

# **Mapping of Family Support Services in Dún-Laoghaire Rathdown County**

**Southside Partnership**

**FINAL REPORT  
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## 1. Introduction

Southside Partnership has delivered a wide variety of programmes since it was established in 1995 as well as promoting and facilitating co-ordination and integration among the various service providers in the area. The Partnership's role is that of championing inclusion and equality in their area of operation and working with specific target groups including people with disabilities, Travellers, lone parents, early school leavers, asylum seekers/ refugees, ex-prisoners and others.

The issues faced by vulnerable children and families have come to the attention of the Partnership during the course of its work over the last number of years. Working with families however has its own difficulties, particularly one of understanding. 'Family Support' is an all-encompassing term and by its very nature, causes some confusion of interpretation. Everyone is a member of a family – a parent, a sibling, a child. Therefore organisations that engage with individual children or adults in the provision of a service may feel they are fully justified to say they offer a 'family support service'. Whatever assistance is provided to an individual, the benefit (either direct or indirect) is brought back to the heart of the family.

But it is this latitude of interpretation that also causes problems when trying to target and co-ordinate support for families, particularly those families who are vulnerable or in crisis. It is now widely recognised that supporting the family and enhancing networks around it, is central to tackling problems experienced by children, young people and adults. These problems not only manifest themselves in the home causing untold stress but also spill over into local communities and wider society.

This is a relatively new focus for the Southside Partnership. A planned and strategic approach to work with children and families who are vulnerable or have limited coping skills, has not been a central feature of it's work to date. Given that we are now in a new planning phase awaiting the next version of the Local Development Social Inclusion Programme, it is an opportune time to look at new needs that have prioritised themselves and plan accordingly with a view to action being undertaken once the new Programme comes on stream.

But the new programme will come at a time of decline in the national economy and public finances. The effect is already being felt further down the line at local level in local economies and in local services offered by both statutory and voluntary providers. Budgets have remained static or being reduced. The knock on effect is that many services and programmes are being scaled back or wound down with the emphasis increasingly on how to deliver much needed services with either the same or reduced resources. It is a challenging environment for every one.

The institutional landscape at local level has also experienced some changes in the last number of years. The Cohesion Programme was formally announced by the Minister for Community, Rural and Gaeltacht Affairs in 2005. Following a review of structures and delivery mechanisms across the country, it was decided that greater cohesion was needed between LEADER companies and partnership companies, that the entire country should be covered by a social inclusion programme and that ideally there would be one structure in each city and county where social inclusion and rural development programmes (along with others maybe) could be delivered from. As far as possible, it was suggested that the new structures would align along city and county boundaries.

This began a national consultation process around the country between LEADER and Partnership companies.

The county of Dun-Laoghaire/ Rathdown (DLR) at this point had a LEADER company operating in rural areas of the County. Southside Partnership operated in 22 designated pockets of disadvantage (including the Whitechurch area of South County Dublin).<sup>1</sup> A Steering Group comprising of the two companies and the Dun Laoghaire Rathdown County Development Board was formed to begin the widespread process of consultation on the best way forward towards a unified structure.

An agreement was finally reached which proposed that a Rural Area Taskforce be established with a view to facilitating cohesion between Rural Dublin Leader and Southside Partnership. The new proposed Taskforce would operate to strong community development principles in promoting rural development and social inclusion in the rural parts of the county.

The outcome of the discussions means that Southside Partnership has now expanded its operation outside of the designated 22 pockets of disadvantage to cover the whole of Dun Laoghaire Rathdown County, with a continuing focus on tackling social exclusion and disadvantage. The Rural LEADER Company continues to deliver its programmes to the rural areas of the County and the Taskforce, made up of members of the two companies as well as community voluntary representatives and other key stakeholders, will act as an important link between the two, ensuring synergy and overlap avoidance in the new arrangements.

The Partnership is now operating county wide, resources are scarce and it is unclear what shape the next version of the LDSIP will take as guidelines are still awaited from the Department. The Partnership is using this time to review its work to date, to look at new and emerging needs and priorities as they have presented themselves and to plan for the years ahead. This research is just one of many research projects that are being undertaken by the Partnership and when they are all viewed together, they should be able to provide a road map to ensure that the company is focused and relevant to meet the current and future needs of the people in Dun Laoghaire Rathdown County

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<sup>1</sup> The Whitechurch area is now going to be formally covered by the Social Inclusion Programme implemented by the Tallaght Partnership operating in South County Dublin.

## 2. Methodology

The central aim of this piece of research was to carry out a mapping exercise identifying family support services for children and families in Dun Laoghaire Rathdown with a view to developing a clearer overview of current family support service provision, from early intervention through to crisis intervention. The Researcher was also asked to set the current policy context, identify specific areas with particular needs in terms of children and families and review Southside's work to date in this. It is anticipated that the research will assist the Partnership to develop their next three year plan.

### 2.1 The Research Frame of Reference

Before starting into the research phase, the Consultant sought to clarify and define what the Partnership understood as 'children and families' and 'family support services'. This was an important step in the process because both terms were extremely broad and the Partnership needed to concentrate on the information it needed to know rather than dilute the process by doing a general information collecting exercise.

Discussions were held with Partnership staff and later with Steering Committee members<sup>2</sup> and it was agreed that (a) the focus would primarily be on children up to the age of twelve and also on those families most vulnerable and disadvantaged given that there was a parallel study being conducted on young people at risk covering the age 12 to 18 and (b) the term 'family support services' was defined as:

**“Family support is both a style of work and a set of actions that reinforce positive formal and informal social networks through an integrated set of programmes.**

**It brings together statutory, voluntary, community, private service providers and service users with the focus on prevention and early intervention across a range of levels and needs.**

**The key aim of family support is promoting and protecting the health, welfare and protection of all children, young people and their families in their own homes and communities with particular attention paid to those who are vulnerable or at risk”.**

*(Note: further information on the development of the definition is contained in a later chapter).*

### 2.2 The Survey Sample

Once there was a frame of reference for the study, the Partnership and Steering Group members were asked to put together a list of organisations, operating across the County who they considered provided family support services as framed by the definition above.

This process took some time but eventually a list of 44 organisations/ participants complete with contact name, number and e-mail was compiled ready for the telephone survey process.

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<sup>2</sup> A Steering Group comprising of the HSE (both LHO areas), Mounttown Neighbourhood Youth and Family Project, Barnardos, Springboard, the County Childcare Committee and the Southside Partnership, was established to guide this piece of research.

## 2.3 Direct Consultation Meetings

Four other 'groups' were identified by the Partnership and the Researcher was asked to hold direct meetings with them. These were:

- Southside Partnership – a meeting was held with the Education Co-ordinator, the Childcare Support Worker and the Manager.
- SCAN (Southside Community Action Network) – the Researcher attended a meeting where 13 members of the Network were present.<sup>3</sup>
- Home School Community Liaison Cluster 1 - four HSCL Co-ordinators attended a morning meeting.
- Home School Community Liaison Cluster 2 – the Researcher attended one of their meetings where seven Co-ordinators were in attendance.<sup>4</sup>

## 2.4 The Survey Process

Before the telephone survey commenced, Southside Partnership sent a letter and e-mail to all 44 organisations (and the groups) on the list informing them that the Researcher would be contacting them in the near future as part of this research project outlining the purpose of the study. This proved to be invaluable and made the Researchers job much easier as it dispensed with all the lengthy explanations that could have been required, had it not been circulated.

The telephone survey process took place over a three week period when each of the 44 organisations/ participants were contacted and surveys completed where possible. When there was no response to initial calls, the remaining organisations were contacted a maximum of three times. In some cases, the potential participants requested that the questionnaire was sent via e-mail but all surveys, with one exception, were completed via telephone with the Researcher.

## 2.5 Survey Response

Forty four organisations were on the original list given to the Researcher. There were some minor problems with the list as is always the case with this type of research but for the most part, the list was accurate and the process ran smoothly. Where there were problems, the Researcher was supported by the Partnership and other members of the Steering Group to resolve them.

There were only two organisations where it was not possible to get the correct contact information: The Dun Laoghaire Rathdown County Council Housing Welfare Officer and the contact for the Day Nurseries in the HSE Local Health Office Area 2.

This meant that in fact there were 42 active contacts on the list. One organisation contacted did not feel the survey was relevant as it operated an adult education service and therefore did not complete the survey process. Another was uncomfortable

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<sup>3</sup> It should be noted that individual surveys were not completed with SCAN members and therefore the individual data pertaining to each childcare service is not available for analysis. The discussion concentrated more on the main problems presenting by the children in their care, the extent of involvement by parents and families and the needs/ gaps in local services.

<sup>4</sup> Each of the HSCL Co-ordinators filled out an individual survey during the meeting process. A total of 11 were completed and these are included in the data analysis and summary sheets.

participating in the research without authorization from her superiors. The active list of participants now reduced to 40.

Out of the 40 organisations/ participants surveyed as part of this process, 32 completed the telephone survey with the Researcher (80% return). It subsequently emerged during discussions that six participants worked at a more strategic level and were not in fact service providers. Four of these were HSE staff who work at a strategic service planning level [Child Care Manager (Area 1); Child Care Manager (Area 2); Primary Care Team Co-ordinator (Area 1); Primary Care Team Co-ordinator (Area 2)]; SAVE – an inter-agency based group working to provide more joined up services for women experiencing domestic violence; County Childcare Committee – responsible for developing and implementing a co-ordinated strategy for the provision of quality, affordable childcare in the county.

Many of the service orientated questions did not apply to these partnerships so they did not complete the sections related to 'service characteristics'. Discussions were held with them, however, about family support needs and gaps that exist in the area and this information was fed back into the data analysis.

It should be noted that surveys were filled out by the Home School Community Liaison personnel (11 in total) during the meeting with them and these are also included as summary sheets at the back of the report. In all therefore, there are a total of 37 family support service information sheets included in the appendix as part of the mapping exercise.

## **2.6 Survey Follow-Up**

Once the Researcher completed the telephone survey, a copy of the participants responses were emailed back to them asking them to check their answers for accuracy, to fill in sections they had asked for further time on, to add or delete anything they felt appropriate and to return it to the Researcher. The participants were informed that the information would be published in a summary sheet at the back of the document. They were also issued with a reminder approximately one week later if they had failed to return their response.

## **2.7 Constraints**

There were a number of constraints affecting the methodology that should be noted:

Firstly, there is a danger that while great efforts were taken to put a comprehensive list together, some relevant organisations may have been omitted. This is something that is just part of the process and difficult to legislate for. All efforts were taken to include services that were covered by the agreed working definition.

Secondly, as mentioned above, there were some problems with the contacts on the list e.g. the usual occurrences of wrong telephone numbers; wrong contact names; people on leave or who had left the position all together. The Researcher, with the support of the Partnership and the Steering Group members, worked through these problems as much as possible trying to identify the right people and ensure they were informed about the research.

Thirdly, just as policy makers are grappling with the term ‘family support’, so too are organisations on the ground. Everyone has a different idea about what it means, every organisation feels they engage in some form of family support work as they work with family members on an individual basis and therefore indirectly affect circumstances in the family home. Survey participants were not privy to the discussions held between the Researcher, the Partnership and the Steering Committee nor to the agreed working definition with the constituent elements. Therefore, nearly every respondent indicated that the work carried out in their organisation, or aspects of their work, constitutes a family support service even though technically it may not fall within the working definition agreed.

Finally, it was sometimes difficult for the respondents to answer some of the questions immediately on the phone. Understandably, many did not have specific information such as annual budget or staff numbers to hand. In these situations, the incomplete questionnaire was mailed back to them and the remaining questions to be answered indicated clearly. However, not everyone took the opportunity or was able to furnish the relevant information or return it to the Researcher. There are therefore some gaps in the summary information sheets at the back of this report and where this occurs, it is indicated by the phrase ‘not answered’.

### 3. Policy Context

#### 3.1 General Policy Context

There is no one neat, explicit Government policy on supporting the family. There are children strategies, children services policies, family support programmes and there are a range of policies governing and influencing the lives of families e.g. health, education, housing. The fact is that all public services have either a direct or indirect impact on individuals in the family or on the family as a whole. Everyone is a member of family in some way or other. The challenge therefore is to try and navigate through policy statements and programmes to identify the ones most relevant to the issue of family and family support particularly as they relate to families that are most vulnerable or the ones who have limited coping skills.

General Government policy is articulated primarily in the National Development Plan, Towards 2016 and the Programme for Government 2007. It's overall commitment on social inclusion and poverty is framed in the National Action Plan for Social Inclusion. These are all couched the lifecycle approach which was advocated by the NESC in their influential document 'The Developmental Welfare State'. The 'lifecycle approach' has three distinct stages – children, people of a working age, older people with an additional category of people with disabilities. It places the individual at the centre of policy development and delivery by assessing the risks facing him or her and the supports available at key stages of a persons lifecycle.

The commitments in these key Government documents do not vary hugely – many of them are repeated from document to document. Mentions of family support primarily present themselves in the children's stage of the lifecycle.

The National Action Plan for Social Inclusion articulated a vision for children in a society where: "children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling children and realise their potential. Ireland has ratified the UN Convention on the Rights of the Child and is committed to its implementation in our laws and policies" (pg. 30).

To achieve this vision, ten long-term goals were laid down including:

- Every child should grow up in a family with access to sufficient resources, supports and services, to nurture and care for the child and foster the child's development and full and equal participation in society;
- Every child should have access to world-class health, personal social services and suitable accommodation;
- Every child should have access to quality play, sport, recreation and cultural activities to enrich their experience of childhood;

The actual actions or commitments contained in NAPinclusion relate primarily to education, childcare, income support and health. This document however contained two additional target areas other than the three stages of the lifecycle – those of people with disabilities and communities. It is in the Communities section that mention is made of the Family and Community Services Resource Centre Programme. It states that the aim of the Programme is to help combat disadvantage by improving the function of the family unit. Family Resource Centres empower disadvantaged people by involving them in

decisions which affect them and in using and developing their own skills, knowledge and experience.

In the Social Partnership agreement made in 2006, it reiterates many of the commitments of the NAPinclusion relating to Children. It does contain some additional interesting information in a section devoted to 'Children and Families'.

It states that the Government and social partners recognise the central importance of the family unit to the lives of children and the need to strengthen the system of supports available to children and their families. Priority actions to be pursued include:

- putting in place enhanced policies to support families in a changing society and in particular to ensure that policies are designed to promote family formation and family life;
- the development and delivery of Family Support initiatives to further develop and strengthen child welfare and protection services as part of national policy for child support;
- strengthening services under the Teen Parent Support Initiative which supports teen parents during pregnancy until their child reaches two years of age (pg. 46).

The agreement also includes a number of innovative measures to be implemented one of which relates to 'Integrated Services and Interventions for Children at Local Level'. It states that a cross-departmental team chaired by the Office of the Minister for Children (OMC) will develop an initiative to test models of best practice which 'promote integrated, locally-led, strategic planning for children's services:

"The objective of this initiative is to secure better developmental outcomes for disadvantaged children through more effective integration of existing services and interventions at local level".

The initiative is geared towards prevention and early intervention in children's lives with the aim of diverting children succumbing to the risks associated with disadvantage as well as giving them coping skills to overcome those risks. The initiative, it states, will focus on children who are at risk of suffering from multiple disadvantage relating to poverty and social exclusion.

The initiative in question was established in late 2006 with funding of €36m, half of which came from Government half from Atlantic Philanthropies. Three projects were selected for funding and further information is available at the following websites:

A place for Children in Tallaght West – Childhood Development Initiative.  
[connect.southdublin.ie/cdi/index.php](http://connect.southdublin.ie/cdi/index.php)

Preparing for Life – Northside Communities of Belcamp, Darndate and Moatview.  
[www.preparingforlife.ie/](http://www.preparingforlife.ie/)

Young Ballymun - [www.youngballymun.org/](http://www.youngballymun.org/)

The Towards 2016 document also mentions the establishment of local level, multi-agency Children's Committees which are to be located within each of the City/ County Development Boards. The committees' objective is to achieve co-ordination and integration of services pertaining to children. Four Committees have been established to

date as part of phase 1 – Donegal, Dublin City, South Dublin and Limerick City. It is not clear what the timeframe is, if any, for the roll out of other Children’s Committees.

The Programme for Government (June 2007) continues to repeat many of the Governments earlier policy commitments but it does include a number of new ones:

- a proposal to include a new dedicated Article on Children in the Constitution where the State will acknowledge and affirm the natural and imprescriptible rights of all children. This Article, the document says, will ensure that the best interests of the child are put centre stage in the adoption and care systems and in all custody disputes. It will also strengthen the protection afforded to children regarding abuse (this new Article is still awaited).
- Continue to support community groups, and other appropriate family support structures to promote better parenting.
- Accelerate the establishment of Children’s Services Committees in each county so that all the statutory agencies work together in a strategic way and use resources more efficiently for the benefit of children.
- Build on the experience of ground-breaking initiatives for disadvantaged children, such as those undertaken with Atlantic Philanthropies under the Early Intervention and Prevention Programme by applying the lessons learnt from these projects, in a targeted way, to economically and socially disadvantaged communities across the country.
- Bring together statutory and voluntary agencies in a collaborative approach to the delivery of services with the engagement of communities.
- Continue to fully resource the Family Support Agency and its programmes of Counselling, Family Resource Centres, etc.

Finally, the National Development Plan 2007 – 2013 (NDP) sets out spending and policy priorities for ten years. The Plan put emphasis on achieving better co-ordination and strengthened service delivery for children and it mentions the role of the Office for the Minister for Children (2005) in this regard:

“Drawing on the experience of the Childhood Development Initiatives, the Children Services Committees and the County Children’s Committees, integration of services will be improved around the needs of individual children and families through new and enhanced local structures” (pg. 237).

The NDP introduces a series of sub-programmes relating to children as part of the Social Inclusion Priority. They relate to childcare, the Children’s Strategy, child welfare and protection, education, youth and justice. Many of the commitments are those mentioned in earlier documents.

The NDP did promise a national policy for children’s services, setting out a long term vision for services for children provided through the office of the Minister for Children and the HSE. This was subsequently delivered upon in December 2007 in the ‘Agenda for Childrens Services’ document. As part of this policy development, the NDP states that:

“the national policy will have at its core the principles of family support while at the same time be based on existing policies and data” (pg. 242).

It notes that the HSE has refocused from providing general and specialist residential care for children who have been separated from their parents, to providing localised family support to maintain the child in the family home and to remove the risk of abuse or neglect in that setting through appropriate and timely interventions and service delivery.

Finally, one of the actions that is to take place over the period of the plan is: “the development and delivery of Family Support Initiatives and services on the basis of evidence based needs assessment, including the expansion of programmes such as the Teen Parent Support Programme” (pg. 243).

### **3.2 Specific Children and Family Policy Context**

As noted at the outset of this document, there is no singular ‘family policy’ in Ireland. The Commission on the Family reported in 1998 and recommended the need for public policy to focus on preventive and supportive measures to strengthen families in carrying out their functions. There are a series of general policy commitments as outlined above and a number of specific strategies and policies relating to children specifically. Up until the early 90’s, much of the policy relating to children was couched in the context of child welfare and protection.

The Child Care Act of 1991 represented a significant shift in Government legislation. While it was recognised that parents retain the primary responsibility for their children’s development and welfare, it was also made explicit that the Health Boards (now the HSE) have a duty to support children and families. The Act provided for family support services within the Health Boards with a view to working in partnership with families on identified issues and linking them in with other necessary health and non-health related services: “the Act is founded on the premises that it is generally best for children to grow up in their own families and favours a preventative approach that prioritises child welfare” (pg. 4, ‘Working for Children and Families’, DHC, 2003).

The Act also laid responsibility for family support services at the foot of the health boards. This shift of focus from child welfare to enhancing and supporting families has been ongoing since the early 90’s and is still in development.

This shift of focus from child welfare to enhancing and supporting families has been ongoing since the early 90’s and is still in development. The 2001 Health Strategy committed to expanding family support services noting that the ‘the dominant focus in child care services since the early 1990’s has been on the protection and care of children who are at risk’ (pg. 71). It argues that the policy focus has shifted to a more preventative approach to child welfare involving support to families and individual children which aims to avoid the need for further more serious interventions later on. It sets out a series of commitments:

- child welfare budgets will be refocused over the next seven years to provide a more even balance between safeguarding activities and supportive programmes;
- Springboard projects and other family support initiatives will be further developed;
- Positive parenting supports and programmes will be expanded;
- Effective out-of-hours services will be developed in all health board areas as a priority;
- Family welfare conferences and other services required to support the Children Act 2001 will be introduced;
- Priority will be given to early intervention for children with behavioural difficulties.

The Strategy looks for greater co-ordination between all health professionals across a range of disciplines – child welfare and protection, primary care services and therapeutic services.

Two key documents were published relating to children and families. The first was the National Children’s Strategy in 2000 - a 10 year strategy plan for children in Ireland with three major goals (a) children will have a voice (b) childrens lives will be better understood (c) children will receive quality supports and services.

The Strategy set out six operational principles stating that all actions flowing from the strategy will be:

- Child Centred: the best interests of the child shall be a primary consideration and children’s wishes and feelings should be given due regard.
- Family Oriented: the family generally affords the best environment for raising children and external intervention should be to support and empower families within the community.
- Equitable: all children should have equality of opportunity in relation to access, participation in and derive benefit from the services delivered and have the necessary levels of quality support to achieve this. A key priority in promoting a more equitable society for children is to target investment at those most at risk.
- Inclusive: the diversity of children’s experiences, cultures and lifestyles must be recognised and given expression.
- Action Orientated: service delivery needs to be clearly focused on achieving specified results to agreed standards in a targeted and cost effective manner.
- Integrated: measures should be taken in partnership, within and between relevant players be it the State, the voluntary/community sector and families; services for children should be delivered in a co-ordinated, coherent and effective manner through integrated needs analysis, policy planning and service delivery.

The third National Goal i.e. Children will Receive Quality Supports and Services stressed the importance of family and community in meeting children’s needs. It says that: “supports and services which children and parents need should be provided primarily through the activities and relationships which children and parents have in their local communities” (pg. 44).

It constantly emphasises the importance of creating more effective links between community services and the special child welfare, child mental and physical health, and juvenile justice services. This approach, it says, will require closer working relationships and more innovative approaches to how schools, health services, local youth and community groups, local libraries and other leisure and cultural bodies plan and deliver their services.

While admitting that this type of coherent approach is somewhat underdeveloped in Ireland, it notes that there are existing initiatives that can serve as models such as the

Springboard Projects, the Integrated Services Projects (later giving rise to RAPID) and the Family and Community Service Resource Centres.

The Strategy commits to a major expansion of preventative and early intervention services to ensure that issues can be addressed in a timely and more effective manner and promises increased investment in these services over the period of the Strategy. (pg. 45)

There are a series of objectives set out under this National Goal grouped under a number of different headings. The one that most concerns this piece of research is Goal C – All Children Need the Support of Family and Community. The family is recognised as being the single greatest influence on an individual's life and supporting families therefore, is essential to supporting children.

The Strategy acknowledges that most families raise their children with little difficulty. Others require small levels of support and it notes that:

“this family support covers a range of support and measures on a continuum from professional therapeutic intervention, to voluntary parenting networks, to community development supports to high quality day care services” (pg. 72).

The recent initiatives on the family are listed and include those we are familiar with:

- teenage parenting support projects;
- The Springboard Initiative;
- Family and Community Service Resource Centres;
- Family Mediation Service;
- Families research programme.

It is recognised that the need of some families are greater as they operate in difficult circumstances such as as marital breakdown, unemployment, disadvantage and domestic violence. The families experiencing multiple problems require targeted and co-ordinated support and will continue to be a priority. The Strategy also commits to continue the development of family support services in the local community. It says that 'delivering localised services will continue to be the focus of support to families' (pg. 74).

Finally, the Strategy commits to a number of further actions proposed:

- quality parenting programmes are to be made available to all parents with special emphasis on marginalies groups;
- Family and Community Resource Centres will be expanded to all health boards.
- Springboard will be expanded;
- Community Mothers Programme to be extended to all areas;
- The number of family support services will be increased;
- Family Mediation Services will be established.

The mechanisms to implement the Strategy were established subsequently and included: the Office of the Minister for Children and Youth Affairs (OMCYA), the Ombudsman for Children's Office (OCO), and the National Children's Advisory Council (NCAC).

The second key document pertaining to children and families was the recently published 'The Agenda for Children's Services' (December 2007), following through on commitments made in the Programme for Government. The document did not propose any new initiatives or programmes – instead it focused on better co-ordination and more effective utilisation of existing policies to promote:

- a whole child/whole system approach to meeting the needs of children;
- a focus on better outcomes for children and families.

