



CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES
COISTÍ NA SEIRBHÍSÍ DO LEANAÍ & DO DHAÓINE ÓGA

Dublin City South
Cathair Bhaile Átha Cliath Theas

DUBLIN CITY SOUTH STRATEGIC HEALTH & WELLBEING PLAN (2018-2021)



Contents	Page
Executive Summary	3
Dublin City South - Children & Young People's Services Committee	4
Policy Context	6
Dublin City South – Demographic Profiles	12
<ul style="list-style-type: none">• Population Profile• Socio-Economic Profile• Education Profile• Health Profile	
Dublin City South – Needs Analysis	16
Dublin City South – Health & Wellbeing Actions	19
Dublin City South CYPSC – Health & Wellbeing Priorities	21
Risk Analysis Factors	23
Evaluation & Review	24
Appendices	27
References	32

Executive Summary

A Healthy Ireland, where everyone all children and young people can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility. It is also something which all agree is an aspiration that should be pursued, and to this end, several national policy frameworks have been adopted in light of increasing concerns being raised about the general health of the population.

As the national framework to address these, Healthy Ireland (HI)¹ is Ireland's commitment to improving the health and wellbeing of its people. Its main focus is on prevention and keeping people healthier for longer. Healthy Ireland's goals are to:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a Healthy Ireland



The delivery of this policy recognises that local areas will be better placed than a central government body in understanding the public health needs of its communities, and so better prioritising actions and initiatives that enable these to be addressed, in the context of this wider framework, to ensure that all benefit. The Children and Young People's Services Committee (CYPSC) are the conduit of HI funding to develop the strategic health and wellbeing plan for the Dublin City South (DCS) area. The DCS CYPSC Strategic Health & Wellbeing plan considers how public health concerns should be prioritised and addressed it is aligned to the health outcomes of national *Healthy Ireland and Better Outcomes Brighter Futures* policy frameworks. The plan will also link to the local HSE, Healthy Childhood Priority Programme and CHO Health and Wellbeing Plan by drawing upon a range of local knowledge and engagement from a range of stakeholders. In developing this plan, several themes contextual to DCS have been identified which will cut across all its proposed actions

- i. The need for flexibility and cultural sensitivities in provision of health and wellbeing
- ii. The need for increased provision in mental health services
- iii. The need to facilitate access to services through mitigating costs to participants
- iv. The need to raise education aspirations particularly amongst children/young people

These priorities have been identified from a review of existing provision and analysis of data from secondary sources including social, economic, health and wellbeing datasets².

¹ Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025

health.gov.ie/blog/publications/healthy-ireland-a-framework-for-improved-health-and-wellbeing-2013-2025/

² Dublin City South CYPSC AIRO Evidence Baseline Report (2017)

www.cypsc.ie/dublin-city-south/resources.288.html

Children & Young Peoples Services Committees

Children and Young People's Services Committees (CYPSCs) are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. The overall purpose is to improve outcomes for children and young people through local and national interagency working.

At local level, the CYPSCs are county-level committees that bring together the main statutory, community and voluntary providers of services to children and young people. They provide a forum for joint planning and co-ordination of activity and for oversight of local policy and provision, to ensure that children, young people and their families receive optimum services. Their role is to enhance interagency co-operation and to realise the five national outcomes set out in *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020*, namely: to be active and healthy; to be achieving in all areas of learning and development; to be safe and protected from harm; to enjoy economic security and opportunity; and to be connected, respected and contributing.

Dublin City South Children & Young People's Services Committee (DCS CYPSC)

The Dublin City South CYPSC supports the programme implementation for the Dublin City Council area south of the River Liffey. The committee is made up of senior management representatives from Statutory, Community & Voluntary sectors who work with Children Young People and their families.

Membership of Dublin City South CYPSC includes:

- Barnardos
- TUSLA (Chair)
- City of Dublin Education & Training Board (ETB)
- Daughters of Charity (DoC)
- Dublin City Council (DCC) (Deputy Chair)
- Dublin City Childcare Committee (DCCC)
- An Garda Síochána (AGS)
- Health Service Executive (HSE)
- Educational Welfare Services (EWS)
- Young People's Probation (YPP)
- Irish Primary Principals' Network (IPPN)

The structure of DCS CYPSC will oversee and support programmes and key priorities for the implementation of this strategic Health & Wellbeing Action Plan from 2018-2021, inclusive.

DCS CYPSC aim to focus activities locally through the 6 Dublin City South Child and Family Support Networks:

- Ballyfermot
- Islandbridge
- South West Inner City
- South East Inner City
- Pembroke/Rathmines
- D12

The DCS CYPSC will coordinate implementation of this Strategic Health & Wellbeing Plan in partnership with key interagency stakeholders. CYPSC's role with each will be to influence and coordinate current programmes and future interventions to meet the planned actions of the plan from 2018-2021.

Policy Context

It is widely acknowledged that sustained health and wellbeing requires an organised system to maintain and promote health and this is known as the public health system. Nationally Public health & Primary Care drive population health with a focus on wellness, prevention of disease or its deterioration, and the collection and analysis of information.

The Healthy Ireland Framework (2013-2025) is a Government-led initiative which aims to create an Irish society where everyone can enjoy **physical** and **mental health**, and where **wellbeing is valued** and supported at every level of society. Better Outcomes Brighter Futures is the National Policy Framework for Children & Young People (2014-2020) to *‘coordinate policy across Government with the five national outcomes and to identify areas that, with focused attention, have the potential to improve outcomes for children and young people (0-24 years)’* and to transform the effectiveness of existing policies, services and resources.

