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Children's Services in Waterford City and County:

A Profile of the Services provided by Statutory, Community and Voluntary Sector Organisations to Children and Families

Report for Waterford Children's Services Committee



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Foreword

Foreword by the Chair of the Waterford Children's Services Committee (CSC),
Mr. Jim Gibson, Area Manager, Child & Family Agency (Tusla)

As Chair of the Waterford CSC, I am pleased to launch the publication of the
"Children's Services in Waterford": ***A Profile of the services provided by the
Statutory, Community & Voluntary Sector Organisations to Children & Families***

The Children's Services Committees are an initiative of the Dept. of Children & Youth Affairs which involves the development of a local county based committee bringing together agencies working with children, to engage in joint planning and coordinated delivery of services for children.

In working together, our focus is to ensure that statutory, community & voluntary agencies secure better developmental outcomes for children in Waterford City & County through more effective integration of existing services and interventions at local level.

This Profile of Services was undertaken in order to inform the Waterford Children and Young People's Plan in its future work. This plan will take account of the 5 National Outcomes for Children as outlined in the *Better Outcomes, Brighter Futures National Policy Framework 2014-2020*

- Active & Healthy
- Achieving in all areas of Learning & Development
- Safe & Protected from harm
- Economic security & opportunity
- Connected, Respected & Contributing

This report makes a critical contribution to our understanding of what children and families need in terms of service provision in Waterford, what works and what does not: what governments, organisations and agencies can and should do to support children and families across the five national outcomes but most importantly, what families are better able to do for themselves.

The information available in this report will assist those making decisions about children's services in Waterford. For the first time, we have a comprehensive report outlining the demographic profile and a record of the breadth of services for children in the combined Waterford City & County area. However, it also shows us where there are improvements to be made and indicates where all agencies have a role in improving the lives of children living in Waterford

I would like to acknowledge Rena Cody (Waterford County Council), Anne Goodwin (St. Brigids FRC), Sarah O'Brien (HSE), Lisa Grant (Waterford City Council) and Claire McNamara (Waterford CSC Co-ordinator) as members of the Information & Research Subgroup and Niall Watters (Researcher/Author) for their advice and input into the co-ordination of the research and report.

Thanks also to all the member organisation of the CSC who responded to the questionnaires and participated in focus groups. Their insight into current services, including the identification of gaps, will be central to the development of key actions in the final plan.

Finally, I would like to thank the Dept of Children & Youth Affairs, HSE & Waterford County Council for jointly funding this research.

Jim Gibson
Chair, Waterford Children's Services Committee

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Executive Summary

Introduction

The overarching aim of this research is to carry out a detailed audit of the services provided by statutory, community and voluntary sector organisations to children and families in Waterford.

Objectives

The primary objectives of the research are threefold:

- firstly, an audit and mapping of services¹;
- secondly, identify and analyse gaps in services
- thirdly, develop a socio-demographic profile of children and young people aged under 18

In response to the aim and these objectives, the methodology for the research passed through the following steps:

1. Inception meetings with members of Information and Research Task-group of Waterford Children's Services Committee (WCSC)
2. Secondary, context research on the establishment and role of CSCs
3. Drafting of research tools: for survey of children's services and focus groups of service representatives
4. Development of database of Waterford Services for Children, including some geographic co-ordinates for future mapping
5. Dissemination of survey to services over a number of 2.5 months (204 responses, rate of response: 29%)
6. Focus groups/interviews with and/or including representatives of children's services (72 attendees)
7. Analysis of data drawn from field and secondary research, report write-up and review.

Research Findings

Background and context of CSCs

The report began by setting out the policy, institutional framework and background of CSCs. It outlined briefly the development of children's services in Ireland, looking in particular at the manner by which statutory involvement in provision and at the policy level has been quite limited until recent decades. The more recent focus is evidenced by the establishment of the Department of Children and Youth Affairs, CSCs and more recently, Tusla-the Child and Family Agency and the new national policy framework for children and young people. The first chapter also explored how children's services evolved in the Irish context to include provision by community, voluntary as well as the statutory sectors.

The background chapter also explored how contemporary children's services can largely be subdivided into three broad areas of provision, namely: Tusla-Child and Family Agency (formally HSE); community and voluntary supplementary provision; and, aligned/supporting provision in wider areas.

The CSCs were established to improve outcomes for children and families at local community level through integrated planning, working and service delivery. Their work also relates to the five national outcomes for children i.e. - that children will be:

1. healthy, both physically and mentally;
2. supported in active learning;
3. safe from accidental and intentional harm, and secure in the immediate and wider physical environment;
4. economically secure;
5. part of positive networks of family, friends, neighbours and the community, and included and participating in society.

The work of the CSCs also takes cognisance of the Hardiker model for children's services understood in terms of the following four levels:

1. Universal services for all families
2. Services in targeted areas of disadvantage or to meet specific needs
3. Services for families and children with complex or multiple needs
4. Services for children at high risk

The Hardiker Model informs substantively our understanding of children services including '*Thresholds for Referral to Tusla Social Work Services*' which documents in detail illustrative examples of cases at each level.

¹ The mapping process of the research took place in parallel to the research and will be available from the CSC.

At the policy level, the establishment of Tusla-the Child and Family Agency is central to the present configuration of services. The key principles of Tusla, as it seeks to develop the delivery of seamless services to children and families, are firstly, working in partnership and secondly, co-operation between statutory and community/voluntary services.

Furthermore, the National Service Delivery Framework of the Child and Family Agency envisages that providing support to a child or young person and their family will not be the exclusive responsibility of Children and Family Services but rather a collaborative piece shared with community and voluntary sector bodies. In addition, this approach envisages statutory services - health, education, Gardaí, and local authorities – will work with the community/voluntary sector in taking responsibility for and making contributions in respect of the protection and welfare of all children and by implication children's services.

In this context, this chapter of the report also explored Local Area Pathways (LAP) whose function is to deliver an integrated service to children and families in need of support with the aim of improving outcomes across the five National Outcomes for children. LAP therefore aspires that all services provided to children and families in a geographic area act as one cohesive support system for children and young people. In this regard, a focus on early interventions and prevention as both its core policy and its choice in practice informs LAP. This approach emphasises the premise that providing help (early intervention or prevention) to children and families early in the stage of a difficulty can prevent situations escalating and becoming more established and hence typically requiring supports that are more intensive.

In terms of LAP, the importance of the development of child and family support networks (CFSNs) was noted in particular how they operationalise the goals of LAP on the ground and create a structure for community, voluntary and statutory providers to work together at a number of levels in the provision of services to children with an emphasis on early intervention and prevention.

In line with local developments such as LAP and the work of Tusla (the Child and Family Agency), the recently published national policy - 'Better Outcomes, Better Futures', The National Policy Framework for Children and Young People, 2014-2020 - will inform child and families services over the next six years. 'Better Outcomes, Better Futures' is therefore a crucial document in the development of children's services. It conceives that the five National Outcomes cover all children and young people and across a multitude of facets of their lives in terms of their respective age cohorts. It was noted in the body of the report that this is an important point as it suggests a much broader canvass for services than may have been the case to date. It also by implication mandates interagency work and greater collaboration.

'Better Outcomes, Better Futures' identifies six 'transformational goals' through which 'more' young people and children will achieve the afore mentioned national outcomes through strengthening the support systems around children and young people. These goals include the Support of Parents; Earlier Intervention and Prevention; Listening to and Involving Children and Young People; Ensuring Quality Services; Strengthening Transitions; and, Cross-Government and interagency collaboration and co-ordination. These should in turn inform service delivery and organisation in as far as practicable at the local level.

This part of the report also looked at the development of Waterford CSC, and its current and recent work around implementing the five National Outcomes. It discussed in particular the advanced elements of Waterford CSC in respect of its inclusion of the LAP steering committee as a full task or sub group. This has the effect of integrating the work of the CSC and LAP in a manner intended and suggested in national guidance and policy.

Waterford Demographics

The total population of children aged 0-17 years in Waterford was 28,908 in 2011. Of this, children aged four and under accounted for 7.6% of the County's population. Children and young people aged 5-12 years comprised 11.3% and those aged 13-17 accounted for 6.5% for the total county population in 2011.

These proportions show that Waterford's population of 0-4s is marginally lower than the corresponding national measure of 7.8%. In contrast, the proportion of the 5-12 and 13-17 age cohorts is marginally higher than the national measure (11% and 6.3% respectively).

The chapter revealed that most of the rural mid and west County area is close to average or above. The suburbs of Waterford, the areas around Tramore and the areas around Passage East and the Dunmore Road all reveal proportions of 0-17s above the County average.

There exists relatively large concentrations of children and young people aged 0-17 in Dungarvan and suburbs, the western and southern suburbs beyond Waterford City and Tramore. In the west of the county, there are relatively high

concentrations of 0-17s in numerical terms evident, from east to west, in Kilmeaden, Portlaw, Kilmacthomas, Cappoquin, Lismore and suburbs and Tallow.

In addition, it was shown how in Census 2011, part of County Waterford experienced significant increases in population. Included here are: rural Ardmore, the suburbs of Dungarvan, Lismore, Cappoquin, Kilmacthomas, Portlaw, Annewstown, Dunhill and Ballyduff, Tramore, suburbs, to the west of Dunmore East, the corridor from Waterford City to Tramore, Gracedieu, the southern/Dunmore Road suburbs of Waterford City and around Passage East.

The chapter briefly provided statistics on the following with respect to children: disability, Travellers, 'foreign national' children, school absenteeism, child protection and welfare and youth expenditure.

Across the Electoral Divisions in Waterford, it was shown some differences emerged in respective deprivation scores. The research identified the areas that require the greatest level of supports and basic services, and particularly therefore those for children. Overall, this part of the research provided a profile of where there are large cohorts of children and young people and which areas are relatively the most disadvantaged.

Survey of Services

204 children's services responded to the survey. The findings in respect of survey responses revealed that Waterford CSC is known by about 45% of services, while the majority have basic or less knowledge about the CSC and its work. This is not surprising given that the CSC was only established in 2013. It is however relatively well known and understood by the agencies and bodies it has interacted with but it remains relatively unknown among some targeted services and to a greater degree among universal services. This underlines the need for greater structures of engagement in order to be the catalyst for services to work more closely together to improve outcomes for children.

The survey identified 14 categories that broadly serve to differentiate service types and their general relationship to the Hardiker model. (Diagrams of the Hardiker Model are outlined in chapter 2 and 3 of the report's main body)

Type of Service Provided	%	Hardiker Level
Preschool/childcare	33%	1
Targeted youth work interventions	14%	2-3
Mainstream education	13%	1
Universal youth work	11%	1
Sports	6%	1
Targeted education interventions	6%	2
Health	4%	1-2
Therapeutic support	4%	2
Community development	3%	1-2
Family support	3%	2-4
Arts, drama and culture	1%	1
Crisis interventions	1%	4
Local authorities	1%	1
Social work	1%	3-4

The findings here reveal that the majority of children's services responding to the survey can be categorised as Level 1 under the Hardiker Schema. This is a key finding and suggests that most services for children, catering for the largest numbers of children, are community based level 1, universal services.

Beyond provision to children, the survey established that 74, or 36% of, services who responded also provide services to families per se, in tandem with specific provision for children. Of this number, 18.3% of the services provided to families are characterised broadly as parenting. The next highest proportion of services to families with children responding is those characterised as family support (16.1%). Following this, referral and information is cited as the service provided to families by 14.1% of services. These three service types account for just half of those provided to families. The remainder of the service types provided are activities and classes, advice and guidance, therapeutic services, networks and groups supports, finance and resource supports and health.

In terms of **catchment area** at the Local Electoral Area (LEA) level, 22% cite Waterford City South, Dungarvan-Lismore 19%, Tramore-Waterford City West 15%, Waterford City East 15%, and Comeragh 12%. 10% of services cover all of Waterford. Overall, this suggests that there is relatively wide coverage of services at the LEA level, however most targeted services tend to be in urban areas and particularly Waterford City.

Age cohorts of children and young people served revealed that more than half of services provide to more than one cohort of children. The highest proportion of services at 53.4% provide for children aged 5-12. In terms of the other age cohorts: 0-4 years are provided to by 47.5% of services, and, 5-12 years by 41.2%. Approximately, 50% more services than just preschool services provide for the 0-4 year cohort. This includes those who provide more holistic services to families that include provision for childcare.

The **description of services showed** that 44.6% are community-based groups, 26% are statutory, 17.2% are private (which mainly related to private childcare/preschool providers), and 15.2% are voluntary service organisations. 19.1% of services described themselves as other, which reflected a degree of confusion on which category would best describe their services. Furthermore, a number of services cited more than one category. Overall, this shows the importance of community based services to children and suggests a need to examine how the different categories are defined in terms of children's services.

Seven out of ten services responding to the survey had more than one source of **funding**. In turn, just 29% of services received their funding from just one source. The most cited source of funding, 23.4%, was a statutory source.

The survey also showed that 51.5% of services surveyed do not have a **planned, formal relationship with other providers of services** to children in Waterford. While a significant 48.5% do have such a relationship, the proportion that do not is a concern at one level but also reflects a degree of uncertainty on how to name existing relationships and arguably the lack of a structured collaboration between many services. This suggests more focus is required on collaborative working in keeping with the aims of the CSC and national policy objectives.

97% of services state that they **have a formal child protection policy** in place, which is a very positive finding. Nevertheless, it is not clear how effective and clearly implemented each of these policies is, it would therefore be worthwhile to investigate the quality of such policies in terms of their efficacy, understanding and implementation in practice.

The survey established the following as the main needs of children and young people aged 17 and under in Waterford:

- Community-based early intervention
- Emotional Development and Support
- Follow-Up Services
- Parenting
- Economic Disadvantage and Social Exclusion
- Family Support

The survey revealed also the funding and general challenges that services face:

- Contraction of Services for Children with needs, general winding down of services due to decreased funding and the general impact of funding reductions
- Funding decreases and ongoing cost increases in terms of utilities, rates and maintenance. In addition, voluntary and community services revealed that they are asking parents and children to make larger contributions than was the case in the past, which leads to affordability problems.
- Fundraising has had to be carried out increasingly by services in recent years. Moreover, the funding environment is firstly very competitive and secondly has tended to take up a large proportion of staff time.

In addition to funding issues, general challenges cited (although indivisible from financial issues in some aspects) were the following:

- Migrant and New Communities
- Increased difficulties presenting in children
- Requirement for more Interagency working
- Increase expectations on community/voluntary services
- Limited community and voluntary infrastructure
- Recruiting and retaining volunteers
- Increase demands on scarce services
- Early intervention
- Difficulties within families
- Retaining young people and families in services

Focus Group & Interview Research with Representative of Providers

In terms of current provision, this chapter recounted the following key findings:

- **Overall Provision**, especially from statutory providers such as schools, is viewed as relatively good. However, issues emerge beyond universal statutory provision in terms of targeted services, which were less available and difficult to access.
- There was a strong consensus evident that provision of services for children was higher in urban relative to **rural areas** and that the rural parts of the County were viewed as being comparatively under provided for.
- The responses suggested that while there was a lot of emphasis on children's services provision in **policy rhetoric, practice** was seen to lag some distance behind.
- The responses also revealed that while general provision is seen as adequate for children's services at the universal level in urban areas, **services for cohorts with additional needs** were generally not catered for e.g. migrants, ethnic minorities with Roma communities mentioned in particular, and also children with disabilities.
- The **contraction of services** including services for children - statutory and community/voluntary- in recent years was seen to have contributed to the development of current and potential gaps in services provision that are having detrimental impacts at present and more than likely into the future also.
- The responses revealed a belief that across children's services there was an imbalanced service provision model where provision of services at an **early intervention or preventative** level is not at the level, depth or extent that is required.
- The responses showed that where individual and family needs, their circumstances etc., do not match universal provision, there are more limited provision options. Particular **age ranges** noted in the response are children aged 0-3, children aged 6-10, children aged 8 to 12, young people 16 to 18 years of age, and children who do not participate in sports.
- This issue of **Poverty, 'New Poverty' and Social Exclusion** was noted in the responses. This is referred to intergenerational poverty and the process of social exclusion and families and children living in social housing areas and rented accommodation in disadvantaged urban areas, and, what were termed the 'new poor', that is the group of children and families experiencing difficulties due to the current recession.
- Under **Interagency and Collaborative Working** two trends emerged in this part of the research: the first maintained that a good deal of informal, interagency networking and collaboration between statutory and community/voluntary groups has taken place: the second trend observed that the extent of these instances are patchy and often left up to individuals and their actions and are not therefore mandated at policy level.
- Many services for children operate on the basis of **'one size fits all'** which was considered not in keeping with the individual needs of children and families and lacked the flexibility required to respond to some cases.

In terms of key issues and/or current needs for children's services with a view towards future provision, the following topics emerged:

- Capacity, role and input from universal services in interagency responses
- Rural Waterford and other locations requiring provision
- Social and medical models of services provision
- Lack of engagement by vulnerable families with services
- Children and young people with special needs from smaller social groups including disability
- Community development capacity and infrastructure deficits
- Information deficiencies
- Parenting
- Resources and Funding
- CSC's membership and Focus
- Affordability of services for Children
- Housing and accommodation
- Interagency working and service collaboration
- Mental health and emotional well-being
- Prevention
- Transitions
- Substance use and addiction
- Early Intervention

In terms of the needs of children, gaps and services responses therein, the following themes emerged:

1. Universal services, prevention and early intervention
2. Mental Health
3. Community Development
4. Rural Areas
5. Service Models
6. Age Cohorts
7. Social Groups

8. Collaboration
9. Information

Conclusion and Recommendations

Across the research, there was a level of coherence in the issues, gaps and needs emerging. While the composition of the survey, focus groups and interview research was naturally diverse, and the specificity of the issues introduced different, overall there was a marked consistency across the board. This suggests that the research has identified the key issues of consensus in respect of children's services in Waterford.

The following paragraphs present the salient findings emerging from the research in terms of conclusions. In short, these conclusions are those that have a common trend across many phases of the research and were cited in a number of chapters. Due to the focus of the study - which is on all services provided to children in Waterford - it should be noted that by their nature, these issues are broad but they are nevertheless applicable across a range of service settings.

1. Early interventions and prevention

Promoting early interventions and prevention is one of central pillars in the work of Tusla. LAP and Child and Family Support Networks also place early intervention and prevention at their core in policy and practice. Early intervention and prevention are moreover one of the six key transformational goals outlined in 'Better Outcomes, Brighter Futures' which in turn are established to reach the Five National Outcomes for children. In this regard, early interventions and prevention have the ability to stop the escalation of difficulties that would otherwise develop and perhaps require supports that are more intensive. Moreover, the threshold for social work provision is relatively high and without prevention and/or early interventions, difficulties presenting in children and families could develop unabated until they are serious enough to warrant higher threshold interventions. The research also established that early interventions/prevention are perceived by the service providers as essential to the needs of children and families. While the provision of these essential services would address significant current gaps, the question of service provision on the ground is clearly an issue.

Action/Recommendation 1

With this in mind, and given that most services for children are seen at the universal level, there is an obvious merit in developing the capacity of universal services to provide early interventions and increase their focus on prevention. LAP, CFSNs and Meitheal provide a model for this at a higher level. The need established in the research is to provide universal services with the 'armoury' to respond at an earlier level or increase their role in prevention. This would mean providing the services with the skills and knowledge, in as far as feasible, to feel they can legitimately respond to issues, have adequate knowledge and information to respond and are supported in their responses. The research drew a similarity between this and first aid and child protection training. The research identified concerns on the part of universal services in perceiving, understanding and then responding to behavioural and emotional problems, difficulties in the family, mental well-being issues and so on. Thus, an envisaged process would more than likely involve training, information, the development of networks and relationships, knowledge and so forth among universal services. This could be achieved initially through the development of a structure below LAP - though less intensive - to increase information and knowledge of supports available to universal services to act as an early intervention and/or prevention to the development of difficulties and problems for children. This would involve public health nurses, schools and teachers, volunteers in sports and other community based groups, youth clubs and so on. It is acknowledged that this is a difficult process to develop; however, it remains a key need established by the research. This issue is also broached below under 'the role of universal services'

2. Collaboration, co-operation and interagency work

One of the rationales for establishing CSCs was for greater integration and joined-up working between community, voluntary, statutory and private services that work with, for and include children. Moreover, one of the objectives in the establishment of the Child and Family Agency is to develop the delivery of seamless services to children and young people through working in partnership and co-operation. The National Service Delivery Framework established by Tusla envisages co-operation not only by Tusla but also by statutory bodies such as those in education, local authorities, health and policing with the community and voluntary sector. LAP and CFSNs refer to the development of one cohesive support system for children and young people. The Five National Outcomes for children mandates greater co-operation as does Children First. Better Outcomes, Brighter Futures sets collaboration and co-ordination as one its six transformational goals. All together, these clearly highlight the importance of increasing co-operation between all services that work with children.

This research established that many services work with children across a number of cohorts (0-4s, 5-12s etc.). It also revealed that many services work with children and families. Just under 45% of services survey describe themselves as community based, 26% self-define as statutory and 15% as voluntary. Overall, this therefore warrants greater co-operation. Yet, the survey established that just over half of services do not have a formal, planned relationship with other providers of services to children. Moreover, although there was recognition of good interagency working in Waterford especially since the establishment of the CSC, the need for greater services co-operation was identified as a need. One of the issues raised here was the discretionary nature of co-operation that seems to depend on individuals. In this context, similar services can have very different levels of co-operation. Part of this is put down to the lack of prioritisation of co-operation at funding level, such as a Government Department.

Overall, increasing collaboration and interagency work is not only a regulatory need but also a practical one in terms of enveloping services around children based on their needs rather than, as more typically the case, being organised according to professions, funding, regions, service type, age cohort, professional discipline and so forth.

Action/Recommendation 2

Thus as part of a suite of recommendations set out here, efforts to increase co-operation would seem particularly relevant. This should be seen in the context of developing the capacities of universal services to play a greater role in early interventions and prevention for which interagency co-operation is a crucial element. The development of 'learning networks' of universal services in a number of regions/communities in Waterford would be a starting point to increase collaboration between children's services. The research identified a degree of divergence between the social and medical model used by some services that work with children. This is another challenge for increasing co-operation and in turn linking universal and higher threshold services. Finally, the findings point to a vacuum or gap following universal services up to higher threshold services. The LAP process is addressing part of this. Increased co-ordination and collaboration has the ability to develop further a continuum of supports and services for children and young people with interagency work being a central activity.

3. Mental and emotional health

Emotional well-being and mental health are conspicuous themes through this research. This was seen as a particular gap and was cited in almost each focus group and interview. Mention was made of the increasing numbers of children and young people presenting with emotional and early stage mental health difficulties. The issues cited in the research included anxiety, 'acting out', 'acting in', substance use on foot of emotional problems, bullying, suicide ideation, low self-esteem, and the impact of negative peer groups.

The lack of early identification of issues and problems and the provision of supports at this level were also cited as issues that led to increasing problems for children and young people. The service gaps here cover children aged 11 up to 18 year olds. The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions. Another clear gap noted in the responses here was time required on waiting lists to access services when mental health issues have become more serious. The lack of services, it was suggested, is more acute in the rural parts of the County.

Action/Recommendation 3

The findings call for a focus to be placed on early interventions and prevention in respect of emotional and mental health for children and young people. It also suggests therefore that universal services should be empowered and supported (in terms of early identification skills, access to counselling and information on services) to play a greater role in this as well as creating stronger links to supports including the Child and Adolescent Mental Health Services.

4. Rural Waterford

The unique needs of rural Waterford, Mid and West County in particular, were highlighted throughout the findings. There was a strong consensus across the findings that the provision of services was higher in urban relative to rural areas. Rural Waterford is considered to be under provided for in terms of children's services. The research also established that youth work funding in rural Waterford is a small fraction of that seen in the City and is one the lowest per capita of young person seen nationally. The research found that, using the former County and City boundaries, that 61% of children and young people aged 0 to 19 live in the former County Council area of Waterford. This accounted in 2011 for 19,459 persons.

The research revealed clearly therefore that there is a perceived lack of provision for children in rural areas. Rural isolation is seen as a particular issue for children and young families, including single parent families.

It was noted here that targeted or specialist services were located for the main part in urban centres with the majority of these seen in Waterford City. Lack of access to and affordability of transport, and quality of service provision for children were all cited as related issues in this context. In addition, it was suggested that an onus is often placed on children and families to access services rather than service provision being on an outreach basis.

Action/Recommendation 4

Provision of services in rural areas requires an alternative model of provision to that practiced in urban areas. The existing service provision model tends to follow population centres and in rural areas, what services there are, tend to be in the larger towns. This is of course logical and efficient, the difficulty arises in the context of the lack of affordable transport to services and the limited ability of services to offer outreach type activity due in part to resource restrictions. This requires, it was suggested, a rethinking of how services and even activities are delivered in rural areas. This suggests the need to more joined-up thinking in the delivery of services in rural areas by outreach and co-location. For instance, it was noted that universal services could tend to be ‘a catch all’ in rural areas in the absence of other services. In keeping with the early suggestions about early intervention and the role of universal services below, these could be developed further. Overall, there is a need to develop a rural provision strategy for children’s services in Waterford, one that builds on community development, existing universal services, greater access to urban services through transport and its access/affordability and to this end, increased interagency work to achieve this.

5. The role of universal services

Universal services such as youth clubs, preschools, schools, sports, public health nurses, etc., are key sites of contact with the widest number of children and young people. As noted under ‘early interventions and prevention’ above, these sites provide a considerable opportunity to begin early intervention and prevention work with children who may reveal early stages of support needs. The research revealed that up to 74% of services survey work at level 1 of the Hardiker model. That is, they are universal, typically community based services. The research showed that in the absence of targeted services in rural areas, universal services tend to be ‘catch all’ service provider and this underlines the key role that universal services could play in wider, more integrated services for children with a focus on early intervention. Taken together, these seem to show the importance of these services to the wider continuum of children’s services. In line with the recommendation and conclusion on early intervention/prevention above, universal services should be a priority for collaboration and seeking to increase their ability to act in a preventative and early intervention capacity. As noted, this will require support, network establishment, training, knowledge and information, referral paths, protocols and a mandate.

The research however demonstrated that outside of paid staff, many providers of services to children at the universal level are volunteers and this complicates the extent to which such people could play a more enhanced role in early interventions and prevention. However, the research also found that staff working at this level, while undertaking their central role, did not have the capacity to respond to issues such as emotional difficulties, behavioural problems and problems in the home. It is also the case that universal services are asked to concentrate on their core work by their funding agency. However, the national policy commits itself to inter departmental co-ordination and the suggestion made here is a localisation of this policy.

Action/Recommendation 5

Overall, despite the difficulties of enhancing the work of universal services (the majority of services to children) the issue remains that these sites provide key opportunities to provide such interventions and this was recognised by many of the providers at this level and indeed at higher level interventions (targeted services or levels 2 upward on the Hardiker model). This could be achieved through enhancing the capacity, coordination and early intervention process suggested for universal services above. The LAP and CFSNs provide a broad model for the establishment of lower, community based networks with clear information, resources and links to the services they may need to support their new role as the frontline of children’s services.

6. Parenting and Family Support

Parenting is clearly an important part of the development, happiness and welfare of children. Parenting is also set down as one of the six transformation goals in the recent national policy framework for children and young people. The research found that parenting and broader family support is considered a key process and need in the development of children’s services in Waterford. However, the research found that there were varying levels of support for parents and families available. The lack of provision of parenting and family supports was particularly evident for rural areas. In addition, there was comment on the lack of coordination of parent supports and programmes across the city and county. It was also revealed that often the most vulnerable and most in need parents and families are those who are unfortunately least likely to engage with parenting and family supports, where they are available. Positive branding and referral processes would seem to be important to develop interest in parenting programmes (effective examples referred to in the research included ‘parenting during a recession’, ‘how to survive your teenager’). The importance

therefore of ensuring that vulnerable parents, children and families are supported through parenting programmes and family support work was also highlighted in the findings.

Action/Recommendations 6

In particular, the lack of co-ordination of parenting programmes was also evident from the findings. It is recommended therefore that greater co-operation takes place in the planning and delivery of all parenting programmes. They should be tailored to the differing needs of parents (of young children, school age, teenagers, young adults) and should mix behavioural learning with practical supports such as budgeting, cooking etc. There is scope to look at developing a strategy on parenting supports in the County with a view towards geographic delivery, content, targeting, retention and access to other supports if required.

In addition, there is a need to develop a family support approach to ally the provision of mainstream and universal services such as public health nursing, education, youth work, voluntary sports, groups and leisure activities. This is conceived as a means therefore to link what takes place at the community level with supports at higher threshold levels as required.

7. Information

The research identified that information provision of mainstream universal services is considered adequate, targeted services were viewed as less accessible in terms of both quick access and information about such services. The difficulties that parents have in identifying where and how to access services for children was noted in the findings. The question of identifying where and how to refer children and young people for additional supports and assessments was identified within the research.

Action/Recommendation 7

The findings point to the need for one central online Waterford hub for child and family services. In addition, it was suggested that the inclusion of partners such as the Citizens Information Services and the Local Authority libraries was necessary. There is also scope for provision of child family services information in a central physical site as well as through mobile units and outreach.

8. Economic disadvantage and social exclusion

These issues were prevalent across the research findings. The issues came to the fore in various forms, including those relating to the impact of the current recession in addition to the long-term cycle of disadvantage in some locations and within families. The negative effect of poverty on the health, wellbeing, prospects, risky behaviour, social/psychological development and opportunities have been clearly made in research for decades and these were cited in the responses. The findings show that children are often exposed to negative family, peer and community role modelling. This is in part viewed as a symptom of the social, economic and relationship difficulties brought on by the current recession but also the lack of resilience building supports and programmes on the ground.

Not surprisingly, the findings also pointed to the detrimental effects of unemployment and in particular long-term unemployment on the fabric of some communities. This impacted much further, however, including in many cases the wellbeing of members of the families; adult and children/young persons alike. Thus, the relationship between joblessness and the rise in mental health difficulties for instance was seen as a key issue in many communities particularly with those most disadvantaged.

In addition, the issue of affordability was evident in the findings and particularly the impact this had on less well-off families and their children accessing out of school pursuits that require the payment of a fee or subscription. This included sports, drama, scouts and other pursuits. Issues about the cost of transition year were also raised in the findings. Collectively, this need to pay for such activities acted as a barrier to the participation of children and young people from disadvantaged families and, in some instances, it was reported that children do not ask the parents for money given their awareness of the financial stress families are under. This acts to exclude (further) these young people and children from what their peers may perceive as normal. In the context of disadvantaged families, the difficulties attracting and retaining vulnerable families to services was also mooted. In this general context, the overlap between disadvantage and substance use was also a feature of the findings in addition to the issue of insecure and inappropriate accommodation.

Action/Recommendation 8

The challenge posed for services in terms of children living in or at risk of poverty and social exclusion referred to how such services could respond more effectively than heretofore. The needs as articulated in the findings suggested that traditional service delivery is not tailored effectively for these situations and tends to approach issues as 'fire-fighting' rather than dealing with more rooted, structural problems of disadvantage. The unmet need in this context is additional

targeting or tailoring of services to look at the life cycle of children in these circumstances and anticipate difficulties and is so doing, look at preventative and early interventions cognisant of the social setting that families and their children occupy.

9. Community Development

The research revealed, across both survey and focus group/interviews, that Waterford has a limited community development infrastructure. This means in practice there are relatively few community based services and supports that originated within communities. In terms of children and families, this is seen to have limited the supports that might have been provided in communities. Examples noted in the body of the report include community mother's programmes, community resource centres, community action groups and so forth. This is seen in the relative lack of provision of family resource centres and community development groups across the City and County that is seen as relating to limitations in the community development work on the ground in the past. Community Development offers a means of developing groups and supports in the community and remains a key need in this regard.

Action/Recommendation 9

In terms of recommendations, this conclusion calls for the development of capacity building and community animation strategy. This is hampered somewhat by the changes taking place in organisations that previously had a community development remit and the legacy of limited community development activity in the rural parts of the County. However, it is of note that under the Local Government Act of 2014, each County is asked to develop a Community Development Strategy or Plan. The input of the CSC to this process would serve at one level to act as a catalyst to capacity building and community group animation while providing a link to the development of community based child and family services in the County. Moreover, there is a need to bring a number of stakeholders together to begin a process of capacity building and animation. This should begin with one or more areas or regions and operate on a pilot or learning basis initially in order to draw out learning and best practice.

10. Migrant, ethnic and new communities/Children with disabilities

These two groupings obviously cover a multitude of different children and young people and it is not the intention to suggest they have similar needs and circumstances. However, the response required does have similarities. Both very broad groupings were identified on numerous occasions in the research as having specific needs that are not being addressed by 'one size fits all' universal children's services. Collectively these groupings of children and young people can experience social exclusion based on their situation outside of mainstream services provision. The research highlighted gaps for these groups in services provision. It also identified support requirements for families and parents.

Action/Recommendation 10

The implication is that special attention is required on the part of services collectively to ensure greater provision for these groups and this may require the introduction of targeting by services to increase provision and access and thus outcomes.

11. The role of Waterford CSC

As reflected in the current research, the work and impetus of Waterford CSC is comparatively impressive. The leadership provided by Tusla, the commitment of staff, task groups and the nature of relationships between services are all positive. The integration of LAP and CFSNs is a crucial part also of the development of the CSC and services for children in Waterford. These are all positives and should be developed. However, the findings have shown that the vast majority of services for children existing in communities function at the universal level. The focus on universal services in early intervention and prevention is a key need and suggestion for the future work of the CSC. The research revealed that there is some concern that the CSC has been overly concerned with higher threshold and in particular, social work services to date. This of course reflects the natural interests of the Child and Family Agency.

Action/Recommendation 11

Thus overall there is a need to define the boundaries of children's services in Waterford with a greater focus on universal services with key consideration of the importance of interagency co-operation and co-ordination, thus maintaining its link with higher threshold services.

12. Transitions

Ensuring transitions between services at different instances in a child or young person's life was another important finding in the research. Strengthening Transitions features as one of the six transformational goals set out in 'Better Outcomes, Brighter Futures'. Unfortunately, the research suggests that from time to time children and young people 'can fall through the cracks' during transitions. Included here are transitions from pre-school to primary school; from primary to secondary school; from living in care to independent living, or transitioning from child to adult health services.

Action/Recommendation 12

In this regard, it is suggested that special focus should be placed on ensuring that transitions are planned and coordinated to ensure better outcomes, in particular for those with special need, those who have a disability or those who have experienced care or detention. It is of noted significance that the national policy framework commits the State to bringing a stronger focus on effective transitions, particularly within the areas of education, health, child welfare and youth justice.

13. The Hardiker Model and the Five National Outcomes

The four level Hardiker Model of interventions, from the universal to the targeted, is now a key means to understand different levels of interventions in the provision of child and family services. It is, therefore, a means to understand the continuum of services for children. It was shown how the Hardiker Model is also used by Tusla to describe the thresholds for access to services and the appropriate responses. The research suggests a gap between services at the universal or level 1 on the Hardiker schema and higher threshold services and implies limited knowledge about this categorisation of children's services among a large proportion of services. The research also revealed how the majority of services for children are located at level 1 or are universal type services. In addition, the five national outcomes for children are the core organising principles and should inform the delivery of all child and family services. They provide a framework for the role played by services and how they contribute to the achievement of better outcomes for children and young people. They are also the guiding aims of the National Policy on children's services. Given the importance of these, there is a need to develop greater understanding and appreciation of both among the relevant services. This includes universal and higher threshold interventions. This will assist the development of services and also support greater collaboration.

Action/Recommendation 13

In this regard, there is merit in providing information to the services about both the Hardiker Model and the Five National Outcomes, with a particular focus on universal services, in order to provide the basis for more integrated provision and better-understood roles and relationships in and between such services. This might begin by asking services to explore their role in respect of Hardiker and thereafter the Five National Outcomes.

14. Funding and capacity

Throughout the research, it was clear that the reductions in public and non-public funding of services have had a detrimental impact on their perceived capacity to deliver their services. Decreased funding and income has unfortunately been accompanied by increased overheads such as utilities, rates and so forth. This has led many services to contract their service provision and calls into question the capacity of services to respond to needs and their ability to work in co-operation with other services. At the mainstream statutory level, the funding scarcity has decreased staff numbers and led to increases in waiting lists and waiting times and thus decreases in the numbers availing of key services and supports. There is no panacea to this issue as it resides at national level in terms of fiscal policies and its impact on social and health policy provision.

Action/Recommendation

However, and not as a means of legitimising funding and resource reductions, there is some scope to investigate how children's service might more efficiently and in a planned geographic or sectoral basis, share resources (perhaps rooms, buildings, equipment etc.) and seek to work smarter by dovetailing services more closely to add value. Again, this may be firstly tried on a pilot basis with a view toward expanding models that have proved effective.

15. Service Models

The findings showed how many services for children are perceived to operate on the basis of 'one size fits all' which was considered not in keeping with the individual needs of children and families and lacked the flexibility required to respond to some cases. In turn, a number of gaps were identified in the research that generally refers to models of service provision. The gaps identified in the research are seen as key parts of holistic, flexible services provision for children and families. They are intended to influence thinking across services and inform how services are delivered.

Action/Recommendation 15

The research suggests that these models should become a part of the way services, where appropriate, are delivered to children.

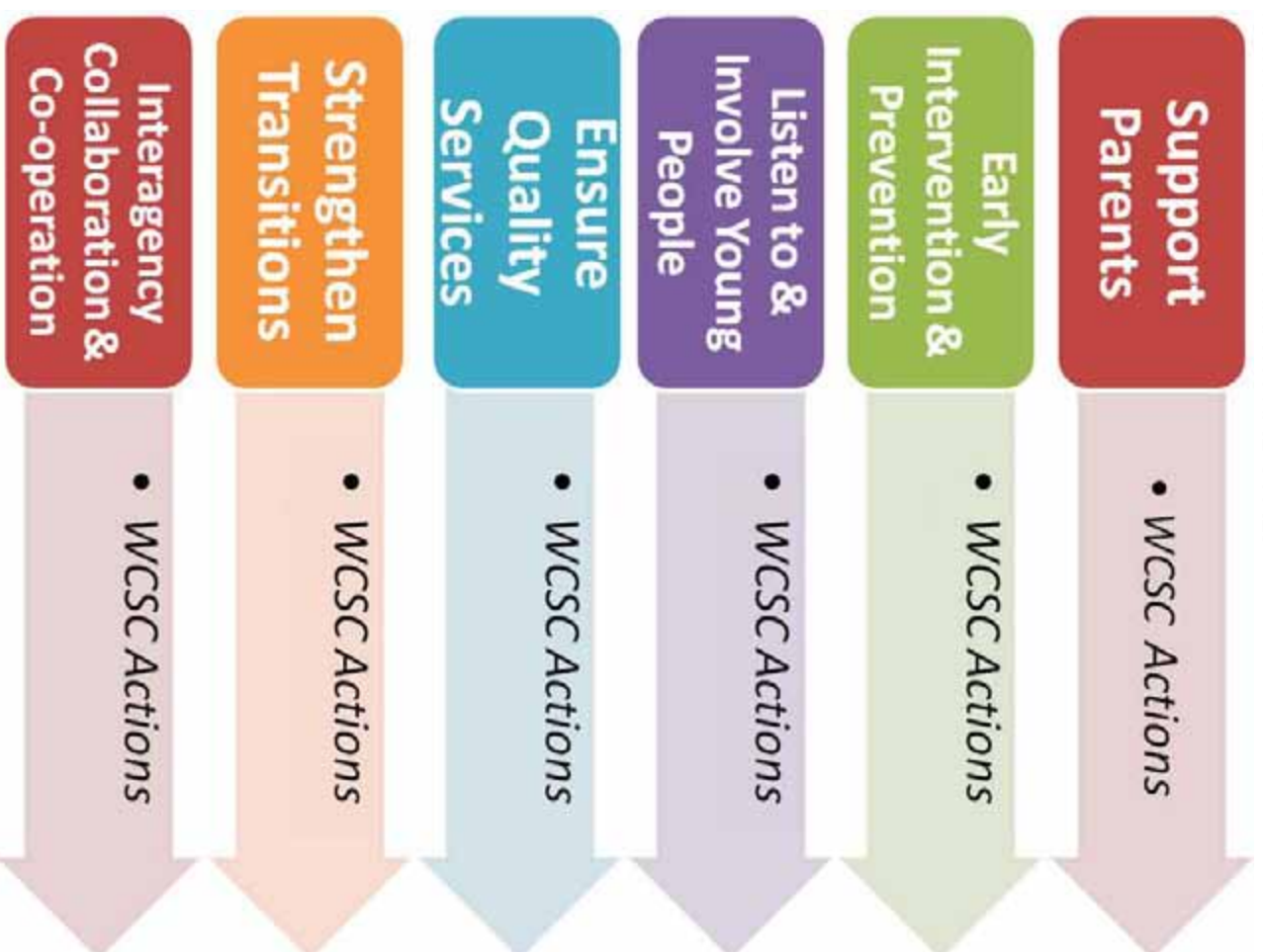
- outreach
- peer based approaches among children and young people
- among adults/parent of children, community 'champions' and mentors such as a community mothers programme
- after-school supports at primary and secondary school levels
- flexible service provision beyond the 'one size fits all' model
- mentors for universal services dealing with complex issues

Framework for a Future Work Plan

out to inform the thinking of Waterford CSC in the development of its forthcoming child and young person's plan, 2014 to 2017. These are based on the findings of the research and will hopefully serve to inform discussions within the CSC and its task groups on its forthcoming actions.

As the Five National Outcomes reveal, in particular their representation in 'Better Outcomes, Brighter Futures', they are better suited to individual children's services. That is, the work of a children's services will be focused more so on achieving these five national outcomes. On the other hand, the Transformational Goals seen in 'Better Outcomes, Brighter Futures' are more in line with the work of the CSCs, given their central role locally in supporting all children's services. Therefore, the actions/recommendations are more attributable to these transformational goals. As such, the actions are set down below beside a number of transformation goals that they are likely to progress. As mentioned in the previous paragraph, these are suggestions for further discussion by WCSC and its Task Groups. It is envisaged that each Task Group might interpret a number of the actions - and thus the Transformational Goals - to influence their choice of actions specific to their area of focus. Moreover, actions should be prioritised into short term (set up and completed in one year), medium term (beginning in year one or taking place and completed over year two and three) and long term (actions devised over the course of the forthcoming plan, ground work taken place and therefore priority actions in the 2018 Children and Young People's Action Plan) goals.

NATIONAL TRANSFORMATIONAL GOALS



FIVE NATIONAL OUTCOMES



SIX TRANSFORMATIONAL GOALS & LOCAL ACTIONS

Transformational Goal	Suggest Macro Actions
Support Parents	Actions/Recommendations
	<ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation and Interagency Work 4. Rural Waterford 5. The Role of Universal Services 6. Parenting & Family Support 7. Information 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC
Early Prevention & Intervention	Actions/Recommendations
	<ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation and Interagency Work 4. Rural Waterford 5. The Role of Universal Service 6. Parenting & Family Support 8. Economic Disadvantage & Social Exclusion 9. Community Development 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes 15. Service Models
Listen to & Involve Children & Young People	Actions/Recommendations
	<ul style="list-style-type: none"> 3. Mental & Emotional Health 4. Rural Waterford 7. Information 8. Economic Disadvantage & Social Exclusion 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 15. Service Models
Ensure Quality Services	Actions/Recommendations
	<ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation & Interagency Work 4. Rural Waterford 5. The Role of Universal Services 7. Information 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes 14. Funding & Capacity 15. Service Models
Strengthen Transitions	Actions/Recommendations
	<ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation & Interagency Work 5. The Role of Universal Services 6. Information 8. Economic Disadvantage & Social Exclusion 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes
Interagency Collaboration & Co-ordination	Actions/Recommendations
	<ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation & Interagency Work 4. Rural Waterford 5. The Role of Universal Services 6. Information 8. Economic Disadvantage & Social Exclusion 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes 14. Funding & Capacity 15. Service Models

1. INTRODUCTION

1.1 Background

The Waterford Children's Services Committee (WCSC) was established in 2013 with membership drawn from Statutory, Community and Voluntary organisations across County Waterford². WCSC is a partnership of agencies working together to improve the lives of children, young people and families at local and community level through integrated planning, shared working and interagency service delivery. WCSC also seeks to ensure that professionals and agencies work together so that children, young people and families receive better and more accessible services.

Waterford CSC was established under the National Children's Services Committee initiative of the Department of Children and Youth Affairs (DCYA). The purpose of the initiative is to improve outcomes for children. The five 'National Outcomes for Children in Ireland' envision that all children should be:

- healthy, both physically and mentally;
- supported in active learning;
- safe from accidental and intentional harm, and secure in the immediate and wider physical environment;
- economically secure;
- part of positive networks of family, friends, neighbours and the community, and included and participating in society.

In 2014, WCSC will launch its three-year strategic plan: 'Waterford Children's Services Committee Children and Young Peoples Plan (2014-2017)'. In this plan, Waterford Children's Services Committee will chart an agreed path for the delivery of services to children and young people in Waterford. The plan will be implemented centrally by the WCSC and through a number of subgroups.

As part of its work - and in order to establish a baseline to inform its decision making and forthcoming Children and Young People's Plan – Waterford CSC identified that it required a comprehensive audit, mapping³ and profile of the wide range of services that are provided across Waterford to children and young people aged 0 to 17 years in the County, alongside a detailed social and demographic profile. This in turn led to the current research.

1.2 Aims of the Audit of Services Research

The overarching aim of this research is to carry out a detailed audit of the services provided by statutory, community and voluntary sector organisations to children and families in Waterford.

Objectives

The primary objectives of the research are threefold:

- firstly, an audit and mapping of services;
- secondly, identify and analyse gaps in services
- thirdly, develop a socio-demographic profile of children and young people aged under 18

1.3 Research Methodology

The methods used in this research reflected the task of undertaking an audit of all services that work with children in Waterford. To begin with, the methodology employed passed through a range of phases, some running simultaneously, in order to arrive at a point where the primary and other sources of data were collected in a structure suitable for analysis and ultimately to inform the report.

The methodology used in the research followed a mixed methods approach employing a number of strands simultaneously ranging from: secondary research; primary research through a survey of services, focus groups, and interviews; database development and cleaning; data analysis; and, reporting.

Research inception

The opening or commencing phase for the research comprised of discussion and information exchanges between the researcher and the Information Sub-group of WCSC, responsible for overseeing the research. The two key outputs of this phase were firstly, the start of the process gathering key contact details of all of children's services in Waterford and

² Throughout the research, reference to Waterford will in all cases include both the Waterford City and County areas. The full County is the designated catchment area of Waterford CSC. It should be noted that as of June 2014, Waterford City and County is merged under the one Local Authority. In parts of the report, and where relevant, specific reference will be made to either to the Waterford City or County area.

³ The mapping aspect of the research process will follow the research report and will be available from Waterford CSC.

secondly, the completion of a shared document outlining in more detail the aims of the research, the proposed structure of the research, time frame, responsibilities and so forth.

Secondary Research

This second phase reviewed the key secondary information sources about child and family services provision in Waterford and thereafter national policy and relevant developments. This set a context for the research and the assessment of its findings.

Services Database

A central part of the research methodology was the development of a database of children's services in Waterford City and County. The database was developed under a number of thematic service areas (youth, childcare etc.) gathered from a range of statutory, community/voluntary body and stand-alone sources. This full or 'raw' database included approximately 1,186 cases of children's services across Waterford. While most of these services were mapped, a number were not included in the online survey due to difficulties identifying and sourcing valid email/contact details and addresses within the time available for the research. The sum of these cases was 435 raw children's services (broadly understood as services that in part or fully work with, for or include children) who were included as the population of the survey as 751⁴.

Survey Questionnaire Design

The design of the audit, and its survey, was a key aspect of the research project and in practice, it involved the researcher, based on the terms of reference and the commencement meeting, setting down key themes under which questions for the survey were formulated. This document was then circulated to the Information and Research Sub Group of WCSC. The members of the Sub Groups made suggestions as to additions and amendments over the course of January 2014. The survey was then transferred fully to an online format reachable by embedded link on an email send to Children's Services. The link was as follows: <http://www.niallwattersresearch.ie/Surveys-Waterford.html>⁵.

Survey Responses

At the time of the report's write up, there were 206 responses to the survey⁶. However, of the 751 services included in the survey dissemination (those with easily identifiable email addresses), generally 48 were returned as 'undelivered mail' suggesting the email address was incorrect or no longer valid⁷. Considering the 48 invalid addresses, this puts the population of Children's Services in Waterford in the context of the research at 703. The 206 survey responses therefore represent a response rate of 29%. These 206 responses therefore represent the sample for the research. This rate of response, given the diverse nature of the survey cohort of children's services (sports, education to specialist intervention services), is satisfactory to serve as a baseline in terms of insights and data⁸.

Focus Groups and Interviews

The research process also undertook a qualitative field research aspect. This set out to explore the views, perspectives and insights of a sample of providers on a broadly thematic spread and one also that served to represent the broad range of service types, and age cohorts, they cater for etc. Overall, the interview and focus groups comprise 71 individuals who represent services who work with, for and include children and young people. The 71 individuals collectively represent a wide range of community, voluntary and statutory services⁹.

Research limitations

As in all research of this nature, the ideal approach would be to undertake a survey of each service that works directly and indirectly with children aged zero to just under 18¹⁰ in Waterford, that is achieving a 100% response rate. This is, firstly, statistically unlikely and secondly, one cannot be sure that the database of services covers every such service in Waterford. Thus in the present research a mix of methods was used to bolster the spread of the research and its representativeness among.

Just over 29% of 'survey valid' services (that is those with working email addresses) on the database responded to the survey, which is nearly one in three of those surveyed. This is a satisfactory response and comprises 206 services. However, the main limitation centres on the extent to which the services who responded to the survey are truly representative of all

⁴ As the central research method to be used was an online survey, the database was assessed at to its usability for this purpose. Thus, the quality of contact information on each service contained on the database was key to the online survey method. In practice, it was necessary for each service to have a working and appropriate (for instance, the correct person within an organisation/service) email addresses on the final database. Given the size of the 'raw' database, it was decided that online survey would be the most feasible in time and cost terms.

⁵ A copy of the final Survey Questionnaire is set out in the appendices section.

⁶ Not all of the 206 response were included in the data analysis for the survey section of this report. A number of responses arrived after the analysis of survey responses had been completed.

⁷ It should be noted that in the early stages of the survey dissemination some efforts were made to investigate 'bounced' emails with a view to updating the database to reflect to correct emails address.

⁸ It should be noted that through email primarily most services who did not respond to the survey have been afforded a reasonable opportunity to do so.

⁹ In addition, the attendance at interviews and focus groups were diverse in terms the age cohorts they provided services to and in different capacities and intensities. The focus groups were put in place to add an additional dimension or depth to the findings from the survey.

¹⁰ 17 years and 364 days.

children's services? The response rate reflected the significant proportion of childcare services in the integrated database with current email contact details, which in turn led to a high proportion of responses coming from the childcare, early and pre-school education sector more generally. This group therefore were likely to have a specific take on the issue reflecting their services and, moreover, that cohort of children that they provide services to.¹¹

Furthermore, based on the proportion of service types that responded, it is hard to say if one or more service type (childcare/pre-school, youth work, social work, and on to community, statutory or voluntary etc.) is over or underrepresented and thus skewing the responses. The answers to this question - unlike national polls which can refer to Census data - is that one does not and cannot know how representative the respondents to the audit and profile research are of all services. Moreover, the services themselves differ considerably beyond that fact that they provide services to children. For instance, some may have different target groups or are universal in their provision; they may be location based only; have large capacity in terms of the numbers of children who use the service; they may work intensively with a small number of children or more fleetingly with a large number of children and young people etc.

That being the case however, the present research – in keeping with its aims – represents a good start to developing a baseline with which to compare future profile pieces and those undertaken in other counties. In this context, it is also the case that 29% response rate may be understating the sample population as a proportion of all services since many who did not respond may no longer be operational, it is of course not possible to know for sure one way or the other¹². Finally, in this context 71 services took part in qualitative research (focus groups and interviews). This number is significant and added depth to the survey responses and as such complemented the findings emanating from the survey.

Overall, therefore, the findings documented in this report, with these limitations in mind, provide the best and most comprehensive assessment of views, needs and gaps in respect of children's services undertaken to date. Furthermore, over the course of the research, it was evident that a number of key themes were repeated in a range of responses from quite different sources in their profile, which again suggests that the research was approaching some of the key issues, gaps and needs.

1.4 Report Overview

This report is comprised of six chapters, including the present one. The series of chapters are structured according to individual themes that reflect one aspect of the research and are planned to lead a logical narrative to the report's conclusions, which in turn serve to respond to its aim and objectives. The next chapter, chapter two, explores the policy and institutional context of Children's Services Committees. This is followed by a chapter discussing the social and demographic profile of Waterford's children and young people, with a focus on those aged up to 18 (Chapter Three). Chapter four presents the quantitative and qualitative findings from the survey of a sample of children's services. In turn, the next chapter (five) examines the findings arising out of a series of qualitative focus groups and interviews with key representatives of various services who work with children in Waterford. The final chapter of the report, chapter six, draws together some of the key findings made throughout its body and relates these to the initial aim and objectives of the research in the form of conclusions and their implications for the forthcoming strategy/work plan of WCSC.

¹¹ Given the running and operational needs of the Early Childhood Care and Education Scheme (ECCE), Waterford County Childcare Committee (CCC) (like their counterparts elsewhere) are mandated to ensure that the most recent contact information is available for each of the childcare providers in the county. In effect, considerable liaison takes place between each provider and the CCC and thereafter the Department of Children and Youth Affairs if they are in receipt of funding through the ECCE or other schemes. Thus, the database of childcare, early education and preschool services is the most comprehensive, accurate and managed database of all the various sectors of children's services. In short, this database was one of the largest and most up to date and active of all the contact details provided. This led in turn to a higher ratio of responses from this sector of children's services relative to others. That being the case, it should be noted that the nature of childcare provision (generally small private providers units) ensures that the numbers of cases and thus responses is considerably higher than other sectors.

¹² It would of course be important to update, manage and sustain the database of children's services to ensure it is as close as possible to the full range of relevant services in Waterford at any one time. This however is of itself a significant task, which requires the allocation of appropriate time and/or resources. This will however allow for a degree of certainty with respect to information on services provision for children and will add to the findings of future research.

Figure 1.1: Map of Waterford



2. Background and Context of Children's Services Committees

The following are some of the general findings revealed in this chapter:

- **Children's services evolved in the Irish context** to include provision by community, voluntary as well as the statutory sectors. Contemporary children's services can mostly be subdivided into three broad areas of provision, namely: Tusla-Child and Family Agency (formally HSE); community and voluntary supplementary provision; and, aligned/supporting provision in wider areas.
- The **CSCs were established to improve outcomes for children** and families at local community level through integrated planning, working and service delivery. Their work also relates to the **five national outcomes** for children.¹³
- The work of the CSCs also takes cognisance of the Hardiker model for children's services understood in terms of the following four levels¹⁴. The **Hardiker Model** informs substantively our understanding of children services including 'Thresholds for Referral to Tusla Social Work Services' which documents in detail illustrative examples of cases at each level.
- At the policy level, the establishment of Tusla-the Child and Family Agency is central to the present configuration of services. The key principles of Tusla, as it seeks to develop the delivery of seamless services to children and families, are firstly, **working in partnership** and secondly, **co-operation between statutory and community/voluntary services**. Providing support to a child or young person and their family will not be the exclusive responsibility of Children and Family Services but a collaborative piece shared with community and voluntary sector bodies.
- Local Area Pathways (**LAP**) **function to deliver an integrated service to children and families in need of support** with the aim of improving outcomes across the five National Outcomes for children. LAP therefore aspires to the provision of **one cohesive support system for children**, young people and families in a geographic area.
- LAP is informed by a **focus on early interventions and prevention as both its core policy and its choice in practice**. This approach emphasises that the provision of help (early intervention or prevention) to children and families early in the stage of a difficulty can prevent situations escalating and becoming more established and hence typically requiring supports that are more intensive.
- The new National Framework for children and young people, 'Better Outcomes, Better Futures' - identifies six 'transformational goals': **Support Parents; Earlier Intervention and Prevention; Listen to and Involve Children and Young People; Ensure Quality Services; Strengthen Transitions; and, Cross-Government and interagency collaboration and co-ordination**. These should in turn inform service delivery and organisation in as far as practicable at the local level.
- **WCSC** has been particularly **advanced in terms of the inclusion of the LAP** steering committee as a full task or sub group. This has the effect of integrating the work of the CSC and LAP in a manner that was intended and suggest in national guidance and policy.

3.1 Introduction

This chapter provides a brief overview of the Children's Services Committees, their origin and policy context. In so doing, the chapter also explores some issues of relevance to the work of the Committees with particular reference therefore to children and young people. The chapter builds on the documentation informing the development of the CSCs and therefore Waterford's Committee. The chapter serves therefore to provide context for this research process.

3.2 Services for Children and Young People

Before looking at the specific development of the Children's Services Committees and the related policy context, it is worth delving further back to look at the wider development of services for children in Ireland. In particular, this section examines how such services came to be delivered in contemporary times by a combination of community, voluntary and statutory sector bodies and groups¹⁵.

At the outset, Ireland exhibits a unique, in European terms, social service delivery model or more precisely, landscape. This landscape has evolved to include delivery by voluntary and community organisations, largely funded in recent decades by the State, as well as service delivery directly by the State. Community and voluntary organisation's involvement in social and

¹³ . i.e. - that children will be:

1. healthy, both physically and mentally;
2. supported in active learning;
3. safe from accidental and intentional harm, and secure in the immediate and wider physical environment;
4. economically secure;
5. part of positive networks of family, friends, neighbours and the community, and included and participating in society.

¹⁴ 1. Universal services for all families

2. Services in targeted areas of disadvantage or to meet specific needs

3. Services for families and children with complex or multiple needs

4. Services for children at high risk

¹⁵ It is possible to add 'private' to this group of sectors that deliver or provide children's services. The main private sector providers are seen in the childcare/preschool area. There are of course GPs and other medical and allied professions (counselling, psychotherapy etc.) which are can also be private in nature that can deliver services to children.

therein children's services has a long history in Ireland, which can be seen as starting in the 19th century, and prior to involvement by the State which is historically a much more recent occurrence.

There are two currents that can be distinguished in the development of the community and voluntary sector: the first is the provision of services by voluntary organisations and the second encompasses what can be broadly categorised as community based efforts.

Prior to 1950, the main providers of social services and various forms of charitable support for the deprived and those in need were voluntary agencies. These were normally under the aegis of religious and more than likely Catholic organisations. The role of the religious in the provision of voluntary support took place in the absence of such services provision by the State¹⁶. This provision has continued but in a much more dissolved fashion to the present, where there remains a strong religious presence in the management and ownership of primary and secondary education in Ireland and aspects of youth work.

Outside of the religious voluntary sector, there has been a stream of provision of services for children by non-denominational voluntary bodies and community organisations e.g. Barnardos etc. The 1950s also saw the development of child protection services delivered by social workers for example with the Irish Society for the Prevention of Cruelty to Children (ISPCC) pioneered the children's social worker. The 1970s saw the development of community-based family services, also through the ISPCC. The 1990s, largely in the context of responses to poverty and areas of disadvantage, witnessed the development of numerous community-based projects focusing directly or as part of set of interventions, services provision on children. Examples here include community based development projects, family support services, educational retention supports etc.

Statutory health services, including those for children, were provided by the local authorities until they were transferred to the health boards in 1970 and then to the Health Service Executive (HSE) in 2005.

Overall, this unique historical legacy - acting in parallel with the State's limited role in social policy provision for the majority of the 20th Century - served to limit State involvement and was associated with the growth of the voluntary and community sector. This involvement is seen firstly in the provision of services and secondly, in responding to needs of children. This can be seen across children's services in their broadest conception such as education, youth work, sports and so forth.

It should be stated that social and public policy development in respect of children and children's services has only been evident over the last two decades: the Task Force on Child Care Services (1980) was only implemented in 1991's Childcare Act. In the main, this legacy has resulted however in the contemporary situation where - in terms of the standards of Ireland's European counterparts - Ireland has comparatively underdeveloped children's services¹⁷.

The framework of today's children's services, and the role of statutory and non-statutory providers, can be traced back to the Task Force on Child Care Services (1980), which suggested that services for children should be provided on a continuum running from community-based services to highly structured interventions for children at risk.

This has led in turn to the focus on the influential Hardiker model (more of which is set out below) that set out the tenet that children's services should be guided by the following four levels¹⁸:

1. Universal services for all families
2. Services in targeted areas of disadvantage or to meet specific needs
3. Services for families and children with complex or multiple needs
4. Services for children at high risk

In this context, Harvey's (2011) recent analysis suggests that present-day children (and family) services can be subdivided as follows:

1. The principal provider of services is Tusla, the Child and Family Agency (formerly part of the Health Services Executive), which provides services across the four Hardiker levels outlined above, operating under the terms of the core legislation, the Child Care Act, 1991 and the Child and Family Agency Act 2013;
2. These are supplemented by specialised projects and services delivered by voluntary and community organisations (Barnardos, for example, runs 40 projects) and there are/were 107 Family Resource Centres (FRCs) previously

¹⁶ Underpinning this development was the social teaching of the Catholic Church, which was based on the principle of subsidiarity, which maintained that services should be provided at the lowest level of community, ranging upwards from the family and individual, to the church and finally, at the highest level, with State input to social policy and services provision including therefore services for children and young people. This is evident for instance by the fact that the Department of Health did not have a Childcare Division until 1979.

¹⁷ Harvey, 2011:11.

¹⁸ Hardiker et al, 1991.

supported by the Family Support Agency. The HSE/Tusla provides funding for the former but does not itemise those receiving funding specifically for children's services;

3. Services delivered by statutory and voluntary organisations working in 'flanking fields', e.g. housing, health and youth services.

Today, therefore across Children's Services there is provision by statutory, community and voluntary sector organisations.

2.3 Children's Services Committees

Turning to Children's Services Committees (CSCs), the first mention of the CSCs was made in the most recent Social Partnership Agreement, 'Towards 2016'¹⁹. This stated that the National Children's Strategy Implementation Group would establish a Children's Services Committee in each City and County through their respective County/City Development Boards. The Health Service Executive (HSE) would act as chair for the Children's Services Committees in each City and County Development Board area.

The predecessor of the current Department of Children and Youth Affairs, the Office of the Minister for Children and Youth Affairs, established the CSCs in 2007. Their central purpose was to improve outcomes for children and families at local and community level.

Initially, four pilot Children's Services Committees were established in South Dublin County Council, Limerick County Council, Donegal County Council and in Dublin City Council. They were comprised of representatives of multiple agencies. At the end of 2012, there were 30 CSCs in development. By virtue of their makeup, origination in social partnership and reflecting the needs of children, the approach of the CSC is to be through interagency collaboration, joint planning and coordination of services²⁰.

Therefore, each CSC is broadly responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery. CSCs also seek to ensure that professionals and agencies work together so that children and families receive better and more accessible services. In practice, this requires integrated planning, defining common outcomes and working together with consensus decision making to translate plans into practice.

2.4 Policy Background

This part of report is split into two parts: the first deals with the policy background to the development of Children's Services Committee Initiative and the second examines more recent policy development that have a bearing on children and in turn on services for children:

2.4.1 Policy Context of CSCs

In the view of the Centre for Effective Services, which supported the development of the CSCs for the Department of Children and Youth Affairs, there were a number of key policy documents that informed the development of the Committees²¹.

- The National Children's Strategy, 2000
- Towards 2016, 2006
- The Agenda for Children's Services: A policy handbook, 2007

The National Children's Strategy

This document from 2000 puts a whole child perspective at the core of children's policies and the services that follow. The Strategy itself has three important goals:

1. Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity,
2. Children's lives will be better understood; their lives will benefit from evaluation, research and information on their needs, rights and the effectiveness of services, and
3. Children will receive quality supports and services to promote all aspects of their development.

Finally, there is a National Children's Strategy Implementation Group (NCSIG), which was set up to drive the implementation of the National Children's Strategy. It is a high-level group consisting of senior officials from all government departments and

¹⁹ Ten-Year Framework Social Partnership Agreement, 2006-2015, 2006. Government of Ireland/Department of the Taoiseach: Dublin.

²⁰ Given the history and current landscape of children's services, this necessitates the involvement of statutory, community and voluntary sector providers/stakeholders on each respective CSC.

²¹ Katie Burke, Stella Owens and Deborah Gbate, 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: Dublin

state agencies that develop policies or deliver services that affect children and young people. It is chaired by the Department of Children and Youth Affairs.

Towards 2016

As noted above, Toward 2016 is the current social partnership agreement, which provides a framework to address key challenges that individuals face at each stage of the lifecycle. In the case of children, it mandated the establishment of CSCs.

The Agenda for Children's Services

The Agenda for Children's Services sets out the strategic direction and key goals of public policy in relation to children's health and social services. The Agenda is a framework that applies the principles of the *National Children's Strategy* to the implementation of policies through service delivery. At the core of the Agenda is the promotion of 'good outcomes' for children.

As a way of ensuring a common language of outcomes within children's services, it draws together the various types of outcomes found in contemporary children's policy and presents them as a single list of National Service Outcomes for Children in Ireland²².

The five Outcome areas are that children will be:

- healthy, both physically and mentally;
- supported in active learning;
- safe from accidental and intentional harm, and secure in the immediate and wider physical environment;
- economically secure;
- part of positive networks of family, friends, neighbours and the community, and included and participating in society.

Programme for Government 2011

The 2011 Programme for Government commits to the implementation of the recommendations of the Ryan Report, the Commission to Inquire into Child Abuse, published in 2009. The Government's response to the Ryan Report was contained in its *Implementation Plan* (OMCYA, 2009). One of the recommendations of that Report is that the statutory, voluntary and community agencies working with vulnerable children and families need to co-operate more fruitfully to meet children's needs. The development of effective local CSCs is cited therefore as an example of an innovation that has such a potential.