In this context, supporting families is identified as the central concern underlying all children's health and welfare services, whether aimed at prevention, early intervention, hospital services, protection or out-of-home care.

Integration of thinking and services is continually stressed:

"Ensuring that services take into account the whole child and benefit from the range of available services requires a shared perspective, Where appropriate, there needs to be joint working through the identification of lead responsibility towards specified outcomes" (pg. 13).

The policy document stresses that services should be needs led and be outcome focused. It lays down seven National Service Outcomes which services at all levels are required to work towards to ensure children are:

- 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.

In working towards these outcomes, services need to be doing the following:

- connecting with family and community strengths;
- ensuring quality services;
- opening access to services;
- delivering integrated services;
- planning, monitoring and evaluating services.

The document states a central challenge for children's services is ensuring that children and young people receive the support they need when they need it. In order for this to happen, the formal services need to 'connect and promote the networks of informal support that surround children and young people. Supporting and complementing the many ways in which the immediate family protects and cares for children is the central function of child health and child welfare services' (pg. 17).

Better co-ordination and integration between formal and informal services is an ongoing challenge but one that the policy document stresses is crucial. While family, neighbourhood and communities may have their limitations and indeed their own dangers, there needs to be an explicit and active commitment towards using them to strengthen the local networks of which children are a part.

The policy document stresses that services are there to complement, reinforce and extend the capacity of families and communities and that services delivered must be based on the accurate identification of need and interventions designed appropriately. The whole child/whole system approach requires that services and interventions work together and complement each other to ensure that children are at the heart of the service delivery process. This integration is not just required across the health services and formal service providers but greater partnership is required between State services and the voluntary and community childcare sectors (pg. 35). Childrens services need to move away from the 'purchaser provider' model towards more sophisticated levels of joint working and co-operation.

This is crucially important for those families and children who experience multiple disadvantage and are engaged with multiple service providers. The policy states that there is a need for 'clear processes for communication and collaborative working between agencies must be agreed and put into practice'.

There is a set of 10 practice principles should act as a common underpinning of a shared style of working for everyone contributing to achieving outcomes for children:

- working in partnership with children, families, professionals and communities;
- needs led and striving for the minimum intervention required;
- clear focus on the wishes, feelings, safety and well-being of children;
- reflects a strengths-based/ resilience perspective;
- strengthens informal support networks;
- accessible and flexible, incorporating both child protection and out-of home care;
- facilitates self-referral and multi-access referral paths;
- involves service users and front line providers in the planning, delivery and evaluation of services;
- promotes social inclusion, addressing issues of ethnicity, disability and rural/urban communities;
- measures of success are routinely built into provision so as to facilitate evaluation.

### **3.3 Other Relevant Policy Documents**

There are a series of other policy documents that have made a significant contribution to the development of the children's agenda in the country. They include:

**Children First (1999):** a set of national guidelines to assist people in identifying and reporting child abuse. It emphasises that the needs of children and families must be at the centre of childcare and child protection activity and that a partnership approach must inform the delivery of services. The guidelines stress the key role which family support services can play in prevention and early intervention given that "early intervention can help to prevent any worsening of current difficulties being experienced by a family and will assist the development and growth of protective factors".

**National Childcare Strategy (1999):** a seven year strategy for the development of the childcare sector, including policy recommendations and the structures and mechanisms for a needs led planning approach at county level, within a national framework.

**The Children's Act (2001):** provides a juvenile justice framework and includes provision for the establishment of family welfare conferences.

**National Standards for Residential Care Services (2002)** and the **National Standards for Foster Care Services (2003)** were developed to guide the provision of services in these two key areas.

**Family Support Act (2001):** It established a new Family Support Agency (FSA), which is charged with responsibility for Family Mediation services, counselling services, the Family Resource Centre network and development of a programme of family related research. Many of the Commission on the Family's recommendations were adopted as part of the Family Support Agency Act (2002) which established the FSA to provide information, a family mediation service, marriage and relationship counselling, support for the family and community services resource centre programme and to undertake research into family support matters.

### **3.4 Conclusion**

It is clear from the policy documents above that family policy and childrens policy is developing. There is a commitment to prevention and early intervention but this has not been quite matched by the necessary resources and will. Over the last number of years the work of the OMC has sought to introduce some kind of co-ordination around the different policies and programmes relating to children but there is still a sense that policy provision around families and family is quite disparate and dislocated as Government and policy makers struggle between the balance of responsibility between state and family. This makes it difficult for local organisations therefore to tackle the issues of family support and deal with vulnerable families in a pro-active and strategic way.

There is a clear emphasis however on the importance of linkage between formal and non-formal services and supports. It is explicitly stated that supporting the family is essential to supporting children and the importance of early intervention is stressed throughout with services working together seamlessly to deliver a wrap around and integrated service to families at risk or families in crisis.

The actual resource commitments made in the different Government policy documents were developed in a very different climate. The economic situation is very different to what it was even a year ago and many Government commitments have been stalled or cut back along with budgets. Civic and public service staff numbers are being reduced or remain static. More attention than ever is being paid to efficiencies within the public and civil service as the Government strives to make them more lean and effective within existing or a reduced budget. It is difficult to get a true picture of how children and family policies and programmes have been really affected - the Supplementary Budget measures are only now kicking in with more cuts expected next year. What is clear is that the economic downturn has impacted at every level and every family – jobs, education, housing. What is unknown is the extent of this impact and how people are coping with the stresses and strains they are currently experiencing.

#### **4. Working Definition of Family Support**

The Department of Health and Children notes in their 2001 Health Strategy that the dominant focus in child care services since the early 1990's has been on the protection and care of children who are at risk. This is underlined in the Child Care Act 1991 which places a statutory duty on health boards (subsequently the HSE) to identify and promote the welfare of children who are not receiving adequate care and attention.

Family support policy, as opposed to child welfare and protection policies, is slowly developing and moving towards a more preventative approach involving support to families and individual children aimed at avoiding the need for more serious intervention down the line.

This is reaffirmed in the 1999 Guidelines where the statutory responsibility of health boards to provide support services to the families of children who may be at risk of abuse or neglect is confirmed. But the Guidelines emphasise the importance of early intervention which can be delivered formally through the direct services of statutory and voluntary organisations and informally through support networks of families, friends and communities:

“Early intervention can help to prevent any worsening of current difficulties begin experienced by a family and will assist the development and growth of protective factors” (pg. 59).

The establishment of the Family Support Agency through the Family Support Agency Act in 2001 contributed to broadening the debate on the family and family support, by recognising the family in a wider context. Societal changes have brought about new challenges to the Irish family not least in how a family unit is now defined and how it should be supported.

“The place of the family in meeting the social care needs of children and young people is generally recognised within Ireland and internationally ... However, the reality of the family's central role in meeting social care needs is in tension with the equally apparent reality that the capacity to respond to that need through contemporary forms and functions of family life is being eroded” (pg. 6. Family Support in Ireland: Definition and Strategic Intent, DHC, 2004)

Interestingly, a definition of ‘family support’ was not offered in the Family Support Act but the Family Support Agency was charged with (a) family mediation (b) supporting and developing the provision of marriage and relationship counselling (c) promotion and disseminating information about issues in relation to marriage, parenting and family responsibility (d) supporting and development of Family Resource Centres (e) commissioning and researching matters in relation to the ‘family’.

The fact that attention is now being paid to family support policy is welcome. But clarity is slow in coming and this in turn continues to fuel the ambiguity and confusion that exists surrounding a seemingly straight forward question. What constitutes a ‘family support service’?

The Department of Health and Children offered a definition of family support in Ireland in a report issued in 2004:

“Family support is both a style of work and a set of activities; which reinforce positive informal social networks through integrated programmes; combining statutory, voluntary and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk”, (Family Support in Ireland: Definition and Strategic Intent, DHC, 2004).

The report goes on to offer ten practice principles that should be evident in delivering family support services:

- Working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
- Family support interventions are needs led and strive for the minimum intervention required.
- Family support requires a clear focus on the wishes, feelings, safety and well being of children.
- Family support services reflect a strengths based perspective which is mindful of resilience as a characteristic of many children and families lives.
- Family support promotes the view that effective interventions are those that strengthen informal support networks.
- Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.
- Families are encouraged to self-refer and multi-access referral paths will be facilitated.
- Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.
- Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.
- Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.

The definition and ten practice principles are extremely useful as a starting point to set boundaries for mapping family support services in the Southside Partnership area. But it was also important that the definition adopted was one that was relevant and appropriate for the Southside context. Other relevant policy arenas were subsequently examined to see what was understood as constituting a family support service.

The HSE states on its website that “family support is for families and individuals who need help ... It should be focused on better outcomes for children and families”.

The Officer for the Minister for Children states in its Agenda for Children Services (2007) that effective support for families requires universal provision, plus within that, the targeting of services to children and families at risk of social exclusion.

The Department of Health and Children states that family support can be offered at three levels: services directed specifically at children; services to support the family; services

to enhance the friendship and support networks of the child and his/her family". (*Children First: National Guidelines for the Protection and Welfare of Children DOHC, 1999*)

McKeown, Haase and Pratschke conducted an national evaluation of the Springboard Programme in 2001 and concluded that family support requires a clear focus on the wishes, feelings, safety and well being of children. It is "generally seen as a way of promoting healthy relationships in families and preventing dysfunctional relationships from getting worse".

The Child and Family Research Centre in NUI Galway has conducted much research in this area and determines that family support orientated policies and services:

- strengthen family, friends and community support networks (social support);
- Emphasise children's and families strengths as a resource for addressing problems they face (resilience);
- Are attentive to the wider environment in which the child and family live (social ecology);
- Demand intervention that is needs-based, flexible, accessible, delivered in partnership and promotes social inclusion (practice).

It is important to remember that the most common form of family support is undertaken informally by family members and communities supporting each other, rather than any formal interventions or supports. This should not be lost sight of in the discussion on 'family support'. Many families may never have to engage 'family support services' but there are some that may require additional help at certain times in their lives. It is important therefore, that the Partnership is clear about what is understood as 'family support' in this context and that the research is framed accordingly.

After reviewing a selection of relevant literature, the following working definition was adopted by the Southside Partnership for the purposes of this profiling exercise.

**"Family support is both a style of work and a set of actions that reinforce positive formal and informal social networks through an integrated set of programmes.**

**It brings together statutory, voluntary, community, private services and service users with the focus on prevention and early intervention across a range of levels and needs.**

**The key aim of family support is promoting and protecting the health, welfare and protection of all children, young people and their families in their own homes and communities with particular attention paid to those who are vulnerable or at risk".**

It was also agreed that there should be a number of elements intrinsic to a Family Support Service that should be reflected in the work of organisations who are involved in this area:

- A strong focus on the needs, feelings, safety and well being of children within the family setting.
- A clear focus on better outcomes for children and families.
- A style of work and a set of activities that strengthen the child and family's coping mechanisms, with a particular emphasis on the family's own supportive resources.

- Particular attention is paid to children and families who are disadvantaged, vulnerable or at risk.
- Services delivered by a wide range of providers - statutory, voluntary and private services.
- A partnership approach to working with the family and other key stakeholders.
- A focus on prevention and intervention across a range of levels and needs.
- Reinforce positive formal and informal social networks by connecting families with support networks in the community.
- Links closely with other related services working to build a scaffolding of supports for families in their homes and communities.

## **5. Socio-Economic Profile**

The County of Dun Laoghaire Rathdown (DLR) is considered one of the most affluent counties in the country. The designation of parts of the County as a 'disadvantaged area' when Southside Partnership was first established in 1995 confirmed the existence of significant pockets (22 areas) of deprivation. It is unfortunate that the overall picture of the county often masks the poverty and deprivation that exists at a local level across many Electoral Divisions (ED's).

Unlike other urban areas, the pockets of deprivation are sprinkled throughout the county and are not neatly corralled in one particular and distinctive geographic area as is the case, for example, with Ballymun or Tallaght. This presents difficulties both in terms of targeting and accessing the necessary resources to address the issues.

In order to get behind the general county socio-economic profile, the Southside Partnership commissioned a piece of research in 2008 which asked that Researchers drill right down through the figures to ED level and look for a way to present the reality of life in Dun Laoghaire Rathdown as it exists to-day. The research was undertaken by Unique Perspectives and the information presented in the remainder of this chapter is drawn primarily from their report issued in April 2009.

The authors adopted a particular approach as they undertook this research. Rather than relying on more general percentage figures expressed as a proportion of population as is often the case with socio-economic profiling, they sought to present information in terms of people numbers e.g. the number of people living in local authority housing in different ED's. As a way to put this into perspective, they compared the actual numbers of people in the Dun Laoghaire Rathdown ED's to the numbers of people living in other Partnership areas, particularly those areas that have acknowledged high levels of deprivation and disadvantage. It is a particularly innovative approach to the 'wealthy county' issue that has dogged Southside Partnership and other service providers over the last number of years. The most relevant information pertinent to this study is extracted from the Unique Perspectives report and presented below.

### **5.1 Population and Age Structure**

The County has 69 ED's in total with a population in 2006 of 194,038. This represents an increase of 2.1% since 1996 and Glencullen is the largest ED with a population of 13,925. The county is quite densely populated, more so than Dublin city and the state as a whole.

A number of ED's experienced significant population increases including: Cabinteely-Loughlinstown; Glencullen; Loughlinstown, Sandyford and Belfield. The majority of the ED's experienced a population decrease although not to any significant degree.

Data is given in the report with regard to the number of housing units planned and under construction. However, given the radical turn around in the housing and construction sector over the last year, it is unlikely that many of the developments will move ahead at the pace they originally intended. The report states that the population of DLR especially in the 'newer' areas on the Westside of the county, is likely to have increased since 2006 and this increase is expected to continue over the next 10 years.

31.6% of the population are age dependent (i.e. are either under the age of 14 or over the age of 65) and are thus dependent on income outside of paid work. This figure is greater than that of Dublin (28.6%) but is similar to the national figure.

The age profiling does suggest that the county has a greater number of older people than the surrounding areas or nationally. While the population may have increased between 1996 and 2006, the proportion of 0-14 year olds decreased by 11%. Drilling down a little deeper to ED level, the EDs south of the M50 and N11 are those with a higher proportion in the 0-14 age group, namely Glencullen to Shankill. There are a number of ED's with a 0-14 age group where the percentage that is either equal to or higher than the county (18.3%) and national average (20.4%): They are

- Dun Laoghaire – Mounttown (23.4%)
- Foxrock – Carrickmines (21.8%)
- Glencullen (27.3%)
- Killiney-South (22.3%)
- Shankill – Rathmichael (24.3%)
- Shankill – Rathsallagh (20.4%)
- Shankill – Shanganagh (22.2%)
- Tibbradden (22.1%)

In the DLR County, 5.8% of the population are at the pre-school age of between 0-4. A further 9.7% of the population is in the primary school going age (5-12) and finally 8.2% fall into the 13 – 18 year age bracket. The authors of the report note that these figures have implications for service provision both now and as these children age through and out of the school system.

There are a number of ED's where the proportions of the population for all three age ranges (0 – 18) are greater than the county overall. The authors note that some of the ED's stand alone and are not part of an obvious pattern but there is a cluster surrounding the areas of Ballybrack, Shankill and Loughlinstown. The EDs include:

- Ballinteer – Meadowmount
- Cabinteely – Kilbogget
- Cabinteely – Pottery
- Dun Laoghaire – Mounttown
- Killiney – South
- Shankill – Rathmichael
- Shankill – Rathsallagh
- Shankill – Shanganagh.

## **5.2 Housing**

The housing profile of a County gives a good indication of the extent of deprivation given the link between social housing and the risk of people living in poverty.

There were 68,375 permanent private households in DLR 2006 with nearly 79% of permanent households owner occupied (with or without a mortgage), larger than the proportion seen across Dublin City and County.

Social housing (rented from local authority or a voluntary housing agency) accounted for 9.7% of households in DLR. This percentage figure is much lower than Dublin wide (15.7%) and also lower than the national figure of 13%. In actual numbers, 9.7% translated to a figure of 6,413.

In order to put the social housing situation into perspective, the authors undertook a comparison of housing tenure amongst 22 Partnership areas. Southside Partnership, with 9.7% of social housing in 2006, ranks 20<sup>th</sup> out of the 22 area sample with Ballyfermot heading the list at 33.7%. If however, the data is sorted according to total numbers of social houses in an area, it is a completely different story with Southside ranking third out of the 22 Partnership areas (6,413) coming in behind Dublin Inner City (13,699) and Tallaght (6,794). This clearly shows that there is a significant cohort of social housing in the county bringing with it all the attendant social exclusion problems.

A number of EDs record a proportion of social housing greater than that of Dublin City and County (15.7%) and these are:

- Dun Laoghaire – Mounttown (39.9%)
- Shankill – Rathsallagh (34.9%)
- Shankill – Rathmichael (30.7%)
- Dun Laoghaire – West Central (29.9)
- Dun Laoghaire – Sallynoggin West (25.6)
- Dun Laoghaire – Sallynoggin South (24.7)
- Clonskeagh – Farranboley (24.1)
- Ballinteer – Meadowmount (23.8)
- Cabinteely – Kilbogget (20.4)
- Churchtown – Nutgrove (20.2)
- Churchtown – Castle (18.6)
- Blackrock – Templehill (18.4)
- Dundrum – Taney (16)

Dun Laoghaire Rathdown County Council provide 10,125 units of social housing. Not all of these are currently rented and many have been purchased by tenants over the years or sold on during the property boom. As of May 2008, there are 4,127 houses rented from the local authority in the county.

There are significant concentrations of local authority housing clustering around the areas of Ballybrack, Blackrock, Carrickmines, Dun Laoghaire, Glasthule, Loughlinstown, Monkstown, Rathfarnham, Sallynoggin, Sandyford and Shankill. The number of people living in local authority housing is just under 9,500, 3,854 of which are children.

The authors were provided with the socio-economic profile of just 4,000 households currently renting from the local authority and it threw up some interesting findings. Two thirds of local authority tenants derive their income from state payments or pension, implying that only one third are in employment. The authors note that 58% of the household's principal income is from the state either as a pension/ other contributory payment or some form of welfare.

The average principal earner income per week across local authority housing in the county was €357 (2006 figures). Other than those whose income is derived from employment, these households are at risk of poverty as their income is under the 60%

average income poverty measure. The authors estimate that 64% of households located in local authority housing are at risk of poverty based on their households income.

While on the subject of dependence on state and welfare benefits, it is worth reflecting some of the data presented by the authors around Supplementary Welfare Allowance (SWA) and Rent Supplement. The areas in which there are higher comparative numbers of SWA recipients are: Ballinteer; Ballybrack, Blackrock, Dundrum, Dun Laoghaire, Sandyford and Shankill. Areas in which the highest number of rent supplement recipients reside are: Ballinteer, Ballybrack, Blackrock, Cabinteely, Dundrum, Dun Laoghaire, Killiney, Leopardstown, Monkstown, Sandycove, Sandford, Shankill, Steapside and Stillorgan.

The authors note that some areas i.e. Ballinteer, Ballybrack, Blackrock, Dundrum, Dun Laoghaire, Sandyford and Shankill are included in both lists and this 'underlines their importance in terms of social inclusion in the county'.

### **5.3 Household Structure and Lone Parents**

The average household size in 2006 for the County was 2.77 down from 3 over the course of the previous decade. There were 33,311 family units with children at this time and of these, 18, 703 had at least one child under the age of 18.

There is an important correlation in comparative terms between lone parent family units and social housing. Lone parent households are over two and half times more likely to be housed by the local authority or other social housing agencies than non lone parent households.

Lone parents accounted for a quarter of all families with children somewhat lower than the comparative proportion seen in Dublin city and county (29.9%) and nationally (25.2%). The authors undertook a comparison between 22 Partnership areas looking to demonstrate the data in terms of actual numbers rather than percentage of population.

While Southside Partnership may have a lower proportion of lone parents as compared to other partnership areas, in actual figures, the catchment area has the third largest number of lone parents (7,926) compared to the other Dublin Partnerships. If the data is examined with a view to the numbers of lone parents with one or all children under the age of 15, then the partnership is ranked in sixth place.

The authors noted that: "These comparative measures illustrate that the numerical (actual) level of deprivation, in this case the numbers of lone parents, in DLR considerably outstrips other partnership areas which may have a higher proportion of their population who are lone parents. The key point here ... is that despite the proportion which a certain group comprises of the total DLR population given its relative affluence, the 'on the ground numbers indicate a greater level of need than areas where the relative proportion may be higher".

There are a number of ED's where the proportion of lone parents is higher than the Dublin figure of 29.9%. These areas are also those in which there is a concentration of local authority housing both currently and in the past. These include:

- Ballinteer- Meadowmount (35.9%)
- Blackrock- Templehill (30.7%)

- Churchtown – Castle (30.7%)
- Churchtown- Nutgrove (36.5%)
- Clonskeagh – Farranboley (45%)
- Clonskeagh – Windy Arbour (31.7%)
- Dundrum – Taney (30%)
- Dun-Laoghaire- Monkstown Farm (40.9%)
- Dun-Laoghaire-Mounttown (48.8%)
- Dun-Laoghaire-Sallnoggin South (35.7%)
- Dun Laoghaire- Sallynoggin West (40.7%)
- Dun-Laoghaire- West Central (40.7%)
- Killiney South (35.3%)
- Shankill-Rathsallagh (32.1%)

The EDs with particular concentrations of lone parent households are located in a clear trend around Shankill, Ballybrack, Loughlinstown, Dun Laoghaire, Sallynoggin, Churchtown and Nutgrove.

The data is drilled down even further to look at lone parent households with one or all children less than 15 years of age as compared to the Dublin figure. The location of these areas illustrates a degree of clustering of lone parent households with younger children in the south east of the county, in and around Dun Laoghaire/ Sallynoggin and in the Churchtown/ Nutgrove/ Mountain View.

Finally, the authors took one final look at the situation of lone parents through the lens of the One Family Payment (a means tested payment that is made to lone parents who are below a particular threshold of income or means). While there is some static in this data, the authors say that the numbers and location of lone parents is a good indicator of households who may be at a particular risk of, or experience, social exclusion. Between 1,600 and 1,660 people receive the One Family Payment in DLR as of May 2006. Particular concentrations are evident in Sallynoggin, Sandyford, Shankill, Loughlinstown, Dun Laoghaire, Cabinteely, Monkstown, Blackrock and Ballybrack.

## **5.4 Education**

The education levels in the County of Dun Laoghaire Rathdown, at first glance, appear quite healthy. There is a high proportion of people with a third level qualification (50.5%); 10% of the population have primary education only which is considerably lower than the Dublin (16.7%) or national (18.9%) figure and 12.8% have lower secondary education only (i.e. completed Inter, Junior or Group certificate) again compared with the higher figures of Dublin (17.4%) and Ireland (21.1%).

Census data indicates that 22.8% of the relevant population did not proceed with their formal education beyond lower level of secondary school and this accounts for 28,512 persons. This is a significant number particularly given the high correlation between educational attainment, employment and poverty.

The authors take the actual numbers and compare them to the figures presented by other Dublin Partnerships. The results are again interesting. They show that the numbers of people in the Southside Partnership area with no formal education or primary education only (12,517) is twice that of the measures seen in Ballyfermot,

Clondalkin, Ballymun, Blanchardstown and the Canals and in keeping with the high numbers in Finglas/ Cabra.

If we look at the numbers who have lower secondary education only (15,995 in Southside), the partnership area ranks third out of all the Dublin Partnerships behind the areas of Tallaght and Northside. The authors conclude that:

“... regardless of the proportionate measure, the extent of educational disadvantage in the catchment of the Southside Partnership is as high in numerical terms if not considerably higher than corresponding measures in other partnership areas”.

Looking at the EDs in the county that show a proportion of the population with no formal education or primary education only, higher than that of the Dublin figure, again we can see a pattern clustering around certain EDs in the catchment areas of Churchtown, Ballinteer, Rathfarnham, around Sallynoggin and Mounttown, and around Ballybrack and Loughlinstown.

The authors juxtapose this data against the social housing data and discover that these areas are also the location of the largest concentrations of social housing. They conclude that it confirms the link between housing tenure and indicators of disadvantage and more importantly, where social housing exists in the County there is likely to be higher levels of social exclusion.

## **5.5 Social Class**

According to the Census, there are six social class divisions but the authors of this report collapse these divisions into three:

- 1 constitutes professional workers, managerial and technical occupations;
- 2 relates to non-manual and skilled manual workers;
- 3 relates to semi-skilled and unskilled workers.

