

Working For Children

An Audit of Services and Needs Analysis of Children's Services in County Meath

Summary Report – January 2014



Meath Children's Services Committee



Contents

Forward	3
Chapter 1. Introduction & Methodology	4
1.1. Introduction	4
1.2 Methodology Overview	4
1.3 Process for Establishing Recommendations and Findings	6
1.4 Limitations of the Research	6
Chapter 2: Overview	8
2.1 Overview	8
2.2 Meath Children’s Services Committee	8
2.3 Funding for Youth Services in Meath	9
2.4 County Meath: A Demographic and Socio-economic Overview	9
2.5 Summary	11
Chapter 3: Audit of Services by Hardiker Model and Five National Outcomes	12
3.1 Overview of Hardiker Model	12
3.2 Mapping and Audit against the Hardiker Model	13
3.3 Overview of Five National Outcomes for Children	15
3.4 Service Audit and the Five National Outcomes for Children	15
Chapter 4: Findings	19
4.1 Introduction	19
4.2 The 32 Needs Analysis Findings:	20
4.3 Cross Cutting Findings that Relate to The Five National Outcomes for Children	22
Outcome 1 - Healthy, Both Physically and Mentally	26
Outcome 2 - Supported in Active Learning	29
Outcome 3 - Safe from Accidental and Intentional Harm	31
Outcome 4 - Economically Secure	34
Outcome 5 - Part of Positive Networks	35
References	38

Forward

Children's Services Committees (CSCs) are a local county based structure for bringing together agencies who work with children to engage in joint planning of services for children. In working together, our focus is to ensure that statutory, community and voluntary agencies secure better developmental outcomes for children in Meath through more effective integration of existing services and interventions at local level.

To achieve this, we have worked together to develop the Meath Children and Young People's Plan 2012-2015, in line with the 5 National outcome areas for children. This Audit of Services and Needs Analysis was carried out by Quality Matters Ltd in order to provide and collate accurate information on children's services and local needs in the county for the Meath CSC, and to inform our Meath Children and Young People's Plan 2012-2015, in its work going forward.

The Meath CSC would like to thank the participants in this research for giving so generously of their time, and sharing their experiences and insights. We are sincerely grateful to the parents and young people who agreed to participate in the focus groups. We also wish to acknowledge Assumpta Kelly (Meath County Council), Emma Clare (HSE), Sé Fulham (Navan Springboard) and Leonard Callaghan (Meath CSC Co-ordinator), as members of the Research Steering Group, for their advice and support throughout the research. Finally, we would like to thank the Department of Children & Youth Affairs, Meath County Council and the HSE for jointly funding this research initiative.

Jim McGuigan, Chair, Meath Children's Services Committee

November, 2013

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The full version of this report can be obtained by contacting the co-ordinator of the Meath Children's Service Committee, tel: 046-9097844 / 087-6441418 or email: leonard.callaghan@hse.ie

Chapter 1. Introduction & Methodology

1.1. Introduction

In line with the eight functions of Children’s Services Committees identified by the Centre for Effective Services (1), the Meath Children’s Services Committee has commissioned this report to provide an audit of service and needs analysis for the county of Meath. Under the guidance of a research steering group, comprising members of the Meath Children’s Services Committee, this report has been researched and developed by Quality Matters, an independent, not-for-profit research, evaluation and consultancy organisation. The purpose of this report is to “enable the CSC [Children’s Services Committee] to map service provision in its area, to identify gaps in services and to ascertain where there is duplication” (1).

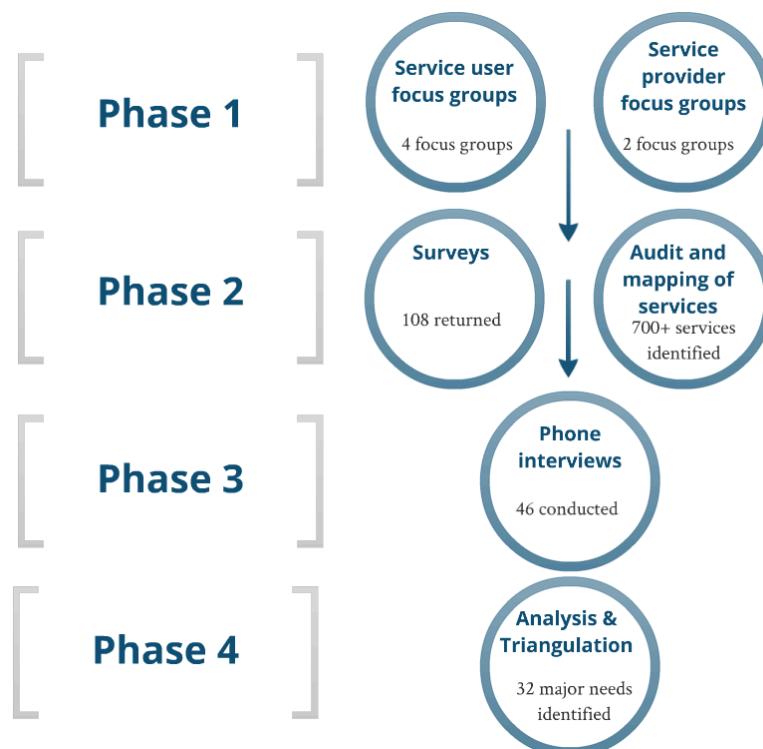
As outlined in the methodology, this research involved 193 participants comprising of professionals, parents, children and young people within Meath. The time given by these stakeholders led to the development of a very detailed 190 page report, which is summarised in this document. This report could not have been undertaken without the considered involvement of these stakeholders and it is hoped that the detailed analysis contained within the main report is of use in providing a composite record of the needs of young people as viewed by these contributors.

This summary report has been developed as an accessible version of the audit of services and needs analysis. The full report is available from the Meath Children’s Services Committee and provides greater detail on the information collected as part of the research.

1.2 Methodology Overview

This comprehensive research project has gathered and triangulated data from 193 individuals, by way of focus groups, surveys, interviews and an open call for submissions. This information was gathered during May to July of 2013. Figure 1 identifies the four phases of this research.

Figure 1: Research Methodology



This service audit and needs analysis has been undertaken alongside the production of a comprehensive database of all children’s services and family support services in Meath. The service audit and needs analysis used a mixed methodology (surveys, focus groups and interviews as well as analysis of the spread of services within the county, and comparison of Meath with two other counties) to identify the gaps in service provision to under 18s and their families. This approach was chosen in order to provide context and qualitative insight into the findings of the service audit. Information was triangulated (gathered together and compared) from the various data sources to obtain a picture of unaddressed needs and gaps in service delivery for the children of Meath.

The table below highlights the methods utilised to collect information from people and organisations in Meath.

Table 1: Number of People Engaged in Each Data Collection Process¹

Data collection process	Number of people engaged in each process
Survey returns	108
Key stakeholder interviews	46
Focus groups	58
Open submissions received	3
Subtotal	215
Less people contributing to two or more processes	-22
Total	193

Service Mapping and Audit

In addition to the information gathered through interviews, focus groups and surveys, a comprehensive mapping exercise was undertaken to outline the geographic spread of services. Information was gathered from key service personnel, public databases, a web search as well as snowballing techniques (people naming other services) through the key stakeholder interviews and surveys. A total of 705 services were identified and are included in a database². Information in the database contains, where possible, the following information:

- Service category: For example, Health
- Service Type: For example, GP
- Service Name
- Contact person
- Address
- Phone
- E-mail
- Hardiker Level (more than one possible)
- National Outcome (more than one possible)

In order to analyse the spread of service provision across the county, the researchers used mapping software. Using an online geocoding service, non-confidential information was uploaded and maps were generated (.kml file), downloaded and compiled (on a *mapping client*: a programme which allows for the creation and manipulation of maps).

¹ Two service provider focus groups were held to support design of the methodology, with one held after the fieldwork to verify findings. As such, these are not considered direct sources of report data.

² This figure is higher than the number surveyed due to contact information not being available for many voluntary or sporting organisations.

The spread of services was then analysed against the types of service delivery (i.e. education, disability, minority services etc.), as well as against the five national outcomes, to uncover potential areas of under resourcing.

1.3 Process for Establishing Recommendations and Findings

Comparison of Data (Triangulation)

Data from the desktop review, service audit and qualitative needs analysis (interviews, focus groups and survey information) was analysed to arrive at a summary of needs under each chapter heading, using a process known as triangulation.

The benefit of triangulation of information is that factual information and analysis is given additional meaning and depth when combined with the views of service users and professionals. The desktop review is useful in contextualising local needs within the agreed priorities of relevant Government departments or local agencies. By combing all three sources of information, local needs can be considered from a variety of angles and decisions on next steps can be made with the optimum amount of information.

107 observations were identified within the research, which when triangulated against mapping data and desktop research, resulted in a total of 76 initial findings. These are presented at the end of each themed chapter within the full report. Initial findings were reviewed in light of the strength of evidence and relevance. Following this process the researchers identified a total of 32 findings. These are presented in the Findings Chapter of this summary report.

The findings were discussed within service provider focus groups to ascertain that the priority issues identified by the researchers were coherent, reasonable and took account of all available information. Participants at these focus groups provided additional information on the findings, assisted in clarifying wording and prioritised the findings into the order they appear in this report.

1.4 Limitations of the Research

All research has limitations, as it is not possible to obtain full and complete information on all stakeholder view's or on all information relating to every issue. Acknowledging research limitations assists readers to evaluate the findings of the report.

Challenges in Obtaining a High Number of Survey Returns

Of the surveys used in the research, return rates varied from 47%³ to 21%, representing a figure slightly below the average return rate for organisational surveys (21).