2.4.2 Recent Child and Family Policy and Practice Developments

As the title suggests, this part of the section addresses relevant recent policy developments. However as well as policy it also deals with some organisational changes that are of particular importance to services for children.

Tusla – The Child and Family Agency

At the start of 2014, the Child and Family Agency, also known as Tusla, was established. It brings together in one agency the former HSE Children & Family Services, Family Support Agency and the National Educational Welfare Board as well as incorporating some of the psychological services and services responding to domestic, sexual and gender-based violence. Tusla/Child and Family Agency is the dedicated State agency responsible for improving well-being and outcomes for children. The establishment of Tusla represents therefore the most comprehensive reform of child protection, early intervention and family support services undertaken in Ireland. Partnership and co-operation in the delivery of seamless services to children and families are also central to the work of the Child and Family Agency and is a cornerstone of the Oireachtas Act establishing it²³.

Under the Child and Family Act 2013, the Agency is charged with the following functions:

- supporting and promoting the development, welfare and protection of children, and the effective functioning of families;
- offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. In order to discharge these responsibilities, the Agency is required to maintain and develop the services needed in order to deliver these supports to children and families, and provide certain services for the psychological welfare of children and their families;

²² There are now five National Outcomes reduced from Seven Previously. The original seven were that children should be: 1. Healthy, both physically and mentally; 2. Supported in active learning; 3. Safe from accidental and intentional harm; 4. Economically secure; 5. Secure in the immediate and wider physical environment; 6. Part of positive networks of family, friends, neighbours and the community; 7. Included and participating in society. However, in the *National Strategy for Research and Data on Children's Lives 2011-2016* (DCYA 2011), the seven National Service Outcomes for children in Ireland were amalgamated, to produce 5 Outcome areas which were seen as a better fit for the Strategy and have become the main Outcomes overall for the CSCs also. The five outcomes have become central and have been cited recently in 'Better Outcomes, Brighter Futures – The National Policy Framework for Children and Young People, 2014-2020'.

²³ The Agency operates under the *Child and Family Agency Act 2013*: 'a progressive piece of legislation with children at its heart, and families viewed as the foundation of a strong healthy community where children can flourish'. See www.tusla.ie.

- responsibility for ensuring that every child in the State attends school or otherwise receives an education, and providing education welfare services to support and monitor children's attendance, participation and retention in education;
- ensuring that the best interests of the child guides all decisions affecting individual children;
- consulting children and families so that they help to shape the agency's policies and services;
- strengthening interagency co-operation to ensure seamless services responsive to needs;
- undertaking research relating to its functions, and providing information and advice to the Minister regarding those functions; and
- commissioning services relating to the provision of child and family services

The Child and Family Agency's services include a range of universal and targeted services under the following broad headings:

- Child protection and welfare services
- Educational Welfare Services
- Psychological Services
- Alternative care
- Family and Locally-based Community Supports
- Early Years Services
- Domestic, Sexual and Gender-based Violence Services

Prevention, Partnership and Family Support - Local Area Pathways²⁴

Under the National Service Delivery Framework of the Child and Family Agency, it is envisaged that providing support to a child or young person and their family will not be the exclusive responsibility of Children and Family Services but a collaborative piece shared with community and voluntary sector bodies. Moreover, this approach envisages that statutory services - health, education, Gardaí, and local authorities – will work with the community/voluntary sector in taking responsibility for and contributing in respect of the protection and welfare of all children.

Local Area Pathways (LAP) is a key part of this envisaged collaborative process. LAP are a coordinated, multi-disciplinary and multi-agency approach to delivering services to children, from universal and community services through to secondary and tertiary level services (levels 1 to 4 on the Hardiker Model, more on this model below). The purpose of LAP therefore is to deliver an integrated service to children and families in need of support with the aim of improving outcomes across the five National Outcomes for children. LAP seeks for all services provided to children and families in a geographic area to act as one cohesive support system for children and young people.

Part of the thinking informing LAP is that high quality services are provided to children and families at the earliest opportunity across all levels of need. This therefore implies focus on early intervention and prevention as both the core policy and choice in practice. Moreover, this approach goes beyond the traditional service model that had relatively high-level thresholds for access to relevant services, generally those more targeted in nature. This fresh approach suggests that the provision of help (early intervention or prevention) to children and families early in the stage of a difficulty can prevent situations escalating and becoming more established and hence typically requiring supports that are more intensive.

In summary, the key functions of local area pathways (LAP) are:

- To create a network of community, voluntary and statutory providers that will improve access to support services for children and their families.
- To commission services offering a menu for interventions with an evidence base of effectiveness.
- To operate a case co-ordination process for families with additional need who require multi-agency intervention but who do not meet the threshold for referral to social work/after screening at 'Intake'.
- To support a co-ordinated approach by a lead practitioner and led by family requirements.

Child and Family Support Networks

In the context of the new model or approach suggested by LAP and implied by the five National Outcomes, there is recognition of a need for clusters of integrated support for children and young people at local level for families seeking help and accessing support. A number of Child and Family Support Networks (CFSN) consisting of local statutory providers, local voluntary/community children and family services and Tusla staff have/will therefore be established in each county nationally. CFSNs comprise all services that play a role in the lives of children and families in a given area, universal and targeted.

The role of members of the CFSNs is to:

²⁴ Child and Family Agency, 2013, Guidance for the Implementation of An Area Based Approach to Prevention, Partnership and Family Support. This document is part of Tusla's/DCYA's National Guidance and Local Implementation series.

- participate with other community, voluntary and statutory providers to improve access for children and families to support services;
- operate a common approach to practice and participate fully in the operation of a process for the identification of need for families with additional needs who require multi-agency intervention but who do not meet the threshold for Social Work involvement under Children First Guidance;
- be a lead practitioner or a member of the team around the child supporting the lead practitioner to ensure an integrated intervention that corresponds at all stages to the needs of children and families (as need escalates and also as need decreases and less intensive supports are necessary).

Meitheal

Meitheal is the key component for an interagency working model for delivering services to children and families. This approach focuses on prevention, partnership and family support.

The Meitheal Model is led and coordinated by the Child and Family Agency/Tusla. In keeping with the approach cited by LAP and highlighting prevention and early intervention, Meitheal ensures that families who do not reach the threshold for child protection services but where there are identified unmet child or family needs, will receive preventative support, co-ordinated by a lead practitioner and led directly by family requirements.

Meitheal is therefore a model of practice whereby agencies that work with parents identify a child and their families' needs and brings together a team around the child to deliver the required services. Meitheal is both the overall name for the practice model and the Irish name that equates to the team around the child concept. Meitheal is a voluntary process: all aspects, from the decision to enter this process, to the nature of information to be shared, to the end of the process, are controlled by the parents/caregivers and child.

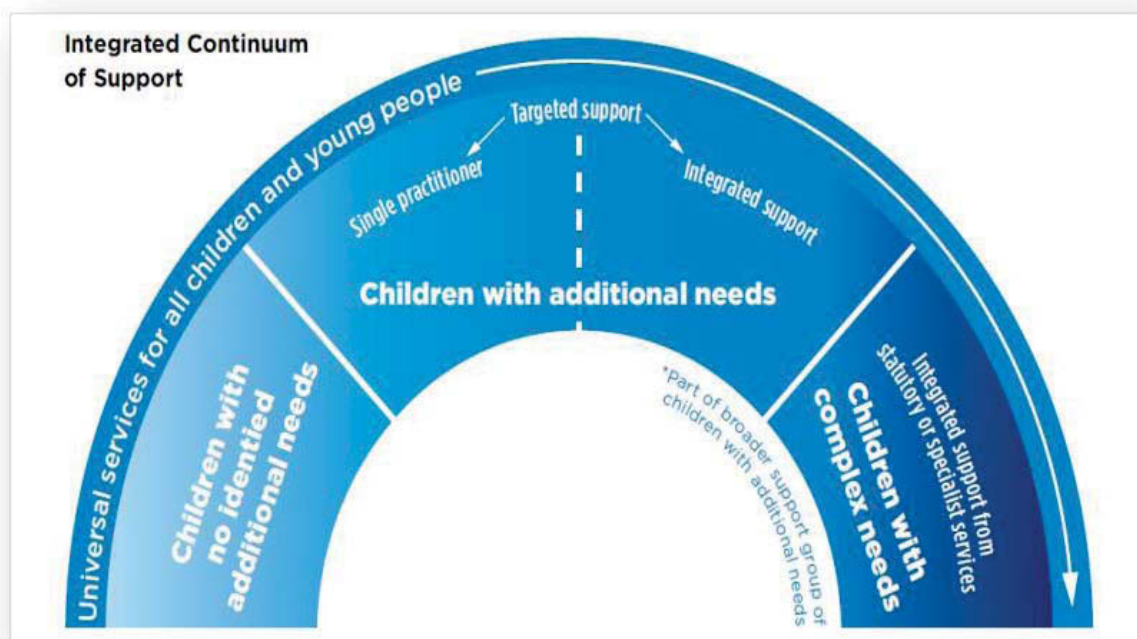
Meitheal and Tusla Social Work operate two distinct processes of support within the overall support system to children and families. These processes do not operate in parallel therefore local procedures are put in place between the Meitheal Model and the Child and Family Agency's Social Work Department to ensure there is no duplication.

In short, it is intended that operating the Meitheal Model will help to prevent families requiring referral to Social Work Services.²⁵

The figure below reveals the continuum of support for children and young people and shows how the continuum moves from children with no additional needs and the provision of universal services to more targeted services for child with complex needs. This process will be referred to again later in the chapter when we discuss the Hardiker Model and how children's services can be understood as operating at different levels, from the universal to selective or targeted services.

²⁵ For further information, see Child and Family Agency, 2013, Meitheal – A National Practice Model for all Agencies working with Children, Young People and their Families. This document is part of Tusla's/DCYA's National Guidance and Local Implementation series.

Figure 2.1: Integrated Continuum of Support for Children and Young People



National Policy Framework for Children and Young People, 2014-2020²⁶

‘Better Outcomes, Better Futures’ (The National Policy Framework for Children and Young People, 2014-2020) was launched by the Department of Children and Youth Affairs in April, 2014. It is the central policy document informing services for children and young people over the coming six years.

The starting point for the policy framework is that all policies have some effect on children and young people’s lives. In that context the document sets out a framework for policies that effect children and young people with a particular focus on cross Government and cross Departmental responses and implementation.

It emphasises therefore the importance of what it terms ‘connecting’ the national and the local with a particular focus on the five National Outcomes for children.

Thus the policy framework:²⁷

- Aligns Government commitments to children and young people against the five National Outcomes (for children and young people)
- Identifies six areas that have the potential to improve outcomes and transform the effectiveness of existing policies, services and resources in achieving the national outcomes
- Commits to measuring progress across the outcomes, with some key indicators selected to benchmark progress of key policy areas
- Establishes new cross Governmental structures to support implementation and monitoring the framework and, as a result, realise improved co-ordination of policies and services for children and young people. These structures provide for external advice and oversight from experts and in the field from children and young people.

As noted in the policy framework²⁸, it is guided by the five national outcomes for children and young people. In so doing, it sets out four aims under each. The overall logic of the policy framework is illustrated in figure 2.2 in the pages below.

The commentary for each outcome in the framework is summarised below.

²⁶ Full reference to be entered

²⁷ 2014: 2

²⁸ A framework in this sense means a wider policy document which is in place to inform a broad range of policies in this sense ones that are related to achieving the five national outcomes for children and young people which in turn by their nature encompass a wide set of Government Departments, agencies and community and voluntary sectors organisations. In addition, the breath of the framework moves for the community or local level of implementation to the national level.

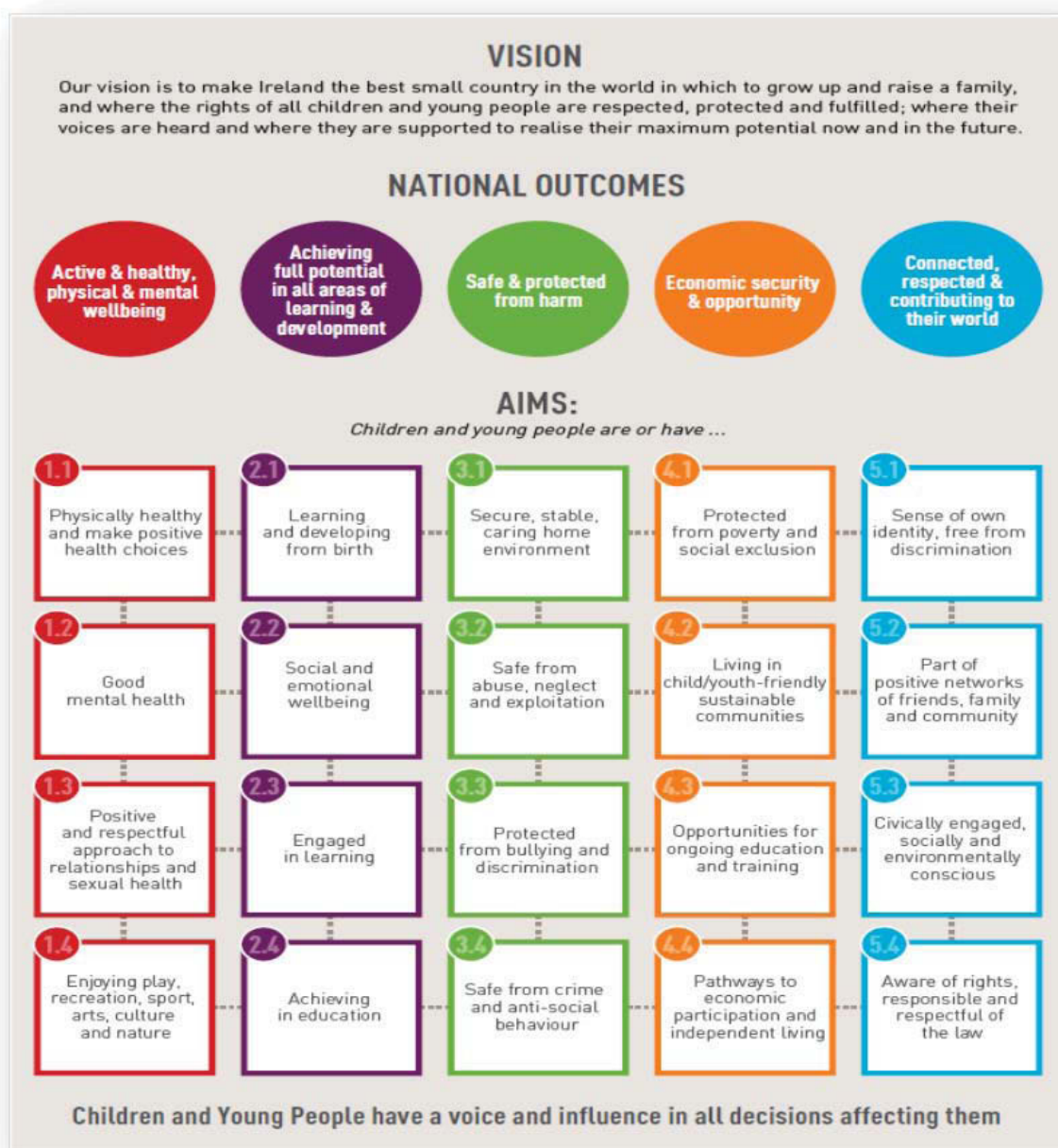
Outcome 1: Active & Healthy

The framework states that '[b]eing active and healthy is a significant contributor to overall wellbeing. The majority of children and young people in Ireland enjoy good health. However, we have some significant health challenges, including obesity, substance misuse and mental health. The aims are that all children and young people are physically healthy and able to make positive health choices, have good mental health, have a positive and respectful approach to relationships and sexual health, and that their lives are enriched through the enjoyment of play, recreation, sports, arts, culture and nature.'

Outcome 2: Achieving full potential in areas of learning and development

Under this outcome, it states that the vast majority of young people in Ireland enjoy learning... [h]owever, there are also some stark statistics – only 12% of young people in the Traveller community complete the Leaving Certificate. Children and young people with special needs, those whose first language is not English and those who have experienced social exclusion need additional supports to achieve their learning potential. Learning starts from birth and goes beyond formal schooling and should encourage creativity and lifelong learning. Engagement in education is a significant protective factor against negative outcomes. The aims are to ensure that all children get the best foundation in learning and development, have social and emotional wellbeing, and are engaged in and achieving in education²⁹.

Figure 2.2: Diagram of Vision, National Outcomes and Aims of the National Policy Framework for Children and Young People, 2014-2020²⁹



²⁹ 2014:4

Outcome 3: Safe and protected from harm

For outcome three, it observes that '[k]eeping children and young people safe and protected from harm is the responsibility of everyone in our society. Children and young people themselves must be educated and made aware of dangers and how to protect themselves from harm and harmful or risky behaviour. The aims are that all children and young people have a secure, stable and caring home environment; that they are safe from abuse, neglect and exploitation; that they are protected from bullying and discrimination; and that they are safe from crime and anti-social behaviour.' Moreover, it states that '[a]ll children and young people need safeguarding. The Government recognises, however, that specific groups of children and young people are particularly at risk and so need additional support and protection.

Outcome 4: Economic security and opportunity

Under this heading, 'Better Outcomes, Brighter Futures' recognises 'that young people want to work and progress in life, and need to be given opportunities to do so. Poverty, sub-standard housing and social exclusion have a significant impact on a person's life outcomes and efforts must be made to promote social inclusion and reduce inequalities for children, young people and their families. The aims are that all children and young people are protected from poverty and social exclusion; that they are living in child/youth-friendly sustainable communities; that they have opportunities for ongoing education and training; and that they have pathways to economic participation, entrepreneurship, fulfilling employment and independent living.

Outcome 5: Connected, respected and contributing

In terms of the above outcome, the policy framework notes that '[c]hildren and young people should be supported and encouraged to play a full role in society recognising that they themselves, through their choices and determination, can heavily influence their own lives now and in the future. Measures are needed to create a society in which all children and young people are valued and respected for who they are, so that they can freely express their identity. The aims are that all children and young people have a sense of their own identity, are free from discrimination and are part of positive networks of friends, family and community; furthermore, that they are civically engaged, socially and environmentally conscious, and are aware of their rights as well as being responsible and respectful of the law.'

These therefore give some sense of the type of actions and principles that will be central to achieving the various outcomes. It is notable for instance that outcomes cover all children and young people and across a multitude of facets of their lives. This is an important point as it suggests a much broader canvass for services than may have been the case to date. It also by implication mandates interagency work and greater collaboration.

Looking to just two of the outcomes, the language and concepts used give a good sense of this and the types of foci required by children's services. In the case of outcome one (Active & Healthy), the following are cited: physical health, mental health, relationships and sexual health, play and recreation, sports, arts and culture. In the case of outcome four (Economic security and opportunity)(sometimes the most difficult to apply from the context of children's services), the following are noted: employment, poverty, housing, social exclusion, living in sustainable communities, education and training, enterprise and being economically independent.

In short, most if not all aspects of children's lives are covered by the rhetoric inherent in the policy framework.

In figure 2.3 below, the policy framework identifies six 'transformational goals' through which 'more' young people and children will achieve these outcomes through strengthening the support systems around children and young people:

- Support Parents
- Earlier Intervention and Prevention
- Listen to and Involve Children and Young People
- Ensure Quality Services
- Strengthen Transitions
- Cross-Government and interagency collaboration and co-ordination

Together these give a 'satellite' view of the type of actions that are intended to be cross cutting. It is therefore important for these to be factored in also to how local children's services operate and in turn by the CSCs. The following provides some more detail on the policy framework's transformational goals'.³⁰

The first transformation goal is to '**Support Parents**'. It suggests parents are the foundation for good child outcomes and have significant influence, particularly in the early years of children's lives. Thus, it follows that effective parenting support can counter the process and impacts of intergenerational poverty. Supporting parents to parent confidently and positively is therefore considered as one of the primary, universal and most effective supports that the State can provide in terms of family support.

³⁰ 2014: 7-9, paraphrased from National Policy Framework.

For **early interventions and prevention**, it refers to intervening at a young age, or early in the onset of difficulties, or at points of known increased vulnerability, such as school transitions, adolescence and parenthood. In this regard, universal services are the main providers of prevention and early intervention measures - not to mention the fact that early intervention and prevention is socially, personal and economically effective. The framework calls therefore for a rebalancing of resources to place a greater emphasis on prevention and earlier intervention, the aim of which is to gradually transfer resources over time from crisis to earlier points of intervention.

The **‘[l]isten to and Involve Children and Young People’** goal, states that children and young people have a right to have a voice in decisions that affect them. Not listening to their voices in the past resulted in a number of failures, the most obvious of which was the failure to protect children and young people from abuse and neglect. The framework sets out to strengthen efforts to ensure that children and young people have this right and that they are supported to express their views in all matters affecting them and to have those views given their due weight, including most notably the views of ‘seldom-heard’ children.

Ensure Quality Services transformational goal calls for a quality approach to supports and services that address the full range of children and young people’s needs. This includes provision in child-/youth-friendly settings and delivery of services in ways that are accessible to all children and young people. This goal also stresses the need to improve the quality and timeliness of services. This entails ensuring that State-funded programmes and services are outcomes-focused and can clearly demonstrate improved outcomes over time.

Figure 2.3: Diagram of the six Transformational Goals of the National Policy Framework for Children and Young People, 2014-2020³¹



³¹ 2014:7

In respect of **Strengthen Transitions**, it recognises that children and young people experience a number of key transitions over the course of aging toward adulthood. Included here are transitions from pre-school to primary school; from primary to secondary school; from living in care to independent living, or transitioning from child to adult health services. It notes, that for some, these transitions can be destabilising and upsetting, and can place vulnerable groups at further risk. It suggests that transitions should be planned for and coordinated so as to ensure better outcomes, in particular for those with special needs, those who have a disability or those who have experienced care or detention. The framework commits the State to bringing a stronger focus on effective transitions, particularly within the areas of education, health, child welfare and youth justice.

Cross-Government and interagency collaboration and co-ordination transformational goal refers to an approach highlighting the added value of greater collaboration and coordination across not only Government Departments but across all agencies, both nationally and locally, in order to drive implementation and achieve better outcomes. A focus on implementation is a central theme of the next seven years. This includes targeting identified needs, connecting infrastructure, organisations and systems across traditional boundaries and leveraging available resources effectively.

CSCs and the National Policy Framework for Children and Young People

It is worth exploring briefly the references to and place for Children's Services Committees in the new National Policy Framework. Perhaps the first thing to note is that CSCs are an explicit part of the Children's and Young Policy Consortium which will oversee the implementations of an Outcomes Framework. Following that, in terms of progress made since the National Children's Strategy 2000-2010, the CSCs are cited as an initiative, initially piloting, to improve co-ordination among services for children.³²

In terms of the implementation of the National Outcomes Framework, it cites CSCs as the bodies to ensure planning and co-ordination of parenting supports.³³

Under Cross-Government and interagency collaboration and co-ordination, the new National Policy Framework also calls for the national roll-out of CSCs and their connection with Local Government through the new Local and Community Development Committees and Tusla, the Child and Family Agency.³⁴ This reference also commits the State to put in place a resourcing framework for CSCs. Finally, CSCs are considered as part of the streamlining of planning and decision-making structures at the local level. In terms of implementation and monitoring of the National Outcomes Framework (for children and young people) at the local and county level, the CSCs will play a lead role.³⁵

Overall, the content and direction of the National Policy Framework for children and young people will prove instructive to CSCs in terms of its fleshing out of the five outcomes for children in the form of aims and thereafter the six transformational goals. In other words, local actions of CSCs should ideally reflect the thinking of the national policy where relevant and practicable.

2.5 Children's Services Classification

As noted in the earlier chapter, the aim of the present research is to 'develop a comprehensive profile of the services provided by statutory, community and voluntary sector organisations to children and families in County Waterford'. Therein children in this instance refer to those aged 0 to 17 years inclusive. The Hardiker Model has and will continue to be the central classificatory schema used for understanding the classification of child and family services. Hardiker's model is also recommended by the CES in its preparatory document for the Children's Services Committee's strategic plans.

This figure below is a representation of the Hardiker Model that has become widely used in Ireland and the UK over recent years in respect of service to children and families. It is also that which was suggested to CSCs in the development of their respective plans³⁶.

³² 2014: 18

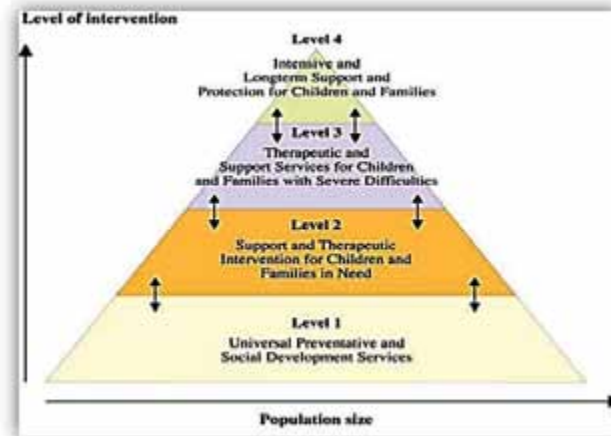
³³ Ibid: 26

³⁴ Ibid: 40

³⁵ Ibid: 113

³⁶ Centre for Effective Services, 2012:42, Template for CSC's Children's and Young People's Plan, 2012 – 2014. Hardiker et al, 1991.

Figure 2.4: Diagram of the Hardiker Model of Children's Services



Source: Hardiker et al, 1991.

The Hardiker Model suggests that there are four basic intervention levels in respect of children's services:

- The **first** level is focused on mainstream services that are available across the board to children which include health care, education, recreation and other service available to communities. These services will be available to all in the community but are often targeted at disadvantaged areas.
- The **second** level represents services to children who exhibit additional needs often characterised by some form of referral. These include parenting support, behavioural support, targeted educational initiatives and general support for children who are deemed vulnerable.
- Level **three** of Hardiker's model refers to services for children and families (child alone or with family) who are deemed to have more serious problems. The support provided at this level is usually multidimensional involving a range of service providers. Examples include child protection matters.
- Level **four** represents those services for family settings that have failed irrevocably or are in the process of doing so and where it may be necessary for the child to be taken into the care of the state. This level also includes children who are brought into the custody of the state in one manner or another due to criminality, mental ill health or profound disability.

Thus, the above represents those services that can come under the ambit of 'children's services'. Moreover, CSCs are asked to consider the following in respect of Children's Services in their respective catchment areas:

- The availability of universal services across their catchment to all communities
- The availability and location of targeted services
- The extent to which services adopt a 'whole child' or 'whole family' approach
- The extent that service are integrated with relevant supports and services
- Which services are provided by statutory agencies and by community and voluntary organisations, and
- What services are provided on a public and/or a private basis?

The Hardiker Model as suggested has informed substantively our understanding of children services in recent times. The Child and Family Agency is no stranger in this regard and in 2014, they published '*Tusla Thresholds for Referral to Tusla Social Work Services*'. This document fleshes out in good detail illustrative examples of cases at each level. Although very much focused on social work and internal Tusla workings, it does, however provide a valuable resource for all children's services in respect of the Hardiker Model. The key parts of the Tusla Thresholds for social work are placed in the reports appendices.

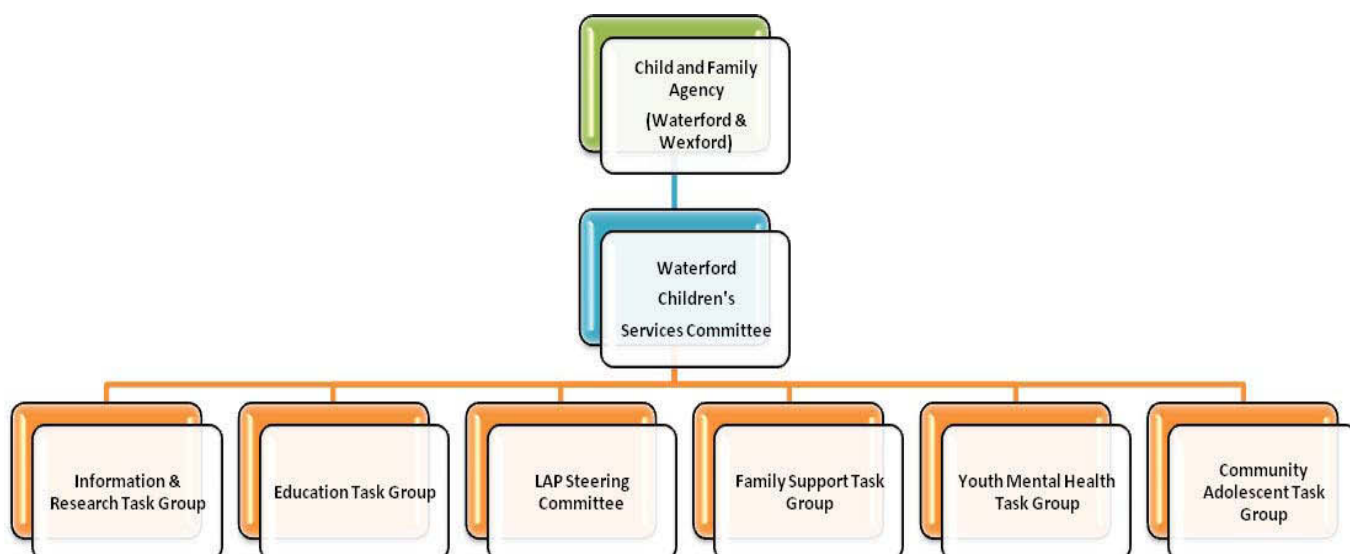
2.6 Waterford Children's Services Committee

Waterford CSC was established in 2013. It is now one of 16 CSCs set up throughout the State. As well as the central Committee, the work of WCSC is carried out by the Co-ordinator and six task groups. The current task groups are:

- Information and Research (under which this research took place)³⁷
- Education
- Community Adolescent
- Family Support
- Youth Mental Health, and
- Local Area Pathways (LAP) Steering Committee

³⁷ The Chairperson of each Task Group is a member of the CSC. The Chairperson of the CSC is the Child and Family Agency Area Manager for Waterford and Wexford.

Figure 2.5: Structure of Waterford CSC



One of the more interesting and innovative elements of the Waterford CSC is the inclusion of the LAP steering committee as a full task or sub group. This has the effect of integrating the work of the CSC and LAP in a manner that was intended and in national guidance for Partnership, Prevention and Family Support. In addition, the CSC co-ordinator is an employee of Tusla (formerly HSE), this creates very valuable naturally developed networks with, knowledge of and access to the various services that can work with children in Tusla and HSE. In addition, the Co-ordinator is also the Community Development Officer with Tusla who in turn has considerably strengthened relationships and networking between community and voluntary sector organisations.

The Steering Committee for LAP has the function of supporting and setting up the Child and Family Support Networks in Waterford City and County.

Figure 2.6: Waterford LAP structure



Figure 2.6 above shows the structure of the LAP in Waterford, its relationship to Tusla, the child and family networks (comprised of statutory and community/voluntary services in a geographic areas, mid county, Tramore etc.) and also its relationship to the CSC through its Co-ordinator.

2.7 Conclusions

This chapter set out the policy and institutional framework and background of CSCs. It began by outlining briefly the development of children's services in Ireland looking in particular at the manner by which statutory involvement in provision and at the policy level has been quite limited until recent decades. The establishment of the Department of Children and Youth Affairs, CSCs and in 2014, the Child and Family Agency, evidences the more recent focus. The chapter also explored how children's services evolved in the Irish context to include provision by community, voluntary as well as the statutory sectors.

Over a number of sub sections, the chapter outlined how children's services are now understood in terms of the four level provision model advocated by Hardiker and colleagues. It also revealed how children's services can by and large be subdivided into three broad areas of provision, namely: HSE; community and voluntary supplementary provision; and, aligned/supporting provision in wider areas.

From here, the chapter examined the establishment and role of CSCs. The policy documents (National Children's Strategy, Towards 2016 and Agenda for Children's Services) were briefly explored as well as the Programme for Government in terms of the framework they provide for the operation of CSCs. In particular, this part of the chapter focused on the five national service outcomes established for children that serve to inform and structure the work of CSCs.

The chapter then turned to explore more recent developments in child and family services. The central role of the 2014 establishment of Tusla, the Child and Family agency to the present configuration of services provision was discussed. It was noted also that the establishment of Tusla is arguably the most comprehensive reform of child protection, early intervention and family support services undertaken in Ireland. Working in partnership and moreover co-operation between statutory and community/voluntary services are key principles to the operation of Tusla as it seeks to develop the delivery of seamless services to children and families.

It was also revealed that the National Service Delivery Framework of the Child and Family Agency envisages that providing support to a child or young person and their family will not be the exclusive responsibility of statutory Children and Family Services but a collaborative piece, shared with community and voluntary sector bodies. In addition, this approach envisages that allied statutory services - health, education, Gardaí, and local authorities – will work with the community/voluntary sector in taking responsibility for and making contributions in respect of the protection and welfare of all children.

In this context, the chapter explored Local Area Pathways (LAP), whose function is to deliver an integrated service to children and families in need of support with the aim of improving outcomes across the five National Outcomes for children. LAP aspires to the provision of one cohesive support system for children, young people and families who seek such services within a geographic area. The chapter also discussed how LAP is informed by a focus on early interventions and prevention as both a core policy and choice in practice. The LAP approach suggests that providing help (early intervention or prevention) to children and families early in the stage of a difficulty can prevent situations escalating and becoming more established and hence typically requiring supports that are more intensive. In terms of LAP, the development of child and family support networks (CFSNs) was discussed. CFSNs operationalise the goals of LAP and create a structure for community, voluntary and statutory providers to work together at a number of levels in the provision of services to children with an emphasis again on early intervention and prevention.

The chapter turned briefly to discuss the Meitheal Model which ensures that for families with clearly identified unmet needs who do not reach the threshold for child welfare and protection services will receive preventative support, co-ordinated by a lead practitioner.

In line with local developments such as LAP and work of Tusla, the chapter also examined 'Better Outcomes, Better Futures', The National Policy Framework for Children and Young People, 2014-2020. The new national policy sets out a framework for all policies that effect children and young people with a particular focus on cross Government and cross Departmental responses and implementation. It emphasises therefore the importance of what it terms 'connecting' the national and the local with a specific attention placed on the five National Outcomes for children. The chapter explored what the policy framework says in respect of the each of the five national outcomes. It was clearly outlined within the chapter how these outcomes cover all children and young people and across a multitude of facets of their lives in terms of their respective age cohorts. This is an important point as it suggests a much broader canvass for services than may have been the case to date. It also by implication mandates interagency work and greater collaboration.

'Better Outcomes, Better Futures' identifies six 'transformational goals' through which 'more' young people and children will achieve these outcomes through strengthening the support systems around children and young people: Support Parents; Earlier Intervention and Prevention; Listen to and Involve Children and Young People; Ensure Quality Services; Strengthen Transitions; and, Cross-Government and interagency collaboration and co-ordination.

The chapter then turned to examine the application of the Hardiker Model and its use in the classification of children's services according to four levels from universal to targeted/high threshold services. It was revealed also how the Hardiker Model has informed substantively our understanding of children services in recent times including '*Thresholds for Referral to Tusla Social Work Services*' which documents in detail illustrative examples of cases at each level. Although very much focused on social work and internal Tusla workings, this document however provides a valuable resource for all children's services in respect of the Hardiker Model's application in practice.

The final part of the chapter looked briefly at the development of Waterford CSC, and its current and recent work around implementing the five national outcomes in Waterford. The discussion of Waterford CSC also presented an overview of its six sub or task groups. It discussed in particular the innovative elements of the Waterford CSC in terms of the inclusion of the LAP steering committee as a full task or sub group. The effect of this resulted in integrating the work of the CSC and LAP in a manner that was intended and suggested in national guidance and policy. The chapter also looked at the development of the CFSNs in Waterford.

Overall, this chapter presented the broad policy and practice framework in which the work of the CSCs is situated. The various policies, approaches and developments will inform the work of the CSCs and children's services more generally. In tandem, this framework will be referred to in the final parts of the report in order to understand and draw out the implications of the findings made throughout. This will be particularly relevant when looking at conclusions and their implications for the future work of Waterford CSC.

3. Social and Demographic Profile of Children and Young People in Waterford

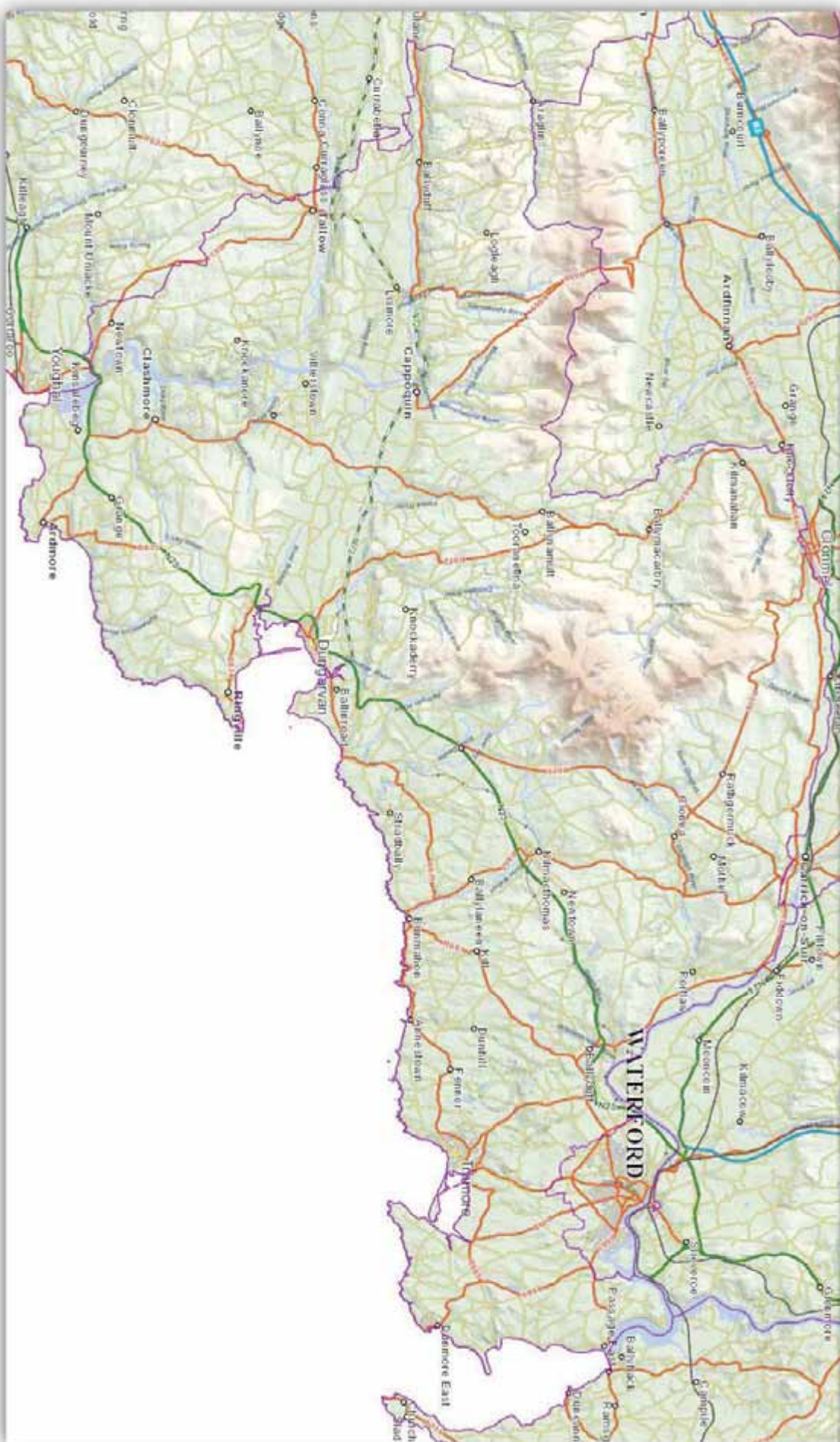
The following are some of the general findings revealed in this chapter:

- The **total population of children aged 0-17** years in Waterford was 28,908 in 2011. Of this, children aged four and under accounted for 7.6% of the County's population. Children and young people aged 5-12 years comprised 11.3% and those aged 13-17 accounted for 6.5% for the total county population in 2011.
- These proportions show that Waterford's population of 0-4s is marginally lower than the **corresponding national measure** 7.8%. In contrast, the proportion of the 5-12 and 13-17 age cohorts is a marginally higher than the national measure (11% and 6.3% respectively).
- The suburbs of Waterford, the areas around Tramore and the areas around Passage East and the Dunmore Road all reveal proportions of **0-17s above the County average**.
- There exists **relatively large concentrations of children and young people** aged 0-17 in Dungarvan and suburbs, the western and southern suburbs beyond Waterford City and Tramore. In the west of the county, there are relatively high concentrations of 0-17s in numerical terms evident, from east to west, in Kilmeaden, Portlawn, Kilmacthomas, Cappoquin, Lismore and suburbs and Tallow.
- The chapter briefly provided statistics on the following with respect to children: disability, Travellers, 'foreign national' children, school absenteeism, and child protection.
- The **youth affairs expenditure** in Waterford City is the highest in the State at €112 per young person; in contrast, expenditure in the county area is the 4th lowest in the state per county area at just €8 per young person, 15 times less than that seen in the City.
- Across the Electoral Divisions in Waterford, there is some difference in their respective **deprivation** scores. The **research identified the areas that require the greatest level of supports and basic services**, and particularly therefore those for children. This part of the research overall provided a profile of where there are large cohorts of children and young people and also which areas are relatively the most disadvantaged.

3.1 Introduction

This chapter presents an overview of the social and demographic profile of Waterford's children, aged up to 18. It places particular emphasis on the age cohorts covered by the CSCs; this is those aged 0 to 17 years. The chapter looks at this cohort in terms also of comparison with national figures and its distribution throughout Waterford. It undertakes a similar logic in reporting on the age profile of children and young people. The chapter follows this, before its conclusion, with a brief but nevertheless timely overview of deprivation across Waterford.

Figure 3.1: Map of Waterford



3.2 Population

To begin with, it is worth noting that Waterford is comprised of five the Local Electoral Areas, recently established on foot of the Local Government Act 2013. Local Electoral Areas (LEAs) are clusters of electoral divisions (EDs) that have been set together to represent distinct sub regions in Waterford. Their titles and ED makeup are as follows:

Table 3.1: ED composition of the Five Local Electoral Areas in Waterford

Local Electoral Area (LEA)	No. of EDs Comprising Sub Region
Waterford City East	13 EDs ³⁸
Waterford City South	18 EDs ³⁹
Tramore-Waterford City West	19 EDs ⁴⁰
Comeragh	41 EDs ⁴¹
Dungarvan-Lismore (D-L)	39 EDs ⁴²

The most recent assessment of the population of Waterford was taken at the Census in 2011: the population of Waterford at that time was 113,795. This consisted of 56,464 (49.6%) males and 57,331 (50.4%) females.

Waterford's population of 113,795 makes it the 15th most populated County in the State, based on 26 counties. However, the population of Waterford City and suburbs, using CSO calculations⁴³, is 51,519. This is a very significant urban and suburban population when compared to the County as a whole and accounts Waterford as the fifth largest city in Ireland. If we consider the effect of Dublin as urban centre on the State, the effect on Waterford of this urban concentration on the extreme east of the County is arguably more significant in terms of clustering jobs, services and so forth. Waterford City and suburbs account for 45.3% of the total County population.

3.3 Children and Young People

This section focuses on those aged 0 to 17 years in 2011. It presents the relevant data on Waterford from Census 2011 but also places this in a comparative context with corresponding measures nationally.

As table 3.2 reveals, the total population of children aged 0-17 years in Waterford was 28,908 in 2011. The table also compares the age cohorts of 0-4, 5-12 and 13-17 years. This table reveals that children aged four and under accounted for 7.6% of the County's population. Children and young people aged 5-12 years comprised 11.3% and those aged 13-17 accounted for 6.5% for the total county population in 2011.

Table 3.2: Waterford and State number and percentage of population aged 0-3, 0-6 and 0-18 years

Age Group	Waterford Total	Waterford Proportion	State Proportion	Waterford proportion of total for 0-17 year olds
0-4 years	8,644	7.6%	7.8%	29.9%
5-12 years	12,828	11.3%	11%	44.5%
13-17 years	7,436	6.5%	6.3%	25.6%
0-17	28,908	25.4%	25%	100%

Source: CSO, Census 2011

These proportions show that Waterford's population of 0-4s is marginally lower than corresponding national measure 7.8%. In contrast, the proportion of the 5-12 and 13-17 age cohorts is a marginally higher than national measure (11% and 6.3% respectively).

³⁸ Ballymacloode, Ballynakill (24005), Ballynakill (part) (25070)³⁸, Faithlegg (part), Farranshoneen, Grange South, Grange Upper, Killea, Kilmacleague, Newtown, Park, Rathmoylan and Woodstown.

³⁹ Ballybeg North, Ballybeg South, Ballynaneashagh, Ballytruckle, Custom House A, Drummannon, Grange North, Kilbarry (24020), Kilbarry (part) (25074), Kingsmeadow, Larchville, Lisduggan, Mount Sion, Poleberry, Roanmore, Slievekeale, Tícor North, and Tícor South.

⁴⁰ Ballybricken, Bilberry, Centre A, Centre B, Cleaboy, Custom House B, Ferrybank, Gracedieu, Islandikane, Killoteran, Military Road, Morrisson's Avenue East, Morrisson's Avenue West, Morrisson's Road, Newport's Square, Pembrokestown, Shortcourse, The Glen, and Tramore.

⁴¹ Annestown, Ballydurn, Ballylaneen, Ballymacarbry, Ballynamult, Carrickbeg Rural, Carrigcastle, Clonea, Comeragh, Coumaraglin, Dunhill, Fenoagh, Fewes, Fox's Castle, Gardenmorris, Georgestown, Glen, Graignagower, Gurteen, Kilbarrymeaden, Kilmacomma, Kilmacthomas, Kilmeadan (25008), Kilmeadan (25078), Kilronan, Knockaunbrandaun, Knockmahon, Modelligo (25032), Modelligo (25068), Mothel, Mountkennedy, Newcastle, Newtown, Portlaw, Rathgormuck, Reisk, Ross, Seskinan, St. Mary's, Stradbally, and Tinnasagart.

⁴² Aird Mhór, An Rinn, Ardmore, Baile Mhac Airt, Ballyduff, Ballyhane, Ballyheeny, Ballyin, Ballysaggartmore, Bohadoon, Cappagh, Cappoquin, Carriglea, Castlerichard, Clashmore, Clonea, Colligan, Dromana, Dromore, Drumroe, Dungarvan No. 1 Urban, Dungarvan No. 2 Urban, Dungarvan Rural, Glenwilliam, Gortnapeaky, Grallagh, Grange, Keereen, Kilcockan, Kilwatermoy East, Kilwatermoy West, Kinsalebeg, Lismore Rural, Lismore Urban, Mocollop, Mountstuart, Tallow, Templemichael, and Whitechurch.

⁴³ <http://www.cso.ie/en/media/csoie/census/documents/census2011pdr/Pdf%202%20Commentary.pdf>

Table 3.3 below looks at the population of each group, 0-17, and how this compares with national figures. This reveals firstly a trend where the total numbers of each age cohort tend to be slightly larger than the younger the age. This is in keeping with the noted increase in population in the County (and nationally) but it is nevertheless a trend to monitor in the 2015 Census.

In addition, it shows (shaded in red) where age cohort proportions are less than the national average (less than one, one and three) and (shaded this time in yellow) where they are greater than the national proportions. In the latter case, this is mostly seen in the ages 11 to 16 years.

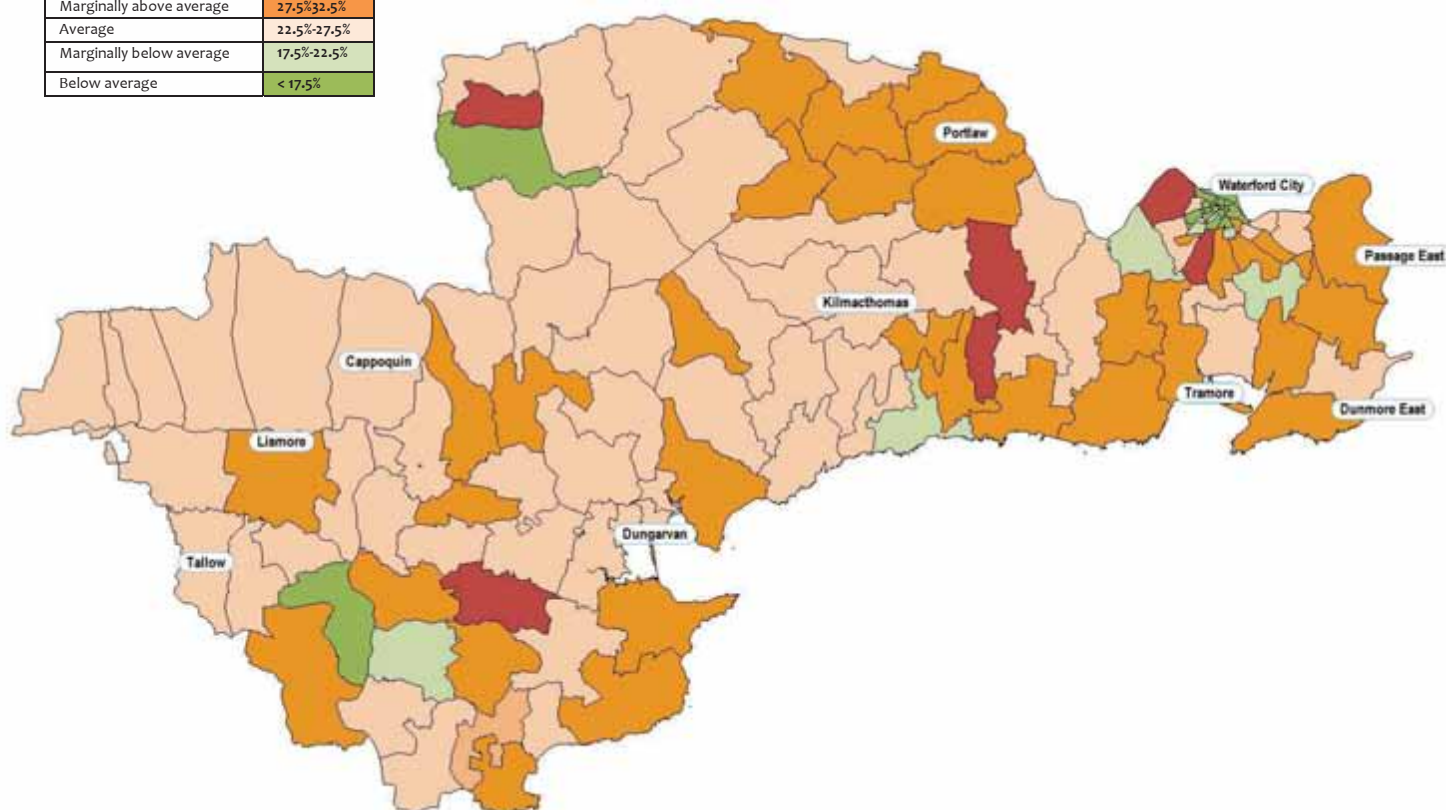
Table 3.3: Population of children at year of age (0-17) in Waterford

Age 2011	Waterford Nos.	Waterford % of Total Pop.	State % of Total Pop.
0	1,726	1.5%	1.6%
1	1,726	1.5%	1.6%
2	1,814	1.6%	1.6%
3	1,717	1.5%	1.6%
4	1,661	1.5%	1.5%
5	1,652	1.5%	1.4%
6	1,621	1.4%	1.4%
7	1,608	1.4%	1.4%
8	1,633	1.4%	1.4%
9	1,620	1.4%	1.4%
10	1,551	1.4%	1.4%
11	1,575	1.4%	1.3%
12	1,568	1.4%	1.3%
13	1,541	1.4%	1.3%
14	1,567	1.4%	1.3%
15	1,465	1.3%	1.2%
16	1,441	1.3%	1.2%
17	1,422	1.2%	1.2%
0-17	28,908	25.4%	25%

Source: CSO, Census 2011

Figure 3.2: Map of Electoral Divisions in Waterford showing their proportion of 0-17s relative to the County average of 25.4%

Legend	% 0-17 years
Above Average	> 32.5% +
Marginally above average	27.5%-32.5%
Average	22.5%-27.5%
Marginally below average	17.5%-22.5%
Below average	< 17.5%



The map above, figure 3.2, reveals the proportion of children aged 0-17 years within each of the Electoral Divisions of Waterford. This reveals most of the rural mid and west County area is close to average or above. The Waterford inner city area reveals the proportion of 0-17s well below the County average. However, the suburbs of Waterford City, the areas around Tramore and the areas around Passage East and the Dunmore Road all reveal proportions of 0-17s above the County average. In addition, in the areas around Fenor, Portlaw, Kilmeaden, Dungarvan and Ardmore there are also higher proportions of children and young people than that seen for the County as a whole. There are particularly high relative proportions of 0-17s present in the Gracedieu and Kilbarry suburbs of Waterford City. In similarity, there are high proportions of 0-17s revealed near Dromore, Ballymacarbry and An Rinn.

The map below is cartogram showing the population number (as opposed to percentage proportion in the above map) of children and young people in each ED electoral relative to the number total for other EDs in the county. The cartogram therefor distorts the size of the ED, larger or smaller, in line with the numbers of 0-17s resident in each ED.

Figure 3.3: Cartogram of all Waterford EDs presenting the relative proportion of population number aged 0-17 years.



This shows large concentrations of children and young people aged 0-17 in Dungarvan and suburbs, the western and southern suburbs beyond Waterford City and Tramore. In the west of the county, there are relatively high concentrations of 0-17s in numerical terms evident, from east to west, in Kilmeaden, Portlaw, Kilmacthomas, Cappoquin, Lismore and suburbs and Tallow.

The maps therefore reveal the proportion and then the numbers of young people and their location in Waterford. It is noticeable that there is a relatively large concentration of young people in the suburbs (some of which is rural) of Waterford City and also in the hinterland of rural towns.

The new LEAs for Waterford mix the former EDs of the County and City areas around Waterford city as noted. However, for the purposes of analysis to gauge the rural/urban divide at a general level the 0-17 population of the former City area is 10,950 and the corresponding population for the former County Council area is 17,958, or 38% of 0-17s residing in the city and 62% residing in the County area. To gauge a more accurate reading of the proportion of children and young people living in rural or urban areas, it would be necessary to undertake additional analysis on towns in the County over a particular size etc. However, the data presented here leads to two conclusions: the first is that a very large proportion if not the majority of Waterford's 0-17 year olds live in rural areas⁴⁴ and the second is that areas outside of Waterford City reveals in general that children and young people comprise a higher proportion of the population.

⁴⁴ It should be noted that earlier in the chapter the point was made that Waterford city and environs accounts for a majority of the County's population. That measure included the suburban areas and included the full population. It is the case therefore that a large number of children and young people live in suburban as well as rural areas.

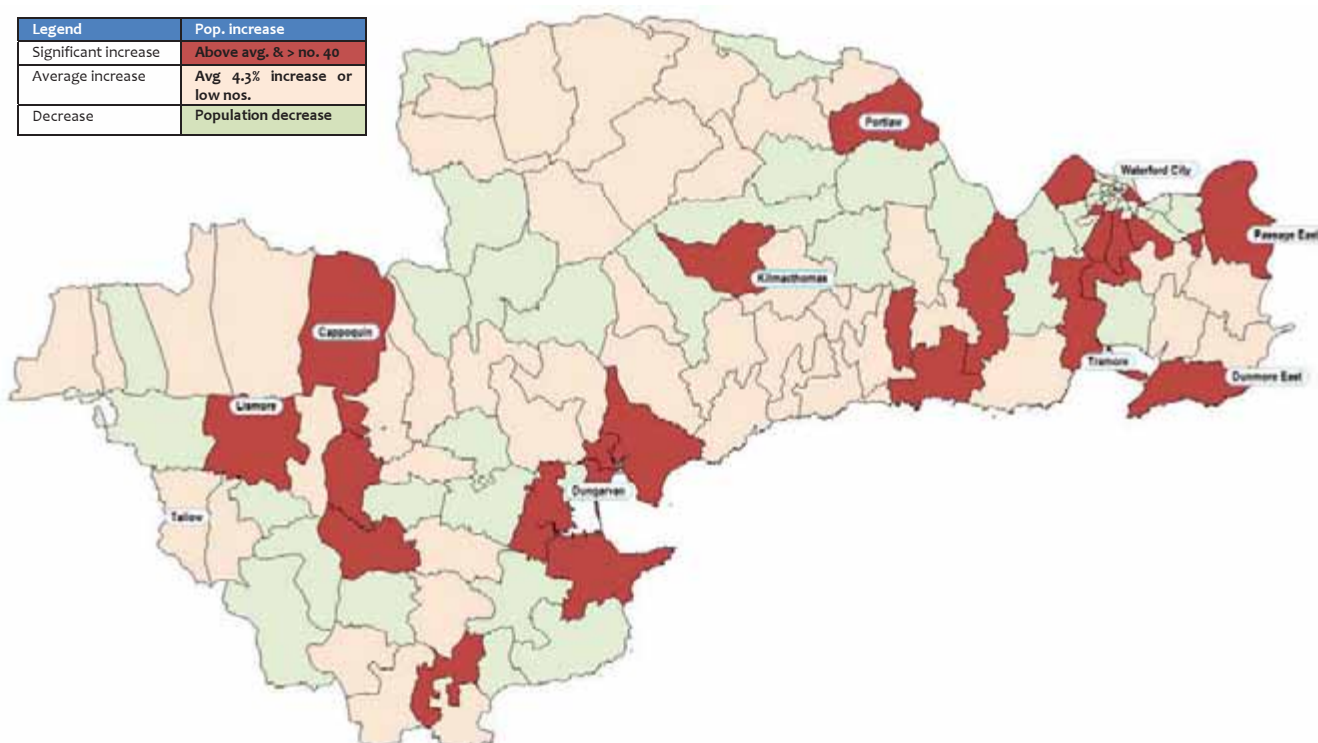
The appendix contains a further series of maps similar to the above (ED proportions and cartograms) which show the distribution of the population of 0-4s, 5-12s and 13-17s age cohorts. In terms of, **Children Aged 0-4 years**, the concentration of this group is similar to that seen overall and there are significant proportions/numbers near the Waterford border to Clonmel, Ballynamult and to the west of Tallow.

For 5-12s, as well as reflecting the overall picture, there are concentrations (relative to the county proportions) seen in the corridor from Waterford to Tramore, the Dunmore Road, Portlawn and in an arc from Ballymacarbry to the Waterford border with Carrick-on-Suir. It is noticeable that the southern suburbs of Waterford do not reveal proportions in this age cohort different to the County average.

In the case of young people aged between 13 and 17, there is again a concentration of this cohort in an arc from Ballymacarbry to the Waterford border with Carrick-on-Suir, an arc from the Waterford/Tramore road to Dunmore East, Kilmacthomas and finally, east of Lismore. Overall, it is noticeable that there are higher proportions of this age group in the suburbs of the main urban areas and towns in Waterford, which perhaps reflects the period of time when households were established in these areas in tandem with housing development.

Between 2006 and 2011, Waterford's population of 0-17s increased by 4.3%. With this in mind, the map below presents the change in population of 0-17s at the ED level between 2006 and 2011. The map illustrates in three shades those EDs experienced in their 0-17 population, those that reflected the average increase for the County and finally, those EDs where the population of children and young increased significantly between over the five years to 2011. It should be noted that many EDs have small populations and even small increases in numerical terms can seem in percentage terms comparatively large. For this reason, only those EDs who registered a population increase and which comprised at least 40 or more are included.

Figure 3.4: Map of Electoral Divisions in Waterford showing population change of 0-17s 2006 to 2011



This map shows that that over the five-year period to 2011's Census, some parts of county experienced 'significant' increases in population. In the West of the County for instance, rural Ardmore, the suburbs of Dungarvan, Lismore and Cappoquin all recorded significant increases in the population of 0-17s. In the Mid county, Kilmacthomas and Portlawn experienced a significant increase in it's under 17s age cohort from 2006 to 2011. There was also a significant population increase in the environs of Anestown, Dunhill and Ballyduff. In the east of the County, there were similar population increases in the 0-17 age cohort seen in Tramore and suburbs, to the west of Dunmore East, the corridor from Waterford City to Tramore, Gracedieu, the southern/Dunmore Road suburbs of Waterford City and around Passage East.

Local Electoral Area level

Table 3.4 below shows each of the five LEAs in Waterford in terms of the number of children and young people aged 0-17 as proportion of the population. This indicates that Comeragh, Dungarvan-Lismore, and Waterford City East have proportions of 0-17s above the county average. Furthermore, this also shows that Waterford City and its western suburbs towards Tramore have a lower proportion of 0-17s than the county average.

Keeping in mind the corresponding national measures, this shows that Comeragh contains a higher proportion of 0-4 years children than the national and County average. In terms of children aged 5-12, Comeragh, Dungarvan-Lismore and Waterford City East each exhibit higher proportions of children in this cohort than the corresponding national figure of 11%. In the 13-17 age cohort, that national measure seen in 2011 was 6.3%, three of the Waterford LEAs (Comeragh, Dungarvan-Lismore and Waterford City South) reveal proportions of young people in this cohort above the national average.

In tandem with the above, Comeragh, Dungarvan-Lismore and Waterford City East reveal proportions of their population aged 0-17 above the national average of 25%. These measures are set out for each cohort on the following maps. Overall, this suggests a slightly larger than the national average proportion of young people in some regions of Waterford at LEA level, moreover, it points to the location of higher proportions of young people in rural relative to urban areas.

Table 3.4: Population Proportions across three cohorts in Waterford Sub-regions

	0-4 Yrs	%	5-12 yrs	%	13-17 yrs	%	Total Pop 0-17 yrs	%
Comeragh	1763	8.2%	2610	12.1%	1489	6.9%	5862	27.3%
Dungarvan-Lismore	2043	7.7%	2960	11.2%	1738	6.6%	6741	25.6%
Tramore-Waterford City West	1671	7.3%	2478	10.8%	1370	6.0%	5519	24.1%
Waterford City East	1705	7.6%	2551	11.4%	1556	7.0%	5812	26.0%
Waterford City South	1462	7.1%	2229	10.8%	1283	6.2%	4974	24.1%
Total for all Waterford	-	7.8%	-	11%	-	6.3%	-	-

Source: Analysed based on CSO Census 2011

3.4 General Statistics on Children in Waterford

This section provides some overall statistics on some general issues of relevance to the profile of children in Waterford (tables and sources are placed in the appendices):

In 2011 for Waterford, the Census recorded 1,256 children with a **disability** aged 14 or under. Of this number, 234 were registered as having a physical and/or sensory disability, which represents a rate of 8.1 per 1000 children. The corresponding national measure was 7 per 1000 children. In terms of children with an intellectual disability registered in Waterford, there were 302 in 2011, reflecting a rate of 10.4 per 1000 children. The corresponding national rate was 7.7 per 1000.

In 2011, there were 199 **Traveller** children recorded in the Census for Waterford. This represents a rate of 6.9 per 1000 persons.

According to Census 2011, there were 2,173 'foreign national' children in Waterford. This represents a rate of 76.9 per 1000. The national corresponding measure was 82.5 per 1000.

In Waterford in 2009/10, the average percentage of primary **school** children per school who are absent from school for 20 days was 11.8% which was larger than the national measure of 10.9%. At post primary level in 2009/10 also, the average percentage of children absent from school for 20 days or more was 12.6% in Waterford. This compares well with the national corresponding measure of 19.4%. The percentage of children leaving secondary school in 2006 having completed the Leaving Certificate Examination was 92.9% for Waterford County and 92.2% for Waterford City. The national measure for the same school entry cohort was 90.2%.

The number of **children protection/welfare** cases in Waterford in 2011 was 1,359 representing a rate per 1000 in the Waterford Local Health Office area of 42.9%. The corresponding rate per 1000 in the HSE South Region was 30.4% and 27.5% nationally. In 2011 also, the number of children in the care of the HSE in Waterford was 236, a rate of 7.4 per 1000 children. The corresponding rate per 1000 for the HSE South Region was 6.4.

In 2011, there were 490 children aged 10-17 referred to the Garda Juvenile Diversion Programme. This represents a rate of 2.1 per 1000; the rate per 1000 for the Garda South East Region was 2 per 1000.

Department of Children and Youth Affairs documents for 2011 revealed the rate of youth affairs funding attributed to Waterford by the former and City and County areas as follows: total funding for the City was €2,171,643 and for the County, 95,353. This puts the funding per young person for the city at €111.56 and for the county at €7.61. Thus funding for youth services per person (aged 10-24) is nearly 15 times higher in the City than Waterford County. Furthermore, Waterford City has the highest rate of youth affairs funding per young person in the state (34 local authority areas in 2011). In stark contrast, the funding per person in Waterford County is 30th out of 34 areas in the state.

3.5 Deprivation

While this section and the report more generally have not set out to provide a wider profile of Waterford or indeed social exclusion in the county, the presented profile is of importance given the 'social crisis' of the last six years. It is therefore incumbent on the present research to account for this reality as it emerged pointedly across the field research for this report. Moreover, research clearly shows the relationship between deprivation and poverty and in this case, child poverty hence the inclusion of this section in the report⁴⁵.

Deprivation

Deprivation in Ireland has been measured using the Pobal HP Index, in its various upgrades, since the 1991 Census. It has therefore a relatively long history with which to measure deprivation⁴⁶.

The relative index score for Waterford overall changed from -3.06 to -2.49 from 2006 to 2011⁴⁷.

