kerry.
Target group	Our target group is quiet varied, primarily young people and their advocates. We also offer an outreach service targeting schools, institutions, and the general public.
Number of participants in 2011	Our total number of participants in 2011 was 7589 please refer to the outline below for a more detailed analysis of participants. (cont. overleaf)

Age Range												Total M	Total F	
< 10		10-14		15-17		18-21		22-24		> 25				
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F	Total
	2	2	5	259	301	1333	1839	659	468	450	1311	3007	4582	

Description of what the above number represents.	We had contact with 7589 people last year in the delivery of our service. Our main contact group was with the 15-17 year old age group, this encapsulates our post primary work and our drop in service. Another category of service user which was high was the over 25's age category. This would be from workshops/talks/Presentations aimed at parents, the general public and third level students.
---	--

Programme/ Initiative Name	KDYS Youth Club Service
Agency:	Kerry Diocesan Youth Service
Contact Person:	Linda Kearin
Aim and brief description of the Programme/ Initiative:	The KDYS Youth Club service works with communities to respond to youth needs through the setting up of youth clubs in local areas across the Diocese of Kerry. KDYS supports and trains volunteers in order to build their capacity to enable them to work with young people. Through this we ensure young people are provided with safe spaces to meet in their communities. KDYS provides Volunteer Induction Training for new volunteers, training for existing volunteers and Child Protection Training. All volunteers go are required to go through a screening process and are Garda Vetted. Young people are empowered to develop and grow socially and personally through their participation in the youth club and their own communities and play an active role in the development of their club.
How often the programme is provided or the initiative undertaken:	The KDYS Youth Club Programme is provided to 47 youth clubs across the diocese. The youth club operates for 2 hours weekly from September – April every year. KDYS have been delivering a Youth Club programme to Kerry for over 40 years.
Location	KDYS Youth clubs are located in different communities across the diocese of Kerry. There are 47 clubs in total located in 47 different areas.
Target group	Young people aged 12 – 18 years. Volunteers to support Youth Club delivery in communities.
Number of participants in 2011	2394
Description of what the above number represents.	This is the total number of young people and volunteers aged < 21 years engaging in KDYS youth clubs across the Diocese.

Programme/ Initiative Name	KDYS Youth café programme
Agency:	Kerry Diocesan Youth Service
Contact Person:	Linda Kearin
Aim and brief description of the Programme/ Initiative:	<p>The KDYS Universal Services area of work encompasses a wide range of youth work based activities with the aim of enabling young people to become integrated members of their communities and to give them the skills necessary to positively develop as individuals. Youth café provision in each of our integrated youth facilities is part of this with the recent addition of a mobile unit.</p> <p>All KDYS Youth cafés have the following aims and objectives :</p> <ul style="list-style-type: none"> • Youth friendly safe space for young people to socialise and experience various activities and programmes. • Place where young people can engage with adults as positive role models and be supported by their peers. • Space and activities developed, designed, appreciated and used by young people. • Healthy social, educational and recreational alternatives. • Support and access to accurate information relevant to young people <p>All KDYS youth cafes provide a range of activities and resources that encourage and enable positive youth work.</p> <p>A Mobile Youth Café is being developed by KDYS with the aim of delivering an outreach service to communities with little or no youth service provision.</p>
How often the programme is provided or the initiative undertaken:	The 5 KDYS youth cafés operate between 2 and 22 hours each week. This may be extended during school holidays.
Location	<p>KDYS Tralee Youth Café, Tralee – serving Tralee and its environs. KDYS Killarney Youth Café, Killarney – serving Killarney and its environs. KDYS Listowel Youth Café, Listowel – serving North Kerry. KDYS Killorglin Youth Café, Killorglin – serving Mid Kerry. The Cove Youth Café, Ballybunion – serving Ballybunion and its environs. NK10 Drop-in, Listowel – serving North Kerry. MY Project, Tralee – serving Mitchells Crescent, Tralee. The Mobile Youth Café will be a resource to the Diocese.</p>
Target group	Community Youth Work projects and KDYS Youth Cafes are open to all young people aged 12 – 18 years.
Number of participants in 2011	1721 Males & 1672 Females
Description of what the above number represents.	This number represents each young person who sign in to a Youth Café session throughout the 7 provisions within the KDYS.

Programme/ Initiative Name	KDYS Youthreach programme
Agency:	KDYS
Contact Person:	Gemma O'Brien, KDYS
Aim and brief description of the Programme/ Initiative:	<p>KDYS manages 4 Youthreach programmes for early school leavers under a partnership arrangement with Kerry Education Service. Youthreach is a second chance education programme for young people aged 15 to 20 years who have left school early or without a formal qualification.</p> <p>Each Youthreach programme provides a safe learning environment and meets the developmental needs of young people as well as enhancing their personal, spiritual, social and employment needs. FETAC Level 3 and Level 4 in a range of subjects is offered by three of the 4 programmes</p> <p>The Leaving certificate applied curriculum is offered by 1 programme for young people who have completed FETAC level 3 and /or Junior Cert.</p>
How often the programme is provided or the initiative undertaken:	<p>Each youthreach programme operates on a full time year round basis and young people participate for up to two years on the programme. There is a clear admissions policy and procedure in place across the four programmes which indicated when and how young people can apply to join the programmes.</p> <p>There are 4 phased to each youthreach programmes: Engagement, foundation, progression and transition.</p>
Location	<p>The programmes are operated out of the KDYS Youth Centres in 3 locations:</p> <ul style="list-style-type: none"> • Killarney Youthreach: catchment area is Killarney and South Kerry area • Listowel Youthreach: catchment area is North Kerry • Transforum Alley: based in KDYS Tralee, catering for Tralee and its environs • Tralee Youthreach Leaving Certificate Applied Programme: based in KDYS Tralee, offering a progression programme for young people who have completed a foundation programme in Youthreach •
Target group	This is a second chance education provision for early school leavers aged 15-20 years.
Number of participants in 2011	There are 25 places available on each programme so that is 100 places across the 4. In 2011, 154 young people participated in 4 programmes.
Description of what the above number represents.	Killarney Youthreach: In 2011, 39 young people were through the programme. This includes 7 who completed the programme and progressed, 7 left for various reasons and 25 are currently on the programme. (cont. overleaf)