The authors state that people in social class three are the ones most vulnerable to changes in the labour market, unemployment and therefore at risk of poverty. This could now be disputed given the current unemployment crisis that is hitting the country and the loss of jobs from all sectors. In the main however, it is widely accepted that those least skilled are the people that will find it most difficult to secure alternative employment particularly in a constricting economy. It is also accepted that the lower skilled are generally lower paid and therefore, with loss of earnings, are at risk of poverty and more dependent on state payments.

With regard to the profile of class in DLR county, the higher social classes (1 &2) account for 51.4% of the population, considerably higher than the 39.2% nation wide. Forty out of the 69 ED's in the county show percentages of over 50% in Classes 1 and 2. Just over 8% of the population in the country are classified as semi or unskilled workers in occupation terms again much lower than that of Dublin or the State. In actual number terms, this accounts for 13,866 persons.

The authors once more sort the data to compare actual numbers in Southside Partnerships against 21 other Partnership areas. It shows that Southside ranks eight out of the 22 Partnerships with the highest number of people in Class 3. The authors conclude that:

“... the level of need represented by numbers is as high as some of the areas considered ‘more’ disadvantaged. This has obvious implications for recognition of this level of need, and given the legacy of the absence of this recognition, social excluded persons in DLR may be less well served and supported in terms of services and programmes than in other areas. In some respects, the socially excluded in DLR may be more marginalised than those in other areas by virtue of the stereotype that the county is the location of affluence solely”.

The ED’s with the social class of semi-skilled or unskilled labour above the national level are:

- Dun Laoghaire – Sallynoggin West (24.4%)
- Dun Laoghaire – Mounttown (23.8%)
- Dun Laoghaire – Monkstown Farm (22%)
- Killiney South (20.8%)
- Clonskeagh – Farranboley (19.3%)
- Dun Laoghaire – Sallynoggin South (18.8%)

If we examine these group of people against housing tenure, we see that 54.8% of semi-skilled and unskilled workers are owner occupiers in stark contrast to percentage figures for the other classes. The authors conclude that the lower social classes in the county are less likely than higher classes to be owner occupiers, are marginally more likely to rent privately and are over six times more likely to be housed in social housing.

## **5.6 Unemployment**

The authors draw from 2006 Census data but given the radical change in the labour market that has taken place over the last number of years, these figures are already out of date.

The most recent data comes from May 2008 when the authors note that over 3,417 persons were in receipt of Job Seekers Allowance or Benefit. The concentrations lie in the areas of: Ballinteer, Ballybrack, Dundrum, Dun-Laoghaire, Sallynoggin, Sandyford and Shankill. While the situation has worsened significantly for everyone from all classes and areas, there is no reason to doubt that these areas still record significant concentrations of unemployment although other EDs may be now added to the list if more up to date data were available.

## **5.7 Target Groups**

The Census in 2006 recorded 18,092 persons with one or more types of disability in the county representing one in ten people in the county. The largest proportion of people with disabilities are over the age of 65 but the age group of 0 – 14 also has a significant number of people with disabilities (1,424) or 7.9% of the population.

The Partnership has in fact the largest population of people with disabilities compared to other Partnership areas and the authors conclude that the need is indeed very significant. While people with disabilities are scattered across the county and are not clustered in particular areas, social welfare data indicates that people who receive disability allowance (approx. 2,062) live in the areas of Ballinteer, Blackrock, Churchtown, Dundrum, Dun Laoghaire, Sandyford, Shankill and Sandyford.

The Traveller population in the county in 2006 amounted to 363 persons or 70 Traveller households, with an average household size of six. The most recent count undertaken by DLR County Council was in 2007 and noted:

- Total Traveller Families: 120
- Families living as tenants/ owners: 76
- Families sharing with tenant/ owner families: 12
- Families living on halting sites: 22
- Families sharing with tenant families (halting sites): 7
- Families living on unauthorised sites: 3

There are various options available to the Council in terms of housing people who are homeless and in 2007:

- 11 homeless families were housed in social housing;
- 33 families housed in voluntary housing accommodation;
- 13 were housed permanently in voluntary units and 20 placed in transitional units;
- 36 homeless families were assisted to source private rented accommodation.

There is a strong link between family conflict, mental health/ addiction problems and the experience of homelessness and interestingly, most of the people seeking houses under the homeless list are single adults.

The rate of drug use is increasing in the County and the number of people presenting for treatment has also increased. Overall, between 2001 and 2006, there were 1,187 persons in DLR who are categorised as previous treated cases. There were 769 new cases presenting for drug treatment services from 2001 – 2006.

## **5.8 Affluence/ Deprivation**

Affluence/ deprivation indicators are a way of recording the extent of affluence and deprivation at county and ED level. The indicators for 2006 show that, for the most part, the county is relatively affluent with 57 out of the 69 ED's recording scores above the national and Dublin averages. Nevertheless, 28 EDs show score below the county measure and 11 are below both the national (2.1) and Dublin measures (4.3). They are:

- Shankill – Rathsallagh (1.6)
- Dun Laoghaire-west Centre (1.1)
- Killiney South (1.1)
- Ballinteer-Meadowmount (-0.6%)
- Dun Laoghaire – Sallynoggin South (-1.4)
- Cabinteely – Kilbogget (-2.0)
- Clonskeagh – Farranboley (-3.6)
- Dun Laoghaire Monkstown Farm (-6.0)
- Churchtown – Nutgrove (-8.3%)
- Dun Laoghaire – Mounttown (-8.4%)
- Dun Laoghaire – Mounttown (8.4%)
- Dun Laoghaire – Sallynoggin West (-9.9)

## 5.9 Conclusion

A distinct pattern is emerging about the areas and groups most disadvantaged in the county. The key points are:

- There are greater numbers of children (0 – 18) around the areas of Ballybrack, Shankill and Loughlinstown;
- There is a significant cohort of social housing in the county bringing with it all the attendant social inclusion problems. Where social housing exists in the country, there is likely to be higher levels of social exclusion.
- There are significant concentrations of local authority housing clustering around Ballybrack; Blackrock; Carrickmines; Dun Laoghaire; Glasthule; Loughlinstown; Monkstown; Rathfarnham; Sallynoggin; Sandyford and Shankill.
- Two thirds of local authority tenants derive their income from state payments or pensions.
- 64% of households located in local authority housing are at risk of poverty based on their households income.
- Lone parents are over two and half times more likely to be housed by local authority or other social housing agencies than non lone parent households.
- Lone parents accounted for a quarter of all families with children in the area – 7,926. This figure is extremely high compared to other Partnership areas.
- The EDs with the greatest concentration of lone parents are also those in which there is a concentration of local authority housing.
- The EDs with particular concentrations of lone parent households are located around Shankill, Ballybrack, Loughlinstown, Dun Laoghaire, Sallynoggin, Churchtown and Nutgrove. There is a degree of clustering of lone parent households with younger children in the south east of the county, in and around Dun Laoghaire/ Sallynoggin and in the Churchtown/ Nutgrove/ Mountain View.
- The number of people living in local authority housing is just under 9,500, 3,854 of which are children.
- Particular concentrations of people in receipt of one family payment are located in Sallynoggin, Sandyford, Shankill, Loughlinstown, Dun Laoghaire, Cabinteely, Monkstown, Blackrock and Ballybrack.
- The number of people in DLR County with no formal education or primary education only (12,517) is twice that of the measures seen in Ballyfermot, Clondalkin, Ballymun and Blanchardstown.
- The extent of educational disadvantage in the catchment of the Southside Partnership is as high in numerical terms if not considerably higher than corresponding measures in other partnership areas.
- The areas which show a high proportion of people with no formal education or primary education only are in the catchment areas of: Churchtown; Ballinteer; Rathfarnham; Sallynoggin; Mounttown; Ballybrack and Loughlinstown. These areas also correspond to the location of the largest concentrations of social housing.
- The semi-skilled and unskilled workers in the county are less likely than those in higher social classes to be owner occupiers of houses, are marginally more likely to rent privately and are over six times more likely to be housed in social housing.
- The Partnership has the largest population of people with disabilities compared with other Partnership areas.

The authors of the Socio-Economic profile conclude that there are ten EDs which are particularly disadvantaged given that they feature prominent in many of the socio-economic profiling indicators:

- Ballinteer-Meadowmount
- Churchtown – Castle
- Churchtown – Nutgrove
- Clonskeagh – Farranboley
- Dun Laoghaire – Monkstown Farm
- Dun Laoghaire – Mounttown
- Dun Laoghaire – Sallynoggin South
- Dun Laoghaire – Sallynoggin West
- Dun Laoghaire – West Centre
- Killiney – South
- Shankill – Rathsallagh

## **6. Review of Southside's Work with Children and Families**

The Local Development Social Inclusion Programme (LDSIP) running from 2000 – 2006 has been the catalyst allowing the Southside Partnership to deliver a wide variety of programmes as well as promoting co-ordination and integrated working among the various service providers in the area. The Partnership's role is that of championing inclusion and equality in their area of operation as well as working to address poverty and the effects of poverty, particularly among named target groups.

While the LDSIP facilitates a wide array of working methods and approaches, it does set boundaries on the kind of activities Partnerships engage in. This is achieved through the strands or measures that define the programme and within which the Partnerships have to operate. There are three measures to the LDSIP:

Measure A – Services to the Unemployed

Measure B – Community Development

Measure C – Community Based Youth Initiatives.

Any work undertaken must fall under one of these headings and they must be focused on particular, named, target groups. While it is important to have Programme guidelines, they also serve in some respect to restrict or limit what a partnership company can do as they channel energy and resources in certain ways.

The focus on 'children and families' is a relatively new one for the Southside Partnership. As noted in the previous chapter, national policies around family support are still developing. The guidelines of the LDSIP has meant that Southside Partnership has not had a direct focus on this target group to date and any activities undertaken have had to be channelled into one or other of the measures as laid out in the Programme. It is acknowledged however, that the work done with individuals across the three measures over the last number of years – in employment support, in building peoples capacity, in childcare – will have benefited families either directly or indirectly since all individuals are members of a family in some form or another.

The needs of vulnerable children and families have come to the attention of Southside Partnership over the last number of years. Given that a new planning phase has begun, it is an opportune time to look at new needs that have prioritised themselves and plan accordingly with a view to action being undertaken once the new Programme comes on stream.

A significant amount of work has taken place in line with the three measures of the LDSIP. The work provides a useful foundation for building a more strategic role with regard to children and families in the future and it is worth having a brief look at related activities that have taken place over the last number of years.

### **6.1 Overview of Related Work**

Most of the work related to children and families has taken place under Measure C – Community Based Youth Initiatives, in line with the three measures of the LDSIP. However the cross-programme approach adopted by the Partnership means that the three measures do not operate in isolation but support each other in the work that they do.

The work carried out under Measure A – Services to the Unemployed, provides important funding, training and support for people who want to set up their own business or are seeking employment. Childcare providers have benefited from the supports offered through the Partnership – from advice and support in setting up a childcare related business, to assistance with business planning, to specialist training courses such as ‘Start Your Own Childcare Business’ (a FETAC accredited course).

The Partnership has also worked in a supportive capacity with community childcare businesses by managing a CE scheme named ‘Pisces’ which has 26 workers. These workers are placed with small scale community childcare providers who alone could not sustain or manage a full scale CE scheme but yet need the support and assistance of additional staff as well as providing relevant training and experience for the CE participant.

Community Development, while a Measure in its own right, is the approach upon which the work of the Partnership is built across all measures and activities. The principles of empowerment, participation, capacity building, consultation, ownership - are the foundation upon which the Partnership is laid, focusing on working from the ground up and involving people in the identification of the issues that affect them and encouraging them to participate in the solutions.

The Community Development team support the work and activities of the Partnership across the board. With regard to children and families, they have played an ongoing role (representative and supportive) with the Management Committees of the many community resource centres around the county, many of whom run childcare services. They are involved in lobbying and campaigning on childcare issues, linking local communities with the Council and working closely with the County Childcare Committee. Their brief is to build the capacity of the community, including those services linked with children and families, to respond more effectively to local needs and ensure that peoples voices are heard at all levels of the policy making system and by service providers.

Through the Southside Community Training Network, a number of training courses relevant to the needs of children and families are also provided such as ‘ the Early Years Curriculum Training Programme’.

This brief snapshot shows the important flanking work done by the Partnership around children and families. It is under Measure C (Community Based Youth Initiatives) that much of the direct work in this area has been carried out to date.

A series of six strategies were set down under this Measure, each with individual objectives. The strategies are wide ranging in response to the diversity and depth of needs apparent under this Measure. They range from promoting greater integration and co-ordination between service providers, to supports for early school leavers, support for parents and community childcare providers.

Research and evaluation has been a central feature of all the strategies outlined below. While the publications are too many to mention, there have been a number that have been influential both in directing the work and resources of the Partnership but also the energies of other service providers in the area:

- a major research report on early school leaving entitled ‘Moving Beyond the Barriers’ in 2004;

- A review of Early Childcare Education Services;
- An audit on 'Progression Routes for Young People with Additional Learning Needs' was conducted and published in conjunction with Youth Choices Services.
- A research project examining gaps in community childcare services entitled 'Towards a Model of Best Practice' was published.

### Strategy 1: Forums, Networks and Working Groups

The objective set down under this strategy is to increase communication between all the relevant target groups and involve formal and non-formal providers, including parents and the community. There is particular emphasis placed on promoting networking around early school leaving, higher education access, children with learning difficulties and Traveller support.

This work of meeting, exchanging information, promoting better communication, looking at joint initiatives is often very time consuming and slow. While not as action orientated as delivering programmes, it is vital, foundation building work, that is often underestimated because direct, tangible outcomes are often difficult to identify or articulate. But this work is fundamental to setting the building blocks for more effective programmes and services, to ensuring co-ordination and integration between service providers so that the needs of target groups are met more effectively, to explore new approaches to emerging needs or deeply rooted entrenched problems.

Southside Partnership has set up and played a key role in the development of new networks and inter-agency groups since 2001 including:

- The RAPID Education Task Group.
- The RAPID Childcare Task Group.
- The Ballyogan Youth Needs Group.
- The Early School Leaving Research Steering Group.
- The Childcare Development Steering Group.
- The Millennium Consortium.
- Millennium Steering Group.

It also co-ordinates the following groups:

- The Youth at Risk Network.
- The Youth Cafe Group.
- The Travellers Education Working Group.
- The Support project for Children with Learning Difficulties.
- The Guidance/ Access Network.
- The Southside Childcare Action Network.

### Strategy 2: Parent Supports

The objective of the parents support strategy is to support parents to enhance their own educational experience and also, thereby, help to support their children in their education.

The Partnership recognised the critical role parents play within the overall education process and as a result, has supported a number of programmes and initiatives which

have provided opportunities for parents to return to education and to acquire new skills and knowledge.

In tandem with this focus on the education of parents, the Partnership has also supported actions which aim to enhance the capacity of parents to play a more effective role in issues relating to the education of their children.

Supports have been provided to adults who wish to pursue and to access educational courses and programmes. The Partnership has assisted a significant number of parents/adults to return to education through supporting the Leaving Cert Applied programme for adults in one local school and through being involved in the Back to Education Initiative.

It has also provided support to the Parents in Education Programme run through the Home School Community Liaison cluster groups in the area.

In conjunction with the HSE, the Partnership developed a Healthy Food Made Easy Programme in 2007. It is an initiative with a strong community development focus which aims to heighten skills and interest in the community in the area of health affordable food and nutritional diet.

Twelve peer trainers were recruited to deliver a number of courses, 16 of which were run initially from September to December 2007 across the Partnership area with 95 participants. Due to the success of these initial courses, the initiative was continued and over 50 courses have now been run to date with over 300 participants.

An evaluation of the programme was conducted in 2009 and found that:

- There was a high level of satisfaction with the programme both among peer leaders and participants;
- Most participants have obtained new knowledge and have, in some cases, made changes to food and eating practices. Other participants are not in a position to engage in food preparation e.g. those with learning disabilities or the elderly but for these groups, the programme provides a valued diversionary activity and useful information relating to nutrition;
- the programme is reaching a diverse range of participants many of whom fall within the Southside Partnerships target groups;
- Knowledge of the Partnership's role in the development and delivery of the Programme was low.

A series of recommendations were also made relating to the improvement of the programme and a number of them are worth noting here given that they relate to the continued involvement of Southside Partnership in the programme:

- consider how the role of the Southside Partnership might be better communicated to peer leaders and participants;
- examine the options available to the Southside Partnership in relation to the programme, in terms of its medium and long-term strategy development, in relation to an enhanced role in the deliver of health and lifestyle related services.

Following the success of this programme, a new off-shoot has been developed focused on healthy cooking and eating for young people entitled 'Cool Dudes Food Programme'.

It is a five week course open to those who are 12 – 15 years old with an emphasis on the practical, including cooking and tasting.

Finally, a new programme entitled 'Infant Matters' has recently been introduced involving the Partnership, the Drugs Task Force, the DLVEC and Barnardos. It is a programme aimed at supporting the relationship between young parents and their baby (0 – 1 years) looking to promote that critical attachment and bond. It also aims to help build the capacity of the parent through knowledge, skills and practices. It runs for ten weeks over a period of two hours and involves the parent and the baby in all types of activities such as baby massage, play, meal times and group discussions.

### Strategy 3: In-school Support

The objective of Strategy 3 is to support the staff and children in designated schools through participation on committees and targeted initiatives which reduce early school leaving and enhance the students educational experience.

A number of actions were undertaken as part of this strategy but the main role of the Partnership over the last number of years has been to provide developmental support and advice to the new structures which have emerged and to try and ensure that these structures have a clear and explicit focus on those children and young people who are most vulnerable and most likely to leave school early. The Partnership participates on the four School Completion Programme Committees in the area as well as on the Local Education Networks. It works closely with the two Home School Community Liaison Co-ordination Clusters providing support wherever possible and necessary.

One of the most innovative and effective projects (according to anecdotal evidence from survey participants) was the speech and language service. The need for speech and language support was highlighted in the RAPID area. The Southside Partnership, with support from RAPID, secured funding from the dormant accounts fund to pilot a 6 month on site speech and language service to children and parents.

There were three specific targets set anticipating that 24 children, 24 parents and 10 teachers/childcare workers would benefit from the project:

- The provision of one to one Speech and Language Therapy (SLT) services to twelve targeted children in four schools and two pre-schools in the Loughlinstown area;
- The provision of training in the area of speech and language development for early childhood educators and community childcare staff;
- The transfer to teachers and pre-school leaders of the skills required to support the development of children's speech and language.

These targets were met, and in some cases exceeded, through the provision of workshops, one-to-one therapy and listening groups. What was innovative about this pilot programme was the transfer of skills from the programme tutor (a trained SLT) to the parents and to the teachers/ childcare workers. This is the aspect of the initiative that was talked of favourably by participants during the primary research phase of this study.

While it is too early to say what the long term impact of the initiative is, participants identified a number of particular benefits of the programme:

- Staff confidence improved with regard to engaging with children on the issue of speech and language development;
- Staff feel more confident speaking to parents about childrens speech and language difficulties;
- There was a general improvement in most of the children who took part in the programme and it was easy to see differences as children developed;
- Much of the information and resources were easy to use with the children and to pass onto the parents;
- It raised awareness of staff engagement with regard to developing the language of children.

One of the key conclusions noted by the evaluator of the initiative, was that schools and preschools are over burdened and under-resourced and this is particularly the case in RAPID areas. While a number of extra therapeutic posts were promised for the area, there was no indication of where they would be located and therefore, no certainty that the provision of speech therapy will increase in the area. This is a particularly pertinent point given the current economic climate and the evaluator concluded that 'the under resourcing of these organisations will continue for some time'.

In light of this therefore, the report recommended that:

- organisations participating in future projects be made fully aware of the time, space and resource commitments involved;
- organisations are provided with ongoing support for a full school year to increase the chance that listening groups and workshop learning are put into practice;
- the HSE and Department of Education and Science be encouraged to provide additional support for projects of this nature so that the burden or participation experienced by those who take part is reduced;
- some number of the proposed therapeutic support posts be designated as SLT positions for working onsite with schools and pre-schools;
- future on site one-to-one speech therapy at school/ preschool level needs to be funded by the HSE;
- delivering the Literacy and Encouraging Peer Interaction workshops may support the learning that has already taken place and should be offered to those who have already participated in the training;
- the issue of taking a whole school approach be explored further with school principals and pre school managers to see if it might address resource and commitment challenges.

This project has been rolled out to two other DEIS school clusters since the first pilot, funded through the Partnership and the Department of Education and Science, and is receiving very positive feedback. Given the current scarcity in resources, discussion is now taking place about the best way to mainstream the programme across the County with the involvement of the 3 School Completion Programmes, RAPID, the HSE and NEPS.

Specific supports and funding have been provided to a range of other activities:

- Financial assistance was provided by the Partnership towards the costs involved in carrying out psychological assessments on students attending schools within the Partnership area. These psychological assessments helped to present a strong and compelling argument for additional resources for these schools and

- resulted in the employment of Resource Teachers in two schools within the Partnership area.
- In-service days have been provided for teachers on a number of issues including (a) dealing with challenging behaviour in the classroom (b) Restorative Practices in Schools involving formal and non formal education providers and which focused again on issues of Challenging Behaviour in students/ young people (c) a 3 day residential training was also held on 'Handling Conflict in the Community'.
  - Funding was provided for (a) play therapy in local national schools (b) reading initiative to primary and secondary special schools (c) drama therapy for a local neighbourhood youth project and (d) an evaluation of the Leap Frog After School personal development programme (e) an intercultural workshop 'Musical Journeys', piloted in one of the primary schools

#### Strategy 4: Further Education Access

The objective of the further Education Access Strategy is to increase attainment levels of young people from disadvantaged schools and improve their chances of accessing further and higher education.

Central to this strategy has been the Millennium Fund administered by the Partnership to support people accessing third level education.

An average of 70 – 80 students per year have been supported through the Millennium Fund. Additional supports through the Southside Partnership Access Fund are provided to those not fulfilling all the criteria of the national programme.

Southside Partnership also set up a Guidance Network with the aim of supporting returning learners and school leavers from target areas and target group to access and remain in education. Activity within this Network has eased off in the past year.

#### Strategy 5: Youth Development/ Out of School Supports.

This strategy is focused primarily on young people who have left school early. The objective is to support the development of innovative projects and programmes which present new options, opportunities and alternatives to young people from the main Southside Partnership target groups/ communities. The Partnership has had a particular focus on the development of vulnerable, 'at risk' young people who are experiencing difficulties in integrating into mainstream education and youth work provision.

It published a piece of research 'Moving Beyond the Barriers' in 2004 looking at early school leaving. A number of recommendations in the report have been progressed including:

- (a) the development of the Futurama 'Out of School' Initiative which is focused on the needs and circumstances of out-of-school young people between the ages of 12 and 15. The purpose of the project is to re-integrate early school leavers into the education system or to identify alternative ways in which these young people might fulfil their educational/ personal potential. Through support provided by the Partnership, the VEC and other agencies, this project is emerging into a significant alternative for young people who have left the formal education system at an early age. It is now called the Alternative Learning Pathways

- Project, is managed by the DLVEC and discussions are currently taking place about the future of this programme given increasing limited resources;
- (b) the setting up of Youth Choices Outreach Tracking and referral service which works with young early school leavers to re-engage them into education/ training/ employment/ progression routes, funded through the local Drugs Task Force;
  - (c) support of specific actions with Ballyogan Youth Needs Group;
  - (d) an application via the Youth Cafe Group to the dormant accounts fund for a youth café to be established in Dun Laoghaire/ Rathdown. Funding was received for the employment of a part-time co-ordinator who has been in place now for the past year.

A Community Digital Media Project has also been established with DLIADT and a full-time Co-ordinator is now in place. This is part of a Youth Access Programme aimed at supporting and engaging young people with targeted programmes to strengthen or restore their links with formal education.

Finally, the Partnership was a partner in the EQUAL Round 2 initiative (up until 2006) for the provision of bridging supports for young asylum seekers moving from statutory childcare services to adult provision within the Department of Justice, Equality and Law Reform.

#### Strategy 6: Community based/ Childcare Early Intervention

The Partnership played a key role in supporting community childcare providers and was involved in setting up SCAN – the Southside Childcare Action Network. It now provides administrative and developmental support to the Network. Members are drawn from community childcare centres and other key stakeholders. The objective under this strategy is to support SCAN in developing a range of initiatives and supports in relation to community childcare services in SSP area.

SCAN has promoted and supported quality community based childcare services which offer care, education and socialisation opportunities for the benefit of children, parents, employers and the wider community within the Partnership area.