The fact that surveys were completed by 31% of services means that caution must be taken when making inferences from the survey to the whole of Meath. While the return rates represent a statistically valid sample size (2, 3) it should be noted that this figure includes a high number of early childhood service providers and does not include primary and secondary schools. While the qualitative side of this research has sought to mitigate this response bias, this limitation should be borne in mind regarding the findings of the research.

³ This rate is higher than the true figure as the survey was also sent to third parties. These intermediary services did not provide the researchers with a list of organisations that the survey was forwarded to. The rate is calculated by returns over total numbers of direct send-outs.

Focus Group Representation

While efforts were made to obtain the views of a variety of stakeholders, including young people from different settings, parents and professionals working with Travellers, in all cases representation had clear limitations, those identified include:

- In the parent group most participants were based in or close to Navan town, therefore this group is not representative of the general population of Meath.
- In relation to the youth groups, while the groups were representative of different youth target groups, these groups could not be seen as representative of youth across the county.
- Similarly Traveller participants were engaged with programmes through work roles and for this reason may not be considered representative of the Traveller community as a whole.

The Wide Scope of Research Means Small Percentages of Stakeholders Consensus in Some Themes

It should be noted that in many cases professionals restricted their interviewee comments to their own fields of expertise rather than commenting on broader issues relating to children's services. A number of the themes within the report have been raised by only two to four interviewees (4%-9%). These numbers should be considered in light of the wide scope of the research and the large breath of themes / observations (n=107) explored within it.

Chapter 2: Overview

2.1 Overview

This chapter provides an overview of the Meath Children's Services Committee who commissioned this report, the context for this report, a comparative summary of funding for children's services in Meath as well as a demographic profile of the county.

2.2 Meath Children's Services Committee

This report was commissioned by the Meath Children's Services Committee. The Meath Children's Services Committee was established in June 2011, with members representing the HSE, Meath County Council, An Garda Síochána, the Probation Service, Meath VEC⁴, the Irish Primary Principals Network (IPPN), the National Association of Principals & Deputy Principals (NAPD), the North East-Regional Drugs Task Force, Non-Governmental Organisations and the Voluntary Sector including Navan Springboard Family Support Services and the Crann Support Group (4).

The purpose of Children's Services Committees is to bring together relevant agencies in county areas to plan children's service provision, to promote positive outcomes for children through:

- Coordinating implementation of relevant national policies and strategies
- Planning and coordinating local service provision
- Eliminating fragmentation and duplication through effective interagency working
- Promoting effective use of resources at a local level
- Strengthening decision making capacity at a local level

Context for this Report

Fig 2 below shows a graphic representation of the purpose, functions and mandate of a Children's Services Committee (1). This report fulfils the second and third function of the Committee:

- Conduct a needs analysis
- Map services currently available

Figure 2: Functions, Mandate and Purpose of a Children's Services Committee



⁴ Now the Meath Louth Education and Training Board

2.3 Funding for Youth Services in Meath

In 2011, Meath was the second lowest recipient of funding from the Department of Children and Youth Affairs (DCYA) through local drugs task forces, special projects for youth and youth information centres (5). The national average for this spend is €22.31 per child. However, in Meath this figure is €2.89 per child, or, just under 13% of the national average. Statistics from the DCYA also show that the county of Meath has a young person (10-24) rate of 19%, a figure in line with the national average (5).

Of the DCYA's funding budget of €40.4 million in 2011, Meath received project funding of just €99,583. This represents a percentage spend of 0.25% for a county home to 3.9% of the state's 10 – 24 year olds (5). Aside from Cork County and Kildare, County Meath has the highest number of young people covered by the council area outside of Dublin. It should be noted here that in some instances, funding has been allocated to organisations outside of Meath but who may provide services in the county due to their national remit.

2.4 County Meath: A Demographic and Socio-economic Overview

Size and Population

Comprising 234,207 hectares, Meath is the 14th largest county in Ireland (6). At the time of compiling this report there were five electoral areas in the County, with a further three town council areas for electoral purposes. It should be noted that these electoral areas are subject to change, with the Local Electoral Area Boundary Committee in May 2013 recommending an increase to six electoral areas (7).

In 2011, Meath was home to 184,135 individuals consisting of 91,910 males and 92,225 females. This represents just over 4% of the Republic of Ireland's population of 4,588,252, placing Meath as the ninth most populated county in the country (6).

Meath has seen a marked population growth over the past 15 years, increasing by 68% between 1996 and 2011. As will be analysed in greater detail below, the influx of people into Meath over the past 15 years has resulted in a demographic profile that is not reflective of the national average. Meath has a disproportionately young population: while the county accounts for 4% of Ireland's population, 4.6% of the children of Ireland lived in Meath in 2011; 53,400 of the state's 1,148,687 children (6).

The largest town in Meath is Navan, with a population of 28,559. This places Navan as the fifth largest town in Ireland, as well as being the tenth largest urban settlement in the country. The 2011 census found that Navan Rural electoral division saw the tenth largest population increase out of 3,440 electoral divisions nationally, increasing by 2,992 people in a five-year period.

Including Navan, Meath is home to eight of the 100 largest towns and cities in Ireland. Table 2 identifies these and notes their population and the percentage increase since 2006. As can be seen, all of these town-land areas experienced population growth of between 12.2% and 33.1% in this five-year period.

Table 2: Population and National Ranking of Large Towns in Meath (2011 census)

National Ranking	Ranking change since 2006	Urban Area	Population 2011	Increase since 2006
10	0	Navan [a]	28,559	14.90%
38	+ 9	Ashbourne	11,355	33.10%
40	+ 5	Laytown-Bettystown-Mornington	10,889	21.30%
53	+ 3	Ratoath	9,043	24.70%
55	+ 5	Trim	8,268	20.30%

65	+ 4	Dunboyne	6,959	21.80%
75	- 3	Kells	5,888	12.20%
97	+ 3	Duleek	3,988	23.20%

The Meath County Development Plan 2007 – 2013 identified a “Settlement Hierarchy” of towns in the County of Meath based on population and population growth (8). The plan identifies five categories of towns and villages in the county, which can be seen in Table 3 below. Note that border towns such as Clonee and Drogheda have been excluded from this list, as they are served by children’s services outside the remit of this report, i.e. those in other counties.

Table 3: Town and Village Hierarchy

Hierarchy Type	Name
Large Growth Town	Navan
Modest Growth Town	Trim, Kells, Dunshaughlin, Dunboyne, Ashbourne,
Small Growth Town	Enfield, Bettystown / Laytown, Stamullen, Ratoath, Athboy, Oldcastle, Duleek
Key Villages	Nobber, Slane, Summerhill, Ballivor, Longwood
Villages	Crossakiel, Gibbstown, Rathcairn, Kildalkey, Clonard, Drumconrath, Gormonstown, Rathmoylan, Julianstown, Kilmessan, Carlanstown, Mornington, Moynalty, Kilmainhamwood, Donore, Kentstown, Carnaross, Kilbride

Demographics

The 2011 Census (6) identified 53,400 children (0-17yr olds) in Meath. Meath has more children than the country average, with 29% of the population under 18, as opposed to a national figure of 25.1%. As can be seen in table 4, the Slane electoral area has the highest percentage of children of all the electoral areas in Meath. Analysed further, Meath’s overrepresentation is concentrated in the under 14 age bracket. Extrapolated over time, this is likely to result in an increase of around one third (32.4%) in the number of young adults (14-17) in the County within the next 14 years⁵

Table 4: Under 18 Population by Electoral Area (2011 census)

Electoral Area	Total population	Under 18 population	% of EA population under 18
Kells	28,608	7,792	27.2
Trim	27,225	7,927	29.1
Navan	43,316	12,643	29.2
Slane	38,164	11,590	30.4
Dunshaughlin	46,822	13,448	28.7
Total	184,135	53,400	29

Meath is also overrepresented by the number of 30-49 year olds. Analysis of 2006 census data (9) attributed the increase in the 25-44 (now the 30-49 cohort) age group to an ‘influx of the commuter age population into the country’.

⁵ This figure has been calculated by the current number of zero to three years olds compared with the current number of 14-17yr olds. This figure does not account for potential net migration or emigration to or from the county.

Socio-economic Breakdown

Engling and Haase (10) found in 2011, that Meath was the ninth most affluent county in Ireland. This is a drop of three places since the 2006 census, where Meath was sixth. The 2011 deprivation index notes that:

Meath has massively been affected by the economic downturn after 2007, reflected in the drop in the absolute deprivation score from 2.7 in 2006 to -6.1 in 2011. This represents a drop of 8.8, compared to a nationwide drop of 6.5. (10. P.1)

The index goes on to discuss a degree of geographic variances within the county. While in 2006 there were no electoral divisions falling into the “disadvantaged” category, 2011 data identifies two electoral areas in the Kells electoral division⁶ as now being classified as disadvantaged.

The 2011 census recorded an unemployment rate in Meath of 18% (6), a figure slightly lower than the national average of 19%. Of the 74,342 workers recorded by the census in Meath, 34,942 (44.3%) worked outside the county. As of May 2013 there were 10,557 people on the live register in Meath.

2.5 Summary

Meath is one of 16 counties in the country where Children’s Services Committees have been established. Meath has a disproportionately high number of children living in the county, with almost 16% more under 18 year olds than the national average. Based on current figures it is likely that the number of young people in the county will continue to grow. On these numbers it is estimated that Meath will see a one third increase in the number of teenagers in the county over the next decade and a half.

Meath has seen one of the strongest declines in economic stability in the country in recent years. In the period between 2006 and 2011 Meath has dropped three places in terms of relative affluence among counties. This period saw the number of electoral divisions categorised as ‘disadvantaged’ rise from none at all to two.

Despite these findings, Meath remains one of the most poorly funded counties in terms of youth service provision. For example, as noted previously Meath receives just €2.89 per child from the Department of Children and Youth Affairs, as opposed to a national average of €22.31.