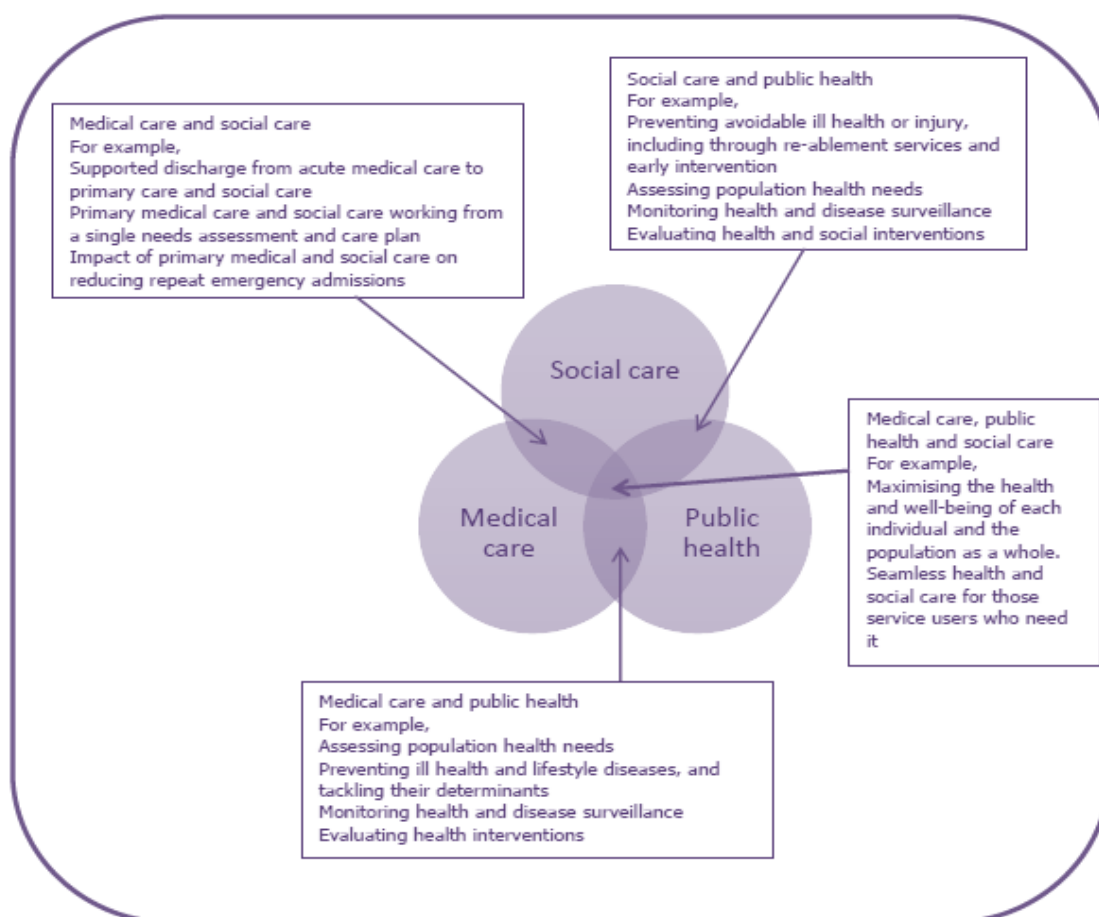
Healthy Ireland

The Healthy Ireland Framework purports a partnership approach in realising the four goals and sixty-four actions set out and designed to harness the energy promote health and wellbeing. This approach reflects the need for all sectors of society to get involved if Ireland is to truly become a healthier place to live, work and play for all. The Framework describes four high-level goals:

- i. Increase the proportion of people who are healthy at all stages of life
- ii. Reduce health inequalities
- iii. Protect the public from threats to health and wellbeing
- iv. Create an environment where every individual and sector of society can play their part in achieving a Healthy Ireland

Health and wellbeing is the current terminology used in Ireland in the national framework for improving health and wellbeing, 2013–2025. The Department of Health (DOH) defines health and wellbeing as *‘everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing’*. The World Health Organization (WHO) considers wellbeing as an integral part of their definition of health, which reflects the quality of life and the various factors that can influence quality of life during the population’s or individual’s lifetime.

Public Health is also considered to be solely in relation to medical care, but as illustrated below (*Figure 1*), in order to be truly effective, any interventions or systems in relation to health and wellbeing must also explicitly recognise and integrate the aspects of social and public aspects.



*Fig. 1: Adapted from opportunities for health care integration
Source: Goodwin & Smith, Department of Health (2010)*

Better Outcomes, Brighter Futures

Alongside the Healthy Ireland Framework, ‘*Better Outcomes Brighter Futures*’ (BOBF)³ – a six-year strategy, sets parallel priorities in ensuring that all children and young people achieve the best possible outcomes. This will be delivered across five national outcomes: Active & healthy, physical & mental wellbeing; Achieving full potential in all areas of learning and development; Safe and protected from harm; Economic Security & opportunity and Connected, respected & contributing to their world.

BOBF aligns its aims to deliver has a much more explicit focus on involving parents and young people in the design and review of actions to achieve targets in relation to the health outcomes, 1.1-1.4 (*Figure 2*).

³ https://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf

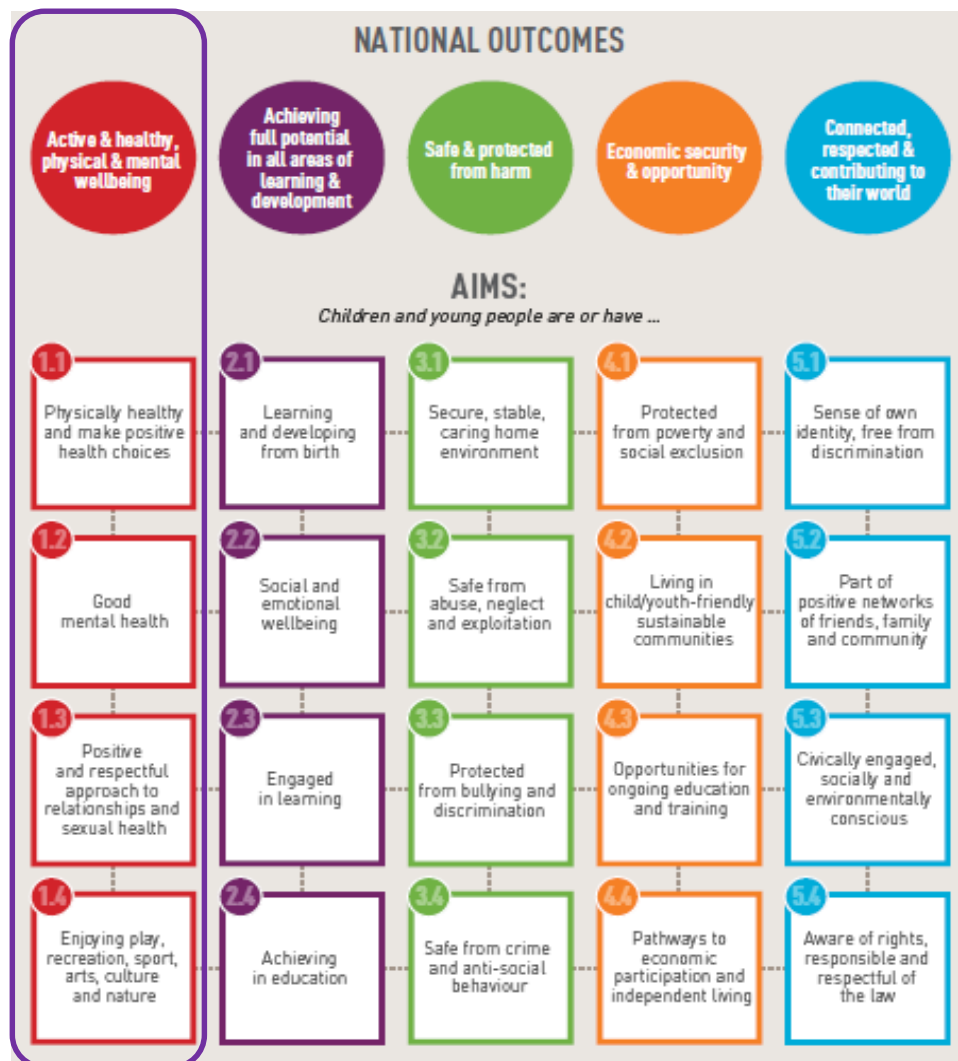


Fig. 2: Better Outcomes, Brighter Futures (BOBF)

The 5 national outcomes are supported by a number of cross cutting *Transformational Goals* aimed to strengthen the system of supports around the child and young person to achieve better outcomes now and in the future:

1. Support Parents
2. Earlier Intervention
3. Listen to and involve children and young people
4. Ensure Quality Services
5. Strengthen transitions
6. Cross- Government and interagency collaboration and coordination.

The Framework adopts both a universal and targeted approach. It focuses on the situation of all children and young people, while also identifying and giving priority to marginalised and disadvantaged groups.