With the aid of Southside Partnership, a part time worker was recruited to progress the plans and proposals which have been formulated by SCAN. Funding has been sourced from the County Childcare Committee on an annual basis since 2003.

The work of the Partnership and SCAN with regard to promoting and developing quality community childcare has developed over the years:

- Provision of training for community based childcare staff was provided through SCAN including (a) Children First Child Protection training in conjunction with the HSE was provided to 40 SCAN members (b) In touch with Children – 40 workers received basic training in supporting children to develop their communication skills/ language acquisition (c) Managing Challenging behaviour was delivered by Barnardos to 30 members.
- A book buddy reading scheme was initiated in association with DLR libraries.
- Support, funding and technical assistance provided to a number of innovative programmes and projects which was been developed within the Partnership

area e.g. Highscope, developmental Arts and Crafts initiative, the 'In Touch with Children' programme and the Marte Meo programmes.

- The Partnership played a significant role in the initiation and development of the Cottage Childcare Project which provided a range of childcare services and supports to families and children living in the DLR area. This project was set up as a childcare 'Centre of Excellence' and ran for a number of years, by Barnardos. It closed down only last year due to lack of finance.
- SCAN, in partnership with the DLVEC, worked to develop a crèche in the Community College in Sallynoggin which provides childcare for children of adults returning to education.
- An audit of Early Childcare Services in the Partnership area was carried out in 2001.
- The Partnership secured a mobile childcare service for the County and overtime this was transferred to the company, Accessible Community Transport, another group established by the Partnership to address access issues particular for people with disabilities and those with mobility problems.

A key piece of research on community childcare was undertaken in 2005 with the support of the Partnership and the County Childcare Committee. It was driven by the SCAN Network, looking to improve their childcare services by gaining a better understanding of the issues faced by the local community service providers and to explore alternative and innovative ways of developing this service.

The overall aim of the research was to explore the support, development, motivation and training needs of community childcare staff with a view to contributing to the development of an effective and practical model of community childcare service delivery, specifically focusing on quality staff provision.

Data was collated from 15 SCAN members providing 388 childcare places. The report made numerous recommendations under the headings of funding, premises and facilities, staffing, training and development, and quality services. While some of these have been progressed (indicated in *italic* below), many are still relevant to-day, three years on. The key ones relating to this report include:

- Ongoing mainstream public funding is essential as community childcare in disadvantaged areas is not sustainable on a self-financing basis.
- Improve the status and recognition of childcare as a valuable career and profession, including better rates of pay.
- Attention needs to be paid to the importance of environment in promoting the well being of the childcare and to facilitate the provision of a quality childcare service. To that end, greater co-operation is needed between community childcare providers and the County Council with regard to the maintenance of existing premises and the provision of new ones.
- Improve demographics and socio-economic data on targeted children in the local area, including age profile and number of children currently accessing all childcare services including community, therapeutic, private and childminding. *This recommendation has been progressed via the County Childcare Committee who undertook a county profile in 2006 and is currently in the process of updating it.*
- Set local targets to address the current lack of community crèche facilities available for babies/ toddlers aged 3 – 18 months.

- Develop more and better outdoor play facilities in the communities generally which can be accessed by community childcare services including design, supervision, management and operational requirements. *This recommendation has been progressed somewhat as the County Council has provided two new playgrounds in Shanganagh Park House and Loughlinstown.*
- Community childcare providers rely extensively on FAS employment schemes to meet their staffing needs. A more effective, secure, longer term staffing model is required.
- Recognise that CE funded posts in the community childcare centres are training positions, supplementary to and supported by mainstream funded qualified childcare workers. *The new National Childcare Subvention Scheme is meant to allow for the employment of more staff but from discussion with SCAN members on the ground, there is a significant amount of dissatisfaction with the Scheme and the services are still reliant on labour market staff.*
- Childcare today is a more sophisticated service which includes care and education to support the broad range of complex developmental milestones of the individual child. Staff should be supported, facilitated and encouraged to engage in ongoing professional development in the area of early childhood care and education.
- Look at ways of increasing the involvement of parents in the service. *At this point, most centres now have a policy on parental involvement but discussions with SCAN members at local level point to the difficulties still present in engaging parents in the services and in actively involving them in their child's development.*

## 6.2 Conclusion

The Partnership has done a significant amount of work under the banner of 'Community Based Youth Initiatives'. Some developments like SCAN, the Speech and Language therapy pilot project, the psychological assessments and the extensive networking has been particularly useful and was mentioned favourably by participants during the primary research phase.

It is time now however to move to the next step and take a more strategic look at what role the Partnership can play in seeking to address the issues faced by vulnerable children and families. Given the complexity of the policy context at both national and local level, the range of services that exist on the ground across the county, the extent of disadvantage as indicated by the recent socio-economic profile and the needs/ gaps that have been identified during the course of this study, where can the system Partnership add the most value? It is also a particularly challenging time given the reduction in resources for services across the board – statutory and community/ voluntary. It is not going to be possible in the short to medium term to devote or lever the same level of resources in the next round of funding. The question of where the Partnership should focus its attention and energies in relation to children and families going forward, is key as it moves into the next step of its planning process.

## 7. Family Support Service Providers

### 7.1 Introduction

There are a total of 37 survey returns available for analysis in this section covering a range of statutory and community/ voluntary organisations.<sup>5</sup> These organisations vary from professional health services to community family services to more general community development organisations to purely volunteer led organisations. The services offered, therefore, vary considerably as does their mode of delivery.

The HSE is probably the one organisation that is often difficult to navigate around. The HSE nationally is now divided into 32 Local Health Office (LHO) Areas usually corresponding along the lines of the old Health Board areas although there may be some differences. Each LHO area is headed up by a Local Manager and operates through various sections or units such as the Social Work Section; the Community and Public Health Nursing section etc.

The services offered in LHO areas are wide and varied:

- Professional, clinical or therapeutic services such as psychology services, speech and language therapy, occupational therapy;
- non-therapeutic services such as family support services; social inclusion services;
- community based therapeutic services i.e. services funded by the HSE but delivered by specialised community/ voluntary structures
- More general non-therapeutic community based services again funded by the HSE (usually along with other funding streams) e.g. the Healthy Food for all Programme run at a local level.

The County of Dun Laoghaire/ Rathdown is covered by two LHO areas which makes things that little more complicated – one dealing with Dublin South and one covering Dublin South East. Effectively therefore, there are two Childcare managers in the County, two Social Work sections, two Psychology sections etc. This is reflected in the data analysis below and they are headed LHO Area 1 and LHO Area 2 in order to distinguish them.

The participants in this research as noted above, come from a range of statutory and community backgrounds. Therefore, for the purposes of clarity, these organisations will be grouped under the following headings for analysis:

*HSE Direct Therapeutic/Clinical Services:* These refer to professional clinical or therapeutic interventions with children and families and include a number of services within the HSE (i) Social Work (ii) Community and Public Health Nursing (iii) Psychology

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<sup>5</sup> It should be noted that a further 6 people participated in the survey process but as noted in the methodology, they operate at a strategic planning level rather than direct service delivery and are therefore not included in this section. They are: Child Care Manager (LHO Dublin South); Child Care Manager (LHO Dublin South East); Primary Care Team Co-ordinator (LHO Dublin South); Primary Care Team Co-ordinator (LHO Dublin South East); SAVE; County Childcare Committee.

services (iv) Early Intervention Teams<sup>6</sup> (v) Child Guidance Services (vi) Risk Assessment Teams.

*HSE Community Services:* Services delivered by the HSE but are non-therapy based (i) Family Support Services (ii) Community Mothers Programme (iii) Day Nurseries.

*Community Therapeutic Services:* Professional and therapeutic services funded by a range of agencies including the HSE, the Family Support Agency and other sources but delivered by specialist local structures. A number of organisations fall into this category (i) Mounttown Neighbourhood Youth Project (ii) Springboard<sup>7</sup> (iii) Barnardos (iv) Living Life Counselling Service (v) DROP (vi) Lucena Clinic

*Community and Family Support Projects:* More general non-therapy based services offered by local community organisations with paid staff, employment scheme staff and volunteers – often the gateway of referral to other therapeutic and support services. They offer information, advice, courses, special programmes etc. to people in the community and include Family Resource Centres and Community Development Projects. This study includes inputs from: (i) Balally Family Resource Centre (ii) Ballyogan Family Resource Centre (iii) Rosemount Family Resource Centre (iv) Mounttown Community Development Project (v) Southside Women’s Action Network (SWAN) Community Development Project (vi) Shanganagh Park Community Development Project (vii) Southside Travellers Action Group (STAG).

*Schools:* services offered by schools particularly through the Home School Community Liaison Co-ordinators as they strive to engage parents and families more closely with schools and their child’s education. Services offered here include home visits, referrals, running courses etc. and eleven Home School Community Liaison Co-ordinators (primary and secondary) were involved in the research.

*Other:* The final category includes two organisations whose work is central to supporting the family but do not fall into any of the categories above. The first of these is (a) the statutory Money Advice and Budgeting Service which offers budgeting advice to families who may find themselves in trouble and (b) the national voluntary organisation, St. Vincent de Paul – an organisation run at the local level entirely by volunteers who work directly with families on very low incomes assisting them in whatever way is necessary or possible.

Analysis of the data is grouped according to these six different categories and presented below under a series of headings.

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<sup>6</sup> Early Intervention Teams are focused on children with disabilities aged 0-5 and is a multi-disciplinary approach designed to ensure that the child has access to the range of supports he or she needs to meet their potential. The team looks at assessment of need, referral to the appropriate service and then ensuring that the service is delivered in a timely and appropriate manner. The establishing of these Teams are mandated under the Disability Act.

<sup>7</sup> Springboard is somewhat different from the other organisations in this category given that it is located in a disadvantaged community but is a HSE initiative, one of 22 similar projects nation-wide. However for the purposes of presenting the data, it is included under this heading because of its location in a community setting.

## **7.2 Analysis of Services Characteristics**

### **7.2.1 Family Support Service**

Organisations/ survey participants were asked if they categorised their work, or aspects of their work, as a 'family support service'.

Three of the five HSE Direct Therapeutic/Clinical Services said they provide a family support service (Public health nursing; the Psychology service in LHO Area 1 and the Social Work service in LHO Area 2). The Psychology Service in Area 2 considered that aspects of their work fell into the 'family support' category and finally, the Early Intervention Team in Area 1 did not classify their work as family support.

All six organisations in the HSE Community Services category as well as five out of the six organisations in the Community Therapeutic Services and the eleven HSCL Co-ordinators said would describe their work as 'family support'. One organisation in the Community Therapeutic Services category, Lucena Clinic, said that its multi-disciplinary approach to mental health services for 0 – 13 year olds did not fall under what it considered a 'family support' service.

Six out of the seven organisations in the Community and Family Support projects category said they classified their work as 'family support'. One organisation, STAG, said that they considered that some aspects of their work relates to 'family support'.

This finding has implications for any further work the Partnership may undertake in this area. Peoples understanding of the term 'family support' is wide and varied and the ambiguity that exists at policy level in this regard does not help. It will be a challenge to firstly, inform and educate stakeholders about the Partnerships particular approach to family support and secondly decide on what key agencies/ organisations/ individuals need to be involved in any future plans or developments at County level.

### **7.2.2 Type of Intervention**

Respondents were asked to indicate the range of interventions they undertook in their service delivery and were given a total of ten choices<sup>8</sup>. The majority of respondents carry out individual work with clients (adults and children) and provide information/ advice.

By the very nature of the services provided, the HSE Direct Therapeutic/Clinical Services category all work with individuals. Four out of five of them undertake group work (except for the public health nursing section); and four of five also state they work with the family<sup>9</sup>. The only exception to this is the Psychology Service in Area 1 which notes that given resources are scarce, attention is focused on children aged 0 – 5 as part of the early intervention strategy.

In the HSE Community Services category, three out of the six intervene directly with the family. The Community Mothers Programme in Area 2 states that it works with the family

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<sup>8</sup> The ten choices were: Individual work; group work; family work; peer support; information/advice; advocacy; practical help; mentoring; socialisation and play; other.

<sup>9</sup> Defined in the survey as sessions with two or more members of the family for the purpose of assessing needs, drawing up a family plan or meeting therapeutic goals

while its counterpart in Area 1 says that it works primarily with individuals i.e. the Mother. The two Day nurseries funded by the HSE state they do not work with the family – their focus is on group work with the children in their care.

Four out of the six organisations in the Community Therapeutic Services category intervene with the family (Springboard, Barnardos, Mounttown NYFP, Lucena Clinic) while the remaining two (DROP and Living Life) stress their individual and group work. DROP runs a support group for families affected by drug abuse which is professionally facilitated on a weekly basis; the Living Life Counselling Centre concentrate on working with individuals but do include the family as part of the therapeutic process where necessary.

The Community and Family Support Projects generally do not concentrate on interventions with the family although two organisations engage to some degree (i) Mounttown CDP carries out family work in conjunction with Barnardos and (ii) STAG works with Traveller families.

All the HSCL Co-ordinators in schools said they undertaken interventions with the family and finally in the 'Other Category', MABS occasionally undertakes family work and the St. Vincent de Paul works closely with families in the work they do at the local level.

### **7.2.3 Service Delivery**

The majority of organisations surveyed offer their services from an office base or a central base.

All of the HSE Direct Therapeutic/Clinical Services provide services from a central point, at outreach clinics in the community and directly in the family home except for the Psychology Service in Area 1 which is restricted as to the services they can offer because of resources.

Four of the HSE Community Services work within the family home setting – the Family Support service (both LHO areas) and the Community Mothers Programme (both LHO areas). The other two services in this category are the day nurseries and they, obviously, provide their services from a central childcare facility.

Four therapeutic services in the community also go into the family homes – Springboard, Mounttown NYFP, Barnardos and Lucena Clinic. The other two services, DROP and Living Life run their services primarily from a centrally based point or on an outreach basis in the community.

None of the community/ family support projects go directly into the family home to deliver their services. They operate primarily from a community or resource centre, some with outreach points within the community.

Schools are the central point for the HSCL Co-ordinators but they also go into the family homes of their students as part of the service they offer.

Finally, in the last category, much of the work of St. Vincent de Paul is done directly in the homes with families through visitations. MABS staff work from their central offices but occasionally go to a family home if the need arises.

In summary, 24 out of the 37 survey participants go directly into the family home as part of the service they provide.

#### **7.2.4 Service Target**

Organisations were asked where, within the family and networks of supports, their services are targeted. They were given four choices: (a) at children (b) at individual adults (c) at the family as a unit (d) at enhancing support networks around the family.

The respondents, for the most part, ticked almost all if not all of the answers to this question which could be viewed in a number of ways; either the services themselves do not prioritise or target one specific group over another. The services therefore are stretched across a range of areas and questions could be asked about whether they are targeting their services effectively. On the other hand, it could be argued that the services provide a wrap-around service to the family focusing on the child, the adult, the family as a unit and at enhancing support networks and this is the most appropriate approach to the family issues that present themselves. Without further research into this area, it is difficult to come down on one side or the other of this argument. There are a few interesting findings which are worth noting.

A number of the services target the younger child age group and these include:

- HSE Psychology service (LHO Area 1), target the 0-5 age group as part of the Early Intervention Team and the 2- 14 age group;
- Similarly the EIT in area 2 works with the 0 – 5 age group;
- The PHN unit target families with young children working with them from newborn to the age of 6;
- The HSE supported nurseries target pre-school and young children of primary school age;
- Lucena Clinic mental health service in Dun Laoghaire targets the 0 – 13 year olds (children aged 13 – 18 are seen by their service in Rathgar);
- The HSCL Co-ordinators based in the primary and secondary schools work with the 4 – 12 and 12 – 18 age groups respectively.
- Mounttown NYFP work with children aged 3 years through to primary school age;
- Barnardos work with the 0 – 6 but sometimes work with children up to the age of 12;
- Rosemount Resource Centre targets the 7 – 18 age group.

Out of the 5 HSE Direct Therapeutic/Clinical Services, 3 of them target the family unit (Social Work – LHO Area 1; and the Psychology Services in both areas) as do the HSE Community Services, only the Family Support Service targets their service at the family unit.

Three out of the six Community Therapeutic Services target the family unit: Barnardos; Springboard; Mounttown NYFP (occasionally). The other two in this category – DROP, Living Life and Lucena Clinic target individual adult family members primarily and children under the age of 18.

Only two out of the seven Community/ Family Support Projects said they targeted the family as a unit: Shanganagh CDP and Ballyogan FRC. The others say they target

individual adult family members, children and work towards enhancing support networks around the family.

Nearly all HSCL Co-ordinators (ten out of 11) said they targeted their service at the family as a unit as well as ticking the other three options as well. Only one HSCL Co-ordinator said they did not target the family unit – their service targets children within the primary school and individual adult family members.

Finally, MABS said their service targeted the family as a unit whereas interestingly, the St. Vincent de Paul said that it targets individual adult family members only.

There are a number of organisations working with particular target groups:

- SWAN targets individual adult family members but particularly women as well as enhancing networks around the family;
- The HSE Community Mothers Programme works primarily with women and their new born babies;
- STAG states that it works with Traveller children aged up to 18 years of age and individual adult members of Traveller families.

### **7.2.5 Level of Support**

The question with regard to the levels of support offered is based on Hardinkers Levels of Need Model also used by the Office for the Minister for Children in its 2007 Report 'Agenda for Children's Services'. This model was developed in 1991 and is a four level model to conceptualise family support as meaning something different according to different levels of need and services/ interventions. The model clearly shows that as the degree of need increases at the higher levels along with intensity, the number of those in such need declines.

*"Levels at which families need support:*

Level 4	Intensive and long-term support and rehabilitation for children and families.	The need within a family is so acute or the coping capacity so weak that children and young people have to be placed in medium or long-term out-of home care. Work at this level is also about lowering the level of need and/or improving coping so that re-engagement with services at the lower levels can become sufficient.
Level 3	Services for children and families with serious difficulties, including risk of significant harm	Support is better described as intervention – severe and established difficulties placing children at risk have been assessed and work with the family is mandated by law, often through the courts.
Level 2	Support services for children and families in need	Support is targeted by assessment of need and mandated by the State as part of its responsibility towards supporting family life
Level 1	Universal services and community development available to all children and families	Open access support to families (such as public health nurse or GP services) and health promotion and information services

Respondents were asked to position themselves within this framework. It was understood at the outset of this survey that many of the participants may not be familiar with the model or what it represents. Nonetheless, it was felt that it would be interesting

to find out how the respondents perceived their services with little prior information. The answers given by respondents are contained in the sheets in the appendix but in summary, this is what is recorded:

There are relatively few organisations providing support at Level 4, and the majority of those are HSE sections namely – the Social Work service, the Psychology service and the Family Support Service. Springboard, Barnados and St. Vincent de Paul also stated that they provide support to people at this higher end of the needs ladder.

Moving down the levels, sixteen organisations say they provide services of interventions for children and families with serious difficulties (Level 3). They include as expected many of the HSE services but also the Home School Community Liaison Co-ordinators say they provide services at that level as does the St. Vincent de Paul, Mounttown NYFP and Mounttown CDP, Living Life Centre, Lucena Clinic, the Dominican Montessori Pre School, STAG, the Living Life Counselling Centre and Springboard.

Interestingly, the majority of organisations fall into Level 2 where support services are in place for children and families in need. Referring to the issue of targeting mentioned earlier, it is clear that the organisations are focusing their energies on this target group but within that group itself, which is quite sizeable given what was presented earlier in the socio-economic profiling section, it could be concluded, energies are stretched across family members with a focus on adults, children, the family unit and networks alike (except for those that have a specific targeted age group, gender or ethnicity).

A total of nineteen organisations say they provide general services for all children and families and only 5 organisations categorise themselves exclusively at this level:

- MABS
- Public Health Nursing Unit
- Shanganagh CDP
- Rosemount Resource Centre
- Ballogan FRC

The information above relates to the self-categorisation undertaken by respondents. Their responses are now re-categorised by the Consultant informed by the information gleaned from the research as well as an understanding of the model – particularly related to what differentiates the levels from each other. The readjusted model showing where the organisations/ participants are positioned is presented below:

**Table 1: Local Services Plotted in Hardinker’s Levels of Need Model.**

<b>Level 4: Intensive and long term support and rehabilitation for children and families</b>		
HSE Social Work Service (LHO A2) HSE Psychology Service (LHO A2) HSE Family Support Services (LHO A1) HSE Family Support (LHO 2)		
<b>Level 3: Services for children and families with serious difficulties including risk of significant harm</b>		
HSE Social Work Service (LHO 2) HSE Family Support Services (LHO 1) HSE Family Support (LHO 2) Mount Town NYFP Barnardos HSE Early Intervention Team (LHO 1)	HSE Psychology Service (LHO 1) Springboard HSE Psychology Service (LHO 2) Living Life Centre Lucena Clinic	
<b>Level 2: Support services for children and families in need</b>		
Balally Family Resource Centre HSE Psychology Service (LHO 1) St. Vincent de Paul Community Mothers Programme (LHO 2) HSCL Holy Cross & Our Ladys NS Mount Town CDP DROP HSE Social Work Service (LHO 2) HSE Psychology Service (LHO 2) Community Mothers Programme (1)	SWAN CDP STAG Monkstown Day Nursery HSCL – Good Shepherd NS HSCL – St. Tiernans CS Springboard Dominican Mountessouri PS HSCL Dominican School HSCL Scoil Columcille HSCI. Arch Bishop McQuaid	HSCL St. Kevins HSCL Holy Child Comm School HSCL Cabinteely HSCL Queen of Angels HSCL HSE Family Support LHO (2) Living Life Centre Barnardos Monkstown Day Nursery MABS
<b>Level 1: Universal services and community development available to all children and families</b>		
Balally Family Resource Centre STAG Monkstown Day Nursery HSCL Queen of Angels NS Dominican Mountessouri Pre School DROP	Ballyogan Family Resource Centre St. Vincent de Paul Community Mothers Programme (LHO 2) HSCL Holy Cross & Our Ladys NS Rosemount Resource Centre HSCL Arch Bishop McQuaid	Community Mothers Programme (LHO 1) Public Health Nursing Unit HSCL Scoil Columcille Shanganagh CDP Mount Town CDP

The readjusted model now shows that the services located at the top two levels deal with families who present with the greatest needs and offer a therapeutic based service either based in a clinical HSE setting or a community setting. Families engaging at this level can often be required by law to engage with the services in order to address the issues arising.

The level at which most services in the County operate is at Level 2 – targeted support services for children and families in need. This is the level at which families require help in addition to their own resources to address any issues arising. Families voluntarily

engage with them and it is envisaged, at this level, that by using these services, families will be in a stronger position to address any problems and increase their access to other more universal services. This is an important Gateway for the other levels if the service providers in Level 2 feel that the family's problems are such that they require the engagement of more therapeutic based or professional services.

The first level is that of general or universal services. The Hardinker model states that this level has a preventative role to play in improving the quality of life through general public services e.g. through housing, education, health etc. It is envisaged that general services plus the families own efforts will be adequate to meet the families needs. For many of the service providers in the DLR area, they operate at this level as well as Level 2 given that many of the resource/ community centres are geographically based and open to any resident in that area to access any of its services, programmes or facilities. Again, it operates as a important gateway to engage service providers at the other levels if needs be.

### **7.2.6 Focus of Service**

The issue of whether a service is focused on prevention, early intervention or late intervention work is fraught with difficulty because peoples interpretation of the same differs hugely. Organisations say they try and prevent problems occurring but if and when they do, they make an effort to intervene early to prevent problems escalating and if/when they escalate, they intervene at a late stage to prevent the problems from becoming uncontrollable. So prevention work is something that is stand alone but can also be perceived as being part and parcel of early and late intervention work as well.

Equally, there are many organisations who try to work towards preventing problems and have various courses, information evenings, clinics etc. running to this end but they also provide services who those who present or who come to their attention who are beginning to experience problems or those who are really struggling e.g. drugs services. It should also be pointed out that many of the organisations said they would like to do more work around prevention but the scale of the problems they are presented with and their limited resources, often means their attention is focused more on the early/ late intervention aspect and this is something they regret but have little control over.

### **7.2.7 Opening hours, fees and participation**

It is interesting to note that none of the organisations surveyed provide any week-end service. The only exception to this rule is the Public Health Nursing section who provide week-end service when it is seen as essential to the patients health.

Nearly all of them operate office hours 8.30/9.00 – 5.00 Monday to Friday with some exceptions:

None of the HSE Direct Therapeutic/Clinical Services or the HSE Community Services operate in the evening (discussion is ongoing about the Social Work service operating on a 12 hour basis).