	<p>Listowel Youthreach: In 2011, 36 young people were through the programme. 5 completed the programme, 9 left for various reasons and 22 are currently on the programme.</p> <p>Transforum Alley Youthreach: In 2011, 45 young people were through the programme- this includes 23 young people who completed the programme and a new cohort of 22 who were recruited between Sept 2011 and Dec 2011.</p> <p>Tralee Youthreach Leaving Certificate Applied Programme: In 2011, 34 young people were through the programme- including 7 who completed the two year cycle and 25 who are currently on the programme.</p>
--	---

Programme/ Initiative Name	Killorglin Neighbourhood Youth Project
Agency:	KDYS.
Contact Person:	Aileen Brosnan, NYP Co-ordinator
Aim and brief description of the Programme/ Initiative:	The Killorglin N.Y.P. is a community based service whose aim is to support young people aged 12 –18 years and their families in the Mid-Kerry area. The Killorglin NYP provides one-to-one and family support to young people referred to the project. The project also provides group work and provides a youth café service to all teenagers in Mid-Kerry. The NYP works in partnership with existing agencies and services and as a catalyst in the community to promote an integrated approach to work with young people and families. The NYP is a partnership project between KDYS and HSE.
How often the programme is provided or the initiative undertaken:	<p>The NYP is an all year round service with programmes provided on a cyclical basis. Programme include:</p> <ul style="list-style-type: none"> • One-to-one work on identified issues • Counselling supports (supported by South West Counselling Centre) • Group work Programmes (issue specific and/or activity based such as art, music, adventure sports – currently three groups per week) • Homework Support Programme – two evenings a week throughout school year. • Parenting /Family programmes – e.g. The Strengthening Families Programme (a 14-week programme) has been run on two occasions in the NYP. • Youth café – open Friday nights and Saturday afternoons • School programmes – specific programmes run in local schools upon request, aimed at a particular issue or group. <p>(cont. overleaf)</p>

	<ul style="list-style-type: none"> • Holiday provision – an extensive summer programme involving various activities such as graffiti art, adventure sports, camping trips, music and film production etc.
Location	Killorglin NYP is located at the KDYS Youth Centre, Lower Bridge Street, in Killorglin. Other programmes are delivered at other venues as required or within family homes.
Target group	12 – 18 year olds in the Mid-Kerry area and their families.
Number of participants in 2011	2011 Annual Report is presently available if required Total number of young people engaged in 2011: One-to-one work – 21 Group work – 189 Youth café – 253
Description of what the above number represents.	<p>The project provides a range of services including:</p> <p>One-to-one work with teenagers Personal development, mentoring, Retracking, anger management, school support, counselling and homework support.</p> <p>Family support work Developing household routines, parenting, advocacy, housing issues, applying for social welfare entitlements etc.</p> <p>.</p> <p>Group work programmes The group work programmes are an integral part of the service. Programmes vary according to the young person’s needs and interests. They offer young people an opportunity to explore issues that affect them as well as a positive social experience.</p>

Programme/ Initiative Name	KDYS Live Band Project
Agency:	KDYS
Contact Person:	John Buggy
Aim and brief description of the Programme/ Initiative:	<p>The KDYS Live Band Project offers young musicians and other young people interested in music and performance a variety of supports such as: rehearsal opportunities and facilities; opportunities to participate in and attend regular Live Band Performances; access to full recording studio facilities at subsidised rates; workshops and training; access to band competitions and community based festivals and events.</p> <p>It's aims are:</p> <ul style="list-style-type: none"> - To address the problem of underage drinking and exposure to the 'pub scene' by offering a safe, fully supported alcohol and drug free space to develop within both musically and personally - To involve young people in all aspects of planning, implementation and evaluation of all activities and programmes. - To develop specific music programmes and activities based on the expressed needs of young people. - To co-ordinate training workshops and courses as identified by members in order to further develop their musical talents and skills - To establish and maintain links with local community, statutory and voluntary agencies to increase the profile of the program - To recruit, train and support volunteers to assist in the development and cooperation of the project - To ensure youth work principles of good practice are adhered to when working with young people. - To promote healthy lifestyles
How often the programme is provided or the initiative undertaken:	<p>The initiative is on-going offering:</p> <ul style="list-style-type: none"> - Weekly provision of rehearsal and recording facilities for young bands, songwriters and musicians (after school and evenings). - Co-ordination of regular live performances featuring musicians and bands affiliated with the project and offering young people a safe supervised space where they can interact with their peers (fortnightly). - Facilitations of regular meetings with members. - Participation and entry into local and regional competitions e.g. KDYS Battle of the Bands, Irish Youth Music Awards, Sneem Summer Festival, Kerry's Rock for Experience. - Participate in KDYS local youth forum and events such as area games, dance night, youth day etc - Workshops and training during school holidays.
Location	The KDYS Live Band Project currently operates out of the two KDYS centres in Tralee and Killarney offering facilities to young people from both areas but also reaching out into the county for young people expressing an interest in participation..
Target group	Young people in Kerry between the ages of 15 and 20 that might be considered 'at risk'. This may refer to: social isolation, exposure to drugs and alcohol, unemployment or lack of access to mainstream facilities. Generally these young people would have expressed an interest in music.
Number of participants in 2011	197 young people availed of the facilities of the Live Band Project in Tralee in 2011.. (cont. overleaf)