The deprivation index is relative in the manner by which it takes into consideration the relationship between areas in terms of the indicators of deprivation. In short, this means that while the overall affluence of the Country may have decreased in recent years, areas that are more affluent then remain affluent today relative to more disadvantaged areas; both types of areas have regressed in recent years.

Across the EDs in Waterford, like many counties, there is marked variation in the deprivation scores, which tends to reflect areas of relative affluence and thereafter social disadvantage. For descriptive purposes, deprivation is measured into bands relative to the state average such as Affluent, Marginally Above Average, Marginally Below Average, Disadvantaged and so forth. The table below sets out the status of each of Waterford EDs in respect of their regional cluster.

⁴⁵ Harvey, 2008: 29-34.

⁴⁶ Inequality and disadvantage remains a feature of life in Ireland today. Haase and Pratschke developed an index that provides a single measurement of the relative affluence and deprivation for an area. The deprivation scores range from -50 to 50 with -50 being extremely deprived and 50 being extremely affluent. The score for the electoral divisions of Waterford, was -2.49 for 2011

Demographic Profile is measured using 5 indicators:

- the percentage increase in population over the previous five years
- the percentage of population aged under 15 or over 64 years of age
- the percentage of population with a primary school education only
- the percentage of population with a third level education
- the percentage of households with children aged under 15 years and headed by a single parent
- the mean number of persons per room

Social Class Composition is measured using 5 indicators:

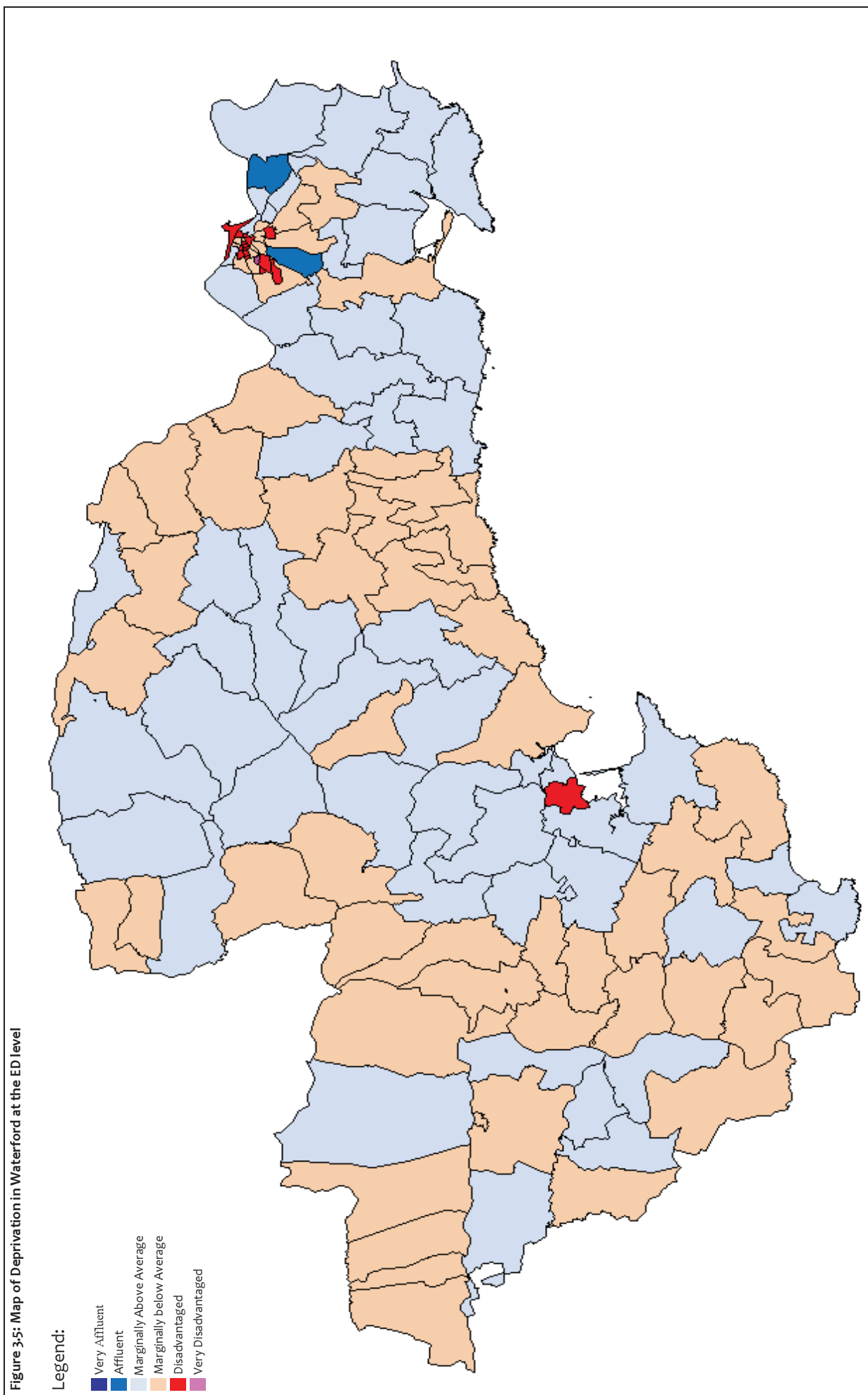
- the percentage of population with primary school education only
- the percentage of population with a third level education
- the percentage of households headed by professionals or managerial and technical employees, including farmers with 100 acres or more
- the percentage of households headed by semi-skills or unskilled manual workers, including farmers with less than 30 acres
- the mean number of persons per room

Labour Market Situation is measured using four indicators:

- the percentage of households headed by semi-skilled or unskilled manual workers, including farmers with less than 30 acres
- the percentage of households with children aged under 15 years and headed by a single parent
- the male unemployment rate
- the female unemployment rate

Unemployment is measured either via the Quarterly National Household Survey using the International Labour Office (ILO) methodology or by the Principal Economic Status (PES) methodology, which is applied during each census every five years. Both approaches have their relative merits. For the purposes of making international comparisons labour force aggregates are now analysed using the ILO method as it is generally considered more robust. The ILO approach is based on a sample household survey covering around 30,000 households in Ireland by a team of specially trained interviewers. No data relating to Waterford is available via the latter approach. In order to determine the local aggregate unemployment levels one must analyse the PES data, which surveys all households in the State. For more on the HP Deprivation Index, see <https://www.pobal.ie/Pages/New-Measures.aspx>

⁴⁷ See also <http://trutzhaase.eu/wp/wp-content/uploads/HP-Index-2011-SA-An-Introduction-02.pdf>



Source: maps.pobal.ie based on Pobal HP Deprivation Index.⁴⁸

⁴⁸ <http://trutzhaase.eu/wp/wp-content/uploads/HP-Index-2011-SA-An-Introduction-02.pdf>

What this shows is that large swathes of the mid and west County have deprivation scores marginally below average. Similarly, large parts of the county are marginally above average. Some EDs south of Waterford City are affluent by average County standards. Turning to indicators of deprivation, the following areas revealed disadvantaged status in 2011:

- In the County area, Dungarvan; and
- in the City, Ferrybank, Ballybricken, Morrison's road area, Ballybeg and Larchville.

Furthermore, Lisduggan in the City recorded a 'very disadvantaged' status in the 2011.

Each of the above areas is generally the site of concentrated social housing, which in turn tends to be areas of concentrated and multiple need. These are generally the areas for particular targeting of supports and services for children who are more likely to be at risk of a range of difficulties than their peers in other areas.

To look at targeting in more detail, Table 3.4 below presents the HP Pobal Deprivation Index at the Small Area level that is below that of the ED.

Table 3.5: Deprivation and Disadvantage in Waterford Sub-region's relevant EDs and SAs

Sub Region Title	EDs Comprising Sub Region	ED Deprivation Status 2011	No. of Disadvantaged Small Areas	No. of VERY Disadvantaged Small Areas
Waterford City East	Custom House A	Disadvantaged	1	2
	Park	Marginally Above Average	3	
	Grange South	Marginally Below Average	1	2
	Newtown	Marginally Below Average	1	
Waterford City South	Ballybeg North	Disadvantaged	4	3
	Ballytruckle	Marginally Below Average	8	1
	Custom House A	Disadvantaged	1	1
	Grange Upper	Marginally Above Average	1	
	Kingsmeadow	Disadvantaged	5	2
	Larchville	Disadvantaged	0	4
	Lisduggan	Very Disadvantaged	2	3
	Mount Sion	Disadvantaged	4	
	Poleberry	Marginally Below Average	3	
	Roanmore	Marginally Below Average	3	
	Slievekeale	Marginally Below Average	3	
	Ticor North	Marginally Below Average	1	
	Ticor South	Disadvantaged	2	
	Grange North	Disadvantaged	4	
Tramore-Waterford City West	Tramore	Marginally Below Average	3	
	Centre A	Marginally Below Average	1	
	Ballybricken West	Disadvantaged	1	
	Centre B	Marginally Below Average	1	
	Cleaboy	Marginally Below Average	1	
	Military Road	Disadvantaged	4	
	Morrison's Avenue East	Disadvantaged	3	
	Morrison's Avenue West	Disadvantaged	1	
	Morrison's Road	Disadvantaged	3	
	Newport's Square	Disadvantaged	3	
	Shortcourse	Disadvantaged	2	
	Ferrybank	Disadvantaged	3	
Comeragh	The Glen	Marginally Below Average	1	
	Comeragh	Marginally Above Average	1	
	Kilmachthomas	Marginally Below Average	3	
	Portlaw	Marginally Below Average	2	
Dungarvan-Lismore	Kilmeaden	Marginally Below Average	1	
	Ballyheeny	Marginally Below Average	1	
	Cappoquin	Marginally Below Average	1	
	Dungarvan No 1 Urban	Disadvantaged	6	1
	Dungarvan No 2 Urban	Marginally Above Average	3	
	Tallow	Marginally Below Average	1	
	Lismore Urban	Marginally Below Average	1	

With the addition of the Small Area (SA) statistics for Census 2011, it is possible to investigate further the presence deprivation below the ED level⁴⁹. A basic assessment of the SA data which focuses on areas ranging from just 75 to a

⁴⁹ The enumeration of Census 2011 was organised using Small Areas for the first time Small Areas are a new administrative unit developed by the National Institute for Regional and Spatial Analysis (NIRSA) at the behest of Ordnance Survey Ireland (OSI) and in collaboration with the CSO. There are approximately 19,000 Small Areas containing, on average, between 75 & 150 households. The Small Areas nest within existing Electoral Divisions. Each Census Enumerator was assigned an area averaging 420 dwellings consisting of 3-4 Small Areas.

maximum of 175 houses suggests that many of the EDs, even the more affluent ones, nevertheless contain areas of disadvantage and in some cases extreme disadvantage.

For this reason, a brief trawl of the deprivation status of the various SAs contained in each ED was undertaken. This revealed firstly, the number of disadvantaged Small Areas and secondly, Very disadvantaged Small Areas in the various EDs. This analysis is placed on the far left of the table above.

The contextual point of course is that areas of disadvantage typically affect children and young people disproportionately to adults⁵⁰. As such, these are the areas that require the greatest level of supports and basic services, and particularly therefore those for children.

This reveals that there were 41 disadvantaged SAs in Waterford in 2011. Moreover, whereas there was only one very disadvantaged ED (Lisduggan in the City), there were nine very disadvantaged SAs, only three of which were in the Lisduggan ED.

Moreover, there were disadvantaged SAs in 19 EDs that were described as marginally below average on the ED level analysis of deprivation. In addition, there were four disadvantaged SAs in EDs described as above average on the ED deprivation analysis. This tells us two things, firstly, that there exists disadvantage below the ED level which is sometimes not evident at that level of analysis including areas considered not disadvantaged and, secondly, it allows us to know where resources might be targeted at the more micro level of the small area.

3.5 Summary & Conclusion

This chapter presented a brief overview of social and demographic profile of Waterford's children, aged up to 18. It placed particular emphasis on the age cohorts covered by the CSCs; this is those aged 0 to 17 years.

The total population of children aged 0-17 years in Waterford was 28,908 in 2011. Of this, children aged four and under accounted for 7.6% of the County's population. Children and young people aged 5-12 years comprised 11.3% and those aged 13-17 accounted for 6.5% for the total county population in 2011.

These proportions show that Waterford's population of 0-4s is marginally lower than corresponding national measure 7.8%. In contrast, the proportion of the 5-12 and 13-17 age cohorts is a marginally higher than national measure (11% and 6.3% respectively).

The chapter noted that most of the rural mid and west County area is close to average or above. The suburbs of Waterford, the areas around Tramore and the areas around Passage East and the Dunmore Road all reveal proportions of 0-17s above the County average.

There exists relatively large concentrations of children and young people aged 0-17 in Dungarvan and suburbs, the western and southern suburbs beyond Waterford City and Tramore. In the west of the county, there are relatively high concentrations of 0-17s in numerical terms evident, from east to west, in Kilmeaden, Portlaw, Kilmacthomas, Cappoquin, Lismore and suburbs and Tallow.

In addition, it was shown that in Census 2011, part of the county experienced significant increases in population. Included here are: rural Ardmore, the suburbs of Dungarvan, Lismore, Cappoquin, Kilmacthomas, Portlaw, Annewstown, Dunhill and Ballyduff, Tramore, suburbs, to the west of Dunmore East, the corridor from Waterford City to Tramore, Gracedieu, the southern/Dunmore Road suburbs of Waterford City and around Passage East.

The chapter briefly provided statistics on the following with respect to children: disability, Travellers, 'foreign national' children, school absenteeism, child protection and welfare and youth expenditure.

Across the Electoral Divisions in Waterford, there is some difference in their respective deprivation scores. The research identified the areas that require the greatest level of supports and basic services, and particularly therefore those for children. This part of the research overall provided a profile of where there are large cohorts of children and young people and also which areas are relatively the most disadvantaged.

⁵⁰ See for instance, Harvey, 2008: 29-34.

4. Survey of Children's Services

The following are some of the general findings revealed in this chapter:

- **Waterford CSC is known to 45% of services**, while the majority have basic or less knowledge about the CSC and its work.
- The survey identified **14 categories that broadly serve to differentiate service types** and their general relationship to the Hardiker model.
- The **majority of children's services responding to the survey can be categorised as Level 1 under the Hardiker Schema**. This is a key finding and suggests that most services for children, catering for the largest numbers of children, are community based level 1, universal services.
- Beyond provision to children, the survey established that 74, or 36% of, services who responded provide services to families as well or in tandem with provision for children.
- In terms of **catchment area** at the LEA level, 22% cite Waterford City South, Dungarvan-Lismore 19%, Tramore-Waterford City West 15%, Waterford City East 15%, and Comeragh 12%. 10% of services cover all of Waterford.
- **Age cohorts** of children and young people served revealed that more than half of services provide to more than one cohort of children. The highest proportion of services at 53.4% provide for children aged 5-12. In terms of the other age cohorts: 0-4 years provided by 47.5% of services and, 5-12 years by 41.2%. Approximately, 50% more services than just preschool services provide for the 0-4 year cohort. This includes those who provide more holistic services to families that include provision for childcare.
- 44.6% are **community-based** groups, 26% are **statutory**, 17.2% are private (mainly related to private childcare/preschool providers) and 15.2% are **voluntary** service organisation. 19.1% of services described themselves as other, which reflected a degree of confusion on which category would best describe their services.
- Seven out of ten services responding to the survey had more than one source of **funding**. Just 29% of services received their funding from just one source. The most cited source of funding, 23.4% was a statutory source.
- The survey also showed that 51.5% of services surveyed do not have a **planned, formal relationship with other providers of services** to children in Waterford.
- 97% of services state that they **have formal child protection policies** in place.
- The survey established the following as the **main needs of children and young** people aged 17 and under in Waterford: Community-based early intervention, Emotional Development and Support, Follow-Up Services, Parenting, Responding to Economic Disadvantage and Social Exclusion, and, Family Support
- The survey revealed also the **funding challenges** that services face including contraction of services for children with needs, a general winding down of services due to decreased funding and the general impact of funding reductions.
- In addition to funding issues, **general challenges** cited (although indivisible from financial issues in some aspects) were the following: Migrant and New Communities, Increased difficulties presenting in children, Requirement for more Interagency working, Increase expectations on community/voluntary services, Limited community and voluntary infrastructure, Recruiting and retaining volunteers, Increase demands on scarce services, Early intervention, Difficulties within families, and Retaining young people and families in services.

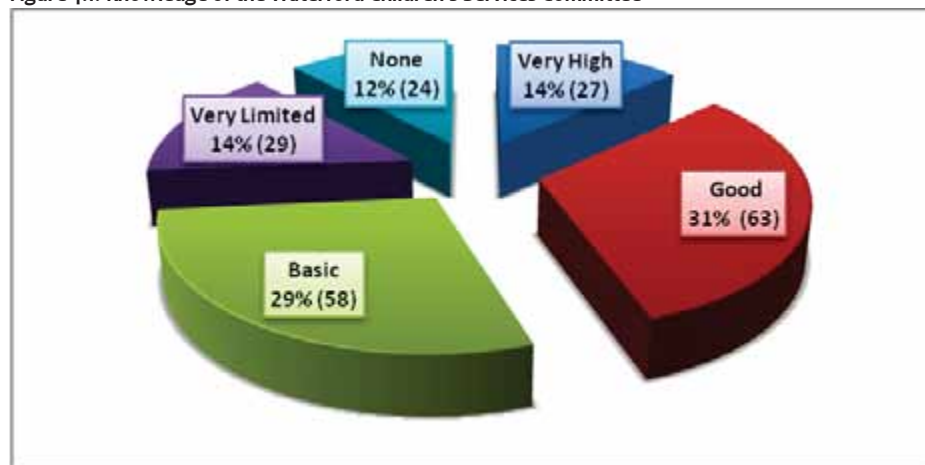
4.1 Introduction

This chapter presents the responses to the survey of children's services. As the methodology part of chapter one detailed, each of the services included on the database of Waterford Children's Services were forwarded the survey link by email. This chapter is based on a 29% response rate to the survey and this should be kept in mind in interpreting the findings.

This chapter details the findings emerging from the survey of services. In short, it recounts solely the responses that children's services made to each of the questions set out on the online questionnaire. As the methodology section of chapter one notes, the survey does not include all children's services in Waterford but only those who responded. The chapter is structured according to the key themes of the questions on the survey – which in turn are based on the aims and objectives of the research process more generally. The chapter begins with an assessment of service's knowledge of the Waterford CSC. This is followed, across a range of sub sections, by a profile of the services that respondents provide to and for children and thereafter children with families. From here, the chapter explores the respective sectors, funding sources and target groups of the respective services. Following this, the chapter turns to look at what services recorded as the unmet needs of children in Waterford. The final sections of the chapter examine challenges for services generally and in respect of the current economic climate. The chapter concludes with a brief summary of its findings.

4.2 Knowledge of WCSC

Figure 4.1: Knowledge of the Waterford Children's Services Committee



No. of responses: 200

The survey document began with a preamble outlining the nature of the research and WCSC⁵¹. Following this, the first question asked Children's Services, prior to their receipt of the survey from the Committee, to describe their knowledge of Children's Services' Committees and by implication therefore, Waterford CSC. The rationale was to set a baseline of knowledge on the part of the Committee as to awareness among service providers of its existence and purpose.

Figure 4.1 above presents the responses to this question. It shows that just over 12% of children's services had no previous knowledge of the WCSC. This was followed by roughly 14% who described their knowledge of the Committee as 'very limited'. A further 29% suggested their knowledge of WCSC was 'basic'. These three responses, accounting for just over half (55%) of all responses, suggests that the Children's Services Committee is unknown; however, this is not comparatively a negative finding. This suggests that even though Waterford CSC has only been operational since 2013, it is not completely unknown by the respondents and moreover, just under half (45%) of those responding have 'good' or higher levels of knowledge of the Committee. This is perhaps to be expected given that many of those who were most likely to respond to the survey were those who have previously been exposed to the WCSC or are members of one of its sub-groups or related organisational to a member etc.

A further exploration of both cohorts of responses (those with good knowledge or higher, and, those with basic knowledge or lower) reveals some interesting trends. The proportion of services with 'good' or 'very high' levels of knowledge is overstated in the responses by virtue of a number of services, particularly those in the private childcare sector, who would not generally have good or higher knowledge of the CSC answering in these categories. It is reasonable to assume that some of these responses have confused the Children's Services Committee with the County Childcare Committee and this is evidenced by the larger proportion of services in the preschool/childcare sector who suggested they had limited or no knowledge of the CSC.

Most of the services with good or higher levels of knowledge of the CSC were indeed those that the Committee has interacted with. Across the 'basic', 'very limited' and 'no knowledge' categories of responses is seen a continuum of services across the HSE and the Child and Family Agency with basic knowledge to schools, some youth services and other targeted services with very limited knowledge of, for the most part, universal services - in sports and education - citing 'no knowledge'.

4.3 Services Provided to Children

The survey of services asked each to describe the main services that each provided to children. The responses were open ended, that is each respondent could answer in text, and in detail should they wish, to allow for services to convey their respective service profile. This is important for showing us not only the make-up of the survey sample but also for the remaining questions as it allows us to see the differing insights that different types of services may have.

From the 204 individual services answering this question in the survey, there were 223 broad services identified. As one would expect, there was considerable variety in the responses. Firstly, the number of responses was greater than the number of services, in view of some agencies offering a range of services that may fit across two or more categories identified below. This was most obvious in the case of services that provided both targeted and universal services

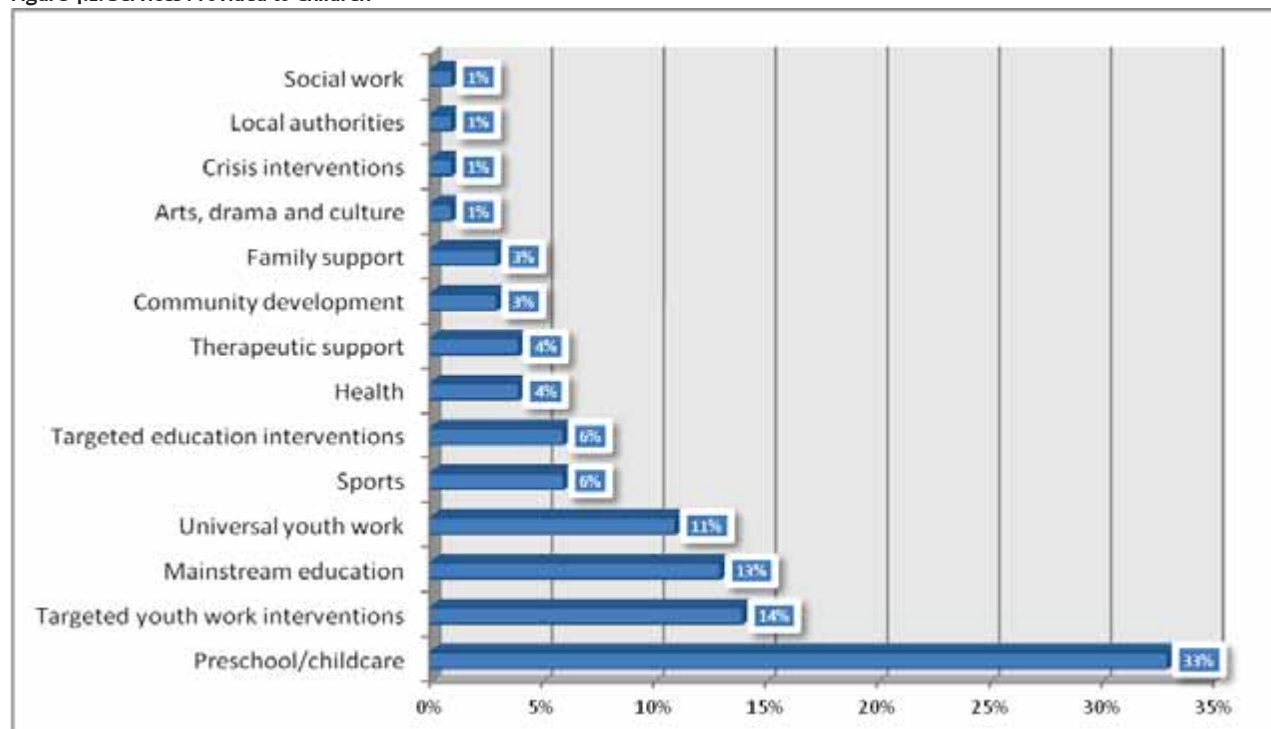
⁵¹ See preamble to the survey in the appendices section of the report.

simultaneously. Secondly, the variety differed in terms of the types of services offered, age groups catered for, sectors, complexity, voluntary/professional, standalone/co-located or interrelated services and so on. Based on a careful analysis of the responses to the survey, it was possible to identify 14 categories that broadly serve to differentiate service types.

The categories identified are as follows:

- Arts, drama and culture
- Community development
- Crisis interventions
- Family support
- Health
- Local authorities
- Mainstream education
- Preschool/childcare
- Social work
- Sports
- Targeted education interventions
- Targeted youth work interventions
- Therapeutic support
- Universal youth work

Figure 4.2: Services Provided to Children



No. of responses: 204

Figure 4.2 above reveals the distribution of the services provided according to these 14 categories.⁵² This shows that one third of all services (33%) is categorised as childcare/preschool. This is by far the largest proportion and reflects the density of individual childcare providers on the ground. As was evident in the preparation of the database of services and noted above, this response reflects that fact that childcare providers are part of a relatively up to date and constantly managed database system as part of the work of the County Childcare Committees' management of the Early Childhood Care and Education (ECCE) Scheme.

The childcare category also includes a number of services that provide childcare as a support to their core activities such as family support, counselling, education and so on. Later in this section, a larger discussion of the categories is undertaken. Nevertheless, the proportion of childcare related service providers should be kept in mind in assessing some of the further responses discussed below.

⁵² It should be noted that this reflects those responding to the survey only and it does not therefore reflect the makeup by service provision to children of the full database of services developed as part of this research. As such, it should be seen as the context for the remainder of the findings presented in this chapter, in other words, survey responses as opposed to all children's services in the County. Finally, again the responses to the survey represent 20% or close to one third of all children's services identified through the research and place on the database of services.

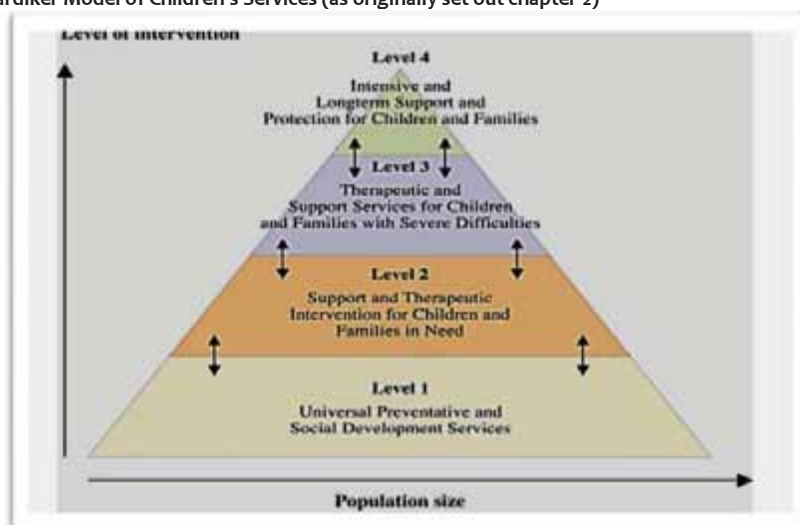
The next highest proportion of responses is targeted youth work intervention at 14% that is youth work type interventions that specialise on at risk young people. 13% of services provided to children are terms mainstream education, which includes primary and post primary schools. Universal youth services accounted for 11% of the responses and largely this refers to non-sports youth activities catering in theory to all children.

Sports services and targeted education interventions both comprised for 6% of the responses. Following these, the service type and proportion of respondents making up the survey respondents was the following:

- Health 4%
- Therapeutic support 4%
- Health 4%
- Community development 3%
- Family support 3%
- Arts, drama & culture 1%
- Crisis interventions 1%
- Local Authorities 1%
- Social work 1%

As indicated above, there is a great deal of diversity in the services these 'broad' categories contain respectively. In general, a description of the services each category is comprised off is set out below. In addition, a general representation is presented of where this cluster of services may fit on the Hardiker Model discussed earlier in the research⁵³.

Figure 4.3: Diagram of the Hardiker Model of Children's Services (as originally set out chapter 2)



Source: Hardiker et al, 1991

Pre-school/childcare (Hardiker Model: level 1)

This refers to full, part time and sessional day care services for children. A number of the respondents here also offer school age childcare. These for the most part are delivered by privately owned crèches, some of which are community based with subvention for childcare. The category also includes parent and toddler groups and child-minders.

Targeted Youth Work Interventions (Hardiker Model: level 2-3)

For the most part, this category refers to youth work that is targeted at children who exhibit additional needs which in some instances can be characterised by some form of referral. To a lesser extent, these services can bridge into level 3 services as part of a multidimensional response for young people deemed to have problems that are more serious. This refers to evidence based interventions with young people by established and normally regionally based funded youth organisations such as Foroige and Waterford and South Tipperary Community Youth Service (WSTCYS). Other services included here are Garda Youth Diversion Projects, Juvenile Liaison Officers of the Gardaí, offender support programmes, problem drug use projects, employment support programmes and specially designed supports for children/young people with special needs and youth mentoring. These youth services may have multiple programmes and projects. They can focus on disadvantaged areas and young people at risk. In addition, they can also provide programmes of education and development along with outreach services.

⁵³ It should be noted that the researcher ascribed the Hardiker level to the various services based on their commentary of the type of services they provide to children as outlined on their individual survey responses.

Mainstream education (Hardiker Model: level 1)

The category is comprised of formal primary/national schools and post primary/secondary schools. For primary schools, this includes some junior schools (junior infants up to second class) and senior national schools (first class to sixth class).

Universal Youth Work (Hardiker Model: level 1)

This refers to out of school education and development services, social interaction and leisure activities provided to children including community based youth clubs, scouts and similar pursuits, to leisure/social based youth clubs. Youth work in this instance is focused on all children but maybe based in disadvantaged parts of Waterford.

Sport (Hardiker Model: level 1)

The main sports noted under this heading range from team sports such as Gaelic games, football, rugby, etc., to individual sports such as martial arts and pitch and putt.

Targeted Education Interventions (Hardiker Model: level 2)

Cited among this category of children's services are Education Welfare Services under the aegis of the Child and Family Agency, Youthreach, school completion programmes and home school community liaison supports. These services are focused on children and young people who show additional support needs in the mainstream education system and or in respect of educational attainment.

Health (Hardiker Model: level 1-2)

Included under the health category are mainstream services provided by the HSE comprising physiotherapy, speech and language therapy, primary care and public health nursing, all of which are level 1-type services. This category also includes psychology, which by its nature tends toward level 2 on the Hardiker Model.

Therapeutic Support (Hardiker Model: level 2)

Services included under this heading are play therapy, general and substance based counselling, emotional supports for special needs children, teen counselling and support. The common theme in this category of services is that they provide some form of therapeutic intervention for children and young people requiring more focused, and normally one-to-one, supports.

Community Development (Hardiker Model: Level 1-2)

Community development is about building communities - especially communities in disadvantaged areas – through work with groups and organisations to develop collective strategies on common issues such as housing, environment and local services. From the perspective of child and family services, community development addresses the contextual factors which impinge on, and often exacerbate, the problems of vulnerable families. As such, its focus of action is on strengths and weaknesses within the community rather than within the family⁵⁴. In the context of the responses, community development refers to services that are focused on an identity community such as Travellers or migrants. Although, in the case of migrants, the correct terming would take cognisance of the wide diversity of ethnicities, nationalities and cultures covered. The common theme in such services is the begin with a community development approach and may lead to more focused services involving family support, counselling, education support and accommodation and may lead in turn to other specialist children's services.

Family Support (Hardiker Model: Level 2-4)

The definition most frequently used in Irish policy, theoretical and practice contexts defines family support as: '...both a style of work and a set of activities which reinforce positive informal social networks through integrated programmes. These programmes combine statutory, voluntary and community and private services and are generally provided to families in their own homes and communities. The primary focus is on early intervention aiming to promote and protect the health, wellbeing and rights of all children, young people and their families, paying particular attention to those who are vulnerable or at risk'⁵⁵. Family support in the context of the responses to the survey refers to services that provide help to families, practical help such as home visits and advice and advice on to advocacy. These services deal with coping, communication, parenting, household management/budgeting, developing resilience and strengthening families.

Arts, Drama & Culture (Hardiker Model: Level 1)

Services comprising this category involve music, theatre/drama and dancing. Some can be private and some also can be community based. Generally, affordability apart, such services are universal.

Crisis interventions (Hardiker Model: Level 4)

Services here refer to those that provide accommodation in crisis situations within the family such as domestic violence where children are involved and also with the medical and trauma treatment of sexual abuse.

⁵⁴ Definition, McKeown, 30: 2000.

⁵⁵ Pinkerton et al., 22: 2004 sourced in Tusla, 2012, 'What works in Family Support?'

Local Authorities (Hardiker Model: Level 1)⁵⁶

The local authorities provide a range of services that are universal for children and young people. These include infrastructure such as beaches, woodland, parks, playground, sports playing fields and cycle ways. Also included here are libraries, youth participation projects and environmental awareness.

Social Work (Hardiker Model: Level 3-4)

Social work in this instance refers to the provision of dedicated services to families and children where there are child protection and welfare concerns and when children and families need to access family support services. As well as traditional services to families that in the past have included the need for children to be taken into the care of the State, increasingly these services also operate to respond to identified unmet needs of the child where follow up services are delivered through a co-ordinated, multi-disciplinary and multi-agency approach within a child's own community.

The table below summarises the responses from each category of service in terms of firstly their proportion of the overall responses and secondly their association with the Hardiker Model's Levels.

Table 4.3: Summary the proportion of children's services at each Hardiker Level in the responses

Type of Service Provided	%	No.	Hardiker Level
Preschool/childcare	33%	74	1
Targeted youth work interventions	14%	31	2-3
Mainstream education	13%	29	1
Universal youth work	11%	25	1
Sports	6%	13	1
Targeted education interventions	6%	13	2
Health	4%	9	1-2
Therapeutic support	4%	9	2
Community development	3%	7	1-2
Family support	3%	7	2-4
Arts, drama and culture	1%	2	1
Crisis interventions	1%	2	4
Local authorities	1%	2	1
Social work	1%	2	3-4

An analysis of the proportion in table 4.3 above therefore reveals that between 65% and 72% of responses can be categorised as Level 1 under the Hardiker model. This is a key finding in understanding services for children. In other words, the large majority of services for children, catering in turn for the largest number of children are services at Level 1 on the Hardiker Model.

The table of responses also suggests that between 24% and 34% of services would generally be understood as Level 2 on Hardiker. As expected by Hardiker, the proportion of services in our responses that are above level 2, i.e. 3 and 4 are a considerably smaller proportion of the services. These services in turn cater, given their intensive nature, for a smaller number of children also.

There is a sense that the survey responses are skewed toward those services who see their role in child development, welfare and protection clearly and who may have more knowledge of the CSC and were therefore more likely to respond to the survey. In addition, the database of services suggests that there is a large cohort of services at level 1 than the survey responses reflect alone, and, who in turn would not see responding to the CSC survey as priority or relevant to their activities. Thus the proportion of children's services which are categorised as level 1 on Hardiker that is universal services (open to all children), is probably larger than the survey alone suggests.

The profile of services responding to the survey suggests that level 1 and 2 are key locations or more precisely, opportunities for preventative work and early interventions given their number, range and capacity.

Table 4.4: Range of Children's Services at each Hardiker Model Level

Hardiker Level	Proportion of Children's Services	Types of Services
Level 1	Range from 65% to 72%	Preschool/childcare, mainstream education, universal youth work, sports, health, community development, arts-drama-culture, local authorities
Level 2	Range from 24% to 34%	Targeted youth work interventions, targeted education interventions, health, therapeutic support, community development, family support.
Level 3	Range from 1% to 10% ⁵⁷	Targeted youth work interventions, family support, social work
Level 4	Up to 2-5%	Crisis interventions, family support social work.

⁵⁶ It should be noted that the local authorities also provide social housing and housing related welfare services. In addition, they provide Local Authority Homeless Services all of our services are available to persons aged 18 years and over. This would place them higher up also on the Hardiker Model. It should be noted that findings relate solely to the responses made in the survey.

⁵⁷ The categorisation of services for level 3 would suggest based on the responses that 'targeted youth work' and 'family support' type interventions could be a level 3 child's services, while this is true it reflects only a minority of these services relative to all in both respective categories, for this reason the top of the range 18%, that is allowing the proportion of targeted education and family support interventions to be included, is halved here (more on this explanation)

4.3 Services Provided to Families

The follow on question to the one posed above asked the respondents to document the services they provided to families. There were fewer responses to this question as expected. However, in the responses there was some restatement of the services provided to children and presentation of this as a service to the whole family. This was particularly the case with childcare and sports. While there is validity in this, these types of response are not included in the present analysis which focused in the main on services provided to the family where the child was integral or to parents and guardians with an intended direct impact on the child.

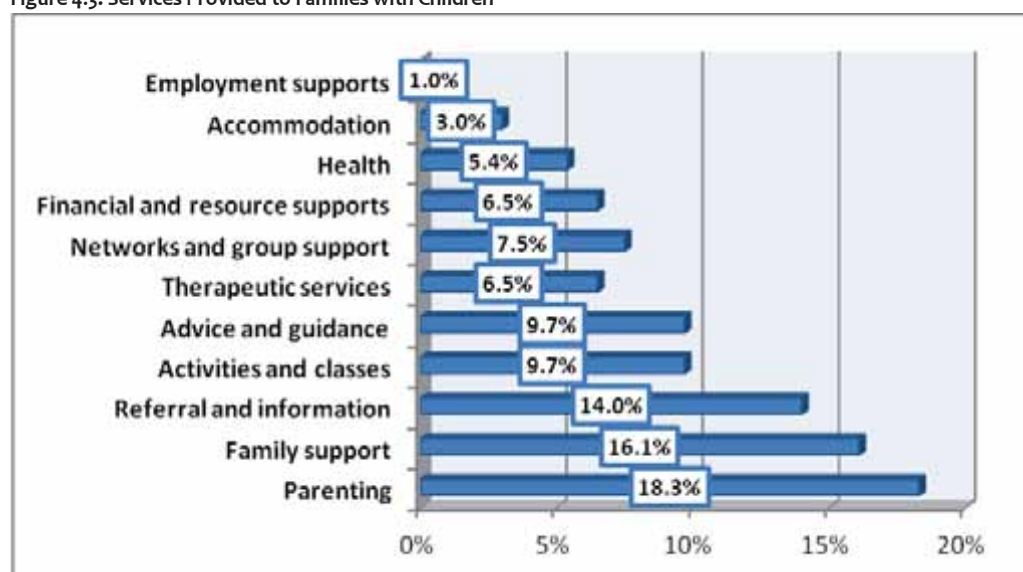
This therefore put the number of responses at 74 or 36% of services who responded to the survey. Nevertheless, as seen further below in this chapter, this may be an exaggeration of formal services for families and perhaps reflects the more informal referral and advice that some services offer to parents of children who present at their services.

In all, it was possible to identify 11 categories of broad services that are provided by the respondents to families. The highest proportion of services to families with children is around parenting (18.3%). Parenting in this sense centres on training through short or one off classes, through to advice and mentoring. It does not stray into wider supports to the family. The second largest proportion of responses, 16.1%, are characterised broadly as family support. Family support in this instance refers to services that seek to assist families practically and through one to one supports, in home or group support programmes. It moves from basic support for families around family/household through to child welfare support. The third highest proportion of responses, 14.1%, can be categorised as 'referral and information'. This type of service is generally provided by universal services at level 1 of the Hardiker schema. It involves formal and informal referral to additional supports identified by services for families and also the provision of information on how to go about self-referral to a range of follow on (level 2) type services. According to the responding service providers within this research, these three types of services account for nearly half of all services (48%) provided to families with children.

The remainder of the services types and the proportions who responded to these are listed below:

- Activities and classes (for parents and children e.g. children with disabilities), 9.7%
- Advice and guidance (to parent in respect of their children), 9.7%
- Therapeutic services, 8.6%
- Network and group support (parents of children with special needs etc.), 7.5%
- Financial and resource supports, 6.5%
- Health, 5.4%
- Accommodation, 3%
- Employment supports, 1%

Figure 4.3: Services Provided to Families with Children



Number of responses: 93 (Services could choose more than one type of service if relevant)

4.4 Catchment

The research survey also explored the catchment area of the surveyed children's services. The responses were varied and for analysis purposes, they were broken up into various Local Electoral Areas (LEA) of Waterford as follows:

1. Waterford City East
2. Waterford City South
3. Tramore-Waterford City West
4. Comeragh

5. Dungarvan-Lismore

The responses in the current survey of children's services were therefore coded according to these areas along with two others:

6. All Waterford: *these are services whose catchment is the entire Waterford County.*
7. Wider than Waterford: *services whose catchment is larger than Waterford or extends from part of Waterford into, for example, Wexford.*

The graphic below reveals the breakdown of responses according to these catchment areas.

Figure 4.4: Service Catchment Areas



The largest proportion of services responding to the survey, 22%, is based in Waterford City South. This is followed in 19% proportion of services by those based in the Dungarvan-Lismore, which is the West Waterford area. Next in proportionate numbers are the Waterford City East – including Dunmore Road etc., – and Tramore-Waterford City West at 15% of responding services respectively. The Comeragh LEAs (Mid County) reveals 12% of services responding. Furthermore, 10% of service providers cite their catchment as all of Waterford while a further 7% suggests their catchment is wider than Waterford, including Wexford, South Tipperary, the general south east etc.

As noted in earlier chapters, the population of the City area is significant relative to the rural LEAs, and in this instance the three city LEAs (including Tramore) represent 52% of services, as one would expect. Nevertheless, at 19% and 10% respectively Dungarvan-Lismore and Comeragh reveal considerable numbers of services responding to the survey. While the responses to the survey alone are not representative, it nevertheless is the most in-depth attempt at research and suggests that the areas are relatively well served by services. However more of the targeted services tend to be located in the Waterford City area and to a lesser extent Dungarvan with few in the rural areas in between.

In addition, a total of 25 services reveal catchment areas that extend to two or more of the sub regions in Waterford. The combinations and their volume are set out in the table below.

Table 4.5: Service catchment combinations of Waterford sub regions

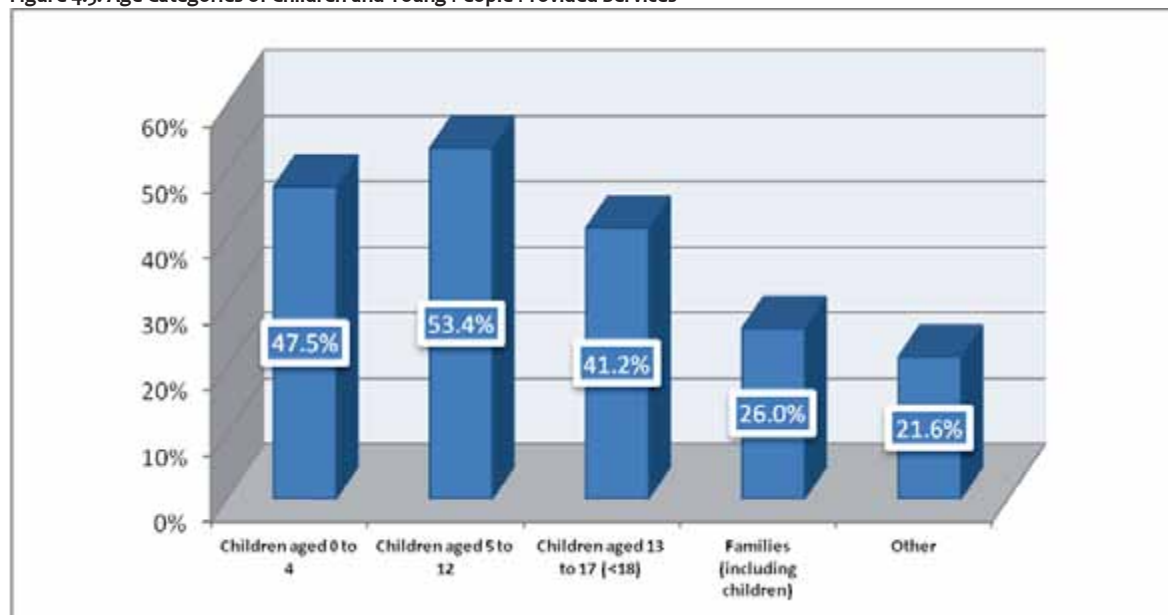
Sub region combinations for catchments	Number of Services
Waterford City East, South, West and Tramore	16
Waterford City East, South, West –Tramore & Comeragh	4
Waterford City East, South	2
Comeragh, Dungarvan-Lismore	1
Waterford-City West & Comeragh	1
Waterford City East & West-Tramore	1

Finally under this section of the responses, 66 (32% of all responding) services' catchment could be attributed to just one community/neighbourhood, one town/village in a more ruralised sub region or one parish in each sub region – Waterford City South, Dungarvan-Lismore etc. Thus, a considerable proportion of services tend to more community based in their provision of services.

4.5 Categories of Children and Families Services Provided To

The research survey examined the age categories of children and young people served by the responding service providers within the research. The findings are set out in figure 4.5 below.

Figure 4.5: Age Categories of Children and Young People Provided Services



No. of responses 387 cited by 204 services

The first thing to note from the table is that there were 387 responses, suggesting that of the 204 services responding many provided services to more than one age cohort or category. This is expected but it is nevertheless important to keep in mind when we think of children's services. The table above shows that the majority of services, 53.4% or 109 services, provide services to children aged 5-12 years. This proportion is considerable and reflects the proportion of schools, sports, activities and some childcare providers in the responses sample. The second highest proportion of services, 47.5%, provide for children aged 0 to 4 years. This is interesting given that 33% of the sample of respondents to the survey are preschool or childcare providers and it suggests therefore that a further 15% of services provide for the youngest cohort. The remaining providers here include those who may provide a more holistic service to children and families which includes a childcare element or who provide services to all children such as those in community health and social services.

41.2% of responding services provide to children and young people aged 13 to 17. This group includes schools, sports, youth activities and generic services for under 18s/non-adults in health and so forth. Overall, this is important as it reveals that each of the three age cohorts up to 18 make up large proportions of the provision recorded here and lends some legitimacy to the findings in terms of representativeness.

Just over one quarter, 26%, of services here stated that they included family members and children in their work. As noted, this is smaller than the proportion stated above in the chapter and probably reflects where services formally provide such services as opposed to the more informal provision of advice. It also includes the caveat that services to families referred to here include provision to both children and their families.

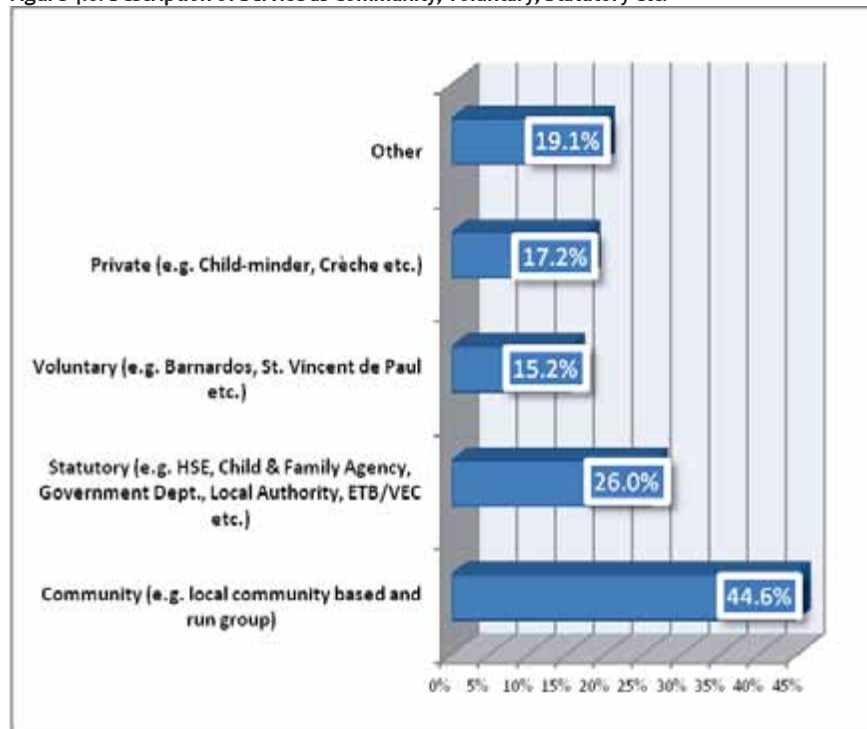
Finally, the 'other' category above covers the many service types who provide services, supports and/or activities to those under 18, as well as services to older age groups. Such respondents include youth clubs, sports, broad based health services etc.

5.6 Description of Service

The research aims to provide an overview of 'statutory, community and voluntary sector' organisations that provide services to children and families. In turn, the survey asked responding services which of the following categories best describes their service:

- Community (e.g. local community based and run group)
- Statutory (e.g. HSE, Tusla Child and Family Agency, Government Dept., Local Authority, ETB etc.)
- Voluntary (e.g. Barnardos, ISPCC, etc.)
- Private (Child-minder, Crèche etc.)
- Other

Figure 4.6: Description of Service as Community, Voluntary, Statutory etc.



No. of responses: 204

The largest proportion of services responding to the survey 44.6%, cited their status as ‘community’. In this instance, community seems to refer to services that are community-based, that is, only existing in the one community. These include not for profit childcare services, community youth clubs, community projects and so on. This category also includes small sports organisations but not all sports bodies. It also includes a cohort of community-based childcare providers.

Just over one quarter, 26%, of responses cited ‘statutory’ in their self-description. This included mainstream Tusla, HSE services across a wide array of disciplines, thereafter the ETB, schools and so forth. This is a healthy response rate from such services which traditionally are difficult to survey given their broad remits and can be attributed to the network and reputation established by the CSC in Waterford.

17.2% of responding services suggested they were a private sector entity. Most of these refer to small business; the vast majority of these responses here were private preschool and childcare services, which is in keeping with the makeup of this sector. Voluntary bodies accounted for 15.2% of responses. This includes for example the large voluntary providers of services from Barnardos, to the Foroige managed youth services and clubs and onto sports clubs.

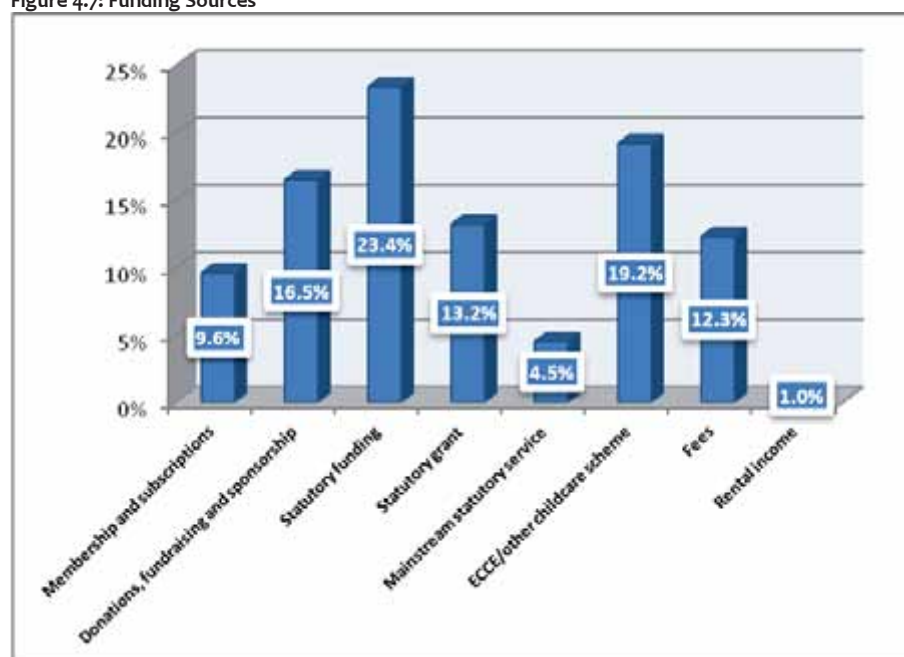
Finally, the ‘other’ category, comprising 19.1% of responses, served to capture a degree of confusion for some service types, which is by no means unique to children’s services. The number of responses to the question outnumbered the respondent numbers suggesting that a number of services opted for more than one category. This confusion in identity included some schools, youth services, voluntary bodies and even HSE funded delivery services where the line of what constitutes a community, and voluntary or statutory service was blurred. This was in the case of self-description where for instance, while a school may be nominally a statutory service by virtue of its financing, the school may attribute itself as community-based or as part of voluntary body by virtue of its Board of Management. This includes both those under and not under religious patronage. Youth clubs sometimes viewed themselves as community-based by virtue of their catchment, voluntary by virtue of their management and also statutory through their funding. This suggests a need for a degree of examination of defining what it means to be a community, voluntary, statutory and even private service in the context of children’s services.

4.7 Main Source of Funding

The assessment of this part of the survey’s findings was somewhat complicated due to the nature of funding for the wide array of services that are included in this context. Following an initial examination of the likely options, it was decided to leave the question ‘open’. This meant that responses were categorised and coded following the completion of survey instead of pre coding responses according to pre-determined categories.

Figure 4.7 below shows the responses to the survey according to the range of categories identified to best capture the extent of the responses.

Figure 4.7: Funding Sources



No. of responses: 333 sources cited by 197 respondents.

The first thing of note is that seven out of ten services (71%) identified more than one source of funding based on their responses. This is probably a conservative measure as many of the respondents did not go into detail about their sources of funding. The sources of funding could be from more than one category as set out in the figure above or indeed from a number of sources within the one category such as different statutory funders of the one service. Just 29% of respondents received their funding from one source. These vary between mainstream statutory services (HSE, Tusla Etc.) to small groups who may just operate on membership or fundraising. Nevertheless, the key point here is that the vast majority of services for children get their funding from a number of sources and in some cases up to five of the categories noted above. In addition the responses reveal a number of statutory funded services also receive funding through fund raising and subscriptions of some sort.

The most cited source of funding, 23.4%, is statutory. This differed from what is termed above 'mainstream statutory funding', which included core State funded services such as parts of the HSE, ETB, Tusla and so forth. Statutory sources provided funding to 23.4% of services and in many cases, there was more than one source cited. It was also the case that some of the services received statutory funding through an intermediary, itself in receipt of statutory funding and normally a state sponsored body such as Pobal, Local Drugs Task Forces or HSE/Tusla core funded bodies such as, Barnardos etc. The wide range of sources of statutory funding cited included the following: HSE, Child and Family Agency (Tusla) WWETB, Waterford (City and County) Council, various Government Departments, SOLAS, EU (ESF), TUS as well as various schemes and programmes therein.

19.2% of sources cited on the childcare funding schemes for preschool services. Due to the sizeable proportion of childcare services responding to the survey, these schemes were separated from statutory funding for descriptive purposes. In the main, the childcare funding scheme most cited was the Early Childhood Care and Education scheme (ECCE). Fees accounted for 12.3% of responses and more than not these related to the fees private childcare providers charged parents for preschool services for their children.

Donations, fundraising and sponsorship went hand in hand with other sources of funding in 16.5% of cases. This was seen generally with the smaller bodies but included established services and school also.

13.2% of funding sources are through some form of statutory grant, be it from HSE, local authority, Government department etc. Grant aid is generally once off and renewal is at the discretion of the funder. This was separated from statutory funding which is more service based such as the in the case of schools, some HSE funded services and so forth.

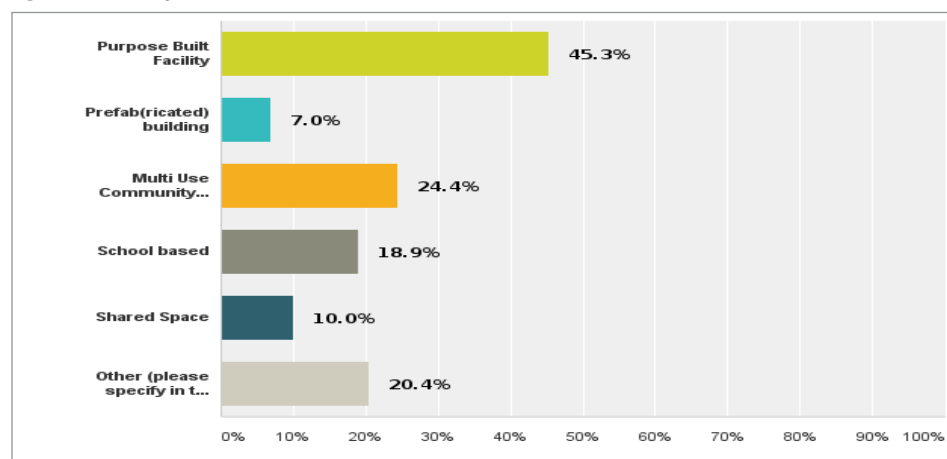
Less than 10% of services surveyed suggested they received funding from membership fees and/or rental income. However, as aforementioned it was noticeable that some services – including mainstream funded schools – source funding from membership and donations in tandem with statutory sources.

Finally, 4.5% of the responses indicated their funding was from a mainstream statutory sources and this in general referred to established mainstream state services such as Tusla, HSE, ETB and Government departments.

4.8 Premises

The survey explored the type of premises that services used for their work with children and young people. 45.3%, the largest proportion of responses, suggested that their premises is a purpose built facility. While this accounts for some childcare facilities, it also reflected a broad spread across the various services types, statutory to community, included in the responses.

Figure 4.8: Description of Premises



No. of responses: 253 (some answered in more than one category as relevant to service)

The second largest proportion, 24.4%, states their response as 'multi use community facility' as their premises. 'Other' type of premises accounted for one fifth of responses, 20.4%. An examination of these responses shows that they are mostly comprised of rental in community buildings, 'home/family house', 'converted house' and – including community based services outside of childcare – the use of a room in another's community based facility such as a sports club, parish hall, community centre etc., as well as rental in hotels and so forth.

Just under a one fifth of responses stated their premises as school based, reflecting the proportion of schools responding and some services working out of schools. Less than 10% of responses cited shared space and finally prefabricated building as their premises.

4.9 Use of Service

The survey asked services to indicate the approximate number of children and then families who availed of their services in a typical week.

In terms of children, the responses ranged from 2 to 2000. The percentage of responses across a number of categories is set out in table 4.6 below.

Table 4.6: Proportion of Services' Catering for Different Number of Children Weekly

No. Range	1-20	21-50	51-100	101-200	201-500	501-2000
%	21%	34.4%	19.4%	12.4%	10.8%	2.2%

No. of responses: 186

This reveals that the largest proportion of respondent services provide for between 21 and 50 children or young people each week. These services cover quite a mix of mostly universal and some targeted services ranging from preschools, youth projects/clubs, sports and so forth. This also reflects the community aspect of many services.

The second largest proportion of services provides services to up to 20 children per week. Many of these services are more targeted in nature, dealing with therapeutic interventions and difficulties and by their nature will work one to one or in small groups. This cohort of services also includes a large proportion of childcare providers who will have set limits on the number, given pre-school regulations, they can cater for. Services that provide for no more than 50 children per week (typical week) make up a majority, 55.5%, of the sample.

12.4% of responding services can cater for between 51 and 100 children and/or young people each week. This group was quite varied including schools, sports and youth clubs/projects. The next highest proportion at 10.8%, provided for

between 201 and 500 children weekly. These primarily include the schools that responded to the research survey. Finally, just 2.2% of respondent services stated that they typically see between 501 and 2000 children respectively each week. This category includes sports groups and countywide services such as elements of the health service etc.

Table 4.7: Proportion of Services' Catering for Different Number of Families Weekly

No. Range	1-20	21-50	51-100	101-200	201-500	501-2000
%	36%	33.3%	12.3%	12.3%	6.1%	0%

No. of responses: 115

It is important to note here, however, that a number of service providers who in reality have very little contact with families on the ground in a given week are included in the above percentages. These include schools and childcare bodies that may interact from time to time with families. The issue of providing a service to families was interpreted in broad terms therefore. Thus, the proportions responding to this question who claim to deal with families in the hundreds should be read with a degree of caution. This issue is also evident from the number of services responding to this question, 115, when just 26% claimed earlier to provide services to families in response to an earlier question.

Nevertheless, of those who responded to this question, 36% and 33.3% provide services to the categories up to 20 and between 21 and 50 families respectively on a weekly basis. These two categories account for the nearly seven out of every ten of the responses.

4.10 Waiting Lists

Table 4.8 below illustrates that 37 services had a waiting list. In turn, this implies that a maximum of 81% of the services surveyed did not have a waiting list.⁵⁸ Of this number, 18% of services who had a waiting list, 69.5%, the clear majority had a list of between one and 20 children. This was followed by the next highest proportion, 16.2%, indicated a waiting list of between 21 and 50 services. The makeup of services indicating waiting lists varied in line with the diversity in the sample of children's services. The large public health specialist services were those which understandably (given demand and reductions in capacity) indicated the largest numbers on waiting lists.

Table 4.8: Number of Children on Services Waiting List

No. Range	1-20	21-50	51-100	100+
%	69.5%	20.3%	5.1%	5.1%

No. of responses: 37

Table 4.9: Number of Families on Services Waiting List

No. Range	1-20	21+
%	61%	39%

No. of responses: 18

Table 4.9 indicates the services with a waiting list of for families. Firstly, it is instructive that there were just 18 responses which reflect perhaps more realistic numbers of services who work with families. Of those services with families on their waiting list, most – 61% - had between one and 20 families waiting for their particular service provision.

Following on from the numbers on waiting lists, services were also asked to indicate the estimated waiting time for children.⁵⁹ Table 4.10 below shows that half of services have a waiting time of up to three months for children. A further nine services indicated a waiting period of between four and six months. Three services with child waiting lists suggest their wait time was seven to nine months. Just two services had child waiting lists of ten to twelve months. Finally, one in eight services who indicated having a waiting list suggested the waiting list varied between one and two years in duration.

Table 4.10: Time on Waiting List in Months for Children

No. of months	1-3	4-6	7-9	9-12	12-24
No. of services	14	9	3	2	0

No. of responses: 28

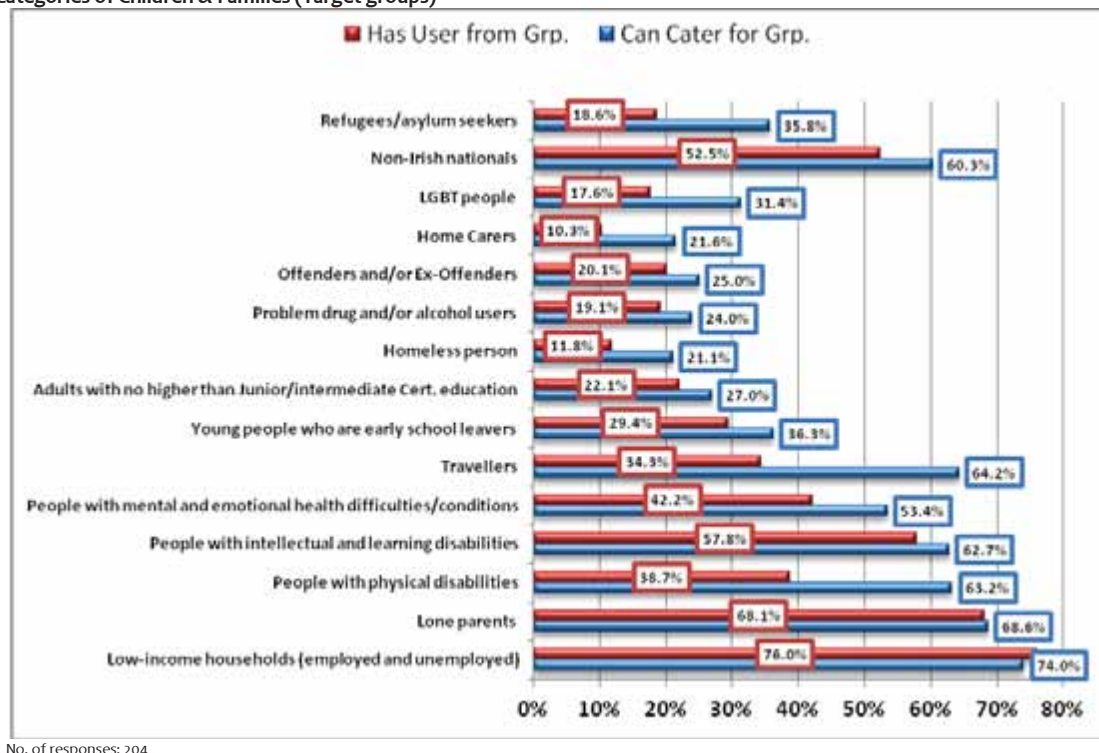
4.11 Target Groups

As the section title suggests, the survey examined - across a range of named categories of children and families – those services that firstly, catered for each category in terms of services provision and, secondly, those that had current users from the respective categories. These categories are sometimes referred to as 'target groups' in terms of social inclusion and anti-poverty considerations.

⁵⁸ It should be noted that some of the services not answering this question may indeed have a waiting list but may not have had the numbers to hand etc. Thus 81% should be read as an absolute maximum, the actual proportion cannot be known however it would be reasonable to assume given that nature of the services that it is substantial.

⁵⁹ It should be kept in mind that nine services with child waiting lists did not respond to this question.

Figure 4.8: Categories of Children & Families (Target groups)



The figure shows that most services both cater for and have current users from low-income households. There are also relatively high proportions of lone parents and non-Irish nationals accessing these services. This trend is also evident in the case of service users with physical, intellectual and emotional/mental health disabilities.

However, the findings reveal a divergence in the extent that services can firstly cater for and secondly have users from a specific target grouping.

This brings to the fore issues of equality, cultural and social awareness and stereotyping of particular groupings and thereafter the extent to which some services can cater in practice (as opposed to in theory) for children from these groupings in terms of their needs and the related service requirements.