In the category of Community Therapeutic Services, Springboard opens some evenings; DROP open until 9.00 p.m. on Wednesday and Thursday and Living Life Counselling Centre opens until 8.30 Monday through to Thursday.

Some of the Community and Family Support Projects open in the evenings, depending on what programmes they are running and the time of the year. Three of them open some evenings on a regular basis: - Mounttown CDP opens until 9.00 p.m.; STAG opens till 7.30 p.m. three evenings a week; Ballyogan Family Resource Centre opens until 7.00 p.m.

None of the HSCL Co-ordinators operate in the evening time but they do run courses from time to time many of which may take place in the evening time.

Finally, in the other category, MABS operates office hours Monday to Friday but the St. Vincent de Paul, as it is run entirely by volunteers, work around any time of the day the volunteers are free to offer their services.

Very few of the organisations surveyed charge fees for their services and if they do, they are usually nominal charges. The services offering childcare facilities do charge fees as required by national policy but are on a sliding scale depending on income. In addition, there is a fee charged for some of the education programmes e.g. computers. Overall, however, most of the services are free and available to clients.

Participation in the various organisations is of a voluntary nature – people can choose what services to engage in when needed. The exception to this rule however relates primarily to the HSE related services and statutory child and welfare legislation.

In some cases where care orders are necessary, children and/or their parents may be required to engage with particular services. This was mentioned in the case of the HSE Direct Therapeutic Services (HSE Social Work section; the HSE Psychology Service) and the Community Therapeutic Services (Barnardos). In addition, the Public Health nurses have a statutory responsibility to visit the home of all new born children on a regular basis up until the age of 6.

### ***7.2.8 Referrals and Waiting Lists***

There is generally a good system of referrals among the different organisations with many clients also having the opportunity to self-refer. There are only a small number of organisations who do not receive referrals: the Community Mothers Programme (a list of newborns is received from the hospital and the Co-ordinator actively contacts the mothers herself to offer the service); Balally Family Resource Centre; the Home School Community Liaison Co-ordinator in Dominican School Dun Laoghaire; the HSCL Co-ordinator Good Shepherd National School.

Services were asked about the existence of waiting lists and how long clients have to wait to be seen. The five services in the HSE Direct Therapeutic/Clinical Category have somewhat different stories that are worth mentioning individually:

- the Early Intervention Team in Area 1 is only in set up phase so this question is not relevant;
- the Public Health Nursing section in LHO Area 1 does not have a waiting list;
- the Psychology Service in LHO Area 2 has a 3 – 6 month waiting list;

- the Psychology Service in LHO Area 1 has a less than one month waiting list for people linked in with the Primary Care Team and has a 15 month waiting list for clients in the primary care/ community child services;
- the Social Work Service in Area 2 did not give specific information about waiting lists but said that where there is an emergency, an injury or a life threatening situation, this is dealt with as a priority. In other situations, 'the services respond as soon as possible'.

Out of the six respondents in the HSE Community Services category, three of them have waiting lists – the Community Mothers Programme in Area 2 but this depends on the number of births and the number of volunteers available and the two HSE funded childcare projects have a waiting list – the Dominican Montessori Pre-School has anything from 9 months – 1 year and the Monkstown Day Nursery did not have specific timeframes but said it depends on the time of the year.

Four out of the six organisations in the Community Therapeutic Services category have waiting lists for their services:

- Springboard less than a month.
- The Living Life Counselling Centre less than three months.
- Lucena Clinic generally has a waiting list of over 1 year for its 0 – 13 mental health service. However, children presenting with acute problems such as depression or acute anxiety disorders are seen within one month and emergency assessments (e.g. suicidal intentions) are seen within 24 hours.
- Mounttown NYFP that they did not have a waiting list but they could not accept any more children on their programme at present as all places were filled.

The organisations in the Community and Family Support Projects have waiting lists from time to time depending on the programmes they have on offer. For example:

- Ballogan Family Resource Centre have over a years waiting list for their community childcare service;
- STAG has waiting lists for the womens training programme and the Primary Health Care Programme;
- Shanganagh CDP has a waiting list for their after-schools club.

Finally, in the Other category, MABS has a waiting list of less than one month.<sup>10</sup>

During discussions with participants around needs and gaps in services, the issue of waiting lists emerged strongly. Waiting lists for therapeutic services such as speech and language, psychology and counselling services were particularly lengthy, according to many participants. This is discussed in greater detail in the next chapter.

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<sup>10</sup> The responses from the HSCL Co-ordinators in the School section is disregarded as a number of them did not answer the question and for those that did, it was not clear whether the waiting list timeframe they indicated related to pupils looking to attend the school or pupils looking to attend the specific services offered by the HSCL Co-ordinators.

### **7.2.9 Volunteers and Labour Market Initiative Staff<sup>11</sup>**

On the question of volunteers or staff employed on labour market schemes, the respondents in the HSE Direct Therapeutic/Clinical Services Category indicated (not surprisingly) that they do not make use of volunteers or labour market staff. There was one exception to this rule – the HSE Psychology Service in Area 2 said that it has 2 volunteers - 2 post-graduate counselling and clinical psychology students working with the service on placement basis four days a week.

Three of the six HSE Community Services respondents relied on volunteers. The Community Mothers Programme in both LHO areas is run by a paid Co-ordinator and volunteers. The Programme in Area 2 has 16 volunteers working with new Mothers (ideally looking for 20) and Area 2 has 9 volunteers on board (ideally 11).

The Dominican Mountessouri Pre-school has no labour market staff and has a number of volunteers on its board of management. Monkstown Day Nursery on the other hand has no volunteers but has 1 CE worker in the centre.

The Community Therapeutic Services make use of volunteers and labour market staff except for Springboard, Lucena Clinic and Mounttown NYFP. Barnardos has 3 Community Employment (CE) positions and 3 volunteers working with the organisation; DROP currently has 2 volunteers and 6 CE staff (although none of the CE staff are engaged with the family support programme); the Living Life Counselling Centre runs its service largely dependent on volunteers with 67 people on board at the moment, all qualified counsellors. While there are a number of paid staff employed in the organisation, many of these employees are there in an administrative capacity to support the work of the volunteers.

The Community and Family Support Projects rely heavily on volunteers and labour market staff. Many of these projects operate childcare facilities where labour market staff are employed alongside professionally qualified childcare workers. All the projects have voluntary boards of management, local people giving of their time to help run and manage the projects. Given that this is something they all have in common, it is not included in the detailed below.

- Mounttown Community Development Project has 30 part time staff – many of these are people employed under the community employment scheme. They also garner the energy of about 30 volunteers to help out in their range of activities such as homework clubs, study support, youth work etc.
- Rosemount Resource Centre has 4 CE staff with an average of 4 volunteers helping out from time to time.
- Shanganagh CDP has 1 CE staff and half a dozen volunteers who help regularly in their service.
- STAG recruits volunteers from various sources - trainee guards, students from the Community Work courses in Sallynoggin and Maynooth and often have overseas volunteers.

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<sup>11</sup> This refers to people employed under the Community Employment Scheme.

- SWAN CDP does not have any labour market staff but has volunteers with numbers varying over time. At the time of the survey, it had 3 volunteers on board.
- Ballyogan FRC has 4 CE staff.
- Balally FRC has 1 CE staff.

It should be noted that the ratio of full time paid staff to labour market staff is quite low generally indicating that these organisations rely heavily on CE staff to run their services. It is a picture that is replicated across the country and is worrying for a number of reasons, not least in that changes or reduction in CE numbers has serious implications for the organisations and the services they can provide at the local level. Many of these centres run childcare services again relying heavily on CE staff to assist them in their efforts.

Labour market schemes were never meant to replace the need for whole time, paid and qualified staff who bring particular skills and knowledge to the services they work for. They were meant to supplement and support the work done with the focus being on the CE participant and ensuring that he/she is getting the best experience possible to prepare him or her for the job market. While this is still a key objective for the participants it is not the only objective as organisations have come to rely on the CE staff as a valuable resource to their service given that they are generally under-resourced and under-staffed.

### **7.2.10 Evaluations**

Few of the organisations carry out regular evaluations or reviews. This weak emphasis on evaluation is a worrying but all too common theme among service providers on the ground around the country. While the importance of evaluation is spoken about by funding bodies, the reality is often different as there is often no resources available to conduct evaluations, there is often no evaluation requirements attached to funding streams, evaluation knowledge and capacity within the organisation can often be limited and some services are required to conduct evaluations on a regular basis while others have no evaluation requirements.

A number of respondents in this survey undertake internal evaluations from time to time on their programmes and services. Other organisations surveyed did not know if evaluations had been conducted. The organisations who said they carried out some form of evaluation and gave details included:

- Balally Family Resource Centre: self evaluation through the SPEAK monitoring system on a yearly basis and an external evaluation was conducted a number of years back.
- HSE Social Work Service (Area 2): evaluated in 2004 by the Social Service Inspectorate.
- STAG has conducted programme level evaluations on their youth programme and womens training programme.
- Shanganagh CDP: states that regular evaluations are done with parents on particular programmes.
- HSE Family Support Service (Area 2): every time a case is closed, an evaluation is done with the family.

- Rosemount Resource Centre: an evaluation is done every year for the Family Support Agency.
- Mounttown CDP: conducted an evaluation about 5 years ago.
- Mounttown Neighbourhood Youth and Family Project: an evaluation conducted in 2007 by Dr. Kieran McKeown and Ms. Grace Fitzgerald.
- Springboard: evaluation conducted in 2004
- DROP: the organisation was reviewed last year and there has been an internal review of the family support service.

### **7.2.11 Conclusion**

There is quite a lot of information contained in the analysis above and further detail is available from the summary sheets in the appendix. In summary:

- Clarity and agreement is needed on the ground among service providers about what is understood as ‘family support’ and the different roles each service provider plays, how they can interface and support each other and how they can each maximise their own individual and valuable input to produce positive outcomes for the family.
- 24 out of the 36 participants go directly into the family home to deliver services and this level of engagement with families can be a great benefit when looking at developing an early intervention initiative.
- The interpretation of prevention, early intervention and late intervention work varies hugely and again is something that needs to be teased out with service providers when developing practical initiatives for vulnerable children and families.
- There is no week-end services available among the service providers surveyed; a limited evening service in some of the community and family projects and no HSE direct therapeutic services available in the evening.
- Waiting lists are most prevalent among the therapeutic based services – HSE Direct and Community.
- There is a strong dependency on labour market staff among the community and family projects category in particular which has implications for services and local families and communities if there are any further cuts to schemes.

## **8. Family Support Needs and Gaps in Services**

A range of family support needs and gaps in services were identified by respondents during the survey process. Perhaps the most over-riding response related to the volume of need among families and communities and the complexities of these needs. Vulnerable families do not experience one problem at a time in a neat and ordered way. They face multiple problems both individually and as a unit with these problems often feeding off and reinforcing each other, often over many generations. Just as the problems are complex so too do they require complex and integrated responses – a wrap around approach with the family at its heart.

There were many similarities amongst the issues expressed and the responses are grouped in a more general way under the headings below.<sup>12</sup>

### **8.1 Survey and Meeting Analysis**

#### **8.1.1 Parenting Issues**

There was a common response from all participants about poor parenting and lack of parent capacity. Capable parenting is something respondents identified as central to strong and resilient families but it is also an issue that organisations are grappling with. Parenting courses, for the most part, are popular but it is difficult to engage parents who are most in need of support. One respondent mentioned that the self esteem of vulnerable parents is already low enough without telling them their parenting skills are poor – which may not be the intended message but is the one that is often picked up.

Parents seem more likely to engage, according to respondents, in a more informal way and through the child. The indirect approach is not seen as interference or lecturing. Once the parent is comfortable either in the childcare facility, the resource centre or the school, then it becomes much easier engage them. One particular childcare facility has started up informal coffee mornings for parents; another facility uses a ‘room leader’ who the parents engage with if there are any issues that concern the child or the parent. These type of informal, one-to-one and indirect approaches seem to be the most successful to date.

An emerging issue that goes hand and hand with the economic downturn is peoples lack of knowledge about budgeting or financial planning. People who have worked in this area say this has always been a problem but with a squeeze on existing finances and with little chance of let up in the medium term, the problem is becoming more apparent. Respondents spoke about the financial needs of families – of finding money for pre-school, after school activities, books for school etc.

This is particularly problematic for vulnerable families and young lone parents. Their lives can be chaotic and there is little energy or space available for forward planning. One respondent said that people who are living on very low incomes live from day to day

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<sup>12</sup> Information gleaned during the SCAN meeting, the HSCL Co-ordinators meetings, the meetings with Southside Partnership and telephone conversations with the six organizations/ participants who work at a strategic rather than service delivery level are included in this section.

and that stressful existence in itself grinds people down. It is difficult to see light at the end of the tunnel.

Managing children's behaviour is something that was mentioned by many of the research participants. It relates to the behaviour of young children but also of teenagers. Parents need help and support in how to manage these problems when they present themselves. But participants talked about the lack of parental role models in the lives of families and poor communication between parents and children.

This links in strongly with the number of children who are now presenting with speech and language difficulties. Children experiencing communication problems often act out in their behaviour as the inability to express his or herself is endlessly frustrating. Research participants talked about educating parents around the importance of communication with their child. More often than not, they say, this is usually offered in the form of a parenting course and the people most in need do not attend.

One of the more disturbing issues to come up during the course of the research is what is seen as a 'lack of attachment' between parents and their children. It is a complicated and difficult issue requiring far more intense and scientific examination than was possible in this study but it is an underlying problem. Participants spoke about what they perceive as this 'lack of attachment' some parents show towards their children, seeing only the responsibility that goes with the job rather than the joy. It is more likely among people who have had poor role models themselves as they often act out the only thing they themselves have learned. It should be pointed out that this is anecdotal evidence gleaned from discussions with research participants and has no scientific basis but it was mentioned on a regular basis and one that is worth exploring further and more systematically as it has serious implications for both children and families.

The other skills that need to be developed among parents are those of nutrition, diet, organisation – skills that are provided through the family support workers when they engage with families but, as is discussed later, limited resources and volume of need means that the workers can only engage with a limited number of families. There was a general call for more family skills worker to work on a one-to-one basis with families to help increase their capacity and ensure they are linked in with the local network of supports in the community.

### **8.1.2 Parenting Capacity of Young Lone Parents**

A consistent message that emerged from the survey process was the problems experienced by young people becoming parents at a young age. As one respondent put it, 'these young people are no more than children themselves'. The issue of young people having children at a young age is further compounded when they are isolated from their family, which was mentioned by several different interviewees. The traditional extended family and extended community support networks have dissolved somewhat over the years and this has had a serious impact on local communities and society in general.

Young people who are now parents themselves are often housed away from their own family and away from the community they grew up in. This causes isolation and their social networks in the new areas in which they live are limited or they do not engage with them.

Many of these young parents are parenting alone and, being of such a young age themselves, have limited coping skills. Respondents indicated that these young lone parents are particularly vulnerable to debt problems because their ability to plan, to budget, to organise and to cope, is limited.

### **8.1.3 Substance Misuse – drugs and alcohol**

Drug and alcohol abuse were mentioned frequently by respondents as one of the most pressing family support issues. One respondent stated that for every one person who has a drug problem, 4-5 other people are seriously affected within the family. While treatment and rehabilitation are crucial, the key issue that arose during this research was the need for greater support for family members whose loved one is abusing either alcohol or drugs. Many of the respondents working directly with children talk about the chaotic behaviour of parents which is often caused by drug or alcohol addiction.

Experience on the ground has shown that a child or adult may not explicitly state how a loved ones behaviour is impacting on them but they may display symptoms of distress. It is really important that family support is in place and an emphasis needs to be placed on developing core services to work with adults and children who are affected by the addiction of a family member. At the moment, the family support element of drug/ alcohol services is an add on – it needs to be a central feature of substance abuse services and the services need to be ongoing and professionally staffed, integrated with the other supports that exist.

### **8.1.4 Lack of Affordable Quality Childcare**

A number of respondents talked about the dearth of affordable childcare places in the area. This is backed up by the survey which points to waiting lists for many of the childcare services. Many of the community childcare services also expressed concern about the new criteria governing their funding under the National Childcare Subvention Programme.

There was a particular need emerging concerning flexible and responsive childcare to meet parents needs. Parents often do not require part-time or full-time care – they require a place where they can leave their child for a number of hours while they attend to other matters e.g. a visit to MABS; a cookery class; a medical appointment. In times gone by, people could often leave their children with extended family or neighbour living close by in the community. But linking in with the point made above, much of this community infrastructure has now broken down with the nuclear family dispersed. For parents who may need to attend various support services e.g. counselling, MABS, being able to leave their children in quality childcare for a number of hours is central.

### **8.1.5 Greater Emphasis Needed on Early Intervention**

Getting in early to address problems before they escalate is something nearly every respondent mentioned. It is frustrating for many people, that the volume of their workload and the intensity of need is such, they are constantly under pressure and cannot focus as much as they would like, on early intervention work.

Even with the limitations placed on services, an early intervention approach is something that needs to be adopted in the area, particularly for families who are vulnerable. What was interesting about the research findings, is that there are a number of services who work directly with the family and in the family home that are well placed to identify potential problems. Yet there is no systematic 'alarm system' – a system whereby if a problem is identified and seems to be escalating, there is a network of a process that worker can engage with to alert the relevant personnel so that action can be taken at an early stage.

The participants were not talking about cut and dried child welfare and protection concerns which are acted upon by the HSE. The HSE does have formal systems for reviewing cases under the Child Protection Guidelines ('Children First') via case conferences and strategy meetings. There are also multi-disciplinary reviews of all cases currently notified to the child protection system each month and this review group includes social work, nursing, psychology and others. The potential problems the research participants are talking about are ones that are more general in nature and they are often linked together e.g. an addiction problem in a home; a child regularly not attending speech and language or other appointments; recurring non-attendance at school.

There may not be an immediate child protection concern but these problems have the potential to escalate and getting in early to firstly identify that a problem exists and secondly engage relevant service providers with the family is central. While information and support may be provided to the family e.g. where to go for addiction support or the school attendance officer may visit the home, these interventions are often in isolation of each other with no sense of follow up or working towards and agreed outcome with the family. An active linking system or integrated approach would allow the necessary support services to wrap around this family and work in such a way that helps prevent a problem escalating. At present, research participants believe that there is no sense of where to go or who takes responsibility for a family who is appearing vulnerable with the potential to fall into crisis.

The HSE has an array of services on the ground – from public health nurses to therapists to clinicians – who are engaged with families and are in a position to identify a potential problem. They often work informally with their colleagues to address these issues. Equally, many community and voluntary organisations working in this area may also come across vulnerable families who need that extra bit of support. But the point made by participants in this research, is that the formal and systematic linkage between different services within the HSE<sup>13</sup> and between the HSE and other organisations, does not seem to exist. If a family problem is encountered by health staff, community/voluntary bodies, school personnel – it is not clear if this problem should be flagged at an early stage, where it should be flagged and what will happen when it is flagged.

Cases are often brought to the attention of the relevant authorities at a late stage but much and perhaps much could be done earlier to prevent the problem escalating if an 'early alarm system' was in place. Respondents talked about being reluctant to call in the HSE services if they think there might be what is initially seen as minor problem with

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<sup>13</sup> This includes all services within the HSE – not just the social work service but the therapists, the clinicians, the nurses, the family support workers etc.

potential to escalate because the service then loses the family's trust given the stigma that is attached to the HSE child and welfare services<sup>14</sup>. They feel it is a big responsibility to take this step and if there was an 'in between or interim stage' where a person could voice their concerns and action could be taken in a more low key way, a united intervention of relevant services to prevent the problem escalating, then this would be a really valuable resource.

There are of course challenges to this ideal approach such as confidentiality, protocols of working etc. However, given that the need has been identified by one and all, given that there is an appetite to address the issue, it is worth looking at a model of early intervention that would assist vulnerable families and ultimately be more effective down the line.

### **8.1.6 Fragmented Services**

Family support policy and services are evolving at national level and this has made a cohesive and integrated response difficult at local level. While there are some services such as Springboard and the Mounttown Neighbourhood Youth and Family Project which were mentioned as excellent models of integrated service provision at community level, these services are few and far between in the county.

The difficulty, as expressed at the outset of this report, is the ambiguity that surrounds the issue of 'family support'. There are different supports needed for adult family members and for children within families. Joining these services up into one integrated approach is difficult. People working directly with children and families talked about the lack of any meaningful family support and the difficulty in getting access to the ones that are in place. There is a real lack of targeted support services responding to families in need – for many, the fact that services are not based in their community creates a barrier for them.

What is evident however from this research is that a co-ordinated approach to family support is needed by all service providers and in conjunction with the families in question. One respondent noted that different service providers have different approaches yet all, for the most part, are dealing with the same families.

The importance of pulling together for a co-ordinated approach to those families most in need is even more pronounced in this current climate. There are going to be no extra resources coming down the line any time soon so service providers have to be innovative in trying to make their existing resources as effective as possible. The sharing of resources and information is vital. While appreciating that there are obstacles affecting integrated working e.g. confidentiality, garda clearance, standards of recruitment, these are all obstacles that can be overcome or worked around if the appetite and will is in place to do so.

Findings from the research indicate that there is a very good level of informal networking and linking between service providers on the ground. This is to be welcomed. But in

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<sup>14</sup> HSE personnel point out that the duty social worker is there to offer advice on particular problems and as long as the details of the individual(s) remain confidential, then it is not recorded or acted upon. This in fact happens very often and is a useful resource.

order to address the complex, multi-dimensional issues, this networking has to become more sophisticated and move towards a more active and formal level of co-ordination.

Respondents talked about case conferencing – something that used to be viewed with suspicion but now is becoming more common place. They also talked about early intervention flagging mechanisms. There are ideas out there – it is the harnessing and developing of these ideas that needs to take place. Unfortunately it is not possible to have a Springboard or a NYFP in every community so new ways need to be found to provide this integrated, wrap around services for families in need, utilising all existing resources, linking in with key stakeholders and working in partnership with the families to promote better outcomes.

While appreciating that there is good networking between organisations, mention was made of the need for greater linkage between sections within the HSE - child protection services, family support services, therapeutic services, primary care services etc. These all have family support responsibilities and work towards promoting strong, healthy and capable families. There are often divisions in particular, between child protection and family support yet both are intrinsically linked. Child protection issues are often seen as an incidence or a series of incidence which are dealt with and life moves on. But the families often need ongoing family support to ensure that children are well cared and provided for.

The developments currently taking place such as the Early Intervention Teams and the Primary Care Teams are welcomed but concern was expressed by some research participants about how they link in with other HSE funded services already in place on the ground. There is a great need for linkage between the HSE sections and outside organisations. The Primary Care Teams (PCTs) which are being set up across the County have great potential in this regard and the seven that have been established to date are already being lauded by the community organisations. The PCTs have a particular clinical focus but they facilitate the coming together of the relevant health professionals – public health nurses, GP's, social workers, psychologists, occupational therapists and speech and language therapists – and this allows a more integrated service to be provided to patients and encourages greater referral and networking between clinicians.

In other Teams around the country, such as the ones established during the pilot phase, there is strong community input and representation on the PCTs encouraging greater communication and interaction between the health services and the local community. A similar linkage with the PCT's established in the area could be explored in the County and this would help break down barriers and encourage greater working together.

### **8.1.7 Poor Access to Therapeutic Services**

Findings from the research show that while services are in place, they are often inadequate or over subscribed and this makes access and quick responses to problems difficult.

The overwhelming response was about therapeutic services and the waiting lists attached to them. People talked about the need for quicker access to the therapeutic services – to counselling, to psychologists, to speech and language therapists, to physiotherapists. Unless something is particularly urgent, then families are left waiting

and there is no immediate intervention available. This is particularly important for people presenting with mental health problems. A good example is the mental health services offered by Lucena Clinic; the two multi-disciplinary teams operating out of Dun Laoghaire and Rathgar currently services a population of 180,000 when in fact there should be four teams for this population size. This inevitably leads to long waiting lists for services.

There appears to be a real issue with waiting lists for speech and language therapists and this is something that has been heard many times before. Participants talked about a 12 – 18 month wait for speech therapy. It is worth reiterating however that if children have to wait this length for a service, then the chances of effective intervention are reduced substantially. There is a real need for increased access to specialised services such as speech and language support and psychological assessments.

The area of HSE Dublin South/ Dun Laoghaire is experiencing particular difficulties with regard to resources for primary care psychology services for children, adolescents and their families. All services are suffering because of lack of resources but the services particularly sought are psychological assessment, education and support regarding specific or general developmental delay and early intervention for children with mild or moderate emotional behavioural problems.