Description of what the above number represents.	<p>This number represents the number of young people who:</p> <ul style="list-style-type: none"> • used designated rehearsal space • used supervised and supported recording facilities • performed at or attended gigs • attending meetings and workshops.
---	---

Programme/ Initiative Name	Listowel and Killarney Community Based Drugs Initiatives
Agency:	KDYS
Contact Person:	Gemma O'Brien
Aim and brief description of the Programme/ Initiative:	<p>KDYS is currently managing two Community Based Drugs Initiatives funded under the Southern Regional Drugs Task Force.</p> <p>The general objective of the Community Based Drugs Projects is to support and equip young people who are experiencing difficulties with drugs and alcohol with the skills necessary to make informed choices about their health, personal lives and social development.</p> <p>Specific objectives:</p> <p>To engage targeted young people in the project area who misuse drugs and alcohol, to involve them in making decisions relating to their development as people, particularly to dealing with problems linked to drug use.</p> <p>To provide support to families affected by alcohol or drug use on a one to one basis through participation in group support.</p> <p>To support young people in accessing other services such as addiction/treatment centres and other supports</p>
How often the programme is provided or the initiative undertaken:	The two projects operate on a year round basis.
Location	<p>Listowel: based in KDYS Youth Centre, covering Listowel and North Kerry area.</p> <p>Killarney: based in KDYS Youth Centre, covering Killarney</p>
Target group	<p>Listowel: Young people aged 12 to 21 years actively abusing drugs and/or alcohol</p> <p>Killarney: Young people aged 17-22 years actively abusing drugs and/or alcohol.</p>
Number of participants in 2011	<p>In 2011, Listowel CBDI project worked with 97 young people and 60 family units.</p> <p>In 2011, Killarney CBDI project worked with 61 young people and 11 parents.</p>
Description of what the above	Listowel: 97 young people in total engaged in the service in 2011. Of

number represents.

these, 48 young people accessed the Listowel CBDI service for the first time in 2011 for one to one support. 24 young people who had engaged with the service prior to 2011, continued to be engaged and 25 young people engaged with group work activities. 60 parents engaged with the service.

Killarney: 61 young people engaged with the Killarney CBDI in 2011. Of this group, 26 used it as a primary support and became abstinent from drugs, another 8 clients used the project on a harm reduction basis from alcohol. Of the remaining 27, 13 avail of the project on a weekly basis, 14 disengaged and 7 were referred on for further treatment.

NATIONAL EDUCATIONAL PSYCHOLOGY SERVICE PROGRAMMES

Programme/ Initiative Name	Incredible Years (Teacher Classroom Management Programme)
Agency:	National Educational Psychology Service (NEPS)
Contact Person:	Christine O’Sullivan (NEPS rep on Kerry Children Services Committee)
Aim and brief description of the Programme/ Initiative:	The Incredible Years Teacher Classroom Management Programme focuses on evidence-based practices and strategies that have been shown to reduce problem behaviour in the classroom and strengthen children's social, emotional and academic competencies. The programme promotes effective classroom management skills including the use of teacher attention, praise, and encouragement, the use of incentives, building positive relationships with children and managing difficult or inappropriate classroom behaviour.
How often the programme is provided or the initiative undertaken:	Once a month over 5 months during the school academic year
Location	Schools
Target group	Teachers – primary schools
Number of participants in 2011 /2012	Two schools
Description of what the above number represents.	Initially being offered in Tralee as it is large urban town in Kerry. When selecting schools a number of factors are taken into account based on schools needs

NORTH AND EAST KERRY DEVELOPMENT PROGRAMMES

Programme/ Initiative Name	Parental youth mental health support group
Agency:	NEKD
Contact Person:	Lorraine Bowler / Robert Carey – Listowel office
Aim and brief description of the Programme/ Initiative:	Support for parents whose children are experiencing mental health difficulties. The action will be lead by NEKD in partnership with parents 3 bereavement groups to set up. (again working with FRC's)
How often the programme is provided or the initiative undertaken:	NEKD will support the organisation of 2-4 workshops for parents covering topics such as, How to support their child through mental health difficulties. Support will be developed also for those who have suffered bereavement.
Location	3 workshops for parents, 1 support group Listowel, 2 support groups in other areas- to be decided with FRC's.
Target group	Family carers / disadvantaged women
Number of participants in 2011	6 groups 20 male individuals & 20 female individuals
Description of what the above number represents.	

Programme/ Initiative Name	Support for Family Day
Agency:	NEKD
Contact Person:	Seamus O'Hara / Maria Hickey – Tralee office
Aim and brief description of the Programme/ Initiative:	Family Day is an annual event in Tralee town park to celebrate families and give information on NEKD. and other organisations e.g. Enable Ireland, Open Door Network, Lesbian, Gay, Bisexual and Transsexual Network and Tralee International Resource Centre while being entertained with physical activities
How often the programme is provided or the initiative undertaken:	Once a year during the Rose of Tralee festival.
Location	Tralee Town Park
Target group	Disadvantaged communities
Number of participants in 2011	225 Adults, 100 children
Description of what the above number represents.	50 young males, 50 young females

