County Kildare Children's Services Committee

Children and Young People's Plan 2011 - 2013

Contact

> The Kildare Children's Services Committee welcomes comments, views and opinions about our Children and Young People's Plan.
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Foreword

The completion of the Kildare Children's Services Committee Plan is the culmination of the efforts of many individuals and organisations in Co. Kildare. It bears testament to the positive inter-agency work that is already taking place in the county, while offering a valuable opportunity to further strengthen the collaborative approach.

There is no doubt that these are challenging times in which to support children, young people and families. However, this serves to reinforce the importance of ensuring that the resources available are used most effectively.

In light of this, the Kildare Children's Services Committee 3-Year Action Plan strives to promote enhanced service quality and access, through greater coordination and integration in planning, delivery and evaluation.

I would like to thank all who contributed to the development of the Action Plan and who remain committed to its implementation.

David Walsh
Area Manager, HSE Dublin South West, Kildare, West Wicklow
Chairperson, Kildare Children's Services Committee

Section 1: Introduction

The purpose of the Children's Services Committees is to secure better developmental outcomes for children through more effective integration of existing services and interventions at local level.

The Seven 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**

- **Economically secure**

- **Secure in the immediate and wider physical environment**

- **Part of positive networks of family, friends, neighbours and the community**

- **Included and participating in society**

Note: In Section 6, Action Plan for Children's Services Committees, some outcomes are amalgamated.

Background to the CSC initiative and policy context

Children's Services Committees in Ireland

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

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

Children's Services Committee in County Kildare
History of the development of the Children's Services Committee in Co. Kildare

Establishment Phase 2008-2010
2008
- In December 2008, HSE Local Health Managers across the country were invited to submit a proposal to be included as Phase II Children Services Committees.

2009
- In March 2009, an inter-agency meeting was convened by the HSE Local Health Manager and Child Care Manager for Co. Kildare to explore the possibility of establishing a Children's Services Committee in the county. The meeting included a presentation on the purpose and function of CSCs.
- A follow up meeting took place in April 2009, which comprised a teleconference with a representative of the Office of the Minster for Children and Youth Affairs (OMCYA) outlining the work of the 4 existing CSCs and providing an opportunity for questions and answers.
- In May 2009 a meeting took place between a number of representatives from Kildare and the Office of the Minister for Children and Youth Affairs to progress the Co. Kildare proposal.
- In June 2009, a third local inter-agency meeting took place with a focus on consolidating the membership and commitment of the individual organisations in Co. Kildare to the CSC process.
- In July 2009, a number of representatives from the inter-agency group met with the County Manager, Kildare County Council to formalise the local authority's involvement in and support for the establishment of the CSC in the county.

- A presentation to Kildare County Development Board (CDB) in October 2009 led to the endorsement of the local CSC process by the CDB.

2010
- In February 2010, a second meeting with the OMCYA outlined the next steps in the process as the identification by the Co. Kildare CSC of its agreed priority areas of work.
- In order to do this, the Committee completed two group sessions facilitated by an external facilitator (Susan Bookle, Burtenshaw Kenny Associates) on 24th March 2010 and 26th April 2010. Over the course of the two sessions there was an opportunity for members to begin to become familiar with each other, with individual organisations and roles, to clarify the role and context of Kildare CSC, to agree key priority areas of work by looking at issues, services and gaps, to prioritise objectives, to discuss practical details and agree how to progress the work.
- In May 2010, some representatives from the Kildare CSC attended the national induction session for all new CSCs.
- In June 2010, the official launch meeting of the newly established Kildare CSC took place, with attendance including representatives from the OMCYA.

Action Plan Development Phase 2010-2011
2010
- There were five CSC meetings facilitated by an external facilitator, Bernard McDonald, with a focus on developing the 3-year Action Plan. These took place on the following dates: 21st July 2010, 8th September 2010, 13th October 2010, 17th November 2010 and 2nd February 2011.
- Over the course of these sessions, the draft Terms of Reference for the CSC were developed and reviewed, a "planning for outcomes" exercise was undertaken by the Committee, members worked in small groups using the action plan template and broad priority areas were identified.

2011
- In March 2011, a Coordinator came on board to support the work of KCSC, including the development of the 3-Year Action Plan.
- Six monthly meetings of KCSC took place from March to September 2011 inclusive. The May meeting included a facilitated session with external Facilitator, Bernard McDonald, in addition to the business meeting. The June meeting focussed solely on the Action Plan and was also facilitated by the external facilitator.
- In June there were themed meetings under two of the priority areas identified in the plan.
- A consultation session took place with the Comhairle na nOg County Panel in June.
- In September KCSC formally signed off on the 3-Year Action Plan for submission to the Department of Children and Youth Affairs.
- Monthly meeting dates were agreed for the remainder of 2011 to progress the implementation of the Plan.

Who we are

Who We Are		
Organisation	**Member**	**Role**
Co. Kildare LEADER Partnership	Justin Larkin	CEO
	Pat Leogue	Social Inclusion Manager
Garda Siochana	Michael Byrnes	Chief Superintendent
	Timothy Burke	Sergeant
Health Services Executive	David Walsh	Integrated Services Area Manager
	Marie Faughey	Child Care Manager
	Michael Knowles	Manager, Naas Hospital
Kildare County Childcare Committee	Julie McNamara	Coordinator
Kildare County Council	Peter Minnock	Director of Service
Kildare Youth Services	Tommy Lavelle	Acting Regional Director
Kildare Vocational Education Committee	Stephen Hartnett	Education Support Officer
National Educational Psychological Service	Annette Corkery	Senior Educational Psychologist
National Educational Welfare Board	Jean Rafter	Regional Manager
Probation Service	Helen Redmond	Senior Probation Officer
St. Mary's College, Naas	Marie O'Neill	Principal
Scoil Mhuire, Clane	Padraig Nolan	Principal
South West Regional Drugs Task Force	Lisa Baggott	Coordinator

See Appendix 9 for overview of how Kildare CSC fits with other structures.

Achievements to date

- Interest and commitment of local stakeholders in the establishment of a CSC in Co. Kildare.
- Successful proposal to the Office of the Minister for Children and Youth Affairs to become a Phase II CSC.
- Consistent attendance and participation in the CSC process from the outset including CSC meetings, facilitated sessions, national events and contact between meetings.
- Strengthening of local inter-agency relationships and collaborations.
- Enhanced commitment to working in partnership.
- Development of positive working relationship with the Office of the Minister for Children and Youth Affairs.
- Development of the Terms of Reference for the Information Sub-Group.
- Securing funding for the Coordinator post
- Enhanced knowledge and awareness of the role and work of other organisations.
- Enhanced knowledge and understanding of outcomes-focused planning and evaluation.
- Development of the KCSC Information Sheet.
- Information exchange within and between meetings.
- Drawing on the expertise in the group in the development of the 3-year Action Plan.
- Development of the KCSC draft Terms of Reference.
- National networking
- Development of the 3-year Action Plan.

How the Children and Young People's Plan was developed

A number of parameters were agreed for the first 3-year action plan:
- Direct consultation would take place with member organisations and young people.
- Local and other available relevant research would be used to capture needs and issues for organisations not currently represented on KCSC.

The focus of the plan is:
- To document the existing collaborative work that is happening in Co. Kildare under agreed priority themes.
- To look at the approach to current service provision with a view to enhancing access, quality (in line with the *Agenda for Children's Services*) and collaboration.
- To build in a practical means of measuring outcomes, impact and effectiveness of the services being provided that is consistent in terms of measurement tools and processes.
- To develop actions with optimal impact within existing resources.

There were a number of stages and elements involved in the development of the Kildare Children's Services Committee 3-Year Action Plan.

The elements of the planning process included:

Individual consultation:
- Face-to-face meetings and/or phone contact with CSC members.
- Phone contact with key personnel in CSC member organisations.

Group Consultation:
- Consultation with KCSC at meetings and facilitated sessions
- Consultation with Comhairle na nOg County Panel (Appendix 2).

Literature Review:
- Review and analysis of relevant local, national and international research (See Appendix 3 for list of reference documents). This included the reports of the CSC facilitated sessions and meeting Minutes from March 2009 to date.

Demographic profiling:
- Review and analysis of relevant socio-demographic data at national, county and sub-county level.

Audit of service:
- Identifying and documenting the key services provided to children, young people and their families by CSC member organisations.

Work between meetings:
- The Priority Area template completed by CSC members (Appendix 4).
- Planning meetings between Coordinator and the external Facilitator.
- Attendance at Kildare County Childcare Committee annual planning session.

The stages of the planning process were as follows:

Stage 1
- As part of the establishment phase there were two facilitated group sessions with Committee members and an external facilitator, which began the process of agreeing the role of KCSC, identifying key local issues and prioritising strategic objectives.

Stage 2

- This stage commenced after the first official launch meeting of KCSC in June 2010.
- It comprised five facilitated group sessions with Committee members and an external facilitator over a seven month period from July 2010 to February 2011, with a specific focus on the development of the 3-year action plan.
- A draft Terms of Reference for KCSC was developed and reviewed (Appendix 5).
- There was work completed in relation to outcomes-focused planning.
- There was an opportunity for small group work using the Action Plan templates.
- The broad priority areas of focus for the plan were agreed.
- The Committee identified the appointment of a Coordinator as the next step in progressing the development of the Action Plan.

Stage 3
- This stage commenced with the appointment of the Coordinator in March 2011.
- At the April 2011 meeting of KCSC the "plan for the plan" proposed by the Coordinator was agreed (Appendix 6). This confirmed the core elements of the plan methodology: demographic profiling, literature review, service mapping , individual and group consultation, needs analysis and the development of objectives, actions, indicators and targets.
- At the May meeting the Terms of Reference for the Information Sub-Group were adopted, which further facilitated the data collection required for the plan (Appendix 7).
- The demographic profiling information was presented to members at the May meeting for discussion, along with possible priority areas emerging from the data relating to Targets Groups, Themes and Geographical Location.
- As a follow up to this, a template was emailed to each member organisation to complete (See Appendix 4). The aim of the template was to further identify strategic priorities within individual organisations and highlight commonalities across KCSC as a whole.
- The June meeting was a facilitated session focusing solely on the Action Plan. The service map for the county was presented to members at this meeting.
- Three suggested priority themes were put forward, based on the feedback from the completed templates, findings from the relevant literature and data, the reports from the previous KCSC facilitated sessions and the individual consultations.
- Existing actions and services were listed under each of the themes.
- A number of emerging opportunities for collaboration were identified and presented for discussion.
- Finally, an initial draft of a sample action template under one of the priority areas (Youth Mental health) was worked through with the Committee.
- Themed meetings took place for two of the three agreed priority areas: early school leaving and youth mental health (including drugs and alcohol).
- Four draft action templates (building family capacity/early intervention, early school leaving, youth mental health [including drugs and alcohol] and change management) based on the work completed to date, were circulated to all members in advance of the themed meetings and these formed the basis of the discussion at the meetings.
- An interactive group consultation took place with the young people on the Comhairle na nOg County Panel.
- The four action templates were revised to reflect the input from the themed meetings and the Comhairle na nOg consultation and circulated to CSC members for feedback.
- The July meeting of the CSC focused on finalising the actions and agreeing the indicators.

- A revised draft of the plan, including Section 1, was circulated to CSC members in advance of the September meeting.
- At the September meeting, lead responsibility and timeframes for actions were discussed.
- In September the plan was signed off for submission to the Department of Children and Youth Affairs.

Section 2: Socio-Demographic Profile of County Kildare

Introduction

The relevant socio-demographic information for Co. Kildare is presented below under a number of headings. The figures are drawn from the 2006 Census figures unless otherwise stated. County and sub-county information has been included where available. Where possible the Co. Kildare figures are compared to the national context. The section concludes with a summary of the notable findings from the socio-demographic profile.

Please see Appendix 8 for a detailed breakdown of the some of the demographic information at sub-county DED level, which was presented to Kildare CSC in May 2011.

Population

- The population of the Republic of Ireland is 4,239,848 (2006).
- The population of Co. Kildare is 186,335 (2006).
- The population growth rate in Co. Kildare from 1991-2006 was 51.9%, more than double the national figure of 20.3%.
- Between 2002-2006 Kildare had the highest average annual birth rate per thousand population in the Mid-East region at 12.4, followed by Meath (11.7), Wicklow (10.7) and Dublin (10.2).
- In Co. Kildare there are 55,757 children and young people under 19 years of age (2006). This represents 29.92% of the total population and exceeds the national figure of 27.23%.
- 73 of the 89 EDs in County Kildare have a higher proportion of young persons aged between 0-14 years than the national average (2006).

Travellers

- According to Kildare Traveller Action (KTA, 2006) there are 130 Traveller families in Co. Kildare, with 54% of family members under 14years, as compared to a national figure of 21%.
- The Census figures indicate that Traveller children in Co. Kildare represent 0.5% of all children in the county, which is below the national figure of 1.1%.

Disability

- There are 14,986 people with a disability in Co. Kildare (2006).
- The number of children aged 0-14years with a disability in the county is 1690. This is 11.3% of the total population with a disability and exceeds the national figure of 8.4%.
- The number of children and young people aged 15-24years in the county with a disability is 1348 and 9% of the total population with a disability. Again, this exceeds the national figure of 7.4%.