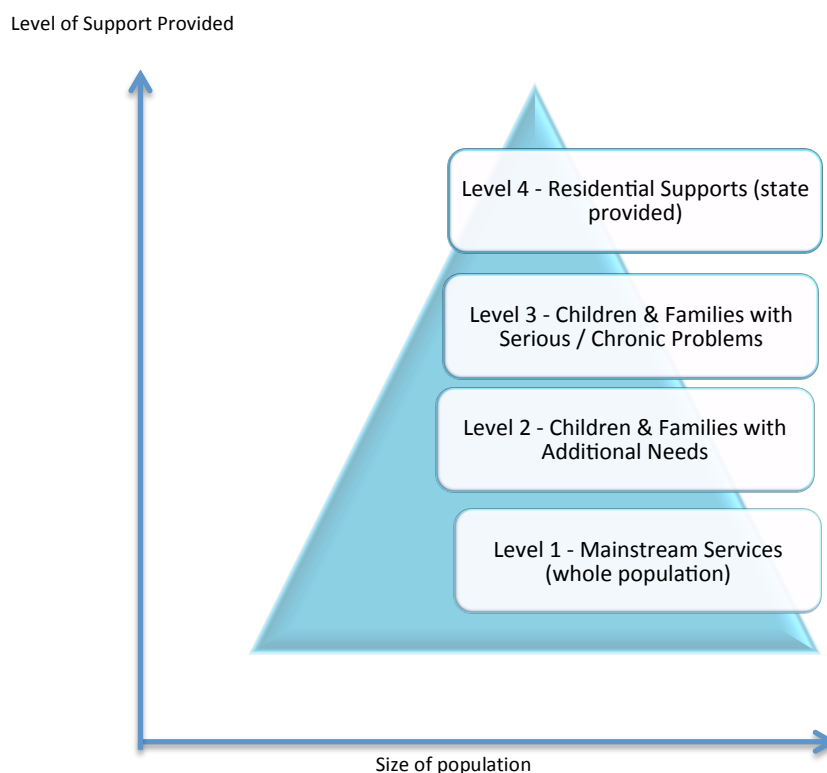
⁶ Ceannanus Mor (Kells) Urban and Kilmainham

Chapter 3: Audit of Services by Hardiker Model and Five National Outcomes

3.1 Overview of Hardiker Model

The Hardiker Model was developed in the UK in the 1990's and is used to understand different levels of children's needs. The model is widely used in Ireland and the UK for national planning (11). Hardiker outlines four levels of need and corresponding service provision, outlined in the diagram below:

Figure 3 - Hardiker Model



This Figure and the definitions below are based on the work of Hardiker and the 2010 CES introductory guide to the key terms and explanations of the four levels (1).

Level One

This level consists of whole population services provided by community, voluntary and statutory services, examples include: education, recreational activities and youth work. These services may include whole population preventative work, which aim to reduce risk or enhance protective factors to minimise the need for services at a level two or three.

Level Two

This level encompasses services provided to youth and families with some additional needs. Services that will meet these needs will work with parental consent and services may be provided through statutory or community and voluntary settings. Examples include: additional educational supports, health, low intensity mental health and drug and alcohol supports or parental supports. Level two services may be provided with the intention of preventing escalation to level three services.

Level Three

Services at level three are provided to children and families with more serious problems. At this level there is frequently a need for coordinated or case management approaches due the complexity of need and number of services involved. Level three may be provided by community, voluntary or statutory service provision. Examples of services provided at this level include family support, community mental health and case management services.

Level Four

Services falling into this category are normally provided where there is temporary or long-term breakdown in the family, or other reason that requires care of the youth by the state. Level 4 requires state intervention. It can include children's homes for children who have been taken into care, youth in custody for justice related issues or youth in hospital or a treatment centre for mental health or drug and alcohol related issues.

Transition Between Levels

A vital aspect of Hardiker is the need for clear processes and coordination to facilitate ease of movement of children and families up or down the four levels. For example whole population services need to have access to information and knowledge of a variety of services to enable positive referrals and signposting into services at level 2 or 3. Services at this level need a capacity to refer into appropriate high intensity or residential services.

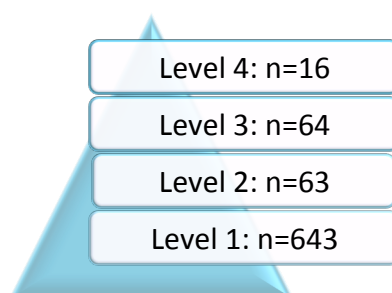
Systems also need to be in place for youth and family with high needs to be referred from higher intensity service to lower intensity service provision in a way that provides continuity of support and provides a safety net should higher intensity supports be required at a later time.

3.2 Mapping and Audit against the Hardiker Model

There were 705 services identified through the service audit. These services were categorised by Hardiker level based on survey and interview responses, or by supporting literature where direct contact was not possible. In many cases services were not easily characterised by exact Hardiker level, indeed 64 services were recorded as working across Hardiker levels, which represents the vast majority of services operating at levels two, three and four.

90% (n=636) of services were identified as working purely at level one on the Hardiker model. These included pre-schools, schools, parks, general medical practitioners, youth groups and sports clubs. The remaining 69 services operated at other levels of Hardiker, providing targeted, rather than universal services. The number of services by Hardiker type can be seen in Figure 4 below. It should be noted that the total number here exceeds 705 due to many organisations providing services at multiple Hardiker levels. For a detailed breakdown of all services by Hardiker level, see the service directory.

Figure 4: Services Identified by Hardiker Level⁷



When plotted geographically, it can be seen that just over half (n=35) of all services working at levels two, three and four are based in Navan. The electoral area with the lowest number of level two, three and four service providers is Slane in East Meath (n=4), followed by the Kells electoral division (n=7). Map 1 displays these services by location, with a breakdown of services by electoral area provided in the table below.

Map 1: Level Two, Three and Four Services in Meath⁸

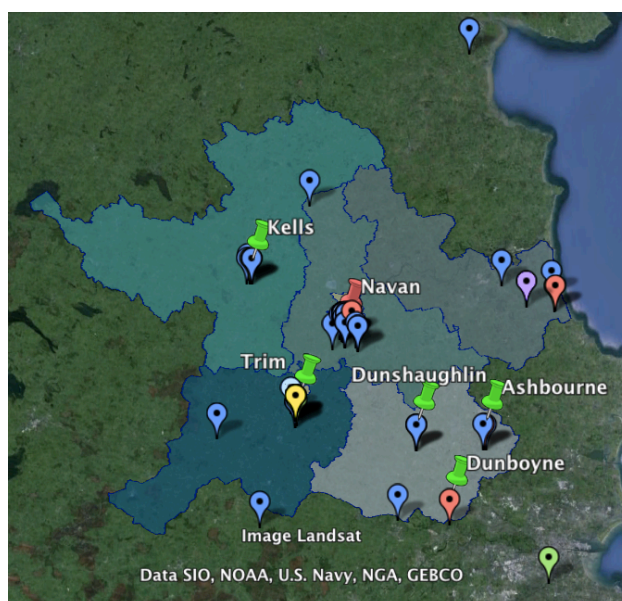


Table 5: Hardiker Level Two, Three and Four Services by Electoral Area

Electoral Area	Rural	Urban	Total
Trim	4	8	12
Dunshaughlin	n/a	n/a	8
Slane	n/a	n/a	4
Kells	1	6	7
Navan	0	35	35
Outside Co. Meath	n/a	n/a	3
Total			69

⁷ The combined number of services identified in this figure is higher than the total number of services identified. Where a service works at more than one point on the Hardiker scale it has been included twice for the purposes of this illustration.

⁸ Services on this map are not colour coded on the basis of hardiker level.

3.3 Overview of Five National Outcomes for Children

In 2007, the office of the Minister of Children identified seven national outcomes for children's services that reflect the main goals of contemporary policy targeted at improving the lives of children. In 2011, the Department of Children and Youth Affairs condensed these seven outcomes into five national outcomes for children in Ireland (12). These five outcomes are at the centre of the work of the Department of Children and Youth Affairs. Together they form the foundation of the common strategy that guides each Children's Services Committee.

The five national outcomes are (1):

- Outcome 1 - Healthy, both physically and mentally
Additional associated outcomes: children and young people with additional needs are supported to meet their potential.
- Outcome 2 - Supported in active learning
Additional associated outcomes: children are ready for school; attend school; achieve national educational standards; and receive necessary supports to allow them to participate.
- Outcome 3 - Safe from accidental and intentional harm, and secure in the immediate and wider physical environment
Additional associated outcomes: have stability; are cared for; safe from antisocial behaviour; have good housing and community facilities.
- Outcome 4 - Economically secure
Additional associated outcomes: children live in households free from poverty; engage in further education, employment or training on leaving school; are ready for employment; live in decent homes in sustainable communities.
- Outcome 5 - Part of positive networks of family, friends, neighbours and the community, and included and participating in society.
Additional associated outcomes: live healthy lifestyles; achieve personal social development and enjoy recreation; engage in decision making and support the community and environment; develop positive relationships and choose not to bully or discriminate; develop self-confidence and successfully deal with challenges and transitions in their lives; engage in law-abiding behaviour.

3.4 Service Audit and the Five National Outcomes for Children

The service audit identified 705 services for children across Meath. This chapter provides a breakdown of services by way of the main national outcomes towards which they work. This categorisation was done in line with the Centre for Effective Services document, *Toolkit for the Development of a Children's Services Committee* (1), which enumerates the related service areas for each national outcome. It should be acknowledged that many, if not most, service providers actively promote more than just one national outcome. For the purpose of this research however, the CES typology has been used for clarity and consistency.

Table 6 shows these outcomes, with the corresponding number of services identified by outcome type. As can be seen, 52% of services identified were categorised as having an educational focus (n=369), with just 2% (n=11) relating to safety and security.