Programme/ Initiative Name	Supporting families and children with disabilities
Agency:	NEKD
Contact Person:	Maria Hickey / Seamus O'Hara – Tralee office
Aim and brief description of the Programme/ Initiative:	NEKD will provide support to children with disabilities and their families and carers through supporting a local Disability Forum's Annual Seminar for parents and carers of young people with disabilities and facilitating specialist summer camps The forum has membership of the two main disability organisations in the county Enable for young people with physical disabilities and Brothers of Charity and has been in existence for 4 years. The camps are offered annually to young people who attend the two organisations services and offer an opportunity for inclusion and promotion of development with qualified staff. The camps are supported by parents and volunteers who have been sourced by the organisations involved.
How often the programme is provided or the initiative undertaken:	Once per year.
Location	Tralee
Target group	People with disabilities Parents / carers of young people at risk
Number of participants in 2011	3 groups
Description of what the above number represents.	50 male / 40 female

Programme/ Initiative Name	Implementation of the Incredible Year's programme
Agency:	NEKD
Contact Person:	Deirdre Kearin / Seamus O'Hara – Tralee office
Aim and brief description of the Programme/ Initiative:	An evidence based approach to resolving emotional and behavioural problems in young children. A pyramid approach which consists of working with the child, parent and teacher. NEKD will continue to support this strategy in a disadvantaged primary school in Tralee
How often the programme is provided or the initiative undertaken:	Annual roll-over in Mercy Moyderwell primary school.
Location	Mercy Moyderwell Primary school & venue for parent programme is Tralee town.
Target group	Parents/Carer's of young people at risk Low income families Disadvantaged young people
Number of participants in 2011	Adult male – 20 Adult female – 18 Young male – 6 Young female - 6
Description of what the above number represents.	People participating on the IY programmes.

Programme/ Initiative Name	Inclusion through sports and community arts
Agency:	NEKD
Contact Person:	Patricia Dowling / Sean Linnane – Castleisland office
Aim and brief description of the Programme/ Initiative:	NEKD will target specifically ‘children at risk’ of disadvantage and marginalisation. To create greater and improved options of children, strengthen family relationships, increase participation on sports and community arts as mediums for social engagement and integration. To enhance life skill development through informal education programmes. NEKD will provide funding towards running cost of both the boxing club and the dance and arts groups .NEKD also provides HR support through its development worker in order to sustain and develop the projects
How often the programme is provided or the initiative undertaken:	Ongoing.
Location	Castleisland
Target group	Disadvantaged young people Parents/carers of youth at risk
Number of participants in 2011	80 male 120 female
Description of what the above number represents.	Numbers of young people participating with the service over 12 months.

Programme/ Initiative Name	Parent and toddlers networks
Agency:	NEKD
Contact Person:	Maria Hickey –Tralee Dave Fitzgibbon - Listowel
Aim and brief description of the Programme/ Initiative:	Parent and Toddlers groups meet weekly to offer support to adults who care for children, these can be parents, minders or grandparents. The children can play in a safe environment while the adults mix and share information thus offering support to each other. NEKD's role as agreed with the County Childcare Committee is to support the p+t network and the set-up of new local groups as required
How often the programme is provided or the initiative undertaken:	Weekly meetings of groups take place.
Location	Groups within NEKD catchment area.
Target group	Lone parents Disadvantaged women Individuals who are unemployed
Number of participants in 2011	Individual male – 50 Individual female – 50 1 local community network supported Adult males participating in groups – 5 Adult females participating in groups - 30
Description of what the above number represents.	

Programme/ Initiative Name	Star pupil Traveller Education
Agency:	NEKD
Contact Person:	Dave Fitzgibbon - Listowel
Aim and brief description of the Programme/ Initiative:	The 'Star pupil' initiative is targeted at providing eight weeks employment to transition year Travellers as an incentive to encourage them to stay in school through to Leaving Cert. This initiative is targeted at Traveller teenagers in full time education who have completed 5th year in secondary school. NEKD is part of an interagency traveller strategy which comes under the CDB and this is one action we are implementing .The star pupil was also supported last year and is a national policy initiative
How often the programme is provided or the initiative undertaken:	Annually over the summer months.
Location	Listowel NEKD office
Target group	Travellers
Number of participants in 2011	1
Description of what the above number represents.	1 Traveller provided with summer work experience (paid).

Programme/ Initiative Name	Strengthening Families Programme
Agency:	NEKD
Contact Person:	Deirdre Kearin – Tralee Seamus O'Hara - Tralee
Aim and brief description of the Programme/ Initiative:	An evidence based 14 week family support programme focusing on parents and teens relations. NEKD will support two programmes one new programme in Listowel will be lead out by the FRC and the second in Tralee is a follow up as is recommended as part of the SFP
How often the programme is provided or the initiative undertaken:	1 programme delivered from September – December, 2011.
Location	St. Brigid's Family Resource Centre, Hawley Park, Tralee.
Target group	Parents/carers Youth at risk
Number of participants in 2011	Adults – M=6 & F=10 Young people – M=8 & F=9
Description of what the above number represents.	Numbers participating on the programme.

Programme/ Initiative Name	Supporting youth cafes
Agency:	NEKD
Contact Person:	Louise Lyons Dee Keogh, Listowel office
Aim and brief description of the Programme/ Initiative:	NEKD will support the development of a number of youth cafes in 2011 in order to provide a safe and supportive drug and alcohol free space for young people. 1) X-istance Youth Café, Listowel is a space for young people aged 12 to 18 + in the Listowel area. 2) Ballybunion cafe will open in 2011 and has received NEKD support 3) NEKD will develop a policy on the further development of cafes and NEKD role in these developments. An NEKD development worker co-ordinates youth cafe work and supports the running of the cafe and supervises the volunteers. LCDP funding also supports the running of the cafe and is supplemented by fundraising. In relation to the Ballybunion cafe LCDP will provide HR support in the form of advise and general support and will provide a small amount of money (€1,000) towards developmental youth activities in the cafe
How often the programme is provided or the initiative undertaken:	Ongoing
Location	Listowel town Ballybunion
Target group	Disadvantaged young people
Number of participants in 2011	130 male individuals 70 female individuals 3 youth groups using the service.
Description of what the above number represents.	Numbers using the service.