The social work service across the board is demand led and prioritised for most at risk. Workers are constantly fire fighting and their ability to engage in prevention work or to intervene at an early stage in a proactive way with families is limited.

The demand is also high for the children's mental health service in Lucena Clinic and access to diagnostic assessments is particularly important for families. Waiting lists are particularly prevalent in the neuro psychiatric area i.e. ADH and Autism Spectrum disorders. The general waiting list is over one year although emergency or acute cases are seen much quicker.

Education services are particularly vital and mention was made of the need for a counselling service for young people aged 7-15. There are limited resources available for homework clubs, for after school clubs and these are the areas that need to be invested in to keep children engaged with their community and with local supports.

### **8.1.8 Lack of Facilities**

Many people highlighted the lack of proper facilities for teenagers and young children. Particular mention was made of the lack of services for 6 – 12 year olds. While there are some after school programmes, there is no special club or places where they can go and socialise with their own age group. One respondent made the point that if children drop out of the community support system which is likely for this age group given the lack of services and facilities, then they are more difficult to re-engage and link back in when they become teenagers. Again the point about community support networks is reiterated – it is not only important for young parents and families to engage but important for the individual adults and children in their own right.

Some respondents felt it was equally important to concentrate on recreation and activities for young people and not just concentrate on therapeutic and health services. It was stated however, that there was a lack of suitable and accessible premises to run activities.

Respondents within the HSE talked about poor infrastructure and facilities for front line staff. This is particularly problematic given the roll out of PCT's and the difficulty in finding premises for the therapists to do their work in. This is perhaps another area where there could be greater co-operation between community facilities and health services.

#### **8.1.9 Services to be Needs Led**

Services need to move towards responding to the needs of families rather than the needs of the service providers, according to research participants. One interesting finding showed that most of the services were available only within office hours, Monday – Friday (although some ran evening programmes). No organisation surveyed provided any week-end services.

Respondents indicated that resources need to be restructured to respond to needs, when and where they are needed particularly for vulnerable families who do not just live just between the hours of nine to five. Greater co-operation and consultation is needed between local service providers and people in the community who are the targets of the service.

A good example is the Family Support Service in the HSE. Much of their work is spent with the family trying to get a routine organised and supporting the parents and children to work with this. This doesn't just start at nine in the morning but way before this when parents need to be getting the children out of bed and ready for school. Many of the family support workers do contact the parents early in the morning if needed but it is something that they do voluntarily rather than something that is necessarily part of their formal timesheet.

#### **8.1.10 Domestic Violence**

A number of respondents spoke about the prevalence of domestic violence in the county. It goes without saying that violence of this nature presents huge problems within families both for the adults (usually the woman) and the children. There is no refuge in Dun-Laoghaire, the nearest one being in Bray. Respondents suggested that new models of refuge accommodation should be explored as there are issues surrounding the current approaches. There is a need for legislative changes around domestic violence. While this is not something that is within the control of organisations at a local level, it nonetheless causes significant problems for people escaping such situations. The difficulties with barring orders was mentioned as a particular problem arising in this area.

#### **8.1.11 Other Issues**

A number of other issues presented themselves during the research phase which do not fall neatly into any of the categories above and yet should be noted – many of them concern particular target groups of the Partnership:

- The main problems arising for Traveller families are those of poor accommodation and discrimination. Poor accommodation gives rise to health problems and has knock on effects for children in education, jobs etc. Discrimination by service providers was also commented upon. While services

- may say they are open and accessible to all, the Traveller community do not feel welcome or supported.
- The socio-economic profile pointed to a high number of people with disabilities in the Southside area. Respondents noted that there was little support for people with disabilities in the area and perhaps the most pressing needs are those of assessment and diagnosis. This may be alleviated somewhat through the establishment of the HSE Early Intervention Teams for the 0 – 5 year olds but older children often suffer because of delays down to lack of personnel and resources.

### **8.1.12 Conclusion**

It is relatively easy to summarise the information presented above because many of the respondents echoed the concerns of others. The centre around:

- the importance of building parenting capacity particularly among young lone parents;
- fragmented services with poor linkage between sections in the HSE and poor linkage between the HSE and external organisations. There is actually good informal networking among service providers on the ground but this does not translate into any formal arrangement whereby services come together to provide an inter-agency response to the needs of vulnerable families. Families may be benefiting from a range of different services offered by different organisations but they are working in isolation of each other, often unaware of what the other is providing to the family and more importantly, no clear outcomes identified for the family into which all service providers and the family themselves are working towards;
- the difficulty in accessing necessary therapeutic services because of insufficient resources leading to long waiting lists and creating service gaps;
- the importance of early intervention and having some kind of 'alarm system' that can be activated when a problem is identified by front line staff and the necessary services and supports put in place to wrap around the family in an integrated and informed way;
- lack of affordable childcare for families in the area.

## **9. Learning from the Local Level**

The importance of inter-agency work to link all the necessary services in an integrated way was highlighted by respondents and, coincidentally, a conference was held on this issue in October 08 run by the Childrens Acts Advisory Board. People experienced in inter-agency working with children and families made presentations on the day and in summary, they noted:

- the benefit of inter-agency working is that it places the child at the centre of service delivery. The focus is then on what the child and his/her family need, subsequently sourcing what is required from the different agencies;
- there is a better use of resources in delivery of services;
- The barriers to interagency working include: information not being provided or received in a co-ordinated way; there is limited awareness of the range and roles of services; there is no shared understanding of common terms; there are concerns about sharing information across services; there is an absence of guidance and role models; different geographic boundaries; different organisational cultures; inter-agency work is not recognised by head offices; staff lack a clear mandate and support to undertake inter-agency work.
- There were a number of service barriers identified and these reflect the views of respondents in this research namely: length of waiting lists and gaps in service provision; lack of services outside of normal office hours; crisis driven nature of services is limiting levels of involvement; delays due to dependence on referrals of social workers; lack of planning for the co-ordination of different services; stronger focus on activities rather than incomes; insufficient early intervention and family support services.

Drawing on the survey data and discussions held, the one thing that emerged as being particularly effective in working with vulnerable families is direct one-to-one involvement – combining both professional therapeutic approaches as well as non-therapeutic services. The evidence from play-therapy, from the Speech and Language pilot, from work under-taken by childcare providers all support this.

Two local projects were mentioned specifically by research participants – Mounttown NYFP and Springboard – as being highly effective in dealing with vulnerable children and families. Both projects were evaluated in the last number of years. More recently, a piece of research was carried out by the RAPID Programme operating in the Loughlinstown/ Shanganagh areas looking at the types of services and supports required by families in these areas. These three studies are examined briefly below with a view to informing development of a strategy for vulnerable children and families for the Partnership area.

### **9.1 Mounttown Neighbourhood Youth and Family Project**

The Project works with young people aged between 3-13 with the aim of supporting their emotional development and enhancing their self esteem. It is based on the grounds of the Holy Family Primary School and was set up in 1997 to work with the young people from the Mounttown area primarily.

The Project has a number of therapeutic objectives: (i) increasing the young person's self-esteem, self awareness and self-confidence (ii) improving peer relationships and

peer acceptance and (iii) improving educational attainment and reducing the fear of failure. The work involves weekly group sessions with a maximum of six young people at a time and for the majority weekly individual sessions. It adopts the Marte Meo Method of intervention at communication and therapeutic level alongside community development principles and psychotherapy therapeutic approaches.

An evaluation of the work of Mounttown NYFP was published in April 2007 looking at the effectiveness of the programme. In summary, the report found that:

- Mounttown NYFP is a highly effective programme.
- The young people showed significant improvement in some areas but less in others.
- The results are well ahead of what is normally achieved by family support programmes in the areas of children's socio-emotional development.
- The programmes main strength lies in its capacity to improve the emotional and relationship well-being of young people, although there was less impact on behaviour and hyperactivity problems, particularly those displayed in the classroom.
- Some positive changes were noted in measured improvements in the social and emotional well-being of young people (depression, anxiety, anger). But even after one year engaged with the programme, it was found that the children still had a substantial level of need when compared with a representative sample of Irish children.

There was a particularly interesting discussion at the end of this report offering an analysis of the findings which are relevant to this piece of research. The report notes that the young people perceived their own needs quite differently from the way teachers perceived those needs. This highlights the importance of including the perspective of young people in any family support intervention given that their view of their experience can be often vastly different from what others (parents, service providers) perceive them to be. This does not in anyway negate the feed-back from the teachers which offers a different perspective and leads to a multi-faceted view of the child.

The Project in Mounttown focuses primarily on children and the evaluation raises the more general question of whether, given the possibility of improved resources, the project should include a module for parents. The authors note that research in Ireland and elsewhere suggests that working with parents is one of the most effective ways of improving the well being of parents. They ask whether: "the objective of improving the well-being of young people can be achieved more effectively by offering supports to improve the well-being and parenting skills of parents, or by working directly with the young people only, or by a combination of both" (pg. 88).

The young people in the project have significant psychological needs and a significantly higher number of physical symptoms compared to the average Irish child. Interestingly, however, the evaluation showed that these negative experiences do not seem to diminish the young people's life satisfaction at this age. So while they experience serious problems, they have not created a self-identify around them or they have not internalised them to the same extent as adolescents or adults. The authors note that this is a significant asset for the young people, reflecting both their age and also the non-stigmatising style of intervention offered by the project. This only reinforces the importance of early intervention both early in the life of the problem and early in the life of the child.

## 9.2 Springboard

The Springboard Project in Loughlinstown is one of 22 projects nation-wide and is an initiative of the Department of Health and Children with the aim of supporting vulnerable families. It is located in a local authority housing estate with a number of professional staff and has developed services involving support in the home, at school and in the community. The interventions take place with both children and parents – the former combine group work and individual work while the latter focuses primarily on individual work.

An evaluation of the local project was conducted in 2004 and a number of parents and children participated in the study. The research looked at their characteristics before attending Springboard and any changes that were wrought after their engagement with the project.

A summary of the findings reads as follows:

- Springboard has improved the well-being of parents and children. For parents there were significant improvements in physical and psychological well being as well as in the relationship of parents with their children and their partners.
- For children, the most significant change involved a reduction in psychological disturbance and in some of the difficulties they experience (as measured by the questionnaire).
- The Researchers looked at how Springboard was perceived by service users and other professionals. The vast majority of parents and children (over 80%) are satisfied with the service they receive with a high approval for the personal and professional qualities of staff. The vast majority also have very positive perceptions of how Springboard has impacted on them and their families.
- Other professionals note that the approach and skills of the staff team are highly rated and this is seen as one of the key strengths in the project.
- The importance of inter-agency co-operation was stressed. The factors which facilitate inter-agency co-operation include openness, trust and clear communication as well as personal contacts, regular meetings and joint working. By contrast, factors which hinder inter-agency cooperation include poor communication, unwillingness to share information as well as poor understanding of the roles of professionals in different agencies.

The interventions offered by Springboard are proving effective, according to the evaluators. However, they note that significant levels of need remain among both parents and children and it is possible that a more focused approach to some of the difficulties may be required, particularly for parents. Specific initiatives for parents in the area of physical and psychological health e.g. group based activities around relaxation cooking etc, might be worth considering.

The serious level of aggression in family relationships –involving both children and partners – suggests that more tailored programmes to develop listening and community skills might be more appropriate.

The proportion of children with psychological difficulties remains considerable and sustained intervention with these children, in conjunction with parallel supports for their parents, would seem to be essential.

The importance of involving fathers in initiatives was stressed given that relationships linking parents to their children are central to family well-being.

### **9.3 Family Support in Loughlinstown/ Shanganagh RAPID area: An Exploratory Study (2009)**

The Southside Partnership research relied primarily on information gleaned from service providers as part of the mapping process. The RAPID study provides an interesting perspective from families living in two small but recognised disadvantaged areas of south county Dublin and in particular their views on key family support issues. The research was undertaken in 2009 and the families themselves identified the following as key family support issues that need to be addressed:

- domestic violence/ abuse;
- family breakdown
- mental ill-health/ depression;
- sexual/ physical abuse;
- suicide/ deliberate self-harm and bereavement through suicide;
- drug/ alcohol misuse;
- dealing with childrens learning and challenging behavioural issues.

Families talked about the fear of engaging with formal social services and particularly of being 'on the radar' of particular service providers. The issue of confidentiality and accessing services on a persons door step was also raised – whereas participants wanted services locally based in their communities, they did not want to be seen accessing these services for fear of labelling. Participants in the study emphasised the importance of trust between them and the service providers and this was something that was seen as particularly problematic due to staff turn-over.

The authors draw out what they consider are the overarching issues and concerns raised by participants on a RAPID area wide basis and these are:

- access to appropriate, accessible, user friendly information pathways;
- tensions between service location, visibility, access and confidentiality;
- continuity of care in relation to staff absences due to various types of leave;
- fear of being branded/ stigmatised if seen to be using locally based service and support provision;
- fear of implications of engagement with social work services;
- impact of waiting lists for particular types of services and support provision.

The study also examined the views of service providers on family support services. The findings echo much of what has arisen in this research:

- resources are being well used and targeted but the volume of work is significant and this has an impact on the quality and availability of current service and support provision;
- current service provision was primarily reactive rather than preventative;
- there is a perceived negativity of the community towards professionals;

- additional resourcing of current provision should be the response to improving current provision rather than the development, piloting and resourcing of new services;
- a real need to co-ordinate service and support provision;
- access to accurate, appropriate and relevant information is needed on currently available service and support provision;

The study pointed to the fact that there is a stigma associated with the use of family support services with the issue of confidentiality being of central importance to families. The importance of engaging families before situations come to crisis was emphasised by service providers.

A number of gaps were also identified in service provision: early and preventative intervention programmes; practical home based families support services and interventions; availability of counselling services; targeted youth services and supports for young people most at risk; availability of assessments for particular behavioural and learning difficulties; availability of speech and language therapy support.

Much like the finding in this study, the authors of the RAPID study report that informal, local level networking is currently happening but priority has to be given to increased service co-ordination, including integrated planning for the delivery of services and supports to the most vulnerable families.

#### **9.4 Conclusion**

It is difficult to answer the question what makes an effective family support service. There are a range of approaches and of models used and much also depends on the communities within which an organisation is working, their levels of disadvantage, the degree of capacity building that has taken place to date, the level of resources available, the facilities in the area etc.

What we can ascertain from different pieces of research conducted is that:

- one to one work with children and families is most effective;
- therapeutic approaches combined with more general services offered by community services appear to work best;
- the feelings of children and young people need to be taken account of in any family support intervention given that their reality can be often vastly different from what others (parents, service providers) perceive them to be;
- working with parents is one of the most effective ways of improving the well being of parents; research shows that while parents influence the well being of children and children influence the well being of parents, it is the characteristics of parents, which, other things being equal are likely to be the predominant influence on the well being of both;<sup>15</sup>
- however, some children and young people require support in their own right as their parents may not wish to engage in working with the services;
- whilst all the available evidence from research highlights the crucial nature of parenting in infancy and early years the outcome of the Mounttown NYFP evaluation shows that, during this period in school, children are unaware of the

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<sup>15</sup> This is also supported by a recent study in the Bray area entitled Children, Family and Neighbourhoods in the Bray Area (*Haase, McKeown, Pratschke, Draft No. 8, Oct 2007*) where this finding was noted.

nature of their difficulties. This is an asset that should be built upon stressing the importance of early intervention before they move through adolescence and into adulthood where negative experiences can have a devastating effect on them and their perception of themselves;

- programmes supporting listening and communication skills are essential, particularly in combating aggressive behaviour;
- for children and families with serious difficulties, sustained intervention is needed;
- the importance of involving fathers in the lives of children is essential;
- there is a general fear or stigma engaging with social service providers;
- while the importance of locating services within the community is essential, people are also worried about seem to access these services. This is a real challenge facing all service providers.

## 9. Conclusions

It is clear from the policy documents that family and childrens policy is developing. There is a commitment to prevention and early intervention but this has not been quite matched by the necessary resources and will. Over the last number of years the work of the OMC has sought to introduce some kind of co-ordination around the different policies and programmes relating to children but there is still a sense that policy provision around families and family is quite disparate and dislocated as Government and policy makers struggle with the balance of responsibility between state and family. This makes it difficult for local organisations to tackle the issues of family support and deal with vulnerable families in a pro-active and strategic way.

There is a clear policy emphasis however on the importance of linkage between formal and non-formal services and supports. It is explicitly stated in policy that supporting the family is essential to supporting children and the importance of early intervention is stressed throughout with the objective of services working together seamlessly to deliver a wrap around and integrated service to families at risk or families in crisis.

Child Protection, child welfare, support for vulnerable families – these are issues that should concern everyone and not just be seen as the remit of the social work section in the HSE. Children have to be at the heart of the system with services from all sections within the health service, from all relevant community/ voluntary organisations, linking with each other and with the family in order to provide them with effective support leading to positive outcomes for the child, the family and the community. This has to be the focus for any action undertaken by Southside Partnership in the future.

In Dun Laoghaire/ Rathdown County there are particular areas and groups experiencing significant disadvantage. The high levels of social housing bring with it all the attendant social inclusion problems. There are clustering concentrations of local authority housing with two thirds of local authority tenants deriving their income from state payments or pensions. Lone parents accounted for a quarter of all families with children in the area and this figure is extremely high compared to other Partnership areas. The extent of educational disadvantage in the catchment of the Southside Partnership is as high in numerical terms if not considerably higher than corresponding figures in other partnership areas.

There are ten EDs which are particularly disadvantaged given that they feature prominently in many of the socio-economic profiling indicators:

- Ballinteer-Meadowmount
- Churchtown – Castle
- Churchtown – Nutgrove
- Clonskeagh – Farranboley
- Dun Laoghaire – Monkstown Farm
- Dun Laoghaire – Mounttown
- Dun Laoghaire – Sallynoggin South
- Dun Laoghaire – Sallynoggin West
- Dun Laoghaire – West Centre
- Killiney – South
- Shankill – Rathsallagh

The Partnership has done a significant amount of work to date, in different ways, with children and families. It is time now however to move to the next step and take a more strategic look at what role the Partnership can play in seeking to address the issues raised in this report. The research shows that clarity and agreement is needed on the ground among service providers about what is understood as 'family support' and the different roles each service provider plays, how they can interface and support each other and how they can each maximise their own individual and valuable input to produce positive outcomes for the family.

The survey research highlighted the importance of building parenting capacity particularly among young lone parents was stressed. Respondents spoke of a frustration because of fragmented services and poor linkage between sections in the HSE and poor linkage between the HSE and external organisations. The good informal networking that exists on the ground does not translate into any formal arrangement whereby services come together to provide in inter-agency response to the needs of vulnerable families. Families may be benefiting from a range of different services offered by different organisations but they are working in isolation of each other, not aware of what the other is providing to the family and more importantly, no clear outcomes identified for the family into which all service providers and the family themselves are working towards.

The importance of early intervention was highlighted by all research participants, seeking some kind of 'alarm system' that can be activated when a problem is identified by front line staff. The necessary services and supports can then be put in place to wrap around the family in an integrated and informed way. There is currently a real difficulty accessing necessary therapeutic services because of insufficient resources leading to long waiting lists and creating service gaps.

This picture of family support services in Dun Laoghaire Rathdown County is presented against a backdrop of a faltering economy and limited resources. The economic situation is very different to what it was even a year ago and many Government commitments have been stalled or cut back along with budgets. Civic and public service staff numbers are being reduced or remain static. More attention than ever is being paid to efficiencies within the public and civil service as the Government strives to make public services more lean and effective within existing or a reduced budget.

The most recent supplementary budget introduced in April 09 will have some impact on services, namely childcare providers. The early childcare supplement provided to all families will be abolished to be replaced by a free pre-school year for every child. It is not clear yet how this will actually operate. It is proposed that child benefit will soon be means tested. These are only the most explicit commitments but there are other effects being felt by families around the country as the resources tighten and unemployment rises.

Given the complexity of the policy context at both national and local level, the crisis in public finances, the range of services that exist on the ground across the county, the extent of disadvantage as indicated by the recent socio-economic profile and the needs/gaps that have been identified during the course of this study, where can the Partnership add the most value? It is also a particularly challenging time given the reduction in resources for services across the board – statutory and community/ voluntary. It is not going to be possible in the short to medium term to devote or lever the same level of resources in the next round of funding. The question of where the Partnership should

focus its attention and energies in relation to children and families going forward is key, as it moves into the next step of its planning process.

## 11. Recommendations

There are a range of programmes, services and supports in place in the County addressing family support issues, although the demand for these services is significant and the ability to intervene early is limited. It is not possible to have a Springboard or NYFP in each community in the county yet the integrated service provision and inter-agency working is a model of approach that can be built upon.

There are three central messages emerging from this piece of research

- (1) Some areas are very disadvantaged and young lone parents are particularly vulnerable;
- (2) the need to intervene early with families who are vulnerable;
- (3) the need for a strategic 'pulling together' of family support services in the county to target the people most in need and provide a wrap around integrated service to these families.

The recommendations therefore for this report are minimal but crucial and the focus for the moment is on the strategy that needs to be in place going forward rather than suggest piecemeal actions which will end up operating in a vacuum if there is no overarching vision.

The central recommendation hinges on the need to pull together all the relevant family support services (formal and informal) to focus on the issue of early intervention with families who are most vulnerable. The policy context supports this approach and the appetite on the ground is apparent. It is also more pressing now because resources are constrained for everyone and people have to start thinking in new ways, to be innovative, to start challenging themselves and others as to how to provide seamless, effective services to the people most in need. This sounds relatively simple – it is not so in practice. This inter-agency working has many benefits but faces many challenges as outlined in Section 9 above.

First of all it requires that the organisations, not least the HSE which is the central player in the children and family services area, have strong links and clear communication channels within their own divisions and sections; secondly that this inter-agency work carried out by staff is supported and recognised formally by their organisation and is not just individual or personality driven; that a clear understanding exists between all service providers of the role and function of each organisation, what they can bring to an inter-agency response, and what is understood by the term 'family support'; that protocols and agreements are put in place to gather and share information while also respecting issues of confidentiality where necessary; that there is a shared commitment to better outcomes for children and families.

The good news is that there is now a history of inter-agency working in the area (facilitated by Southside Partnership and others) with strong informal networking relationships in place. This is a foundation upon which more formal arrangements can be built. The challenge is to formalise these relationships into a more sophisticated way of working as the informal nature that currently exists cannot address the complex issues that are now presenting. The process needs to move to a more formal sophisticated arrangement requiring greater organisational commitments, shared risk and sharing of information and resources.

With this inter-agency approach in place, the possibilities for action are endless. Many of the projects currently in train by the Partnership such as the Speech and Language Pilot can find a natural home and driver to mainstream its activities. But perhaps the first priority arising from this research is to introduce an early intervention flagging or alarm system which is a step between the 'on the ground' services and the HSE child welfare and protection services.

The research has shown that there are a range of organisations who go directly into family homes working with families on a one-to-one basis. It is apparent to these people very early on if there are problems arising within a family. However, unless it escalates up to the issue of child protection and welfare, these people (understandably) are reluctant to ring the HSE social work section. The family can engage with a range of services – GP, MABS, Community Welfare Officer, JLO - but these are individual referrals each with their own individual approach. There is no unified case approach with the family at the heart which ensures that the services are working together with the family to resolve their difficulties and ensure that the services are integrated to provide maximum support and also maximum effectiveness. Bear in mind, that it is the one-to-one approach with children and families that has proven most effective in the past combining both therapeutic and community services.

This approach would also go in some way towards addressing the difficulties in accessing services. With this early intervention approach, the families who are perceived to be in difficulty and requiring attention should receive priority from the therapeutic services, therefore getting over the current problem of poor access. Services could move to responding to need rather than responding to office hours. It was telling that very few services are available at evening time and none at week-ends. This is not something that can be solved in the medium term but the objective of structuring services around the needs of families is an important one and is something that targets can be set around.

This is an ambitious recommendation but given the current policy and economic climate is one that is timely. It is also interesting that Primary Care Teams are being rolled out across the County. Although they are concerned primarily with clinical work, the model of professional clinicians coming together to provide a more integrated package of supports to patients shows that it can be done and the positive response by people to the approach (both professionals and beneficiaries) shows that it can work when the will and the support is in place.

It is recommended that the inter-agency work be done on a small scale or pilot initially to see how the process progresses. There are a number of options that can be looked at:

- work with a particular target group e.g. young lone parents
- work in a particular geographic area;
- hitch this particular initiative to one of the PCT roll-outs.