Table 6: Services Identified by National Outcome

National Outcome	Services identified through audit
Children will be healthy, both physically and mentally	102
Children will be supported in active learning	369
Children will be safe from accidental and intentional harm, and secure in the immediate and wider physical environment	11
Children will be economically secure	19
Children will be part of positive networks of family, friends, neighbours and the community, and included and participating in society	204

The following five tables provide a breakdown of the national outcomes, associated service areas and applicable service responses identified through the service audit.

Table 7: Outcome 1 by Children's Services in Meath

Outcome 1: Children will be Healthy, both Physically and Mentally	
Service Areas	Service Responses in Co. Meath
Health services (including maternal and infant health); public health services (including school health); health promotion; dental, ophthalmic and other services.	<ul style="list-style-type: none"> Public Health Nurses working from each of the Health Centres in Meath Health Services provided through 5 Primary Care Networks across 17 Primary Care Team Areas 17 health centres 60 GMS contracting General Practitioners Traveller Primary Healthcare Team Speech & Language Therapy Occupational Therapy Physical Therapy Social Work
Hospital services.	<ul style="list-style-type: none"> Our Lady's Hospital Navan provides general and emergency hospital services to individuals 14+ Children under 14 must travel to Drogheda for emergency (A&E) care
Community-based therapy services, services for children and young people with disabilities, youth mental health services.	<ul style="list-style-type: none"> Enable Ireland Early Intervention service (0-6 yrs) HSE Disability Service (6 – 18 yrs) HSE Child Psychology Primary Care Service Jigsaw Rainbows Ireland

Table 8: Outcome 2 by Children's Services in Meath

Outcome 2: Children will be supported in active learning	
Service Areas	Service Responses in Meath
Universal education services, including pre-school, primary, secondary and vocational school.	<ul style="list-style-type: none"> • 225 pre-school facilities • 113 Primary Schools with an enrolment of 24,066 in 2011 • 20 Post Primary Schools with an enrolment of 12,310 in 2011 • 12 libraries, 1 mobile library service
Targeted educational services that support young people within the universal provision, for example NEWB, NEPS, School Completion, Home School Liaison.	<ul style="list-style-type: none"> • Navan School Completion Programme operating in 6 schools in Navan • School Completion projects also present in Nobber, Longwood and Trim • NEPS Service • Education welfare officer • Home school liaison service
Other specialist education services for children and young people with additional needs.	<ul style="list-style-type: none"> • Three special schools
Youth reach services and education services provided in youth detention services.	<ul style="list-style-type: none"> • Six Youthreach services across the county • No youth detention services in the county

Table 9: Outcome 3 by Children's Services in Meath

Outcome 3: Children will be safe from accidental and intentional harm, and secure in the immediate and wider physical environment	
Service Areas	Service Responses in Meath
Family support services	<ul style="list-style-type: none"> • Two Family Resource Centres (Kells & Trim) • HSE Family Support Service • Navan Springboard • Two addiction family support group
Child welfare and protection services, domestic violence services, foster care, adoption, residential care, special care, high support services, youth homelessness services and services for unaccompanied minors	<ul style="list-style-type: none"> • HSE Child Protection Services • Meath Women's Refuge & Support Service • HSE Foster Care / Adoption services • Dundalk Simon Outreach worker
Policing (particular to children and young people's safety, rather than working with young people engaged with the criminal justice system)	<ul style="list-style-type: none"> • 16 Garda Stations
Child detention services	<ul style="list-style-type: none"> • There are no children's detention facilities in Meath
Immigration policy, including direct provision services.	<ul style="list-style-type: none"> • 315 children residing in Mosney Direct Provision Centre

Table 10: Outcome 4 by Children's Services in Meath

Outcome 4: Children will be economically secure	
Related Policy / Service Areas	Service Responses in Meath
Child or family income support, parental education and employment policies.	<ul style="list-style-type: none"> • One MABS office (Navan) • One social welfare local office (Navan) • Two social welfare branch offices (Kells & Trim) • 15 offices administering supplementary welfare allowance

Table 11: Outcome 5 by Children's Services in Meath

Outcome 5: Children will be part of positive networks of family, friends, neighbours and the community, and included and participating in society	
Related Policy / Service Areas	Service Responses in Meath
Measures and activities providing alternatives to harmful life choices (including targeted anti-drug and alcohol alternative activities)	<ul style="list-style-type: none"> • YAP Ireland case management and advocacy • ISPC Teen Focus (East Meath only) • Meath Community Drug and Alcohol Response (Trim)
Arts, sports, play, recreation and heritage services, facilities and activities	<ul style="list-style-type: none"> • Arts office, 48 arts organisations identified, 13 of which have been funded by the arts office • 47 juvenile GAA clubs • 22 Playgrounds • Three public swimming pools • 8 Girl Guide locations • 17 Scouting units
Youth services	<ul style="list-style-type: none"> • 24 Youth clubs • 7 (self described) Youth cafés
Youth justice services (diversion, probation and restorative justice measures)	<ul style="list-style-type: none"> • Two Garda Youth Diversion Projects (Navan & Trim) • Three Juvenile Liaison Officers • Youth Case Management • Posts for one senior probation officer and three Probation Officers • Le Cheile Mentoring Service and Youth Justice Support Service
Other family and community services promoting equality, integration and pro-social activities and behaviours with and for children and young people	<ul style="list-style-type: none"> • Cultúr • Meath Traveller Workshop Ltd
Active citizenship opportunities	<ul style="list-style-type: none"> • Comhairle na nOg
Social inclusion measures, including activities targeting excluded ethnic and social minorities and those suffering from rural isolation (for example transport).	<ul style="list-style-type: none"> • Flexibus • Social Integration Measures (SIM) Group

Chapter 4: Findings

4.1 Introduction

This chapter outlines the 32 findings from the audit of services and needs analysis. The process for establishing the final research findings involved three steps, the first was the identification of 107 observations from the qualitative aspects of the research, and the comparison of these against mapping data and desktop research, resulting in a total of 76 initial findings. The second step involved evaluating initial findings in light of the strength of the evidence and relevance found through the research process. Through this process the researchers identified a total of 32 findings, which were considered relevant, robust and well evidenced. The third and final step involved discussing the findings with a service provider focus group to ascertain that priority issues identified by the researchers were coherent, reasonable and took account of all available information.

These research findings are presented under the Five National Outcomes for Children within this chapter.

A Note on the Wide Scope of Research and Stakeholder Views

It should be noted that in many cases professionals involved within the key stakeholder interviews restricted their comments to their own fields of expertise rather than commenting on broader issues relating to children's services. Over 107 observations were identified within the report, of these only 21 were raised by more than 5 (11%) of the interviewees, and only six were identified by more than 25% of interviewees. A number of the themes within the report have been raised by two to four interviewees (4%-9% of all interviewees). With reference to the methodology and broad focus of the research, the researchers propose that numbers such as these can contribute to a valid assessment of specific needs for children and young people in Meath.

Meath: An Investment Deficit

This research has found that Meath is underserved by many forms of youth services when compared with other counties. This view was raised by eight key stakeholder interviewees (17%), who all noted that there was a general lack of services in Meath compared to other areas. Data on national spending supports this point; the national average spent by the Department of Children and Youth Affairs is €22.31 per child. However, in Meath this figure is €2.89 per child, or, less than 13% of the national average (5).

The comparative analysis also highlighted service deficits when service provision in Meath was compared (per 10,000 of population) to Kildare and Wicklow, which were selected for inclusion in a comparative analysis due to being similar commuter belt counties. The comparative analysis found a similar number of pre-school facilities, primary schools, voluntary youth groups, juvenile justice services, family resource centres and health services. However it is important to note that there are less paid youth workers, less drugs services and less post primary schools in Meath than in either Wicklow or Kildare.

The most significant challenge facing service providers has been a reduction in funding or caps on recruitment, with a quarter of interviewees raising this as an issue (n=12). While one of the issues considered within this research was the identification of service duplication, there was neither qualitative nor quantitative data to indicate issues of duplication of services, particularly with regard to services above tier one on the Hardiker model. However it should be noted that the opposite was expressed, with a strong view that services worked well together out of necessity, given a comparative lack of service provision in the county.

4.2 The 32 Needs Analysis Findings:

Table 12: Findings

National Outcome	No.	Finding
1-5	A.1	There is a need for a child and family friendly website with sufficient resources to maintain updated service information as well as needs-led information on referral pathways and progression routes.
1-5	A.2	There is a need for multi-disciplinary case management processes for at-risk and potentially at-risk youth to support the Local Area Pathways process, involving relevant services as needed: for example, education, early childcare and housing services’.
1-5	A.3	There is need for more facilities and/or services in East Meath such as youth services, meeting spaces and library facilities, when compared to other parts of the already under-served county.
1-5	A.4	In general, interagency work is effective within the county and it could be enhanced through clearer protocols and interagency agreements such as service level agreements between individual services.
1-5	A.5	There is a need for increased transport options to improve access for young people and their families to services and recreational activities, especially outside the main towns in Meath.
1-5	A.6	The Meath Children’s Services Committee should explore the most effective means of promoting the engagement of young people and the education sector in its work.
1	1.1	There is a need to increase access to primary care and community / voluntary counselling services for children within Meath.
1	1.2	There is a need to make mental health services, especially within the primary care setting, more accessible by decreasing waiting times and reviewing location and pathways to services (i.e. extend outreach services).
1	1.3	There is a need for greater access to and provision of disability supports
1	1.4	There is a need to continue to support Traveller workers to challenge stigma around mental health issues within the Traveller community.
1	1.5	There is a need for greater access to and provision of speech and language therapy
1	1.6	There is potential for development of existing health screening initiatives within the school setting, with appropriate training and resourcing to include speech and language and other child developmental issues.
2	2.1	There is a need for more pro-active supports for students in the 11-16 age group who are at-risk of school leaving or for young people who have already left school.