Programme/ Initiative Name	Tralee International Resource Centre
Agency:	NEKD
Contact Person:	Maria Hickey, Tralee office
Aim and brief description of the Programme/ Initiative:	Tralee International Resource Centre is based in Boherbee Tralee and offers a drop in part time service with language classes and integration clinics also being offered. LCDP staff contributes to the management of the centre and have contributed to the initial accessing of external funding and set up. A small amount of LCDP funding is used here to match ERF/HSE funds.
How often the programme is provided or the initiative undertaken:	Ongoing
Location	Drop in service is located in Boherbee, Tralee.
Target group	Asylum seekers / refugees
Number of participants in 2011	40 young males 50 young females
Description of what the above number represents.	

Programme/ Initiative Name	Lesbian, Gay, Bisexual and Transsexual Network.
Agency:	NEKD
Contact Person:	Maria Hickey, Tralee office
Aim and brief description of the Programme/ Initiative:	<p>Chiarrai Amach is the Lesbian, Gay, Bisexual and Transsexual Network whose set up NEKD has supported .The project has been in existence since 2008 when they set up a casual structure to offer support to other gay people in Kerry and continues to increase in members and looks to develop its services. NEKD are a key support agency in the Tralee area and along with Listowel FRC support Listowel membership also. Tralee continues to support the initiative and aims to host a conference on "Equality Achieved?" in Autumn.</p> <p>The NKWL LGBT group is in existence since 2008. The group helps many LGBT people to deal with problems of social and geographical isolation experienced in rural areas.</p>
How often the programme is provided or the initiative undertaken:	Ongoing
Location	Listowel & Tralee
Target group	Lesbian, gay, bisexual, transgender
Number of participants in 2011	
Description of what the above number represents.	

APPENDIX B – DIRECTORY OF SERVICES

CONTENTS

Working Group Areas	169
Parenting & Family Learning.....	169
Kerry County Childcare	169
Family Resource Centres (FRC)	170
HSE Community Parents	171
Health Centres	172
Kerry Life Education Mobile Ltd.	172
Kerry Education Service	172
Drugs & Alcohol.	173
KDYS Drugs Projects.....	174
NEKD/KDYS Drugs Project.....	174
Youth Mental Health	174
Brothers of Charity Southern Services -Child and Adolescent Mental Health Services (CAMHS)	174
HSE Counselling & Advisory Service	174
HSE Psychology Service.....	175
Jigsaw Kerry	175
Kerry Adolescent Counselling Service.....	175
South West Counselling Centre	175
Budget Management Services	175
Kerry Monetary Budgeting and Advice Service	175
St. Vincent De Paul	175
Young People at Risk.....	176
Education Welfare Service - NEWB/NEPS.....	176
Irish Youth Justice Service- Diversion Programmes	176
Springboard	177

Young Persons' Probation Project (YPP)	177
Kerry Child Protection Social Work Services	177
KDYS Mentor Project	178
Community & Volunteering	178
Community Centres	178
HSE Kerry Community Services,	179
Kerry Volunteer Centre	179
North East Kerry Development	179
South Kerry Development Partnership	179
Children with Disabilities	180
Brothers of Charity Intervention Services	180
Enable Ireland Kerry - Children's Services	181

Working Group Areas

This audit is set out according to the six working group (WG) areas of responsibility:

Parenting & Family Learning

Drugs & Alcohol

Youth Mental Health

Budget Management

Young People at Risk

Community & Volunteering

Children with Disabilities

PARENTING & FAMILY LEARNING

KERRY COUNTY CHILDCARE

Address: 2 James St. Tralee,

Tel: 066-7181582 & (087) - 2342499

Email: info@kerrycountychildcare.com

FAMILY RESOURCE CENTRES (FRC)

Key services provided by FRCs include:

- The provision of family support, information and advice at local level.
- Practical assistance to community groups (such as training, information, advice and use of shared facilities).
- Education courses and training opportunities.
- Childcare facilities for those attending courses provided by the programme.
- After-school clubs.

Ballyspillane Family Resource Centre

Address: Ballyspillane, Killarney, Co. Kerry

Tel: 064 35589 and Fax: 064 23583

Email: ballyspillanecfrc@hotmail.com

BUDS Family Resource Centre

Address: Benmore, Ballyduff, Tralee, Co. Kerry

Tel: 066 7148883

Email: buds1@eircom.net

The Caha Centre

Address: Adrigole, Beara, Co. Cork

Tel number: 027-60909

Castlemaine Family Resource Centre

Address: Castlemaine, Co. Kerry

Tel: 066 9767833 and Fax: 066 9767833

Email: cmainefrc@eircom.net

Droichead na Daoine Ltd. (Sneem)