It should be noted also that not all of the categories are likely to include children; most will however include proportions of young people.

4.12 Needs of Children and Young People

Each children's service surveyed was asked, based on their experience and respective service areas, to describe the main unmet needs of children aged 0-17.

The responses were varied and tended to focus on the service theme/area that a provider worked in. This is of course quite natural; however, there was a marked degree of consensus across the responses. One issue evident in the responses was the lack of answers or thoughts on this matter by universal services. This was less evident in schools that had a clear focus on educational issues, yet some schools noted considerable unmet needs of children beyond education, others suggested there were few unmet needs. Childcare providers varied also in their responses. In the main, universal services available in communities such as sports and related activities for children and young people were those most likely not to answer this question or suggests it did not apply to them. This issue will be returned to later in the report. Overall, there was no one issue that stood out in response to this survey question, however many of the categories of unmet needs below should be seen as interrelated as some of the commentary made in the responses made clear linkages between them.⁶⁰

⁶⁰ This theme was also a part of the qualitative field research carried out in tandem with the survey of services and the responses to that are discussed in the following chapter.

There were 131 service responses within the research to the question of unmet needs of children. Some responses were short and others were very detailed and considered. Overall, through the subsequent analysis, the unmet needs of children and young people can be condensed around eight broad themes as follows:

1. Community-based early intervention (20% of responses)

20%, the largest proportion of responses cited early interventions available in the community as the key to unmet needs for children and young people. The logic evident in these views is that early intervention is the key location to respond to the needs of children before they develop further to a more serious issue. This view suggested that prevention and support are key needs but were not generally available at the community level. This emerged initially as a result of the various cut backs in services over recent years (PHNs, SNAs, SLT) etc., however, it is also evident that community based services have the potential if trained, resourced and supported to respond at the community level through universal services. Cited here was the importance of the role of schools, youth groups, sport activities etc in responding early to difficulties in the community. This was seen as a significant gap in terms of service provision. Difficulties among children and young people featured prominently in the discussions. The importance of preschool was cited as too was the need to respond early to offset the problems that were seen to occur as children were placed on long waiting lists for access to services. Many of the other issues discussed in this section, including the themes below, were considered areas where early intervention would make a significant difference. It is important to say that a number of respondents identified as an unmet need, the lack of collaboration between services that are ostensibly working with the same children and families.

2. Emotional Development and Support (15% of responses)

The second largest number of responses cited unmet needs around the emotional development of children and young people. This veered considerably into emotional difficulties, relationship difficulties, communication difficulties and the broad area of child and youth mental health and well-being. It was noted here that there was a lack of supports available for these issues and many services revealed a degree of frustration with their abilities to cater for such needs and in their view, the lack of referral points and easily accessible supports. The issues cited included self-worth, self-esteem, negative peer groups etc.

3. Follow-Up Services (11.9% of responses)

In line with the emphasis above on community based early intervention, a significant number of responses cited the need for effective and timely follow up or follow on services such as aftercare. The contention made in the survey responses is that when children and young people access a service such as speech and language therapy, psychological support, etc., there is limited effective follow up once a child completes their cycle with a service. This could be construed as a doubled side issue: on the one hand, it was felt that there was too long of wait to access targeted services and on the other hand, there was an ineffective aftercare support. In the responses, it was observed that the lack of effective aftercare lessened the effectiveness of supports offered and did not therefore respond to the needs of children. This was not just focused on targeted services however, it was also noted that there was little support for young people once they complete education in respect of making the transition to employment. In this context also, it was suggested that there still exists a need to provide more support for children to complete schooling and to reach their educational potential. Overall, this again calls for closer collaboration on the part of agencies and organisations that work for and with the same children and their families.

4. Parenting (11.3%)

The issue of parenting was also prominent in the responses to the question of unmet needs of children. In a quickly changing world in terms of technology, social peer relationships, increased pressure of well-being, and so forth, this issue had a number of elements. Firstly, it was suggested that parents require support to respond effectively to the needs of their children. Secondly, the lack of parenting capacity or effectiveness was also considered an issue and this was particularly acute in the case of parental substance misuse, parental mental health difficulties, and parental relationship problems. Thirdly, the financial pressures placed on families by the last six years of recession were seen as key changes in the stability of some families. Through unemployment and the psychological pressures associated with it, this had the effect of creating uncertainty and anxiety in the life of children.

The suggested response to this was considered a more bespoke or tailored approach to parenting support, parenting courses and parenting advice. In short, the 'one size fits all' approach to parenting education was considered partial and was not attracting the parents who most need the support in order to engage in positive parenting.

5. Economic Disadvantage and Social Exclusion (11.3%)

This issue also emerged in the responses. This took various forms, some of which cited the impact of the current recession and others which noted the long-term cycle of disadvantage in some locations and within families. The negative effect of poverty on health, wellbeing, prospects, risky behaviour, social/psychological development and opportunities have been clearly made in research for decades and these were also cited in the responses. Moreover, it was suggested in the survey responses that children are often exposed to negative family, peer and community role modelling. This is in part viewed as a symptom of the severe social, economic and relationship difficulties brought on by the current recession but also the lack of resilience building supports and programmes on the ground.

The responses suggest that the challenge posed for services in terms of children living in poverty, social exclusion or at risk of these was how they could respond more effectively than heretofore. The needs as articulated in the responses suggested that traditional service delivery was not tailored effectively for these situations and tended to approach issues as 'fire fighting' rather than dealing with the more rooted, structural problems of disadvantage. The unmet need in this context is additional targeting or tailoring of services to look at the life cycle of children in these circumstances and anticipate difficulties and is so doing, look at preventative and early interventions cognisant of the social setting that families and their children occupy.

6. Family Support (10%)

Family support was conceived as a need by one in ten of the responses made under this question. While it was acknowledged that there is a degree of family support taking place, its scale and depth is not comparative with the extent of need. Family support in this sense includes supports for families and children in respect of child welfare, for parents and groups of parents focusing on coping and, strategies to bolster family resilience and protective factors, through to practical help with day-to-day tasks in the family or household. Items noted under this umbrella term were support to families of children with special needs, and issues around mental health difficulties and supports within families.

7. Specific Groups of Children (7.6%)

Due to broad variety of the services responding to the survey, each tended – quite naturally – to make reference to their own areas of expertise, whether that is youth work, education, childcare etc. The research set out to adopt an overview approach by not focusing on one area more than another and thus trying to draw out key trends, themes, processes etc. However, there are a few cohorts of young people with particular characteristics that come in for special mention in this context. This is in part due to the very specific needs of these groupings, each of which was referred to substantially throughout the responses. The first refers to children aged seven to 10; this group was conceived as not attracting any specific attention or programmes of support. This was seen as a gap and moreover, an age when problems can become more manifest. The second group are children with disabilities: it was felt that this group are not provided with a mix of services appropriate to them firstly as children and secondly as children with disabilities or having special needs. The third group is children and their families from immigrant backgrounds. This group contains considerable diversity in its own right, each of which requires a culturally appropriate response and appreciation. This group was seen to require more individualised responses including supports for parents. The fourth group noted are Traveller children. Again, the notion of culturally appropriate service provision was perceived here as an unmet need.

8. Rural Isolation (6.9%)

As will become more evident further in the report's findings, rural isolation is viewed as an ongoing issue for children and their families in Waterford. As is evident from the earlier socio-economic profile, this is most prevalent in the West, middle and North of County. The service provision model tends to follow population centres and in rural areas, services tend to be located in the larger towns. This is of course logical and efficient, the difficulty arises in the context of the lack of affordable transport to services and the limited ability of services to offer outreach type activity due in part to resource restrictions. This requires, it was suggested, a rethinking of how services and even activities are delivered in rural areas. The social reality, it was observed, for many young people in rural areas is one of isolation and limited opportunities coupled with limited support services.

9. Physical Exercise and Activities (6%)

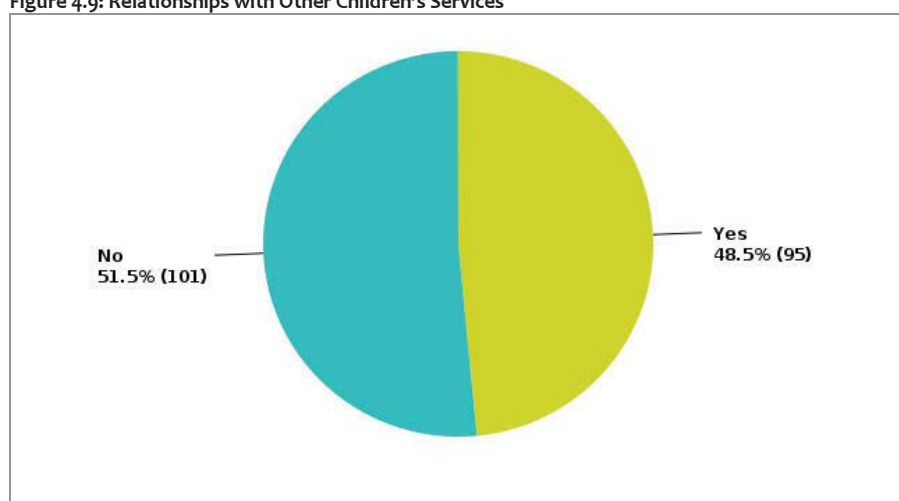
This need centred on the lack of outdoor and indoor active recreational opportunities for children and young people. This was raised in the context of increasing obesity and lack of an exercise culture for those who are not involved in sport. This was viewed also in terms of poor diet and nutrition and was seen to affect all cohorts of children and young people.

Finally, to reiterate the earlier point: it is evident from the responses here and the nature of the themes explored above that they have much in common and should be viewed as a suite of interrelated issues.

4.13 Relationships with Other Services

Part of the rationale for CSCs is to bring together the range of services – community, voluntary, statutory and private – that work with and for children. This reflects on the fact that the needs of children are multifaceted and in turn, a multidimensional response is required. This suggests a clear need to envelop children and young people with services rather than services to be delivered, as is too often the case, unilaterally. This is a particular legacy of how social services have been delivered from Government Department to Agency and in parallel often split among statutory and community/voluntary services. This survey tackled this issue by asking responding services if they had a planned, formal relationship with other providers of services to children/young people in Waterford or elsewhere. The responses are set out in the figure below and reveal that over half of services do not have any relationship with other services provided to children (51.5%).

Figure 4.9: Relationships with Other Children's Services



No. of responses: 196

This finding is of course worrying, nevertheless 48.5% of respondents did have a formal relationship with another children's service. Many services here are community based and voluntary services that by their nature have a social inclusion remit or interest and tend to work with other services.

Closer examination suggests that many childcare providers include themselves understandably as not having such formal relationships, however, there are also a range of schools and similar services that one would expect to have a more integrationist focus given the needs of children.

There is also a level of confusion here given that many of those who answered affirmatively to the question may not have a 'formal' relationship with other services rather one that is closer in reality to networking and information exchange. Moreover, it would appear that where a local body is affiliated to a regional or national body as a constituent member, they are including this in their positive responses when it was not what the question had in mind. This would suggest that the more realistic reflection of planned, working interrelationships between services working with children is perhaps less than stated here.

Overall, this area would seem to be one for further attention, investigation and ultimately a progression of sorts.

4.14 Staff

The survey undertook an overview of the staffing make-up of children's services. The findings are set out below in table 4.11.

Table 4.11: Full time, Part time, Voluntary Staff

Staff Type	0	1	2	3-5	6-10	11-20	21-50	50+
Full time	26.6%	20.2%	13.8%	19.1%	8%	3.2%	7.4%	2.1%
Part time	31.9%	16.5%	35.1%	15.4%	10.6%	5.3%	2.1%	<1%
Voluntary	52%	12.2%	3.2%	9.6%	9.6%	7.9%	3.7%	2.7%

No. of responses: all 188, full time 139, part time 128 and voluntary 91.

This demonstrates the proportion of staff that is full, part time and voluntary across the following categories: zero staff, one, two, three to five, six to ten, 11-20 etc.

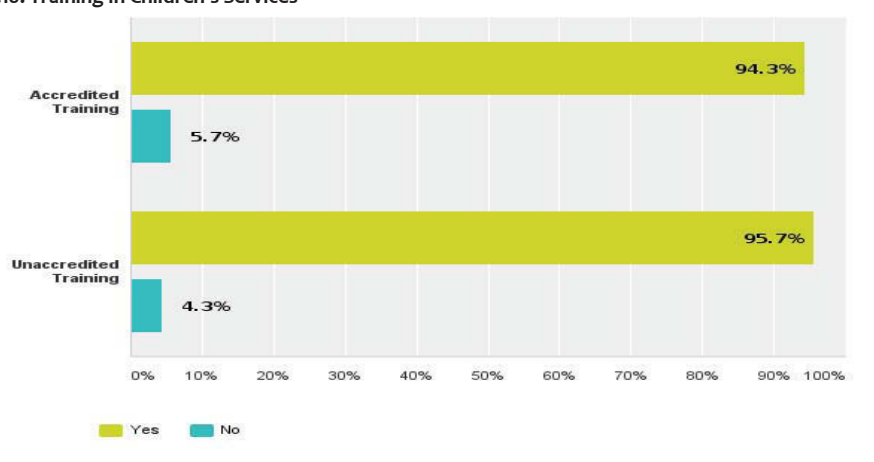
The findings suggest that between them, the 139 services employed one or more full time staff, 128 services employed at least one or more part time staff and 91 had one or more volunteers working with them.

4.15 Training

The vast majority of services surveyed, 91%, indicated that their staff undertake accredited training regularly. This is a positive finding and endorsement of the qualifications base used in working with children and young people.

However, of those who answered the relevant question, 88.7% of services also undertake unaccredited training. This is an issue for further exploration to assess the quality of such training and why it is unaccredited, its value and so on.

Figure 4.10: Training in Children's Services

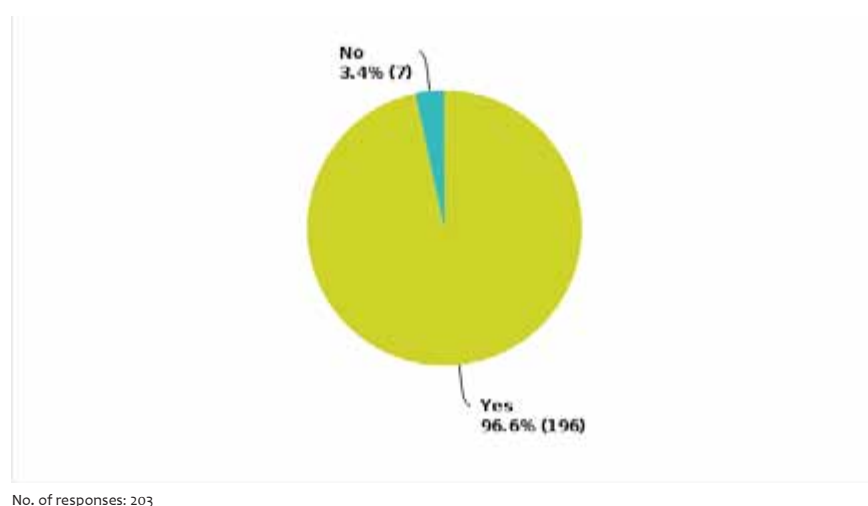


No. of responses: Accredited 192, Unaccredited 140.

4.16 Child Protection/Child Welfare Policies

In line with the focus of CSC and the DCYA and more latterly, the Child and Family Agency, the existence and implementation of a child protection and/or child welfare policy is a key component of any service that works with, for and includes children and young people. Indeed the Children First guidelines are shortly to be put on a legislative basis with the Children's First Bill. In this context, the survey asked each of the respondents to indicate whether they had a formal, written child protection or child welfare policy in place. The responses are detailed in figure 4.11 below.

Figure 4.11: Proportion of Services having a child protection/child welfare policy



No. of responses: 203

The figure above reveals firstly, that nearly all of the services who responded to the survey answered this question and this is encouraging. Secondly, and more encouraging, almost 97% of services suggested they had in place a formal, written children protection or child welfare policy.

There is of course no way at this juncture to gauge the thoroughness or efficacy of the various policies in place. However, the nearly unanimous proportion of services that cite having such policies in place is in itself an indication of services

taking cognisance of the importance of this issue. A next step would be to explore how in-depth and understood policies are in each service in terms of its staff and day-to-day operations.

4.17 Service's Challenges

The survey document asked two separate questions about the challenges currently facing services. This was intended to explore what services perceived as their difficulties, opportunities, constraints etc., in respect of the work that they do for children and young people. Given the obvious funding and hence financial difficulties most services will face in the context of the wider socio-economic crisis, it was decided to split questions about firstly, issues in respect of fiscal matters and, secondly, general challenges facing services. This was intended to allow for both strands to emerge in the responses rather than for the focus of the responses to be funding and finance dominated regardless of how salient this issue is presently.

A. Funding

As this first question related to funding, namely: 'What are the main challenges facing your service in terms of funding and finances?', this is dealt with firstly. There were 142 separate responses to this question in the survey. These responses accounted for nearly 7,000 words. The main themes that emerged across the responses are discussed. However, following an analysis of the responses, there would appear to be a duty to expand on the tone of many of them as they suggest significant difficulties across services.

Notwithstanding this, there were a number of core strands evident across and between the responses. An effort has been made to distil the funding challenges down to just 5 themes, each which covers a broad multitude of issues. These themes can be traced through most of the responses made to this question.

1. Contraction of Services (40%)

This theme encompassed the largest number of responses. It focused in the main on the reduction, limitation and threatened ceasing of some services. In short, many services across the community, voluntary, statutory and private sectors – commented that reductions in funding/income over recent years has led them to contract (in some cases severely) the services they offer. There was a sense from the responses that some services are operating a 'skeleton' or 'bare bones' service. The examples are manifold. In a number of cases, it was pointed out that services had to reduce the pay and conditions of staff in order to maintain the same or a basic service. In other cases, there have been redundancies, staff going on maternity leave, retiring or resigning and not being replaced. In a number of instances, services suggested that the core funding is going entirely on staff and there is little available for programmes, projects, outreach, training and by implication innovation. In other words, many services reported that they are unable to respond to the needs that they are presented with and moreover, some of the needs have increased in line with a decrease in their capacity to respond.

2. Funding Decreases and Cost Increases (22.5%)

Hand in hand with the previous theme, the reductions in income and funding for services has also been accompanied by increases in insurance, gas, electricity, rates, PRSI, interest rates on loans and so forth. This has affected the services as well as their infrastructure in terms of maintenance, repair, IT resources, and so forth. It is reported in a not insignificant number of cases that this threatens the viability of services. This was most evident in terms of preschool and community based services. Reductions in funding seem to have led to difficulties for many service types to maintain, fix, replace and upgrade their equipment and physical infrastructure for their service. This has obvious medium to long-term impacts on the quality of the services provided and the environment in which they take place. Finally, voluntary and community services are asking parents and children to make contributions to greater degree than in the past and this has implications for access and affordability, a point returned to below.

3. Fundraising (20.4%)

A large proportion of the services reporting responses to this question have had to undertake fundraising in recent years to maintain their service. This is due to cutbacks in funding and revenues. However, perhaps predictably, they report increasing competition (especially with some very well organised national charitable fundraising operations) for a dwindling pool of funds through fundraising and reductions year on year in how much they can raise through identical annual fundraising activities. The recent national charitable bodies' scandals have also had an impact for some services on their capacity to raise funds also. Some of the services also reported difficulty in finding volunteers to undertake fundraising, while this was not as big an issue in the past. It was also reported that in smaller services, the time spent was a considerable drain on their 'face to face' time with users and beneficiaries of the service, thus reducing their capacity further.

4. Reductions in Attendance (11.3%)

With the reduction in grant aid and funding for universal services in the community, sports, youth clubs, scouts etc., the running cost of such services has increasingly been borne by the children and young people who attend these via subscriptions and membership. It was noted that financial pressure on home finances has led to marked reduction in the attendance in some of these groups. This was particularly evident in areas marked by high unemployment. This 'catch 22' suggests services are being reduced at the time when they are perhaps required more due in part to reduced attendance, and that the reduction is due in turn to the increased costs associated with attendance.

5. Administration (5.6%)

This issue is more administrative but however affects services with scarce human resources. A number of services from childcare providers to community-based groups discussed the difficulties they encounter in developing and responding to funding application processes. Groups noted that they had to input considerable time in meeting their funding application processes which led to a reduction in the 'front line' work that their organisation was able to provide. A further group of services raised questions about where and how to go about seeking funding and then having the skills to complete often quite separate application processes.

B. Challenges Facing Children's Services

The second part of this section explores the responses of services to the question: 'Apart from funding and finances, what are the biggest challenges currently facing your service?'

There were 156 responses to this question, more than the preceding one. This encompassed nearly 14,000 words across all of the responses. The responses here reveal quite harrowing circumstances for families and therefore their children and finally they give a sense of desperation on the part of many services - statutory, community/voluntary and private alike.

It is noteworthy that some services focused on challenges to organisation while others focused on the challenges they face in respect of their client group – children, young people and families. The following themes serve to capture most of the key points⁶¹.

1. Migrant and New Communities

This was a general issue raised within the research. It suggested that the increase in children from countries outside of Ireland, the new communities or immigrant population in Waterford, requires specific attention in terms of services and the requisite supports therein. It was suggested here also that there has been a lack of integration efforts with immigrant populations and it appears to some respondents as being of a lower priority than other issues. The point made however is that these populations are relatively disadvantaged and excluded, moreover, there is a high proportion of children within these groups in Waterford. The difficulty with supports is complicated by the diversity of the grouping, the presence of economic migrants in recent years and the delay in implementing the county integration plan.

2. Increased Difficulties Presenting in Children

A trend evident in the responses was that children and young people - whether in crèche, school, youth service etc. – were presenting in increasing numbers with social, emotional and behavioural difficulties. This was due, in the view of the services, to the lack of interventions and supports available to respond to a mix of issues. The issues noted included substance misuse, online and in person bullying, the role of negative peer relations, mental health difficulties, behavioural difficulties to include 'risky' sexual behaviour, self-harm etc. In many cases, there was more than one issue creating difficulties for children who present to services.

3. Requirement for More Interagency Working

In line with earlier findings, many services responding to the survey cited the challenge of effective collaborative and interagency work. Some services stated that there exists a considerable gap in the extent to which services collaborate, co-ordinate and communicate. This was seen as particularly relevant to the services for children and young people since many of them worked with and provided services to the same children. The challenges posed by interagency work included the pressure on making time to work with other agencies given the pressures of their own work and perceived inequalities in the relationship between agencies. There was a sense coming from small community and voluntary agencies that they were not fully understood or their circumstances and ethos respected by larger and generally statutory agencies. However, it was acknowledged that services for, with and including children and families must increase their collaborative work and put this type of work on a more formal or normalised basis. In short, services should mould to the needs of children.

⁶¹ Unlike the previous 'funding' issues faced by services, these challenges are not set down in any priority ordering.

4. Increase Expectations on Community/Voluntary Services

The welcome increase in interagency working around children's services has brought with it an expectation, perceived or real, that the community and voluntary sector can make a valuable and meaningful contribution. While many in this sector welcome this, it is not without its difficulties for them. Many believe that this shift in policy has been made without an accompanying shift in resources or indeed sharing or transfer of resources. In short, this has increased expectations on the community/voluntary sector which they feel constrained to fulfil. As a coda to this, the responses also illustrate that many statutory services also feel the pressure of increased expectations, basing their work on evidence, meeting standards when many feel ill equipped to maintain existing services.

5. Limited Community and Voluntary Infrastructure

Some responses, directly and indirectly, pointed out that across the County (less so in the City area), there was a dearth of active and dynamic community and voluntary groups that have grown organically from their communities. This lack of community development activity in the rural communities and the various towns was seen as a limitation on the development of services, advocacy for children and the articulation of needs.

6. Volunteers

A number of services cited the challenge of recruiting and retaining volunteers which were considered integral to the functioning of their respective services. In short, many community and voluntary services most of which are not targeted but universal in nature, such as sports, youth clubs, scouts etc., cited an on-going difficulty in not having enough volunteers to continue the activity or service.

7. Increase Demands on Scarce Services

Due in the main to the reduction in services due to funding cut backs, staff replacement moratorium, and staff reductions, services noted that they have been less able to cater for average demand hence the growing of waiting lists and the tightening of criteria and in some cases the increase of thresholds for access to services. Added to this, the economic climate has resulted in increased demand for services thus increasing waiting lists further.

8. Early Intervention

This issue was noted above in respect of the unmet needs of children as identified by services in the survey. This was also considered a challenge. The nature of this challenge is that early interventions reduce the more serious manifestation of problems and reduce the numbers who may require more intensive interventions at higher levels as seen on the Hardiker Model. However, services felt that there was no culture of early intervention with most resources going toward crisis situations. The challenge was to develop a wider layer of early interventions which builds on the work being carried out by existing universal services.

9. Difficulties within Families

It is not surprising that a theme emerged within the responses that encompassed the challenges and considerable difficulties faced by many families. It was suggested in this context that many families do not have the 'power' or capacity to function normally given the pressure of current recession, joblessness, underemployment, financial pressure, relationship difficulties and mental health issues. In turn, services observed that such families have a lessened ability to support young people and children who may need their support. This had the effect of lessening the impact of the work of services for children than may have been seen in prior to the last five or six years.

10. Retaining Young People and Families in Services

Finally, across the board - primary care, social work, schools, youth project and sports etc., - it was noted that it was proving difficult to retain some of the neediest children and families within services. This veered from not attending services to gradual withdrawal. The capacity of services to follow up with such cases was limited. The reasons cited for this issue varied, some related to affordability, transport, others to loss of hopefulness etc.

Below are set out some of the comments which have been edited to maintain anonymity. They are not intended to be systematic or representative, but rather to give a sense of the issues raised by the responding services and the tone of the responses.

Lack of supports in the community for the families and lack of services in the community for the children and their families

*If you have a child with special needs, there is no funding if you need an SNA for that child
There are many challenges facing volunteers who work with Youth in these times. There are many unsavoury aspects to the new social media, and we get a lot of feedback from members who find it all very intimidating. The need for young people to fit in is increasingly putting pressure on them, and therefore on volunteers who try to help them deal with these issues.*

[key challenges are] managing demands on staff time particularly re attendance at meetings/networks etc., and maintaining the community voice and participation in the [organisation's] work. Retaining the community development focus and maintaining a balance between child protection and family support in the context of a community setting.

Seriously worrying eating habits of the young people in the club also lack of interest or commitment of young people to participate in exercise or healthy eating. Knowledge of young people in relation to drugs and alcohol, it's evident that young people as young as 8 years are well informed (negatively) about access and different types of illegal drugs.

Encouraging children to reach their potential despite the many challenging environmental, community, social obstacles they meet.

School culture and ethos, family break-down, never getting to really deal with all the issues... Until all parties working with children & young people have some kind of equal footing & acceptance, particularly professionally, within the overall panacea of service provision, it may be difficult to effectively meet the needs of children & young people in Waterford.

The chaotic nature and layered sets of problems each service user presents with are increasingly more complex and challenging. As workers there is a need therefore for us to provide peer support, upgrade and update policies and access relevant training.

The families we currently work with are coping with multiple issues. Mental health issues are prevalent among women who are managing household debt and struggling to make ends meet each week. Many are coping with huge levels of stress impacting on their mental and physical health.

The growing complexity of cases where multiple issues are arising, e.g., substance misuse, mental health issues, homelessness, all making the usual type of goals such as supporting into [various] options very difficult, time is spent fire fighting the other issues. [there is] a lack of real supports for families, empowering parents to help solve the problems

Staff capacity: more workers needed for the unmet need; mental health among children and adults. Engagement of families who really need services but are unwilling / unable to engage - impact of this on the whole family; poor conduct / anti-social behaviour on our estates; and, complex family issues leading to child protection concerns

I find it very challenging when I ring a Health Nurse or HSE social care team and it takes too long to get some response it is improving a bit lately. I also find it very frustrating when a child eventually gets into the system the length of time it takes to get appointments e.g. speech and language or another assessment that a child might need before going to primary school in order to get a SNA.

A big challenge is working with children and families with special needs (physical, verbal or emotional) as I have no support ...and it can be a big drain on my resources (financial, emotionally,)

trying to find the time to carry out all the duties required to run the service. Administration takes up so much time. Smaller services [like ours] are treated the same as very large services with bigger budgets and many more staff.

The dire situation of many families due to the economic downturn is very evident on the ground in communities.

Working with the impacting issues of depression and substance misuse in the environment is very challenging. The direct effect on young people is very present in their groups. Young people require far more support than can currently be offered. There is a need for youth friendly counselling to be accessible out in the young person's own community.

One of the biggest challenges we face is supporting families who are under pressure either financially or for more personal reasons. We have a lot more issues of concern relating to child welfare and parent welfare. We are the first port of call for a lot of people and we build relationships with families so it is difficult to watch the struggle some people are under and not be able to offer more support.

Our target lists are getting higher without additional funding to employ more staff

[in] families experiencing poverty, some young people need parental support to maintain consistent membership of the project and this isn't happening for them

During the 'Celtic Tiger' days when money was available we were able to provide a wide variety of courses aimed at working with children and young people...we have had to cut our provision so we are now providing places for about 1 in 3 applicants

lack of a positive interagency approach when working with young people leading to a possible duplication of work lack of opportunities to progress for the young people Young people are presenting with a range of complex issues and it is often difficult to identify and link with the appropriate responses and supports

The increase in under 10's currently having no service and the long term impact that has on individuals and families are worrying. The fact that the project is stretched to the maximum whilst the need in the community is ever increasing and we cannot include new people at present. The ongoing concerns around young people's mental health and the delay in accessing appropriate services. Trying to counteract the sense of apathy and restore hope with older teenagers when the employment or training prospects are so bleak. The gap that exists between young people at risk of becoming involved in crime at an early age and being unable to refer to [projects] until they are 12yrs so they are included in the [our] project at 10yrs and place a huge strain on the already stretched resources

All the changes in local structures: local government, ETBS, HSE,...Loss of knowledge when people have taken early retirement... Having to rebuild relationships. Expectations of what can be done.

4.18 Summary & Conclusion

This chapter has explored the responses and hence findings emerging from the survey of children's services in Waterford. The survey was a central pillar in the research. Some of the key findings are set out in this summary and conclusion section.

Firstly, the chapter revealed that the Waterford Children's Services Committee is known by about 45% of services, while the majority have basic or less knowledge about the CSC and its work. This is not surprising given that the CSC was only established in 2013. It is known by the agencies and bodies it has interacted with but it remains relatively unknown among some targeted services and to a great degree among universal services. This is understandable but underlines the need for greater structures of engagement in order to be the catalyst for services to work more closely together to improve outcomes for children.

By means of the services that respondents provide to children, 14 categories were identified that broadly serve to differentiate service types and their general relationship to the Hardiker model:

Type of Service Provided	%	Hardiker Level
Preschool/childcare	33%	1
Targeted youth work interventions	14%	2-3
Mainstream education	13%	1
Universal youth work	11%	1
Sports	6%	1
Targeted education interventions	6%	2
Health	4%	1-2
Therapeutic support	4%	2
Community development	3%	1-2
Family support	3%	2-3
Arts, drama and culture	1%	1
Crisis interventions	1%	4
Local authorities	1%	1
Social work	1%	3-4

The findings also reveal that the majority of children's services responding to the survey can be categorised as Level 1 under the Hardiker Schema. This is a key finding and suggests that most services for children, catering for the largest numbers of children are community based level 1, universal services.

The survey established that 74, or 36% of, services who responded provide services to families as well or in tandem with provision for children. Of this number, 18.3% of the services provided to families are characterised broadly as parenting. The next highest proportion of services to families with children is around family support (16.1%). Following this, referral and information is cited as the service provided to families by 14.1% of services. These three services account for just half of those provided to families. The remainder of the service types provided are activities and classes, advice and guidance, therapeutic services, networks and groups supports, finance and resource supports and health.

The chapter also provided details about responding services in respect of:

- In terms of **catchment area** at the LEA level, 22% cite Waterford City South, Dungarvan-Lismore 19%, Tramore-Waterford City West 15%, Waterford City East 15%, and Comeragh 12%. 10% of services cover all of Waterford. Overall, this suggests that there is relatively wide coverage of services at the LEA level, however most targeted services tend to be in urban areas and particularly Waterford City.
- **Age cohorts** of children and young people served revealed that more than half of services provide to more than one cohort of children. The highest proportion of services at 53.4% provide for children aged 5-12. The details for each age cohort are the following: 0-4 years 47.5%; 5-12 years 41.2%. More services than just preschool services provide for the 0-4 year cohort. This includes those who provide more holistic services to families which include provision for childcare.
- The survey also examined the **description of services**. This showed the following: 44.6% are community-based groups, 26% are statutory, 17.2% are private which mainly related to private childcare/preschool providers, and 15.2% are voluntary service organisation. 19.1% of services described themselves as other, which reflected a degree of confusion on which category would best describe their services. Furthermore, a number of services cited more than one category. Overall, this shows the importance of community based services to children and also suggests a need to examine how the different categories are defined in terms of children's services.

- **Sources of funding:** Under this heading, the most interesting finding is that seven out of ten services responding to the survey had more than one source of funding. Just 29% of services received their funding from just one source. The most cited source of funding, 23.4% was a statutory source.
- **Relationships with other agencies:** 51.5% of services surveyed do not have a planned, formal relationship with other providers of services to children in Waterford. While a significant 48.5% do have such a relationship, the proportion that do not is a concern at one level but also reflects a degree of uncertainty on how to name existing relationships and arguably the lack of a structured collaboration between many services.
- **Proportion with formal child protection policies:** 97% of services state that they have such policies in place which is a very positive finding. Although it is not clear how effective and clearly implemented each of these policies is, it does reveal at least an appreciation of the importance and mandatory nature of such policies.

The chapter also reported from the survey of services on the following topics:

- Premises
- Number using the service and waiting lists
- Target group served
- Training
- Staff makeup

The chapter established and described (in more detail in the chapter) from the providers the following as the main needs of children and young people aged 17 and under in Waterford, they are:

- Community-based early intervention
- Emotional Development and Support
- Follow-Up Services
- Parenting
- Economic Disadvantage and Social Exclusion
- Family Support

Additionally, the following needs of children were also noted but in lower proportions, less than 10% of services: the needs of specific groups or age cohorts of children; rural isolation; and, physical exercise and outdoor activities.

The chapter also presented the key funding and general challenges that services faced, they included the following:

- Contraction of Services for Children with needs, general winding down of services due to decreased funding and the general impact of funding reductions.
- Funding decreases and ongoing cost increases in terms of utilities, rates and maintenance. In addition, voluntary and community services revealed that they are asking parents and children to make larger contributions than was the case in the past which leads to affordability problems.
- Fundraising has had to be carried out increasing by services in recent years. The funding environment is firstly very competitive and secondly has tended to take up a large proportion of staff time.

Other issues noted in the responses in respect of funding problems - but in lower proportion than the three above - include reductions in numbers attending and paying for services through subscriptions, and the pressures on services of increased administration requirements allied to staff reductions.

In addition to funding issues, general challenges cited (although indivisible from financial issues in some aspects) were the following:

- Migrant and New Communities
- Increased difficulties presenting in children
- Requirement for more Interagency working
- Increase expectations on community/voluntary services
- Limited community and voluntary infrastructure
- Recruiting and retaining volunteers
- Increase demands on scarce services
- Early intervention
- Difficulties within families
- Retaining young people and families in services

Overall, this part of the research report provides a good sense of the views, perceptions and experiences of children's services. It also of course poses questions about the diversity within the sector known as 'children's services' and therein

the need to build information about services, their categories, locations and how they compare with other areas and so forth. It does however provide a broad insight to service provision, needs and challenges. The next chapter builds on the findings revealed here and presents the insights and perceptions that emerged from focus groups and interviews with providers of children's services across Waterford.

5. Focus Group Research with Children's Services Providers

To set the context for the detail provided below, the following are some of the general findings revealed in this chapter. The first thing to note in the responses was the level of coherence in the issues, gaps and needs being raised across the various interviews and focus groups. The findings presented in this chapter replicate, complement and add depth to those identified in the qualitative parts of the survey of services discussed in chapter 4.

Issues identified in terms of **current services provision** are:

Differences between rural and urban areas; the divergence between policy rhetoric and practice; provision for cohorts of children with specific needs; reduction in provision and capacity; the responses to poverty, 'new poverty' and social exclusion; and, 'one size fits all' services.

The **key issues and/or current needs for children's services in term of future provision** identified in this chapter include: *capacity and role of universal services; rural Waterford; divergences between social and medical models; engagement by vulnerable families; parenting; CSC membership and focus; funding; affordability of children's services; prevention and early interventions; transitions between services; and substance use/addiction.*

Gaps in and demands for services identified in this chapter's findings centre on:

prevention and early intervention at universal, community based service level; mental health; community development; lack of provision in rural areas; flexible service models; specific age cohorts; minority social groups including children with disabilities and ethnic minorities including asylum seekers and refugees; co-operation between children's services; and, information.

5.1 Introduction

In line with earlier chapters, the main objective of this research is to audit and profile children's services in Waterford whilst also providing a socio-demographic profile of the County. The survey of all such services - as set out on the database and reported on in Chapter four above - was complemented by a series of focus groups and interviews with the providers of services to children, from each of the statutory, voluntary and community sectors. In addition, the stakeholder interviews/focus groups aimed to include providers of services to children and young people that cover the age range of 0 years to just under 18 years and also the various sub regions of Waterford –City, Dunmore Road to Dunmore, Tramore, mid Waterford, Dungarvan and West Waterford etc.

The focus groups and interviews were undertaken to add an extra qualitative dimension to the findings of the audit and profile research (as detailed in the preceding chapter). These were designed therefore to explore in more detail the experiences of services and their insights on the needs of children and young people. However, as noted in the methodology section, the focus groups and interviews were attended by a modest number of representatives of children's services. Thus the findings need to be treated with these limitations in mind and should be not be seen as necessarily representative of all children's services but just those who attended the focus groups/interviews. Finally, although attendees are representatives of their respective services, they did not speak formally on behalf of the relevant service but on the basis of their individual experiences and insights.

In short, this chapter presents the findings from the number of focus groups and interviews held with representatives of children's services in 14 locations across Waterford as part of the research.⁶² In keeping with the agreement of those attending focus groups/interviews and in the interests of anonymity and confidentiality, the responses are amalgamated in this chapter. However, where specific reference is made to a need and in a specific area of Waterford, these are generally included.

This chapter is structured around the following sections:

- 5.2 Profile of Service Providers
- 5.3 Current Provision for Children and Young People
- 5.4 Key Issues and Needs
- 5.5 Gaps and Demands
- 5.6 Stakeholders Involvement

The chapter closes with a brief summary of its content and findings (Section 5.7).

⁶² Nine focus groups and six one-to-one interviews were held in total: three took place in Tramore, two in Portlaoise, two in Dungarvan and 10 in Waterford City. They were carried from February to April of 2014. Across the focus groups/interviews, there were 72 attendees. The attendees represented a diverse range of service providers who worked with difference age cohorts and in different capacities and service areas. The research tool employed to guide the focus groups is set out in the report's appendices section.

5.2 Profile of Service Providers

At the start of the focus groups (interviews), attendees (i.e. representatives of children's services) were asked to give a brief overview of their role in children's services. While this is not meant to suggest that the attendees were representative of service providers to children more generally, it is of value to know the makeup of the groups so as to give context to the output of the discussions and the implied findings.

The attendees across the 15 focus groups/interviews represented the following organisations and services:

- Barnardos (various persons)
- School Completion Programme (various locations)
- Waterford County Childcare Committee (various persons)
- Waterford Leader Partnership
- Library service, Waterford Council
- Waterford Area Partnership
- Ballybeg Community Education Project
- Foroige (various projects)
- Irish Society for the Protection of Cruelty to Children
- Child welfare, social worker, Child and Family Agency
- Community Childcare Project, Tramore
- The Men's Network
- Community Development Officer, Child and Family Agency
- Community Adolescent Service, Child and Family Agency
- Education Welfare Service, Child and Family Agency
- Teen Mothers Project, Ballybeg
- Waterford Substance Misuse Team
- Le Cheile
- Treo Port Lairge
- Squashy Couch
- Waterford and South Tipperary Community Youth Service
 - Co. Waterford Community Based Drugs Initiative
 - DAY Garda Youth Diversion Project
 - Dungarvan Community Youth Project
 - Ballybeg Community Youth Project
 - PACT Garda Youth Diversion Project
 - SHY Community Youth Project
 - Southside Community Based Drugs Initiative
 - Waterford Outreach Project
 - Frontline Service City
- St. Brigid's Family and Community Centre (Various persons)
- Waterford City and County Councils
- Public Health Nursing, HSE (Various Persons)
- Waterford and Wexford Education and Training Board
- Public Health Nurses, HSE
- Money Advice and Budgeting Service
- Child Fostering and Protection, Social Work, Child and Family
- Prevention, Partnership and Family Support, Child and Family Agency
- Gardaí Community and Juvenile Liaison Officers
- Primary Care, HSE
- Psychology, HSE
- Suicide Resource Office, HSE
- Primary and Secondary Schools

In some instances, as noted, there were two attendees from one organisation/service but often with different responsibilities and roles. The attendees at focus groups covered directly and indirectly all the major age cohorts that the WCSC have a remit for. The services also included those who provided services universally to all children and young people, as well as more selectively to at risk groups and those with special needs.

The services provided by these organisations/agencies can be characterised according to level 1 to 4 of the Hardiker Model and moreover their activities cover the following:

- Youth services
- Family support
- Early years interventions

- Education and training for those who left school
- Sex, personal, and addiction education
- Mainstream Education
- Alternative Educational Interventions
- Information, advice and advocacy
- Counselling
- Child welfare
- Community development
- Parenting support
- Pre-school and school age childcare
- One to one and group support to children and families
- Counselling
- Primary Care
- Psychological services
- Juvenile justice
- Social Work
- Child and teen counselling

As the above suggests, the range of services provided by focus groups attendees is broad and reflects the diversity of the ages, issues and locations they respond to.

5.3 Current Provision for Children and Young People

In line with earlier sections in the report, particularly the context and the demographic profile chapters, it is important to gather perspectives on the current situation with regard to services. In turn, this section examines attendee's sense of current provision in terms of areas catered for, location, category or type of service, age cohorts and so forth. This question served therefore as a more general introduction to more focused discussion of issues, needs, gaps and solutions that follow in that it effectively 'sets the scene' while the following question looks to the future.

In keeping with most focus groups and interviews of this nature, many comments could be attributed to more than one of the questions. To avoid undue repetition, this section only recounts the issues most relevant to this theme and reports on the other issues further on in the chapter under their most relevant theme. With this caveat in mind, the responses made across the focus groups reveal a level of consensus around the following current broad characteristics of current services.⁶³

Overall Provision

To begin with, it was felt the statutory universal services provision, such as those within schools, is relatively good across City and County. Information on these services was considered accessible. However, beyond universal services, targeted services were viewed as less accessible both in terms of quick access and information about such services. The responses suggest that targeted or more specialised services (those with a higher entry threshold for example) tended to take longer to access and were more likely to have waiting lists - which was particularly seen in the case of specialised statutory services.

Rural and Urban

Waterford City and County as an administrative unit is both urban and rural. Waterford City and suburbs, Tramore, Dungarvan are urbanised. The remainder of the County is generally more rural in nature as noted in earlier chapters. With this in mind, there was a strong consensus across the interviews and focus groups that provision of services for children was higher in urban relative to rural areas in the County. It follows that the rural parts of the County were viewed as being comparatively under provided for. It should be noted that many services located in urban centres, particular Waterford City, may have a remit for the rural areas but this is often hampered by transport difficulties, lack of access to and the affordability of what public transport may exist. In addition, it was suggested that an onus is often placed on children and families to access services rather than service provision being on an outreach basis. The limited provision for children in rural areas is a recurring and therefore central theme across this research and is returned to below in terms of issues, needs and gaps.

Rhetoric and practice

In the responses, a point was made about the noticeable increase in the rhetoric extolling the importance of an increase in children, services for children and the welfare of children more generally. This has been paralleled by the establishment of the Department of Children and Youth Affairs, the Children's Services Committees and the Child and Family Agency. Despite all of this, some of those taking part in the focus groups cited the ensuing limitations of services in practice which given their reduction and retraction in recent times contrasted markedly with the rhetoric afforded to children's services.

⁶³ Each of the themes set out in this and subsequent sections of the chapter are in no necessary order of important or priority.

Services for cohorts with additional needs

The responses here revealed that while general provision is seen as adequate for children's services at the universal level in urban areas, groups of children and their families with particular needs were generally not catered for in service provision. Chief among these were migrants, ethnic minorities with Roma families mentioned in particular as well as children with disabilities. This relates also to the model of service provision that was seen to emphasise a 'one size fits all' type of thinking, which is discussed in more detail below.

Services capacity reduction

This issue was, not surprisingly, ever present in the responses and it is prudent to include in its relevant form under most if not all of the sections in this chapter. Most participants in the focus groups and interviews suggested that services have been paired back since 2009. This unsurprisingly is seen as a result of the pressures on the fiscal capacity of the state since the financial crisis of 2008 and the EU-ECB-IMF 'bailout' programme from late 2010 to 2013. However, this reduction in services or the capacity of services has come at a time when children and families require additional services which are often related to the economic and social problems emerging over the last five years. As such, the retraction of public services including services for children - statutory and community/voluntary - has led to what are seen as fundamental gaps in services provision which are having detrimental impacts at present and more than likely will into the future also.

Furthermore, in this context, it was also evident from the responses to the qualitative research that existing mainstream statutory services of a targeted or specialist nature tend to be overwhelmed with demand and are relying increasingly on the community and voluntary sector to assist in service provision. However, while this is welcome in terms of increased collaborative work, it is often not paralleled with the adequate resourcing of the community/voluntary sector to provide as well as required.

Imbalanced Service Provision Model

This heading refers to the view expressed in interviews and focus groups that provision of services at an early intervention or preventative level is not at the level, depth or extent that is required. This issue refers therefore to the early signs of difficulties experienced by children, young people and their families and the lack of a parallel early response. It was suggested that the lack of prevention intervention or indeed early interventions has the effect of making problems larger and thus requiring more targeted, intensive and specialist services. The imbalance noted here is that too much resourcing of services is focused on crisis or more serious interventions when less is done at the prevention level or through earlier interventions at or just after the level of universal services. This issue is also a key part of the recent strategy unveiled by the Department of Children and Youth Affairs discussed in chapter three. This point is discussed in more detail in the following sections of the chapter.

Age Ranges

Again, overall it was felt that provision is available at the universal level for young people. However, where individual and family needs, their circumstances etc., do not match universal provision, such as in schools, preschools, sports and so on, there is more limited provision. Particular age ranges were noted in the responses. The first is children aged 0-3 who may require additional developmental education and support. The second is children aged 6-10 who may require supports and provision outside or additional to the mainstream school setting. Thirdly, it was suggested that there was a lack of targeted services for children aged 8 to 12 with additional needs. The fourth is young people 16 to 18 years of age who may have left school. Finally, children who do not participate in sports, scouts and physical pursuits - through lack of interest and/or affordability/ease of access and so forth - were generally seen as underprovided for in terms of universal provision.

Poverty, New Poverty and Social Exclusion

This part of the research was clear in its emphasis on the lack of adequate and appropriate services to cater and respond to the special needs of children and families that experience poverty. A particular focus across a number of the focus group/interviews was on intergenerational poverty and the process of social exclusion. This referred to families and children living in social housing areas and rented accommodation in disadvantaged urban areas. It generally encompassed those whose main source of income is a Department of Social Protection payment or low income and in some cases, precarious/part time employment. Added to this group is what was termed the 'new poor'. This group of children and families are who that may have, prior to the current recession, not have experienced poverty, financial stress and social exclusion but due to job losses, debt burdens and insecure accommodation have become an increasing population with particular needs and support requirements. The implication of this observed in the research is that provision is not meeting the needs of both groups noted here.

Interagency and Collaborative Working

Under this heading, two trends emerged. The first focused on the positive. It maintained that a good deal, often informal, of interagency networking and collaboration between statutory and community/voluntary groups has taken place in children's services. These instances of interagency work has often developed organically through a shared recognition of the benefits of working together for children and their families, that is reflected in the multidimensional needs of families and children. However, the second trend was more negative. While recognising the crucial role of interagency work and collaboration

between agencies, staff and bodies that work with, for and include children, the extent of these instances are patchy and often left up to individuals and their actions and are not therefore mandated at policy level. Numerous instances were noted in the responses where a number of organisations maybe be working with the same children and their families but each is working in relative isolation. Again, this is an issue returned to later on in the chapter.

‘One Size Fits All’ Service Provision

As a final point, it was evident throughout the responses about provision that many services for children operate based on ‘one size fits all’. That is services are often inflexible and rigid, seemingly operated according to the needs of the providing organisation rather than in response the often varied and distinctive needs of children and their families.

Overall, as will become more evident as the chapter progresses, each of these topics is on closer examination interrelated and mutual reinforcing in the context of children’s services; moreover, they also reflect the distinctiveness of Waterford, both City and County areas. The next section looks beyond provision to the issues and needs seen in respect of children and children’s services in Waterford City and County.

5.4 Key Issues and Needs

Following on from the above section’s emphasis on current provision, this sub section explores the key issues and/or current needs for children’s services with a view towards future provision. This section therefore draws on attendees ‘on the ground’ or ‘frontline’ experiences with regard to services, socio-economic and demographic issues and future planning for the county. The volume of responses emerging from the focus groups and interviews regarding these issues was huge ; this section distils these issues down to a number of common themes. It should be noted that there was high degree of consensus evident across the interviews in respect of the broad issues raised.

Capacity, role and input from Universal Services

Universal services such as youth clubs, preschool, school, sports, public health nurses etc. were viewed as key site of contact with the widest number of children and young people. It was felt that at these sites there was a considerable opportunity to begin prevention and early intervention work with children who may reveal early stages of support needs. However, staff working at this level were, while undertaking their central role, did not have the capacity to respond to issues such as emotional difficulties, behavioural problems, problems in the home. However, it was noted that these services could play a greater role in this area. This would require training, knowledge and information and a mandate. It has been shown in respect of family support and drug use problems for instance that staff at the universal level often have difficulties responding to problems outside of their core remit on the basis of feeling that it is outside of their sphere of knowledge or competencies (role adequacy), their job description (role legitimacy) and they might not get the backing and assistance they would need to respond (role support). Furthermore, outside of paid staff, many providers of services to children at the universal level are volunteers and this complicates the extent to which such people could play a more enhanced role in early interventions and prevention. However, the issue remains that these sites provide key opportunities to provide such interventions and this was recognised by many of the providers at this level and indeed at higher-level interventions (targeted services or levels 2 upward on the Hardiker model). In the absence of targeted services in rural areas, universal services tend to be ‘catch all’ service provider and this underlines the key role that universal services could play in wider more integrated services for children with a focus on early intervention. Finally, in line with the reference to volunteers above and the feasibility of their playing a role here, a number of the responses questioned how sustainable it was to ask community and voluntary sector universal services to play a more enhanced role in children’s services without increases in resourcing and funding.

Rural Waterford and Location of Services

This part of the research, in tandem with others, revealed clearly that there is a perceived lack of provision for children in rural areas. It was noted that the majority of children aged 0-17 in the County live in non-urban areas. Provision of services in rural areas required an alternative model of provision to that practiced in urban areas. It was noted here that targeted or specialist services were located for the main part in urban centres with the majority of these seen in Waterford City. Lack of access and affordability of transport, and quality of service provision for children were all cited as related issues in this context. Lack of provision in the Mid and West County areas was cited in particular.

Moreover, within both urban and rural areas, the need for a different method of targeting provision was voiced. Issues raised here included the lack of planning in housing with regard to amenities, facilities, shops, transport and so forth. The location of affluent and disadvantaged neighbourhoods in urban areas was also raised as an issue requiring greater thought in the provision of services.

Social and Medical Models of Services Provision

A general view expressed by the attendees highlighted the apparent disparity between the medical mode of provision – general practitioners, psychiatry, psychology etc., - and the social model of provision in children’s services. It was suggested that there was a lack of joined up services for children here with a focus on the whole child. It was considered that the medical model of provision was biased toward the professions and service providers rather than placing the holistic needs

of the child at the core of provision. Thus, there may be an overriding focus on behavioural problems and medical solutions rather than addressing the circumstances in a child's 'life-world' which act as contributory factors to the development of difficulties. It was also suggested in this context that it was often difficult for providers to distinguish between mental health difficulties and behavioural problems. Overall there is a requirement for more holistic approach to children's services and a greater syntheses of social and medical approaches to provision.

Lack of Engagement with Services

This part of the research also pointed to the difficulties of the most vulnerable families (and children therein) engaging consistently with services. This was seen as relating to, on the one hand, a negative stereotype associated with social work services (fear of children being placed in care for instance), and on the other hand, with the lack of capacity of vulnerable families (often living in chaotic circumstances) to maintain engagement with specialist services. The pre-eminence of centralised and thus lack of outreach and community based provision was viewed as another contributing factor in this context.

Children and Young People with Special Needs

Attendees at the interviews and focus groups noted that there was a lack of integrated services provision for children with special needs and support requirements. Cited in particular here were children with physical and intellectual disabilities and children from migrant communities including asylum seekers, refugees, new communities and Roma children. Questions were raised about the lack of provision at the universal level for such groups of children and moreover, the integration of services for these children with mainstream services for all children. The key point made here was that regardless of circumstances, national policy and background, children with disabilities and children from ethnic minority groupings were first and foremost children. Particular attention was paid to the conditions and provision of services for children living in direction provision centres. This was extended also to the pressures experienced by parents and their resulting negative impact on their abilities to parent.

Community Development

The lack of community-based organisations across both City and County was identified as an issue in respect of the identification of and provision of supports for individuals and families. It was suggested that there are few community development type organisations across the county, with a particular absence seen in rural areas. In addition, family resource type centres were also seen to be in short supply in Waterford (City and County) relative to other counties and parts of the country. Furthermore, the lack of community development activity was seen as related to the general limitations in the extent of development work carried 'on the ground' in communities for the last ten years plus. The research suggested that community development was a key need in terms of children's and family services as it would allow for community based supports and interventions to be available. This phenomenon is also manifest in a lack of volunteers and community leaders. This issue, it was suggested, underlines the importance of animating a community response to services gaps and the development of an advocacy process to respond to such deficiencies. Examples of community-based services/initiatives in this regards included community mother's programmes, community based family support, community and family resource organisations and the development of community 'leaders' or 'champions'. Finally, this issue was observed as related to a disengagement process brought about by the current economic downturn and the lack of community development type activity.

Information Deficits

The difficulties experienced by parents in identifying where to access services for children were noted in the responses. This was also evident among some working in children's services in terms of identifying where and how to refer children and young people for additional supports and assessments etc. Thus this lack of clear information about children's services, their relationship, role and location was evident among both parents/families and services (normally at the universal level) alike.

Parenting

Parenting is clearly an important part of the development, happiness and welfare of children. The research interviews found that there were varying levels of support available to parents. The lack of provision of parenting supports was particular evident for rural areas. In addition, there was comment on the lack of coordination of parent supports and programmes across the city and county. Reference was also made to the differing parenting support needs in respect of young children, children aged up to 10, teenagers, practical as well as behaviour supports and so forth. Added to this were emotional and financial pressures faced by parents on foot of the economic downturn, unemployment and so forth. It was also suggested, in keeping with a number of the other issues discussed in this section, that often the most vulnerable and most in need parents are those who are unfortunately least likely to engage with parenting supports, where they are available. The branding of and referral processes were also questioned in terms of their negative effects on attendance and uptake by vulnerable parents.

Resources and Funding

The last five to six years of funding reductions was cited as a central issue affecting provision of services to children. In this context, the responses suggested that services have been reduced to the point where the capacity of services to respond was coming into question. Time on waiting lists for services was highlighted as a particular issue as a result of service

capacity reductions. Some of those taking part in focus groups and interview also commented on the negative effects on the morale and 'burn out' of staff providing services which have been subject to funding reductions over recent years. This issue was also placed in the context of its negative impact on the ability of services to firstly respond to needs in a timely fashion and secondly, collaborate with other services effectively. The time input required by community and voluntary services to identify and apply for funding was also noted here.

CSC Membership and Focus

In a number of interviews, it was suggested that the CSC to date was seen to be overly focused on child welfare and child protection matters. This was considered to be a legacy issue related to the role of the Child and Family Agency's Social Work role and its playing a lead and central role in the direction and operation of the CSC to date. The importance of child welfare and child protection was not questioned per se but rather that the majority of children interact with universal services and do not generally come into contact with social work services. As such, it was suggested that the CSC should seek to widen its scope in practice to the broad range of services that work with children across the many facets of their lives from the voluntary, universal up to the targeted, higher threshold services related to child welfare and protection.

Affordability of Services for Children

As services are being reduced in breadth and the qualification criteria, it was pointed out that the level of needs still exists and has created a two-tier system of services for children. In terms of education, speech and language, occupation and physiotherapy assessments for instance, it was stated in focus groups and interviews that the long waiting lists and waiting times for access to these services had forced those who could afford these to access them privately. However, the issue made here is that many could not afford such services. The need for affordable childcare was also suggested as a particular issue for women, including those wishing to work or undertake education and training. In this regards also, at the universal level, some of the comments noted that children were not participating in play, sports, leisure activities etc., which had an even modest cost. This led to a process of social exclusion and in some cases 'self-exclusion' where children's sense of financial difficulties in the home led to them excluding themselves from certain activities so as not to add to the financial pressures on a parent(s).

Housing and Accommodation

The quality of housing and accommodation for families and children emerged in the responses. Lack of amenities, unsuitable room sizes, room numbers and green areas were cited in particular. The role of inadequate private rented accommodation, its cost and the limitations evident in the supplementary rent allowance and other accommodation support schemes were also noted in the responses. The issue of poor and inadequate accommodation was most acute for disadvantaged social groups including migrant families. This issue was also raised in the context of increasing homelessness and the perceived lack of the response on the part of mainstream agencies.

Interagency Working and Collaboration

This issue is at the heart of the work of the CSC and was recognised as a key need. It was also recognised that there has been a good degree of collaboration and networking across services that work for children in the City and County. This was a positive development and acted as model to further develop. However, it was observed that there is scope for improvements in the level of meaningful co-operation between services. The lack of clear responsibility for a child at different stages of collaborative interagency arrangements was noted. Difficulties in collaboration were also cited in the case of services that traditionally focus on their main area of work, for example education, health etc., and other services that also work with children. The barriers to improved collaboration were attributed to uni-linear funding and guideline structures for services which tend to be accountable to the lead funding agency or Government Department. Thus, meaningful collaboration is sometimes not a priority or mandated on the part of the funding agency and this informs the local priorities of children's services in Waterford as well as elsewhere. What interagency work that does take place tends to be informal, of a networking nature and is often left to the discretion of informed local staff and workers who recognise the need for such work based on the needs of children. It follows from this too that two organisations who provide the same service in different areas, can have limited - and others well developed - interagency relationships. However, all of these services work with children and this - it was argued - should be the starting point in any consideration of collaborative work.

In some instances, it was noted that collaboration between agencies is tokenistic on the part of one side of this equation which tends to be related to requirements set down at central level ('box ticking'). It was observed that in these instances there is no enforcement or review of the quality of interagency work which again militates against responding to the multifaceted needs of children. A final point is also relevant in this context, some of those taking part in the research cited instances where interagency strategies and plans had been agreed but were poorly implemented in practice. This leads to the disparity evident in the research between the rhetoric and practice of working together.

Finally, under this heading, it was clear from the responses that there is significant change taking place in the organisation of local authority, health, child and family, and youth services in Waterford. This was viewed as both a constraint in respect of uncertainty of relationships, roles and continuity and also an opportunity for enhanced collaboration and the development of new working arrangements.

Mental Health and Emotional Well-Being

Mental health difficulties and emotional well-being were prominent in the issues identified. This issue moreover emerged as a key concern throughout the research. Across the focus groups and interviews, mention was made of the increasing numbers of children and young people presenting with emotional and early stage mental health difficulties. Anxiety, 'acting out', 'acting in', substance use on foot of emotional problems, bullying, suicide ideation, were all noted here also as issues that are not adequately catered for in service provision. The early identification of issues, problems and the provision of supports at this level were also cited as issues that led to problems increasing for children and young people.

Not surprisingly, many of the responses in the focus groups/interviews pointed to the detrimental effects of unemployment and in particular long-term unemployment on the fabric of some communities. This impacts much further, however, on the family and in many cases directly on the wellbeing of members of families, adult and child/young persons. Thus, the relationship between joblessness and the rise in mental health difficulties was seen as a key issue in many communities, particularly those most disadvantaged.

Prevention

The need for a greater focus on preventative interventions in children's services is noted in section 5.3. It is also a key pillar of the Department of Children and Youth Affairs' recent national strategy. In this context, a general view expressed in the research was that with the reduction in services due to cutbacks etc., this has in turn led to an understandable over emphasis on acute children's services, that is, those seen at the higher levels (3 and 4) of Hardiker's model. While this is probably necessary given the requirement to balance priority of need and fiscal constraints, it has resulted in the majority of the resources being focused on these areas to the detriment of preventative work at the lower selective and universal levels on Hardiker's schema. The latter preventative level of services is viewed as having been the subject of disproportionate cutbacks to a point where many of these services are no longer provided. The illogic of this was not lost on the focus group/interview participants, many of whom believed that this was tantamount to a 'vicious circle' or 'catch 22'. In this sense, it was felt that 'cutbacks' to lower level preventative services might lead to a greater demand for acute services in the medium to long term. The rationale suggested was that preventable issues would not be identified and acted on until they reach crisis levels due to the lack of services provision for children and young people up to this point. Examples offered here included in-school supports for at risk young people, educational welfare, youth services, early intervention services, family support and so forth.

Transitions

Briefly, a number of points were made about problems arising in the transfer of children between services at different stages in their life. It was suggested that often there is no formal protocol for information transfer on children who may require additional needs at preschool to primary school and primary school to secondary school transitions.

Substance Use and Addiction

The use of alcohol and drugs among young people was viewed in the broader context of negative peer influences, availability and dual diagnosis alongside emotional and mental health difficulties. As well as relating to young people, it was also referred to in the context of addiction among parents and among siblings. Further reference was made in this context to the use of video games by children and young people and its similarity to addiction.

Early Intervention

Finally, common to most of the focus groups and interventions was the importance of early interventions. This included early identification of problems in children before they become more difficult at the universal level as well as support/communication between universal levels of services and more crisis focused interventions. This called for a clear continuum of supports with a premium placed on developing the capacities of a wide range of services to provide early interventions.

5.5 Gaps and Demands

This section follows the logic of the previous sections and explores the views articulated more explicitly at focus groups and interviews in respect of gaps in services and demands that are current not being met, economic and demographic issues and future planning for the county. To avoid undue repetition between this section and the previous one (5.4) - with which there was some understandable overlap in the responses - the gaps and unmet demands in respect of services are set down below under a number of headings:

1. universal services, prevention and early intervention
2. mental health
3. community development
4. rural areas
5. service models
6. age cohorts
7. social groups
8. collaboration, and,
9. Information

Universal Services, Prevention and Early Intervention

The broadest of the gaps is covered by this title. It refers to the need to bolster community-based services so that they are able to play a role in the continuum of 'joined up' children's services. In other words, those services for children that come into contact with large numbers of children (public health nurses, schools, preschools, sports and other recreational pursuits, youth workers, volunteers etc.) could play a clearer role in prevention and early interventions. This envisages a process not unlike the Local Area Pathways model but on less intensive scale. Information, training, the development of networks, shared working, the development of protocols, pilot projects are all key aspects if such an approach is to be feasible. Nevertheless, the research was clear that the early interventions and preventative work at universal services was a logical need in the context of the continuum of services. Moreover, it would mirror more accurately the needs of children and lessen the development of more serious difficulties emerging. Similarities of this process in operation were made in the case of first aid training and children first training. It was observed that increasing the capacity of universal services to identify and support children with additional needs as an early stage would be in keeping with national policy objectives, the aims of the CSC initiative and Children First.

Mental Health

Emotional well-being and mental health are conspicuous themes across this research. This was seen as a particular gap and was cited in almost each focus group and interview. The service gaps here cover children under 11 up to 18 year olds. The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions. Another clear gap noted in the responses here was time required on waiting lists to access services when mental health issues have become more serious. Furthermore, the issue of mental health was not viewed in medical terms that are in isolation from its social setting in the everyday lives of children and young people. The lack of services it was suggested is more acute in the rural parts of the County.

Community Development

As noted in earlier sections, the lack of a community development infrastructure throughout the County was also prominent in the responses. It was suggested that community capacity requires supports to develop a wider community based support infrastructure throughout Waterford and in so doing, this would increase the community-based responses including prevention and early interventions. Family and community resource centres were cited here as well as voluntary community based development groups.

Rural Areas

The lack of service provision for children and young people in rural areas of the County is again one of the main themes emerging across the research. This includes limitations in the provision of targeted, higher threshold level services such as those seen under DEIS, alternative education, counselling and so forth. It also refers to the lack of or thin spreading of universal provision for young people living in rural areas and communities.

Service Models

A number of gaps were identified in this part of the research that generally refers to models of service provision. These are:

- outreach
- peer based approaches among children and young people
- community 'champions' and mentors such as a community mothers programme
- after-school supports at primary and secondary school levels
- planned, organised collaboration and information networks at universal service levels
- alternative education
- flexible service provision beyond the 'one size fits all' model
- management of child and young person's transitions between services, and
- mentors for universal services dealing with complex issues

Age Cohorts

The feedback received pointed to gaps in services for a number of age cohorts of children and young people. In reality, there are probably gaps across all cohorts but some were given particular importance in the focus groups/interviews:

- addiction and substance supports for under 16s, including those living with family members with drug use problems
- out of school services for children aged 5 to 9
- play therapy and therapeutic supports for children below 9 years
- 16 to 18 years olds who have left school and are not taking part in alternative education programmes

Social Groups

The research highlighted a number of social groups of children and young people experiencing a particular lack of adequate service provision. These included: Roma children, children with disabilities (intellectual and physical), ethnic minorities,

migrant communities, refugees and asylum seekers, children living in disadvantaged communities, and, children at risk of or experiencing homelessness.