2	2.2	There is a need to address barriers such as assessment waiting times, in relation to accessing special needs assistance at all levels of education from early years to second level education.
2	2.3	There is a need for more service provision to assist parents to support their children to engage with school at all levels of the educational continuum.
2	2.4	There is a projected future need for additional post-primary school places in Meath.
2	2.5	There is an uneven distribution of parent and toddler groups and additional resourcing should be considered for areas not currently provided for.
3	3.1	There is need for more resources for Social Work services in order to respond to all child protection cases in a way that supports early intervention and promotes the best possible outcomes for children.
3	3.2	There is a need for further, more dedicated resources to address youth substance misuse within Meath. Current HSE addiction service provision which caters for both adolescents and adults should also be promoted, alongside other relevant Drugs Task Force funded addiction support services.
3	3.3	There is a need for increased provision of Child Protection training, including training that is available after-hours, particularly for volunteer staff and private service providers.
3	3.4	There is a need for greater clarity on appropriate responses to and referral pathways for non-urgent child protection cases.
3	3.5	Protocols for clinical governance for shared care arrangements for under-18s attending drug & alcohol services are required; this will support client's access to a wider range of treatment services.
3	3.6	Clear treatment protocols or referral pathways need to be developed in relation to dual diagnosis issues for young people (the existence of both substance use and mental health issues).
3	3.7	There is a potential need for an additional Garda Youth Diversion Project in the county.
4	4.1	The planning of children's services should consider the increase in deprivation in certain electoral divisions in Meath
4	4.2	There is a need to consider the cost of some services to ensure price is not a barrier to access, for example, transport, recreational activities, education, GP services and early years care.
5	5.1	There is a comparative shortage of paid youth workers working directly with youth in Meath.

5	5.2	There is a need for a range of parenting supports to be available to the whole population and targeted to at-risk families.
5	5.3	There is a need for a more diverse range of accessible and inexpensive recreational activities, particularly in relation to arts and cultural activities.
5	5.4	The needs of migrant communities should be considered in service delivery and recreational activities to ensure equality of access and adequate service provision
5	5.5	The potential needs of Lesbian, Gay, Bisexual and Transgender young people in Meath should be considered.
5	5.6	Given that 90% of asylum seekers suffer from depression after six months in direct provision, the needs of the children residing in Mosney (direct provision) should be considered particularly with regard to recreational and mental health issues

4.3 Cross Cutting Findings that Relate to The Five National Outcomes for Children

A.1 There is a need for a child and family friendly website with sufficient resources to maintain updated service information as well as needs-led information on referral pathways and progression routes.

40% of interviewees (n=18), a quarter of service provider survey respondents (n=7) and six (9%) respondents to the early years survey commented that there was a need for an up-to-date source of information regarding local services, events and referral pathways. It was noted that this could assist in advertising services, supporting people in the community to navigate services and assisting communications between services, with one interviewee stating;

A one-stop source of information about all those services would be an initiative that could help in that area. Schools aren't always aware of all the different supports that could be provided. A resource needs to be kept up to date, for example HSE services are going through massive changes.

Focus group participants raised the need for dedicated resources, provided centrally or communally, to keep the site up to date. Participants also highlighted the potential for multiple technological platforms such as social media or smart-phone apps to support this initiative.

Five interviewees (11%) suggested that the promotion of services for young people should be done in a way that mitigates potential stigmatising of certain youth. Promotion of services to a general audience (rather than presented to individuals) should be done in a way, which does not draw attention to certain groups or risk further stigmatisation of youths experiencing challenges the service seeks to address. It is important to note that this particular facet of the recommendation related to promotion of or information about services generally, not just through the website.

A.2 There is a need for multi-disciplinary case management processes for at-risk and potentially at-risk youth to support the Local Area Pathways process, involving relevant services as needed: for example, education, early childcare and housing services’.

Five interviewees (11%) specifically identified the need for wrap around case management services for at-risk youth. Three interviewees (7%) also raised the need for earlier intervention in at-risk cases.

Youth homelessness was named as an issue by three interviewees (7%). There are no specific services for young homeless people in Meath and interviewees commented that there are not always clear ways to engage housing services in interagency case management:

There is a need for a group at a high level to work on complex issues. If we are missing one service, such as accommodation then our work may come to nothing. We need all the services working together at the same time. It's no good to have some services provided and not others.

The Strengthening Families programme was noted as a successful model that requires on-going financial and organisational support by three interviewees (7%). This programme provides a holistic family based intervention where young people are identified as high-risk. On average this programme is available to 9 – 11 families per year. The programme has been run as a joint effort by HSE Family Support, Navan Springboard, Kells and Trim Family Resource Centres, le Cheile / Probation and Meath and Community Drug and Alcohol Response, having received original support from the Drugs Task force.

A.3 There is need for more facilities and/or services in East Meath such as youth services, meeting spaces and library facilities, when compared to other parts of the already under-served county.

A reoccurring theme of this research was that as a whole, Meath is less served by children's services than the rest of the country, and that within Meath, the east of the county is least served. Seven interviewees (15%) commented that there is a need for more services and facilities, predominantly in East Meath and to a lesser extent in Northwest Meath. This was summed up by one interviewee:

There is a new area of East Meath where there are very few facilities. They don't have a library; in Laytown – Bettystown – they were fields 15 years ago. There is probably more progress in Ashbourne and Ratoath – for these there was already some sort of town infrastructure.

The research found the following to be lacking when compared to other areas in the county:

- The only high and moderate growth towns without a formal youth group are Dunboyne and Ashbourne.
- Five interviewees (13%) and one survey respondent commented that there was a lack of appropriate meeting venues for community voluntary and HSE services in communities in East Meath. One Interviewee highlighted a lack of clinical space in East Meath (Laytown / Bettystown / Duleek), noting that there was not sufficient space within the existing Primary Healthcare Centre to hold groups and sessions.
- The Laytown/Bettystown area is served by a mobile library service for only two hours every second Tuesday. This service is ten times less (0.1 hours per 1,000 of the population) than average library hours across the 13 libraries in the county (11.1 hours per 1,000 of the population).

When looking at children's services in the County by their place on the Hardiker model, it was also found that East Meath is the least served by level 2, 3 & 4 services. This can be seen from map 2 and table 13, where just four of the 69 level 2, 3 & 4 services are noted as being in the Slane electoral area.

Map 2: Level Two, Three and Four Services in Meath ⁹

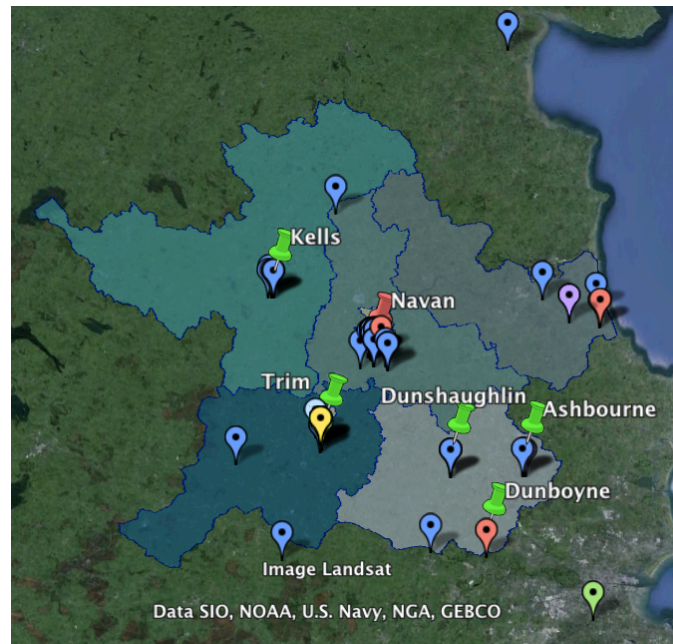


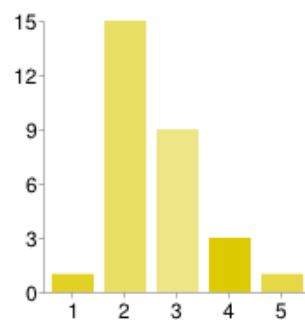
Table 13: Hardiker Level Two, Three and Four Services by Electoral Area

Electoral Area	Rural	Urban	Total
Trim	4	8	12
Dunshaughlin	n/a	n/a	8
Slane	n/a	n/a	4
Kells	1	6	7
Navan	0	35	35
Outside Meath	n/a	n/a	3
Total			69

A.4 In general, interagency work is effective within the county although it could be enhanced through clearer protocols and interagency agreements such as service level agreements between individual services.

Interagency communications were seen as being largely a positive force in Meath. This is illustrated in the following graph that shows survey feedback from 29 service providers.

Figure 5 - How Services Rated Interagency Working in Meath



⁹ The services on this map are not colour coded on the basis of hardiker level

Key - 1 is very effective – 5 ineffective

Over half (55%) of the service provider survey respondents rated interagency working in Meath as either effective or very effective, a third of interviewees (n=15) also commented on the effectiveness of local interagency working. However half of interviewees (n=23) noted that there was potential for interagency working to be improved. Seven interviewees (15%) suggested that some form of interagency case management protocols, or further development of existing systems or agreements would be useful. The most significant barrier to interagency working identified by service provider survey respondents (n=8) was a lack of resources, with slightly fewer (n=6) identifying time as a barrier. A further six respondents noted clarity around data protection and information sharing was an issue.

Six interviewees (13%) discussed the role of the new Child and Family Agency; half were optimistic about the role of these developments in supporting more integrated case management. The other three interviewees raised concerns that this process may make communications between disciplines more difficult or that it would slow down the development of local interagency protocols and case management systems.