New Communities

- 85.8% of the Kildare population is Irish (CSO, 2006).
- Other nationalities by place of birth are as follows: UK 5.6%, Poland 2.2%, Lithuania 0.6%, Other EU 25, 1.7%, Rest of World 4.2% (Roche & Prendergast, 2008).
- There are 62800 foreign national children living in Ireland (2006).
- 3028 of these are living in Co. Kildare.
- Foreign national children as a percentage of all children is in keeping with the national figure of 6.1% (national) 6%(Co. Kildare).

Asylum Seekers

- There is one direct provision centre for asylum seekers in Co. Kildare, located in the Eyre Powell hotel, Newbridge, with capacity for 100 residents. At present there are 98 asylum seekers resident in the centre.
- Nationally, the duration of stay in direct provision centres exceeds 24 months in the majority of cases (RIA, 2011), and local knowledge would indicate that 24 months is the approximate average stay in Eyre Powell also.

Families
- There are 749,557 family units with children in Ireland (2006).
- In Co. Kildare there are 35,012 (2006).
- The proportion of family units with children as a proportion of the total population is 18.79% for Co. Kildare, exceeding the national figure of 17.7%.
- The number of children living in a lone parent household nationally is 183,744 (2006).
- For Co. Kildare the figure is 7830 (2006).
- The percentage of children under 18 years living in a lone parent household in Co. Kildare is 15.5%, below the national figure of 17.8%.
- 18.3% of all households with a minimum of one child under 15 years old in Co. Kildare are lone parent households, which is below the national figure of 21.3%.
- At Sub-County level there are substantial differences across DEDs, with 16 DEDs where the rate of lone parent households significantly exceeds the national average e.g. Athy West Urban (37%), Newbridge (34%) and Athy East Urban (30%).
- 45% (3,525) of lone parents were in receipt of One Parent Family Payment in Kildare in 2006.

Educational Attainment
- The percentage of children under 18years living in a household with a mother who has primary only or no formal education is 5% in Co. Kildare, below the national figure of 6.3%.
- The percentage of children under 18years living in a household with a mother who has third level education is 32.5% in Co. Kildare, above the national figure of 30.6%.
- Nationally, the percentage of the adult population with primary education only is 18.9%. The figure for Co. Kildare is 14.3%, below the national figure.
- However, at a sub-county level there are 29 DEDs where the numbers far exceed the national figure e.g. Kilpatrick (32.2%), Ballybrackan (27.6%) Drehid (27.2%).
- At county level the figures in relation to third level education are more positive than the national context with 33.2% of the adult population in Co. Kildare having a third level qualification, compared with 30.5% nationally.
- As above, the situation at sub-county level varies significantly from the county figure with 55 of 89 DEDs below 30.5% e.g. Kilberry (11.7%), Kilpatrick (12.1%), Lullymore (13.6%).

Early School Leaving
- The Junior Certificate drop out rate for the 1st year class of 2004 is 5.5% nationally and 4.9% in Co. Kildare.
- The Leaving Certificate Drop Out rate for Co. Kildare is also below the national figure at 14.3% versus 15.5%.
- The average percentage of children absent for 20 days or more at primary level (2007/2008) is 11.7%, slightly below the national figure of 12% (OMCYA, 2010a).
- However, at post-primary level the average percentage of children absent for 20 days or more in the county exceeded the national figure at 21.2% versus 17%.

Journey Time to Work, School or College
- 12.2% of the population in the county report a journey time of 60-90 minutes to work, school or college (2006).
- This is almost double the national figure of 6.4%.
- At national level, 2.7% have a journey time to work, school or college in excess of 90 minutes.
- The figure for Co. Kildare is 6.2%.

Unemployment
- There have been 10,705 job losses through redundancy in County Kildare from 2006 to the end of April 2011.
- The number of job losses for the first quarter of 2011 is 664 compared to a total number of 796 job losses for the entire year 2006 in the county.(Dept of Enterprise, Trade and Innovation, 2011).
- The total number of persons on the live register in Co. Kildare as at May 2011 was 18,151, an increase of 1,656 from the same month in 2009. (CKLP, 2011).

Housing
- In total, there are in excess of 9,000 families or individuals in state supported housing in Co. Kildare.
- There are approximately 6,000 applicants on the Kildare County Council housing list at present. This includes those who are currently accommodated in institutions, social leasing units, private rented accommodation, in receipt of the supplementary welfare allowance, participating in the rental accommodation scheme or living outside the county (CKLP, 2011).

Health
- 212 low birth weight babies were born in Co. Kildare (2008), representing 5.3% of all babies born. This is in keeping with the national figure of 5.6% (OMCYA, 2010a).
- The percentage of babies in the county who are breastfed is greater that the national figure at 54.7% versus 50.9%.
- 29 babies were born to mothers aged 10-17years (2009) representing 0.7% of all births. The national figure is 0.8%.
- There were 700 hospital discharges among children in Co. Kildare in relation to external injury/poisoning. This is 4.9% of all hospital discharges amongst children for external injury/poisoning nationally.

Child Welfare
- There were 207 confirmed cases of child abuse in the Kildare/West Wicklow Local Health Office area in 2008. This represents 9.6% of all confirmed cases nationally.
- Of the 207 confirmed cases in Kildare/West Wicklow, 13.53% concerned sexual abuse, 17.87% concerned physical abuse, 24.25% concerned emotional abuse and 44.44% concerned neglect.
- There are 5357 children in the care of the Health Services Executive (2008) nationally. 209 (3.9%) of these are in Kildare/West Wicklow. This is the 6th highest figure of the 32 Local Health Office areas in the country (OMCYA, 2010a).

Mental Health
- There were 406 psychiatric admissions among children in Ireland in 2008. 20 of these relate to children in Co. Kildare. This represents 4.9% of the total figure nationally.
- In 2010, 1 young person under 18 years was admitted to Lakeview Psychiatric Unit in Naas Hospital.

- 18 young people aged 16-17years were referred to Adult Mental Health services from Naas Hospital Emergency Department.
- A further 22 young people under 16 years were referred by Naas Hospital Emergency Department to the Child and Adolescent Mental Health Team.
- There were 43 patients under 18years in psychiatric hospitals and units in Ireland on census night. This represented an increase from the figures in 2001 & 2006.
- The main categories under which the young people were placed included schizophrenia (19%), eating disorders (12%), neuroses (9%), 7 % depressive (7%) (Irish Psychiatric Units and Hospitals Census 2010).

Suicide/Deliberate Self Harm
National

- There were 21 suicides among children aged 10-17years in Ireland in 2009. This is 23.1% of all deaths in this age group.
- The rate of deliberate self harm has increased by 4% from 2009 to 2010 (NSRF, 2011).
- 41% of all deliberate harm presentations involved alcohol (NSRF, 2011).

The female rate of deliberate self harm is 3 times greater than the male rate in 10-14yr olds and 44% higher than the male rate in 15-19yr olds. (NSRF, 2011).

Co. Kildare

- 53 young people under 18 years presented to Naas Hospital Emergency Department in 2010 with issues relating to substance misuse and deliberate self harm. The presentations were categorised as follows: deliberate self harm (5), deliberate self poisoning (31), behaving strangely (1), mental illness (5), apparently drunk (11).
- 7 young people aged under 18 years were admitted to Naas Hospital in 2010 - 6 relating to deliberate self poisoning and 1 relating to mental illness.
- 2 young people under 18 years were transferred from Naas Hospital Emergency Department to Crumlin Hospital relating to deliberate self poisoning.
- In 2009 there were 21 deaths by suicide in total in Co. Kildare across all ages (NOSP 2010).
- There has been an increase of more than 10% in self harm presentations to Naas Hospital from 2009 to 2010 (all ages) (NSRF, 2011).
- The rate of deliberate self harm for men in Co. Kildare is 150 per 100000, which is below the national average (NSRF, 2011).
- The rate of deliberate self harm for women in Co. Kildare is 231 per 100000, which is equal to national average (NSRF, 2011).
- There were 298 hospital treated episodes of deliberate self harm for children and young people aged 0-19yrs in the Dublin/Midlands hospital group in 2010, comprising 6 hospitals, including Naas Hospital (NSRF, 2011).
- There were 63 hospital treated episodes of deliberate self harm for 0-19yrs in Naas Hospital in 2010 (NSRF, 2011).

Juvenile Crime

- 18519 children and young people in Ireland were referred to a Juvenile Liaison Officer in 2009 (OMCYA, 2010a).
- 546 (2.9%) of these were in Co. Kildare.

Substance Misuse

- The number of cases of treatment or assessment in relation to drug misuse in Co. Kildare from 2004-2007 is 1582.
- The number referred in 2009 is 537. Of the 537, 295 related to alcohol and 242 related to drug misuse.

- 44 of those referred were under 17 years old. 22 of those referred were 18-19years.
- The highest levels of referrals within the county were from Athy East Urban, Naas Urban, Celbridge, Leixlip, and Newbridge Urban (Health Research Board, 2008).
- 17% of young people in Co. Kildare reported drinking alcohol "often" or "so often I worry" (Lalor & Baird, 2006).
- This figure increased to 39% for male 6th year students (Kildare Youth Services, 2006).
- In June 2004 the former South West Area Health Board had 115 people on their waiting list for methadone treatment. This figure represents almost 40% of all those on methadone waiting lists in June 2004 (SWRDTF 2005).
- Towns near the border with County Dublin, Newbridge, Leixlip, Maynooth, Kilcock and the Curragh experience higher levels of heroin abuse as opposed to towns such as Naas where cocaine usage is more prevalent, as the population tend to be middle class and in full time employment (KCP & SWRTF 2009.)

Domestic Violence
- In 2010, 201 women were supported by the staff of Teach Tearmainn, the Co. Kildare information and support service for women who experience domestic violence and abuse.
- Teach Tearmainn received a total of 1430 calls during 2010, representing an average of 5 calls per day. The service has seen a 60% increase in the number of calls received over the past 3 years.
- The most commonly used services in 2010 were support and information (36%) and indirect support to family, friends and other professionals (19%).
- The outreach and accompaniment service accounted for almost 10% of contacts.
- 7% of women received support through counselling.
- 14% of calls were recorded as crisis calls.
- Women seeking refuge accounted for 3% of calls.

Disadvantage
- 3 DEDs in Co. Kildare are categorised as "disadvantaged" according to the Relative Index Score of Affluence/Deprivation: Athy West Urban, Kilberry and Kilpatrick (Trutz & Haase, 2008).
- A further 22 DEDs are deemed to be "marginally below average".
- In addition to the above, at local level there are a number of towns containing specific areas that are deemed to be "extremely disadvantaged", "very disadvantaged" or "disadvantaged". These include: Athy (extremely disadvantaged), Athy, Newbridge, Celbridge (very disadvantaged) and Athy, Allenwood, Robertstown, Derrinturn, Rathangan, Clane, Newbridge, Kildare Town, Kilcullen, Naas, Maynooth and Monasterevin (disadvantaged). (CKLP, 2011).
- 27% of the total population in the most deprived EDs in Kildare/West Wicklow are children, exceeding the national figure of 24.6% (SAHRU 2007).

Some Notable Findings
- Co. Kildare has experienced a period of rapid growth.
- There is a large population under 19 years.
- There are a relatively small number of Traveller families in the county, but with a high proportion of children.
- There is a significant population of young people with a disability in the county.
- A significant proportion of the population live in family units with children.
- In some areas of the county there are very high proportions of lone parent households.
- There are areas of the county with high levels of early school leaving and low levels of

educational attainment amongst the adult population.
- Absenteeism at post-primary level is above the national average.
- Journey times to work, school and college are significantly higher than the national average.
- Unemployment has increased considerably and spread far beyond areas traditionally associated with unemployment in the county.
- Suicide is a significant cause of death for young people aged 10-17years nationally.
- The rate of deliberate self harm has increased nationally.
- The female rate of deliberate self harm is greater than the male rate for 10-19 year olds in Ireland.
- Alcohol is involved in a sizeable proportion of deliberate self harm presentations.
- Self poisoning accounted for the majority of deliberate self harm presentations by under 18 year olds to Naas Hospital Emergency Department.
- In spite of being categorised as the 4th most affluent county in Ireland, there are many areas of considerable deprivation on Co. Kildare.

Section 3: Overview of Services to Children and Families in County Kildare

Introduction

It was agreed by the Children's Services Committee that the service mapping for the first 3-year plan would focus solely on the services and supports provided by the 12 member organisations, including projects that are core-funded by the organisations. The ongoing review and updating of the service mapping, to include services provided by the community and voluntary sector in the county is contained as an action in the plan.

The services and supports have been categorised as universal (Hardiker Level 1) or targeted (Hardiker Level 2, 3 or 4)

The services below have been presented below according to member organisation in alphabetical order.