The framework provided in this strategic plan will be adapted at local level, thereby taking into account specific needs and demographics. Thus, the actions proposed are to be considered and adapted, as appropriate to local priorities and aligned to the overarching goals and outcomes within both Healthy Ireland and Better Outcomes, Brighter Futures policy frameworks as highlighted below (*Table 1*). The following are additional policy drivers, strategies and health and wellbeing plans which influence the delivery of DCS CYSPC's plan 2018-2021. However, particular focus is given to the HI, BOBF and CH07 frameworks and operational plans.

- Healthy Ireland (HI) – A Framework for Improved Health and Wellbeing (2013-2025)
 - National Physical Activity Plan (8 Actions)⁴
 - A Healthy Weight for Ireland – Obesity Policy & Action Plan (2016-2025)⁵
 - Mental Health⁶
 - Sexual Health – National Sexual Health Strategy (2015-2020)⁷
- Reducing Harm, Supporting Recovery – Drug & Alcohol use in Ireland (2017-2025)⁸
- CH07– HSE Regional Plan for Dublin City South, Dublin South West, Dublin West, and Kildare/West Wicklow⁹
- Vision for Change – Report Of The Expert Group On Mental Health Policy¹⁰
- Connecting for Life – Ireland's National Strategy to Reduce Suicide (2015-2020)¹¹
- Healthy Cities and Counties of Ireland Network¹²
- HSE Healthy Eating Guidelines in Ireland¹³
- Tobacco Free Ireland¹⁴
- Healthy Workplaces¹⁵

⁴ <http://health.gov.ie/wp-content/uploads/2016/01/Get-Ireland-Active-the-National-Physical-Activity-Plan.pdf>

⁵ <http://health.gov.ie/wp-content/uploads/2016/09/A-Healthy-Weight-for-Ireland-Obesity-Policy-and-Action-Plan-2016-2025.pdf>

⁶ <http://www.yourmentalhealth.ie/>

⁷ <http://health.gov.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>

⁸ <https://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>

⁹ <https://www.hse.ie/eng/services/publications/serviceplans/service-plan-2017/operational-plans-2017/cho-7-operational-plan-2017.pdf>

¹⁰ <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

¹¹ <https://www.healthpromotion.ie/hp-files/docs/HME00945.pdf/>

¹² <http://www.healthyireland.ie/about/cities-and-counties/>

¹³ www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/healthy-eating-guidelines/

¹⁴ <https://health.gov.ie/wp-content/uploads/2014/03/TobaccoFreeIreland.pdf>

¹⁵ <http://www.healthyireland.ie/health-initiatives/workplaces/>

		BETTER OUTCOMES, BRIGHTER FUTURES										
HEALTHY IRELAND		Support parents	Early intervention/prevention	Listen & involve C&YP	Ensure quality services	Strengthen transitions	Government/interagency collaboration	Active & Healthy	Achieving in learning & development	Safe & protected from harm	Economic security & opportunity	Connected, respected & contributing
			X			X	X					
							X					
			X	X	X		X					
		X		X			X					
		X	X	X	X	X	X					
			X	X	X		X					
	Increase proportion of people healthy at all stages of life							X				
	Reduce health inequalities							X			X	X
	Protect public from threats to health and wellbeing									X		
	Create environment where every person and sector of society can play their part in achieving HI								X			X

Table 1: Healthy Ireland / Better Outcomes, Brighter Futures Goals & Outcomes Matrix

Guiding principles underpinning DCS CYPSC Strategic Health & Wellbeing Plan

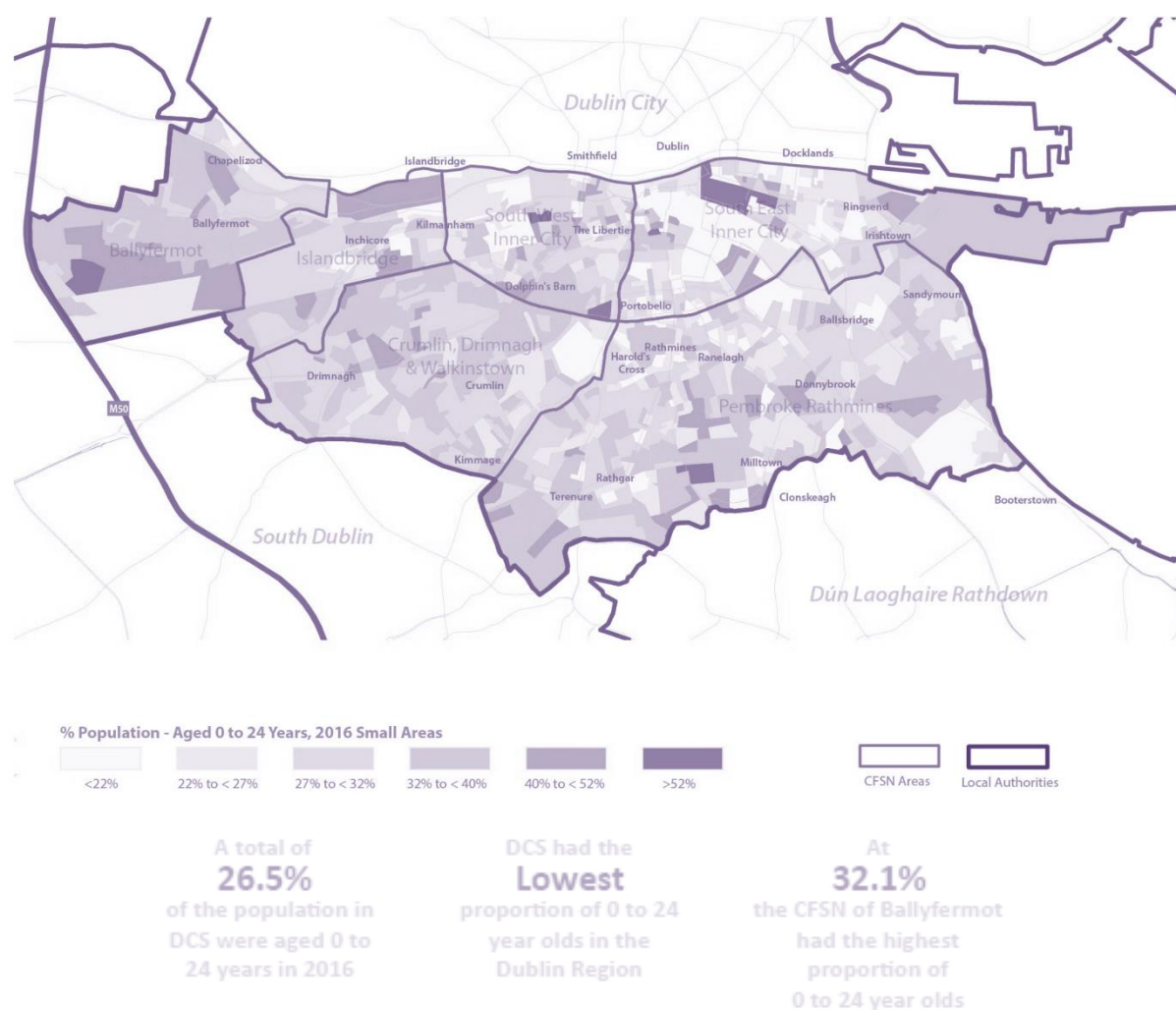
The plan relies upon a number of key cross-cutting principles:

- Working in partnership including children, families, professionals, communities; service users and providers;
- Be outcomes-led;
- Have a clear focus on the voice of children and young people
- Promote the view that effective interventions are those that strengthen informal support networks;
- Promote the principal of social inclusion;
- Promote quality services, quality initiatives, models of best practice and evaluation.