Table 14: Barriers to Interagency Working from Respondents who saw Potential for Improvement

Main perceived barriers to interagency working	No. of people (12/29) 41% of total survey respondents
Information sharing / data protection	6 (50%)
Lack of trust	0
Lack of clarity	6 (50%)
Lack of appropriate services	7 (58%)
Lack of time	6 (50%)
Difference in ethos	4 (33%)
Previous bad experiences	3 (25%)
Lack of resources	8 (66%)
Other	3 (25%)

A.5 There is a need for increased transport options to improve access for young people and their families to services and recreational activities, especially outside the main towns in Meath.

16 interviewees (35%) and four respondents in the service providers survey (15%) recognised transport as a significant barrier to accessing services and recreation facilities. This was also highlighted in all four of the focus groups, which included the views of 58 parents, professionals and youth. Transport, its inconvenience and cost were raised as barriers or potential barriers to accessing educational, recreational and health related services throughout this research.

This view was strongly reflected in all four focus groups. One young person stated that for themselves and their sibling, their parents had to pay €650 per year for their school transport. Likewise youth within the focus group commented that in relation to recreation, transport could be an issue:

It's really hard to meet up with your friends as lots of areas don't have public transport, and public transport is expensive and finishes early.

Where transport is a barrier to accessing health and social services professionals commented that this could result in vulnerable families not accessing services. It was stated that for the children involved this could have serious effects on their development and wellbeing.

The solution was generally seen as a need for improved public or subsidised transport. It was noted that there is positive use of Flexi-bus (a transport social enterprise) and three interviewees (7%) talked about the need to explore extensions of this useful model or to review other forms of provision. Although one interviewee commented that Flexibus could still be financially prohibitive for many people. Another suggestion, made by three interviewees (7%), was to locate services within the school setting or in central locations to ensure optimum accessibility.

A.6 The Meath Children's Services Committee should explore the most effective means of promoting the engagement of young people and the education sector in its work.

In general, interviewees regarded the development of the Meath Children's Services Committee positively, with four interviewees (9%) commenting on the effectiveness or value of the committee.

Five interviewees (11%) noted that the Department of Education was not represented on the Children's Services Committees and that their engagement would support furthering of educational goals. However, It was also noted by participants at the service provider's focus group that Department officials may not have the ability to influence the working practices of local schools, and that school principals may be of more relevance than persons from the Department.

Two interviewees and one service provider survey respondent commented that there could be better regional processes for including youth in decision making and/or providing forums where decision makers could hear the views of children, and that the Meath Children's Services Committee could play a role in promoting this.

In relation to youth engagement on the committee, it was found that the Meath Children's Services Committee engage positively with the Meath Comhairle Na nÓg, in the way described with the Centre for Effective Services Toolkit (4, p:13), and that this should continue.

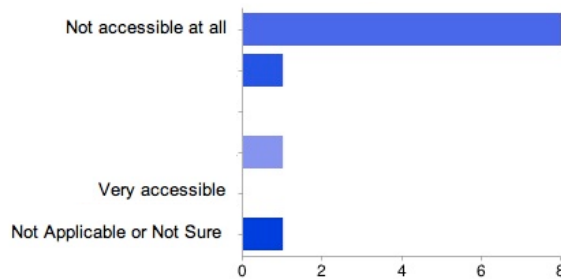
Outcome 1 - Healthy, Both Physically and Mentally

Associated outcomes: children and young people with additional needs are supported to meet their potential.

1.1 There is a need to increase access to primary care and community / voluntary counselling services for children within Meath.

Four interviewees (9%) and one survey respondent commented that waiting lists for counselling services are a significant local issue. Nine out of 11 GPs who answered a question in relation to accessibility of counselling services for youth in Meath saw the services as inaccessible. Four of the five service provision survey respondents who work with organisations offering counselling supports to young people noted current or regular waiting lists of up to up three months for counselling.

Figure 6: GP Assessment of Counselling Accessibility for Under 18s in Meath



It was noted that the need for accessibility to counselling services has been exacerbated by recent reductions in budgets for school guidance counsellors. Cutbacks in school guidance provision since the last quarter of 2012 have led to a 51.4% reduction in the time available for one-to-one student counselling in 2013, and an overall reduction of 19% of time available for guidance counselling for students (13).

The youth focus groups raised issues with the location and professional profile of counsellors. Youth groups commented that they do not necessarily feel secure in going to see a school counsellor, as there were concerns about school counsellor's obligation or inclination to report to parents.

In relation to the location of counselling services, two interviewees and participants in youth focus groups commented that the school setting should be used for more outreach counselling services.

1.2 There is a need to make mental health services, especially within the primary care setting, more accessible by decreasing waiting times and reviewing location and pathways to services (i.e. extend outreach services).

While it is noted that expansion and improvement of mental health services has been initiated in Meath, a significant theme within this research, named by 11 (24%) interviewees and six survey respondents (22%) is the difficulty in accessing mental health supports for youth in a timely manner. Eight of the 12 (67%) GPs surveyed viewed psychology services as inaccessible, with those who elaborated, stating this was due to waiting times. At the time of the research, there was no waiting list for Jigsaw, although waiting lists for statutory services were approximately four to five months.

Two interviewees and participants in one focus group noted that the requirement for a medical referral (i.e. a referral from a GP for HSE services) created an unnecessary barrier between young people and mental health services. Jigsaw was named an effective model for increasing access to mental health services by 15% of interviewees (n=7). Extension of outreach services, a one-stop-shop, and placement of services in schools were named as cost efficient or effective ways of increasing access to youth mental health services.

1.3 There is a need for greater access to and provision of disability supports

Ten pre-school survey respondents (15%) noted difficulties in accessing disability services or behavioural support services and/or noted that faster access to diagnosis and support is needed. Physiotherapy and occupational therapy services were considered particularly insufficient within the county, which was raised by three interviewees (7%). This was also raised in the parents' focus group, with one parent stating they had had to wait 14 months for an assessment from an Occupational Therapist. 45% (n=5) of GPs who answered a question on the accessibility of specialist developmental assessments for children stated that assessments are inaccessible. One parent in the focus groups

summed this up noting;

Children can go a long time without seeing Psychology and Occupational Therapy. Some children with certain diagnoses don't get support who we think should.

National data (14), published in December 2012, indicates that within Meath only 50% of needs assessments commenced under the 2004 Disability Act (n=12) within the target of three months. This data highlights a significant local need, with Meath Local Health Office scoring poorly (50%) against Wicklow (100%) and Kildare / West Wicklow (90%) Local Health Offices, as well as against the national target of 100%.

1.4 There is a need to continue to support Traveller workers to challenge stigma around mental health issues within the Traveller community.

The focus group raised the need for the Travelling community to be supported to continue to challenge stigma about mental health and share learning about access to services throughout the community. Research shows that Young Travellers are at an increasing risk of drug use, and significantly higher rates of suicide (14). It was commented that it is a long, slow process but that it has begun, and that Traveller public health workers are making positive efforts to challenge this stigma within their families and communities. Due to the stigma associated with mental health within the Traveller Community, there may be a need for more direct and discreet access to psychiatric and other mental health services.

Emotional and mental health issues are very taboo, particularly among Travellers. Jigsaw and Sosad are available but navigating psychiatric services is a big challenge: you have to go through a number of steps and get a medical referral in order to be seen by psychiatric services.

1.5 There is a need for greater access to and provision of speech and language therapy

Almost one third of early childhood care and education survey respondents (n=18) named issues with access to, or provision of, speech and language supports for children. Three interviewees and one service provider survey respondent named waiting lists for speech and language supports as a significant local issue. Access to speech and language was also named as a particular concern within the parents and Traveller focus groups. 67% (n=8) of GP survey respondents stated that speech and language therapy was inaccessible, with waiting times cited as the main barrier by half of these GPs.

When compared with Kildare and Wicklow, it was found that the average waiting time for speech and language assessments in Meath was shorter than the other counties, although still short of the national target.

Table 15: Speech and Language Waiting Times

Indicator	HSE Target	Meath (15)	Wicklow (16)	Kildare & West Wicklow (17)
Speech & Language therapy patients waiting to be assessed for less than 4 months	100%	80%	41%	72%

1.6 There is potential for development of existing health screening initiatives within the school setting, with appropriate training and resourcing to include speech and language and other child developmental issues.

It was noted by three interviewees (7%) that there were effective screening processes in place for

some services (examples included: dental, eyes and ears) and that there is potential for development of this model, with appropriate training and resourcing, to include speech and language and other children's developmental issues.

One interviewee noted potential to extend the Public Health Nurse model to include more screening for children's developmental issues. There is a model being piloted in the Midlands, which it was noted, could be reviewed for potential implementation in Meath.

Outcome 2 - Supported in Active Learning

Associated outcomes: children are ready for school; attend school; achieve national educational standards; and receive necessary supports to allow them to participate.

2.1 There is a need for more pro-active supports for students in the 11-16 age group who are at-risk of school leaving and/or young people who have already left school.

Three interviewees (7%) named a service gap for this age group relating to retention within school. All focus groups and one interviewee, noted that the school system could be better at providing a more diverse range of options to appeal decisions around suspension or expulsion and retain less academically inclined students. The following findings are also evidence of a need for more service provision for 11-15 olds at risk of school leaving:

- Some supports are available only to children in DEIS schools was seen by two interviewees (a quarter of education key stakeholders) as not being reflective of the spread of disadvantaged children within the county.
- The School Completion Programme does not cover the disadvantaged, high population area of Kells electoral division.
- Three interviewees (7%) noted that there were few youth groups or activities for vulnerable youth during the summer.

2.2 There is a need to address barriers such as assessment waiting times, in relation to accessing special needs assistance at all levels of education from early years to second level education.