ORGANISATION	SERVICE	UNIVERSAL/TARGETED
Co. Kildare LEADER Partnership	Rural Development Programme – capital and training grants	Universal
	Local & Community Development Programme Enterprise support Community development support for groups	Targeted
	Local Training Initiatives for unemployed x 6 (Athy, Rathangan, Naas, Allenwood)	Targeted
	Tus Work Placement Programme for long term unemployed	Targeted
	Supports for disadvantaged young people: programme development and delivery e.g. personal development, career/life planning, early intervention	Targeted
	Information service to beneficiary groups	Targeted
	Training – accredited & unaccredited	Targeted
	Kildare Traveller Action: information, education and community development supports for Travellers	Targeted
	KNIT Project: information, education and community development supports for new communities.	Targeted
Education	100 Primary schools 8 DEIS Primary schools – Curragh, Kildare Town, Newbridge, Athy	Universal
	27 Post Primary schools 9 DEIS Post primary schools – Rathangan, Prosperous, Naas, Monasterevin, Kildare Town, the Curragh, Athy, Newbridge	Universal Targeted

	4 Special Schools – Celbridge, Curragh, Newbridge, Naas	Targeted
Garda Siochana	Garda stations x 18	Universal
	Community Policing e.g. neighbourhood watch, community alert	Universal
	Joint Policing Committees x 5 (Athy, Newbridge, Naas, Leixlip, Kildare County)	Universal
	Schools Programme	Universal
	Juvenile Liaison Officers x 3	Targeted
	Garda Youth Diversion Projects x 2 (Celbridge, Newbridge/Curragh)	Targeted
	Specialist Officers e.g. Immigration, Diversity, Crime Prevention, Family Liaison	Targeted
Health Services Executive	Naas Hospital – Emergency Department (14-18 year olds only) Social Worker, Clinical Nurse Manager, Substance Misuse Nurse	Universal
	Addiction Services – counselling (Newbridge), Outreach workers x 2, Education Officer, needle exchange service	Targeted
	Health Centres x 18	Universal
	Primary Care Teams x 16/17 in Co. Kildare with Public Health Nurse, Registered General Nurse, Home Help, Physiotherapist, Occupational Therapist, General Practitioner. 3 Teams have a Social Worker and a Psychologist. 5 x Primary Care networks	Universal & Targeted
	Child Health – Public Health Nursing – developmental screening, immunisations, breastfeeding support	Universal & Targeted
	KDoc – out-of-hours GP service	Universal
	Psychology via primary care in 3 areas Naas, Newbridge, Athy and within Mental Health services	Targeted
	Social Work service – intake, duty, case work – in care, fostering, aftercare, family work, child welfare and protection	Targeted
	Family Support Workers – home-based family support workers	Targeted
	Mental Health: 3 x Child and Adolescent Mental Health teams for under 16 years. Celbridge (covering North Kildare), Kill (covering Mid-Kildare), Athy (covering south Kildare) with an outreach site in Newbridge). Speech and Language Therapist within team. A new Adolescent Day Service is in	Targeted

	development to serve South West Dublin and Kildare based in Cherry Orchard Hospital.	
	Palliative Care and care for very ill children: Jack & Jill Foundation (home based), Barrettstown Gang Camp (centre based).	Targeted
	Beechpark Autism Services: multi-disciplinary clinical services to children with a diagnosis of Autistic Spectrum Disorder (ASD) without a significant intellectual disability, and their families. Children in ASD Units in mainstream schools, designated special schools or Applied Behaviour Analysis (ABA) Schools in the region. Input available for some preschool children under the age of 6 years not in receipt of ongoing supports from another health service. Early Services Team and outreach team based in Johnstown, Co. Kildare.	Targeted
	Intellectual Disability residential, day, educational, respite and clinical services for children, adults and their families e.g. Moore Abbey, Monasterevin, Moyvane Lodge, Naas,(Sisters of Charity of Jesus and Mary) St. Raphael's, Celbridge, Genil, Maynooth (St. John of Gods), KARE (Newbridge & other locations). Early Years Support Team for u5s: clinical services, support for children in mainstream pre-school, specialist pre-school (KARE). School Support Team: service for primary school children with moderate intellectual disability who are not in receipt of another service.	Targeted
	Physical Disability: Enable Ireland Services are provided for children with a primary physical disability and their families living in Kildare/West Wicklow. The age range of the children is birth to 18 years (or whenever they finish mainstream school). The team consists of an Occupational Therapist, Physiotherapist, Speech and Language Therapist, Social Worker and Administration. Services are provided from the centre in Naas and child's home/pre-school/school/local community. There are services provided	Targeted

	in the Health Centres in both Athy and Celbridge once a month.	
	Traveller Primary Health Unit: peer-led health promotion, advocacy and training for Travelling community	Targeted
	Pre-School Inspectorate: monitoring compliance with legal requirements of pre-school provision.	Universal
	Childminder Advisory Service: information and support to individuals providing home-based childminding service.	Universal
	OK Lifestart – Home visiting programme for parents and their children under 6 years old in North West Kildare.	Universal
	Teach Tearmainn – Information and outreach support service for women experiencing domestic violence. Crisis accommodation under construction.	Targeted
	Benefits & Schemes – medical card, drug payment scheme, GP only card	Targeted
Kildare County Childcare Committee	Parent & Toddler Group grant scheme (30 P&T Groups)	Universal
	Quality Outreach Service for childcare service providers	Universal
	Training for parents, childminders and childcare service providers	Universal
	Information service for parents, professionals, students and childcare providers.	Universal
	Parent Support: information, training, networking	Universal
	Support for administration of Government schemes: ECCE (Early Childhood Care and Education Scheme) and CETS (Childcare Education and Training Support Scheme).	Universal
	234 x childcare services, 20 community	Universal
	91 childminders	Universal
	217 services in ECCE scheme	Universal
	58 CETS allocations	Universal
Kildare County Council	ISP Kildare Town (inter-agency/community): support for development and implementation of a local action plan for Kildare Town.	Universal
	ISP Kilcock (inter-agency/community): support for development and implementation of a local action plan for Kilcock.	Universal
	RAPID Athy Area Implementation Team (AIT): support for development and implementation of a local action plan	Universal & Targeted

	for Athy.	
	Transportation & Public Safety	Universal
	Water & Environmental Services – schools programmes	Universal
	Planning & Economic Development	Universal
	Housing, Community & Cultural Services: grant schemes, educational bursaries, library services (x 15), community team (estates), leisure services, Comhairle na nOg, County Development Board, Community and Voluntary Forum, Arts service (including Riverbank Arts Centre).	Universal
	Homeless Outreach Workers x 2	Targeted
	Social Worker for Traveller families x1	Targeted
	Kildare Sports Partnership: club development grant scheme, volunteer training, information provision, support for enhanced participation in sport and recreation at local level especially for targeted groups.	Universal
	Town Councils x 4: Leixlip, Naas, Newbridge, Athy.	Universal
Kildare Youth Services	Counselling 11-25 yrs in 7 areas	Universal
	STEP Teen Parenting Programme	Targeted
	Volunteer Training including youth leadership and junior leadership training.	Universal
	Youth Projects x 7 Naas, Newbridge, Curragh, Kildare Town, Clane, Leixlip, Athy	Targeted
	Youth Clubs x 15	Universal
	Naas Child & Family Project: Services provided include Family needs assessment, Marte Meo Communications Programme, Therapeutic Play, Play Therapy, Developmental Assessment, Practical Support, Sibling Group work, Positive parenting. Home-based and/or project based. Other services include a community playgroup, computer club and Stepping Stones Transition programme.	Targeted
	Youth Information Centre, Naas	Universal
	Early School Leaving Tracking & Mentoring Projects x 2 (Athy & North West Kildare)	Targeted
	Garda Youth Diversion Projects x 2 (Celbridge & Curragh/Newbridge)	Targeted
	Comhairle na nOg: local and county-level youth fora	Universal

	Regional Mental Health initiatives (Kildare Youth Mental Health Group, Kildare West Wicklow Mental Health Promotion Steering Group).	Targeted
Kildare Vocational Education Committee	Post Primary schools x 13 (9 x VEC) 4 x Trusteeship Primary school x 1	Universal
	Post Leaving Certificate Programmes: 5 centres, 380 places	Universal
	Adult and Community Education	Universal
	Youthreach x 3 Leixlip, Naas, Athy (16-20yrs)	Targeted
	VTOS (Vocational Training Opportunity Scheme) for 21yrs+ 2 x centres (Leixlip and Athy)	Universal
	Adult Education Guidance Service: countywide career and education information and advice service.	Universal
	Night Classes for adults	Universal
	Basic Education - literacy, numeracy, ESOL(English for speakers of other languages), Family Literacy	Targeted
	Community Education (16yrs +) group education and training programmes on a community outreach basis and/or centre-based.	Targeted/Universal
	Back To Education Initiative: education and training programmes for 16yrs + on a community outreach basis and/or centre-based.	Targeted/Universal
National Educational Psychological Service	2 teams in Naas - North Kildare & South Kildare/West Wicklow 9 x psychologists 101 Primary schools 27 Post Primary schools NEPS Model of Service is consultative at all levels of intervention (individual, group and organisational)	Universal
	Individual case work: Psychological assessments and consultations.	Targeted
	Support & development : whole school approaches, SEN team cluster meetings, Incredible Years training	Universal
	Critical incident support: support in the aftermath of a tragedy, bereavement or other traumatic event.	Targeted
	Assessment of student's eligibility for RACE (Reasonable Accommodations at the Certificate Examinations).	Targeted
National Educational Welfare Board	Education Welfare Service: 2 x Education Welfare Officers (North Kildare & South Kildare/West Wicklow) 1 x Senior Education Welfare Officer	Targeted

	Kildare/West Wicklow & Tallaght Individual case work – 6-16yrs Assessment, planning, monitoring Brief intervention Intensive intervention of up to 24 weeks	
	Assist/advise parents on rights and responsibilities	Universal/Targeted
	Advise schools	Universal
	Home education: assessment and registration	Universal
	Advise Dept. of Education	Universal
	Research	Universal
	School Completion Programme x 4 Athy, Canal Cluster, Newbridge, Curragh/Kildare Town	Targeted
	Home School Community Liaison Scheme in Monasterevin, Curragh, Naas, Kildare Town, Prosperous, Rathangan, Athy, Newbridge	Targeted
Probation Service	Young Persons Probation Worker x 1 Individual case work 12-18yrs	Targeted
	Athy Alternative Project 16-25yrs group programmes, drop-in, outreach	Targeted
	Le Cheile Mentoring Service – youth (12-18yrs.) & parent, group parenting programmes	Targeted
	Community Service for 16yrs+ as an alternative to custody. Individual placements and supervised placements	Targeted
	Family Conference/ Restorative Justice: a court-ordered meeting takes place with the offender, family member, the victim and relevant others. Process includes development of plan to support young person to make amends and avoid re-offending	Targeted
	Sex Offender Risk and Management Committee to be established.	Targeted
South West Regional Drugs Task Force	HALO – therapeutic support for young people under 18 years and their families in Kildare/West Wicklow re: substance misuse needs. Individual work, individual family work, peer-led support groups, counselling.	Targeted
	ARAS: Community Addiction Service (Adult). 2 centres (Newbridge and Celbridge). Individual work, individual family work, peer-led support groups, counselling.	Targeted
	Drug Prevention and Education Initiative: train-the –trainer in drug awareness for parents, youth leaders,	Universal/Targeted

	drug policy development, Strengthening Families Programme	
	Infotainment Project with Joint Policing Committee: Focus on parent support via workshops, seminars and information.	Universal

Section 4: Local Needs Analysis in County Kildare

Introduction

The findings outlined below are based on the analysis of information gleaned from a variety of sources: individual consultations, group consultation, research literature review, demographic and service mapping data.

Some of local needs mirror national needs and are linked to national policy issues. Others are specific to Co. Kildare but still may be linked to national policy/structural issues.

Issues emerging in individual and group consultation were often reflected in local, national and international literature. Literature has been referenced where relevant.

A number of consistent interlinking themes emerged from the individual and group consultations and were reflected in the literature and other data. These are outlined in detail below.

Service Provision

Context

- Services are being provided in difficult circumstances – resources are reducing while need and demand are increasing and this is affecting frontline services.
- Resources are over stretched.
- Sustainability of existing projects is an issue as is mainstreaming successful pilot projects e.g. Tracking and Mentoring, OK Lifestart, HALO
- Economic contraction coupled with population growth will prove challenging for the delivery of supports to combat social exclusion and poverty (CKLP, 2011).

Issues

- Services and supports are fragmented and crisis focused.
- The approach to service provision is not outcomes-focused.
- There are issues in relation to the availability of information about services, the accessibility of services and the adequacy of services.
- Primary care services will be critical in identifying opportunities for early intervention to prevent children and their families from sliding into neglect and abuse (PA Consulting, 2009).
- It is a challenge to respond to need rather than risk. However, unmet need often generates increased risk over time (HSE, 2010a).
- Most children coming to the attention of Irish social work departments are in need rather than abused (Ferguson and O'Reilly, 2001).
- There are challenges experienced by children and families attempting to access services and supports.
- The challenges relate to information about services that are available, information about how to access services, referral pathways e.g. there is a move towards GP-only referrals to the Child and Adolescent Mental Health Service, eligibility for services and waiting lists.
- Access to a number of specialist services such as Child Protection, Speech and language therapy, residential care, psychological assessment, crisis intervention, mental health services and special needs services were identified as posing particular challenges for both service users and referrers.
- Travellers less likely to access and use services (UCD, 2010).
- The non-uptake of appointments for some services e.g. speech and language, CAMHS was highlighted. The nature of the relationship between non-uptake of appointment and waiting times for services is unclear i.e. "no show" may be due to long waiting

times for services and/or may contribute to longer waiting times for services.

- The need for services far outstrips supply (Browne, 2005).
- There is a need to provide services to children and families in a way that they feel comfortable and able to access them (NEYAI funding application, 2010).
- The lack of clarity about the role of various fora, allows for the possibility of duplication.
- The role of education sector in child protection and welfare is particularly important but arguably this is where collaboration is weakest. Children can easily fall through the service cracks (PA Consulting, 2009).