It is also recommended that one of the first tasks of the inter-agency group is to look at models that have been set up elsewhere (national and international) to address similar issues.

The next question is that of the role of Southside Partnership in any action to be undertaken. The HSE has statutory responsibility for family support services so it has to

be a partner in any efforts to promote this inter-agency work. The Partnership has a long history of inter-agency working, of bringing organisations and groups together to work on particular issues and, from the research it was apparent, that these efforts have been recognised. It is also evidenced through the strong informal networking that exists on the ground. The Partnership could play a central role in pulling together this inter-agency group (with the support of the HSE) and acting as broker or catalyst in getting it established and focused.

The funding available to the Partnership will be limited over the next few years so would be unrealistic to recommend that the Partnership step in and address the range of actions or needs that have presented themselves during the course of this research. Some of them require mainstream funding, some of them are within the remit of other organisations and some of them require a more co-ordinated approach. These include:

- More facilities needed particularly for young people;
- More affordable quality childcare, particularly of a short term nature;
- Community childcare providers and others rely extensively on FAS employment schemes to meet their staffing needs. A more effective, secure, longer term staffing model is required.
- A 'pot of money' to be made available from which assessments for children can be funded privately rather than queuing on a long waiting list;
- More therapists are needed – psychologists, speech and language therapists.
- The pilot Speech and Language programme needs to be rolled out and schools and pre-schools resourced, supported and encouraged to participate in it;
- More resources needed for homework clubs/ after school clubs to keep children engaged in community networks;
- Poor facilities and infrastructure for front line staff;
- Refuge services needed for people escaping domestic violence situations.
- A community mental health initiative is needed;

These issues are all crucial in their own right and the Partnership could attempt to engage with them individually but it would be a piecemeal approach, operating to some extent in a vacuum, without an over-arching strategy providing the reason or direction as to why it is engaging in these activities. In these straitened times, it needs to prioritise where it shall put its energy and focus attention; it needs to build on its strengths – that of promoting and co-ordinating the work of agencies, of networking, of bringing people together to broker agreements, to research and raise the issues that need attention. This is where the Partnership is strongest and with limited resources in the future, is the place where it can add most value.

The overwhelming need arising from this research was the concern about parenting, the need for early intervention and the importance of linking family support services in a more effective way. This is where the attention has to lie at least initially and the specific issues mentioned above can be addressed in a more strategic way with all the relevant players at the table, working to pull their services together, in a way that will benefit the child and the family and produce positive outcomes not only for the family but for the wider community.

## Appendix: Summary Sheets Mapping Family Support Services in DLR area.

Name of Service	Balally Family Resource Centre Ltd.
Type of Organisation	Community/ voluntary
Geographic area	Moreen/ Blackthorn Estate; Furry Hill Estate; Wedgewood Estate.
Target Groups	People who are disadvantaged, especially those covered by the nine equality groups. A particular focus on older people.
Family Support Service	Yes
Service Description	The FRC offers a range of different services to people living in these areas: weekly youth project; summer projects; adult education; leisure programmes; yoga; arts group; community development group; reduced cost counselling service; information service; office services; homework support programme in local school.
Type of Intervention	Individual work Group work Information/ advice Socialisation and play
Service delivery	Centre/ office based services Outreach services in the community (through outreach development officer)
Service target	At children (up to 18) At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families. Targeted support services for children and families in need.
Focus of Service	Prevention Early intervention
Opening hours	9.00 – 1.00; 2.00 – 5.00 – Monday to Friday. Some evenings depending on programmes offered.
Fees	Small fees on a sliding scale for some programmes and dependant on income.
Participation	Voluntary
Referrals	No
Service Waiting List	No
Annual Budget	€100,000
Budget source	Family Support Agency
Full time staff	1 Co-ordinator
Part time staff	1 Outreach Development Worker and 1 administrator.
Qualifications	Background in community development/ education.
Scheme staff	1
Volunteers	4 people on voluntary Board of Management
Recent Evaluations	The project self evaluates through the SPEAK monitoring system. An external evaluation was conducted a number of years back.

Name of Service	HSE Social Work Service – LHO Area 2
Type of Organisation	Statutory
Geographic area	LHO Dublin South-East (Area 2)
Target Groups	Children and families in need or at risk.
Family Support Service	Yes
Service Description	The Social Work service aims to enhance the well being of children and families through individual one-to-one work, group work, respite care, temporary placements or, when all avenues have been tried (and failed), care orders.
Type of Intervention	Individual work Group work Family Work Information/ Advice
Service delivery	Centre/ office based services Family based services
Service target	At the family as a unit At children (up to the age of 18) At individual adult family members At enhancing support networks around the family.
Level of Support	General services available to all children and families. Targeted support services for children and families in need. Services or interventions for children and families with serious difficulties. Intensive and long-term support and rehabilitation for children and families.
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 1.00; 2.15 – 5.00: Monday to Friday. [There is talk about offering a 12 hour service but that is still under discussion]
Fees	None
Participation	Voluntary Mandatory at times as there is a statutory and legislative element to their work.
Referrals	There are a wide range of referral mechanisms: self referral; health professionals; schools; guards; community organisations.
Waiting List	This depends but where there is an emergency, an injury or life threatening situation, this is dealt with as a priority. In other situations, the services respond as soon as possible.
Annual Budget	HSE budget line
Budget source	HSE
Full time staff	40 Whole Time Equivalents employed in the social work service and range from social workers, team leaders, fostering teams, family support workers and admin staff.
Part time staff	
Qualifications	Relevant degrees or diplomas.
Scheme staff	None
Volunteers	None
Recent Evaluations	Yes – the last one was in 2004 by the Social Service Inspectorate.

Name of Service	SWAN Community Development Project
Type of Organisation	Community/ voluntary
Geographic area	Dun Laoghaire Rathdown County
Target Groups	Service for women - prioritise women living in local authority estates and other disadvantaged women.
Family Support Service	Yes
Service Description	Counselling services for women who are carers of drug users or drug users themselves; support services for women experiencing domestic violence; in the current environment, information and support is provided about jobs and supporting families financially.
Type of Intervention	Individual work Group work Peer support Information/ advice Advocacy Mentoring
Service delivery	Centre/ Office based services Outreach services in the community
Service target	At individual adult family members – (women) At enhancing support networks around the family
Level of Support	Targeted support services for children and families in need.
Focus of Service	Prevention Early intervention
Opening hours	9.00 – 5.00, Monday to Friday. Some evenings if courses are running.
Fees	Not as a rule.
Participation	Voluntary
Referrals	No
Waiting List	No
Annual Budget	€200,000
Budget source	DCRGA; HSE (supports counselling service); Local Drugs Task Force
Full time staff	3
Part time staff	2
Qualifications	A range of qualifications: community work; psychotherapy; equality studies.
Scheme staff	None
Volunteers	They come and go – three at the moment
Recent Evaluations	Yes

Name of Service	Ballogan Family Resource Centre
Type of Organisation	Community/ voluntary
Geographic area	Dun Laoghaire; Ballyogan; Carrickmines
Target Groups	Everyone in the area
Family Support Service	Yes
Service Description	Operate out of three buildings where they offer community office facilities; access to local information; drop in; after schools care; childcare; adult education; youth programmes; services for older people; local employment service; MABS clinic; counselling service; garda outreach service..
Type of Intervention	Individual work Group work Peer support Information/ advice Advocacy Mentoring Socialisation and play
Service delivery	Centre/ office based services Outreach services in the community
Service target	At the family as a unit At enhancing support networks around the family
Level of Support	General services available to all children and families
Focus of Service	Prevention Early intervention
Opening hours	9.00 – 7.00: Monday to Friday
Fees	Minimum fees for childcare and afterschool facilities; nominal fee for adult education.
Participation	Voluntary
Referrals	Yes – HSE; Family Support Workers; Schools; Counsellors.
Waiting List	Yes – over a years waiting list for the community childcare service.
Annual Budget	€230,000
Budget source	Family Support Agency; Pobal; HSE; National Lottery.
Full time staff	2
Part time staff	12
Qualifications	Management; Childcare; admin qualifications
Scheme staff	4
Volunteers	6 volunteers on the Board of Management
Recent Evaluations	Not in the last 3 years.

Name of Service	HSE Psychology Service Provision– LHO Area 1
Type of Organisation	Statutory
Geographic area	LHO Area 1
Target Groups	Strive to offer services on an area/geographic basis. A recent Early Intervention Service development will target 0 – 5 year old children area wide where there are concerns about disability.
Family Support Service	Yes
Service Description	There is a small psychological assessment, consultation, therapeutic intervention, education and psychological support service available in the area. These services are or will be provided to the whole of the area by a recently appointed (Feb 09) full time Senior Psychologist for early intervention disability (0 – 5 years) and a 2-3 day sessional psychology – general services (2 – 14 year olds). A Principal Psychology manager offers some assessment and consultation service to the area child protection and welfare system and is running a temporary adult psychology project to the south of the area (Loughlinstown, Ballybrack, Shankill, Dalkey & Killiney) through which arises some service provision to families and parents.
Type of Intervention	Individual work Group work (adults only for the moment) Information/ advice Advocacy
Service delivery	Centre/ office based services
Service target	At the family as a unity At children (aged 0 – 5; 2 – 14) At individual adult family members
Level of Support	General services available to all children and families Targeted support services for children and families in need. Services or intervention for children and families with serious difficulties.
Focus of Service	Early intervention Late intervention
Opening hours	9.00 – 5.00: Monday to Friday
Fees	None
Participation	Voluntary Mandatory – sometimes if it is part of a supervision or care order.
Referrals	Yes – health professionals; GP's; the St. Vincent de Paul. No self referrals as of yet.
Waiting List	Yes – less than one month (primary care project) to over a year (15 months in the primary care/ community child service)
Annual Budget	Part of HSE budget line
Budget source	HSE
Full time staff	1 full time Psychologist
Part time staff	1 sessional psychologist (2-3 days) Principal manager provides sessional inputs approx 1 day per week (child protection services)
Qualifications	Post graduate professional psychology qualifications
Scheme staff	No
Volunteers	2 x post graduate counselling and clinical psychology students on part time placement
Recent Evaluations	It is evaluated on an ongoing basis.

Name of Service	HSE Psychology Service – LHO area 2
Type of Organisation	Statutory
Geographic area	Across the LHO area.
Target Groups	Child and Adolescent services in Ballinteer work with 0 – 18 year olds and their families. Other work deals with all age groups.
Family Support Service	Yes (aspects of it)
Service Description	The Child and Family Adolescent Services offers assessment and therapeutic services to children and their families. It adopts a systems approach – looking at the systems within which people live and operate e.g. school/ family rather than focusing solely on the individual and then helps them iron out any difficulties they may have. Other work of the psychology service revolves around Primary Care Teams and linking in with other clinicians and clients. Additional service for Separated Children Seeking Asylum where there a full time psychologist allocated. The Early Intervention Team psychologist has just been appointed to work with the 0 – 5 year olds.
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Socialisation and play
Service delivery	Centre/ office based services Family based services School based service (carried out in association with NEPS)
Service target	AT the family as a unit At children (0 – 18 in the child & adolescent services, Ballinteer) At individual adult family members (PCT work) At enhancing support networks around the family (PCT work)
Level of Support	Targeted support services for children and families in need Services or interventions for children and families with serious difficulties. Intensive and long-term support and rehabilitation for children and families.
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 5.00: Monday to Friday
Fees	None
Participation	Voluntary Mandatory – sometimes, if there is a court order.
Referrals	Yes – self referrals; health professionals; schools
Waiting List	Yes – 3-6 months.
Annual Budget	Part of HSE budget line
Budget source	HSE
Full time staff	1 F/T psychologist – child and adolescent services 2 F/T psychologists – Primary Care Teams 1 F/T psychologist – Separated Children Seeking Asylum 1 F/T psychologist – Early Intervention Team
Part time staff	
Qualifications	Relevant psychology qualifications
Scheme staff	None
Volunteers	None

Recent Evaluations	
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Name of Service	HSE Family Support Services – LHO Area 1
Type of Organisation	Statutory
Geographic area	LHO Area 1
Target Groups	
Family Support Service	Yes
Service Description	Offer a wide range of family support services depending on what is needed by the family e.g. parenting support; behaviour management; budgeting; household management; emotional support; linking with other services.
Type of Intervention	Individual work Family work Peer support Information/ advice Advocacy Practical help Socialisation and play
Service delivery	Family based
Service target	At the family as a unit At individual adult family members At enhancing support networks around the family
Level of Support	Services or intervention for children and families with serious difficulties. Intensive and long term support and rehabilitation for children and families.
Focus of Service	Prevention Early intervention
Opening hours	9.00 – 5.00, Monday to Friday
Fees	None
Participation	Voluntary – sometimes mandatory if court directed
Referrals	Yes – HSE workers; GP's; Hospitals
Waiting List	No
Annual Budget	Part of HSE Budget line
Budget source	HSE
Full time staff	1
Part time staff	10
Qualifications	A professional qualification is not a requirement but many of the workers have relevant training.
Scheme staff	None
Volunteers	None
Recent Evaluations	No.

Name of Service	STAG
Type of Organisation	Community/ voluntary
Geographic area	Across the county
Target Groups	Travellers
Family Support Service	Yes – aspects of it
Service Description	Offer a variety of services and programmes for Travellers – Traveller youth service; sports activities; mental health programmes; womens training programme (FETAC accredited); primary health care programme; mens health programme.
Type of Intervention	Individual work Group work Family work Advocacy
Service delivery	Centre/ office based Outreach services in the community School based (just appointed a Travellers Schools Liaison person)
Service target	At children (up to 18) At individual adult family members
Level of Support	General support services available to all children and families Targeted support services for children and families in need Services or interventions for children and families with serious difficulties.
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 7.30 Monday to Friday (7.30, 3 evenings a week)
Fees	Minimum contribution for the youth service
Participation	Voluntary
Referrals	Yes – probation officer; schools; statutory agencies.
Waiting List	Yes for some programmes – the womens training; CE scheme; Primary Health Care Programme.
Annual Budget	Approx €500,000/ year
Budget source	DCRGA; FAS; VEC; HSE; Southside Partnership
Full time staff	Not completed
Part-time staff	Not completed
Qualifications	Not completed
Scheme staff	
Volunteers	Numbers vary from time to time – they get trainee guards as volunteers; students from Sallynoggin and Maynooth; some overseas volunteers from time to time.
Recent Evaluations	Some programmes are evaluated e.g. youth and womens training. Would like to do an overall organisation evaluation but this depends on resources.

Name of Service	St. Vincent de Paul
Type of Organisation	Community/ voluntary
Geographic area	The conference base is in Monkstown and they cover as far as Mount Wood, Fitzgerald Park and Shankill.
Target Groups	People on low incomes
Family Support Service	Yes
Service Description	The conference offers practical help and assistance for people who are struggling. What is provided depends on the needs of the family – from providing transport to pick up children from school, to grinds, to financial support. There is also an education programme in operation in the area encouraging adults, particularly women, to complete their education. By targeting the mother and providing assistance to her, this in time will benefit the children.
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Practical help Mentoring
Service delivery	Outreach services in the community Family based services
Service target	At individual adult family members
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or interventions for children and families with serious difficulties. Intensive and long-term support and rehabilitation for children and families.
Focus of Service	Prevention Early intervention
Opening hours	All volunteers so work all hours – depending on time available.
Fees	None
Participation	Voluntary
Referrals	Yes – HSCL; Obair; Social Workers; MABS
Waiting List	No
Annual Budget	Don't know
Budget source	Donations; church gate collections; wills.
Full time staff	None at conference level
Part time staff	None at conference level
Qualifications	NA
Scheme staff	None
Volunteers	8 volunteers working with the education project; a further 10 working in the parish.
Recent Evaluations	Don't know.

Name of Service	Community Nursing unit – Public Health Nursing Section
Type of Organisation	Statutory
Geographic area	LHO Area 2
Target Groups	
Family Support Service	
Service Description	Public health nurses work with all families, particularly mothers and babies and young children in the area from ante natal care right through until the children are aged 6. As well as medical check ups and attention, breast feeding and other clinics, the nurses offer early childhood support and advice.
Type of Intervention	Individual work Family work Information/ advice
Service delivery	Centre/ office based Outreach service in the community (clinics) Family based
Service target	At children (infant and child through the parent)
Level of Support	General services available to all children and families
Focus of Service	Prevention
Opening hours	Office hours during the week; also offer a service at week-ends when it is seen as essential.
Fees	No
Participation	There is a statutory obligation on the nurses to visit all the homes of new borns on a regular basis up until they are 6.
Referrals	Notification of new borns come through the hospital and health system.
Waiting List	No
Annual Budget	Part of HSE budget line
Budget source	HSE
Full time staff	21.25 WTE
Part time staff	
Qualifications	Nursing qualifications
Scheme staff	No
Volunteers	No
Recent Evaluations	Not relevant.

Name of Service	Monkstown Day Nursery
Type of Organisation	Community/ Voluntary
Geographic area	Within a 2 mile area of Monkstown
Target Groups	Preference given to parents who are disadvantaged
Family Support Service	Yes
Service Description	A community pre-school offering sessional childcare for 3 hours at a time for children aged 2 years 10 months to school going age. It is affordable childcare for parents who may be doing training, part time work or just need a few hours to get jobs done. There is a max of 20 children in each session and the curriculum is play based following the Highscope model.
Type of Intervention	Group work Socialisation and play
Service delivery	Centre/ office based
Service target	At children (aged 2 years 10 months to school going age)
Level of Support	General services available to all children and families Targeted support services for children and families in need
Focus of Service	Not applicable
Opening hours	9.15 – 12.15; afternoon session, 1.45 – 4.30.
Fees	Sliding scale depending on ability to pay. The minimum is €15 per session per week and maximum is €30.
Participation	Voluntary
Referrals	Sometimes get referrals from public health nurses or from Carmona services or VDP.
Waiting List	Sometimes – but it varies depending on the year and the time of year.
Annual Budget	€72,000 approx.
Budget source	HSE; fees; fundraising
Full time staff	1
Part time staff	2
Qualifications	Relevant childcare qualifications
Scheme staff	1 CE worker
Volunteers	None
Recent Evaluations	None

Name of Service	HSE Community Mothers Programme – LHO Area 1
Type of Organisation	Statutory
Geographic area	Across LHO area 1 but particular focused on the areas of Shankill; Ballybrack; Loughlinstown; Mounttown; Dun Laoghaire
Target Groups	New mothers
Family Support Service	Yes
Service Description	Community mother volunteers visit first time mothers on a one-to-one basis. The emphasis is on the mother and empowering her to meet her own and her child's needs. The kind of topics covered during the visit include nutrition, care, language development etc. New mothers are visited monthly for one hour and this can continue from birth right up to two years of age.
Type of Intervention	Individual Work Peer support Information/ advice
Service delivery	Centre/ office based Family based
Service target	At individual adult family members (mothers)
Level of Support	Targeted support services for children and families in need
Focus of Service	Early intervention
Opening hours	Community mothers visit at times during the week that is suitable to them.
Fees	None
Participation	Voluntary
Referrals	The Co-ordinator receives a list of births from the public health nurses, identifies those living in the target areas and then calls the new mothers to offer the service.
Waiting List	No
Annual Budget	Part of HSE budget
Budget source	HSE
Full time staff	1
Part time staff	
Qualifications	
Scheme staff	None
Volunteers	9 Community Mother Volunteers – hope to get up to 11 soon.
Recent Evaluations	No

Name of Service	HSE Community Mothers Programme – LHO Area 2
Type of Organisation	Statutory
Geographic area	LHO area 2
Target Groups	Service available to all first time mothers and their newborns but targeted at people on lower incomes and those who need it most.
Family Support Service	Yes
Service Description	Education for first time parents to equip them in handling their new baby and other children that may come in the future. The service is delivered through volunteers – women who are mothers themselves and have their experience to offer. Each new mother is visited monthly by a volunteer for an hour up until the baby is 2. The programme is for first time mothers but it may also be delivered to women who already have children, if there is a particular need.
Type of Intervention	Individual work Family work Peer support Information/ advice
Service delivery	Family based
Service target	At individual adult family members (women)
Level of Support	General services available to all children and families Targeted support services for children and families in need
Focus of Service	Prevention
Opening hours	Always by appointment and usually between the hours of 10.00 and 3.00
Fees	None
Participation	Voluntary
Referrals	Yes – works off hospital list but also takes referrals from PHNs, social workers and other health professionals.
Waiting List	Yes ... sometimes there might be a waiting list depending on the number of births and the availability of volunteers but it is not very long.
Annual Budget	Part of HSE budget line
Budget source	HSE
Full time staff	1 Co-ordinator
Part time staff	
Qualifications	
Scheme staff	None
Volunteers	16 (ideally 20)
Recent Evaluations	Yes

Name of Service	HSCL – Good Shepherd National School
Type of Organisation	School
Geographic area	School boundary – Churchtown/ Rathfarnham
Target Groups	
Family Support Service	Yes
Service Description	Offer home visits to the families of pupils in the school; provide information and advice and co-ordinate and provide courses.
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Mentoring Socialisation and Play
Service delivery	Family based School based
Service target	At the family as a unit At children (primary school age) At enhancing support networks around the family
Level of Support	Targeted support services for children and families in need Services or intervention for children and families with serious difficulties
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 till 4.00 p.m. usually with some evening work.
Fees	None
Participation	Voluntary
Referrals	NA
Waiting List	NA
Annual Budget	Part of school budget
Budget source	DES
Full time staff	1
Part time staff	0
Qualifications	Qualified teacher – Diploma in Froebel Education; Diploma in Special education
Scheme staff	None
Volunteers	None
Recent Evaluations	NA

Name of Service	HSCL – Queen of Angels, NS, Sallynoggin.
Type of Organisation	School
Geographic area	Ballyogan; Sandyford
Target Groups	Children who attend Queen of Angels NS
Family Support Service	Yes
Service Description	A service linking the school with the pupils family – providing information, advice, home visits, courses.
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Mentoring
Service delivery	Family based School based
Service target	Family as a unit At children (4 – 12) At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or intervention for children and families with serious difficulties
Focus of Service	Early intervention Prevention Late intervention
Opening hours	8.50 – 2.30 but do hours after school also
Fees	None
Participation	Voluntary
Referrals	Yes – Principal, Class Teacher, Care team
Waiting List	No
Annual Budget	Part of school budget
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Primary teacher
Scheme staff	None
Volunteers	None
Recent Evaluations	Yes

Name of Service	HSCL – Holy Cross NS and Our Lady’s National School
Type of Organisation	School
Geographic area	Columbanus; Rosemount; Ballyogan/ Sandyford; Dundrum; Ballinteer; Churchtown
Target Groups	Pupils in the school
Family Support Service	Yes
Service Description	A service linking the school with the pupils family – providing information, advice, home visits, courses. Particular attention paid to children and families who need extra support.
Type of Intervention	Individual work Group work Family work Peer Support Information/ advice Advocacy Practical help Mentoring Socialisation and play
Service delivery	School based
Service target	At the family as a unit At children (4 – 12) At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or intervention for children and families with serious difficulties.
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 2.40; 2.40 – 4.00: homework club
Fees	None
Participation	Voluntary
Referrals	Sometimes
Waiting List	No
Annual Budget	10% of DEIS grant
Budget source	DES; Get some funding from School Completion Programme also
Full time staff	1
Part time staff	0
Qualifications	Primary teacher
Scheme staff	No
Volunteers	None
Recent Evaluations	Not answered.

Name of Service	HSCCL – St. Tiernans Community School
Type of Organisation	School
Geographic area	Dundrum; Sandford; Ballyogan; Rosemount
Target Groups	Disadvantaged parents
Family Support Service	Yes
Service Description	Support parents of student population to ensure children remain in school
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Socialisation
Service delivery	Family based School based
Service target	At the family as a unit At children (indirectly – aged 12 – 18) At individual adult family members At enhancing support networks around the family
Level of Support	Targeted support services for children and families in need
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 3.30, Monday to Friday
Fees	None
Participation	Voluntary
Referrals	Yes – care team in school (comprising of Chaplin; Guidance; Vice Principle; School completion); social services; SVP
Waiting List	No
Annual Budget	Part of school budget – DEIS grant
Budget source	DES
Full time staff	1
Part time staff	0
Qualifications	Teacher
Scheme staff	No
Volunteers	No
Recent Evaluations	Yes

Name of Service	Shanganagh Community Development Project
Type of Organisation	Community/ Voluntary
Geographic area	South County Dublin – Shanganagh; Rathsallagh; Clifton Park.
Target Groups	Lone parents; people on low incomes; young people at risk; early school leavers.
Family Support Service	Yes
Service Description	Offer a wide variety of programmes and services from the centre: after school club four afternoons a week for a group of 25 children (aged 7 – 11); homework club; womens group for the over 50's; dancing classes; Irish conversation classes; computers for older adults, art classes; environmental courses; cookery courses.
Type of Intervention	Group work Peer support Information/ advice Advocacy
Service delivery	Centre/ office based services Outreach services in the community
Service target	At the family as a unit At the children At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families
Focus of Service	Prevention Early intervention
Opening hours	Morning, afternoons and some evenings depending on programmes, Monday to Friday.
Fees	Minimal fees for some programmes e.g. homework club €25 per term.
Participation	Voluntary
Referrals	Yes – sometimes; GP's; word of mouth
Waiting List	Yes – for some services e.g. for after school club; computer courses.
Annual Budget	Core funding of €80,000 from DCRGA. Programme funding on top of this from different sources.
Budget source	DCRGA; Pobal; RAPID; Arts Access.
Full time staff	1
Part time staff	1
Qualifications	Relevant community and youth work qualifications
Scheme staff	1
Volunteers	Half a dozen volunteers regularly in their service
Recent Evaluations	Regular evaluations are done with parents on particular programmes that have been running.