Eight (12%) survey respondents from early childhood care and education named difficulties in accessing sufficient special needs assistance as an issue. Parents within the focus group stated that one of the most significant issues in the county was the length of time it takes to get assessed for a Special Needs Assistant. Two interviewees raised waiting times for assessment as an issue and four interviewees (9%) raised issues with the current assessment procedures. Stakeholders commented that if young people did not receive the required supports in a timely manner then this could have serious and long-term effects on a child's education and ability to engage with school.

There are a handful of children that really need speech help or Special Needs Assistants that don't seem to be getting the help needed, or they are not getting enough help.

Children whose parents can afford a private assessment can access services they require... many other children have difficulties accessing appropriate services. The process is long and drawn out and some children leave without having accessed the service they require.

2.3 There is a need for more service provision to assist parents to support their children to engage with school at all levels of the educational continuum.

Three interviewees (7%) commented on the need for more supports for parents to become involved in education. The parent and Traveller focus groups also mentioned a lack of supports and resources for assisting them to support their children in education. There were few services identified which

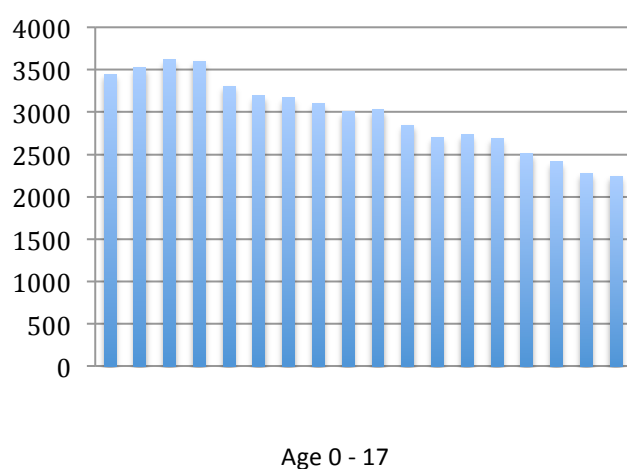
were targeted at vulnerable groups of parents in the county, with one parent stating;

There are no supports that we know of for parents who want to be able to help their children with their homework. One evening my son came home from school with his homework and there was so much of it and I couldn't help him with it. I spent the evening just crying.

2.4 There is a projected future need for additional post-primary school places in Meath.

Meath is likely to see a one third increase in its 14-18 year age bracket in the next decade and a half. As can be seen in figure six below, the population under the age of four is considerably higher than the four year age band towards the end of the graph. Extrapolated over time, this is likely to result in an increase of around one third (32.4%) in the number of young adults (14-17) in the county within the next 14 years¹⁰.

Figure 7: Population of Children in Meath 0-17yrs (2011 Census)



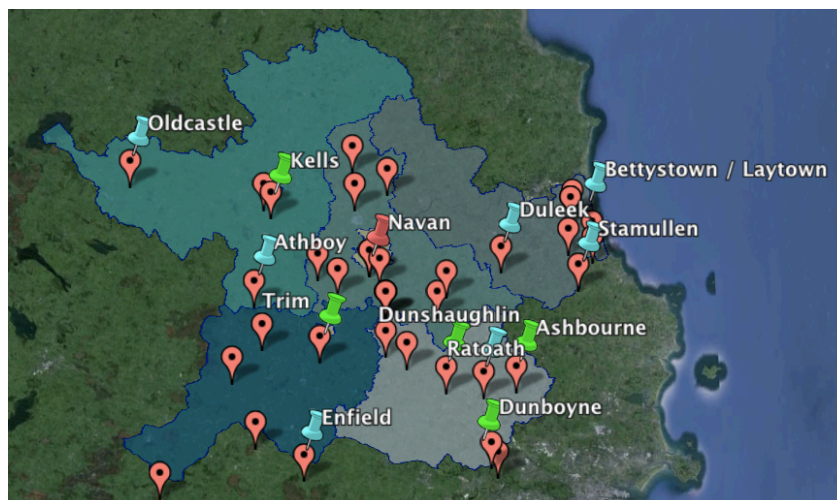
Proportionately, Meath (3.6 per 10,000 children) has fewer post primary schools than in either Wicklow (5.8 per 10,000 children) or Kildare (4.6 per 10,000 children). Any plans for increasing the number of schools should be undertaken in light of evidence regarding optimal school sizes.

2.5 There is an uneven distribution of parent and toddler groups and additional resourcing should be considered for areas where these are not currently provided.

Kells has less than half as many parent toddler groups (1.4 per 10,000 population) than the Navan electoral area (3 per 10,000). There are several towns (Nobber, Crossakiel, Slane, Donore, Rathmoylan & Summerhill) in the county, which are not served by a local parent and toddler group as can be seen in Map 3 below

¹⁰ This figure has been calculated by the current number of zero to three years olds compared with the current number of 14-17yr olds. This figure does not account for potential net migration or emigration for the county.

Map 3: Geographic Spread of Parent Toddler Groups (Red Markers), large growth town (Red Pins) moderate growth towns (Green Pins) and low growth towns (Blue Pins)



The geographic spread of parent toddler groups around the county is disproportionately concentrated in the Navan electoral area, with the Kells electoral area least served.

Table 16: Parent and Toddler Groups per Head of Population by Electoral Area

Electoral Area	Number of parent & toddler groups	Population	Parent & toddler group per 10,000 people
Kells	4	28,608	1.4
Trim	6	27,225	2.2
Dunshaughlan	7	46,822	1.5
Slane	8	38,164	2.1
Navan	13	43,316	3
Total	38	184,135	2

Outcome 3 - Safe from Accidental and Intentional Harm, and Secure in the Immediate and Wider Physical Environment

Additional associated outcomes: have stability; are cared for; safe from antisocial behaviour; have good housing and community facilities.

3.1 There is need for more resources for Social Work services in order to respond to all child protection cases in a way that supports early intervention and promotes the best possible outcomes for children.

Eight interviewees (17%) raised challenges with timely access to social services in relation to child protection. This was commonly viewed as related to under resourcing of Social Work services. There is provision for 24 whole time equivalent child protection social work posts in Meath. However, eight posts are currently vacant due to maternity leave and resignations.

3.2 There is a need for further, more dedicated resources to address youth substance misuse within Meath. Current HSE addiction service provision which caters for both adolescents and adults should also be promoted, alongside other relevant Drugs Task Force funded addiction support services.

Four interviewees (9%) noted a rising incidence of problematic use of cannabis (including high strength herbal cannabis) and benzodiazepines. Rising drug use was also noted in the Traveller focus group. Comparatively, Meath has a far higher number of recorded drug and alcohol treatment episodes for under 18s than either Wicklow or Kildare. In the six year period 2004–2010 Meath recorded more than six times as many treatment records for children as Wicklow, and more than twice as many as Kildare. Below are quotes from two professionals in the county;

Cannabis (regular, not extra strength) and Benzos are popular, as well as speed and ecstasy, some have used cocaine; heroin is fairly rare, although it's an issue for those that have to travel to Dublin.

The main presenting issue is cannabis. The problem in Dublin is much more acute in relation to heroin misuse. This is good because we get to young people at an earlier stage, we don't have a dedicated service for cannabis users and this would be useful.

Six (13%) interviewees and five survey (19%) respondents suggested there were significant issues in relation to drug use in the county or that there was a need for a dedicated youth drugs worker in the county.

It was stated by a four interviewees (9%) that the HSE addiction service is sometimes perceived as an opioid specific service to the exclusion of drug and alcohol work in general. There is a need to increase the awareness of supports provided to youth by the HSE in relation to cannabis, amphetamines, alcohol and any other substances.

3.3 There is a need for increased provision of Child Protection training, including training that is available after-hours, particularly for volunteer staff and private service providers.

Three interviewees (7%) commented on the need for further child protection training within Meath, adding that training should be made available to schools as well as services working with at-risk children.

Increased access to Child Protection training was named as a need by 10 (15%) of early years care and education survey respondents. Just over one fifth (n=15) of centres commented on the need for training to be provided after-hours in the evenings or on weekends. Almost 80% of childcare centres had staff trained in Children First leaving over one fifth of childcare centres had no staff trained in Children First (see figure 8) and 12 of these services did not have a nominated child protection officer (see figure 9).

Figure 8: Percentage of Childcare Staff who have Received Children First Training across Childcare Centres

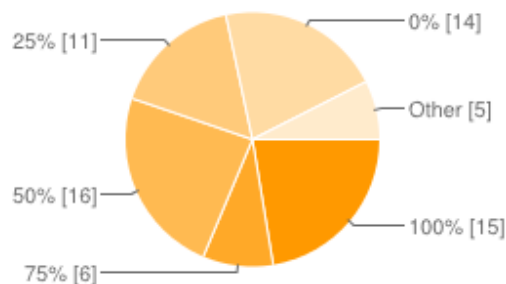
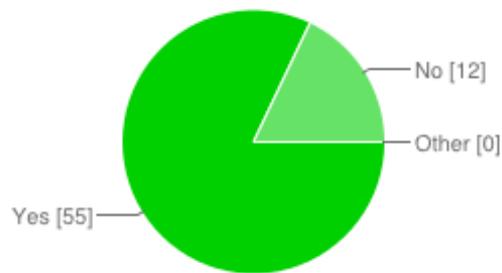


Figure 9: Percentage of Centres who have a Named Child Protection Officer



3.4 There is a need for greater clarity on appropriate responses to and referral pathways for non-urgent child protection cases.

Four interviewees and two service provider survey respondents commented on the need for improved clarity and shared understanding of the definition of a high-risk or urgent case in relation to child protection. While services who raised this in interviews reported having an understanding of child protection there was a reported need for more knowledge on how professionals should respond in practice to child protection cases that are not deemed urgent by social work services.

One interviewee and one survey respondent also commented on difficulties in accessing social work services from the perspective of a disability service, or in relation to children or families dealing with disability.