Service Gaps

Specific service gaps and needs are identified throughout this section under the different themes. Those not mentioned elsewhere in the section are included here:

- GP service - GPs per 1000 population is below the national average (Roche& Prendergast, 2008).
- The absence of an out-of-hours social work service.
- Limited play and recreation areas for children and young people.
- Deficits in social work service such as large caseloads, turnover of social workers and waiting lists (HSE, 2008a).
- Vacant Youth Officer Post in the county
- Lack of clear, accessible information on services and supports that are available.
- The focus of service provision tends to be less on what the child needs and more on what the service is able to deliver (PA Consulting, 2009).

There is a need:

- To ensure that the voice of children, young people and families is at the centre of developments.
- To enhance the use of technology to deliver and improve services.
- To create a vision for Kildare of the types of services and supports that should be available for children and families.
- To develop a preventative framework to protect children, young people and their families from becoming at risk.
- To shift the focus of service provision to providing supports and specialist services for children and their families to prevent the risk of harm (PA Consulting, 2009).

Suicide/ Deliberate Self Harm

- From 1988 to 1992 suicide rates doubled in Co. Kildare (Walsh, 1995).
- Official suicide rates for Co. Kildare reflected reasonably accurately the "real" situation (McGovern and Cusack, 2004).
- The three most common methods of deliberate self-harm nationally are drug overdose, cutting and attempted hanging.
- There is a higher rate of suicide among Travellers (UCD, 2010)
- Rates of self harm and suicide are significantly higher among LGBT young people than among their heterosexual counterparts (Smyth, 2010).
- 22% of all new cases referred to CAMHS in Celbridge included suicidal ideation or deliberate self harm.
- Concern about suicide among young people in Co. Kildare, particularly in relation to the North East of the county emerged strongly from the consultation process and the local literature.
- The link between drug/alcohol use/misuse and suicide/suicidal ideation was repeatedly highlighted.
- The lack of specialist crisis intervention services and the lack of information about how to access services for young people about whom there is a serious concern was identified.

- Acute hospital Emergency Departments represent the only 24-hour crisis response to young people with suicidal ideation or who have deliberately self-harmed.
- Risk Factors for suicide include mental illness, attempted suicide (deliberate self harm), substance misuse, chronic physical illness, personality traits, unemployment, socio-economic deprivation, pregnancy and abortion (Scottish Government Social Research 2008).
- It has been estimated that generally 1 in 6 suicides is alcohol-related. Alcohol consumption and abuse have trebled in Ireland over a period contemporaneous with the increase in suicide confirming that the long waves of change in these two parameters usually coincide. (HRB 2008).
- Protective Factors towards suicide prevention include coping skills, reasons for living, physical activity and health, family connectedness, supportive schools, social support/values, religious participation, employment and access to treatment by a health professional (Scottish Government Social Research 2008).

There are mixed views in the literature as to the proven effectiveness of suicide prevention measures:

- Mann et al., (2005) identifies a number of interventions with positive outcomes in terms of reduced rates of deliberate self harm and suicide which include physician education in depression recognition and treatment, restricting access to lethal means, gatekeeper education and training (clergy, school, military, Gardaí, pharmacists, HSE personnel), identification of at risk individuals e.g. youth screening, treatment of psychiatric disorders, psychotherapy in particular cognitive behaviour therapy and problem solving interventions for self harm patients, follow up care after suicide attempts and appropriate media reporting.
- However, according to a Health Research Board Report (2008) there are no unequivocal evidence-based measures to reduce suicide or repeat deliberate self harm (DSH) other than reducing alcohol consumption by young persons (Suicide, attempted suicide and prevention in Ireland and elsewhere (HRB, 2008).
- The fourth successive increase in deliberate self harm in Ireland intensifies the need for prevention and intervention programmes to be implemented at national level. (NSRF, 2011).

Drugs/Alcohol

The emerging issues relation to drugs and alcohol:

- There are about 350 JLO referrals in Kildare annually, with a significant number for drugs/alcohol offences (CKLP, 2008)
- 17% of young people report drinking alcohol "often" or "so often I worry" (39% of 6th years) (Lalor & Baird, 2006).
- Drug misuse is becoming an increasing issue in the Traveller community (UCD, 2010)
- There has been an increase in suicidal ideation experienced by users of the under 18s drug treatment service in the county.
- The ease of access to and the normalisation of use of drugs/alcohol by young people in Co. Kildare, including the use of over-the-counter medication in the home was named as an issue.
- The early age of initial experimentation and use of drugs and alcohol.
- A general lack of knowledge regarding services for drugs/alcohol misuse was identified.
- Parents lack information about what drugs are out there, as well as the effects and dangers of misuse.
- There is a strong link between substance misuse, early school leaving and mental health.
- Many young people who misuse drugs and alcohol have multiple antecedent and co-occurring mental health problems and disorders, unrecognised learning difficulties and

deeply entrenched social problems (NTA Report, 2008)
- Measures to promote successful school completion rates also impact on potential problem drug/alcohol use. National Drugs Strategy (interim) 2009-2016
- School connectedness is the extent to which students feel personally accepted, respected, included and supported by others in the school and classroom (Goodenow, 1993) Students who are well connected to the school do better academically, are more motivated, have better expectations for the future, exhibit delayed initiation of alcohol and other drug use and reduced drug use in later life, exhibit reduced delinquency and crime, and lower probability of gang membership and violence, delayed sexual activity and reduced sexual risk behaviour (Shochet & Cushing, 2008)
- Access to recreational and other facilities for young people is considered to be important in preventing them from misusing drugs and alcohol.
- Structural /system issues affect the experience of service delivery/provision e.g. local addiction services are separate (SWRDTF and HSE Addiction services).
- National policy and structures impact local level service provision e.g. Drugs/alcohol is a separate policy issue to mental health at national level.
- Intergenerational addiction has been identified as an issue in parts of the county.

A number of service and support deficits were identified in the county:
- Supports for young people with dual diagnosis (mental health & drugs/alcohol), including psychological support.
- Dual diagnosis proves problematic for adult mental health services. Active consultation and increased collaboration between mental health services and addiction services is required in the best interest of patients who present with dual diagnosis (NSRF, 2011).
- Lack of residential facilities for 12-18s in need of treatment support.
- Lack of treatment services in Kildare for drug users with the core services located in Dublin. Only 1 Level 2 GP in the county to operate the methadone treatment programme (Burtenshaw Kenny Associates, 2011).
- Lack of services, particularly family support and counselling.
- Lack of coordination among existing services.
- The need for drugs/alcohol awareness for young people and their parents – school based and community-based including through the mechanism of enhanced SPHE delivery.
- Need for greater availability and access to counselling and other preventative interventions, including parenting skills development.
- Demand for services exceeds capacity of available resources to respond. 48 new families referred to HALO from January to June 2011. The maximum caseload on a week-to-week basis is 17 cases.

Mental Health
- Resilience refers to a person's capacity to withstand many of the negative effects of adversity (Gilligan, 2000).
- Building resilience in young people is an important goal to strengthen capacity and promote skills that help reduce mental health problems.
- Meaningful participation of young people, including their involvement in programme development, is a means of building resilience (Oliver, Collin, Burns and Nicholas, 2006).

Other effective strategies identified for building resilience are:
- During infancy – social support for mothers, parent education, continuous home-based input from health and social care services, lay or professional.
- During pre-school period: high quality pre-school day care, preparatory work with parent on home-school links, pairing with resilient peers

- Middle childhood 5-13yrs – home-school links for at risk children and their families, positive school experiences (academic, sporting or friendship-related), good and mutually trusting relationships with teachers
- 13-19yrs – strong social support networks, presence of at least one unconditionally supportive parent/parent substitute, a committed mentor or other person from outside the family, positive school experiences, extra-curricular activities.
- Six key areas that impact positively on youth mental health and alleviate negative impacts are: School environment and exam system, facilities for young people, supports for young people, relationships with boyfriends and girlfriends, self image and family (OMCYA, 2009a)..
- Youth facilities are an important element in promoting positive wellbeing/mental health for young people (Freeman, 2011).

Issues identified in relation to youth mental health:
- The importance of promoting well being of adolescence and building resilience.
- Mental health is still stigmatised among young people and this stigma may impact on their willingness to seek help. (Freeman, 2011).
- Tackling mental health problems early in life will improve educational attainments, employment opportunities and physical health and reduce levels of substance misuse (Allen, 2011).
- There is a link between mental health and substance misuse: many young people who misuse drugs and alcohol have multiple antecedent and co-occurring mental health problems and disorders, unrecognised learning difficulties and deeply entrenched social problems (NTA, 2008).
- Youth mental health is related to a number of other issues including early school leaving, homelessness, substance misuse and sexual orientation.
- Risk factors for homelessness include drug/alcohol misuse, school exclusion and lack of qualifications, mental health problems (Mid East Joint Homelessness Consultative Forum, 2010).
- Crisis points that can trigger homelessness include a sharp deterioration in mental health or an increase in alcohol or drug misuse, leaving care, leaving the parental home after arguments (Mid East Joint Homelessness Consultative Forum, 2010).
- Mental health issues can emerge for young people beginning to discover their sexuality which can lead to depression and suicide (Smyth, 2010).
- The key age range at which LGBT young people need support is from 12 – 18 years, the period from discovery of sexual orientation to the most common age of coming out (Smyth, 2010).
- Parents feel that the transition from primary to secondary school is a critical time in a young person's life and that extra supports at this time are needed at this time.
- Service providers in North East Kildare identified the following as being the most common mental health issues presenting to them: suicidal ideation, self harm and issues arising around sexuality (Freeman, 2011).
- Coping strategies identified by young people in Co. Kildare include listening or playing music as common way of coping with feeling down (Lalor & Baird, 2006).
- Alcohol and drugs were identified by some young people as the most used mechanism to cope with poor mental health, with particular reference to cannabis (Freeman, 2011).
- Just over 6% of young people in Co. Kildare reported being "sad a lot of the time" or "very unhappy" (Lalor & Baird, 2006).
- The most common concerns among young people in Co. Kildare included failing exams (20%), being bored/having nothing to do (30%), unhappiness with physical appearance, boyfriend/girlfriend problems, not feeling part of a group, worry about their parents/guardians not getting on (32%) , worry about their parents/guardians

separation or divorce (17%), worry about a parent/guardians drink problem(13%), worry about a parent/guardians mental health (11%) (Lalor & Baird, 2006).

- School and family as the two areas that cause the most stress in the lives of young people (Freeman, 2011).

The gaps identified in services and supports included:

- Significant service gaps in relation to mental health supports for 16-18year olds (NRDSH Ireland Annual Report 2010), especially if the young person has not had previous contact with CAMHS. They are usually referred to adult services (HALO/ARAS funding application).
- Inpatient mental health services have increased somewhat for 16-18 year olds but significant gaps remain in community services for this age group. (NSRF, 2011).
- Supports for young people with dual diagnosis (mental health & drugs/alcohol).
- Dual diagnosis proves problematic for adult mental health services (HALO/ARAS funding application)
- Long waiting lists for mental health services.
- Lack of accessible and affordable counselling services including age appropriate premises.
- Lack of youth facilities.
- Young people perceived that the existing mental health promotion programme in school (SPHE) was not adequate in meeting their needs.
- Lack of information for young people about suicide awareness, gay/lesbian/bisexual issues, mental health issues and divorce/separation (Lalor & Baird, 2006).

There is a need:

- To enhance the participation of young people in programme development.
- For greater access to and availability of a range of supports including youth clubs and youth cafes.
- To add value and build on the mental health promotion/suicide prevention work that is happening in schools through SPHE and RSE.
- For an emphasis on the area of suicide prevention in schools, to include the development of a mental health curriculum.
- For parenting courses.
- For more community based projects linking with education service providers.
- For a combination of a 'one stop shop' and outreach counselling services.
- For more accessible mental health services and improved mental health training for under 18s.
- For organisations to know what to do in the aftermath of a suicide.
- For more relevant and appropriate information about mental health for young people and parents.

Early School Leaving

Factors that negatively impact retention:

- School leaving tends to be preceded by absenteeism and truancy (Darmody et al., 2008)
- Students with poor attendance records in their Junior Cert year are twice as likely to leave school as those with an average or good record to drop out of school after the end of the year (Byrne & Smyth, 2010).
- Importance in making smooth transition from primary to second level
- Suspension strongly associated with early school leaving.
- Social integration on entry to post primary education is important for longer term outcomes.

Reasons for leaving school early (Duffy & Regan, 2003):

- According to young people: unhappiness, general dislike of school, curriculum difficulties, suspension, bullying, discrimination, teacher and school attitudes, family issues and background, pregnancy, income needs and wants.
- According to parents: dislike of school, school rules and procedures, a desire for financial independence, learning and literacy difficulties, absenteeism, poor self-esteem, lack of confidence.
- According to teachers: curriculum issues (literacy and numeracy), the demands of work or a desire for disposable income, family background and family issues, lack of effective partnership between home, community and school, poor attendance patterns and lack of support initiatives e.g. counselling.
- According to service providers: family background, family difficulties, absenteeism, work needs and demands, negative in-school experiences, curriculum issues, poor self-esteem.