Address: Droichead na Daoine, Seaview, Sneem, Co. Kerry

Tel: 064 75879 and Fax: 064 75916

Email: frc@sneem.com

Duagh Family Resource Centre

Address: Duagh Village, Listowel, Co. Kerry

Tel: 068 45333

Email: duaghfamilycentre@gmail.com

Kerryhead/Ballyheigue Family Resource Centre

Address: Sraid Thaidhg, Ballyheigue, Co. Kerry

Tel: 066 7116961

Email: ballyheiguefrc@gmail.com

Killorglin Family Resource Centre

Address: 39, Iveragh Park, Killorglin, Co. Kerry

Tel: 066-9762933

Listowel Family Resource Centre

Address: Upper Church St, Listowel, Co. Kerry

Tel: 068-23584

Email: listowelfrc@gmail.com

Shanakill Family Resource Centre

Address: Shanakill, Monavalley, Tralee, Co. Kerry

Tel: 066-7127831

Email: shanakillfrc@eircom.net

Shannow Family Resource Centre

Address: The Cloisters, Abbeydorney, Co. Kerry

Tel: 066-7109018

St. Brigid's Community Centre

Address: Hawley Park, Tralee, Co. Kerry

Tel: 066-7128521

Email: stbrigid1@eircom.net

HSE COMMUNITY PARENTS

Address: Kerry Community Services Building, Rathass, Tralee

Tel: Ext: 54702 (066) 7199702 & 086-7872088

Email: Agnes.luceykeane@hse.ie

HSE HEALTH PROMOTION

Tel: 021 4921641

HEALTH CENTRES

Ardfert Health Centre,
Tel: 066 713 4411

Ballinskelligs Health Centre,
Tel: +353 66 947 9127

Cahersiveen Health Centre,
Tel: +353 66 947 2266

Castleisland Health Centre College Road,
Tel: 066 714 1377

Causeway Health Centre,
Tel: 066 713 1221

Dingle Health Centre, Hospital Grounds,
Tel: 66 915 1777

Glenbeigh Health Centre,
Tel: +353 66 976 8239

Kenmare Health Centre,
Tel: 064 42414

Kilgarvan Health Centre,
Tel: 064 85322

Killarney Health Centre, Kealafreaghane &
Mastergeehy,
Tel: 066 947 4128

Kilarney Health Centre, St Annes Road,
Tel: 064 31408

Killorglin Health Centre,
Tel: 066 976 1284

Listowel Health Centre, Listowel Community
Hospital,
Tel: 068 21222

Rathmore Health Centre,
Tel: 064 58169

Sneem Health Centre,
Tel: 064 45102

Tralee Health Centre, 6 Denny Street,
Tel: 066 718 4802

Tralee Health Centre, Moyderwell,
Tel: 066 712 2912

Waterville Health Centre,
Tel: 066 947 4204

KERRY LIFE EDUCATION MOBILE LTD.

Address: 9/10 The Paddocks, Bellview Woods, Ballydowney, Killarney

Tel: (064) 6635135

Email: info@kerrylifeeducation.com

KERRY EDUCATION SERVICE

Address: Riverside House, Dan Spring Road, Tralee.

Tel: 066 712 1488 / 712 1248

Email: info@cokerryed.ie

DRUGS & ALCOHOL.

SOUTHERN REGIONAL DRUGS TASK FORCE

Coordinator – Chris Black

Development Worker – Gordon Kinsley

1st Floor, Kinvara House, Dublin Hill, Cork

Tel: 021 4930100

Email: chris.black@hse.ie : gordon.kinsley@hse.ie

TRALEE COMMUNITY DRUGS INITIATIVE

Worker – Paul Morgan

Contact – C/o North and East Kerry Development, Clash Road, Tralee

Tel: 066 7180190 / 087 6708702

Email: paulmorgan@nekd.ie

LISTOWEL COMMUNITY DRUGS INITIATIVE

Worker – Gerard Lowe

Contact – C/O KDYS, Youth Centre, Listowel, Co. Kerry

Tel: 068 23744

Email: gerardlowe@kdys.ie

KILLARNEY COMMUNITY DRUGS INITIATIVE

Address: KDYS, Youth Centre, Killarney, Co. Kerry

Tel: 068 31748 / 086 7364605

Email: desbailey@kdys.ie

CLUB KERRY

Address: HSE Health Promotion Dept., Rathass Tralee

Tel: 087 1314789

Email: michelle.foley@hse.ie

TALBOT GROVE

Address: Castleisland

Tel: 066 7141511

Email: info@talbotgrove.ie

KDYS DRUGS PROJECTS

KILLARNEY

Contact: Des Bailey

Address: KDYS, Fairhill, Killarney

Tel: 064 – 6631748

TRALEE

Contact: Gerard Lowe

Address: KDYS Upper Church Rd. Listowel

Tel: 087 9263803

NEKD/KDYS DRUGS PROJECT

Contact: Gemma Hilario

Address: NEKD, Clash, Tralee

Tel: 087 6708702

YOUTH MENTAL HEALTH

BROTHERS OF CHARITY SOUTHERN SERVICES -CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Address: The Greenview Clinic, 7 Greenview, Tralee

Tel: (066) 7144081

HSE COUNSELLING & ADVISORY SERVICE

Address: Block F, Edward Court, Edward St., Tralee

Tel: 066 7184968

HSE PSYCHOLOGY SERVICE

HSE Community Services Building, Rathass, Tralee

Tel: Ext: 54706 / (066) 7199706

JIGSAW KERRY

Address: Unit A1, Edward Court, Tralee

Tel: 066 7186785

Email: jigsawkerry@gmail.com

Facebook: <http://www.facebook.com/JigsawKerry?sk=info>

KERRY ADOLESCENT COUNSELLING SERVICE

Address: Balloonagh, Tralee

Tel: 066- 7181333

Email: info@kerryadolesentcounselling.ie

SOUTH WEST COUNSELLING CENTRE

Address: Emmett's Road, Killarney,

Tel: (064) 6636416 / 6636474

Email: info@southwestcounselling.ie

BUDGET MANAGEMENT SERVICES

KERRY MONETARY BUDGETING AND ADVICE SERVICE

Address: Edward Court, Edward Street, Tralee

Tel: 0761 07 2190

Email: kerry@mabs.ie

ST. VINCENT DE PAUL

KILLARNEY

Address: Ozanam House, Greenlawn, Killarney,

TeleTel 064 6622668; Fax 064 6622668

Email svdpkillarney@eircom.net

TRALEE

Address: Friary Lane, Tralee.