Collaboration

Interagency working is another central theme evident across many parts of the research. This is not surprising given the focus of the research and the context of the CSC initiative locally and nationally. The gaps related to the lack of mandated, enforced and formalised collaboration as the norm, leaving collaborative work to the discretion of informed individuals, promotion of collaboration as cost saving activity rather than to improve outcomes for children, and therefore the need for the resourcing of interagency work if it is to be meaningful and effective. The area of referrals, the management of cases in which multiple statutory and community/voluntary agencies are involved as well as ‘smarter working’ were also mentioned in this context. It was suggested that the threshold for referrals between services are set too high, based on the need of services as opposed to the holistic needs of children and so forth. In keeping with the earlier part on universal services in this section, it was also stated in the responses that there is a need for universal community based services to be included in interagency work for children, examples made here were public health nurses, schools, and other sites that come into contact with a wide number of children.

Information

Information deficits were cited as a service provision related gap throughout the focus groups and interviews. The responses suggested the need for one central online Waterford hub for child and family services. In addition, it was suggested the inclusion of partners such as the Citizens Information Services and the Local Authority libraries. It was also observed that there was a need for a central physical site for information on children’s services as well as mobile units and outreach. The issue of lack of information, as previously, discussed affects both individuals and families and those working in services, particularly universal services.

5.6 Stakeholder Involvement

One of the aims of the CSCs - and the current strategy of the Department of Children and Youth Affairs – is greater collaboration between services that work with children. In other words, this approach is seen to have the potential to create better outcomes for children and also recognise that children have multiple needs which require multiple and co-ordinated responses. A key part of the interagency working process is, as noted in the present findings, to mould services to the needs of children rather than follow the legacy approach which asked children and families to accommodate to the organisation of services. In this context, a question was posed in the interview and focus groups about which stakeholders and services should be involved or more involved in collaborative work.

The types of services or subjects cited in respect of increased involvement in children’s services centred on the following:

- schools and teachers
- public health nurses
- most mainstream services that come into contact with children in the community
- maintaining the relationship with the HSE following the establishment of the Child and Family Agency
- Child and Adolescent Mental Health Services
- services for children with disabilities
- professional health personnel such as GPs, psychologist, psychiatrists etc.
- pre-schools
- sports and other universal activities and groups
- volunteers who work in any capacity with children
- parents

5.7 Conclusion

This chapter has presented the views, insights and suggestions of a range of representatives from children’s services who attended (in an individual capacity) a number of focus groups and one to one interviews over the course of the field research in Waterford. This chapter is particularly important as it allows more depth and exploration to be attributed to some of the key questions set out for the research. In this regard therefore, it complements the findings from the survey.

Current Provision

In terms of current provision, the chapter revealed a number of key issues:

- It was suggested that **Overall Provision**, especially from statutory provides such as schools is relatively good. Issues emerge beyond universal statutory provision in terms of targeted services, which were less available and difficult to access.

- **Rural and Urban:** There was a strong consensus across the interviews and focus groups that provision of services for children was higher in urban relative to rural areas and that the rural parts of the County were viewed as being comparatively under provided for.
- The responses suggested that while there was a prevalence of rhetoric about **children's services provision, practice** was seen to lag some distance behind.
- The responses here revealed that while general provision is seen as adequate for children's services at the universal level in urban areas, **services for cohorts with additional needs** were generally not catered e.g. migrants, ethnic minorities with Roma communities mentioned in particular and children with disabilities.
- **Services capacity reduction:** the retraction services including services for children - statutory and community/voluntary- has led to what are seen as fundamental gaps in services provision which are having detrimental impacts at present and more than likely into the future also.
- The responses revealed a belief that there was an **imbalanced service provision model** where provision of services at an early intervention or preventative level is not at the level, depth or extent that it is required.
- The responses showed that where individual and family needs, their circumstances etc., do not match universal provision, there is more limited provision. Particular **age ranges** were noted in the response: children aged 0-3, children aged 6-10, children aged 8 to 12, young people 16 to 18 years of age, and children who do not participate in sports.
- **Poverty, New Poverty and Social Exclusion:** in terms of provision this referred to intergenerational poverty and the process of social exclusion including families and children living in social housing areas and rented accommodation in disadvantaged urban areas. Added to this group is what were termed the 'new poor', the group of children and families experiencing difficulties due to the current recession.
- Under **Interagency and Collaborative Working**, two trends emerged. The first maintained that a good deal, often informal, of interagency networking and collaboration between statutory and community/voluntary groups has taken place: the second trend observed that the extent of these instances are patchy and often left up to individuals and their actions and are not therefore mandated at policy level.
- Many services for children operate on the basis of '**one size fits all**'.

Key Issues and Needs

The following are the main headings identified in the feedback around the key issues and/or current needs for children's services with a view towards future provision.

- Capacity, role and input from universal services in interagency responses
- Rural Waterford and other locations requiring provision
- Social and medical models of services provision
- Lack of engagement by vulnerable families with services
- Children and young people with special needs from smaller social groups including disability
- Community development capacity and infrastructure deficits
- Information deficiencies
- Parenting
- Resources and Funding
- CSC's membership and Focus
- Affordability of services for Children
- Housing and accommodation
- Interagency working and service collaboration
- Mental health and emotional well-being
- Prevention
- Transitions
- Substance use and addiction
- Early Intervention

Gaps and Demands

This part of the chapter revealed, more specifically, gaps in services and demands that are currently not being met. These were examined under the following headings:

- universal services, prevention and early intervention
- mental health
- community development
- rural areas
- service models
- age cohorts
- social groups
- collaboration, and,
- Information

Finally, the body of the chapter also cited a number of organisations, services and groups that should be key additional components to existing interagency-based children's services.

Overall, this chapter has revealed that across the focus groups and interviews there are some central and recurring themes, issues, gap and needs in respect of children's services provision in Waterford. Furthermore, these reflect some of the findings made in earlier parts of the report. The next and final chapter in the report looks at what the findings tell us in the context of the broader aims and objectives of the research.

6. Conclusions and Recommendations

6.1 Introduction

This final chapter aims in as far as practicable to less be descriptive than its predecessors. It will focus in the main on presenting the findings of the research primarily in terms of responding comprehensively to the aims and objectives outlined at the outset. In so doing, it makes a number of conclusions and examines their implications and how this leads to a number of recommendations which in turn lead to a framework for WCSC's next work plan. Before doing so, it is worth revisiting the central aim of the research process: 'to carry out a detailed audit of the services provided by statutory, community and voluntary sector organisations to children and families in Waterford'. In turn, the primary objectives of the research were threefold, firstly, to audit and map of services; secondly, identify and analyse gaps in services and thirdly, develop a socio-demographic profile of children and young people aged under 18.

6.2 Research Findings

Background and context of CSCs

An early chapter in the report set out the policy and institutional framework and background of CSCs. It outlined briefly the development of children's services in Ireland looking in particular at the manner by which statutory involvement in provision and at the policy level has been quite limited until recent decades. The more recent focus is evidenced by the establishment of the Department of Children and Youth Affairs, CSCs and more recently, Tusla-the Child and Family Agency. The chapter also explored how children's services evolved in the Irish context to include provision by community, voluntary as well as the statutory sectors.

The chapter also explored how children's services have been influenced and guided by the four level provision model advocated by Hardiker and colleagues. It also revealed how contemporary children's services can largely be subdivided into three broad areas of provision, namely: Tusla-Child and Family Agency (formally HSE); community and voluntary supplementary provision; and, aligned/supporting provision in wider areas.

From here, the chapter examined the establishment and role of CSCs. The policy documents (National Children's Strategy, Towards 2016 and Agenda for Children's Services) were briefly explored as well as the current (2011) Programme for Government in terms of the framework they provide for the operation of CSCs. In particular, this part of the chapter focused on the five national service outcomes established for children that serve to inform and structure the work of CSCs.

The chapter then turned to explore more recent developments in child and family services. In particular, it was discussed how the 2014 establishment of Tusla-the Child and Family Agency is central to the present configuration of services. In this regards, the establishment of Tusla is the most comprehensive reform of child protection, early intervention and family support services undertaken in Ireland. The discussions also revealed the key principles of Tusla, as it seeks to develop the delivery of seamless services to children and families, in firstly, working in partnership and secondly, co-operation between statutory and community/voluntary services.

From here, it was also shown that the National Service Delivery Framework of the Child and Family Agency envisages that providing support to a child or young person and their family will not be the exclusive responsibility of Children and Family Services but a collaborative piece shared with community and voluntary sector bodies. In addition, this approach envisages that statutory services - health, education, Gardaí, and local authorities – will work with the community/voluntary sector in taking responsibility for and making contributions in respect of the protection and welfare of all children and by implication children's services.

In this context, this chapter also explored Local Area Pathways (LAP), whose function is to deliver an integrated service to children and families in need of support with the aim of improving outcomes across the five National Outcomes for children. LAP therefore seeks that all services provided to children and families in a geographic area act as one cohesive support system for children and young people. In this regard, it was shown how LAP is informed by a focus on early interventions and prevention as both its core policy and its choice in practice. This approach emphasises that the provision of help (early intervention or prevention) to children and families early in the stage of a difficulty can prevent situations escalating and becoming more established and in need of more intensive supports. In terms of LAP, the importance of the development of child and family support networks (CFSNs) was also explored. CFSNs operationalise the goals of LAP on the ground and create a structure for community, voluntary and statutory providers to work together at a number of levels in the provision of services to children with an emphasis again on early intervention and prevention.

In keeping with LAP and the related CFSNs, the chapter turned briefly to discuss the Meitheal Model which ensures that for families who do not reach the threshold for child protection services but where there are identified unmet needs, a child or family will receive preventative support, co-ordinated by a lead practitioner. This opens up a new set of possibilities for the provision of interagency co-operation and again highlights the shift in provision toward earlier interventions and prevention.

In line with local developments such as LAP and the work of Tusla, the chapter explored the new national policy which will inform child and families services over the next six years, namely: 'Better Outcomes, Better Futures', The National Policy Framework for Children and Young People, 2014-2020. It was shown how 'Better Outcomes, Better Futures' sets out a framework for all policies that effect children and young people. It emphasises therefore the importance of what it terms 'connecting' the national and the local with a specific attention placed on the five National Outcomes for children and in turn, the chapter explored what the policy framework says in respect of the each of the five national outcomes. The chapter examined how 'Better Outcomes, Better Futures' conceives that the five National Outcomes cover all children and young people and across a multitude of facets of their lives in terms of their respective age cohorts. It was noted that this is an important point as it suggests a much broader canvass for services than may have been the case to date. It also by implication mandates interagency work and greater collaboration.

'Better Outcomes, Better Futures' identifies six 'transformational goals' through which 'more' young people and children will achieve these outcomes through strengthening the support systems around children and young people: Support Parents; Earlier Intervention and Prevention; Listen to and Involve Children and Young People; Ensure Quality Services; Strengthen Transitions; and, Cross-Government and interagency collaboration and co-ordination. These should in turn inform service delivery and organisation in as far as practicable at the local level.

The chapter then turned to examine the application of the Hardiker Model and its use in the classification of children's services according to four levels from universal to targeted/high threshold services. It was revealed also how the Hardiker Model has informed substantively our understanding of children services in recent times including *'Thresholds for Referral to Tusla Social Work Services'* which documents in detail illustrative examples of cases at each level. Although very much focused on social work and internal Tusla workings, this document however provides a valuable resource for all children's services in respect of the Hardiker Model's application in practice.

The final part of the chapter looked briefly at the development of Waterford CSC, and its current and recent work around implementing the five National Outcomes in Waterford. The discussion of Waterford CSC also presented an overview of its six sub or task groups. It discussed in particular the progressive elements of Waterford CSC in terms of the inclusion of the LAP steering committee as a full task or sub group. This has the effect of integrating the work of the CSC and LAP in a manner that was intended and suggested in national guidance and policy. The chapter also looked at the development of the CFSNs in Waterford.

Overall, this chapter presented the broad policy and practice framework in which the work of the CSCs is situated. The various policies, approaches and developments will inform the work of the CSCs and children's services more generally. In tandem, this framework is also relevant for understanding and applying the findings of this research and their implications for the future work of Waterford CSC.

Waterford Demographics

This chapter presented a brief overview of social and demographic profile of Waterford's children, aged up to 18. It placed a particular emphasis on the age cohorts covered by the CSCs; that is those aged 0 to 17 years.

The total population of children aged 0-17 years in Waterford was 28,908 in 2011. Of this, children aged four and under accounted for 7.6% of the County's population. Children and young people aged 5-12 years comprised 11.3% and those aged 13-17 accounted for 6.5% for the total county population in 2011.

These proportions show that Waterford's population of 0-4s is marginally lower than corresponding national measure 7.8%. In contrast, the proportion of the 5-12 and 13-17 age cohorts is a marginally higher than national measure (11% and 6.3% respectively).

The chapter revealed that most of the rural mid and west County area is close to average or above. The suburbs of Waterford, the areas around Tramore and the areas around Passage East and the Dunmore Road all reveal proportions of 0-17s above the County average.

There exists relatively large concentrations of children and young people aged 0-17 in Dungarvan and suburbs, the western and southern suburbs beyond Waterford City and Tramore. In the west of the county, there are relatively high

concentrations of 0-17s in numerical terms evident, from east to west, in Kilmeaden, Portlaw, Kilmacthomas, Cappoquin, Lismore and suburbs and Tallow.

In addition, it was shown how in Census 2011, parts of the county experienced significant increases in population. Included here are: rural Ardmore, the suburbs of Dungarvan, Lismore, Cappoquin, Kilmacthomas, Portlaw, Annestown, Dunhill and Ballyduff, Tramore, suburbs, to the west of Dunmore East, the corridor from Waterford City to Tramore, Gracedieu, the southern/Dunmore Road suburbs of Waterford City and around Passage East.

The chapter briefly provided statistics on the following with respect to children: disability, Travellers, 'foreign national' children, school absenteeism, child protection and welfare and youth expenditure.

Across the Electoral Divisions in Waterford, there are some differences in their respective deprivation scores. The research identified the areas that require the greatest level of supports and basic services, and particularly therefore those for children. This part of the research overall provided a profile of where there are large cohorts of children and young people and also which areas are relatively the most disadvantaged.

Survey of Services

The research explored the findings emerging from the survey of children's services in Waterford. The survey was a central pillar in the research. The survey findings revealed that the Waterford CSC is known by about 45% of services, while the majority have basic or less knowledge about the CSC and its work. This is not surprising given that the CSC was only established in 2013. It is however relatively well known and understood by the agencies and bodies it has interacted with but it remains relatively unknown among some targeted services and to a great degree among universal services. This underlines the need for greater structures of engagement in order to be the catalyst for services to work more closely together to improve outcomes for children.

The survey identified 14 categories that broadly serve to differentiate service types and their general relationship to the Hardiker model. The table below outlines these broad categories (defined in chapter two of the report)

Type of Service Provided	%	Hardiker Level
Preschool/childcare	33%	1
Targeted youth work interventions	14%	2-3
Mainstream education	13%	1
Universal youth work	11%	1
Sports	6%	1
Targeted education interventions	6%	2
Health	4%	1-2
Therapeutic support	4%	2
Community development	3%	1-2
Family support	3%	2-3
Arts, drama and culture	1%	1
Crisis interventions	1%	4
Local authorities	1%	1
Social work	1%	3-4

The findings reveal that the majority of children's services (those responding to the survey) can be categorised as Level 1 under the Hardiker Schema. This is a key finding and suggests that most services for children, catering for the largest numbers of children are community based level 1, universal services.

Beyond provision to children, the survey established that 74, or 36% of, services who responded provide services to families as well or in tandem with provision for children. Of this number, 18.3% of the services provided to families are characterised broadly as parenting. The next highest proportion of services to families with children is around family support (16.1%). Following this, referral and information is cited as the service provided to families by 14.1% of services. These three services account for just half of those provided to families. The remainder of the services types provided are activities and classes, advice and guidance, therapeutic services, networks and groups supports, finance and resource supports and health.

In terms of **catchment area** at the LEA level, 22% cite Waterford City South, Dungarvan-Lismore 19%, Tramore-Waterford City West 15%, Waterford City East 15%, and Comeragh 12%. 10% of services cover all of Waterford. Overall, this suggests that there is relatively wide coverage of services at the LEA level, however most targeted services tend to be in urban areas and particularly Waterford City.

Age cohorts of children and young people served revealed that more than half of services provide to more than one cohort of children. The highest proportion of services at 53.4% provide for children aged 5-12. In terms of the other age cohort: 0-4 years provide to by 47.5% of services and, 5-12 years by 41.2%. Approximately, 50% more services than just preschool services provide for the 0-4 year cohort. This includes those who provide more holistic services to families which include provision for childcare.

The **description of services showed** that 44.6% are community-based groups, 26% are statutory, 17.2% are private which mainly related to private childcare/preschool providers, and 15.2% are voluntary service organisation. 19.1% of services described themselves as other, which reflected a degree of confusion on which category would best describe their services. Furthermore, a number of services cited more than one category. Overall, this shows the importance of community based services and also suggests a need to examine how the different categories are defined in terms of children's services.

Seven out of ten services responding to the survey had more than one source of **funding**. Just 29% of services received their funding from just one source. The most cited source of funding, 23.4% was a statutory source.

The survey also showed that 51.5% of services surveyed do not have a **planned, formal relationship with other providers of services** to children in Waterford. While a significant 48.5% do have such a relationship, the proportion that do not is a concern at one level but also reflects a degree of uncertainty on how to name existing relationships and arguably the lack of a structured collaboration between many services. This suggests more focus is required on collaborative working in keeping with the aims of the CSC and national policy objectives.

97% of services state that they **have with formal child protection policies** in place, which is a very positive finding. Although it is not clear how effective and clearly implemented each of these policies is, it would therefore be worthwhile to investigate the quality of such policies in terms of their efficacy, understanding and implementation in practice.

The chapter also reported from the survey of services on the following topics:

- Premises
- Number using the service and waiting lists
- Target group(s) served
- Training
- Staff makeup

The chapter established the following as the main needs of children and young people aged 17 and under in Waterford:

- Community-based early intervention
- Emotional Development and Support
- Follow-Up Services
- Parenting
- Economic Disadvantage and Social Exclusion
- Family Support

The chapter also presented the key funding and general challenges that services faced, they included the following:

- Contraction of Services for Children with needs, general winding down of services due to decreased funding and the general impact of funding reductions.
- Funding decreases and ongoing cost increases in terms of utilities, rates and maintenance. In addition, voluntary and community services revealed that they are asking parents and children to make larger contributions than was the case in the past which leads to affordability problems.
- Fundraising has had to be carried out increasingly by services in recent years. The funding environment is firstly very competitive and secondly has tended to take up a large proportion of staff time.

In addition to funding issues, general challenges cited (although indivisible from financial issues in some aspects) were the following:

- Migrant and New Communities
- Increased difficulties presenting in children
- Requirement for more Interagency working
- Increase expectations on community/voluntary services
- Limited community and voluntary infrastructure
- Recruiting and retaining volunteers
- Increase demands on scarce services
- Early intervention
- Difficulties within families
- Retaining young people and families in services

Overall, the survey provided a valuable insight to the views, perceptions and experiences of children's services. It also of course poses questions about the diversity within the sector known as 'children's services' and therein the need to build information about services, their categories, locations and how they compare with other areas as well as suggestions on needs and required responses.

Focus Group & Interview Research with Representative of Providers

The focus group and interview research included 72 representatives of services in a number of locations across Waterford. This qualitative phase of the research was undertaken to explore in more details the issues emerging from the survey of services and the findings here act to complement those emerging for the survey.

In terms of current provision, the chapter recounted the following key findings:

- It was suggested that **Overall Provision**, especially from statutory providers such as schools is relatively good. However, issues emerge beyond universal statutory provision in terms of targeted services, which were less available and difficult to access.
- There was a strong consensus evident that provision of services for children was higher in urban relative to **rural areas** and that the rural parts of the County were viewed as being comparatively under provided for.
- The responses suggested that while there was a lot of mention of children's services provision in **rhetoric, practice** was seen to lag some distance behind.
- The responses also revealed that while general provision is seen as adequate for children's services at the universal level in urban areas, **services for cohorts with additional needs** were generally not catered e.g. migrants, ethnic minorities with Roma communities mentioned in particular and children with disabilities.
- The **contraction of services** including services for children - statutory and community/voluntary - in recent years was seen to have contributed to the development of current and potential gaps in services provision which are having detrimental impacts at present and more than likely into the future also.
- The responses revealed a belief that across children's services there was an imbalanced service provision model where provision of services at an **early intervention or preventative** level is not at the level, depth or extent that it is required.
- The responses showed that where individual and family needs, their circumstances etc., do not match universal provision, there are more limited provision options. Particular **age ranges** noted in the response are: children aged 0-3, children aged 6-10, children aged 8 to 12, young people 16 to 18 years of age, and children who do not participate in sports.
- This issues of **Poverty, New Poverty and Social Exclusion** were noted in the responses as these relate to terms of provision. This referred to intergenerational poverty and the process of social exclusion impacting on families and children living in social housing areas and rented accommodation in disadvantaged urban areas, and, what were termed the 'new poor', that is the group of children and families experiencing difficulties due to the current recession.
- Under **Interagency and Collaborative Working**, two trends emerged in this part of the research: the first maintained that a good deal, often informal, of interagency networking and collaboration between statutory and community/voluntary groups has taken place: the second trend observed that the extent of these instances are patchy and often left up to individuals and their actions and are not therefore mandated at policy level.
- Many services for children operate on the basis of **'one size fits all'** which was considered not in keeping with the individual needs of children and families and lacked the flexibility required to respond to some cases.

In addition to views of current provision, the chapter also explored with participants the key issues and/or current needs for children's services with a view towards future provision. The following topics emerged:

- Capacity, role and input from universal services in interagency responses
- Rural Waterford and other locations requiring provision
- Social and medical models of services provision
- Lack of engagement by vulnerable families with services
- Children and young people with special needs from smaller social groups including disability
- Community development capacity and infrastructure deficits
- Information deficiencies
- Parenting
- Resources and Funding
- CSC's membership and Focus
- Affordability of services for Children
- Housing and accommodation

- Interagency working and service collaboration
- Mental health and emotional well-being
- Prevention
- Transitions
- Substance use and addiction
- Early Intervention

Finally, the chapter also explored the needs of children, gaps and services responses. The following nine themes encapsulated the variety of responses and suggestions:

2. **Universal services, prevention and early intervention**

This theme refers to the need to strengthen community-based services so that they are able to play a clearer role in the continuum of 'joined up' children's services. In other words, services for children that come into contact with large numbers of children (public health nurses, schools, preschools, sports and other recreational pursuits, youth workers, volunteers etc.) could play a clearer role in prevention and early interventions. This envisages a process not unlike the LAP model but on less intensive scale.

2. **Mental Health**

Emotional well-being and mental health are conspicuous themes through this research. This was seen as a particular gap and was cited in almost each focus group and interview. The service gaps here cover children under 11, right up to 18 year olds. The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions.

3. **Community Development**

It was suggested that community capacity requires supports to develop a wider community based support infrastructure throughout the City and County.

4. **Rural Areas**

The lack of service provision in rural areas includes limitations in the provision of targeted, higher threshold level services such as those seen under DEIS, alternative education, counselling and so forth. It also refers to thinly spread universal provision.

5. **Service Models**

Models of provision perceived as missing or being under used in provision (and needed) included: outreach; peer based approaches among children and young people; community 'champions' and mentors such as a community mothers programme; after-school supports at primary and secondary school levels; planned, organised collaboration and information networks at universal service levels; alternative education; flexible service provision beyond the 'one size fits all' model; management of child and young person's transitions between services; and, mentor support for universal services dealing with complex issues.

6. **Age Cohorts**

The feedback received pointed to gaps across all cohorts but some were given particular importance such as: addiction and substance supports for under 16s and their families; out of school services for children aged 5 to 9; play therapy and therapeutic supports for children below 9; and, 16 to 18 years olds who have left school and who are not taking part in alternative education programmes.

7. **Social Groups**

The social groups deemed as lacking service provision were: Roma families, children with disabilities (intellectual and physical), ethnic minorities, migrant communities, refugees and asylum seekers, children living in disadvantaged communities, and, children at risk of or experiencing homelessness.

8. **Collaboration**

Interagency working is another central theme evident across many parts of the research. The gaps related to the lack of mandated, enforced and formalised collaboration as the norm. Thus leaving collaborative work to the discretion of informed individuals etc.

9. **Information**

Information deficits were cited as a service provision related gap throughout the focus groups and interviews. The responses suggested the need for one central online Waterford hub for child and family services as well outreach and central facility.

Finally, the body of the chapter also cited a number of organisations, services and groups that should be key additional components to existing interagency-based children's services.

Overall, this chapter revealed that there are some central and recurring themes, issues, gap and needs in respect of children's services provision in Waterford. Furthermore, these also seem to reflect some of the findings made in earlier parts of the report, which again are evident also in the national policy context.

6.3 Conclusion and Recommendations

This final section of the report fuses two issues under a number of themes: the first outlines the conclusions reached based on the research and the second draws out some recommendations that follow from the conclusions. These are gathered together under each numbered issue below.

Overall, the research report presented an overview of child and family services in Waterford that are provided by community, voluntary and statutory organisations in the main. In so doing, it undertook a survey of services which provided an audit of services; it profiled the demographics of children and young people in Waterford and finally, in the qualitative part of the survey and then focus groups/interviews, explored further provision, gaps and needs in services. Each of these objectives was responded to in the relevant chapter(s) and as outlined above in summary format in the findings section (6.2).

The question remains: what do these findings tell us and what recommendations can be drawn?

The first thing to note in the responses was the level of coherence in the issues, gaps and needs being raised across the survey and then the various interviews and focus groups. While the composition of these research interactions were diverse, and the specificity of the issues introduced different, overall there was a marked coherence across the board. This suggests that the research has identified key issues of consensus in respect of children's services in Waterford.

The following paragraphs present the salient findings emerging from the research in terms of conclusions. In short, these conclusions are those that have a common trend across many phases of the research and were cited in a number of chapters. Due to the focus of the study, which is on all services provided to children in Waterford, it should be noted that by their nature, these issues are broad but they are nevertheless applicable across a range of service settings.

1. Early interventions and prevention

Promoting early interventions and prevention is one of central pillars in the work of Tusla. LAP and Child and Family Support Networks also place early intervention and prevention at their core in policy and practice. Early interventions and prevention are moreover one of the six key transformational goals outlined in 'Better Outcomes, Brighter Futures' which in turn are established to reach the Five National Outcomes for children. In this regard, early interventions and prevention have the ability to stop the escalation of difficulties, which would otherwise develop and perhaps require more intensive supports. Moreover, the threshold for social work provision is relatively high and without prevention and/or early interventions, difficulties presenting in children and families could develop until they are serious enough to warrant higher threshold interventions. The research also established that early interventions/prevention are seen by services as an issue for services themselves in terms of provision, a need for children and families and finally, a gap or unmet demand more generally.

Action/Recommendation 1

With this in mind, and given that most services for children are seen at the universal level, there is an obvious merit in developing the capacity of universal services to provide early interventions and increase their focus on prevention. LAP, CFSNs and Meitheal provide a model for this at a higher level. The need established in the research is to provide universal services with the 'armoury' to respond at an earlier level or increase their role in prevention. This would mean providing them with skills and expertise, in as far as feasible, to feel they can legitimately respond to issues, have adequate knowledge and information to respond and are supported in their responses. The research drew a similarity between this and first aid and child protection training. The research identified concerns on the part of universal services in perceiving, understanding and then responding to behavioural and emotional problems, difficulties in the family, mental well-being issues and so on. Thus, an envisaged process would more than likely involve training, information, the development of networks and relationships, knowledge and so forth among universal services. This could be achieved initially through the development of a structure below LAP - though less intensive - to increase information and knowledge of supports available to universal services to act as an early intervention and/or prevention

strategy to the development of difficulties and problems for children. This would involve public health nurses, schools and teachers, volunteers in sports and other community based groups, youth clubs and so on. It is acknowledged that this is a difficult process to develop, however, it remains a key need established by the research. This issue is also broached below under ‘the role of universal services’.

2. Collaboration, co-operation and interagency work

One of the rationales in establishing CSCs was for greater integration and joined-up working between community, voluntary, statutory and private services that work with, for and include children. Moreover, one of the objectives in the establishment of the Child and Family Agency is to develop the delivery of seamless services to children and young people working through partnership and co-operation. The National Service Delivery Framework established by Tusla envisages co-operation not only by Tusla but also statutory bodies such as those in education, local authorities, health and policing with the community and voluntary sector. LAP and CFSNs refer to the development of one cohesive support system for children and young people. The Five National Outcomes for children mandates greater co-operation as does Children First. ‘Better Outcomes, Brighter Futures’ sets collaboration and co-ordination as one its six transformational goals. All together, these clearly highlight the importance of increasing co-operation between all services that work with children.

This research established that many services work with children across a number of age cohorts (0-4s, 5-12s etc.). It also revealed that many services work with children and families. Just under 45% of services surveyed describe themselves as community based, 26% self-define as statutory and 15% as voluntary. Overall, this therefore warrants greater co-operation. Yet, the survey established that just over half of services do not have a formal, planned relationship with other providers of services to children. Moreover, although there was recognition of good interagency working in Waterford especially since the establishment of the CSC, the need for greater services co-operation was identified. One of the issues raised here was the discretionary nature of co-operation that seems to depend on individuals. In this context, similar services can have very different levels of co-operation. Part of this is put down to the lack of prioritisation of co-operation at line funder level, such as a Government Department and part is also down to a focus on an organisation’s key area of operation, for instance education, pre-schooling etc.

Overall, increasing collaboration and interagency work is not only a regulatory need but also a practical one in terms of enveloping services around children based on their needs rather than, as more typically the case, being organised according to professions, funding, regions, service type, age cohort, professional discipline and so forth.

Action/Recommendation 2

Thus as part of a suite of recommendations set out here, efforts to increase co-operation would seem particularly relevant. This should be seen in the context of developing the capacities of universal services to play a greater role in early interventions and prevention for which interagency co-operation is a crucial element. The development of ‘learning networks’ of universal services in a number of regions/communities in Waterford would be a starting point to increase collaboration between children’s services. The research identified a degree of divergence between the social and medical model used by some services that work with children, this is another challenge for increasing co-operation as too is linking universal and higher threshold services. Finally, the findings point to a vacuum or gap following universal services up to higher threshold services. The LAP process is addressing part of this. Increased co-ordination and collaboration has the ability to develop a continuum of supports and services for children and this should be an aim of interagency work.

3. Mental and emotional health

Emotional well-being and mental health are conspicuous themes throughout this research. From these themes a particular gap was identified and cited in almost each focus group and interview. Mention was made of the increasing numbers of children and young people presenting with emotional and early stage mental health difficulties.

The issues cited included anxiety, ‘acting out’, ‘acting in’, substance use on foot of emotional problems, bullying, suicide ideation, low self-esteem, the impact of negative peer groups were all noted in the research.

The lack of early identification of issues, problems and the provision of supports at this level were also cited as issues that led to increasing problems for children and young people. The service gaps here cover children under 11 up to 18 year olds. The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions. Another clear gap noted in the responses here was time required on waiting lists to access services when mental health issues have become more serious. The lack of services it was suggested, is more acute in the rural parts of the County.

Action/Recommendation 3

The findings call for a focus to be placed on early interventions and prevention in respect of emotional and mental health for children and young people. It also suggests therefore that universal services should be empowered and supported (in terms of early identification skills, access to counselling and information on services) to play a greater role in this as well as creating stronger links to supports including the Child and Adolescent Mental Health Services.

4. Rural Waterford

The unique needs of rural Waterford, Mid and West County in particular, were highlighted throughout the findings. There was a strong consensus across the findings that the provision of services was higher in urban relative to rural areas. Rural Waterford is therefore considered to be under provided for in terms of children's services. The research also established that youth work funding in rural Waterford is a small fraction of that seen in the City and is one the lowest per capita of young person seen nationally. The research found that, using the former County and City boundaries, that 61% of children and young people aged 0 to 19 live in the former County Council area of Waterford. This accounted in 2011 for 19,459 persons.

The research revealed clearly therefore that there is a perceived lack of provision for children in rural areas. Rural isolation is seen as a particular issue for children and young families, including single parent families.

It was noted here that targeted or specialist services were located for the main part in urban centres with the majority of these seen in Waterford City. Lack of access and affordability of transport, and quality of service provision for children were all cited as related issues in this context. In addition, it was suggested that an onus is often placed on children and families to access services rather than service provision being on an outreach basis.

Action/Recommendation 4

Provision of services in rural areas requires an alternative model of provision to that practiced in urban areas. The existing service provision model tends to follow population centres and in rural areas, what services there are, tend to be in the larger towns. This is of course logical and efficient, the difficulty arises in the context of the lack of affordable transport to services and the limited ability of services to offer outreach type activity due in part to resource restrictions. This requires, it was suggested, a rethinking of how services and even activities are delivered in rural areas. This suggests the need to more joined-up thinking in the delivery of services in rural areas by outreach and co-location. For instance, it was noted that universal services could tend to be 'a catch all' in rural areas in the absence of other services. In keeping with the early suggestions about early intervention and the role of universal services below, these could be developed further. Overall, there is a need to develop a rural provision strategy for children's services in Waterford, one which builds on community development, existing universal services, greater access to urban services through transport and its access/affordability and to this end, increased interagency work to achieve this.

5. The role of universal services

Universal services such as youth clubs, preschool, school, sports, public health nurses, youth clubs etc., are key sites of contact with the widest number of children and young people. As noted under 'early interventions and prevention' above, these sites provide a considerable opportunity to begin prevention and early intervention work with children who may reveal early stages of support needs. The research revealed that up to 74% of services survey work at level 1 of the Hardiker model. That is, they are universal, typically community based services. The research showed that in the absence of targeted services in rural areas, universal services tend to be 'catch all' service provider and this underlines the key role that universal services could play in wider more integrated services for children with a focus on early intervention. Taken together, these seem to show the importance of these services to the wider continuum of children's services. In line with the recommendation and conclusion on early intervention/prevention above, universal services should be a priority for collaboration and seeking to increase their capacity to act in a preventative and early intervention capacity. As noted, this will require support, network establishment, training, knowledge and information, referral paths, protocols and a mandate.

The research however showed that outside of paid staff, many providers of services to children at the universal level are volunteers and this complicates the extent to which such people could play a more enhanced role in early interventions and prevention. However, the research also found that staff working at this level, while undertaking their central role, did not have the capacity to respond to issues such as emotional difficulties, behavioural problems, problems in the home. It is also the case that universal services can be asked to concentrate on their core work by their funding agency. However, the national policy commits itself to inter departmental co-ordination and the suggestion/recommendation made here is a localisation of this policy.

Action/Recommendation 5

Overall, despite the difficulties of enhancing the work of universal services (the majority of services to children) the issue remains that these sites provide key opportunities to provide such interventions and this was recognised by many of the providers at this level and indeed at higher level interventions (targeted services or levels 2 upward on the Hardiker model). This could be achieved through following the capacity, coordination and early intervention process suggested for universal services above. The LAP and CFSNs provide a broad model for the establishment of lower, community based networks with clear information, resources and links to the services they may need to support their new role as the frontline of children's services.

6. Parenting and Family Support

Parenting is clearly an important part of the development, happiness and welfare of children. Parenting is also set down as one of the six transformation goals in the recent national policy framework for children and young people. The research found that parenting and broader family support is considered a key process and need in the development of children's services in Waterford. However, the research also found that there were varying levels of support for parents and families available. The lack of provision of parenting and family supports was particularly evident for rural areas. In addition, there was comment on the lack of coordination of parent supports and programmes across the city and county. It was also revealed that often the most vulnerable and most in need parents and families are those who are unfortunately least likely to engage with parenting and family supports, where they are available. Positive branding and referral processes would seem to be important to develop interest in parenting programmes (effective examples referred to in the research included 'parenting during a recession', 'how to survive your teenager'). The importance therefore of ensuring that vulnerable parents, children and families are supported through parenting programmes and family support work was also highlighted in the findings.

Action/Recommendations 6

The lack of co-ordination of parenting programmes was also evident from the findings. It is recommended therefore that greater co-operation takes place in the planning and delivery of all parenting programmes. They should be tailored to the differing needs of parents (of young children, school age, teenagers, young adults) and should mix behavioural learning with practical supports such as budgeting, cooking etc. There is scope to look at developing a strategy on parenting supports in the County with a view towards geographic delivery, content, targeting, retention and access to other supports if required.

In addition, there is a need to develop a family support approach to ally the provision of mainstream and universal services such as public health nursing, education, youth work, voluntary sports, groups and leisure activities. This is conceived as a means therefore to link what takes place at the community level with supports at higher threshold levels in required.

7. Information

The research identified that information provision of mainstream universal services is considered adequate, however, targeted services were viewed as less accessible both in terms of quick access and information about such services. The difficulties that parents have in identifying where and how to access services for children was noted in the findings. This was evident also among some service provider representatives working in children's services in terms of identifying where and how to refer children and young people for additional supports and assessments etc.

Action/Recommendation 7

The findings point to the need for one central online Waterford hub for child and family services. In addition, it was suggested that the inclusion of partners such as the Citizens Information Services and the Local Authority libraries will be essential. There is also scope for provision of child family services information in a central physical site as well as through mobile units and outreach.

8. Economic disadvantage and social exclusion

This issue was prevalent across the findings and took various forms, some of which cited the impact of the current recession and others which noted the long-term cycle of disadvantage in some locations and within families. The negative effect of poverty on the health, well-being, prospects, risky behaviour, social/psychological development and opportunities have been clearly made in research for decades and these were also cited in the responses. The findings show that children are often exposed to negative family, peer and community role modelling. This is in part viewed as a symptom of the social, economic and relationship difficulties brought on by the current recession but also the lack of resilience building supports and programmes on the ground.

Not surprisingly, the findings also pointed to the detrimental effects of unemployment and in particular long-term unemployment on the fabric of some communities. This impacted much further, however, including in many cases the wellbeing of members of the families; adult and children/young persons alike. Thus, the relationship between

joblessness and the rise in mental health difficulties for instance was seen as a key issue in many communities particularly with those most disadvantaged.

In addition, the issue of affordability was evident in the findings and particularly the impacts this had on less well-off families and their children accessing out of school pursuits that require the payment of a fee or subscription. This included sports, drama, scouts and other pursuits. Issues about the cost of the transition year within the secondary school cycle were also raised in the findings. Collectively, the need to pay for such activities acted as a barrier to the participation of children and young people from disadvantaged families and, in some instances, it was reported that children do not ask the parents for money given their awareness of the financial stress families are under. This acts to exclude these young people and children from what their peers may deem as normal. In the context of disadvantaged families, the difficulties in attracting and retaining vulnerable families to services was also highlighted. Again, in this general context the overlap between disadvantage and substance use was also a feature of the findings as too was the issue of insecure and inappropriate accommodation.

Action/Recommendation 8

The challenge posed in terms of children living in poverty, social exclusion or at risk of these was how services could respond more effectively than heretofore. The needs as articulated in the findings suggested that traditional service delivery is not tailored effectively for these situations and tends to approach issues as 'firefighting' rather than dealing with more rooted, structural problems of disadvantage. The unmet need in this context is additional targeting or tailoring of services to look at the life cycle of children in these circumstances and anticipate difficulties and in so doing, look at preventative and early interventions cognisant of the social setting that families and their children occupy.

9. Community Development

The research revealed, across both survey and focus group/interviews, that Waterford has a limited community development infrastructure. This means in practice there are relatively few community based services and supports that originated within communities. In terms of children and families, this is seen to have limited the supports that might have been provided in communities. Examples noted in the body of the report include community mother's programmes, community resource centres, community action groups and so forth. This is observed in the relative lack of provision of family resource centres and community development groups across the City and County that is perceived as relating to limitations in the community development work on the ground in the past. Community Development offers a means of developing groups and supports in the community and remains a key need in this regard.

Action/Recommendation 9

In terms of recommendations, this conclusion calls for the development of capacity building and community animation strategy. This is hampered somewhat by the changes taking place in organisations that previously had a community development remit and the legacy of limited community development activity in the rural parts of the County. However, it is of note that under the Local Government Act of 2014, each County is asked to develop a Community Development Strategy or Plan. The input of the CSC to this process would serve at one level to act as a catalyst to capacity building and community group animation while providing a link to the development of community based child and family services in the County. Moreover, there is a need to bring a number of stakeholders together to begin a process of capacity building and animation. This should begin with one or more areas or regions and operate on a pilot or learning basis initially in order to draw out learning and best practice.

10. Migrant, ethnic and new communities/Children with disabilities

These two groupings obviously cover a multitude of different children and young people and it is not the intention to suggest they have similar needs and circumstances. However, the response required does have similarities. Both very broad groupings were identified on numerous occasions in the research as having specific needs that are not being addressed by 'one size fits all' universal children's services. Collectively these groupings of children and young people can experience social exclusion based on their situation outside of mainstream services provision. The research highlighted gaps for these groups in services provision. It also identified support requirements for families and parents.

Action/Recommendation 10

The implication is that special attention is required on the part of services collectively to ensure greater provision for these groups and this may require the introduction of proofing and targeting by services to increase provision and access and thus outcomes.

11. The role of Waterford CSC

As reflected in the current research, the work and impetus of Waterford CSC is comparatively impressive. The leadership provided by Tusla, the commitment of staff, task groups and the nature of relationships between services

are all positive. The integration of LAP and CFSNs is a crucial part also of the development of the CSC and services for children in Waterford. These are all positives and should be developed. However, the findings have shown that the vast majority of services for children in communities exist at the universal level. The focus on universal services in early intervention and prevention is a key need and suggestion for the future work of the CSC. The research revealed that there is some concern that the CSC has been overly concerned with higher threshold and in particular social work services to date. This of course reflects the natural interests of the Child and Family Agency

Action/Recommendation 11

Thus overall there is a need to define the boundaries of children's services in Waterford with a greater focus on universal services with key consideration of the importance of interagency co-operation and co-ordination, thus maintaining its link with higher threshold services.

12. Transitions

Ensuring transitions between services at different instances in a child or young person's life was another important finding in the research. Strengthening Transitions is another one of the six transformational goals set out in 'Better Outcomes, Brighter Futures'. Unfortunately, the research suggests that from time to time children and young people 'can fall through the cracks' during transitions. Included here are transitions from pre-school to primary school; from primary to secondary school; from living in care to independent living, or transitioning from child to adult health services.

Action/Recommendation 12

In this regard, it is suggested that special focus should be placed on ensuring that transitions are planned and coordinated to ensure better outcomes, in particular for those with special needs, those who have a disability or those who have experienced care or detention. It is important to note that the national policy framework commits the State to bringing a stronger focus on effective transitions, particularly within the areas of education, health, child welfare and youth justice.

13. The Hardiker Model and the Five National Outcomes

The four level Hardiker Model of interventions, from the universal to the targeted, is now a key means to understand different levels of interventions in the provision of child and family services. It therefore is a means to understand the continuum of services for children. It was shown how the Hardiker Model is also used by Tusla to describe the thresholds for access to services and the appropriate responses. The research suggests a gap between services at the universal or level 1 on the Hardiker schema and higher threshold services and implies limited knowledge about this categorisation of children's services among a large proportion of services. The research also revealed how the majority of services for children are located at level 1 or are universal type services. In addition, the five national outcomes for children are the core organising principles and should inform the delivery of all child and family services. They provide a framework for seeing the role services play and how they contribute to the achievement of better outcomes for children and young people. They are also the guiding aims of the National Policy on children's services. Given the importance of these, there is a need to develop greater understanding and appreciation of both among services. This includes universal and higher threshold interventions. This will assist the development of services and also support greater collaboration.

Action/Recommendation 13

In this regard, there is merit in providing information about both Hardiker and the Five National Outcomes to services, with a particular focus on universal services, in order to provide the basis for more integrated provision and better-understood roles and relationships in and between services. This might begin by asking services to explore their role in respect of Hardiker and thereafter the Five National Outcomes.

14. Funding and capacity

Throughout the research, it was clear that the reductions in public and non-public funding of services have had a detrimental impact on their perceived capacity to deliver their services. Decreased funding and income has unfortunately been accompanied by increased overheads such as utilities, rates and so forth. This has led many services to contract their service provision and calls into question the capacity of services to respond to needs and their ability to work in co-operation with other services. At the mainstream statutory level, the funding scarcity has decreased staff numbers and led to increases in waiting lists and waiting times and thus decreases in the numbers availing of key services and supports. There is no panacea to this issue as it resides at national level in terms of fiscal policies and its impact on social and health policy provision.

Action/Recommendation

However, and not as a means of legitimising funding and resource reductions, there is some scope to investigate how children's services might more efficiently and in a planned geographic or sectoral basis, share resources (perhaps rooms,

buildings, equipment etc.) and seek to work smarter by dovetailing services more closely to add value. Again, this may be firstly tried on a pilot basis with a view toward expanding models that have proven effective.

15. Service Models

The findings showed how many services for children are perceived to operate on the basis of ‘one size fits all’ which was considered not in keeping with the individual needs of children and families and lacked the flexibility required to respond to some cases. In turn, a number of gaps were identified in the research that generally refer to models of service provision. The gaps identified in the research are seen as key parts of holistic, flexible services provision for children and families. They are intended to influence thinking across services and inform how services are delivered.

Action/Recommendation 15

The research suggests that these models should become a part of the way services, where appropriate, are delivered to children.

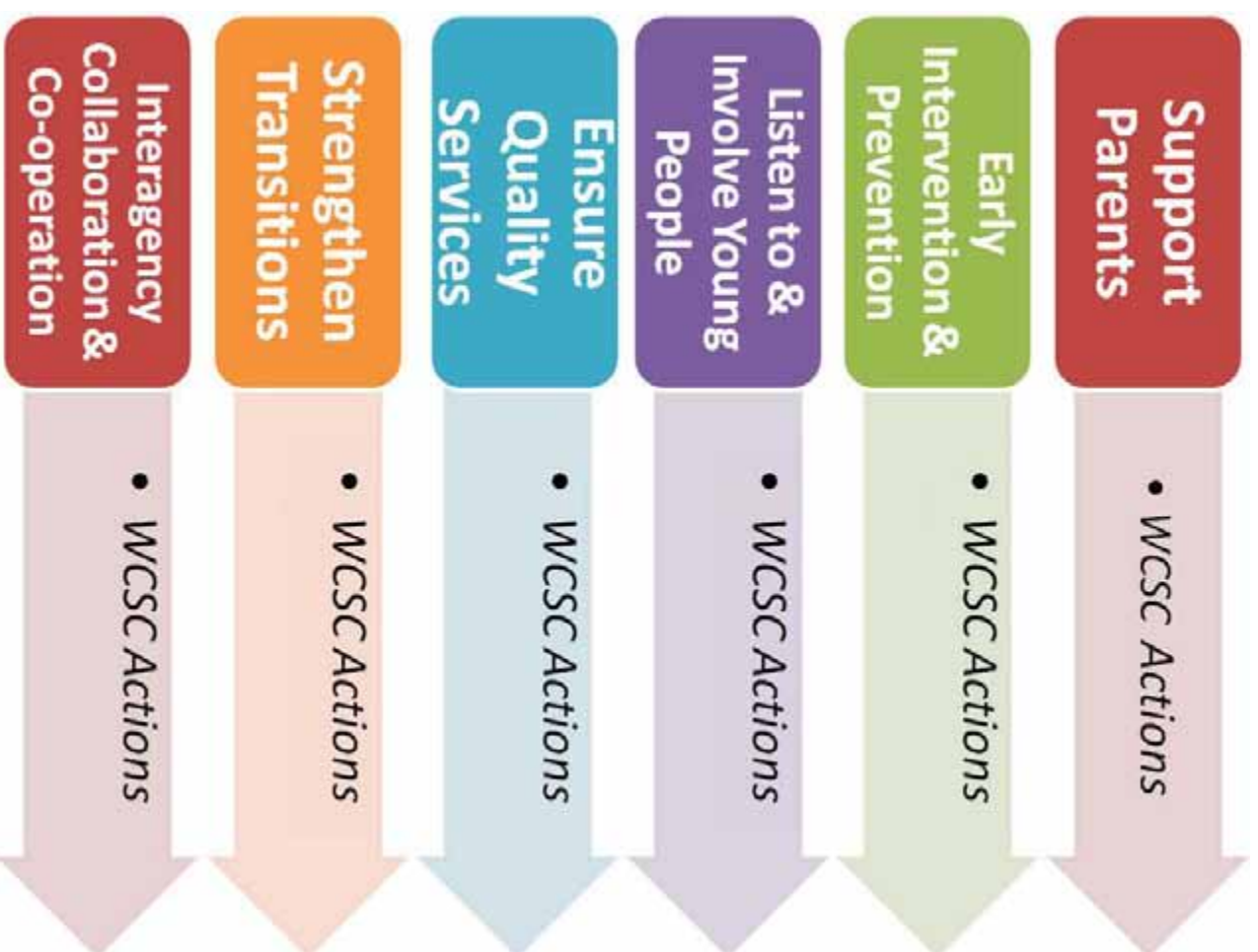
- outreach
- peer based approaches among children and young people
- among adults/parent of children, community ‘champions’ and mentors such as a community mothers programme
- after-school supports at primary and secondary school levels
- flexible service provision beyond the ‘one size fits all’ model
- mentors for universal services dealing with complex issues

6.4 Framework for a Future Work Plan

In terms of responding to the conclusions and recommendation, the following are a range of suggestion actions that are set out to inform the thinking of Waterford CSC in the development of its forthcoming child and young person’s plan, 2014 to 2107. These are based on the findings of the research and will hopefully serve to inform discussions within the CSC and its task groups on its forthcoming actions.

As the Five National Outcomes reveal, particularly their representation in ‘Better Outcomes, Brighter Futures’, they are better suited to individual children’s services. That is, the work of a children’s services will be focused more so on achieving these five national outcomes. On the other hand, the Transformational Goals evidenced in ‘Better Outcomes, Brighter Futures’ are more in line with the work of the CSCs, given their central role locally in supporting all children’s services. Therefore, the actions/recommendations are more attributable to these transformational goals. As such, the actions are set down below beside a number of transformation goals that they are likely to progress. As aforementioned, these are suggestions for further discussion by WCSC and its Task Groups. It is envisaged that each Task Group might interpret a number of the actions - and thus the Transformational Goals - to influence their choice of actions specific to their area of focus. Moreover, actions should be prioritised into short term (set up and completed in one year), medium term (beginning in year one or taking place and completed over year two and three) and long term goals (actions devised over the course of the forthcoming plan, ground work taken place and therefore priority actions in the 2018 Children and Young People’s Action Plan).

NATIONAL TRANSFORMATIONAL GOALS



FIVE NATIONAL OUTCOMES



SIX TRANSFORMATIONAL GOALS & LOCAL ACTIONS

Transformational Goal	Suggest Macro Actions
Support Parents	Actions/Recommendations <ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation and Interagency Work 4. Rural Waterford 5. The Role of Universal Services 6. Parenting & Family Support 7. Information 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC
Early Prevention & Intervention	Actions/Recommendations <ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation and Interagency Work 4. Rural Waterford 5. The Role of Universal Service 6. Parenting & Family Support 8. Economic Disadvantage & Social Exclusion 9. Community Development 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes 15. Service Models
Listen to & Involve Children & Young People	Actions/Recommendations <ul style="list-style-type: none"> 3. Mental & Emotional Health 4. Rural Waterford 7. Information 8. Economic Disadvantage & Social Exclusion 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 15. Service Models
Ensure Quality Services	Actions/Recommendations <ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation & Interagency Work 4. Rural Waterford 5. The Role of Universal Services 7. Information 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes 14. Funding & Capacity 15. Service Models
Strengthen Transitions	Actions/Recommendations <ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation & Interagency Work 5. The Role of Universal Services 6. Information 8. Economic Disadvantage & Social Exclusion 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes
Interagency Collaboration & Co-ordination	Actions/Recommendations <ul style="list-style-type: none"> 1. Early Intervention & Prevention 2. Collaboration, Co-operation & Interagency Work 4. Rural Waterford 5. The Role of Universal Services 6. Information 8. Economic Disadvantage & Social Exclusion 9. Community Development 10. Migrant, Ethnic & New Communities 11. The role of Waterford CSC 13. The Hardiker Model & the 5 National Outcomes 14. Funding & Capacity 15. Service Models

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Appendix 1: Indicative / Possible Actions for Consideration and to inform debate by Waterford CSC

1. Early Intervention and Prevention	
Priority &/or time frame	Indicative Actions
Short Term	<p>Provision of training for universal services on identifying children's issues, on how to respond to such issues and who to refer to and get support from. This might include development of knowledge, know-how, building relationships between services, understanding 'signs' and child protection.</p> <p>Development of structure similar to LAP and CFSNs for universal services, beginning on a pilot basis with two areas, one urban and one rural.</p>
Medium Term	Monitoring of progress and learning from pilot phases.
Long Term	Roll out of structure and process county wide, emphasising support to universal services in early intervention and prevention. This will also include the building of relationships with targeted/selective/higher threshold services through support, information, networking and referral paths.

2. Collaboration, Co-operation & Interagency Work	
Priority &/or time frame	Indicative Actions
Short Term	<p>Learning network to be established linked with action above, for universal services working with children. This might include schools, sports, general youth clubs etc. The learning networks should be joined by some targeted services. This would be in the form of a pilot project in one urban and one rural area across the County.</p> <p>The learning networks might focus on knowledge, where to go for support, knowing the children each services works with, information provision, joint projects, information exchange and so forth. The learning network concept focuses on what can work and is working and finally, where more focus is needed to increase collaboration with the child at the centre.</p>
Medium Term	The second phase will seek to strengthen the understanding and mutual value of the social and the medical/professional models in working with children. This might proceed through looking at a case study in one location on how such services work together, and what might improve and what barriers are in place - again focused on benefitting children through greater service collaboration. This would seek to link universal/community/voluntary services such as schools, sports, public health nurses and youth work with professionals such as psychologists, general practitioners, therapists etc.
Long Term	Development of appropriate, practicable referral systems linking universal and higher threshold/professionals services and vice versa. The aim is to develop, overtime in the County, a seamless service continuum for children with general to more specialised needs.

3. Mental and Emotional Health

Priority &/or time frame	Indicative Actions
Short Term	<p>As part of the wider approach to universal services and early intervention and prevention, it is suggested that a pilot project be developed which focuses on 'upskilling' those working in children's services at this level so that they can have a greater understanding of the signs associated with early stage mental and emotional health problems. This might focus on services that deal with the 11 to 17 age cohort. This therefore might take place in conjunction with schools, sports, recreation clubs etc.</p> <p>Increasing the knowledge of those working in universal services about emotional and mental health is similar to the process that has taken place with children protection and welfare training.</p>
Medium Term	<p>Following the piloting of this process in one area, the next phase might be to develop clearer referral and support structures to assist universal services deal at a basic level with mental and emotional problems that they may come across in young people. The principle is to develop early interventions before problems escalate to levels that are more serious.</p>
Long Term	<p>The long-term action seeks to have a developed system of support and knowledge at the universal level of children's services to be implemented and operational across the County.</p>

4. Rural Waterford

Priority &/or time frame	Indicative Actions
Short Term	<p>Development of a strategy for the delivery of children's services in two areas initially as a pilot. The pilot might seek to use existing community based services, where they exist, as a focal point for the delivery of other services for children. This would also seek to resolve access and transport problems. Another part of the action might be where the relevant services undertake outreach, enhanced collaboration and other delivery models in a given pilot rural area.</p>
Medium Term	<p>Alongside the piloting of rural children's service delivery model, a monitoring process should take place to draw out what worked well in the process and to assist with amending the model to better respond to the needs of children in rural areas.</p>
Long Term	<p>The long-term action is the development transformation strategy for the delivery of children's services in rural areas across all of Waterford.</p>

5. The Role of Universal Services

Priority &/or time frame	Indicative Actions
Short Term	Capacity building programme for universal services. This would seek to increase the capacity of services at this level to be the first responder to children's difficulties in addition to their primary role (such as sport, education and so forth). This might include training, information, networking, knowledge of services and structures in their respective locations, etc. This could take place over two strands: strand one might be paid staff at this level including teachers, public health nurses, youth workers etc.; strand two would focus on volunteers involved in the delivery of community based services and pursuits.
Medium Term	Ongoing capacity building across the two strands.
Long Term	Development of a set structure to enhance the abilities of universal services to assist in the early response early to children's issues. The structure should be one where universal services are support in this enhanced role, where they feel they can legitimately respond proportionately - relative to the universal level - to issues that might emerge and they feel adequate in making this response. Linking to the development of networks of universal services in keeping with a scaled down versions of LAP and CFSNs at this level.

6. Parenting and Family Support

Priority &/or time frame	Indicative Actions
Short Term	Bring all parenting programmes together in one forum, under a County steering group. Identify details of courses, undertake comparison in terms of location, target group of parents, aim, programme, target cohort age, lack of diversity, gaps etc. After this, the action might seek to plan for a more co-ordinated approach to the delivery of parenting programmes including their location across the County. Introduce an exploratory basis enhancing the family support approach of universal services including public health nurses, youth work, education, sports, recreational pursuits etc.
Medium Term	Roll out of co-ordination of parenting programmes in the County.
Long Term	Implementation of rolling three-year parenting co-ordination and management plan, to be reviewed and reoriented after three years. Move from area basis of enhancing family support approach of universal services to County basis.

7. Information

Priority &/or time frame	Indicative Actions
Short Term	Development of online hub on information on all children's services in Waterford. This will require designing, updating and ongoing management. An obvious model is the citizen's information site. In addition, this site might develop online referral abilities etc.
Medium Term	Development of a physical site, alongside the online site, for the location of information on children's services in Waterford. This could be developed in conjunction with the library services of the Local Authority, the regional youth services and citizens information.
Long Term	Availability of mobile information units on children's services. This should take place in conjunction with information on other services and would target rural areas in particular.

8. Economic Disadvantage and Social Exclusion

Priority &/or time frame	Indicative Actions
Short Term	<p>Proofing of services, actions and plans to ensure they explicitly respond to and target families and children at risk of and experiencing disadvantage and social exclusion.</p> <p>Training and 'upskilling' of relevant staff and volunteers on how to consider and respond to social exclusion/economic disadvantage in their work.</p> <p>As part of early intervention strategies, develop contacts between services for children (at all levels) with education, training, employment, therapeutic and counselling services.</p> <p>Prioritisation/targeting of hard to reach groups by existing services.</p>
Medium Term	Policy advocacy actions focused on providing feedback and suggestions to policy makers in respect of the structural causes of disadvantage and social exclusion observed by children's services in their day-to-day work and operations.
Long Term	Proofing system at all levels of children's services to ensure inclusion/targeting of disadvantaged groups as well as ensuring relationships are developed with allied services to allow for a holistic response if required.

9. Community Development

Priority &/or time frame	Indicative Actions
Short Term	<p>Development by a multi-agency group of a community animation and development project, initially piloted in one urban and rural area, seeking to develop community groups, structures and volunteers.</p> <p>This should be part of the Local Community Development Plan for Waterford under the aegis of the Local and Community Development Committee of which Waterford CSC will be a member.</p>
Medium Term	Initial capacity building around community development infrastructure in areas outside of the initial pilot ones.
Long Term	Roll out of a multi-agency community animation and development across the County.

10. Migrant, Ethnic and Minority Communities/Groups (including children with disabilities)

Priority &/or time frame	Indicative Actions
Short Term	<p>The actions of CSC, its members etc., should have an explicit and intentional focus on minority social grouping such as migrant, ethnic communities and children with disabilities. This should take place through proofing of actions and the undertaking of specific actions for the above groupings, with a view towards their inclusion in and benefit from mainstream services.</p> <p>The CSC should consider setting a sub group focusing on how to integrate these groups with existing children's services and what interim measures might be required to achieve this. Part of this process should include consultation with children and families from the social groups.</p>
Medium Term	Development of targeting and proofing mechanisms for services to ensure they respond to the above groups based the needs expressed.
Long Term	Plan for the full inclusion of ethnic and minority groups of children in services in the long term.

11. Waterford Children's Services Committee

Priority &/or time frame	Indicative Actions
Short Term	<p>In keeping the findings of the research and the actions suggested, the CSC should increase and centre its focus on universal services. Moreover, this should take place while creating linkages between higher level, selective services with universal services.</p> <p>The CSC should seek to maintain and retain its relationship with HSE in the context of the 2014 establishment of Tusla, the Child and Family Agency.</p> <p>The CSC should oversee the actions taking place under the plan arising from this research. Its strategic focus should be on changing the way in which services are delivered with a focus on the six Transformational Goals and for services themselves the Five National Outcomes.</p>
Medium Term	CSC in the medium term should prioritise collaboration and closer working between services by following the various actions set out under its plan.
Long Term	The research of children's services should be updated based also on a review of progress under its 2014-2017 plan.

12. Transitions

Priority &/or time frame	Indicative Actions
Short Term	<p>Identification of the key transitions points in and between services involving children in Waterford with a view to putting in place systems, structures and supports to manage successful transitions.</p> <p>Development of demonstration project involving a number of key service providers in one service area (health, education, child welfare/protection, or justice) to pilot new transition mechanisms.</p>
Medium Term	Review of learning on what works in managing successful transitions.
Long Term	Mainstreaming of successful models to services where children make transitions between services.

13. Hardiker and the Five National Outcomes

Priority &/or time frame	Indicative Actions
Short Term	<p>As part of the wider focus on universal children's service, put in place mechanisms (training, information, networks etc.) to increase the knowledge of the Hardiker classification of children's services and the importance in the role of universal services.</p> <p>Ask and support universal and selective services to develop increased understanding of their importance in reaching one or more of the Five National Outcomes for children.</p>
Medium Term	Develop clusters for each of the Five National Outcomes for discussion and learning in respect of their role (universal and selective services) in contributing to the respective National Outcome.
Long Term	Further development of interrelationships between services across the Five National Outcomes.

14. Funding and Capacity

Priority &/or time frame	Indicative Actions
Short Term	<p>Increase smarter working and sharing of resources between children's services.</p> <p>Develop group or cluster buying ability of services to decrease outgoings including in respect of utilities, rates and similar outgoings.</p> <p>Pick one service area or geographic location to develop a pilot project and develop learning.</p>
Medium Term	Roll out of learning across children's services in the County.
Long Term	Provider funding support group to assist level 1 and 2 (on the Hardiker Model) to increase opportunities and capacity to maximise and attract resources and funding.

15. Service Models	
Priority &/or time frame	Indicative Actions
Short Term	<p>Development or addition of new service models to improve the reach and responsiveness of children's services, including but not limited to:</p> <ul style="list-style-type: none"> - outreach - peer based approaches among children and young people - among adults/parent of children, community 'champions' and mentors such as a community mothers programme - after-school supports at primary and secondary school levels - flexible service provision beyond the 'one size fits all' model - mentors for universal services dealing with complex issues
Medium Term	Based on feedback and research, identify further models that may benefit children's services in Waterford.
Long Term	Share learning on new ways of working and service models and encourage/support adoption by children's services.

Appendix 2: Service Provider Survey (Text)



Audit and Mapping of Children's Services in Waterford

Important note: You can complete this survey online also by going to <http://www.niallwattersresearch.ie/Surveys-Waterford.html>

Introduction and Instructions

1. Children's Services Committees are an initiative of the Department of Children and Youth Affairs. Each county based Children's Service Committee (CSC) is responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery. In 2014, Waterford CSC will launch its 3 year strategic plan. In this plan, Waterford CSC (WCSC) will chart an agreed path for the delivery of services to children and young people in Waterford. The plan is based on the 'Five National Outcomes for Children in Ireland'. The WCSC is required by the Department to provide an overview of service provision following an audit of all services for children and families. The purpose of this is to enable the WCSC to map service provision, to identify gaps in services and to ascertain where there is duplication and ultimately to improve outcomes for children. Your service's participation in this survey is very important and we would like to thank you in advance for your input.
2. For your information, the content of your questionnaire response beyond your contact and service profile details will remain anonymous and therefore confidential in our reporting of the findings. There should be only one response for each service and we would ask for the person nominated by your service to complete the survey to consult service users and staff where feasible.
3. Below there are nineteen (19) questions in total, not all of which will apply to each service. Most questions require a click or tick and a few may require text. Please answer as many as you can and when you are completed please place tick submit.
4. There is a wide variety in the types of Children's Services in Waterford that we are surveying with this questionnaire. In turn, not all of the questions will be relevant to each and every organisation/group/service etc. Thus you may not be able to fill in each question, however please fill in as many that are relevant to your particular service.
5. Finally, there are no right or wrong answers, we are interested in your service's specific experiences, insights and views. As such your responses, however detailed you can make them, are of immense value.

If you have any queries, you can contact the researcher Niall Watters, in confidence at 086-8384434, or by email at info@niallwattersresearch.ie.
Again, thanks in advance for taking the time to complete this survey for Waterford Children's Services Committee.