Factors that impact positively on retention:
- Success in the complex learning and social environment of the school is dependent on a range of variables many of which may be outside the direct control of the teacher e.g. socio-economic background, personality, aptitudes and abilities. Nonetheless, there are several factors within teacher control (classroom management, relationships with pupil, differentiation etc..) which have been shown to have a significant effect on outcomes for pupils.(Behavioural, Emotional and Social Difficulties: A Continuum of Support Guidelines for Teachers, NEPS)
- There is extensive research showing the link between school connectedness and academic outcomes, health risk behaviour, delinquency and violence and other markers of psychological wellbeing such as self-efficacy (Shochet & Cushing, 2008).
- School connectedness is the extent to which students feel personally accepted, respected, included and supported by others in the school and classroom (Goodenow, 1993).
- Interagency work and preventative programmes are key to tackling early school leaving (CKLP, 2008).
- Early intervention is critical. It helps retention and transfer between primary and post-primary (Fleming & Murphy, 2000).
- Home support and developmental work with parents is vital for retention (Fleming & Murphy, 2000).
- Effective in-school, out-of-school, community, family-focused actions appear to be capable of intervening positively (Duffy & Regan, 2003).

Issues identified in relation to early school leaving:
- Factors influencing children and young people as they form sense of self and where they are going educationally include: parents, school, peers, peer mentors, past students, literacy , reading, forming realities (television), college visits, trips outside own communities and work experience.
- Early school leaving and attendance are particular issues for members of the Travelling community (KTA , 2006) and are intergenerational in nature (UCD, 2010).
- 50% of Travellers in the county attend non-DEIS schools (CKLP, 2008).
- 35 Travellers attend post-primary in Kildare, 1 in senior cycle (CKLP, 2008).
- Reduced literacy/numeracy levels, language development in early years, educational and behavioural issues in the school setting impact attendance and retention.
- Access to education is a challenge, especially for those from lower socio-economic backgrounds.
- Boys aged 14-16yrs and children with emotional/behavioural difficulties are especially vulnerable to early school leaving.
- Early school leavers experience a range of disadvantages in relation to adult life chances, including poorer health status (Layte et al., 2007).

- 48% of the prisoners with Kildare addresses had left school before the age of 16 (Brown, Evan & Payne, 2009).
- Young women who leave school early are more likely to become lone mothers (Byrne & Smyth, 2010).
- Without a solid foundation at the transition into school the gap widens with peers over time and requires subsequent intervention to narrow the gap (Fleming & Murphy,2000).
- The period of transition from Primary to Post-Primary is crucial for those "at risk" (Duffy & Regan, 2003).
- Poor educational attainment can lead to lower incomes, unemployment or low paid employment, increased risk of poverty and curtailed personal development and low levels of self confidence (Duffy & Regan, 2003).

The gaps identified in services and supports:

- Reduction in resources – funding and personnel – has greatly impacted on the supports provided to students at risk and their families:
- Home School Community Liaison Coordinator posts no longer in rural schools.
- Resource and language support hours have been reduced.
- The Visiting Teacher for Travellers post has been removed.
- Reduction in funding for Leaving Certificate Applied Programme.
- The lack of secure core funding and the resultant uncertainty of key community-based projects supporting young people who have left school early e.g. Tracking and Mentoring projects in Athy & North West Kildare.
- Lack of clear coherent strategy to address early school leaving in the county (Duffy & Regan, 2003) (Clarke, 2011).
- Limited availability and accessibility of local data in relation to attendance, retention and numbers of young people out-of-school – quantitative and qualitative.
- Limited alternative education settings for young people who are not reaching their potential in the formal mainstream system.
- Limited access to existing alternative education due to long waiting lists and dependency on access to transport.
- Limited follow up for young people who leave school at 16 years of age.

There is a need:

- To develop a coordinated strategy for early school leaving (ESL) for the county using an inter-agency approach, incorporating preventative measures that address the factors that contribute to ESL, earlier intervention at primary school level and providing for those who have left the formal education system. (Clarke, 2011).
- To ensure that any interventions to support young people at risk of early school leaving, or who have left school early, have an evidence based approach with clearly articulated desired outcomes and documentation of the achievement or otherwise of these outcomes (Clarke, 2011).
- For a coherent response to early school leaving, involving the education system, community and family support (Duffy & Regan, 2003).
- For early intervention i.e. at primary level, to address the risk of early school leaving.
- To continue and strengthen outreach, mentoring and group work in a youth work context to support young people at risk of early school leaving or who left school early (Clarke, 2011).

Family Support

Issues identified in relation to family support:

- Key factors for promoting resilience in children are support from family and/or peers, good educational experiences, a sense of self-efficacy and opportunities to contribute

to family or community life by taking valued social roles (Newman, 2004).

- Children and young people who have experienced difficulties report more often being helped by non-professional supporters (friends and family) rather than by professionals. Social care professionals should avoid weakening informal sources of support (Newman, 2004).
- "The experience of family living is the single greatest influence on an individuals life…[because]…it is in the family context that a person's basic emotional needs for security, belongingness, support and intimacy are satisfied."(Commission on the Family 1996).
- Importance of building the capacity of families for self-help.
- Evaluation is important in all kinds of family support work (McKeown, 2000).
- The physical and psychological wellbeing of men and women is shaped primarily and directly by personality characteristics, family processes and socio-economic environment (McKeown, Pratschke & Haase, 2003).

Service Gaps/Needs

- Family support services and supports are fragmented and crisis-focused.
- Supports required for families in need (versus families at risk).
- The approach to service provision for families is not outcomes-focused.
- There is a need for clear concise information about the services being provided for children and families.
- 46.2% of childcare staff do not feel that their facility caters for the needs of parents/children coming from disadvantaged families (Watters, 2008).
- Only 1/3 of childcare staff feel their childcare training is adequate in meeting the needs of Travellers, asylum seekers or new communities (Watters, 2008).
- There is a need for locally-based family support and early intervention programmes (SIM, 2008) including evidence based parenting programmes, places for families to meet, a Community mothers programme and community childcare facilities.

Parent Support

Issues emerging in relation to parent support:

- The network of resources available to parents through their participation in life outside the family contribute indirectly to their physical and psychological wellbeing (McKeown, Pratschke, Haase, 2003).
- The supports provided by the extended family play an important role in family wellbeing (McKeown, Pratschke, Haase, 2003).
- The wellbeing of children is almost entirely and directly in the hands of their parents through whom almost all outside influences on their wellbeing are mediated (McKeown, Pratschke, Haase, 2003).
- Factors influencing the parent-child relationship are: the psychological wellbeing of parents, physical wellbeing of mothers, the couple relationship and ways in which conflicts are resolved, mothers positive emotionality, father's attitude to the parenting roles of men and women (McKeown, Pratschke, Haase, 2003).
- A strong parent-child relationship is a critical element of family wellbeing and this is turn can serve to combat the negative effects of social exclusion in terms of educational underachievement, early school leaving and anti-social behaviour.
- Benefits of parenting (education) programmes include improved child behaviour, improved parent-child relationship, increased self esteem of parents, improved relationship between partners and reduction of parental stress (McKeown, 2000).
- Parenting education programmes should be supplemented by other measures where families are known to have a range of complex issues (McKeown, 2000).
- The timing of a parenting intervention is very important.

- There is a challenge in measuring outcomes of parenting support programmes.
- The use of evidence-based parenting support programmes is crucial in increasing the opportunities for positive outcomes and benefits.

Service Gaps/Needs:

- There is a *"dearth of specific, focused & targeted service provision available to parents in Co. Kildare"* (Clarity RDT, 2008).
- There is a need for enhanced inter-agency collaboration in working with parents and families.
- Individual work with parents may be necessary in advance of participation in a group programme.
- Matching parents to the appropriate parenting programmes is critical – it is not a "one size fits all" intervention.
- There is a need for culturally relevant parenting programmes for Travellers (Clarity RDT, 2008).
- There is a need for greater access to information about services.
- There is a need for more accessible information about a range of specific issues for parents including drugs & alcohol, safe sex, relationships, bullying, mental health and crisis intervention.
- The importance of peer support has been identified by parents, including in the first six months after a baby is born, for parents of children with special needs and for parents of teens.
- There is a lack of opportunity to engage with educators about a child's progress.
- There is a lack of childcare, after-school care and facilities for young people.
- Parents, especially those with children under school going age, experience social isolation.
- For parents of children with special needs there is a requirement for faster diagnosis and early intervention, language support, opportunities for integration, great physical access to public facilities, respite and in-home support and social and recreational activities for children.
- Parents of children with special needs highlighted a number of further issues including a perceived lack of decision-making input into services for their own child, waiting lists and the process for allocation of a special needs assistant that are problematic, service providers offering little choice to parents, the location of specialist services, the lack of information about rights and entitlements and how the system works, early years services that are inaccessible or unsuited to child's needs.
- Access to childcare, access to information and feelings of isolation were common themes identified by lone parents, parents from new communities, parents of young children, parents of teens and parents of children with special needs.
- Some specific service needs were identified including a dedicated youth worker for Travellers, counselling for young people, support for parents of teens including peer support and mentoring, a countywide special needs toy bank.

Early Intervention

- The value and importance of early intervention as a strategic approach to policy and practice in relation to children and families is a recurrent theme in the findings of the consultation process and the literature review across several areas: to enhance access to further and higher education, to address the risk of early school leaving, to promote positive mental health, to build family capacity, to address the issue of substance misuse.
- The cost benefit of adopting an early intervention approach was frequently reported (Allen, 2011).
- There is a need to ensure that there is an evidence base for interventions and fidelity to

proven programmes (Allen, 2011).

Transitions

Issues identified in relation to transitions:

- Transition points in children's lives can be both threats and opportunities (Newman, 2004)
- Starting school represents a significant and stressful transition for all children and their families (Dockett and Perry, 2001)
- Transition from primary to secondary school is associated with negative health impacts, including dips in self-esteem levels and increased social anxiety, particularly among young people from the lower socio-economic groups, who tend to experience the most difficulty (HSE, 2008b).
- Without solid foundation at transition into school the gap widens with peers over time and requires subsequent intervention to narrow the gap (Fleming & Murphy, 2000).
- A child's pre-school experience and initial transition into school have a direct impact on the child's later success, both academically and socially (Entwistle and Alexander (1998).
- Children who experience poor transitions may be more vulnerable to mental health and adjustment problems, have less academic success and have more difficulty with social relationships with their peers.
- The period of transition from Primary to Post-Primary is crucial for those "at risk" (Duffy & Regan, 2003).

Service Needs/Gaps

- Care planning often deals with episodes in a child's life rather than anticipating key transition points in their lives and providing appropriate supports (PA Consulting, 2009).
- Supports in place at key transition stages into primary school and from primary to secondary school. (SIM, 2008)
- Imperative for positive health outcomes that transition programmes from primary to secondary level are promoted and developed (HSE, 2008b).

Planning

Issues identified in relation to service planning:

- Agency Planning doesn't happen in a coordinated way. Individual agencies do their own planning (as opposed to inter-agency planning).
- Local planning is inconsistent and in some cases ad hoc.

There is a need to:

- Develop a mechanism for collaborative planning.
- Adopt an outcomes-focused approach to planning.
- Build in ways of measuring outcomes, impact and effectiveness of service provision that is consistent and standardised, using agreed measurement tools and processes.
- Ensure that local resources are strategically allocated in order to optimise impact and respond to identified needs.
- Capture what is already taking place on an inter-agency, collaborative basis.
- Review the approach towards service development and organisational planning with a view to increasing access, quality and the collaborative nature of service provision.
- Develop an intelligence-led system that uses data currently available to improve services.

Inter-Agency Collaboration

- The value and importance of inter-agency collaboration is a persistent theme in the findings from the consultation process and the literature.

- Local stakeholders identified a range of existing positive inter-agency collaborations with which their agency is involved.
- Working closely with schools to promote collaboration was specifically identified as a priority for the county.
- The need for enhanced coordination and integration of services is acknowledged (SIM, 2008).
- Integration is about developing a framework within which ongoing programmes can be rationalised and enriched to do a better job of making services available within existing commitments and resources". (OECD definition of integration, 1996).
- The approach is focussed on integrating what is already there and not simply the creation of new services. Otherwise, there is a danger of spending energies on identifying gaps in provision rather than working to improve current provision. (Cullen, 1997).
- The literature on partnership and local development points to parity of esteem as crucial to the success of integrated approaches to local development (Walsh et al, 1998).
- Interagency co-operation is needed to avoid duplication of scarce resources to ensure that the needs of the must vulnerable can be met efficiently (CKLP, 2011).
- Inter-agency collaboration can sometimes be dependent on individuals. (Freeman, 2011).
- There can be ambivalence on the part of the statutory sector regarding collaborative working (Freeman, 2011).
- Collaboration between mental health services, social work department and the community was a lengthy process but is currently underway (Freeman, 2011).