Tel: 066 7128021.

Email svptraleearea@eircom.net

YOUNG PEOPLE AT RISK

EDUCATION WELFARE SERVICE - NEWB/NEPS

Address: Clounalour, Oakpark, Tralee

Tel: 066 7144625

IRISH YOUTH JUSTICE SERVICE- DIVERSION PROGRAMMES

AN T-OILEAIN PROJECT-CASTLEISLAND

Address: KDYS Youth Centre, The Island Centre, Castleisland

Co-ordinator: Robbie Fields

Tel: 087 6979904 & 066 7142648

Email: rfields@kdys.ie

NK 10 PROJECT-LISTOWEL

Address: KDYS Youth Centre, Upper Church Street, Listowel

Co-ordinator: Donal Nagle

Tel: 085 1252214 & 068 23744

Email: donalnagle@kdys.ie

BAPADE PROJECT-KILLARNEY

Address: KDYS Youth Centre, Fairhill, Killarney

Co-ordinator: Ken O'Neill

Tel: 087 2066738

Email: kenoneill@kdys.ie

CONNECT 7

Address: Spa Road, Tralee

Co-ordinator: Kevin Murphy

Tel: 086 678 4003

Email:

JUST US

Address: Rahonanne Centre, Tralee

Co-ordinator: Aine Lambe

Tel: 085 8031894

Email: ainelambe@kdys.ie

MY PROJECT

Address: 11/12 St. Patrick's Bungalows, Tralee

Co-ordinator: John Moriarty

Tel: 086 8318893 & 066 7127932

Email: moriarty@kdys.ie

SPRINGBOARD

Address: Tralee Springboard Project, 38 Ashe Street, Tralee

Tel: 066 7185620

E-Mail: redmondpowell@kdys.ie

YOUNG PERSONS' PROBATION PROJECT (YPP)

Address: Kerry Adolescent Counselling Service, Balloonagh, Tralee,

Tel: (066) 7181333

Email: info@kerryadolescentcounselling.ie

KERRY CHILD PROTECTION SOCIAL WORK SERVICES

Tralee

Address: Tralee Social Work Department, Rathass, Tralee, Co. Kerry.

Tel: (066) 7184500

Killarney

Address: Killarney Social Work Department, St. Margaret's Road, Killarney,

Tel: (064) 36030

KDYS MENTOR PROJECT

Address: KDYS, Denny Street, Tralee, Co. Kerry

Phone/s: 066-7121674 & 085-8505299

Email: mentor@kdys.ie

PROBATION SERVICE

Address: 7 Ashe Street, Tralee

Tel: 066-7122666

COMMUNITY & VOLUNTEERING

COMMUNITY CENTRES

Abbeydorney Community Centre

Annascaul Community Centre

Ardfert Community Centre

Asdee Community Centre

Ballybunnion Community Centre

Ballyduff Community Centre

Ballyheigue Community Centre

Ballylongford Community Centre

Ballyloughran Community Centre

Beaufort Community Centre

Brosna Community Centre

Cahirciveen Community Centre

Camp Community Centre

Castleisland Community Centre

Castlemaine Community Centre

Causeway Community Centre

Chapeltown Community Centre

Clounmacon Community Centre

Coiste Forbartha An Gleanna

Cordal Community Centre

Cromane Community Centre

Cumann Iosaef

Duagh Community Centre

Forbairt Na Dromoda TeoGlenbeigh

Community Centre

Keel Community Centre

Kenmare Community Centre

Kilcummin Recreation Hall

Kilflynn Community Centre

Kilgarvan Community Centre

Killarney Community Centre

Killeentierna Community Centre

Killorglin Community Centre

Killorglin CYMS

Knockanure Community Centre

Knocknagoshel Community Centre

Listowel Community Centre

Lixnaw Community Centre

Marian Hall Firies

Milltown Community Centre

Moyvane Community Centre

Portmagee Community Centre

Scariff Community Centre

Shanakill Community Centre

Sneem Community Centre

Tarbert Community Hall

Waterville Community Centre

HSE KERRY COMMUNITY SERVICES,

Address: HSE Community Services Building, Rathass, Tralee

Tel: (066) 7184500

KERRY VOLUNTEER CENTRE

Address: 7 Maine Street, Tralee

Tel: 066 7117796

Web Address: <http://www.volunteerkerry.ie/>

KERRY COMMUNITY & VOLUNTARY FORUM

Address: Kerry County Council, Community & Enterprise, Manor, Tralee

Tel: (066) 7183680

Email: Comm.&ent@kerrycoco.ie

NORTH EAST KERRY DEVELOPMENT

Address (Head Office): Clash Road, Clash, Tralee

Tel: 066 7129675 (Tralee); 066 7142576 (Castleisland); 068 23429 (Listowel)

Web Address: www.nekd.ie

Facebook: <http://www.facebook.com/NorthEastKerryDevelopment>

SOUTH KERRY DEVELOPMENT PARTNERSHIP

Address (Head Office): West Main Street, Caherciveen

Tel: 066 9472724 (Caherciveen); 066 9761615 (Killorglin); 064 6641613 (Kenmare); 064 6637833 (Jobs Club Killarney)

Web Address: www.southkerry.ie

CHILDREN WITH DISABILITIES

BROTHERS OF CHARITY INTERVENTION SERVICES

Contact: Ms. Mary Fitzgerald, Co-Ordinator, Regional ASD Services

Address: Marian House, Leghanamore, Togher, Cork

Tel: (021) 4347087

KILLARNEY:

Contact: Katie Cournane-Friel, Clinic Manager

Tel: 064.33933

Email: brscharkil@eircom.net

TRALEE

Contact: Anne Creighton, Clinic Manager

Tel: 066 – 7126833

Email: traleeboc2@eircom.net

LISTOWEL

Contact: Hannah Carmody, Clinic Manager

Tel: 068 - 22418

Email: boclis@eircom.net

CAHIRCIVEEN

Contact: Deirdre Sugrue, Clinic Manager

Tel: 066-9473344

Email: brothersofcharitycn@eircom.net

SOUTHERN SERVICES - SOCIAL WORK IN SPECIAL EDUCATION

Services are provided to Dept. of Education Schools at St. Ita's and Joseph's, Tralee and Nano Nagle, Listowel. The Head of Social Work Department

Address: Brothers of Charity (Southern Services), Lota, Glanmire, Co. Cork

Tel: (021) 4821012

ENABLE IRELAND KERRY - CHILDREN'S SERVICES

Address: Orchard Way, Oakview Village, Oakpark, Tralee, Co. Kerry

Tel: (066) 712 8220 / (066) 7102937

Email: admin.traleechildrens@enableireland.ie

KERRY PARENTS AND FRIENDS ASSOCIATION

Address (Main centre): Port Road, Killarney

Tel: 64 663 2742

Email: info@kpfa.ie

ST. JOHN OF GOD KERRY SERVICES

Address (Main Centre): Monavalley, Tralee,

Tel: 0 66 - 712 4333

Email: kerry@sjog.ie

APPENDIX C: EVALUATION OF PROGRAMMES

Programme evaluation can follow a similar process to the one undertaken by the working groups in developing child well-being indicators. The recommended steps are to?

1. Identify and articulate outcomes **at the outset**
2. Keep focused on the outcomes throughout the initiative/programme
3. Identify and document programme indicators **at the outset**. Indicators could include:
 - Number of referrals
 - Number of attendees
 - Completion rates
 - Staff competencies/training
 - Level of satisfaction of attendees
 - Changes in behavior/attitudes of attendees
 - Etc.
4. Process indicators will allow you to gauge the quantity and quality of programme activities, outcomes indicators will allow you to gauge the quantity and quality of programme outcomes
5. Evaluate during and after the programme and disseminate your evaluations to all agencies involved as soon as possible

APPENDIX D: KERRY CSC DATA SHARING PROTOCOL

1 Purpose

This protocol is intended to facilitate the collection of appropriate baseline data to support the Kerry Children's Services Committee and the development of a set of local indicators to measure progress under the initiative. This will improve services and interagency working, inform policy makers, and track changes. This protocol will inform the process by which interagency data sharing will occur. Sharing data will enable us to:-

- To conduct needs analyses relevant to the specified national outcomes for children and other relevant local issues.
- To map the services currently available.
- To identify gaps and priorities in relation to population groups and services in Kerry.
- To eliminate fragmentation and duplication of services by ensuring more effective collaboration between children's, young people's and family services.
- To monitor, review and account for what we do.
- To avoid, where possible, duplication of information gathering.
- To create effective systems of co-ordinated services, support and opportunities to improve outcomes for children.

The issue of data sharing is a key strategic goal of the Kerry Children's Services Committee. Under this agreement, the data will be shared as appropriate between the partners. The Kerry Children's Services Committee will produce annual reports using the statistical or aggregated data (from which it is not possible to identify any individual) provided by each agency to support the development of initiatives to improve outcomes for children & families in Kerry.

By signing this protocol all parties declare our commitment to the lawful exchange of information and the development of information sharing procedures specific to the needs agreed by the partner agencies.

As signatories to this Protocol, all parties recognise the importance of sharing information with each-other.

Each party will be encouraged to check its data notification to ensure that it is appropriately registered for sharing and receiving information for the purpose of local co-ordination. Typically the following statement will suffice "Non personal data and other details quantifying the uptake of services will be stored and used by this organisation for statistical and service improvement purposes."

2 Fundamental Principles

- a) The partners to this projects agree to apply the "why not" principle. This shall apply to the participation of all partners - rather than justification being sought at every point it is the responsibility of each organisation to deliver on their commitments to participate
- b) Parties in this Protocol undertake to co-operate fully with each-other, within the parameters of the Data Protection Act 1988 (and as amended 2003). Accordingly, data may not be transferred between parties that: (a) contains personal information or unique identifiers such as PPSN (b) is reported on an individual basis. Data will therefore only be shared in aggregated form. (For example, a shared data set could consist of the total number of crimes committed by under 18 year olds in Kerry in 2010.)
- c) Each agency will abide by their own data protection protocols and the Data Protection Act 1988 (and as amended 2003), in relation to this issue.

- d) Data may not be transferred between parties where the data set consists of less than 6 people.
- e) Personal Data may not be transferred between parties; the Kerry Children’s Services Committee will only collect and share aggregated data.
- f) Each partner undertakes that all personal data remains the property of the disclosing agency, cannot be disclosed as defined by the Data Protection Act 1988. Any partner inadvertently receiving raw data must declare the breach of this protocol the data will be destroyed immediately.
- g) The disclosing partner has a responsibility to define the level of sensitivity of information shared under this protocol.
- h) The data will not be used for any purpose other than to: target services, track progress of initiatives, inform policy makers, and track changes in Child Well-Being.
- i) Any media queries regarding shared data will be referred back to the agency from which the data in question originated.
- j) All shared data will be accompanied by detailed metadata describing the characteristics of the data sets.
- k) This data sharing protocol will be reviewed and updated as required.

Signature _____

(On behalf of Agency/Organisation)

Authorisation Signature _____