Dublin City South – Demographic Profiles

The following section profiles the communities and other characteristics of DCS. In drawing from a number of sources, it seeks to offer as complete and credible a profile as possible. This generates a baseline of themes and issues, against which actions can be best prioritised based on population, socio-economic, education and health profile datasets within DCS.

It has been structured to summarise and present key issues and trends with DCS at a sub-regional level only. This was felt to be an appropriate level to consider the profiling as this is the level at which the strategic themes and focus of the plan is concerned. However, the subsequent detailed planning of services and actions that arise from the implementation of this plan make further reference to the DSC CYPSC *Evidence Baseline Report (AIRO, 2017)*. This is because this baseline maps these themes at ward and estate level and which will be needed to inform the detail of how activity is delivered within individual Child and Family Support Networks (CFSN) areas as illustrated (*Figure 3*). It will also allow involved services and agencies to better appreciate each other's relative circumstance so that they might better be able to collaborate together in achieving the plan's overarching aim and priorities.



*Fig. 3: Dublin City South – Population 0-24 Years by Small Areas
(Source: AIRO Evidence Baseline Report, 2017)*

The health and wellbeing priorities differ within DCS and its neighbouring areas (*Figure 4*) owing to the variances between the make-up of its respective populations at different ages. They also highlight that health inequalities and needs will be highly localised at ward and lower levels reflecting the disparate patterns in population growth at these levels: where growth has increased at greater than average rates, any pre-existing health and wellbeing concerns will have been similarly scaled, and where population growth has been more static, there is a risk that concerns in these areas will be becoming more entrenched. Also, the higher proportion of ethnic communities, amongst whom health inequalities are generally higher compared to the 'White Irish' population, means that this theme will also be of a higher priority within the action plan.

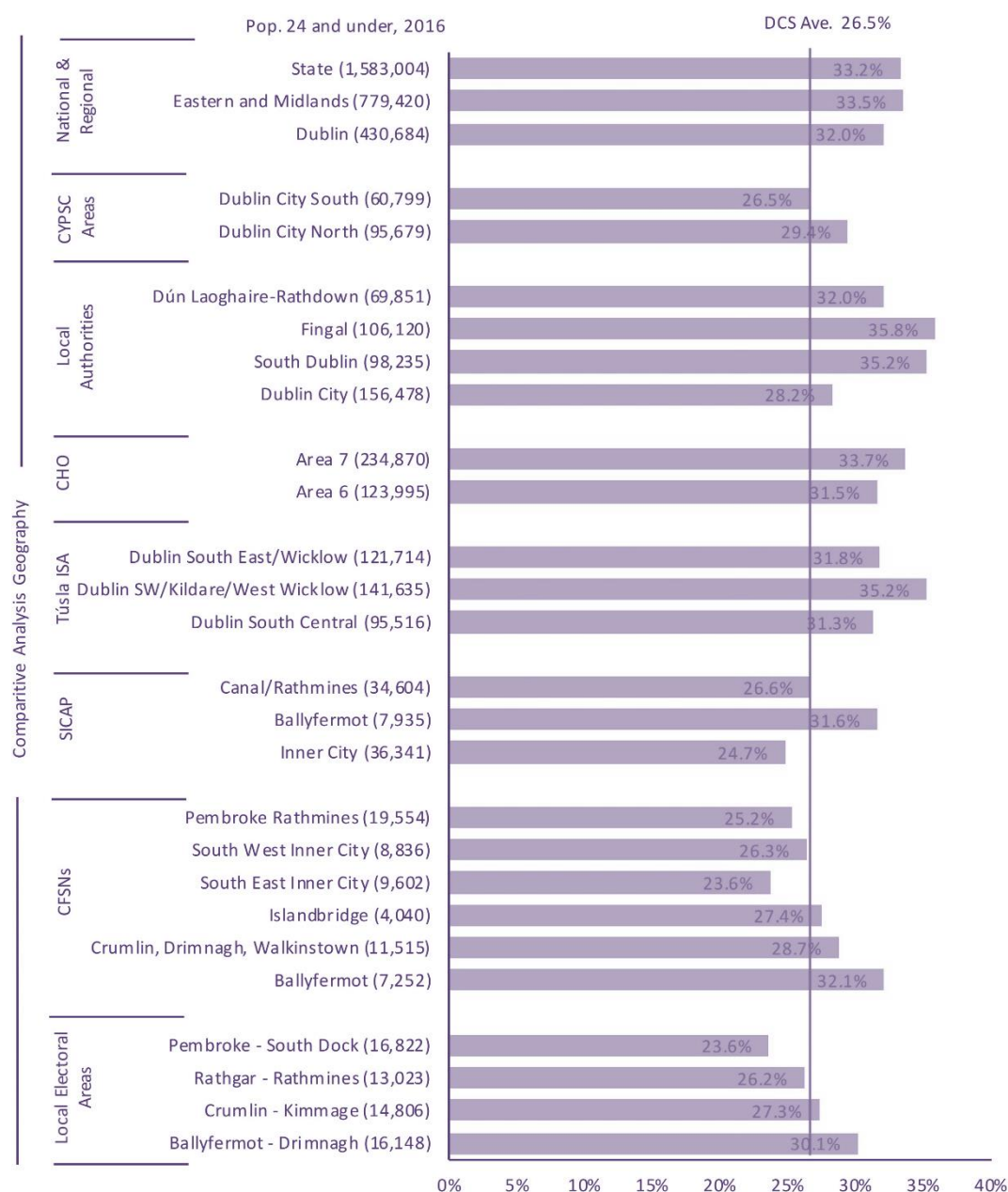


Fig. 4: Dublin City South - Population Age 0-24Years)
(Source: CSO/AIRO Evidence Baseline Report, 2017)

Population Profile

Pop. 2016	DCS	Dublin
Population	229,169	1,904,806
Population change (2011-2016)	4.1%	5.8%
Young People	26.5%	32%
0-4 years old	5.2%	6.8%
5-12 years old	6.9%	10.2%
13-17 years old	4%	5.7%
18-24 years old	10.5%	9.3%
Young dependency rate	18.3%	28.2%
Ethnicity (total population)	31.3%	25.7%
White Irish Traveller (total population)	0.3%	0.4%

Table 2: Population Profile – Dublin City South vs Dublin County (source: AIRO, 2017)

Socio-Economic Profile

	DCS	Dublin
Deprivation	3.1	4.1
Children at risk of poverty	Not recorded	16.1%
Lone parent households on social housing waiting lists	201 per 1,000 lone parent families*	178.4
Unemployed	11.6%	11.6%
Lone parent families (with children <15yrs)	28.8% of all families	23.5%
Employment Status of Lone Parents	42.1%* Unemployed Lone Parents 15.5% / Not in Labour force 42.4%	42.6%
Average weekly cost of childcare	€188*	€197
OPF payments to parents	246.8 per 1000	220.1

Table 3: Socio-Economic Profile – Dublin City South vs Dublin County (source: AIRO, 2017)

* Figures represent Dublin City as data not available at a local DCS level.