Data Collection

The following issues emerged in relation to data collection:

- Data collection systems and procedures are fragmented, inconsistent and ad hoc and data even when collected can be difficult to access. At national level this has been a common experience of the Children's Services Committees.
- There is felt to be some disparity between national figures and local knowledge in some areas, with national figures deemed to be under representative of the reality of need and demand in some cases e.g. in relation to drugs/alcohol misuse and treatment.
- There are gaps in data that is collected at county level and according to age range across a range of themes e.g. service referrals, number of young people out of school
- There is data shortfall in relation to juvenile suicide statistics including age breakdown at county level and sub-county level data to identify clustering (Sweeney, Quinlivan, McGuinness, O'Loughlin, Delaney, Malone, 2009)
- The delay in official reporting of suicide statistics makes it difficult to intervene against cluster effects or identify community clusters as they are occurring (Sweeney, Quinlivan, McGuinness, O'Loughlin, Delaney, Malone, 2009).
- The importance of establishing baselines for the county in order to identify needs, prioritise actions and measure progress has been repeatedly highlighted.
- There is an absence of comprehensive baseline information for service planning and evaluation.
- The demise of the County Research and Statistics Office is seen as a significant loss to the county.
- Multiple requests for the same data from individual agencies, groups, committees are perceived by data providers as an unnecessary duplication of time and effort that highlights a lack of coordination at county level.

There is a need to:

- Coordinate the collection, analysis and distribution of data relevant to children and

families in Co. Kildare.
- Identify what data is required, relevant and useful in the planning, development, delivery and evaluation of services for children and families in Co. Kildare.
- Identify the roles, procedures and systems for data collection, analysis and distribution, including the identification of the central repository for information about children and families.
- Develop an intelligence-led system that uses data currently available to improve services (PA Consulting, 2009)
- Develop a mechanism to share data and information regarding vulnerable children, young people and families.

Section 5: Summary of Children and Young People's Plan for County Kildare

The CSC may not identify a priority area for each outcome, or it may have several priority areas under one outcome.

CSCs should include both newly identified and existing priorities or major initiatives being undertaken on an interagency basis.

National Outcomes	*Local* Priority Areas * (*to be identified following the local needs analysis and the audit of services*)
Healthy, both physically and mentally	*Youth mental health, including drugs and alcohol*
Supported in active learning	*Early School Leaving*
Safe from accidental and intentional harm / Secure in the immediate and wider physical environment	-
Economically secure	-
Part of positive networks of family, friends, neighbours and the community / Included and participating in society	*Building Family Capacity/Early Intervention*

Change Management	*Local* Priority Areas
Change management *- CSCs may also identify priority areas relating to change management and supports needed to enable interagency collaboration at local level, e.g. development of information sharing protocols, interagency training*	*Kildare CSC Development, Promotion of KCSC, Data, Planning, Inter-Agency Collaboration, Voice of children, young people and their families, evaluation and monitoring, Influencing policy and practice*

Children and Young People's Plan Template – CES Final Version

Section 6: Action Plan for County Kildare Children's Services Committee

Action Plan for County Kildare Children's Services Committee

National Outcome: Part of positive networks of family, friends, neighbours and the community

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Building Family capacity/Early Intervention	Increase coordination & collaboration in the planning and delivery of parent support programmes.	No. of multi-agency programmes/ initiatives that support parents	Increase the no. of multi-agency programmes/ initiatives that respond to the needs of parents.	Map programmes and resources currently available Identify opportunities for sharing resources, and target resources in a planned and coordinated way. Identify how existing programmes are evaluated and use the learning to inform future developments.	Yr 1 – Yr 3 Yr 1 – Yr 3 Yr 1 – Yr 3	<u>HSE,</u> CKLP, KCCC, NEPS, PS, SWRDTF, KVEC, KYS	Parenting Challenges (2008)

Action Plan for County Kildare Children's Services Committee

National Outcome: Part of positive networks of family, friends, neighbours and the community

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Building Family capacity/Early Intervention	Increase coordination & collaboration in the planning and delivery of parent support programmes.	No. of relevant service providers represented on the Parenting Training and Support Forum. No. of meetings of the Parenting Training & Support Forum in a 12-month period.	Increase the no. of relevant service providers represented on the Parenting Training and Support Forum. 4 meetings of the Parenting Training & Support Forum in a 12-month period.	Consolidate and develop the Parenting Training and Support Forum.	Yr 1 – Yr 3	HSE, CKLP, KCCC, NEPS, PS, SWRDTF, KVEC, KYS	Parenting Challenges (2008) Athy RAPID Plan
Building Family capacity/Early Intervention	Raise awareness, knowledge and uptake of parent support programmes.	No. of visits to the Parenting Support Website in a 12-month period.	Increase the no. of visits to the Parenting Support Website in a 12-month period.	Disseminate information about existing programmes for parents, including via the Parenting Support Website.	Yr 1 – Yr 3	HSE, CKLP, KCCC, NEPS, PS, SWRDTF, KVEC, KYS	Kildare 2012, (CDB 2002)

Action Plan for County Kildare Children's Services Committee

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Examples							
Building Family capacity/Early Intervention	Raise awareness, knowledge and uptake of parent support programmes.	No. of parenting programmes displayed on the Parenting Support website.	Increase the no. of parenting programmes displayed on the Parenting Support website.	As above.	As above.	As above.	
Building Family capacity/Early Intervention	Raise awareness, knowledge and uptake of parent support programmes.	No. of facilitators on the Parenting Support website facilitator database.	Increase the no. of facilitators on the Parenting Support website facilitator database.	Develop and maintain an on-line database of parenting facilitators.	Yr 1 – Yr 3	HSE, CKLP, KCCC, NEPS, PS, SWRDTF, KVEC, KYS	Kildare 2012, (CDB 2002)
Building Family capacity/Early Intervention	Raise awareness, knowledge and uptake of parent support programmes.	No. of referrals to parenting programmes. No. of parents participating in parenting programmes.	Increase the no. of referrals to parenting programmes. Increase the no. of parents participating in parenting	Deliver a range of collaborative parenting programmes: e.g. Incredible Years, Strengthening Families Programme, Parents Plus,	Yr 1 – Yr 3	HSE, CKLP, KCCC, NEPS, PS, SWRDTF, KVEC, KYS	Kildare/West Wicklow Parenting Training & Support Forum Action Plan (2010 – unpublished)

Action Plan for County Kildare Children's Services Committee

National Outcome: Part of positive networks of family, friends, neighbours and the community

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Examples							
Building Family capacity/Early Intervention	Raise awareness, knowledge and uptake of parent support programmes.	No. of parents completing parenting programmes.	programmes. Increase the no. of parents completing parenting programmes.	Learning Through Play			
Building Family capacity/Early Intervention	Increase coordination and collaboration in the planning and delivery of family support services.	No. of local family support plans developed.	1 local family support plan developed.	Identify an area in which to pilot the development of a local family support plan.	Yr 1 – Yr 3	KCoCo, CKLP	ISP AIT Kildare Town Action Plan (2010)
Building Family capacity/Early Intervention	Improve access and uptake to a range of support services for children, young people and their families.	Length of time on waiting list for the targeted service.	Reduce length of time on waiting list for the targeted service.	Agree a service to target where an issue has been identified in relation to access e.g. waiting lists.	Yr 2 – Yr 3	HSE, CKLP, KCCC, NEPS, PS, SWRDTF, KVEC, KYS	HSE National Service Plan 2011

Action Plan for County Kildare Children's Services Committee

National Outcome: Part of positive networks of family, friends, neighbours and the community

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Building Family capacity/Early Intervention	Improve access and uptake to a range of support services for children, young people and their families.	% of no show for appointments for the targeted service in a 12 month period.	Reduce the % of no show for appointments the targeted service.	Focus on enhancing access to and uptake of the targeted service through a variety of means e.g. outreach, waiting list management, ancillary supports.	Yr 2 – Yr 3	KCCC, HSE, CKLP, NEPS, PS, SWRDTF, KVEC, KYS	HSE National Service Plan 2011 Parenting Challenges (2008)
Building Family capacity/Early Intervention	Improve access and uptake to a range of support services for children, young people and their families.	No. of referrals to the targeted service. % of referrals who receive a service within a specified time period in line with national targets.	Increase the % of referrals who receive a service within a specified time period in line with national targets.	Identify, document and disseminate existing innovative models of waiting list management operating in the county.	Yr 2 – Yr 3	KCCC, HSE, CKLP, NEPS, PS, SWRDTF, KVEC, KYS, NEWB, KCoCo	HSE National Service Plan 2011

Action Plan for County Kildare Children's Services Committee

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Examples							
Building Family capacity/Early Intervention	Increase opportunities for peer support in delivery of services to children, young people and their families.	No. of services that include peer support for service users as an element of service delivery.	Increase the no. of services that include peer support for service users as an element of service delivery.	Identify existing services that include peer support as an element of service delivery. Pilot the inclusion of opportunities for peer support in an existing service that does not currently offer this.	Yr 1 – Yr 3 Yr 2 – Yr 3	KCCC, HSE, CKLP, NEPS, PS, SWRDTF, KVEC, KYS, NEWB, KCoCo	Social Inclusion Strategic Plan (CKLP. 2011)

Action Plan for County Kildare Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Early School Leaving	Increase coordination, collaboration and effectiveness of the response to the needs of children and young people at risk of early school leaving	No. of ECCE-registered children who are absent 20 days or more in the academic year, as a proportion of all ECCE-registered children in the target area.	Reduce the no. of ECCE-registered children who are absent 20 days or more in the academic year, as a proportion of all ECCE-registered children in the target area.	Agree a target area in which to focus a collaborative inter-agency response to the needs of children and young people at risk of early school leaving.	Yr 1 – Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	Every Child Counts (NEWB, 2010)
Early School Leaving	Increase coordination, collaboration and effectiveness of the response to the needs of children and young people at risk of early school leaving	No. of children who are absent 20 days or more in school year, as a proportion of all children (primary and post-primary) in the target area.	Reduce the no. of children who are absent 20 days or more in school year, as proportion of all children in the target area.	Agree and document the key factors that put children and young people in the target area at risk of early school leaving.	Yr 2 –Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	Special Educational Needs – A Continuum of Support Guidelines for Teachers (Primary) (NEPS)

Action Plan for County Kildare Children's Services Committee

National Outcome: Supported in Active Learning

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Examples							
Early School Leaving	Increase coordination, collaboration and effectiveness of the response to the needs of children and young people at risk of early school leaving.	No. of children who leave school before statutory school leaving age as a proportion of all children (before JC and before LC) in the target area.	Reduce the no. of children who leave school before statutory school leaving age as a proportion of all children in the target area.	Evaluate the effectiveness of the response in the target area. Use data analysed from the target area to inform future strategic developments in the county.	Yr 3 Yr 3		Behavioural, Emotional and Social Difficulties – A Continuum of Support Guidelines for Teachers (primary) (NEPS) Special Educational Needs – A Continuum of Support for Post Primary Schools (NEPS)

Action Plan for County Kildare Children's Services Committee

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Examples							
Early School Leaving	Increase educational opportunities for young people who are out-of-school	No. of educational opportunities for young people who are out-of-school.	Increase the range of educational opportunities for young people who are out-of-school.	Support continued provision of educational opportunities for young people who are out-of-school: Youthreach, Community Training Workshop, Athy Alternative Project, Tracking & Mentoring.	Yr 1 – Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	Every Child Counts (NEWB, 2011) KYS Strategic Plan (2007)
Early School Leaving	Increase educational opportunities for young people who are out-of-school	No. of young people accessing alternative educational opportunities	Increase the no. of young people accessing alternative education opportunities.				
Early School Leaving	Increase educational opportunities for young people who are out-of-school	% of young people out-of-school who are accessing educational opportunities, as a proportion of all	Increase the % of young people out-of-school who are accessing educational opportunities, as a	Agree a target area in which to focus a collaborative inter-agency response to the	Yr 1 – Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	Every Child Counts (NEWB, 2011) KYS Strategic Plan (2007)

Action Plan for County Kildare Children's Services Committee

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Examples							
		young people out-of-school.	proportion of all young people out-of-school.	needs of children and young people who are out-of-school.			Early School Leaving in Co. Kildare (2003)
Early School Leaving	Increase educational opportunities for young people who are out-of-school			Agree and document the key barriers for children and young people in the target area who are out-of-school to returning to education. Evaluate the effectiveness of the response in the target area.	Yr 1 – Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	Early School Leaving in Co. Kildare (2003) Evaluation of the Tracking & Mentoring Projects (2010)

Action Plan for County Kildare Children's Services Committee

National Outcome: Supported in Active Learning

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Examples							
				Use data analysed from the target area to inform future strategic developments in the county.			
Early School Leaving	Increase educational opportunities for young people who are out-of-school	No. of new opportunities planned. No. of new opportunities in development. No. of new opportunities established.	1 new opportunity planned. 1 new opportunity in development. 1 new opportunity established.	Explore the development of an e-learning initiative as a means of engaging young people who are out-of-school.	Yr 1 – Yr 3	KVEC,KCoCo, NEWB, NEPS, KYS, CKLP	Kildare 2012 (CDB, 2002).