Name of Service	HSE – Family Support Service
Type of Organisation	Statutory
Geographic area	LHO Area 2
Target Groups	Any family with children under the age of 18
Family Support Service	Yes
Service Description	Support offered is varied and depends on the needs of the family e.g. nutrition; budgeting; organisation skills. The work is based in the family home.
Type of Intervention	Individual work Family work Information/ advice Advocacy Practical help Socialisation and play
Service delivery	Family based
Service target	At the family as a unit At children (under 18) At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or interventions for children and families with serious difficulties Intensive and long-term support and rehabilitation for children and families
Focus of Service	Prevention Early intervention
Opening hours	Office hours – Monday to Friday (9.00 – 5.00). There is support available outside of agency hours if needed by families for the purposes of supporting morning school routines.
Fees	None
Participation	Voluntary
Referrals	Yes – wide range of health professionals; mental health services; self referrals.
Waiting List	No
Annual Budget	Part of HSE budget line
Budget source	HSE
Full time staff	2 WTE
Part time staff	3 on 20 hour contracts; 5 on 8 hour contracts
Qualifications	It is a non-professional service so no third level qualification is required – family support workers are generally those who are mature with significant life experience.
Scheme staff	None
Volunteers	None
Recent Evaluations	Every time a case is closed, an evaluation is conducted with the family. The service prepares an annual report yearly which services an evaluation function.

Name of Service	Rosemount Resource Centre
Type of Organisation	Community/ Voluntary
Geographic area	Rosemount Estate in Dundrum – 250 houses
Target Groups	Everyone in the estate
Family Support Service	Yes
Service Description	Offer various services and programmes from the centre: adult education; youth services; referral and information; homework clubs (primary and secondary); PHN clinic; garda clinics; library services; computer room; newsletter
Type of Intervention	Group work Information/ advice Advocacy Socialisation and play
Service delivery	Centre/ office based services
Service target	AT children (aged 7 – 18) At individual adult family members
Level of Support	General services available to all children and families
Focus of Service	Prevention Early intervention
Opening hours	9.30 – 5.30. No evening programmes; no week-ends; 3 week summer programme.
Fees	Nominal fees for adult education courses and homework clubs
Participation	Voluntary
Referrals	Yes – Health professionals
Waiting List	Yes – depends on the courses but one at the moment for computers (less than 3 months)
Annual Budget	€100,000
Budget source	FSA; FAS CE Scheme; DLR County Council; Southside Partnership; St. Vincent de Paul
Full time staff	1
Part time staff	2
Qualifications	Relevant community work qualifications
Scheme staff	4
Volunteers	7 on voluntary management committee and another 4 helping out from time to time
Recent Evaluations	An evaluation of their service is done every year for the FSA.

Name of Service	Mounttown Community Development Project
Type of Organisation	Community/ Voluntary
Geographic area	Mounttown; Fitzgerald Park and the surrounding area
Target Groups	Everyone living in the area
Family Support Service	Yes
Service Description	A range of different services are provided by the project: crèche; playschool; after school; adult education; music; youth programmes; drop in services; homework clubs; music programme
Type of Intervention	Individual work Group work Family work (in partnership with Barnardos) Peer support Information/ Advice Advocacy Practical Help Mentoring Socialisation and play
Service delivery	Centre/ office based services Outreach services in the community (carried out with their sister project, the Oasis drug project which works with young people on an outreach basis) Family based services (parenting programmes with Barnardos)
Service target	AT children (6 months upwards) AT individual adult family members
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or interventions for children and families with serious difficulties
Focus of Service	Prevention Early intervention
Opening hours	9.00 am – 9.00 pm
Fees	Fees for the childcare service
Participation	Voluntary
Referrals	Occasionally – social workers
Waiting List	Yes – only relates to their babies service and waiting times vary depending on the term and the year.
Annual Budget	€900,000
Budget source	DCRGA; FAS; HSE; Dormant Accounts; National Childcare Scheme; fund raising; small grants and donations
Full time staff	6
Part time staff	30 (includes scheme workers)
Qualifications	Depends – many of the full time workers have FETAC level 6 and diploma level qualifications. Some have degree level
Scheme staff	Not answered
Volunteers	Could have 30 on a good day – work in the area of homework club, youth and study support. Good involvement from nurses, teachers and third level students.
Recent Evaluations	Conducted an evaluation about 5 years ago.

Name of Service	Mounttown Neighbourhood Youth and Family Project
Type of Organisation	Community/ voluntary
Geographic area	Mounttown; Dunedin; St. Patrick's; Monkstown Farm and Meadowlands
Target Groups	Primarily young people in primary school setting considered for any reason to be in need of additional support to enable them to benefit optimally from home, school and community. The service also works with families.
Family Support Service	Yes
Service Description	Professional service in the school setting. Works therapeutically with 50 young people (mainly Holy Family school but others as well) and where requested, their families, using a variety of methods; individual psychoanalytic psychotherapy; Marte Meo video based work, family, group and individual work; small groups with targeted young people in school and after school, drama therapy, music therapy and nurturance work. Liaising and working closely with school staff. Involvement in wider community activities.
Type of Intervention	Individual work –psychoanalytic psychotherapy Group work Family work Socialisation and play
Service delivery	Centre/ office based services School based
Service target	At the family (where requested) At children (young people aged 3 upwards in primary school setting) At individual adult family members (where requested) At enhancing support networks around the family
Level of Support	Services or interventions for children and families experiencing difficulties and requesting intervention
Focus of Service	Early intervention
Opening hours	Mon & Tues, 9.00 – 4.30; Wed & Thurs, 8.15 – 4.30; Fri, 8.15 – 3.00.
Fees	None
Participation	Voluntary
Referrals	Yes - Working in the primary school setting it is possible to identify many of the young people and their families in need of support and it is then offered by the project staff or the HSCL service. Some referrals come through other primary schools in the area. Young people themselves or their parents also refer to the project.
Waiting List	None but the service cannot take on any more referrals at present. Referrals are requested before the start of school year as it is very difficult for young people to join a group which has already started. The group runs throughout the school year- September to end of June
Annual Budget	€204,000 HSE
Budget source	HSE; Drugs Task Force ; School Completion Programme. The project has charitable status and requires additional funding to operate optimally
Full time staff	1 full-time staff
Part time staff	4 part-time staff

Qualifications	All are professionally qualified to Masters Degree Level in relevant fields.
Scheme staff	None
Volunteers	none
Recent Evaluations	Yes – an evidence based evaluation by Dr. Kieran McKeown and Ms. Grace Fitzgerald ‘Strengthening The Well-Being of Young People- an evaluation of a community based mental health project in Dublin’. The outcome indicates that the programme is extremely effective and capable of producing significant benefits for young people. A second positive evaluation was carried out by the National DrugsTask Force in 2008.

Name of Service	MABS – Dun Laoghaire
Type of Organisation	Statutory
Geographic area	From Skankhill to Stillorgan
Target Groups	People on low incomes and social welfare dependents.
Family Support Service	Yes
Service Description	Provide money and budgeting advice to members of the public
Type of Intervention	Individual work Group work (community education) Family work (sometimes) Advocacy
Service delivery	Centre/ office based Outreach in the community Family based (sometimes)
Service target	At the family as a unit At individual adult family members
Level of Support	General services available to all children and families
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 1.00; 2.00 – 4.30, Monday to Friday
Fees	No
Participation	Voluntary
Referrals	Yes – CWO's; CIC; Social Workers; Southside Partnership; Creditors; Self referrals
Waiting List	Yes – less than one month
Annual Budget	Roughly €200,000
Budget source	DSFA
Full time staff	4
Part time staff	0
Qualifications	Workers come from a wide range of backgrounds e.g. counsellors, bankers.
Scheme staff	None
Volunteers	None
Recent Evaluations	Self-evaluation

Name of Service	Springboard
Type of Organisation	Statutory
Geographic area	Loughlinstown/ Ballybrack
Target Groups	Vulnerable children and families
Family Support Service	Yes
Service Description	Community based response to families under stress building on their strengths and addressing their difficulties. Springboard offers a range of programmes – counselling, social work service, family work. Much of what is offered to families depends on their needs and what they require to strengthen their coping skills.
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Mentoring Socialisation and play
Service delivery	Centre/ office based Outreach services Family based School based
Service target	At the family as a unit At children At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or intervention for children and families with serious difficulties Intensive and long-term support and rehabilitation for children and families
Focus of Service	Prevention Early intervention Late intervention
Opening hours	Office hours Monday to Friday and some evenings
Fees	None
Participation	Voluntary
Referrals	Yes – self referral; PHNs; Schools; social workers
Waiting List	Yes – less than one month
Annual Budget	Approx €350,000
Budget source	HSE
Full time staff	6 WTE
Part time staff	
Qualifications	Relevant degree of diploma – social care; play therapy; psychotherapy; counselling; addiction
Scheme staff	None
Volunteers	None
Recent Evaluations	Yes – in 2004.

Name of Service	Living Life Counselling Centre
Type of Organisation	Community/ Voluntary
Geographic area	Three centres – Bray, Arklow and Dun Laoghaire
Target Groups	People who are marginalised and disadvantaged. The Dun Laoghaire Centre in particular has close links with Cluain Mhuire catering for people with mental health needs.
Family Support Service	Yes
Service description	Counselling to (a) couples (b) children (c) individual adults. It is one to-one counselling and half of their clients are referrals while the other half present themselves. While the family themselves are not brought in as part of the counselling process, they are part of the therapeutic process.
Type of Intervention	Individual work Group work
Service Delivery	Centre/ office based
Service target	At children (under 18) At individual adult family members
Level of Support	Support Services for children and families in need Services of intervention for children and families with serious difficulties
Type of intervention	Prevention Early intervention
Opening hours	Mon- Thurs: 8.30 am – 8.30 pm Friday: 8.30 – 5.30
Fees	People are asked for a donation and what they can afford is teased out in their first appointment.
Participation	Voluntary
Referrals	Yes – GP;s' psychiatric services; social workers and others
Waiting list	Yes – less than 3 months
Annual Budget	€550,000
Budget source	Majority from the Community Services Programme (DCRGA); some also from the FSA
Full time staff	4
Part time staff	11
Qualifications	Most of the people employed in the organisation are support and admin staff for the large number of volunteer counsellors working with them. There are 1 FT and 5 PT people employed with a counselling background who are fully qualified and accredited counsellors.
Scheme staff	None
Volunteers	67 – all qualified counsellors.
Recent evaluations	Not answered

Name of Service	HSE Early Intervention Team – Area 1
Type of Organisation	Statutory
Geographic area	LHO Area 1
Target Groups	Children with disabilities across LHO area
Family Support Service	No
Service Description	The Early Intervention Team is focused on children with disabilities aged 0 – 5 and is a multi-disciplinary team designed to ensure that the child has access to the range of supports he or she needs to meet their potential. The team looks at assessment of need, referral to the appropriate services and then ensure that the service is delivered in a timely and appropriate manner. At the moment, the team is in development stage – they hope to have it up and running by the summer.
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Socialisation Play Other
Service delivery	Centre/ office based Outreach services in the community Family based School based
Service target	At children (0-5)
Level of Support	Services or interventions for children and families with serious difficulties (only for children with disabilities)
Focus of Service	Early intervention
Opening hours	Office hours – Monday to Friday
Fees	None
Participation	Voluntary
Referrals	Yes – other health professionals, parents
Waiting List	No (only in set up phase)
Annual Budget	Part of HSE budget
Budget source	HSE
Full time staff	5 (will be place when up and running)
Part time staff	
Qualifications	Relevant health professional qualifications
Scheme staff	No
Volunteers	No
Recent Evaluations	

Name of Service	DROP
Type of Organisation	Community/ Voluntary
Geographic area	Across the county
Target Groups	Anyone affected by drug abuse or affected by the drug use of a family member
Family Support Service	Yes
Service Description	Confidential and free one-to-one support for people either with drug problems or affected by drug problems; family support group for family members affected by drug problems held every Wednesday evening for an hour and a half and professionally facilitated (10 families currently participating); rehabilitation services for people who have a drug problem
Type of Intervention	Individual work Group work Peer support Information/ advice
Service delivery	Centre/ office based Outreach services in community
Service target	At individual adult family members At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 5.00, Monday to Friday; Wednesday and Thursday open till 9.00 p.m.
Fees	None
Participation	Voluntary
Referrals	Yes – self referrals or referrals through other agencies
Waiting List	No
Annual Budget	€60,000 from HSE for Family support and drug free service element
Budget source	HSE; FAS; National Drug Strategy Team
Full time staff	Two of the full time rehabilitation workers undertake family support work on a part time basis.
Part time staff	
Qualifications	
Scheme staff	6 CE staff (none work in family support area)
Volunteers	2 at the moment (part time)
Recent Evaluations	The organisation as a whole was received last year and there has been an initial internal review of the family support service.

Name of Service	Dominican Montessori Pre School
Type of Organisation	Community/ voluntary
Geographic area	HSE LHO Area 1
Target Groups	Disadvantaged children in the area
Family Support Service	Yes
Service Description	It is a fully equipped montessori pre-school with 40 places – 20 of these are private where parents pay lower than average fees; the other 20 are HSE funded for particularly disadvantaged children or children with special needs. The school is open from 8.50 – 12.20 and they also offer after care by the hour until 2.30 that is open to the children and also the junior and senior infants from the primary school attached.
Type of Intervention	Individual work Group work Information/ Advice Advocacy Socialisation and play
Service delivery	Centre/ office based
Service target	At the family as a unit At children (3/4 – 5; after care until 7) At enhancing support networks around the family
Level of Support	Targeted support services for children and families in need Services or interventions for children and families with serious difficulties.
Focus of Service	Early intervention
Opening hours	8.50 – 12.20, Monday to Friday. After care till 2.30.
Fees	The families sponsored by the HSE pay a nominal fee. The private clients pay a lower than average fee.
Participation	Voluntary
Referrals	Yes – Barnardos; S&L therapists; public health nurses
Waiting List	Yes: 9months – 1 year
Annual Budget	Admin expenses €119,000
Budget source	Half HSE; half fees
Full time staff	1
Part time staff	5 (6 in all but one on maternity leave)
Qualifications	Montessori trained teachers; also a number of classroom assistants.
Scheme staff	No
Volunteers	Volunteers on BOM
Recent Evaluations	Don't know.

Name of Service	Barnardos
Type of Organisation	Community/ Voluntary
Geographic area	Din Laoghaire. Loughlinstown; Mounttown; Shankill; Sallynoggin.
Target Groups	Young children (0-6) in families with identified needs.
Family Support Service	Yes
Service Description	Early years/ Preschool service for young children (2 – 5 years) and families with identified needs. They offer parenting education; parent/child work; after school group; individual work for children. Even though the concentration is on the 1 – 5 year olds, they also work with children up to the age of 8 in a group setting and up to the age of 12 on an individual basis. They have two family support centres – one based in Loughlinstown and one based in Tivoli Terrace in Dun Laoghaire from where they run their programmes. They also work in both the addiction treatment clinics in Dunlaoghaire and Bray, providing a service to parents with young children who attend for treatment. They also provide direct support, supervision and advice on practise to the childcare services in Mounttown GDP.
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Socialisation and play
Service delivery	Centre/ office based Family based
Service target	At the family as a unit At children (primarily 0 – 6 but also with some children up to the age of 12)
Level of Support	General services available to all children and families Services or interventions for children and families with serious difficulties Intensive and long-term support and rehabilitation for children and families.
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 5.00, Monday to Friday
Fees	Generally no fees – some nominal fees attached to part of their service
Participation	Voluntary Mandatory – sometimes when children are under supervision orders
Referrals	Yes – HSE; social workers; PHN; S&L therapists; schools; addiction clinics; self referral
Waiting List	No
Annual Budget	Roughly €980,000 per year across the three strands – the two centres and the SLA with the addiction services
Budget source	Two thirds from the HSE; other statutory agencies; fund raising

Full time staff	9
Part time staff	15
Qualifications	All staff have 3 <sup>rd</sup> level qualifications in a variety of disciplines such as Early Childhood Care and Education, Social Care and Social Work. In addition all staff working in Early years and Preschool services receive High Scope training. Barnardos requires that all staff working directly with children and families attend ongoing training in child protection, assessment, engaging families; managing challenging behaviour, supervision, first aid and other relevant or required areas.
Scheme staff	3 CE positions – 2 based in Loughlinstown and 1 in Tivoli.
Volunteers	3
Recent Evaluations	Yes – a long time go. There are a lot of internal reviews but no recently commissioned evaluation.

Name of Service	HSCL – Archbishop McQuaid NS
Type of Organisation	School
Geographic area	Loughlinstown and surrounding area
Target Groups	Parents – priority being disadvantaged parents.
Family Support Service	Yes
Service Description	Liaison service between the home, school and community.
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Mentoring Socialisation and Play
Service delivery	School based services Family based services
Service target	At the family as a unit At children (primary school age) At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or intervention for children and families with serious difficulties
Focus of Service	Prevention Early intervention
Opening hours	8.30 – 2.45
Fees	None
Participation	Voluntary
Referrals	Yes – teachers and principal
Waiting List	Yes – over a year
Annual Budget	Funding €1,500 of DEIS grant.
Budget source	DEIS grant – DES
Full time staff	1
Part time staff	
Qualifications	Minimum teaching qualification
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	Not answered

Name of Service	HSCCL – Scoil Colmcille Ballybrack NS
Type of Organisation	School
Geographic area	Ballybrack and surrounds
Target Groups	Pupils in the school
Family Support Service	Yes
Service Description	Work with parents to encourage them to engage with the education system and their children
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Practical help Mentoring Socialisation and play
Service delivery	School/ office based service Outreach services in the community
Service target	At the family as a unit At children (primary school age) At enhancing support networks around the family
Level of Support	General services available to all children and families Targeted support services for children and families in need Services or interventions for children and families with serious difficulties
Focus of Service	Prevention Early intervention
Opening hours	School hours
Fees	None
Participation	Voluntary
Referrals	By Principal sometimes
Waiting List	No
Annual Budget	Part of DEIS grant
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Minimum teaching qualification
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	Not answered

Name of Service	HSCCL – Cabinteely (secondary school)
Type of Organisation	School
Geographic area	Cabinteely and surrounds
Target Groups	Pupils and parents in this school
Family Support Service	Yes
Service Description	Liaison between home and school
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Mentoring Socialisation and play
Service delivery	Centre/ office based Outreach services in the community Family based services School based services
Service target	At the family as a unit At children (secondary school age) At individual adult family members At enhancing support networks around the family
Level of Support	Targeted support services for children and families in need
Focus of Service	Early intervention
Opening hours	School hours
Fees	None
Participation	Voluntary
Referrals	Yes – school and other agencies
Waiting List	Not answered
Annual Budget	Part of DEIS grant
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Minimum teaching qualifications
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	Yes – by WSE

Name of Service	HSCL – Dominican School Dun Laoghaire
Type of Organisation	School
Geographic area	Dun Laoghaire
Target Groups	Work with marginalised families
Family Support Service	Yes
Service Description	Supporting parents in their childrens education
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Practical help Mentoring Socialisation and play
Service delivery	Centre/ office based services Outreach services in the community Family based services School based services
Service target	At children (primary school) At individual adult family members
Level of Support	Targeted support services for children and families in need
Focus of Service	Prevention Early intervention
Opening hours	School hours
Fees	None
Participation	Voluntary
Referrals	No
Waiting List	No
Annual Budget	10% of DEIS grant
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Minimum teaching qualifications
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	Not answered

Name of Service	Holy Child Community School (secondary)
Type of Organisation	School
Geographic area	Sallynoggin/ Ballybrack/ Monkstown Farm
Target Groups	
Family Support Service	Yes
Service Description	Working with target parents to support them and running courses.
Type of Intervention	Individual work Group work Family work Peer support Information/ advice Advocacy Practical help Mentoring
Service delivery	Family based services School based services
Service target	At the family as a Unit At individual adult family members (parents) At enhancing support networks around the family
Level of Support	Targeted support services for children and families in need
Focus of Service	Late intervention
Opening hours	School hours
Fees	No
Participation	Voluntary
Referrals	Within school
Waiting List	Not answered
Annual Budget	Part of DEIS grant
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Minimum teaching qualification
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	Yes

Name of Service	HSCL St. Kevins NS
Type of Organisation	School
Geographic area	Sallynoggin, Ballybrack
Target Groups	Parents
Family Support Service	Yes
Service Description	Support to parents of pupils in the school
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Practical help
Service delivery	School based
Service target	At the family as a unit
Level of Support	Targeted support services for children and families in need
Focus of Service	Prevention Early intervention
Opening hours	School hours
Fees	None
Participation	Voluntary
Referrals	By Principal or community groups
Waiting List	Yes
Annual Budget	Part of DEIS grant
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Not answered
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	Not answered

Name of Service	HSCCL Holy Family National School/ St. Josephs NS
Type of Organisation	School
Geographic area	Mounttown/ Monkstown Farm/ Dun Laoghaire
Target Groups	Not answered
Family Support Service	Yes
Service Description	Support to parents, bring parent back to education and helping them link in with their childs education
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Practical help Mentoring
Service delivery	Centre/ based services Family based services School based services
Service target	At family as a unit At children (3 – 12) At individual adult family members At enhancing support networks around the family
Level of Support	Services or intervention for children and families with serious difficulties
Focus of Service	Prevention Early intervention Late intervention
Opening hours	9.00 – 2.35
Fees	None
Participation	Voluntary
Referrals	Yes – other parents refer, community groups or by schools
Waiting List	No
Annual Budget	€1,000 per school – part of DEIS grant
Budget source	DES
Full time staff	1
Part time staff	
Qualifications	Minimum teaching qualifications
Scheme staff	Not answered
Volunteers	Not answered
Recent Evaluations	No

Name of Service	Lucena Clinic
Type of Organisation	State funded – managed by Religious Order
Geographic area	Works across both LHO Areas – Community Care Area 1 and part of Area 2. In real terms, this runs from the Merrion Gates, south to Little Bray, taking in Glencullen and part of Churchtown.
Target Groups	Children aged 0 - 13
Family Support Service	No
Service Description	A specialist mental health service for children aged 0 – 13. It is a multi-disciplinary team approach to patients linking in: psychiatry; psychology; social work; speech and language; occupational therapy; nursing; play therapy. The child is the primary focus of the service but the child is seen in the context of the family i.e. parents attend the clinic with the child and are involved in the management of the child's problem. Children aged 13 – 18 are seen in Lucena Clinic, Rathgar.
Type of Intervention	Individual work Group work Family work Information/ advice Advocacy Other (psychopharmacology)
Service delivery	Centre/office based services Family based services
Service target	Children (aged 0 – 13)
Level of Support	Services or intervention for children and families with serious difficulties.
Focus of Service	Prevention Early intervention Late intervention
Opening hours	Office hours, Monday to Friday
Fees	None
Participation	Yes
Referrals	Medical referrals only
Waiting List	Generally over 1 year. Children with acute problems e.g. depression and acute anxiety disorders are seen within one month. Emergency assessments e.g. suicidal intention are seen within 24 hours.
Annual Budget	The service does not have a separate budget line – comes out of the entire Lucena budget.
Budget source	HSE
Full time staff	10
Part time staff	16
Qualifications	The therapists and clinicians all have relevant appropriate professional qualifications. The number of staff members noted above include administrative personnel.
Scheme staff	None
Volunteers	None
Recent Evaluations	Service is accredited by professional organisations e.g. college of psychiatry, Ireland.

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