Education Profile

	DCS	Dublin
Education Attainment of Mothers	7.8%*	5.5%
Population with no formal education or qualifications	11.4%	10.6%
Childcare places	428.7 spaces per 1,000 children*	409.8
Registrations for free pre-school year	67% private / 33% community*	82% private / 18% community
Junior Cert Retention Rate (2009)	96.3%*	96.6%

Table 4: Socio-Economic Profile – Dublin City South vs Dublin County (source: AIRO, 2016)

Health Profile¹⁶

	DCS	State
Average age first time mothers	31.2*	30.9
First-time mothers aged 10-17 (per 10,000)	6.8*	3.8
Infant mortality (per 1,000 births)	3.7*	3.3
Breast feeding rate	51.1%*	47.7%
Males with a disability	13.3%	13.2%
Females with a disability	14.7%	13.8%
Self-harm amongst men 0-24years (per 100,000 pop)	161.5	161.6
Self-harm amongst women 0-24 years (per 100,000 pop.)	254.6	253.2
Children under 18 seeking support for substance misuse (per 10,000 pop.)	7.3	6.8
Referrals to CAMHS (per 10,000 pop.) – CHO6 area	227.5 (1,975)	155.1
Referrals to CAMHS (per 10,000 pop.) – CHO7 area	138.2 (2,401)	155.1
Children and young people (0-24 years) qualifying for GMS card	23.7%	36.0%

Table 5: Health Profile – Dublin City South vs State (source: AIRO, 2017)

** Figures represent Dublin City as data not available at a local DCS level.*

¹⁶ Data based on Dublin City South CYPSC AIRO Baseline Evidence Report (2017). Comparable with State only.
NOTE: Accurate health information on smoking, obesity and chronic disease data not available at county level.

Dublin City South – Needs Analysis

A Stakeholder Survey (n=42)¹⁷ completed by statutory, community and voluntary groups found the overwhelming theme to be *Mental Health*. In particular, key findings included:

- 50% of respondents identified existing community health services related to the provision of mental health activities
- 26% highlighted the importance of extending current provision of mental health services across Dublin City South
- Activities relating to mental health identified as the top priority by all respondents (ranked 2nd after more support for parents and families in other health priorities).

The majority of mental health supports in DCS communities relate to ‘Talking Therapies’ i.e. counselling and many responses see mental health in a wider context of wellbeing. Also, high incidences of existing family focussed services were reported by multiple respondents.

The majority of activity relating to *Physical Health* related to the existing infrastructure and facilities i.e. clubs, leisure centres, and recreational spaces located across Dublin City South.

Inference from responses in relation to *Weight Health* indicated that a larger number of schools responded within the overall sample albeit this is not fully representative of the wider community. The most common activities stated in addressing weight health were the provision of nutritionally balanced meals and healthy eating options within school canteens.

Sexual Health is the most under-resourced and under-delivered health domain with regard to the number of responses. The majority of current activity relates to education programmes.

The role of families was a recurrent theme in responses, with many services being wholly **family-focussed** and more support for families being ranked as the 2nd most important priority for action (regardless of respondents’ own ranking preferences).

A desire to see **more collaboration between services** was another recurrent theme – ranking 6th most important (from 61 identified actions) featured in multiple responses:

- i. Mixed resourcing of existing provision of what appear to be the same service at local levels i.e. youth clubs core funded by state, others always rely on voluntary support
- ii. Interest in seeing health being managed at local levels, with more community leadership for it emerging from interagency stakeholders

¹⁷ Respondents based on 50% via email invite and 50% via survey web link.

- iii. Example of community talks shared as a model to engage communities in health messages and learning – but some concern as to how well this model could be engaged with by all groups within DCS communities
- iv. Interest in introducing new models of holistic health e.g. Social Prescribing.

A *Stakeholder Workshop* (n=20) was facilitated as a follow-up to the survey whereby subsequent actions were discussed on cross cutting health themes including mental, physical, weight and sexual health domains which contributed to CYPSC's plan. A synopsis of the key points arising from stakeholders are highlighted below and in **Appendix 1**:

Mental Health

- Counselling/Therapeutic Interventions
- Earlier intervention & Prevention
 - Play/Art Therapies
 - BEwell Programme e.g. ABC Ballyfermot
- Parental Support
 - SLEEP Well
- Teachers' Health & Wellbeing Programmes

Physical Health

- Home-Based
 - ABC programmes
 - Home support projects e.g. NCI
 - Early years family supports
 - Parental Awareness courses
 - Fundamental Skills programmes
- School-Based
 - Running clubs in schools
 - Promotion with parents
 - Active School Flag Programme
 - Physical health & activities as 'homework'
- Community-Based
 - Street/Community play or small areas for designated play in communities
 - Traffic calming safety measures
 - Lack of sports and youth clubs in disadvantaged areas

Weight Health

- Home-Based
 - Parent/Family nutritional eating
 - Influence of TV cookery shows on healthy eating
- School-Based
 - Cooking in schools e.g. Cook It, Healthy Food Made Easy
- Community-based
 - Facilitating programmes e.g. Change for Life
 - Linking to Mental, Physical & Emotional health programmes

Sexual Health

- Prevalence of Social Media
 - Negative effects of 'screen time' e.g. smartphones, gaming, pornography
 - Programmes about appropriate knowledge for appropriate age groups
- Sexual Health Clinics
 - Scandinavian models whereby young people can go in and ask about sexual health matters safely and confidentially in community settings
- Additional Supports
 - Link to LGBTI/Belong To programmes already in existence

Dublin City South – Health & Wellbeing Actions

In developing this Action Plan across DCS CYPSC has sought to capture the priorities and actions with regard to different components of health and wellbeing, to understand the extent of existing provision against different themes, and to identify gaps the plan can address. This will allow for optimal outcomes to be achieved with available resources. CYPSC has taken a co-design approach to facilitate delivery with stakeholders (*Figure 5*).

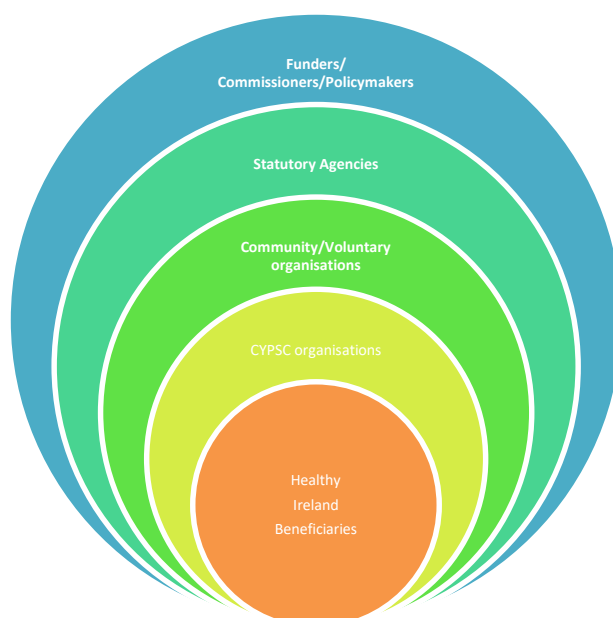


Fig. 5: DCS CYPSC – Healthy Ireland Interagency Stakeholders

In consideration of available primary and secondary data sources, CYPSC’s analysis of the health and wellbeing needs within DCS has resulted in the formulation of a series of actions. These are set against strategic health priorities identified within a policy context of Healthy Ireland, Better Outcomes, Brighter Futures and related policies. The actions proposed focus thematically on Mental, Physical, Weight and Sexual health. In addition, cross-cutting Health and Wellbeing priorities across 0-24year age groups in DCS’s population will mean CYPSC coordinating its efforts using a ‘Logic Model’ approach (*Figure 6*). This encompasses the primary inputs, outputs, outcomes of our Health & Wellbeing Action Plan towards the betterment and improvement of health outcomes for children and young people in DCS.