Action Plan for County Kildare Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Early School Leaving	Improve the support given to children, young people and their families at key transitions in the education lifecycle.	No. of support programmes for children, young people and their families at key transitions in the education lifecycle.	Maintain support programmes for children, young people and their families at key transitions in the education lifecycle.	Support continued provision of programmes for children, young people and their families at key transitions in the education lifecycle e.g. Stepping Stones, Learning through Play, Family Literacy, IGNITE.	Yr 1 – Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	KYS Strategic Plan, 2007 Social Inclusion Strategic Plan (CKLP, 2011) NEPS Guidance Documents x 3 (Special Educational Needs x 2 & Behavioural, Emotional x 1).
Early School Leaving	Improve the support given to children, young people and their families at key transitions in the education lifecycle.	No. of children, young people and families participating in support programmes at key transition stages in the education	Increase the no. of children, young people and families participating in support programmes at	Agree a target area in which to focus a collaborative inter-agency response to improve supports	Yr 1 – Yr 3	KVEC, NEWB, NEPS, KYS, CKLP	Stepping Stones Evaluation (2009) Special Educational Needs – A

Action Plan for County Kildare Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be underline(measurable))	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
		lifecycle in a 12-month period in the target area.	key transition stages in the education lifecycle in a 12-month period in the target area.	to children, young people and their families at key transitions in the education lifecycle.			Continuum of Support Guidelines for Teachers (Primary) (NEPS)
				Evaluate the effectiveness of the response in the target area.	Yr 3		Behavioural, Emotional and Social Difficulties – A Continuum of Support Guidelines for Teachers (primary) (NEPS)
				Use data analysed from the target area to inform future strategic developments in the county.	Yr 3		Special Educational Needs – A Continuum of Support for P-P Schools (NEPS)

Action Plan for County Kildare Children's Services Committee

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Examples							
Early School Leaving	Increase awareness of the role of early years care and education in influencing future outcomes.	No. of children accessing the ECCE scheme in an academic year.	Maintain the no. of children accessing the ECCE scheme in an academic year.	Promote the ECCE Scheme among parents, service providers and the wider community.	Yr 1 – Yr 3	<u>KCCC</u>, HSE, KVEC, NEWB, NEPS, KYS, CKLP	KCCC Strategic Plan (2007)
Early School Leaving	Increase awareness of the role of early years care and education in influencing future outcomes.	No. of children accessing the ECCE scheme as a proportion of all eligible children in an academic year.	Maintain the no. of children accessing the ECCE scheme as a proportion of all eligible children in an academic year.	As above			
Early School Leaving	Increase awareness of the role of early years care and education in influencing future outcomes.	No. of early years-specific indicators in the CSC action plan.	3 early years-specific indicators in the CSC action plan.	Include early years-specific indicators in CSC action plan.	Yr 1 – Yr 3	<u>KCCC,</u> NEWB, NEPS, KYS, CKLP	KCCC Strategic Plan (2007)

Action Plan for County Kildare Children's Services Committee

National Outcome: Supported in Active Learning

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Early School Leaving	Increase awareness of the role of early years care and education in influencing future outcomes.			Include home to (pre) school and pre-school to primary school as key transitions to be supported in the CSC action plan.	Yr 1 – Yr 3	<u>KCCC, NEWB</u>, NEPS, KYS, CKLP	KCCC Strategic Plan (2007)

Action Plan for County Kildare Children's Services Committee

National Outcomes: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Youth mental health, including drugs and alcohol	Increase coordination, collaboration & effectiveness of the response to the needs of children and young people with mental health issues and their families.	No. of multi-agency programmes/ initiatives that respond to the needs of children and young people with mental health issues and their families.	Maintain the number of multi-agency programmes/ initiatives that respond to the needs of children and young people with mental health issues and their families.	Support the continued development of the collaborative initiatives: the Multi-Agency Adolescent Forum& Kildare/West Wicklow Youth Mental Health Group and the Kildare/West Wicklow Mental Health Promotion Steering Group.	Yr 1 – Yr 3	<u>HSE</u>, SWRDTF, KVEC, NEWB, NEPS, KYS	HSE National Service Plan 2011 Vision for Change (2006)

Action Plan for County Kildare Children's Services Committee

National Outcomes: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Youth mental health, including drugs and alcohol	Increase coordination, collaboration & effectiveness of the response to the needs of children and young people with mental health issues and their families.	No. of relevant service providers represented on the Multi-Agency Adolescent Forum. No. of meetings of the Multi-Agency Adolescent Forum in a 12-month period. No. of referrals to Multi-Agency Adolescent Forum in 12-month period.	Maintain the no. of relevant service providers represented on the Multi-Agency Adolescent Forum. 4 meetings of the Multi-Agency Adolescent Forum in a 12-month period. Increase the no. of referrals to Multi-Agency Adolescent Forum in 12-month period.	Complete and document a review the work of the Multi-Agency Adolescent Forum.	Yr 1 – Yr 2	HSE, Gardai, NEWB, NEPS, KVEC, SWRDTF, KYS	

Action Plan for County Kildare Children's Services Committee

National Outcomes: Healthy, both physically and mentally

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Examples							
		No. of Multi-Agency Adolescent Forum case action plans in a 12-month period.	Increase the no. of Multi-Agency Adolescent Forum case action plans in a 12-month period.	As above.			
		No. of Multi-Agency Adolescent Forum case action plans reviewed in a 12-month period.	Increase the no. of Multi-Agency Adolescent Forum case action plans reviewed in a 12-month period.				
Youth mental health, including drugs and alcohol	Increase coordination, collaboration & effectiveness of the response to the needs of children and young people with mental health issues and their families.	No. of relevant service providers represented on the Kildare/West Wicklow Youth Mental Health Group.	Increase the no. of relevant service providers represented on the Kildare/West Wicklow Youth Mental Health Group.	Disseminate information about existing programmes and services responding to the needs of children and	Yr 1 – Yr 3	<u>HSE,</u> Gardai, NEWB, NEPS, KVEC, SWRDTF, KYS, CKLP	Vision for Change (2006)

Action Plan for County Kildare Children's Services Committee

National Outcomes: Healthy, both physically and mentally

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Examples							
		No. of meetings of the Kildare/West Wicklow Youth Mental Health Group in a 12-month period.	4 meetings of the Kildare/West Wicklow Youth Mental Health Group in a 12-month period.	young people with mental health issues and their families.			
		No. of relevant service providers represented on the Kildare/West Wicklow Mental Health Promotion Steering Group.	Maintain the no. of relevant service providers represented on the Kildare/West Wicklow Mental Health Promotion Steering Group.				
		No. of meetings of the Kildare/West Wicklow Mental Health Promotion Steering Group in a	4 meetings of the Kildare/West Wicklow Mental Health Promotion Steering Group in				

Action Plan for County Kildare Children's Services Committee							
National Outcomes: Healthy, both physically and mentally							
Priority Area (To be identified based on the local needs analysis)	**Objective(s)** (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	**Indicators** (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	**Target**	**Activities** (The activities that the CSC will undertake to deliver on its objectives)	**Timeframe for completion**	**Lead Responsibility**	**Link to other plans** (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
		12-month period.	a 12-month period.				
Youth mental health, including drugs and alcohol	Increase coordination, collaboration & effectiveness of the response to the needs of children and young people with mental health issues and their families.	No. of deliberate self harm referrals to CAMHS in a 12-month period. No. of presentations to Naas Hospital ED for under 18s relating to deliberate self harm in a 12-month period. No. of suicides of children aged 10-17, as proportion of total deaths of children in	Record no. of deliberate self harm referrals to CAMHS in a 12-month period. Record no. of presentations to Naas Hospital ED for under 18s relating to deliberate self harm in a 12-month period. Record no. of suicides of children aged 10-17, as proportion	Continue to build the picture of youth mental health in the county through the collection and analysis of relevant data from a variety of sources e.g. Naas Hospital, CAMHS, County Coroner.	Yr 1 – Yr 3	<u>HSE,</u> Gardai, NEWB, NEPS, KVEC, SWRDTF, KYS, KCoCo	

Action Plan for County Kildare Children's Services Committee

National Outcomes: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be underline(measurable))	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
		the age range.	of total deaths of children in the age range.				
Youth mental health, including drugs and alcohol	Increase the level of support to children and young people with mental health issues and their families.	No. of supports for children and young people with mental health issues and their families.	Increase the range of supports for children and young people with mental health issues and their families.	Document the supports for children and young people with mental health issues and their families.	Yr 1 – Yr 3	HSE, NEWB, NEPS, KVEC, SWRDTF, KYS	
Youth mental health, including drugs and alcohol	Increase the level of support to children and young people with mental health issues and their families.	No. of new services planned.	1 new service planned	Support Kildare/West Wicklow Youth Mental Group's (Headstrong Learning Network site) work to establish a Jigsaw project in Co. Kildare.	Yr 1 – Yr 3	HSE, NEWB, NEPS, KVEC, SWRDTF, KYS, Gardai, CKLP, PS, KCoCo, KCCC	Vision for Change (2006)

Action Plan for County Kildare Children's Services Committee

National Outcomes: Healthy, both physically and mentally

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Youth mental health, including drugs and alcohol	Increase the level of support to children and young people with mental health issues and their families.	No. of relevant community, voluntary and statutory organisations informed of the Community Response Plan (following suicide).	All relevant community, voluntary and statutory organisations informed of the Community Response Plan (following suicide).	Support the roll out of the Community Response Plan (following suicide) in Co. Kildare.	Yr 1 – Yr 3	HSE, NEWB, NEPS, KVEC, SWRDTF, KYS, Gardai, CKLP, PS, KCoCo, KCCC	Responding to Critical Incidents-Guidelines for Schools (NEPS)
Youth mental health, including drugs and alcohol	Support the promotion of positive mental health for children and young people through universal provision.	No. of education/school-based initiatives promoting positive mental health for children and young people.	Increase the no. of education/school-based initiatives promoting positive mental health for children and young people.	Identify the existing education/school-based initiatives promoting positive mental health for children and young people.	Yr 1 – Yr 3	NEWB, NEPS, KVEC, SWRDTF, KYS,CKLP, HSE	NEPS Guidance Documents x 4 (Special Educational Needs x 2, Behavioural, Emotional and Social Difficulties x 1, Critical Incident x 1)

Action Plan for County Kildare Children's Services Committee

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Examples							
Youth mental health, including drugs and alcohol	Support the promotion of positive mental health for children and young people through universal provision.	No. of community-based initiatives promoting positive mental health for children and young people.	Increase the no. of community-based initiatives promoting positive mental health for children and young people.	Become informed of national models such as Mental Health Ireland Safe Talk initiative.	Yr 1 – Yr 3	SWRDTF,HSE, NEWB, NEPS, KVEC, KYS, Gardai, CKLP	
Youth mental health, including drugs and alcohol	Support the promotion of positive mental health for children and young people through universal provision.	No. of children and young people participating in mental health promotion activities.	Increase the no. of children and young people participating in mental health promotion activities.	Explore opportunities for responding collaboratively through SPHE and other relevant programmes.	Yr 1 – Yr 3	SWRDTF, NEWB, NEPS, KVEC, , KYS,CKLP, HSE	Social Inclusion Plan (CKLP, 2011)

Action Plan for County Kildare Children's Services Committee

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Examples							
Youth mental health, including drugs and alcohol	Increase the amount of dedicated space available for children and young people to come together.	No. of dedicated youth spaces in the county.	Increase the number dedicated youth spaces in the county.	Map the dedicated youth space that exists in the county. Support the development of new youth space.	Yr 1 – Yr 3 Yr 1 – Yr 3	KCoCo, KYS, CKLP, KVEC, HSE	Ready, Steady, Play! National Play Policy (2004) Teenspace: National Recreation Policy for Young People (2007)
Youth mental health, including drugs and alcohol	Increase coordination, collaboration & effectiveness of the response to the needs of children and young people with drugs/alcohol misuse issues and their families.	No. of multi-agency programmes/ initiatives that respond to the needs of children and young people with drugs/alcohol misuse issues and their families.	Maintain the multi-agency programmes/ initiatives that respond to the needs of children and young people with drugs/alcohol misuse issues and their families.	Identify and document the existing multi-agency programmes/initiatives that respond to the needs of children and young people with drugs/alcohol	Yr 1 – Yr 3	SWRDTF,HSE, NEWB, NEPS, KVEC, KYS, Gardai, CKLP, PS	National Drugs Strategy (interim) 2009 SWRDTF Strategic Plan (2011)

Action Plan for County Kildare Children's Services Committee

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Examples							
		No. of referrals to HALO service in a 12-month period. No. of referrals to Trinity Court from HALO service.	Maintain referrals to HALO service. Record no. of referrals to Trinity Court from HALO service.	misuse issues and their families.			
Youth mental health, including drugs and alcohol	Increase coordination, collaboration & effectiveness of the response to the needs of children and young people with drugs/alcohol misuse issues and their families.	No. of meetings between SWRDTF addiction services, HSE addiction services, Naas Hospital ED personnel and Primary Care Clinical Teams	Increase the no. of meetings between SWRDTF addiction services, HSE addiction services, Naas Hospital ED personnel and Primary Care Clinical Teams.	Agree and develop a process and framework for strengthening linkages between SWRDTF services, HSE addiction services, Naas Hospital ED personnel and Primary Care	Yr 1 – Yr 3	SWRDTF,HSE	SWRDTF Strategic Plan (2011)

Action Plan for County Kildare Children's Services Committee

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Examples							
				Clinical Teams.			
Youth mental health, including drugs and alcohol	Support the promotion of drugs/alcohol awareness for children, young people and their parents.	No. of initiatives promoting drug/alcohol awareness for children, young people and parents.	Increase the no. of initiatives promoting drug/alcohol awareness for children, young people and parents.	Identify and document the existing initiatives promoting drug/alcohol awareness for children, young people and parents.	Yr 1 – Yr 3	SWRDTF,HSE, NEWB, NEPS, KVEC, KYS, Gardai, CKLP, PS	SWRDTF Strategic Plan (2011)
Youth mental health, including drugs and alcohol	Support the promotion of drugs/alcohol awareness for children, young people and their parents.	No. of children, young people and parents participating in drug/alcohol awareness activities.	Increase the no. children, young people and parents participating in	Identify opportunities for further developing and building on	Yr 1 – Yr 3	SWRDTF,HSE, NEWB, NEPS, KVEC, KYS, Gardai, CKLP, PS	National Drugs Strategy (interim) 2009

Action Plan for County Kildare Children's Services Committee

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Examples							
			drug/alcohol awareness activities	existing initiatives e.g. JPCs, DPEI.			