1. Prior to receiving this survey, how would you describe your knowledge of the Waterford Children's Services Committee?

- ☐ good ☐ basic ☐ very limited ☐ none

2. What is the name of your Service (including clubs, schools, community groups, crèches etc.) for Children aged 0-17?

3. In the spaces below, please provide contact details (address/phone/email/website) for your service:

Your Service's full postal address:	
Main contact telephone number(s):	
Contact Person's name(s):	
Contact Email address(es):	
Website address/url:	
Other/social media address:	

4. In the following box, please describe the main services that you provide to CHILDREN?

5. In the box below, please describe your services you provide to FAMILIES WITH CHILDREN if relevant?

6. Please describe your service's geographic catchment area?

8. Please indicate below the categories of children etc., that you mainly provide services to? (you can tick more than one box if relevant)

- ☐ Children aged 0 to 4 years ☐ Children aged 5 to 12 years ☐ Children aged 13 to 17 years (<18)
☐ Families (including children) ☐ Other (please specify in the box across)

8. Which of the following categories best describes the status of your service? (You can tick one or more boxes if relevant)

- ☐ Community (e.g. local community based and run group) ☐ Statutory (e.g. HSE, Gov. Dept., Local Authority, ETB/VEC etc.)
☐ Voluntary (e.g. Barnardos, St. Vincent de Paul etc.) ☐ Private (Childminder, Crèche etc.)
☐ Other (please explain in box across)

10. Please state in the box below your main source or sources of funding, statutory (e.g. Government Dept., Local Authority, HSE, VEC/ETB etc.) and/or non-statutory (subscriptions, membership, fees, donations, fundraising etc.)?

11. What is the approximate number of (A) children and (B) families who avail of your service in a typical week?

(A) Number of Children	
(B) Number of Families	

12. If your Service has a waiting list, please indicate the number of (A) children and (B) families on the waiting list at present AND (C) the estimated time on the waiting list in weeks or months for children, (D) the estimated time on the waiting list in weeks or months for Families?

(A) Number of CHILDREN on Waiting List	
(B) Number of FAMILIES on Waiting List	
(D) TIME on the Waiting list in weeks or months for CHILDREN	
(C) TIME on the Waiting list in weeks or months for FAMILIES	

12. Which of the following categories of children and families (target groups) does your service (A) cater for, and (B), have current users belonging to this category/target group?

	(A) Your service can CATER for members of this group	(B) Your service CURRENTLY HAS USERS from this group
Low Income households (employed and unemployed)	<input type="checkbox"/>	<input type="checkbox"/>
Lone parents	<input type="checkbox"/>	<input type="checkbox"/>
People with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>
People with intellectual and learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
People with mental and emotional health difficulties/conditions	<input type="checkbox"/>	<input type="checkbox"/>
Travellers	<input type="checkbox"/>	<input type="checkbox"/>
Young people who are early school leavers	<input type="checkbox"/>	<input type="checkbox"/>
Adults with no higher than Junior/intermediate Cert. education	<input type="checkbox"/>	<input type="checkbox"/>
Homeless persons	<input type="checkbox"/>	<input type="checkbox"/>
Problem drug and/or alcohol users	<input type="checkbox"/>	<input type="checkbox"/>
Offenders and/or Ex-Offenders	<input type="checkbox"/>	<input type="checkbox"/>
Home Carers	<input type="checkbox"/>	<input type="checkbox"/>
LGBT people	<input type="checkbox"/>	<input type="checkbox"/>
Non-Irish nationals	<input type="checkbox"/>	<input type="checkbox"/>
Refugees/asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>

13. What are the main UNMET needs of children aged 0-17 years that you are providing services to?

14. Please describe your current premises by ticking one or more of the following boxes?

- ☐ Purpose Built Facility
 ☐ Prefab(ricated) building
 ☐ Multi Use Community Facility
☐ School based
 ☐ Shared Space
 ☐ Other (please specify in the box across)

15. Does your service have a formal relationship (membership of a committee, written agreement etc.) with other providers of services to children in Waterford or elsewhere?

- ☐ Yes
 ☐ No
 If you answered YES, please explain in the box across

16. How many full, part and voluntary staff at the various levels described does your service currently have?

Full time	
Part time	
Volunteer Staff	
Total Staff	

17. Please tick the boxes if the staff of your Service undertake: (A) ☐ accredited, and (b) ☐ unaccredited training regularly?

18. What are the main challenges facing your service in terms of funding and finances?

19. APART from funding and finances, what are the biggest challenges currently facing your service? (Please use the box below also, if you would like to make any additional comments)

Appendix 3: Initial letter to Children's Services in Waterford

c/o Child and Family Agency
Community Care Centre
Cork Road
Waterford
Tel: 051-842 800

February/March 2014.

To: Providers of Services to Children (Aged 0-17) in Waterford.

Re: Audit and Mapping of Children's Services in Waterford

A Chara,

I am writing to you in my capacity as Chairperson of Waterford Children's Services Committee. As you may or may not know, the Waterford Children's Services Committee (WCSC) was established in 2013 and is an initiative of the Department of Children and Youth Affairs. Each county-based Children's Service Committee is responsible for improving the lives of children and families at local and community level through integrated planning, working and service delivery.

As part of our work, we have recently painstakingly developed a comprehensive database of all relevant services in Waterford. From this, we are beginning a comprehensive profile/audit of all services in Waterford for Children aged 0 to just under 18. To this end, we have commissioned Niall Watters (Independent Researcher) to undertake the research process.

The findings of this research will inform the planning and delivery of children's services in the near future. Niall Watters is contacting you attaching a link to a brief but very important online questionnaire. The completion of the questionnaire will go a long way to mapping services for children in Waterford and also in identifying gaps and needs.

I would ask that you contribute to this important research process for children's services in Waterford by completing and returning your survey, online, shortly after you receive it. Your support in this endeavour is very much appreciated and will help us all to improve services for children in Waterford.

The link to the survey (which is also on the email accompanying this letter) is:

<http://www.niallwattersresearch.ie/Surveys-Waterford.html>

Yours Sincerely,

Jim Gibson

Area Manager, Child and Family Agency
Chairperson, Waterford Children's Services Committee

Appendix 4: Question Schedule for Focus Groups

QUESTION SCHEDULE FOR WCSC FOCUS GROUPS – FEBRUARY 2014

Intro and preamble for attendees:

1. What is the Waterford Children's Services Committee (WCSC)?

WCSC is a partnership of agencies working together to improve the lives of children, young people and families at local and community level through integrated planning, shared working and inter-agency service delivery. WCSC will also ensure that professionals and agencies work together so that children, young people and families receive better and more accessible services.

WCSC was established in 2013 under the National Children's Services Committee Initiative led by the Department of Children and Youth Affairs. The purpose of the initiative is to improve outcomes for all children under the following headings: Healthy both mentally and physically, supported in active learning, safe from accidental or intentional harm and secure in the immediate and wider physical environment, economically secure and part of positive networks of family, friends, neighbours and community, while also being included in and participating in society.

2. What is the purpose of the research?

WCSC is undertaking this research to audit and map services provided to children and young people (one day under 18 years) in the County. The audit and map will both significantly help in terms of its decision making.

Confidential

All responses will be confidential to each focus group and treated in the report under themes and not attributed to one focus group or another. The meeting will be recorded by the researcher who is the only person who will have access or use the recording.

Questions:

1. Give a brief overview of your role in children's services/services for children
2. What is your sense of current provision in terms of places catered for, locations, types of services offered, age ranges catered for etc.
3. From your experience, what are the key issues and needs with regards to demographics, socio-economic factors and for future county planning?
4. What are the gaps, what demands are not being met?
5. What stakeholders should be involved in providing these supports?
6. Any other issues to be considered.

Appendix 5: Illustrative Guide to Hardiker's Level 1 to 4 needs and thresholds as used by Tusla – The Child and Family Agency

From: 'Tusla Thresholds for Social Work Services, 2014'.

Level 1 – Universal Needs No additional support needs		
Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>Children with Level 1 needs</p> <p>Children with no additional needs and where there are no concerns. Typically, these children live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Levels 2-4.</p>	L1: Parent's or Carer's Capacity	<p>These children require no additional support beyond that which is universally available. A child welfare assessment is not needed for these children.</p> <p>Examples of key universal services that provide support and this level:</p> <ul style="list-style-type: none"> • Education; • Preschool services; • Public Health Nurse Visiting Service; • Midwifery; • School Nursing; • GP; • Play Services; • Integrated Youth Support Services; • Gardaí; • Housing and Community Sector.
	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents/carers able to provide care for child's needs. • Facilitates cognitive development through interaction and play. • Enables child to experience success. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Parents/carers provide secure and caring parenting. • Ensure that secure attachments are not disrupted. <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parents/carers provide guidance and boundaries to help child develop appropriate values. • Have the ability to protect from significant harm in the home and elsewhere. 	
	L1: Family and Environmental Factors	
	<p>Family History and Wellbeing</p> <ul style="list-style-type: none"> • Supportive family relationships, including from parents who are separated. • Few significant changes in family composition. • Wider sense of larger family network and good friendships outside family unit. <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Child fully supported financially, accessing all welfare benefits. • Adequate housing. • Parents are able to manage the working or unemployment arrangements and do not perceive them as unduly stressful. • Reasonable income overtime, with resources used appropriately to meet individual needs. <p>Social and Community Resources</p> <ul style="list-style-type: none"> • Social and friendship networks exist. • Safe and secure environment. • Access to regular and positive activities. 	

Features	L1: Child or Young Person's Developmental Needs	Assessment Process
	<p>Education</p> <ul style="list-style-type: none"> • Attendance at school/college/training (above 90%). • Has skills/interests. • Access to books, toys and play. • Acquired a range of skills/interests, experiences of success/achievement. • No barriers to learning. • Sound home/school link. • No concerns around cognitive development. <p>Health</p> <ul style="list-style-type: none"> • Physically healthy, developmental checks up to date. • Adequate and nutritious diet. • Good state of mental health. • Dental and optical care as needed. • Developmental milestones appropriate. • Speech and Language development met. • Healthy lifestyle. • Sexual activity appropriate for age. <p>Social, Emotional, Behavioural</p> <ul style="list-style-type: none"> • Demonstrates age-appropriate responses in feelings and actions. • Good quality early attachments, child is appropriately comfortable in social situations. • Knowledgeable about the effects of crime and antisocial behaviour (age-appropriate). • Able to adapt to change. • Able to demonstrate empathy. • Positive sense of self-abilities. <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with care givers. • Good core relationships with siblings. • Positive relationships with peers. <p>Identity</p> <ul style="list-style-type: none"> • Positive sense of self. • Demonstrates feelings of belonging and acceptance. • An ability to express needs. <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Developing age-appropriate practical and independent living skills. • Appropriate dress for different settings—allowing for age. • Good level of personal hygiene. • Able to distinguish between 'safe' and 'unsafe' contacts. • Knowledge about sex and relationships and consistent use of contraception if sexually active (age-appropriate). 	

Level 2–Low to Vulnerable Threshold for targeted support for children with additional support needs		
Features	ILLUSTRATIVE EXAMPLES In assessing needs and risk that require additional services, multiple factors are likely to be present	Assessment Process
Children with Level 2 needs. These children need some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short-term needs. If ignored these issues may develop into more worrying concerns. These children will be living in greater adversity than most other children, having a greater degree of vulnerability than most if their needs are not clear, not known or not being met and multiagency/ disciplinary intervention is required. A Lead Professional should be identified to coordinate a plan around the child. <i>(Cont.)</i>	<p style="text-align: center;">L2: Parents or Carers Capacity</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Difficulties with attachment. Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. Parental health problems that may impact on child's health or development unless appropriate support provided. Parental mental health issues that may affect the health or development of the child unless appropriate support provided. Parental learning difficulties that may affect the health or development of the child unless appropriate support provided. Parental health/disability that may affect the health or development of a child unless appropriate support provided. Parental substance misuse that may affect the health or development of the child unless appropriate support provided. Poor engagement with universal services likely to impact on child's health or development. Parents/carers have had additional support to care for previous child/young person. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired. Lack of response to concerns raised about child's welfare. <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> Requiring support for consistent parenting in respect to routine and boundary setting. Parent has age-inappropriate expectations that child or young person should be self-reliant. Limited response to concerns raised about child. Limited appropriate parental guidance and boundaries for child's stage of development and maturity. 	<p>An identification of Strengths and Needs Record Form should be completed with the child/family to identify their strengths and needs. The Meitheal plan should identify the child's strengths and additional needs, desired outcomes, and appropriate services and interventions to achieve those outcomes.</p> <p>If a Meitheal is refused and the needs of a child cannot be met, and may escalate, consideration should be given as to whether a Level 3 response is required.</p> <p>Exit Strategy The work with the child and family should aim to enable them to move back to universal services' support.</p>

Features	L2: Family and Environmental Factors	Assessment Process
<p>Timescale</p> <p>Timescales should be built into Service Level Agreements. These should be short term interventions (up to six months) and reviewed on a regular basis. If longer support is required, you should discuss needs with specialist services and may need to move into Level 3. A child and family may need a number of these short-term supports over the child's childhood as their needs change.</p>	<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which may affect the child. • Parents/carers request advice to manage their child's behaviour. • Children affected by difficult family relationships. • Child is a teenage parent. • Child is a young carer. • Low level concerns about domestic abuse. • Concerns about substance misuse by parent/carer or sibling. <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development. • Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs. • Poor home conditions that may impact on child's welfare • Family at risk of eviction having already received support from Housing Services. <p>Social integration and Community Resources</p> <ul style="list-style-type: none"> • Insufficient facilities to meet needs e.g. advice/support needed to access services for disabled child where parent is coping otherwise. • Child associating with peers who are involved in anti social or criminal behaviour. • Limited access to contraceptive and sexual health advice, information and services. • Family demonstrating low-level anti-social behaviour towards others. • Child or family need immediate support and protection due to harassment discrimination and have no local support. • Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood. 	<p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <ul style="list-style-type: none"> • Gardaí; • Targeted drug and alcohol information, advice and education, including advice re harm reduction; • Health e.g. PHN, GP, Midwifery, School nurse; • CAMHS; • Child Psychology; • Children's Centres, Family Centres; • Education; • Pre School Services; • Educational Psychology; • Speech and Language Therapy; • Educational Welfare; • Specialist play services; • YAP; • Voluntary and Community Services; • Early Intervention for Family Services.

Features	L2: Child or Young Person's Developmental Needs	Assessment Process
	<p>Education</p> <ul style="list-style-type: none"> • Occasional truanting, non-attendance or punctuality issues, attendance below 85%. • School action or school action plus. • Identified language and communication difficulties linked to other unmet needs. • Lack of adequate parent/carer support for child's learning. • Lack of age-appropriate stimulation and opportunities to learn. • Few or no qualifications leading to NEET (not in education, employment or training). • Child/young person under parental pressure to achieve/aspire. • No aspiration for young person. • Not educated at school (or at home by parents/carers). • The child's current rate of progress is inadequate, despite receiving appropriate early education experiences. • Education Psychology Assessment. <p>Health</p> <ul style="list-style-type: none"> • Concerns about reaching developmental milestones. • Not attending routine appointments e.g. immunisations and developmental checks. • Persistent minor health problems. • Missing set appointments across health including antenatal, hospital and GP appointments. • Low-level mental health or emotional issues. <p>Social, Emotional, Behaviour</p> <ul style="list-style-type: none"> • Emergency anti-social behaviour and attitudes and/or low level offending. • Child is victim of bullying or bullies others. • Expressing wish to become pregnant at young age. • Low-level substance misuse (current or historical). • Low self-esteem. • Limited peer relationships/social isolation. • Expressing thoughts of running away. • Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention. • Disruptive/challenging behaviour at school or in neighbourhood. • Behaviour difficulties requiring further investigation/diagnosis. <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Lack of age-appropriate behaviour and independent living skills that increase vulnerability to social exclusion. • Early onset of sexual activity (13-14); sexually active young person (15+) with some risk taking behaviours e.g. inconsistent use of contraception. • Low-level alcohol/substance misuse (current or historical). • Some evidence of risky use of technology leading to E-safety concerns. <p>Identity</p> <ul style="list-style-type: none"> • Some insecurities around identity expressed e.g. low self-esteem for learning. • May experience bullying around difference. 	

Level 3 – High or Complex Threshold for Children in Need		
Features	ILLUSTRATIVE EXAMPLES In assessing needs and risk that require specialist services, multiple factors are likely to be present	Assessment Process
<p>This Level applies to those children identified as requiring specialist support. It is likely that for these children their needs and care are at present very significantly compromised. Only a small fraction of children will fall within this band. These children will be those who are highly vulnerable or experiencing the greatest level of adversity.</p> <p>Children who are not receiving adequate care and protection: These children are potentially at risk of developing acute/complex needs if they do not receive statutory intervention. The allocated social worker will be responsible for coordinating services.</p>	L3: Parents or Carers Capacity	<p>TUSLA will respond based on the information supplied in the referral. An Initial Assessment will be completed. Following this the case may:</p> <ul style="list-style-type: none"> be closed; result in the formulation of a Family Support Plan being agreed with the child and its family; be progressed to Child Protection. <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> Children and Family services; Gardaí; Specialist health or disability services; Police; Youth Justice Service; Targeted drug and alcohol; CAMHS; Child Psychology; Family Support Services; Voluntary and Community services; Services at universal level; Health e.g. PHN, GP, Midwifery, School nurse; NEPS; Family Welfare Conferencing Service.
	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Parent/carer has mental health difficulties that have a direct impact on child's health or development. Parent/carer substance misuse that has a direct impact on child's health or development. Parental learning difficulties that have a direct impact on child's health or development. Parental health/disability that has a direct impact on child's health or development. Child exposed to contact with individuals who pose a risk of physical or sexual harm to children History of previous child protection concerns. Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Parent is emotionally unavailable. Succession of carers or child/young person has multiple carers, but no significant relationships with any of them. Inappropriate child care arrangement. Inconsistent parenting impairing emotional and behavioural development. Parental instability affects capacity to nurture. Parents/carers own emotional needs compromise those of the child/young person. <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> Child/young person receives little positive stimulation despite appropriate toys being available. Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child's development. 	

Features	L3: Family and Environmental Factors	Assessment Process
<p>Definition: Part II, Section 3 <i>Child Care Act, 1991</i>:</p> <p>i It shall be a function of the HSE to promote the welfare of children who are not receiving adequate care and protection.</p> <p>In performing this function the Tusla shall -</p> <p>a) Take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children.</p> <p>b) Having regard to the rights and duties of parents, whether under the Constitution or otherwise –</p> <p>i. regard the welfare of the child as the first paramount consideration, and</p> <p>ii. in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child; and</p> <p>c) have regard to the principle that it is generally in the best interests of a child to be brought up in its own family.</p>	<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Domestic Abuse where the risk to the victim is assessed as medium to high risk and the child is present within the home during the incident. • An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident. • Unaccompanied asylum seeking children. • Child subject to a court application where an s7 or s37 report has been ordered to be completed by social works services. • Pre-birth assessment where a history of past child protection concerns. • Risk of family relationships break down leading to need for child to become looked outside of family network. • Child is a young carer requiring assessment of additional needs. • Child requires assessment for respite care service due to family circumstances and has no appropriate friend/relative carer available to support. <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Homeless child in need of accommodation. • Extreme financial difficulties impacting on ability to have basic needs met. • No access to funding/community resources. 	<p>Exit strategy</p> <p>Intervention should be aimed at providing support to enable the child moving out of complex needs with an agreed action plan. This might include continuing multi-agency support coordinated by the social worker to enable the child and family's eventual move back to universal services.</p>

Features	L3: Child or Young Person's Developmental Needs	Assessment Process
	<p>Learning/Education</p> <ul style="list-style-type: none"> • Child not in education, in conjunction with concerns for child's safety. • Chronic non-attendance/truanting/authorised absence/fixed term exclusions. <p>Health</p> <ul style="list-style-type: none"> • Report of child aged 10–13 years left regularly unsupervised. • Child born addicted to drugs including pre-birth referrals. • Domestic violence is endangering the physical safety of child. • Parent/carer involved in possession, use or sale of a controlled substance in the presence of a child. • The presence of ongoing concerns relating to the use of alcohol which are affecting capacity to parent and supervise children properly. • Chronic/recurring health problems with missed appointments, routine and non-routine. • Child with a disability in need of assessment and support to access appropriate specialist services. • Serious delay in achieving physical and other developmental milestones, raising significant concerns. • Frequent accidental injuries to child requiring hospital treatment. • Significantly poor or inappropriate diet, despite interventions, with impact on child's development. • Learning and development significantly affected by parents managing child's health problems. • Significant dental decay that has not been treated. <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Child with serious level of unexplained and inappropriate sexualised behaviour. • Child is at risk of sexual exploitation. • Child whose behaviour is putting them at risk, including substance and alcohol misuse. • Evidence of regular/frequent substance misuse which may combine with other risk factors. • Evidence of escalation of substance use and of changing attitudes and more disregard to risk. • Frequently goes missing from home. • Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others. • Ongoing teenage/parent conflict which is resulting in young person repeatedly leaving family home. • Child/young person threatened physical abuse (i.e. with weapon, verbal threats or offender with existing convictions). <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Child suffers repeated accidental injury as a result of inadequate supervision. • Child found wandering without adequate supervision. • Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk. • Severe lack of age-appropriate self-care. 	

Level 4–Complex or Acute Threshold for Child Protection		
Features	ILLUSTRATIVE EXAMPLES In assessing needs and risk that require additional services, multiple factors are likely to be present	Assessment Process
<p>Children with Level 4 Needs: Children requiring specialist/statutory integrated support.</p> <p>Child Protection Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to come into the care of TUSLA either on a voluntary basis or by way of Court Order.</p> <p>Definition Part II, Section 3 and 4 <i>Child Care Act, 1991</i>:</p> <p>3. It shall be a function of the HSE to promote the welfare of children who are not receiving adequate care and protection.</p> <p>1. Where it appears to the HSE that a child requires care or protection that he is unlikely to receive unless he is taken into care, it shall be the duty of the HSE to take him into care.</p>	<p>L4: Parents or Carers Capacity</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parent/carer is unable to meet child's needs even with support and not providing adequate care. • Serious concern that an unborn child is at risk of significant harm. • Chronic or acute neglect where food, warmth and other basics often not available. • Parents/carers are unable or unwilling to continue to care for the child. • Parents/carers are unable to care for the child. • Parents/carers have or may have abused/neglected the child/young person. • Pre-birth assessment indicates unborn child is at risk of significant harm. • Lack of parental capacity means they cannot keep child/young person safe. • Parent unable to restrict access to home by adults known to be a risk to children and other adults. • Low warmth, high criticism is an enduring feature of the parenting style. • Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. • Parent/carer has mental health issue, including self-harming behaviour, that present a risk of significant harm to the child. • Parents/carers' substance misuse that presents a risk of significant harm to the child. • Parental learning difficulties that present a risk of significant harm to the child. • Parental health/disability that presents a risk of significant harm to the child. • Parents unable to care for previous children. • There is instability and violence in the home continually. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Deliberate cruelty or emotional ill-treatment of a child resulting in significant harm. • Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. • Previous child/young person(s) have been removed from parent's care. • Parents inconsistent, highly critical or apathetic towards child. <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child. • Child/young person suffers harm by adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child or puts child at significant risk. • Child has no one to care for him or her. 	<p>TUSLA will decide on their response based on the information given by the referrer and as written in the Standard Reporting Form. In the case of suspected abuse the <i>HSE Child Protection and Child Welfare Practice Policy</i> in accord with <i>Children First</i> will be applied. On the basis of the findings and conclusions of the Initial Assessment, a decision will be made as to whether a Child Protection Conference is required.</p> <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> • TUSLA – Social Work, Fostering; • Family Welfare Conferencing Service; • Gardaí; • NEPS; • Child Psychology; • Specialist health or disability services; • Youth Justice Service; • Substance misuse services; • CAMHS; • Family Support Services; • Voluntary and Community Services; • Services at universal level.

Features	L4: Family and Environmental Factors	Assessment Process
	<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Assessment identifies risk of physical, emotional, sexual abuse or neglect. • History characterised by conflict and serious, chronic relationship difficulties. • Parent/carer has unresolved mental health difficulties which affect the well being of the child. • Adult victim of domestic abuse who continues to put their children at risk of significant harm • Members of the wider family are known to be, or suspected of being, a risk to children. • Child needs to be cared for outside of their immediate family or parents/carers due to abuse/neglect. <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Hygiene conditions within the home present a serious and immediate environmental/health risk to children. • Physical accommodation places child in danger. • Extreme poverty/debt impacting on ability to care for child. 	<p>Exit Strategy TUSLA will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory intervention as described in Level 3, or will embark on court proceedings to provide foster care for the child in either a relative or non-relative fostering or residential placement.</p>

Features	L4: Child or Young Person's Developmental Needs	Assess't Process
	<p>Health</p> <ul style="list-style-type: none"> • Unexplained injury. • Chronic/recurring health problems with missed appointments, routine and non-routine. • Serious delay in achieving physical and other developmental milestones, raising significant concerns. • Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems. • Carers refusing medical care endangering life/development. • Child not accessing appropriate medical care which puts them at direct risk of significant harm. • Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness. • Sexually Transmitted Infection in a child. • Child who is suspected to have suffered inflicted, or serious unexplained, injuries. • Significant dental decay that has not been treated. • Poor restricted diet despite intervention. • Frequent accidental injuries to child requiring hospital treatment. • Child reported as currently unsupervised 0–10 years. • Coerced exposure to sexual activities of others. • Failure to thrive. • Child abandoned. • Chronic lack of care resulting in immediate risk to child's safety and wellbeing. • Parent/carer is incapacitated due to drug/alcohol use. • Reports of non-accidental injury which requires medical attention. • Burn inflicted by parent/carer. • Physical punishment to a child aged 17 years or younger. • Reports where bruising has been observed and requires immediate medical assessment and opinion due to suspicions of physical abuse. • Reports of restraint and confinement by locking, caging, chaining etc. • Sibling sexual activity. <p>Education</p> <ul style="list-style-type: none"> • Is out of school for long period of time under 16 years of age. • Learning/development significantly affected by health problems. <p>Social, Emotional, Behavioural.</p> <ul style="list-style-type: none"> • Challenging behaviour resulting in serious risk to the child and others. • Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm. • Failure or inability to address complex mental health issues requiring specialist interventions. • Child under the age of 15 years engaged in sexual activity. • Subject to sexual exploitation under 18 years of age. • Is missing from home for repeated short periods of time or prolonged periods. • Young people experiencing current harm through their use of substances. <p>Identity</p> <ul style="list-style-type: none"> • Experiences persistent discrimination (e.g. on the basis of ethnicity, sexual orientation or disability), is socially isolated, lacks appropriate role models. • Alienates self and others. <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Child is left 'home alone' without adequate adult supervision or support and at risk of significant harm. • Distorted self-image and lack of independent living skills likely to result in significant harm. • Poor and inappropriate self-presentation. • Neglects to use self-care skills due to alternative priorities e.g. substance misuse. • Distorted self-image and lack of independent living skills likely to result in significant harm. 	

Appendix 6: Demographic Profile: Additional Data Tables and Maps

Table A1: ED composition of the Five Local Electoral Areas in Waterford

Local Electoral Area (LEA)	EDs Comprising Sub Region
Waterford City East (WCE) (13 EDs)	<ol style="list-style-type: none"> 1. Ballymaclode, 2. Ballynakill (24005), 3. Ballynakill (part) (25070)⁶⁴, 4. Faithlegg (part), 5. Farranshoneen, 6. Grange South, 7. Grange Upper, 8. Killea, 9. Kilmacleague, 10. Newtown, 11. Park, 12. Rathmoylan 13. Woodstown
Waterford City South (WCS) (18 EDs)	<ol style="list-style-type: none"> 1. Ballybeg North, 2. Ballybeg South, 3. Ballylaneashagh, 4. Ballytruckle, 5. Custom House A, 6. Drumcannon, 7. Grange North, 8. Kilbarry (24020), 9. Kilbarry (part) (25074), 10. Kingsmeadow, 11. Larchville, 12. Lisduggan, 13. Mount Sion, 14. Poleberry, 15. Roanmore, 16. Slievekeale, 17. Tícor North 18. Tícor South.
Tramore-Waterford City West (T-WCW) (19 Eds)	<ol style="list-style-type: none"> 1. Ballybricken, 2. Bilberry, 3. Centre A, 4. Centre B, 5. Cleaboy, 6. Custom House B, 7. Ferrybank, 8. Gracedieu, 9. Islandikane, 10. Killoteran, 11. Military Road, 12. Morrisson's Avenue East, 13. Morrisson's Avenue West, 14. Morrisson's Road, 15. Newport's Square, 16. Pembrokestown, 17. Shortcourse, 18. The Glen 19. Tramore.
Comeragh (Com) (41 Eds)	<ol style="list-style-type: none"> 1. Annestown, 2. Ballydurn, 3. Ballylaneen, 4. Ballymacarbry, 5. Ballynamult, 6. Carrickbeg Rural, 7. Carrigcastle, 8. Clonea, 9. Comeragh, 10. Coumaraglin, 11. Dunhill, 12. Fenoagh, 13. Fewes, 14. Fox's Castle, 15. Gardenmorris, 16. Georgestown, 17. Glen, 18. Graignagower, 19. Gurteen, 20. Kilbarrymeaden, 21. Kilmacomma, 22. Kilmachthomas, 23. Kilmeadan (25008), 24. Kilmeadan (25078), 25. Kilronan, 26. Knockaunbrandaun, 27. Knockmahon, 28. Modelligo (25032), 29. Modelligo (25068), 30. Mothel, 31. Mountkennedy, 32. Newcastle, 33. Newtown, 34. Portlaw, 35. Rathgormuck, 36. Reisk, 37. Ross, 38. Seskinan,

⁶⁴ The numbers here refer to the CSO ID of the ED where two EDs share the same name

	39. St. Mary's, 40. Stradbally, 41. Tinneasaggart.
Dungarvan-Lismore (D-L) (39 Eds)	1. Aird Mhór, 2. An Rinn, 3. Ardmore, 4. Baile Mhac Airt, 5. Ballyduff, 6. Ballyhane, 7. Ballyheeny, 8. Ballyin, 9. Ballysaggartmore, 10. Bohadoon, 11. Cappagh, 12. Cappelquin, 13. Carriglea, 14. Castlerichard, 15. Clashmore, 16. Clonea, 17. Colligan, 18. Dromana, 19. Dromore, 20. Drumroe, 21. Dungarvan No. 1 Urban, 22. Dungarvan No. 2 Urban, 23. Dungarvan Rural, 24. Glenwilliam, 25. Gortnapeaky, 26. Grallagh, 27. Grange, 28. Keereen, 29. Kilcockan, 30. Kilwatermoy East, 31. Kilwatermoy West, 32. Kinsalebeg, 33. Lismore Rural, 34. Lismore Urban, 35. Mocollop, 36. Mountstuart, 37. Tallow, 38. Templemichael 39. Whitechurch.

Figure A.1: Map of Waterford Local Electoral Areas



Table A.2: EDs in Waterford with Pop. Over 4,000

ED	Pop. 2011
Tramore	9,503
Ballytruckle	5,917
Farranshoneen	5,465
Dungarvan No. 1 Urban	4,717

Table A.3: Total population in Waterford EDs 2011 and change from 2006.

ED Name	Total Pop. 2011	Pop. change 2006 -2011	% Pop. Change 2006-2011
Population over 2000			
Tramore	9503	706	8.0%
Ballytruckle	5917	869	17.2%
Farranshoneen	5465	95	1.8%
Dungarvan No. 1 Urban	4717	37	0.8%
Dungarvan No. 2 Urban	3274	141	4.5%
Ballybeg North	2789	199	7.7%
Grange South	2656	824	45.0%
Cleaboy	2576	-365	-12.4%
Grange Upper	2327	-277	-10.6%
Ticor North	2164	-7	-0.3%
Ballynakill	2150	-52	-2.4%
Clonea	2123	344	19.3%
Faithlegg (Part Rural)	2104	199	10.4%
Islandikane	2043	43	2.2%
Population between 1000 & 2000			
Dungarvan Rural	1867	418	28.8%
Portlao	1598	205	14.7%
Kilmacthomas	1397	81	6.2%
Park	1382	-53	-3.7%
An Rinn	1350	159	13.4%
Killea	1347	-106	-7.3%
Ballymacclode	1321	-2	-0.2%
Cappoquin	1303	37	2.9%
Tallow	1271	56	4.6%
Gracedieu	1234	852	223.0%
Lismore Rural	1200	227	23.3%
Reisk	1123	174	18.3%
Kingsmeadow	1106	-292	-20.9%
Newtown	1106	-80	-6.7%
Rathmoylan	1093	167	18.0%
Poleberry	1055	-283	-21.2%
Lisduggan	1052	-39	-3.6%
Population 500 to 1000			
Kilbarry	982	168	20.6%
Larchville	942	80	9.3%
Grange North	934	-112	-10.7%
Ferrybank	911	-25	-2.7%
Military Road	821	-47	-5.4%
Annestown	816	47	6.1%
Roanmore	814	-80	-8.9%
Kilmeadan	787	-44	-5.3%
Stradbally	772	32	4.3%
Dromana	765	223	41.1%
Mount Sion	747	-13	-1.7%
Ardmore	733	24	3.4%
Kilmeadan	729	27	3.8%
Lismore Urban	727	-63	-8.0%
St. Mary's	726	91	14.3%
Bilberry	718	128	21.7%
Centre A	679	10	1.5%
Colligan	660	49	8.0%
Woodstown	601	12	2.0%
Killoteran	593	-42	-6.6%
Slievekeale	592	-57	-8.8%
Ballyheeney	577	37	6.9%
The Glen	566	-63	-10.0%
Carriglea	562	0	0.0%
Morrisson's Avenue East	560	56	11.1%
Newport's Square	556	-5	-0.9%
Kinsalebeg	530	49	10.2%
Ballyin	518	70	15.6%
Graignagower	514	44	9.4%
Morrisson's Road	508	-68	-11.8%
Population less than 500			
Castlerichard	498	-29	-5.5%
Newcastle	496	46	10.2%
Pembrokestown	494	21	4.4%
Kilmacomma	491	7	1.4%
Comeragh	477	4	0.8%
Motheil	474	29	6.5%
Ballymacarbry	470	34	7.8%
Newtown	468	13	2.9%
Seskinan	455	21	4.8%
Ballyhane	454	40	9.7%
Glen	449	45	11.1%
Mountkennedy	449	42	10.3%
Carrickbeg Rural	445	-14	-3.1%
Templemichael	435	11	2.6%
Clonea	433	27	6.7%
Fox's Castle	432	46	11.9%
Gardenmorris	416	14	3.5%

Kilmacleague	405	43	11.9%
Clashmore	405	5	1.3%
Kilbarrymeaden	395	115	41.1%
Knockmahon	391	-32	-7.6%
Ballynakill (Part Rural)	383	17	4.6%
Gurteen	376	41	12.2%
Ticor South	373	-43	-10.3%
Cappagh	370	0	0.0%
Drumcannon	366	28	8.3%
Baile Mhac Airt	351	-18	-4.9%
Ballysaggartmore	337	19	6.0%
Fews	336	84	33.3%
Modelligo	327	53	19.3%
Grange	319	57	21.8%
Modelligo	301	9	3.1%
Ballybeg South / Ballynaneashagh	297	-8	-2.6%
Morrisson's Avenue West	295	-21	-6.6%
Ballyduff	295	3	1.0%
Custom House A	287	-80	-21.8%
Ross	286	21	7.9%
Carrigcastle	282	9	3.3%
Shortcourse	274	-58	-17.5%
Bohadoo	268	32	13.6%
Dunhill	266	45	20.4%
Kilbarry (Part Rural)	264	112	73.7%
Ballylaneen	262	1	0.4%
Drumroe	261	2	0.8%
Dromore	259	68	35.6%
Grallagh	244	44	22.0%
Coumaraglin	239	9	3.9%
Fenoagh	234	16	7.3%
Centre B	233	-54	-18.8%
Mocollop	233	17	7.9%
Keereen	227	-14	-5.8%
Kilronan	218	54	32.9%
Whitechurch	216	7	3.3%
Custom House B	213	-88	-29.2%
Knockaunbrandaun	211	56	36.1%
Rathgormuck	197	21	11.9%
Kilcockan	196	1	0.5%
Aird Mhór	194	23	13.5%
Gortnapeaky	191	20	11.7%
Georgestown	186	27	17.0%
Kilwatermoy West	183	22	13.7%
Ballydum	180	12	7.1%
Glenwilliam	180	3	1.7%
Ballynamult	175	-4	-2.2%
Ballybricken West	130	-25	-16.1%
Kilwatermoy East	105	-5	-4.5%
Tinnasaggart	98	10	11.4%
Mountstuart	92	16	21.1%

Table A.4: EDs exhibiting population increase of over 20% since previous Census

ED Name	Total Pop. 2011	Pop. change 2006 -2011	% Pop. Change 2006-2011
Gracedieu	1234	852	223.00%
Grange South	2656	824	45.00%
Tramore	9503	706	8.00%
Dungarvan Rural	1867	418	28.80%
Clonea	2123	344	19.30%
Lismore Rural	1200	227	23.30%
Dromana	765	223	41.10%
Portlao	1598	205	14.70%
Faithlegg (Part Rural)	2104	199	10.40%
Ballybeg North	2789	199	7.70%

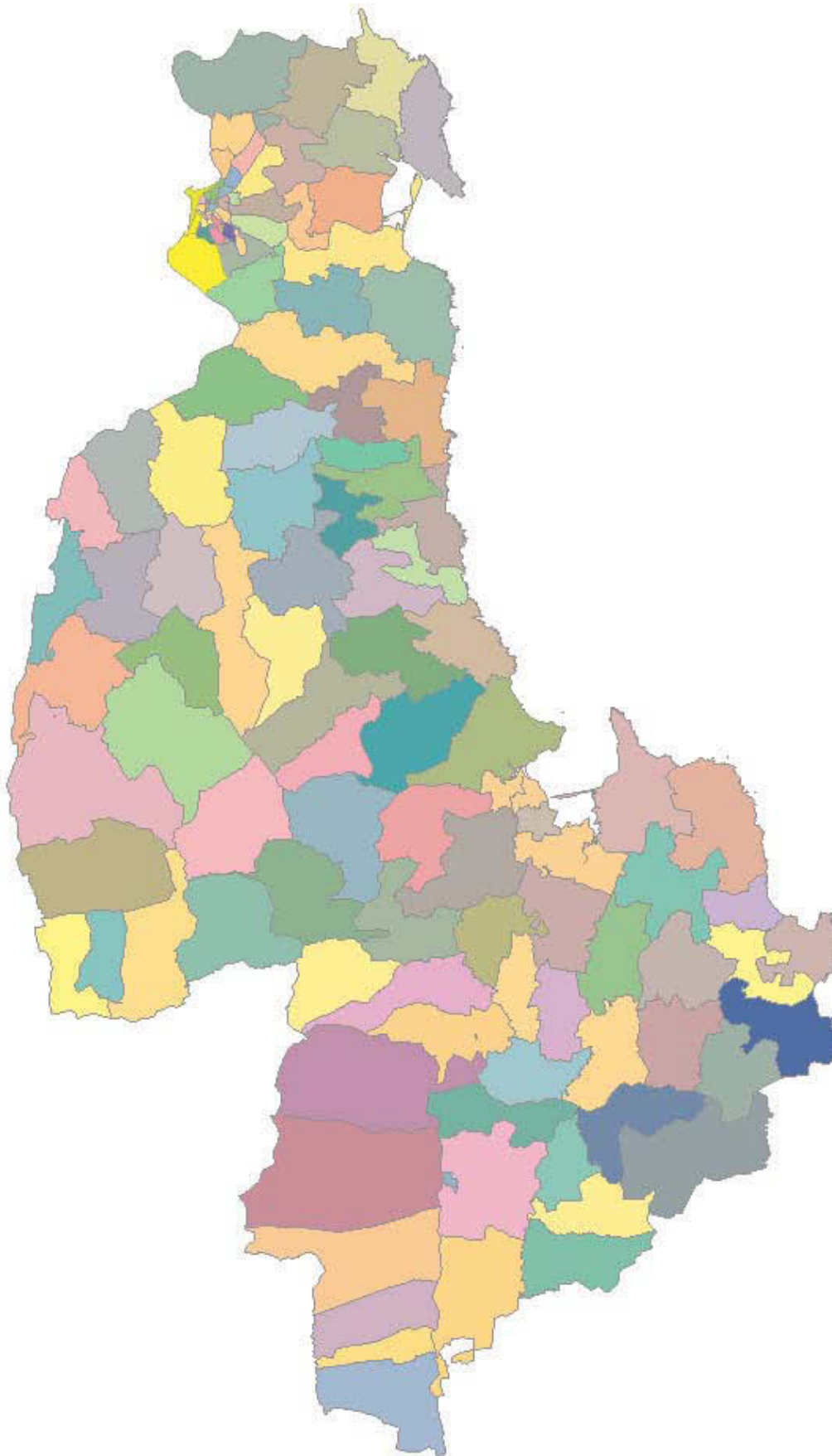
Source: CSO, Census 2011

Table A.5: The most Densely Population EDs in Waterford in 2011

ED	Area 2011 (km2)	Pop. Density
Farranshoneen	2.24	2440
Ballynakill	1.04	2067
Grange Upper	0.8	1862
Ballybeg North	0.65	1813
Cleaboy	0.69	1777
Dungarvan No. 2 Urban	2.43	1347
Ballytruckle	4.41	1342
Dungarvan No. 1 Urban	3.78	1248
Ticor North	0.57	1233

Source: Calculation based on CSO, Census 2011

Figure A.2: Map of the locations of Waterford EDs



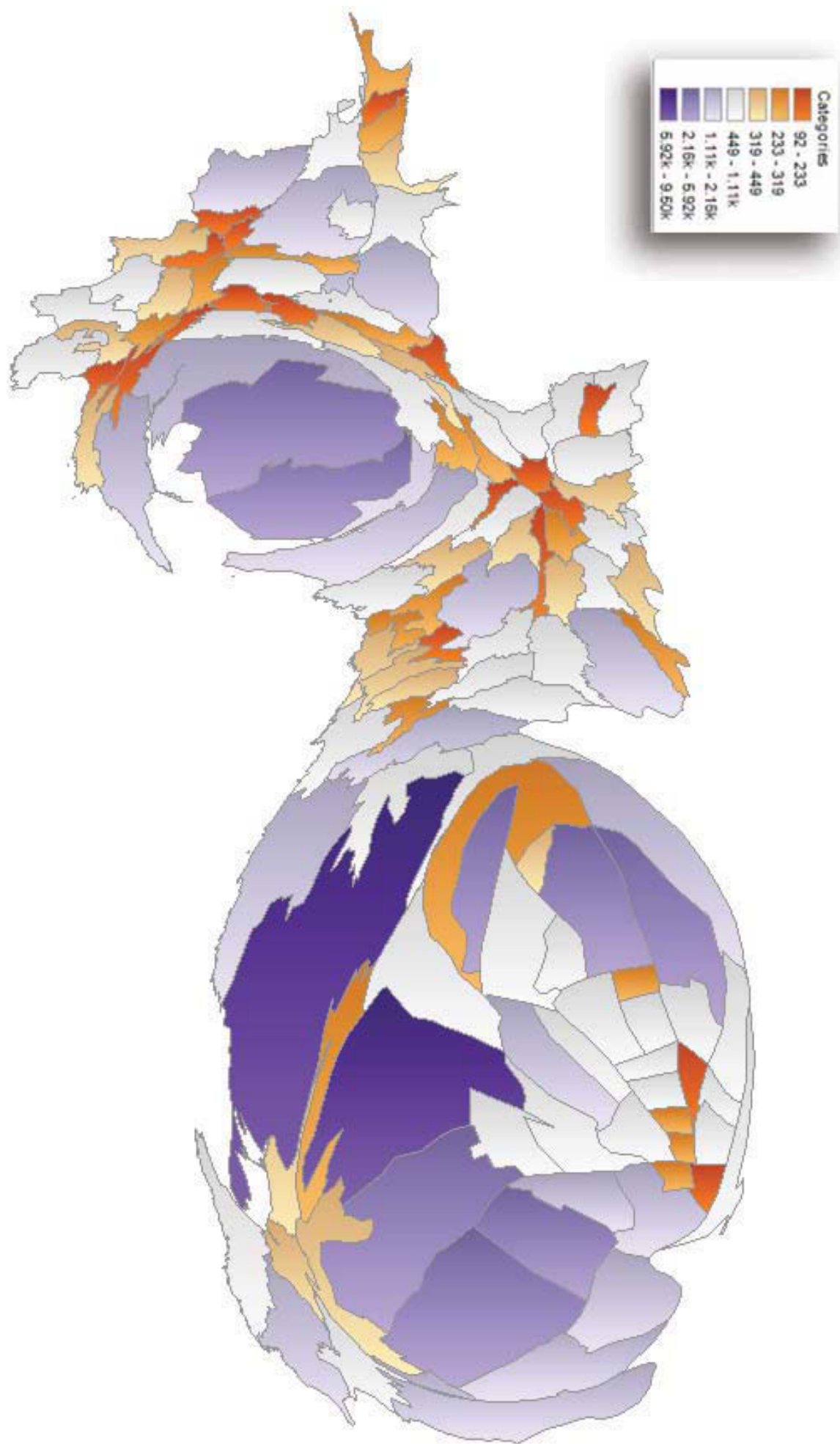


Figure A.3: Cartogram of all Waterford EDs in terms of Total Population, 2011.

Figure A.4: Waterford City East

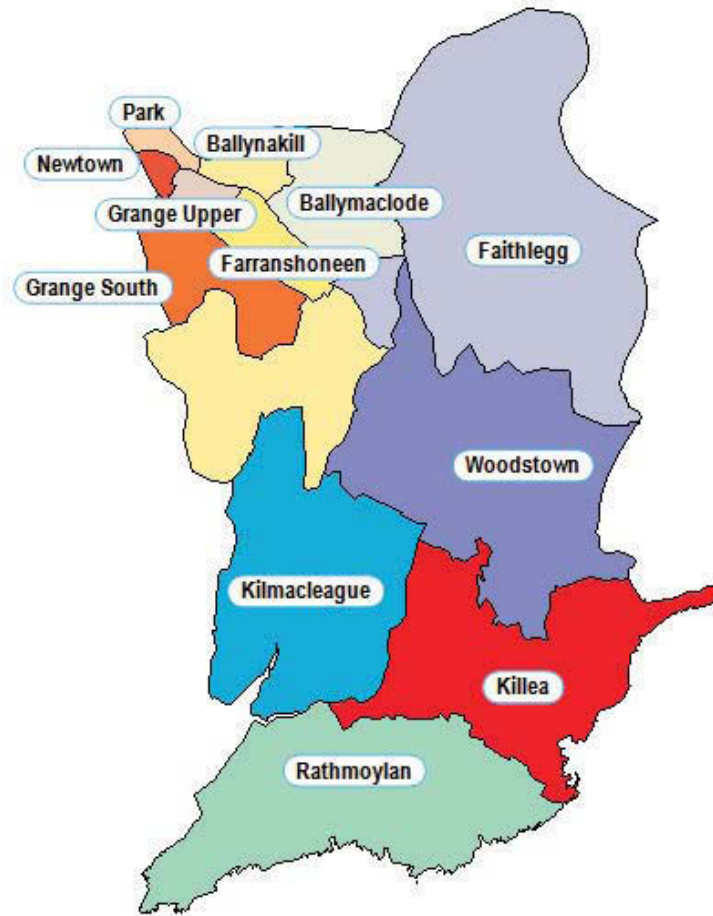
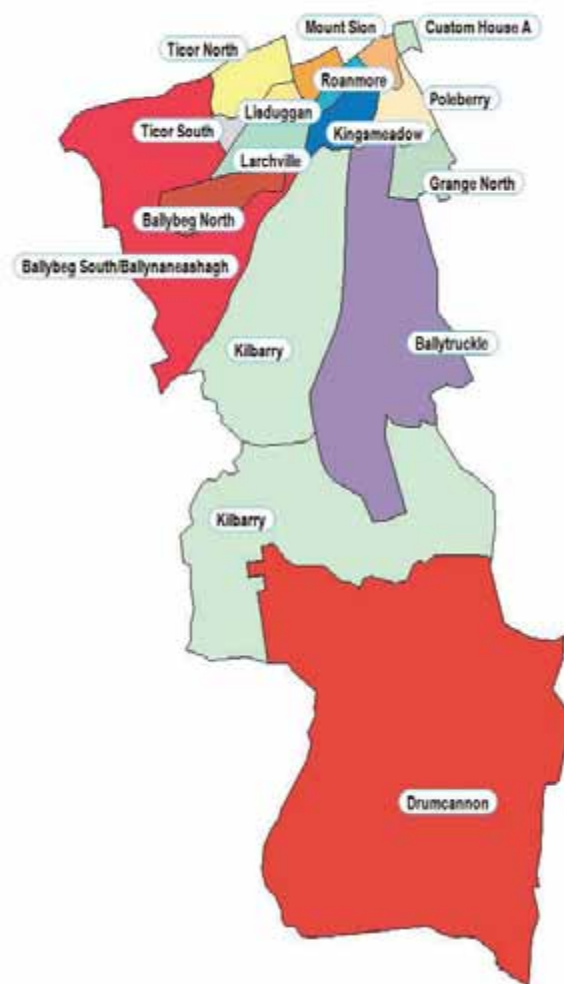


Figure A.5: Waterford City South

Full ED



Top Part of ED

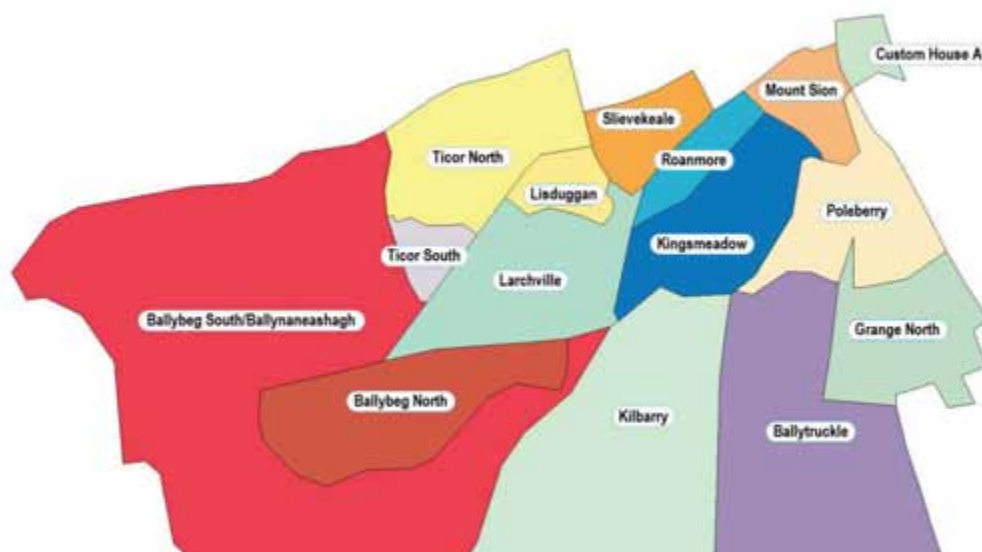
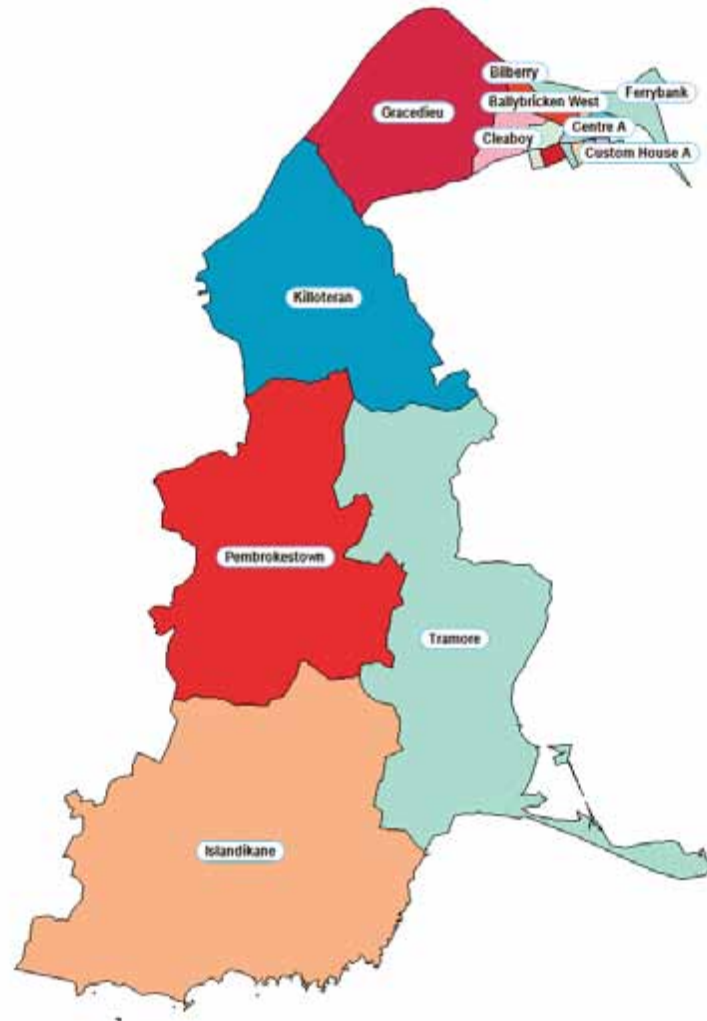
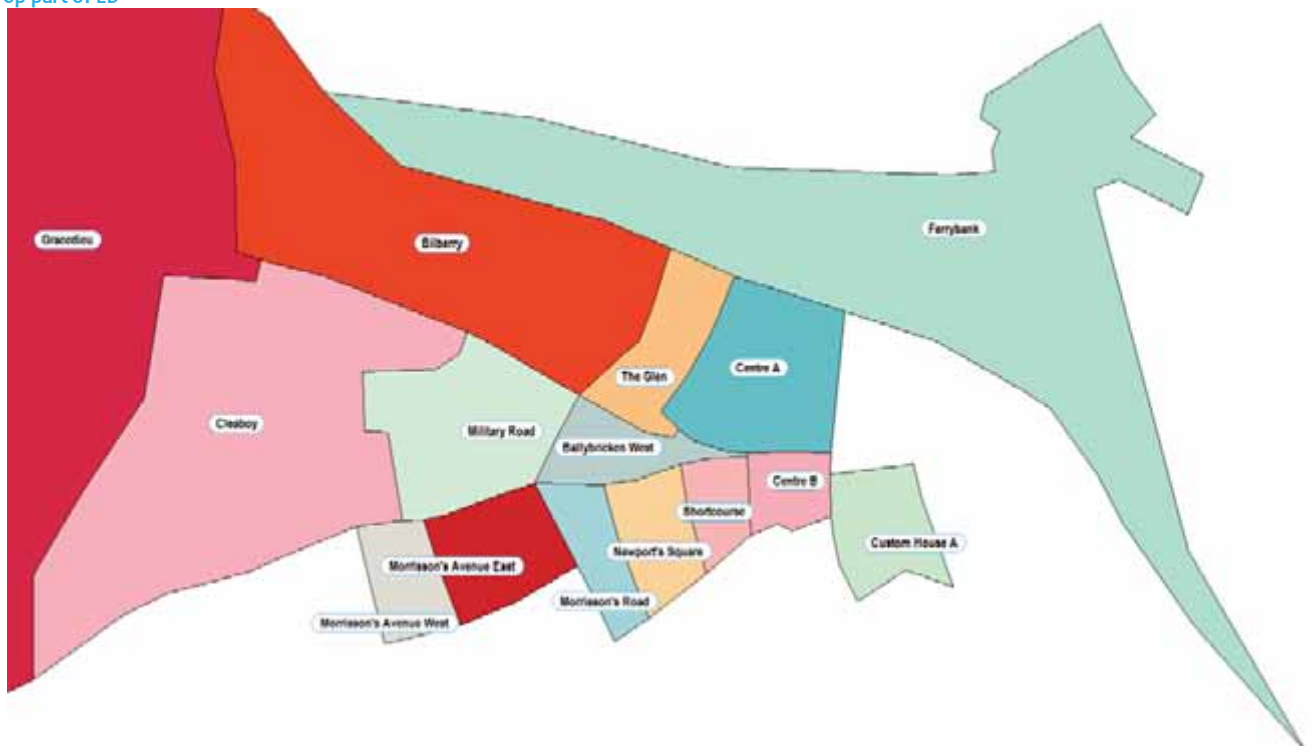


Figure A.6: Tramore-Waterford City West

Full ED



Top part of ED





Electoral Divisions - Waterford

Table A.6: 0-17 population as proportion of total ED population

Colour Banding legend	ED Name	Total Pop. 2011 0-17 years.	0-17 as % of Tot. Pop.
EDs 30% +	Kilbarry (Part Rural)	113	42.8%
	Mountstuart	33	35.9%
	Kilbarrymeaden	141	35.7%
	Kilronan	74	33.9%
	Grange	105	32.9%
	Gracedieu	405	32.8%
	Newcastle	162	32.7%
	Modelligo	106	32.4%
	Ballytruckle	1903	32.2%
	Whitechurch	69	31.9%
	Annestown	258	31.6%
	Aírd Mhór	61	31.4%
	An Rinn	424	31.4%
	Ballybeg North	875	31.4%
	Ballymacarbry	145	30.9%
	Grallagh	75	30.7%
	Tinnasaggart	30	30.6%
	Templemichael	132	30.3%
	Fenoagh	71	30.3%
	Georgetown	56	30.1%
EDs 25%-30%	Kilmeadan	218	29.9%
	Kilmacleague	121	29.9%
	Grange South	791	29.8%
	Baile Mhac Airt	104	29.6%
	Islandikane	595	29.1%
	Dromore	75	29.0%
	Tramore	2725	28.7%
	Rathmoylan	313	28.6%
	Farranshoneen	1553	28.4%
	Clonea	603	28.4%
	Lismore Rural	340	28.3%
	Mothel	134	28.3%
	Newtown	132	28.2%
	Mountkennedy	126	28.1%
	Ross	80	28.0%
	Clonea	121	27.9%
	Modelligo	84	27.9%
	Portlaw	444	27.8%
	Gardenmorris	115	27.6%
	Faithlegg (Part Rural)	580	27.6%
	Woodstown	165	27.5%
	Kilbarry	269	27.4%
	Ballyheeny	158	27.4%
	Fews	92	27.4%
	Carrigcastle	77	27.3%
	Gurteen	102	27.1%
	Pembrokestown	134	27.1%
	Dunhill	72	27.1%
	Dungarvan Rural	505	27.0%
	Glen	121	26.9%
	Rathgormuck	53	26.9%
	Reisk	302	26.9%
	Keereen	61	26.9%
	Castlerichard	133	26.7%
	Dromana	204	26.7%
	Glenwilliam	48	26.7%
	Kilmacthomas	372	26.6%
	Colligan	175	26.5%
	Comeragh	126	26.4%
	Cappagh	97	26.2%
	Bohadoon	70	26.1%
	Mocollop	60	25.8%
	Gortnapeaky	49	25.7%
	Grange Upper	593	25.5%
EDs 20%-25%	Dungarvan No. 2 Urban	828	25.3%
	Stradbally	195	25.3%
	Ballysaggartmore	85	25.2%
	Ballynamult	44	25.1%
	Knockaunbrandaun	53	25.1%
	Ballydurn	45	25.0%
	Newtown	276	25.0%
	Drumroe	65	24.9%
	Fox's Castle	107	24.8%
	Cleaboy	638	24.8%
	Kilmacomma	121	24.6%
	Seskinan	112	24.6%
	Drumcannon	90	24.6%
	Ballybeg South / Ballynaneashagh	73	24.6%
	Roanmore	200	24.6%
	Ballyhane	111	24.4%
	Ballylaneen	64	24.4%
	Ardmore	179	24.4%
	Ballynakill	525	24.4%
	Ballyin	126	24.3%

	Tallow	309	24.3%
	Carrickbeg Rural	108	24.3%
	Cappoquin	314	24.1%
	Killea	324	24.1%
	Graignagower	123	23.9%
	Ballymacclode	315	23.8%
	Kilwatermoy West	43	23.5%
	Kilmeadan	184	23.4%
	Dungarvan No. 1 Urban	1092	23.2%
	Ballyduff	68	23.1%
	Coumaraglin	55	23.0%
	Kilwatermoy East	24	22.9%
	Kinsalebeg	120	22.6%
	Carriglea	127	22.6%
	Larchville	210	22.3%
	St. Mary's	155	21.3%
	Lismore Urban	155	21.3%
	Newport's Square	118	21.2%
	Ballynakill (Part Rural)	79	20.6%
	Clashmore	83	20.5%
	Knockmahon	79	20.2%
EDs 10%-20%	Centre B	46	19.7%
	Killoteran	116	19.6%
	Ticor North	421	19.5%
	Lisduggan	198	18.8%
	Grange North	168	18.0%
	Morrisson's Avenue West	53	18.0%
	Kilcockan	34	17.3%
	Morrisson's Avenue East	91	16.3%
	Military Road	121	14.7%
	Ferrybank	131	14.4%
	Bilberry	101	14.1%
	Park	177	12.8%
	Mount Sion	94	12.6%
	Morrisson's Road	62	12.2%
	Slievekeale	70	11.8%
	Poleberry	122	11.6%
	The Glen	65	11.5%
	Centre A	77	11.3%
EDs <10%	Shortcourse	27	9.9%
	Kingsmeadow	108	9.8%
	Custom House A	28	9.8%
	Ticor South	32	8.6%
	Ballybricken West	7	5.4%
	Custom House B	7	3.3%

Source: CSO, Census 2011

Figure A.9: Map of all Waterford City East with Proportion of population aged 0-17 years

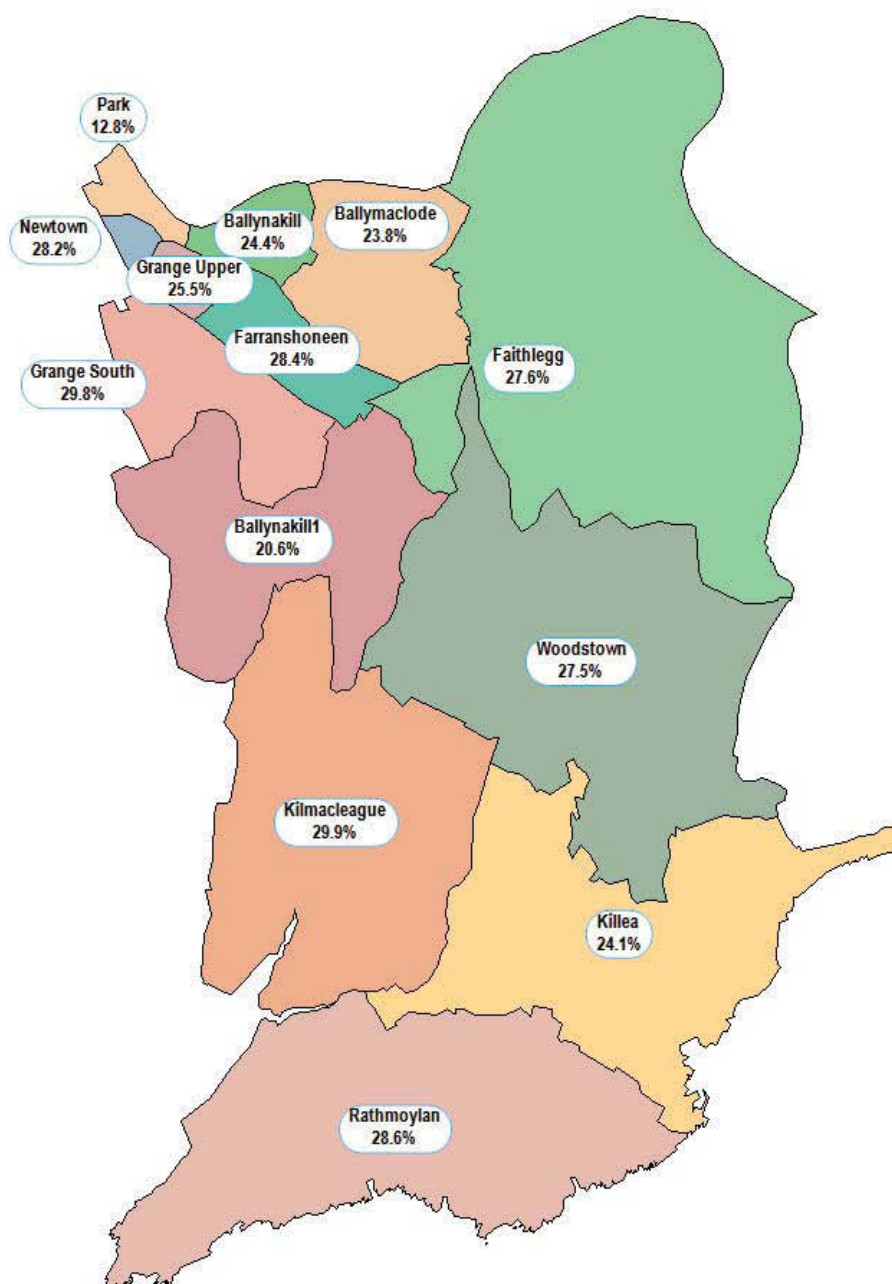
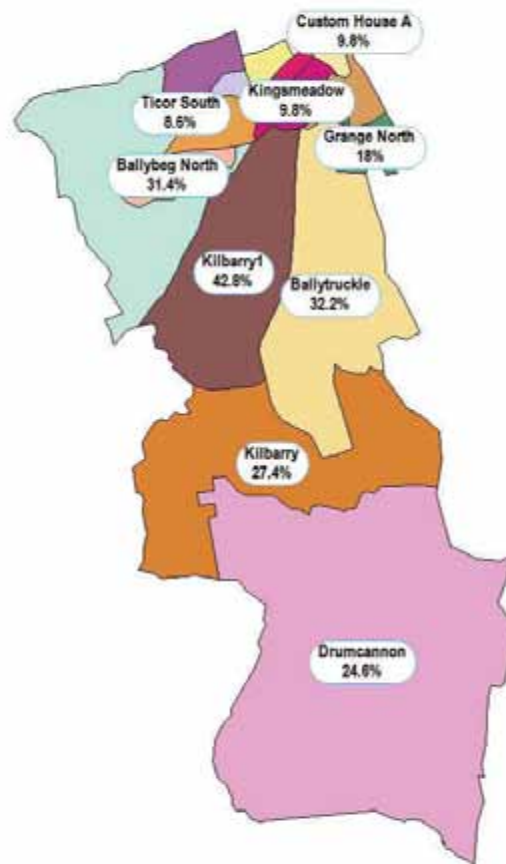