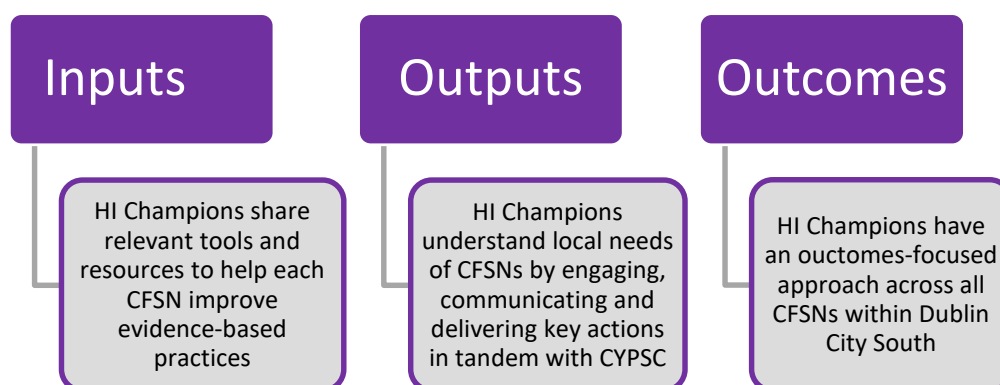


Fig. 6 DCS CYPSC Logic Model – Strategic Health & Wellbeing Plan

Health Priorities – Delivery Plan

In light of the above, the following matrix purports an approach through which associated activities in our Action Plan will be best delivered. It has been populated with a focus on health priorities; policy links; delivery approach; interagency delivery partners; and age groups (0-24yrs).

Health Priorities	Key Policies/Strategies/Plans	Delivery Approach/Methods	Delivery Partner(s)	0-4	5-9	10-14	15-18	19-24
<ul style="list-style-type: none"> • Cross-Cutting • Mental • Physical • Weight • Sexual 	<ul style="list-style-type: none"> ○ Healthy Ireland (HI) Health & Wellbeing 2013-2025 ○ HI CHO National Policy Priority Programmes & Implementation Plans 2018-2022 ○ Healthy Weight for Ireland Obesity Policy & Action Plan 2016-2025 ○ HI Healthy Cities & Counties Network ○ Steps for a Healthy Ireland Action Plans ○ HI Get Ireland Active Physical Activity Plan ○ Better Outcomes, Brighter Futures National Framework for Children & Young People 2014-2020 ○ National Sexual Health Strategy 2015-2020 ○ Dublin City Sport & Wellbeing partnership 2017-2020 	<ul style="list-style-type: none"> ○ Health Initiatives ○ Prevention Programme ○ Early Interventions ○ Social Media Campaign ○ Target Deprived Areas 	<ul style="list-style-type: none"> ○ Local Community Development Committee (LCDC) ○ Local Development Partnerships ○ TUSLA Child & Family Agency ○ Health Service Executive (HSE) ○ City of Dublin Education & Training Board (ETB) ○ Department of Education (DoE) ○ Dublin City Council (DCC) ○ Dublin City Childcare Committee (DCCC) ○ An Garda Síochána (AGS) ○ Education Welfare Service (EWS) ○ Young People's Probation (YPP) ○ Irish Primary Principals' Network (IPPN) ○ Belong To ○ Foróige ○ Barnardos ○ Local Sports Partnership ○ Community & Voluntary Groups ○ Schools ○ Youth Services 					

Dublin City South CYPSC – Health & Wellbeing Priorities (2018-2021)

The health and wellbeing action plan for children and young people in Dublin South City aligned to the health outcomes of national *Healthy Ireland and Better Outcomes Brighter Futures* policy frameworks. Actions will link to other local HSE, Healthy Childhood Priority Programme and CHO Health & Wellbeing Plans across DCS. As a result, the plan aims to reflect the priorities actions below to ensure our activities are able to generate the most, and sustained impact over the lifespan of the plan.

Health Area	Actions	Delivery Partners	Timescale
Cross-Cutting Themes	Develop and design health and wellbeing themed promotion campaigns/events on HI in DCS.	Statutory, Community and Voluntary (C&V) groups	Years 1-3
	Develop early interventions and prevention initiatives across a range of priority areas and marginalised groups i.e. Homeless, Travellers, New Communities, Disability Groups.	All relevant partners	Years 1-3
	Collaborate with lead partners on the development of local and community based responses to each of the named priority areas, in an effort to increase coordination of local actions & align health and wellbeing plans	HSE, LCDC, TUSLA, Youth Services, C&V groups	Years 1-3
	Develop and maintain online, user-friendly directory of services across DCS related to children and young people to increase awareness of services.	Dublin-based CYPSCs	Years 1-3
Mental Health	Early Interventions E.g. Counselling, Play or Art Therapy to support children and young people's mental health	Youth Projects, CARA Mosaic, SCP, Hesed House, Pieta House, Barnardos, Childline, ISPCC	Years 1-2
	SLEEP Well programme in local communities	CYPSC, HSE, TUSLA, Youth Services, C&V groups	Years 2-3
	Teachers' Health & Wellbeing programme in DCS local schools	CYPSC, Schools, NEPS, C&V groups	Years 2-3

Physical Health	Delivery of series of Home Support programmes/projects e.g. Fundamental Skills	ABC, NCI, C&V groups	Year 2
	Early Years family supports and parental awareness activities to increase knowledge of what's available locally within DCS	TUSLA, ABC, HSE, C&V groups	Year 1
	Promote physical activities within Schools settings e.g. Running club, Active School flag, Physical health 'homework' club	Schools, HSE, Local Area Partnership, Local Sports Partnership	Years 2-3
	Implement community-based measures to promote physical activities e.g. Street play, Community safety traffic calming, Small play areas in communities. Sports & Youth clubs in disadvantaged areas	Dublin City Council, Local Area Partnership, Local Sports Partnership, C&V groups	Years 2-3
	Increase access to services for persons with disabilities & female sports participation in new sports	Disability Groups, Local Sports Clubs, Youth Services, C&V groups	Year 3
Weight Health	Distribute evidence-based advice and guidance on nutrition for parents, families, children and young people in local school	Schools, HSE, TUSLA, Local Area Partnership, C&V groups	Years 1-2
	Facilitating programmes in local communities for parent/families e.g. Change for Life, Cook It and Healthy Food Made Easy.	HSE, TUSLA, Local Area Partnership, ABCs, C&V groups	Year 3
Sexual Health	Age appropriate programmes about sexual health for young people in local schools e.g. RSE	Schools, Young People, HSE, TUSLA, Youth Services, C&V groups	Year 1
	Develop and pilot Sexual Health Clinic for young people where they can go in and ask about sexual health matters (based on the Scandinavian model)	TUSLA, HSE, Youth Services, Foróige, C&V groups	Year 2
	Support additional programmes for LGBTI community within DCS	Belong To, HSE, Foróige, C&V groups	Year 3