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Kildare CSC Development	Consolidate and strengthen Kildare Children's Services Committee.	No. of meetings of CSC in 12-month period.	8 meetings of CSC in 12-month period.	Convene regular meetings of the CSC.	Yr 1 – Yr 3	CSC Members	National Children's Strategy (2000)
Kildare CSC Development	Consolidate and strengthen Kildare Children's Services Committee.	%attendance at CSC meetings.	60% attendance at CSC meetings.	Attend and participate in CSC meetings.	Yr 1 – Yr 3	CSC Members	
Kildare CSC Development	Consolidate and strengthen Kildare Children's Services Committee.	No. of relevant services providers represented on CSC. No. of non-statutory service providers represented on CSC.	Maintain the no. relevant service providers represented on CSC. Increase the no. of non-statutory service providers	Review membership of CSC and expand to include relevant non-statutory service providers.	Yr 2 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
			represented on CSC.				
Kildare CSC Development	Consolidate and strengthen Kildare Children's Services Committee.	No. of CSC member organisations represented on Sub-groups/Task groups.	100% CSC member organisations represented on Sub-groups/Task groups.	Establish Sub-Groups/Task Groups as necessary.	Yr 1 – Yr 3	CSC Members	
Promotion of Kildare CSC	Raise awareness of the role, purpose and work of Kildare CSC.	No. of CSC members who disseminate information about the CSC within their own organisations.	12 CSC members disseminate information about the CSC within their own organisations.	CSC members disseminate information about the CSC within own organisations.	Yr 1 – Yr 3	CSC Members	
Promotion of Kildare CSC	Raise awareness of the role, purpose and work of Kildare CSC.	No. of copies of 3-year action plan that are distributed to relevant stakeholders.	Summary of 3-year action plan distributed to all relevant stakeholders.	Distribute CSC 3-year action plan to all relevant stakeholders.	Yr 1 – Yr 3	CSC Members	

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Change management

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Examples							
Promotion of Kildare CSC	Raise awareness of the role, purpose and work of Kildare CSC.	No. of plans developed to raise awareness of CSC among children, young people and their families.	1 plan developed to raise awareness of CSC among children, young people and their families.	Develop plan to raise awareness of the CSC among children, young people and their families.	Yr 1 – Yr 3	CSC Members	
Promotion of Kildare CSC	Raise awareness of the role, purpose and work of Kildare CSC.	No. of plans developed to spread the message of the *Agenda for Children's Services* to relevant service providers.	1 plan developed to spread the message of the *Agenda for Children's Services* to relevant service providers.	Develop plan to spread the message of the *Agenda for Children's Services* to relevant service providers.	Yr 1 – Yr 3	CSC Members	
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children,	No. of Information Sub-Groups established.	1 Information Sub-Group established.	Establish an Information Sub-Group.	Yr 1	CSC Members	

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Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be underline(measurable))	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	young people and their families.						
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children, young people and their families.	No. of data sharing protocols developed	2 data sharing protocols developed.	Develop data sharing protocols for anonymised and case-sharing data.	Yr 1	CSC Members	
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children, young people and their families.	No. of central repositories identified for data held by CSC.	1 central repository identified for data held by CSC.	Identify and agree the central repository for the data held by the CSC.	Yr 1	CSC Members	

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Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be underline(measurable))	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children, young people and their families.	No. of data sources identified.	Data sources identified.	Identify data required to inform the work of the CSC.	Yr 1 – Yr 3	CSC Members	
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children, young people and their families.	No. of data gaps identified.	Data gaps identified.	Identify gaps in required data: data not being collected & data collected but not accessible.	Yr 1 – Yr 3	CSC Members	

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Change management

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Examples							
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children, young people and their families.	No. of systems and processes developed for the collection, analysis and distribution of data.	System and process developed for the collection, analysis and distribution of data.	Develop systems and processes for the collection, analysis and distribution of relevant data.	Yr 1 – Yr 3	CSC Members	
Data	Ensure relevant data is available to inform planning, development, delivery and evaluation of services for children, young people and their families.	No. of data gaps and requirements common to CSCs nationally.	Data gaps and requirements common to CSCs nationally identified.	Link with other CSCs to identify common data gaps and requirements and pursue at national level.	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee							
Change management							
Priority Area (To be identified based on the local needs analysis)	**Objective(s)** (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	**Indicators** (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	**Target**	**Activities** (The activities that the CSC will undertake to deliver on its objectives)	**Timeframe for completion**	**Lead Responsibility**	**Link to other plans** (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Planning	Ensure that evidence-based planning takes place in an integrated and coordinated way that optimises the impact of available resources.	No. of services mapped.	Increase the number of services mapped.	Continue mapping service provision for children, young people and their families.	Yr 1 – Yr 3	CSC Members	Agenda for Children's Services (2007)
Planning	Ensure that evidence-based planning takes place in an integrated and coordinated way that optimises the impact of available resources.	No. of proposed developments discussed by CSC in a 12-month period.	Increase the no. of proposed developments discussed by CSC in a 12-month period.	Develop mechanism for coordinated planning on an annual basis.	Yr 1	CSC Members	
Planning	Ensure that evidence-based planning takes place in an integrated and coordinated way that optimises the impact of available resources.	No. of CSC member organisation work plans presented to the CSC in a 12-month period.	Increase the no. of CSC member organisation work plans presented to the CSC in a 12-month period.	As Above	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Planning	Ensure that evidence-based planning takes place in an integrated and coordinated way that optimises the impact of available resources.	No. of CSC member organisations consulting CSC in development of annual Work Plans in a 12-month period.	Increase the no. of CSC member organisations consulting CSC in development of annual Work Plans in a 12-month period.	As above	Yr 1 – Yr 3	CSC Members	
Inter-agency Collaboration	Ensure that a commitment to inter-agency collaboration underpins service planning, development, delivery and evaluation.	No. of actions implemented from CSC Action Plan.	Actions implemented from CSC Action Plan	Implement the 3-year Action Plan.	Yr 1 – Yr 3	CSC Members	Agenda for Children's Services (2007)
Inter-agency Collaboration	Ensure that a commitment to inter-agency collaboration underpins service planning, development, delivery	No. of new collaborative initiatives developed.	2 new collaborative initiatives developed.	Identify strategic and operational linkages within the CSC.	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee							
Change management							
Priority Area (To be identified based on the local needs analysis)	**Objective(s)** (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	**Indicators** (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	**Target**	**Activities** (The activities that the CSC will undertake to deliver on its objectives)	**Timeframe for completion**	**Lead Responsibility**	**Link to other plans** (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	and evaluation.						
Inter-agency Collaboration	Ensure that a commitment to inter-agency collaboration underpins service planning, development, delivery and evaluation.	No. of inter-agency training initiatives	1 inter-agency training initiative.	Develop and participate in inter-agency training initiatives.	Yr 1 – Yr 3	CSC Members	
Inter-agency Collaboration	Ensure that a commitment to inter-agency collaboration underpins service planning, development, delivery and evaluation.	No. of CSC members participating in inter-agency training initiatives.	Increase the no. of CSC members participating in inter-agency training initiatives.	As above.	Yr 1 – Yr 3	CSC Members	
Inter-agency Collaboration	Ensure that a commitment to inter-agency collaboration underpins service planning,	No. of CSC member organisations participating in inter-agency training initiatives.	Increase the no. of CSC member organisations participating in inter-agency	As above.	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
	development, delivery and evaluation.		training initiatives.				
Voice of children, young people and their families	Ensure the voice of children, young people and their families is heard and informs service planning, development, delivery and evaluation.	No. of meetings with Comhairle na nOg representatives in a 12-month period.	2 meetings with Comhairle na nOg representatives in a 12-month period.	Develop formal links with Comhairle na nOg.	Yr 1 – Yr 3	CSC Members	
Voice of children, young people and their families	Ensure the voice of children, young people and their families is heard and informs service planning, development, delivery and evaluation.	No. of young people consulted in the development of the CSC Action Plan. No. of children, young people and their families consulted in the review of the CSC	12 young people consulted in the development of the CSC Action Plan. Increase the no. of children, young people and their families consulted in the	Develop a mechanism for the voice of children, young people and their families to be heard at the CSC.	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
		Action Plan. No. of consultations with children, young people and their families undertaken by CSC member organisations in a 12-month period.	review of the CSC Action Plan. Increase the no. of consultations with children, young people and their families undertaken by CSC member organisations in a 12-month period.				
Evaluation and Monitoring	Incorporate an outcomes-measurement approach to service planning, development, delivery and evaluation.	No. of existing relevant indicators identified. No. of new indicators developed.	A no. of existing relevant indicators identified. A no. of new indicators developed.	Identify existing relevant indicators and develop new indicators to measure if objectives are being achieved.	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be measurable)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Evaluation and Monitoring	Incorporate an outcomes-measurement approach to service planning, development, delivery and evaluation.	No. of relevant baselines established.	A no. of relevant baselines established.	Identify the baseline data that is required.

Establish relevant baselines where none exist | | | |
| Evaluation and Monitoring | Incorporate an outcomes-measurement approach to service planning, development, delivery and evaluation. | No. of outcomes identified in the 3-year Action Plan.

No. of outcomes measured in the 3-year Action Plan. | Maintain the no. of outcomes identified in the 3-year Action Plan.

Increase the no. of outcomes measured in the 3-year Action Plan. | Promote an outcomes-measurement approach to the implementation of the 3-year Action Plan. | Yr 1 – Yr 3 | CSC Members | |

Action Plan for County Kildare Children's Services Committee

Change management

Priority Area (To be identified based on the local needs analysis)	Objective(s) (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	Indicators (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	Target	Activities (The activities that the CSC will undertake to deliver on its objectives)	Timeframe for completion	Lead Responsibility	Link to other plans (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
		No. of tools and processes identified to measure service outcomes.	Increase the no. of tools and processes identified to measure service outcomes.	Identify and develop tools and processes to measure service outcomes.	Yr 1 – Yr 3	CSC Members	
		No. of tools and processes developed to measure service outcomes.	Increase the no. of tools and processes developed to measure service outcomes.				
Influencing Policy and Practice	Influence policy and practice and local, regional and national level.	No. of copies of 3-Year Action Plan distributed to relevant stakeholders.	Summary of 3-Year Action Plan distributed to all relevant stakeholders.	Distribute CSC 3-year action plan to all relevant stakeholders.	Yr 1 – Yr 3	CSC Members	

Action Plan for County Kildare Children's Services Committee							
Change management							
Priority Area (To be identified based on the local needs analysis)	**Objective(s)** (A brief statement of what the CSC wants to accomplish in relation to each priority area. The objective(s) should be <u>measurable</u>)	**Indicators** (The measure which will be used to determine whether the objective is being achieved. Can be a national indicator or one that has been developed locally.)	**Target**	**Activities** (The activities that the CSC will undertake to deliver on its objectives)	**Timeframe for completion**	**Lead Responsibility**	**Link to other plans** (e.g. documents from Government, state agencies, or local organisations e.g. RAPID)
Examples							
Influencing Policy and Practice	Influence policy and practice and local, regional and national level.	No. of Action Plan Reviews distributed to relevant stakeholders.	Action Plan Reviews distributed to all relevant stakeholders.	Document the learning from the CSC on an annual basis and disseminate to all relevant stakeholders.	Yr 1 – Yr 3	CSC Members	
Influencing Policy and Practice	Influence policy and practice and local, regional and national level.	No. of *Working Together for Children* events at which KCSC are represented in a 12-month period	2 *Working Together for Children* events at which KCSC are represented.	Actively engage with the *Working Together for Children* initiative at national level	Yr 1 – Yr 3	CSC Members	
Influencing Policy and Practice	Influence policy and practice and local, regional and national level.	No. of CSC members attending *Working Together for Children* and other relevant national events in a 12-month period.	4 CSC members attending *Working Together for Children* and other relevant national events.	Link with other CSCs to identify & highlight common issues, gaps & recommendations about policy and practice.	Yr 1 – Yr 3	CSC Members	

Section 7: Monitoring and Review

Kildare Children's Services Committee (KCSC) is committed to ongoing review and monitoring of the implementation of the 3-Year Action Plan.

Data collection forms a core element of the action plan. Data relating to the named indicators in the plan will be collated, analysed and disseminated where appropriate. This data will also be used to inform future activity.

An annual review of the action plan will be completed and distributed to relevant stakeholders, including the County Development Board.

KCSC will comply with national reporting requirements.

Section 8: Appendices

Appendix 1: List of Acronyms

Appendix 2: Notes from consultation session with Comhairle na nOg County Panel

Appendix 3: List of Reference Documents

Appendix 4: Priority Area Template

Appendix 5: Draft Terms of Reference for Kildare Children's Services Committee

Appendix 6: Plan for the Plan (graph)

Appendix 7: Terms of Reference for the Information Sub-Group

Appendix 8: DED-level Demographic Data

Appendix 9: Where Kildare CSC fits in with other structures (graph)