Figure A.10: Map of Waterford City South with Proportion of population aged 0-17 years

Full ED



Top of Ed

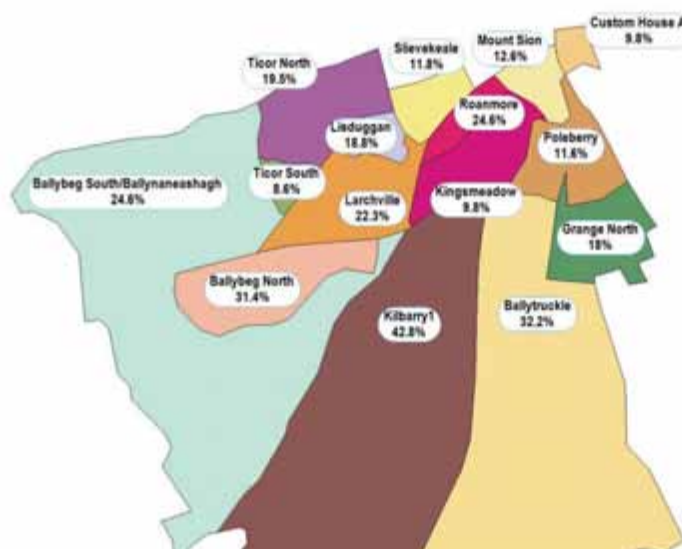
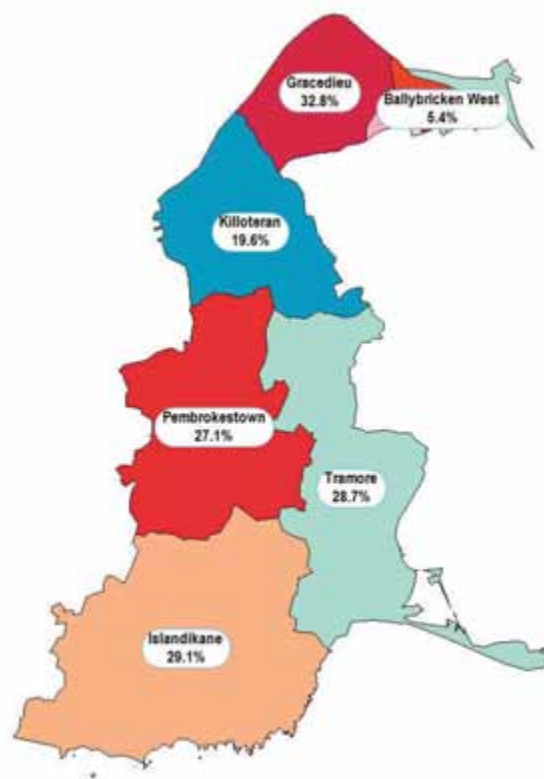


Figure A.11: Map of Tramore-Waterford City West with Proportion of population aged 0-17 years

Full ED



Top of ED

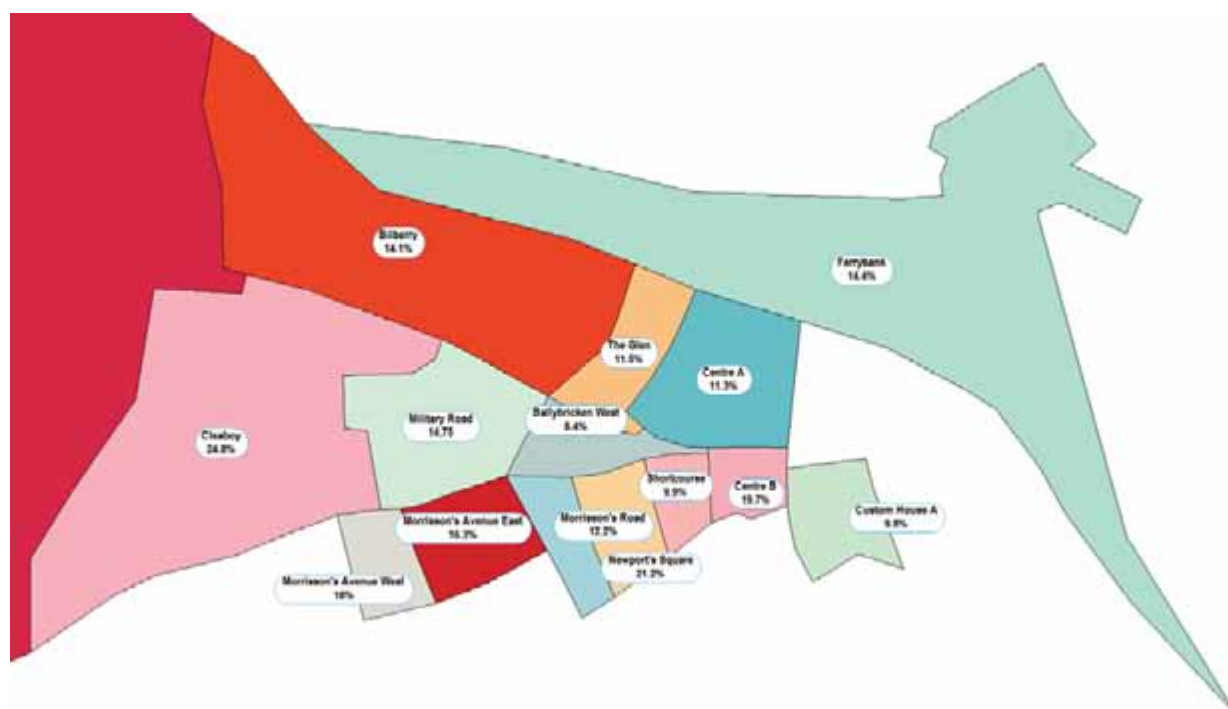


Figure A.12: Map of Comeragh with Proportion of population aged 0-17 years

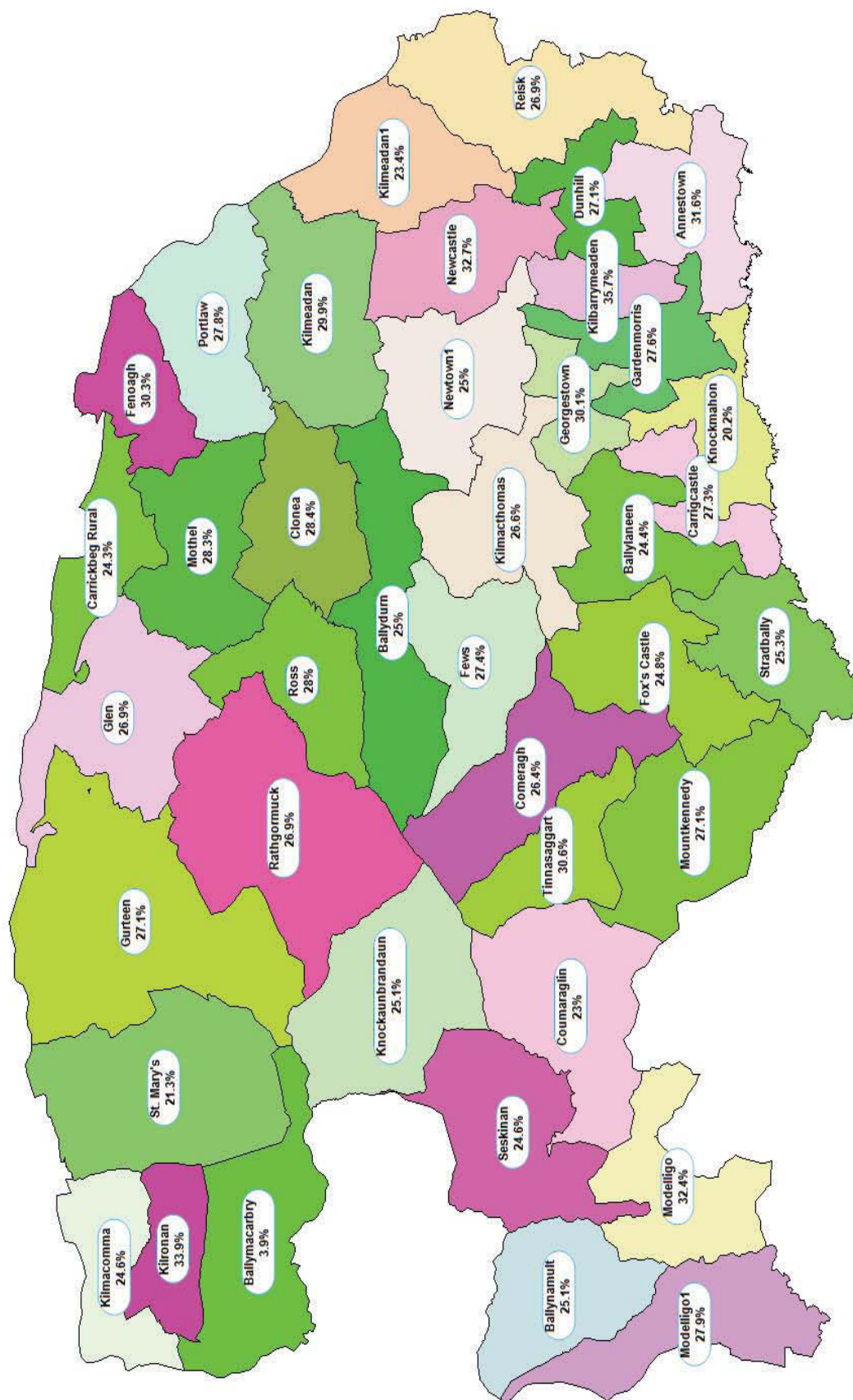


Figure A.13: Map of Dungarvan-Lismore with Proportion of population aged 0-17 years

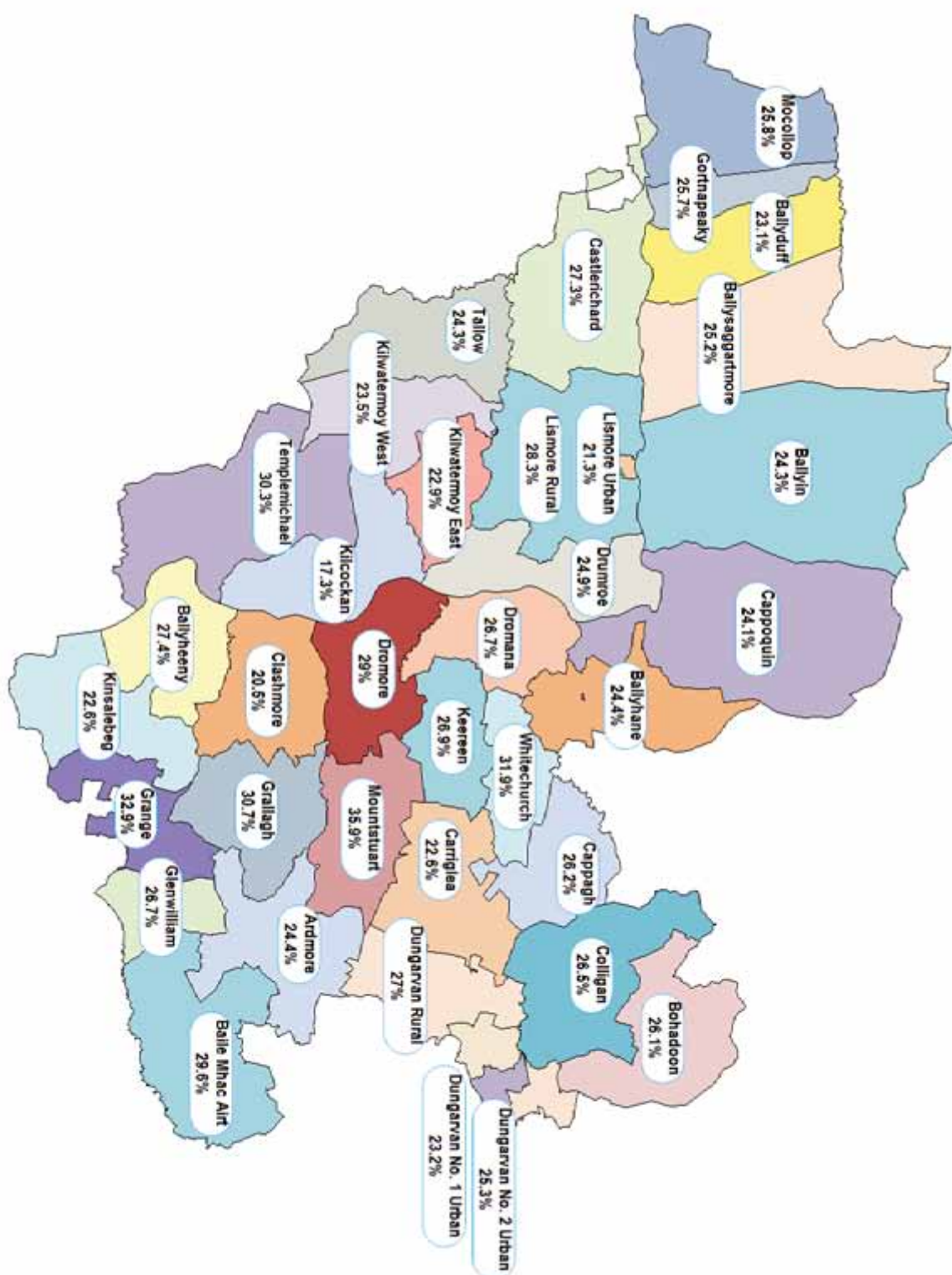


Figure A.14: Cartogram of all Waterford EDs with Proportion of population aged 0-17 years

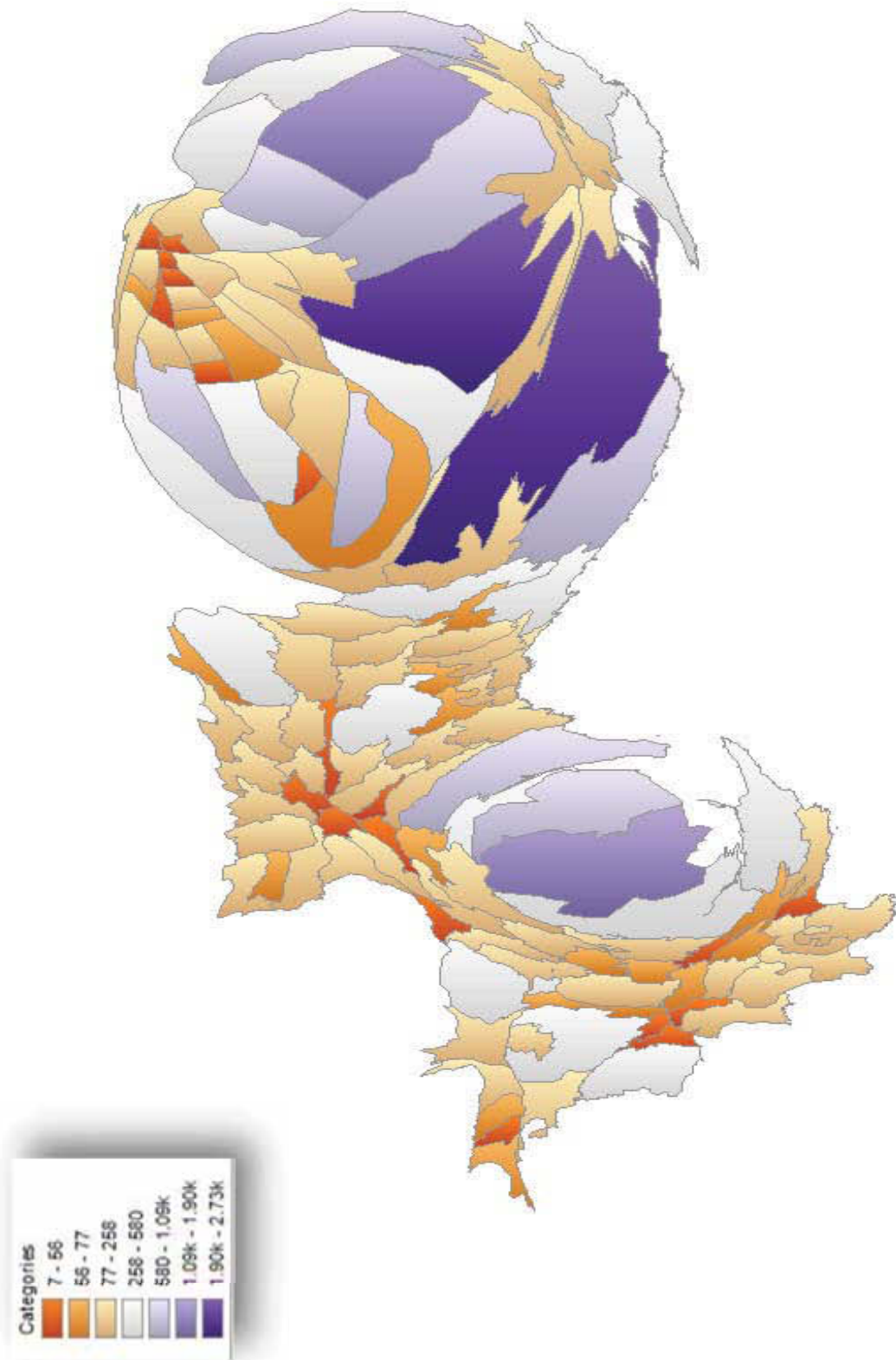


Table A.10: Population in Waterford EDs at 0-4, 5-12 and 13-17 age cohorts

EDs	0-4 years %	Difference from Nat. %	5-12 years %	Difference from Nat. %	13-17 years %	Difference from Nat. %
Aird Mhór	9.2%	1.4%	15.4%	4.4%	6.8%	0.5%
An Rinn	7.4%	-0.4%	11.4%	0.4%	5.7%	-0.6%
Annestown	3.8%	-4.0%	0.8%	-10.2%	0.8%	-5.5%
Ardmore	4.5%	-3.3%	10.8%	-0.2%	8.5%	2.2%
Baile Mhac Airt	6.8%	-1.0%	10.5%	-0.5%	7.1%	0.8%
Ballybeg North	10.1%	2.3%	14.3%	3.3%	7.8%	1.5%
Ballybeg South / Ballynaneashagh	7.4%	-0.4%	3.6%	-7.4%	3.1%	-3.2%
Ballybricken West	4.6%	-3.2%	4.1%	-6.9%	2.7%	-3.6%
Ballyduff	9.0%	1.2%	7.3%	-3.7%	3.4%	-2.9%
Ballydurn	7.5%	-0.3%	10.6%	-0.4%	6.7%	0.4%
Ballyhane	2.8%	-5.0%	4.2%	-6.8%	2.8%	-3.5%
Ballyheeny	1.9%	-5.9%	0.9%	-10.1%	0.5%	-5.8%
Ballylin	8.3%	0.5%	12.8%	1.8%	7.3%	1.0%
Ballylaneen	3.6%	-4.2%	5.9%	-5.1%	4.8%	-1.5%
Ballymacarbry	11.1%	3.3%	15.3%	4.3%	6.4%	0.1%
Ballymacloide	5.6%	-2.2%	8.4%	-2.6%	4.1%	-2.2%
Ballynakill	9.0%	1.2%	14.1%	3.1%	6.7%	0.4%
Ballynakill (Part Rural)	10.2%	2.4%	11.1%	0.1%	4.2%	-2.1%
Ballynamult	11.6%	3.8%	11.9%	0.9%	3.9%	-2.4%
Ballysaggartmore	2.2%	-5.6%	4.0%	-7.0%	3.6%	-2.7%
Ballytruckle	5.2%	-2.6%	10.4%	-0.6%	6.7%	0.4%
Bilberry	4.3%	-3.5%	8.7%	-2.3%	5.9%	-0.4%
Bohadoon	4.1%	-3.7%	5.6%	-5.4%	5.0%	-1.3%
Cappagh	6.6%	-1.2%	6.1%	-4.9%	3.6%	-2.7%
Cappoquin	4.4%	-3.4%	9.5%	-1.5%	4.1%	-2.2%
Carrickbeg Rural	3.7%	-4.1%	4.9%	-6.1%	3.5%	-2.8%
Carrigcastle	3.9%	-3.9%	5.5%	-5.5%	3.2%	-3.1%
Carriglea	6.1%	-1.7%	8.6%	-2.4%	6.5%	0.2%
Castlerichard	5.2%	-2.6%	6.4%	-4.6%	13.3%	7.0%
Centre A	5.8%	-2.0%	3.8%	-7.2%	3.3%	-3.0%
Centre B	3.5%	-4.3%	4.4%	-6.6%	3.7%	-2.6%
Clashmore	5.9%	-1.9%	11.4%	0.4%	7.2%	0.9%
Cleaboy	4.4%	-3.4%	3.3%	-7.7%	2.2%	-4.1%
Clonea	4.1%	-3.7%	4.9%	-6.1%	2.9%	-3.4%
Clonea	5.5%	-2.3%	3.2%	-7.8%	2.8%	-3.5%
Colligan	4.5%	-3.3%	7.9%	-3.1%	7.1%	0.8%
Comeragh	2.1%	-5.7%	3.2%	-7.8%	3.2%	-3.1%
Coumaraglin	6.8%	-1.0%	10.3%	-0.7%	6.0%	-0.3%
Custom House A	8.5%	0.7%	10.6%	-0.4%	6.1%	-0.2%
Custom House B	7.2%	-0.6%	10.6%	-0.4%	7.2%	0.9%
Dromana	7.2%	-0.6%	10.6%	-0.4%	6.5%	0.2%
Dromore	7.6%	-0.2%	12.2%	1.2%	8.1%	1.8%
Drumcannon	8.5%	0.7%	12.4%	1.4%	9.4%	3.1%
Drumroe	8.0%	0.2%	10.9%	-0.1%	8.0%	1.7%
Dungarvan No. 1 Urban	8.2%	0.4%	14.7%	3.7%	7.0%	0.7%
Dungarvan No. 2 Urban	5.7%	-2.1%	15.8%	4.8%	6.8%	0.5%
Dungarvan Rural	10.4%	2.6%	11.5%	0.5%	5.9%	-0.4%
Dunhill	9.6%	1.8%	12.2%	1.2%	5.1%	-1.2%
Faithlegg (Part Rural)	9.1%	1.3%	11.9%	0.9%	7.0%	0.7%
Farranshoneen	10.9%	3.1%	13.6%	2.6%	6.4%	0.1%
Fenoagh	8.8%	1.0%	8.4%	-2.6%	6.8%	0.5%
Ferrybank	7.4%	-0.4%	13.0%	2.0%	6.6%	0.3%
Fews	6.5%	-1.3%	10.8%	-0.2%	7.3%	1.0%
Fox's Castle	6.4%	-1.4%	19.7%	8.7%	7.8%	1.5%
Gardenmorris	6.3%	-1.5%	9.9%	-1.1%	5.1%	-1.2%
Georgestown	10.3%	2.5%	13.4%	2.4%	7.7%	1.4%
Glen	6.8%	-1.0%	14.5%	3.5%	8.3%	2.0%
Glenwilliam	10.8%	3.0%	11.2%	0.2%	4.1%	-2.2%
Gortnapeaky	4.3%	-3.5%	12.4%	1.4%	9.5%	3.2%
Gracedieu	4.4%	-3.4%	10.3%	-0.7%	7.8%	1.5%
Craignagower	8.6%	0.8%	12.0%	1.0%	7.8%	1.5%
Grallagh	8.3%	0.5%	11.5%	0.5%	6.7%	0.4%
Grange	7.9%	0.1%	7.9%	-3.1%	7.1%	0.8%
Grange North	12.5%	4.7%	10.1%	-0.9%	4.1%	-2.2%
Grange South	12.4%	4.6%	10.0%	-1.0%	6.6%	0.3%
Grange Upper	9.9%	2.1%	10.3%	-0.7%	6.9%	0.6%
Gurteen	6.2%	-1.6%	11.9%	0.9%	8.8%	2.5%
Islandikane	9.5%	1.7%	8.5%	-2.5%	7.1%	0.8%
Keereen	9.5%	1.7%	16.5%	5.5%	6.4%	0.1%
Kilbarry	16.3%	8.5%	16.3%	5.3%	3.3%	-3.0%
Kilbarry (Part Rural)	8.7%	0.9%	15.7%	4.7%	7.0%	0.7%
Kilbarrymeaden	4.6%	-3.2%	12.5%	1.5%	7.5%	1.2%
Kilcockan	6.9%	-0.9%	15.7%	4.7%	9.3%	3.0%
Killea	9.4%	1.6%	13.8%	2.8%	8.3%	2.0%
Killoteran	9.5%	1.7%	10.7%	-0.3%	4.2%	-2.1%
Kilmacleague	7.4%	-0.4%	9.9%	-1.1%	9.9%	3.6%
Kilmacomma	8.4%	0.6%	13.6%	2.6%	4.4%	-1.9%
Kilmacthomas	7.5%	-0.3%	10.9%	-0.1%	8.6%	2.3%
Kilmeadan	8.6%	0.8%	13.1%	2.1%	5.7%	-0.6%
Kilmeadan	7.2%	-0.6%	11.6%	0.6%	6.0%	-0.3%
Kilronan	9.1%	1.3%	14.2%	3.2%	4.3%	-2.0%
Kilwatermoy East	12.4%	4.6%	11.8%	0.8%	5.9%	-0.4%
Kilwatermoy West	12.9%	5.1%	16.5%	5.5%	6.3%	0.0%

Kingsmeadow	7.5%	-0.3%	12.3%	1.3%	6.8%	0.5%
Kinsalebeg	4.9%	-2.9%	7.2%	-3.8%	8.2%	1.9%
Knockaunbrandaun	5.6%	-2.2%	14.5%	3.5%	8.0%	1.7%
Knockmahon	9.4%	1.6%	11.8%	0.8%	7.1%	0.8%
Larchville	7.5%	-0.3%	10.6%	-0.4%	7.1%	0.8%
Lisduggan	7.1%	-0.7%	13.3%	2.3%	10.2%	3.9%
Lismore Rural	6.1%	-1.7%	10.8%	-0.2%	6.1%	-0.2%
Lismore Urban	8.1%	0.3%	10.4%	-0.6%	5.9%	-0.4%
Military Road	6.9%	-0.9%	11.2%	0.2%	6.2%	-0.1%
Mocollop	8.6%	0.8%	11.4%	0.4%	5.1%	-1.2%
Modelligo	5.6%	-2.2%	11.9%	0.9%	7.7%	1.4%
Modelligo	6.8%	-1.0%	10.8%	-0.2%	6.5%	0.2%
Morrisson's Avenue East	5.0%	-2.8%	14.3%	3.3%	7.4%	1.1%
Morrisson's Avenue West	5.7%	-2.1%	13.0%	2.0%	6.1%	-0.2%
Morrisson's Road	12.0%	4.2%	10.5%	-0.5%	3.1%	-3.2%
Mothel	5.1%	-2.7%	7.7%	-3.3%	4.6%	-1.7%
Mount Sion	6.7%	-1.1%	10.5%	-0.5%	5.7%	-0.6%
Mountkennedy	6.6%	-1.2%	12.6%	1.6%	4.4%	-1.9%
Mountstuart	7.7%	-0.1%	13.0%	2.0%	7.7%	1.4%
Newcastle	5.8%	-2.0%	9.1%	-1.9%	6.5%	0.2%
Newport's Square	7.3%	-0.5%	9.4%	-1.6%	9.0%	2.7%
Newtown	7.3%	-0.5%	14.3%	3.3%	6.3%	0.0%
Newtown	7.9%	0.1%	10.0%	-1.0%	6.5%	0.2%
Park	6.8%	-1.0%	8.4%	-2.6%	5.5%	-0.8%
Pembrokestown	7.4%	-0.4%	8.7%	-2.3%	8.5%	2.2%
Poleberry	6.7%	-1.1%	13.5%	2.5%	7.4%	1.1%
Portlao	7.8%	0.0%	14.2%	3.2%	7.1%	0.8%
Rathgormuck	8.3%	0.5%	22.3%	11.3%	12.1%	5.8%
Rathmoylan	7.9%	0.1%	10.4%	-0.6%	5.7%	-0.6%
Reisk	2.5%	-5.3%	9.8%	-1.2%	7.3%	1.0%
Roanmore	6.9%	-0.9%	14.6%	3.6%	8.4%	2.1%
Ross	5.6%	-2.2%	10.7%	-0.3%	7.1%	0.8%
Seskinan	10.7%	2.9%	15.1%	4.1%	6.9%	0.6%
Shortcourse	4.7%	-3.1%	15.4%	4.4%	7.1%	0.8%
Slievekeale	8.1%	0.3%	12.6%	1.6%	8.0%	1.7%
St. Mary's	8.4%	0.6%	10.9%	-0.1%	7.7%	1.4%
Stradbally	8.6%	0.8%	13.2%	2.2%	6.9%	0.6%
Tallow	6.5%	-1.3%	12.3%	1.3%	8.7%	2.4%
Templemichael	6.1%	-1.7%	10.4%	-0.6%	7.9%	1.6%
The Glen	9.4%	1.6%	11.6%	0.6%	6.4%	0.1%
Ticor North	5.2%	-2.6%	8.9%	-2.1%	6.4%	0.1%
Ticor South	5.0%	-2.8%	12.8%	1.8%	8.9%	2.6%
Tinnasaggart	8.2%	0.4%	14.3%	3.3%	8.2%	1.9%
Tramore	10.3%	2.5%	14.1%	3.1%	8.5%	2.2%
Whitechurch	8.7%	0.9%	9.4%	-1.6%	4.5%	-1.8%
Woodstown	6.9%	-0.9%	14.0%	3.0%	9.4%	3.1%

Source:

CSO,

Census

2011

Figure A.15: Map of Waterford City East with Proportion of population aged 0-4 years

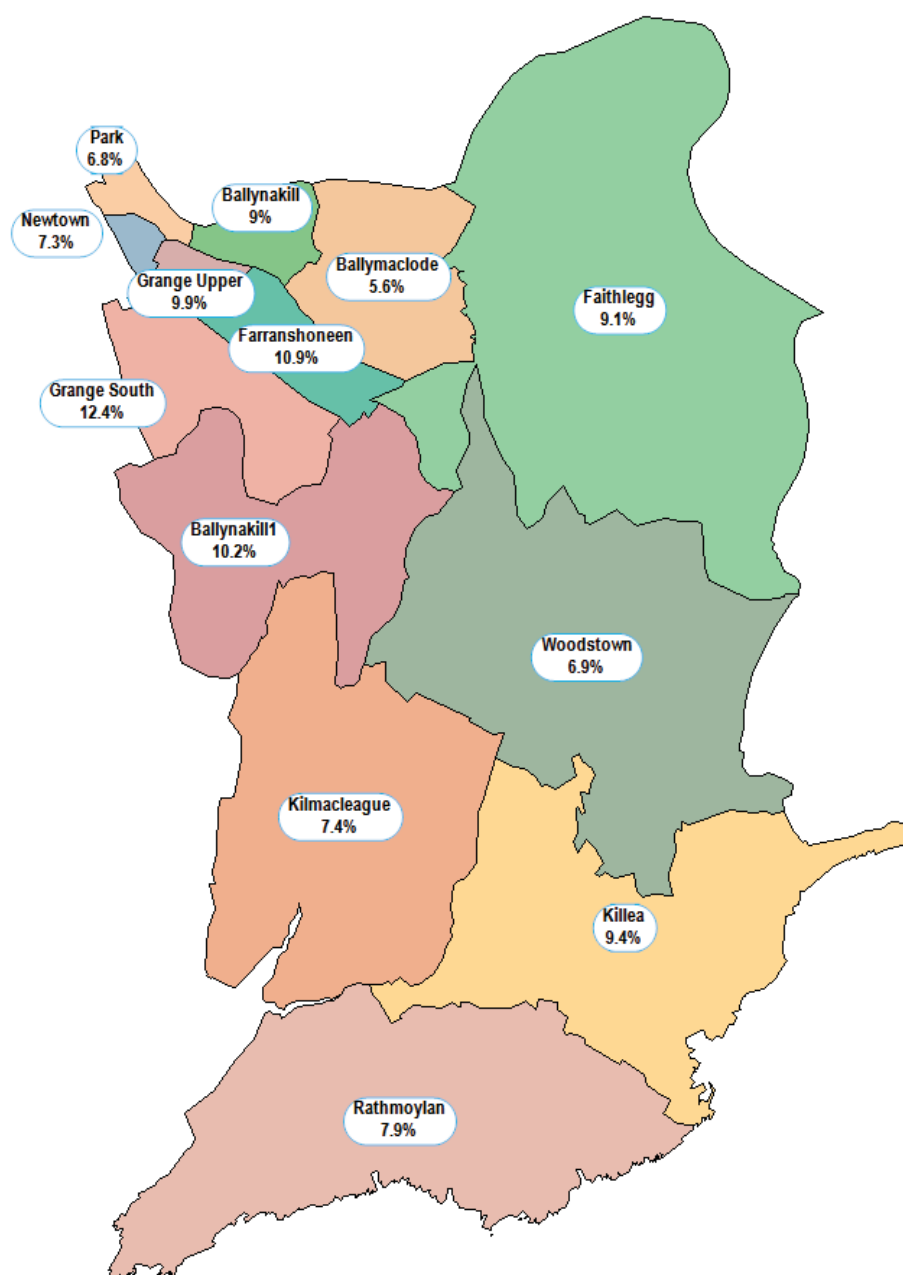
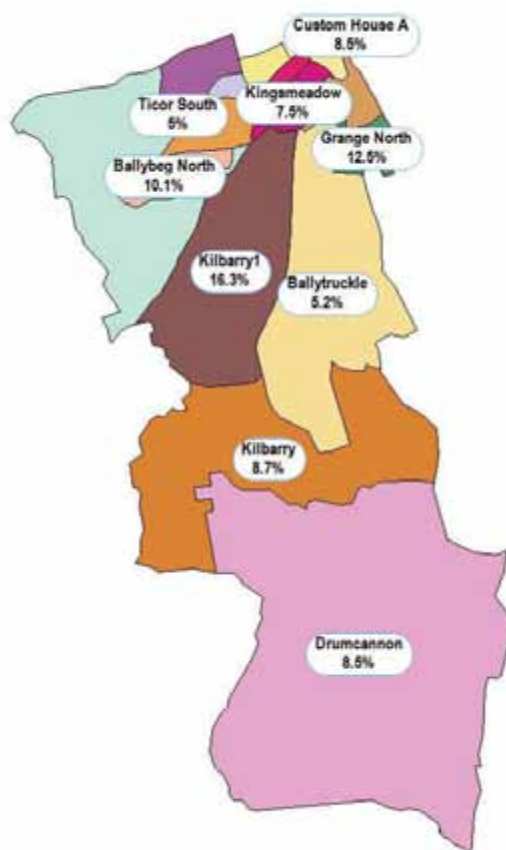


Figure A.16: Map of Waterford City South with Proportion of population aged 0-4 years

Full ED



Top part of ED

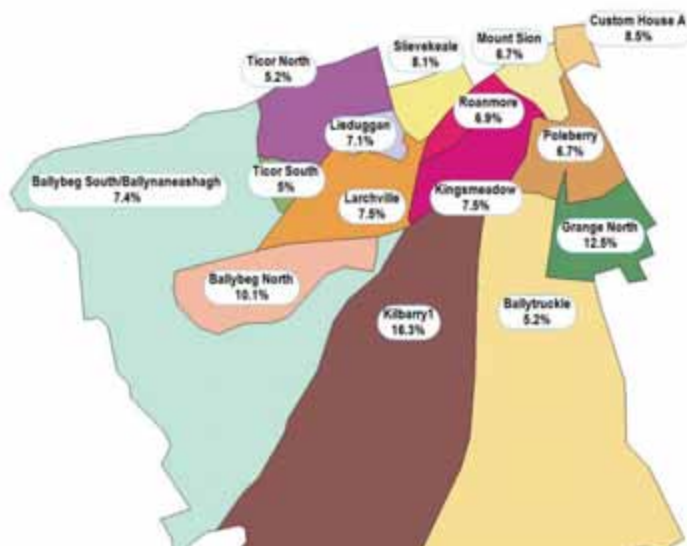
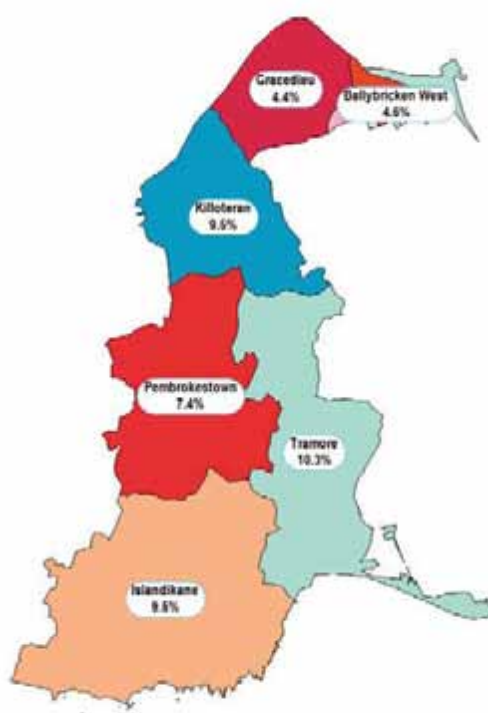


Figure A.17: Map of Tramore-Waterford City West with Proportion of population aged 0-4 years

Full ED



[Top of ED](#)

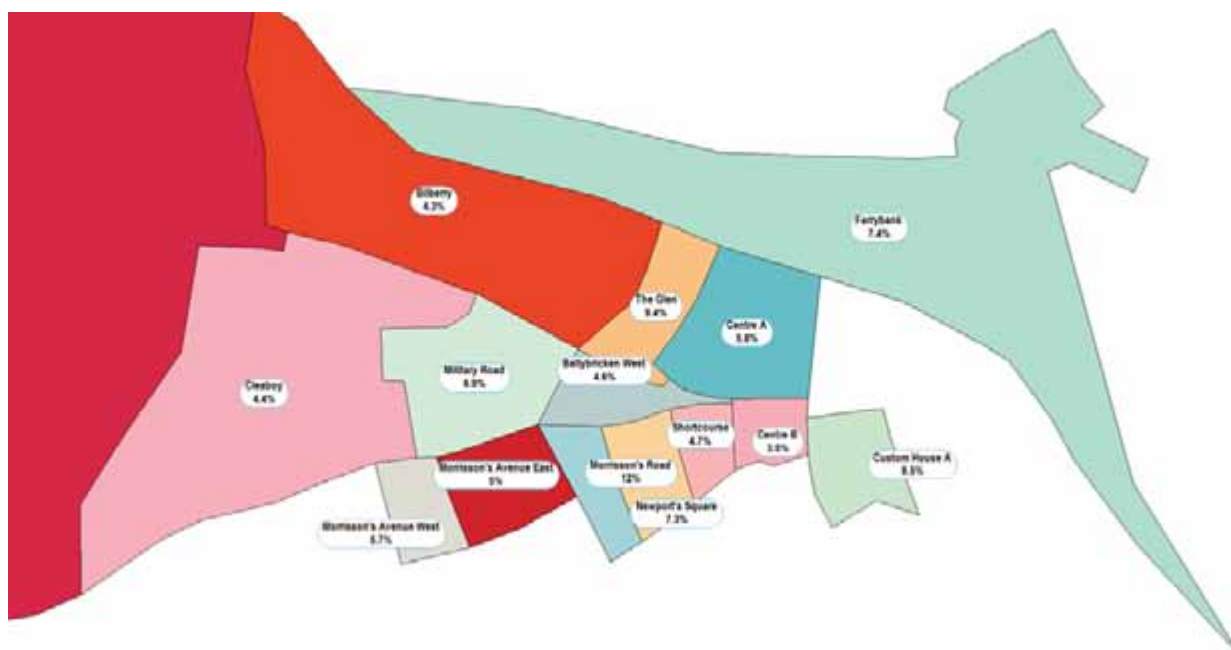


Figure A.18: Map of Comeragh with Proportion of population aged 0-4 years

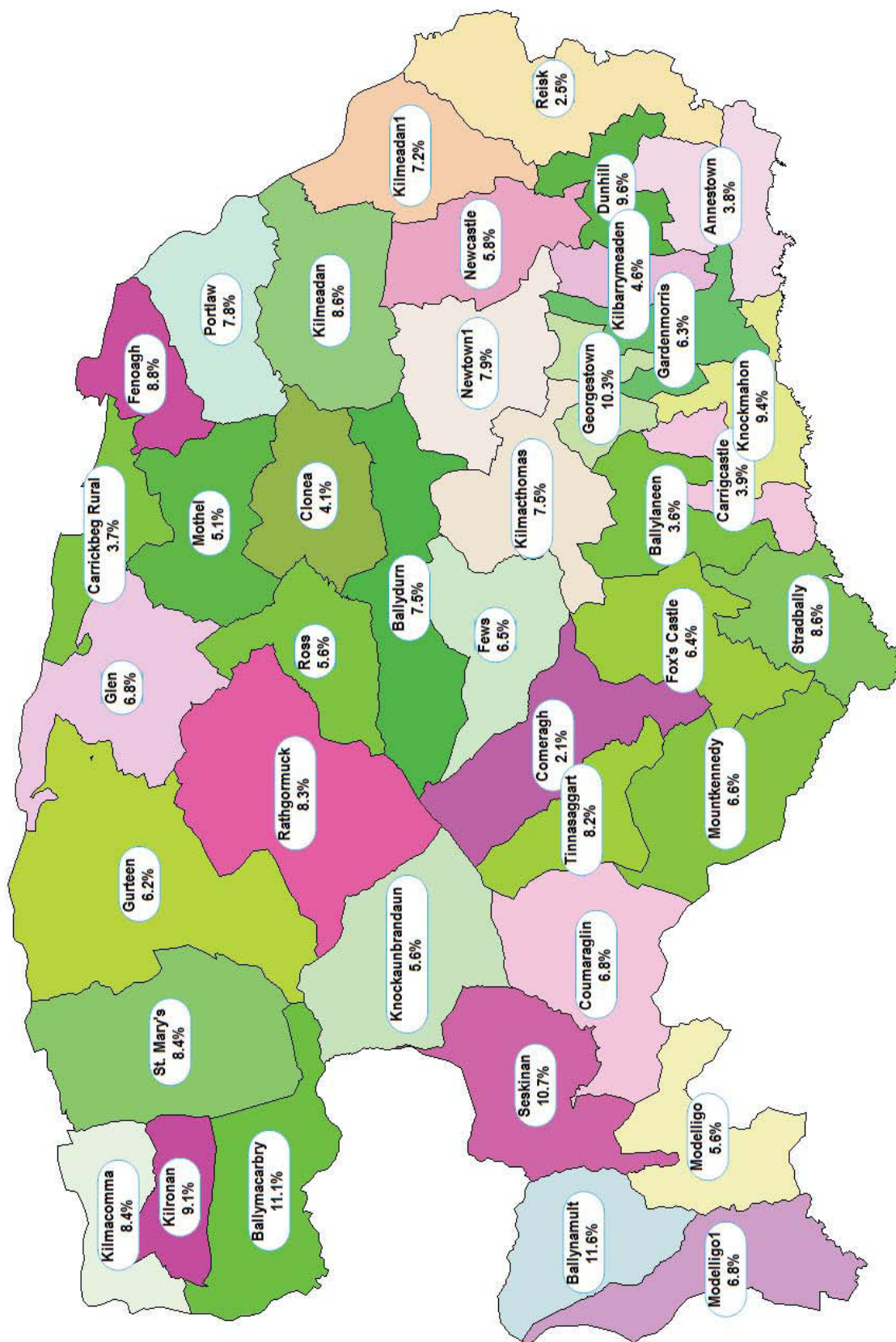


Figure A.19: Map of Dungarvan-Lismore with Proportion of population aged 0-4 years

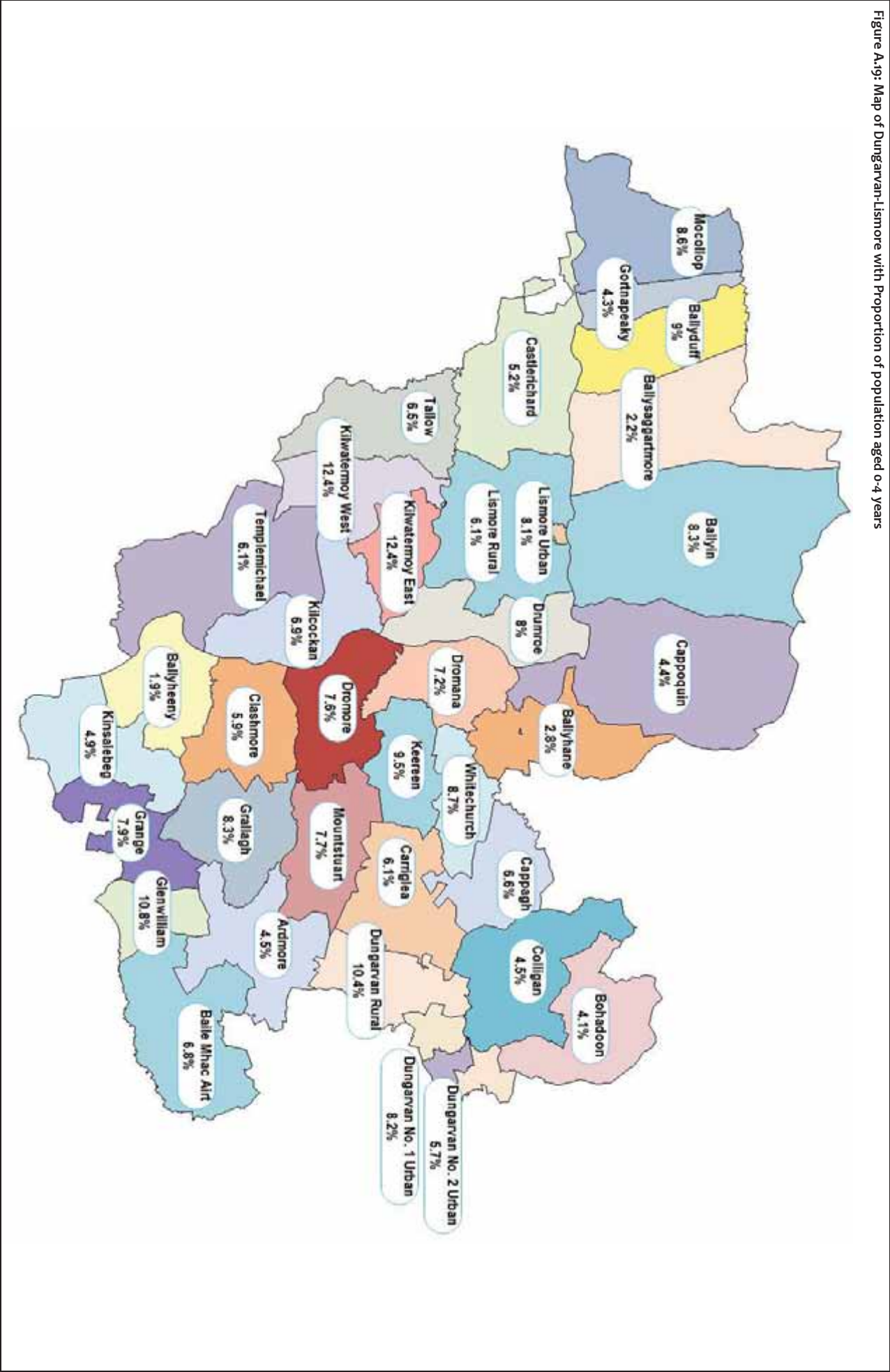


Figure A.20: Cartogram of all Waterford EDs with Proportion of population aged 0-4 years

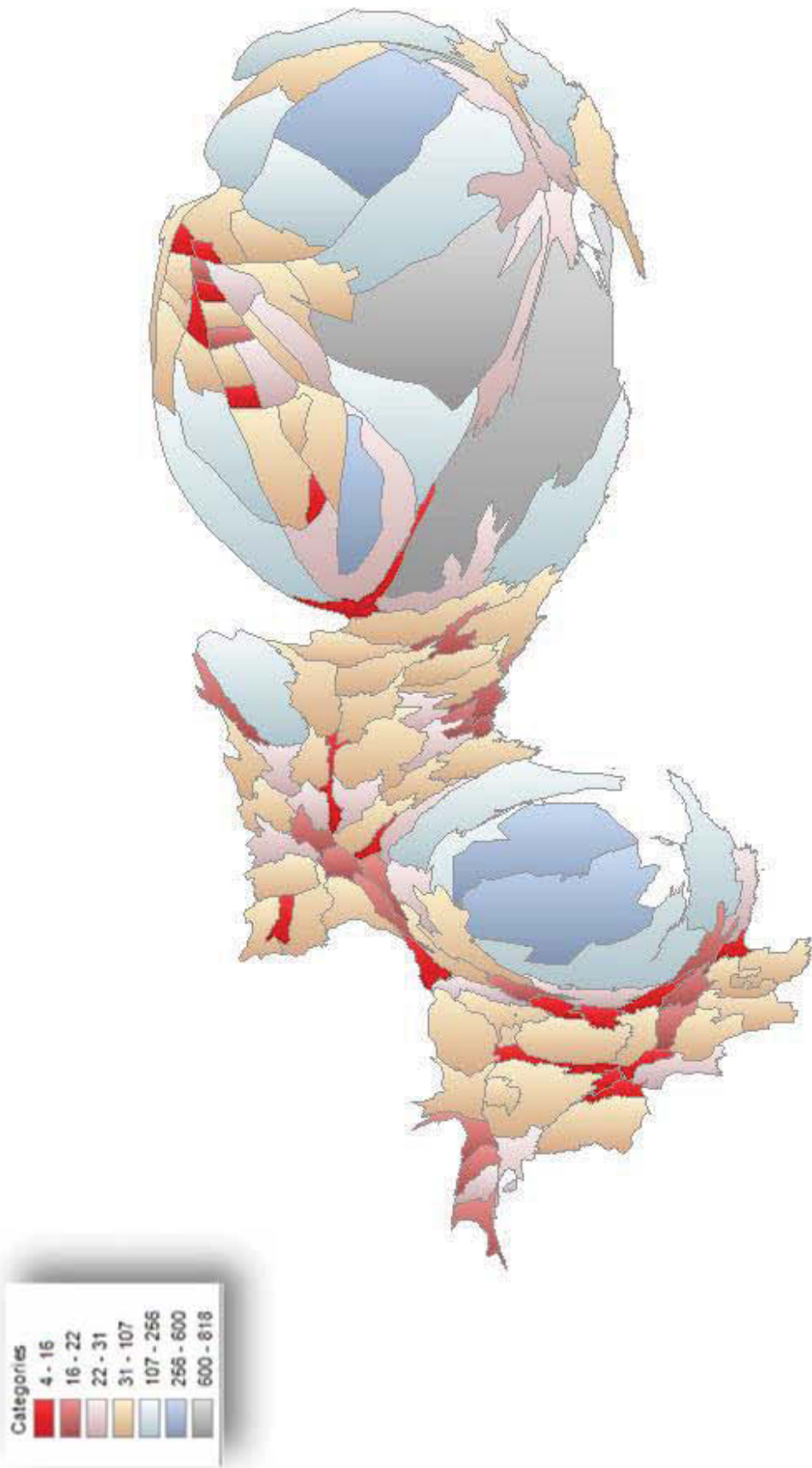


Figure A.21: Map of Waterford City East with Proportion of population aged 5-12 years

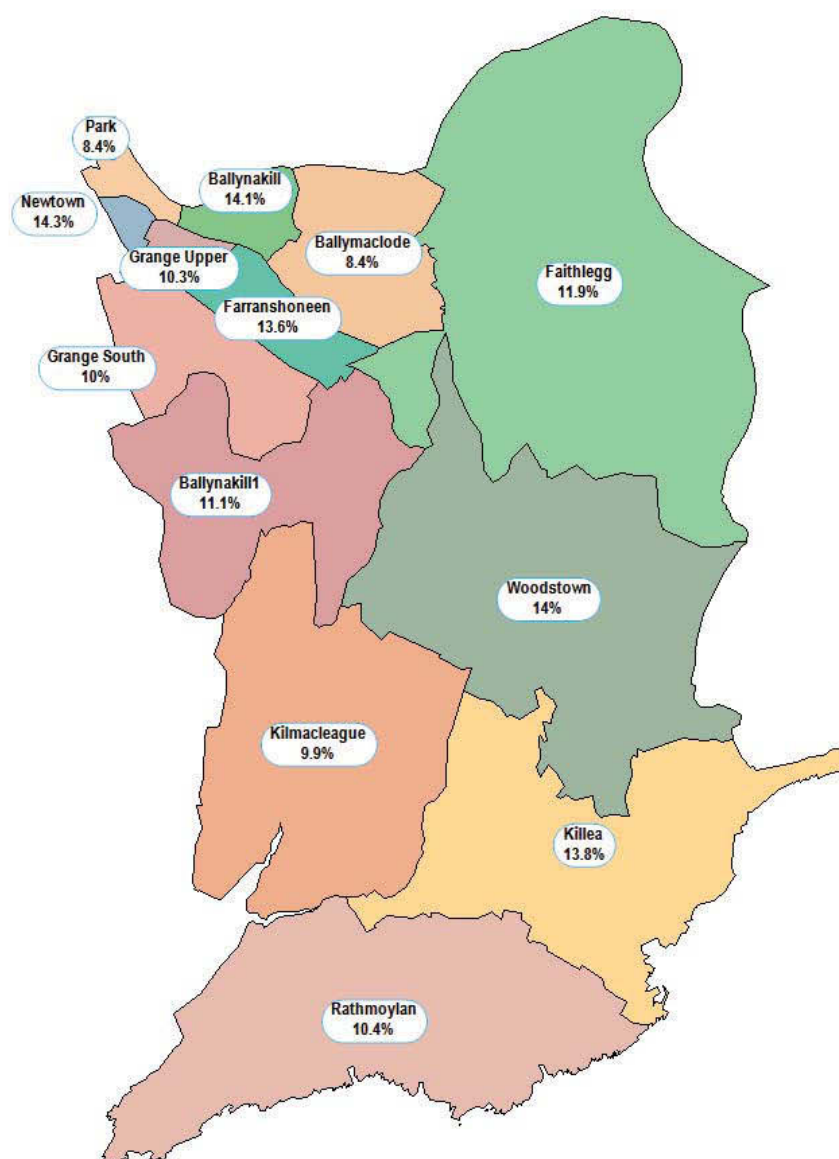
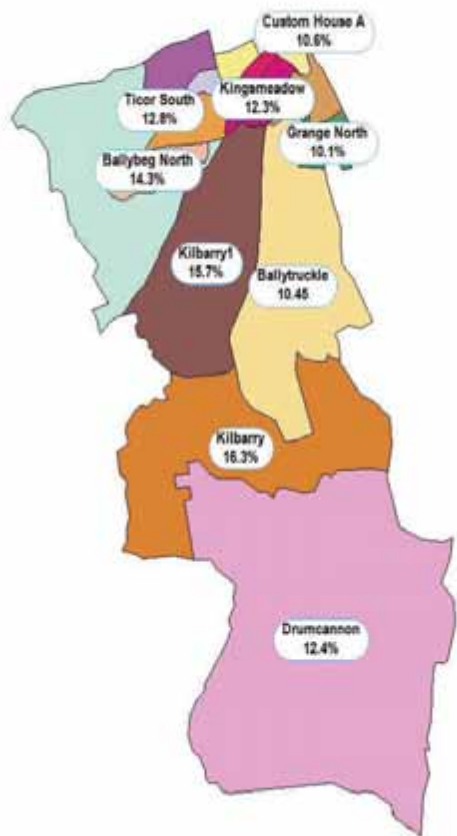


Figure A.22: Map of Waterford City South with Proportion of population aged 5-12 years

Full ED



Top of ED

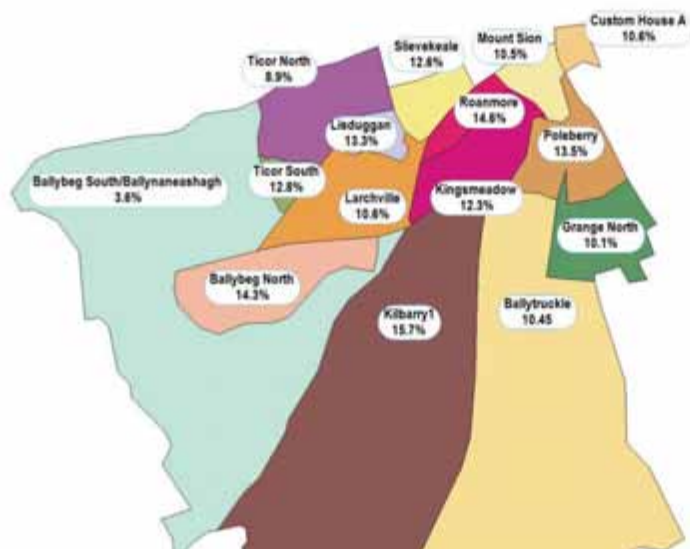
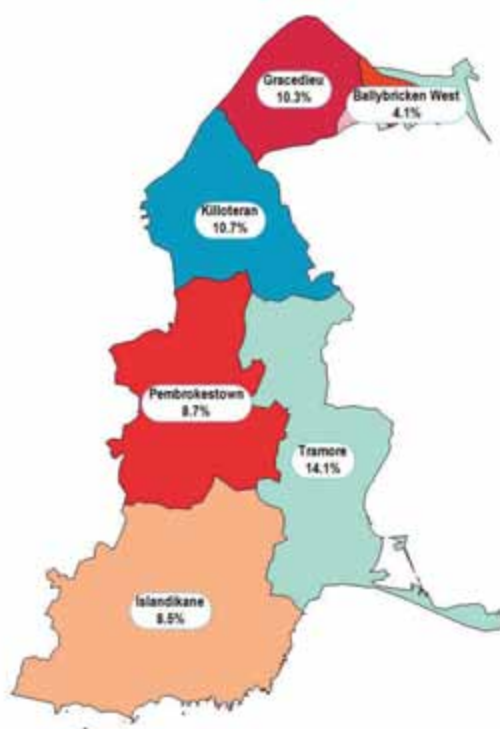


Figure A.23 Map of Tramore-Waterford City West with Proportion of population aged 5-12 years

Full ED



Top of ED

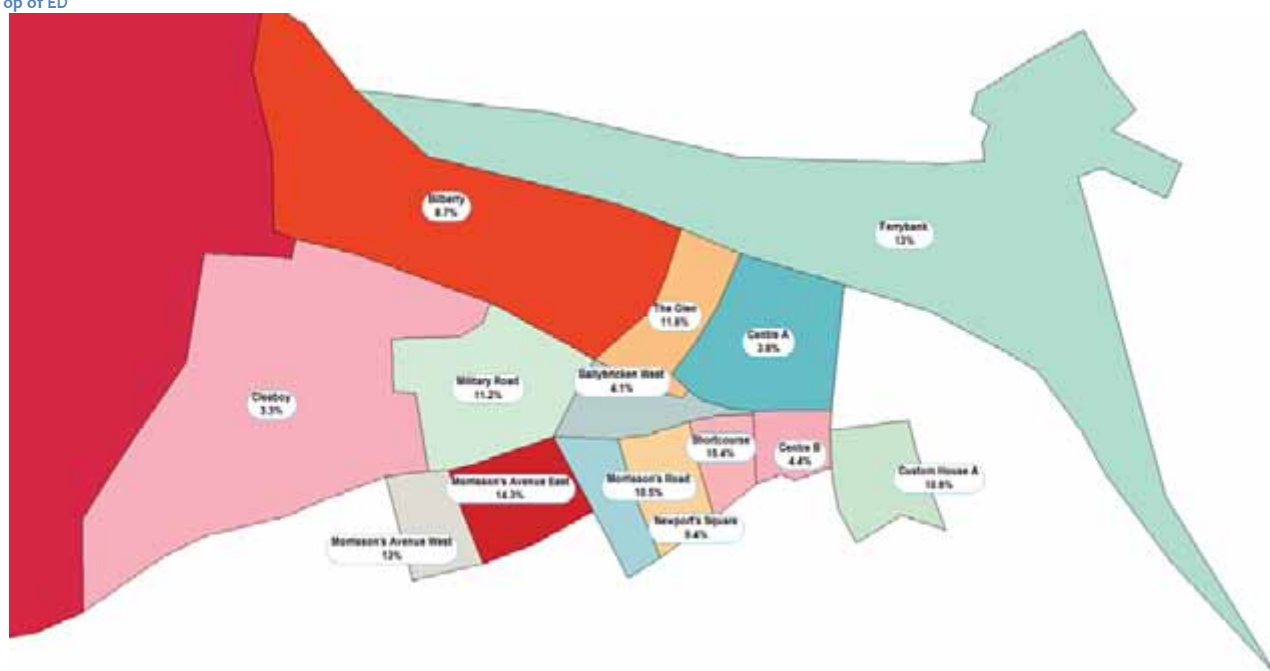


Figure A.24: Map of Comeragh with Proportion of population aged 5-12 years

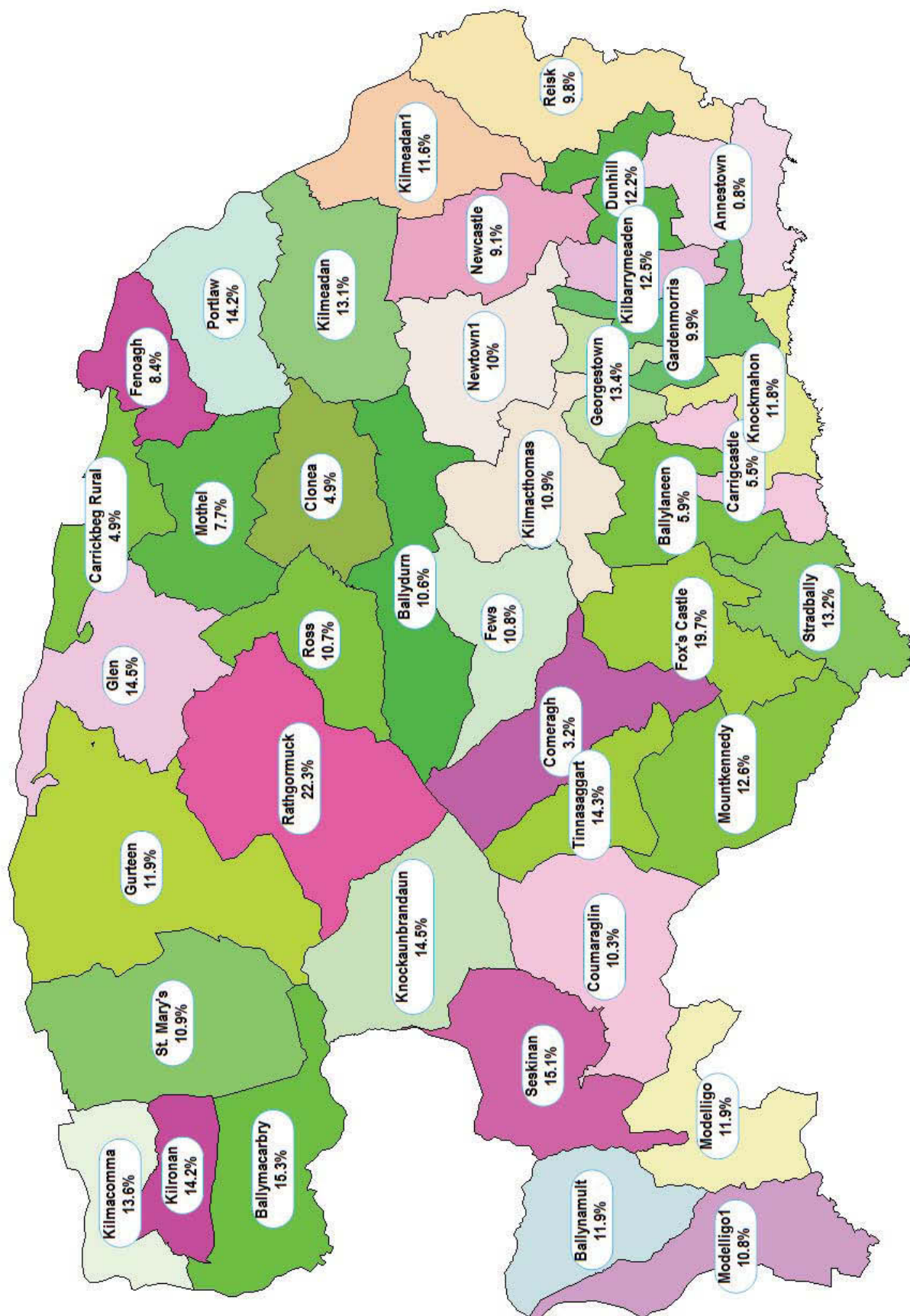


Figure A.25: Map of Dungarvan-Lismore with Proportion of population aged 5-12 years