Risk Analysis Factors

In identifying potential risks to the delivery of this Action Plan it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. Particular focus will be required to mitigate risk in the following areas:

- The impact of increased demand for services beyond the planned and funded levels arising from changes in demographics, particularly within the context of delivering population-based health services within DCS.
- The capacity to recruit and retain highly-skilled and qualified practitioners, particularly in high-demand professions such as Mental Health specialists.
- Maintaining a focus on *Healthy Ireland* and *BOBF* policy initiatives in the context of day to day service demands.
- The capacity and resources to continue to develop and involve staff in driving change in health and wellbeing by improving a culture of cooperation in CYPSC and partners.
- The capacity to exert effective influence over our statutory, community and voluntary partners in the context of regulatory and professional practice pressures.
- The delivery of comprehensive health and wellbeing programmes prioritising prevention and early intervention approaches in the context of competing strategic priorities and concurrent health policy programmes.
- The ability to address unavoidable public policy changes in areas which have not been funded.
- The changing socio-demographic, population, health and wellbeing needs particularly in areas of social deprivation across DCS to ensure equity in allocation of resources and access to services in local communities for children, young people and their families.

Evaluation & Review

Information management in the use of outcomes and indicators represents a multi-agency outcomes measurement model that can be used by CYPSC based on key measures about developing and implementing such a model in practice. Whilst many 'Outcomes Measurement' models and frameworks exist, a multi-agency outcomes-based model representing a continuous process of improvement is dissected into the following suggested components:

1. **Identification of Outcomes:** the first step in the process is the development of outcome statements. However, these are not expressed as statistical targets, but as statements of common purpose, of aspiration and intent.
2. **Definition of Measurable Indicators:** a hierarchy of factors, indicators and measures are developed associated with each of the outcome statements. Examples of life factors that relate to the above outcome statements e.g. play/leisure perceptions. These in turn are broken down into measurable indicators.
3. **Data Collection, Analysis and Reporting Data:** is based solely on the measurable indicators and is collected across all of the agencies involved in the action planning process. This data is returned to a central point to be collated and analysed to provide a cumulative annual overview of progress towards outcome statements. These results will be presented as an annual composite monitoring report.
4. **Review of Achievements Against Outcomes:** identification of areas for improvement and action planning can be used as a performance management tool to critically review progress against outcomes and to develop strategies for improvement and the associated action plan. This may lead to the review of measurable indicators associated with outcome statements.

Measuring Success

The process of monitoring and evaluation to determine whether the key actions were implemented as intended, and the impact of Dublin City South CYPSC's Health & Wellbeing Action Plan needs to be examined from a number of viewpoints including the child/young person; parent/family; community/voluntary provider; statutory organisations; funders; and policymakers. This approach is also in keeping with the expectations of the national HI policy framework. The main question to be asked is '*How has the action plan performed in achieving its aims?*'.

The indicators that have been developed to date mainly focus on general health and wellbeing across four primary domains, namely:

- Mental Health
- Physical Health
- Weight Health
- Sexual Health

The gathering of data for evidence and evaluation purposes between CYPSC and interagency partners needs to be borne in mind moving forward. These indicators can be supplemented with a secondary set to help better understand how services are being managed. Again, this will help in considering how well the delivery of the Action Plan is aligned to the national HI policy framework, whilst also helping to mitigate the risk in focussing on a direct set of indicators relating to health outcomes. For example, an indicator set proposed for young people services and interventions¹⁸ that may also be relevant to extend or adapt to other themes and age groups, including:

- Healthy weight
- Physical activity levels
- Risky health behaviours
- Positive perceived mental health and well being
- Self-harm
- Parental mental health
- Access to child/infant mental health services
- Sexual activity
- Teenage pregnancy
- Participation in sport, leisure, and recreation
- Screen time
- Play time

The outcomes model is illustrated as a cyclic process as below (*Figure 7*).

¹⁸ Better Outcomes, Brighter Futures – National Policy Framework for Children and Young People (2014-2025)

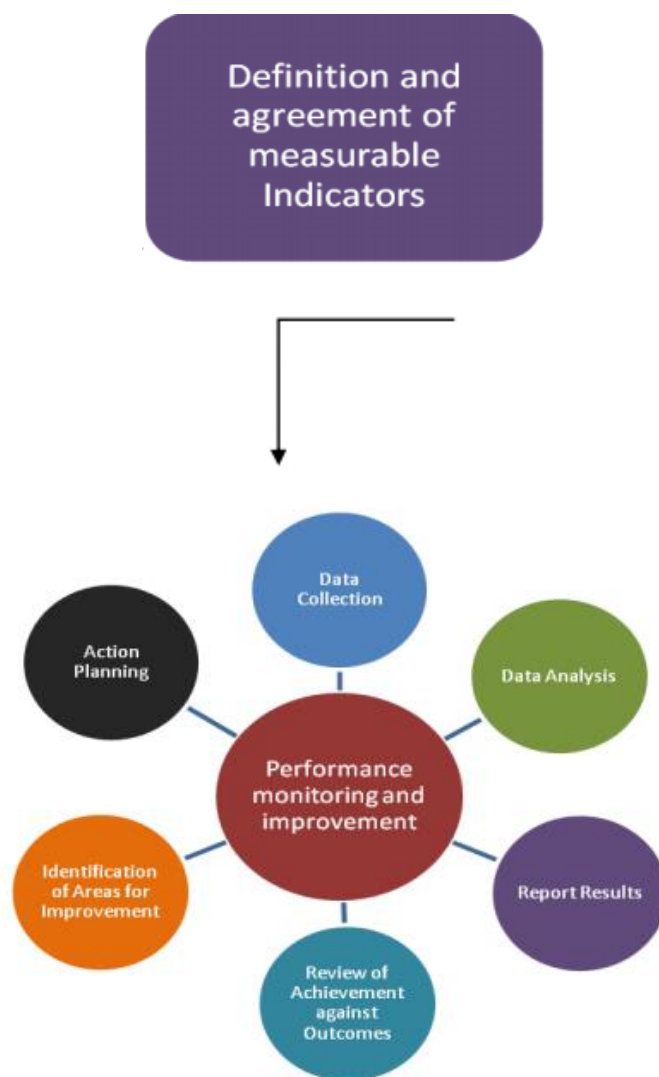


Fig. 7: Dublin City South CYPSC Healthy Ireland Action Plan – Outcomes Evaluation Model

Appendices

Appendix 1: CYPSC Stakeholder Consultation Workshop, F2 Centre, Rialto, Dublin 8.