3.5 Protocols for clinical governance for shared care arrangements for under-18s attending drug & alcohol services are required; this will support client's access to a wider range of treatment services.

Two interviewees commented that the lack of an opiate treatment service (methadone) for under 18s in the area was a key local need. While there was not a huge demand for this service in terms of unique individuals, according to interviewees, the implications of having to travel to Dublin to receive treatment were significant or acted as barriers for youth who were affected. Two interviewees also noted that if clinical governance for under 18 services is secured within the region, then local services could provide needle exchange to youth in Meath.

3.6 Clear treatment protocols or referral pathways need to be developed in relation to dual diagnosis issues for young people (the existence of both substance use and mental health issues).

Four interviewees (9%) and one survey respondent referred to the issue of dual diagnosis as an important service gap. It was identified that increased clarity and interagency working protocols between addiction service providers and mental health service providers could promote improved outcomes for young people affected by both issues. This was summed up by two interviewees who stated;

Mental health services say come back when you have gotten off the drug, although it is difficult to come off the drugs when there is an underlying mental health issue. The service and model needs to move towards what's happening in society, drug use is often a manifestation of mental health issues.

The biggest gap is in the area of addiction and mental health. Young people might not meet the threshold for mental health services.

3.7 There is a potential need for an additional Garda Youth Diversion Project in the county.

It was noted by one interviewee that originally the Youth Diversion Project in Trim covered the entire south of the county. Following a re-drawing of Garda divisional lines, the Ashbourne division is now not served by a Garda Youth Diversion Project. Only half of the Garda divisional areas in Meath have a youth diversion programme while two thirds of divisions in Wicklow and Kildare have such programmes. Further assessment of need, including youth crime patterns by Garda division, would need to be undertaken to provide a strong case for an additional Garda Diversion Programme.

In 2011 there were 27,384 referrals nationally to the Garda Youth Diversion Project, with 2.4% of those (n=647) of these occurring in Meath. The 647 referrals represent the involvement of 328 young people (10-18) to the programme in Meath, of which 18% (n=60) were female. Of the 647 referrals, 186 related to formal cautions. The number of formal cautions was higher in Meath than in any other division in the Eastern Region in 2011.

Outcome 4 - Economically Secure

Additional associated outcomes: children live in households free from poverty; engage in further education, employment or training on leaving school; are ready for employment; live in decent homes in sustainable communities.

4.1 The planning of children's services should consider the increase in deprivation in certain electoral divisions in Meath

Data from Engling & Haase (10) in 2011 identified two electoral areas within the Kells electoral divisions being categorised as areas of relative deprivation. This is a change on 2006 statistics, which showed no electoral divisions as falling into this category. This change in classification has not been followed by the allocation of additional supports for children and young people in the areas affected.

4.2 There is a need to consider the cost of some services to ensure price is not a barrier to access, for example, transport, recreational activities, education, GP services and early years care.

The cost of the following were identified as causing barriers to children's services:

- Transport: Youth focus groups identified the cost of transport as impeding their access to recreational activities. 16 interviewees (35%) and four (15%) service provider survey respondents noted the lack of public transport as negatively impacting access to services.
- Recreational activities: Through focus groups, young people and parents identified that many recreational and leisure facilities were inaccessible due to cost.
- School and education: A recurring theme within the parents' focus group was the cost of school supplies and transport to and from school.
- GP services: Through the youth focus groups it was identified that the cost of accessing a GP proved to be a barrier, especially where young people did not want to inform their parents of their need for primary healthcare services. Three (25%) GP survey respondents noted cost as a barrier to youth access to health and social services.
- Early years care: 16% (n=11) of pre-school survey respondents identified cost as a prohibitive aspect of accessing pre-school services. This was reiterated by parents in the focus group who highlighted the cost of early years care and education as a barrier to these services.

Outcome 5 - Part of Positive Networks of Family, Friends, Neighbours and the Community, and Included and Participating in Society.

Additional associated outcomes: live healthy lifestyles; achieve personal social development and enjoy recreation; engage in decision making and support the community and environment; develop positive relationships and choose not to bully or discriminate; develop self-confidence and successfully deal with challenges and transitions in their lives; engage in law-abiding behaviour.

5.1 There is a comparative shortage of paid youth workers working directly with youth in Meath.

Two interviewees highlighted that there was shortage of youth workers throughout the county. This was also raised in four of the surveys (14%). Meath has no dedicated youth projects staffed by full time youth workers (other than youth justice projects), while Kildare has seven such projects. One participant summed this up, noting:

There is real lack of paid youth workers in the county. There is a general lack of support provision, family support, youth workers etc., outside the centre of the county. Consider the towns on the edge of the county, Bettystown, Dunshaughlin, Ratoath, Ballivor, Oldcastle, Moynality, Slane etc.

It was noted that volunteers run the majority of youth services in Meath and while this is an important local resource, a lack of paid youth workers hampers the ability to develop high quality and accessible services as would be possible with paid staff.

5.2 There is a need for a range of parenting supports to be available to the whole population and targeted to at-risk families.

13 interviewees (28%) and one survey respondent commented on the need for specialised supports for parents in relation to their parenting role. Specific target groups named included: parents of adolescents, young (including teenage) parents and parents of children who are disabled or experiencing mental health or substance misuse issues. From the figures provided above, two interviewees and one survey respondent specifically noted there was a need for services and parenting supports for young parents in the county. There is no such service at present and the comparative analysis found one such service in Kildare.

5.3 There is a need for a more diverse range of accessible and inexpensive recreational activities, particularly in relation to arts and cultural activities.

Seven interviewees (15%) and two survey respondents (7%), as well the parent and youth focus groups, stated that there was a need for more non-sport based recreational options for youth in Meath. All focus groups highlighted the high cost of many recreational activities. The Kells electoral area has over ten times more arts and cultural activities than the Slane electoral area (calculated per every 10,000 people in the population). Two interviewees stated that there are very few socialisation opportunities for older children with learning disabilities. The arts groups known to the Meath Arts Office are shown below in map 5.

Map 4: Arts Organisations Working with Young People (Green Markers), moderate growth towns (Green Pins) and low growth towns (Blue Pins)

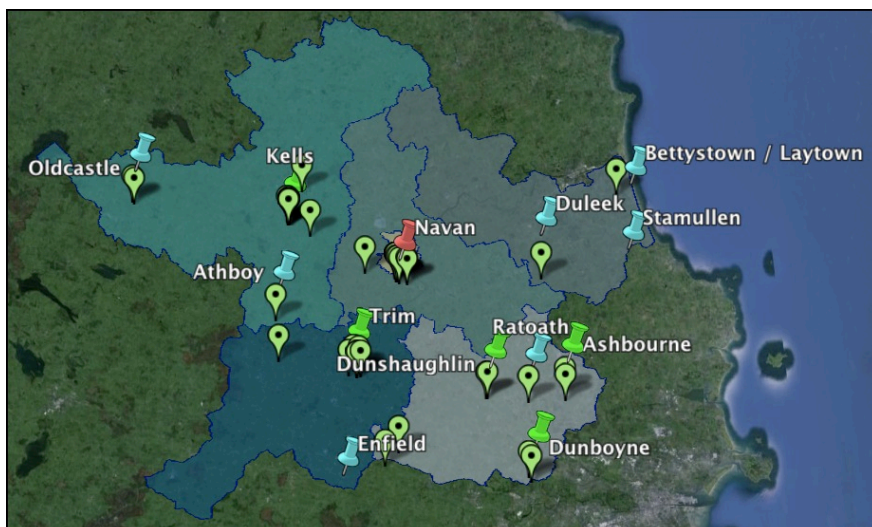


Table 17: Arts and Cultural Group per 10,000 of Population

Electoral Area	No. of arts / cultural groups	No. of groups per 10,000 total population
Slane	2	.5
Dunshaughlin	9	1.9
Trim	7	2.6
Kells	15	5.24
Navan	13	3
Total	46	2.5

Youth and parents within the focus groups talked about youth cafés very positively. Youth cafés were also noted as an important community youth resource by two interviewees and two survey respondents. There is no youth café in Kells.

5.4 The needs of migrant communities should be considered in service delivery and recreational activities to ensure equality of access and adequate service provision.

Four interviewees (9%) commented that in their services there appeared to be a growing need from migrant communities which could be due either to increases in the number of migrants or to disproportionate support needs within migrant groups. Census data shows that in 2006, 9% of the population in Meath were non-Irish nationals; in 2011 this figure was 11%.

Four respondents from the early childhood care and education survey (6%) commented on the need for translation or language supports for families with limited English language.

5.5 The potential needs of Lesbian, Gay, Bisexual and Transgender young people in Meath should be considered.

There are currently no LGBT specific youth services in Meath. Research estimates that approximately 7.5 – 8% of young people in Ireland are LGBT (18, 19). Based on these figures it is estimated that there may be upwards of 1,100 LGBT children between the ages of 12 and 18 in Meath (7.5% of the 14,856 twelve to seventeen year olds equals 1,114). Two interviewees suggested that there is potential to run a Meath based LGBT youth group in cooperation with local youth group/s and Dundalk Outcomers, whose remit extends to all of the North East Region.

5.6 Given that 90% of asylum seekers suffer from depression after six months in direct provision, the needs of the children residing in Mosney (direct provision) should be considered particularly with regard to recreational and mental health issues.

Meath hosts a direct provision reception with a capacity of 600, which is the largest service of this type in the country. In 2012, the Meath Children's Services Committee reported (1) that there were 535 residents of the direct provision centre in Mosney. Of this figure 59% (n=315) were children. There are no community or voluntary services providing youth or mental health services directly to the centre. Three interviewees (7%) noted that there are significant needs within the population of Mosney. This is supported by desktop review: the European Commission against Racism and Intolerance (ECRI) in 2011 references the fact that up to 90% of asylum seekers suffer from depression after six months in direct provision (20).

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