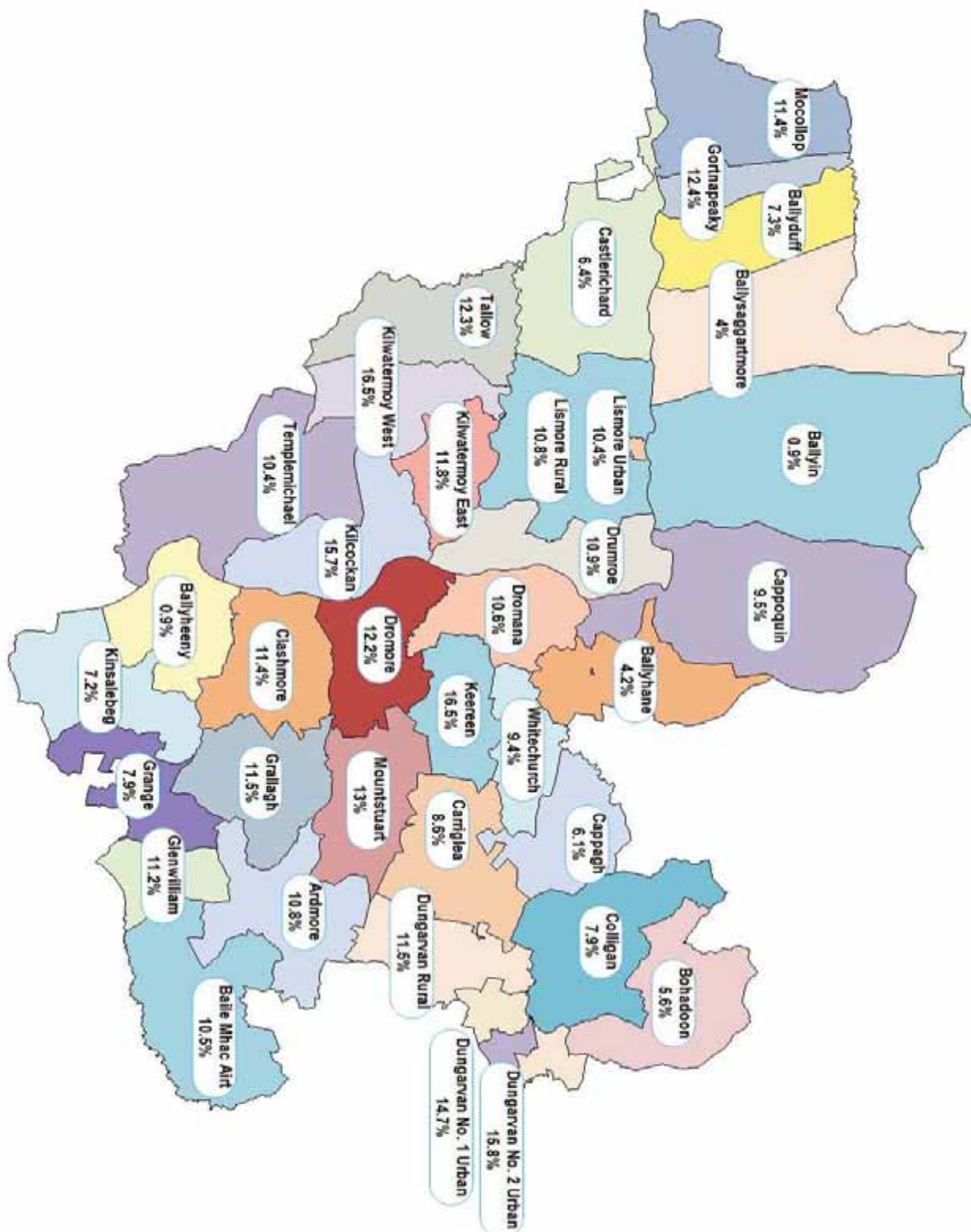


Figure A.26: Cartogram of all Waterford EDs with Proportion of population aged 5-12 years

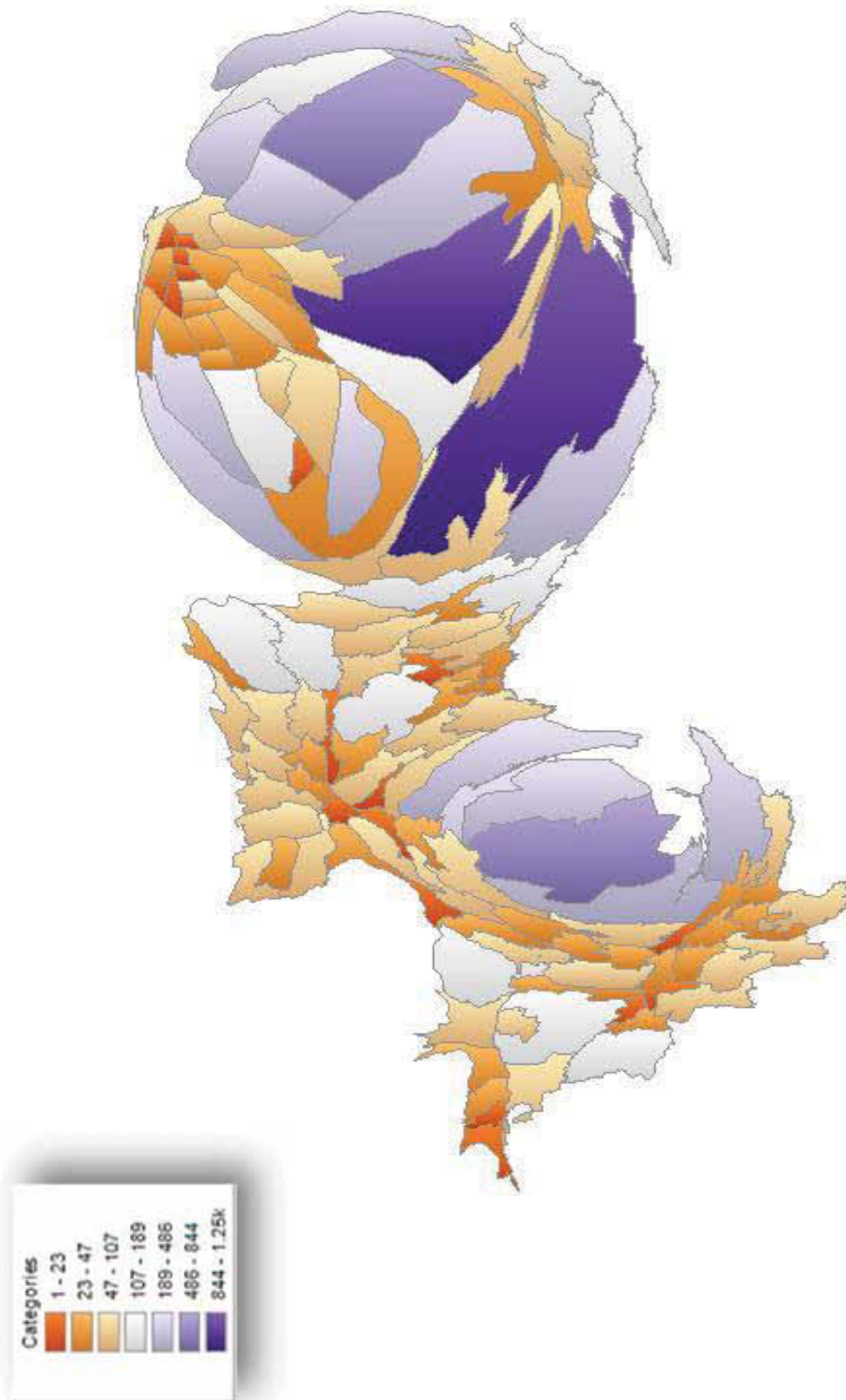


Figure A.27: Map of all Waterford City East with Proportion of population aged 13-17 years

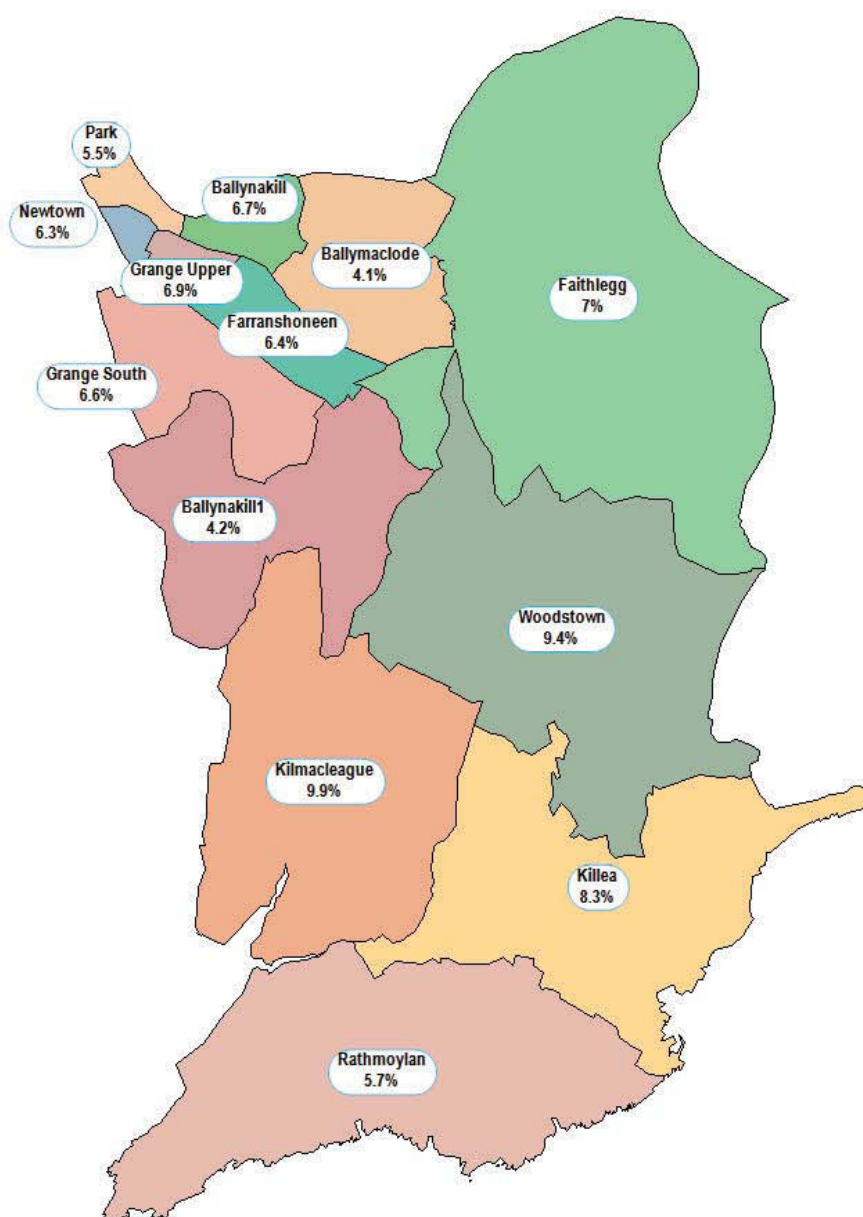
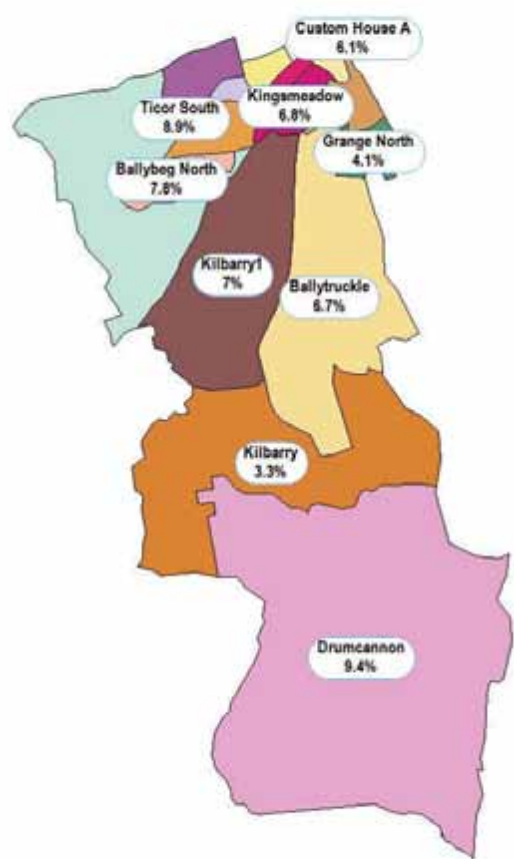


Figure A.28: Map of Waterford City South with Proportion of population aged 13-17 years

Full ED



Top Part of ED

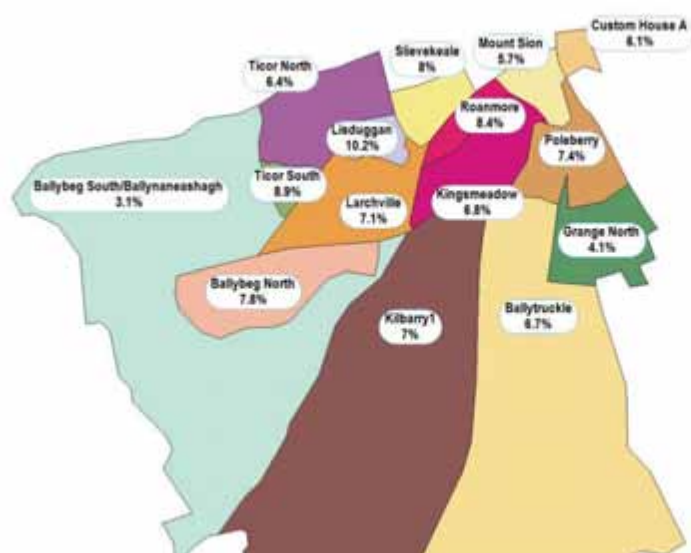
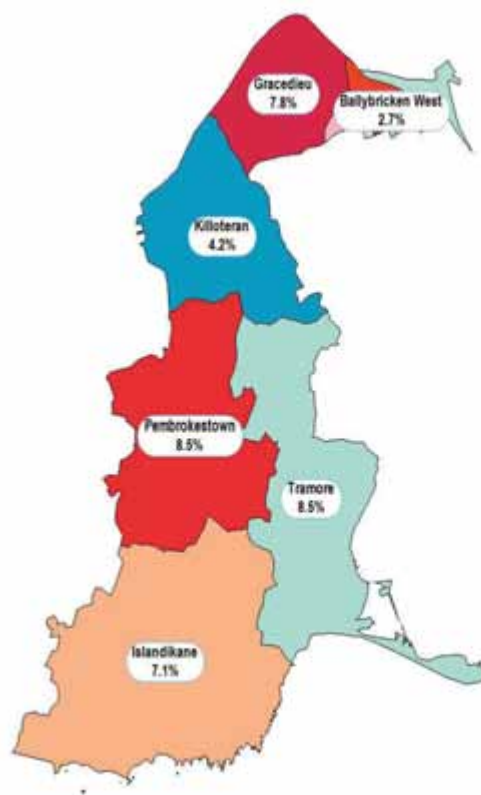
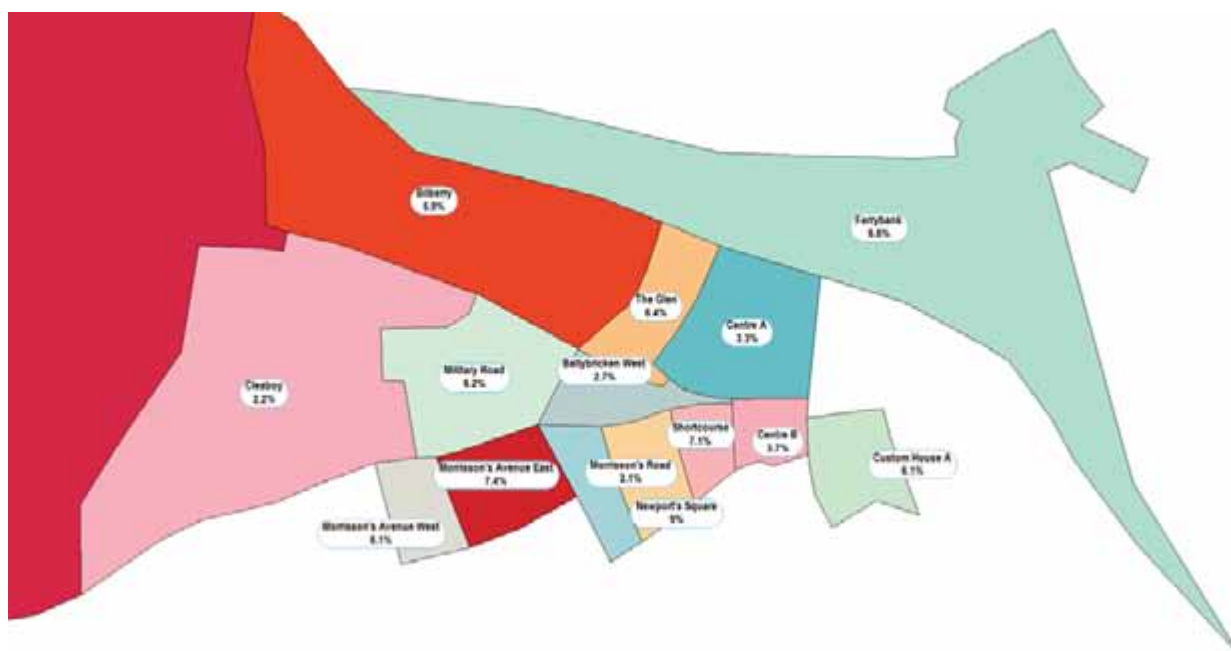


Figure A.29: Map of Tramore-Waterford City West with Proportion of population aged 13-17 years

Full ED



Top of ED



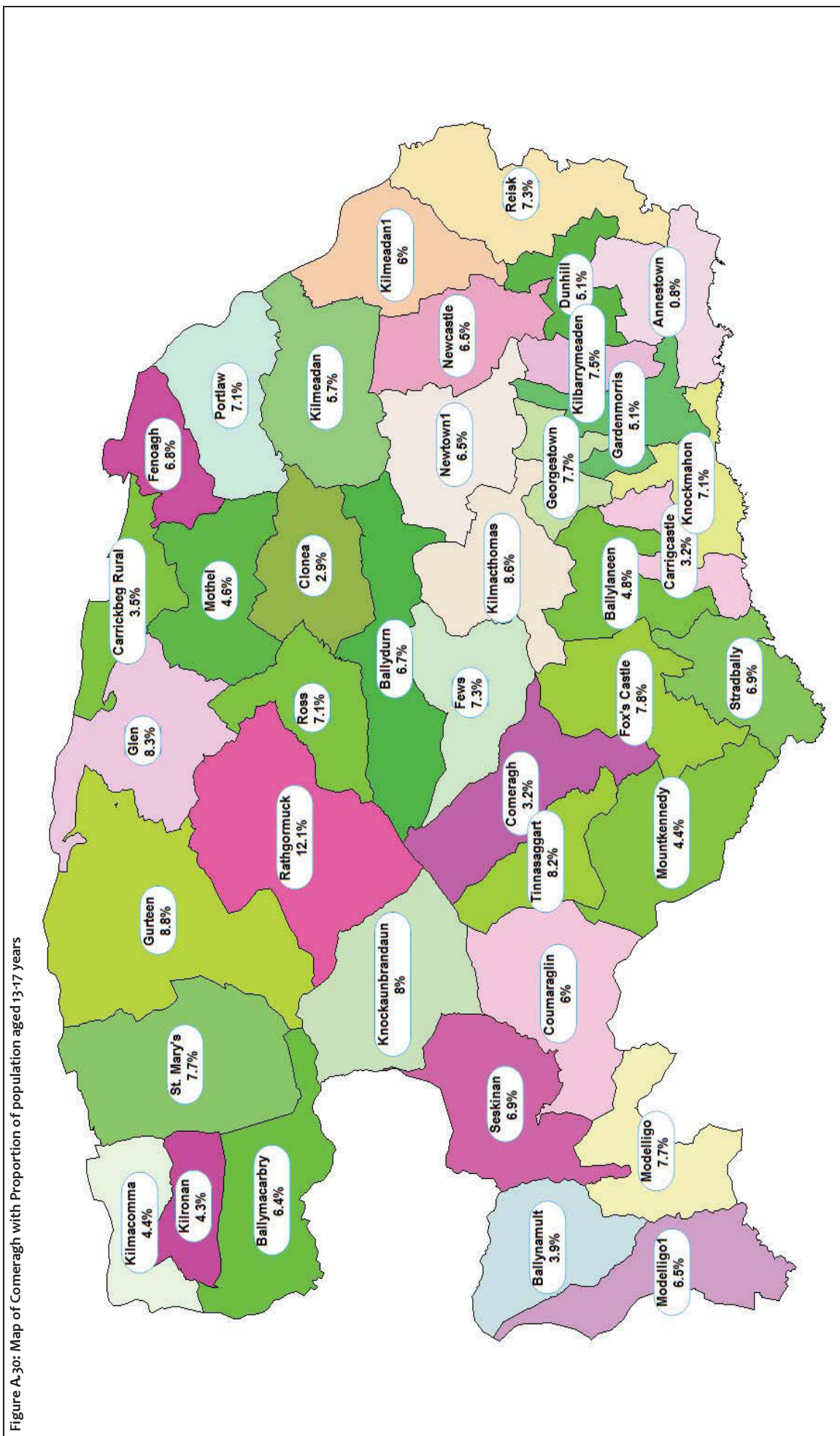


Figure A.31: Map of Dungarvan-Lismore with Proportion of population aged 13-17 years

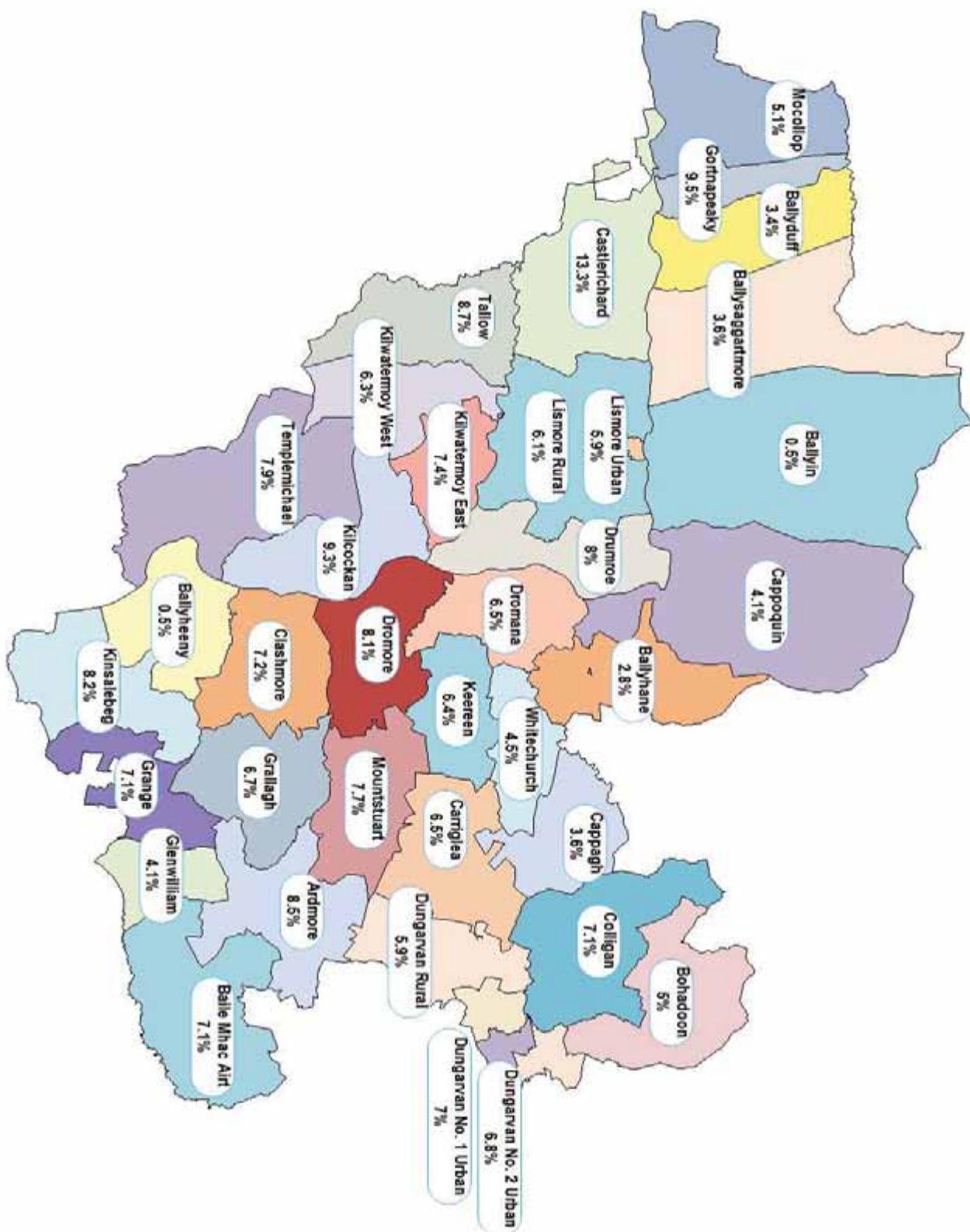


Figure A.32: Cartogram of all Waterford EDs with Proportion of population aged 13-17 years

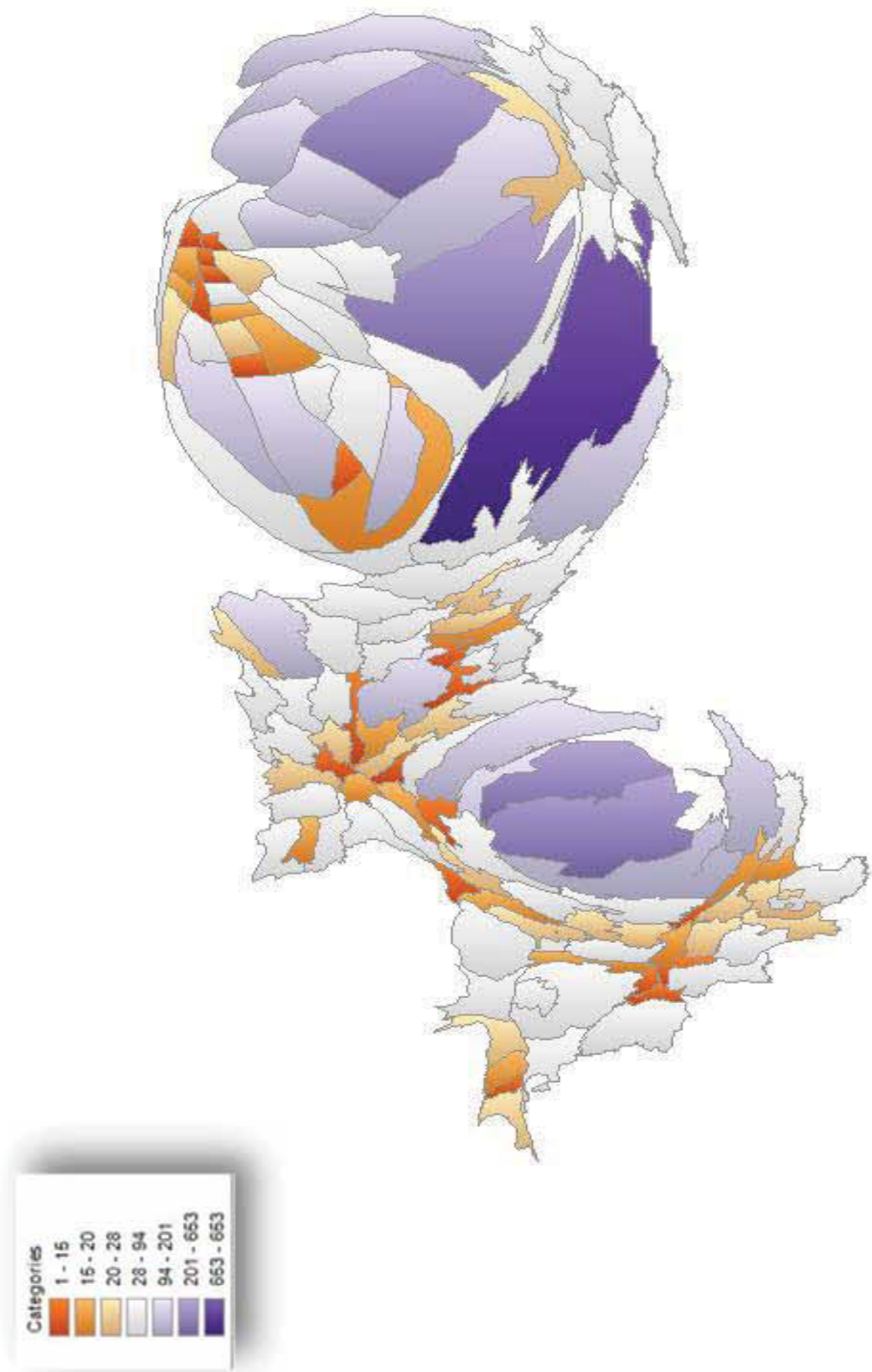


Figure A.33: Waterford - Proportion of Population of each LEA who are Children aged 0-17 years, 2011.

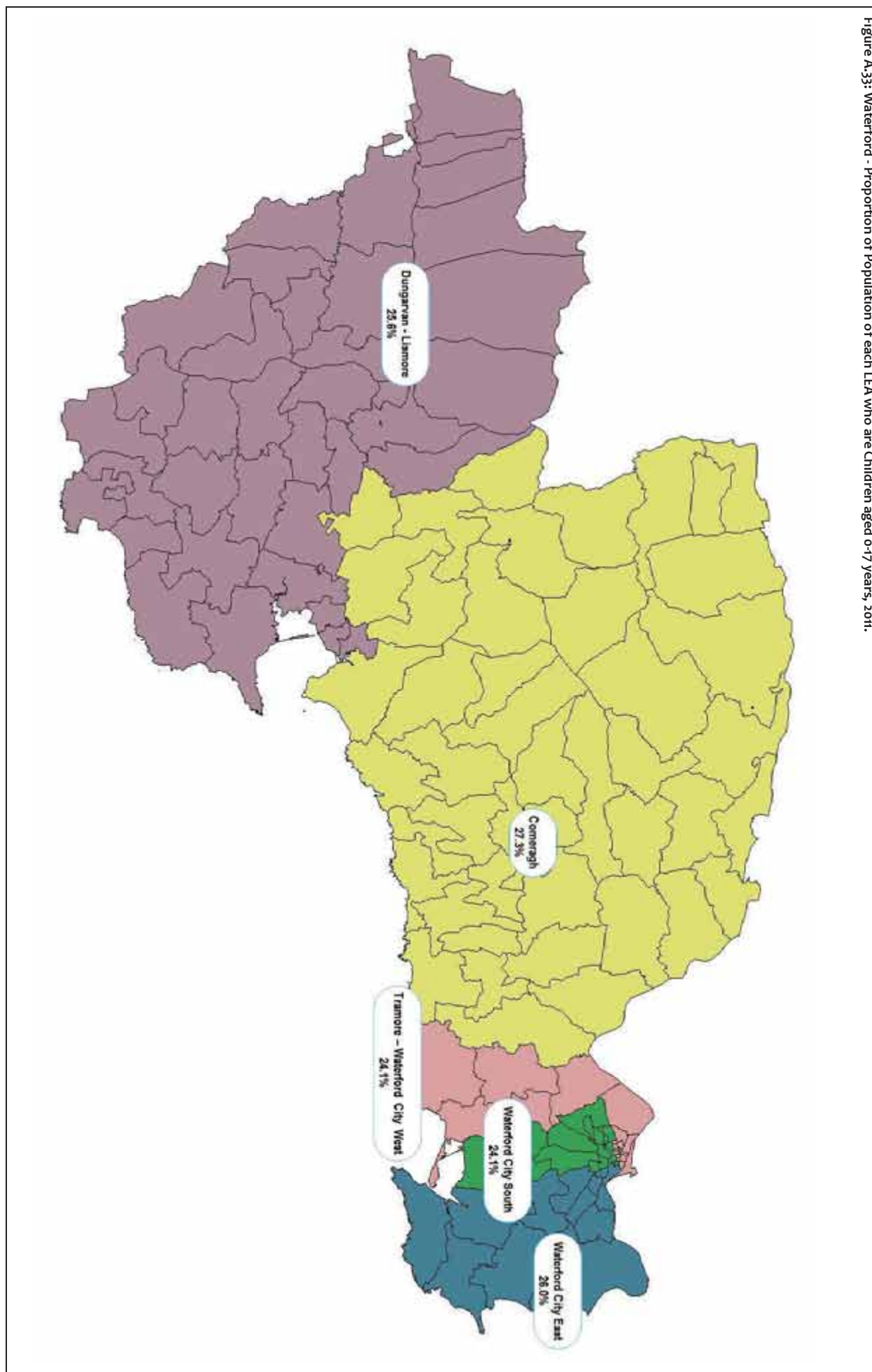


Figure A.34: Waterford - Proportion of Population of each LEA who are Children aged 0-4 years, 2011.

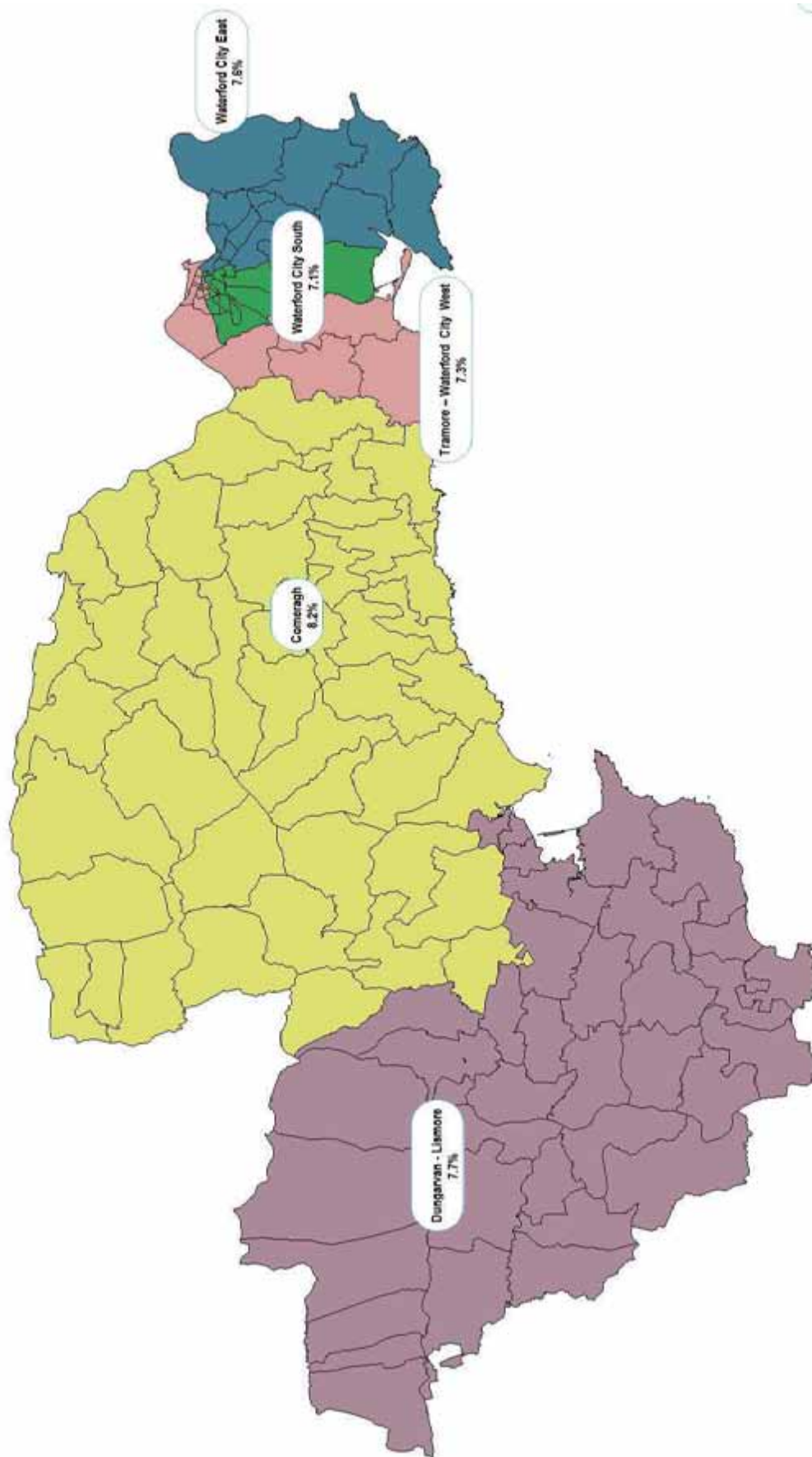


Figure A.35: Figure 4.19: Waterford - Proportion of Population of each LEA who are Children aged 5-12 years, 2011.

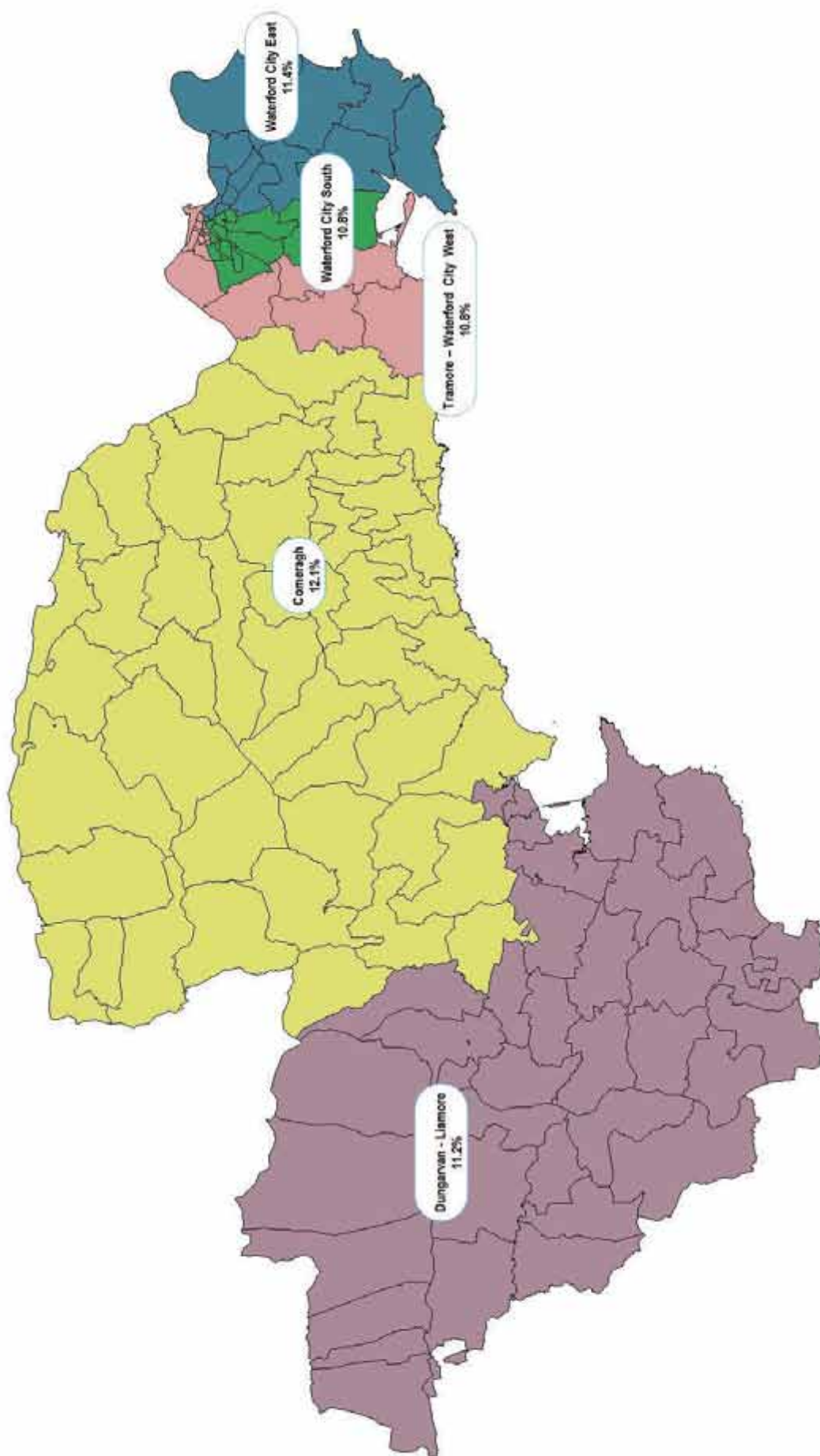
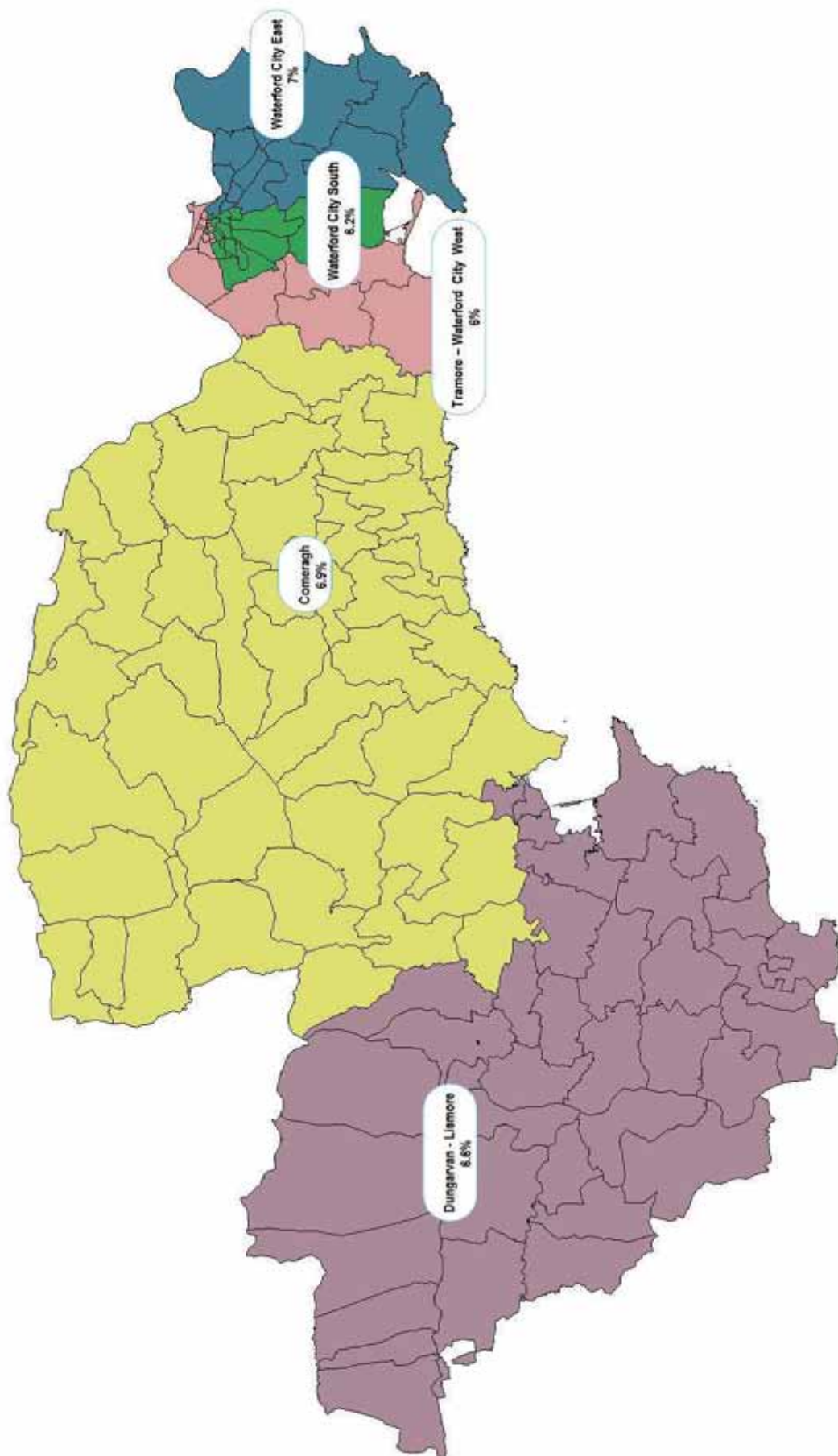


Figure A.36: Waterford - Proportion of Population of each LEA who are Children aged 13-17 years, 2011



Families

Table A.11: Families - family members and children in families by size of family

Size of family	Number of families	Number of persons in families	Number of children in families
2 persons	12,228	24,456	3,362
3 persons	6,966	20,898	8,568
4 persons	6,351	25,404	13,288
5 persons	3,044	15,220	9,311
6 or more persons	1,335	8,460	5,868
Total	29,924	94,438	40,397

Source: Census 2011

Table A.12: Families by family cycle

Family cycle	Number of families	Number of family members
Pre-family	2,698	5,396
Pre-school	3,294	10,275
Early school	3,435	13,016
Pre-Adolescent	3,395	13,504
Adolescent	3,689	14,762
Total	16,511	56,953

Source: Census 2011

Table A.13: Families by age of youngest child

Age bands	Number of families	Number of family members
0-4 years	6,502	25,231
5-9 years	3,683	14,559
10-14 years	3,118	12,227
15-19 years	2,598	9,290
Total	15,901	61,307

Source: Census 2011

Table A.14: Family units with children by type of family and age of children

Number of families	Couples with children	Lone mothers with children	Lone fathers with children
All children aged under fifteen	7575	2375	174
All children aged over fifteen	5166	2033	556

Source: Census 2011

Health and General

Table A.15: Persons aged under 24 with a disability in Waterford

Persons with disability by age group	
00-14	1256
15-24	1091

Source: Census 2011

Table A.16: Waterford relevant child statistics 2011

	Waterford City	Waterford County	Rep
Number of children's playgrounds directly provided or facilitated by the local authority per 1,000 population, Rol 2011	0.2	0.2	
Percentage of children aged 5-12 years that are driven to school by car, Rol 2011	69.8	67.2	
Percentage of children aged 5-12 years that walk or cycle to school, Rol 2011	24.4	17.1	
Percentage receiving back to school clothing and footwear allowance, Rol 2011	20	20	
Rate of pupils with special needs in mainstream primary schools per 1,000 pupils in mainstream primary schools, Rol 2011	4	2.4	
Average percentage of primary school children per school who are absent from school for 20 days or more in the school year, Rol 2009/10	11.8	11.8	
Percentage of schools and youth groups involved in the Youth Council / Comhairle na n-Og scheme, Rol 2011	14.8	80	

Source: <http://www.thehealthwell.info/communityprofiles>

Table A.17: Waterford relevant child statistics 2011 for ages 13 to 17

	Waterford City	Waterford County
Percentage of adolescents aged 13-19 years, 2011	8.8	9.1
Percentage of adolescents aged 13-18 years that drive or are driven to school by car, Rol 2011	55.2	53.6
Percentage of adolescents aged 13-18 years that walk or cycle to school, Rol 2011	32.2	15.2
Average percentage of post-primary school children per school who are absent from school for 20 days or more in the school year, Rol 2009/10	12.6	12.6
Leaving Certificate retention rates for the 2006 school entry cohort, Rol 2011/12	92.2	92.9
Percentage of the population aged 15+ years whose education ceased before the age of 15 years, Rol 2011	7.1	5.7
Percentage receiving back to school clothing and footwear allowance, Rol 2011	20	20
Percentage of schools and youth groups involved in the Youth Council / Comhairle na n-Og scheme, Rol 2011	14.8	80
Percentage of secondary schools participating in Environmental campaigns, Rol 2011	72.7	100
Number of births to mothers aged 19 years or less per 1,000 female population aged 13 to 19 years, 2011	9.9	8.8

Source: <http://www.thehealthwell.info/communityprofiles>

Table A.18: Waterford relevant child statistics 2011 for ages 5 to 12

	Waterford City	Waterford County
Percentage of children aged 5-12 years, 2011	10.2	12
The ratio of pupils to teaching teachers in mainstream schools at primary level, Rol 2011/12	25.4	24.7
Percentage of children aged 5-12 years that walk or cycle to school, Rol 2011	24.4	17.1
Percentage of children aged 5-12 years that are driven to school by car, Rol 2011	69.8	67.2
Percentage receiving back to school clothing and footwear allowance, Rol 2011	20	20
Rate of pupils with special needs in mainstream primary schools per 1,000 pupils in mainstream primary schools, Rol 2011	4	2.4
Average percentage of primary school children per school who are absent from school for 20 days or more in the school year, Rol 2009/10	11.8	11.8
Average percentage of post-primary school children per school who are absent from school for 20 days or more in the school year, Rol 2009/10	12.6	12.6
Percentage of schools and youth groups involved in the Youth Council / Comhairle na n-Og scheme, Rol 2011	14.8	80
Percentage of secondary schools participating in Environmental campaigns, Rol 2011	72.7	100
Percentage of the population aged 15+ years whose education ceased before the age of 15 years, Rol 2011	7.1	5.7
Leaving Certificate retention rates for the 2006 school entry cohort, Rol 2011/12	92.2	92.9

Source: <http://www.thehealthwell.info/communityprofiles>

Table A.19: Traveller Children

Number and rate (per 1,000) of Traveller children, by county (2011)		
	No. Of Traveller Children	Rate per 1,000 children in State/county
Waterford	199	6.9

Source: Census 2011

Table A.20 Foreign National Children

Number and rate (per 1,000) of foreign national children, by county (2011)			
	No. of foreign national children	No. of children in State/county	Rate per 1,000 children in State/county
Total	93,005	1,126,919	82.5
Waterford	2,173	28,27	76.9

Source: State of the Nations Children, 2012

Table A.21 Disability

Number and rate (per 1,000) of children with a disability, by county (2011)			
	No. of children with a disability State/county	No. of children in State/county	Rate per 1,000 children in State/county
Total	66,437	1,148,687	57.8
Waterford	1,600	28,908	55.3

Source: State of the Nations Children, 2012

Table A.22: EccE Preschool Takeup

Percentage of Early childhood care and Education (EccE) services under contract to deliver the Free Pre-School Year Scheme that meet basic and higher capitation criteria, by administrative county (2011)						
	No. of children	Total EccE services	Meeting basic capitation criteria		Meeting higher capitation criteria	
		No.	No.	%	No.	%
Total	65,592	4,162	3,553	85.4	609	14.6
Waterford City	770	38	37	97.4	1	2.6
Waterford County	869	53	47	88.7	6	11.3

Source: State of the Nations Children, 2012

Table A.23: Primary School Absenteeism

Average percentage of primary school children per school who are absent from school for 20 days or more in the school year, by county (2009/10)	
	%
Total	10.9
Waterford	11.8

Source: State of the Nations Children, 2012

Table A.24: Post Primary Absenteeism

Average percentage of post-primary school children per school who are absent from school for 20 days or more in the school year, by county (2009/10)	
	No. in school entry cohort
	%
Total	19.4
Waterford City	12.6

Source: State of the Nations Children, 2012

Table A.25: Leaving Certificate Retention

Leaving certificate retention rates for the 2006 school entry cohort, by administrative county		
	No. in school entry cohort	% sat Leaving certificate
Total	54,917	90.2
Waterford County	651	92.9
Waterford City	698	92.2

Source: State of the Nations Children, 2012

Table A.26: Hospital Discharges

Number and rate (per 1,000 children) of hospital discharges of children, by county of residence (2011)			
	No. of hospital discharges of children in State/county	No. of children in State/county	Rate per 1,000 children in State/county
Total	153,905	1,148,687	133.6
Waterford	3,774	28,908	130.6

Source: State of the Nations Children, 2012

Table A.26: Hospital Discharges – Poisoning or Injury

Number and rate (per 1,000 children) of hospital discharges of children with a diagnosis of external causes of injury or poisoning, by county of residence (2011)			
	No. of hospital discharges of children with a diagnosis of external causes of injury or poisoning in State/county	No. of children in State/county	Rate per 1,000 children in State/county
Total	14,085	1,148,687	12.2
Waterford	356	28,908	12.3

Source: State of the Nations Children, 2012

Table A.27: Intellectual Disability

Number and rate (per 1,000) of children registered as having an intellectual disability, by county (2011)			
	No. of children registered as having an intellectual disability in State/county	No. of children in State/county	Rate per 1,000 children in State/county
Total	8,852	1,148,687	7.7
Waterford	302	28,908	10.4

Source: State of the Nations Children, 2012

Table A.28: Physical or Sensory Disability

Number and rate (per 1,000) of children registered as having a physical and/or sensory disability, by county (2011)			
	No. of children registered as having a physical and/or sensory disability in State/county	No. of children in State/county	Rate per 1,000 children in State/county
Total	8,034	1,148,687	7.0
Waterford	234	28,908	8.1

Source: State of the Nations Children, 2012

Table A.29: Child Welfare and Protection

Number and rate (per 1,000) of child welfare and protection reports to the HSE, by HSE Region and Local Health office (LHo) Area (2011)			
	No. of child welfare and protection reports to the HSE	No. of children in HSE Region/LHo Area	Rate per 1,000 children in HSE Region/LHo Area
Total	31,626	1,148,687	27.5
HSE South	8,905	292,796	30.4
Waterford	1,359	31,703	42.9

Source: State of the Nations Children, 2012

Table A.30: Births to Mothers < Age 18

Number and rate (per 1,000) of births to mothers aged 10-17, by county (2011)			
	No. of births to 10-17 year-olds in State/county	No. of births to all ages in State/county	Rate per 1,000 births in State/county
Total	399	74,650	5.3
Waterford	14	1,793	7.8

Source: State of the Nations Children, 2012

Table A.31: Children in Households in need of Social Housing

Number and percentage of households with children identified as being in need of social housing, by household structure and county (2011)				
	Single with child/children	couple with child/children	All households with child/children	
	No.	No.	No.	%
Total	28,768	14,810	43,57	100.
Waterford	705	312	1,01	2.3

Source: State of the Nations Children, 2012

Table A.32: Referrals to Garda Juvenile Diversion

Number and rate (per 1,000) of children aged 10-17 referred/referrals to the Garda Juvenile Diversion Programme, by Garda Region and Division (2011)					
	Total number of children referred		Total number of referrals		Average ratio referrals per child referred
	No.	Rate per 1,000 children aged 10-17	No.	Rate per 1,000 children aged 10-17	
South Eastern Region	1,71	27.5	3,49	56.0	2.0
Waterford	4	38.9	1,00	79.9	2.1
Wexford	37	22.8	72	44.7	2.0

Source: State of the Nations Children, 2012

Table A.33: Children in the care of Child and Family Agency (formerly HSE)

Number and rate (per 1,000) of children in the care of the HSE, by HSE Region and Local Health office (LHO) Area			
	No. of children in the care of the HSE in each HSE Region/LHO Area	No. of children in HSE Region/LHO Area	Rate per 1,000 children in HSE Region/LHO Area
HSE South	1,877	292,796	6.4
Waterford	236	31,703	7.4

Source: State of the Nations Children, 2012

Figure A.37: Waterford – Deprivation at the LEA Level (Waterford City East & Waterford City South LEAs)

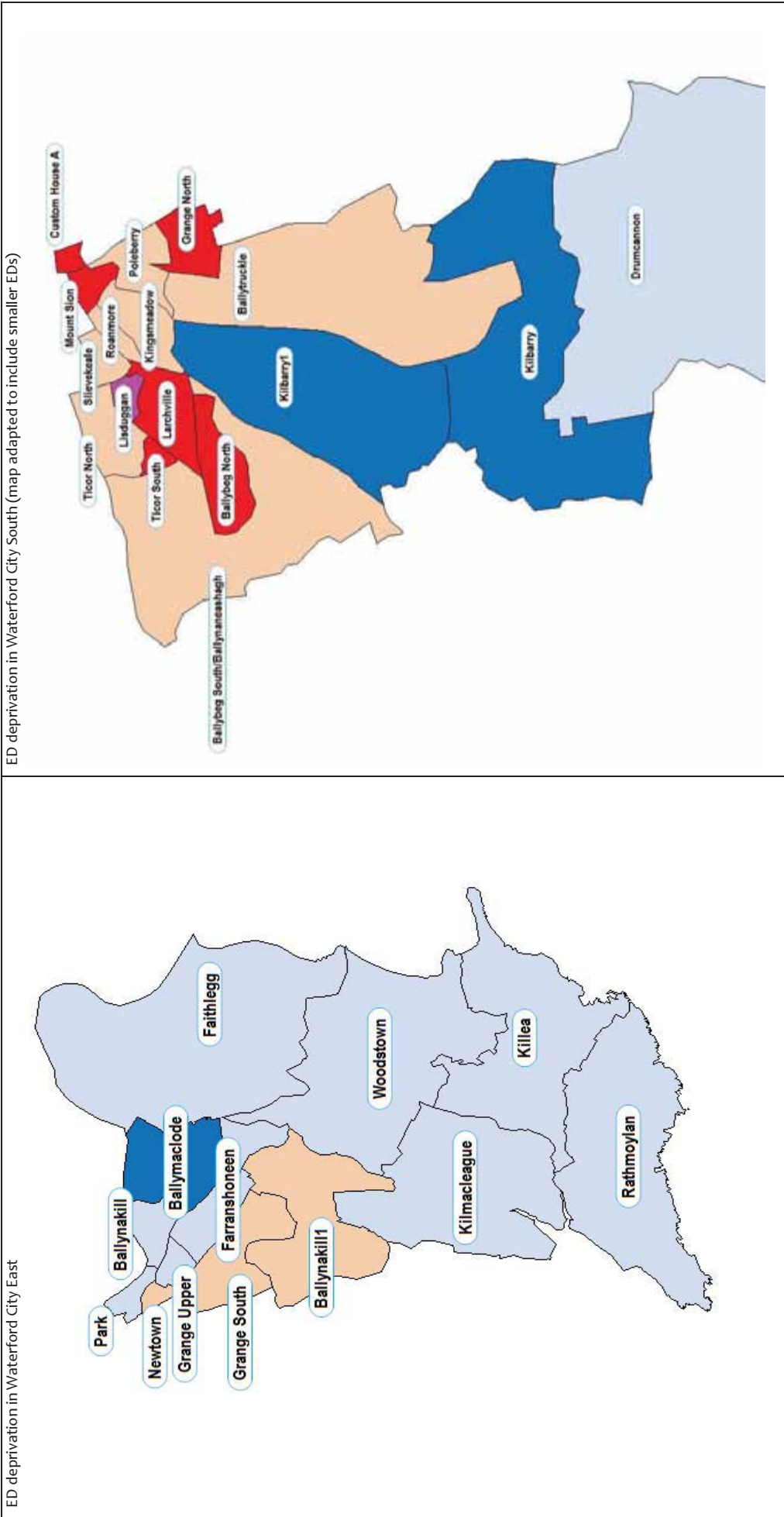


Figure A38: Waterford – Deprivation at the LEA Level (Tramore-Waterford City West)

Top part of ED Deprivation Tramore-Waterford City West

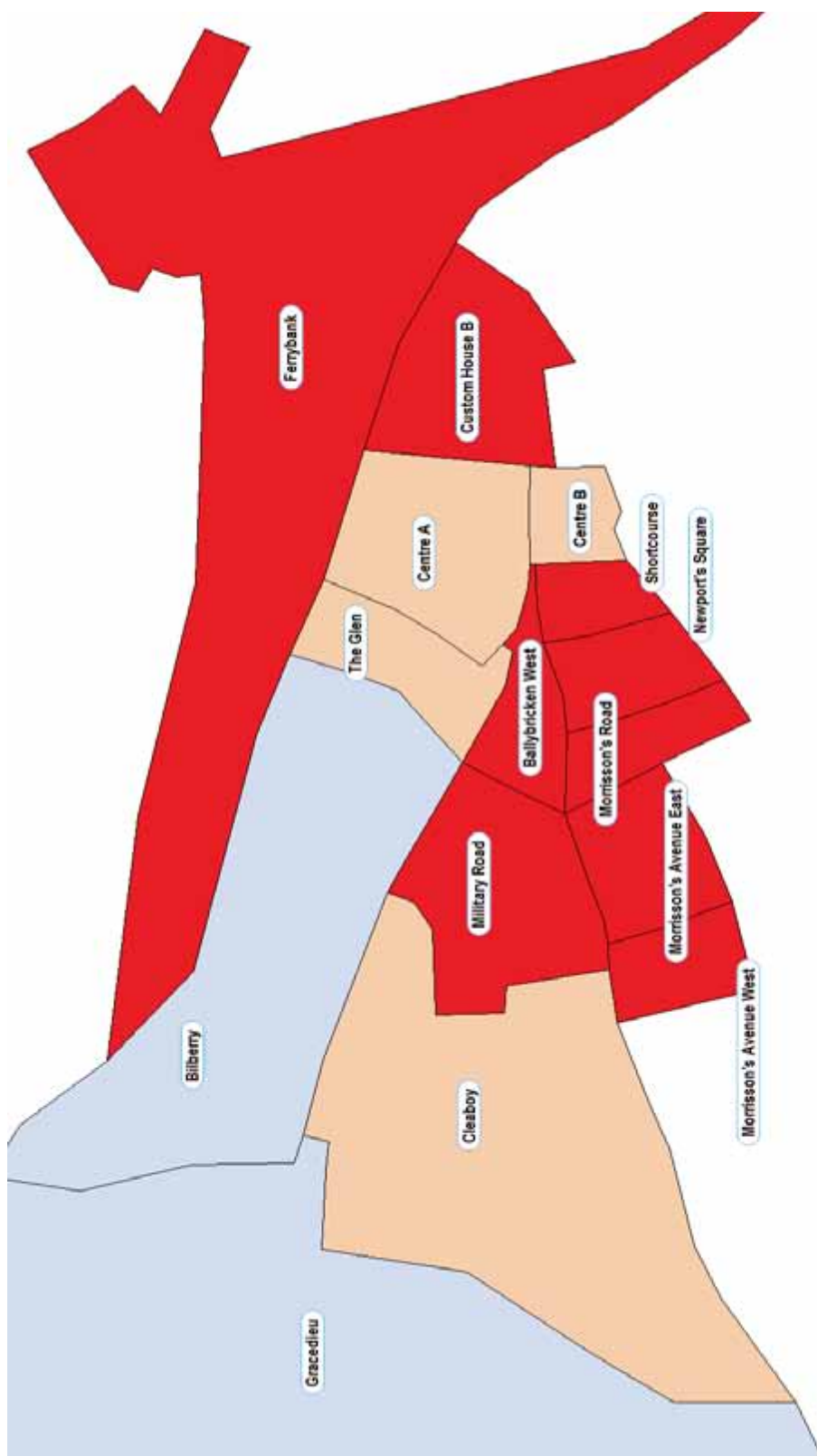


Figure A.39: Waterford – Deprivation at the LEA Level (Comeragh)

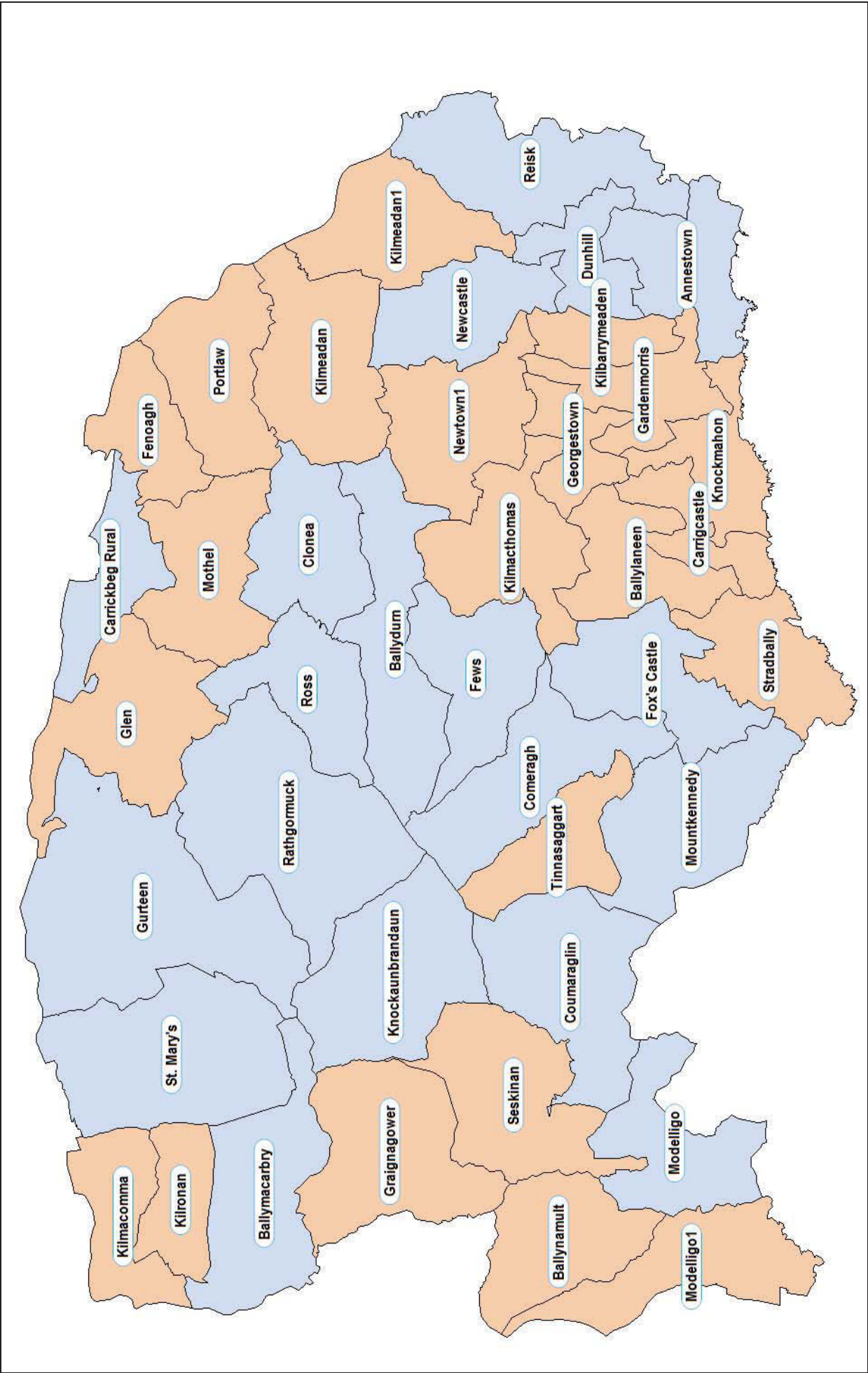


Figure A.40: Waterford – Deprivation at the LEA Level (Dungarvan-Lismore)