A summary of key findings on Mental, Physical, Weight and Sexual Health from interagency partners invited to attend Healthy Ireland stakeholder consultation workshop (17.05.18). A 'World Café Conversation' format was adopted to illicit responses from attendees as below:

MENTAL HEALTH	
<p><i>Current Service Providers</i></p>	<ul style="list-style-type: none"> • CAMHS • Jigsaw • GPs • C&V providers e.g. ABCs, Rainbow • Youth Services • Psychologists/Social Workers • Guidance/Traveller Counsellors • Hospitals (A&E)
<p><i>Current Gaps in Provision</i></p>	<ul style="list-style-type: none"> • Access/Locations of MH services not integrated • Waiting Lists/Assessment Times too long • Signposting based on level of needs/response times • Awareness raising of MH– cultural-specific awareness based on cultures of New Communities and appropriate responses • Suicide rates amongst Traveller community – lack of MH services • Sharing the learning of what works in MH • Joining the dots across statutory/community/voluntary providers • Over-stretched guidance counsellors
<p><i>Suggested Responsible Lead</i></p>	<ul style="list-style-type: none"> • CYPSC
<p><i>Suggested Collaborative Providers</i></p>	<ul style="list-style-type: none"> • All above statutory/community/voluntary providers • CFSNs • LCDC • Service Users (C&YP)

PHYSICAL HEALTH	
<i>Current Service Providers</i>	<ul style="list-style-type: none"> • Sports/Youth orgs. • Dublin City Council (Sport Coaches) • Local Area Partnership/LCDC • Private Providers e.g. Gyms, Health Clubs • Schools • Special Olympics • Sports Partnership • Public Health Nurses
<i>Current Gaps in Provision</i>	<ul style="list-style-type: none"> • Money/Cost to access services • Focus on physical fitness – health outcomes – preventative education e.g. immunisation programmes • Lack of services for persons with disabilities • Difficult to participate in new sports • Low levels of female participation rates • Late teens give up on sports due to other distractions • Lack of green space for activities • Waiting lists in hospitals • Parental knowledge/awareness of what's available locally
<i>Suggested Responsible Lead</i>	<ul style="list-style-type: none"> • Dublin City Council or • Sports Partnership
<i>Suggested Collaborative Providers</i>	<ul style="list-style-type: none"> • Community Orgs • Youth Orgs • Schools

WEIGHT HEALTH	
<i>Current Service Providers</i>	<ul style="list-style-type: none"> • Healthy Food Made Easy • Food Dudes • Body Image programmes • HSE (Hospitals/Dieticians) • Schools (Breakfast Clubs) • Community-based Cooking Classes • Slimming Clubs • Exercise programmes • Private providers e.g. gyms, clubs • Public Health Nurses
<i>Current Gaps in Provision</i>	<ul style="list-style-type: none"> • Better knowledge about food, diet & nutrition • Lack of access to cooking facilities (homeless families) • Equity – tolerance of poor diet and effort to do something (healthy eating policy) • Family Hub for homeless
<i>Suggested Responsible Lead</i>	<ul style="list-style-type: none"> • HSE
<i>Suggested Collaborative Providers</i>	<ul style="list-style-type: none"> • C&V providers • Schools • Parents/Families

SEXUAL HEALTH	
<i>Current Service Providers</i>	<ul style="list-style-type: none"> • Schools • Youth orgs e.g. Foroige • Accord • Crisis Pregnancy • LGBT services • RSE/SPHE programmes • HSE/Hospital/GPs/Public Health Nurses • Teen-Parent programmes • Online services
<i>Current Gaps in Provision</i>	<ul style="list-style-type: none"> • Domestic Violence • Education curriculum focuses on Biology – not relationships/consent etc • Age specific programmes moving downwards • Access/Awareness of pornography online • Porn knowledge and pornography and ‘reality’ issues affecting C&YP • Boundaries – online images & message sharing apps • Parental knowledge – internet, gaming, pornography • Language issues in sexual health changing – new naming conventions used by C&YP
<i>Suggested Responsible Lead</i>	<ul style="list-style-type: none"> • Parents (ultimately responsible as ‘sex educators’)
<i>Suggested Collaborative Providers</i>	<ul style="list-style-type: none"> • Schools • Youth Services

References

The development of the Dublin City South CYPSC Health & Wellbeing Strategic Plan is based on access to a wide variety of statistical datasets from a number of key agencies across Ireland/Dublin and from the cooperation of DCS CYPSC. The following data sources and datasets were used in the development of this Strategic Action Plan, including:

DUBLIN CITY SOUTH CYPSC AIRO Evidence Baseline Report (2017)

<https://www.cypsc.ie/dublin-city-south/resources.288.html>

HSE Business Information Unit

The Mental Health Business Information Unit based in the Office of the Deputy Director General provided data on the number of children and young people referred to CAMHS. Data on the number referred was made available by special request.

The Community Health Care Business Information unit based in the Office of the Deputy Director General provided data on Public Health Nurse Visits and Breastfeeding at Public Health Nurse Visits (first and three-month visits) and were made available by special request.

The Central Statistics Office (CSO) provided the vast amount of data within this report. The main datasets that were sourced from the CSO were as follows:

- Census 2016 & 2011 (<http://www.cso.ie/en/census/>)
- Vital Statistics (<http://www.cso.ie/en/statistics/birthsdeathsandmarriages/>)
- Quarterly National Household Survey (QNHS) (<http://www.cso.ie/en/qnhs/>)
- Live Register (www.cso.ie/en/releasesandpublications/er/lr/liveregisterapril2016/)
- Survey of Income and Living Conditions (<http://www.cso.ie/en/silc/>)

Pobal

The Pobal HP Deprivation index uses indicators available from the Census to measure the relative affluence or disadvantage of an area. Other data used from Pobal for this report includes childcare places and the cost of childcare.

<https://www.pobal.ie/Pages/New-Measures.aspx>

<https://www.pobal.ie/Pages/HSE.aspx>

<https://www.pobal.ie/Publications/Doc9uments/Latest%20Early%20Years%20Sector%20Profile%20Published.pdf>

National Intellectual Disability Database (NIDD)

The National Intellectual Disability Database is a voluntary register of children in Ireland whom are registered as having a physical or sensory disability. Data is available by request from the Health Research Board. <http://www.hrb.ie/home/>

Department of Education and Skills

- Data on Junior and Leaving Certificate Retention was made available by the Department of Education and Skills.
http://www.cso.ie/px/pxeirestat/pssn/des/homepagefiles/des_statbank.asp
- Details on DEIS (Delivering Equality of Opportunity in Schools) schools at Primary and Post-Primary level was made available by the Department of Education and Skills.
- <http://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools/>

National Educational Welfare Board

The National Educational Welfare Board, Tusla provides details through statistical reports on Primary and Post Primary schools attendance on an annual basis for the school year by local authority. http://www.newb.ie/parent_guardian/childs_education.asp

National Physical and Sensory Disability Database (NPSDD)

The National Physical and Sensory Disability Database is a voluntary register of children in Ireland whom are registered as having a physical or sensory disability. www.hrb.ie/home/

National Perinatal Reporting System (NPRS)

The National Perinatal Reporting System (NPRS) the primary reporting system on perinatal events. Data obtained from this system includes: low birth weight, antenatal care attendance and breastfeeding rates. <https://www.higa.ie/healthcare/health-information/data-collections/online-catalogue/national-perinatal-reporting-system>

Healthcare Protection Surveillance Centre (HPSC)

Data on rates of immunisation uptake at county, region and national level are available in Immunisation reports from the HPSC.

<http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/Immunisationuptakestatisticsat12and24monthsofage/>

Hospital In-Patient Enquiry System (HIPE)

The Hospital In-Patient Enquiry System (HIPE) collates and publishes data on details regarding hospital discharges on an annual basis. This data is available at HSE Region and National level from the HIPE Statistics Reporter. <http://www.hpo.ie/>

National Drug Treatment Reporting System (NDTRS)

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. Data made available includes the number of persons seeking treatment for substance misuse.

<http://www.hrb.ie/health-information-in-house-research/alcohol-drugs/ndtrs/>

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